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

1 October 2020

Your contact is: Nicky Simpson - Committee Services

NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 9 OCTOBER 2020

A meeting of the Health and Wellbeing Board will be held on **Friday, 9 October 2020 at 2.00 pm** as an **online meeting via Microsoft Teams**. The Agenda for the meeting is set out below.

AGENDA Page No

7. BERKSHIRE WEST ICP SYSTEM RECOVERY APPROACH 35 - 42

Sam Burrows, the Deputy Chief Officer of the Berkshire West CCG, will give a presentation on the Berkshire West ICP (Integrated Care Partnership) System Recovery Approach.

8. ANNUAL INFLUENZA REPORT 43 - 80

A report on the performance of the influenza vaccine campaign in winter 2019-20, 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.

9. UPDATE ON MENTAL HEALTH CRISIS REVIEW AND BUILDING A PRIMARY CARE MENTAL HEALTH OFFER 81 - 88

A report on two Mental Health transformation priorities – Mental Health Crisis Review and Building a Primary Care Mental Health Offer.

10. HEALTHWATCH READING ANNUAL REPORT 2019/20 89 - 96

Healthwatch Reading's annual report, giving details of the work carried out by Healthwatch Reading in 2019/20.

11. SAFEGUARDING ADULTS READING & WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2018-19 97 - 220

A report presenting the West of Berkshire Safeguarding Adult Board Annual Report 2018/19, which highlights the work that has been carried out across the multi-agency partnership (Reading, West Berks & Wokingham) and the Safeguarding Adults Annual Report 2018/19 for Reading Borough Council.

12. HEALTH AND WELLBEING DASHBOARD - OCTOBER 2020 221 - 260

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.

13. DATE OF NEXT MEETING - 22 JANUARY 2021

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
Andy Ciecierski	North & West Reading Locality Clinical Lead, Berkshire West CCG
Kate Reynolds	Director of Education, Brighter Futures for Children (BFfC)
Rachel Spencer	Chief Executive, Reading Voluntary Action
Councillor Terry	Lead Councillor for Children, RBC
Cathy Winfield	Chief Officer, Berkshire West CCG

Also in attendance:

Gwen Bonner	Clinical Director, Berkshire Healthcare NHS Foundation Trust (BHFT)
Ruth Evans	Associate Professor in Human Geography & Participation Lab Leader, University of Reading
Andy Fitton	Assistant Director for Joint Commissioning, Berkshire West CCG
Sarah Hunneman	Neighbourhood Facilitator, Public Health & Wellbeing Team, RBC
Deb Hunter	Head of SEND & Principal Educational & Child Psychologist, BFfC
David Munday	Consultant in Public Health, RBC
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC
Lewis Willing	Integration Project Manager, RBC & Berkshire West CCG
Theresa Wyles	Divisional Director. BHFT

Apologies:

Jon Dickinson	Assistant Director of Adult Social Care, RBC
Seona Douglas	Director of Adult Care & Health Services, RBC
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Tessa Lindfield	Strategic Director of Public Health for Berkshire
Bhupinder Rai	Reading LPA Commander, Thames Valley Police
David Shepherd	Chair, Healthwatch Reading

1. MINUTES

The Minutes of the meeting held on 17 January 2020 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

a) Life Expectancy

Sir Michael Marmot's recent report highlights declines in life expectancy and healthy life expectancy especially for women in poorer communities. Please give the corresponding figures for Reading in as fine geographical grain as possible, eg by ward or Census LSOA.

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

Thank you, Mr Lake for your question. Sir Michael Marmot's report, 10 years on from his ground-breaking original review into health inequalities was profoundly depressing. Tackling inequalities in health outcomes in Reading is the overarching mission of this Health and Wellbeing Board as expressed in our Strategy. In my view inequalities in health are the worst inequalities of all and the widening gap between the health and life expectancies of the richest and poorest in England since 2010 is a scar upon our country. It literally condemns millions of our fellow citizens to many years of unnecessary poor health and earlier deaths.

Most alarmingly the causes of these worsening health outcomes and declines in life expectancy amongst poorer communities are likely to have a big impact for years to come. The effects of massive governments cuts to the public services such as Sure Start Children's Services, Youth Provision, the voluntary and community sectors, social care and public health are all likely to damage health in England for decades to come.

Reading, whilst a relatively prosperous town, is also the third most unequal city in England and so our focus on tackling health inequalities in the face of a national government making the problem worse is critical.

The following is the best data we have in health inequalities in Reading over this period.

Baseline:

Life expectancy at birth for people in Reading increased significantly between 2001-03 and 2008-10 as follows:

Male

	LE	LCI	UCI
2001-03	75.8	75.2	76.4
2008-10	77.7	77.1	78.3

Female

	LE	LCI	UCI
2001-03	80.9	80.3	81.6
2008-10	82.4	81.8	83.0

(Healthy life expectancy is not available for these time periods)

Neither life expectancy nor healthy life expectancy at birth increased significantly for men or women between 2009-11 and 2016-18. Healthy life expectancy for women decreased from 66 years to 64.4 years.

Male

	LE	LCI	UCI
2009-11	78.2	77.6	78.8
2016-18	79.1	78.5	79.6

Female

	LE	LCI	UCI
2009-11	82.8	82.2	83.4
2016-18	83.1	82.6	83.7

Male

	HLE	LCI	UCI
2009-11	64.6	62.8	66.5
2016-18	65.1	63.0	67.2

Female

	HLE	LCI	UCI
2009-11	66.0	64.1	68.0
2016-18	64.4	62.1	66.7

Public Health Outcomes Framework, Indicators A01a and A01b.
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000008/ati/202/are/E06000038
(Accessed 05/03/2020).

Life expectancy (LE) and Healthy Life Expectancy (HLE) are not published by Ward or LSOA as frequently as for larger geographical areas. The most recent statistical publication is from 2018 and is based on 2009-13 data. The table below shows differences in LE and HLE between wards. Indices of Multiple Deprivation (IMD) scores for each ward from 2015 and 2019 are shown on the right (higher score = greater deprivation).

Ward name	LE at birth 2009-13		HLE at birth 2009-13		IMD deprivation score	
	Male	Female	Male	Female	2019	2015
Whitley	75.5	80.1	59.0	58.9	32.3	31.1
Norcot	76.5	83.7	60.3	63.1	28.0	25.4
Battle	78.1	82.1	62.7	63.2	22.6	25.0
Church	77.4	81.4	61.7	62.6	24.6	24.6
Abbey	74.1	81.8	59.1	63.4	23.7	24.3
Katesgrove	77.4	85.1	61.8	64.8	21.0	22.8
Minster	75.3	79.8	61.7	63.1	21.8	21.7
Southcote	79.2	85.5	63.2	65.5	26.4	21.5
Caversham	78.1	83.8	64.8	65.4	17.2	18.1

Ward name	LE at birth 2009-13		HLE at birth 2009-13		IMD deprivation score	
	Male	Female	Male	Female	2019	2015
Kentwood	78.4	80.3	65.2	65.7	17.7	17.4
Park	78.2	83.0	64.1	67.0	14.6	15.4
Redlands	78.5	84.4	64.1	66.9	14.9	15.3
Tilehurst	79.0	84.9	65.6	67.3	16.9	14.8
Peppard	81.5	86.3	68.7	70.6	7.6	7.0
Thames	82.3	86.0	71.0	73.0	4.0	4.6
Mapledurham	85.1	92.2	74.3	74.4	3.5	3.0

Health state life expectancy at birth and age 65 by 2011 Census wards, England and Wales, 2009 to 2013, ONS, 2018.

b) COVID-19 - Volunteer Support for Vulnerable and Elderly People in Self-Isolation

In preparation for widespread infection by COVID-19 could Reading Borough and NHS consider working with RVA to set up an effective telephone support tree/network working through volunteers for vulnerable and elderly people who are in self-isolation?

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

As advice and guidance from national government and Public Health England evolves, and looking at the progression of COVID-19 in other countries, it is clear that large numbers of people both in Reading and across the country are going to need to self-isolate.

Reading's Public Health Team has been ensuring that Reading Voluntary Action and other key voluntary sector partners are included in the dissemination of guidance and briefings. RBC's Chief Executive's Voluntary and Community Sector Sounding Board has been one forum where this has been done. In addition, those voluntary sector organisations currently working alongside Adult Social Care staff at the Adult Care Front Door have been involved in conversations about protecting vulnerable and elderly adults at this time as Adult Social Care business continuity plans have been updated.

Reading Voluntary Action has been proactive in disseminating information from the National Council for Voluntary Organisations to local voluntary sector groups. The advice which has been shared recognises that these organisations' service users or beneficiaries may be more at risk or highly concerned about the virus, and the role that volunteers can play in providing clear and updated information. This may be to raise awareness of prevention measures, such as handwashing, offering reassurance, and more specific advice for people living with particular long term conditions. Information has been shared which includes the latest guidance from Public Health England on responding to the emerging situation within health, social care and community settings as well as information from national charities with expertise in different areas of health vulnerability.

The Berkshire Influenza Pandemic Response Plan is currently under review, aligned with emerging information about the spread of COVID-19. The Berkshire Response Plan includes a local communications strategy to ensure a consistent measure is given across Berkshire - re-iterating nationally agreed public health messages and providing local information regarding availability of and access to services. Within the review of the local communications strategy, we will look to identify the most effective ways of continuing to partner with Reading Voluntary Action and other voluntary sector infrastructure organisations across Berkshire. This will include working with RVA and the third sector more broadly to support communication across our communities to help reduce the risk of transmission and infection by providing information, specific advice and communications covering infection control, risk, self-management and referral.

I hope I am wrong but in my personal opinion I am very concerned that the government is taking an alarmingly complacent approach to dealing with the biggest public health crisis to face us for a century. In my view the wanton cuts to public services by national government since 2010 together with a chronically underfunded NHS barely able to cope before the outbreak of COVID-19 leave the UK in a precarious position to deal with this pandemic. It is clear that the role of voluntary and community groups will be vital but, surely, even more vital will be the role of families, friends and neighbours looking out for each other. A crucial piece of work in the coming weeks will be to give Reading people the advice and support required so we can all look out for each other over what will be a very difficult time ahead.

3. REDUCING LONELINESS AND SOCIAL ISOLATION: UPDATE FROM THE READING STEERING GROUP

Janette Searle, Sarah Hunneman and Ruth Evans submitted a report which summarised the work of the Reading Reducing Loneliness and Social Isolation (LSI) Steering Group - a multi-agency partnership established in 2017 to deliver on one of the priorities of the Health and Wellbeing Strategy 2017-20 – and sought the Health and Wellbeing Board's endorsement of the current Action Plan and specific proposals regarding a Reading 'Safe Places' scheme. The report had appended:

Appendix 1 Evans & Bridger (2019) - *Tackling Loneliness and Social Isolation in Reading, England* - University of Reading

Appendix 2 Summary presentation: *Tackling Loneliness and Social Isolation in Reading, England*

Appendix 3 Reading Loneliness and Social Isolation Action Plan – updated February 2020

Appendix 4 Measuring the wellbeing impact: summary of Narrowing the Gap II monitoring (Social prescribing, Peer support and reducing social isolation for frail/elderly adults, and Peer support and reducing social isolation for adults who have experienced mental ill health) – February 2020

The report explained that the LSI Steering Group's work had included support for research to develop local understanding of loneliness and social isolation as an all-age issue. The report included the findings set out in the resulting report "*Tackling loneliness and social isolation in Reading, England"* published by the University of Reading in 2019 (Appendix 1), together with the Steering Group's response set out in

the Reading LSI action plan (Appendix 3). Ruth Evans gave a presentation on a summary of the findings (Appendix 2).

The report stated that, although loneliness and social isolation were now more widely recognised as significant health and wellbeing issues, there was still a stigma around loneliness and some myths perpetuated around who was affected or at risk. As well as the need for greater general awareness and acceptance, there was also a need for targeted action to meet the needs of more vulnerable people or those at greater risk. Because so many factors could impact on loneliness and social isolation risk, there was a need for more joined up thinking at a policy level, for example to address infrastructure issues such as transport, and a specific group had been set up to address this issue.

The LSI Action Plan had recently been updated to add the development of a Reading 'Safe Places' scheme, aimed at adding to local support for people at particular risk of experiencing loneliness or social isolation by providing physical 'safe places' and information and training about how to access those places.

The Safe Places National Network had been created to break down barriers vulnerable people faced every day. The Preparing for Adulthood Team at RBC had become interested in this as a way of supporting young people with learning disabilities to become more independent as they entered adulthood, but the scheme could support any vulnerable adult, and the national Safe Places team encouraged a broader remit. The Dementia Friendly Reading Group (formerly the Dementia Action Alliance) was keen to support the initiative, as were Reading Buses, Autism Berkshire and Age UK.

By becoming a member of Safe Places, Reading would be able to access a range of resources to help teach people about keeping safe and how to locate a Safe Place whilst out and about. The aim was to encourage vulnerable adults to engage with their community. The report gave details of the resources and ways of accessing them, explaining that the LSI Steering Group would oversee the Reading scheme, with individual members supporting the scheme as most appropriate to their circumstances, such as offering venues or support in developing and delivering local training.

Copies of Safe Places registration packs and other materials were made available at the meeting and Health and Wellbeing Board members were invited to support the local scheme by helping with:

- offering possible Safe Place premises
- recruiting people with lived experiences
- delivering training
- making resources accessible, including videos
- promoting the scheme and getting people to sign up
- use of partner logos

The report stated that national indicators available to monitor progress in the area of LSI currently remained limited to those known to adult social care services, which was a small subset of the population, but this was about to change. Appendix 4 to the report included examples of work carried out by some Steering Group members to monitor the wellbeing impact of different local services aimed at reducing social

isolation, which were provided as part of the Council's Narrowing the Gap II commissioning framework.

Resolved -

(1) That the findings and recommendations contained in the University of Reading report *Tackling Loneliness and Social Isolation in Reading, England* (attached at Appendix 1 and summarised at Appendix 2) be noted;

(2) That the Reading Loneliness and Social Isolation Steering Group's Action Plan (Appendix 3), and specifically the proposal to develop a Reading Safe Places scheme, be endorsed;

(3) That the impact of the three *Narrowing the Gap* service areas summarised at Appendix 4 – social prescribing, peer support for elderly or frail adults, and peer support for adults living with mental health challenges - be noted.

4. REFRESHED FUTURE IN MIND (LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & WELLBEING)

Further to Minute 8 of the meeting held on 15 March 2019, Andy Fitton and Deb Hunter submitted a report giving an overview and seeking approval of the refreshed Future in Mind Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing, which had been published in October 2019 in accordance with national Future In Mind requirements and a copy of which was attached at Appendix 1. The LTP provided an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system.

The report explained that, like in most other areas of the country, demand for emotional health and wellbeing services had increased across the voluntary sector, schools and specialist services and the complexity of presenting issues was increasing, both of which were having an impact on waiting times. It gave details of key achievements in the area of children and young people's mental health and wellbeing, of areas of challenge and development and of priorities going forward.

The report gave further details of the success of the trailblazing multi-disciplinary Mental Health Support Team formally launched in January 2020, which provided a school-based mental health service to deliver evidence-based interventions for emerging mild to moderate mental health needs. The MHST covered 16 schools across the west of Reading and had so far received 80 referrals. The report also gave updates on the Schools Link Mental Health Team, secondary schools mental health hubs, Trauma-Informed Reading and the Therapeutic Thinking Schools Approach to behaviour management, adopted to reduce the risk of exclusions and dangerous or difficult behaviour.

In response to a query from Mandeep Bains about the waiting times for ADHD assessments and support to parents, Andy Fitton said he did not have the exact figures but could find this out. He confirmed that the waiting times had increased and explained that the process was a good but long one but access to other services was available in the meantime, the communication was being reviewed with the

provider to ensure that parents were made aware of what was available, and it was also important that schools and other professionals took a needs-led approach for the children involved. It was noted that workforce training was helpful and the voluntary sector could also play a part in raising awareness and signposting parents to services and other support groups available; it was suggested that appropriate officers from RVA, BFfC and the CCG could meet to discuss this further.

Resolved -

(1) That the refreshed Future in Mind Local Transformation Plan be approved;

(2) That appropriate officers meet to discuss further the role of the voluntary sector in raising awareness of services and support groups available for children and parents whilst awaiting ADHD assessments.

5. MENTAL HEALTH STRATEGY 2016-21 – PROGRESS UPDATE

Further to Minute 7 of the meeting held on 15 March 2019, Gwen Bonner and Theresa Wyles submitted a report presenting an update on progress on the Berkshire Healthcare NHS Foundation Trust's (BHFT's) Mental Health Strategy 2016-21 (attached at Appendix 1).

The report gave an overview of changes since the last report, including key updates in national policy following the release of the NHS Long Term Plan, and highlighted the following points:

- Berkshire West had prioritised the reduction of out of area placements, and although good progress had been made in achieving the required trajectory, this work continued to present a significant challenge.
- Berkshire West had been successful in securing wave 2 funding for mental health support teams in schools, building on the wave 1 funding secured previously. This would strengthen early intervention for young people, which was very important given the continuing high referral rates into CAMH Services.
- Good progress had been made with the New Models of Care for forensic tier four CAMHS and Eating Disorder Services, which had seen the establishment of provider collaboratives taking responsibility for provision of care closer to home and effective management of resources across the whole care pathway. This had reduced the number of placements made outside the patch and also secured financial savings in forensic services.

Resolved - That the report be noted.

6. UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT MODEL

David Munday submitted a report giving an update on each of the three strands of the Joint Strategic Needs Assessment (JSNA) model.

The report explained that, on 12 October 2018 (Minute 7 refers), the Board had agreed to progress the JSNA in line with a new model which provided a more cohesive and efficient approach to assessing the needs of the local population. The new JSNA model had been developed to contain three strands:

- A digital resource of data to describe the demography and wider determinants of health of the Reading population in a way that was user-friendly and configurable;
- A repository for detailed, service-specific needs assessments carried out by internal and external partners with support from Public Health and Wellbeing officers;
- Improved engagement with local research groups, focusing on qualitative and participatory research.

The report explained that an online data tool had been procured by the Shared Public Health for Berkshire Team for the six Berkshire local authorities, and this Berkshire Observatory had been launched in September 2019, holding over 9,000 data indicators on the local population in Berkshire, and was now being used internally and by external partners as a data resource, informing strategic service planning and decision making at the Council and in the wider community. Appendix 1 outlined the main functionality of the Berkshire Observatory data tool.

The second strand of the JSNA model focused on producing content in alignment with needs assessments that had already been undertaken or were in the process of being developed by staff in the Council and its partners as part of its strategic development and commissioning. An example of one of the needs analyses was attached at Appendix 2 (Berkshire Sexual Health Needs Assessment – Reading Summary – by Public Health Services for Berkshire).

The report stated that the final strand of the JSNA model looked to improve engagement with local research, especially qualitative and participatory research, that captured service users' voices. A working group had been established with local partners to develop a Local Research and Evidence Framework. The work had concluded on 27 January 2020, with agreement to hold an annual review meeting in February of each year, providing an opportunity to reflect on the panel process and agree changes where needed, and to promote and celebrate local research projects. Appendix 3 showed the process for including local research on the Reading Borough Council JSNA webpages.

David Munday said that the report author was available to visit partner organisations to give a live demonstration of how to obtain information from the Berkshire Observatory data tool.

Resolved – That the report and the progress made be noted.

7. CORONAVIRUS UPDATE

David Munday gave a verbal update on the latest situation regarding the recent outbreak of Coronavirus (COVID 19). The briefing covered points including:

- The Coronavirus was not a new phenomenon, but a novel strain of virus that was spreading globally and for which there was no existing immunity. It had been likened to flu in that it was transmitted by respiratory droplets and had some similar symptoms.
- Current numbers of reported cases in the UK were relatively low, but there were probably more cases than had had a positive lab test result. There was currently only one reported case in the Reading Borough Council area.

- The Government had moved from a containment phase to a delay phase on 12 March 2020, in order to "flatten the curve" of cases to spread out the effect and move the peak of infection to the summer months where there would hopefully be less impact on the vulnerable, health services and society.
- There was close partnership working in Reading across all services through the Local Resilience Forum and careful reviews of business continuity planning were being carried out.
- Communication teams were following Public Health England messages in advice being given and Government guidance was being followed, for example in relation to not yet advising social distancing, cancellation of mass gatherings, school closures etc, as such changes would have a knock-on impact. Any such measures would have medical versus social and economic trade-offs and needed to be considered carefully.
- Changes were being made at GP surgeries in relation to moving to triage and phone or video appointments to avoid risk of patient infection and protect staff, and anyone with potential COVID 19 symptoms was being advised to self-isolate to avoid infecting others.
- Many people had already been in touch with RVA offering to volunteer and partners would be working together to coordinate and equip any volunteer response.

Resolved – That the position be noted.

8. DEVELOPING A BERKSHIRE WEST JOINT HEALTH AND WELLBEING STRATEGY – UPDATE

Further to Minute 12 of the meeting held on 12 July 2019, David Munday gave a verbal update on the latest progress on the development of a Berkshire West Joint Health and Wellbeing Strategy as part of the Berkshire West Integrated Care Partnership.

He said that a joint Task and Finish Strategy Development Group had now been established and some dedicated resource had been allocated to the Group, including programme management and some Public Health analytic support. An initial meeting of the Group had been held in the previous week and current tasks involved a desktop review of existing strategic documents and looking at previous public and patient consultations, to understand existing strategic commitments and partners' priorities and to inform strategic development. A communication and stakeholder engagement plan would be developed and the Group would meet monthly. Some design principles had been agreed – that the strategy should be short and punchy and strategic at a high level, but supported by shared local implementation plans, in order to keep appropriate focus on Reading's and other authorities' local needs. The strategy would have a focus on prevention and would aim to secure integration both geographically and with all partners.

Formal reports on development of the Strategy would be brought to the Board as appropriate as the strategy was developed.

Resolved – That the position be noted.

9. INTEGRATION PROGRAMME UPDATE

Lewis Willing 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 so far.

The report stated that, of the four national BCF targets, performance against one (limiting the number of new residential placements) was strong, with 51 placements made in nine months and a projected 68 placements for the financial year (against a target of 116 for the financial year). It stated that partners had not met the target for reducing the number of non-elective admissions (NELs) but the performance now included some of the winter pressure period and work against this goal remained a focus for the Berkshire West-wide BCF schemes and the Reading Integration Board work plan.

The target for reducing the number of delayed transfers of care (DTOC) had been met for 63% of the financial year, with improvement in performance in five of the eight months of the financial year for DTOC.

Progress against the target for increasing the effectiveness of reablement services remained in line with the decreased performance previously reported, 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 January 2020 and the next steps planned for March to May 2020.

Resolved - That the report and progress be noted.

10. HEALTH AND WELLBEING DASHBOARD – MARCH 2020

Janette Searle submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A), 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 Health and Wellbeing Strategy 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.

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

Lewis Willing 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.

Resolved – That the report be noted.

