Peter Sloman
**CHIEF EXECUTIVE**

Civic Offices, Bridge Street,
Reading RG1 2LU
☎ 0118 937 3787

To: All Members of the Health and Wellbeing Board

Our Ref:
Your Ref:

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

3 October 2019

Your contact is: Nicky Simpson - Committee Services

**NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 11 OCTOBER 2019**

A meeting of the Health and Wellbeing Board will be held on **Friday, 11 October 2019 at 2.00 pm** in the **Council Chamber, Civic Offices, Bridge Street, Reading RG1 2LU**. The Agenda for the meeting is set out below.

**AGENDA** Page No

1. **DECLARATIONS OF INTEREST**

2. **MINUTES OF THE MEETING HELD ON 12 JULY 2019** 5 - 14

3. **QUESTIONS**

Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.

4. **PETITIONS**

Consideration of any petitions submitted under Standing Order 36 in relation to matters falling within the Committee’s Powers & Duties which have been received by Assistant Director of Legal & Democratic Services no later than four clear working days before the meeting.

5. **BERKSHIRE - A GOOD PLACE TO WORK - THE 2019 DIRECTOR OF PUBLIC HEALTH REPORT** 15 - 56

A report describing the 2019 Director of Public Health Annual Report “Berkshire – A good place to work”, which focuses on workplace health and wellbeing.

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**6. TIME TO CHANGE: RBC EMPLOYER ACTION PLAN REFRESH** 57 - 60

A report on the Council's progress to date in delivering on a 'Time to Change' Employer Pledge to end mental health discrimination, and setting out the ambitions of a refreshed Action Plan for 2019/2020 which is due to be launched in October.

**7. READING HOMELESS HEALTH NEEDS AUDIT - CCG AND DRUG AND ALCOHOL UPDATE** 61 - 68

A report providing an update from the CCG, and Public Health as commissioners of the Drug & Alcohol Treatment Service, on how the recommendations from the Homeless Health Needs Audit carried out in 2017 and presented to the Board on 13 July 2018 are informing service planning and on actions taken or intended to be taken.

**8. WORKING IN PARTNERSHIP WITH HEALTH AND SOCIAL CARE TO SUPPORT READING'S MOST VULNERABLE PEOPLE** 69 - 76

A report seeking to:

- Highlight an increase in the complexity of needs of some of the people supported by local voluntary organisations and the subsequent demand on staff and volunteers.
- Outline developments to improve partnership working between Reading Borough Council, Berkshire West CCG and voluntary organisations to better support people with complex needs.

**9. INFLUENZA (FLU) PLAN UPDATE 2019** 77 - 166

A report on the performance of the influenza vaccine campaign in winter 2018-19 to summarise lessons learned and to inform the Health and Wellbeing Board of changes to the national flu programme for the coming flu season and how these will be implemented locally.

**10. PERIOD POVERTY** 167 - 174

A report on proposed actions to tackle the issue of period poverty in Reading.

**11. MODERN DAY SLAVERY TRANSPARENCY STATEMENT 2019-20** 175 - 188

A report setting out the policy for Reading Borough Council with regard to Modern Day Slavery.

**12. INTEGRATION PROGRAMME UPDATE** 189 - 194

A report providing an update on the Integration Programme, as well as performance against the national Better Care Fund targets for the entirety of the financial year 2018/2019.

**13. HEALTH AND WELLBEING DASHBOARD - OCTOBER 2019** 195 - 232

A report presenting an update on the Health and Wellbeing Dashboard (Appendix A), which sets out local trends in a format previously agreed by the Board, to provide the Board with an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy for Reading.

**14. CARE QUALITY COMMISSION (CQC) READING LOCAL SYSTEM REVIEW - ACTION PLAN QUARTERLY UPDATE** 233 - 254

A report providing an update on the Action Plan as a result of the Care Quality Commission (CQC)-led Local System Review that the Reading system across Health and Social Care was subject to during October 2018.

**15. DATE OF NEXT MEETING - 17 JANUARY 2020**


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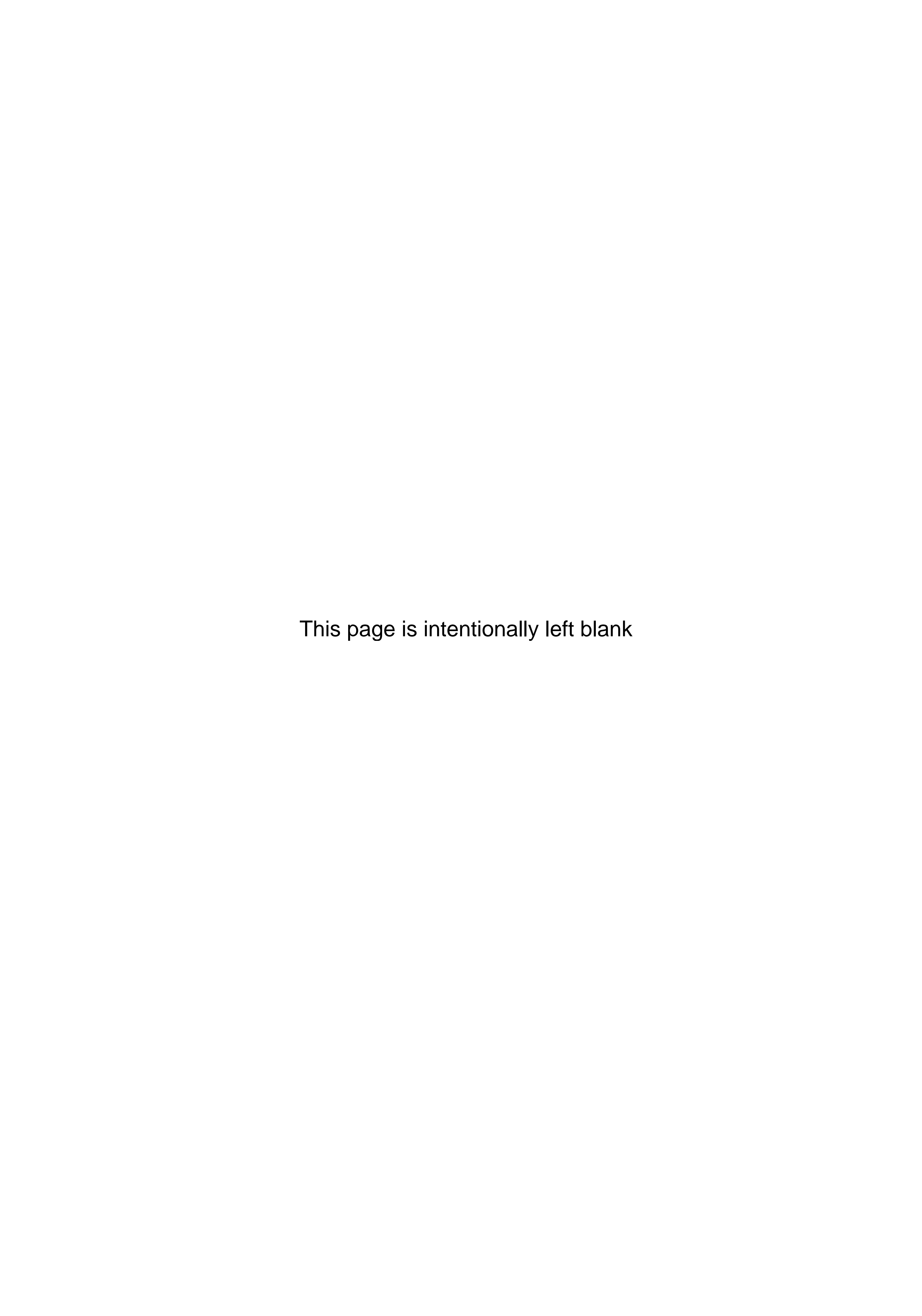
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**Present:**

| | |
|---|---|
| Councillor Hoskin (Chair) | Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC) |
| Mandeep Bains | Chief Executive, Healthwatch Reading (substituting for David Shepherd) |
| Councillor Brock | Leader of the Council, RBC |
| Seona Douglas | Director of Adult Care & Health Services, RBC |
| Deborah Glassbrook | Director of Improvement & Quality, Brighter Futures for Children (substituting for Eleni Ioannides) |
| Councillor Jones | RBC |
| Tessa Lindfield | Strategic Director of Public Health for Berkshire |
| Sarah Morland | Partnership Manager, Reading Voluntary Action |
| Cathy Winfield | Chief Officer, Berkshire West CCG |

**Also in attendance:**

| | |
|---|---|
| Neil Carter | Royal Berkshire Fire & Rescue Service (RBFRS) |
| Jon Dickinson | Deputy Director for Adult Social Services, RBC |
| David Munday | Consultant in Public Health, RBC |
| Simon Hawkins | Quality Improvement Lead, Berkshire West CCG |
| Kim McCall | Health Intelligence Officer, Wellbeing Team, RBC |
| Sam Mortimore | RBFRS |
| Clare Muir | Policy & Voluntary Sector Manager, RBC |
| Janette Searle | Preventative Services Manager, RBC |
| Nicky Simpson | Committee Services, RBC |
| Theresa Wyles | Urgent & Unscheduled Care Manager, Berkshire Healthcare NHS Foundation Trust |

**Apologies:**

| | |
|---|---|
| Andy Ciecierski | North & West Reading Locality Clinical Lead, Berkshire West CCG |
| Eleni Ioannides | Director of Children's Services, RBC & Brighter Futures for Children |
| Kajal Patel | South Reading Locality Clinical Lead, Berkshire West CCG |
| David Shepherd | Chair, Healthwatch Reading |
| Councillor Terry | Lead Councillor for Children, RBC |

## 1. MINUTES

The Minutes of the meeting held on 15 March 2019 were confirmed as a correct record and signed by the Chair.

## 2. QUESTION IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Tom Lake in accordance with Standing Order 36:

### a) Primary Care Networks

"The composition of the Primary Care networks in Reading has just been confirmed by the publication of papers for the Health and Wellbeing Board.

Tilehurst Village and Chancellor House are branches of the same GP practice. They are about 5km apart. Chancellor House is physically much closer to many surgeries in the Central Reading PCN and to the University Medical Centre than to Tilehurst Village. The journey between the two surgeries is two long bus rides or a drive right across Reading.

Will patients be asked to travel to the partner surgery for weekend or late appointments and for less common services? How can this be reasonable?

Why cannot the two branches be members of different PCNs?

Does bureaucratic tidiness come before the convenience and practicality of the service for patients?"

**REPLY** by Cathy Winfield (Chief Officer, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

"Practices can only sign up to be part of one network. Tilehurst Village Surgery is the main site for the practice and Chancellor House operates as a Branch Surgery so they have decided to join a Network with the practices closer to their main site in the Tilehurst locality. However, Reading PCNs have already agreed that they will work together across a wider geography to offer the extended access appointments and this is the current arrangement so patients registered with this practice could be seen at a location closer to them."

## 3. PRIMARY CARE NETWORKS

Cathy Winfield submitted a report on the establishment of Primary Care Networks (PCNs) in Reading.

The report explained that, following engagement with partners and in accordance with a process set out in the GP contract settlement for 2019-24, Berkshire West CCG had agreed the formation of 14 PCNs, which had gone live on 1 July 2019, six of which were in Reading. The report gave details of the GP practices involved in each network and explained how they worked, bringing together GP practices and others to plan and deliver care to populations of 30-50,000 on a neighbourhood footprint.

The report stated that, in applying to form PCNs, practices had had to demonstrate that their geographical footprint would make sense to other services and to the communities they would serve. Each PCN had also had to nominate a Clinical Director to lead their work, including interfacing with partners and the broader Integrated Care System, and had had to sign up to a mandatory network agreement which set out ways of working between practices. As the commissioner of primary care services, the CCG had had to ensure 100% of the Berkshire West population would be covered by a Primary Care Network and that any practice that wanted to join one had an opportunity to do so.

The report gave details of how PCNs were funded, how investment in additional workforce for primary care would help to diversify the workforce and enable practices to work together to meet workforce challenges. It also set out the key

requirements of the Network Contract Directed Enhanced Service (DES) involved, as well as setting out likely areas where PCNs could make a difference.

The report stated that the requirements of PCNs would build over time; in the first year there would be a focus on establishing effective relationships with partners with a view to requiring PCNs to put in place more formal relationships in later years, which could include other services joining PCNs. The Reading PCNs were starting to consider how they could work closely with social care and the voluntary sector at neighbourhood level to support integration and improve care for residents.

Initial discussions to develop this vision of integrated neighbourhood working had taken place through the Reading 'Design our Neighbourhoods' event on 10 July 2019, at which the six Reading PCN Clinical Directors had been be joined by colleagues across the Reading health and social care system to start to think about how services could work better together at a local level to better meet people's needs. Following this, the Clinical Directors would look to take forward joint working with partners by joining the Reading Locality Integration Board, which would lead on the local delivery of neighbourhood working approaches.

The report explained that the ongoing development of PCNs in Berkshire West would be overseen by the newly-established Primary Care Programme Board. Work to ensure that the PCNs worked with partners at a local level to deliver maximum benefit for the communities they served would be led by Locality Integration Boards, of which the new Clinical Directors would now become members.

Cathy Winfield explained that the timescales involved had been very tight, as the Long Term Plan had only been published in January 2019, after which guidance on the PCNs had been received, and the GP practices had had to make their submissions by 15 May 2019 and the PCNs had had to be confirmed by 1 July 2019. This meant that, whilst partners' views had been sought, there had not been the time to involve partners as fully as the CCG would have liked to before the PCNs had gone live.

In response to a question, Cathy Winfield confirmed that a system had been organised so that GPs would be able to have both read and write access to patients' notes across practices, even at weekends, and this system would be developed to make it more user-friendly. She said that leaders in the system had also asked for a stocktake of progress on the Connected Care programme, which was working to enable professionals across the health and social care system to be able to access people's records as appropriate, as the user experience was variable in different parts of the system.

Cathy Winfield also said, in response to a question, that each PCN had to develop appropriate systems for engaging with patients, and an event was planned with Patient Participation Groups in September 2019, which would include discussing how multiagency partners could work together in neighbourhoods to develop more coherent engagement with patients and the public, using all the different channels available, as appropriate.

**Resolved –**

That the progress made in establishing Primary Care Networks and the intention for the new networks to work collaboratively with partners to

develop neighbourhood services through the Reading Locality Integration Board be noted.

## 4. CARE QUALITY COMMISSION (CQC) REVIEW OF READING HEALTH AND SOCIAL CARE SYSTEM – ACTION PLAN QUARTERLY UPDATE

Further to Minute 2 of the previous meeting, Seona Douglas submitted a report giving a quarterly update on the Action Plan developed following the Care Quality Commission (CQC) Review of the Reading Health and Social Care System that had been carried out by the CQC in 2018. The report had appended the updated Action Plan, which gave details of progress made on each area for improvement.

It was noted at the meeting that the colour-coded Red/Amber/Green priority rating in the action plan was not clear when printed in black and white and it was requested that the table also include the appropriate words or initials in the RAG rating column for clarity.

**Resolved –**

(1) That the report be noted;

(2) That for future reports, the action plan RAG rating column include appropriate words or initials where appropriate as well as being colour-coded.

## 5. BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP GOVERNANCE PROPOSALS

Seona Douglas submitted a report informing the Board of proposals for redesigned governance and staffing arrangements (collectively titled the Berkshire West Integrated Care Partnership (BWICP)) that would help to deliver a set of proposed strategic integration objectives for Health and Social Care partners across Berkshire West, and which had been agreed on behalf of the Council at the Adult Social Care, Children's Services and Education (ACE) Committee on 1 July 2019. The following documents were attached to the report:

- Appendix A - Berkshire West Governance (Executive Summary)
- Appendix B - Berkshire West Governance (Summary Report)
- Appendix C - Berkshire West Governance (Main Report)

The report noted that there were currently a range of governance boards and bodies across Berkshire West in respect of integration, and explained that it had been agreed in 2018 by the Chief Officers Group that the Berkshire West 10 Integration Programme (BW10) and the Berkshire West Integrated Care System (BWICS) would be combined. This had been further reinforced by the findings of the CQC System Review in Reading in late 2018. The documents attached to the report set out proposals for a new governance structure; these had been considered by a number of extant groups across Berkshire West, and were being taken through the relevant formal processes for final approval.

The proposed future governance structure included:

- System - Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Partnership to be the local health and social care system, rather than the current Berkshire West ICS.
- Place – Berkshire West to be the focus for place-based planning.
- Localities – each Unitary Authority area, with its own Health and Wellbeing Board and health scrutiny.
- Neighbourhoods – New Primary Care Networks of GP practices, intended to support a population of between 30-50,000 residents.

The report explained that key points arising from the merger of the two programmes included a greater role envisaged for elected Councillors, with their attendance being required at meetings of the proposed Leadership Board, and that the proposed staffing changes would, while releasing funds for reallocation at an amount to be confirmed, reduce Reading's integration staffing establishment from three FTE posts to one FTE post, potentially limiting the number of integration projects carried out at local level.

The report had asked the ACE Committee to approve the following proposed strategic objectives for the Berkshire West ICP's 2019/20 work programme, as set out in Appendix C:

1. An improvement in the health and wellbeing of our population;
2. Enhancement of patient experience and outcomes;
3. Financial sustainability for all constituent organisations.

The ACE Committee had resolved –

(1) That the strategic objectives outlined in Appendix C to the report be approved as the basis of the Berkshire West Integrated Care Partnership work programme in 2019/20;

(2) That the Governance arrangements and structure for the Berkshire West Integrated Care Partnership, as outlined in Appendix C (at figures 1 and 2 respectively) to the report, be agreed;

(3) That the Terms of Reference for the Governance Boards and Groups, as outlined in Appendices 5a and 5c of Appendix C to the report, be adopted;

(4) That the principles for resourcing the Berkshire West Integrated Care Partnership, as detailed in Section 5 of the report, be agreed.

**Resolved -**

That the report be noted and the decisions made by the ACE Committee be noted and endorsed.

## 6. RESPONSE TO HEALTHWATCH READING & SUPPORT U REPORT 'YOUR EXPERIENCES AS LESBIAN, GAY, BISEXUAL, TRANSGENDER PEOPLE ACCESSING HEALTH & SOCIAL CARE SERVICES IN READING'

Simon Hawkins and Clare Muir submitted a report presenting a joint response from the Council and the Berkshire West CCG to the report by Healthwatch Reading and the

local LGBT+ charity, Support U, on "Your experiences as Lesbian, Gay, Bisexual, Transgender people accessing Health & Social Care Services in Reading", which had been considered at the Board meeting on 12 October 2018 (Minute 4 refers).

The report listed the recommendations that had been made in the Healthwatch LGBT+ report, explained that the Council and the CCG had welcomed the report and had positive discussions regarding the benefits of joint working and sharing of learning for patients and clients locally, and stated that the CCG had set up an Integrated Care System Equality and Diversity Committee, to bring together the equality and diversity leads from the local system to ensure a consistent approach. The LGBT+ report had been discussed at the initial meeting of the Committee in January 2019, terms of reference for the Committee had been agreed in April 2019 and meetings would be held quarterly.

The report set out the aims of the Equality and Diversity Committee and set out joint responses to the four recommendations in the LGBT+ report, in the areas of training, welcoming, sensitive social care and use of national guidance.

**Resolved -**

> That the joint response be noted and Healthwatch Reading be asked to share it with Support U and others who had contributed to the LGBT+ report.

## 7. NHS LONG TERM PLAN – PUBLIC ENGAGEMENT REPORT

Mandeep Bains submitted a report on the results of a public engagement exercise on the NHS Long Term Plan (LTP) carried out by the five local Healthwatches in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) NHS area.

The report explained that NHS England had commissioned a simultaneous consultation exercise by all 152 local Healthwatches in England on the NHS Long Term Plan that had published in January 2019, to be carried out in April and May 2019. Healthwatch Reading had acted as the coordinator for the BOB NHS area, analysing and compiling the BOB-wide findings and submitting them to the BOB Integrated Care System (ICS), previously known as the BOB Sustainability and Transformation Partnership, to ensure that patient experience informed the upcoming BOB ICS report on how it would implement the LTP.

The report gave details of the general survey findings (also setting out local breakdowns of data from the responses), of the specific conditions survey findings and of the focus group findings, listed key messages for commissioners and providers within BOB ICS to consider, and set out a statement of response from the BOB ICS.

The key themes and findings included:

- The public's number one priority was getting healthcare when needed, without delay.
- People valued health professionals who listened, gave options, answered questions, had a caring manner, and adapted communication methods for those with extra needs.
- People with long term conditions valued the relationship they had with expert teams as it helped them better manage their care and stopped them having to

repeat their story, and 62% would prefer to wait to see a health professional they knew.
- Mental health services needed urgent investment and improvement.
- People wanted personalised goals from the NHS to become or stay healthy but also thought government, business, schools and councils should play a part.
- People wanted to keep their independence for as long as possible, staying at home for as long as it was safe, with high quality affordable or free social care.
- People who were happy with digital technology wanted it more widely used by the NHS, while those who could not use it (due to lack of skills or equipment, or poor broadband coverage) did not want to become 'second-class' NHS citizens.

**Resolved –**

That the results of the NHS Long Term Plan Public Engagement Report be noted and be taken into account by partners as appropriate when developing their future plans and services.

**8. HEALTHWATCH READING ANNUAL REPORT 2018/19**

Mandeep Bains submitted the 2018/19 Annual Report for Healthwatch Reading, which gave details of the work carried out by Healthwatch Reading in 2018/19.

The report explained who Healthwatch Reading were, set out highlights from the year, and detailed how Healthwatch had made a difference in the following areas:

- Amplifying the voices of 'seldom heard' groups
- LGBT+ project leads to action on equality for all
- Views of care home residents to inform new standards

It also gave details of how Healthwatch had helped people to find answers, including:

- Providing people with advice, information or advocacy
- Helping students to find their way
- Timely advice for patients affected by GP surgery closure
- Providing statutory advocacy via the Reading Voice service

The report also acknowledged the work of its volunteers, gave details of its finances, and set out its plans for 2019/20 to:

- Influence the new Integrated Care System and GP-led Primary Care Networks, with findings from a major engagement project on how extra NHS funding should be spent;
- Visit the local NHS Walk-In Centre and Emergency Department, to see if the way people used those had changed as GPs offered more appointments outside working hours;
- Explore views of digital advances, like video consultations with doctors and the new NHS app.

**Resolved -**

(1) That the report be noted;

(2) That the Health and Wellbeing Board's thanks to the Healthwatch Reading team for their hard work be recorded and passed to the team.

**9. READING'S ARMED FORCES COVENANT AND ACTION PLAN - MONITORING REPORT**

Clare Muir submitted a report presenting an annual update on progress against the actions outlined in the Reading Armed Forces Covenant action plan, in particular the heath-related actions, and on the general development of the covenant. The Action plan was appended to the report.

**Resolved -** That the progress against the actions set out in the Armed Forces Covenant action plan be noted.

**10. INTEGRATION PROGRAMME UPDATE**

Jon Dickinson 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 for the financial year 2018/19.

The report stated that, of the four national BCF targets, performance against one (limiting the number of new residential placements) was strong, with the target for the financial year met and exceeded. It stated that partners had not met the target for reducing the number of non-elective admissions (NELs) but work against this goal remained a focus for the Berkshire West-wide BCF schemes and a paper had been written exploring trends within the NELs data and making recommendations for driving reductions in NELs.

The target for reducing the number of delayed transfers of care (DTOC) had been met for almost 50% of the financial year, with strong reductions in the number of social care delays compared to performance in previous years. Initiatives were in place that it was believed would continue to drive further reduction in DTOC rates for 2019/20.

Progress against the target for increasing the effectiveness of reablement services remained in line with the decreased performance reported in January 2019, but this was due to revised guidance around the methods of measuring their impact and did not reflect a drop in actual performance. Further activities were planned to align the reablement offer with emerging national best practice.

The report gave further details of BCF performance and gave details of items progressed since March 2019 and the next steps planned for July to September 2019.

It was noted that one of the items progressed had been the launch of the pilot of the Neighbourhood Care Planning Group (a joint working initiative between Adult Social Care and the North/West Reading and South Reading GP Alliances to provide a forum for multi-disciplinary discussion, risk assessment and comprehensive care planning) and it was suggested that a report on this pilot could be brought to the next meeting of the Board.

**Resolved -**

(1) That the report and progress be noted;

(2) That a report on the pilot of the Neighbourhood Care Planning Group be submitted to the next meeting of the Board.

**11. HEALTH AND WELLBEING DASHBOARD AND ACTION PLAN – JULY 2019**

Janette Searle submitted a report giving an update on delivery against the Health and Wellbeing Action Plan (Appendix A) and on the Health and Wellbeing Dashboard (Appendix B), which set out local trends. The report therefore gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report summarised the performance against the eight priority areas in the Action Plan and paragraph 2.2 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

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

**12. DEVELOPING A BERKSHIRE WEST SHARED JOINT HEALTH AND WELLBEING STRATEGY**

Tessa Lindfield submitted a report outlining the reasoning for developing a Joint Health & Wellbeing Strategy across Berkshire West and seeking support from the Board for a methodology to develop the strategy. The report had appended an indicative timetable for the development of the strategy (Appendix 1) and proposed terms of reference for a Strategy Development Group (Appendix 2).

The report explained that, in April 2019, Health & Wellbeing Board Chairs from West Berkshire, Reading and Wokingham had agreed to propose development of a Shared Joint Health & Wellbeing Strategy (JHWS) across the three Local Authorities. This move had been supported by the CCG and Integrated Care System leadership. It had been acknowledged that, while the strategy would be shared, there would also be room for local priority setting within it and there was an ambition that the strategy could also set the direction of travel for the Berkshire West Integrated Care Partnership.

The report stated that the production of a shared JHWS would require a commitment to shared principles and an agreed process supported by some dedicated resources. It set out seven proposed principles and proposed that the production of the strategy was delegated to a task and finish Strategy Development Group, operating under the terms of reference set out in Appendix 2.

It was reported at the meeting that the timetable for the strategy development had already slipped from the indicative timetable set out in Appendix 1, but it was hoped to form the Steering Group over the summer and then start conversations with communities. It was noted that the community and voluntary sector had been omitted from the list of partners involved in the Steering Group, but that co-production, with community and voluntary sector input, would be important.

**Resolved -**

(1) That the concept of a shared JHWS be supported;

(2) That the indicative timeline for the strategy development be noted;

(3) That it be agreed to dedicate capacity for the strategy development;

(4) That the development of the strategy be delegated to a Strategy Development Group, with community and voluntary sector involvement.

**13. ROYAL BERKSHIRE FIRE & RESCUE SERVICE - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD**

David Munday submitted a report proposing the co-option of a representative from Royal Berkshire Fire & Rescue Service (RBFRS) as a non-voting additional member of the Health and Wellbeing Board and setting out the resultant proposed amended terms of reference and powers and duties and operational arrangements of the Board at Appendix A.

The report explained that the Prevention Lead for Reading and West Berkshire from RBFRS had asked if Reading Health and Wellbeing Board would like to have a representative from RBFRS on the Board, in order to help RBFRS assist partners in achieving their health and wellbeing goals and to promote the Prevention Service, as RBFRS was a key partner in the prevention work that could protect and improve people's health and wellbeing.

**Resolved –**

(1) That a representative from Royal Berkshire Fire & Rescue Service be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board;

(2) That the relevant amendments to the terms of reference and powers and duties of the Health and Wellbeing Board, as set out in Appendix A, be agreed;

(3) That the representative from RBFRS give a presentation to a future meeting of the Board on the Service's Prevention Work.

**14. DATE OF NEXT MEETING**

**Resolved –** That the next meeting be held at 2.00pm on Friday 11 October 2019.

(The meeting started at 2.00pm and closed at 3.39pm)

**READING HEALTH AND WELLBEING BOARD**

| | | | |
|---|---|---|---|
| **DATE OF MEETING:** | **11 October 2019** | **AGENDA ITEM:** | **5** |
| **REPORT TITLE:** | **Berkshire a Good Place to Work – the 2019 Director of Public Health Report** | | |
| **REPORT AUTHOR:** | **Tessa Lindfield** | | |
| **JOB TITLE:** | **Strategic Director of Public Health for Berkshire** | **E-MAIL:** | **Tessa.lindfield@bracknell-forest.gov.uk** |
| **ORGANISATION:** | **Public Health for Berkshire** | | |

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This paper describes the 2019 Director of Public Health Report, Berkshire – A good place to work, which focuses on workplace health and wellbeing.

## 2. RECOMMENDED ACTION

**2.1** ***For the Board to note the report and consider recommended next steps.***

## 3. POLICY CONTEXT

*3.1* Every year, the Director of Public Health has a statutory responsibility to produce an Annual Director of Public Health Report (ADPHR). These reports highlight topical health issues affecting local residents.

The ADPHR aims to inform residents on health issues in their community, to inspire action and guide decision makers' priorities, and ultimately to reduce local health inequalities.

## 4. THE REPORT

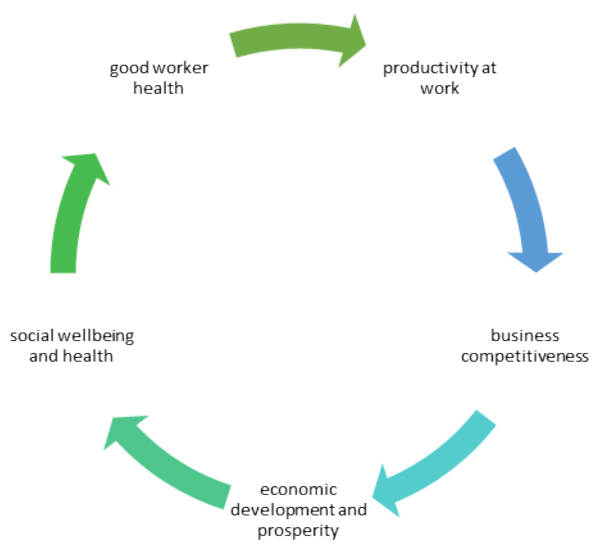
4.1 This year's Director of Public Health Report focusses on work and health. This particular topic was selected because of the strong relationship between work and health and the opportunity in workplaces to take action to improve health and wellbeing.

4.2 Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identify and purpose. On the other hand, unemployment is associated with an increased risk of poorer

health including limiting long term illness, heart disease, poor mental health and health harming behaviour and suicide.

4.3 The relationship between work and health is symbiotic, not only is good work good for your health but people in the best health possible can be a more productive workforce for business. To complete the cycle, successful business supports economic prosperity and the wellbeing of communities.

4.4 The benefits of improving workplace health extend beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal caregiving, increased long-term sickness and loss in productivity. These relationships are illustrated in the work and health cycle below.




**Key Messages from the report**

## Chapter 1: The win:win

4.5 There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business. The work place an ideal venue for improving health. Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire. Workplace health is a win:win for population health, employees and employers.

## Chapter 2:Working in Berkshire

4.6 We are privileged in Berkshire to enjoy relatively high levels of employment, hosting a large number of well known companies. A significant proportion of our residents work in public sector or other large organisations. The top industries in Berkshire are Professional, scientific & technical, Information and Communication and construction and we have a higher proportion of people in Managerial and professional positions jobs than average for Great Britain.

**Chapter 3: Meeting the Challenge**

4.7 Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but healthy life expectancy is lagging behind. The number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation. Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving health the workforce assists productivity. However, workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work.

4.8 Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

**Chapter 4: What can we do?**

4.9 The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

4.10 Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing need for workforce health and measuring progress.

4.11 Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

4.12 Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

4.13 Some organisations are bedded strongly in communities over generations, they are anchor institutions and especially influential within their communities

**Chapter 5: Next steps**

4.13 So where do we start? The report suggests:

- Start a better conversation in your organisation about improving health *and listen*
- Use the evidence on what works to make a plan *and start somewhere*
- Measure change *and adapt your approach*
- Share your learning with others *and learn from them*

## 5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The report supports delivery of the following objectives of the HWB

1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
5. Reducing the amount of alcohol people drink to safe levels

## 6. COMMUNITY & STAKEHOLDER ENGAGEMENT

The report has been produced with input from a range of people.

## 7. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment has not been completed on this report.

## 8. LEGAL IMPLICATIONS

Not applicable

## 9. FINANCIAL IMPLICATIONS

9.1 None

## 10. BACKGROUND PAPERS

10.1 None

DIRECTOR OF PUBLIC HEALTH REPORT
BERKSHIRE 2019

# Berkshire:
# A good place to work

# ACKNOWLEDGEMENTS

Many thanks to all those who contributed to this year's report.

**EDITORIAL TEAM:**

*Dr Ravi Lukha* - Public Health Speciality Registrar
*Dr Iesha Toor* - Foundation Year 2 Doctor
*Dr Jasmine Gan* - Foundation Year 2 Doctor
*Dr Alex Burnett* - Foundation Year 2 Doctor
*Becky Campbell* - Intelligence Manager, Public Health for Berkshire
*Dr Jo Jefferies* - Consultant in Public Health, Public Health for Berkshire

**CONTRIBUTORS:**

*Cynthia Folarin* - Consultant in Public Health, Bracknell Forest Borough Council

*David Munday* - Consultant in Public Health, Reading Borough Council

*Ruksana Sardar-Akram* - Consultant in Public Health, Royal Borough of Windsor & Maidenhead and Wokingham Borough Council

*Dr Liz Brutus* - Consultant in Public Health, Slough Borough Council

*Matthew Pearce* - Consultant in Public Health, West Berkshire District Council

*Nana Wadee* - Information Analyst, Public Health Services for Berkshire

*Ria Ingleby* - Engagement Manager, Headspace for Work

*Annie Yau-Karim* - Public Health Programme Officer, Bracknell Forest Borough Council

*Rachel Johnson* - Senior Programme Officer, West Berkshire District Council

*Anneken Priesack* – Economic Development Manager, Bracknell Forest Borough Council

*Sussane Brackley* - Economic Development Manager, Reading Borough Council

*Gabrielle Mancini* - Economic Development Manager, West Berkshire District Council

*Joanna Birrell* - Thames Valley Local Enterprise Partnership

*Caroline Perkins*- Thames Valley Local Enterprise Partnership

*Lucy Bowman* - Partnership Manager, Bracknell and Slough Department for Work and Pensions

*Stuart White* - Head of Media Relations, Thames Water

*Dwayne Gillane* - Occupational Health Nurse Manager, Royal Berkshire NHS Foundation Trust

*Glen Goudie* - Sports and Leisure Manager, Wokingham Borough Council

*Carol-Anne Bidwell* - Public Health Programme Manager, Wokingham Borough Council

*Neil Impiazzi* - Partnership Development Director, SEGRO plc

*David English* - Health and Safety Advisor, Panasonic UK

*Hilary Hall* - Deputy Director, Royal Borough of Windsor and Maidenhead

*Clare Humphreys* - Consultant in Communicable Disease Control, Public Health England

*Rachel Jarrett-Kerr* - Practice Sister, Crondall New Surgery

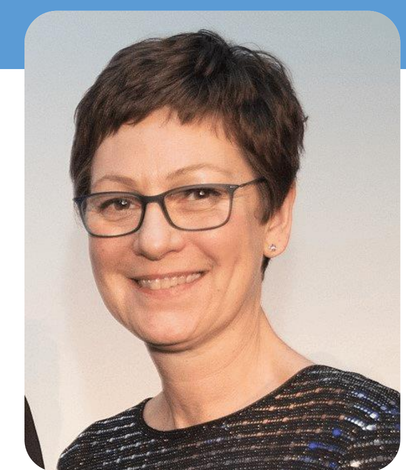
# FOREWORD



On the face of it Berkshire is a good place to work. Whilst there is some variation between boroughs, unemployment is low overall. We know that having a good job, one that pays a reasonable wage, provides security and allows individuals to thrive protects against adverse health outcomes both during our working lives and into retirement. Indeed our health in the years when we are at work lays the foundation for our health in later years.

Employers have an interest in maintaining and improving the health of their workforce, avoiding preventable sickness absence and presenteeism which damage productivity. There is a win:win here for population health and employers, particularly in a place like ours where so many people are in work.

People tell us that they want to take responsibility for their health but they need it to be easier than it is now. There are many ways that employers can help employees manage illness and disability and improve their health. A healthy workforce is an aspiration that should be held by every employer.



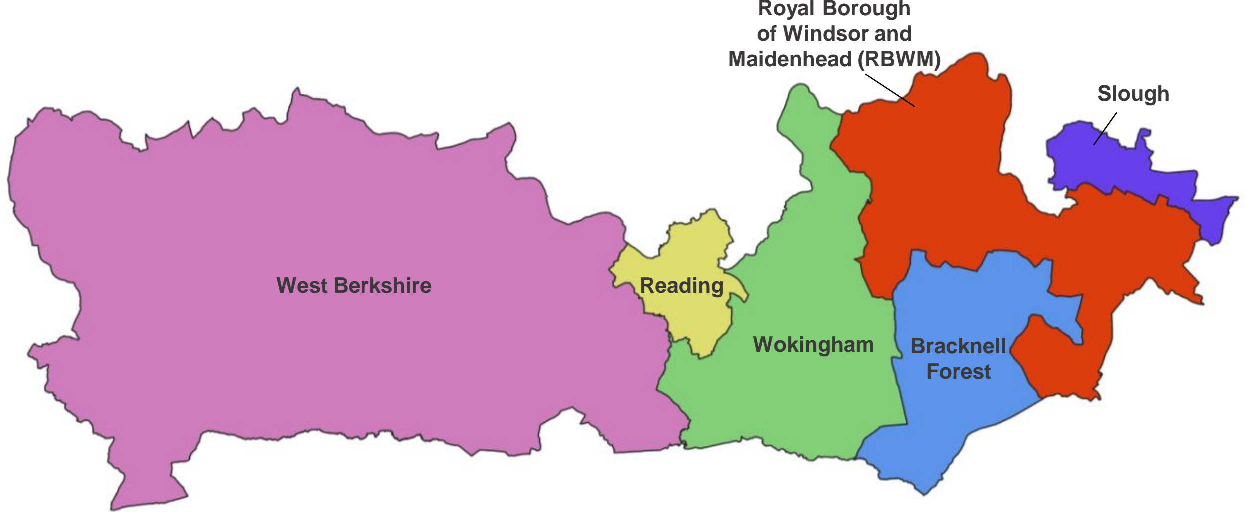
The nature of work also affects our health. It stands to reason that people who are in unstable or unhappy work environments are less likely to benefit from the health advantages associated with employment. Increasingly common issues such as zero hours contracts, stress, presenteeism and low pay have been shown to adversely affect future health and are important workforce health issues to take into account.

Workplaces are changing, I was at work when this picture was taken, giving out an award for workplace health. Like many, my workplace is not just an office and meeting rooms but also coffee shops, my spare room and my car! Indeed for some companies the concept of a workplace in itself is becoming obsolete. The way we work is shifting too, We see more tasks performed via technology and more remote working. This changes the balance of health opportunities and risks associated

with work, not least how we replace the social interactions we have with our colleagues. If we are looking at good workforce health as a foundation for later life, we need to take this changing context for work and think differently about workplace health.

We also need to think beyond individual worker's wellbeing, organisations not only influence the health of their employees but also their families and the communities they form. Employing individuals from a range of different backgrounds and abilities should not be underestimated. This not only helps the individual concerned but also enhances the working environment for other employees and adds to the wellbeing of the organisation.






This 2019 Annual Public Health Report outlines what we know about employment and health in Berkshire and offers some ideas to improve the health of our workforce in our ever changing workplaces. The aim is to start a conversation, to inspire us to do more to improve the health of our workforce and our population.

Workplace health presents a win:win for business and population health. We have an opportunity, working together, to make Berkshire an even better place to work.

**Tessa Lindfield**
**Strategic Director of Public Health for Berkshire**

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The Long Walk, Windsor Great Park

SEGRO Business Park, Slough

# KEY MESSAGES

## The Win:Win

There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business.

The work place is an ideal venue for improving health.

Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire.



Workplace health is a win:win for population health, employees and employers.

## Working in Berkshire

We are privileged in Berkshire to enjoy relatively high levels of employment, so addressing health in the workplace means we can reach a large number of people.

Berkshire hosts a large number of well-known companies and a significant proportion of our residents also work in large public sector organisations.

The top industries in Berkshire are Professional, Scientific & Technical, Information and Communication and Construction.

We have a higher proportion of people in managerial and professional positions jobs than average for Great Britain.

## Meeting the challenge

Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but the number of years that people can expect to live in good health is not keeping pace with life expectancy, meaning that people are living more years in poor health. This does not affect everyone in the same way, the number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation.

Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving  the health of the workforce assists productivity.



Workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work. It is important to consider how workplaces enable a healthy inclusive workforce, taking account of physical, mental and cultural needs of all workers.

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability.  Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

# KEY MESSAGES

## What can we do?

The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing workforce health needs and measuring progress.



Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are the default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

Some organisations are bedded strongly in communities over generations. These are known as anchor institutions and are especially influential within their communities.

# NEXT STEPS

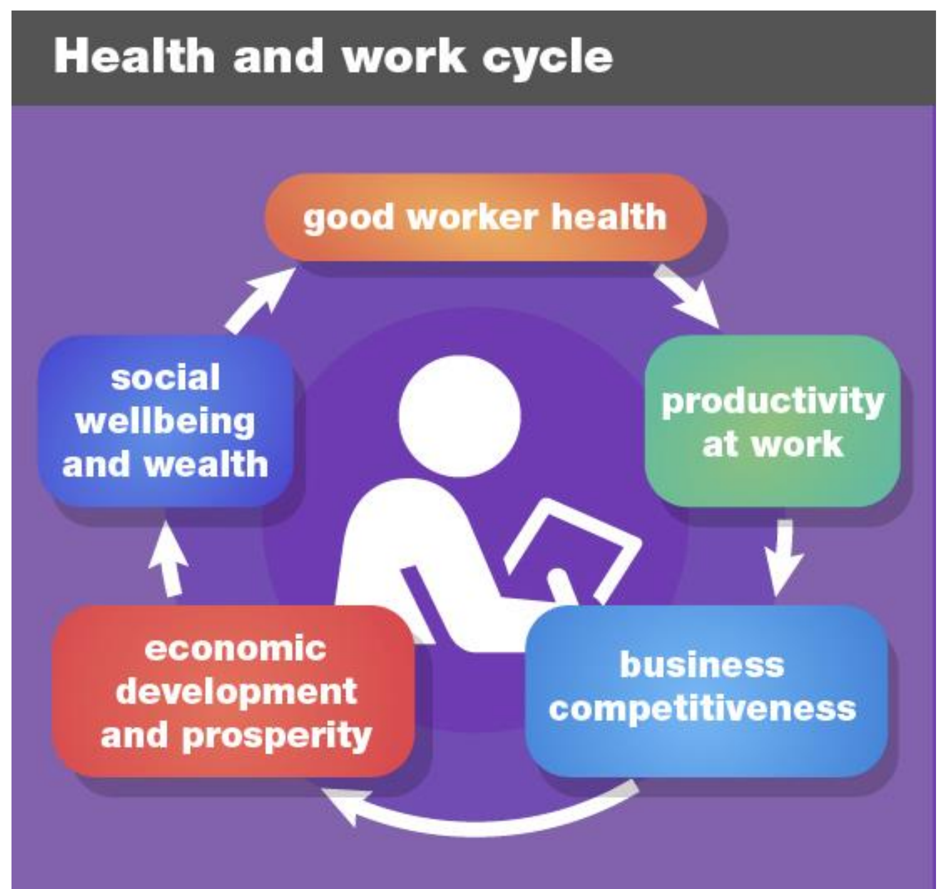
1. Start a better conversation in your organisation about improving health ***and listen***
2. Use the evidence on what works to make a plan and ***start somewhere***
3. Measure change and ***adapt your approach***
4. Share your learning with others and ***learn from them***

**There is a strong relationship between work and health.**

Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identity and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long term illness, heart disease, poor mental health, health harming behaviour and suicide.



The relationship goes both ways - not only is good work good for your health, but a healthy population has the potential to be a productive workforce for business.  In turn successful business supports economic prosperity and the wellbeing of communities. The benefits go beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal caregiving, increased long-term sickness and loss in productivity. Overall, sickness absences and worklessness is estimated to cost the economy £100 billion a year (Public Health England 2016).




*Public Health England; Health Matters: Health and Work*

## What do we mean by good work?

It is more than a workplace that is safe. Good work gives a sense of security, autonomy, communication within an organisation and good line management. As Sir Michael Marmot's studies illustrated, it is not just having work that makes a difference, but the quality of our jobs (Marmot et al, 1991).

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability.  Our workplaces can help us in many ways to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.



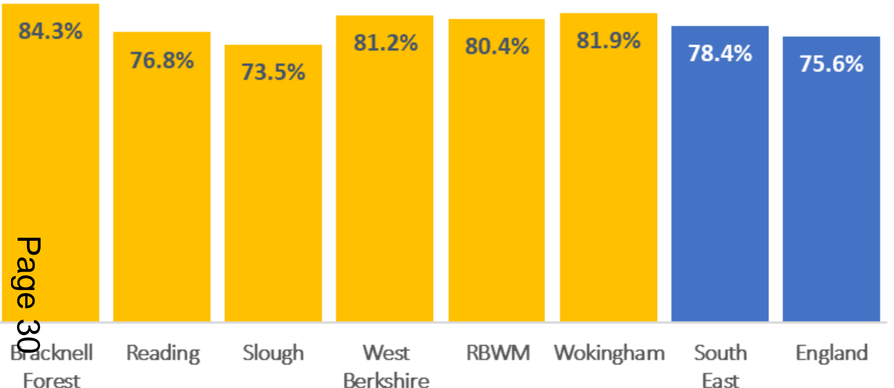
Investing in workplace health makes sense.  There is good evidence that the financial benefits of investing in worker health outweigh the costs of managing employee sickness and absence. Benefits include:

- Reduced sickness absence
- Improved productivity – employees in good health can be up to three times more productive than those in poor health and experience fewer motivational problems
- Reduced staff turnover – employees are more resilient to change and more likely to be engaged with the business's priorities

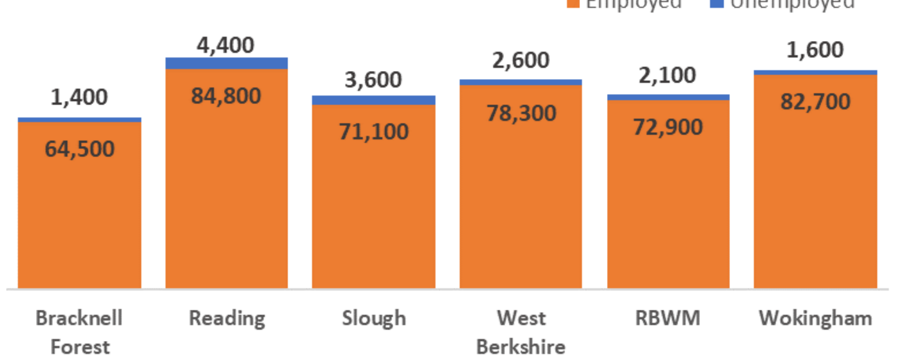
# CHAPTER 2: WORKING IN BERKSHIRE

In Berkshire we have a robust economy and one of the highest employment rates in Europe.

## EMPLOYMENT RATES FOR PEOPLE AGED 16-64 (2018/19)



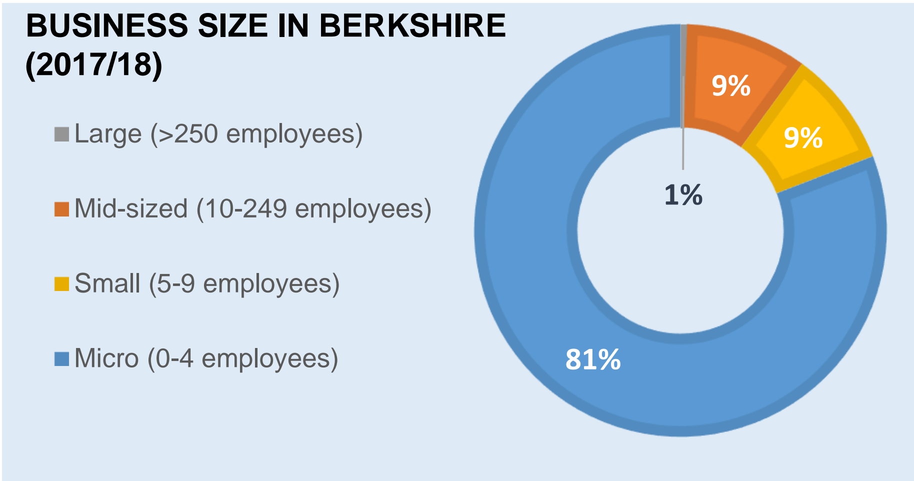

## NUMBER OF PEOPLE EMPLOYED AND UNEMPLOYED AGED 16-64 (2018/19)




*Office for National Statistics; [Labour Market Profile – Thames Valley Berkshire]()*

The majority of Berkshire businesses are micro-businesses, employing four or fewer staff. Despite fewer than 1% of business in Berkshire being large enough to employ over 250 staff, they provide approximately 38% of local employment. This presents a great opportunity to maximise our ability to protect, improve and promote good health in the workplace.