12. DATES OF FUTURE MEETINGS

Resolved – That the meetings for the Municipal Year 2020/21 be held at 2.00pm on the following dates:

- Friday 17 July 2020
- Friday 9 October 2020
- Friday 22 January 2021
- Friday 19 March 2021

(The meeting started at 2.00pm and closed at 4.21pm)

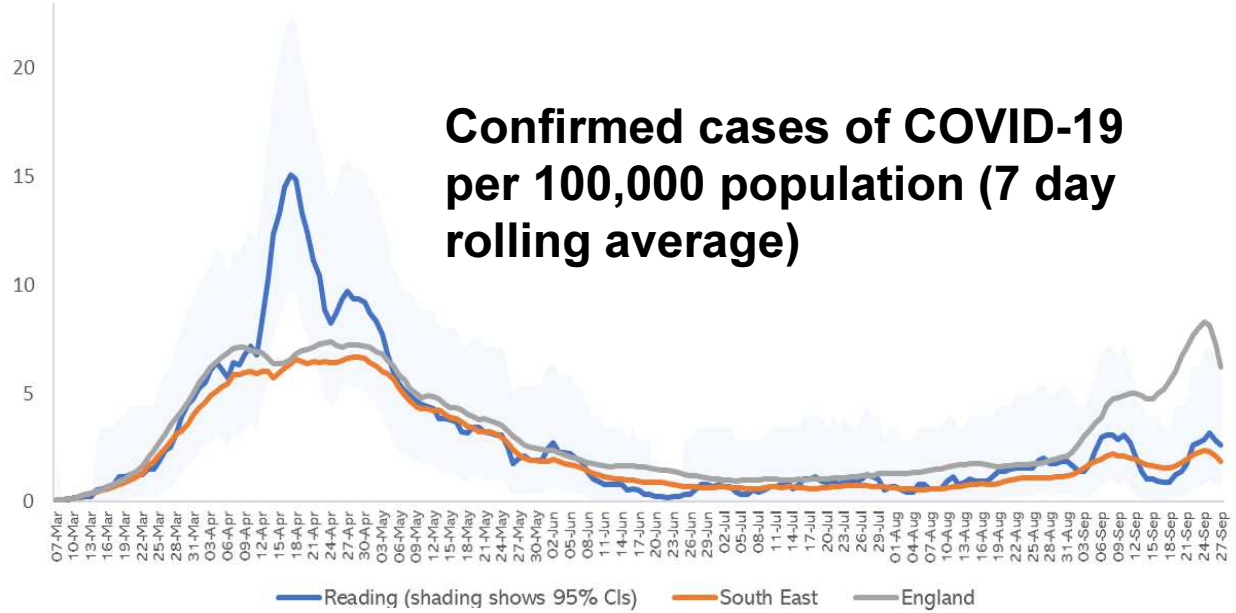
Reading Health & Wellbeing Board – 9 October 2020

Impact of Covid-19 in Reading

COVID-19 - Latest update

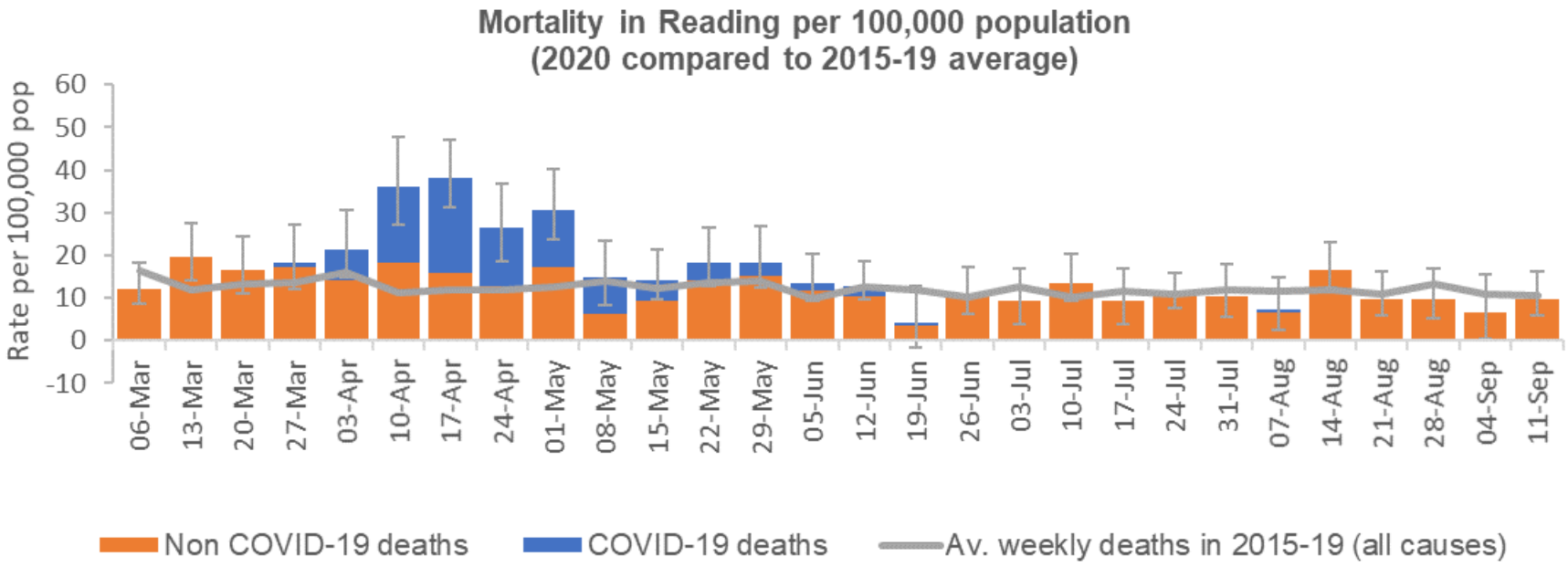
The following portal has been developed as a public facing dashboard as a “one stop shop” for all publicly available data
https://www.berkshirepublichealth.co.uk/covid-19-dashboard

	13 Sep	20 Sep	27 Sep
No. Cases (7-day average)	2.3	2.3	4.3
Rate per 100,000	1.4	1.4	2.6



New cases in Reading have fluctuated between 1 or 2 new cases per day (as per week starting 13th Sept) and 4 cases per day (as per most recent week). Over the last 2 months we have seen a general increase in numbers, but not to the same extent as being seen nationally

COVID-19 - Latest update



Deaths from COVID-19 have not started to increase at all since falling sharply during the spring. This will be monitored closely as it is anticipated deaths will occur relating to COVID-19 due to increasing case numbers and the coming winter months.

National VS local picture

Demo	National Trend (March – May 2020)	Reading Pattern (8th March 2020)
Age and Gender	**Cases:** Diagnosis rates were higher among **females under 60**, and higher among **males over 60.** Today, younger cohort are seeing an increase in cases. More men seen to have been worse clinical outcomes –needing more invasive treatment or resulting in death once you hit 60 years of age **Death** Increases with age, with 75% of death occurring in those aged 75 year above. Death to date: 37,286 died England, 66.2/100,000	**Cases:** - More women in have tested positive than men in Reading, - More people aged 25-44 in Reading have tested positive than other age groups in Reading - Most recently the driver of new infection 18 – 34 age group. **Death:** 111 Died within 28 days following +ve COVID test. Rate 68.6/100, 000 * https://coronavirus.data.gov.uk/deaths
Ethnicity	BAME greater impact, Black communities more likely to have a positive diagnosis, with Pakistani background having serve symptoms and worse clinical outcomes – increased risk of death.	Slightly more people with BAME ethnicities have tested positive than people who are White British in Reading. In the past 3 weeks, Asian communities are particularly affected
Deprivation	People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas	Further analysis needed – current case numbers are too small to draw meaningful conclusion with confidence for cases. We anticipate a similar trend to that seen nationally.
Occupation	Professions that saw the greatest loss of life due to COVID was in the following sectors: - Health and Social Care; Transport; Security	Not known locally to date.

Maps of positive cases by middle super output area (MSOA) in England (small areas with populations of around 7,000 people)

https://www.arcgis.com/apps/webappviewer/index.html?id=47574f7a6e454dc6a42c5f6912ed7076

Updated by PHE every week day

Supporting our futures for Reading
Adult Social Care & Wellbeing

Adult Social Care - Covid-19 Update

September 2020

Team Reading

Reading Borough Council
Working better with you

Operational Focus

- Workforce working virtually or face-to-face
- Using technology where possible
- Full access to PPE & Risk assessments in place
- Working with Health to support rapid community discharge

Provider / Service Focus

- Some RBC day services & respite care provision open again with limited numbers
- Alternative care being sourced for other vulnerable individuals who can't access services
- Working with care market with regard to Business Continuity Planning
- Working with all stakeholders to plan for winter. Health, Housing, vol orgs etc.

Brighter Futures for Children: Covid update

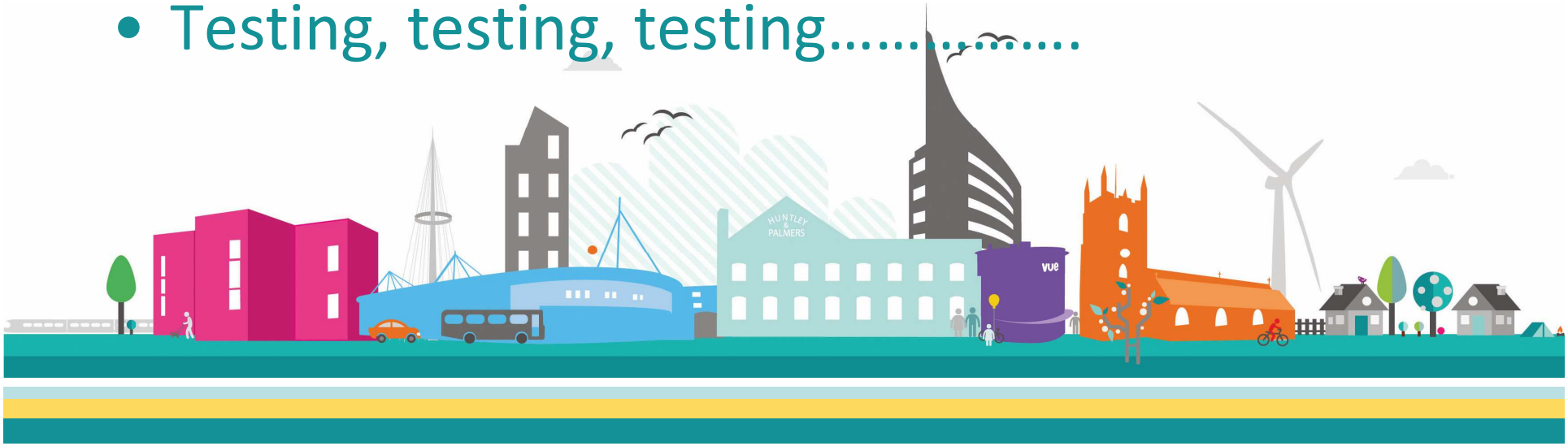
October 2020

Impact: Schools

- From March 2020 schools open for key workers and vulnerable children only
- From 1 June, as above plus years R, 1, 6,10,12
- From autumn – all year groups

Recovery

- 18,000 pupils from September
- 11,000 bus journeys - travel demand strategy
- 2000 risk assessments for vulnerable children
- Education Welfare services
- Transitions offer over Summer
- Testing, testing, testing……..



Some interesting data: 24 September

- Over 93% of children with plans in schools
- Rising home schooling – national issue
- Small numbers of pupils and staff with positive tests
- Small number of schools partially closing due to lack of staff

Communications

- Heads briefing 3X per week
- Heads dial in weekly
- Daily reporting to DfE
- Weekly meeting with unions
- Daily update to DCS

Impact: Social Care

- Initial reduction in referrals - normal levels now
- Increased complexity in new and existing families' situations – non-accidental injuries
- Risk assessments – RAG ratings and visiting arrangements
- Increased numbers on Child Protection Plans
- Unaccompanied Asylum Minors

Response: Social Care

- Risk panels continue – increased visiting
- Demand management strategy including sufficiency
- Strong partnership working
- Quality assurance and learning

Impact: Early Help and Prevention

- Reduced provision in Early Years settings
- Risk assessments – RAG ratings and visiting arrangements
- Increased serious crime – 3 stabbings

Response: Early Help and Prevention

- Risk assessments
- Strong One Reading Children and Young People's Partnership
- Child in Need project

Questions

The Reading Voluntary & Community Covid response

- As part of the One Reading Hub

  5,342 calls for support
  3,501 food parcels
  1,100 prescriptions delivered
  778 shopping trips
  907 essential community transport journeys in support of SCAS
  545 welfare community transport journeys

- 4 Community Centre's providing essential neighbourhood hubs

- 4022 [est.] online groups supporting the isolated

- Groups working together – neighbours, community, faith, sports, disability & mental health

The Reading Voluntary & Community winter plan

- Link Workers in each neighbourhood to support the isolated to access services and activities to improve health & wellbeing.
- Working together to keep everyone mobile
- Getting everyone online – skills, equipment, broadband and confidence building
- Focus on inclusion for services, information and communications.
- Developing a strengthened and motivated volunteer force with the network, skills and equipment they need to respond in an emergency.
- Mitigating the impact of the economic crises – advice, food, training and pathways to employment.

Berkshire West ICP System Recovery Approach

- Overview of BW ICP system recovery approach
- BOB ICS Recovery Objectives and Principles
- BW ICP Recovery Process/Impact Assessment
- BOB Governance Proposed Framework
- ICP Governance Framework

Berkshire West ICP System Recovery Approach

- Our strategic recovery includes our continued response to Covid-19, the restoration of services, and embedding the rapid transformation that has been achieved throughout this time.

- The oversight of system recovery will continue to be through the our ICP governance framework (appendix 1) in Berkshire West.

- The ICP will follow the agreed BOB ICS Recovery Objectives and Principles outlined in table 1.

- The ICP will link into the BOB ICS recovery Board and clinical oversight work streams when they become active.

BOB ICS Recovery Objectives and Principles

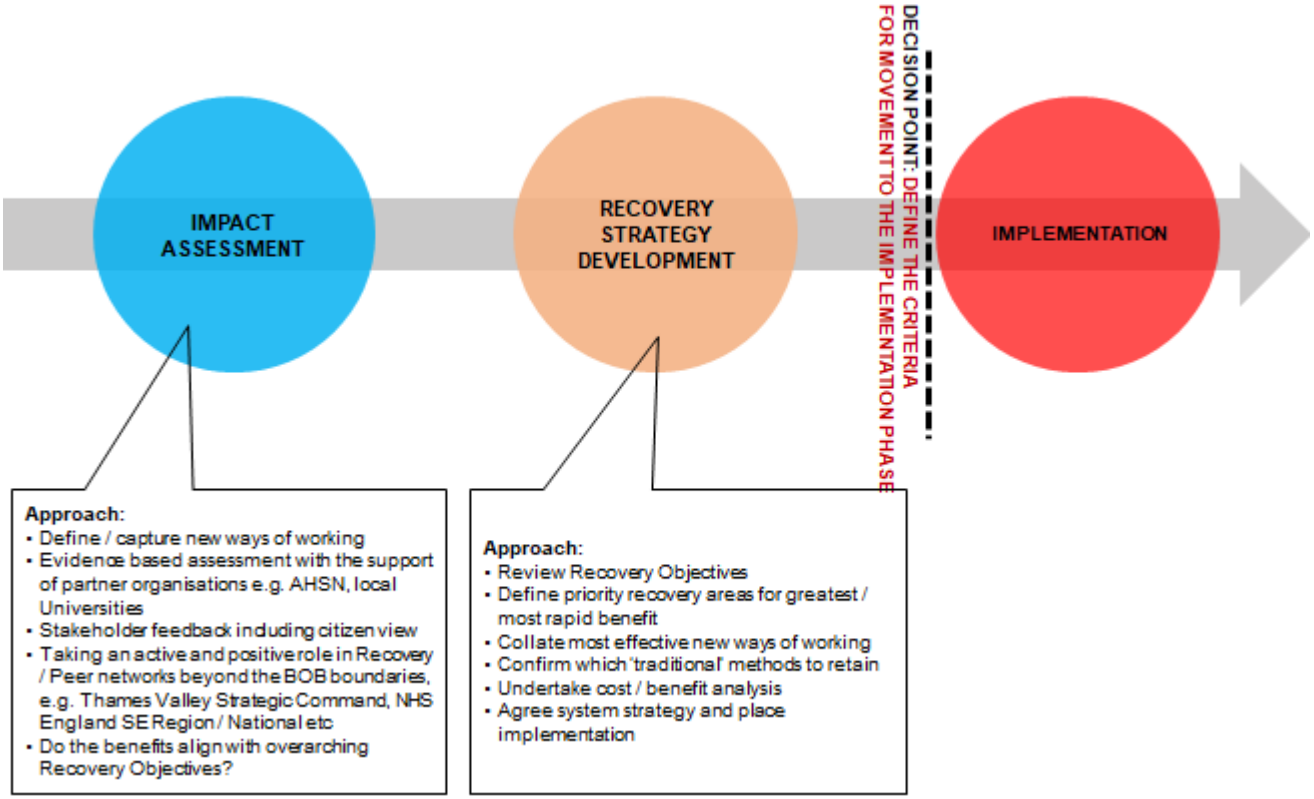
BOB ICS Recovery Objectives	BOB ICS Recovery Principles
The ICS and its constituent organisations will work in partnership at both a place and system level to accelerate their efforts to deliver the requirements of the NHS Long Term Plan and in doing so will: 1. Deliver patient and population safety beyond Co.Vid-19, ensuring citizens have the confidence to access integrated health and care services when they require care by offering safe, high quality and effective treatment. 2. Stabilise the health and care workforce with a particular focus on retention following the social and psychological shock of responding to Co.Vid-19. An additional focus on the disproportionate impact of Co.Vid-19 on BAME communities is also vital through this approach. 3. As a minimum aspiration, achieve the previously delivered levels of access to, and performance of, core NHS services and their constitutional standards 4. Using new transformational gains, take a broader approach to improving the health and wellbeing of the wider population with a particular focus on those conditions which are likely to have recently worsened e.g. anxiety, substance misuse, hypertension, cardiovascular disease, renal. Take collective responsibility with partners to address a broader range of health challenges such as the falling rates of childhood inoculations etc. 5. Be an active part of the wider economic recovery which will be required in response to international economic shock resulting from social distancing measures	The following principles are proposed as a guide to the System approach to recovery: 1. Recovery activities are defined by each organisation / place but should demonstrate a contribution to the collectively agreed system objectives (see previous page). This approach is consistent with the “System by default” operating model. 2. COVID recovery work should align to these principles which have been agreed by all partner organisations. 3. Transformational improvements made to services must be retained and “Digital by Default” is our approach to ensure future sustainability 4. An approach of equity and fairness should be present and organisations should not take decisions which unfairly impact on partners without prior agreement. 5. The System and each Place should utilise the population health data and information available to ensure we are addressing potentially unidentified need within our communities.

Table 1

Recovery Process / Impact Assessments

The ICP programme boards are reviewing their priorities , undertaking an impact assessment approach to Covid -19 to develop their recovery plan for their sector/area.

The impact assessments are looking at capturing new ways of working to sustain and defining the focus of their work as we move out of the Covid- 19 peak and towards recovery.



Recovery Process / Impact Assessments

The ICP programme boards are reviewing their priorities , undertaking an impact assessment approach to Covid -19 to develop their recovery plan for their sector/area.

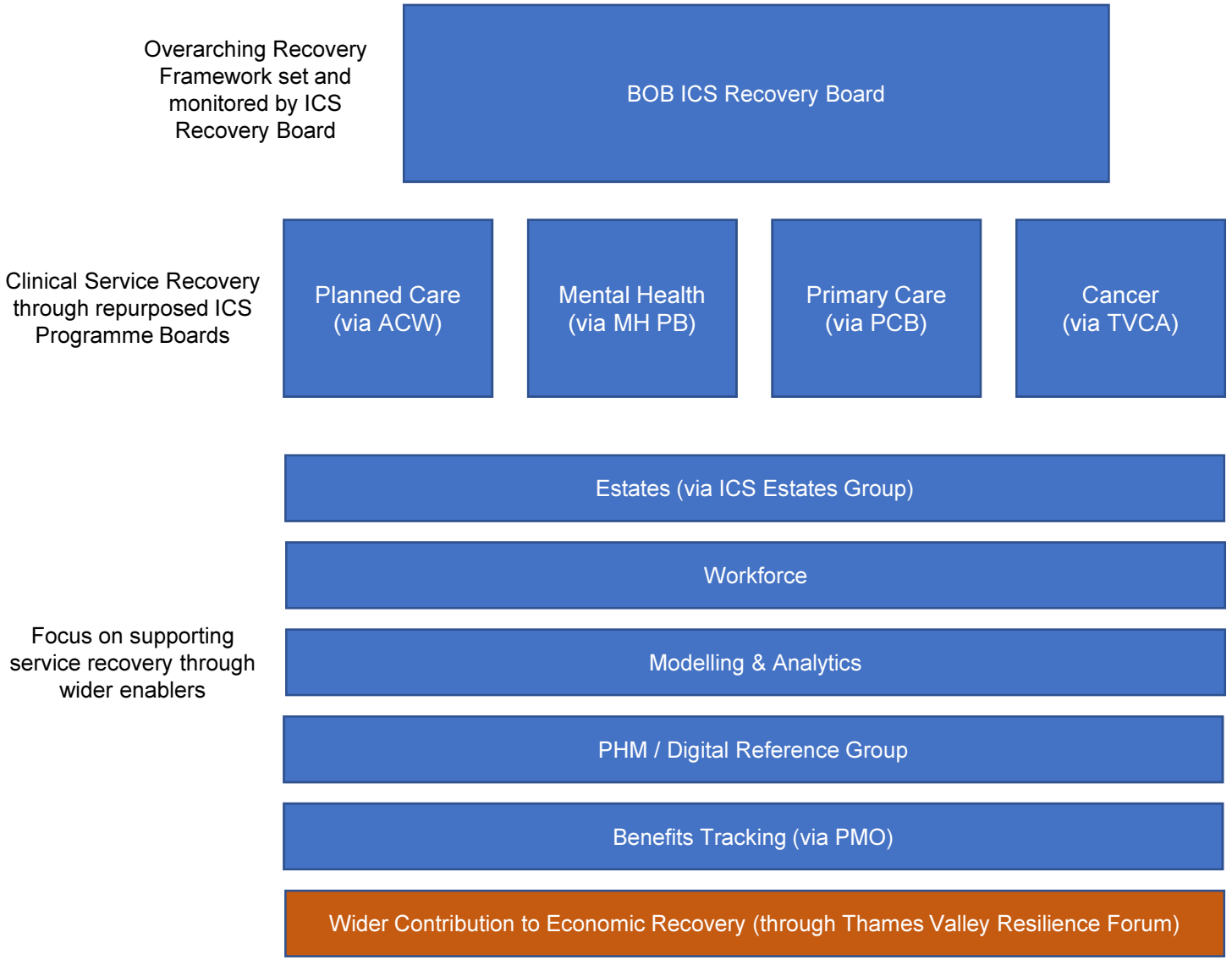
The impact assessments are looking at capturing new ways of working to sustain and defining the focus of their work as we move out of the Covid- 19 peak and towards recovery.

As we move into the implementation of those plans , we need to be aware of the complex delivery pathway of all partners in the system and take an impact assessment of how restoring services/changes in care pathways will affect others.

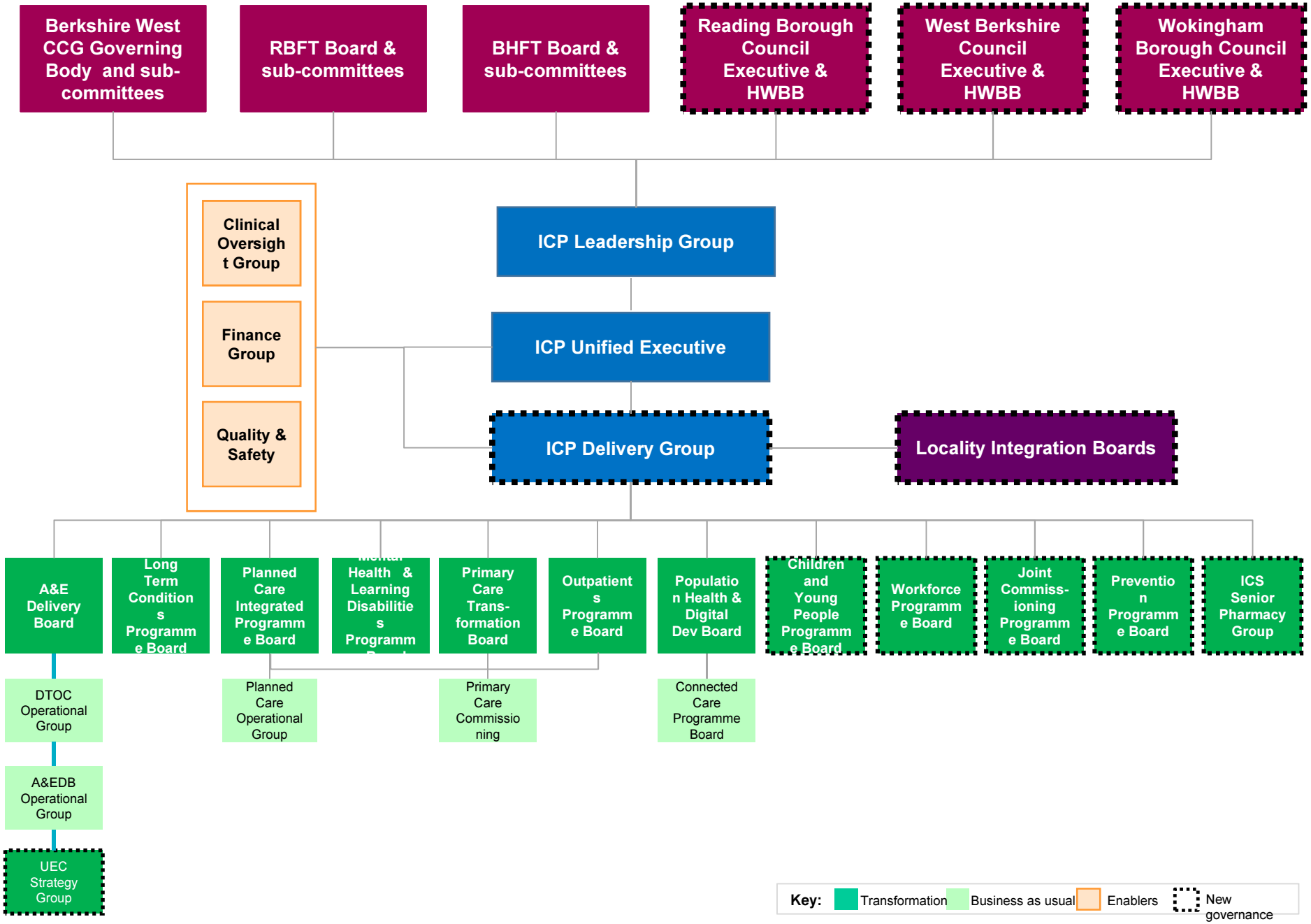
A proposed model to ensure this is considered:

- All Internal Impact assessments to include a section on impact of others in the system .
- For moderate and major changes – a discussion with relevant partners (this should be raised at programme boards or a separate meeting to not to delay progress) . Recovery Leads for providers and CCG should be made aware.
- Use of ICP Clinical Oversight group as a 'fresh pair of eyes' on introducing new ways of working.
- Clear Communication approach to all parties when restoring services and starting new ways of working.

BOB GOVERNANCE – PROPOSED APPROACH



ICP Governance & Leadership (July 2019)



This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	9th OCTOBER 2020		
REPORT TITLE:	**Annual Influenza Report**		
REPORT AUTHOR:	DAVID MUNDAY	**TEL:**	07718 659995
JOB TITLE:	CONSULTANT IN PUBLIC HEALTH	**E-MAIL:**	David.munday@reading.gov.uk
ORGANISATION:	PUBLIC HEALTH FOR BERKSHIRE		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This paper is to update the Health and Wellbeing Board on the performance of the influenza vaccine campaign in winter 2019-20 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 – Berkshire Seasonal Influenza Campaign; 2019-20 flu activity summary, final vaccine uptake figures and plans for 2020-21
- Appendix 2 – Reading's Draft Flu Communication Plan 2020-21

2. RECOMMENDED ACTION

2.1 Agree and endorse the multi-agency approach, noting the expanded cohort for 2020-21 flu vaccination campaign

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. POLICY CONTEXT

3.1 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.

3.2 The aims of the immunisation programme in 2019-20 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

3.4 Uptake of the flu vaccination in 2019-20 in Reading was good. In those aged over 65, those under 65 but in a "risk group", pregnant women and those aged 2 and 3 uptake improved compare to 2018-19. Uptake in the school aged programme dropped by 0.5%

3.5 The COVID-19 pandemic has obviously had an impact on the planned 2020-21 immunisation programme. Co-infection with both Flu A and COVID-19 will lead to more severe disease and the impact on the health system of a con-current second wave of COVID-19 and heavy flu season could be extremely challenging. Therefore the Influenza Programme has been updated accordingly for the 2020/21 season. The primary changes include expansion of eligibility criteria, delivery of the vaccination programme and ambition to significantly increase uptake

4. THE PROPOSAL

4.1 Under the NHS flu vaccination programme, the following groups will be offered vaccination during the 2020/21 season (New eligible groups added for the 2020/21 NHS flu vaccination programme are denoted in bold)

- All children aged from 2-11 on 31st August 2020
  - **Year 7 children in secondary schools (aged 11 on 31st August 2020)**
- Adults aged 65 years or older as of 31st March 2021
- Those aged from 6 months to 65 years of age, in an at-risk clinical group
  - Chronic respiratory/heart/kidney/liver/neurological condition
  - Weakened immune system (splenic dysfunction, HIV/AIDS, chemotherapy or other immunosuppressant medication)
  - Diabetes
  - Learning disability
  - Morbidly obese (BMI 40 or above)
  - Any other condition which a clinician feels may be exacerbated by influenza infection or hospitalisation
- Pregnant women
- **Household contacts of those on NHS Shielded Patient List** or immunocompromised patients – those who expect to share living conditions on most days so contact will be unavoidable
- People living in long-stay residential care homes or other long-stay care facilities where rapid spread following introduction of the infection is likely to lead to high morbidity and mortality
- Those who are in receipt of a carer's allowance, or who are the main carer of an elderly or disabled person whose welfare may be at risk if their carer falls ill
- Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza
- Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients at increased risk from exposure to influenza
- **Health and social care workers employed through direct payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users**

- All frontline health and social care workers

Subject to vaccine supply and following prioritisation of the above eligible groups, vaccinations may also be offered to the following individuals:

- **Adults aged between 50-64 years**

4.2 Responsibility for the flu immunisation programme are as follows

4.2.1 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
- 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

4.2.2 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
- it is now established 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

4.2.3 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
- 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

4.2.4 Locally, Berkshire Healthcare Foundation Trust Schools Immunisation Team is commissioned to deliver the flu immunisation programme to children in school years Reception to Year 7 through a schools-based delivery model

4.3 Uptake ambitions for 2020-21 are as follows

Eligible Groups	**Uptake Ambition**
Aged 65 years and older	At least 75%
At-risk clinical group	At least 75%
Pregnant women	At least 75%
Children aged 2-3 years	At least 75%
All primary school aged children and Year 7	At least 75%

aged secondary school children	
Frontline health and social care workers	100% offer

4.4 Reading Borough Council has committed to supporting staff under its employment to access the flu vaccination this winter. For those not in an NHS eligible group the cost of vaccination can be reimbursed via the usual expenses system. This helps to ensure the resilience of the workforce within the local Integrated Care Partnership, essentially mirroring the offer made to NHS employed staff.

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

5.1 The annual flu campaign contributes to the following 2 strategic aims of the health and wellbeing board

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
- Increasing breast and bowel screening and prevention services

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

6.2 The supply chain for flu vaccination is coordinated nationally and Reading Borough Council is not responsible for its organisation. Staff will be encouraged to undergo vaccination locally to their home residence via local community pharmacy and as such the carbon footprint associated with travel to access healthcare services will be as minimal as possible.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 Formal community consultation is not required for this ongoing annual national programme. However, stakeholder engagement is undertaken each summer to understand how the programme ran in the previous year and lesson that can be learned and take forward into planning for the future years.

8. EQUALITY IMPACT ASSESSMENT

8.1 Equality Impact Assessment (EIA) is not relevant to the running of this ongoing annual national programme. However, efforts are taken each year to promote uptake each year in population sub-groups less likely to access vaccination.

9. LEGAL IMPLICATIONS

9.1 Not applicable

10. FINANCIAL IMPLICATIONS

10.1 Not applicable

11. BACKGROUND PAPERS

11.1 https://www.gov.uk/government/collections/annual-flu-programme

This page is intentionally left blank

Berkshire Seasonal Influenza Campaign; 2019-20 flu activity summary, final vaccine uptake figures and plans for 2020-21

David Munday, Consultant in Public Health, on behalf of Public Health for Berkshire
Dr Benjamin Jones, Foundation Year 2, Public Health for Berkshire
September 2020

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** –

   Uptake among GP patients aged 65 and over was higher in Berkshire LAs compared to England as a whole, except for Windsor and Maidenhead where it was marginally lower, and Slough where uptake was significantly lower..
   Among under 65's in clinical risk groups, uptake was higher across most of the Berkshire LAs, however none of them achieved the national ambition (55%) in terms of flu vaccine uptake
   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. All LAs saw an increase in uptake in this group compared to the previous group, except for Slough (where uptake was 8.5% lower than in 2018-19) and Windsor and Maidenhead. The general trend of increasing uptake is in contrast to a decrease nationally.
   Uptake among children aged 2 years was higher than in 2018-19 for all Berkshire LAs. There is no figure available at the national level for 2019-20, as it is now collated nationally as a combined figure for both 2 and 3-year-olds together.
   Uptake among children aged 3 years demonstrated a mixed picture. As figures are not available at the national level for 2019-20, comparison with previous years figures show that all LAs except Reading and Slough have higher uptake than England as a whole. There was a significant decrease in uptake compared to the previous year in Bracknell, West Berkshire and Wokingham which may reflect issues around access to the vaccine.
   School-aged children – All LAs achieved the 40% lower ambition, with Bracknell Forest, RBWM, Wokingham and West Berkshire exceeding the 65% upper ambition
   Healthcare workers – Uptake among staff in Royal Berkshire Foundation Trust, Frimley Health Foundation Trust and Berkshire Healthcare Foundation Trust has increased compared to the previous flu season

4. **Summary of 2019-20 campaign**

   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.

Overall Berkshire performed well in the 2019-20 flu season, however, 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 vaccine delivery during the 2019-20 programme was the delay in delivery of the live attenuated influenza vaccine (LAIV), affecting both general practice and the schools flu programme. As a result, providers were only able to access the vaccine for 30% eligible cohort, forcing clinical prioritisation with high-risk children vaccinated first, followed by 2-year olds and then 3-year olds. This may account for the slight decrease in uptake by 3-year olds during the 2019-20 season. Nevertheless, increased uptake was otherwise seen in nearly all areas with the introduction of new cohorts proving successful. The introduction of e-consent in the school immunisation programme in other parts of the Thames Valley led to an increase in the number of consent forms received, more accurate data plus both time and cost savings. The Berkshire service is aiming to go live for the 2020-21 season.

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. Indeed, given Slough continues to have low uptake, a community survey was rolled out in attempt to understand the reasons behind this. Almost 40% of survey respondents state porcine content to be the reason for LAIV declination.

Despite continuation 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. 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.

Contents

1. Seasonal influenza

Seasonal influenza (Flu) is a respiratory virus that is more prevalent in the UK in the winter months. It can be categorised into Flu A and Flu B. Flu A often generates more acute illness than Flu B and is associate with higher mortality rates. Different sub-strains of Flu A are more prevalent each year and certain population groups are more susceptible than others to particular strains. The annual vaccine is matched to the sub-strain thought to be most likely to be the prevalent strain each winter. However how good a match this is varies each year. For these reasons the impacts of Flu vary year on year.

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, it is now established 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

[1] National Flu Plan- PHE

- 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
- 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 6 through a schools-based delivery model.

3. Aims of the flu immunisation programme

The aims of the immunisation programme in 2019-20 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 2019-20.

- Adults aged 65 or above
- Children aged 2 and 3 and in school years R through to 6
- 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 2019-20 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 6, 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 again 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 continued 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 was published in June 2020.

In England the rate of GP consultations for flu like activity during 2019-20 was similar to that of the previous season with the peak of activity occurring slightly earlier in the season with overall rates considered to be low (Figure 1).

Compared to 2018-19 there were more reported outbreaks of flu-like illness nationally, the majority of outbreaks occurred in residential and nursing home settings in 2019-20 throughout the flu season

[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

which is a similar pattern to the previous year. The school related outbreaks occurred almost entirely within the peak weeks of the flu season (Figure 2)

National Laboratory data at week 19 indicates that in 2019-20 the majority of circulating flu viruses were Influenza A, which is the same as was seen in 2018-19 (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, data from the annual flu report shows that the proportions of people in England who had received the 2019/20 influenza vaccine in targeted groups by 28 February 2020 were as follows:

- 44.9%% in under 65 years in a clinical risk group
- 43.7% in pregnant women
- 72.4% in 65+ year olds.

The proportions vaccinated by 28 February 2020 were: 43.4% in 2 year olds and 44.2% in 3 year olds

Uptake by frontline healthcare workers show 74.3% were vaccinated by 28 February 2019, compared to 70.3% vaccinated in the previous season by 28 February 2018.

Uptake for children of school years reception to year 6 shows;
64.3% in school year reception age,
63.6% in school year 1 age,
62.6% in school year 2 age,
60.6% in school year 3 age,
59.6% in school year 4 age
57.2% in school year 5 age
55.0% in school year 6 age.

Figure 1: GP consultations for flu-like-illness (National to week 8)

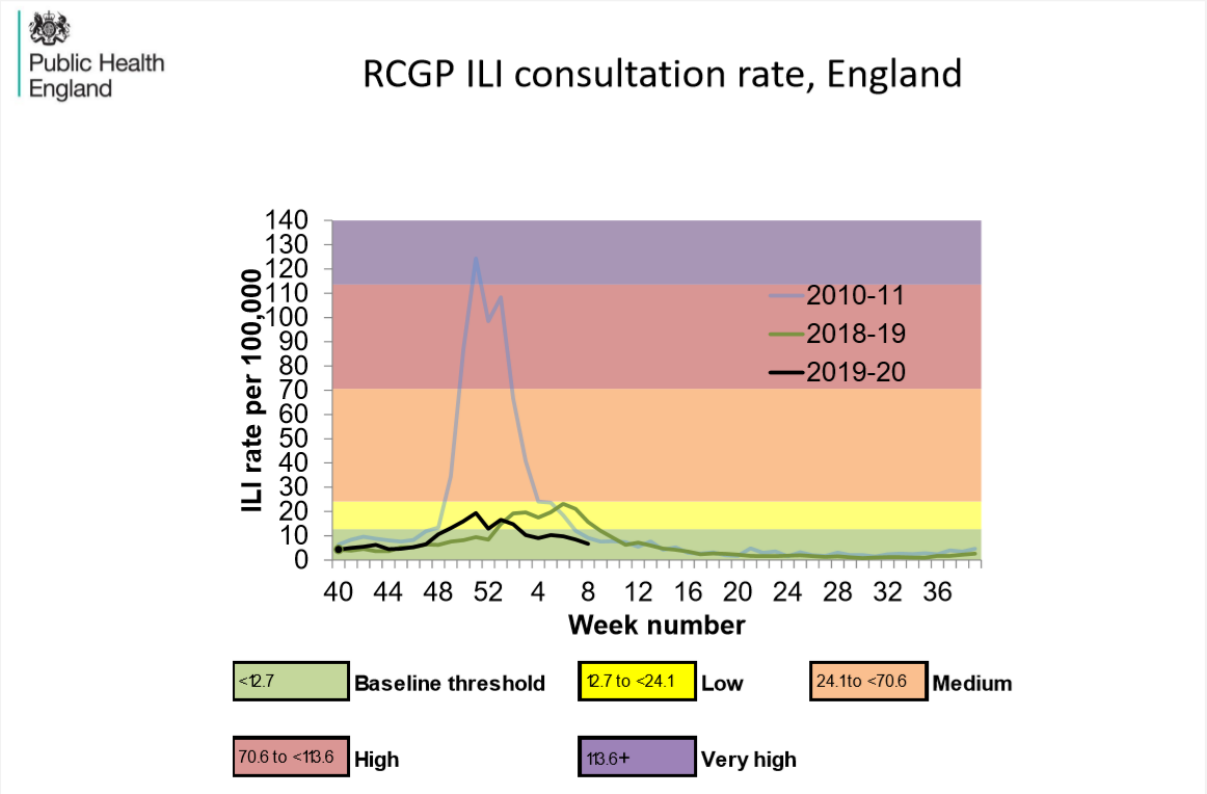


Figure 2: Reported Outbreaks (National to week 19)

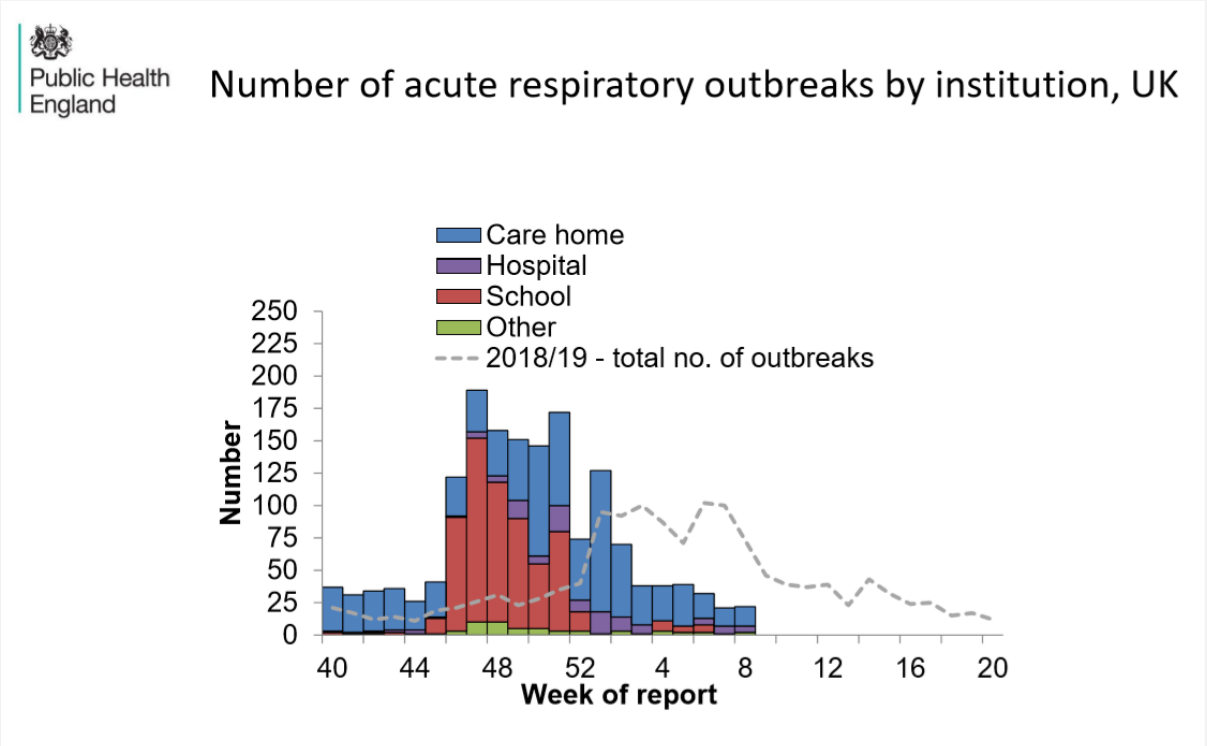


Figure 3: Number and proportion of samples positive for flu (National to week 19)

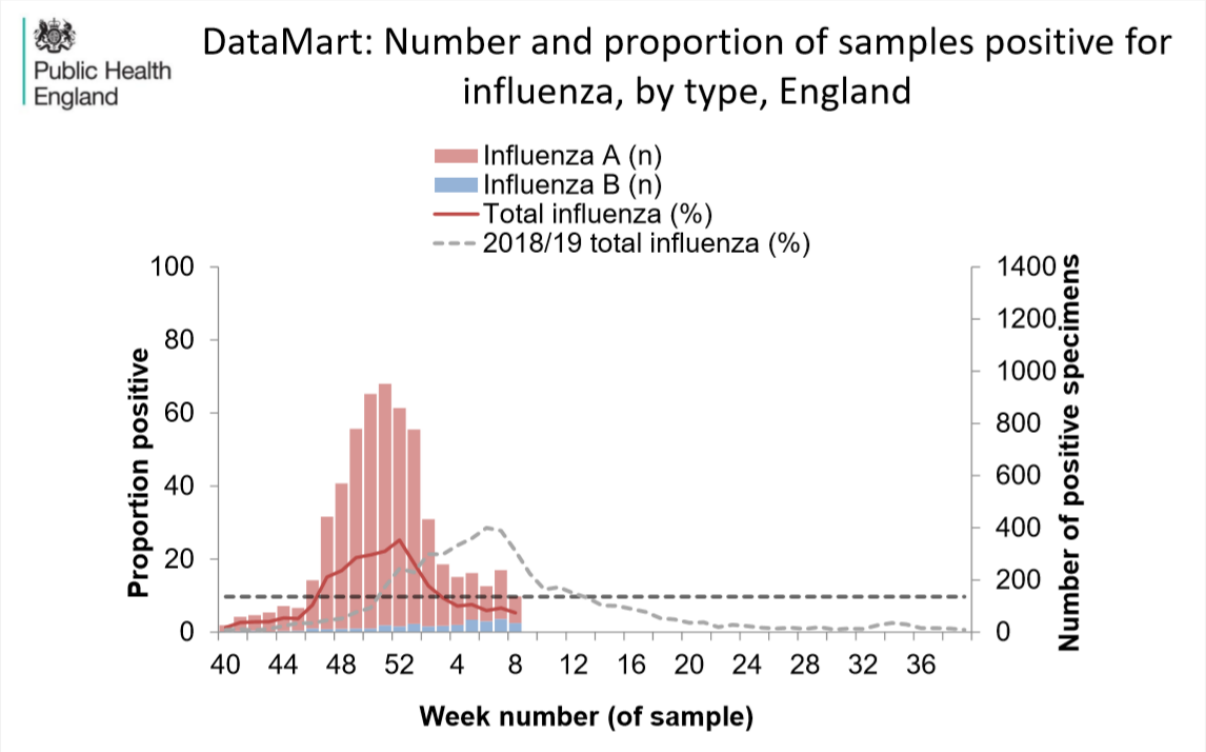


Figure taken from National Flu Report Surveillance (27th February 2020)

5.2 Local outbreaks

There were 6 outbreaks of influenza-like illness (ILI) reported in Berkshire between 1st September 2019 and 30th April 2020. Influenza A virus was confirmed in all 6 outbreaks requiring prophylaxis, with 5 of these occurring in Berkshire West and 1 in East Berks. A single case of Influenza A was also confirmed in a care home in East Berkshire; however, this did not require prophylaxis.

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 2019-20, 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.

In line with 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 working with the Berkshire Care Association.

7. Local delivery of flu vaccination programme

Across Berkshire, residents were able to access flu vaccine during 2019-20 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, 5, 6	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 or community pharmacy
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 Summer of 2019 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 2018-19 flu season
- understand commissioning intentions for 2019-20
- 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 in 2019-20

8.1 GP registered patients by Local Authority

Uptake among GP patients aged 65 and over was higher in Berkshire LAs compared to England as a whole, except for Windsor and Maidenhead where it was marginally lower, and Slough where uptake was significantly lower. In Wokingham, uptake reached the 75% national ambition whilst in West Berkshire (78%) the target was exceeded. All LAs saw an increase in uptake compared to 2018-19, in line with the national trend.

Among under 65's in clinical risk groups, uptake was higher than the England figure in all Berkshire LAs except for Slough where it was marginally lower. No Berkshire LA achieved the national ambition (55%) in terms of flu vaccine uptake, with West Berkshire coming closest (53.9%). Whilst both Slough and West Berkshire reported decreased uptake compared to 2018-19, all other LAs boasted an increase, bucking the overall national trend.

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. All LAs saw an increase in uptake in this group compared to the previous group, except for Slough (where uptake was 8.5% lower than in 2018-19) and Windsor and Maidenhead. The general trend of increasing uptake is in contrast to a decrease nationally.

Uptake among children aged 2 years was higher than in 2018-19 for all Berkshire LAs. There is no figure available at the national level for 2019-20, as it is now collated nationally as a combined figure for both 2 and 3-year-olds together.

Uptake among children aged 3 years demonstrated a mixed picture. As figures are not available at the national level for 2019-20, comparison with previous years figures show that all LAs except Reading and Slough have higher uptake than England as a whole. There was a significant decrease in uptake compared to the previous year in Bracknell, West Berkshire and Wokingham which may reflect issues around access to the vaccine.

Table 2: Flu vaccine uptake among GP registered patient by LA - Sept 1 2019 to Jan 31 2020 in comparison to 2018/19 time-point

	Risk Group				
	65 and over	Under 65 (at-risk)	All Pregnant Women	2 Years old	3 Years old
Bracknell Forest 2019-20	**72.8**	**52.3**	**53.9**	**55.5**	**52.8**
2018-19	71.2	50.9	47.6	52.3	56.4
Variation	1.6	1.4	6.3	3.2	-3.6
Reading 2019-20	**72.6**	**49.2**	**48.8**	**46.5**	**44.7**
2018-19	70.7	45.5	44.6	43.8	43.6
Variation	1.9	3.7	4.2	2.7	1.1
Slough 2019-20	**68.5**	**44.5**	**37.5**	**40.1**	**37.1**
2018-19	66.9	45.5	46	33.2	36.9
Variation	1.6	-1	-8.5	6.9	0.2
West Berkshire 2019-20	**78.0**	**53.9**	**54.9**	**58.4**	**57.9**
2018-19	76.6	54.3	50.5	60.9	64.2
Variation	1.4	-0.4	4.4	-2.5	-6.3
Windsor and Maidenhead 2019-20	**72.2**	**47.1**	**43.8**	**54.8**	**53.1**
2018-19	70.4	45.2	46	50.8	52.5
Variation	1.8	1.9	-2.2	4.0	0.6
Wokingham 2019-20	**75.0**	**47**	**53.9**	**57.6**	**54.9**
2018-19	73.3	45.8	51.4	56.8	60.9
Variation	1.7	1.2	2.5	0.8	-6
England Total 2019-20	**72.4**	**44.9**	**43.7**	**-**	**-**
2018-19	**71.2**	**46.7**	**44.8**	**43.0**	**45.0**
Variation	**1.2**	**-1.8**	**-1.1**	**-**	**-**

(-) = The figure for 2/3 year olds has now been combined so individual figures not available.