## BUSINESS SIZE IN BERKSHIRE (2017/18)




*Thames Valley Berkshire LEP; [Business in Berkshire 2018]()*

## TOP 5 BUSINESS SECTORS IN BERKSHIRE (2017/18)

1. Professional, scientific & technical
2. Information & communication
3. Construction
4. Wholesale & retail trade; repair of vehicles
5. Administrative & support service activities

*Thames Valley Berkshire LEP; [Business in Berkshire 2018]()*

## EMPLOYMENT BY OCCUPATION (2018)

| | Thames Valley Berkshire (numbers) | Thames Valley Berkshire (%) | South East (%) | Great Britain (%) |
|---|---|---|---|---|
| SOC 2010 major group 1-3 | 259,100 | 55% | 51% | 46% |
| 1. Managers, directors and senior officials | 56,400 | 12% | 12% | 11% |
| 2. Professional occupations | 116,700 | 25% | 22% | 21% |
| 3. Associate professional and technical | 86,100 | 18% | 16% | 15% |
| Soc 2010 major group 4-5 | 87,000 | 19% | 20% | 20% |
| 4. Administrative and secretarial | 48,700 | 10% | 10% | 10% |
| 5. Skilled trades occupations | 38,300 | 8% | 10% | 10% |
| Soc 2010 major group 6-7 | 65,500 | 14% | 16% | 17% |
| 6. Caring, leisure and other service occupations | 36,400 | 8% | 9% | 9% |
| 7. Sales and customer service occupations | 29,100 | 6% | 7% | 8% |
| Soc 2010 major group 8-9 | 58,600 | 13% | 13% | 17% |
| 8. Process plant and machine operatives | 21,100 | 5% | 4% | 6% |
| 9. Elementary occupations | 37,400 | 8% | 9% | 10% |

Notes: Numbers and % are for those aged 16 and over. % is a proportion of all persons in employment
*Office for National Statistics; Labour Market Profile – Thames Valley Berkshire*

## LARGEST BUSINESSES IN BERKSHIRE (2017/18)

| Name | Number of employees (local estimate) |
|---|---|
| NHS | 16,500 |
| 6 local authorities | 9,300 |
| Vodafone | 5,000 |
| AWE | 4,500 |
| University of Reading | 3,500 |
| Waitrose (HQ & distribution centre) | 3,400 |
| Microsoft | 3,000 |
| Telefonica O2 | 2,500 |
| GSK | 2,000 |
| Merlin (Legoland) | 2,000 |
| Oracle | 2,000 |
| Royal Mail | 2,000 |
| SSE | 2,000 |
| Fujitsu | 2,000 |

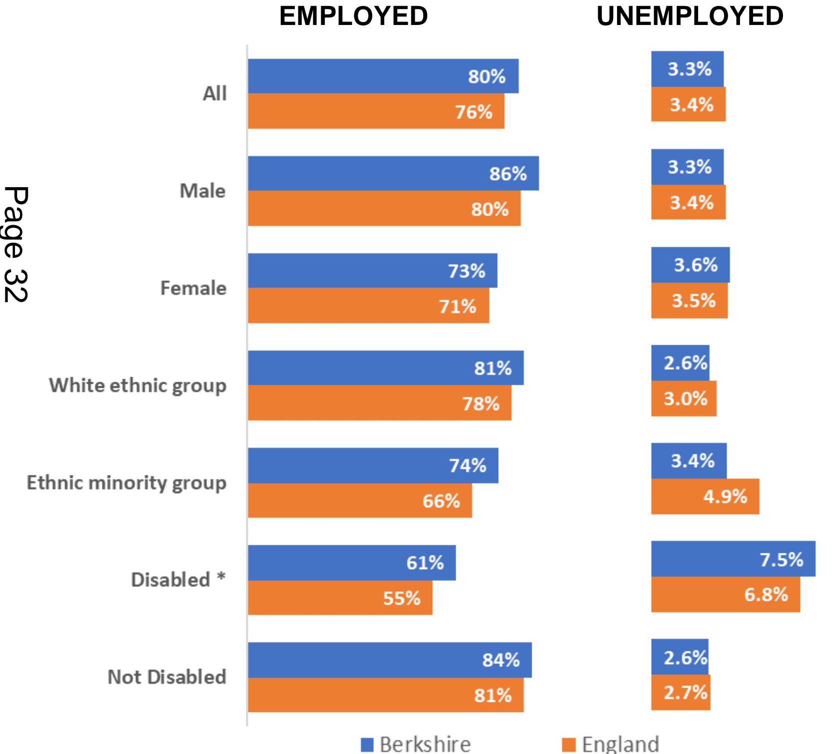
*Thames Valley Berkshire LEP; Business in Berkshire 2018*

Over 50% of Berkshire employees work in occupations that are classified in the top three major groups of the Office for National Statistics Standard Occupation Classification (SOC). In particular 25% of employees in Berkshire have professional occupations. This is a significantly higher proportion than the South East England and Great Britain workforces.

# Gaps in the local workforce

Berkshire's employment rates are higher than the national figures across all population groups. However, it is clear that there are still gaps and inequalities locally which may prevent people from becoming employed.

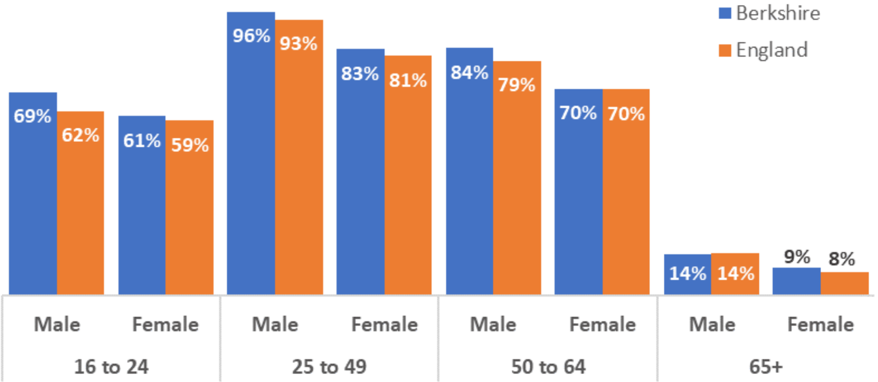
## EMPLOYMENT AND UNEMPLOYMENT RATES IN BERKSHIRE AND ENGLAND FOR PEOPLE AGED 16-64 (2018/19)



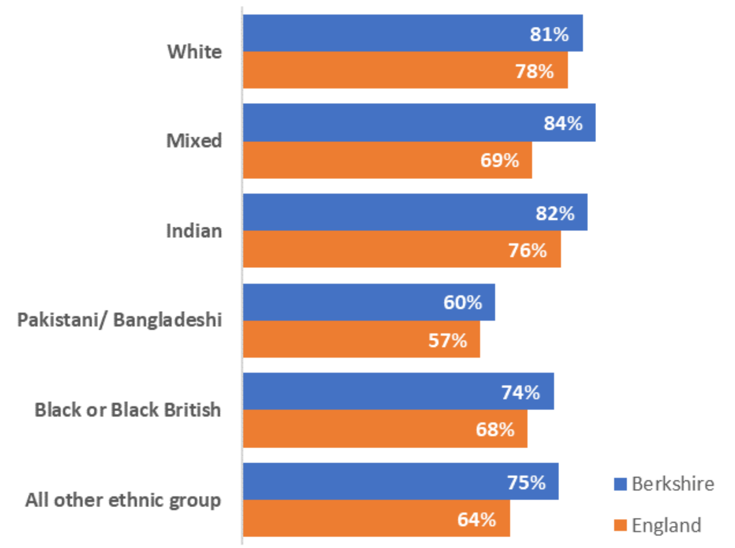

** Disabled includes people who have a long-term disability which substantially limits their day-to-day activities, as well as those that have a disability which affects the kind or amount of work that they might do.*

*Office for National Statistics; Annual Population Survey*

## EMPLOYMENT RATES BY SEX AND AGE GROUP (2018/19)



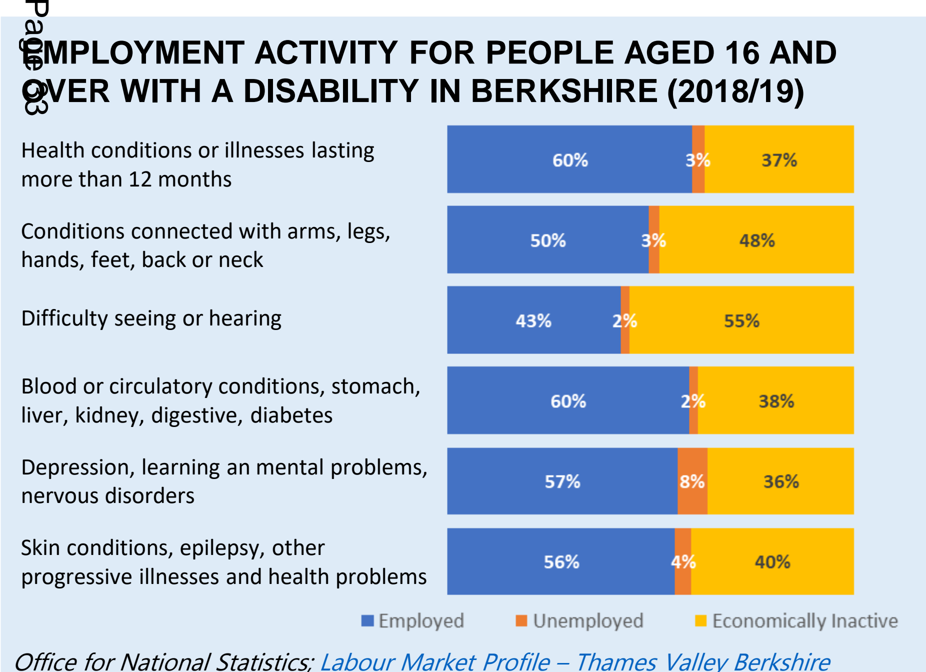

## EMPLOYMENT RATES BY ETHNIC ORIGIN (2018/19)



Individuals with disabilities, mental health conditions and limiting long- term health condition face greater barriers to move into employment. Despite a new record high overall employment rate of 76.1% nationally (Office for National Statistics, 2019) the employment gap between these group of individuals compared to people with no health condition remains high.

In Berkshire, over 100,000 people aged 16 to 64 have a long-term disability that substantially limits their day to day activities or affects the kind or amount of work that they might do. This is approximately 18% of the working-aged population. 61% of this group were in employment during 2018-19 and a further 7.5% were unemployed, but seeking employment (Office for National Statistics, 2019)

### EMPLOYMENT ACTIVITY FOR PEOPLE AGED 16 AND OVER WITH A DISABILITY IN BERKSHIRE (2018/19)




*Office for National Statistics; Labour Market Profile – Thames Valley Berkshire*

### GAP IN THE EMPLOYMENT RATE BETWEEN KEY GROUPS AND THE OVERALL EMPLOYMENT RATE (2017/18)

| Area | People with a Learning Disability | People in contact with Secondary Mental Health services | People with a long-term health condition |
|---|---|---|---|
| Bracknell Forest | 74% | 68% | 5% |
| Reading | 73% | 67% | 11% |
| Slough | 74% | 66% | 14% |
| West Berkshire | 77% | 69% | 15% |
| RBWM | 65% | 69% | 9% |
| Wokingham | 64% | 57% | 11% |
| **England** | **69%** | **68%** | **12%** |

*Public Health England; Public Health Outcomes Framework*

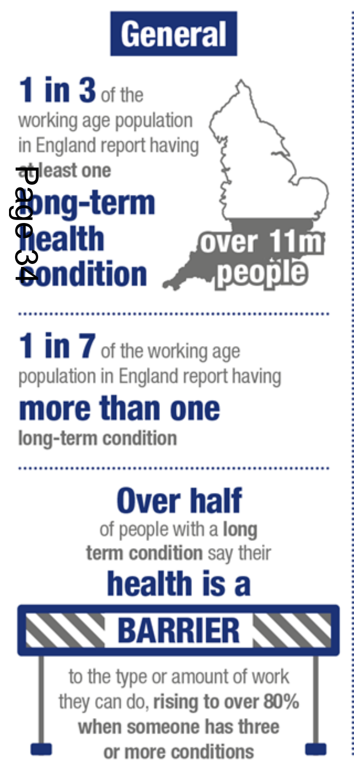
Around £13bn is spent annually on health-related benefits. Supporting people back into work does not only empower individuals, but can also bring about returns to the local economy by about £14,436 per person per year (Public Health England, 2016).

In March 2018, 3,672 people claimed unemployment-related benefits in Berkshire. This is a 23.3% decrease compared to March 2010. Many people claiming such benefits would like to work, provided they find the right job and support that accommodates their health needs (Office for National Statistics, 2018).

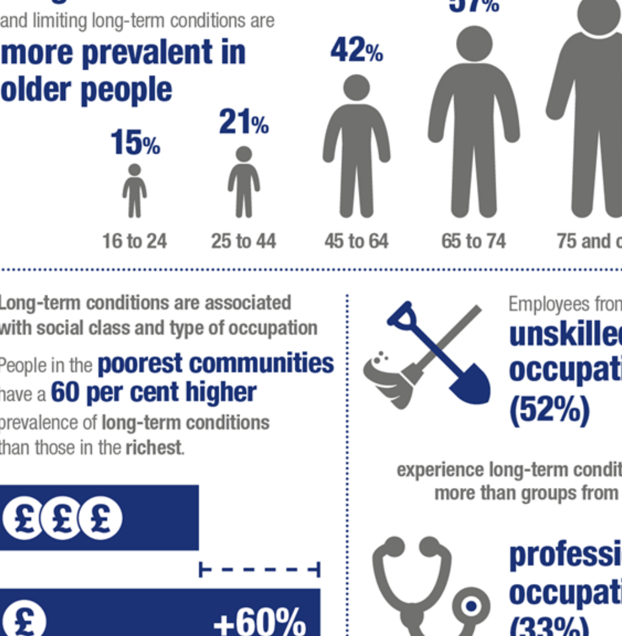
## Where are the inequalities?

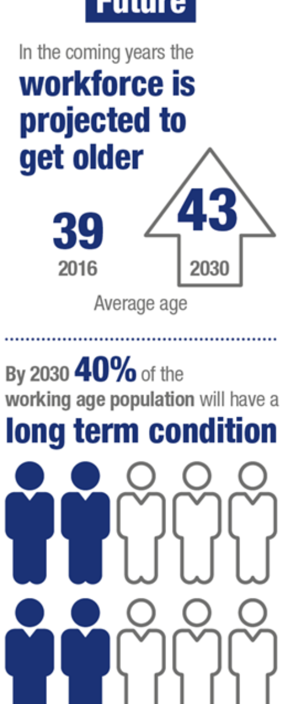
This useful infographic from Public Health England and the Work Foundation shows that long term health conditions are more common in unskilled occupations, compared to those in professional occupations. The prevalence of long-term conditions also increases with age.

# Health and Work
## Health of the working age* population






Future

In the coming years the workforce is projected to get older

39 2016 | 43 2030 | Average age

By 2030 40% of the working age population will have a long term condition

Sources: Steadman et al, 2016; NHS, 2012; Labour Force Survey, 2012; Vaughan-Jones & Barham, 2009

* Working age population: individuals aged 16 to 64

*Public Health England; Health and Work: Health of the working age population*

In Berkshire, 12% of workers are employed in the two least skilled occupations groups (process plant and machine operatives; elementary occupations).

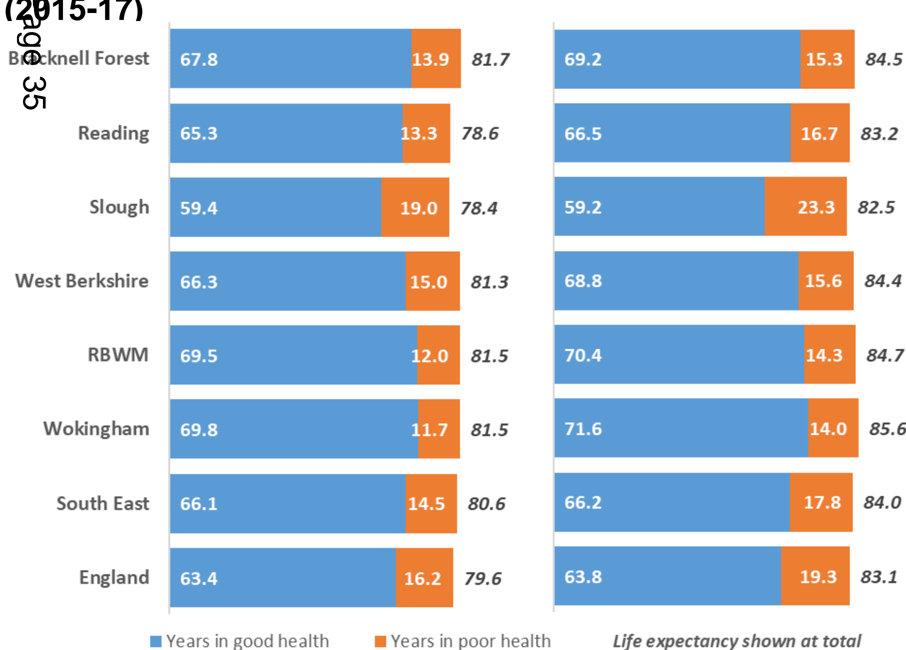
The proportion of workers from a Pakistani/ Bangladeshi ethnic group who were employed in these occupations in 2018/19 was much higher at 23%, with 19% of Black British workers also employed in these roles.

*Office for National Statistics; Labour Market Profile – Thames Valley Berkshire*

We are living and working longer. The state pension age is increasing and life expectancy stands at 80.6 and 84.0 years for men and women across the South East region (Public Health England, 2019). The number of years living in good health is lower, which means that that more people will be working later into life with long-term health conditions, particularly those from poorer communities and in unskilled occupations (Public Health England, Health Profile for England: 2018).

## LIFE EXPECTANCY AND YEARS SPENT IN GOOD AND POOR HEALTH (2015-17)

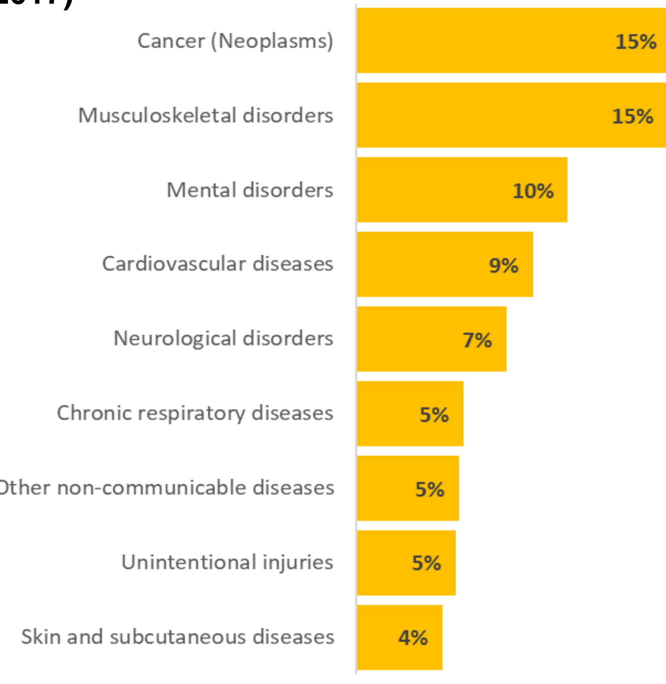





*Public Health England; Public Health Outcomes Framework*

The conditions that cause early death and disability across Berkshire are shown in the graph below, with cancers, musculoskeletal disorders and mental orders identified as the main causes. Many of these have preventable elements and opportunities to limit progression.

## MAIN CAUSES OF DISABILITY-ADJUSTED LIFE YEARS (DALYS) IN BERKSHIRE FOR PEOPLE AGED UNDER 75 (2017)




*DALYS measure the overall burden of disease in an area by estimating the number of years of life lost to ill-health, disability or premature death (deaths before the age of 75).*

*Institute of Health Metrics and Evaluation; Global Burden of Disease Compare tool*

Some groups have particular issues when it comes to health and work.

## Shift work

14% of us work shifts outside regular daytime hours of 7am to 7pm, including healthcare professionals, the police, the fire brigade, manufacturing and transportation industries, all integral members of the Berkshire workforce (Health and Safety Executive, 2006).

Shift work disrupts our body clock and metabolism, leading to:

| Short term effects | Long term effects |
|---|---|
| Poor quality rest and sleep | Indigestion |
| Shortened attention span | High blood pressure |
| Impaired memory and decision making | Increased susceptibility to minor illnesses (e.g. colds and flu) |
| Mood changes | Diabetes |

In the UK, tiredness and fatigue accounts for 20% of accidents on major roads and 3,000 road deaths per year. The ability for shift workers to adapt to the changes of the sleep-wake cycle varies considerably. It is estimated that 10-30% of shift workers are affected by shift work sleep disorder (The Parliamentary Office of Science and Technology, 2018).

In a 2017 survey, more than 50% of NHS junior doctors reported being involved in an accident or near miss after driving home from a night shift (McClelland et al, 2017).

## The Gig Economy

Whilst all employers have the same legal responsibility to protect the health and safety of employees, workers on zero hour contracts, temporary contracts and gig economy work may not be receiving as much support as permanent, full-time employees.

A recent survey undertook by the Institution of Occupational Safety and Health (IOSH) reveals that amongst non-permanent workers:

**1 in 2**
receive full base safety induction

**4 in 10**
work without paid holiday that they are entitled to

**1 in 3**
have access to support from occupational health

## Sitting and sedentary behaviour

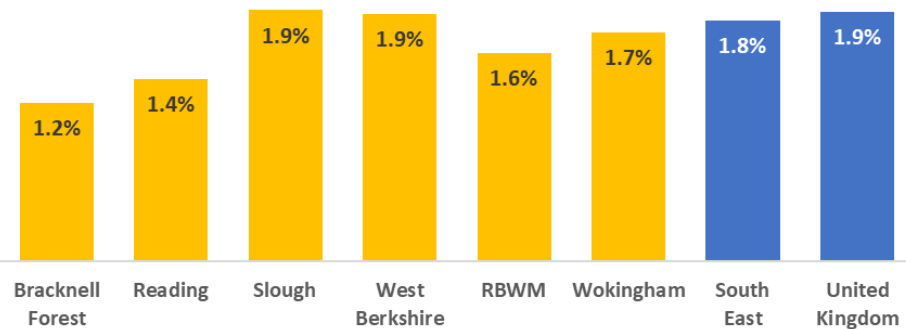
Excessive sitting can increase the risk of diabetes, obesity, heart disease and musculoskeletal problems (NHS, 2019). For certain occupations like long distance lorry drivers or taxi drivers, incorporating physical activities into the working day pose a significant challenge. It is estimated that 10% or more HGV drivers are overweight or obese compared to their peers (National Institute of Health and Research, 2018).

# Productivity

There is ongoing debate about measuring productivity, with a move to include the quality as well as the quantity of work produced. Data is limited, but the UK is not performing as well as it might compared to other G7 economies (Office for National Statistics, 2018).

Sickness absence adversely affects productivity. Latest figures show that in the UK, employees took an average of 4.1 sickness absence days in 2017. Interestingly, there is a difference in the sickness absence rates in the private (1.7%) and public (2.6%) sectors. There is also a difference between occupations, with the highest rate in public sector health workers (3.3%) and the lowest in managers (0.9%). Absence rates are lower for professional occupations (1.7%) and higher for elementary occupations (2.6%) and process, plant and machine operatives (2.2%) (Office for National Statistics, 2018).

**SICKNESS ABSENCE RATES ACROSS BERKSHIRE AND THE UNITED KINDOM, 2017**




*Office for National Statistics; Sickness absence in the UK Labour Market*

When comparing the size of organisations, those in large businesses report the highest sickness absence rates (2.3%) compared to smaller businesses employing less than 25 people (1.6%) (Office for National Statistics, 2018).

## Causes of sickness absence

In the UK, 131 million working days are lost each year to sickness absence, and the leading causes are minor illnesses, musculoskeletal (MSK) disorders and mental health issues (namely stress, depression and anxiety) (Public Health England, 2019).

## Mental health conditions

**14.3 million** days lost

**19%** long-term sickness in England attributed to mental ill health

**£33-£42 billion** annual cost to employers

**Only 40%** of organisations have trained line managers to support staff mental wellbeing

Health and Safety Executive, 2018

Mental health affects how we think, feel and behave. Having good mental health allows us to cope with challenges we face and helps us build healthy relationships.

People working in professional jobs (comprising a significant proportion of the Berkshire workforce) have the highest rate of work-related stress, depression and anxiety. This is especially prevalent in healthcare, welfare, teaching, educational, legal and customer service sectors.

The most common work-related mental health issues are stress, anxiety and depression. The main factors leading to this include:

1. high workload pressure
2. insufficient managerial support
3. lack of clarity of role and responsibilities
4. experience of violence, threat, bullying in the workplace
5. lack of employee engagement when business undergoes organisational changes

## Musculoskeletal Health (MSK)

**28.2 million** days lost

**33%** long-term sickness in England attributed to MSK

**14** working days lost per year for each case

**£7 billion** annual cost to the UK economy

Business in the Community, 2017

Musculoskeletal conditions are the second most common cause of global disability.

Musculoskeletal disorder may develop from an injury or be due to conditions like arthritis. Heavy lifting or sitting for long periods in front of a workstation can contribute to back pain, whereas repetitive movement like typing and clicking can lead to wrist and hand injuries. Maintaining a healthy weight and staying strong and active helps protect against musculoskeletal conditions.

Musculoskeletal conditions can be episodic and transient, whereby the pain resolves and recurs again, or they may become chronic and irreversible. They may impair quality of life and mental wellbeing and can limit our ability to work efficiently and participate in social role and activities (Health and Safety Executive, 2018).

## Presenteeism

In 2017, **131 million days** lost due to sickness compared to 178 million days lost in 1993

Presenteeism increased by **three times** since 2010

Only **30%** of managers take initiatives to identify the underlying cause of presenteeism



Office for National Statistics 2018

Chartered Institute of Personnel and Development 2018

Although the number of sickness absence days have fallen steadily, presenteeism is on the rise. This is when an individual spends more time at work than is required, including when they're ill and in need of a rest. On average, employees spend nearly 2 weeks at work when they are unfit. According to a business research report by Nottingham Trent University, the leading presenteeism conditions are hand or wrist pain, arthritis and anxiety and depression. This can lead to employees feeling unmotivated and unable to fully engage at work (Whysall et al, 2017).

Presenteeism also contributes to lower workplace morale and decline in workplace atmosphere. Employees who are unwell at work may take longer to recover and are also more likely to make mistakes or produce work of lower standard.

## The changing nature of work

In the UK, as many as **1 in 10** working-age adults now work on gig economy platforms

There are now **6,075** flexible working spaces in the UK alone, which has grown by **7%** over the last 6 months alone

In 2018, there were approximately **12 million** millennials in the UK

Trades Union Congress, 2019

Instant Offices, 2019

Office for National Statistics, 2019

Workers and workplaces are changing. We are moving away from traditional employee, employer relationships.

Commentators talk about the gig economy where people hold multiple roles, working as freelancers.

Technology offers ever more solutions for tasks and even the office or formal workplace is under threat, with people in unrelated jobs working in shared spaces or at home.

Employees are expected to continually develop and learn and the much quoted millennial population is looking for more than a pay check as a reward for work (Marr, 2019).

# CHAPTER 4: WHAT CAN WE DO?

There are actions that all employers can take to ensure the health and wellbeing of their workforce, regardless of their organisation size or the sector that they work in. A range of Public Health England resources and Business in the Community (BITC) toolkits are available in the January 2019 edition of Health Matters, which focuses on Health and Work.

*Public Health England; Health Matters: Health and Work*

This chapter highlights some examples of what employers could do within Berkshire to improve and protect the health of their employees, starting with actions for all employees and then focussing on some particular groups

# Healthy workplace policies are the essential foundation for a healthy workforce

| Understand employees needs | Review organisational policy | Work with employees |
|---|---|---|
| • Ongoing anonymous surveys and open dialogue at all levels<br>• Co-design of new policies and interventions with employees<br>• Continuous monitoring of impact<br>• Provide employees with access to confidential support services and adjustments to support return to work<br><br>Health and Safety Executive, 2019 | • Ensure adequate workplace assessment, adjustment and interactions<br>• Review workplace design using HSE management standards<br>• Provide training for line managers to identify employees with health needs early and to offer support<br>• Support managers to feel confident to handle sensitive conversations and signpost to appropriate external support where required<br>• Consider employee health and wellbeing in the context of organisational change – poor communication and uncertainty about roles and responsibilities are key triggers for workplace stress<br><br>Health and Safety Executive, 2019 | • Organise group activities to improve workplace wellbeing, listening to employee preferences<br>• Promote a positive culture around physical and mental health for all employees<br>• Identify and encourage employees to become wellbeing champions<br>• Ensure policies, processes and culture enables early identification of employees who are struggling and enables them to receive support<br><br>Health and Safety Executive, 2019 |



| Awareness raising can help to break down stigma | |
|---|---|
| 1-31st October annually: Stoptober | 7th February 2020: Time to Talk Day |
| 11-15th November 2019: Anti-Bullying Week | 16-22nd March 2020: Nutrition and Hydration week |
| 4-8th November 2019: International Stress Awareness Week | 13th May 2020: World Sleep Day |
| 1st December 2019: World AIDS day | 18-24th May 2020: Mental Health Awareness Week |

# A workplace that supports healthy living

## Increasing physical activity

For good physical and mental health adults should aim to be physically active every day. Any activity is better than none and more is better still. The scientific evidence continues to support 150 minutes of moderate to vigorous physical activity per week spread across the week (Chief Medical Officer, 2019).

**What can employers do?**

- Encourage and support employees to walk and stand more.
- Implement sit-stand adjustable desks to enable workers to vary between seating and standing easily.
- Implement incentives to support active travel such as Cycle to Work Scheme alongside facilities such as showers and bike storage.

## Healthy food at work

Office cake culture makes it harder to eat well at work (Walker, 2019).

Eating together socially is important but this can be done with healthier options. Reducing the number of 'special occasions' cake days may enhance their social benefits further.

**What can employers do?**

- Use Public Health England and Business in the Community's Toolkit to start the conversation to create a positive environment for food.
- Take steps to ensure that employees have easier access to healthier food and drink.
- Consider adoption of Government Buying Standards for Food and catering Services (GBSF).

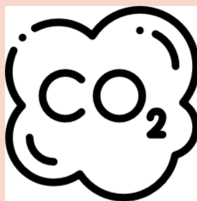
## Smoke free

A smoke free work site supports the health of all employees. Giving up smoking is one of the best things people can do to improve health. Smokers are off work 2.7 days more per year compared to ex and non-smokers, costing around £1.7 billion (Department of Health, 2019).

**What can employers do?**

- Make information on local stop smoking support services widely available at work.
- Be responsive to individual needs and preferences. Provide on-site stop smoking support where feasible.
- Allow staff to attend smoking cessation services during working hours without loss of pay.
- Develop a smoking cessation policy in collaboration with staff and their representative as one element of an overall smoke free workplace policy.

# Reducing carbon emissions



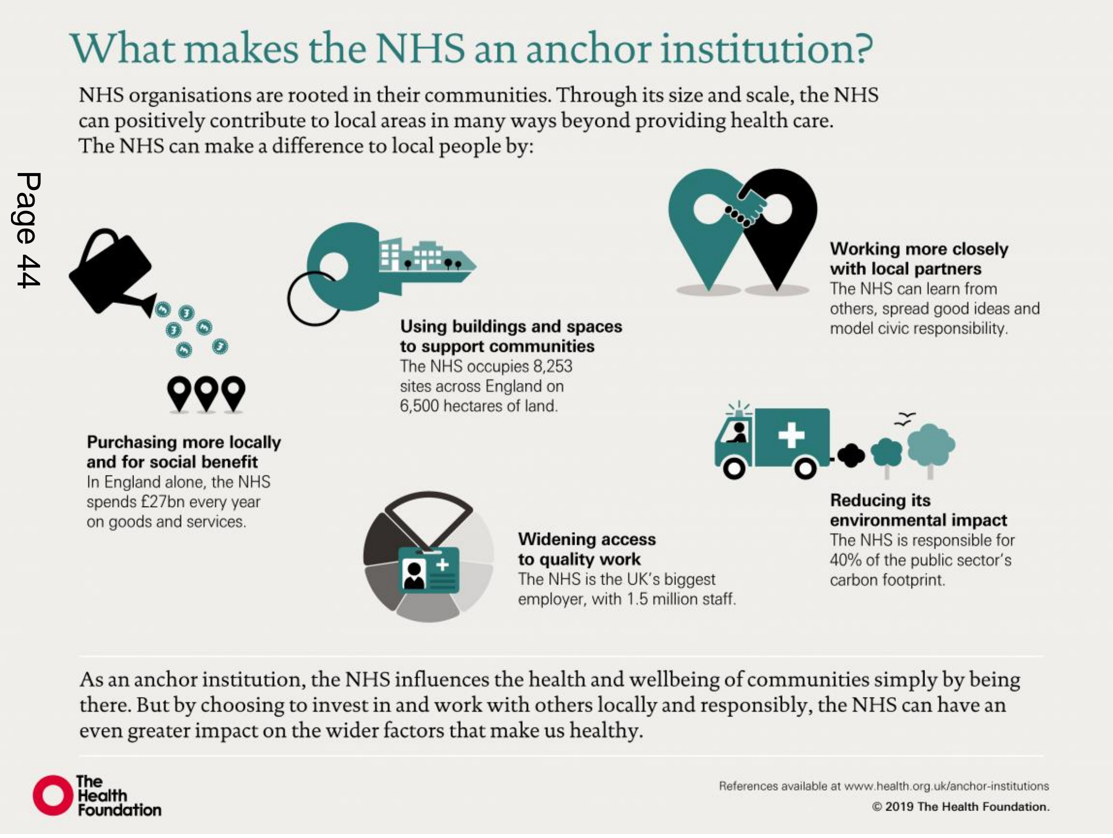

Research has shown that air pollution is bad for both human health and businesses. Researchers found that as pollution increased, consumers are more likely to stay indoors, affecting local sales (New Climate Institute, 2018). Actions to decrease carbon emissions and improve air quality can have additional benefits for employee health and wellbeing.

Ideas include:

- Creating staff gardens to help reduce greenhouse gas emissions and to provide a space for staff to rest and unwind
- Offering working from home or teleconferencing option to minimise commuting (in line with culture of flexible working)
- Creating incentives for use of shared transport, public transport or cycling - increasing social contact and physical activity
- Encouraging employees to switch off lights after using, or install automatic timer or motion sensor
- Offering healthy food options in the canteen from a sustainable supply chain
- Ensuring taxi or other work vehicles are not allowed to idle when waiting to be used

# Harnessing the power of anchor institutions

**Anchor institutions** are the kind of organisations that are rooted in a place, unlike corporations that tend to shift location all over the world. The UK Commission for Employment and Skills defines an anchor institution as one **which, alongside its main function plays a significant and recognised role in a locality by making a strategic contribution to the local economy**. Local Authorities (Councils), universities and hospitals are examples of anchor institutions. A recent report from The Health Foundation focussed on the role of the NHS as an anchor institution and noted the opportunities in the graphics below.




UK Commissions for Employment and Skills, 2015

**Examples of some work done by anchor institutions**

- Between 2004 and 2011 the University of Lancaster ran LEAD 2 innovate, a programme aimed at promoting business growth by developing the leadership abilities of small business owners.
- Nottingham University Business School initiated a partnership with the city council to deliver the Growth 100 Programme, helping small firms in the local area to devise and successfully implement business plans.
- A local enterprise partnership in the North East of England is setting up a Business Growth Hub in partnership with business networks, universities and professionals. The Hub will target micro and small firms in the region, signposting where support is available, especially for hard-to-reach businesses in rural areas.

# Some groups may need specific actions

## Shift workers

Shift work is undertaken outside regular daytime hours of 7am to 7pm.

**What can employers do?**

- Periodic review of shift work scheduling
- Gather employees feedback
- Provide employees with support to prepare for and recover from shift works

*The Parliamentary Office of Science and Technology, 2018*

## Older workers

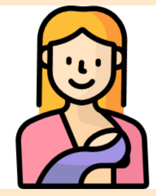
We want employees to keep in the best possible health and to prevent health conditions developing.

**What can employers do?**

- Offer flexible hours, locations and adaptations that meet individual needs and help manage health conditions.
- Consider introducing a "mid-life MOT" to allow people to take stock, manage transitions and plan holistically for the short, medium and longer term focussing on their job, health and finances. This requires management buy-in, as well as HR equipping line managers with support to provide the programme.
- Women over the age of 50 are the fastest growing segment of the workforce and most will go through the menopause transition during their working lives. Guidance is available from Chartered Institute of Personnel and Development.

*Business in the Community, 2019*

## New mothers



Breastfeeding exclusively is recommended for around the first 6 months, followed by breastfeeding alongside solid foods.

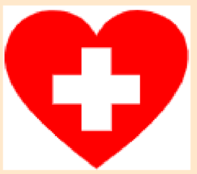
Therefore, it is likely working mothers will be breastfeeding on their return to work. Breastfeeding reduces child sickness and increases staff morale and retention.

**What can employers do?**

- Comply with workforce regulations to provide suitable facilities for pregnant or breastfeeding women to rest.
- The Health and Safety Executive good practice is for employers to provide a private, healthy and safe environment to express and store milk.

*NHS, 2019*

## People with long term conditions



**What can employers do?**

- Make reasonable adjustments to support varying needs and fluctuating conditions.
- Recognise that LTCs can impact negatively on mental health and motivation
- Provide an open and supportive environment.
- Be aware of specialist support available, such as occupational therapists, physiotherapists and the Fit for Work Service and Access to Work scheme

*The Work Foundation, 2019*

## Carers

There are growing numbers of informal carers in the UK. Providing care impacts carers' employment outcomes as well as health and wellbeing.

**What can employers do?**

- Commit to flexible and remote working
- Seek to create a supportive workplace culture with 'carer friendly' policies
- Set up carers' peer groups or support forums
- Provide an online resource to help carers source practical advice and expert support on topics including care, legal and financial information
- Offer online or telephone counselling
- Train line managers to identify and support carers.

*The Work Foundation, 2019*

## People with disabilities

7.7 million people of working age report that they have a disability. Of these 4.1 million were in employment (House of Commons, 2019).

**What can employers do?**

- Develop more flexible and accommodating workplaces
- Prevent people falling out of work with early implementation of return to work plans
- Develop supported employment programmes with intensive personalised support to help individuals at work
- Structured long-term support for people whilst in work
- Work with other agencies to enable people with disabilities to access specialist 'job coaches' or employment advisers

*Department for Work and Pensions, 2013*

## Part time working

Part-time work negatively impacts promotion and affects more mothers than fathers. Women are more likely to work reduced hours and men and women both reported that it was easier for women to take time off work for eldercare than it was for men. *Working Families: Modern Families Index, 2019*

**What can employers do?**

- Challenge assumptions that reduced hours means reduced commitment
- Assess the career opportunities for part-time workers and demonstrate it is possible to progress whilst working part-time
- Develop strategies to ensure men understand the part-time and flexible working options open to them and encourage them to use them
- Anytime, anywhere doesn't mean all the time, everywhere
- Develop human-sized jobs that don't require long hours or unreasonable workloads



## One size doesn't fit all

Other groups that may requires additional support include military families, armed forces veterans, people who use drugs or alcohol, people in temporary or unstable accommodation and those who are new to the UK.

# Resources and toolkits for employers

**These are just some of the many resources available to help employers create a healthy workplace**

Advisory, Conciliation and Arbitration Services (ACAS) – Health, Work and Wellbeing booklet
https://m.acas.org.uk/media/854/Advisory-booklet---Health-Work-and-Wellbeing/pdf/Health-work-and-wellbeing-accessible-version.pdf

Department for Business Innovation & Skills – Does worker wellbeing affect workplace performance?
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf



Mental Health at Work – Training, toolkits and resources
https://www.mentalhealthatwork.org.uk/resource/?resource_looking-for=0&resource_type=0&resource_medium=0&resource_location=0&resource_sector=0&resource_sector=&resource_workplace=0&resource_role=0&resource_size=0&order=DESC&orderby=meta_value_num&meta_key=rating

Business in the Community (BITC) – Musculoskeletal Health toolkit
https://www.mentalhealthatwork.org.uk/resource/musculoskeletal-health-toolkit-for-employers/?read=more

Business in the Community (BITC) – Physical activity, healthy eating and healthier weight toolkit
https://www.mentalhealthatwork.org.uk/resource/physical-activity-healthy-eating-and-healthier-weight-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Sleep and recovery toolkit
https://www.mentalhealthatwork.org.uk/resource/sleep-and-recovery-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Drugs, alcohol and tobacco toolkit
https://www.mentalhealthatwork.org.uk/resource/drugs-alcohol-and-tobacco-a-toolkit-for-employers/?read=more

Public Health England – Local Healthy Workplace Accreditation guidance
https://www.gov.uk/government/publications/local-healthy-workplace-accreditation-guidance

Public Health England – Workplace Health Needs Assessment
https://www.gov.uk/government/publications/workplace-health-needs-assessment

Chartered Institute of Personnel and Development (CIPD) – Wellbeing at work
https://www.cipd.co.uk/knowledge/culture/wellbeing

National Institute of Health and Care Excellence (NICE) – Management practices
https://www.nice.org.uk/guidance/NG13

Department for Work and Pensions – Workplace wellbeing tool
https://www.gov.uk/government/publications/workplace-wellbeing-tool

The following section showcases some work that local business are doing to improve the health and wellbeing of their employees and communities. There are many more examples of good practice in our area, but there is also a lot more to do.

By sharing good practice and evidence of what works, organisations can learn from each other and take steps to make Berkshire an even healthier place for everyone to work and live.

# CASE STUDY 1: JOBCENTRE PLUS

Jobcentre Plus (JCP) is a platform that helps people who are unemployed and claiming benefits to find work. JCP has been running a Work and Health programme for over 18 months to help customers whose health issues pose a barrier to employment but whom are likely to return to work within a year, to receive support from specialist advisers in moving towards work. This is important as those not in employment are more likely to suffer from health issues, and therefore initiatives within JCP are highly critical in facilitating return to work. In the context of workplace health, JCP can be seen as a proxy employer for those not currently in work.

## Staff Training

Jobcentres recruited Community Partners to bring in lived or professional experience of health issues (for example: addictions, learning disabilities, mental health) to share their knowledge with JCP staff. For example, work coaches receive mental health training to improve their understanding of the health issues faced by JCP customers; and **specialist employer advisors are equipped to work with micro-employers and ensure they were supported to take on people with health issues.**

## Collaborative Working

Across East Berkshire, mental health partner meetings are held on a quarterly basis to discuss collaborative working. JCP partners include the Community Mental Health Team (CMHT), Improving Access to Psychological Therapies (IAPT), Individual Placement Support (IPS), BucksMind, Samaritans, Citizens Advice Bureaus, community learning, voluntary work organisations, police and ambulances. This has led to partners making offers to support the JCP with customer workshops and community engagement events and IAPT employment specialists co-locating within the JCP

## Reaching Out

In West Berkshire, JCP had arranged for JobCentre staff to locate for part of the week in their surgeries. This provides the opportunity for JCP to engage and support customers in a different setting. **JCP are also working with employers to ensure they understand potential health issues faced by individuals with health issues and the adjustments that they may require in the work place.** This includes promoting the Disability Confident agenda and upskill on Access to Work to ensure employers feel equipped to provide the right support to employees.

# CASE STUDY 2: WOKINGHAM BOROUGH COUNCIL WORKPLACE ACTIVITIES & INITIATIVES

## Morning & Lunchtime Yoga

Running for 2 years with 10-15 keen participants weekly. Morning yoga sessions start prior to the workday to help staff utilise their time.

*"The sessions help clear my mind, and reduce my anxiety to enable me to relax and switch off"*

## Mindfulness Session

10 minutes of guided meditation takes place weekly during lunchtime. Running for 4 months with an average of 17 participants.

*"We really enjoy the sessions. Thanks for running the meditation sessions – It's a great idea and I enjoy attending regularly as I find it really important to take some time out."*

## Cycling

Setting up My Journey information stand on cycling travel information. Organise and promote lunchtime cycle rides, Cycle to Work Day, Bike Week, Urban Limits tour of Berkshire and Love to Ride Challenges. Provide adult cycle training for staff and general public.

## Football

Running for 3 years twice a week. Staff ages range from 22 up to 60. Hosted a 'Mini World Cup' in summer 2018 which saw 5 teams compete in a round robin format. Players often enjoy a well-earned refreshment together after games.

**Local partnership** with local leisure centre to offer 'before work and lunchtime swims'. Staff can swim for £1.00 at selected times during the week.

**New shower facilities** provided in the office for staff.

# CASE STUDY 3: PANASONIC MENTAL HEALTH AND WELLBEING

## Robin's Story

"Running was a sport I hated as a child. During my late 30s all forms of physical sport had been replaced by fast food, beer and armchair participation to the point where in 2012 when I was honoured to be a London Torch Bearer I was also at my heaviest weight tipping the scales at 123kgs. Not long after this, I entered into a team to take part in the Panasonic Global 100 Step Challenge that was on offer as part of our Corporate Wellbeing Initiatives. During the challenge one of my team mates challenged me to run in a 5km and a 10km race. I trained hard for this and could not believe how unfit I had become, so once I completed these two races I decided that I enjoyed the runners high so much that I would continue to be a runner.

During the last 6 years I joined my local running club, trained as a Leader in Running, joined my local ParkRun and subsequently became ParkRun Run Director and Ambassador. I have now competed in about 25 half marathons, 6 marathons and have 2 more in the pipeline! This has resulted in me losing 38kgs since 2012 when I first joined the team taking part in the Panasonic Global 100 Step Challenge.

For me this is all thanks to being given the opportunity to make these healthier lifestyle changes as a direct result of the Panasonic Wellbeing Initiative. I would recommend to anyone to take part and above all make it enjoyable and fun!"



Panasonic has had an Employee Wellbeing Programme for 3 years. One of the key elements of employee support has been mental health. This includes:

**Procedural Support**

- A stress risk assessment based upon the HSE stress guide
- A whistleblowing hotline
- A stress at work guide
- An agile Working Process
- A flexible working policy
- A harassment and bullying policy
- A monthly event programme, including yoga, reflexology and mindfulness

**Training**

- An e-learning stress awareness training course for all staff to raise awareness
- Training for a team of Mental Health First aiders (from across the business)
- Specific people manager awareness training

Panasonic collects anonymous sickness and absence data in 4 categories, one of which is days lost to mental health issues. This data helps us to complete trend analysis and highlights departments within the business with specific challenges with mental health. Moreover, at Panasonic, employee wellbeing programme activities are reported on at senior executive managers meetings.

In summary, at Panasonic we understand the value of an Employee Wellbeing Programme. A recent employee survey revealed a feeling of being appreciated raise morale. We believe the Programme is also instrumental in staff recruitment and retention.

# CASE STUDY 4: SEGRO MENTAL HEALTH AND WELLBEING

I attended on-site training to become a Mental Health Ambassador for our company. The course was run by a military veteran who is fighting his own battle with PTSD and who provided a brave and inspiring account of what he's dealing with, and how. His knowledge and understanding or mental health and wellbeing made me feel positive that SEGRO can put a supportive plan in place to help break the taboo, openly talk about and tackle this topic."

**Mental Health Ambassador, SEGRO**



In 2018, SEGRO committed to raising the profile of mental health within the workplace, **encouraging others to recognise changes in colleagues, to create an environment that enables employees to talk openly about the subject.**

During the year, **more than 25 employees across the group were trained as Mental Health Ambassadors**. These ambassadors received guidance as to:

- how to spot early signs of changes in mental health
- how to encourage colleagues to speak openly about it
- If needed, how to guide people to appropriate support

In 2019, SEGRO are furthering the training programme, **hoping to provide all SEGRO line managers with awareness training on the subject.**

The Mental Health Ambassadors have now **formed a working group to plan in events and discussions around mental health and wellbeing,** which helps to encourage ongoing openness around this topic.

SEGRO aims to continually promote mental health awareness within the workplace through a number of initiatives including blogs, employee forums, videos, printed materials and events. **A wealth of support and information is also available on SEGRO's website.**

# CASE STUDY 5: ROYAL BERKSHIRE HOSPITAL MENTAL HEALTH & PHYSIOTHERAPY SERVICE

Royal Berkshire NHS Foundation TRUST (RBNHFT) recognises that musculoskeletal and mental health are the two main reasons for staff absence.

## Occupational Health Staff Physiotherapy Service

Since August 2017, RBH Occupational Health has been providing a dedicated physiotherapy service to Trust staff. From April 2018 to March 2019:



- **379** staff were referred to the service
- **98%** of staff were discharges and felt their symptoms had improved
- **17%** decrease in MSK-related sickness absence
- **1,600** working days saved

The OH staff physiotherapy service has now started to visit areas within the Trust to provide proactive advice to help reduce the potential for musculoskeletal absence at work.

## Mental Health Support

The RBNHFT provides staff with access to an Employee Assistance Programme which provides face-to-face advice, support and counselling to staff for both work and personal issues.

During 2018/19, the Employee Assistance programme dealt with over 370 enquiries from Trust staff. This service allows staff to access a confidential support 24/7, 365 days a year via telephone, internet or smartphone app.

A range of training courses are also available to staff and managers which aim to support the mental health of staff as they carry out their roles in the Trust, such as Let's talk mental health, improving your Impact and Assertiveness at work.

# CASE STUDY 6: THAMES WATER MENTAL HEALTH FIRST AIDERS

Mental health first aiders are a **catalyst for engagement** and have inspired a cultural revolution at Thames Water.



Confidence has grown throughout the company with people now much more willing to come forward, talk and seek support at their time of need, with records showing **there has been five mental health first aid interventions for every physical one over the last year** (2018/19).

At Thames Water, mental health is considered just as important as physical health, if not more so. With more than 5,000 permanent employees and a further 10,000 contractors, many of whom are working in high risk and physically demanding environments. **Thames Water's 'Time to Talk' mental health strategy** places a continued focus on mental health and wellbeing in the workplace.

Mental Health First Aid (MHFA) England training is an integral part of this strategy, which overall has resulted in a **&%% reduction in work-related stress, anxiety and depression over the last five years.** Mental Health First Aiders (MHFAiders) are clearly identified with a stand-out green lanyard, representing the cultural change that has taken place and opening the door to conversation.

Thanks to its holistic approach, Thames Water is leading the way in the utilities sector when it comes to dealing with mental health as an important workplace issue.

# CHAPTER 5: NEXT STEPS

1. Start a better conversation in your organisation about improving health ***and listen***
2. Use the evidence on what works to make a plan and ***start somewhere***
3. Measure change and ***adapt your approach***
4. Share your learning with others and ***learn from them***

**READING HEALTH AND WELLBEING BOARD**

| | | | |
|---|---|---|---|
| **DATE OF MEETING:** | **11 OCTOBER 2019** | **AGENDA ITEM:** | **6** |
| **REPORT TITLE:** | **TIME TO CHANGE: RBC EMPLOYER ACTION PLAN REFRESH** | | |
| **REPORT AUTHOR:** | **SARAH HUNNEMAN** | **TEL:** | **0118 937 4399** |
| **JOB TITLE:** | **NEIGHBOURHOOD WELLBEING FACILITATOR** | **E-MAIL:** | **Sarah.Hunneman@reading.gov.uk** |
| **ORGANISATION:** | **READING BOROUGH COUNCIL** | | |

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report outlines Reading Borough Council's progress to date in delivering on a 'Time to Change' Employer Pledge to end mental health discrimination, and sets out the ambitions of a refreshed Action Plan for 2019/2020 which is due to be launched this October.

## 2. RECOMMENDED ACTION

**2.1 That the Health and Wellbeing notes the actions which Reading Borough Council has committed to as a Time to Change employer, and how these support and promote wellbeing in the borough.**

## 3. BACKGROUND AND POLICY CONTEXT

3.1 Reading Borough Council is a significant local employer, with 1,702 staff currently on its payroll, many of whom are also Reading residents. How the Council supports staff health and wellbeing can therefore have a direct impact on the health of the town. Indirectly, by modelling the behaviours it would like to see in other employers, the authority can potentially have a much wider impact. This is very much the role envisaged for public sector employers in the independent review of 'Thriving at Work'.[1]

3.2 'Time to Change' is a national campaign, led by the charities Mind and Rethink Mental Illness, to end mental health discrimination. Because the attitudes of others can stop people with mental health problems getting the help and support they need, the campaign encourages pledges to 'open up' to mental health, to talk and to listen.

3.3 The Time to Change Employer Pledge signals an organisation's commitment to change how people think and act about mental health in that workplace, and make sure that employees who are facing mental health challenges feel supported. Signatories can come from any sector.

[1] Department for Work and Pensions (2019) *Thriving at Work: the Stevenson / Palmer review of mental health and employers*

3.4 There is a clear economic driver for organisations to recognise and address mental health challenges. Deloitte has calculated the cost of poor mental health in the UK workplace to be between £33bn and £42bn a year – equivalent to £497 – £2564 per employee. Whilst overall workplace absence through illness is declining, mental health related absence is on the increase,[2] and official statistics probably under-estimate the impact of poor mental health given that a 2017 survey found that 51% of employees would not be comfortable talking to their line manager about a mental health issue.[3] Time to Change's own findings are that 95% of employees calling in sick because of stress have given a different reason.