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 Berkshire school aged immunisation team offered the nasal flu vaccine to children in schools across Berkshire from the 7th October 2019. Between October and December 2019 (49 working days) the team vaccinated 57,226 children across 341 schools (visiting an average of 7 schools per day). Any child who was absent or unwell were offered a community catch up clinics, which were offered in every locality until February 2020. Saturday clinics were offered in Slough, throughout the flu season, as these have been found to be better attended than midweek clinics. Uptake was highest in West Berkshire at almost 80% overall and lowest in Slough. All LAs achieved the 40% lower ambition, with Bracknell Forest, RBWM, Wokingham and West Berkshire exceeding the 65% upper ambition; see Table 3.

Table 3a: Uptake for school year R to 6 children, by local authority 2019-20

	Local Authority	Cohort	Total no of eligible children offered influenza (visited schools only)	Total no of influenza doses given	% children vaccinated in LA (Target by end of December 49%)
National Child Flu Programme (Reception to year 6)	BRACKNELL FOREST	10992	10992	8116	73.8%
	SLOUGH	17278	16378	6997	40.5%
	ROYAL BOROUGH OF WINDSOR, ASCOT AND MAIDENHEAD	14019	13950	9574	68.3%
	READING	13985	13972	8993	64.3%
	WOKINGHAM	16831	16196	12436	73.9%
	WEST BERKSHIRE	14057	14056	11208	79.7%
		87162	**85544**	**57324**	66.8%

Table 3b: Uptake for school programme 19/20 compare to previous years

Local Authority	2016/17 No of doses given	2016/17	2017/18 No of doses given	2017/18	2018/19 No of doses given	2018/19	No of doses given up to 31st Dec 2019	% in the LA geography vaccinated *(target end of Dec 48.75%)*	% vaccinated in schools up to 31st December 2019
Bracknell	3327	**69.40%**	5556	**70.20%**	6787	**72.40%**	8116	**73.8%**	**73.8%**
RBWM	3657	**62.10%**	6392	**65.60%**	7877	**68.70%**	9574	**68.3%**	**68.6%**
Slough	3152	**42.10%**	5475	**44.10%**	6619	**44.70%**	6997	**40.5%**	**42.7%**
Reading	3774	**60.90%**	6246	**61.10%**	7769	**64.10%**	8895	**63.6%**	**63.7%**
Wokingham	4931	**71.70%**	8583	**73.20%**	10781	**75.20%**	12436	**73.9%**	**76.8%**
West Berks	4567	**73.40%**	7788	**76.60%**	9562	**79.40%**	11208	**79.7%**	**79.7%**
Totals	**23408**	**63.30%**	**40040**	**65.10%**	**49395**	**67.40%**	**57226**	**66.6%**	**67.6%**

8.3 Pharmacy Campaign for adults

As in previous years, in 2019-20 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 and Sonar Informatics, available through the Pharmaceutical Services Negotiating Committee indicates that at least 1.5 million 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, (61.6%). The remainder of vaccine were given to adults in clinical risk groups, people with diabetes accounted for 8% and those with chronic respiratory disease accounted for 12.5% 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. 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 2019-20 flu season and the true number of patients vaccinated by community pharmacists under the National Flu Vaccination Service will be higher than the numbers presented.

Data from Pharmoutcomes indicates that Pharmacies in Berkshire provided at least 23,300 doses of vaccine (Table 5), an increase of more than 6,000 compared to the number of doses recorded in the previous flu season. Most Berkshire pharmacies used the Pharmoutcomes system to record their activity

Table 4: Flu vaccinations given in Community Pharmacy in England in 2019-20, by risk group

Vaccination eligibility group	PharmOutcomes	Sonar	Total
65 years and over	812,815	125,584	938,399 (61.6%)
A weakened immune system	35,555	8,668	44,223 (2.9%)
Adult household contact of immunocompromised individual	14,508	1,890	16398 (1.1%)
Adults in long-stay residential care home/care facility	4,205	746	4,951 (0.3%)
Adults who are in receipt of carers allowance	32,099	11,416	43,515 (2.9%)
Asplenia or splenic dysfunction	2,294	423	2,717 (0.2%)
Chronic (long term) respiratory disease	159,099	31,192	190,291 (12.5%)
Chronic heart disease such as heart failure	31,763	8,863	40,626 (2.7%)
Chronic kidney disease	5,061	995	6,056 (0.4%)
Chronic liver disease	2,766	585	3,351 (0.2%)
Chronic neurological disease	17,653	3,347	21,000 (1.4%)
Diabetes	92,400	31,487	123,887 (8.1%)
Health and social care staff	48,291	1,555	49,846 (3.3%)
Hospice worker	3,144	402	3,546 (0.2%)
Morbid obesity	3,299	568	3,867 (0.3%)
Pregnant woman	23,512	8,058	31,570 (2.1%)

https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-statistics/flu-vaccination-data-for-2019-20/

Table 5: Berkshire Pharmacies and Flu vaccine doses 2019-20 compared with 2018-19

Period	CCG	Vaccines Claimed By CCG		Vaccines Claimed in Berkshire	
		2018-19	2019-20	2018-19	2019-20
September	East Berkshire	1,342	2,435	2,767	5,206
	West Berkshire	1,425	2,771		
October	East Berkshire	3,074	4,725	7,437	11,016
	West Berkshire	4,363	6,291		
November	East Berkshire	1,872	1,891	4,505	4,458
	West Berkshire	2,633	2,567		
December	East Berkshire	738	807	1,401	1,671
	West Berkshire	663	864		
January	East Berkshire	247	151	475	405
	West Berkshire	228	254		
February	East Berkshire	86	60	121	323
	West Berkshire	35	263		
March	East Berkshire	66	163	160	223
	West Berkshire	94	60		
TOTAL		**16,866**	**23,302**	**16,866**	**23,302**

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 74.3%, an increase from the 2018-19 figure of 70.3%%.

Uptake for frontline healthcare workers in Berkshire overall and by staff group is outlined in **Error! Reference source not found.**. Uptake in Royal Berkshire Foundation Trust, Frimley Health Foundation Trust and Berkshire Healthcare Foundation Trust has increased compared to the previous flu season.

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

	2018-19			2019-20		
Organisation	**All HCWs in direct patient care**	**Seasonal flu doses given since 1 Sept 2018**	**Vaccine uptake (%)**	**All HCWs in direct patient care**	**Seasonal flu doses given since 1 Sept 2019**	**Vaccine uptake (%)**
Royal Berkshire NHS Foundation Trust	5,059	3,123	61.7	**4,792**	**3,010**	**62.8**
Berkshire Healthcare Foundation Trust	3,309	2,206	66.7	**3,118**	**2,191**	**70.3**
Frimley Health NHS Foundation Trust	7,579	4,345	57.3	**7,886**	**5,135**	**65.1**
South Central Ambulance Trust*	-	-	-	-	-	-
England	1,051,851	739,187	70.3	**1,040,360**	**772,872**	**74.3**

* 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 2019-20 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 **Error! Reference source not found.**

9. Flu Programme 2020/21 – How Will It Be Different?

The COVID-19 pandemic has obviously had an impact on the planned 2020-21 immunisation programme. Co-infection with both Flu A and COVID-19 will lead to more severe disease and the impact on the health system of a con-current second wave of COVID-19 and heavy flu season could be extremely challenging. Therefore the Influenza Programme has been updated accordingly for the 2020/21 season. The primary changes include expansion of eligibility criteria, delivery of the vaccination programme and ambition to significantly increase uptake.

9.1 Expansion of Eligibility Criteria

Under the NHS flu vaccination programme, the following groups will be offered vaccination during the 2020/21 season*:

- All children aged from 2-11 on 31st August 2020
  - **Year 7 children in secondary schools (aged 11 on 31st August 2020)**
- Adults aged 65 years or older as of 31st March 2021
- Those aged from 6 months to 65 years of age, in an at-risk clinical group
  - Chronic respiratory/heart/kidney/liver/neurological condition
  - Weakened immune system (splenic dysfunction, HIV/AIDS, chemotherapy or other immunosuppressant medication)
  - Diabetes
  - Learning disability
  - Morbidly obese (BMI 40 or above)
  - Any other condition which a clinician feels may be exacerbated by influenza infection or hospitalisation
- Pregnant women
- **Household contacts of those on NHS Shielded Patient List** or immunocompromised patients – those who expect to share living conditions on most days so contact will be unavoidable
- People living in long-stay residential care homes or other long-stay care facilities where rapid spread following introduction of the infection is likely to lead to high morbidity and mortality
- Those who are in receipt of a carer's allowance, or who are the main carer of an elderly or disabled person whose welfare may be at risk if their carer falls ill
- Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza
- Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients at increased risk from exposure to influenza
- **Health and social care workers employed through direct payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users**
- All frontline health and social care workers

Subject to vaccine supply and following prioritisation of the above eligible groups, vaccinations may also be offered to the following individuals:

- **Adults aged between 50-64 years**

*New eligible groups added for the 2020/21 NHS flu vaccination programme are denoted in bold

The reasons for expanding the eligibility criteria for the upcoming influenza season include the following:

1. **Protect vulnerable people** – wider vaccine coverage will help reduce health risks, especially given emerging evidence that co-infection with influenza and COVID-19 may result in a more severe illness with higher morbidity and mortality
2. **Reduce pressure on NHS services** – the cyclical increase in demand for health services during winter may be exacerbated by COVID-19, therefore it is paramount we minimise the impact of influenza
3. **Accurate contact tracing and COVID-19 surveillance** – given the similarity between the presenting symptoms of influenza and COVID-19, increased uptake of influenza vaccination will avoid complications in tracking the current pandemic

9.2 Programme Delivery

The delivery of influenza vaccinations during the 2020/21 season must be adapted in line with current local guidance designed to reduce the spread of COVID-19. The following factors should be considered:

- Planning appointments to minimise waiting times and maintain social distancing
- Piloting of “drive-in” vaccination models
- Domiciliary visits for individuals on the NHS Shielded Patient List
- Routine offering of vaccinations to women at maternity appointments and all other patients in at-risk groups during inpatient and outpatient encounters
- Offer inactivated vaccine if parents refuse live attenuated vaccine due to porcine gelatine content

In order to ensure that all eligible patients are aware and encouraged to get a vaccine, a national call and recall service will be introduced alongside existing local services. In line with contractual obligations, all frontline health and social care workers should have a vaccine supplied by their employer. Community pharmacy and registered GP services will continue to provide vaccinations.

9.3 Uptake Targets

In addition to expanding eligibility criteria and modifying vaccination delivery, it is crucial that we achieve high uptake rates. The aim is to meet the following targets:

Eligible Groups	Uptake Ambition
Aged 65 years and older	At least 75%
At-risk clinical group	At least 75%
Pregnant women	At least 75%
Children aged 2-3 years	At least 75%
All primary school aged children and Year 7 aged secondary school children	At least 75%
Frontline health and social care workers	100% offer

Additional supply of vaccinations has been procured to match the anticipated increased demand, whilst increased vaccine uptake should be particularly encouraged in deprived areas and amongst BAME communities.

9.4 Vaccine

The following vaccines are recommended for the different flu risk groups

Eligible Group	Type of Vaccine
At risk children aged 6 months – 2 years	Offer QIVe LAIV and QIVc not licenced for use in children <2 years old
At risk children aged 2 -18 years	Offer LAIV If LAIV contraindicated or otherwise unsuitable then offer: • QIVe to children <9 years old • QIVc to children >9 years old • QIVe if QIVc unavailable QIVe acceptable if vaccine administered in a school setting
Children 2 and 3 years and 4 – 11 years on 31/08/20	Offer LAIV If LAIV contraindicated as child at risk, see above If parent refuses LAIV and child not in at risk group, QIVe or QIVc may be offered
At risk adults (aged 18-64 years) including pregnant women	Offer: • QIVc • QIVe (as an alternative to QIVc)
Aged 65 years and over	Offer: • aTIV considered to be more effective than standard dose non-adjuvanted trivalent and egg-based quadrivalent vaccines • QIVc suitable if aTIV not available

LAIV = Live attenuated vaccine
QIVc = Quadrivalent influenza vaccine (cell-based)
QIVe = Quadrivalent influenza vaccine (egg-grown)
aTIV = Adjuvanted trivalent influenza vaccine

9.5 Local delivery arrangements

Both the Clinical Commissioning Groups in Berkshire have established mulit-agency groups to oversee the vaccination programme in 2020-21. These have already started meeting regularly to ensure cohesion to the programme during the course of the flu season. Significant adaptation has been required by providers to ensure that vaccination delivery is conducted in “COVID-19 secure” ways. For different providers this includes measures such as; appropriate use of PPE, pre-booked appointments, longer appointment times, more frequent flu clinics, expanding school visits to secondary schools.

Table 1: Reading Borough Council Communication Action plan 2020/21 DRAFT							
Target Audiences	**Key messages**	**Distribution**	**Actions**	**When**	**Who**	**RAG**	**UPDATE**
Professionals working with pre-school children **2 and 3 year olds**	Request to share advice/encourage service users to get child vaccinated (+ posters/newsletters) - EY Providers	FIS will send email to contacts for pre-school services/activities including: § registered nurseries § child-minders § playgroups § mother and toddler SEND to also be included. Children Centres Wellbeing to distribute email messages to wider community & voluntary groups BHFT – 0-19s provider (HV& SN) also be looped in and asked to support efforts service. RBC Comms to use social media pages to distribute key messaging.	NHS England to confirm national comms message and vaccination arrangements for these groups. Wellbeing and RBC Comms Team to produce local comms messages to go out through network/s with direction from PH. PH TO Liasise with FIS, SEND, BHFT	Mid Sept – End of Sept	NHS England Wellbeing Team/RBC Comms Team FIS BHFT - School Nursing and Community Immunisation Team PH		
	§ Flu vaccination programme – arrangements for 2 & 3 yr reminder of arrangements for 4 year olds (school)						
	§ Benefits/risks						
	§ availability						
	§ Link to resources						
	Signpost for more info						
Parents of Pre school children (2 & 3 year olds)	§ Benefits of immunisation/risks of flu		NHS England to confirm national comms message and vaccination arrangements for these groups. Wellbeing/PH (VS) and RBC Comms Team to distribute local comms messages to go out				
	§ Administered by nasal spray						
	§ Available from GP only (2& 3 year olds)						
	§ Links to resources						

Table 1: Reading Borough Council Communication Action plan 2020/21 DRAFT							
Target Audiences	**Key messages**	**Distribution**	**Actions**	**When**	**Who**	**RAG**	**UPDATE**
		RSG as an additional platform – though FIS most useful page.	through network/s with direction from YI.				
Infant/Primary School Heads	§ Service available from Schools Imms Team	BHFT Schools Immunisation Team will distribute key messages through School Head teachers; BHFT will prepare a letter to home-educated parents and work with Local Authorities colleagues to send this out. Continue to use 2019/20 new easy read generic leaflet.	BHFT to confirm school programme for 2020. This will be supported by LA colleagues who will support to identify comms networks to help raise awareness to parents/schools. Check in with home school educated lead for Reading as before. Link in with inequalities immunisation nurse-home schools. Generally and to see if Mobile pop up clinic is planned for 2020 – given COVID contains – Nikki.	Date pending on both national plan and local school programme dates	BHFT - Schools & Community Immunisation Team Wellbeing Team/RBC Comms Team Inequalities nurse		
	§ How to contact/arrange						
	§ Flu Messages for parents (see below) to encourage uptake						
	§ Link to resources						
Parents of Year 1, 2, 3, 4, 5 and 6 pupils and Year 7.	§ Benefits of immunisation						
	§ Administered by nasal spray						
	§ Available via school						
	§ Dates of birth for those turning 4 (starting school)						
	§ Link to resources						
RBC DMT/CMT	§ Promote national flu vaccination programme via staff routes	DMT/CMT and RBC Comms Team	PH to prepare staff and team communications about flu vaccinations - protecting themselves	H&SC Workers National Campaign	RBC DMT's Wellbeing		

Table 1: Reading Borough Council Communication Action plan 2020/21 DRAFT							
Target Audiences	**Key messages**	**Distribution**	**Actions**	**When**	**Who**	**RAG**	**UPDATE**
	§ Benefits and risks (to vulnerable groups and org) § Lists of eligible teams/staff (working with vulnerable people/critical for business continuity) § Request for managers to cascade **NOTE:** F/U DM on whether all staff vaccination will happen this year – if so who are we prioritising?		and vulnerable residents. Briefing/meeting/emails etc - Include on intranet, all staff email (peters email)	launched 16/9	and Comms Team		
All RBC staff	§ Risks and benefits	Team Meetings/Supervisions (Did follow up to see if happen, but can be encouraged via DMT)	LA to prepare promotional information for staff flu vaccinations (can use	H&SC Workers National Campaign	LA		

Table 1: Reading Borough Council Communication Action plan 2020/21 DRAFT							
Target Audiences	**Key messages**	**Distribution**	**Actions**	**When**	**Who**	**RAG**	**UPDATE**
	§ Who is eligible for national/staff* offer (those working with at risk groups and BC critical + anyone caring for eligible person)	§ Intranet News Filter	NHS England information) Include on intranet, all staff email (peters email				
	§ *Free if eligible - available from pharmacy AND GP	§ Inside Reading staff magazine)					
	§ When available						
	§ Spread the word/remind family & friends and service users who are in clinical at risk groups						
		§ Posters on noticeboards (all Council facilities)					
Manager's of services access by people in clinical at risk groups e.g. **Care Home Manager, Domically Care Providers, Extra Care Sheltered Housing, carers** etc	Update on national Flu campaign clinical at risk groups.	Distributed through Commissioning Team and Housing Team colleagues.	Wellbeing Team to prepare and cascade information to commissioned services providers for both residents and staff.		LA		
	Location of where vaccinations are available						
	Responsibilities - for self, staff and to service users						

Table 1: Reading Borough Council Communication Action plan 2020/21 DRAFT							
Target Audiences	**Key messages**	**Distribution**	**Actions**	**When**	**Who**	**RAG**	**UPDATE**
	§ Benefits/risks to residents and day-to-day ops § IMS services available – how to arrange § Link to resources § Encourage and support residents/service users to take-up						
Reading Residents: - General Winter wellness messaging for all - For 65yrs plus - Those with long term conditions - New this year 50 – 64 years (post Nov, supply permitting).	- Risks and benefits - Links to resources - General winter wellness messages – catch it, bin it, kill it, staying warm etc.	RBC Comms Team will use national messages via Social Media. Some printed materials may be used for specific resident groups such as Older People but these will be limited to need only. National campaign messages will be distributed to community and voluntary sector and		Phase 1	RBC Comms and Wellbeing Team		

Table 1: Reading Borough Council Communication Action plan 2020/21 DRAFT							
Target Audiences	**Key messages**	**Distribution**	**Actions**	**When**	**Who**	**RAG**	**UPDATE**
		other RBC services for wider distribution.					
	§ Who is eligible for national/staff* offer (those working with at risk groups and BC critical + anyone caring for eligible person)	Joint Press Release RBC & CCG Efforts are being made this year for NHS Doctors to film in a variety of different language Priority is COVID19 prevention, but also looking to include Flu prevention messages.	CCG to confirm local programme information and details on access so local messages can be tailored for targeted groups. Coordinate with Comms team and Sally More RBH	There will be different phases targeting different groups - waiting national plan to identify			

Table 1: Reading Borough Council Communication Action plan 2020/21 DRAFT							
Target Audiences	**Key messages**	**Distribution**	**Actions**	**When**	**Who**	**RAG**	**UPDATE**
	§ *Free if eligible - available from pharmacy AND GP § When available	Share via social media an flu materials produce on platforms such as You Tube	Comms team with input from PH	these phases			
	§ Spread the word/remind family & friends and service users who are in clinical at risk groups		LA to also access national marketing information and cascade to key stakeholders and use comms links to raise awareness.		CCGs/LA		
Ante-natal services	§ Flu Jabs in pregnancy	To support the local Trust and GPs to spread the word through services such as maternity unit (probably covered by health/hospital)	CCG to confirm local programme information and details on access so local messages can be tailored for targeted groups.		Trust and CCGs colleagues support by Wellbeing and RBC		

Table 1: Reading Borough Council Communication Action plan 2020/21 DRAFT							
Target Audiences	**Key messages**	**Distribution**	**Actions**	**When**	**Who**	**RAG**	**UPDATE**
	§ Benefits/Risks for pregnant women	Ante natal groups (NCT) and via our Family Information Services.			Comms Team.		
	§ Request to spread the word	Community midwives - via our 0-19 health services.	LA to cascade information via networks i.e. FIS, Smoking Cessation Service, Social Media, & via Children Centres				
	§ Link to resources						
Additional Consideration for Reading Residents 2020/21							
NEW group for 2020/21 Groups disproportionally impacted by COVID19 - BAME population, those in travel sector, security, overcrowded households	Concerns about Flu and COVID19 – Getting vaccinated help you to stay well this winter. Benefits, risk of Flu and COVID19	Social Media Info on RSG Links with CCG Promotion through NHS HC EHC armed with Flu leaflets and messages about flu preventions so they can share with business, faith settings	Links with New Covid19 Community Engagement Officer Links with Housing and Neighbourhood teams Connecting communities working group – via PH/Wellbeing colleagues				

Table 1: Reading Borough Council Communication Action plan 2020/21 DRAFT							
Target Audiences	**Key messages**	**Distribution**	**Actions**	**When**	**Who**	**RAG**	**UPDATE**
		and other organisations.					
Hub One Reading - Vulnerable Shielding residents							
Carers/ those spending significant time with people shielding also eligible this year.	- Eligibility - Risk/Benefits - Access -	Communication in print to those registered with One Reading Hub Carers network communicated	One Reading Hub (Kate Grafea) Wellbeing Team				

*This year links with COVID19 should be made wherever possible, particularly for at risk populations

* Letter to school seeking buy into vaccination programme – ideas from Slough – imms is poor, generally Reading is good, however Muslim based school we had issues with last year, could be worth sharing with them/ all sooner rather than later

- would require setting up data sharing agreement between Imms team and LA
- Letter include uptake of vaccinate compared to the average rate across Reading (need to not detail other school's uptake, a bit like NCMP)
- Why school should be involved/importance

- Info about teacher webinar on school prevention – something they are doing locally in Slough – not sure if anything like this is happening for Reading?

Resources for healthcare workers

https://campaignresources.phe.gov.uk/resources/campaigns/92-health-and-social-care-workers-flu-immunisation-/resources

Berkshire West
Clinical Commissioning Group

BW CCG report to Reading Health and Well-Being Board
9th October 2020

Report Title	Update on Mental Health Crisis Review and Building a Primary Care Mental Health offer
Sponsoring Director	Katrina Anderson – Director Joint Commissioning (Berkshire West CCG)
Author(s)	Andy Fitton Assistant Director Joint Commissioning & Yvonne Mhlanga Head of Mental Health Commissioning (Berkshire West CCG)
Purpose of item	To inform Reading's Health and Wellbeing Board on two Mental Health transformation priorities – Mental Health Crisis review and Building a Primary Care Mental Health offer

1. Background

Mental ill health is widespread and can affect people from all walks of life. National statistics show one in four adults and one in 10 children experience mental illness, and many more of us know and care for people with mental health needs (NHSE 2019). People can recover from mental illness if they receive timely and appropriate treatment and support, but many people struggle to access mental health services when they need them.

In Berkshire West it is estimated that 14% of the population suffers from a common mental health condition. Adult Mental Health services are primarily provided by Berkshire Healthcare Foundation Trust (BHFT), commissioned by Berkshire West CCG and additional services commissioned from three other Local Authorities.

The local Integrated Care Partnership in Berkshire West has prioritised two transformational mental health projects.