3.5 Time to Change makes the case that looking after the mental health of employees makes business sense and increases productivity. The rationale is that encouraging people to talk about their mental health can make a real difference to sickness absence rates, staff wellbeing and productivity. It also means that people are more likely to seek support before reaching crisis point resulting in them being signed off sick for longer periods. By taking action, employers can increase staff loyalty and sense of investment in their organisation which in turn increases retention rates.

## 4. READING BOROUGH COUNCIL'S TIME TO CHANGE ACTION PLAN

### 2017 Action Plan

4.1 In 2017, Reading Borough Council developed a proposal for how the authority could deliver on a Time to Change Employer Pledge. This was approved by the national Time to Talk team, and at the October 2017 Health and Wellbeing Board, Cllr Hoskin signed the Time to Change Employer Pledge on behalf of the Council.

4.2 The Council's Time to Change Action Plan is owned by a group of Champions who have been recruited from across the authority. The Champions are supported through training, peer mentoring and access to Time to Change resources. There are currently 50 Champions, representing each Directorate and most services. Champions meetings and Champion-led events have taken place across the various Council sites.

4.3 In line with the original Action Plan, the Champions have been instrumental in promoting staff mental wellbeing via internal communications, a review of Human Resources policies, and the promotion of a new Employee Assistance Programme. Invited speakers have shared lived experience of mental health challenges and information about the Dementia Friends programme. The Samaritans have also provided training on Managing Difficult Conversations. Anti-stigma activities have included a fundraising bake off, a riverside dog walk and a quiz hosted by the Chief Executive – all used as opportunities to start conversations amongst staff about mental health.

4.4 Compass Recovery College has played a key role in the Council's Time to Change activities. Compass offers a range of courses on managing mental wellbeing, all developed and run by people with lived experience of mental health challenges. These are open to all. The Compass ethos raises the profile of mental health and challenges assumptions about the options open to someone living with a mental health diagnosis or common mental health problem.

### 2019 Action Plan

4.5 The Champions have prepared a refreshed action plan in readiness for World Mental Health Day 2019 (10th October), using an amended format which builds on the standards,

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[2] Office for National Statistics (2017) *Sickness Absence in the Labour Market 2016*

[3] Business in the Community (2017) *Mental Health at Work*

recommendations, evidence base and best practice guidance found in the 2017 Thriving at Work Report.

4.6 Whilst awareness raising activity continues to be a feature, the refreshed plan recognises the need to mainstream and normalise mental health conversations. There is therefore an increased emphasis on embedding mental health awareness within the organisation's day to day business – through Human Resources polices, supervision processes and wider staff meetings. The new Action Plan is informed by the latest staff survey findings, and links to commitments made on the back of that, such as enhanced support to tackle bullying and 'back to the floor' sessions for managers.

4.7 There is an ambition to increase the number of Time to Change Champions within the organisation, and to support a wider cohort to engage at this level - by offering flexibility around the commitment required alongside securing robust organisational support for and recognition of the Champions' role. Using a variety of media, the Champions will disseminate messages across the organisation to keep mental health on every relevant agenda. The Champions will also continue to capitalise on wider media promotion linked to national campaigns, such as Time to Talk Day, Mental Health Awareness Week and World Mental Health Day.

## 5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 Delivering on the Council's Time to Change Action Plan will contribute to several of the priorities set out in the 2017-20 Health and Wellbeing Strategy for Reading.

- By supporting people's self-esteem, Time to Change actions empower people to make healthier lifestyle choices (Priority 1), including reducing alcohol consumption to safe levels (Priority 5)
- By promoting a workplace culture in which colleagues look out for and support one another, particularly at difficult times, and help to keep people in work, Time to Change actions help to reduce loneliness and social isolation (Priority 2)
- By modelling supportive and anti-discriminatory treatment of anyone who has experienced mental health challenges, Time to Change actions help to promote positive mental health and wellbeing in children and young people (Priority 3)
- By encouraging people to identify mental health difficulties and seek support, Time to Change actions help to reduce deaths by suicide (Priority 4)
- By improving understanding of mental health conditions broadly, and dementia in particular, Time to Change actions help to make Reading a place where people can live well with dementia (Priority 6)

5.2 In addition, Time to Change actions build on all of the Health and Wellbeing Strategy foundations. By encouraging those experiencing mental health difficulties to talk and seek help, the actions help to safeguard those who are vulnerable. The actions to raise staff awareness of local support aligns with the aim to offer high quality co-ordinated information to support wellbeing.

## 6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 The Time to Change Employer Action Plan is a commitment internal to Reading Borough Council so wider community engagement is not a prerequisite. However, the plan has been developed by staff from across the Council. There is an aspiration to work with other local employers to share experience and develop best practice.

## 7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

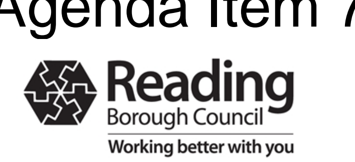
7.2 The Time to Change Action Plan explicitly aims to eliminate discrimination against people who have experienced mental health difficulties and may be regarded as having a protected characteristic under the Equality Act on that basis. As such, it should advance equality of opportunity, and any differential impact on persons with a protected characteristic will be positive. An Equality Impact Assessment is not therefore needed.

## 8. LEGAL IMPLICATIONS

8.1 There are no direct legal implications.

## 9. FINANCIAL IMPLICATIONS

9.1 The Time to Change Action Plan (2019) will be delivered within existing resource and as such there are no direct financial implications.



**READING HEALTH AND WELLBEING BOARD**

| | | | |
|---|---|---|---|
| **DATE OF MEETING:** | **11 October 2019** | **AGENDA ITEM:** | **7** |
| **REPORT TITLE:** | **READING HOMELESS HEALTH NEEDS AUDIT – CCG AND DRUG AND ALCOHOL UPDATE** | | |
| **REPORT AUTHOR:** | **Andy Fitton** | **TEL:** | **0118 952 5475** |
| **JOB TITLE:** | **Assistant Director of Joint Commissioning** | **E-MAIL:** | **andy.fitton@nhs.net** |
| **ORGANISATION:** | **NHS Berkshire West CCG** | | |

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Throughout January and February 2017, over a five week period, partners from Reading's Homelessness Forum commissioned and undertook a Homeless Health Needs Audit in Reading. The aims of the Audit were to listen to and take account of single homeless people's views on their health; provide an evidence base and fill in any information/evidence gaps; contribute to Reading's Joint Strategic Needs Assessment (JSNA) and future Health & Wellbeing Board strategies; consider what is currently working well within services, with a view that this could inform improvements.

1.2 The audit findings were presented to the Board in July 2018 who recommended that partners use the research to inform service development and improvements where required, and report back on any subsequently agreed plans to address any highlighted issues. This report provides an update from the CCG on how the audit is informing service planning and actions we have taken or intend to take.

1.3 The CCG has welcomed the audit as a useful tool to support the on-going review of services and it is encouraging to see the audit responses highlighting positive experiences of health care in Reading; in particular the availability and accessibility of Reading's Walk-In Centre; accessibility of in-reach services provided by the Health Outreach Liaison Team (HOLT); peer support services for those with substance misuse issues and high levels of respondents knowing how to access contraception and advice about sexual health.

1.4 The audit does however highlight areas where respondents said they would like to see improvements. These relate primarily to; (a) obtaining GP appointments and wanting consistency of support from the same GP, (b) how Mental Health support is obtained and its availability, access to more Mental Health support, including peer support and specialist trauma support, (c) feeling able and comfortable in accessing secondary care services and (d) feeling able and comfortable in accessing dental health services. The CCG has considered each of these issues and this paper sets out our response together with details of actions being taken.

1.5 Public health commission drug and alcohol treatment services in Reading and have considered the audit feedback as part of the re-commissioning process during 2019. This paper also sets out the actions taken to date.

## 2. RECOMMENDED ACTION

2.1 For report to be shared with lead officers at RBC who are leading on the development of homelessness and rough sleeping strategies 2019-2024

## 3. POLICY CONTEXT

3.1 By working to ensure equitable access to health services for homeless and rough sleepers we will support improvements in their health and wellbeing in line with the overall aims of the Reading Health and Wellbeing boards strategic priorities (see section 5).

## 4. Background

4.1 Throughout January and February 2017, over a five week period, partners from Reading's Homelessness Forum commissioned and undertook a Homeless Health Needs Audit in Reading. The aims of the Audit were to listen to and take account of single homeless people's views on their health; provide an evidence base and fill in any information/evidence gaps; contribute to Reading's Joint Strategic Needs Assessment (JSNA) and future Health & Wellbeing Board strategies; consider what is currently working well within services, with a view that this could inform improvements.

4.2 The audit findings were presented to the Board in July 2018 who recommended that partners use the research to inform improvement and service development plans, where required, and report on any subsequent agreed actions to address any highlighted issues. At the July meeting the council reported that housing services had used the audit to inform the remodelling and re-commissioning of its rough sleeper outreach, floating support and supported accommodation services, and that funding from a Rough Sleeper Initiative had recently been obtained for 2018/19 (this supported the implementation of the Making Every Adult Matter initiative). This report provides an update on the CCG's response to the audit and the resulting actions we have taken or intend to take.

**How Health partners will use the audit findings**

The CCG and Public Health welcomes the audit as a useful tool to support the on-going review of services and it is encouraging to see the audit responses highlighting positive experiences of health care in Reading; in particular the availability and accessibility of Reading's Walk-In Centre; accessibility of in-reach services provided by the Health Outreach Liaison Team (HOLT); peer support services for those with substance misuse issues and high levels of respondents knowing how to access contraception and advice about sexual health.

4.3 The audit provides useful quantitative data regarding the physical and mental health needs of the homeless people in different sleeping situations. This will help us in assessing whether our services meet the needs of these groups. It was positive to note that uptake of cervical screening, breast examinations and Hepatitis B vaccinations exceeded national comparators however we noted that further work may be required to improve engagement with Hepatitis C treatment and to increase examination rates for prostate or testicular cancer. For this areas further discussion is required between the CCG and Public Health leads.

**Primary Care**

The CCG recognises that effective access to primary care is important in addressing health needs, avoiding unnecessary secondary care attendances and supporting patients to access mental health and other services as appropriate. Registration with a GP

practice supports continuity of care and enables access to records; patients are therefore encouraged to register with a practice wherever possible.

We noted that 86% of patients surveyed were registered with a GP; whilst this is lower than the national average the report recognises that this may in part reflect the availability of on-the-day care through the Reading Walk-in Centre. It was noted that registration rates are lower amongst patients living in emergency and temporary accommodation. The CCG is about to commence a project looking at where patients may require support to register with a GP practice and how this can best be provided, this group will now be considered as part of this project.

A large proportion of patients were accessing care at the Reading Walk-in Centre and many gave positive feedback on this. We discussed the findings of the survey with the Reading Walk-in Centre at the time that it was published and they in turn had reviewed the information internally and considered any action required particularly with regard to ensuring patients have a positive experience of care. As a result the Centre is setting up an outreach clinic for the homeless in the community on a drop in basis which will offer patient's with required advice and the opportunity to register with the centre; registration at the Centre will be promoted as also supporting the ability to make specialist referrals when required The CCG will work to ensure that any future development of services offered at the Walk-in Centre takes account of the centre's role in meeting the primary health care needs of homeless patients and continues to offer both flexible access and facilitated GP registration for this group.

The CCG was concerned to note that 9% of patients had been refused registration by a GP or dentist in the last 12 months albeit that this was half of the national average rate. The report stated that 3 individuals had been refused dental registration therefore suggesting that approximately 10 patients had been refused GP registration, including the individual in supported accommodation who said they had been refused access due to not having ID. The CCG has repeatedly shared registration guidance with practices which makes it clear that patients do not have to have ID to register with a GP and where patients do not have a fixed address practices will typically register them under the address of the practice. Any instances of registration being refused are followed up with the practice concerned. We will however now ensure we issue a reminder on this to practices at least annually, add the information to our webpage for practices and ensure we flag it when meeting with new practice managers as part of their induction.

The CCG continually monitors access to primary care through the National Patient Survey, the Friends and Family Test and other information sources. It was helpful to have feedback from this group regarding access as they may be under-represented in standard survey data. We were concerned to note that 39 respondents said they had required but not received treatment in the last 12 months in many cases due to difficulties in getting an appointment with a GP. All GP practices should offer same day care to patients assessed as requiring this but it is recognised that access routes such as a telephone triage could be a barrier for this group. Similarly some homeless patients may find advance booking appointment systems difficult to access or navigate. Straightforward access to on-the-day provision at the Reading Walk-in Centre is therefore likely to continue to be important for this group and this will be factored into future service planning for primary care in Central Reading. The advent of Primary Care Networks through which practices will collaborate to provide care may also offer new opportunities for practices to work together to provide enhanced same day services for homeless patients.

A number of the comments related to continuity and wanting to see the same GP. As set out above, registering with a GP practice supports continuity of care, however most practices now operate on a skill-mixed model with many GPs sharing responsibility for

patients rather than running personal lists. Arrangements for booking appointments with a particular GP vary from practice to practice and often require patients to book in advance. The CCG is currently working with GP practices and others to engage with patients around changes in primary care delivery; as part of this it would be helpful to work with partners to run focus groups to consider how the specific needs of homeless patients can be met within new models of care.

The CCG noted comments regarding the attitudes of staff to homeless patients, in particular those with physical and mental health issues alongside substance misuse issues. We will now consider what more we can do to support practices to raise awareness amongst their staff of the needs of these patients in order to ensure that their experience of care is positive.

**Mental Health Services**

The CCG recognises the importance of accessible mental health support services to homeless people, with the understanding of the high prevalence of diagnosed mental ill health conditions. It was encouraging to see that there was positive experiences of the Talking Therapies offer however it is noted that there was feedback for improvement themed around access and approach of mental health provision.

There are two joint priorities with system partners for mental health that will impact on our response to people who are homeless in Berkshire West.

Firstly the CCG have started a review to improve the local Mental Health Crisis response. This is well timed to enable the ICS to implement key parts of the NHS Long Term plan, which expects expanded mental health crisis services. People who are homeless and rough sleepers are often caught up in a crisis response from our statutory and voluntary sector partners. This is evidenced in the feedback from emergency services and the Acute Trust, as well as the reduced availability of health services in the evening in Reading town centre. Through the review the CCG will ensure that the audit findings and further work with partners working with people who are homeless will be included to inform and influence the final recommendations to be shaped around the accessibility of alternative and preventative support in a crisis. Two clear ambitions of the review will be to 1) improve the access and support from the Crisis Response Home treatment team and 2) to set up alternative crisis provision, such as a safe haven. The majority of these alternative crisis services will be led by the voluntary sector and there is an expectation to use peer support workers in any model that the CCG supports.

Secondly, system partners are working together to developa Primary Mental Health Care offer to support the early identification and response to mental ill health in Primary Care as well as maximising the integration of physical health needs for people with mental health needs. Again, access to a range of support will be crucial to this, building a multi-disciplinary team around Primary Care Networks to support the clinical care and risk management of patients with mental health needs, including homeless people. The CCG will ensure that the noted developments to the Reading walk in centre are included in the primary mental health care offer to ensure that the integration and benefits of this offer includes homeless people experiencing mental health difficulties.

Finally, the CCG has discussed the findings of the homeless audit with its key Mental Health provider, Berkshire Healthcare Foundation Trust (BHFT) and other partners at the Mental Health programme board. BHFT are completing two important pieces of work that are relevant to this report. Firstly the Trust are running an internal review of its Community Mental Health Team offer and the feedback on the waiting times for support, access and attitudes of health care staff are being incorporated into its findings. Secondly, a re-design of the Personality Disorder (PD) care pathway is underway. With

the noted prevalence in the audit of PD within people who arehomeless the need for both clinical and non-clinical support is helpful to shape the final care pathway.

**Secondary Care**

Respondents that commented upon their use of emergency services and A&E provided examples of feeling disbelieved when presenting with physical symptoms and perceived that they were being judged when attending hospital whilst under the influence of drugs or alcohol. It is difficult in these circumstances to differentiate between individual perceptions and actual attitudes of professionals towards those who are homeless and accessing emergency services, however it is regrettable that this perception exists. The numbers of homeless people attending A&E is very low. Feedback from users is regularly reviewed and engagement with volunteer networks regularly takes place to also gather feedback.

The service also participates in a system wide frequent attender programme that offers more extensive support to patients that frequently attend.

In respect of discharge staff doing more to establish a patient's housing situation, A&E staff are happy to support this and a way forward may be for a social worker to be based in A&E; further considerations will be given to this.

**Access to dentistry**

The CCG are not responsible for the commissioning of dentistry and this is a function of NHS England (NHSE). The CCG has shared the audit findings with NHSE. NHSE has responded by saying that Homeless patients can attend dental practices in the following ways:

1. Regular attendance at one of the dental practices. Information about dental practices is on the nhs.uk site. Dental patients are not registered so they can ring to make appointments.

2. Phone NHS 111 if they have dental pain. 111 will direct them to one of the practices listed on the attached spreadsheet to be seen on the day. This includes the Dental Access Centre provided by the Community Dental Service (CDS).

3. NHSE is running a pilot with the CDS for them to attend homeless centres in West Berkshire to provide oral health advice and help them with dental access. This includes completion of relevant paperwork related to patient charges.

4. A review of CDS is under review. This includes consideration of services for more vulnerable patients. The aim is to implement new arrangements based on the review by April 2021.

**Drug and Alcohol treatment services**

The audit was conducted in partnership with the drug and alcohol treatment service provider. Public Health recognises that housing is a key element in an individual's recovery capital and general wellbeing.

- It was noted that there were several respondents using drugs who have a mental health need (dual diagnosis) who were not accessing mental health services, and the main method of support for mental health and substance misuse (dual diagnosis) was medication with there being fewer uptakes of counselling, alternative therapies or peer support programmes.

- Alcohol, cannabis, cocaine and heroin were cited as the most used drugs.
- Drug misuse within Reading's homeless cohort is predominantly affecting those aged 26 - 45 which differs from national findings for the whole population of England and Wales. However, where Class A intravenous drug use is more prevalent amongst those who are homeless and where heroin and crack cocaine are more addictive, leading to longer term use, the age range for Class A drug misuse is representative.
- Cannabis use was most prevalent amongst those aged 18 – 25
- Men were more likely to be misusing drugs than women
- Over half of respondents stated that they were using drugs and/or alcohol as a means to cope with mental health or trauma.

Public health recommissioned the drug and alcohol treatment services during 2019 and priorities for working with the homeless and rough sleeper cohort was included. The new service from 1st October 2019 will include a dedicated Homelessness Link Co-ordinator to ensure housing support is aligned with the treatment pathway. The service will link and work from other agencies and partners offices around the Borough delivering a combination of homelessness, substance misuse, contact with the criminal justice service and mental ill health support. In-reach to all the Reading homelessness support services will be offered alongside more outreach to target those more hard to reach individuals.

The new provider will develop a 'Resettlement Passport' programme to support the cohort to address the key areas to managing and sustaining a tenancy.

The new Provider will also implement a Dual Diagnosis Specialist Treatment Pathway to support those who have a drug/ alcohol and mental health need.

From October 2019 onwards the new drug and alcohol treatment provider in Reading will be developing a specific action plan on how to engage and treat more effectively the homeless population.

## 5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 By working to ensure equitable access to health services for homeless and rough sleepers, we can deliver improvements to their health and wellbeing in line with the wider Reading population and the overall direction of the Reading Health and Wellbeing Strategy's eight priorities:

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

## 6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Not applicable

## 7. EQUALITY IMPACT ASSESSMENT

7.1 Not applicable

## 8. LEGAL IMPLICATIONS

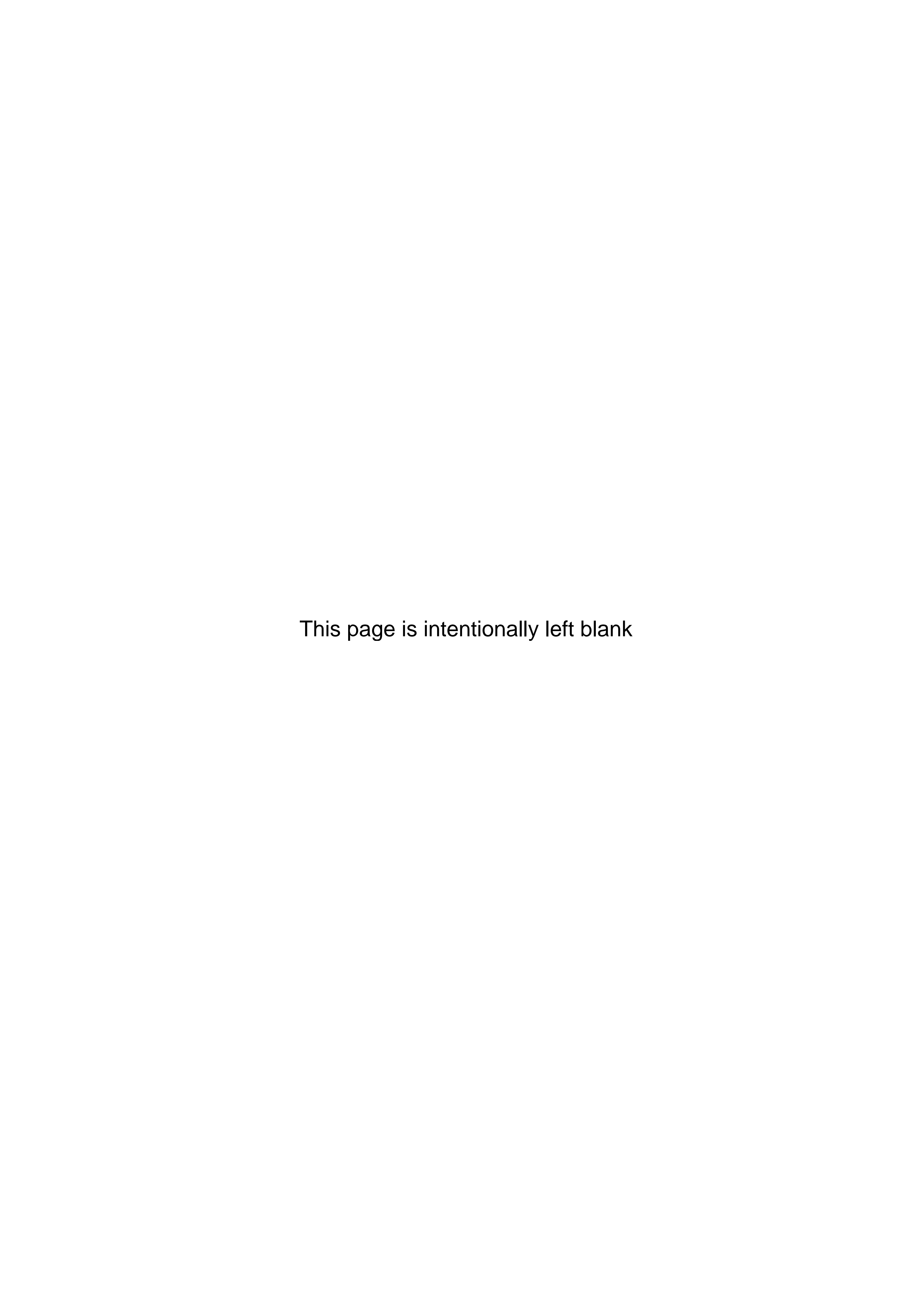
8.1 Not applicable

## 9. FINANCIAL IMPLICATIONS

9.1 Not applicable

## 10. BACKGROUND PAPERS

10.1 Reading homeless health needs audit - Report to July Health & Wellbeing Board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**READING HEALTH AND WELLBEING BOARD**

| DATE OF MEETING: | 11th October 2019 | AGENDA ITEM: | 8 |
|---|---|---|---|
| REPORT TITLE: | Working in partnership with health and social care to support Reading's most vulnerable people | | |
| REPORT AUTHOR: | Sarah Morland | TEL: | 0118 9372273 |
| JOB TITLE: | Partnership Manager | E-MAIL: | sarah.morland@rva.org.uk |
| ORGANISATION: | Reading Voluntary Action | | |

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report seeks to:

- Highlight an increase in the complexity of needs of some of the people supported by local voluntary organisations and the subsequent demand on staff and volunteers.
- Outline developments to improve partnership working between Reading Borough Council and voluntary organisations to better support people with complex needs

1.2 Reading's Health and Wellbeing Strategy emphasises the need **to empower people to take charge of their care and support.** "The Health and Wellbeing Board shares the view that people should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care. This applies to people maintaining their wellbeing to prevent ill health, as well as those managing a long-term condition to stay well and prevent things from getting worse. `

1.3 Many of Reading's voluntary organisations contribute to these ambitions by providing information and advice, group activities, peer support and health related support. Partnership working between the voluntary sector and statutory agencies is evolving, driven by the recognition that often a number of agencies are involved in supporting vulnerable people. By working together, we ensure that people received the right support, from the right agencies to address their needs, making the best use of resources and avoiding duplication.

1.4 This report highlights a number of areas where, by closer partnership working, we can support vulnerable people with increasingly complex needs.

## 2. RECOMMENDED ACTION

**To note:**

**2.1** That Reading Voluntary Action (RVA) and RBC's Advice and Information Hub (the Hub) will develop and run a joint workshop between health, social care and VCOs to:

- review examples of clients with complex needs and identify which agencies could/should be involved in their on-going support
- develop a protocol to request a multi-disciplinary discussion for clients with complex needs when they first present to a VCO, a GP or the Hub, building on the learning from the NCPG pilot;

**2.2** The development of the Adult Social Care Front Door pilot with voluntary organisations, which could lead to closer partnership working to support people with complex needs;

**2.3** That RVA will continue to discuss with Berkshire West Clinical Commissioning Group how to improve communications and information flow between voluntary organisations and health colleagues, including the new Primary Care Networks;

**2.4** The proposals for a quarterly forum between VCOs and the Deputy Director of Adult Social Services;

**2.5** That RVA will seek clarification about who is responsible for organising and paying for interpreter services when someone is referred by health or social care to a voluntary organisation or is being supported by a VCO to access support from health or social care.

## 3. THE PROPOSAL

**Supporting people with increasingly complex needs**

Reading Voluntary Action hosted a workshop on May 14th, with representatives from 11 voluntary sector organisations (VCOs): Age UK Berkshire, Age UK Reading, Berkshire Carers Hub, Autism Berkshire, Alzheimer's Society, Reading Mencap, Reading Community Learning Centre, No 5, Graft Thames Valley, Communicare and Healthwatch Reading.

There was general agreement that we are seeing people who have increasingly complex needs, including dementia, caring responsibilities and social care and physical/mental health needs. Voluntary organisations may not have the knowledge, skills and capacity to support some people with complex needs and it puts additional demands of staff and volunteers.

We believe that the services offered by voluntary organisations should be part of the wrap around support for some people who have more complex needs. They would benefit from a collective, coordinated approach between different agencies underpinned by good communications.

There are many smaller scale examples of effective partnership working between statutory agencies and voluntary sector providers which form a foundation for wider partnership working to support people with complex needs in Reading.

### 3.1 Examples of good partnership working

3.1.1 The **Neighbourhood Care Planning Group** (NCPG) pilot, a Reading Integration Board project, brings together GPs, BHFT community and mental health services, adult social care and voluntary organisations to discuss clients with complex needs and agree actions for future support. Age UK Berkshire, Age UK Reading,

the Carers Hub and Reading Voluntary Action join in monthly meetings and offer support based on a good understanding of each client's needs. Many of the clients discussed are, or have been, supported by the voluntary sector as well as statutory agencies. The multidisciplinary approach enables a holistic discussion of the client's needs (and those of their family or carer).

3.1.2. The Reading and Wokingham **Stroke Association** Recovery Service has a working partnership with the teams in the Acute Stroke Unit (ASU), Caversham Neuro Rehab Unit (NRU) at RBH and the community-based Neuro Rehab (CBNRT) teams across Reading and Wokingham.

This partnership ensures that support for stroke survivors, their family and carers, is continuous between the health and voluntary sector, whilst they are in a hospital setting, being supported by health teams at home, and continues in the community when they are discharged from health services. The information passed between the teams and the Stroke Association (SA) is invaluable in providing appropriate support, information and advice and helps to address any concerns. Health staff highlight areas where they believe the SA and wider community sector can support a stroke survivor and their family and carers in their rehabilitation.

3.1.3 Reading's **Social Prescribing** and the **Carers Hub** services take a case management role for clients with more complex needs, coordinating support from health, social care and other agencies to ensure that the client's needs are met.

3.1.4 In early 2019 **Reading Mencap** and the Locality Manager of RBC Adult Social Care came to a decision to meet to discuss the need for a new, more cooperative approach to working together on complex cases. The resulting decision was to establish bi-monthly meetings between Reading Mencap's CEO and Family Support Team Manager with Adult Social Care Team Managers. This included a fall-back arrangement to escalate cases up to the Locality Manager for those with issues that needed a more senior decision. This was accomplished in a very short space of time with very positive results including establishing a secure email contact arrangement for between-meeting communications. This arrangement is now further developing to sharing 'learning lunches', starting with joint presentations to Adult Social Care teams and the Reading Mencap Family Support team to gain a wider, more holistic view of social-care assessments.

### 3.2. Developing a multi-disciplinary approach to support clients with complex needs

The NCPG pilot meets on a monthly basis to discuss clients who are referred by GPs and Social Workers. We would like to build on this approach so that clients with complex needs who are currently supported by VCOs could benefit from multidisciplinary discussions to coordinate their care and support planning.

Work is being undertaken by the Berkshire West High Intensity User Working Group, a working group of the A&E Delivery Board (AEDB) to identify people who are frequent users of many health and social care services (including A&E, GPs, 999/111). The principle requirement for this piece of work is to identify the group of people who remain unsupported by such services or who are in contact with multiple health and care agencies and could be supported in a more effective or coordinated way. The AEDB will agree a model of care for those people and oversee its delivery. Some of the people identified through this work are also likely to be receiving support from one or more voluntary organisations.

Below are examples where a multi-disciplinary approach could benefit the client (and their family)

3.2.1 **Reading Community Learning Centre (RCLC)** is supporting SS a 60 years old widow, who has no children and family members in the UK. She cannot communicate in English and is not literate in her own language (Punjabi). She lives alone in a council flat and suffers with depression and anxiety with other physical health problems. Her language barriers and health issues limit her day to day activities and access to services.

She received a letter to apply for the Universal Credit and she can only apply online - this is impossible for her due to language difficulties and lack of IT skills. She has now received letters from the Council about non-payment of Council Tax and rent, because her benefits have stopped. She is very distressed.

This client was also referred to Social Prescribing by her GP as she is socially isolated.

3.2.2 **Reading Social Prescribing service** has received three referrals for AH since 2017, initially by a supported housing provider as he completed an alcohol rehabilitation programme. AH was interested in volunteering to give some structure to his week, but as a result of mental health and subsequent erratic behaviour, all arrangements for volunteering and other support failed.

AH was then referred by a GP, and at that point his physical and mental health issues were too complex to be supported through Social Prescribing. A third referral by a GP in a different practice has been received recently for practical support as his health deteriorates.

3.2.3 **Age UK Berkshire** is supporting Mr A son of Mrs B. Mr A called as he was worried that his mother had fallen recently and didn't seem to be getting any help or support and that she was showing signs of dementia. She had several memory clinic appointments but after 6 months did not appear to have a diagnosis. Mr A then shared that his partner was being treated for cancer and that his father was currently in hospital with COPD, which was terminal; he was worried about practically supporting them as well as their and his finances going forward. 'I am worried about what is going to happen, no one seems to be helping my mum and dad and I am already struggling coping with my partner's cancer diagnosis and treatment'.

3.2.4 **Age UK Reading** supported a client who had returned home from hospital and as her symptoms returned had called the GP who suggested that she call Age UK Reading. "She says the hospital did not assess her care needs on discharge. We asked what the GP surgery was doing to support her in terms of physio or arranging walking aids but she is unclear about what they are doing".

Age UK Reading liaised with the GP, Adult Social Care and the client's son to coordinate the support for this client which may have prevented her readmission into hospital.

3.2.5 **Reading Mencap** is supporting BH a man with Down's Syndrome, significant learning disabilities and complex needs in every area of his daily life including eating difficulties and diet which cause considerable risks to his health. He attends Reading Mencap's day service where the Family Support Service coordinate service issues between the GP, dieticians, speech & language therapists, the care support agency, social care and his father with whom BH

lives. BH's elderly father is his main carer, but Mr H is isolated and lonely and struggling since BH's mother died traumatically 5 years ago. Mr H is well into his 70's with a number of chronic, painful long-term conditions which he isn't managing. He is his son's Appointee, but he can't manage the increasingly complex role, particularly the bills for charges for a contribution towards his son's care. Consequently, mounting debts to Social Care are causing anxiety and massive panic attacks, requiring medical intervention, mental health issues and safeguarding concerns. Mr H has a relationship of trust with Reading Mencap, who are trying to work together with Social Care, RBC Finance team, the GP, the RBH, Communicare and Age UK to support him and keep his son safe and happy at home. The case is still not resolved, Reading Mencap are struggling to work between all the agencies.

**3.2.6 Next steps**

Reading Voluntary Action and RBC's Advice and Information Hub (the Hub) will develop and run a joint workshop between health, social care and VCOs to:

- review examples of clients with complex needs and identify which agencies could/should be involved in their on-going support
- develop a protocol to request a multi-disciplinary discussion for clients with complex needs when they first present to a VCO, a GP or the Hub, building on the learning from the NCPG pilot.

## 3.3 Improving communications and information flow between VCOs and Social Care/Health

3.3.1 RBC's Advice and Wellbeing Hub has adopted the Three Conversations approach when people phone in requesting social care support. At Conversation 1 (– Listen and Connect) staff are encouraged to:

- Listen hard to the person
- Understand what really matters to the person
- Connect the person to resources and support that helps them to get on with their chosen life independently

At this stage, the person may be signposted or referred to a voluntary organisation for the support and advice they need.

Voluntary organisations have attended two speed dating events to increase knowledge and understanding within the Hub team of the services and support offered by VCOs. These sessions have been well received by VCOs and Hub staff and VCOs would be keen to attend similar sessions in the future to continue improving communications.

3.3.2 Reading Borough Council is exploring a pilot where representatives from voluntary organisations work within the Hub (the Adult Social Care "Front Door") to build on skills and links within the sector. The proposal was outlined at the Voluntary Sector Wellbeing Forum in July and is seen as a natural development of work already underway whilst recognising the strengths of, and differences between, ASC and VCOs. Expressions of interest were invited with a view to starting a six-month pilot in October.

3.3.3 GPs and other health colleagues are keen to increase their knowledge and understanding of the services and support offered by VCOs to improve patients' physical and mental health. Many GPs make referrals to the Social Prescribing service to link their patients to community services and support. They also signpost and make direct referrals to some VCOs. There is a regular "Spotlight on the Voluntary Sector" included in the weekly GP Headline News sent out from the CCG which enables VCOs to highlight their services to GPs.

3.3.4 As the new Primary Care Networks (PCN) begin to employ their own Social Prescribing Link Workers, it will be increasingly important for those Link Workers to have access to a reliable source of information about what is offered by VCOs in Reading. The Reading Services Guide ( http://servicesguide.reading.gov.uk/kb5/reading/directory/home.page ), hosted by RBC, is a comprehensive resource but may not be known to health colleagues. We would welcome working with health colleagues to improve communications and information flow with VCOs.

3.3.5 There may be an opportunity to develop a multidisciplinary approach at PCN level to support people with complex needs. The CCG hosted a "Design our Neighbourhoods" event on 10th July and a theme from discussions with the PCN Clinical Directors was their lack of awareness of all the support services available. They recognised a need to have this information held in a central point. The Reading Integration Board will progress this at future meetings.

The Integrated Care Partnership hosted an event on September 11th, "Putting Health at the Heart of our Neighbourhoods" including a wide range of voluntary organisations. Discussions focussed on what could be delivered at neighbourhood level to support the health and wellbeing of people in Reading

**3.3.6 Next steps**

- The Health and Wellbeing Board is asked to note the development of the Adult Social Care Front Door pilot with voluntary organisations, which could lead to closer partnership working to support people with complex needs

- Reading Voluntary Action will continue to discuss with Berkshire West Clinical Commissioning Group how to improve communications and information flow between voluntary organisations and health colleagues, including the new Primary Care Networks

## 3.4. Introducing an escalation process for more complex cases

At the workshop in May, we identified some examples of complex cases supported by voluntary organisations where an escalation process could benefit the client (and their family)

3.4.1 **Berkshire West Your Way** (BWYW) referred Client A to the Community Mental Health Team (CMHT), stating that A was struggling with suicidal thoughts and that they had a period of time approaching without their main protective factors in place. BWYW contacted the CMHT after a month because they had not heard anything, and was advised that Client A was on a waiting list for an assessment and was given dates that they should hear from them by. This happened a few times and nobody contacted BWYW or Client A with an appointment. Eventually CMHT discharged the client without an assessment and put them on the Talking

Therapies waiting list. Client A had previously been involved with a social worker but had not provided them with the support that they needed which led to a deterioration in their mental health.

3.4.2 Building on Reading Mencap's experience of regular meetings to develop more cooperative approach to working together on complex cases, we are piloting a quarterly forum where the Deputy Director of Adult Social Services, will meet with VCOs to discuss and agree actions to address the needs of clients with very complex needs. This escalation process will be available where the situation is long-standing, and previous attempts to find a solution have been unsuccessful.

3.4.3 We would like to extend this to include discussions with health colleagues in the future.

**3.4.4 Next steps**

- The Health and Wellbeing Board is asked to note the proposals for a quarterly forum between VCOs and the Deputy Director of Adult Social Services to develop a cooperative approach to address more complex cases.

## 3.5. Clarification for securing interpreter services

There is confusion about who is responsible for securing interpreter and translation services when a person is referred by a statutory agency to a voluntary organisation or is needing to access health and social care support whilst a client of a VCO. We need to establish clear boundaries of responsibility for securing interpretation and translation services.

**3.5.1 The Reading Social Prescribing service** received a referral from Adult Social Care for a client needing a BSL interpreter. Requests to RBC and her surgery, asking if either could arrange an interpreter received no response. Rather than delay seeing the client the SP service arranged and paid for an interpreter, a cost not budgeted in the contract.

**3.5.2 Reading Refugee Support Group** was asked to interpret for a client who was being seen by a consultant in A&E.. "The consultant that our support worker was helping over the phone at 11.30pm at night was rude, condescending and out of order in that they should have had access to their own interpreters and not demand that we translate papers from Turkish to English. My understanding was that an Iraqi Doctor was on duty that night who first met our client. The consultant could have known this and used him/her."

**3.5.3 Next steps**

- Reading Voluntary Action will seek clarification about who is responsible for organising and paying for interpreter services when someone is referred by health or social care to a voluntary organisation or is being supported by a VCO to access support from health or social care.

## 4. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

4.1 Reading's Health and Wellbeing Strategy aims to improve and protect Reading's health and wellbeing The Board is committed to working with partners to achieve this aim, including drawing on the assets of local faith and community groups. Partnership working between voluntary organisations, health and social care are key to achieving the Strategies eight priorities.

4.2 The proposal supports the building blocks of Reading's 2017-20 Health and Wellbeing Strategy - safeguarding vulnerable adults, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing.

## 5. COMMUNITY & STAKEHOLDER ENGAGEMENT

5.1 Reading Voluntary Action hosted a workshop on May 14th, with representatives from 11 voluntary sector organisations supporting and representing a wide variety of communities and needs (Age UK Berkshire, Age UK Reading, Berkshire Carers Hub, Autism Berkshire, Alzheimer's Society, Reading Mencap, Reading Community Learning Centre, No 5, Graft Thames Valley, Communicare and Healthwatch Reading)

## 6. EQUALITY IMPACT ASSESSMENT

6.1 There is no formal Equality Impact Assessment required for this proposal.

## 7. LEGAL IMPLICATIONS

7.1 Not applicable

## 8. FINANCIAL IMPLICATIONS

8.1 Not applicable

## 9. BACKGROUND PAPERS

9.1 None

**READING HEALTH AND WELLBEING BOARD**

| | | | |
|---|---|---|---|
| **DATE OF MEETING:** | 11th OCTOBER 2019 | **AGENDA ITEM:** | 9 |
| **REPORT TITLE:** | INFLUENZA [FLU] PLAN UPDATE 2019 | | |
| **REPORT AUTHOR:** | JO JEFFERIES | **TEL:** | 01344 352745 |
| **JOB TITLE:** | CONSULTANT IN PUBLIC HEALTH | **E-MAIL:** | Jo.Jefferies@bracknell-forest.gov.uk |
| **ORGANISATION:** | PUBLIC HEALTH FOR BERKSHIRE | | |

## 1. Purpose of the paper

1.1 This paper is to update the Health and Wellbeing Board on the performance of the influenza vaccine campaign in winter 2018-19 to summarise lessons learned and to inform the board of changes to the national flu programme for the coming flu season and how these will be implemented locally.

1.2 Appendices:

- Appendix 1 – National flu immunisation programme plan
- Appendix 2 – Berkshire Flu Summary 2018-19
- Appendix 3 – Presentation from Berkshire Flu Workshop, May 2019

Appendix 4 – Reading's Draft Flu Communication Plan 2019-20

## 2. RECOMMENDED ACTION

**2.1** Agree and endorse the multi-agency approach

**2.2** Support respective organisations to fulfil their responsibilities asset out in the national flu plan

**2.3** Be flu champions - take every opportunity to promote the vaccine and debunk myths

**2.4** Lead by example, take up the offer of a vaccine where eligible.

## 3. Background

Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.

Key aims of the immunisation programme in 2018-19 were to;

- Actively offer flu vaccine to 100% of people in eligible groups
- Immunise 65% of eligible children, with a minimum 40% uptake in each school

- Maintain and improve uptake in over 65s and clinical risk groups with at least 75% uptake among people 65 years and over and 75% among health and social care workers.

## 4. Multi-Agency Approach

Flu vaccinations are commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu. Vaccinations are commissioned to be delivered by a mix of providers including GP practice, community pharmacy, midwifery services and school immunisation teams.

England's National Flu Plan states that the role of local authorities in the flu programme is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing settings. Local authorities are responsible for providing flu vaccine for workers that are directly employed and this usually forms a part of business continuity arrangements. The role of Clinical Commissioning Group's [CCG] is to provide quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines. In Berkshire, CCGs, Local Authorities, NHS England and providers work collaboratively to provide advocacy, leadership and quality assurance of the programme aiming to protect and improve the health of all residents. CCGs also monitor staff vaccination uptake in Providers through the CQUIN scheme.

A collaborative multi-agency approach to planning for and delivering the flu programme is taken in Berkshire, beginning with a flu workshop in June. Public Health Teams have used output from the workshop to develop their local flu action and/or communication plan/s (see Appendix 4 for Reading's Draft Flu Communication Plan 201920). Key actions included engaging and communicating with local residents about flu, promoting the flu vaccine to eligible groups and supporting partners to provide and manage the programme.

## 5.0 Flu activity

In the 2018- 2019 season, low to moderate levels of influenza activity were observed in the community in England with circulation of influenza A(H1N1) pdm09 followed by influenza A(H3N2) in the latter part of the season. Nationally, the rate of GP consultations for flu like activity during 2018-19 was generally lower than in the previous season with the peak of activity occurring slightly later in the season. Compared to 2017-18 there were fewer reported outbreaks of flu-like illness, most outbreaks occurred in residential and nursing home settings in 2018-19 which is a similar pattern to the previous year[1].

## 5.1 Vaccine Update - Berkshire Summary

- **GP patients aged 65 and over** - uptake was lower in Berkshire LAs than in England as a whole, except for West Berkshire and Wokingham where it was slightly higher and Bracknell Forest where it was the same. In West Berkshire uptake exceeded the 75% national ambition. Uptake by patients registered with a Reading GP was down from 72.3% (2017-18) to 70.7% (2019-20).
- **Under 65's in clinical risk groups** - uptake was higher than the England figure in West Berkshire and Bracknell Forest but slightly lower in the other Berkshire LAs. Uptake by patients registered with a Reading GP was down from 47% (2017-18) to 45.5% (2019-20).
- **Pregnant women** - uptake was similar to or above the England figure in all LAs with the exception of Slough. No Berkshire LA achieved the national ambition in terms of flu vaccine uptake for this group. Uptake by all pregnant women registered with a Reading GP was down from 45.2% (2017-18) to 44.6% (2019-20).
- 

[1] https://www.gov.uk/government/statistics/annual-flu-reports

- **children aged 2 years** - uptake was higher than the England figure in all Berkshire LAs apart from Slough where it was lower. No Berkshire LA achieved the national ambition in terms of flu vaccine uptake for this group. Uptake by children age 2 years old registered with a Reading GP was up from 38.8% (2017-18) to 43.8% (2019-20).
- **children aged 3 years** - uptake was higher than the England figure in all Berkshire LAs except for Slough and Reading where it was lower. Uptake among 2- and 3-year olds in risk groups were higher than among children not in risk groups in all LAs. Uptake by children age 3 years old registered with a Reading GP was up from 40.9% (2017-18) to 43.6% (2019-20).
- **school-aged children** – uptake was highest in West Berkshire at 79.9% overall and lowest in Slough at 44.8%. All LAs achieved the 40% lower ambition, with Bracknell Forest, RBWM, Wokingham and West Berkshire exceeding the 65% upper ambition
- **Healthcare workers** - uptake ranged from 53.7% to 66.7% across NHS Trusts in Berkshire, meaning that the national ambition of 75% was not reached. Nationally uptake was 70.3%

**Please see Appendix 2 for the full report[2] A detailed uptake for each eligible group for all Berkshire Local Authorities can be found on page 13, Table 2.**

## 6. Learning from the 2018/19 Season for Berkshire

The Wellbeing team in Reading worked collaboratively with colleagues and partners such as the CCG to actively promote flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues.

Whilst uptake among school aged children was very good overall and showed an increase on previous seasons, uptake in some of the other risk groups remained below the desired level; this is in line with other areas of the country. There were some improvements in uptake in children aged 2 and 3 registered with a Reading GP. Uptake for Reading school aged children (year R, 1,2,3,4 and 5) was 64.4%.

There also remains considerable variation in uptake between GP practices, both within and between the groups within the CCGs i.e. South Reading and North & West Reading. There is scope to improve communicating uptake to practices throughout the flu season and to improve the way patients are invited for vaccination. Myths and misconceptions regarding vaccines remain an important barrier to uptake, particularly for parents of children.

A key issue in 2018-19 was the phased delivery over three months of the new adjuvanted vaccine for over 65's. This created temporary vaccine shortages for some providers and required GP practices to change the way they delivered flu clinics compared to previous years. There was good partnership working between NHS England, CCGs and providers to ascertain location of vaccine stocks, to redistribute vaccine and to sign-post eligible patients to alternative sources such as community pharmacy. Extra communications were put in place with support from local authorities to reassure patients that vaccine was available and inform them how to access. Coordination and communication around this issue was resource intensive and may have had opportunity costs elsewhere in the system. Patients who were not able to access vaccine on their first attempt may have been put off from re-trying and therefore remained unvaccinated. Although this issue affected only the new vaccine, patients in other groups may have been led to believe there were supply issues with other flu vaccines which could have contributed to lower uptake.

Some of the other barriers included variation in access to GP flu clinics, lack of health literacy and inclusion of porcine element in the children's nasal vaccine raising some concerns among some groups.

[2] Berkshire Seasonal Influenza Campaign 2018-19; flu activity summary, final vaccine uptake figures and feedback from local partners, May 2019.

Despite introduction of an NHS funded flu vaccine offer for frontline care staff in nursing, residential and domiciliary care, local intelligence suggest uptake in this group remains low. Without more robust data from the National programme it is not possible to evaluate the success of this approach. Without changes to the flu programme, provision of flu vaccine to this group remains an occupational health responsibility and is likely to remain challenging for Local Authorities and CCGs to influence. The narrow definition of this offer has been questioned by stakeholders, staff and employers.

The offer of flu vaccine to local authority staff varies across Berkshire with some LAs not offering vaccine to any staff groups. However, where LAs do offer vaccine, feedback suggests that staff and managers are working well to promote to staff and to understand uptake and identify potential barriers. Evidence suggests that there is still significant work to do to ensure staff are aware of the facts and evidence around flu vaccine safety and efficacy.

Locally, CCGs and their commissioned providers responded well to flu outbreaks in care homes and closed settings. Close partnership working proved key to the success of this approach particularly at the planning stage.