- A review of mental health crisis services for the all age population of Berkshire West
- The development of a Primary Care Mental Health (PCMH) offer

2. Mental Health (MH) Crisis Review

The review was initiated due to:

1. Revised Section 136 legislation
2. Feedback from services users and carers requesting changes and improvements.
3. In preparation for transformation to meet the ambitions in the NHS Long Term Plan (2019)
4. Increased number and associated cost of out of area hospital placements

The review took place from July 2019 to March 2020 resulting in a final recommendation report that was

presented and approved at the April 2020 ICP Mental Health/Learning Disability Board for Berkshire West.

2.1 The MH Crisis Review and subsequent recommendation was seeking to:

a) Improve access for mental health services and ensure they are readily available in a timely manner for all ages
b) Provide an all age mental health liaison service in Emergency Department, acute hospital inpatient and meets Core24 standard
c) Improve Mental Health crisis provision access for all ages 24/7 including use of NHS111 (crisis line and home treatment service)
d) Provide alternative crisis provision for those in mental health crisis – sanctuaries/ crisis café
e) Augment an Ambulance Mental Health response pathway (transport and trained MH staff)
f) The MH Crisis Review to link in with the Urgent and Emergency Care Strategy

2.2 Mental Health Crisis Review process.

Berkshire West CCG has led a comprehensive eight month engagement seeking views and feedback with the significant support of health partners at Berkshire Healthcare Foundation Trust and the Royal Berkshire NHS Foundation Trust (RBFT), along with Thames Valley Police, South Central Ambulance Service, local authorities and voluntary sector – Health Watch, service users and carers.

A range of senior managers but more importantly frontline staff from these organisations have had many opportunities to feedback and influence the 14 recommendations outlined on pages 3 and 4 of this report.

In addition to the frontline practitioners' involvement, significant time was spent revisiting previous patient engagement work by Health Watch locally, RBFT and voluntary sector organisations. This provided a strong outline of the strengths and weaknesses of our current arrangements that again fed into the review.

However the review process took the time at the end of 2019 and into the start of 2020 to re-engage with patient groups and our local voluntary sector to run a number of events to test the review findings and support the shaping of the final 14 recommendations.

2.3 Mental Health Review Recommendations

Set out below are the 14 recommendations that have been shaped by partners and patients through the review.

Review Theme	Rec. #	Recommendation
A single point of access for MH Crisis that is consistent and available 24/7 for all ages	1	**Urgent and Emergency Mental Health Crisis accessible via NHS111** **a.** This will be delivered by SCAS in partnership with BHFT **b.** Mental Health Practitioners available within NHS111 to triage calls run by BHFT **c.** Ensuring various means of digital & technologic methods are made available and accessible to NHS111 (telephone and online access
	2	**Development of a new Crisis Line available 24/7 for all ages (BHFT Crisis Team)** **a.** Appointing dedicated specialist practitioners – to deliver on the CYP, OP & LD pathways **b.** Smart transfer to Crisis Line from NHS111 in a timely manner. **c.** A new & dedicated MH Crisis Professionals Line for partners seeking MH crisis support for example Police seeking guidance to place people on s136, a GP needs guidance for a person experiencing extreme distress in the community **d.** To increase accessibility to remote areas and meeting demand during peak crisis times providing digital access for example MS Teams, email, LiveChat or SHARoN
	3.	**Development of specialist access for CYP : An improved CYP Crisis model offering crisis assessment in the community within 24-48hour of a referral** a. To design a new CYP MH Crisis de-escalation service for up to 72hours to provides intensive support and interventions whilst preventing or preparing for inpatient admission. Therefore need to explore with Local Authorities 3 residential beds for CYP post a MH crisis episode, with wraparound MH support from BHFT.
	4.	**Improved access and input from Home Treatment Team** **a.** Enhancing the current RRT service provision for CYP with multi-agency input to support CYP in the community. Extending recruitment to cater to a wider skills mix within CYP teams **b.** With an improved Crisis Line (telephone triage) in place, HTT can respond more effectively to acute mental health problems by providing intensive home based therapies and support/focus on the alternative to admission.
	5.	**To review the use of the current crisis beds utilisation.** a. Broader understanding & utilisation the Urgent Care pathway to access the 2 crisis bed (gatekeeping and access by Urgent Care Team).
	6.	**OP HTT delivering parity of esteem** a. Integrating the Rapid Response Team & functional mental health team (physical & mental health team) to work collaboratively and provide a more coordinated multi-agency system response for delirium & dementia b. Supporting community placements (nursing home and residential homes) manage people better within their placement/homes c. To explore with Local authorities setting up 3 community 'step up respite

		beds' for <72hours offering OPHTT assessment to avoid a hospital admissions (home to home)
	7.	**Psychological Medicine Services Core 24 Service** a. Implement transformation funding to facilitate additional resource of Band 7 advanced mental health practitioners to ensure PMS Service at RBFT (delivered by BHFT) is compliant. b. Review deployment of team based on demand into RBFT if other recommendations and actions reduce impact on A&E.
Alternative to Crisis provision	**8.**	**Development of a pilot Crisis Café: Breathing Space delivered by Voluntary Sector and local provider (BHFT)** a. Market test and Procure new adults 1st Breathing Space (crisis cafe) to be in Reading using new co-produced service specification b. Ambition in next 5 years to have a Crisis Café in Wokingham & West Berkshire c. Review impact and opportunities with A Place Of Safety utilisation d. For CYP to review the impact of the COVID-19 response set up at Erleigh House and uses recommendation 3a as starting point for alternative offer.
	9.	**To sustain and stabilise the Street Triage service and link with SCAS mental health vehicle set up** a. Ensure funding is recurrent for BHFT and review model with Thames Valley Police b. Set up a Thames Valley wide vision and delivery model for the SCAS Mental Health Vehicles that collaborates with the street triage offer.
Enhanced and better access to preventative Mental Health support from and for Primary Care	**10.**	**Development of a new Primary Care MH pathway and Primary Care Mental Health (PCMH) team** a. PCMH team co-located within Primary Care Networks (PCN) offering direct MH support b. PCMH team will be inclusive, early help to avoid MH crisis & relapse, c. Promoting parity of esteem & service user experience and outcomes d. PCMH – Multi-professional team enhancing the PCN offer e.g. pharmacists to advice on psychotropic medications & Voluntary sector – social prescribers e. Integrated PCN teams with social prescribers, pharmacists, physician associates , MH practitioners and many more
	11.	**Strengthen the peer support offer for Primary Care there is opportunity to explore the Distress Brief Interventions to support people in distress (offered by Voluntary Sector)** **a.** Telephone support for people in distress using a non-clinical model e.g. Samaritans/ Well-being hubs (link with Local Authorities on well-being/Public Health)
Communication and digital promotions about MH Crisis	**12.**	**Marketing the new Berkshire West Mental Health Crisis offer** a. Collaborative delivery of communications plan by Berkshire West CCG Communications Team & partners b. Maximise use of various media to communicate Berkshire West MH Crisis with promotional support from all stakeholders and partners c. Update of the new MH Urgent & Emergency Care Protocol d. Building on tools for MH resilience, self- care and MH awareness with local

		Public Health Consultants input
Improve education and training	**13.**	**Design a new comprehensive training package for MH Crisis (trainer led & online platforms)** a. Establish a minimum training package to offer Mental Health First Aid & case study simulation training & 'compassionate care'. b. Offer an integrated MH training for front-line staff, police, paramedic and primary care staff - help & ease to support any individual in need of MH support **c.** Through the Mental Health Support Teams and School Links projects ensure there is a standardised MH support offer to schools; use of PPEPCare
Effective Governance systems	**14.**	**Development of a Mental Health Partnership Forum (MHPF) & shared clinical governance structure - across the system (health, social care and voluntary sector)** a. Create a platform to host Mental Health Partnership forum for service users, carers/loved ones, and voluntary sector b. Develop a clinical governance structure to host MHPF and support co-production in developing future Mental health **c.** Shared access to personal records - Offering clinical digital access to people allowing them to share with family and carers e.g. safety plans

2.4 MH Crisis review implementation in 2020/21

Our local Integrated Care Partnership has endorsed these recommendations and an action plan has been put together by the CCG. The COVID-19 outbreak has delayed elements of the plan being implemented but other aspects have already been successfully started, for example an already operational Mental Health crisis line run by BHFT now linked to NHS 111.

A project implementation group of partners has been set up and we fully expect to see more progress over the coming months, which will continue to be regularly monitored by the Mental Health and Learning Disability Programme Board.

Highlight Report 1st June to 2nd September 2020

a) Successfully presented the MH Crisis Review & Recommendation Report at the April 2020 Integrated Care Partnership Mental Health & Learning Disability Board for Berkshire West and approved.

b) Successfully employed a skilled Project Manager (Manu) to support the Mental Health Crisis Implementation Plan & Head of Mental Health Commissioning Manager (Yvonne).

c) Detailed implementation plan for the 14 points recommendations completed.

Achieved and delivered

d) Psychological Medicine Services is now Core 24 Service – enabled by NHSE Transformation funding

e) New: Crisis Line – went live beginning of April 2020 – expedited due to COVID

- 24/7 All Ages Crisis line up is now operational and has been accessible throughout COVID-19
- Professionals Line established to support with any mental health crisis queries

- Single point of access via NHS111 - meets the national requirement from COVID-19 response

f) Breathing Space Crisis Café : An alternative to crisis provision in Reading

- Approval from Finance Committee now secured.
- Service specification finalised and procurement process to begin

Next steps

- Continue with Mental Health Steering Group work streams to meet delivery timelines
- Update on Breathing Space service delivery and procurement
- Share the Mental Health Communication Action Plan widely with partners

3. Building Primary Care Mental Health offer

The aim of this work is to set up a Primary Care Mental Health Offer for Berkshire West patients that improve the quality and accessibility of mental health care for the population. The achievement of this offer will be known by

- Driving up recovery rates
- Improved self-care (decreasing reliance on medical input)
- Decreasing demand on secondary and acute care
- Improving comprehensive Physical Health check for patients with Serious Mental Illness

The primary care model or offer will therefore focus on

- Preventing escalation of needs by providing early help as soon as possible
- Supporting recovery away from secondary and acute mental health care
- Being integrated within the newly established GP Alliances services/ Primary Care Networks in the CCG area
- Being integrated within a secondary and acute MH Care service offer
- Being both multi-agency and multi-professional

3.1 Work completed to date

Berkshire West CCG has led a task group of health and LA senior managers to shape an initial model of delivery. The CCG has explored in detail other national models of a similar nature, drawing in particular from the Cambridge and Peterborough PRISM service - https://www.cpft.nhs.uk/Documents/Miscellaneous/Prism%20leaflet%20Feb%202018.pdf

Our model of delivery was then tested and shared with a wide group of voluntary sector partners, primary and secondary health care clinicians and front line staff as well as primary care patient participation groups in our GP practise areas. This enabled our model to be re-engineered with the local input of these key stakeholders.

However COVID-19 has slowed this was piece of transformation work, pausing progress to enable providers and CCG to work on responding to the pandemic.

Since lockdown ended and recovery planning started renewed discussion between partners on this area of work has begun.

3.2 Next Steps

Primary Care Mental Health – The business case for the Primary Care Mental Health recommendation will be drafted ready to go to BW ICP Mental Health & LD Programme Board and CCG Finance Committee to request approval to fund pilot ideas of telephone support and to operate the full model in a single pilot PCN area. The proposal will be drafted in advance of expectation of receipt of fair share allocation of MH transformation money to implement the long term plan expected transformation in Primary and Community Mental Health offer in 21/22.

Serious Mental Ill-health (SMI) physical Health checks - the CCG is working with secondary and primary care clinicians, commissioning colleagues from our Integrated Care System and the support of the regional NHS I team to put an 18 month recovery plan in place. 4 key elements of the plan are:

- Improve the reporting function by using CCG reporting tools (moving away from self-reporting)
- Provide more support, information and knowledge to primary care teams to complete checks
- Identify and work closely with the poorly performing surgeries
- Explore alternative models that are succeeding elsewhere in the country to consider a different commissioning approach.

This page is intentionally left blank

healthwatch Reading

Annual report 2019-2020

A time like no other

On March 17, just a few weeks shy of the end of our charity's 2019-20 financial year, our staff team learnt that the council was closing our office at Reading Central Library, as part of a town-wide shut down of public buildings. Coronavirus was sweeping the globe and within a week the entire nation would be placed in lockdown.

Overnight, we'd lost the ability to hold a public drop-in service for information and advice. We could no longer safely visit GP surgeries, hospitals and care homes, where we'd normally meet people to hear their experiences. Regular meetings with decision-makers were put on hold. Referrals to our advocacy service, Reading Voice, were suspended.

Our team responded quickly, decisively and with the needs of Reading's most vulnerable people, foremost in mind. By 30 March we had mobilised a prescription delivery service, using our DBS-checked staff and a local volunteer army, to ensure vulnerable, shielding and self-isolating people could get the medicines they needed.

Prior to lockdown, our year had focused on how the NHS would implement the Long Term Plan and changes in primary care, through two key surveys.

We aim to continue an agile, imaginative and people-centred approach as we head into the uncertain and socially distant world of 2020-21.

David Shepherd, chair of trustees, Healthwatch Reading

> It wasn't the end to the year we were expecting, but our actions showed once again that Reading people are at the heart of everything we do.

Providing support

411 people
received one-to-one advocacy from our Reading Voice service to help them resolve complaints or have their say about their care and wellbeing.

118 people
sought advice from our information and advice service, mostly about hospital services (37), GPs (20) or council services (17).

Reaching out

We put out:
506 tweets,
12 e-newsletter editions
& 3 printed newsletters
to keep the community informed & updated on local services, events and our work.

Making a difference to care

We collected views of
1,204 people
through four Enter and View visits, three surveys, four focus groups and three training sessions, leading to nine reports that recommended changes.

Responding to Covid

They came by bike, car and on foot, to get medicines to local people as the Covid-19 pandemic hit our town. Meet the locals who signed up to Healthwatch Reading's crisis response service.

We are grateful to the support of 14 local people who stepped forward to help with a prescription delivery scheme, which we launched to ensure vulnerable, shielding or self-isolating people wouldn't be left without vital medicines during the pandemic. This was weeks before the national NHS Volunteers scheme had got off the ground.

The volunteers included husband-and-wife teams, a PhD student, a retired GP, a former social worker and Reading Football Club's safety officer. They have cycled, walked or driven thousand of miles to respond to – at last count – 1,100 requests from individuals, charities or the council's Community Hub. The volunteers proved adept at thinking on their feet as they dealt with incomplete medicine orders, clients who'd gone missing, and different pharmacy rules.

Our own staff have also carried out deliveries, on top of coordinating volunteers, dealing with emergency requests, and raising safeguarding concerns in some cases with social workers or GPs. We will throw a thank-you get-together for these volunteers when it's safe to do so!

Alex Bayliss

Cathy Bull

Jenny Newman

Dave Parker

Mustafa Ramadan

Plus:

- **Adam & Liz Davies**
- **Julie Goring (pictured on the report cover)**
- **Lynn Launchbury**
- **Jennie MacLean**
- **Nik Much**
- **David Newman**
- **Helen Savidge**
- **Kathryn Shelley**

Helping you shape the NHS

We worked with local Healthwatch in Wokingham, West Berkshire, Buckinghamshire and Oxfordshire to survey 1,250 people about their views on the future of the NHS.

We also held 10 focus groups to get in-depth views from 87 people on how The NHS Long Term Plan could work for our communities.

You told us you needed quicker help for mental health problems, better transport links to hospitals and information tailored to people with learning disabilities.

NHS Long Term Plan

Following a government commitment to increase health service funding by £20bn a year, the NHS published its Long Term Plan in January 2019, setting out key ambitions for the next decade.

To help local areas decide how they should spend their share of the extra funding, NHS England asked local Healthwatch to carry out a major engagement project in April and May 2019 to gather public views on the Plan.

We heard that more people were concerned about mental health than any of the six other priority conditions in the Long Term Plan, such as cancer. You described long waiting times and a lack of empathy from some staff. You also shared lots of ideas about healthy neighbourhoods, such as access to affordable exercise classes, better transport links and more support to stay living at home in the later stages of life.

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System said: "We welcome the work carried out by Healthwatch and are grateful to those who took their time to talk about their experiences, concerns and priorities. All of the feedback provided will be considered carefully by colleagues and leaders working to plan for and implement the ambitions of the NHS Long Term Plan."

> You would not half treat cancer or a broken leg, so why half treat mental health conditions?" (Survey respondent)

Our Reading Voice service

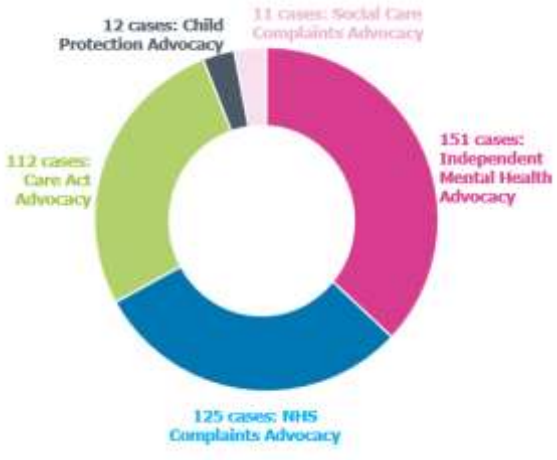
We provided advocacy to 411 people, helping them during care assessments, complaints, court hearings or compulsory treatment.

This was Healthwatch Reading's second year of delivering the Single Reading Advocacy Service commissioned by Reading Borough Council. This is extra to our Healthwatch role, and covers four types of statutory, or locally arranged, advocacy. We also accepted referrals to support parents through child protection hearings and for the first time we acted as a 'Litigation Friend'.

We dealt with 411 cases, up from 361 the year before, including big increases in Care Act Advocacy and NHS complaints.

Heading into 2020-21, we have unfortunately seen a dramatic decline in referrals due to the Covid-19 pandemic but we hope to introduce innovative and safe ways to carry our out role as lockdown eases.

Advocacy cases in 2019-20



Advocacy in action: case studies

A complaint we submitted on behalf of an adult with visual impairments against Reading Borough Council, was partly upheld by the Local Government Ombudsman (LGO). The LGO's decision states the council had only provided care to help the person with medication five days a week despite the council previously identifying a need for seven days a week. The LGO told the council to apologise, waive some care charges, and to remind staff to update care plans.

We supported a person in their 30s to make a complaint about their discharge from a mental health ward, which they and their family felt was too soon. Had it been better managed, they felt the person would not have self-harmed and suffered life-changing injuries that will involve ongoing treatment. Following a serious incident investigation by Berkshire Healthcare NHS Foundation Trust, the person is now seeking legal advice.

We accepted a referral from social workers who were concerned about a person's self-neglect and their ability to live safely at home. Professionals had been unable to gain access to the property for over two years before our advocate gained the person's confidence enough for them to allow us access to the house. The person lacked capacity to make informed decisions to keep safe and we were able to take a best interests approach to support them during repairs to their home, admission to Prospect Park Hospital and eventual discharge to a care home.

A woman with mental health needs and learning disabilities was supported by our advocate during legal proceedings to remove a baby from her care. Following the court granting an interim care order to the local authority, police were called to the maternity unit to assist in removing the baby. Our advocate spent 3.5 hours successfully negotiating with the client to hand her baby over unharmed. The woman had a history of many children being taken into care.

We helped an adult in their 40s with motor neurone disease, who uses a wheelchair, to secure funded support for carers during a holiday, via NHS Continuing Healthcare. Berkshire West Clinical Commissioning Group had first told the person such support was against their policy, but they changed their position after our advocate got involved.

We acted as a Litigation Friend for a person who was being evicted from their tenancy. We had previously provided advocacy to the person, in their 60s, during a safeguarding enquiry and also when they were sectioned onto a mental health ward. The person lacked capacity to make decisions about where to live and we reviewed their circumstances and put forward our view of their best interests. The person was moved to a care setting.

Engaging with local people

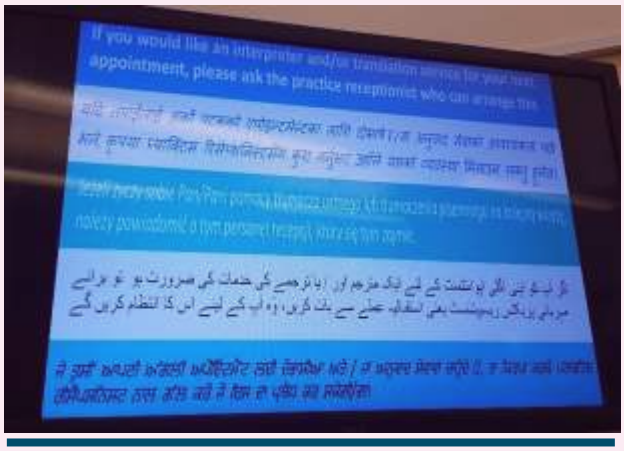
As well as our Long Term Plan exercise (see page 4), we also engaged with a further 890 people for five other projects, via surveys, visits, focus groups and workshops.

Log on to Health

We held a series of workshops in conjunction with the Reading Community Learning Centre, to teach 17 women, and three tutors, how to sign up to GP online services.

Our project was sparked by a general low awareness among Reading people of technology allowing you to book appointments or order repeat prescriptions via smartphones, tablets or computers.

We shared our findings with GPs, discussing the idea of setting up digital ambassadors.



Enter and View visits to GP surgeries

We used our statutory powers to visit four GP surgeries to survey people and observe the environment, such as waiting room screens.

We spoke with 63 people at two surgeries in south Reading with quality concerns, while at two north Reading surgeries, we listened to views of 104 people to check their care following closures of other surgeries.

Overall, people praised the care from doctors and nurses but sometimes said they could not get through on phones or were unaware of extended opening hours at all GP surgeries.

Urgent care

We surveyed 553 people at Reading Walk-In Centre or A&E at the Royal Berkshire Hospital. Berkshire West Clinical Commissioning Group used the findings to inform plans on same-day urgent care, since postponed by Covid.

Maternity

Almost 90 Reading women took part in a survey or focus groups for a project across Berkshire, Oxfordshire and Buckinghamshire. Care during labour was good but was variable in ante- or post-natal periods.

Student health

In the second phase of a project, we surveyed 62 students, including Reading College student, Amber (pictured). We found 2nd and 3rd-year students knew more about services than first-years' but stress was still an issue.

Thanking our volunteers

We couldn't operate without the local people who give their time to govern and oversee our work or help us deliver our projects.

Our trustees:

- Monica Collings
- Gurmit Dhendsa
- David Shepherd (chair) and our representative on the Reading Health and Wellbeing Board

Our board:

- Sheila Booth
- Francis Brown
- David Cooper
- Douglas Findlay
- Tony Hall
- Karen Hampshire (North and West Reading Patient Voice)
- James Penn (South Reading Patient Voice)
- David Shepherd (chair of trustees)
- Helena Turner

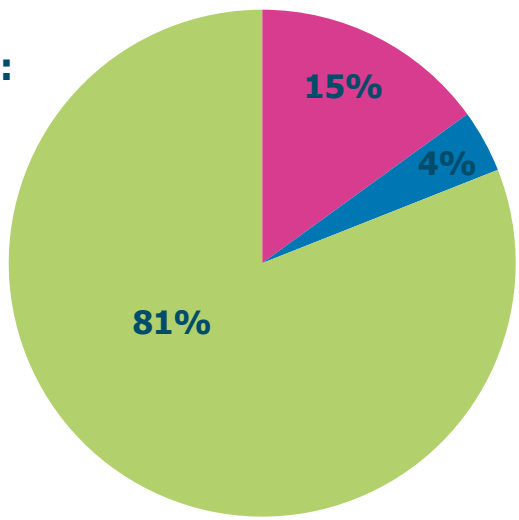
Project volunteers:

- Alex Bayliss (prescription delivery)
- Cathy Bull (prescription delivery)
- Holly Curtayne (folding & posting letters)
- Sean Curtayne (folding & posting letters)
- Jack Curtayne (folding & posting letters)
- Adam Davies (prescription delivery)
- Liz Davies (prescription delivery)
- Julie Goring (prescription delivery)
- Rafi Habib (survey engagement and input)
- Lynn Launchbury (prescription delivery)
- Jennie MacLean (prescription delivery)
- Nik Much (prescription delivery)
- David Newman (prescription delivery)
- Jenny Newman (prescription delivery)
- Dave Parker (prescription delivery
- Mustafa Ramadan (prescription delivery)
- Helen Savidge (prescription delivery)
- Kathryn Shelley (prescription delivery)

Our finances

Total expenditure: £116,126

- Running costs (£17,584)
- Operational costs (£4,426)
- Staff costs (£94,116)



Total income: £114,850

- **£101,750** (89%) received from the local authority
- **£13,100** (11%) additional income

Contact us

3rd floor, Reading Central Library
Abbey Square
Reading
RG1 3BQ
Contact number: 0118 937 2295
Text/SMS: 07860 018 073

Email address: info@healthwatchreading.co.uk
Website: https://healthwatchreading.co.uk
Twitter: http://twitter.com/HealthwatchRdg
Facebook: https://www.facebook.com/HWReading

3rd floor, Reading Central Library
Abbey Square
Reading
RG1 3BQ
Contact number: 0118 937 2295
Text/SMS: 07860 018 073
Email address: helpdesk@readingvoice.org.uk
Website: http://readingvoice.org.uk/

Our staff

Chief executive:
Mandeep Kaur Bains

Reading Voice advocacy services manager:
Carl Borges

Healthwatch Reading team manager:
Rebecca Curtayne

Healthwatch Berkshire West Integrated Care Partnership Liaison Manager:
Catherine Williams

Joint Healthwatch Reading officers and Reading Voice advocates:
Pat Bunch
Shahanaz Uddin

Reading Voice advocates:
Rhianna Blanchard
Pauline Foy
Jenny Newman
Sue Pigott (in partnership with Talkback)
Yvette Toome (in partnership with Talkback)
Wendy Webster

Healthwatch Reading charity number: 1151346

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**9th October 2020**		
REPORT TITLE:	**Safeguarding Adults Reading & Safeguarding Adults Board (SAB) Annual Report 2018-19**		
REPORT AUTHOR:	**Jon Dickinson**	**TEL:**	**937 4586**
JOB TITLE:	**Deputy Director**	**E-MAIL:**	**Jon.dickinson@reading.gov.uk**
ORGANISATION:	**Adult Social Care - RBC**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Care Act 2014 stipulates that each local authority must have a Safeguarding Adults Board (SAB) which takes the lead on adult safeguarding arrangements across its locality and has oversight and co-ordination with regard to the effectiveness of the safeguarding work of its member and partner agencies.