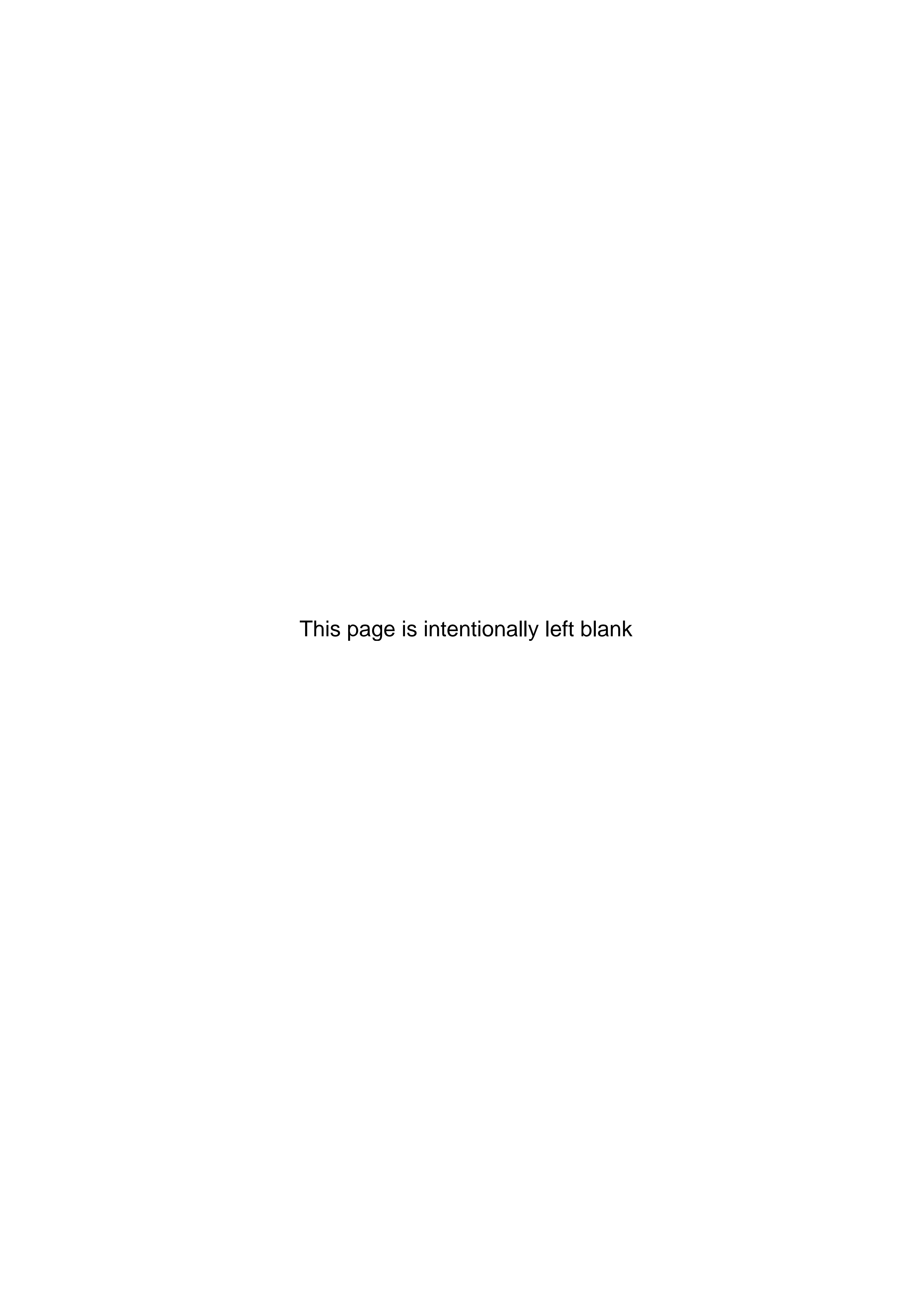
## 7. Plans for 2019-20 Flu Season

A successful flu review and planning workshop took place on 15th May 2019 in Bracknell. This was well attended by a range of stakeholders from across Berkshire. Key recommendations from this workshop are as follows and will be taken forward through the Berkshire West and East Berkshire Flu Action Groups

| **Access to vaccination** |
| --- |
| Review terminology around long term conditions / clinical risk groups to create “user friendly” text for practices to use in invites and wider communication |
| Seek and share positive case studies from care home and nursing home settings |
| Deliver short session / workshop (with uptake data and learning points) to protected learning time for Practice Nurses |
| Consider offering flu clinics on weekends and evenings |
| Consider offering flu vaccine through out-patient clinics for particular risk groups |
| Explore how Primary Care Networks could add more flexibility to the system and increase access – providing for other patients within the same network in different locations |
| Consider possible co-location of immunisation trained community midwives with school-aged mop-up clinics and other community locations |
| **Preventing and preparing for outbreaks** |
| Approach CQC to ascertain expectations and process around if / how providers manage and learn from outbreaks of flu-like-illness and respiratory infection |
| Seek and share case studies from care homes re. successful staff flu offer |
| Creation of poster asking families with young children who visit to take up their offer of a flu vaccine and asking anyone who may have experienced recent flu-like symptoms not to visit |
| **Myth-busting and supporting behaviour change** |
| Reach out to schools via head-teacher forums and School Governor forums to provide an evidence base around staff flu vaccination |
| Cross-council engagement to build support for staff flu offer |
| Sharing wording from professional bodies regarding vaccination |
| Creation of video or suite of linked videos talking with local GPs, Imams and parents in Slough could help engage more effectively with the Muslim community |
| Co-Creation of easy-read materials with local Muslim GPs and others from the community using wording around porcine element, lack of porcine DNA in nasal vaccine and total lack of porcine products in other flu vaccines |
| Continue to develop the #IamVaccinated campaign by engaging with more people |

| and professionals across the system |
| --- |

Multi-agency East and West of Berkshire Flu Action group meetings will start from September with Providers, Local Authority Public Health and NHSE. Local NHS Providers again have a CQUIN to deliver the flu vaccine to 70% of their frontline clinical staff.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# Berkshire Seasonal Influenza Campaign 2018-19; flu activity summary, final vaccine uptake figures and feedback from local partners

## Executive Summary

1. **Background** - Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.

   Key aims of the immunisation programme are to;

   - Actively offer flu vaccine to 100% of people in eligible groups
   - Immunise 65% of eligible children, with a minimum 40% uptake in each school
   - Maintain and improve uptake in over 65s and clinical risk groups with at least 75% uptake among people 65 years and over and 75% among health and social care workers

2. **Role of local authorities and CCGs** - the National Flu Plan states that the role of local authorities in the flu programme is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing settings. Local authorities are responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements. The role of CCGs is to provide quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines. In Berkshire, CCGs, Local Authorities, NHS England and providers work collaboratively to provide advocacy, leadership and quality assurance of the programme aiming to protect and improve the health of all residents.

3. **Local uptake** -
   - **GP patients aged 65 and over -** uptake was lower in Berkshire LAs than in England as a whole, except for West Berkshire and Wokingham where it was slightly higher and Bracknell Forest where it was the same. In West Berkshire uptake exceeded the 75% national ambition
   - **Under 65's in clinical risk groups -** uptake was higher than the England figure in West Berkshire and Bracknell Forest but slightly lower in the other Berkshire LAs
   - **pregnant women** - uptake was similar to or above the England figure in all LAs with the exception of Slough. No Berkshire LA achieved the national ambition in terms of flu vaccine uptake for this group
   - **children aged 2 years** - uptake was higher than the England figure in all Berkshire LAs apart from Slough where it was lower. No Berkshire LA achieved the national ambition in terms of flu vaccine uptake for this group
   - **children aged 3 years** - uptake was higher than the England figure in all Berkshire LAs except for Slough and Reading where it was lower. Uptake among 2- and 3-year olds in risk groups were higher than among children not in risk groups in all LAs
   - **school-aged children** – uptake was highest in West Berkshire at 79.9% overall and lowest in Slough at 44.8%. All LAs achieved the 40% lower ambition, with Bracknell Forest, RBWM, Wokingham and West Berkshire exceeding the 65% upper ambition
   - **Healthcare workers** - uptake ranged from 53.7% to 66.7% across NHS Trusts in Berkshire, meaning that the national ambition of 75% was not reached. Nationally uptake was 70.3%

**Summary -** Local Authority public health teams actively promoted flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues.

Whilst uptake among school aged children was good and showed an increase on previous seasons, uptake in other risk groups remained below the desired level; this is in line with other areas of the country.

There remains considerable variation in uptake between GP practices, both within and between CCGs. There is scope to improve communicating uptake to practices throughout the flu season and to improve the way patients are invited for vaccination. Myths and misconceptions regarding vaccines remain an important barrier to uptake.

A key issue in 2018-19 was the phased delivery over three months of the new adjuvanted vaccine for over 65's, this created temporary vaccine shortages for some providers and required GP practices to change the way they delivered flu clinics compared to previous years. There was good partnership working between NHS England, CCGs and providers to ascertain location of vaccine stocks, to redistribute vaccine and to sign-post eligible patients to alternative sources such as community pharmacy. Extra communications were put in place with support from local authorities to reassure patients that vaccine was available and inform them how to access. Coordination and communication around this issue was resource intensive and may have had opportunity costs elsewhere in the system. Patients who were not able to access vaccine on their first attempt may have been put off from re-trying and therefore remained unvaccinated. Although this issue affected only the new vaccine, patients in other groups may have been led to believe there were supply issues with other flu vaccines which could have contributed to lower uptake.

Other barriers included variation in access to GP flu clinics, lack of health literacy and inclusion of porcine element in the children's vaccine making it inappropriate for some groups.

Despite introduction of an NHS funded flu vaccine offer for frontline social care staff in nursing and residential care, local intelligence suggest uptake in this group remains low. Without more robust data from the National programme it is not possible to evaluate the success of this approach. Without changes to the flu programme, provision of flu vaccine to this group remains an occupational health responsibility and is likely to remain challenging for Local Authorities and CCGs to influence. The narrow definition of this offer has been questioned by stakeholders, staff and employers.

The offer of flu vaccine to other LA staff varies across Berkshire with some LAs not offering vaccine to any staff groups. However, where LAs do offer vaccine feedback suggests that staff and managers are working well to promote to staff and to understand uptake and identify potential barriers.

Locally, CCGs and their commissioned providers responded well to flu outbreaks in care homes and closed settings. Close partnership working proved key to the success of this approach particularly at the planning stage.

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## 1. Seasonal influenza

Seasonal influenza (Flu) is a key factor in NHS winter pressures. It impacts on those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular. The plan is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services throughout the year. Successful local implementation of the flu plan depends on partnership working between stakeholders at National and local levels. Key stakeholders include Department of Health, NHS England, Clinical Commissioning Groups (CCGs), GP practices, Community Pharmacy, Public health England (PHE), Local Authorities and community groups.

## 2. Role of the local health and social care system

The National Flu Plan[1] states that;

Local authorities, through their DsPH have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

Local authorities can also assist by:

- promoting uptake of flu vaccination among eligible groups, for example older people in residential or nursing care, either directly or through local providers
- promoting uptake of flu vaccination among those staff providing care for people in residential or nursing care, either directly or through local providers

CCGs are responsible for

- quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines

Additionally, a letter to CCGs from the NHS England Head of Primary Care Commissioning on 12th June 2017 stated that ‘CCGs will commission appropriate primary care clinicians to respond to flu outbreaks, by assessing exposed persons for the antiviral treatment or prophylaxis and completing a patient specific direction for this purpose’. In Berkshire, both CCGs have commissioned out of hours providers to provide this service.

GP practices and community pharmacists are responsible for;

- educating patients, particularly those in at-risk groups, about the appropriate response to the occurrence of flu-like illness and other illness that might be precipitated by flu
- ordering the correct amount and type of vaccine for their eligible patients, taking into account new groups identified for vaccination and the ambition for uptake
- storing vaccines in accordance with national guidance

[1] National Flu Plan - Winter 2017-18, PHE

- ensuring vaccination is delivered by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
- maintaining regular and accurate data collection using appropriate returns
- encouraging and facilitating flu vaccination of their own staff

- In addition, GP practices are responsible for:
    - ordering vaccine for children from PHE central supplies through the ImmForm website and ensuring that vaccine wastage is minimised
    - ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine

Locally, Berkshire Healthcare Foundation Trust Schools Immunisation Team is commissioned to deliver the flu immunisation programme to children in school years Reception to Year 5 through a schools-based delivery model.

## 3. Aims of the flu immunisation programme

The aims of the immunisation programme in 2018-19 were to;

- Actively offer flu vaccine to **100%** of people in eligible groups.
- Immunise 60% of children, with a minimum **40%** uptake in each school
- Maintain and improve uptake in over 65s and 6 months to 64 years in clinical risk groups with at least **75%** uptake for those aged 65 years and over and **75%** uptake for health and social care workers
- Improve uptake over and above last season among those in clinical risk groups and prioritise those with the highest risk of mortality from flu but who have the lowest rates of vaccine uptake (i.e. immunosuppression, chronic liver and neurological disease, including people with learning disabilities); achieving **at least 55%** uptake in all clinical risk groups and maintain higher rates where they have previously been achieved.

## 4. Groups eligible for vaccination

Flu vaccination remains the best way to protect people from flu. People in certain groups are at increased risk of severe symptoms and deaths if they contract flu, these groups were eligible for free flu vaccine in 2017-18.

- Adults aged 65 or above
- Children aged 2 and 3 and in school years R through to 5
- Pregnant women
- Paid and unpaid carers
- Frontline health and social-care workers
- People living in long-stay residential care homes,
- Adults and children (6 months to 64 years) with one or more of the following conditions;
    - a heart problem
    - a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
    - kidney disease

- lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
- liver disease
- stroke or a transient ischaemic attack (TIA)
- diabetes
- a neurological condition, e.g. multiple sclerosis (MS), cerebral palsy or learning disability
- Morbidly obese individuals (BMI>40)

### 4.1 Changes in the 2018-19 immunisation programme compared to the previous season

**Children -** The offer of live attenuated influenza vaccine (LAIV) was extended to children of appropriate age for school year 5, in addition to those children in school years 1, 2, 3, 4 and 5. This is in line with the principle for future extension of the programme to extend upwards through the age cohorts.

**Older people -** Following a PHE analysis which showed that the non-adjuvanted inactivated vaccine showed no significant effectiveness in this age group over recent seasons, an adjuvanted trivalent influenza vaccine (aTIV) was recommended for use in those aged 65 years and over, and particularly for those aged 75 years and over[2]

**Residential, nursing and domiciliary care staff -** NHS England continued to fund flu vaccination for residential, nursing and domiciliary care staff employed by a registered residential care/nursing home or registered domiciliary care provider, and who are directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza [3] (i.e., those patients or clients in a clinical risk group or aged 65 or over). The offer was also extended to include health and care staff in the voluntary managed hospice sector that offer direct patient/client care[4]. This offer was available through community pharmacies and most GP Practices.

## 5. Flu activity

### 5.1 National Activity

The PHE report, https://www.gov.uk/government/statistics/annual-flu-reports is due to be published in May 2019.

The PHE Weekly Local Influenza Report published on 9th May 2019 showed that in England the rate of GP consultations for flu like activity during 2018-19 was generally lower than in the previous season with the peak of activity occurring slightly later in the season (Figure 1).

[2] Publications Gateway Number: 07648. Vaccine ordering for 2018-19 influenza season. 18.02.2018
[3] http://www.nhsemployers.org/news/2017/11/how-care-staff-can-get-free-flu-vaccine
[4] Publications Gateway Number: 08260. Extension of NHS seasonal influenza vaccination, 10.09.2018

Compared to 2017-18 there were fewer reported outbreaks of flu-like illness, the majority of outbreaks occurred in residential and nursing home settings in 2018-19 which is a similar pattern to the previous year.

Figure 2)

National Laboratory data at week 19 indicates that in 2018-19 the majority of circulating flu viruses were Influenza A, which is different from 2017-18 when a mixture of FluA and FluB viruses were circulating (Figure 3).

Uptake of vaccine in primary care, community pharmacy and among healthcare workers is monitored by Public Health England. During Flu season, NHS England commissioners of the vaccine programmes extracted and collated uptake data from GP practices on a weekly basis and nationally on a monthly basis. Data on numbers of vaccines provided to adults through community pharmacy and to pregnant women by NHS midwives was monitored by NHSE and shared with stakeholders.

Nationally, provisional data from the fifth monthly collection of influenza vaccine uptake in GP patients[5] shows that the proportions of people in England who had received the 2018/19 influenza vaccine in targeted groups by 28 February 2019 were as follows:

- 48.0% in under 65 years in a clinical risk group
- 45.2% in pregnant women
- 72.0% in 65+ year olds.

The provisional proportions vaccinated by 28 February 2019 were: 43.8% in 2 year olds and 45.9% in 3 year olds[6].

Provisional data from the fifth monthly collection of influenza vaccine uptake by frontline healthcare workers show 70.3% were vaccinated by 28 February 2019, compared to 68.7% vaccinated in the previous season by 28 February 2018.

Provisional data from the fourth monthly collection of influenza vaccine uptake for children of school years reception to year 5 shows 63.9% in school year reception age, 63.4% in school year 1 age, 61.4% in school year 2 age, 60.2% in school year 3 age, 58.0% in school year 4 age and 56.2% in school year 5 age were vaccinated by 31 January 2019.

[5] in 97.6% of GP practices reporting
[6] In 96.2% of GP practices reporting for the childhood collection

**Figure 1: GP consultations for flu-like-illness (National to week 19)**

RCGP ILI consultation rate, England

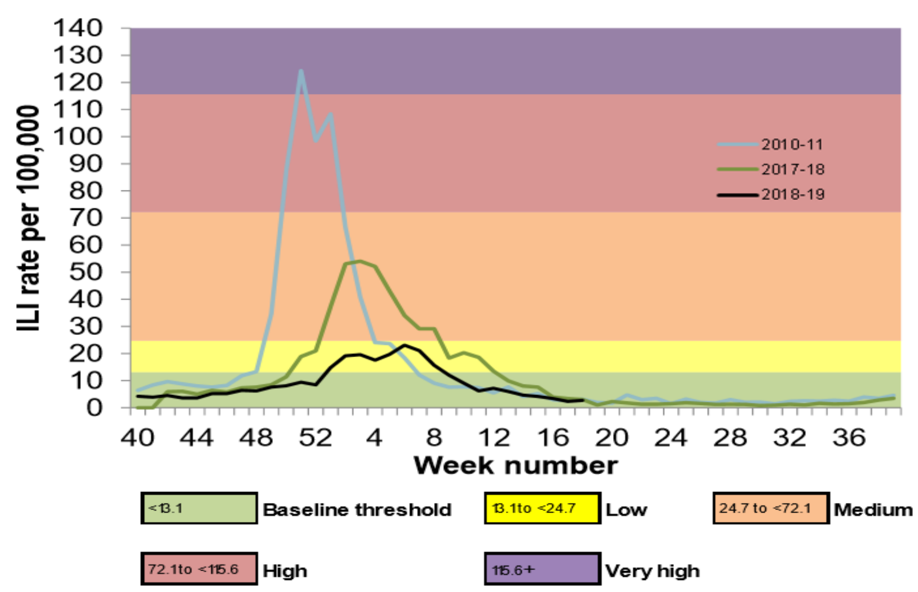


**Figure 2: Reported Outbreaks (National to week 19)**

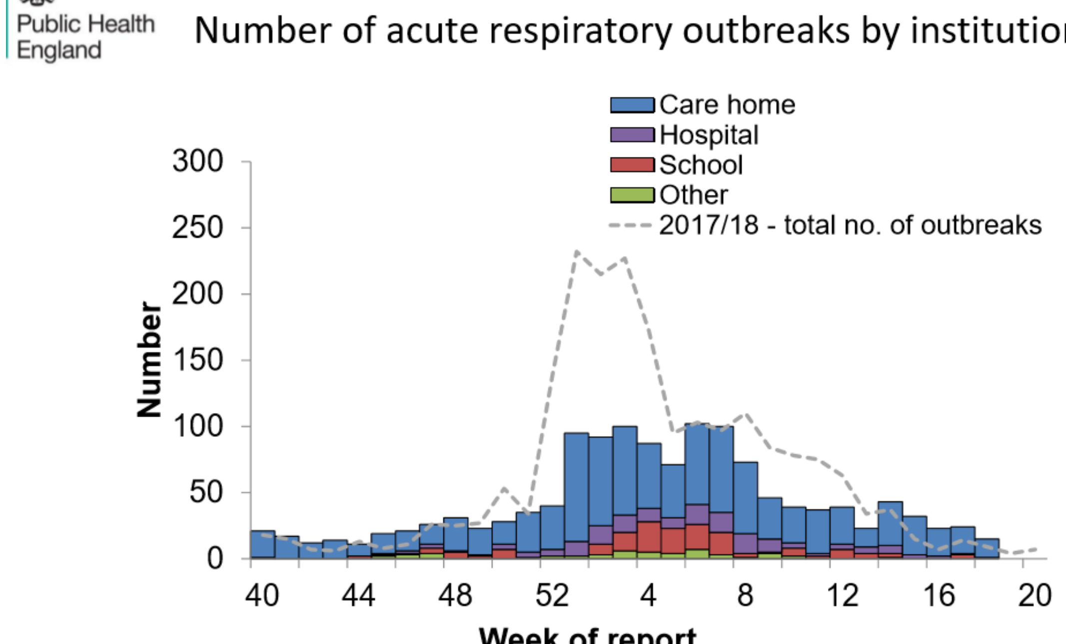

**Figure 3: Number and proportion of samples positive for flu (National to week 19)**

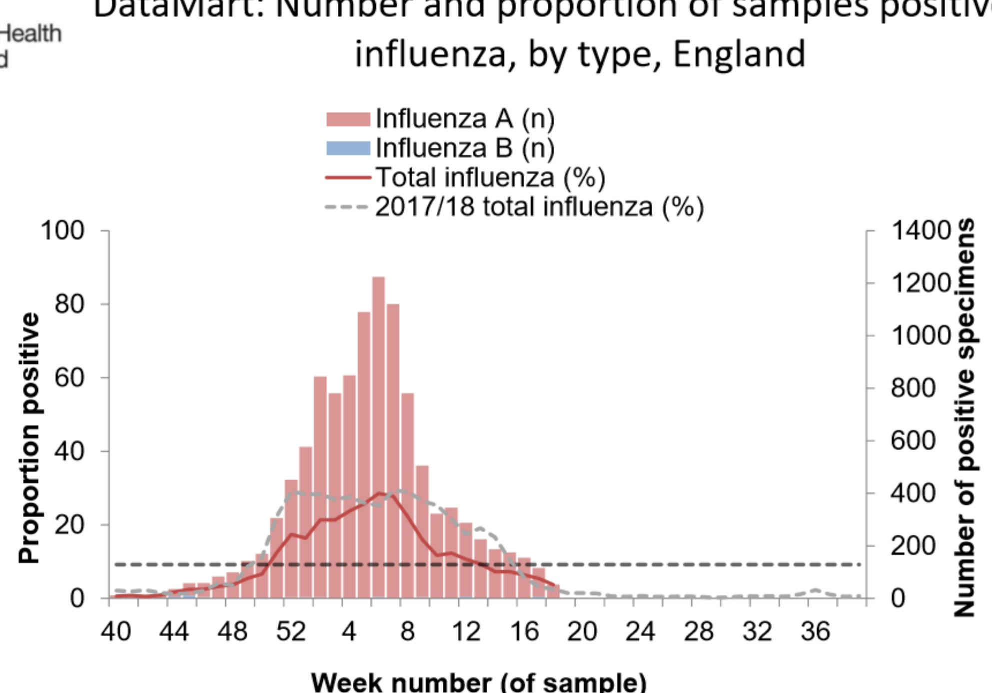


Figure taken from National Flu Report Surveillance (9th May 2019)

## 5.2 Local outbreaks

There were 8 outbreaks of influenza-like illness (ILI) reported in Berkshire between 1st September 2017 and 31st March 2018, Influenza A virus was confirmed in seven of the eight outbreaks reported in Berkshire between September 2018 and May 2019

Both CCGs in Berkshire were able to respond well to outbreaks of flu in closed settings through the services commissioned for this purpose and in line with their In and Out of season flu response plans.

# 6. Communications and resources

In 2018-19, flu vaccine was included as a component of the jointly coordinated PHE and NHS England “Help us Help you” winter campaign. Resources were available from the online PHE Campaign Resources Centre.

Local authorities and CCGs across Berkshire used their social media accounts to enforce national messages on flu vaccine using #Fluvaccine. as well as other winter health messages. A Berkshire press release template was prepared for local modification by local authority public health teams. Leaflets and posters from the national resource centre were distributed to local venues including Children’s centres, childcare settings and local shops by local authority public health teams. Easy-read versions of the leaflet were shared with LA

Learning Disabilities colleagues for use with their clients. East Berkshire CCG placed funded advertising in the “Primary Times” - a publication sent to thousands of parents of young children across Berkshire. They also ran a campaign on a local radio station which contained key messages in both English and Punjabi. Flu vaccine was promoted to carers during National Carer’s Rights Day and to those over 65 or living with long term conditions as part of National Self-Care Week.

Following the announcement of the NHS-funded offer of flu vaccination, local authorities and CCGs communicated directly with local care providers to raise awareness of the offer for residential, nursing and domiciliary care staff and encourage staff to get vaccinated against flu through the development and sharing of a Berkshire ‘Care Home Flu Pack’ via email and by presentation at a Berkshire Care Association training day.

## 7. Local delivery of flu vaccination programme

Across Berkshire, residents were able to access flu vaccine in a number of ways (Table 1).

**Table 1**: **Access to flu vaccine for eligible groups**

| Group | Provider |
|---|---|
| Children aged 2 and 3 | Primary Care |
| Children in School Years 1, 2, 3, 4 and 5 | School based programme delivered by Berkshire Healthcare Trust |
| Special Schools | School based programme delivered by Berkshire Healthcare Foundation Trust |
| Adults aged 65 or above | Primary Care or Community Pharmacy |
| Adults in clinical risk groups | Primary Care or Community Pharmacy |
| Children in clinical risk groups | Primary Care (or through special school programme) |
| Paid and unpaid carers | Primary Care or Community Pharmacy |
| Pregnant Women | Maternity Unit at Royal Berkshire Hospital, Wexham Park Hospital or Primary Care |
| Health and social care workers | Via occupational health arrangements and for nursing, residential and domiciliary care workers via GP and Pharmacy following the National announcement |

A stakeholder workshop was held in June 2018 this was jointly delivered by Jo Jefferies, Berkshire Shared Public Health Team, Jo Greengrass (East Berks CCGs), and Harpal Aujla, Screening and Immunisation Team, NHS England South - South Central with Berkshire local authority Public Health teams from Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham and PHE South East, Thames Valley Health Protection Team.

Participants from a range of stakeholder organisation attended, including representatives from East Berkshire and Berkshire West CCGs, GP practices, NHS provider organisations, Public Health England, Residential and Nursing Care providers and public health teams across Berkshire.

The aims of the workshop were to;

- review and reflect on 2017-18 flu season
- understand commissioning intentions for 2018-19

- draw on learning to put in place actions to improve uptake
- review care home preparedness and identify ways to support settings to prevent, prepare for and respond to outbreaks

# 8. Berkshire Vaccine Uptake

## 8.1 GP registered patients by Local Authority

**Uptake among GP patients aged 65 and over** was lower in Berkshire LAs than in England as a whole, except for West Berkshire and Wokingham where it was slightly higher and Bracknell Forest where it was the same. In West Berkshire uptake exceeded the 75% national ambition. All LAs except for Wokingham saw a decrease in uptake compared to 2017-18, this is in line with uptake nationally.

**Among under 65's in clinical risk groups**, uptake was higher than the England figure in West Berkshire and Bracknell Forest but slightly lower in the other Berkshire LAs. No Berkshire LA achieved the national ambition (55%) in terms of flu vaccine uptake. All LAs in Berkshire saw a decrease in uptake compared to 2017-18, this is in line with uptake nationally

**Among pregnant women**, uptake was similar to or above the England figure in all LAs with the exception of Slough. No Berkshire LA achieved the national ambition in terms of flu vaccine uptake for this group. No LAs saw an increase in uptake in this group compared to the previous group, except for Slough where uptake was 10% higher than in 2017-18, this increase is in contrast to a decrease in uptake nationally.

**Uptake among children aged 2 years** was higher than the England figure in all Berkshire LAs apart from Slough where it was lower.

**Uptake among children aged 3 years** was higher than the England figure in all Berkshire LAs except for Slough and Reading where it was lower. Uptake among 2- and 3-year olds in risk groups were higher than among children not in risk groups in all LAs.

All Berkshire LAs with the exception of Slough reached the lower target of 40% uptake among 2- and 3-year olds. In all LAs, uptake among 3-year olds is lower than among 2-year olds, this is similar to the previous flu season. In line with the national picture, all LAs except Wokingham there was an increase in uptake in both and 2- and 3-year olds compared to 2017-18, Wokingham saw a decrease in uptake among 2-year olds but an increase among 3-year olds. In Slough, whilst uptake was lower than England there was a notable improvement on uptake compared to the previous flu season.

**Table 2: Flu vaccine uptake among GP registered patient by LA - Sept 1 2018 to Jan 31 2019 in comparison to 2017/18 time-point**

| | Risk Group | | | | |
|---|---|---|---|---|---|
| | 65 and over | Under 65 (at-risk) | All Pregnant Women | 2 Years old | 3 Years old |
| **Bracknell Forest 2018-19** | **71.2** | **50.9** | **47.6** | **52.3** | **56.4** |
| 2017-18 | 73.5 | 53.9 | 57 | 46.3 | 51.7 |
| Variation | -2.3 | -3 | -9.4 | 6 | 4.7 |
| **Reading 2018-19** | **70.7** | **45.5** | **44.6** | **43.8** | **43.6** |
| 2017-18 | 72.3 | 47 | 45.2 | 38.8 | 40.9 |
| Variation | -1.6 | -1.5 | -0.6 | 5 | 2.7 |
| **Slough 2018-19** | **66.9** | **45.5** | **46** | **33.2** | **36.9** |
| 2017-18 | 69.9 | 47.5 | 35.9 | 26.3 | 28.1 |
| Variation | -3 | -2 | 10.1 | 6.9 | 8.8 |
| **West Berkshire 2018-19** | **76.6** | **54.3** | **50.5** | **60.9** | **64.2** |
| 2017-18 | 77.6 | 55.3 | 52.1 | 58.1 | 56.6 |
| Variation | -1 | -1 | -1.6 | 2.8 | 7.6 |
| **Windsor and Maidenhead 2018-19** | 70.4 | 45.2 | 46 | 50.8 | 52.5 |
| 2017-18 | 71.6 | 48.6 | 49.7 | 44.4 | 45.1 |
| Variation | -1.2 | -3.4 | -3.7 | 6.4 | 7.4 |
| **Wokingham 2018-19** | 73.3 | 45.8 | 51.4 | 56.8 | 60.9 |
| 2017-18 | 73.3 | 48.6 | 52.4 | 58.5 | 57.7 |
| Variation | 0 | -2.8 | -1 | -1.7 | 3.2 |
| **England Total 2018-19** | **71.2** | **46.7** | **44.8** | **43** | **45** |
| 2017-18 | **72.6** | **48.9** | **47.2** | **42.8** | **44.2** |
| Variation | **-1.4** | **-2.2** | **-2.4** | **0.2** | **0.8** |

Data sources: Immform Week 1 flu GP data collection accessed 13.02.2019, National Flu Report summary updated 07.02.2019 and Berkshire Flu Report 2017-18.

## 8.2 School aged children

In Berkshire, the children's quadrivalent live attenuated intra-nasal vaccine (LAIV) was delivered in primary schools by a team of school immunisation nurses from Berkshire Health Foundation Trust.

The team arranged and carried out visits at 400 schools across Berkshire, including special schools where all year groups were offered vaccine. All school visits were completed by the end of December with 74 476 doses of vaccine given. "Mop-up clinics" for children who had missed the vaccine school were delivered in all areas. An innovative mop-up session was provided in Slough town centre in collaboration with the Royal Berkshire Fire & Rescue Service, using an outreach vehicle. This session was supported by CCG and SBC colleagues and resulted in over 90 vaccinations being given to school-aged children. All LAs achieved a higher uptake than the previous flu season, particularly in Slough. Uptake was highest in West Berkshire at 79.9% overall and lowest in Slough at 44.8%. All LAs achieved the 40% lower ambition, with Bracknell Forest, RBWM, Wokingham and West Berkshire exceeding the 65% upper ambition, see Table 3.

**Table 3: Uptake for school year R,1, 2, 3 , 4 and 5 children[7], by local authority 2018-19**

| LA | Summary of Flu Vaccine Uptake % | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | School Year | | | | | | | |
| | R | 1 | 2 | 3 | 4 | 5 | total | Doses given |
| **Bracknell Forest** | 72.0 | 69.9 | 72.0 | 75.7 | 69.9 | 67.5 | 71.7 | 6850 |
| **Slough** | 47.1 | 46.7 | 45.2 | 44.9 | 42.9 | 42.2 | 44.8 | 6639 |
| **RBWM** | 71.1 | 72.4 | 69.2 | 69.2 | 65.4 | 65.7 | 68.8 | 7900 |
| **Reading** | 65.5 | 64.6 | 64.2 | 65.1 | 64.2 | 62.6 | 64.4 | 7802 |
| **West Berkshire** | 80.9 | 82.0 | 80.2 | 80.6 | 78.2 | 77.3 | 79.9 | 9627 |
| **Wokingham** | 77.6 | 78.8 | 75.6 | 74.9 | 74.0 | 72.1 | 75.5 | 10,841 |
| **ENGLAND** | | | | | | | | |

Data source: Immform Monthly School-aged Flu data collection (January), updated 12.02.2019, accessed 13.02.2019



[7] Data is provisional and represents 100% of all Local Authorities (LAs) in England responding to the January 2018 survey. Where a total for England is quoted (e.g. sum of number of patients registered and number vaccinated) this is taken from the 100% of all LAs and is therefore NOT an extrapolated figure for all of England.

## 8.3 Pharmacy Campaign for adults

As in previous years, in 2018-19 pharmacies signed up to the National Advanced Service could offer flu vaccine to the following groups;

- People aged 65 and over.
- Pregnant women
- Adults in clinical risk group
- Residential, nursing and domiciliary care staff employed by a registered residential care/nursing home or registered domiciliary care provider directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza

National data from the Pharmoutcomes Sonar Informatics, Well and Healthi systems available through the Pharmaceutical Services Negotiating Committee indicates that at least 1,270,589 doses were delivered in pharmacies as part of the National Advanced Service. This data shows that the majority of those receiving a flu vaccine in community pharmacy were aged over 65, with between 55% and 80% of the vaccines provided via this service being given to people over 65 years of age. The remainder of vaccine were given to adults in clinical risk groups, people with diabetes accounted for between 4% and 14% and those with chronic respiratory disease accounted for between 6% and 14% of doses. Further breakdown of the risk groups receiving their vaccine in community pharmacy is given in Table 4.

It should be noted that this data shows the eligibility groups of patients who have been recorded as receiving flu vaccination in community pharmacy (to 5th April 2019). Some Pharmacy contractors are not able to use or have decided not to use electronic systems to record administration of vaccines. Therefore, this data does not cover all patients vaccinated in community pharmacy during the 2018-19 flu season and the true number of patients vaccinated by community pharmacists under the National Flu Vaccination Service in 2018/19 will be higher than the numbers presented.

Data from Pharmoutcomes indicates that Pharmacies in Berkshire provided at least 15,475 doses of vaccine (Table 5), an increase of 2169 (16%) compared to the number of doses recorded in the previous flu season. Most Berkshire pharmacies used the Pharmoutcomes system to record the number of vaccines given.

Pharmacies worked hard to deliver the service despite the issues of vaccine availability and the results are encouraging. Pharmacies are confident that they would have been able to increase uptake in staff in residential homes if their service had allowed them to deliver this in the workplace.

**Table 4: Flu vaccinations given in Community Pharmacy in England, by risk group**

| Vaccination eligibility group | PharmOutcomes | Sonar | Well | Healthi |
|---|---|---|---|---|
| Aged over 65 | 63.9% | 54.4% | 63% | 79.4% |
| Asplenia/splenic dysfunction | 0.2% | 0.1% | 0.1% | 0.6% |
| Carer | 4.6% | 4.6% | 4.9% | 1.6% |
| Chronic heart disease | 2.6% | 3.8% | 3.3% | 4% |
| Chronic kidney disease | 0.4% | 0.4% | 0.4% | 0.6% |
| Chronic liver disease | 0.2% | 0.3% | 0.2% | 0 |
| Chronic neurological disease | 1.3% | 1.3% | 1.2% | 0.6% |
| Chronic respiratory disease | 12.6% | 13.1% | 13.9% | 5.6% |
| Diabetes | 7.4% | 14.1% | 8% | 3.7% |
| Hospice worker | 0.2% | 0.1% | 0% | 0.6% |
| Household contact of immunocompromised individual | 0.6% | 0.7% | 0.5% | 0.6% |
| Immunosuppression | 2.6% | 3.2% | 2.2% | 1.9% |
| Morbid obesity | 0.2% | 0.2% | 0.1% | 0% |
| Person in long-stay residential or home | 0.2% | 0.3% | 0.2% | 0.3% |
| Pregnant woman | 1.4% | 2.6% | 1% | 0% |
| Social care workers | 1.7% | 0.7% | 0.5% | 0.3% |

**Data source:** Flu vaccination data from PharmOutcomes, Sonar Informatics, Well and Healthi for 2018-19

**Table 5: Berkshire Pharmacies and Flu vaccine doses 2018-19 compared with 2017-19**

| CCG | Vaccines claimed to March 2018 | Vaccines claimed to March 2019 |
|---|---|---|
| BRACKNELL AND ASCOT CCG | 1,742 | 2325 |
| NEWBURY AND DISTRICT CCG | 1,441 | 1984 |
| NORTH & WEST READING CCG | 1,415 | 1646 |
| SLOUGH CCG | 1,089 | 1207 |
| SOUTH READING CCG | 2,028 | 1875 |
| WINDSOR, ASCOT AND MAIDENHEAD CCG | 2,383 | 2479 |
| WOKINGHAM CCG | 3,208 | 3959 |
| **Berkshire CCGs** | **13,306** | **15,475** |
| **Thames Valley** | **37,318** | |

**Data source:** PharmOutcomes data, Thames Valley LPC

## 8.4 Healthcare workers (NHS Flu Fighters)

Frontline HCWs involved in direct patient care in acute trusts, ambulance trusts, mental health trusts, foundation trusts, primary care, and independent sector health care providers are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza.

PHE coordinated and managed a seasonal influenza vaccine uptake survey of all 246 NHS organisations (acute, ambulance, mental health, primary care, local NHS England teams and foundation trusts) in England and produced monthly provisional data on vaccinations allowing the National Health Service (NHS) and Department of Health (DH) to track the progress of the programme.

Nationally, uptake among healthcare workers with direct patient care (based on 98.8% of NHS Trusts) was 70.3%, an increase from the 2017-18 figure of 68.7%.

Uptake for frontline healthcare workers in Berkshire overall and by staff group is outlined in Table 6. Uptake in Royal Berkshire Foundation Trust and Frimley Health Foundation Trust appears to have fallen compared to the previous flu season. Although Royal Berkshire Foundation Trust saw a decrease in percentage uptake, the number of HCW receiving a vaccine was higher this season than in 2017-18.

It should be noted that requirements for the CQUIN data collection state that staff leavers must be removed from the denominator data removing, addition of new starters and addition of students, bank, agency and third-party organisation staff that have patient contact into the denominator data. This requires the denominator data to be updated each month prior to submission to reflect the dynamic nature of the workforce being vaccinated. As a result, percentage uptake each month could go down as well as up as the campaign progressed.

**Table 6: Vaccine uptake among frontline healthcare workers**

| | 2017-18 | | | 2018-19 | | | |
|---|---|---|---|---|---|---|---|
| **Organisation** | **All HCWs in direct patient care** | **Seasonal flu doses given since 1 Sept 2017** | **Vaccine uptake (%)** | **All HCWs in direct patient care** | **Seasonal flu doses given since 1 Sept 2018** | **Vaccin e uptake (%)** | **No. HCW declines** |
| Royal Berkshire NHS Foundation Trust | 4,860 | 3,042 | 62.6 | **5,059** | **3,123** | **61.7** | **493** |
| Berkshire Healthcare Foundation Trust | 3,395 | 2,423 | 71.4 | **3,309** | **2,206** | **66.7** | **114** |
| Frimley Health NHS Foundation Trust | 6,947 | 5,006 | 72.1 | **7,579** | **4,345** | **57.3** | **97** |
| South Central Ambulance Trust* | 2,559 | 1,621 | 63.3 | - | - | - | - |
| **England** | 1,025,547 | 704,242 | 68.7 | **1,051,851** | **739,187** | **70.3** | |

**Source:** Seasonal influenza vaccine uptake in healthcare workers (HCWs) in England, provisional monthly data from 1st September 2018 to 28th February 2019

* Organisation is recorded as a "Non-Responder" at the time the provisional data was published

## 8.5 LA Health and Social Care staff and others

NHS England funded flu vaccination for workers employed by a registered residential care/nursing home or registered domiciliary care provider who are directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza. This is a specific cohort of workers who may be at risk of transmitting flu to vulnerable residents in a closed setting.

There is currently no data available regarding the uptake of this offer as no definitive denominator population data is available. Data on the numbers of doses provided to workers under this scheme in GP practices and pharmacies may become available at a later date.

Most of the residential care provision in Berkshire is through privately run care homes and nursing homes. Employers are still responsible for providing flu vaccine to their employees under occupational health arrangements, this means that care homes, nursing homes and local authorities are responsible for providing flu vaccine for frontline health and social care workers that they employ. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.

During the 2018-19 flu season, some Berkshire LAs provided flu vaccine to their directly employed social care workers and to some other groups of staff for business continuity reasons. An outline of how schemes were funded and delivered together with uptake or doses given is show in Local Communications and Engagement Activities

**Table 7: Local communications and engagement activities**

| Organisation | Actions |
|---|---|
| **LA Public Health Teams**<br><br>**(for more detailed information for each LA see Appendix 1)** | • promoting flu vaccine through joint LA and CCG communications initiatives and increased use of targeted social media to promote vaccination to specific groups – see Section **Error! Reference source not found.** for more detail.<br>• use of corporate and public health social media channels to communicate with residents<br>• targeted social media campaign to parents with young children through Children's Centres and local nurseries<br>• internal comms to LA staff, including LA newsletters, intranet articles and internal screen-savers<br>• attending local events and workshops, such as National Carers Rights Day<br>• distributing national campaign materials to other local organisations, such as children's centres, child minders and organisations supporting older people and people with learning disabilities<br>• promoting through LA newsletters and websites<br>• providing leaflets to older people at lunch clubs and when collecting a free bus-pass<br>• placing promotional materials in community settings used by older people and young families<br>• working with care staff to advocate to those with stable neurological conditions living in the community<br>• series of communication to care home providers including a letter for HWB to go to residential care homes, encouraging uptake of NHS-funded vaccine for care workers caring for vulnerable residents<br>• resources for people with Learning Disabilities circulated to key organisations<br>• using links into parish councils to communicate in other community settings and village events<br>• participation in East Berkshire Flu Action Group, West Berkshire Flu Group and NHS England Thames Valley Flu Teleconference<br>• working closely with BHFT School Immunisation Team to support delivery of programme, including DPH letter to non-engaging schools in Berkshire and advertising to school and mop up clinics through LA websites and directly with schools for onward promotion to parents - see Section **Error! Reference source not found.** for more detail. |
| **East Berkshire CCG** | • numerous press releases were issued locally featuring different target groups and shared with media, partners, stakeholders, on our websites and via social media<br>• media interviews on BBC Radio Berkshire and on Asian Star radio station in Slough<br>• short flu videos starring local GPs were shared via social media, partners<br>• coordinated a two-week radio campaign on Asian Star which contained key messages targeting parents of children aged 2-9 in both English and Hindi<br>• funded a paid advert in the Primary Times magazine which is delivered to parents of young children across Berkshire. |

| | |
|---|---|
| | • worked with Language Line, the national children's flu poster was translated into Urdu, Punjabi, Hindi and Polish and shared with all local partners<br>• As a pilot, worked with two practices in Bracknell to run a mini social media campaign which included photos of people vaccinated holding an A4 paper with #Fluvaccine<br>• the team has worked closely with the school-aged immunisation programme lead to advertise the mop-up flu clinics and attended the clinic held in the RBFRS Fire vehicle<br>• Spoke with local people at the event in Slough to understand their reasons for having or not having a flu vaccine<br>• flu updates for GP Practices across East Berkshire have been included in the weekly bulletins<br>• the team has helped arrange and co-ordinate publicity for staff flu clinics which have been well attended this year<br>• taking part in the NHSE flu comms call updating on local progress and sharing ideas<br>• Included a piece on the importance being vaccinated in the East Berkshire CCG quarterly stakeholder newsletter<br>• training sessions for practices on improving flu uptake and support were offered particularly in WAM through BCF money, however this offer was not well taken up |
| **Berkshire West CCG** | • NHS partners across Berkshire West including West Berkshire CCGs, Royal Berkshire FT and Berkshire Healthcare FT developed a joint winter planning communications strategy that uses NHS England messaging throughout the period of September 2018 – the end of March 2019.<br>• Joint winter planning communications strategy was shared with and approved by the local A&E Delivery Board<br>• The messages were used widely in the press and social media as well as in GP practices via TV screens. GPs and healthcare professionals were also regularly updated<br>• Information was shared with practices through the weekly GP bulletin |
| **Community Pharmacy** | • The LPC funded a Google advertising campaign for the first few weeks of the season to raise awareness of the vaccines and the availability from pharmacies |

## 9. Collated feedback from local partners

An evaluation template was provided to flu leads in LAs, Trusts and CCGs in March 2019, a summary of key points is provided in Table 8.

**Table 8: Summary of feedback from flu leads across Berkshire**

| | | |
|---|---|---|
| **Public Facing Comms and engagement** | What did you do differently to last year? | NHS England commissioned the CHIS to write to parents of all 2 and 3-year old children in Berkshire to remind them to arrange for their child to receive nasal vaccine at the GP practice. This initiative was also supported by targeted comms messages to parents from all partners.<br><br>LA and CCG support to BHFT to coordinate and deliver a weekend mop-up session. In Slough, collaboration with Royal Berkshire Fire and Rescue Service was a successful intervention enabling over 90 vaccines to be given to school-aged children.<br><br>SBC sent tailored letters out to all primary schools informing them of their uptake in the previous season and explaining the importance of increasing uptake.<br><br>LA flu leads meeting with key partners ahead of flu season to thank them for support in previous year, sharing rationale for and impact of the flu vaccination campaign on residents and staff.<br><br>More use of social media, using messaging aligned to National Help us Help You campaign rather than verbal or email communication with stakeholders.<br><br>Provision of Community Flu Packs (ordered via PHE Campaign Centre) to leisure services, libraries and key council buildings in Reading.<br><br>Bracknell Forest Council promoted Flu 'targeted messages' as part of the Winter Wellbeing Campaign working closely with East Berkshire CCG and Frimley ICS colleagues. |

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| | Any challenges? | Certain resources used in previous years could not be used as they had been withdrawn for example Polish language posters for Flu |
| | Ideas for improving for next year? | Using insight from a health beliefs research project may help to identify cultural and other barriers to vaccination in Slough<br><br>Creation of resources for Early Years settings in West Berkshire that include messages for the whole family not just 2- and 3-year olds. This would draw on herd immunity from high vaccine uptake in children as a protecting factor for older generation<br><br>More LAs using the individualised letters to schools may impact on uptake, particularly for the older year groups where uptake is lower<br><br>Ensuring that seasonal flu and winter health are Agenda items on key council |

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| | | groups such as Carers Strategy Group, Adult Safeguarding Board, Learning Disability Partnership etc<br><br>Development and use of more video clips to promote flu, particularly children-specific |
| **LA staff flu offer / NHS Staff flu offer** | What did you do differently to last year? | Set up a Borough-wide flu steering group in Slough<br><br>RBHFT focussed promotional posters on key messages including incidence of flu infections in the Trust in the preceding season, fact that flu infection may be asymptomatic whilst infectious.<br><br>BFC PH team were able to obtain denominator figures for staff offered for the first time<br><br>West Berkshire council engaged with staff across the council to become flu champions to help spread key messages and combat myths<br><br>RBHFT developed a focused theme of promotional posters on key messages including prevalence of flu virus in RBFT during 2018 and how around 50% of confirmed cases may be subclinical.<br><br>RBHFT linked with Unicef and pledged to donate 10 tetanus jabs for every 1 flu jab given to staff 'Get a jab, give a jab' campaign linked the staff campaign with Unicef, pledging to donate 10 tetanus vaccines for every flu vaccine given through the "Get a jab, give a jab" campaign.<br><br>BHFT promoted the vaccine to all staff groups across all sites, utilising staff meetings and the staff intranet as well as other channels. Peer vaccinators enable vaccine to be delivered in and out of core daytime hours. |
| | What was your uptake / no of doses delivered and how does this compare to previous year(s)? | • Slough - 62 staff were vaccinated, an increase of 30% on the previous flu season<br>• Wokingham – 298 staff were vaccinated, an increase of 17.5% on the previous flu season<br>• Reading – RBC did not offer flu vaccine to any staff groups but promoted |

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|---|---|---|
| | | NHS vaccination to all eligible groups and provided information on where other staff could obtain flu vaccines e.g. via purchasing at local pharmacy<br>• West Berkshire - 371 staff were vaccinated, a 10% decrease from the previous season, but a 15% increase compared to 2016-17<br>• Bracknell Forest – 177 staff were vaccinated which is very similar to the previous year (172)<br>• RBWM – RBWM did not offer flu vaccine to any staff groups<br><br>For Trust uptake please see **Table 6: Vaccine uptake among frontline healthcare workers** |
| | What went well? | Improved engagement with departmental heads around flu in Slough<br><br>Staff at Wokingham BC proactively contacting flu leads ahead of flu season to ask when they could book their vaccine appointment<br><br>RBHFT 'Get a jab give a jab' campaign was well received by staff.<br><br>Four staff clinics were delivered in West Berkshire and were well attended by a mix of staff groups. |
| | Any challenges? | Myths continue to circulate among staff as with the general public, as evidenced by the Slough Staff Survey<br><br>Reducing budgets may impact on staff flu offers where this is funded through the PH budget<br><br>Ceasing to provide staff flu vaccine did not adversely impact on service delivery this year, however this may not be the case if there were higher levels of flu circulating.<br><br>It is challenging for staff to promote vaccine to others if they are not able to access vaccine themselves<br><br>Running the staff clinics in West Berkshire Council via a local pharmacist was challenging to coordinate, with commitment being dependent on staffing and stock. |

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| | | A 30% increase in cost of the West Berkshire programme meant that clinic time was reduced to 3 hours per clinic compared with a whole day for the same cost in the previous season, this impacted on the ability to offer more vaccine doses and meant that some staff who requested vaccination had to be refused. |
| | Ideas for improving for next year? | Results from a survey of staff will be used to identify barriers to staff accepting vaccination in Slough BC<br><br>Using data on sickness absences due to flu-like-illness to build a financial case to demonstrate potential value of a wider staff vaccination offer in Slough BC<br><br>RBHFT will focus their staff campaign using insight from the reason given by staff for declining their vaccine<br><br>Developing a prioritisation framework to guide staff vaccination policy to target those working in frontline roles with vulnerable groups in West Berkshire |
| **Vaccine supply / distribution** | What went well? | CCGs provided support in liaising with practices with shortage in first instance to help with orders of aTIV where shortage was detected<br><br>Later in the season, CCGs worked with NHS England on redistribution of any aTIV and QIV surplus to surgeries in need<br><br>CCGs also liaised with PHE and SCWCSU to send out targeted messages to practices which were achieving below the national average to encourage them to keep vaccinating |
| | Any challenges? | The phased delivery of aTIV vaccine resulted in temporary shortages of supply at GP and Community Pharmacy<br><br>Some planned clinics had to be cancelled and postponed and patients had to be redirected to local pharmacies<br><br>Feedback from practices indicated that some patients did not come back to practice to be vaccinated. Clinics for other cohorts were also affected and there was a shortage of QIV later in the season |

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| | | RBHFT was unable to obtain aTIV to offer to older staff |
| | Ideas for improving for next year? | Enabling providers to obtain vaccines with a timescale that is better aligned to their own service provision.<br><br>If data on location of vaccine stocks was available to CCGs this would assist with redistribution |
| **Partnership working** | What went well? | Good working relationships between PHE South East, CCGs, out of hours providers and Care Settings to enable outbreak response in care settings<br><br>Collaborative working between NHS England, CCGs and providers was required to manage the impact of introducing a new vaccine combined with the phased distribution model. Partners worked well to re-distribute vaccine, although this required large amounts of staff time and risked impact in other areas during the busy winter season.<br><br>The East and West Berkshire Flu Action Groups are seen as a valuable forum for collaborative action around flu; engagement in both groups has increased since the previous season.<br><br>Excellent relationships between School Immunisation Team, LA, CCG and other partners has supported the school-aged campaign to perform strongly.<br><br>Close working with the School Immunisation Team enabled LA partners to localise their communications to align with the timetable of school visits across the Borough |
| | Any challenges? | Teams in all organisations are becoming leaner, meaning those leading on flu have increasing numbers of competing priorities to manage |
| | Ideas for improving for next year? | Targeted Out of School/ Home educated population<br>Using MECC (Champions) as one of the channels for flu messaging and engagement |

Jo Jefferies, Public Health Services for Berkshire
May 2019

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## 10. Local Communications and Engagement Activities

**Table 7: Local communications and engagement activities**

| Organisation | Actions |
| --- | --- |
| **LA Public Health Teams**<br><br>**(for more detailed information for each LA see Appendix 1)** | • promoting flu vaccine through joint LA and CCG communications initiatives and increased use of targeted social media to promote vaccination to specific groups – see Section **Error! Reference source not found.** for more detail.<br>• use of corporate and public health social media channels to communicate with residents<br>• targeted social media campaign to parents with young children through Children's Centres and local nurseries<br>• internal comms to LA staff, including LA newsletters, intranet articles and internal screen-savers<br>• attending local events and workshops, such as National Carers Rights Day<br>• distributing national campaign materials to other local organisations, such as children's centres, child minders and organisations supporting older people and people with learning disabilities<br>• promoting through LA newsletters and websites<br>• providing leaflets to older people at lunch clubs and when collecting a free bus-pass<br>• placing promotional materials in community settings used by older people and young families<br>• working with care staff to advocate to those with stable neurological conditions living in the community<br>• series of communication to care home providers including a letter for HWB to go to residential care homes, encouraging uptake of NHS-funded vaccine for care workers caring for vulnerable residents<br>• resources for people with Learning Disabilities circulated to key organisations<br>• using links into parish councils to communicate in other community settings and village events<br>• participation in East Berkshire Flu Action Group, West Berkshire Flu Group and NHS England Thames Valley Flu Teleconference<br>• working closely with BHFT School Immunisation Team to support delivery of programme, including DPH letter to non-engaging schools in Berkshire and advertising to school and mop up clinics through LA websites and directly with schools for onward promotion to parents - see Section **Error! Reference source not found.** for more detail. |
| **East Berkshire CCG** | • numerous press releases were issued locally featuring different target groups and shared with media, partners, stakeholders, on our websites and via social media<br>• media interviews on BBC Radio Berkshire and on Asian Star radio station in Slough<br>• short flu videos starring local GPs were shared via social media, partners |

| | |
|---|---|
| | • coordinated a two-week radio campaign on Asian Star which contained key messages targeting parents of children aged 2-9 in both English and Hindi<br>• funded a paid advert in the Primary Times magazine which is delivered to parents of young children across Berkshire.<br>• worked with Language Line, the national children's flu poster was translated into Urdu, Punjabi, Hindi and Polish and shared with all local partners<br>• As a pilot, worked with two practices in Bracknell to run a mini social media campaign which included photos of people vaccinated holding an A4 paper with #Fluvaccine<br>• the team has worked closely with the school-aged immunisation programme lead to advertise the mop-up flu clinics and attended the clinic held in the RBFRS Fire vehicle<br>• Spoke with local people at the event in Slough to understand their reasons for having or not having a flu vaccine<br>• flu updates for GP Practices across East Berkshire have been included in the weekly bulletins<br>• the team has helped arrange and co-ordinate publicity for staff flu clinics which have been well attended this year<br>• taking part in the NHSE flu comms call updating on local progress and sharing ideas<br>• Included a piece on the importance being vaccinated in the East Berkshire CCG quarterly stakeholder newsletter<br>• training sessions for practices on improving flu uptake and support were offered particularly in WAM through BCF money, however this offer was not well taken up |
| **Berkshire West CCG** | • NHS partners across Berkshire West including West Berkshire CCGs, Royal Berkshire FT and Berkshire Healthcare FT developed a joint winter planning communications strategy that uses NHS England messaging throughout the period of September 2018 – the end of March 2019.<br>• Joint winter planning communications strategy was shared with and approved by the local A&E Delivery Board<br>• The messages were used widely in the press and social media as well as in GP practices via TV screens. GPs and healthcare professionals were also regularly updated<br>• Information was shared with practices through the weekly GP bulletin |
| **Community Pharmacy** | • The LPC funded a Google advertising campaign for the first few weeks of the season to raise awareness of the vaccines and the availability from pharmacies |

## 11. Collated feedback from local partners

An evaluation template was provided to flu leads in LAs, Trusts and CCGs in March 2019, a summary of key points is provided in Table 8.