1.2 The overarching purpose of a SAB is to help and safeguard adults with care and support needs. It does this by:

1.3 Ensuring that local safeguarding arrangements are in place, as defined by the Care Act 2014, and that:

- Safeguarding practice is person-centred and outcome-focused;
- Work is collaborative in order to prevent abuse and neglect where possible;
- Agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- Safeguarding practice is continuously improving;
- Quality of life for adults in its area are enhanced

1.4 There are two reports presented here which reflect performance and priorities with regard to Safeguarding. The first is the West of Berkshire SAB Annual Report which highlights the work that has been carried out across the multi-agency partnership (Reading, West Berks & Wokingham). The following paper focuses on Safeguarding in Reading Borough Council DACHS. Both reports provide a current picture and overview of Safeguarding in Reading and the wider local boundaries, analysis of performance with a further look at what can be enhanced and improved.

2. RECOMMENDED ACTION

2.1 ***That both reports are noted by HWB***

3. POLICY CONTEXT

3.1 The SAB has a duty to develop and publish a strategic plan setting out how it will meet its objectives and how the partnership will contribute. The West of Berkshire annual report (attached) details how effectively these have been met.

3.2 A 2018-2021 Strategy was published by the SAB and is now into its second year. The document outlines what the Board hopes to achieve during this time period through a number of strategic priorities. These are:

- We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people.
- We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community.
- We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice.
- We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly.

4. THE PROPOSAL

4.1 Current Position:

The West of Berkshire Annual report notes that overall findings show that:

- There has been a 20% reduction in the number of safeguarding concerns compared with last year.
- When comparing 2018/19 concern figures with 2016/17 the decrease is 41%.
- The reduction goes against the national trend which saw an 8% increase when comparing 2016/17 data with 17/18 data. Comparisons could not be made with 2017/18 and 2018/19 data as at the time of endorsement of this report 18/19 national data was not published.
- The Local Authorities in the partnership were required to provide an explanation to the Board on the reasons for these reductions responses were as follows:

Reading Borough Council:

- Has seen a 37% reduction in the number of concerns in 2018/19 when compared with 2017/18.
- There has been a change in practice which began in 2017/18 where safeguarding concerns raised that did not meet the safeguarding threshold are no longer counted.
- The number of safeguarding enquires has remained stable, indicating that risks are not being missed by this change in practice, and that recording of concerns has become more accurate as a reflection of safeguarding work required in Reading.
- Audits are to be undertaken in 2019/20 to ensure that safeguarding thresholds are consistently applied.
- From 2019/20 all logging of concerns will be completed by the Safeguarding Team rather than passing this onto Adult Social Care Teams, in order to ensure consistency and centralised oversight.

4.2 Activity in Safeguarding Residents of Reading

Included in this report is the Reading Borough Council Safeguarding Review for 2018-19. This report covers all the performance activity within the area of Safeguarding Adults and sets out some case studies to showcase the work good practice carried out. It also looks to the future and reflects on how Safeguarding can be more effectively delivered over the coming year.

4.3 Some of the key findings in the data have influenced our delivery priorities for 2018/19

Most notable in the data there is the drop in number of concerns recorded, which continues a trajectory from the previous year. It was noted that robust information gathering and engagement prior to identifying a concern impacted positively on reducing concerns, and this practice has continued, supported by the proactive approach of the Conversation Counts model. The fact that the number of enquiries resulting from concerns has not fallen supports the interpretation of the figures as a positive trend towards more accurate recognition of safeguarding, rather than a lack of identification.

However, as part of the development of the Safeguarding Adults Team function in 2019/20, the recording of all concerns will be held centrally within the team. This will provide greater accountability and transparency in the data and ensure concerns are consistently captured. An audit of referrals coming into the service that are closed prior to enquiry will be conducted throughout the year to ensure quality and consistency, as well as identify any learning or practice needs.

The recording of organisational abuse incidents has been raised as a point of difference in practice across the board, and the variation in incidents highlights a need to ensure that the process for identifying and responding to organisation abuse is transparent, robust and accountable, so that variances in recording are clearly understood in context.
In Reading we have begun the development of an effective partnership with commissioning teams to work proactively and jointly where concerns arise within provider organisations. This ensures that Providers can be supported to improve and maintain their support and delivery of services to vulnerable people.

4.4 Improving the Future of Safeguarding Adults in Reading

The aspiration for 19-20 in Reading Borough Council is to streamline access so that all Safeguarding activity comes through a 'Single Point of Access' to ensure consistency. This will see closer work and integration with the Advice and Wellbeing Hub, the departments 'front door' for all Social Care queries.

This bringing together of Safeguarding work will provide considerable customer and practice benefits such as

- The creation of a single point of contact and improved customer experience
- Achievement of proportionate responses and better outcomes using 'Making Safeguarding Personal' principles.
- Facilitation of improved partnership working with other professionals and the third sector.
- Ensuring a greater focus on prevention

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

5.1 The SAB is a statutory function and has set priorities for 2018/2021 as detailed in section 3 of this report. The organisation has a legal duty under the Care Act 2014 to safeguard adults and promote wellbeing and this has been evidenced within our Cooperate Plan 2016-2019; Service Priority 1 - Safeguarding and protecting those that are most vulnerable.

In terms of the Reading Health and Wellbeing Strategy safeguarding of vulnerable adults underpins all of the key priorities in terms of the vision to improve and protect health and wellbeing of its residents.

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

The presenting documents evidence the work that has been undertaken across Reading to safeguarding vulnerable residents from abuse or harm.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 No impact noted as a result of this report

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 A priority for the board for 2018-2021 is to strengthen communication and engagement across groups and communities in the West of Berkshire, and to ensure that plans and actions are informed by the experience of the widest range of local people.

8. EQUALITY IMPACT ASSESSMENT

8.1 The local authority, as a public body, is under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010). In order to comply with this duty, the Council must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. There is currently no change in the service to the residents is proposed hence an Equality Impact Assessment will not be competed at this stage.

9. LEGAL IMPLICATIONS

9.1 The Safeguarding Adults Board has a duty under the Care Act 2014 to publish an Annual Report detailing how effective its work has been.

10. FINANCIAL IMPLICATIONS

10.1 The Care Act provides a power for members of the SAB to contribute towards the expenditure incurred for the purposes of its work. The work undertaken but social care and health staff for delivering a safeguarding service is provided through their core responsibilities and incorporated into the day to day responsibilities of all staff.

11. BACKGROUND PAPERS

11.1 West of Berkshire Safeguarding Adult Report 2018-19
Care Act 2014
More info to be found at http://www.sabberkshirewest.co.uk/

West of Berkshire Safeguarding Partnership Adults Board

Annual Report 2018-19

If you would like this document in a different format or require any of the appendices as a word document, contact Lynne.Mason@Reading.gov.uk

The 2014 Care Act made it clear that safeguarding adults should be everyone's business. The multi-agency partnership across three Council areas (Reading, West Berkshire and Wokingham) which brings together the West of Berkshire Safeguarding Adults Board, remains committed to improving awareness of adults in need of care and support who may be at risk, either from others' treatment of them or from their own lifestyle choices. During this last year, case reviews brought to the attention of the Safeguarding Adults Board have highlighted important areas of learning for all of our partner agencies and these are summarised in this report. The areas for action are embedded in our business plan which is monitored closely to ensure that improvements are made, to prevent similar tragic incidents occurring in the future. Communication across agencies about safeguarding concerns remains one of the partnerships greatest challenges and should be significantly improved with the agreement and implementation of the Multi Agency Risk Toolkit by practitioners and their managers in the coming year.

Good management information is vital in identifying risks, areas for improvement and evidence of what works. The Safeguarding Adults Board continues to refine its approach to quality and performance monitoring to ensure a focussed approach by all on areas highlighted quarterly reports and from case reviews. 2018/19 data has presented some potential inconsistencies in the way information is recorded across the partnership and we will be commissioning an independent audit to understand how we can bring a more consistent approach to ensure that our management information is as effective and robust as possible.

It is important that, in addition to data, the Safeguarding Adults Board can take into account the experience that local people have of the support they are offered. We benefit from the involvement of voluntary sector and HealthWatch representatives, who are valuable partners in bringing this vital perspective to the Board's work and who are often the 'front line' in identifying safeguarding issues.

I am aware of the ever increasing pressures on partners, as demand for services grow and resources are constrained. This is reflected in the capacity of Safeguarding Adults Board representatives to maintain adequate involvement in progressing all of our agreed actions, which impedes our ability to meet all priorities. This underlines the need for our activities in the coming year to be all the more sharply focussed, well informed by effective management information and to make the very best use of our collective resources across all sectors.

Teresa Bell
Independent Chair, West of Berkshire Safeguarding Adults Board

Concerned about an adult?

If you are concerned about yourself or another adult who may be being abused or neglected, in an emergency situation call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101 or contact Adult Social Care in the area in which the person lives:

Reading 0118 937 3747, or online Reading
West Berkshire 01635 519056, or online West Berkshire
Wokingham 0118 974 6863, or online Wokingham

Out of normal working hours, contact the Emergency Duty Team 01344 786 543
For more information visit the Board's website: http://www.sabberkshirewest.co.uk/

Introduction

Our vision

People are able to live independently and are able to manage risks and protect themselves; they are treated with dignity and respect and are properly supported when they need protection.

What is safeguarding adults?

Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs. There are many different forms of abuse, including but not exclusively: Physical, Domestic, Sexual, Psychological or Emotional, Financial or Material, Modern Slavery, Discriminatory, Organisational or Institutional, Neglect or Acts of Omission, Self-neglect.

What is the Safeguarding Adults Board?

The West of Berkshire Safeguarding Adults Board covers the Local Authority areas of Reading, West Berkshire and Wokingham. The Board is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. From April 2015 mandatory partners on the Board are the Local Authority, Clinical Commissioning Groups and Police. Other organisations are represented on the Board such has health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. ***A full list of partners is given in Appendix A.***

We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.

Who do we support?

Under the Care Act, safeguarding duties apply to an adult who:

- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of their care and support needs, is unable to protect themselves.

Safeguarding Adults Policy and Procedures

Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter: https://www.berkshiresafeguardingadults.co.uk/

Number of safeguarding adult concerns 2018-19

- There has been a 20% reduction in the number of safeguarding concerns compared with last year.
- When comparing 2018/19 concern figures with 2016/17 the decrease is 41%.
- The reduction goes against the national trend which saw an 8% increase when comparing 2016/17 data with 17/18 data. Comparisons could not be made with 2017/18 and 2018/19 data as at the time of endorsement of this report 18/19 national data was not published.
- The Local Authorities in the partnership were required to provide an explanation to the Board on the reasons for these reductions responses were as follows:

Reading Borough Council

- Has seen a 37% reduction in the number of concerns from 2018/19 when comparted with 2017/18.
- There has been a change in practice which began in 2017/18 where safeguarding concerns raised that did not meet the safeguarding threshold are no longer counted.
- The number of safeguarding enquires has remained stable, indicating that risks are not being missed by this change in practice, and that recording of concerns has become more accurate as a reflection of safeguarding work required in Reading.
- Audits are to be undertaken in 2019/20 to ensure that safeguarding thresholds are consistently applied.
- From 2019/20 all logging of concerns will be completed by the Safeguarding Team rather than passing this onto Adult Social Care Teams, in order to ensure consistency and centralised oversight.

West Berkshire District Council

- Have seen a 20% increase in the number of safeguarding concerns from 2018/19 comparted with 2017/18.
- The 20% increase is attributed to increase in organisational safeguarding concerns in 2018/19, where all individuals in receipt of a service from a provider where there are organisational safeguarding concerns will have a safeguarding concern logged. This is not the practice Reading Borough Council or Wokingham Borough Council follow.
- There has been a change in practice, which began in 2017/18. The change in practice was that safeguarding concerns received, that did not meet the safeguarding threshold, were not counted as a safeguarding concern, when previously they were. This has led to an increase in the the percentage of safeguarding concerns that progress into a safeguarding enquiry.
- In 2019/20 West Berkshire District Council are to review their data collection methods which is likely to increase the number of safeguarding concerns.

Wokingham Borough Council

- Have seen a 17% decrease in the number of safeguarding concerns from 2018/19 comparted with 2017/18.
- It is Wokingham Borough Council policy that if anything is raised as a safeguarding concern it is counted as one; however this policy was not implemented for all of 2018/19 which would have resulted in the reduction seen. This policy is not consistent with Reading Borough Council and West Berkshire District Council.
- In 2019/20 Wokingham will be launching the Adult Safeguarding Hub, where all concerns will be recorded centrally ensure consistency in recording of safeguarding concerns.

In response to this data and the explanation from the Local Authorities, an independent audit into the safeguarding recording process across each Local Authority will be carried out in 2020/21. To identify the inconsistencies in recording across the partnership and for the West of Berkshire Safeguarding Adults Board to agree to an approach to address these inconsistencies.

Trends across the area in 2018/19

- 67% of enquiries relate to people over 65 years in age, a slight increase when compared with 2017/18 where it was 62%.
- As in previous years more enquiries were in relation to women than men, with 61% of enquiries involving women. There this is an increase of 7% when compared with 2017/18 data where the outturn was 57%.
- 81% of referrals were for individuals whose ethnicity is White. This is consistent with 2017/18 data.
- For 11% of referrals made, the individual's ethnicity was not known, the same outturn as 2017/18.
- As in previous years the most common type of abuse for concluded enquires were for Neglect and Acts of Omission. This was followed by Physical, Psychological or Emotional abuse and Financial abuse.
- For the majority of cases, the primary support reason was physical support. For 16% of cases no primary support reason was identified, in 2017/18 this was 7%. This increase currently being investigated by the West of Berkshire Safeguarding Adults Partnership Boards, Performance and Quality Subgroup.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.

Challenges or areas of risk that have arisen during the year are recorded on our risk register, along with actions to mitigate the risks. These are some of the potential risks that we have addressed:

- A three year business plan was launched by the Board for 2018/19 to address the priorities in the 2018/19, however it was identified this approach meant that the actions were difficult to prioritise and monitor and therefore the Strategy and Business Plan was reviewed to ensure that the our key priorities were the main focus and we have returned to an annual business plan in 2019/20.
- We gained assurance from partners regarding the Emergency Duty Team sustainability, due to the negotiation the current contract.
- 25% reduction in Safeguarding concerns logged in 2017/18 compared with 2018/19, the reasons for this reduction was investigated and we were assured that the reduction was due to a change in the practice of recording of safeguarding concerns that did not meet the safeguarding threshold, which would have previously been counted, but were now logged and managed, through the care management process. An independent audit of this practice will be commissioned in 2020/21 to ensure that there is consistency applying the safeguarding procedures across the partnership.
- Through the Safeguarding Adults Review Process (SAR) we have identified that mechanisms and pathways in place across the locality to support people who Self-Neglect are not widely or fully understood. In response to this a Board priority for 2019/20 is: We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect.
- We want to make sure that local priorities and arrangements to support and minimise risks for people who experience Domestic Abuse are fully understood. In response to this, a Board priority for 2019/20 is: The Board will work collaboratively with Local Safeguarding Children Partnerships,

Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.

- To ensure that arrangements to support people who have Mental Health issues were fully understood, a report detailing governance arrangements is presented to the Board on a six monthly basis.
- We are aware of capacity issues within the supervisory bodies to obtain timely Deprivation of Liberty Safeguards (DoLs) assessments and provide appropriate authorisations. This situation and numbers of DoLs applications continue to be monitored by the Board, through our Dashboard. We await national data for 2018/19 to compare performance with 2017/18.
- We have gained further intelligence to support the view that responsibilities under the Mental Capacity Act 2005 are not fully understood or applied in practice as a safeguard for people who may lack capacity. The Board accept that this is a significant challenge in safeguarding practice and will ensure that any work undertaken by the Board will ensure consideration of the Act so it is fully embedded within practice.
- We want to make sure that there is consistent use of advocacy services to support adults through their safeguarding experience. A key performance indicator is in place to monitor performance across the local authorities. Performance in has continued to improve, there has been an increase of 4% compared with the previous year (89% - 93%).
- We want to ensure that people who make safeguarding referrals receive feedback. Our training programme will be relaunched in 2019/20 where there will be emphasis on ensuring feedback is provided where appropriate, this is also checked in our safeguarding audit process where Local Authorities are required to audit 10% of completed Safeguarding Enquiries each month, using a standardised audit template.
- We want to make sure that people who experience the safeguarding adults process as adults with care and support needs, as well as their carers, have appropriate opportunities for involvement or engagement with the Board. A Task and Finish Group was held to identify a strategy, which was presented and approved in June 2019. The implementation of the strategy will take place in 2019-20.

Further safeguarding information is presented in the annual reports by partner agencies in **Appendix E.**

Achievements through working together

Our 2018/21 Strategy outlines what the Board aims to achieve in the next three years. The Board identifies strategic priorities that shape its work. These are reviewed each year and revised to reflect findings from performance information and case reviews.

Our priorities for **2018/19** and outcomes to those priorities were:

Priority 1: We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of a wide range of local people:

- The Board membership arrangements were reviewed and updated.
- There was a full review of all Board subgroups and new terms of references were set.

- A new subgroup was established to ensure that the voluntary and community sector are engaged and inform the work of the Board.
- Links with Local Safeguarding Children Partnerships, Safer Communities, Health and Wellbeing boards have been strengthened.
- A strategy has been approved to ensure that people who use services are able to influence the work of the Board.

Priority 2: We will extend our links with other partnerships to work together to break down barriers across agencies and to promote Think/Family/Think Community approaches.

- Work is in progress to establish a data set for the Board in regards to domestic abuse. A priority for 2019/20 has been agreed as: The Board will work collaboratively with Local Safeguarding Children Partnerships, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.
- The Board review on a six monthly basis to be assured that local safeguarding arrangements for people who have Mental Health issues are effective.
- Framework for the Management of Allegations against Persons in Position of Trust has been launched and is available on our website.
- An audit on Self-Neglect was completed and recommendations used to inform the Boards 2019/20 priorities and business plan.

Priority 3: We will share learning and develop innovative ways to support both paid and unpaid organisations across partnerships to continually build confidence and the effectiveness of everyone's safeguarding practice.

- Safeguarding Adult Reviews (SARs) have been completed and where appropriate published with practise learning notes for professionals.
- Learning from SAR/Audit Implementation plan has been devised in order for the Board to track progress on learning and to test that learning is effective.
- A successful Joint Children's and Adults Safeguarding Conference on the theme of Prevention and Early Intervention was delivered in January 2019.
- The Safeguarding Audit form has been and will continue to be updated to test learning has been embedded into practise.
- Partners completed the Boards Self- Assessment.

Priority 4: We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly

- The Board has a Performance Dashboard and Key Performance Indicator Report which is managed by the Performance and Quality Subgroup and presented to the Board on a quarterly basis.
- Data in regards to Female Genital Mutilation (FGM) and Modern Slavery is being collected and the Performance and Quality Subgroup are reviewing this data to understand what this means for the West of Berkshire.

More information on how we have delivered these priorities:

- Additional achievements by partner agencies are presented in **Appendix B.**
- The completed Business Plan 2018-19 is provided in **Appendix C**.

Safeguarding Adults Reviews

The Board has a legal duty to carry out a Safeguarding Adults Review when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died, and abuse or neglect is suspected to be a factor in their death; or when an adult has not died but suffered serious abuse or neglect. The aim is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The West of Berkshire Safeguarding Adults Board has a Safeguarding Adults Review Panel that oversees this work.

During the reporting year, the SAR Panel have worked on 9 SARs of which 3 were endorsed by the Board and 1 was published along with a practice learning note. The Board plans to publish the other 2 safeguarding adult's reviews in 2019/20. Valuable learning has emerged from the all SARs and has fed into the Boards priorities and Business Plan for 2019/20. It is planned for the remaining 6 SARs to be endorsed by the Board in 2019/20. The Board recognised the increase in workload for the SAR Panel and in response increased the frequency of SAR Panel meetings from quarterly to monthly.

The case summaries and the learning from the 3 SARs that have been endorsed are as follows:

Gemma

Gemma had a pressure sore. Gemma was issued with a pressure care mattress to relieve pressure from her skin, as part of the management plan to support her.

Gemma's pressure sore deteriorated to a Category 4 and Gemma sadly passed away the same month. At the time of the deterioration it was identified that Gemma's pressure care mattress was not operating as prescribed. There were incidents reported where the mattress was indicating a fault.

A safeguarding concern should have been raised by the district nurse when the deterioration in Gemma's pressure sore was identified, but was not. A concern was raised by the hospital when Gemma was admitted.

The safeguarding enquiry that was completed by the Local Authority did not meet the required standard.

Findings

- Mattress Settings: it is the responsibility of the prescriber to follow up after installation of a pressure care mattress and to set the controls in line with the persons clinical need.
- Recording keeping: it is essential that clear records are kept, for the safe management of equipment provision and that all information relating to the device is co-ordinated and documented.
- Reporting Faults: information is always provided detailing how to contact the equipment provider, in the event of any issue with the equipment itself. The leaflet has been improved to encourage people not to throw it away.
- Review: of equipment by prescribers, is vital, to ensure that the equipment meets the persons needs.
- Safeguarding Concern: should be raised when there is a lapse in care which has led to a deterioration of a pressure sore.
- Safeguarding Enquiry: all actions taken in safeguarding enquiries must be clearly documented.

Aubrey

Aubrey was a 45-year-old man. He had significant and complex health needs. Aubrey still maintained a high degree of independence and was well known within his community. He had a supportive family network with which he maintained regular contact.

In late 2016 Aubrey was informed that his cancer had spread to his abdomen and lungs. Although offered chemotherapy, Aubrey declined this because he did not want to feel more unwell than he already did.

On June 23rd 2017, Aubrey was admitted to the Royal Berkshire Hospital with back pain, sepsis, and a sudden and marked deterioration in his speech and level of consciousness. A decision was made to provide Aubrey with palliative care to ensure comfort, and he was cared for at the Royal Berkshire Hospital until sadly he passed away on the 29th June 2017.

Aubrey's care provider was judged as an inadequate provider by the Care Quality Commission following their inspection of March 2017. All of the Packages of Care that this provider was supporting with were reviewed as a result.

Lessons Learnt

- Refusals by Aubrey to accept treatment / care and support / equipment were not fully considered.
- No formal capacity assessments recorded to determine whether Aubrey could consent to treatment / refuse equipment / care and support / be admitted to hospital etc.
- Initial assessment, risk assessment and review did not take into account need for multidisciplinary approach to working with Aubrey (given his poor health).
- Agencies did not recognise or fully assess risks resulting in Aubrey directing his own care without the full impact of these risks being mitigated by commissioners.
- Although agencies worked in a person centred way during direct intervention with Aubrey there was a lack of professional curiosity and multi-disciplinary discussion.
- Aubrey's family were heavily involved in his care and provided significant support to him. However their involvement is not reflected in work completed and consultation with Aubrey around this is also missing.
- Review of the care package carried out in late March 2017 (triggered by the CQC inspection) records that that there weren't any concerns regarding the quality of care being delivered. This appears to be solely based on Aubrey's expressed view that he was happy with his care.
- No effort was made to seek Aubrey's agreement to discuss his care with his family in order to

Paul

Paul lived with his cousin Bruce, prior to his death Paul's Uncle/Bruce's father lived with them also. Paul and Bruce had a volatile relationship but were close. When they were required to move from their family home after the death of Paul's Uncle/Bruce's father, their volatile relationship became more problematic.

Both Paul and Bruce were known to Adult Social Care and both had complex needs. Paul did not engage with services, but Bruce did. Paul's son was concerned that his father was self-neglecting.

There were numerous allegations made by Bruce that Paul had hit him, however the response from the local authority in regards to these allegations was not compliant with Section 42 of the Care Act and did not follow best practice in regards to Domestic Abuse.

Paul was discovered on the floor in his home by a visitor. He had been there for more than 24 hours; Bruce did not/could not raise the alarm. Paul passed away in hospital. There was an initial concern that Bruce had caused harm to Paul but a police investigation concluded there was no evidence of this. After his death Bruce struggled to cope and was eventually detained under the Mental Health Act.

Findings

- Paul and Bruce's needs were assessed by Adult Social Care individually but without consideration of them holistically.
- Paul did not engage with services but this was exacerbated by the staff turnover in adult social care which was not conducive to building a relationship with him.
- Commissioning of support could have been improved to provide feedback on the home life situation of Paul and Bruce.
- Pauls' refusal of services was accepted by Adult Social Care without consideration of the risks to Paul and Bruce, or the concerns raised by Paul's family about possible self-neglect.
- Safeguarding processes were not followed, and the risks to Paul and Bruce were not effectively addressed.
- Paul and Bruce were spoken to together regarding the concerns regarding Domestic Abuse, best practice is that perpetrator and victim should never be interviewed together as this can result in greater risk to the person.
- Paul's case was closed by Adult Social Care even though there were ongoing safeguarding concerns.
- Use of advocacy was identified for Bruce but not for Paul.
- Paul and Bruce were not identified as each other's carers. Paul was sometimes identified as Bruce's carer but not the other way round. Neither Paul nor Bruce were offered carers assessments.
- When a strategy meeting was held people who needed to be involved in the case were not at the meeting, meaning that not all the risks were identified or addressed.
- Support given to Bruce after Paul's death was lacking, there was a poor partnership response to Bruce.
- Making Safeguarding Personal principles were not applied.
- Learning from previous SARs, commissioned by the Board, has not been embedded into practice.
- The Board requires assurance regarding the quality of supervision across the partnership

How is learning from SARS embedded within in practice?

The Board accepts that improvements are required in ensure that lessons learnt from SARs are embedded within practice. We have created Learning from SARS/Audit Implementation Plan where all findings from SARS and other Board learning are added and tracked. From the three SARS endorsed by the SAB have identified the following themes:

- Family/Carer Engagement
- Organisational Safeguarding
- Safeguarding Processes
- Support and Supervision
- Training
- Tissue Viability

We are committed to ensuring that our priorities are current and have and will change priorities in order to support learning from its SARs.

There is a dedicated page on the Board's website for case reviews:
http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/

Key priorities for 2019/2020

We understand that priorities will change and as we learn from partner agencies both locally and nationally and that the priorities must be achievable. The priorities for 2019/20 have been reviewed and updated to:

Priority 1: We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect.

- People who use services are able to influence the work of the Board.
- Comprehensive policies and procedures are in place in regards to Self-Neglect, which are accessed and followed by the partnership.
- Safeguarding Training to be reviewed to ensure that it addresses Board Priorities.
- We are assured that there is sufficient management oversight in regards to safeguarding. There is a decision by the Board on the 'SAM' function in Local Authorities and this is implemented.
- We are assured that there is adequate training in pressure care across the partnership.
- There is a standardised approach to risk management across the partnership.

Priority 2: The Board will work collaboratively with Local Children's Safeguarding Partnership, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.

- There is a clear Domestic Abuse Strategy in conjunction with LSCPs, CSPs and H&WBBs.
- There is a clear framework and toolkits to support the partnership with regard to Domestic Abuse.

Priority 3: We will understand the main risks to our local population in regards to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.

- There is a pathway in place to support the partnership in working together to respond to Modern Slavery and Human Trafficking Issues.
- We understand who is most at risk and can agree where focus is needed.

- There is a clear plan on how to support those most at risk from targeted exploitation.

Priority 4: The Board will understand from key stakeholders, why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place that is consistent across the partnership where practical.

- Providers who deliver services are able to influence the work of the Board in regards to organisational safeguarding.
- We are clear on the issues facing the CQC and commissioners in regards to organisational safeguarding.
- We are fully aware of the level of organisational safeguarding across the partnership
- There is an effective framework in place for responding to organisational safeguarding concerns.
- There is a consistent approach to quality monitoring of Adult Social Care Providers across the partnerships. Frameworks are published on our Website.

The Business Plan for 2019-20 is attached as **Appendix D.**

Appendices

Appendix A - Board Member Organisations

Appendix B - Achievements by partner agencies

Appendix C - Completed 2018-19 Business Plan

Appendix D - 2019-20 Business Plan

Appendix E - Partners' Safeguarding Performance Annual Reports:

- Reading Borough Council
- Berkshire Healthcare Foundation Trust
- Royal Berkshire NHS Foundation Trust

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Annual Report 2018/19

Appendix A - Board member organisations

Under the Care Act, the Board has the following statutory Partners:

- Berkshire West Clinical Commissioning Group
- Reading Borough Council
- Thames Valley Police
- West Berkshire Council
- Wokingham Borough Council.

Other agencies are also represented on the Board:

- Berkshire Healthcare Foundation Trust
- Community Rehabilitation Service for Thames Valley
- Emergency Duty Service,
- National Probation Service
- Royal Berkshire Fire and Rescue Service
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Trust
- HealthWatch Reading
- The voluntary sector is represented by: Reading Voluntary Action, Involve Wokingham and Volunteer Centre West Berkshire.

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Appendix B

Achievements by partner agencies 2018-19

Berkshire Healthcare NHS Foundation Trust (BHFT)

Berkshire Healthcare NHS Foundation Trust have continued to work closely with partners agencies across all Berkshire localities, participating in serious case reviews and meeting regularly to share information, influence policy change and discuss relevant cases to facilitate continued improvement and increased knowledge in safeguarding. The Trust is represented by named safeguarding professionals at all relevant Safeguarding Adult Board subgroups, with senior management representation provided at the Safeguarding Adult Board.

The safeguarding children and adult teams are fully integrated to facilitate a more joined-up 'think family' approach to safeguarding. During 2018/19 an in-house on-call safeguarding advice line continued to be provided by safeguarding named professionals to enable staff to discuss cases and seek advice on safeguarding matters.

Achieving a high level training compliance is a priority for BHFT and the Trust have achieved compliance above 94% for safeguarding adults training at level one and above 85% at level two with extra courses being facilitated. Training compliance for PREVENT training is 96%.

Improvement in staff understanding of and application of the Mental Capacity Act (MCA) 2005 has been priority for the Trust. Extra training has been facilitated and compliance to training has increased to over 90%. MCA champions have been appointed to further this work and are mentored by the MCA lead for the Trust. A safeguarding named professional joined the team in a secondment post to lead on supporting staff to embed application of the Mental Capacity Act 2005 in practice and has facilitated practical workshops on the wards and with community teams.

A service improvement group has been formed to improve patient experience at Prospect Park Hospital and work has included safety work to prevent absconsions and sexual safety work in response to a CQC report on sexual safety in mental health settings.

Reading Borough Council (RBC)

Have implemented and embedded in 2018-19 the "Conversation Counts" strategy for engaging with adults in Reading. The approach is focused on supporting adults to recognise and develop their own strengths, building resilience in individual's lives and in communities, and improving communication between organisations, so that early responses and solutions are available to resolve situations before they deteriorate. These reflect the principles of Making Safeguarding Personal which are a cornerstone of good Safeguarding practice.

The development of the Advice and Wellbeing Hub, who receive referrals for information, advice, support and assessment for adults currently not in receipt of Local Authority services, has been a key activity in safeguarding residents locally in Reading, by preventing the escalation of risk and harm at an early stage, making appropriate advice and guidance accessible and supporting people to connect effectively with their local networks and communities, increasing independence and resilience.

The social care teams are supported through training, informal learning lunches and support and guidance from the Safeguarding Adults Team to ensure that practice is consistent, led by the adult and reflects the priorities outlined in the Care Act and further outlined by West Berkshire Safeguarding Adults Board.

In 2019/20 RBC S42 recording will be held centrally within the Safeguarding Adults Team in order to ensure greater accountability, transparency and consistency in Safeguarding practice.

Royal Berkshire Fire and Rescue Service (RBFRS)

RBFRS' key achievements for 2018 to 2019 are measured through our Strategic Performance Board and our corporate measure 3, measures the percentage of safeguarding referrals made and signposted through to Local Authorities within 24 hours. 100% of all referrals were signposted within 24 hours during this financial year. All Safeguarding referrals were met within the 24-hour Corporate Measure. There were 46 Safeguarding referrals made during Q1, 49 in Q2, 60 in Q3 and 86 in Q4. These figures are for all 6 Berkshire Local Authorities. The total number of referrals for 2018/2019 was 241 within Berkshire and 11 Over the Border (OTB) resulting in a figure of 252. 50% of these referrals were self-neglect and neglect. Other categories within our Safeguarding remit have included referrals involving domestic violence, acts of omission, sexual abuse/exploitation, Modern Day Slavery, financial/material abuse, emotional/psychological abuse and physical abuse. Since the Safeguarding function began in RBFRS four years ago, we have seen an increase in submitted referrals by 504%. Out of the 252 referrals 20% were signposted to Children's Services and 80% were adult referrals.

RBFRS continue to promote their Adult at Risk Program (ARP) and provide awareness raising training to numerous partnership agencies in order to improve referral rates. This work has generated an increase in vulnerable adult referrals to RBFRS across Berkshire including safeguarding referrals as one of the impacts.

Royal Berkshire Hospital NHS Foundation Trust (RBHFT)

- Safeguarding (adults) clinical governance has continued throughout the year and the safeguarding team medical clinical lead role is a valued part of the safeguarding team. There are vacancies in both NCG and UCG to recruit during 2019.

- Safeguarding concerns continue to be raised via the Datix incident reporting system this assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns.
- Learning from SAR's continues to be included in Safeguarding training.
- The Lead Nurse Adult Safeguarding continues to be part of the SAR panel.
- Safeguarding Champions conference was held in November, this was evaluated positively by participants. A very successful half day champions meeting was held in June 2019 to consolidate learning. Another conference is planned for later in 2019 focusing on Learning Disability.

South Central Ambulance Service NHS Foundation Trust (SCAS)

- The delivery of face to face level 2 safeguarding update training to all patient facing staff
- A completion of new adult and children's safeguarding policies
- The implementation of a new web based referral system for our Clinical Call Centres
- The implementation of new safeguarding referral servers
- A review and update to our Allegation policy, Domestic Abuse policy and Prevent policy
- Assisted the Welsh Ambulance service to develop an electronic safeguarding referral process
- Worked with NHS Digital to develop CP-IS for Ambulance services
- Developed a Trust Modern Slavery statement and training for staff to identify victims of Modern Slavery
- The implementation of a safeguarding governance process for private providers and taxi firms used on our patient transport service

Thames Valley Police (TVP)

Thames Valley Police (TVP) has continued to work in strong partnership with statutory and voluntary organisations focussed on safeguarding. Our Integrated Offender Management (IOM) officers now support MAPPA and have widened their remit to include more women who need support and domestic abuse offenders. We have continued to run effective MARAC meetings involving relevant agencies in the area and over 2018-2019 215 cases were discussed with a view to safeguarding. 118 of these were referrals from TVP so we remain the biggest identifier of domestic risk. 70 of the 215 cases were "repeats" who had already been discussed at MARAC previously and returned following a repeat incident being identified.

Our Domestic Abuse team have held joint training sessions with BWA to ensure officers are well equipped to safeguard individuals as well as investigate. Additional training was delivered by the CQC to DA officers across the Force area to increase understanding of how TVP and CQC can work together to investigate Care Home allegations effectively.

TVP co –chair People Solutions Meeting with RBC where cases are raised where there is concern for an individual who may be at risk, to find a partnership solution. We continue to support MEAM (Making Every Adult Matter), and work with PACT charity to support Women with complex needs. Our neighbourhood teams work closely with RBC to protect adult vulnerable to exploitation

Reading Police and CMHT are piloting a High Intensity User Group meeting to work with partners across health and social care to improve identification and intervention of adults with additional needs due to mental health concerns, and reduce their impact on statutory resources. The Street triage (BHFT / TVP) joint response to MH crisis also continues daily 1700hrs – 0100hrs.

Involve, Bracknell Forest and Wokingham Borough

Involve has continued to provide support to charities and groups across the Wokingham Borough, many of whom work with adults and vulnerable people in our communities.

Involve has attended and supported the Wokingham Adults Safeguarding Forum, as well as the Community Safety Partnership through the year and information and updates relating to safeguarding and awareness raising regarding vulnerability have been shared widely to the sector through our fortnightly newsletter which reaches nearly 600 contacts.

Training specifically in safeguarding has been provided directly to 5 Wokingham Borough charities and other courses have been delivered in the borough on subjects such as: lone working, introduction to mental health, drug & alcohol awareness, introduction to domestic abuse and suicide awareness. All these subject areas increase awareness and support opportunities for people in our communities.

Involve held 2 key Community Awareness events in Wokingham in 18/19. These were on Community Safety and Mental Health. Both were delivered in partnership and had a great reception by the community, partners and attendees.

Reading Voluntary Action (RVA)

Our focus continues to be on Safeguarding Adults training for trustees and volunteers, to ensure that they understand their responsibilities in safeguarding adults. Reading Voluntary Action delivered 3 half-day workshops for a total of 31 trustees and volunteers. Staff and trustees that require more in-depth training, for example as Designated Safeguarding Lead, are signposted to relevant training offered by Reading Borough Council.

RVA's Advice Worker is an accredited Safeguarding trainer, having attended the Train the Trainer course. She attends the BW SAB Learning and Development Sub-group and has shared useful resources such as a video clip on Hoarding to add to existing training programmes. RVA regularly updates advice on Safeguarding which is held on our website - this is freely accessible. http://rva.org.uk/knowledge-base/safeguarding-knowledge/

We continue working with the Safeguarding Adults team at Reading Borough Council to ensure that we work effectively together to support vulnerable adults at risk.

Volunteer Centre West Berkshire

Our Director is a full Board Member of the West Berkshire council Health and Well Being Board and the Safeguarding Adults Partnership Board.

During the last year we ran the suicide prevention action group and trained 68 front line workers from the sector. We ran a volunteer recruitment event called V365 which attracted 275 members of the public visiting 60 charities.

We provided training courses, funding advice and guidance and operated transport services, befriending services, community navigations services and a mental health project. We attend numerous partnership boards and clerk the children and young people's board and the special educational needs board.

We ran four safeguarding courses for the sector between April 18 and March 31st at which 48 People attended. We also trained further 4 Befrienders in safeguarding delivered by West Berkshire District Council.

West Berkshire District Council (WBC)

2018/19 has been an exceptionally busy year for the Safeguarding Adult Service in West Berkshire council. Delivery of the safeguarding function is shared between the operational social care teams who complete the majority of investigations into allegations of abuse and a small safeguarding team that provide a triage and scrutiny function, signing off all investigations and leading on investigations into organisational abuse. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

The Service has had some significant personnel changes in the past twelve months. There is now a permanent Service Manager in post and investment in the service has led to the recruitment of a Safeguarding Social Worker and a part time admin role within the service. We have now been using our threshold decision making tools for over twelve months and as a result have been able to capture the large amount of work that we do as a service with concerns which so not meet the S42 Inquiry threshold, however do require sign-posting or liaison with other professionals to support the person or their Carer. We have seen an increase in safeguarding concerns of 46% in 2018/19 compared to the previous year. Completed S42 Enquiries has risen by 72% over the same period.

Organisational Safeguarding has been a particular pressure on the service over the past twelve months. We have had one local care home who were under an organisational safeguarding for over six months, two local domiciliary care providers who were also under organisational safeguarding and also one Berkshire wide provider who have been under a police investigation and serious provider concerns framework which West Berkshire Safeguarding Service has led on due to the head office for the provider being in our area.

This has put a great deal of pressure on both the safeguarding service, but also the ASC staff who have assisted in the process to ensure that service users under these providers are safe. We have worked closely with the CQC and our partner local authorities to undertake relevant S42 Inquiries and also undertake the provider concerns process.

The service continues to strike a balance between daily operations dealing with incoming safeguarding concerns and applications for Deprivation of Liberty Safeguards authorisations with raising awareness of safeguarding

Service Improvements

- We have recently redesigned the safeguarding forms to make them more user friendly and these are due to go live following training with all ASC staff in the autumn.
- The service manager; alongside the PSW, has run Risk Training to push the agenda of prevention of safeguarding and mental capacity, hoarding and scamming training is being delivered shortly.
- Section 42 audits now being completed on at least 10% of cases. This is now on Care Director and makes this much easier to complete.
- Safeguarding and Care Quality are joining forces to relaunch a joint Intelligence Forum for Providers and ASC, Health and partner staff
- SAR training is being completed locally with findings of local SARs. This is being completed by the PSW and Safeguarding Adults Service Manager
- All safeguarding forms are being reviewed on Care Director and will be much more user friendly and intuitive to assist staff in completing S42 Enquiries. This will include compulsory Risk Assessments being completed at the start and end of the Enquiries.
- DoLS/LPS paperwork will be completed on the Care Director system to share information with ASC staff.
- Development of Risk Management escalation process for both in house staff and those in our partner agencies. This will allow us to prevent safeguarding by working with the wider MDT to put measures in place to protect service users at an earlier stage.

Wokingham Borough Council

Safeguarding Adults is a strategic priority for Wokingham Borough Council (WBC) and a core activity of Adult Social Care.

Wokingham Borough Council achievements for 2018/19 are listed under the SAB priorities for this period:

Priority 1 – to strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the widest range of people

- Proactive work was undertaken to ensure accessible safeguarding information is available for all
- Adult Social Care continued to engage with the community and promote the prevention agenda via quarterly Wokingham Adults Safeguarding Partnership Forum (WASPF) meetings wherein matters relevant to the safeguarding agenda were discussed
- A focus was maintained in independent case file audits on the principle of 'empowerment' and promoting back to the workforce the importance of obtaining feedback from customers in line with principles of Making Safeguarding Personal (MSP) both to deliver effective outcomes for customers and to inform service and strategic development

Priority 2 – to extend links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

- Adult Social Care developed and delivered bespoke training in use of recognised risk assessment tools for Domestic Abuse. This was made mandatory for all adult social care practitioners to support more effective risk assessment and joint working with partner agencies in this context
- A consistent link worker was provided for the Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) to support interagency networking and interfaces
- Mandatory Carers Assessment training was delivered to all staff
- Various events were held to disseminate learning from SARs dynamically
- Mandatory training was delivered for the workforce on working with self-neglect and hoarding, including the provision of toolkits to assist in this complex area of practice

Priority 3 – to share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice

- Wokingham Borough Council actively participated and engaged in SARs commissioned by the SAB, including contributing to designing innovative models of review to generate effective learning
- Organised and participated in bite-size learning events agreed via the Learning and Development subgroup
- Adult Social Care reviewed and developed training plans to ensure mandatory training encompassed priorities of the SAB and was responsive to emerging findings from SARs
- Supervision audits undertaken on regular basis to provide assurance around effectiveness of practice
- Use of Safeguarding Champions Group as means of providing 'subject matter experts' in each service area
- Increased focus on MSP in all training materials relates to safeguarding

Priority 4 – to understand how effective adult safeguarding is across the West of Berkshire, to ensure we identify emerging risks and take action accordingly

- Continuation of 10% audits of completed safeguarding work to understand trends and risks and inform service deliver and development
- Ongoing review of performance data to understand what it tells us about safeguarding activity in the area
- Review of current safeguarding structure and pathways to consider more effective ways of delivering safeguarding in the Borough, thereby improving outcomes for adults at risk. This included submitting a proposal to Leadership on the development of an Adult Safeguarding Hub (ASH) in 2019/20

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.1	Board membership and arrangements are fit for purpose and reflect a wide and varied group of stakeholders. The voluntary and community sector (VCS) are engaged and inform the work of the Board.	Review Board membership to ensure it is fit for purpose	Independent Chair & Business Manager	**Dec 2018**	Membership and arrangements will have been reviewed with rationale articulated for any changes made or for no changes made. Attendance rates acceptable.	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	Completed	**COMPLETED**
1.2		VCS and Healthwatch from each Local Authority is engaged in the work of the Board	Independent Chair & Business Manager	**Dec 2018**	Included in membership and criteria for meeting attendance agreed Attendance rates acceptable.	VCS and Healthwatch subgroup in progress Attendance rates acceptable	VCS and Healthwatch subgroup in progress Attendance rates acceptable	6 monthly subgroup to be held. Remain board members	**Completed**
1.3		Review subgroups, membership of them and Terms of Reference	Business Manager	**Dec 2018**	Clear structure of subgroups with coherent TORs exist, with clearly articulated interfaces	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	All have been reviewed, due to changes	**Completed**

Business Plan 2018 -21

Update for 2018-2019

Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
					for sharing of information and co-production of outcomes Attendance rates acceptable.			in priorities ToR they are subject to change.	
3.4	The SAB has strong links with LSCB, Safer Communities, Health and Wellbeing boards	Reference in ToR	Business Manager / Independent Chair	**Mar 2019**	Revised ToR	Annual review of ToR	Annual review of ToR	Revised SAB ToR to be endorsed	**RED**
3.5		Board are aware of groups business plans and links with Boards priorities are identified and acted upon	Business Manager / Independent Chair	**Mar 2019**	Plans are reviewed and links are highlighted to Board and/or relevant Subgroup to consider joint working arrangements. Increase in collaborative work with other boards			Key documentation is shared across the groups.	**COMPLETED**
1.6	People who use services are able to influence the work of the SAB, including 'seldom heard' groups (including but	Task and finish group to consider models of service user involvement	Business Manager / Independent Chair	**Mar 2019**	Task group will have identified a range of models to be tested by the steering			Task and finish group held in	**COMPLETED**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	not limited to; those for whom English is a second language, younger adults, faith groups, churches and the traveller community)				group. Participants in the steering group will have been identified (will include VCS) and membership agreed.			March 2019.	
1.7		Steering group to test and implement models of service user involvement to co-produce the work of the SAB, including exploration of a forum and embedding representatives in the subgroups as a possible option	Business Manager / Independent Chair/Steering Group	**June 2019**		The steering group will have tested a selection of models and identified the preferred model and what resources or infrastructure will be required to achieve this – this will be provided by delivery of a report and recommendations to the board		Paper to go to Board in June 2019, recommending SU Module.	**GREEN**
1.8		Formal proposal to Board on recommending model and how to	Business Manager / Independent Chair/Steering Group	**Sep 2019**		A preferred model for involving service users in co-production around		Detailed in action 1.7	**GREEN**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
Page 124		effectively implement this during next year 2019/20				strategic aims of the SAB will have been agreed and work will be underway to embed service user in co-production with the board around the strategic aims of the SAB			
1.9		Implementation of service user involvement module	Business Manager / Independent Chair/Steering Group	**March 2020**		Agreed module goes live		Detailed in 1.7	**GREEN**
1.10		Review of service user involvement model	Business Manager / Independent Chair/Steering Group	**Dec 2020**			Review of model presented to the board setting out recommendations		**GREEN**
4.13		The SAB website is kept up to date	Business Manager	**Mar 2019**	Six Monthly check of website information completed and improvement actions set			Audit date scheduled	**GREEN**
2.14		The Board is	S/G Lead in each	**Dec**	Findings of a spot check of a random selection of 'points of			Spot	**Complet**