**Table 8: Summary of feedback from flu leads across Berkshire**

| | | |
|---|---|---|
| **Public Facing Comms and engagement** | What did you do differently to last year? | NHS England commissioned the CHIS to write to parents of all 2 and 3-year old children in Berkshire to remind them to arrange for their child to receive nasal vaccine at the GP practice. This initiative was also supported by targeted comms messages to parents from all partners.<br><br>LA and CCG support to BHFT to coordinate and deliver a weekend mop-up session. In Slough, collaboration with Royal Berkshire Fire and Rescue Service was a successful intervention enabling over 90 vaccines to be given to school-aged children.<br><br>SBC sent tailored letters out to all primary schools informing them of their uptake in the previous season and explaining the importance of increasing uptake.<br><br>LA flu leads meeting with key partners ahead of flu season to thank them for support in previous year, sharing rationale for and impact of the flu vaccination campaign on residents and staff.<br><br>More use of social media, using messaging aligned to National Help us Help You campaign rather than verbal or email communication with stakeholders.<br><br>Provision of Community Flu Packs (ordered via PHE Campaign Centre) to leisure services, libraries and key council buildings in Reading.<br><br>Bracknell Forest Council promoted Flu 'targeted messages' as part of the Winter Wellbeing Campaign working closely with East Berkshire CCG and Frimley ICS colleagues. |

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| | | RBHFT was unable to obtain aTIV to offer to older staff |
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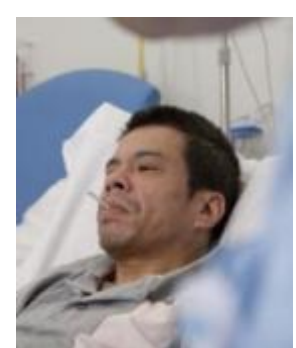
Jo Jefferies, Public Health Services for Berkshire
May 2019

## APPENDIX 1: Feedback on Local Authority Flu plans 2018-19

| | |
|---|---|
| **Bracknell Forest** | BFC_DRAFT_HWBB Flu update_aug2018 |
| **Reading** | Berkshire Flu Leads_201920 Evalua |
| **Slough** | Berkshire Flu Leads_201920 Evalua |
| **West Berkshire** | Berkshire Flu Leads_2018-19 Evalu |
| **RBWM** | |
| **Wokingham** | Berkshire Flu Leads_201920 Evalua |

Public Health for Berkshire
Working together for health and wellbeing

# Berkshire Flu Workshop 2018/19



| Time | Item | Speaker/Lead |
|---|---|---|
| 09.45 | **Registration and coffee** | |
| 10.00 | **Welcome & Aims of the day** | Jo Jefferies , Shared Public Health Team |
| 10.05 | **Flu Activity and impact in Berkshire Winter 2018/19** | Kitty Mohan, Thames Valley Health Protection Team, PHE South East |
| 10.20 | **2018/19 flu vaccine uptake and system performance** | NHSE Screening and Immunisation team |
| 10.40 | **Key learning from across Berkshire** | Berkshire East / West Flu Action Groups and providers |
| 11.10 | **Commissioning Intentions** | NHSE Screening and Immunisation team |
| 11.40 | **Group work – preventing flu and improving vaccination uptake in eligible groups**<br>• **Task 1**<br>• **Task 2** | ALL |
| 12.10 | **Feedback and next steps** | ALL |
| 12.30 | **Summing up and close** | Jo Jefferies |

# Aims

- Review and reflect on 2018/19 flu season
  - what went well?
  - what did not go so well?
- Understand local commissioning intentions for 2019-20
  - What has changed
  - Focus on priority groups
- Consider how we can improve uptake and reduce practice variation between practices
  - What can practices do?
  - What can CCGs do?
  - What can commissioners do?
  - What can Local Authorities do?

# Influenza 2018-2019 Season



Dr. Kitty Mohan

PHE South East – Thames Valley HPT

# 2018-19 season

H1N1 main strain

H1N1 well matched by the vaccine (H3N2 was not)

New aTIV vaccine for older adults

Very little flu B (good vax match)

Public Health England

# GP consultations

**Figure 1.** ILI consultation rate – GP in-hours syndromic surveillance system

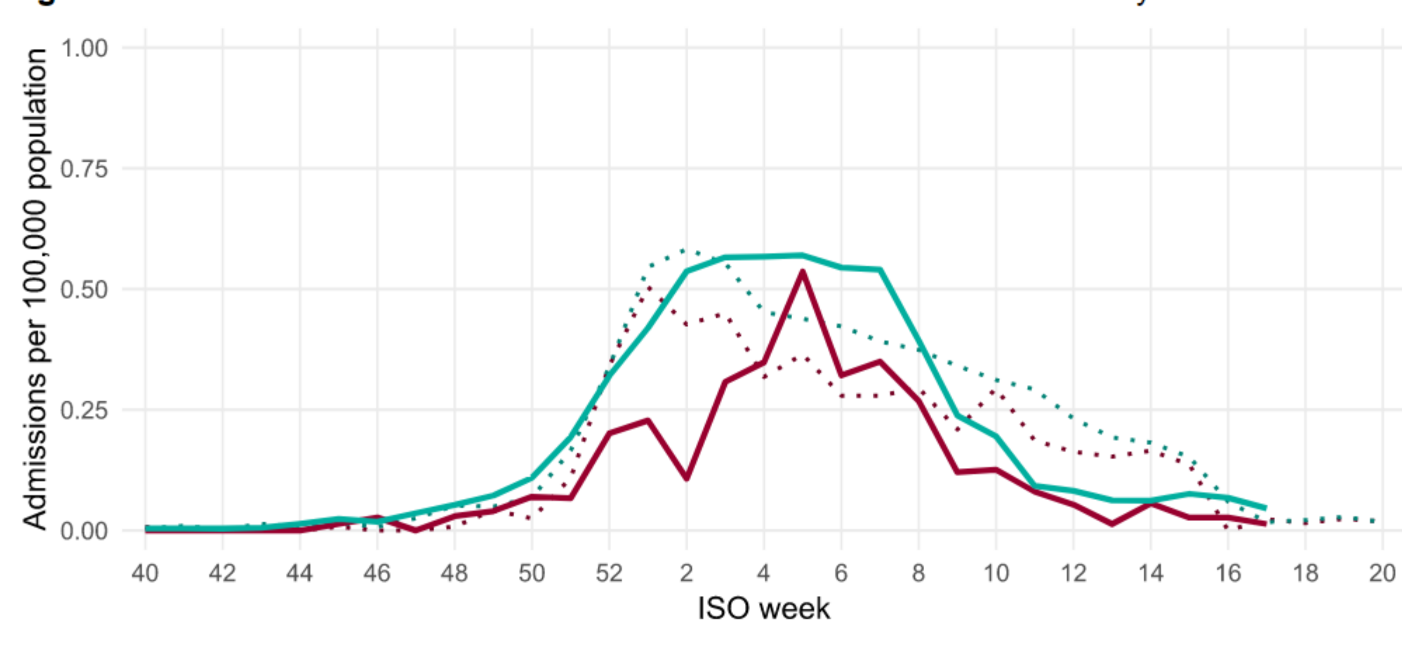
Consultations per 100,000 population

ISO week

South East 2017-2018 | South East 2018-2019

England 2017-2018 | England 2018-2019

# ICU/HDU admissions



Public Health England

# Thames Valley – Flu/RTI in the last 3 years

40
35
30
25
20
15
10
5
0

September
October
November
December
January
February
March
September
October
November
December
January
February
March
September
October
November
December
January
February
March
April

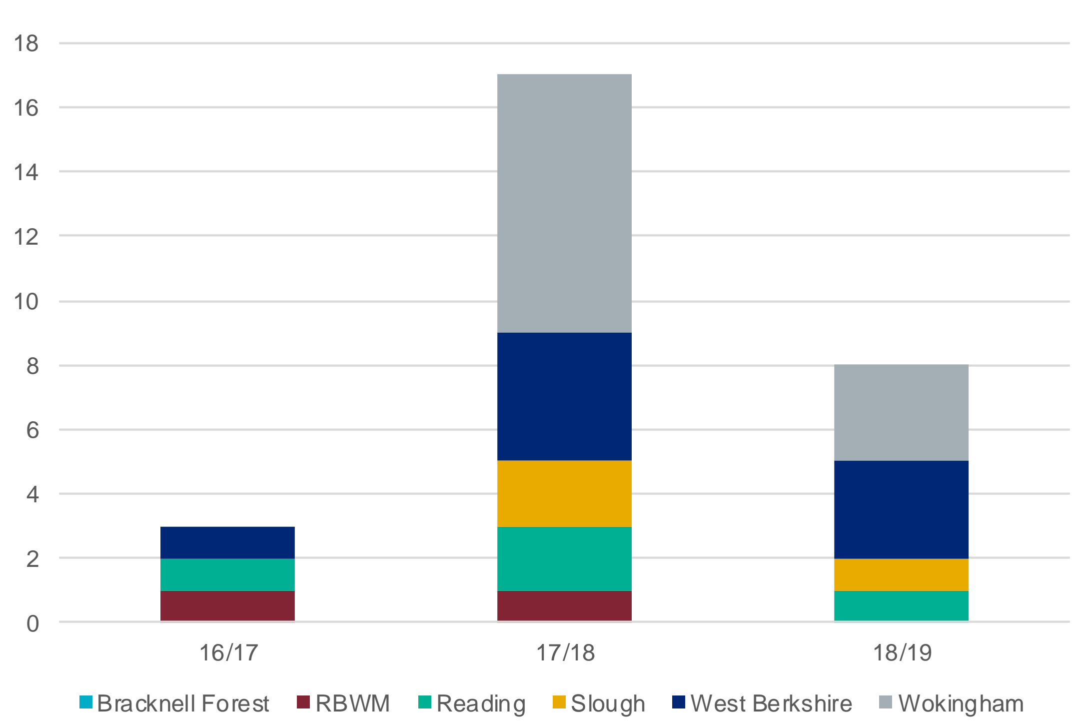
16/17
17/18
18/19

ILI RTI

# Berkshire

- Highest number of outbreaks reported in Wokingham (3)
- 7 of 8 outbreaks confirmed at flu A, additional 7 RTI outbreaks





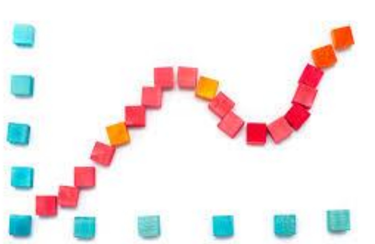
# Challenges for 2018/19 season

- 83 enquiries received about flu vaccines, common themes:
  - Errors – wrong vaccines given
  - Supply issues
  - Latex allergy
  - Usual questions about LAIV and immunosuppressed contacts, contraindications, etc
- Vaccine uptake

# Feedback on local uptake of flu immunisation 2018-19



(data is provisional for 2018/19)



# Picture in Thames Valley and Nationally

| Eligible group | Cohort | Thames Valley | | | England | | |
|---|---|---|---|---|---|---|---|
| | | 2018-19 (%) | 2017-18 (%) | 2016-17 (%) | 2018-19 (%) | 2017-18 (%) | 2016-17 (%) |
| ≥ 65 years | Number vaccinated | 275,983.00 | 272,438 | 258,437 | 7,260,596 | 7,426,917 | 7,149,036 |
| | Registered patients | 375,935.00 | 368,125 | 358460 | 10,087,978 | 10,235,533 | 10,137,798 |
| | % Uptake | **73.4** | **74** | **72.1** | **72** | **72.6** | **70.5** |
| < 65 at risk | Number vaccinated | 125,740 | 127,866 | 103,291 | 3,276,592 | 3,344,593 | 3,061,507 |
| | Registered patients | 260,864 | 255,373 | 201412 | 6,820,919 | 6,836,969 | 6,294,417 |
| | % Uptake | **48.2** | **50.1** | **51.3** | **48** | **48.9** | **48.6** |
| Pregnant women | Number vaccinated | 12490 | 13,608 | 11,275 | 293,359 | 303,875 | 299,382 |
| | Registered patients | 25919 | 26,974 | 24780 | 649,233 | 643,941 | 666,892 |
| | % Uptake | **48.2** | **50.4** | **45.5** | **47.2** | **44.9** | **44.9** |



Data source: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019

# CCG Level

| CCG | 65 and over (%) | | | Under 65 at risk (%) | | | Pregnant women (%) | | | All Aged 2 (%) | | | All Aged 3 (%) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 18-19 | 17-18 | Variation | 18-19 | 17-18 | Variation | 18-19 | 17-18 | Variation | 18-19 | 17-18 | Variation | 18-19 | 17-18 | Variation |
| West Berkshire | 74 | 74.5 | -0.5 | 48.8 | 50.2 | -1.4 | 48.5 | 49.0 | -0.5 | 52.1 | 48.6 | 3.5 | 56.1 | 49.4 | 6.7 |
| East Berkshire | 69.5 | 71.6 | -2.1 | 47.1 | 50.2 | -3.1 | 42.3 | 45.6 | -3.3 | 43.7 | 38.0 | 5.7 | 46.7 | 39.6 | 7.1 |

Data source: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019

# Two Year Comparison of Seasonal Influenza Vaccination Uptake Rates

| CCG | 2017/18 | | | | |
|---|---|---|---|---|---|
| | 65 and over | Under 65 (at-risk only) | All Pregnant Women | All Aged 2 years | All Aged 3 years |
| BRACKNELL AND ASCOT | 73.5 | 53.6 | 55.8 | 46.7 | 51.5 |
| WINDSOR, ASCOT AND MAIDENHEAD | 70.9 | 48.5 | 49.8 | 43.5 | 43.4 |
| SLOUGH | 69.9 | 48.5 | 35.9 | 26.1 | 27.9 |
| NEWBURY AND DISTRICT | 77.5 | 55.0 | 52.1 | 58.0 | 55.6 |
| NORTH & WEST READING | 75.0 | 49.9 | 48.1 | 47.5 | 49.3 |
| SOUTH READING | 70.4 | 48.3 | 43.9 | 36.9 | 40.1 |
| WOKINGHAM | 73.8 | 48.2 | 52.6 | 53.7 | 52.8 |



| Local Authority | 2018/19 | | | | |
|---|---|---|---|---|---|
| | 65 and over | Under 65 (at-risk only | All Pregnant Women | All Aged 2 years | All Aged 3 years |
| BRACKNELL AND ASCOT | 72.4 | 52.8 | 48.6 | 55.6 | 58.7 |
| WINDSOR, ASCOT AND MAIDENHEAD | 71.4 | 47.4 | 44.6 | 51.7 | 53.3 |
| SLOUGH | 68 | 46.9 | 38.2 | 34.5 | 37.9 |
| READING | 71.8 | 47.3 | 46.5 | 44.4 | 48.7 |
| WEST BERKSHIRE | 76.9 | 56 | 51.7 | 61.2 | 65.3 |
| WOKINGHAM | 75.1 | 47.9 | 50.7 | 59 | 62.2 |

Data source: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019

# 2018/19 Uptake of seasonal flu vaccination for individuals aged under 65 years in clinical risk groups showing range of uptake within the LA`s

- Lowest practice
- Highest practice
▲ Local authority average

Uptake (%)

100
90
80
70
60
50
40
30
20
10
0

Oxfordshire (69)
Buckinghamshire (49)
Bracknell Forest (12)
West Berkshire (12)
Reading (21)
Slough (16)
Windsor and Maidenhead (18)
Wokingham (9)





Data source: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019

# Uptake in clinical risk groups 2018-19 by locality superimposed by influenza related mortality ratios (Age adjusted relative risk Sept 2010-May 2011)

70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0

% vaccination uptake

60.0
50.0
40.0
30.0
20.0
10.0
0.0

Relative Risk

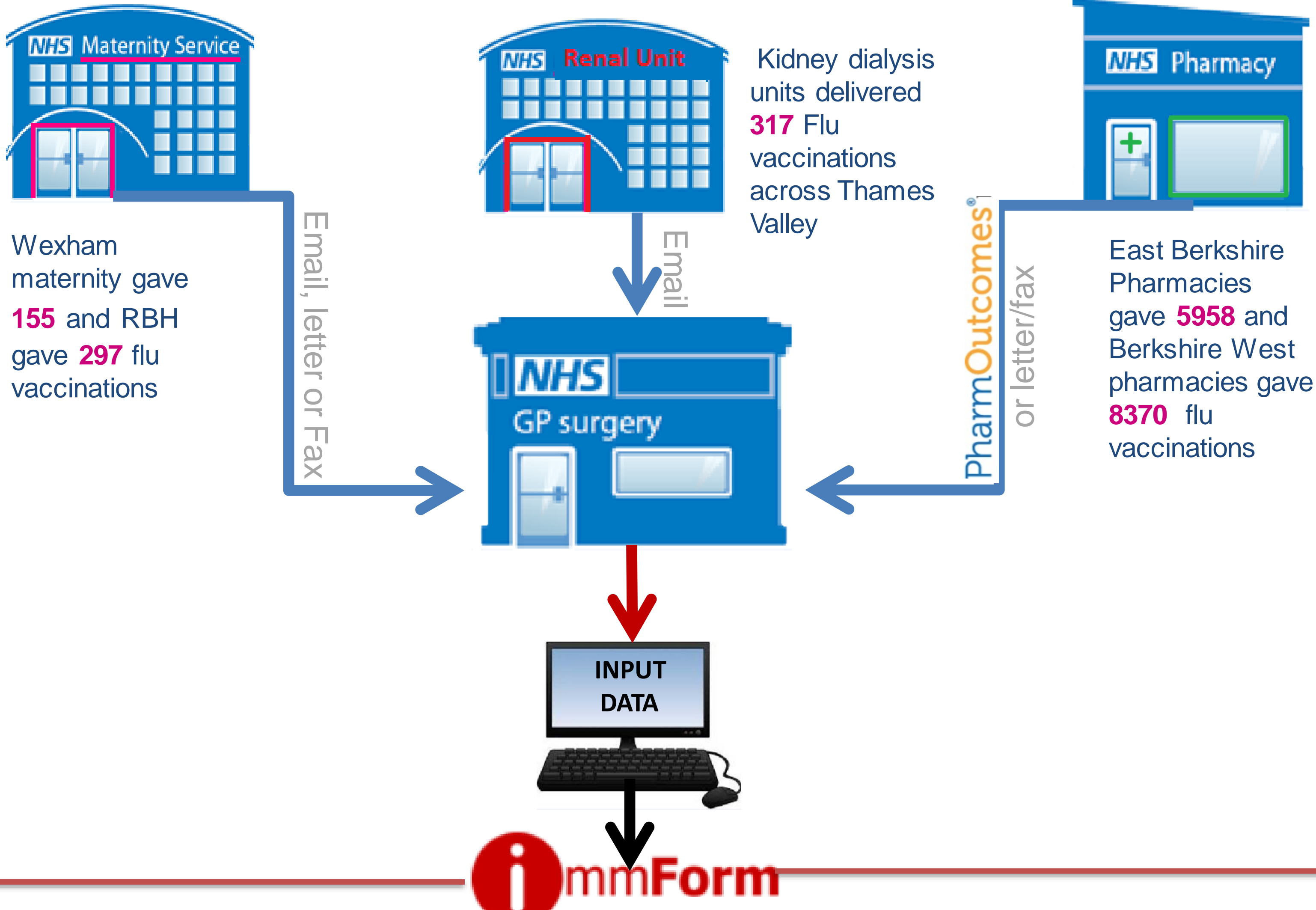
Diabetes
Chronic Respiratory
Chronic Heart
Chronic Kidney
Chronic Neurological
Immunosuppression
Chronic Liver

Axis Title

NHS OXFORDSHIRE CCG
NHS BUCKINGHAMSHIRE CCG
NHS BERKSHIRE WEST CCG
NHS EAST BERKSHIRE CCG
Relative risk

Data source: https://w ww.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019

# Additional Services in Thames Valley



# The 2018-19 flu vaccines composition

Quadrivalent vaccines contained the following four viruses:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage)
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).



Trivalent vaccines contained three of the above strains but did not contain:

- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

# GP consultations consultation rate -in-hours syndromic surveillance system

Consultations per 100,000 population

60
40
20
0

40 42 44 46 48 50 52 2 4 6 8 10 12 14 16 18 20

ISO week

South East 2017-2018
South East 2018-2019
England 2017-2018
England 2018-2019

# Evaluation findings of the promotional flu vaccination letter sent to parents of 2-3 in Berkshire

- NHS England South West and Thames Valley jointly composed a letter promoting the programme and informing parents/carers that their 2 or 3 year old was eligible for a flu vaccination
- CHIS were commissioned to send the letter to parents/carers of all 2 and 3 year olds in Berkshire.
- Berkshire was prioritised due to lower overall vaccine uptake rates and higher levels of deprivation compared to the rest of Thames Valley.
- The letter was sent in the week commencing 15th October 2018

# Change in flu vaccine uptake 2017/18 to 2018/19

| | 2 year olds | | | 3 year olds | | |
|---|---|---|---|---|---|---|
| | **2017/18** | **2018/19** | **Change** | **2017/18** | **2018/19** | **Change** |
| **Oxfordshire CCG** | 53.5 | 49.9 | **-3.6** | 55.6 | 55.1 | **-0.5** |
| **Buckinghamshire CCG** | 46.6 | 43.9 | **-2.7** | 49.6 | 48.6 | **-1.0** |
| **Berkshire West CCG** | 48.6 | 52.1 | **3.5** | 49.4 | 56.1 | **6.7** |
| **East Berkshire CCG** | 38.0 | 43.7 | **5.7** | 39.6 | 46.7 | **7.1** |

# Trend in the uptake of flu vaccine among 2 year olds

Percentage uptake

100
90
80
70
60
50
40
30
20
10
0

NHS OXFORDSHIRE CCG
NHS BUCKINGHAMSHIRE CCG
NHS BERKSHIRE WEST CCG
NHS EAST BERKSHIRE CCG

2016/17
2017/18
2018/19

# Trend in the uptake of flu vaccine among 3 year olds

Percentage uptake

100
90
80
70
60
50
40
30
20
10
0

NHS OXFORDSHIRE CCG
NHS BUCKINGHAMSHIRE CCG
NHS BERKSHIRE WEST CCG
NHS EAST BERKSHIRE CCG

2016/17
2017/18
2018/19

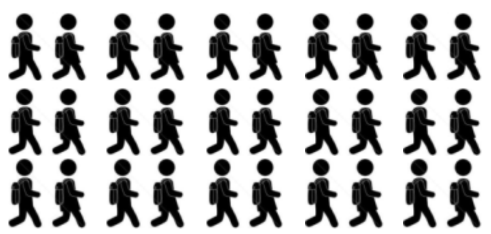
# Reflection and next steps …..

- Flu vaccination uptake among 2 and 3 year olds increased in Berkshire West and East Berkshire in 2018/19
- Vaccine uptake among 2 and 3 year olds reduced in both Buckinghamshire and Oxfordshire during the same time period
- The letter commissioned by CHIS to send to parents of 2 and 3 year olds is likely to have contributed to this increase in Berkshire
- A similar impact was seen parts of the South West who also commissioned the same letter
- No other clear explanation in how the 2 and 3 year old programme was run across Thames Valley in 2018/19 to account for this difference in uptake rates, apart from work undertaken by CHIS to improve vaccine uptake in Berkshire

2018-19 **School aged flu vaccination performance**

# Flu delivery in Thames Valley:
# The story in numbers





**Berks = 74 476 children**

Bucks = 41 766 children

Oxon = 48,573 children

**Berks = 400 schools** ***(8 special schools)***

Bucks = 200 schools (**9 special schools**)

Oxon = 270 schools *(8 special schools)*

Data source: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-children-of-primary-school-age-monthly-data-2018-to-2019

# 2018-19 School age flu vaccine Performance

|  | BRACKNELL FOREST | WEST BERKSHIRE | READING | SLOUGH | WINDSOR AND MAIDENHEAD | WOKINGHAM | BUCKINGHAMSHIRE | OXFORDSHIRE | THAMES VALLEY TOTAL | ENGLAND |
|---|---|---|---|---|---|---|---|---|---|---|
| R | 72 | 80.9 | 65.5 | 47.1 | 71.1 | 77.6 | 64.9 | 74.4 | 69.3 | 63.9 |
| Year 1 | 69.9 | 82 | 64.6 | 46.7 | 72.4 | 78.8 | 63.5 | 75.3 | 69.2 | 63.4 |
| Year 2 | 72 | 80.2 | 64.2 | 45.2 | 69.2 | 75.6 | 61.7 | 72.5 | 67.3 | 61.4 |
| Year 3 | 75.7 | 80.6 | 65.1 | 44.9 | 69.2 | 74.9 | 60.8 | 71.1 | 66.9 | 60.2 |
| Year 4 | 69.9 | 78.2 | 64.2 | 42.9 | 65.4 | 74 | 56.5 | 68.8 | 64 | 58 |
| Year 5 | 67.5 | 77.3 | 62.6 | 42.1 | 65.7 | 72.1 | 53.7 | 66.9 | 62.1 | 56.2 |

% Uptake (y-axis: 0–90)

Page 146

Data source: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-children-of-primary-school-age-monthly-data-2018-to-2019

# Key points from Berkshire West

- 7 outbreaks in care homes, 4 Sept-March & 3 April to May
- Berkshire West flu communications plan based on NHSE messages and aligned across LAs
- Local press and social media as well as in GP practices via TV screens
- GPs and healthcare professionals regularly updated and information shared via weekly GP bulletin
- LA teams worked with LA Staff, other services, voluntary sector and communities to promote vaccine



- Vaccine supply issues were a challenge
  - useful if CCG could have sight of number of vaccines ordered earlier in/before the season to facilitate a targeted support plan
  - Having sight of Pharmacy stock would be useful to share with practices to make sure they are directing the patients to the correct provider should they have a shortage
- Low uptake on children and under 65s at risk: It would be useful to have sight of reasons for refusing vaccination to inform action
- ImmForm data flowing from practices – how can this be improved for non-submitting practices

# Lessons Learnt From The Challenges

- Vaccine availability
- Staff uptake across the system
- Getting the message across to the public particularly the at risk groups
- BCF

# Lessons Learnt From What Worked Well

- CCG flu group – sharing learning and issues with each other
- Flu outbreak
- Working with GP on porcine issue
- Communication plan

# Thames Valley commissioning intentions for 2019-20

# Eligibility criteria

- All children aged two to ten (but not eleven years or older) on 31 August 2019
- Those aged six months to under 65 years in clinical risk groups
- Pregnant women
- People aged 65 years and over
- People in long-stay residential care homes
- Carers
- Social care and hospice workers
- Close contacts of immunocompromised individuals

*Vaccination is also recommended for frontline health and social care workers. This should be provided by their employer as part of the organisation's policy.

# 2019- 20 Uptake ambition

| Target Group | Uptake ambition for 2019/20 |
|---|---|
| Aged under 65 ‘at risk’ | 75% |
| Pregnant women | 55% |
| Eligible children aged 2 years to school year 3 age | 50% |
| School years R,1,2,3,4,5&6 | An average of at least 65% |
| Aged 65 years and over | 55% |
| Healthcare workers* | 75% |

Elements of the flu programme:

- 100% offer for all eligible groups; adults and children
- Prioritise those with chronic liver and neurological disease, including people with learning disabilities

*A Trust-level ambition to reach a minimum of 75% uptake and an improvement in every Trust

# Main changes to delivery for 2019-20

- School based programme extended to include children in year 6

- 2 and 3 year old uptake increase to 50% from 48%

# Commissioning in Berkshire

| Cohort | Provider | | | |
|---|---|---|---|---|
| | Primary care | Pharmacy | Maternity services | BHFT |
| People aged 65 & over | ✓ | ✓ | | |
| Clinical at risk groups under 65 | ✓ | ✓ | | |
| Pregnant women | ✓ | ✓ | ✓ | |
| Health and social care workers | ✓ | ✓ | | |
| Children aged 2&3 | ✓ | | | |
| Children in school years Reception,1,2 3,4,5& 6 | | | | ✓ |
| Special schools | | | | ✓ |

*At risk children in Reception & school years 1-6 are eligible to receive their vaccination from both primary care and school based immunisation providers .

# 2019-20 Recommended vaccinations

| Age group | Recommended vaccine | | |
|---|---|---|---|
| **children aged 2 to 17 years** | Live attenuated influenza vaccine (LAIV) | * QIVe for those contraindicated | |
| **People aged 18 to 64 years** | Egg-grown quadrivalent influenza vaccine (QIVe) | Cell-based quadrivalent influenza vaccine (QIVc). | |
| **People aged 65& over** | Adjuvanted trivalent influenza vaccine (aTIV) | Cell-based quadrivalent influenza vaccine (QIVc). | |

# Next Steps ...........

**July**

- NHS England South East (Thames Valley) Action plan and timelines
- Second part of National flu letter

**August**

- Local Comms Plan
- First GP briefing & final provider checks

**September**

- Start of Seasonal Flu Season
- Seasonal Flu training Workshops- OVG hosted
- First fortnightly stakeholder teleconference

# Group Work - 1

1. Split into two groups;
   - Risk groups
   - School aged children and 2 and 3 year olds



2. Aim to get a mix of localities and job roles in your group
3. Review the uptake and learning that you have hear about this morning and identify where we might work better as a system to increase uptake and reduce variation
4. Summarise three key points to feedback later

# Group Work - 2

1. Stay in your groups;

2. Thinking about NHS staff, eligible residential and domiciliary care/ hospice staff and LA staff flu vaccine offers – what actions can we take to increase uptake and reduce variation

4. Summarise one action for each of these groups to feed back later

## Group work - Improving flu immunisation uptake

1. **Consider what can be done to improve uptake for people in clinical at risk groups**
2. **Consider what can be done to improve uptake in the children's flu programme (2-3yr and schools)**

- What can stakeholders do, including:
  - Local Authorities
  - CCGs and primary care
  - school immunisation providers
  - NHS trusts
  - Other organisations including third sector

# Feedback from group work

# Summing up and next steps….

**Table 1: Reading Borough Council Communication Action plan 2019/20**

| Target Audiences | Key messages | Distribution | Actions | When | Who | RAG | UPDATE |
|---|---|---|---|---|---|---|---|
| Parent of pre-school children | Request to share advice/encourage service users to get child vaccinated (+ posters/newsletters)<br>▪ Flu vaccination programme – arrangements for 3 & reminder of new arrangements for 4 year olds<br>▪ Benefits/risks<br>▪ Availability<br>▪ Link to resources | **FIS** will send email to contacts for pre-school services/activities including:<br>§ registered nurseries<br>§ child-minders<br>§ playgroups<br>§ mother and toddler<br>**Wellbeing** to distribute email messages to wider community & voluntary groups and provider of 0-19's service.<br>**RBC Comms** to use **social media pages** to distribute key messaging - including **gossip girls, local mumsnet.**<br>**RSG** as an additional plateform | NHS England to confirm national comms message and vaccination arrangements for these groups.<br>Wellbeing and RBC Comms Team to produce local comms messages to go out through network/s | **Start social media 2nd October**<br>Wellbeing and FIS - First/second week of october | NHS England<br>Wellbeing Team/RBC Comms Team<br>FIS<br>BHFT - School Nursing and Community Immunisation Team | | |
| Parents of Pre school children (2, 3 & 4 Year olds) | ▪ Benefits of immunisation/risks of flu<br>▪ Administered by nasal spray<br>▪ Available from GP only (2 & 3 year olds) – 4 years old through school<br>▪ Links to resources | | | | | | |
| Infant/Primary School Heads | ▪ Service available from Schools Imms Team<br>▪ How to contact/arrange vaccination<br>▪ Flu Messages for parents (see below) to encourage uptake<br>▪ Link to resources | **BHFT Schools Immunisation Team** will distribute key messages through School Head teachers;<br>**BHFT** will share a letter to home-educated parents and work with Local Authorities colleagues to send this out. For 2019/20 we are using a new easy read generic leaflet | BHFT to confirm school programme for 2019. This will be supported by LA colleagues who will support to identify comms networks to help raise awareness to parents/schools. | Monday 7th October 2019 | BHFT - Schools & Community Immunisation Team<br>Wellbeing Team/RBC Comms Team | | |
| Parents of Year 1, 2, 3, 4, 5 and **6 pupils** | ▪ Benefits of immunisation<br>▪ Administered by nasal spray<br>▪ Available via school<br>▪ Dates of birth for those turning 4 (starting school)<br>▪ Link to resources | | | | | | |
| RBC DMT/CMT | ▪ Promote national flu vaccination programme via staff routes<br>▪ Benefits and risks (to vulnerable groups and org)<br>▪ Lists of eligible teams/staff (working with vulnerable people/critical for business continuity)<br>▪ Request for managers to cascade | DMT/CMT and RBC Comms Team | Wellbeing Team to prepare staff and team communications about flu vaccinations - protecting themselves and vulnerable residents. Briefing/meeting/emails etc<br>. | As soon as we have a clear decision about RBC staff offer | RBC DMT's<br>Wellbeing and Comms Team | | Outstanding - confirmation of whether there is an RBC offer - this will determine messaging to all staff - to 'launch' the campaign internally |
| All RBC staff | ▪ Risks and benefits<br>▪ Who is eligible for national/staff* offer (those working with at risk groups and BC critical + anyone caring for eligible person)<br>▪ *Free if eligible - available from pharmacy AND GP<br>▪ When available<br>▪ Spread the word/remind family & friends and service users who are in clinical at risk groups | Team Meetings/Supervisons.<br>§ Intranet News Filter<br>▪ Explore using Inside Reading<br>▪ Posters on noticeboards (all Council facilities) | LA to prepare promotional information for staff flu vaccinations (can use NHS England information) | 11th October - follow press release<br>Early October | LA | | |
| Manager's of services access by people in clinical at risk groups e.g. Care Home Manager, Domically Care Providers, Extra Care Sheltered Housing etc | Update on national Flu campaign clinical at risk groups.<br>Location of where vaccinations are avilable<br>Responsiblities - for self, staff and to service users<br>§ Benefits/risks to residents and day-to-day ops<br>§ IMS services available – how to arrange<br>§ Link to resources<br>§ Encourage and support residents/service users to take-up | Distributed through Commissioning Team and Housing Team colleagues. | Wellbeing Team to prepare and cascade information to commissioned services providers for both residents and staff. | October | LA | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Reading Residents | Update on national Flu campaign clinical at **risk groups:** - 2-3 year olds, - primary school aged, - underlying health condition (asthma, heart disease, BMI over 40, immunocompromised and) - carers | RBC Comms Team will use national messages via Social Media.<br><br>Some printed materials may be used for specific resident groups such as Older People but these will be limited to need only.<br><br>National campaign messages will be distributed to community and voluntary sector and other RBC services for wider distribution. | | Phase 1 | | | |
| | Front line NHS staff and Social Care staff | Joint Press Release RBC & CCG | CCG to confirm local programme information and details on access so local messages can be tailored for targeted groups. | There will be different phases targeting different groups - waiting national plan to identify these phases. | RBC Comms and Wellbeing Team | | |
| | § Stay Well This Winter messages | Share via social media an flu materials produce on platforms such as You Tube | LA to also access national marketing information and cascade to key stakeholders and use comms links to raise awareness. | October through to March | | | |
| | § Request to help spread the word via newsletters/website | | | Oct - March | | | |
| | ▪ Link to resources | Work with CCG to explore GP surgeries displaying video on screens in waiting rooms | CCG to tailor national message to ensure local messages can be tailored for targeted groups. | October | CCGs/LA | | |
| Ante-natal services | ▪ Flu Jabs in pregnancy<br>▪ Benefits/Risks for pregnant women<br>▪ Request to spread the word<br>▪ Link to resources | To support the local Trust and GPs to spread the word through services such as maternity unit (probably covered by health/hospital) Ante natal groups (NCT ) and via our Family Information Services. Community midwives - via our 0-19 health services. | CCG to confirm local programme information and details on access so local messages can be tailored for targeted groups.<br><br>LA to cascade information via networks i.e. FIS, Smoking Cessation Service | Oct - March | Trust and CCGs colleagues support by Wellbeing and RBC Comms Team. | | |

**Additional Avenues to explore**

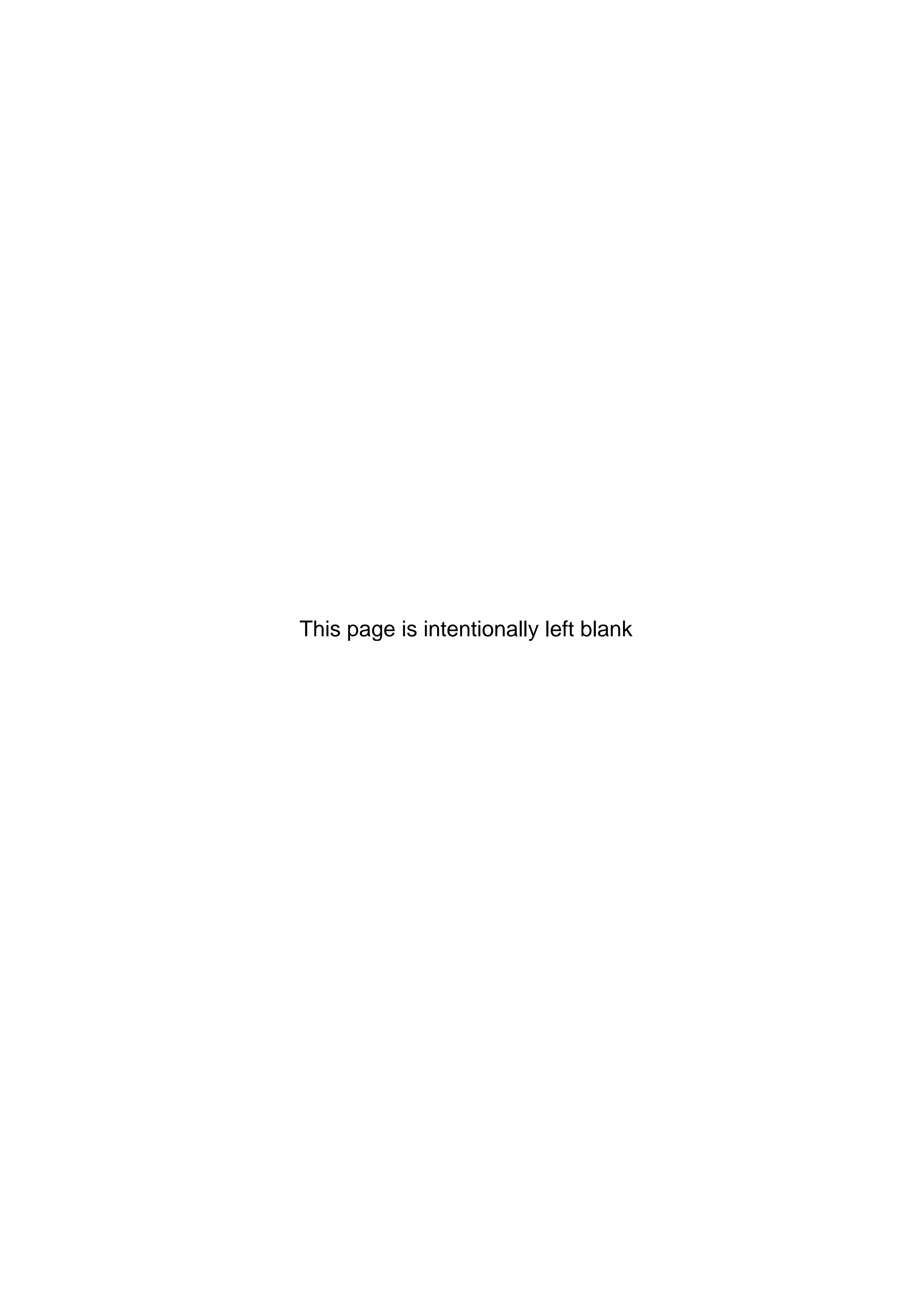
| Target Audiences | Key messages | Distribution | Actions | When | Who | RAG | UPDATE |
|---|---|---|---|---|---|---|---|
| All reading residents | As above | Explore the feasibility of Radio panel discussion, live with question from Berksire residents | YI to have a conversation with Jo Jefferies/Tessa about visability | End of September | PH | Green | |
| | | | Vic/Claudine follow up on Radio agreeability | Early October | Comms | Amber | |
| | | | Jo Jefferies to seek prior support and endorsement from/ best approach from PHE Comms | Early October | PH | Amber | |
| | | Twitter panel chat - not live. | Scoping of what this would entail and commitment from RBC staff /Jo Jefferies | Early October | Comms | | |
| | | Explore TV option in addition or instead of Radio | Vic/Claudine follow up on feasibility /agreeability | Early October | Comms | | |
| | | | confirmation from Tim on its used/ how it's been most helpful - adaptability/Applicability to Reading etc | Early October | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| All residents/ with a key focus on Muslim Residents | | #IamVaccinated Campaign | Comms to look at logistics of how we can target this to region where we have higher muslim resident concentrated in Reading | Early October | | | Cllr Hoskin is keen for this |

LA – Local Authority
BHFT – Berkshire Health Foundation Trust

CCG – Clinical Commissioning Group
FIS - Family Information Service

| Key | |
|---|---|
| Green | Done |
| Amber | In progress |
| Red | Outstanding/ issue arising that needs action |
| Grey | No longer applicable |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**READING HEALTH AND WELL BEING BOARD**

| | | | |
|---|---|---|---|
| **DATE OF MEETING:** | **11th OCTOBER 2019** | **AGENDA ITEM:** | **10** |
| **REPORT TITLE:** | **Period Poverty** | | |
| **REPORT AUTHOR:** | **David Munday** | **TEL:** | **07718659995** |
| **JOB TITLE:** | **Consultant in Public Health** | **E-MAIL:** | **David.Munday@reading.gov.uk** |
| **ORGANISATION:** | **Reading Borough Council** | | |

**1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1 The report informs the Health and Well Being Board of proposed actions to tackle the issue of period poverty in Reading.

1.2 'Period poverty' refers to being unable to afford sanitary products due to financial constraints.

1.3 A question was submitted to the Policy Committee on 14 January 2019; about what was being done to tackle period poverty in Reading. In the response it was agreed that RBC would develop actions to tackle this issue.

1.4 Please see Appendix A- Reading Borough Council (RBC) Period Poverty Action Plan

**2. RECOMMENDED ACTION**

**To note:**

**2.1** RBC will support plans to ensure provision of free menstrual products for young girls and women living in homeless hostels in Reading.

**2.2** RBC will work with partners to cover gaps in the provision of free menstrual products supply for school pupils in need e.g. during school holidays or whilst national funding is awaited.

**2.3** Supports communications to reduce period stigma and shame.

**3. POLICY CONTEXT**

3.1 Studies have highlighted that one in ten girls or women aged 14 to 21 in the UK have been unable to afford period products and 26% of girls and women had missed school or work because of problems related to period poverty.

3.2 Since the question was asked, Government announced to offer access to sanitary

products in all primary schools in England on 16th April 2019. Menstrual Health will be taught to all pupils in schools from 2020. The lessons will be compulsory and will begin when children are in primary school. Therefore proposals within this paper aim to fill the gaps that this policy does not cover.

3.3 The government also announced that period products would be made available in secondary schools, colleges, hospitals, and in police custody to those who need them. A taskforce has also been set together by the government with the aim to tackle stigma around periods, improve education in schools, and increase accessibility of period products.

3.4 The Red Box Project is an existing local community based non-profit initiative that provides red boxes filled with period products in some schools in Reading. The project currently supports 18 schools in Reading. The process is once the Reading Red Box Project Coordinator receives confirmation from the school, they make up a box filled with menstrual products (tampons and sanitary pads) and organise delivery. The team also provide 'top-ups', so when supplies are running low with school they can let the team know and boxes are re-stocked within 48hrs. In light of the policy context, this project is stopping. However there is still a need to cover a gap.

3.5 Trade Union partners have created a Period Dignity campaign, with associated campaign resources, aiming to reduce stigma and embarrassment around periods and to advocate for the provision of free sanitary products in places of education and work.

## 4. THE PROPOSAL

**4.1** RBC will support provision of free menstrual products for young girls and women living in homeless hostels in Reading by working with hostels, local foodbanks and donation schemes.

**4.2** RBC will support more schools in Reading to set up donation boxes filled with free sanitary products. This will be done by either linking schools with The Red Box Project before September 2019 or supporting them to access government funded supplies. Signposting schools to free period related information will also help tackle stigma and education around periods alongside accessibility of period products.

4.3 RBC will support the provision of free menstrual products for other vulnerable women in Reading e.g. those who are sexually exploited and victims of human trafficking by linking them with the local food banks. There are already existing charities who work with this group such as Rahab and Victim's First-Willow Project.

4.4 The above proposal would be accompanied by relevant communications to raise awareness of the service provision by local authority communication channels and the food banks. This communication plan would incorporate period dignity messaging to help reduce period shame and stigma.

4.5 It is intended that we will work with Union colleagues about how RBC can support the Period Dignity campaign to reduce period stigma and shame.

4.6 When published in October 2019, RBC will review the Director of Public Health's Annual Report- which this year focuses on workplace wellbeing- and will carefully consider any period poverty relevant recommendations it makes for large employers such as RBC.

Similarly, RBC will advocate for businesses in Reading to also adopt any period poverty related actions

**5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS**

5.1 Reading's Health & Wellbeing Strategy aims to promote and protect the health of all residents, particularly those disadvantaged. By promoting access to free period products for vulnerable or disadvantaged groups, the local authority can help reduce this specific health inequality in Reading. The proposal supports Reading Borough Council's strategic aims to promote the health and wellbeing of children and young people in Reading by tackling period poverty.

**6. COMMUNITY & STAKEHOLDER ENGAGEMENT**

Whilst there is no formal engagement, part of the work involves linking with schools and food banks and other community and voluntary sector organisations in Reading.

**7. EQUALITY IMPACT ASSESSMENT**

While there is no formal Equality Impact Assessment required for this proposal. It should be noted that due to the unequal distribution of period poverty among residents of the Borough, it is anticipated that this proposal will reduce inequalities currently experienced.

**8. LEGAL IMPLICATIONS**

There are no legal implications for this proposal.

**9. FINANCIAL IMPLICATIONS**

This proposal is cost neutral to RBC because the supply of sanitary products will be funded either by food bank donations or (in the case of schools) via central government funding.

**10. BACKGROUND PAPERS**

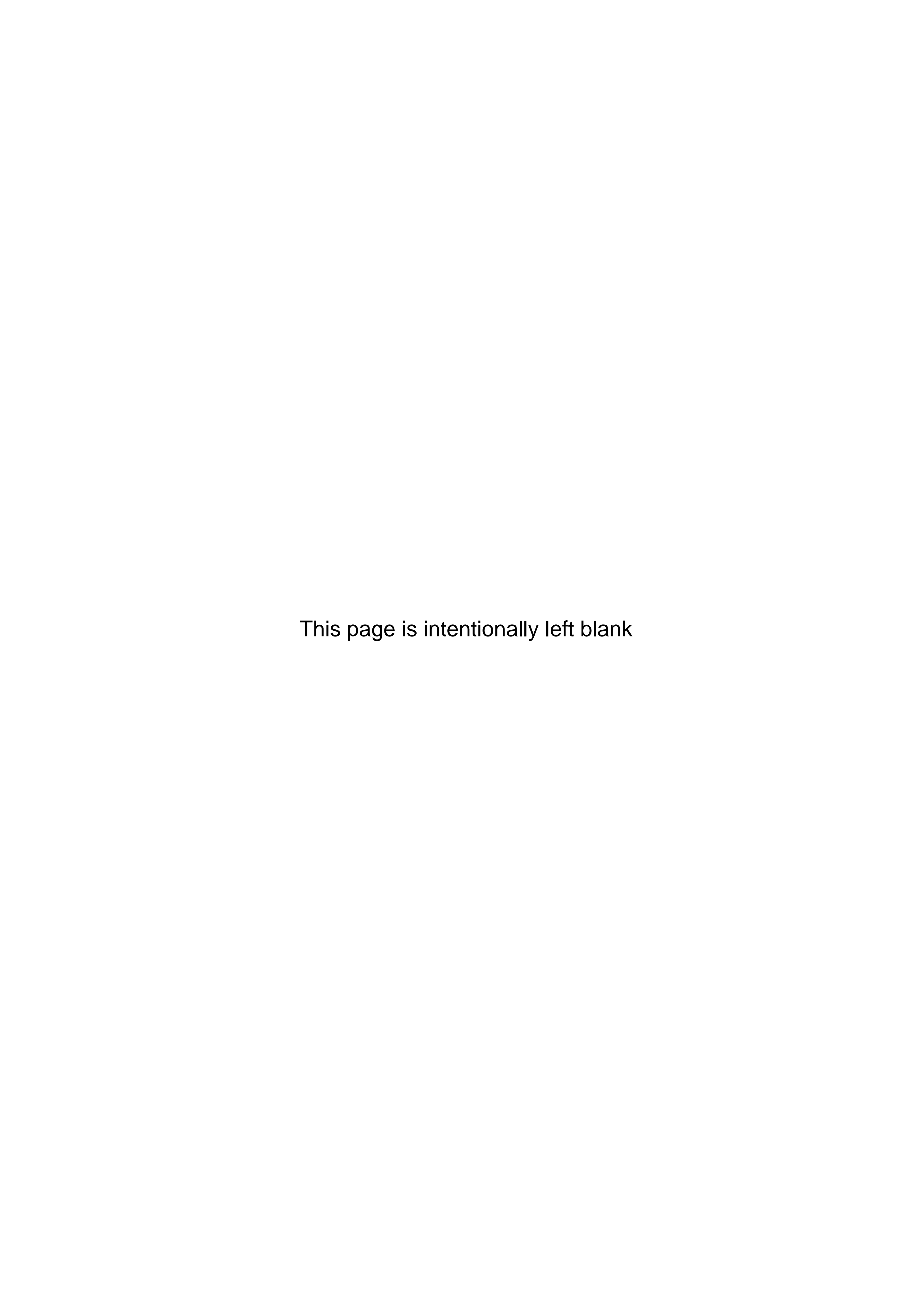
The following websites contain more information about the issue of period poverty

http://redboxproject.org/get-involved/

https://unitetheunion.org/campaigns/unite-demands-period-dignity/

https://www.gov.uk/government/news/free-sanitary-products-in-all-primary-schools

https://themustardtree.org/projects/rahab/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## Appendix A **Reading Borough Council Period Poverty Action Plan**

| Action Plan | Activity Description | Leads | Timescales | Performance Measures |
| --- | --- | --- | --- | --- |
| **Support schools in Reading to ensure the provision of free sanitary products** | Ensure announced central government funding for supplies can be accessed by schools | Public Health | November 2019 | Number of schools accessing central funding |
| **Support more schools in Reading to set up donation boxes filled with free sanitary products** | Link schools with the Red box project to set up boxes before September 2019 | Public Health | Before September 2019 | Number of schools linked with the Red Box initiative |
| **Ensure supply of menstrual products to students during school holidays** | Link with food banks to ensure supply of menstrual products during school holidays<br><br>Communications to raise awareness of this service provision among students via school newsletter | Public Health<br><br>Public Health/Schools | November 2019 | Number of students supported during school holidays |
| **Offer period related information and education sessions in secondary schools** | Offer SRE (Sex and Relationship Education) sessions in Year 6 around growing up/periods | Public Health/ School Health Nurses | On-going | Number of SRE sessions delivered in schools |
| **Support the provision of free menstrual products at Homeless Hostels** | Link homeless hostels with food banks to ensure supply of menstrual products | Public Health/ housing team | November 2019 | Number of hostels supported |

| | | | | |
|---|---|---|---|---|
| **Support the provision of free menstrual products for vulnerable women who are sexually exploited and are victims of human trafficking** | Link relevant project (such as Rahab and Victim's First-Willow Project) with food banks to ensure product supply. | Public Health/Rahab Project | November 2019 | Number of women supported |
| **Explore with Union colleagues to support the Period Dignity campaign** | Support the Unions Period Dignity Campaign<br><br>Unions to raise awareness of the campaign among Members | Public Health/ Local union reps<br><br>Local union reps | November 2019<br><br>On-going | |
| **Communication activity to reduce period stigma and shame** | Share Period dignity messages via local authority communications channel<br><br>Display Period dignity posters in female toilet | Public Health/Communications team/ Facilities team | November 2019 | Number of posts/articles shared via communications channel |
| **Review Director of Public Health's Annual Report which focus on** | Take on board any period poverty relevant action as an employer | Public Health | December 2019 | |

| | | | | |
|---|---|---|---|---|
| **workplace health** | Advocate for other employers in Reading to also take on board any period poverty related recommendations | | | |

David Munday

Rojina Manadhar

23rd Sept 2019

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Agenda Item 11

**READING HEALTH AND WELLBEING BOARD**

| DATE: | 11 OCTOBER 2019 | AGENDA ITEM: | 11 |
|---|---|---|---|
| TITLE: | MODERN DAY SLAVERY TRANSPARENCY STATEMENT 2019-20 | | |
| LEAD OFFICER: | DAVID MUNDAY | TEL: | 07718659995 |
| JOB TITLE: | CONSULTANT IN PUBLIC HEALTH | E-MAIL: | David.Munday@Reading.gov.uk |
| ORGANISATION: | READING BOROUGH COUNCIL | | |

## 1. PURPOSE OF THE REPORT AND EXECUTIVE SUMMARY

1.1 This report sets out the policy for Reading Borough Council with regard to Modern Day Slavery. Our Modern Slavery Transparency Statement outlines the approach we've taken, and continue to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain.

We are proposing a zero tolerance approach to any form of modern slavery (slavery, servitude, human trafficking and forced labour).

1.2 **LIST OF APPENDICES**

- Appendix 1: Modern Day Slavery Transparency Statement 2019/20
- Appendix 2: Equality Impact Assessment

## 2. RECOMMENDED ACTION

**2.1 Agree that the Reading Borough Council Modern Slavery Transparency Statement 2019/20 is adopted.**

**2.2 Agree a zero tolerance approach to any form of modern slavery (slavery, servitude, human trafficking and forced labour.**

## 3. POLICY CONTEXT

3.1 This statement constitutes our actions to ensuring there is no slavery or human trafficking in its own business and its supply chains. This statement is for the financial year ending 31 March 2020 to meet the requirements of Section 54 of the Modern Slavery Act 2015.

3.2 Reading Borough Council is committed to improving its practices to identify and combat this crime. The Council recognises its responsibility to take a robust approach to modern slavery and human trafficking as an employer, commissioner and contractor of other bodies, and acknowledges its duty to

notify the Secretary of State of suspected victims of slavery or human trafficking as required by section 52 of the Modern Slavery Act 2015.

3.3 The Council is absolutely committed to preventing and taking action against identified slavery and human trafficking in its corporate activities, its supply chains and the wider community, and ensuring these are free from slavery and human trafficking.

3.4 This statement covers the activities of Reading Borough Council. The statement covers direct employees of the Council, agency workers and services delivered on behalf of the Council by third party organisations and in the council's supply chains.

## 4. THE PROPOSAL

4.1 It is proposed that Reading Borough Council adopt the attached Modern Slavery Transparency document as required in legislation. This statement commits the council to ensure that it takes a "whole council" approach to this issue.

4.2 Reading Borough Council should continue to be an active member of the Berkshire-wide anti-slavery network and work in an ongoing way to deliver its safeguarding functions in this regard.

4.3 The option of not adopting a Modern Slavery Transparency Statement would mean the council is failing to meet a legislative requirement and failing the most vulnerable people in its Borough.

## 5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Council's responsibilities are to prevent and take action against identified slavery and human trafficking and this supports meeting the priorities set out in the Corporate Plan 2018-21:

1. Protecting and enhancing the lives of vulnerable adults and children
2. Keeping Reading's environment clean, green and safe
3. Ensuring the Council is *Fit for the Future*

5.2 The proposal to adopt the Modern Day Slavery Statement contributes to meeting the priorities set out in Reading's Health and Wellbeing Strategy.

The statement also applies to one of the underpinning principles of that strategy – To improve the health of the poorest fastest.

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

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

## 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. Many of those who would benefit from Public Health funded services in Reading will be in possession of 'protected characteristics' as set out in the Equality Act.

7.2 An Equality Impact Assessment is relevant to the decisions regarding the Modern Day Slavery Statement, and has been completed.

## 8. LEGAL IMPLICATIONS

8.1 There is a legal requirement on the local authority to develop this statement to meet the requirements of Section 54 of the Modern Slavery Act 2015.

8.2 Legal advice has been sought and complied with relating to the Modern Day Slavery Statement.

## 9. FINANCIAL IMPLICATIONS

9.1 There are no financial implications to be considered in the adoption of the Modern Day Slavery Statement.

## 10. BACKGROUND PAPERS

10.1 Risk Assessments and Prevention: Designated Modern Slavery Lead
10.2 Modern Slavery Act 2015, Section 54
http://www.legislation.gov.uk/ukpga/2015/30/section/54/enacted
10.3 The Designated Modern Slavery Lead within Community Safety is responsible for:

- Working with Team Leaders to identify high risk activities and appropriate actions relating to modern slavery and human trafficking;
- Ensuring appropriate information and training for staff and Councillors;
- Ensuring that this Statement and resulting actions are embedded within the Council's Safeguarding Policies and Procedures and Strategic Plans

APPENDIX 1:

# Reading Borough Council
# Modern Slavery Transparency Statement
# For the financial year 2019-20

## Introduction

This Statement constitutes Reading Borough Council's actions to ensure there is no slavery or human trafficking in its own business and its supply chains.

This statement is for the financial year commencing the 1 April 2019 to meet the requirements of Section 54 of the Modern Slavery Act 2015.

As a public sector body and a member of the Berkshire-wide anti-slavery network, the Council is committed to improving its practices to identify and combat this crime.

The Council recognises its responsibility to take a robust approach to modern slavery and human trafficking as an employer, commissioner and contractor with other bodies and acknowledges its duty to notify the Secretary of State of suspected victims of slavery or human trafficking as required by section 52 of the Modern Slavery Act 2015.

The Council is committed to preventing and taking action against identified slavery and human trafficking in its corporate activities, its supply chains and the wider community, and ensuring these are free from slavery and human trafficking.

This statement covers the activities of Reading Borough Council. The Statement covers direct employees of the Council, agency workers and services delivered on behalf of the Council by third party organisations and in the Council's supply chains.

## Our Structure, our business and our supply chains

Reading Borough Council is a principal local authority for the purposes of the Local Government Association (LGA) 1972.

Reading Borough Council aims to be "An efficient and high performing council, delivering high quality, value for money services".
The Council Plan 2018-2021 advises that by working together with our partners and local communities, we want Reading to have:

- Economic success
- Improvement in access to decent housing to meet local needs
- Protecting and enhancing the lives of vulnerable adults and children
- An environment that is clean, green and safe
- The promotion of great education, leisure and cultural opportunities for people in Reading.
- A Council which is fit for the future

The Council is currently split into three directorates.

- DEGNS – Economic Growth & Neighbourhood Services
- DACHS – Adult Care & Health Services
- DOR – Directorate of Resources.
- Children's services sit in a separate company- Brighter Futures for Children

Reading Borough Council has responsibility for providing a wide range of statutory and discretionary services for its residents, businesses, visitors and partners. The council manages a wide range of services which are delivered directly and through external contractors.

1702 people work for the Council, with an annual budget of £111million, making it one of the largest employers in Reading. The services provided by the Council range across a large number of areas such as social care (adults and children), education, children centres and nurseries, highways (roads and footpaths), street lighting, trading standards, community safety, libraries, economic development, tourism, countryside & parks, leisure and waste management.

The Council procures goods and services from various suppliers and this is governed by its Financial Regulations and Procurement Strategy.

**Policies**
The Council reviews its policies and procedures on an ongoing basis to ensure they remain compliant with legislation and fit for purpose. The following policies and procedures are considered to be key in meeting the requirements of the Modern Slavery Act.

**Council Plan 2018-2021**
The Council Plan is a key document that describes the Council's priorities, resources and how progress is monitored. The Plan also shows how we will work closely with our partners in district and parish councils, the voluntary sector and health services to ensure we maximise our resources and provide better joined-up services.

For more information about the Council Plan 2018-2021 go to:
http://www.reading.gov.uk/media/4621/Shaping-Readings-Future---Our-Corporate-Plan-2018-21/pdf/CouncilCorporate_Plan_refresh_130619website.pdf

**Safeguarding**
The Council embraces its responsibility to develop, implement and monitor policies and procedures to safeguard the welfare of children and adults at risk. The Council has a comprehensive Safeguarding Policy which all staff and Councillors are expected to read and work within. The Council works within multi-agency partnerships to protect and safeguard people.
ADULTS
http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/
CHILDREN
www.readinglscb.org.uk

**HR / Employment Policies and Practices**
The Council remains committed to advancing equality, eradicating unfair treatment, and promoting good relations across and between all our communities.

We have clear and rigorous HR policies and procedures and high standards for employees that minimise the risk of any form of modern slavery existing within the organisation.

The Council has procedures and policies in place on all major employment issues. For example - disciplinary, grievance, harassment and bullying. There is a employee Code of Conduct, Confidential Reporting Procedures as well as other policies that support fair treatment of employees including; attendance management and ill health capability, performance capability, performance management, recruitment & selection etc.

Our management guidance supplements the above to make sure the policies are applied consistently and fairly to employees and the service in different circumstances. Policies are reviewed and reissued at least every three years to ensure they are fit for purpose.

**Recruitment**
The Council's recruitment processes are transparent and reviewed regularly. They include robust procedures for vetting new employees, which ensure they are able to confirm their identities and qualifications. Salaries are paid directly into an appropriate, personal bank account.

To comply with the Asylum, Immigration and Nationality Act 2006, all prospective employees are asked to supply evidence of their eligibility to work in the UK. References are also requested and followed up.

**Agency Workers**
The Council uses only reputable employment agencies to source labour and verifies the practices of any new agency it is using before accepting workers from that agency.

**Pay**
The Council use a job evaluation scheme, thereby ensuring that all employees are paid fairly and equitably. All new and changed jobs are evaluated by a panel of trained evaluators including trade union representatives.

**Employee Code of Conduct**
The Council's Code of Conduct for Employees makes clear the actions and behaviours expected of them when representing the Council. The Council strives to maintain the highest standards of employee conduct and ethical behaviour and breaches are investigated. The code also applies to contractors, agency staff, volunteers and those on student / work experience placements working on behalf of the Council.

**Confidential Reporting**
The Council encourages all its employees, customers and other business partners to report any concerns related to the direct activities or the supply chains of the

Council. The Council's procedure is designed to make it easy for employees to make disclosures, without fear of harassment or victimisation.

**Procurement Contractors and Service Providers**
The Council is committed to ensuring that its contractors adhere to the highest standards of ethics. The Council expects its key contractors to have safeguarding policies, procedures and training in place. From April 2016, all tender processes require bidders to provide confirmation that they are compliant with the Modern Slavery Act 2015.

**Equality and Diversity**
The Council's Equality and Diversity Policy is a declaration of its commitment to making equality an integral part of the Council's business embedding equality and diversity into our everyday business. We expect our Councillors, managers, employees and contractors to treat everyone with dignity and respect and provide the best possible standards of service to all our customers.

As a major employer and provider of services we are committed to advancing equality of opportunity and providing fair access and treatment in employment and when delivering services.

**Partnerships**
Through its Community Safety function, the Council along with Berkshire's Modern Slavery Partnership which brings together public, private and voluntary organisations to disrupt perpetrators and support victims of human trafficking & modern day slavery in Reading, Berkshire and further afield. We strive for a community wherein awareness of all forms of human trafficking and modern day slavery is commonplace and that across all sectors people work collectively to eradicate its existence in our community.

The Council works in partnership with a wide range of agencies to prevent abuse and neglect, to detect and report occurrences and to support victims. This includes the Reading Safeguarding Adults and Children Boards.

**Training and Awareness**
The Council has a programme of induction and ongoing mandatory training that all employees must complete, including Safeguarding Awareness Training for the all council employees paid or voluntary . This enables officers in community-facing roles to identify and know how to report incidents of abuse and neglect, including modern slavery and human trafficking. E-learning training on Modern Slavery is available to all employees and partners training@reading.gov.uk
The content includes:

- What is modern slavery
- Risk occupations, environments, sectors and case studies.
- How the crime can be identified
- What can be done to flag potential concerns
- How to support potential victims
- Who to speak to for support and guidance
- The National Referral Mechanism and the Duty to Notify

The Council recognises that certain employees within the organisation should be required to complete training on modern slavery. To date, this has focussed on safeguarding roles. We are currently reviewing training; consideration will be given to prioritising staff responsible for supply chain management, working in HR and Procurement within the Council to complete training on modern slavery.

**Performance indicators**
We will know the effectiveness of the steps that we are taking to ensure that slavery and / or human trafficking is not taking place within our business of supply chains through:

- Investigating all allegations, complaints, whistleblowing reports received from employees, the public or law enforcement agencies regarding modern slavery and human trafficking.
- Undertaking a number of community awareness programme for adults and children.
- Requiring all staff working in supply chain management, Procurement and HR to have completed training on modern slavery.
- Reviewing and evaluating high risk supply chains, occupations and contracted services as part of on-going contract management activity.

**Working with suppliers and due diligence**
The nature of global supply chains for goods and services is increasing complex. Modern Slavery can be found anywhere in the chain but it tends to be much worse the further down the value chain, where there is little visibility and where the poorest and most vulnerable work.

Human rights due diligence is also a key concept in the UN Guiding Principles on Business and Human Rights (UNGPs). The UNGPs specify that due diligence processes should “include assessing actual and potential human rights impacts, integrating and acting upon the findings, tracking responses, and communicating how impacts are addressed”.

Home Office – Transparency in Supply Chains etc., A practical guide (2017)

Reading Borough Council adheres to Section 52 of the Modern Slavery Act - Duty to Notify. Incidents of modern slavery are referred to the Police and the Designated Modern Slavery Lead within Community Safety, who is the Council’s direct link to the Thames Valley Constabulary and Local Serious and Organised Crime Boards.

The Council works to ensure the safeguarding of all vulnerable people and recognises at-risk groups including workers in certain occupations such as car washes, care work and large numbers of adults in multiple occupancy domestic properties.

Any investigation and/or victim support in relation to modern slavery is conducted through the Berkshire Modern Slavery Partnerships Multi Agency Tactical Response Agreement.

**Review and Approval**

This statement has been approved by the DACHS DMT, and the Corporate Management Team. The Statement will be reviewed on a regular basis. Responsibilities for the Statement and Modern Slavery are designated as:

Modern Slavery Transparency Statement: Portfolio Holder Seona Douglas Director of Adult Care and Health Services. The Portfolio Holder is responsible for the Council's Modern Slavery Statement.

Developing and Updating the Statement: Designated Modern Slavery Lead

- The Designated Modern Slavery Lead within Community Safety, in conjunction with HR, Commissioning, Safeguarding and Legal, monitors and updates the Statement in line with national guidelines and organisation development priorities.

Risk Assessments and Prevention: Designated Modern Slavery Lead

The Designated Modern Slavery Lead within Community Safety is responsible for:

- Working with Team Leaders to identify high risk activities and appropriate actions relating to modern slavery and human trafficking;
- Ensuring appropriate information and training for staff and Councillors;
- Ensuring that this Statement and resulting actions are embedded within the Council's Safeguarding Policies and Procedures and Strategic Plans.

Early Identification and Notification:

Team Managers will notify any suspected modern slavery concerns encountered in the course of their work to the Designated Modern Slavery Lead within Community Safety and use the relevant directorate's Escalation Policy.

Identifying and Reporting Concerns: All Staff and Councillors

As with all safeguarding concerns, all staff and Councillors are required to report concerns in order that they can be investigated and action taken as required.

## Appendix 2 - Equality Impact Assessment

### Provide basic details

**Name of proposal/activity/policy to be assessed**

Modern Day Slavery Transparency Statement 2019-20

**Directorate:** Adult Care & Health Services

**Service:** Public Health

**Name of person doing the assessment**

**Name:** Marion Gibbon

**Job Title:** Interim Consultant in Public Health

**Date of assessment:** 18 March 2019

---

### Scope your proposal

**What is the aim of your policy or new service/what changes are you proposing?**

As part of the public sector and a member of the Berkshire-wide Modern Slavery Partnership, the Council is committed to improving its practices to identify and combat this crime.

The Council recognises its responsibility to take a robust approach to modern slavery and human trafficking as an employer, commissioner and contractor with other bodies and acknowledges its duty to notify the Secretary of State of suspected victims of slavery or human trafficking as required by section 52 of the Modern Slavery Act 2015.

The Council is committed to preventing and taking action against identified slavery and human trafficking in its corporate activities, its supply chains and the wider community, and ensuring these are free from slavery and human trafficking.

This statement covers the activities of Reading Borough Council. The Statement covers direct employees of the Council, agency workers and services delivered on behalf of the Council by third party organisations and in the Council's supply chains.

**Who will benefit from this proposal and how?**

This proposal will benefit the Council and its partners and ensure that modern day slavery and human trafficking are not countenanced, that they are committed to prevention and taking action against identified slavery and human trafficking as an employer, commissioner and contractor with other bodies.

**What outcomes does the change aim to achieve and for whom?**

The outcome of this change is that modern day slavery or human trafficking are prevented and where identified action will be taken to ensure that Reading Borough Council adheres to Section 52 of the Modern Slavery Act - Duty to Notify. Incidents of modern slavery are referred to the Police and the Designated Modern Slavery Lead within Community Safety, who is the Council's direct link to the Thames Valley Constabulary and Local Serious and Organised Crime Boards.

The Council works to ensure the safeguarding of all vulnerable people and recognises at-risk groups including workers in certain occupations such as car washes, care work and large numbers of adults in multiple occupancy domestic properties.

Any investigation and/or victim support in relation to modern slavery is conducted through the Berkshire Modern Slavery Partnerships Multi Agency Tactical Response Agreement.

**Who are the main stakeholders and what do they want?**

The main stakeholders are communities and individuals who benefit from the services and activities provided by Reading Borough Council. Other stakeholders include public bodies in Reading such as the NHS, Police, Fire and Rescue Services; the voluntary sector, church and faith groups who work in partnership with the aim of preventing and taking action against identified slavery and human trafficking for the Reading population.

## Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

| Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)<br>The Council's Equality and Diversity Policy is a declaration of its commitment to making equality an integral part of the Council's business embedding equality and diversity into our everyday business. We expect our Councillors, managers, employees and contractors to treat everyone with dignity and respect and provide the best possible standards of service to all our customers. This policy has been considered in the drawing up of the Modern Day Slavery Transparency Statement 2019-20 which was first developed in 2018<br>As a major employer and provider of services we are committed to advancing equality of opportunity and providing fair access and treatment in employment and when delivering services.<br><br>Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.<br>No |
|---|

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

If No you **MUST** complete this statement

| An Equality Impact Assessment is not relevant because |
|---|

| | |
|---|---|
| Signed (completing officer) Marion Gibbon | Date 18 March 2019 |
| Signed (Lead Officer) Seona Douglas | Date 18 March 2019 |

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## Assess the Impact of the Proposal

| **Describe how this proposal could impact on Racial groups** | |
|---|---|
| **Is there a negative impact?** | No |

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

**Is there a negative impact?** No

**Describe how this proposal could impact on Disability**

**Is there a negative impact?** No

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

**Is there a negative impact?** No

**Describe how this proposal could impact on Age**

**Is there a negative impact?** No

**Describe how this proposal could impact on religion or belief?**

There is no evidence that this proposal would impact differently on different faith groups.

**Is there a negative impact?** No

## Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies (Please delete relevant ticks)

**1. No negative impact identified** Go to sign off

**2. Negative impact identified but there is a justifiable reason**

You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.

**Reason**

**3. Negative impact identified or uncertain**

**What action will you take to eliminate or reduce the impact? Set out your actions and timescale?**

The general equality duty requires the Council to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations – when making decisions and setting policies.

**How will you monitor for adverse impact in the future?**

- As with all safeguarding concerns, all staff and Councillors are required to report concerns in order that they can be investigated and action taken as required. There will be regular monitoring and review as required.

| Signed (completing officer): Marion Gibbon | Date 18 March 2019 |
|---|---|
| Signed (Lead Officer): Seona Douglas | Date 18 March 2019 |

**READING HEALTH AND WELLBEING BOARD**

| | | | |
|---|---|---|---|
| **DATE OF MEETING:** | **11 OCTOBER 2019** | **AGENDA ITEM:** | **12** |
| **REPORT TITLE:** | **INTEGRATION PROGRAMME UPDATE** | | |
| **REPORT AUTHOR:** | **LEWIS WILLING** | **TEL:** | **01189 372477** |
| **JOB TITLE:** | **INTEGRATION PROJECT MANAGER** | **E-MAIL:** | **LEWIS.WILLING@READING.GOV.UK** |
| **ORGANISATION:** | **READING BOROUGH COUNCIL / BERKSHIRE WEST CCG** | | |

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the Integration Programme – notably, progress made within the Programme itself, as well as performance against the national BCF targets for the entirety of financial year 2018/2019.

1.2 Of the 4 national BCF targets:

- Performance against one (limiting the number of new residential placements) is strong, with the target for the financial year met & exceeded.
- We have not met our target for reducing the number of non-elective admissions (NELs), but work against this goal remains a focus for the Berkshire West-wide BCF schemes and a paper has been written exploring trends within the NELS data & making recommendations for driving reductions in NELS.
- We have met our target DTOC for almost 50% of the financial year, with incredibly strong reductions in the number of social care delays compared to performance in previous years. Initiatives are in place that it is believed will continue to drive further reductions in DTOC rates across the financial year 2019/2020.
- Progress against our target for increasing the effectiveness of reablement services remains in line with the decreased performance discussed at January's HWB, but this is due to revised guidance around the methods of measuring their impact and does not reflect a drop in actual performance (see section 4.9 – 4.11 for further detail) and further activities are planned to align our reablement offer with emerging national best practice.

## 2. RECOMMENDED ACTION

**2.1 The Health and Wellbeing Board are asked to note the general progress to date.**

## 3. POLICY CONTEXT

3.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation to promote / deliver on integration ambitions.

3.2 As in previous years, the BCF has a particular focus on initiatives aimed at reducing the level of avoidable hospital stays and delayed transfers of care (DTOCs) as well a number of national conditions that partners must adhere to (including reducing the number of non-elective admissions to hospital; reducing admissions to residential accommodation; and increasing the volume of individuals remaining at home 91 days after receiving reablement services).

## 4. BCF PERFORMANCE UPDATE

DTOC

4.1 Our target for 2019/2020, we aspire to have no more than 419 bed days lost per month broken down as follows (as average monthly targets):

- Health attributable – no more than 211 bed days lost
- ASC attributable – no more than 175 bed days lost
- Both attributable – no more than 33 bed days lost

4.2 Our results across the last year to date are as follows:

- September 2018 = 403 (of which 183 Health, 127 ASC, 93 joint)
- October 2018 = 471 (of which 305 Health, 97 ASC, 69 joint)
- November 2018= 544 (of which 260 Health, 229 ASC, 55 joint)
- December 2018 = 657 (of which 282 Health, 306 ASC, 69 joint)
- January 2019 = 332 (of which 203 Health , 55 ASC, 74 joint)
- February 2019 = 560 (of which 456 Health, 95 ASC, 9 joint)
- March 2019 = 462 (of which 374 Health, 48 ASC, 40 joint)
- April 2019 = 224 (of which 160 Health, 29 ASC, 35 joint)
- May 2019 = 264 (of which 182 Health, 80 ASC, 2 joint)
- June 2019 = 467 (of which 205 Health, 246 ASC, 16 joint)
- July 2019 = 368 (of which 140 Health, 196 ASC, 32 joint)

4.3 Within each month (except December 2018 and June 2019), there has been a greater volume of Health delays.

4.4 In terms of our local schemes' impact on the DTOC rates:

- *Community Reablement Team (CRT)* – For this financial year, the service appears to have prevented 470 delayed days in hospital, assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £187,898.

- *Discharge to Assess (D2A)* –. For this financial year, the service appears to have prevented 267 delayed days in hospital, assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £106,840 .

4.5 We continue to proactively address DTOC performance by:

- Holding a weekly Directors' meeting – during which the ASC Directors from the 3x Berkshire West Local Authorities, the Director of Berkshire West CCGS, and senior managers from Berkshire Healthcare Foundation Trust and Royal Berkshire Hospital review and sign-off the weekly delays. Trends in delays are discussed and remedial actions agreed.

- Working with the Berkshire West 10 Delivery Group to implement the High Impact Model across the Berkshire West system. As part of this work, the integration leads for Berkshire West will undertake visits to key health & social care sites to review further activities that might help to drive further reductions in delay.

Residential Admissions

4.6 Our target is to have no more than 116 new residential admissions for older people.

4.7 So far for 2019/2020, a total of 34 new residential admissions have been made in this financial year. This level of performance tracks to show 82 new admissions for the financial year, which would indicate that the locality would meet the target.

4.8 In terms of our local schemes' impact on the rate of residential admissions:

- *CRT* – 76 clients were living at home prior to entering the service, and subsequently returned home rather than progressing to a residential or nursing placement upon leaving the service. The service could therefore be argued to have prevented 76 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £362171

- *D2A* – 4 clients were living at home prior to entering the service, and subsequently returned home rather than progressing to a residential or nursing placement upon leaving the service. The service could therefore be argued to have prevented 4 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £25268

Reablement

4.9 Our target is to maintain an average of 93% of people remaining at home 91 days after discharge reablement / rehabilitation services (having entered these services following a stay in hospital).

4.10 Based on our performance to date (within our CRT and D2A service), within the financial year 2019/2020 we have achieved an average of 85% of service users remaining at home 91 days after discharge from hospitals into our Community Reablement Service and Discharge to Assess service.

4.11 This is due to revised guidance being issued by NHS England. Previously, any clients who passed away following discharge from reablement services were not included in the count, as it was felt that clients with terminal conditions and/or severe ill health could not be reabled. However, NHS England have asked for these clients to be included in the count moving forward, which has decreased our performance accordingly. Please note that:

- Were the clients in question not included, performance would be on-target.

- Had the clients in question not been referred to reablement services, it is potentially likely that they would've remained in hospital and become DToCs, and could potentially have passed away in hospital. Therefore whilst their inclusion in the count has decreased performance against the national target, the practice that has caused this is arguably in the clients' best interest, and has played a significant role in avoiding higher DToC rates.

- Further actions to better-align our reablement offer with emerging national best practice are outlined in sections 5.1 below.

Non-Elective Admissions (NELs)

4.12 Our BCF target is to achieve a 0.97% reduction (expressed as 161 fewer admissions) against the number of NEL admissions seen in 2018/2019. This equates to a target of no more than 16480 NELs in 2019-2020 (or no more than 1373 per month).

4.13 Based on this financial year's performance data, so far, we have achieved a total of 4238 NELs. This equates to an increase of 1.88% compared to the target reduction of 0.97%.

4.14 However, in terms of the local versus national position on NELs, Berkshire West CCG are in the top 10 out of 211 CCGs for lowest numbers of NELs.

4.15 In terms of our local schemes' impact on the rate of NELs:

- *CRT* - by engaging with 51 "rapid referrals" (clients who are seen prior to hospital admission, hopefully negating the need for a non-elective admission), the service has potentially prevented up to 51 NELs[1].

- *D2A* – Have not received any appropriate referrals this financial year.

4.16 Further actions to improve NEL performance are detailed in section 5.1 below.

## 5. PROGRAMME UPDATE

5.1 Since April, the following items have been progressed:

- **Pilot of the Neighbourhood Care Planning Group,** a joint working initiative between Adult Social Care (ASC) and North/West and South Reading GP Alliances. The pilot brings together key professionals to provide a forum for multi-disciplinary discussion, risk assessment and comprehensive care planning. Six meetings have been held to date, with input from Adults Social Care, 6 voluntary sector organisations, 3 GP

[1] *Please note that further analysis is required to determine how many of these clients were subsequently admitted to hospital, in order to calculate the exact impact the service has had on NELs.*

surgeries, community matrons, community nurses, and community mental health team workers. Reading Integration Board have extended the pilot to 12 meetings.

- Following the findings of the **review of Reading Borough Council's BCF-funded Community Reablement Team (CRT) service**, a project has launched this month, which seeks to align the team with emerging best practice.

- **Analysing NELs performance** and exploring further opportunities for driving performance improvements. The CCG have led on writing a paper summarising the findings of this review. This was discussed at Reading Integration Board meeting for sign-off. This has resulted in actions to look at potential changes in work practise and projects, which aim to drive reductions in Reading's NELS performance.

## 6. NEXT STEPS

6.1 The planned next steps for September-November include:

- **Continuing the Neighbourhood Care Planning Group pilot** between Adult Social Care and the North/West and South GP Alliances (the last of the 12 multi-disciplinary team meetings comprising the pilot will take place in March 2020). The outcomes of this pilot will be shared at the Health and Wellbeing Board, once it is complete.

- Continue progressing approved recommendations relating to **aligning the Community Reablement Team with emerging best practice.**

## 7. CONTRIBUTION TO STRATEGIC AIMS

7.1 While the BCF does not in itself and in its entirety directly relate to the HWB's strategic aims, Operating Guidance for the BCF published by NHS England states that: *The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners* […] *HWBs also have their own statutory duty to help commissioners provide integrated care that must be complied with.*

## 8. COMMUNITY & STAKEHOLDER ENGAGEMENT

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

8.2 In accordance with this duty, A Primary Care Network event was held on Tuesday 10th September. This 'Designing our Neighbourhoods' Event invited members from the Voluntary Sector, Berkshire Healthcare Foundation Trust, Berkshire West Clinical Commissioning Group, GP Surgeries and several Reading Borough Council teams. It was an opportunity to discuss the new Primary Care Networks, their geography and get feedback from the different groups about healthy neighbourhoods and how this goal could be achieved.

## 9. EQUALITY IMPACT ASSESSMENT

9.1 N/A – no new proposals or decisions recommended / requested

## 10. LEGAL IMPLICATIONS

10.1 N/A – no new proposals or decisions recommended / requested.

## 11. FINANCIAL IMPLICATIONS

11.1 The BCF application is currently being completed, and will be sent off to NHS England prior to the deadline, this process will secure the funding for 19/20.

**READING HEALTH AND WELLBEING BOARD**

| | | | |
|---|---|---|---|
| DATE OF MEETING: | 11th October 2019 | AGENDA ITEM: | 13 |
| REPORT TITLE: | Health and Wellbeing Dashboard - October 2019 | | |
| REPORT AUTHOR: | Kim McCall | TEL: | 0118 937 3245 |
| JOB TITLE: | Health and Wellbeing Intelligence Officer | E-MAIL: | kim.mccall@reading.gov.uk |
| ORGANISATION: | Reading Borough Council | | |

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents an update on the Health and Wellbeing Dashboard (Appendix A), which sets out local trends in a format previously agreed by the Board to provide the Board with an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy for Reading.

1.2 The appended document gives the Board a context for determining which parts of the Health and Wellbeing Strategy it wishes to review in more depth, such as by requesting separate reports. Identifying priorities from the Health and Wellbeing Strategy to provide themes for Health and Wellbeing Board meetings is in line with the 2016 Peer Review recommendation that the Health and Wellbeing Strategy should be used to drive the agenda of the Health and Wellbeing Board.

## 2. RECOMMENDED ACTION

**2.1 That the Health and Wellbeing Board notes the following performance updates contained in the dashboard:**

- **Estimated dementia diagnosis rate (aged 65+) has been updated with monthly snapshots.**
- **% of those eligible for an NHS health check who were offered and received a health check**
- **Number of dementia friends**
- **Smoking prevalence in all adults and in adults working in routine and maintenance occupations**
- **Mortality rate from suicide and injury of undetermined intent**
- **Successful completion of alcohol treatment**
- **Incidence of TB**

## 3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:

- improve the health and wellbeing of the people in their area;
- reduce health inequalities; and

- promote the integration of services.

3.2 Reading's 2017-20 Health and Wellbeing Strategy sets out local plans as required under the Health and Social Care Act, and also addresses the local authority's obligations under the Care Act 2014 to promote the wellbeing of individuals and to provide or arrange services that reduce needs for support among people and their (unpaid/family) carers in the local area.

3.3 The current strategy is founded on three 'building blocks' – issues which underpin and are expected to be considered as part of the implementation plans to achieve all of the strategic priorities. These are:
- Developing an integrated approach to recognising and supporting all carers
- High quality co-ordinated information to support wellbeing
- Safeguarding vulnerable adults and children

3.4 The Strategy then sets out eight priorities:
- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
- Reducing loneliness and social isolation
- Promoting positive mental health and wellbeing in children and young people
- Reducing deaths by suicide
- Reducing the amount of alcohol people drink to safe levels Making Reading a place where people can live well with dementia
- Increasing breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

3.5 In July 2016, Reading's Health and Wellbeing Board agreed to introduce a regular Health and Wellbeing Dashboard report – at each meeting - to ensure that members of the board are kept informed about the Partnership's performance in its priority areas, compared to the national average and other similar local authority areas. The updated Health and Wellbeing Action Plan is also presented to the Board in full twice a year.

## 4. CURRENT POSITION (October 2019)

**Priority 1**

4.1 A greater or similar proportion of Reading's population continues to make healthy lifestyle choices. There are more people than average whose weight is within the recommended range; a greater number than average who meet criteria for being physically active; and a smaller proportion of adults who smoke. Whilst there is an ongoing decrease in smoking prevalence which reflects the success of the local service supporting people to quit, smoking prevalence amongst those working in routine and maintenance occupations has increased marginally.

4.2 As in previous periods, Reading is unlikely to meet local or national targets for the delivering NHS health checks to eligible residents (those aged 40-74 without certain specified diagnoses). The NHS health check assesses people's risk of stroke, heart disease, kidney disease, diabetes and dementia, and leads to targeted advice. However, the proportion of Reading residents who go on to receive a health check after being offered one is higher than the England average. Information about the number of people in each Local Authority area invited, taking up and receiving a health check published by Public Health England on a quarterly basis has changed and is now reported cumulatively over a five year period. The Health and Wellbeing Dashboard has accordingly been updated with trend data from Quarter 1 of 2015/16 onwards and shows current

performance against what would be needed each quarter to meet the target by the end of the five year period.

**Priority 2**

4.3 Results from the 2017/18 Adult Social Care survey tell us that a higher proportion of respondents to the survey than previously have reported that they have less social contact than they would like. Furthermore, a larger proportion of respondents in Reading reported less social contact than they would like compared with elsewhere in England and amongst residents of councils similar to Reading.

4.4 Results from the 2018/19 survey will be published in Autumn 2019.

**Priority 3**

4.5 The number and proportion of primary school children with social, emotional or mental health need increased very slightly between 2017 and 2018, both in Reading and across England. The proportion in Reading continues to be very slightly higher than the national average and the average amongst local authority areas with similar levels of deprivation and above, but the difference is not large enough to be statistically different. In the same period, the proportion of secondary school children with social, emotional or mental health needs has fallen very slightly, but not significantly enough to bring it in line with the national average.

**Priority 4**

4.6 In the latest release (2016-2018) the mortality rate for suicide and undetermined intent in Reading is slightly better than the national average and average for local authority areas with similar levels of deprivation and suggests continuing improvement in line with targets.

**Priority 5**

4.7 The proportion of people receiving alcohol treatment who successfully completed treatment increased in Q4 of 2018/19. The proportion is slightly better than the average for England. Alcohol-related hospital admissions, after a steady increase over the last few years, fell back below England and statistical neighbour averages in 2017/18.

**Priority 6**

4.8 The estimated diagnosis rate for people aged 65+ with dementia is reported monthly and in the last year has gradually risen above the target of 67.7%, to 71% of cases diagnosed. 8,182 dementia friends had been trained by September 2019, compared to the 7,500 expected to be trained by this date in order to meet the target of 10,000 by January 2020.

**Priority 7**

4.9 Locally set targets for breast and bowel cancer screening have been met. Coverage in Reading is in line with the England average and the average for local authorities with similar levels of deprivation.

**Priority 8**

4.10 Although incidence of TB continues to be higher in Reading than elsewhere, the latest published data confirms ongoing improvement in line with targets. As a result, incidence of TB in Reading has more than halved since reaching a peak in 2008-10 of 38.4 cases per 100,000 population (176 cases) to 17.8 cases per 100,000 in 2016-18 (87 cases).

## 5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies.

## 6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy and, as described above, a draft of the proposed Strategy was made available for consultation between 10th October and 11th December 2016. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

## 7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment is not required in relation to the specific proposal to present the dashboard in thus format. However, it is anticipated that this will be one of the tools which Board members can use to monitor the success of the Health and Wellbeing strategy as a vehicle for tackling inequalities.

## 8. LEGAL IMPLICATIONS

8.1 There are no legal implications.

## 9. FINANCIAL IMPLICATIONS

9.1 The proposal to note the report in Appendix A offers value for money by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially in advance of the full Health and Wellbeing Dashboard.

## 10. BACKGROUND PAPERS

APPENDIX A – Health and Wellbeing Dashboard – October 2019

| Priority | Indicator | Target Met/Not Met | Direction of Travel |
|---|---|---|---|
| 1. Supporting people to make healthy lifestyle choices | 2.12 Excess weight in adults | Met | Better |
| | 2.13i % of adults physically active | Met | Better |
| | 2.06i % 4-5 year olds classified as overweight/obese | Not Met | Better |
| | 2.06ii % 10-11 year olds classified as overweight/obese | Met | Worse |
| | 2.03 Smoking status at the time of delivery | Met | Better |
| | 2.14 Smoking prevalence - all adults - current smokers | Met | Better |
| | 2.14 Smoking prevalance - routine and manual - current smokers | Met | Worse |
| | People invited for an NHS Healthcheck | Not Met | No change |
| | People taking up an NHS Healthcheck invite | Met | No change |
| | People receiving an NHS Healthcheck | Not Met | No change |
| 2. Reducing loneliness and social isolation | 1.18i/1I % of adult social care users with as much social contact as they would like | Not Met | Worse |
| | 1.18ii/1I % of adult carers with as much social contact as they would like | Not Met | No change |
| | Placeholder - Loneliness and Social Isolation | *NA* | *NA* |
| 3.Promoting positive mental health and wellbeing in children and young people | Pupils with social, emotional and mental health needs (primary school age) | Not Met | No change |
| | Pupils with social, emotional and mental health needs (secondary school age) | Met | Better |
| | Pupils with social, emotional and mental health needs (all school age) | Met | No change |
| 4. Reducing deaths by suicide | 4.10 Age-standardised mortality rate from suicide and injury of undetermined intent | Met | Better |
| 5.Reducing the amount of alcohol people drink to safer levels | 2.15iii Successful treatment of alcohol treatment | Met | Better |
| | 2.18 Admission episodes for alcohol related conditions (DSR per 100,000) | Met | Better |
| 6.Living well with dementia | 4.16/2.6i Estimated diagnosis rate for people with dementia | Met | Better |
| | No. Dementia Friends (Local Indicator) | Met | Better |
| | Placeholder - ASCOF measure of post-diagnosis care | *NA* | *NA* |
| 7.Increasing take up of breast and bowel screening and prevention services | 2.20iii Cancer screening coverage - bowel cancer | Met | No change |
| | 2.20i Cancer screening coverage - breast cancer | Met | No change |
| 8.Reducing the number of people with tuberculosis | 3.05ii Incidence of TB (three year average) | Met | Better |

## PRIORITY 1: Supporting people to make healthy lifestyle choices

| Indicator Title | Framework | Source | Frequency updated | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | 2015 Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.12 Excess weight in adults | Public Health Outcomes Framework | Active People Survey | Annual | Low | 2017-18 | 55.7 | 63.4 | Met | Better | 62.0 | 63.5 |
| 2.13i % of adults physically active | Public Health Outcomes Framework | Active Lives Survey | Annual | High | 2017-18 | 68.8 | 64 | Met | Better | 66.3 | 67.0 |
| 2.06i % 4-5 year olds classified as overweight/obese | Public Health Outcomes Framework | National Child Measurement Programme | Annual | Low | 2017-18 | 22.3 | 22.0 | Not Met | Better | 22.4 | Not available |
| 2.06ii % 10-11 year olds classified as overweight/obese | Public Health Outcomes Framework | National Child Measurement Programme | Annual | Low | 2017-18 | 34.3 | 36 | Met | Worse | 34.3 | Not available |
| 2.03 Smoking status at the time of delivery | Public Health Outcomes Framework | Smoking Status At Time of Delivery (SSATOD) HSCIC | Annual | Low | 2017-18 | 6.3 | 8.0 | Met | Better | 10.8 | 12.0 |
| 2.14 Smoking prevalence all adults | Public Health Outcomes Framework | Annual Population Survey | Annual | Low | 2018 | 13.0 | 14.8 | Met | Better | 14.4 | Not available |
| 2.14 Smoking prevalance - routine and manual - current smokers | Public Health Outcomes Framework | Annual Population Survey | Annual | Low | 2018 | 28.3 | 28.9 | Met | Worse | 25.4 | Not available |
| People invited for an NHS Healthcheck | NHS Healthcheck - Fingertips dashboard | https://fingertips.phe.or[illegible] | Quarterly | High | 2015/16-2019/20, Q1 | 38.3% | 85% | Not Met | No change | 74.9% | 76.4% |
| People taking up an NHS Healthcheck | NHS Healthcheck - Fingertips dashboard | https://fingertips.phe.or[illegible] | Quarterly | High | 2018/19 | 51% | 50% | Met | No change | 47.4% | 46.4% |
| People receiving an NHS Healthcheck | NHS Healthcheck - Fingertips dashboard | https://fingertips.phe.or[illegible] | Quarterly | High | 2015/16-2019/20, Q1 | 19% | 42% | Not Met | No change | 35.5% | 37.2% |

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## PRIORITY 2: Reducing Loneliness and Social Isolation

| Indicator Title | Framework | Source | Frequency updated | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | 2015 Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.18i/1I % of adult social care users with as much social contact as they would like | Public Health Outcomes Framework/Adult Social Care Outcomes Framework | Adult Social Care Survey - England | Annual | High | 2017-18 | 41.4 | 45.4 | Not Met | Worse | 46.0 | NA |
| 1.18ii/1I % of adult carers with as much social contact as they would like | Public Health Outcomes Framework/Adult Social Care Outcomes Framework | Carers Survey | Bi-Annual | High | 2016-17 | 36.2 | 38.5 | Not Met | No change | 35.5 | 32.4 |
| *Placeholder - Loneliness and Social Isolation* | NA | TBC | Annual | | | | | | | NA | NA |

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## Priority 3: Promoting positive mental health and wellbeing in children and young people

| Indicator Title | Framework | Source | Frequency updated | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | 2015 Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Pupils with social, emotional and mental health needs (primary school age) | Children and Young People's Mental Health and Wellbeing | DFE Special Needs Education Statistics | Annual | Low | 2018 | 2.4% | 2.3% | Not Met | No change | 2.2% | 2.0% |
| Pupils with social, emotional and mental health needs (secondary school age) | Children and Young People's Mental Health and Wellbeing | DFE Special Needs Education Statistics | Annual | Low | 2018 | 3.2% | 3.3% | Met | Better | 2.3% | 2.1% |
| Pupils with social, emotional and mental health needs (all school age) | Children and Young People's Mental Health and Wellbeing | DFE Special Needs Education Statistics | Annual | Low | 2018 | 3.0% | 3.0% | Met | No change | 2.4% | 2.2% |

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## Priority 4: Reducing deaths by suicide

| Indicator Title | Framework | Source | Frequency updated | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | 2015 Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4.10 Age-standardised mortality rate from suicide and injury of undetermined intent | Public Health Outcomes Framework | Public Health England (based on ONS) | Annual | Low | 2016-18 | 7.2 | 8.25 | Met | Better | 9.6 | Not available |

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## PRIORITY 5:Reducing the amount of alcohol people drink to safer levels

| Indicator Title | Framework | Source | Frequency updated | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | 2015 Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.15iii Successful treatment of alcohol treatment | Public Health Outcomes Framework | National Drug Treatment Monitoring System | Quarterly | High | Q4 2018-19 | 44.3% | 38.3% | Met | Better | 37.8% | Not available |
| 2.18 Admission episodes for alcohol related conditions (DSR per 100,000) | Public Health Outcomes Framework | Local Alcohol Profiles for England (based on HSCIC HES) | Annual | Low | 2017-18 | 534 | 599 | Met | Better | 632 | 600 |

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## Priority 6: Living well with dementia

| Indicator Title | Framework | Source | Frequency updated | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | 2015 Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4.16/2.6i Estimated diagnosis rate for people with dementia | Public Health Outcomes Framework/NHS Outcomes Framework | NHS Digital | Monthly | High | Jul-19 | 71.2 | 67.7 | Met | Better | 69.0 | 69.4 |
| No. of Dementia friends | NA (Local only) | Local Report | Quarterly | High | Sep-19 | 8182 | 7500 | Met | Better | Not available | Not available |
| PLACEHOLDER - Post diagnosis care | | | | | | | | | | | |

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## Priority 7: Increasing take up of breast and bowel screening and prevention services

| Indicator Title | Framework | Source | Frequency updated | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | 2015 Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.20iii Cancer screening coverage - bowel cancer | Public Health Outcomes Framework | Health and Social Care Inf | Annual | High | 2018 | 56% | 52% | Met | No change | 59% | 61% |
| 2.20i Cancer screening coverage - breast cancer | Public Health Outcomes Framework | Health and Social Care Information Centre (HSCIC) | Annual | High | 2018 | 71% | 70% | Met | No change | 75% | 77% |

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## Priority 8: Reducing the number of people with tuberculosis

| Indicator Title | Framework | Source | Frequency updated | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | DOT | England Average | 2015 Deprivation Decile Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.05ii Incidence of TB (three year average) | Public Health Outcomes Framework | Public Health England. | Annual | Low | 2016-18 | 17.8 | 30 | Met | Better | 9.2 | 6.0 |

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| Indicator number | 2.12 |
|---|---|
| Outcomes Framework | Public Health Outcomes Framework |
| Indicator full name | Excess weight in adults |

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| Period | Reading | Fourth less deprived (IMD2015) | England |
|---|---|---|---|
| 2012-14 | 61 | | 64.6 |
| 2013-15 | 63.4 | *65.4* | 64.8 |
| 2015-16 | 55.3 | *61.7* | 61.3 |
| 2016-17 | 59.2 | *61.8* | 61.3 |
| 2017-18 | 55.7 | *63.5* | 62 |

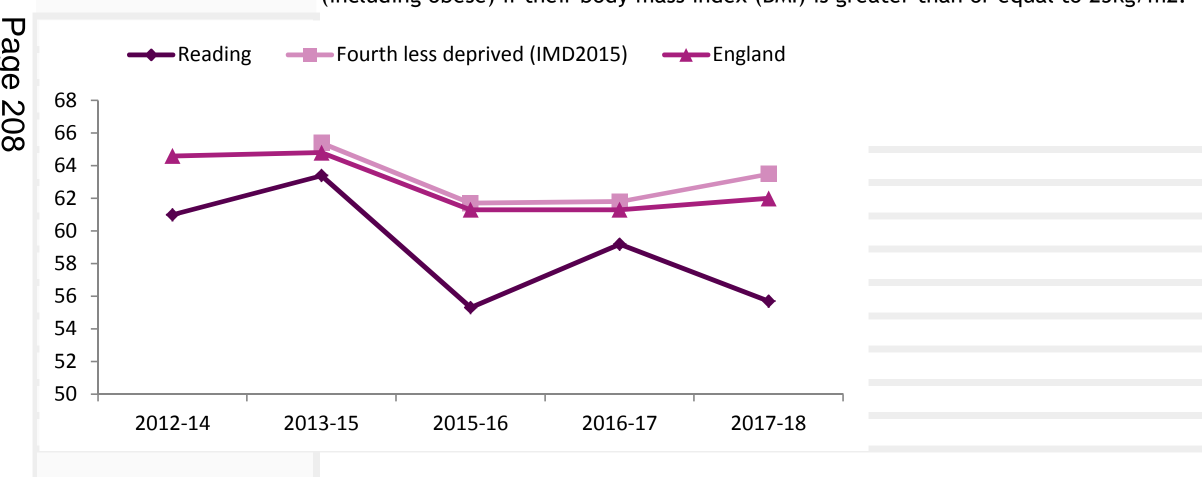
**Data source** Active Lives Survey (previously Active People Survey) Sport England

* Note change in methodology in 2015-16

**Denominator** Number of adults with valid height and weight recorded. Active lives Survey. Historical (before 2015-16) Number of adults with valid height and weight recorded. Data are from APS year 1, quarter 2 to APS year 3, quarter 1

**Numerator** Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Active Lives Survey. Previously (before 2015-16) from Active People survey. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2.





| | |
|---|---|
| **Indicator number** | **2.13** |
| **Outcomes Framework** | **Public Health Outcomes Framework** |
| **Indicator full name** | **% Physically Active Adults** |

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| | |
|---|---|
| **Data source** | Until 2015 - Active People Survey, Sport England<br>2015-16 onwards - Active Lives, Sport England |
| | * Note change in methodology in 2015-16 |
| **Denominator** | Weighted number of respondents aged 19 and older with valid responses to questions on physical activity |
| **Numerator** | Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days. |

| Period | Reading | Lower CI | Upper CI | Fourth less deprived (IMD2015) | England |
|---|---|---|---|---|---|
| 2012 | 59.7 | 55.3 | 64.2 | | 56 |
| 2013 | 56.6 | 52.3 | 60.8 | | 56 |
| 2014 | 54.7 | 50.4 | 58.9 | | 57 |
| 2015 | 59.3 | 55 | 63.6 | *58.5* | 57 |
| 2015-16* | 64.8 | 61.7 | 67.7 | *66.4* | 66.1 |
| 2016-17 | 68.7 | 65.8 | 71.5 | *67.2* | 66 |
| 2017-18 | 68.8 | 64.5 | 72.7 | *67* | 66.3 |

Reading — Fourth less deprived (IMD2015) — England

70
68
66
64
62
60
58
56
54
52

2012 2013 2014 2015 2015-16* 2016-17 2017-18

| Indicator number | 2.06i |
|---|---|
| Outcomes Framework | Public Health Outcomes Framework |
| Indicator full name | Child excess weight in 4-5 year olds |

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| Period | Reading | Lower CI | Upper CI | Fourth less deprived (IMD2015) | England |
|---|---|---|---|---|---|
| 2007/08 | 20.6 | 18.5 | 22.9 | *20.7* | 22.6 |
| 2008/09 | 22.5 | 20.5 | 24.6 | *21.6* | 22.8 |
| 2009/10 | 25.7 | 23.7 | 27.9 | *22.8* | 23.1 |
| 2010/11 | 25.7 | 23.7 | 27.8 | *22.2* | 22.6 |
| 2011/12 | 24.1 | 22.1 | 26.1 | *22* | 22.6 |
| 2012/13 | 21.8 | 20 | 23.9 | *21.6* | 22.2 |
| 2013/14 | 23.3 | 21.3 | 25.5 | *21.4* | 22.5 |
| 2014/15 | 22.6 | 20.9 | 24.5 | *21.3* | 21.9 |
| 2015/16 | 21.8 | 20.1 | 23.6 | | 22 |
| 2016/17 | 22.9 | 21.1 | 24.7 | *22.6* | 22.6 |
| 2017-18 | 22.3 | 20.6 | 24.1 | | 22.4 |

| | |
|---|---|
| **Data source** | National Child Measurement Programme |
| **Denominator** | Number of children in Reception (aged 4-5 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England. |
| **Numerator** | Number of children in Reception (aged 4-5 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. |

| | |
|---|---|
| **Indicator number** | **2.06i** |
| **Outcomes Framework** | **Public Health Outcomes Framework** |
| **Indicator full name** | **Child excess weight in 10-11 year olds** |

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| Period | Reading | Lower CI | Upper CI | Fourth less deprived (IMD2015) | England |
|---|---|---|---|---|---|
| 2007/08 | 33.6 | 31 | 36.2 | *30.8* | 32.6 |
| 2008/09 | 33.1 | 30 | 35.7 | *31.3* | 32.6 |
| 2009/10 | 36.2 | 33.6 | 38.8 | *32.5* | 33.4 |
| 2010/11 | 34.4 | 32 | 36.9 | *32.7* | 33.4 |
| 2011/12 | 35.4 | 32.9 | 37.9 | *32.6* | 33.9 |
| 2012/13 | 34 | 31.6 | 36.5 | *32* | 33.3 |
| 2013/14 | 34 | 32.2 | 37.1 | *32.1* | 33.5 |
| 2014/15 | 35.6 | 33.2 | 38 | *32* | 33.2 |
| 2015/16 | 37.4 | 35.1 | 39.7 | - | 34.2 |
| 2016/17 | 32.9 | 30.7 | 35.2 | *32.6* | 34.2 |
| 2017/18 | 34.3 | 32.1 | 36.6 | | 34.3 |

| | |
|---|---|
| **Data source** | National Child Measurement Programme |
| **Denominator** | Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England. |
| **Numerator** | Number of children in Year 6 (aged 10-11 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. |

Reading
Fourth less deprived (IMD2015)
England
40
35
30
25
20
15
10
2007/08 2008/09 2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18

| | |
|---|---|
| **Indicator number** | **2.03** |
| **Outcomes Framework** | **Public Health Outcomes Framework** |
| **Indicator full name** | **% of women who smoke at the time of delivery** |

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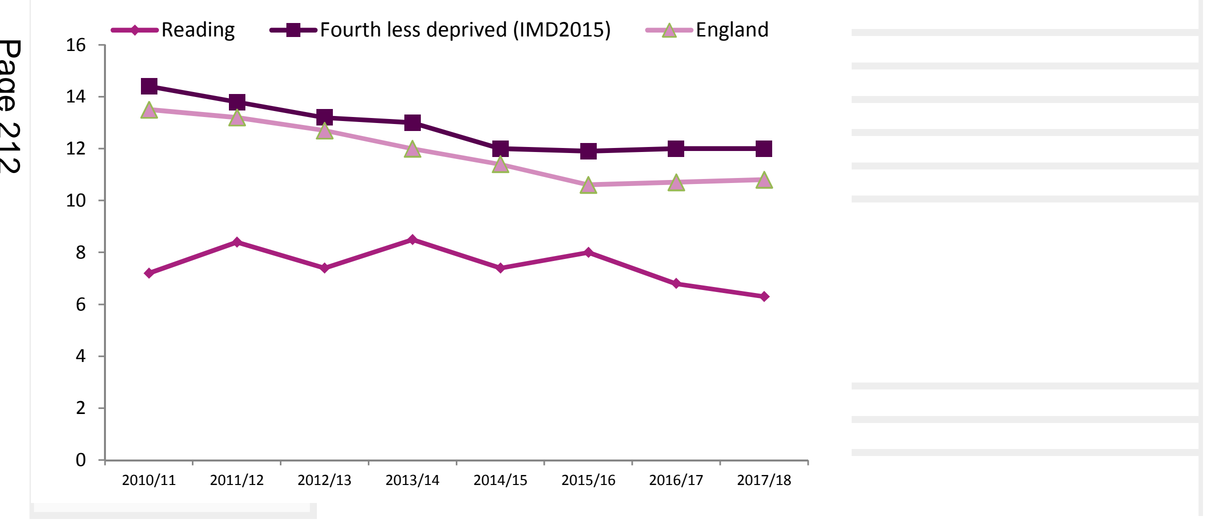
| Period | Reading | Lower CI | Upper CI | Fourth less deprived (IMD2015) | England |
|---|---|---|---|---|---|
| 2010/11 | 7.2 | 6.1 | 8.2 | *14.4* | 13.5 |
| 2011/12 | 8.4 | 7.4 | 9.6 | *13.8* | 13.2 |
| 2012/13 | 7.4 | 6.3 | 8.2 | *13.2* | 12.7 |
| 2013/14 | 8.5 | 7.4 | 9.6 | *13* | 12 |
| 2014/15 | 7.4 | 6.4 | 8.5 | *12* | 11.4 |
| 2015/16 | 8 | 7 | 9.1 | *11.9* | 10.6 |
| 2016/17 | 6.8 | 5.9 | 7.9 | *12* | 10.7 |
| 2017/18 | 6.3 | 5.4 | 7.4 | *12* | 10.8 |

| | |
|---|---|
| **Data source** | Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD) |
| **Denominator** | Number of maternities (estimated based on counts for CCGs) |
| **Numerator** | Number of women known to smoke at time of delivery (estimated based on counts for CCGs) |



| | |
|---|---|
| **Indicator number** | **2.14** |
| **Outcomes Framework** | **Public Health Outcomes Framework** |
| **Indicator full name** | **Smoking Prevalence in Adults - Current Smokers** |

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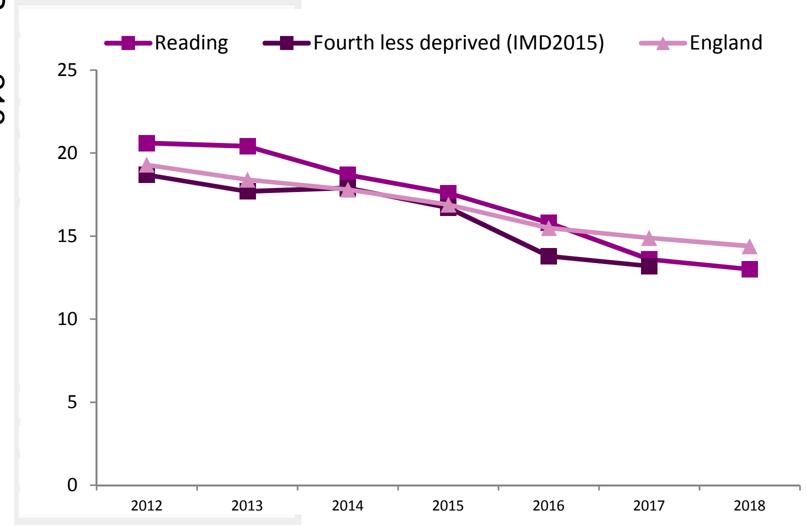
| Period | Reading | Lower CI | Upper CI | Fourth less deprived (IMD2015) | England |
|---|---|---|---|---|---|
| 2012 | 20.6 | 18.4 | 22.8 | *18.7* | 19.3 |
| 2013 | 20.4 | 18.2 | 22.6 | *17.7* | 18.4 |
| 2014 | 18.7 | 16.7 | 20.7 | *17.9* | 17.8 |
| 2015 | 17.6 | 15.5 | 19.8 | *16.7* | 16.9 |
| 2016 | 15.8 | 13.5 | 18.1 | *13.8* | 15.5 |
| 2017 | 13.6 | 10.9 | 16.3 | *13.2* | 14.9 |
| 2018 | 13 | 10.2 | 15.8 | | 14.4 |

| | |
|---|---|
| **Data source** | Annual Population Survey |
| **Denominator** | Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response. |
| **Numerator** | The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response. |



| | |
|---|---|
| **Indicator number** | **NA** |
| **Outcomes Framework** | **Local Tobacco Control Profiles** |
| **Indicator full name** | **Smoking prevalence in routine and manual occupations - Current smokers** |

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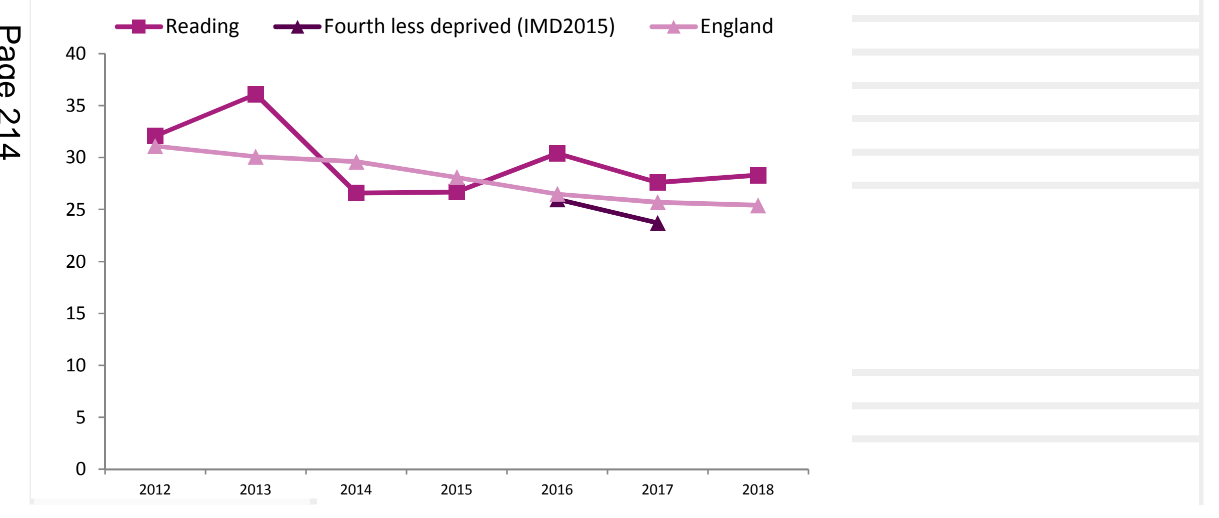
| Period | Reading | Lower CI | Upper CI | Fourth less deprived (IMD2015) | England |
|---|---|---|---|---|---|
| 2012 | 32.1 | 26.4 | 37.8 | | 31.1 |
| 2013 | 36.1 | 30.1 | 42.1 | | 30.1 |
| 2014 | 26.6 | 21.2 | 32 | | 29.6 |
| 2015 | 26.7 | 20.6 | 32.7 | | 28.1 |
| 2016 | 30.4 | 23 | 37.9 | *26* | 26.5 |
| 2017 | 27.6 | 19.4 | 35.8 | *23.7* | 25.7 |
| 2018 | 28.3 | 19.1 | 37.5 | | 25.4 |

| | |
|---|---|
| **Data source** | Annual Population Survey |
| **Denominator** | Total respondents with a self-reported smoking status aged 18-64 in the R&M group. Weighted to improve representativeness. |
| **Numerator** | Respondents who are self-reported smokers in the R&M group. Weighted to improve representativeness |



| | |
|---|---|
| **Indicator number** | |
| **Outcomes Framework** | |
| **Indicator full name** | **People invited for an NHS Healthcheck** |

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| | |
|---|---|
| **Data source** | PHE Fingertips - NHS Healthchecks |
| **Denominator** | Number of people aged 40-74 eligible for an NHS Health Check in the financial year. |
| **Numerator** | Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2015 |

Reading | Fourth less deprived (IMD2015) | England | Target

| Period | Reading | Fourth less deprived | England | Target |
|---|---|---|---|---|
| 2015/16 Q1 | 3.80 | 5.30 | 4.90 | 5.00 |
| 2015/16 Q1 - 2015/16 Q2 | 6.22 | 10.39 | 9.89 | 10.00 |
| 2015/16 Q1 - 2015/16 Q3 | 8.22 | 14.38 | 14.08 | 15.00 |
| 2015/16 Q1 - 2015/16 Q4 | 12.20 | 18.76 | 18.70 | 20.00 |
| 2015/16 Q1 - 2016/17 Q1 | 18.07 | 23.87 | 23.15 | 25.00 |
| 2015/16 Q1 - 2016/17 Q2 | 20.93 | 29.11 | 27.50 | 30.00 |
| 2015/16 Q1 - 2016/17 Q3 | 22.99 | 32.82 | 31.17 | 35.00 |
| 2015/16 Q1 - 2016/17 Q4 | 24.30 | 36.98 | 35.43 | 40.00 |
| 2015/16 Q1 - 2017/18 Q1 | 26.73 | 42.28 | 39.83 | 45.00 |
| 2015/16 Q1 - 2017/18 Q2 | 29.14 | 47.18 | 44.21 | 50.00 |
| 2015/16 Q1 - 2017/18 Q3 | 30.81 | 50.82 | 47.99 | 55.00 |
| 2015/16 Q1 - 2017/18 Q4 | 32.27 | 54.57 | 52.53 | 60.00 |
| 2015/16 Q1 - 2018/19 Q1 | 34.00 | 58.74 | 56.91 | 65.00 |
| 2015/16 Q1 - 2018/19 Q2 | 35.12 | 63.26 | 61.31 | 70.00 |
| 2015/16 Q1 - 2018/19 Q3 | 35.90 | 67.03 | 65.29 | 75.00 |
| 2015/16 Q1 - 2018/19 Q4 | 37.17 | 71.56 | 70.02 | 80.00 |
| 2015/16 Q1 - 2019/20 Q1 | 38.30 | 76.43 | 74.87 | 85.00 |
| 2015/16 Q1 - 2019/20 Q2 | | | | 90.00 |
| 2015/16 Q1 - 2019/20 Q3 | | | | 95.00 |
| 2015/16 Q1 - 2019/20 Q4 | | | | 100.00 |

| Indicator number | |
|---|---|
| Outcomes Framework | |
| Indicator full name | **People taking up an NHS Healthcheck** |

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| | |
|---|---|
| **Data source** | PHE Fingertips - NHS Healthchecks |
| **Denominator** | Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013 |
| **Numerator** | Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check up to the current quarter from quarter 1 2015. |



| Period | Reading | Fourth less deprived (IMD2015) | England |
|---|---|---|---|
| 2015/16 Q1 - 2015/16 Q2 | 45.21 | 43.61 | 45.01 |
| 2015/16 Q1 - 2015/16 Q3 | 51.09 | 47.13 | 46.38 |
| 2015/16 Q1 - 2015/16 Q4 | 43.98 | 49.38 | 47.90 |
| 2015/16 Q1 - 2016/17 Q1 | 38.10 | 48.24 | 47.35 |
| 2015/16 Q1 - 2016/17 Q2 | 39.64 | 47.57 | 47.31 |
| 2015/16 Q1 - 2016/17 Q3 | 40.72 | 48.86 | 48.01 |
| 2015/16 Q1 - 2016/17 Q4 | 42.31 | 50.25 | 48.85 |
| 2015/16 Q1 - 2017/18 Q1 | 43.48 | 48.64 | 48.24 |
| 2015/16 Q1 - 2017/18 Q2 | 43.42 | 48.61 | 48.04 |
| 2015/16 Q1 - 2017/18 Q3 | 44.05 | 49.15 | 48.29 |
| 2015/16 Q1 - 2017/18 Q4 | 45.93 | 49.64 | 48.55 |
| 2015/16 Q1 - 2018/19 Q1 | 47.14 | 49.17 | 48.11 |
| 2015/16 Q1 - 2018/19 Q2 | 48.53 | 48.72 | 47.80 |
| 2015/16 Q1 - 2018/19 Q3 | 48.84 | 48.99 | 47.81 |
| 2015/16 Q1 - 2018/19 Q4 | 49.70 | 49.10 | 47.90 |
| 2015/16 Q1 - 2019/20 Q1 | 50.76 | 48.73 | 47.45 |

| Indicator number | |
|---|---|
| Outcomes Framework | |
| **Indicator full name** | **People receiving an NHS Healthcheck** |

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| | |
|---|---|
| **Data source** | PHE Fingertips - NHS Healthchecks |
| **Denominator** | Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013 |
| **Numerator** | Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check up to the current quarter from quarter 1 2015. |

| Period | Reading | Fourth less deprived (IMD2015) | England | TARGET |
|---|---|---|---|---|
| 2015/16 Q1 | 1.50 | 2.10 | 2.20 | 2.00 |
| 2015/16 Q1 - 2015/16 Q2 | 2.81 | 4.53 | 4.45 | 2.50 |
| 2015/16 Q1 - 2015/16 Q3 | 4.20 | 6.77 | 6.53 | 5.00 |
| 2015/16 Q1 - 2015/16 Q4 | 5.37 | 9.26 | 8.96 | 7.50 |
| 2015/16 Q1 - 2016/17 Q1 | 6.89 | 11.52 | 10.96 | 10.00 |
| 2015/16 Q1 - 2016/17 Q2 | 8.30 | 13.85 | 13.01 | 12.50 |
| 2015/16 Q1 - 2016/17 Q3 | 9.36 | 16.04 | 14.96 | 15.00 |
| 2015/16 Q1 - 2016/17 Q4 | 10.28 | 18.58 | 17.31 | 17.50 |
| 2015/16 Q1 - 2017/18 Q1 | 11.62 | 20.57 | 19.21 | 20.00 |
| 2015/16 Q1 - 2017/18 Q2 | 12.65 | 22.93 | 21.24 | 22.50 |
| 2015/16 Q1 - 2017/18 Q3 | 13.57 | 24.98 | 23.18 | 25.00 |
| 2015/16 Q1 - 2017/18 Q4 | 14.82 | 27.09 | 25.50 | 27.50 |
| 2015/16 Q1 - 2018/19 Q1 | 16.03 | 28.88 | 27.38 | 30.00 |
| 2015/16 Q1 - 2018/19 Q2 | 17.04 | 30.82 | 29.31 | 32.50 |
| 2015/16 Q1 - 2018/19 Q3 | 17.53 | 32.84 | 31.21 | 35.00 |
| 2015/16 Q1 - 2018/19 Q4 | 18.47 | 35.14 | 33.54 | 37.50 |
| 2015/16 Q1 - 2019/20 Q1 | 19.44 | 37.24 | 35.52 | 40.00 |
| 2015/16 Q1 - 2019/20 Q2 | | | | 42.50 |
| 2015/16 Q1 - 2019/20 Q3 | | | | 45.00 |
| 2015/16 Q1 - 2019/20 Q4 | | | | 50.00 |

| | |
|---|---|
| **Indicator number** | **1.18i/1I** |
| **Outcomes Framework** | **Public Health Outcomes Framework/Adult Social Care Outcome Framework** |
| **Indicator full name** | **% of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey** |


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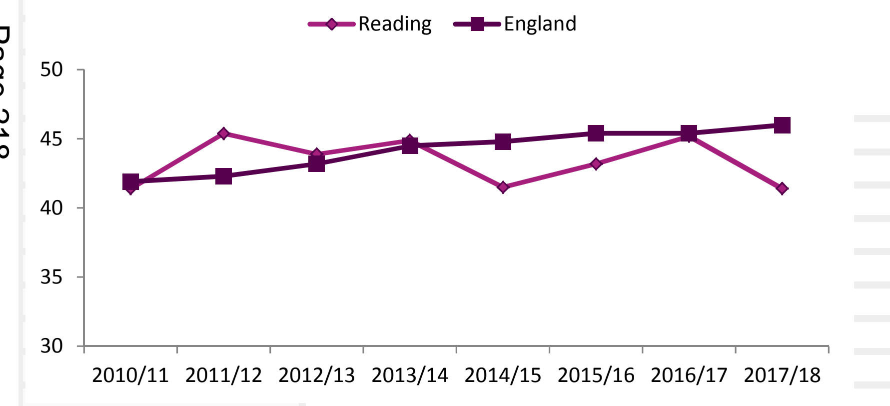
| | |
|---|---|
| **Data source** | Adult Social Care Survey - England |
| | http://content.digital.nhs.uk/catalogue/PUB21630 - Annex Tables |
| **Denominator** | The number of people responding to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" |
| **Numerator** | All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England |




| Period | Reading | Fourth less deprived (IMD2015) | England |
|---|---|---|---|
| 2010/11 | 41.4 | - | 41.9 |
| 2011/12 | 45.4 | - | 42.3 |
| 2012/13 | 43.9 | - | 43.2 |
| 2013/14 | 44.9 | - | 44.5 |
| 2014/15 | 41.5 | - | 44.8 |
| 2015/16 | 43.2 | - | 45.4 |
| 2016/17 | 45.2 | - | 45.4 |
| 2017/18 | 41.4 | | 46 |

| | |
|---|---|
| **Indicator number** | **1.18ii/1I** |
| **Outcomes Framework** | **Public Health Outcomes Framework/Adult Social Care Outcome Framework** |
| **Indicator full name** | **% of adult carers who have as much social contact as they would like according to the Adult Social Care Users Survey** |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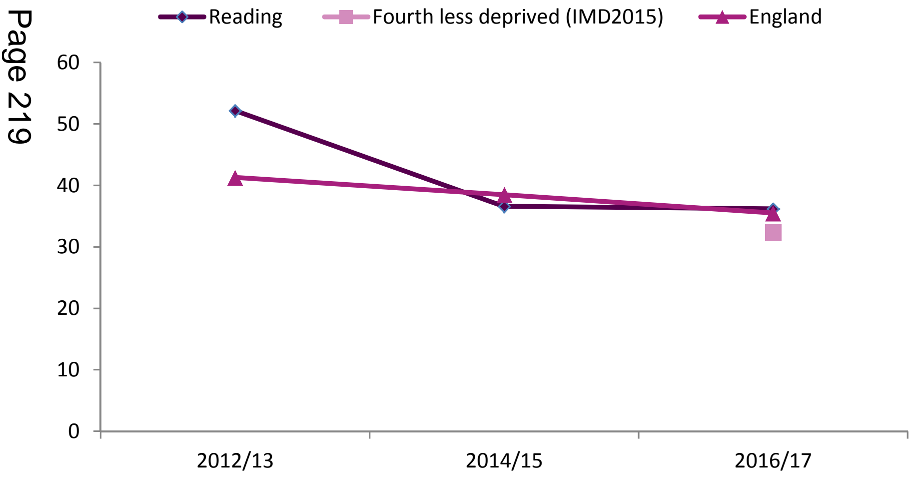
| Period | Reading | Lower CI | Upper CI | Fourth less deprived (IMD2015) | England |
|---|---|---|---|---|---|
| 2012/13 | 52.2 | 48.1 | 56.3 | | 41.3 |
| 2014/15 | 36.6 | 31.8 | 41.4 | | 38.5 |
| 2016/17 | 36.2 | 30.4 | 42.4 | *32.4* | 35.5 |

| | |
|---|---|
| **Data source** | Carers Survey |
| **Denominator** | The number of people responding to the question "Thinking about how much contact you've had with people that you like, which of the following statements best describes your social situation?", with the answer "I have as much social contact as I want with people I like" divided by the total number of responses to the same question. |
| **Numerator** | All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England |



| | |
|---|---|
| **Indicator number** | **NA** |
| **Outcomes Framework** | **Children and Young People's Mental Health and Wellbeing** |
| **Indicator full name** | **Pupils with social, emotional and mental health needs (primary school age)** |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| | |
|---|---|
| **Data Source** | DFE Special Needs Education Statistics |
| **Denominator** | Total pupils (LA tabulations) https://www.gov.uk/government/collections/statistics-special-educational-needs-sen |
| **Numerator** | Number of pupils with statements of SEN where primary need is social, emotional and mental health |

| Period | Reading | IMD 4th less deprived decile | England |
|---|---|---|---|
| 2016 | 2% | 2% | 2% |
| 2017 | 2% | 2% | 2% |
| 2018 | 2% | 2% | 2% |

| | |
|---|---|
| **Indicator number** | **NA** |
| **Outcomes Framework** | **Children and Young People's Mental Health and Wellbeing** |
| **Indicator full name** | **Pupils with social, emotional and mental health needs (secondary school age)** |


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| | |
|---|---|
| **Data Source** | DFE Special Needs Education Statistics |
| **Denominator** | Total pupils (LA tabulations)<br>https://www.gov.uk/government/collections/statistics-special-educational-needs-sen |
| **Numerator** | Number of pupils with statements of SEN where primary need is social, emotional and mental health |

| Period | Reading | IMD 4th less deprived decile | England |
|---|---|---|---|
| 2016 | 3% | 2% | 2% |
| 2017 | 3% | 2% | 2% |
| 2018 | 3% | 2% | 2% |
| | | | |
| | | | |
| | | | |
| | | | |
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| Indicator number | NA |
|---|---|
| Outcomes Framework | Children and Young People's Mental Health and Wellbeing |
| Indicator full name | Pupils with social, emotional and mental health needs (all school age) |

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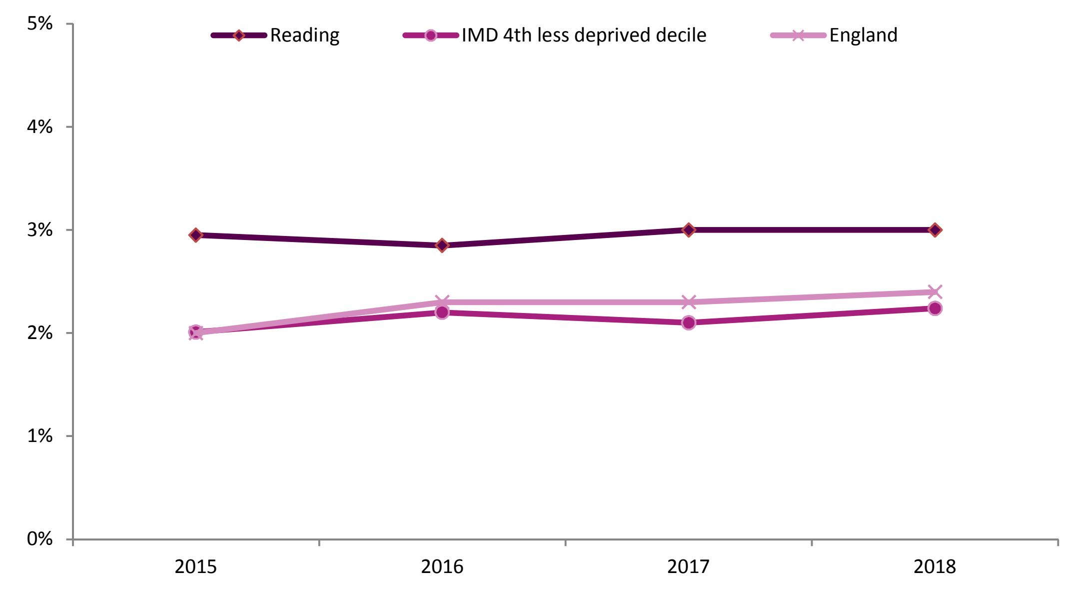
| Period | Reading | IMD 4th less deprived decile | England |
|---|---|---|---|
| 2015 | 3% | 2% | 2% |
| 2016 | 3% | 2% | 2% |
| 2017 | 3% | 2% | 2% |
| 2018 | 3% | 0.0224 | 0.024 |

**Data Source** DFE Special Needs Education Statistics

**Denominator** Total pupils (LA tabulations)

**Numerator** Number of pupils with statements of SEN where primary need is social, emotional and mental health
https://www.gov.uk/government/collections/statistics-special-educational-needs-sen





| | |
|---|---|
| **Indicator number** | **4.10** |
| **Outcomes Framework** | **Public Health Outcomes Framework** |
| **Indicator full name** | **Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population** |

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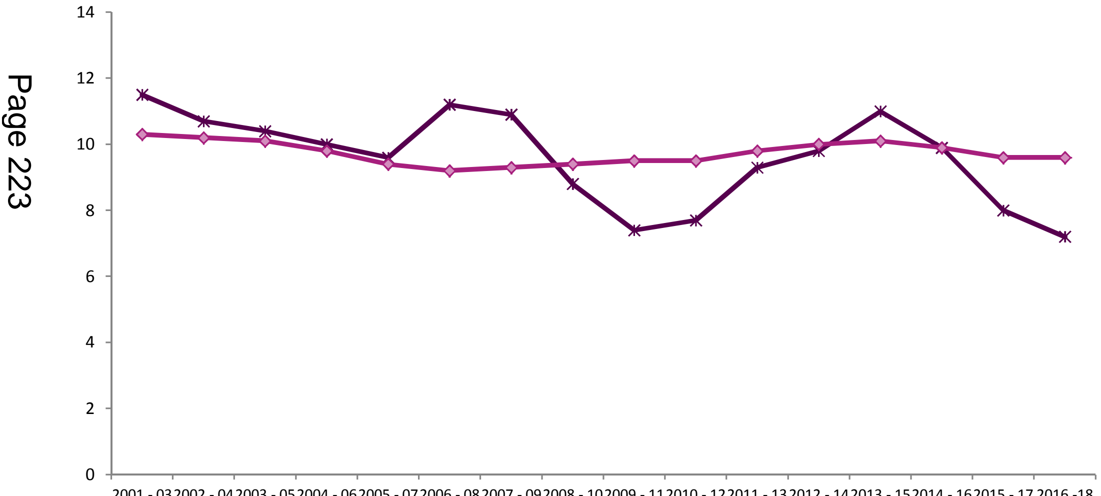
**Data Source** Public Health England (based on ONS)

**Denominator** ONS 2011 census based mid-year population estimates

**Numerator** Number of deaths from suicide and injury from undetermined intent ICD10 codes X60-X84 (age 10+), Y10-34 (age 15+).




| Period | Reading | 4th less deprived IMD 2015 | England |
|---|---|---|---|
| 2001 - 03 | 11.5 | - | 10.3 |
| 2002 - 04 | 10.7 | - | 10.2 |
| 2003 - 05 | 10.4 | - | 10.1 |
| 2004 - 06 | 10 | - | 9.8 |
| 2005 - 07 | 9.6 | - | 9.4 |
| 2006 - 08 | 11.2 | - | 9.2 |
| 2007 - 09 | 10.9 | - | 9.3 |
| 2008 - 10 | 8.8 | - | 9.4 |
| 2009 - 11 | 7.4 | - | 9.5 |
| 2010 - 12 | 7.7 | - | 9.5 |
| 2011 - 13 | 9.3 | - | 9.8 |
| 2012 - 14 | 9.8 | - | 10 |
| 2013 - 15 | 11 | 10.5 | 10.1 |
| 2014 - 16 | 9.9 | 10.2 | 9.9 |
| 2015 - 17 | 8 | 9.6 | 9.6 |
| 2016 -18 | 7.2 | | 9.6 |

| Indicator number | 2.15iii |
|---|---|
| Outcomes Framework | Public Health Outcomes Framework |
| Indicator full name | Successful completion of alcohol treatment |

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| | |
|---|---|
| Data Source | National Drug Treatment Monitoring System |
| Denominator | Total number of adults in structured alcohol treatment in a one year period |
| Numerator | Adults that complete treatment for alcohol dependence who do not re-present to treatment within six months |

| Period | Reading | IMD 4th less deprived decile | England |
|---|---|---|---|
| 2010 | 29.30 | 34.30 | 31.40 |
| 2011 | 54.30 | 34.60 | 34.80 |
| 2012 | 41.70 | 36.50 | 37.10 |
| 2013 | 42.50 | 37.70 | 37.50 |
| 2014 | 36.00 | 36.20 | 38.40 |
| 2015 | 38.30 | 40.50 | 38.40 |
| 2016 | 44.70 | 38.20 | 38.70 |
| Q2 | 42.60 | | 39.00 |
| Q3 | 42.50 | | 38.60 |
| Q4 | 37.80 | | 38.60 |
| Q1 | 36.36 | 37.60 | 38.92 |
| Q2 | 35.80 | | 38.90 |
| Q3 | 36.40 | | 38.50 |
| Q4 | 44.30 | | 37.80 |



(NDTMS DOMES)

| | |
|---|---|
| **Indicator number** | **2.18** |
| **Outcomes Framework** | **Public Health Outcomes Framework** |
| **Indicator full name** | **Admission episodes for alcohol-related conditions per 100,000 people** |

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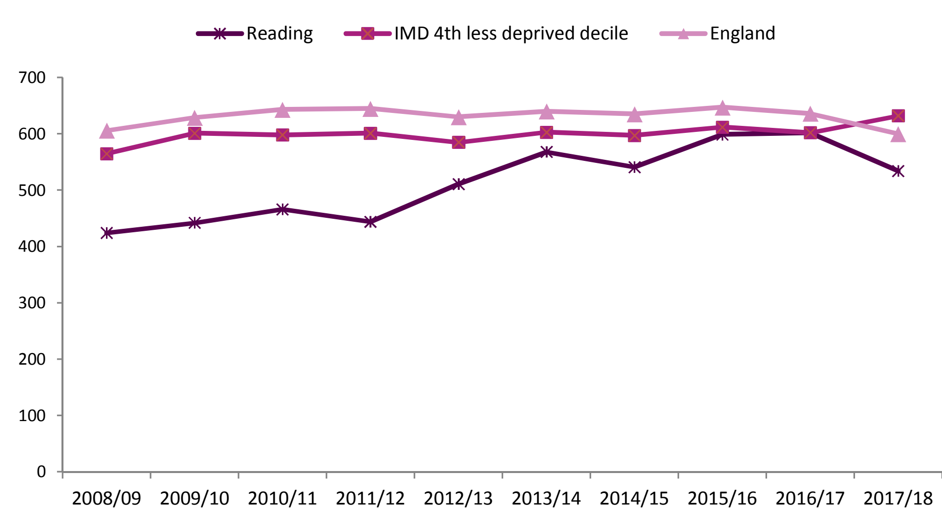
| Period | Reading | IMD 4th less deprived decile | England |
|---|---|---|---|
| 2008/09 | 424 | 565 | 606 |
| 2009/10 | 442 | 601 | 629 |
| 2010/11 | 466 | 598 | 643 |
| 2011/12 | 444 | 601 | 645 |
| 2012/13 | 511 | 585 | 630 |
| 2013/14 | 568 | 603 | 640 |
| 2014/15 | 541 | 597 | 635 |
| 2015/16 | 599 | 612 | 647 |
| 2016/17 | 602 | 602 | 636 |
| 2017/18 | 534 | 632 | 600 |

| | |
|---|---|
| **Data Source** | Health and Social Care information Centre - Hospital Episode Statistics. Via Local Alcohol Profiles for England |
| **Denominator** | Mid-Year Population Estimates (ONS) |
| **Numerator** | Admissions to hospital where primary diagnosis is an alcohol-related condition or a seconday diagnosis is an alcohol-related external cause. Uses attributable fractions to estimate. |



| | |
|---|---|
| **Indicator number** | **4.16 / 2.6i** |
| **Outcomes Framework** | **Public Health Outcomes Framework / NHS Outcomes Framework** |
| **Indicator full name** | **Estimated diagnosis rate for people with dementia** |

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| | |
|---|---|
| **Data Source** | NHS Digital |
| **Denominator** | Applying the reference rates to the registered population yields the number of people aged 65+ one would expect to have dementia within the subject population where: |
| **Numerator** | **Registered population**<br>Patients aged 65+ registered for General Medical Services, counts by 5-year age and sex band from the National Health Application and Infrastructure Services (NHAIS / Exeter) system; extracted on the first day of each month following the reporting period end date of the numerator.<br><br>**Reference rates: sampled dementia prevalence**<br>Age 65+ age and sex-specific dementia prevalence rates. Source: MRC CFAS II. |



| Period | Reading | IMD 4th less deprived decile | England |
|---|---|---|---|
| 42886 | 68.1 | 66.3 | 67.8 |
| 42916 | 68.6 | 66.4 | 68 |
| 42947 | 68.8 | 66.5 | 68 |
| 42978 | 69.5 | 66.9 | 68.2 |
| 43008 | 69.1 | 67.2 | 68.2 |
| 43039 | 69.7 | 67.2 | 68.4 |
| 30/11/2017 | 68.7 | 67 | 68.7 |
| 31/12/2017 | 68.7 | 67 | 68.3 |
| 31/01/2018 | 68.3 | 66.8 | 67.9 |
| 28/02/2018 | 68.1 | 66.7 | 67.7 |
| 31/03/2018 | 67.4 | 66.5 | 67.5 |
| 30/04/2018 | 68 | 66.4 | 67.3 |
| 31/05/2018 | 67.5 | 66.2 | 67.3 |
| 30/06/2018 | 67.6 | 66.5 | 67.6 |
| 31/07/2018 | 67.3 | 66.6 | 67.8 |
| 31/08/2018 | 67.1 | 66.6 | 67.8 |
| 30/09/2018 | 68.8 | 67.1 | 68.2 |
| 31/10/2018 | 68.7 | 67 | 67.9 |
| 30/11/2018 | 69.4 | 67.4 | 68.2 |
| 31/12/2018 | 69.8 | 67.3 | 68 |
| 31/01/2019 | 69.7 | 67.4 | 67.9 |
| 28/02/2019 | 70.1 | 67.4 | 67.9 |
| 31/03/2019 | 71.1 | 68.3 | 68.7 |
| 30/04/2019 | 70.9 | 67.8 | 68.4 |
| 31/05/2019 | 70.7 | 69.1 | 68.6 |
| 30/06/2019 | 70.7 | 69.3 | 68.7 |
| 31/07/2019 | 71.2 | 69.4 | 69 |

| | |
|---|---|
| **Indicator number** | **NA** |
| **Outcomes Framework** | **NA** |
| **Indicator full name** | **No. of Dementia Friends** |

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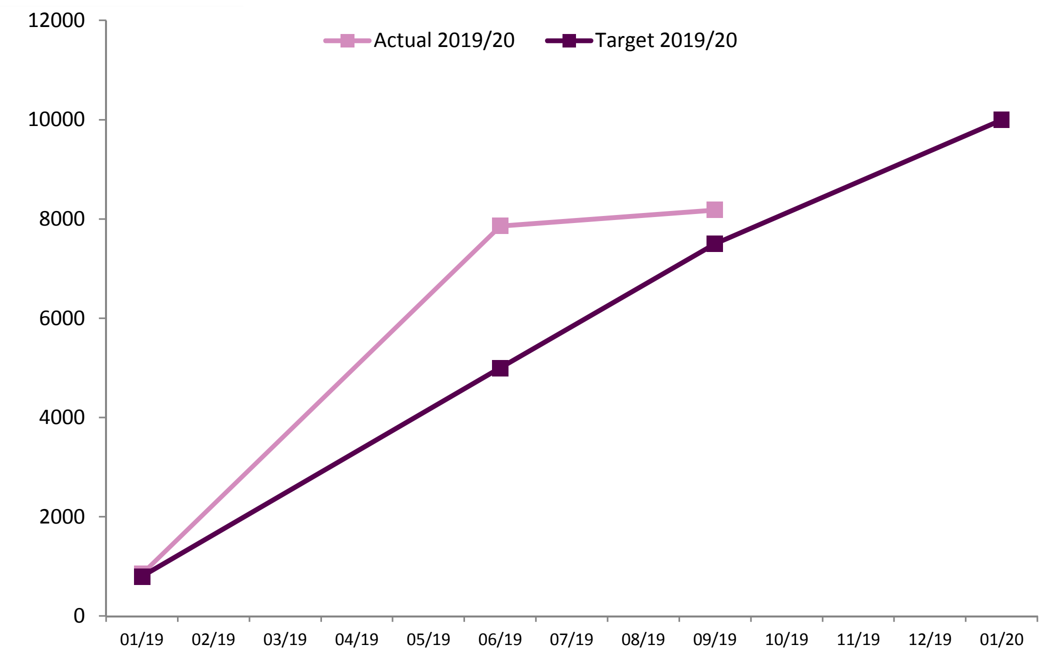
| | |
|---|---|
| **Data Source** | Locally Recorded |
| **Definition** | No. of people who have completed a 45 minute training session and agreed to be a dementia friend |






| Period | Actual 2019/20 | Target 2019/20 |
|---|---|---|
| Jan-19 | 857 | 800 |
| Jun-19 | 7859 | 5,000 |
| Sep-19 | 8,182 | 7500 |
| Jan-20 | | 10,000 |

| Indicator number | 2.20iii |
|---|---|
| Outcomes Framework | Public Health Outcomes Framework |
| Indicator full name | Cancer screening coverage - bowel cancer |

Back to Priority 7
Back to HWB Dashboard

| Period | Reading | Fourth less deprived | England |
|---|---|---|---|
| 2015 | 55.3 | 58.4 | 57.1 |
| 2016 | 55.8 | 59.5 | 57.9 |
| 2017 | 56.5 | 60.6 | 58.8 |

**Data Source** Health and Social Care Information Centre (Open Exeter)/Public Health England

**Denominator** Number of people aged 60-74 resident in the area (determined by postcode of residence) who are eligible for bowel screening at a given point in time (excluding those with no functioning colon (e,g, after surgery) or have made an informed decision to opt out.

**Numerator** Number of people aged 60-74 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous 2½ years

Target is the NHS England minimum coverage standard https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-26.pdf

| | |
|---|---|
| **Indicator number** | 2.20i |
| **Outcomes Framework** | Public Health Outcomes Framework |
| **Indicator full name** | Cancer screening coverage - breast cancer |

[Back to Priority 7]
[Back to HWB Dashboard]

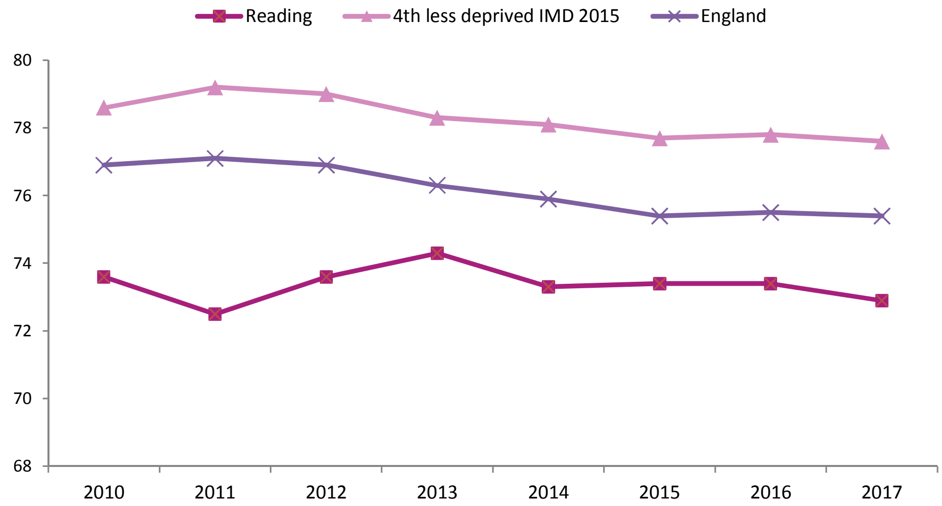
| Period | Reading | 4th less deprived IMD 2015 | England |
|---|---|---|---|
| 2010 | 73.6 | 78.6 | 76.9 |
| 2011 | 72.5 | 79.2 | 77.1 |
| 2012 | 73.6 | 79 | 76.9 |
| 2013 | 74.3 | 78.3 | 76.3 |
| 2014 | 73.3 | 78.1 | 75.9 |
| 2015 | 73.4 | 77.7 | 75.4 |
| 2016 | 73.4 | 77.8 | 75.5 |
| 2017 | 72.9 | 77.6 | 75.4 |

**Data Source** Health and Social Care Information Centre (Open Exeter)/Public Health England

**Denominator** Number of women aged 53-70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time.

**Numerator** Number of women aged 53-70 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous three years

Target is the NHS England minimum coverage standard https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-24.pdf

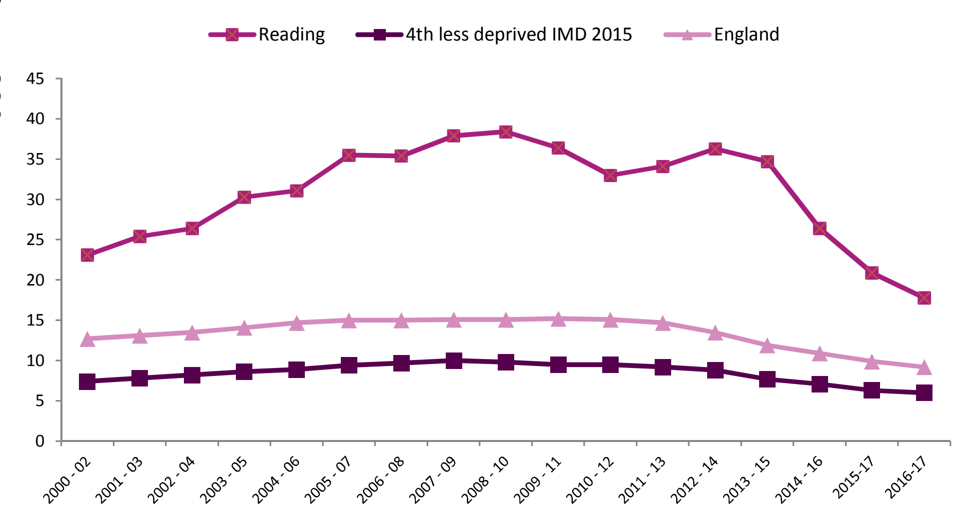


| Indicator number | 3.05ii |
|---|---|
| Outcomes Framework | Public Health Outcomes Framework |
| Indicator full name | Incidence of TB (three year average) |

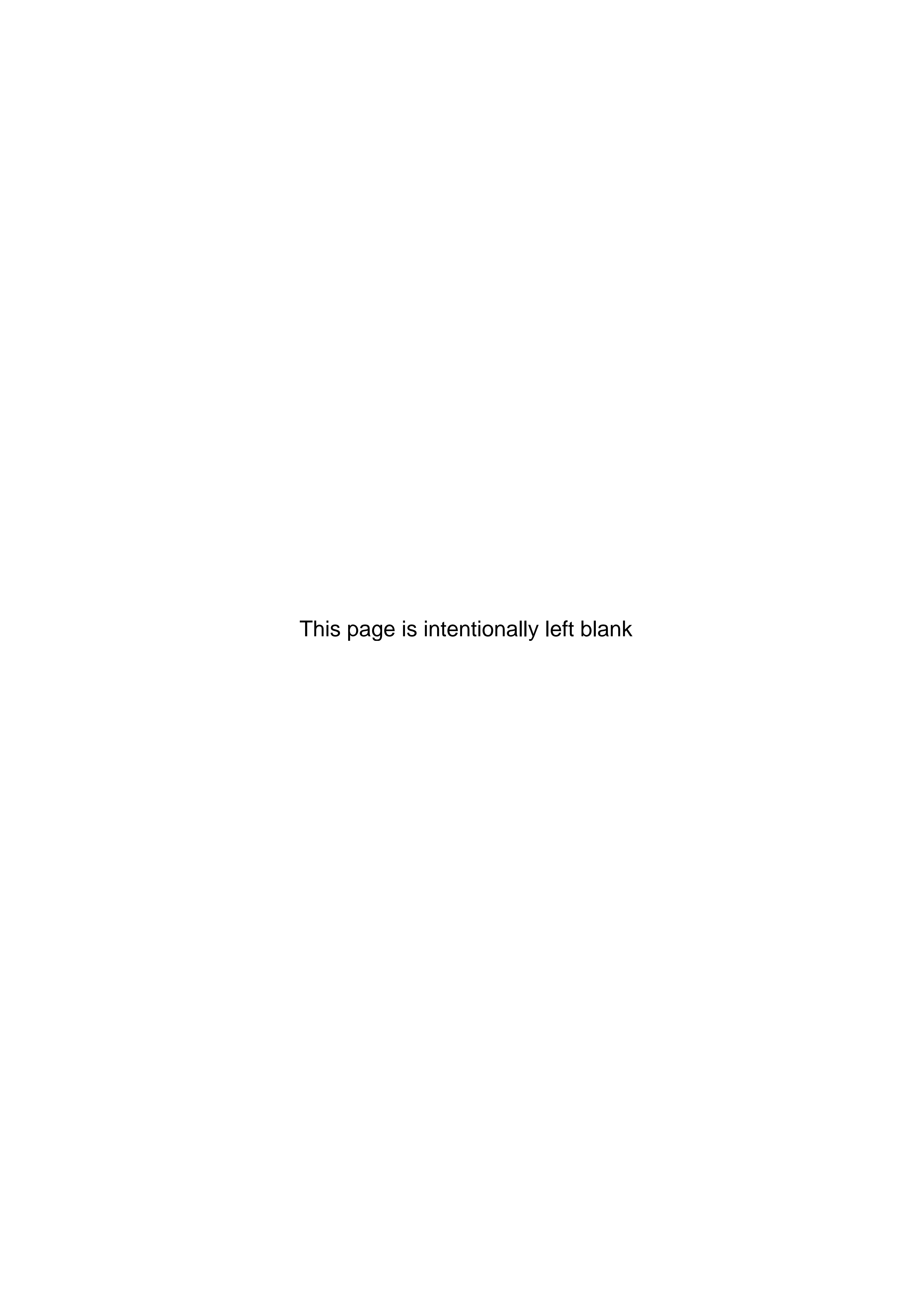
Back to Priority 8
Back to HWB Dashboard

| Period | Reading | 4th less deprived IMD 2015 | England |
|---|---|---|---|
| 2000 - 02 | 23.1 | 7.4 | 12.7 |
| 2001 - 03 | 25.4 | 7.8 | 13.1 |
| 2002 - 04 | 26.4 | 8.2 | 13.5 |
| 2003 - 05 | 30.3 | 8.6 | 14.1 |
| 2004 - 06 | 31.1 | 8.9 | 14.7 |
| 2005 - 07 | 35.5 | 9.4 | 15 |
| 2006 - 08 | 35.4 | 9.7 | 15 |
| 2007 - 09 | 37.9 | 10 | 15.1 |
| 2008 - 10 | 38.4 | 9.8 | 15.1 |
| 2009 - 11 | 36.4 | 9.5 | 15.2 |
| 2010 - 12 | 33 | 9.5 | 15.1 |
| 2011 - 13 | 34.1 | 9.2 | 14.7 |
| 2012 - 14 | 36.3 | 8.8 | 13.5 |
| 2013 - 15 | 34.7 | 7.7 | 11.9 |
| 2014 - 16 | 26.4 | 7.1 | 10.9 |
| 2015-17 | 20.9 | 6.3 | 9.9 |
| 2016-17 | 17.8 | 6 | 9.2 |

| | |
|---|---|
| **Data Source** | Enhanced Tuberculosis Surveillance system (ETS) and Office for National Statistics (ONS) |
| **Denominator** | Sum of the Office for National Statistics (ONS) mid-year population estimates for each year of the three year time period |
| **Numerator** | Sum of the number of new TB cases notified to the Enhanced Tuberculosis Surveillance system (ETS) over a three year time period |



| Indicator | Expected date of update (PHOF Indicators) | Local/Quarterly data available? |
|---|---|---|
| | November | |
| 2.03 Smoking status at the time of delivery | November | No |
| 1.18i/1I % of adult social care users with as much social contact as they would like | November | Local data but collected annually |
| 1.18ii/1I % of adult carers with as much social contact as they would like | November | Local data but collected bi-annually |
| 3.05ii Incidence of TB (three year average) | November | No. |
| 4.10 Age-standardised mortality rate from suicide and injury of undetermined intent | November | No. |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**READING HEALTH AND WELLBEING BOARD**

| | | | |
|---|---|---|---|
| **DATE OF MEETING:** | **11th October 2019** | **AGENDA ITEM:** | **14** |
| **REPORT TITLE:** | **Care Quality Commission (CQC) Reading Local System Review - Action Plan Quarterly Update** | | |
| **REPORT AUTHOR:** | **Seona Douglas** | **TEL:** | **0118 937 2094** |
| **JOB TITLE:** | **Director of Adult Health and Care Services** | **E-MAIL:** | **seona.douglas@reading.gov.uk** |
| **ORGANISATION:** | **Reading Borough Council** | | |

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To provide an update of the Action Plan as a result of the Care Quality Commission (CQC) led Local System Review that the Reading system across Health and Social Care was subject to during October 2018. The focus of the Review was on older people 65 and over.

1.2 The Reading Health and Social Care System comprises of Reading Borough Council, Berkshire West CCG, The Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust (BHFT) and the South Central Ambulance Service. In addition to the providers of health and social care services, Healthwatch, the Voluntary and Community-Sector organisations have been fully engaged.

1.3 The requirement of the Health and Social Care system is to devise an Action Plan in response to the recommendations of the Report. (Annexe A) .

## 2. RECOMMENDED ACTION

2.1 To note the quarterly update of that action plan.

## 3. POLICY CONTEXT

3.1 It is important to note that the Reading System was selected for a Review, based on the significant improvements that it has made to its performance in reducing delayed transfers of care (DTOC) across the last year.

3.2 The Review was carried out under Section 48 of the Health and Social Care Act 2008. This gives CQC the ability to explore issues wider than their usual regulatory work.

3.3 The Reading Review followed on from 20 System Reviews carried out between August 2017 and July 2018. The findings from these were published in a report called

"Beyond Barriers: How older people move between health and social care in England."

3.4 The review process consisted of analysis of the local area performance data, an analysis of a range of information available from National Data collections, as well as CQC's own data.

3.5 The Reading System was also asked to provide a System Overview Information Return. (SOIR) The SOIR was submitted prior to on the on-site fieldwork and provided and enabled system leaders to give their own perspective on the challenges faced in their local area, as well as an opportunity to share the value of the positive outcomes for service users.

3.6 The Local System Reviews explored how people moved between health and social care organisations, and the mechanisms that are in place to achieve a timely response to the health and social care needs.

3.7 The final report was published by CQC on their website on 17th January 2019.

## 4. THE PROPOSAL AND KEY DEVELOPMENTS

4.1 The Action Plan combines a number of agreed tasks and outcomes that were either in the planning stages at the time of the Review, or were a response to suggestions and findings of the Review inspection team.

4.2 The Report made a number of suggested areas for improvement and these are addressed and prioritised in the action plan. (Appendix A)

4.3 The action plan for this quarter has been updated to show the progress against each of the actions in the period since it was agreed. The update has been provided by the named action owner as nominated by their organisation.

4.4 The progress column details the work to date and the relationship between the actions and who is responsible. The RAG rating column details the progress. Where an action remains rated as Red then this is due to the agreed timescale for completion being someway in the distance and the remaining work.

4.5 Key achievements since this report was last presented:

- Reading Borough Council and the Health and Well Being Board have agreed to implement the ICP governance. This creates the framework needed to coordinate the joint working and engage staff.
- Awareness of the voluntary sector has been raised, using a variety of methods, and the Caring in Reading information pack has been refreshed.
- A revised CHC protocol has been developed and shared with Local Authorities

## 5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The Reading Health and Wellbeing Strategy priorities that relate to the Reading Review:

1. Supporting people to make healthy lifestyle choices
2. Reducing loneliness and social isolation
3. Making Reading a place where people can live well with dementia

5.2 Strategic Aim 6. Making Reading a place where people can live well with dementia. The system overview return that the 5 key organisations submitted to CQC made reference to the strategy and policy context that is relevant to both the individual organisations involved along with joint working initiatives. However it specifically focussed on those over 65 and with Dementia and so provided a useful reflection for the system, highlighting what works well and where there are opportunities for improving how the system works for people using services.

## 6. COMMUNITY & STAKEHOLDER ENGAGEMENT

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

6.2 The CQC Reviewers used a variety of methods to ensure full engagement was undertaken across the area. Areas of the community were involved in specially arranged focus groups. One of these was with the local voluntary sector partners and another with groups of carers. The Reviewers visited services such as lunch clubs and sheltered housing and day centres that are accessed by Reading's older population and so will have direct contact with individuals who use these services. The case tracking evidenced an individual's interactions with all of the organisations involved in the review. The Review also included a relational audit which was a questionnaire sent out to a wide range of partners and users of services to establish how relationships were working between the partner organisations. Healthwatch, Voluntary, Community and Social Enterprise partners (VCSE) were involved in the interviews and focus groups.

## 7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 All aspects of the Adult Services teams undertake Equality Impact Assessments, however this was not required in this instance CQC and the Review Team were mindful of the equality framework and how it impacts on their visits and meetings. As well as qualified inspection staff they are always accompanied by experts by experience who were involved in the visits and focus groups. There was also a Relational Audit send out by CQC across a wide range of user groups to ensure a wider proportion of people were given an opportunity to express their opinions and share their experiences.

## 8. LEGAL IMPLICATIONS

8.1 Care Quality Commission (CQC) were commissioned to carry out a targeted programme of Local System Reviews under section 48 of the Health and Social Care Act (2008).

8.2 This particular review process was commissioned by the Secretaries of State of Health and Social Care and for Housing, Communities and Local Government.

8.3 CQC has powers under section 63(2) (b) of the Health and Social Care Act 2008, that allow them to access peoples' medical and care records. They do not need a person's consent in order to do this. All personal and confidential information reviewed as part of their onsite activity will be handled in line with CQC's information governance code of practice.

## 9. FINANCIAL IMPLICATIONS

9.1 The potential for any increased costs of any proposals and recommendations are minimal as this Action Plan's main focus is about strengthening the strategic development of joint working, and improvements in services already in situ. Consideration will need to be given to any changes alongside each organisations financial envelope.

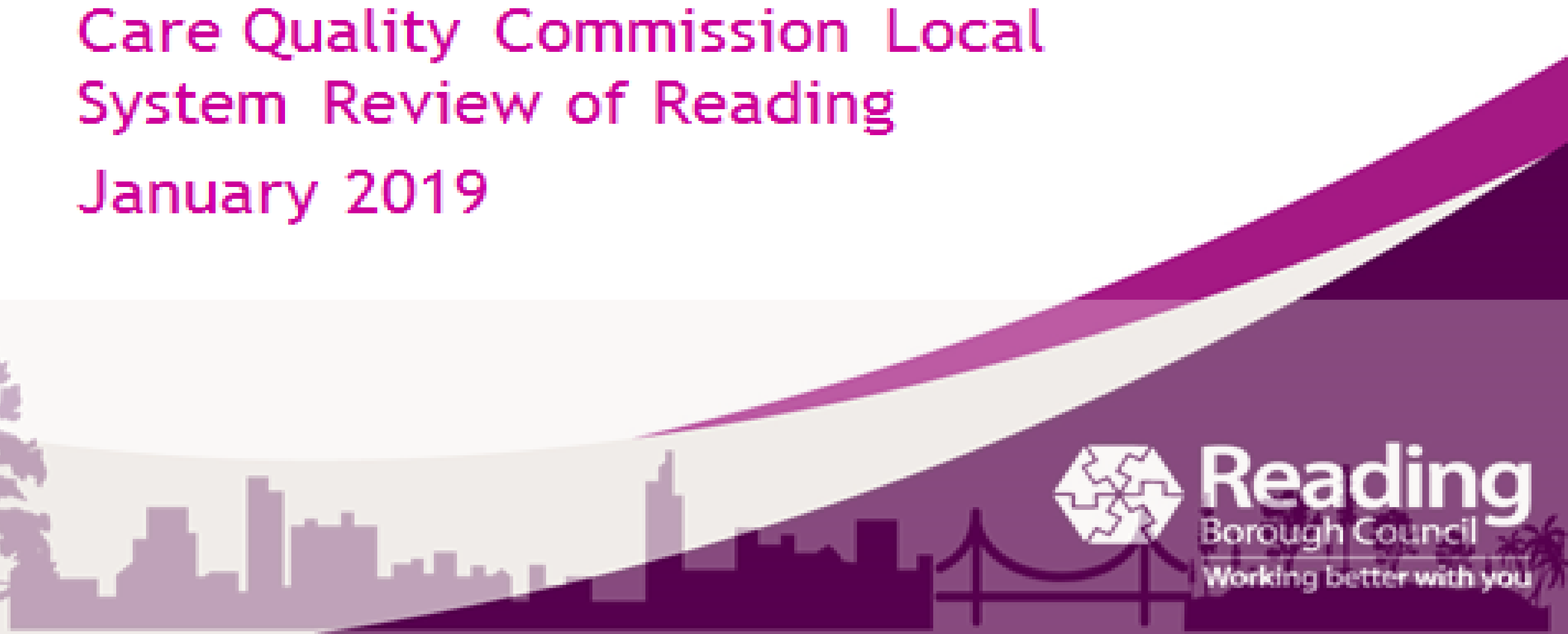
## 10. BACKGROUND PAPERS

10.1 CQC Local System Review - Reading

10.2 Action Plan

10.3 The findings from the 20 previous reviews that have been completed to date, nation-wide, can be found in the CQC publication "Beyond Barriers", which is available at: https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

# Reading Action Plan



**Background to the review and development of this Action Plan**

The Local System Review in Reading looked at the services provided by the following organisations:

- Reading Borough Council
- Berkshire West Clinical Commissioning Group
- Royal Berkshire Hospital
- Berkshire Healthcare Foundation Trust
- South Central Ambulance Service

Local System Reviews are carried out following a request by the Secretary of State for Health and Social Care and the Secretary of State for Housing, Communities and Local Government.

The Care Quality Commission were asked to carry out a programme of targeted reviews of local authority areas, of which Reading was one.



The main purpose of this review was to understand how people move through the Health and Social Care System in Reading with a focus on the interface between services. The Local System Review considered system performance along a number of pressure points on a typical pathway of care with a focus on people aged 65 and over.

This action plan is a response to the findings of the Reading System CQC review carried out between 6th September and 2nd November 2018 and in the report published by CQC on the 16th January in CQC'S published report dated January 2019.

This Action Plan will be monitored and progressed via a pre-existing multi-agency Reading Integration Board, this is made up of key senior representatives of all of the above organisations and led and chaired by the Director of Adult Care and Health Services at Reading Borough. .

*NB. Mostly the CQC report makes reference to the Berkshire West 10 (BW10) this was a name used to describe the number of organisations involved in the joint working programme and Integrated Care System. However due to the amalgamation of the 4 CCG's into 1 and forming of the new GP Alliances this action plan for clarity now makes reference to the renamed BW7.*

| Action Owner | Role | Organisation |
|---|---|---|
| Seona Douglas | Director of Adult Care and Health Services | Reading Borough Council |
| Jon Dickinson | Deputy Director Adult Care and Health Services | Reading Borough Council |
| Peter Sloman | Chief Executive | Reading Borough Council |
| Cathy Winfield | Berkshire West CCG | Berkshire West CCG's |
| Cllr Graeme Hoskins | Chair of Health and Wellbeing Board | Reading Borough Council |
| Cllr David Absolom | Chair of ACE Committee | Reading Borough Council |
| Sam Burrows | Deputy Chief Officer & Director of Strategy | Berkshire West CCG's |
| Debbie Simmons | Director of Nursing | Berkshire West CCG's |
| Maggie Neale | Integrated Care System Workforce Manager | Berkshire West CCG's |
| Maureen McCartney | Director of Operations, CCG Urgent Care Lead | Berkshire West CCG |
| Melissa Wise | Assistant Director for Transformation and Performance – Adult Care & Health Services | Reading Borough Council |
| Katrina Anderson | Director of Joint Commissioning | Berkshire West CCG's |
| Liz Rushton | Assistant Director for Berkshire NHS Continuing Healthcare (Adults and Children) | Berkshire West CCG's |
| Tessa Lindfield | Strategic Director of Public Health | Public Health Services for Berkshire |
| Steve McManus | Chief Executive | Royal Berkshire Hospital Foundation Trust |
| Janette Searle | Preventative Services Development Manager, Wellbeing Team | Reading Borough Council |
| Reva Stewart | Divisional Director, Adult Community Health Services West | Berkshire Healthcare Foundation Trust |

Key for RAG priority rating:

| RED | | Not started or priority to complete |
|---|---|---|
| AMBER | | Work in progress to deadline |
| GREEN | | Work Complete |

| Group 1 - Strategic Development Governance and System Alignment | | | | | | |
|---|---|---|---|---|---|---|
| **CQC Findings / Suggested Area for Improvement** | **Action Required** | **Action Owner** | **RAG Rating** | **Timescale for Completion** | **Identified Risks and Mitigating Actions** | **Progress and Recommendations** |
| **1a)** The vision for the delivery of health and care services in Reading was set out in the Health and Wellbeing Strategy however we did not find this to have strong engagement and agreement by all system partners. The Health and Well Being Strategy had a strong public health focus but was not driving the future direction of health and care for the city. The delivery of health and care services in Reading was influenced by the work of a collaboration of organisations, known as the Berkshire West 7 (BW7). | 1. Review of Governance across: Berks West Integrated Care System , Berkshire West 7, Health and Well Being Board across 3 West Berkshire Local Authorities to ensure stronger engagement across the system.<br><br>2. Agree the Strategic Principles and statement across Berkshire West 7 through the Chief Officers Group.<br><br>3. Agree with Chairs of the 3 Berkshires West Health and Well Being Board's political commitment to the Strategic Vison and table at Health and well Being Boards to inform the public. | Seona Douglas | Green | 1st July 2019 | **Risks**<br>• National driver's e.g. Integrated Care System/Strategic Transformation Partnership change. Chief Executive Priorities change. E.g. national and local issues e.g. Brexit/local critical incident.<br><br>**Mitigations**<br>• Programme Management Office needs strong leadership.<br>• Partnership accountability via the Health and Well Being Boards in the Berkshire West 7 | This action plan will be presented to Reading Health and Well Being Board meetings to monitor progress.<br><br>September 2019<br>Buckinghamshire, Oxfordshire and Berkshire Integrated Care System future arrangements have been presented to the current three system areas.<br><br>Underpinning these strategy proposals in the Berkshire West Integrated Care Partnership which focuses on place at BW7 level with a chief executive leadership team with a number of integrated work streams reporting through the CE to HWBB<br><br>A new chair has been elected to Adult, Children and Education committee and the scrutiny function has been developed and is supported fully by all stakeholders.<br><br>A joint Health and Wellbeing Strategy will be agreed jointly across the BW7.<br><br>The Reading Integration Board is drafting a work plan to ensure the BW7 vision is realised through local service delivery groups, involving all partners. |



| Group 1 - Strategic Development Governance and System Alignment | | | | | | |
|---|---|---|---|---|---|---|
| **CQC Findings / Suggested Area for Improvement** | **Action Required** | **Action Owner** | **RAG Rating** | **Timescale for Completion** | **Identified Risks and Mitigating Actions** | **Progress and Recommendations** |
| **1b)** The strategic direction of the Berkshire West 7 was set out by Chief Officers representing the member organisations. There were strong relationships between the Chief Officers, however the strategic vision for the Berkshire West area, including Reading, had not yet been articulated into a credible strategy that was agreed by and understood by all partners. As a result, it was not clear to people who use services and staff, how the | 1. Co-design Strategy at Stakeholder events in the Reading Locality to inform the Integrated Care Strategy.<br><br>2. Multi System Staff Awareness events to be held across all agencies to deliver the agreed strategy as part of the sign up to fully integrate health and social | Seona Douglas | **Amber** | 31st October 2019 | **Risks**<br>• Lack of engagement of partner agencies in terms of Communication assistance.<br>• Unable to release staff due to day to day demands.<br>• Impact on other public interest issues as a result of an incident or changing | Progress detailed in 1A |

| strategy for the delivery of health and care services in Reading was aligned to the vision for the Berkshire West area. | care.<br><br>3. Publicise the Strategy in local areas such as Primary Care Hubs organisations internet, local forums and each organisations to use social media to spread the understanding of the commitments of Berkshire West linked with Reading. | | | | priorities.<br>• Local Adult Social Care strategies need to be linked.<br><br>**Mitigation**<br>Chief Officers driving priorities | |
|---|---|---|---|---|---|---|
| **Group 1 - Strategic Development Governance and System Alignment (cont.)** | | | | | | |
| **CQC Findings / Suggested Area for Improvement** | **Action Required** | **Action Owner** | **RAG Rating** | **Timescale for Completion** | **Identified Risks and Mitigating Actions** | **Progress and Recommendations** |
| **1c)** Health partners had led the development of the Berkshire West Integrated Care System in 2016 and were in support of merging the work of the BW7 into the INTEGRATED CARE SYSTEM. Historically there had been reluctance from some local authority partners for this direction of travel; however opportunities for alignment were being explored, supported through recent meetings between the Chairs of the Health and Wellbeing Boards in the three unitary authorities. | 1. Meetings and engagement with Chairs of the Health and Well Being Boards with Local Authority and Health representatives to agreed strategy across Berkshire West 7.<br><br>2. Chief Executive Group to clarify and agree joint strategy alignment | Seona Douglas | Green | 31st May 2019 | | See response to 1A above |
| **1d)** System leaders should evaluate governance boards and processes to ensure that there is not duplication. System leaders should also ensure that people working in the system are clear on where decisions are taken, and where accountability lies for system performance. | 1. Map all Governance systems, meetings and projects to decide upon cohesive agreement regarding streamlining and averting duplication of priorities.<br><br>2. Create / update diagram of current decision making to understand the link within and across the System.<br><br>3. Make decisions on duplication across BW7 in consultation with other LA's to affect 1D (2). | Seona Douglas | Green | 30th June 2019 | **Risks**<br>• Loss of organisations autonomy.<br>• Sufficient time allocated to complete tasks<br>• Organisational cooperation<br>• Production of accurate data<br><br>**Mitigation**<br>• Changes are appropriately communicated.<br>• Chief Officer Commitment and scheme of delegation. | Work detailed in response 1a determines the direction of travel.<br><br>Berkshire West 7 group details the proposed Governance in relation to the whole system<br><br>This has been completed |

| | | | | | | |
|---|---|---|---|---|---|---|
| **1e)** The Health and Wellbeing Board should play a greater role in scrutinising health and care decisions taken at an Integrated Care System (ICS) and BW7 level to ensure that plans are aligned with Reading's Health and Wellbeing Strategy. The Health and Wellbeing Board should also review its membership and ensure greater representation of health and social care providers, including independent providers. | 1. Review Health and Wellbeing Board Membership in line with the Health and Social Care Act 2012 – Chapter2 section's 194 – 199 to ensure representative membership for scrutiny and challenge.<br><br>2. Decisions of the boards mapped out at 1d need to be reported at Health and Wellbeing Board | Seona Douglas | Amber | 30th October 2019 | **Risks**<br>• Failure to comply with the legislation and benefits from the wider membership and what this has to offer to progress outcomes for residents of Reading<br><br>**Mitigation**<br>• Support from the LGA Health and Wellbeing Board Support Team/Social Care Institute for Excellence to engage with relevant organisations with us if required to gain sign up | Following the agreement to 1abc and d above a review will need to be completed for submission to the Autumn Health and Wellbeing Board meeting. Original June target date amended accordingly to reflect that. |

## Group 1 - Strategic Development Governance and System Alignment (cont.)

| CQC Findings / Suggested Area for Improvement | Action Required | Action Owner | RAG Rating | Timescale for Completion | Identified Risks and Mitigating Actions | Progress and Recommendations |
|---|---|---|---|---|---|---|
| **1f)** The Adults, Children and Education (ACE) Committee should better embed its scrutiny function and play a more significant role in holding partners to account for common goals and scrutinising future strategic plans.<br><br>The ACE Committee should call health leaders to account for decisions that impact on the delivery of health and care services to people in Reading. | 1. Chair of Adults, Children and Education Committee (ACE) has arranged visits with partners NHS Chief Executives to open communications and set out expectations for the scrutiny programme and future agenda setting.<br><br>2. Meeting held to determine respective roles of Health and Wellbeing Board (HWBB) and Adult Children and Education (ACE) Committee<br><br>3. Consider other Reading needs and support for a Health Scrutiny function to consider the role of Healthwatch in that task. | Seona Douglas | Green | 31st May 2019 | **Risks**<br>• Visits do not take place in a timely way.<br>• Lack of sign up from the Partner organisation to presentation and attendance at Adults Children's and Education Committee.<br><br>**Mitigation**<br>• Director of Adults Care and Health Services to facilitate meetings to support Elected Member. | **6/2/2019:**<br>Cllr Hoskin and Cllr Absolom along with Director of Adult Care and Health Services have agree roles of Adult Children and Education Committee (ACE) and Health and Wellbeing Board (HWBB) to assist with agenda setting<br><br>**10/2/2019:**<br>Chief Executives and Adults Children's and Education Committee chair are arranged for dates over the next 6 weeks<br><br>**22/5/19**<br>The Reading Children's services are now in a company arrangement "Brighter Futures for Children" Therefore new arrangements are now in place for member reporting from them as an organisation<br>Meetings have taken place with Cathy Winfield CCG, Will Hancock SCAS, and Julian Emms BHFT. Last of those meetings is arranged with Steve McManus RBH for June. |

| Group 2 - Operational Delivery and Workforce | | | | | | |
|---|---|---|---|---|---|---|
| **CQC Findings / Suggested Area for Improvement** | **Action Required** | **Action Owner** | **RAG Rating** | **Timescale for Completion** | **Identified Risks and Mitigating Actions** | **Progress and Recommendations** |
| **2a)** The modelling work undertaken by Integrated Care System workforce leads should be developed into a system workforce strategy and they should ensure that the local authority and the VCSE sector are involved in its development as partners and not just as providers. | 1. Develop a Workforce strategy for Social and Health Care across Reading and secure the future staffing requirements to meet the needs of the system.<br><br>2. Revise Terms of reference to include all system partners alongside current workforce leads so that there is clarity of the task required.<br><br>3. Engagement event of the relevant system partners to ensure all have contributed to the strategy to ensure meets need of area and looks at integration.<br><br>4. Reports form the Workforce group need to be included in updates to Reading Integration Board | Debbie Simmonds | Amber | 30th April 2020 | **Risks**<br>• Social care partners may not engage or understand the relevance of the Integrated Care System Workforce Group to their workforce so need to be informed.<br>• Engagement with senior's managers who are able to contribute and participate in the work.<br>• Day to day priorities and/or emergency situations occur<br>• Individual organisations workforce priorities and strategy need to be aligned with core principles.<br>• Previous Workforce planning undertaken by Health Education England was not fully engaged with or embedded in Berkshire West.<br><br>**Mitigation**<br>• Escalation to the Chief Officers Group to direct as required | Since CQC met with Workforce Focus Group leaders Integrated Care System Workforce Group has put into the March Meeting a 'Deep Dive' of social care workforce issues. This has led to higher engagement which will hopefully embed the social care issues within Integrated Care System Workforce Structure.<br><br>Berkshire West Integrated Care System Workforce Group has agreed across the Integrated Care System, a workforce methodology, Skills for Health '6 Step'. Social Care alongside all health providers and has been offered support in engaging with this model. Workshops to facilitate this are currently in development. . |

| Group 2 - Operational Delivery and Workforce (cont.) | | | | | | |
|---|---|---|---|---|---|---|
| **CQC Findings / Suggested Area for Improvement** | **Action Required** | **Action Owner** | **RAG Rating** | **Timescale for Completion** | **Identified Risks and Mitigating Actions** | **Progress and Recommendations** |
| **2b)** Although people received high-quality care and support in hospital, people aged 65+ were more likely to attend hospital in an emergency when compared to the national average, there was also a higher chance than the England average that that they would be admitted. | 1. Ensure that the Optum Population Health Management work programme provides the intelligence we need to identify the underlying reasons for the higher number of non-elective admissions for patients aged 65 plus.<br><br>2. Working with clinical leads and other partners, including Primary Care Networks and service users, use this intelligence to develop an action plan to help address the issues contributing to this higher than average number.<br><br>3. Reading Integration Board to oversee the implementation of the actions in this plan and to provide reassurance of progress to the Health and Wellbeing Board. | Maureen McCartney | **Amber** | 30th September 2019 | **Risks**<br>• A focus on patients aged 65 plus may detract from work needed to address NEL's in other age groups<br>• Need to ensure alignment with priorities of system partners<br>• Commitment from all partners to delivery of the action plan<br>• Resources to implement all actions identified<br>**Mitigation**<br>• RIB to ensure the Optum findings are used to support .an overall reduction in NELS's across all age groups and timescales for this agreed action<br>• RIB membership to ensure joined up working and commitment across partner agencies<br>• RIB to prioritise actions | Health and Social Care Partners actively engaged with the Optum Population Health Management Programme and an in depth analysis of the Optum and CCG data in relation to Non Elective Admissions was completed. This included age, frailty, deprivation levels, NHS activity, spend and prevalence at electoral ward level. The key findings from this analysis and a list of recommended actions was considered by Reading Integration Board on 31 July.<br><br>A key finding was that people living in the 3 most deprived wards in South Reading have more Non Elective Admissions, and high % prevalence of CHD, COPD, Diabetes Hypertension , obesity and CKD.,<br><br>In response to this we are working with partners including Respiratory Consultants and GPs in the 2 Primary Care Networks to provide a "wrap around service" to better support identification and management of complex patients living in these 3 wards.<br><br>We are also continuing with the existing Neighbourhood Care Planning Group which provides a Multidisciplinary Care Approach for specific patients identified by either health or social care. .<br><br>Reading Integration Board will monitor progress on this work and report to HWBB. |
| **2c)** While there was extensive support for people living in care homes, the support offer in the wider community was less well developed. Schemes such as the Falls and Frailty Service and the Rapid Response Service were in place to meet people's needs at a point of crisis, however there was not | 1. Address the gap identified in the work in 2B above<br><br>2. Develop an action plan to address the gaps in support to reduce risk of non-elective admissions from a community | Reva Stewart | **Red** | 31st December 2019 | **Risks**<br>• Funding priorities<br>• Sufficient allocated resource to undertake the task.<br>• Lack of System/partner | **September 2019**<br>Project group in place to pilot Neighbourhood Care Planning Group as a MDT approach. Gaining access to Integrated Population Analytics (IPA) tool is underway, as the risk |

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| an effective system risk stratification to identify people at high risk of deterioration in their condition which meant that early targeted interventions could not be put in place. | setting.<br><br>3. Include the external providers of domiciliary care and identify support for early supported discharge planning | | | | engagement<br><br>**Mitigation**<br>• Chief Officer group mandate | stratification tool will contribute to identifying patients at risk of admission and support proactive interventions such as a MDT. Reading Integration Board will review outputs from 2b to inform the development of an action plan. |
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**<u>Group 2</u> - Operational Delivery and Workforce (cont.)**

| CQC Findings / Suggested Area for Improvement | Action Required | Action Owner | RAG Rating | Timescale for Completion | Identified Risks and Mitigating Actions | Progress and Recommendations |
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| **2d)** Two primary care alliances had recently formed – the Reading Primary Care Alliance and the North & West Reading Primary Care Alliance. The formation of the two alliances covered 25 GP practices in Reading and would allow for a more cohesive and collaborative approach to workforce planning and would represent and contribute towards a strategy for primary care within the Integrated Care System. It was expected that through the alliances, GP practices would work closer together in the development of a system risk stratification tool that would identify people at the highest risk of hospital admission. | 1. Ensure the GP Workforce Group is linked in to wider system workforce strategy<br><br>2. CCG to work with GP providers to use outputs from Optum public health management work to further develop risk stratification and MDT care planning for patients at risk of deterioration in their health, linking to care navigators as appropriate. | Helen Clark | **Amber** | 31st December 2019 | | The previous alliance structure has been superseded by Primary Care Networks of which there are six in Reading (Tilehurst, Whitley, Reading Central, University, Caversham, and Reading West). Tilehurst, Whitley and Reading West continue to work together as part of the Reading Primary Care Alliance.<br><br>Primary care transformation is now overseen by the BW ICP Primary Care Programme Board. The Board has met twice, in June and November and also hosted a summit meeting in July. This, together with the recent Design our Neighbourhoods event, has informed the development of a work programme for the remainder of the year of which workforce development is a key element. The Primary Care Workforce Group now reports to the Programme Board and is also linking with the ICP Workforce Group (which should be supporting 2d, above) as well as with BOB leads around key areas including workforce planning and GP recruitment and retention. A local focus is the recruitment of staff to PCNs under the national Additional Roles Reimbursement Scheme which in the first instance focuses on clinical pharmacists and social prescribers. Discussions are underway to ensure PCN social prescribing link workers are appropriately linked with existing social prescribing provision and the broader voluntary sector. A workforce workshop for PCN Clinical Directors is being held in October. |

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| Action 2d Continued | | | | | | A further work stream within the programme relates to the roll-out and further development of MDT care planning for patients who might otherwise be at risk of admission, informed by PHM data and risk stratification building on the Optum approach with plans being developed for national PCN development funding to be used to build PHM capacity within PCNs. It is intended that the Reading Integration Board will be asked to lead the further development of MDT care planning for which a project plan is being developed. This will need to take forward and roll-out learning from the current project to reduce non-elective admissions amongst patients in Whitley. |

| **Group 2 - Operational Delivery and Workforce (cont.)** | | | | | | |
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| **CQC Findings / Suggested Area for Improvement** | **Action Required** | **Action Owner** | **RAG Rating** | **Timescale for Completion** | **Identified Risks and Mitigating Actions** | **Progress and Recommendations** |
| **2e)** Connected Care, an information sharing platform was already improving connectivity between services, with ambulance and A&E staff accessing GP summary care records, enabling them to make more informed decisions about a person's care. Connected Care had been rolled out within the acute and community trusts but was yet to be established in social care – plans were in place for a phased roll out in December 2018. Social care staff told us that this will make a big difference for them as they will be able see the conversations that have taken place with a person before the point that they make contact, saving time and informing better assessments | 1. Deliver the currently agreed implementation plan. | Melissa Wise | **Green** | 31st June 2019 | **Risk**<br>• There is a risk that these projects will not Go Live as planned due to technical challenges. This risk will be robustly monitored through the Connected Care Implementation Board to ensure the project delivers to plan.<br><br>**Mitigation**<br>• To maintain reporting through the Connected Care Implementation Board. | Portal access was launched as planned. Initially we offered a limited number of logins to staff to manage the administration however this has since been broadened with now 100 staff that have access. |

| Group 2 - Operational Delivery and Workforce (cont.) | | | | | | |
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| **CQC Findings / Suggested Area for Improvement** | **Action Required** | **Action Owner** | **RAG Rating** | **Timescale for Completion** | **Identified Risks and Mitigating Actions** | **Progress and Recommendations** |
| **2f)** System leaders told us that processes for CHC had been reviewed and extra training had been provided for frontline staff. Despite this frontline staff still did not feel processes were still clear and consequently this was continuing to cause delays. We heard how this was impacting on people being able to die in their preferred place and were given examples of people dying in hospital before the funding was approved. A progress report given to the BW7 on the CHC Quality Premium in March 2018 showed that the CCG was still not reaching the terms of the Quality Premium. | 1. Evidence of dissemination through the System of the Interim funding paper agreed by the CCG. This will enable agreement for interim funding so that someone can be placed while assessment and decision regarding Continuing Heath Care are completed to prevent delay in a hospital.<br><br>2. Process redesign of the Continuing Heath Care Discharge to assess pathway and process.<br><br>3. Interim funding paper – wider communication needed of desired outcomes when the process is redesigned to ensure achieving the outcome.<br><br>4. A focus on more assessments happening in the community. | Katrina Anderson | **Amber** | 31st July 2019 | **Risks**<br>• People wait unnecessarily for a Continuing Health Care determination.<br>• Potentially Health Care needs are not identified early enough and may impact upon resident if they fund their own care.<br>• Adult Social Care potentially provide for Health care needs inappropriately.<br>• Need to review training needs against the framework agreements<br><br>**Mitigation**<br>• Multidisciplinary Team Meeting need terms of reference sharing<br>• CHC senior manager now attending DASC Wednesday 8 am meetings to<br>• Discuss/agree DTOC issues.<br>• Adult Social Care have received training and support from Michael Mandelstam in relation to Continuing Health Care | These communication plan and these tasks will be allocated across all the organisations by Reading Integration Board when the pathway and process are signed off.<br><br>A proposed CHC Discharge to Assess pilot was discussed and agreed at BW7 in January 2019.<br><br>The CCG and LA's have met twice to discuss and agree the proposed CHC Discharge to Assess protocol (signed off by BW7 in Jan 2019).<br><br>A further revised protocol was circulated to all 3 LA's in June 2019 and comments/agreement has not yet been received.<br><br>Therefore the pilot has remained at amber and funding is due to finish in September 2019. |

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| Group 3 - Commissioning and Market Management | | | | | | |
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| **CQC Findings / Suggested Area for Improvement** | **Action Required** | **Action Owner** | **RAG Rating** | **Timescale for Completion** | **Identified Risks and Mitigating Actions** | **Progress and Recommendations** |
| **3a)** Health and care commissioners should work together to develop the new Joint Strategic Needs Assessment and ensure that in its development it is aligned with the Integrated Care System's Population Health Management approach. | 1. Engage partners and service users to join existing boards to influence and contribute to meeting the needs in the Joint Strategic Needs Assessment (JSNA).<br>2. Ensure all partners are involved in decisions regarding Joint Strategic Needs Assessment (JSNA and Public Health Monies 9PHM).<br>3. Make best use of IT to present and share the information across the various organisations and staff groups. | Tessa Lindfield for Joint Strategic Needs Assessment<br><br>Maureen McCartney for Population Health Management | **Red** | 31st December 2019 | **Risk**<br>• There is a continued risk that organisations will continue to use the outputs of the Joint Strategic Needs Assessment and Public Health Monies work separately given the differing timescales of delivery.<br>**Mitigation**<br>• This is mitigated by both TL and MM being part of both working groups | PH now a member of the PHM & Digital Board. JSNA model has been agreed at all HWBs to include development of on line Berkshire Observatory tool as part of the JSNA which is due to go live September 2019;<br><br>Agreement in place to develop joint commissioning for 0-19s<br><br>BCEG have agreed measured to strengthen governance of PH system and are reviewing set up across Berks.<br><br>PH Board continues to meet to review use of PH Grant. |
| **3b)** Health and care commissioners should develop a joint commissioning strategy. Health and care commissioners should agree on commissioning intentions across health and social care and work together to develop a joint market position statement. | 1. Directors across Berkshire West set high level commissioning priorities for a joint commissioning strategy across Berkshire West and this will now be progressed to agree joint commissioning programme.<br>2. Develop and agree Joint Market Position statement across the 3 Local Authority's and Clinical Commissioning Group for areas that are common to all partners | Seona Douglas | **Red** | 31st December 2019 | **Risks**<br>• Commissioning capacity in all partner organisations remains a risk to this work.<br>**Mitigation**<br>• Additional capacity is being explored through the Better Care Fund to expedite this work. | An initial meeting of BW7 Commissioners have agreed scope to progress work. A further meeting in March will develop a work plan. |

## Group 3 - Commissioning and Market Management (cont.)

| CQC Findings / Suggested Area for Improvement | Action Required | Action Owner | RAG Rating | Timescale for Completion | Identified Risks and Mitigating Actions | Progress and Recommendations |
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| **3c)** System leaders should focus on developing prevention and early intervention services that increase the support offer in the community. A system approach to risk stratification and active case management should be developed to identify people at the highest risk of hospital admission. | 1. MDT Risk stratification progressing as part of care planning, but will be accelerated and broadened in order for partners and other projects to benefit from understanding this risk profiling approach.<br><br>2. The Neighbourhood Care Planning Group (NCPG) pilot project needs to be reviewed to ensure the outcomes are aligned with the CQC outcomes. Consider if the information GP's hold in their GP frailty register could link into the pilot. | Maureen McCartney | **Amber** | 31st September 2019 | **Risks**<br>• There is a risk that the National Care Planning Group work is completed in isolation of the planned system wide neighbourhood work.<br><br>**Mitigation**<br>• All planned work related to Neighbourhoods is cited through the Reading Integration Board | Health and Social Care Partners have actively engaged with the Optum Population Health Management Programme and the outputs from this and the analysis and recommendations in the Paper referred to in Action 2b) support the action required for 3C . |
| **3d)** The role of the Reading Integration Board should be further developed to enable joint commissioning outside of the Better Care Fund and be more closely aligned to the Health and Wellbeing Board | 1. Review Terms of Reference and membership.<br><br>2. RIB chair and PMO to engage with HWBB Chair to identify options for better alignment.<br><br>3. As Joint Commissioning develops utilise the Reading Integration Board as the appropriate Governance vehicle for monitoring | Melissa Wise | **Green** | 31st March 2020 | **Risks**<br>• Lack of sufficiently experienced Programme Management capacity.<br><br>• Joint commissioning develops at a slower pace than expected.<br><br>**Mitigation**<br>• Identify internal resources if required to undertake required work. | Further to discussion with RIB Chair a 5 minute recurring item will be added to the Reading Integration Board (RIB) agenda for May 2019 onwards to discuss and monitor progress made / opportunities arising at the Berkshire West 7 Joint commissioning board and consider ongoing conversations re joint commissioning opportunities.<br>Meeting to be planned for late June to allow Director and Chairs of both boards to discuss better alignment of Reading Integration Board (RIB) and Health and Wellbeing Board (HWBB). To also agree any necessary changes to terms of reference and membership. |
| **3e)** Market management was undertaken by the local authority and the CCG separately although system leaders stated an intention to move towards a more joined up approach. The local authority had a robust market position statement and was undertaking work to update this. | See 3b above | Seona Douglas pending appointment of new Asst. Director Commissioning | Amber | 30th September 2019 | **Risks**<br>• Commissioning capacity in all partner organisations remains a risk to this work<br><br>**Mitigation**<br>• Additional capacity is being explored through | **22/5/2019**<br>A Joint Commissioning Group as a part of the new Governance arrangements described above in 1A has been set up across the Berkshire West 7 group to address the commissioning issues more widely than Reading BC and the CCG. The group will be informed by the JSNA work, the Optum project and the 3 LA's (Reading |

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| | | | | | the Better Care Fund to expedite this work. | Wokingham and West Berkshire) Market Position Statements. |

## Group 4 - Communication & Engagement

| CQC Findings / Suggested Area for Improvement | Action Required | Action Owner | RAG Rating | Timescale for Completion | Identified Risks and Mitigating Actions | Progress and Recommendations |
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| **4a)** In developing the next Health and Wellbeing Strategy, due for publication in 2020, the local authority should engage system partners and ensure greater alignment with the wider Berkshire West Integrated Care System strategic intentions and those of the Buckinghamshire, Oxford and Berkshire West STP | 1. Using the Health & Wellbeing Board as the vehicle for discussion undertakes early scoping with partners to develop the strategic intentions for the strategy.<br>2. Ensure System Leaders are engaged in approving the strategy and associated action plan. Ensuring alignment to the Integrated Care System (ICS) strategic intentions as appropriate. Joint ownership of the Action Plan is secured. | Tessa Lindfield | Amber | 30th September 2019 | **Risks**<br>• As the Integrated Care System work evolves there is a risk that developments will not be included in the Health & Wellbeing Strategy as it has a finite publish date.<br>• Ensure sufficient time is allowed to capture service user voice through partnership groups | The chairs of the Wokingham, Reading and West Berks Health and Wellbeing Boards agreed in April 2019 to pursue having a Berkshire West shared joint health and wellbeing strategy. This will be one strategy that covers the Berks West footprint thus aligning with the Berks West ICS (i.e what was BW7/ BW10 footprint).<br>Plans for the shared Joint HWB Strategy continue to be developed. A bid for programme support to develop the strategy has been made to the ICP delivery group which rated it mission critical. An update on the development of this strategy will be presented to a future Reading HWB |
| **4b)** While relationships between system leaders are strong, improvements in relationships between health and local authority partners could be improved. As the system moves towards greater integration at a Berkshire West level, system leaders should ensure that staff are engaged in the process and that health partners and working with colleagues in the local authority to progress plans.<br><br>(4b continued) | 1. Public Health Consultants are working at a Berkshire West level to create the Framework needed to coordinate and bring groups together on a more formal basis.<br>2. Action plan to decide how we really engage with each other and the wider stakeholders and public.<br>3. Staff from all organisations are involved in the further development of the Integrated Care System work to ensure alignment and a joined up approach. | Cathy Winfield | Green | 31st August 2019 | **Risks**<br>• Potential changes to elected members and senior leaders with a subsequent reduction in commitment to joint working<br>• Lack of capacity to deliver the ICP work programme<br>• Lack of resource to support the development of the joint strategy<br>**Mitigation**<br>• Secure full organisational support for joint working and embed robust governance at locality and system level to reduce the impact of loss of specific individuals<br>• Review the resource | 1. Reading Borough Council and the Health and Well Being Board have agreed to implement the ICP governance. This creates the framework needed to coordinate the joint working and engage staff. The first meeting of the ICP Unified Executive will take place on 12th September and the first meeting of the ICP Leadership group will take place on 30th September.<br>2. All ICP partners have undertaken a strategic prioritisation process which will be signed off via the ICP governance and have agreed to develop a joint strategy for Berkshire West by July 2020, coordinated by public health, with clear identification of specific priorities for each local authority area (see 4a).<br>RAG rating is now Green as the ICP has been implemented and joint strategy proposals are agreed. |

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| | | | | | associated with the current BW10 so that this can be deployed on agreed priorities and makes more efficient use of current capacity by doing things once and sharing.<br><br>Each ICP partner to agree how the development of the new strategy will be resourced. | |

## Group 4 - Communication & Engagement

| CQC Findings / Suggested Area for Improvement | Action Required | Action Owner | RAG Rating | Timescale for Completion | Identified Risks and Mitigating Actions | Progress and Recommendations |
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| **4c)** There were opportunities to make better use of the VCSE sector services market. Health and care commissioners should work with VCSE sector providers to support in the development joined up service offers. | 1. Linked to 3B above<br><br>2. Refresh mapping exercises previously undertaken across the Clinical Commissioning Group and Reading Borough Council to align existing Voluntary Sector and Social Enterprise Commissioning and ensure Voluntary sector groups included across board. | Seona Douglas pending appointment of new Asst. Director Commissioning | Amber | 30th September 2019 | **Risks**<br>• Capacity in commissioning teams across partner organisations is proving challenging.<br><br>**Mitigation**<br>• A realistic approach to be adopted to what can be achieved and maximise the resources available. | The Joint Commissioning Board described in 3e has a sub group focussed on Voluntary Sector commissioning led by the Public Health Consultant in West Berkshire and will report to the Joint Commissioning Board. |
| **4d)** Carers had varying experiences of accessing support in Reading. Statutory services were not always well linked to VCSE sector services that could provide support to carers. The Reading Carers Hub provided information and advice for unpaid carers however carers felt that they were not always well supported to access services and many felt they had to reach crisis point before they were offered support. | 1. Raise awareness of third sector support for carers amongst all organisations across the system<br><br>2. Promote Carers Week (June) and Carers Rights Day (November) activities to create network opportunities | Jon Dickinson | Green | 30th September 2019 | **Risks**<br>• Lack of understanding legislation and local services<br><br>**Mitigation**<br>• Utilise local HUB's GP surgery's and on-line solutions to inform as widely as possible | Awareness has been raised over the last few months, with the following activities taking place:<br>- Speed Dating events to link ASC and the 3rd Sector.<br>- Spotlight on the voluntary sector – regular item in GP e-newsletter.<br>Refresh of Caring in Reading information pack. |



## Group 4 - Communication & Engagement (cont)

| CQC Findings / Suggested Area for Improvement | Action Required | Action Owner | RAG Rating | Timescale for Completion | Identified Risks and Mitigating Actions | Progress and Recommendations |
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| **4e)** Carers we spoke with were concerned about the availability of respite care and that those who | 1. Carers needs to be incorporated in to the roll out of the new strength based | Jon Dickinson | Green | 31st March 2020 | **Risks**<br>• Further analysis and | 1. Speed dating events have happened between ASC & 3rd Sector to raise awareness of |

| did not fund their own care had limited choice and control over what respite services were available. Carers felt that carers issues are not well understood and more could be done to join services together and promote common issues | model work – Conversations Count within Reading Borough Council see in 2 c above Further training to be rolled out across the department and partners re identifying carers who may have significant caring role.<br><br>2. System partners to understand the joined up carers strategy – and to align in the future.<br><br>3. Develop the 'getting a break' section of the 'Caring in Reading' information pack which is disseminated online within Reading Services Guide) and in hard copy so as to improve awareness of respite services |  |  |  | identification work if needed.<br><br>**Mitigation**<br>• Explore involvement from Healthwatch and Carers Hubs | community support / focus on carers.<br>2. The Multi-Agency carers steering group continues to promote good practice and information sharing across partners.<br>3. 'Caring in Reading' information pack has been refreshed to strengthen information about respite services. |
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| **4f)** Strategic provider forums which bring together staff from across health and social care providers should be established to enable staff to discuss operational processes and overcome barriers to joint working. | 1. RBC will facilitate provider forums across all service areas ensuring representatives from partner organisations are represented. | Seona Douglas pending appointment of new Asst. Director Commissioning | Red | 31st September 2019 | **Risks**<br>• Attendance at the sessions<br>• Partaking and absorbing the messages to champion in the workplace.<br>• Day to day priorities<br><br>**Mitigation**<br>• Inclusive workshop style to encourage understanding.<br>• Commitment of Managers to release staff to participate. | This is a wider matter in relation to response for 1a above therefore the timescale has been adjusted from the original July date to enable this to be considered further and established across the wider footprint. |



**Group 4 - Communication & Engagement (cont.)**

| CQC Findings / Suggested Area for Improvement | Action | Action | RAG | Timescale for | Identified Risks and Mitigating | Progress and Recommendations |
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| **4g)** In the establishment of pathways care, operational leads should ensure they are understood and signed up to by staff across the system and that they are clearly communicated to people so that they understand what options are available to them when they are discharged from hospital | 1. To Review all the care pathways to provide a clear understanding of the hospital discharge journey for residents.<br><br>2. To provide public information in relation the pathway so that there is clarity in relation to a range of options. | Mark Robson | **Red** | 30th September 2019 | **Risks**<br>• Allocated time<br>• Day to day priorities.<br><br>**Mitigation**<br>• Commitment to improve the resident experience of hospital discharge. | A Task and Finish Group 1t meeting was commenced in March 2019 and is working to review and revise pathways. |

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