Business Plan 2018 -21

Update for 2018-2019

Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		assured that accessible safeguarding information is available for all	stakeholder agency	**2018**	access' confirms that accessible information was identified. Feedback to Business Manager by 31/12			check completed	ed
2.1			Business Manager	**Mar 2019**	Highlight report to Board , with recommendations on how to improve accessibility of information			Report to go to Junes Board.	**RED**
1.17	Providers who deliver services are able to influence the work of the SAB	Task and finish group to consider models of provider involvement	Business Manager / Independent Chair	**Mar 2020**		Task group will have identified a range of models to be tested by the steering group. Participants in the steering group will have been identified, this will include representation from the voluntary care sector and membership agreed		Carried over to 19/20 BP	**GREEN**
1.18		Steering Group to test and implement models of provider	Business Manager / Independent Chair/Steering	**Sep 2020**			The steering group will have tested a selection	Carried over to 19/20 BP	**GREEN**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
Page 126		involvement to co-produce the work of the SAB, including exploration of a linking in with existing provider forums and working with the CQC.	Group				of models and identified the preferred model and what resources or infrastructure will be required to achieve this – this will be provided by delivery of a report and recommendations to the board		
1.19		Formal proposal to Board on recommending model and how to effectively implement this	Business Manager / Independent Chair/Steering Group	**Dec 2020**			A preferred model for involving providers in co-production around strategic aims of the SAB will have been agreed and work will be underway	Carried over to 19/20 BP	**GREEN**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 1
We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
							to embed provider in co-production with the board around the strategic aims of the SAB		
1.20		Implementation of provider involvement model	Business Manager / Independent Chair/Steering Group	**April 2021**			Agreed model goes live	Carried over to 19/20 BP	**GREEN**
1.21		Review of provider involvement model	Business Manager / Independent Chair/Steering Group	**June 2021**			Review of model presented to the board setting out recommendations	Carried over to 19/20 BP	**GREEN**

Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.24	We are assured that	Event on Domestic	SAB, with	**June**	Event held, areas for			Carried	**AMBER**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control	Abuse for partners to explore issues, understand priorities of the Domestic Abuse Strategy, and identify areas for improvement	partners from LSCB, CSP's.	**2019**	improvement identified and reflected in updated actions for the SAB or relevant subgroups			over to 2019-20 Business Plan	
1.22	We are assured that partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control	All relevant training, guidance and awareness raising activities within partner agencies to include dynamics and impact of coercive control	Learning, Development & Dissemination subgroup	**Dec 2019**	Partner agencies have moderated all materials and confirmed content is reflective of this			Carried over to 2019-20 Business Plan	**GREEN**
1.23		Domestic Abuse considered and areas for monitoring or improving practise	Performance and Quality	**Dec 2018**	The subgroup puts mechanisms in place to 'test' the impact of actions 1.22 and 1.24			Will be added to the Dashboard Carried	**RED**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 2 **We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community**									
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		identified.						over to 2019-20 Business Plan	
1.25	We are assured that relevant staff across agencies know how to identify risk of significant harm or escalation in Domestic Abuse and understand the relevance and application of Inherent Jurisdiction in this respect	Use of Safe Lives DASH-RIC to be promoted as best practice for risk assessment in Domestic Abuse and relevant support and training provided to staff	Safeguarding Leads & Principal Social Worker for 3 Local Authorities	**June 2019**	The workforce will be demonstrating application of appropriate risk assessment tools in practice and referrals being received by MARAC and DARIM will be reflective of this – the board expect to see an increase in referrals to monitor success	Continued increase in referrals	Level of referrals stabilises	Carried over to 2019-20 Business Plan	**RED**
1.26		Independent audit will be arranged to review model of risk assessment being promoted and content of	Performance and Quality	**Dec 2019**	The audit will demonstrate inclusion of relevant knowledge and skills in training, effective use of risk	Recommendations from audit 'tested' for compliance	Recommendations from audit 'tested' for compliance	Carried over to 2019-20 Business Plan	**GREEN**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 2 **We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community**									
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
Page 130		training material as assurance. Sample of Safeguarding Concerns for Domestic Abuse to be audited to explore progress and identify remaining strengths and tensions in practice			assessment tools, appropriate responses to identified risk and appropriate referral to MARAC and DARIM, recommendations from audit considered by Board and implemented				
1.27		Monitoring of level of referrals to Multi Agency Risk Assessment Conference (MARAC)	Performance and Quality	**March 2019**	There is an increase of non-police agencies referring to MARAC			As per 1.23	**RED**
1.28	We are assured that staff across all agencies recognise and respond appropriately where there are interdependencies in relationships that mean intervention with one	All agencies to identify and implement appropriate methods to ensure that staff apply *Think Family/Think*	Safeguarding Leads in all organisations	**Dec 2018**		Leads will be able to feedback to the Business Manager and Independent Chair what actions their organisation has taken to achieve		Carried over to 2019-20 Business Plan	**RED**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	person has implications for another, including recognition and response to carers and other complex relationships	*Community* approaches in their practice				this and what methods have been implemented and how success will be monitored.			
1.29		Learning from SARs specific to this context is disseminated to the workforce and a simple survey has been undertaken (e.g. Survey Monkey) to measure what proportion of the workforce this has reached	Learning, Development & Dissemination subgroup	**Jun 2019**		A learning event (or other mechanism) will have been delivered including these elements and a survey will evidence the message has reached an acceptable (to be agreed by the Independent Chair) proportion of the workforce across partner agencies. If success criteria are not achieved, this will inform review of how to more effectively		Carried over to 2019-20 Business Plan	**RED**

Business Plan 2018 -21

Update for 2018-2019

Priority 2 **We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community**									
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
						disseminate information			
3.31	We are assured that local safeguarding arrangements for people who have Mental Health issues are effective	Review and monitor current governance structures and accountability for safeguarding in local mental health services	Local Authority Safeguarding Leads	**Mar 2019**	A report on the governance structures within each area will have been provided to the Board, with analysis of the strengths and any tensions. This will be used for the Board to consider in conjunction with the outcomes of the independent audit (below)			A Six Monthly governance report is provided to the Board.	**Completed**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
3.32		Independent audit of a random selection of Safeguarding Concerns in the three CMHT areas to be undertaken to measure compliance with policies and procedures and effectiveness of safeguarding interventions in a multiagency context	Performance and Quality	**Jan 2020**		A report on the outcomes of this audit will have been provided to the Board with analysis and recommendations. This will be used for the Board to consider in conjunction with the outcomes of the review of governance structure (above)		Will be removed from Business Plan 2019-20 onwards	**N/A**
3.33	We are assured that partners work together to respond to Modern Slavery and Human Trafficking issues	Modern Slavery and Human Trafficking strategic pathway agreed and published	Business Manager	**June 2020**			The strategic pathway is in place, has been published and is in an accessible format to all stakeholders and the workforce	TVP to provide copy to be published on our policies and	**GREEN**

Business Plan 2018 -21

Update for 2018-2019

Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
								procedures website.	
3.34		Strategic pathway is referenced and promoted via training and other learning materials/events	Learning, Development & Dissemination subgroup	**Dec 2020**			There is auditable evidence of this in place	Carried over to 2019-20 Business Plan	**GREEN**
3.35		Audit template to be developed and agreed for audit of relevant cases for local implementation	Safeguarding Leads, 3 Local Authorities	**Dec 2020**			A consistent audit template is in use across the three local authority areas and a copy of the template has been provided to the Business Manager	Carried over to 2019-20 Business Plan	**GREEN**
3.36		Relevant cases to be audited to confirm whether strategic pathway is being followed and best practice	Safeguarding Leads in Local Authorities, TVP	**Dec 2020**			A sample of cases across the AOR has been audited and both good practice and tensions	Carried over to 2019-20 Business Plan	**GREEN**

Business Plan 2018 -21

Update for 2018-2019

Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		adhered to locally					identified and collated thematically. The outcome of this will inform further work in this area.		
1.37	Organisations have in place policies and processes to manage allegations against persons in position of trust	Framework for the *Management of Allegations against Persons in Position of Trust – is published*	Policy and Procedures – Berkshire wide	**Dec 2018**	Framework endorsed by Board in 2017/18 is published.			Published on Boards Policies and Procedures Website.	**Completed**
1.38	We are assured that local arrangements to support and minimise risks for people who self-neglect are effective including; clear policies and procedures, recognition of risk, management of	Review to be undertaken to inform the SAB with an objective perspective on current status	Commissioned Independent Auditor	**Dec 2018**	Review will be completed and submitted with clear recommendations			Endorsed by Board in December 2018	**COMPLETED**

Business Plan 2018 -21

Update for 2018-2019

Priority 2 **We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community**									
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
1.39	complex cases and outcomes for individuals	All agencies to proactively engage with independent review to enable this work to be concluded in a timely manner	Safeguarding Leads all agencies	**Sept 2018**	Reviewer will be provided with access to all information required in a timely manner to enable completion of the work			Information received	**COMPLETED**
1.40		Recommendations from review to be implemented and compliance and outcomes to be audited	All subgroups in context of each groups TORs	**Mar 2019**	Audit tool devised (or current audit tools amended) to measure success on recommendations	Continue measurement	Continue measurement	Added to Learning from SAR/Audit Implementation Plan	**COMPLETED**

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
Page 137	We have considered a range of options for undertaking SARs	A range of (new) models of undertaking SARs will have been considered, including how and when they could be used. Recommendations provided back to the SAB	Safeguarding Adults Review Panel		A range of options will have been considered with evidence as to the rationale for including them or not including them in an agreed list of options. Going forwards, panel minutes will evidence consideration of the most proportionate and effective model in the context of each SAR commissioned, with clear rationale applied	Annual review of SAR models	Annual review of SAR models	Removed from 19/20 BP	**N/A**
4.43	Learning from SARs is shared and agencies embed this in their practice	SARs will be published in a timely manner with learning, recommendations	Safeguarding Adults Review Panel	**Upon sign off of SAR**	There will be evidence of timely sign off a publication of SARs to prevent delay in sharing and embedding of learning. Appropriate timescales to be set by Adults Safeguarding review panel			Endorsement of Learning from SAR/Audi	**Completed**

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		and Action Plans shared with partner agencies and sub groups effectively and efficiently to support effective dissemination						t Implementation Plan	
4.44		Learning from SARS will be logged and monitored on the Boards Learning from SAR/Audit Implementation plan	Business Manager	**On Endorsement of SAR**	All learning will be tracked and success measures monitored.			Endorsement of Learning from SAR/Audit Implementation Plan	**COMPLETED**
1.45		Evaluation template for training to include questions to	Learning, Development & Dissemination subgroup	**March 2019**	Each agency to have provided evidence that their evaluation template for training includes a mechanism for identifying how delegates are going to use and embed their learning – subgroup to consider how success will be measured			Removed from 19/20 Business	**N/A**

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		evaluate how practitioners have taken on and embedded learning						Plan	
1.47		Learning from SARs completed by other boards	Business Manager/ Subgroup Chair Meeting	**Ongoing**	The Board are aware of published SARS and consider if recommendations made are appropriate for the West of Berkshire and implement			Access to RIPHA National Library	**Completed**
4.48		The Learning from SAR and Audits Implementation Plan is used to monitor response to findings by partner agencies upon publication of SARs	Performance and Quality	**Quarterly**	Quarterly report is provided to the board providing an auditable account of how SARs are being responded to dynamically			Highlight report to be taken to each board.	**Completed**
2.49	Training plans reflect the priorities in the Business Plan	Review training plans to ensure they address agreed priorities	Learning, Development & Dissemination subgroup	**Dec 2018**	Each agency will have provided feedback to the subgroup on how their training plans have been reviewed and what assurances there are that they address agreed priorities. This will be shared with the Independent Chair			A revised action to be presented in the 2019-20 Business Plan	**RED**

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
2.50		Deliver core training at all levels of organisations to support the sector	Safeguarding Lead each organisation	**Dec 2018**	Each lead will confirm to the subgroup that core training is being delivered at all levels of the organisation The subgroup will define core training and acceptable training levels			A revised action to be presented in the 2019-20 Business Plan	**RED**
1.51	We are assured that effective supervision is taking place within agencies	Audit template to be designed, which includes a range of measurable outcomes on the delivery and effectiveness of supervision, leadership and case oversight in Adult Safeguarding	Performance and Quality Subgroup	**Dec 2018**	An audit template has been agreed, which has been signed off by board and is ready to be used in agencies	Annual review of audit tool	Annual review of audit tool	Audit template finalised March 2019.	**COMPLETED**
1.52		Audit to be undertaken within each organisation using agreed tool to look at effectiveness and	Safeguarding Leads all agencies	**June 2019**	Audit has been undertaken in each organisation and a report received for each, including strengths, tensions	Ongoing monitoring of the effectiveness of supervision, with specific priority identified and improvements	Ongoing monitoring of the effectiveness of supervision, with specific priority identified and	Audit Stopped revised action in 2019-20 Business	**N/A**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
Page 141		type of supervision being delivered (e.g. reflective, informal, ad-hoc, peer, clinical, group, observational), frequency and effectiveness (including that safeguarding is being considered), and strengths and tensions. Findings to be reported back to Performance and Quality Subgroup.			and recommendations fed back to subgroup	recommended.	improvements recommended.	Plan	
1.53 a		Results of audits discussed and key themes for learning identified.	Performance & Quality	**Dec 2019**		Key learning identified and shared with LD&D Subgroup		Audit Stopped revised action in 2019-20	**N/A**

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
								Business Plan	
1.53b		Learning from this exercise to be shared with agencies to encourage use of a diverse range of effective models	Learning, Development & Dissemination subgroup	**June 2020**		The sub group has reported to the board on what methods of dissemination have been used to share the findings of this audit with stakeholders	The subgroup seek feedback to how useful the information shared with stakeholders has been.	Audit Stopped revised action in 2019-20 Business Plan	**N/A**
1.54	Staff and volunteers are supported to improve their skills and confidence	Develop opportunities for peer support both within and across agencies	Learning, Development & Dissemination subgroup	**June 2019**	Implementation plan to board including success targets	Update report to board on outcomes of peer support		A revised action to be presented in the 2019-20 Business Plan	**N/A**
1.55		Develop opportunities for practitioners to discuss and reflect on cases, including use of quarterly	Learning, Development & Dissemination subgroup	**June 2019**	Quarterly Adult Safeguarding Forums established and agenda focuses on reflective learning. Key areas of reflective learning are identified. There will be a published programme of events in place.			A revised action to be presented in the 2019-20	**N/A**

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		Adult Safeguarding forums for managers and practitioners			Regular 'testing' of methods used completed to assure the subgroups that learning methods are effective.			Business Plan	
1.56		Develop standardised eLearning and bite sized sessions for VCS	Learning, Development & Dissemination subgroup	**Sept 2019**	Standardised e-learning will be in place, publicised and accessible to VCS. Bite sized sessions on a range of relevant issues will have been made accessible to the VCS. Regular 'testing' of methods used completed to assure the subgroups that learning methods are effective.			A revised action to be presented in the 2019-20 Business Plan	**N/A**
1.57		Develop and promote learning opportunities for volunteers	Reading Voluntary Action, Involve Wokingham, Volunteer Centre West Berkshire and the Learning, Development & Dissemination subgroup	**Mar 2020**	Inclusion of volunteers will be considered and implemented where appropriate for all learning opportunities created by the subgroup	Mechanisms for peer support within and across agencies will be in place and opportunities will be publicised and being accessed Regular 'testing' of methods used completed to assure the subgroups that learning methods are effective.		A revised action to be presented in the 2019-20 Business Plan	**N/A**
1.58		Joint Children's and Adults Safeguarding	Learning, Development & Dissemination	**Jan 2019**	Learning opportunities for volunteers will be in place across the three locality areas and will have been publicised			Successful conference held	**COMPLETED**

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
1.59		Conference on theme of Prevention and Early Intervention	subgroup Joint safeguarding conference group	**June 2019**	The subgroup will review the conference and report back to the SAB highlighted key successes and recommendations for future conferences.			Scheduled for SEPTEMBER 2019	**AMBER**
4.60		Deliver Safeguarding Adults Train the Trainer programme	Learning, Development & Dissemination subgroup	**March 2019**	Training delivered which includes key priorities identified in plan, feedback is positive and level of attendance exceeds or matches the previous session.			A revised action to be presented in the 2019-20 Business Plan	**N/A**
4.61		Report on training activity for 2017-18 for SAB annual report	Learning, Development & Dissemination subgroup	**Dec 2018**	Report delivered recommendations will steer future business planning			Data received	**COMPLETED**
1.62	Adult safeguarding services are person led and outcomes focused because people are encouraged and supported to make their own decisions				Training material will have been moderated to ensure Making Safeguarding Personal is embedded but that Duty of Care, Public Interest Duty and Information Sharing are adequately covered Making Safeguarding Personal is embedded in the culture of Adult Safeguarding, from the point of recognising indicators of abuse or neglect where this is appropriate				

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
Page 145					People are involved in safeguarding interventions from the earliest opportunity ('Nothing about me, without me') and they, or their representative (where appropriate) are active participants in decision-making				
		Ensure that adult safeguarding training is based on Making Safeguarding Personal principles balanced with understanding of Duty of Care and Public Interest Duty	Learning, Development & Dissemination subgroup	**March 2019**	Audit of training content completed and subgroup are satisfied that the criteria has been met, or where is has not been changes have been made.			A revised action to be presented in the 2019-20 Business Plan	**N/A**
1.65	We provide feedback to those who raise a safeguarding concern	Training emphasises the importance of providing feedback to the referrer	Learning, Development & Dissemination subgroup	**Mar 2019**	All agencies understand when feedback should be provided and are active participants in seeking out			A revised action to be presented in the 2019-20	**N/A**

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
					feedback, subgroup will create and implement monitoring process to ensure occurring and highlight issues to the board.			Business Plan	
1.66		Compliance with providing feedback at the point of decision (whether to proceed to Sec 42 enquiry) and at conclusion, to be measured via all (existing) internal and independent audit processes	Performance and Quality	**Mar 2019**	Audit evidences that feedback is being provided to referrers as appropriate, and in a timely manner, subgroup to set timely manner.			On the section 42 audit form	**COMPLETED**
1.67	Independent providers deliver safe, high quality services and the Board is assured that safeguarding processes are adhered to in line with Care Act	Assurances will be provided to the Board that safeguarding processes are robust and fit for purpose in	DASS and other commissioners	**Mar 2019**	The annual self-assessment audit will be submitted in a timely manner and will provide an evidence base	The annual self-assessment audit will be submitted in a timely manner and will provide an evidence base	The annual self-assessment audit will be submitted in a timely manner and will provide an evidence base	Annual Self Assessments completed by partners	**COMPLETED**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
	requirements	independent provision, including Home Care.							
1.68	We are assured that all stakeholders are following the *Berkshire Pressure Ulcer Pathway* to ensure effective delivery of care and robust consideration of safeguarding concerns in this context	Recommendations from audit conducted in 2017/18 will be published	CCG Safeguarding Lead / Business Manager	**Dec 2018**	Findings will have been shared with all relevant agencies			A revised action to be presented in the 2019-20 Business Plan	**N/A**
1.69		Recommendations from that review will be implemented	Pressure Care Task and Finish Group – managed by Performance and Quality	**March 2019**	Task and Finish Group to present progress to the Board in March 2019			A revised action to be presented in the 2019-20 Business Plan	**N/A**
1.70		Review audit will be undertaken to measure progress in respect of compliance and effectiveness and	Performance and Quality	**June 2019**	There will be improved compliance with application of the pathway and the strengths and			A revised action to be presented in the 2019-20	**N/A**

Business Plan 2018 -21

Update for 2018-2019

Priority 3	**We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		extended to also include consideration of Grade 2 pressure wounds as well.			tensions around its impact on effective delivery of care and consideration of safeguarding concerns will be understood to inform any further strategic work			Business Plan	

Priority 4	**We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
3.71	We have verified that the workforce is accessing and using the Pan Berkshire policies and procedures following their launch	Survey Monkey will be used to obtain subjective feedback from the workforce as to whether they are accessing the policies & procedures and to capture their perspective on the strengths and	Business Manager	**Sept 2019**	An acceptable (to be agreed by Independent Chair) proportion of the workforce will be accessing the policies and procedures			Work is being undertaken by the Pan Berkshire Policies and Procedures Group regarding usage of	**N/A**

Business Plan 2018 -21

Update for 2018-2019

Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		tensions						the policies and procedures.	
3.72		Website hits will have been analysed to provide an objective perspective on how often and from where the documents are being accessed	Business Manager	**Sept 2019**	Analysis will evidence the website is being accessed proportionately across the AOR and that website hits are at an expected/acceptable level			Being undertaken by the Pan Berkshire Policies and Procedures Group	**N/A**
1.73		Internal and Independent audits of Adult Safeguarding work will include consideration of whether Pan Berkshire policies and procedures are being correctly implemented	Performance and Quality	**TBC based on audits**	Audit will evidence Pan Berkshire policies and procedures being appropriately applied in practice			Is a Business As Usual Task	**N/A**
1.74	We understand what the	Audit outcomes are	Performance and	**Quart**	Audit outcomes are known, are informing relevant action plans			All audit	**COMPLETE**

Business Plan 2018 -21

Update for 2018-2019

Priority 4	**We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly**								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
	data tells us about where the risks are and who are the most vulnerable groups	analysed and the Board takes required actions to address identified areas of concern across partner agencies.	Quality and Safeguarding Leads	**erly**	and strategic focus and are being fed into training to ensure required actions are embedded in culture			outcome are added to learning from sar/audit plan.	**D**
1.75		Dashboard is monitored and developed to ensure Board is informed of the KPI data	Performance and Quality	**Quarterly**	The Dashboard is monitored dynamically and the Board is provided with accurate and timely data			Dashboard in place	**COMPLETED**
1.76		Develop understanding of the local level of risk for victims of FGM by reviewing local and national FGM data	Performance and Quality	**Mar 2019**	The local level of risk is known, in order to inform future strategic work and any key messages are disseminated in a timely manner, including in training where required			Data collected as part of dashboard.	**Completed**
1.77		Develop understanding of local level of risk for victims of	Performance and Quality	**Mar 2019**	The local level of risk is known, in order to inform future strategic work and			Data collected as part of dashboar	**COMPLETED**

Business Plan 2018 -21

Update for 2018-2019

Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		Modern Slavery by reviewing local and national Modern Slavery data			any key messages are disseminated in a timely manner, including in training where required			d.	
1.78	Feedback from people having experienced intervention via a Sec 42 Enquiry is used to inform practice development and the strategic aims of the SAB	Ensure feedback is routinely obtained from all people subject to a Sec 42 enquiry via mandatory review of desired outcomes expressed at outset	Safeguarding Leads in the 3 Local Authorities	**Mar 2019**	There is evidence that desired outcomes expressed at the start of the intervention are being reviewed with the individual or their representative at the end of an intervention			Will form part of the service user feedback action. 1.6-1.10	**N/A**
1.79		Provide mechanism for collating and analysing this feedback to inform practice development and strategic focus	Performance and Quality	**March 2019**	There is a mechanism in place to collate this feedback and to extract themes for feedback to the board			Will form part of the service user feedback action. 1.6-1.10	**N/A**
1.80		Ensure feedback obtained is being	Learning, Development &	**June 2019**	There is evidence that themes have			Will form part of	**N/A**

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		shared across partners and is informing learning events and training	Dissemination subgroup		been shared with stakeholders and relevant knowledge and information is embedded in training and culture			the service user feedback action. 1.6-1.10	
1.81	The Board is assured that local arrangements to support and minimise risks are effective	A thematic audit programme will be agreed, based on areas of risk and learning from SARs. Audits will use an agreed template and review interventions in a multiagency context and be undertaken consistently across the AOR. Note. For efficiency, this action may incorporate other references to audit in this business	Performance and Quality	**Mar 2019**	A consistent method for auditing multiagency work across the three Local Authority areas will be in place. Findings are being fed into the board and there is evidence of learning being disseminated across organisations and into the work of the subgroups Audits carried over 17/18: Tissue Viability			Audit schedule will be planned as part of the Learning from SAR/Audit Implementation Plan.	**COMPLETED**

Business Plan 2018 -21

Update for 2018-2019

Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		plan i.e. audits are designed to cover multiple actions			Dementia Abuse in own home				
1.82	The Board is assured that Adult Safeguarding interventions are compliant with the MCA 2005 and that the principles of MSP are adhered to, including; appropriate involvement of advocacy to ensure person-centred responses	Local guidance documents and tools to be reviewed to ensure they promote compliance with formal assessment of capacity to consent to a safeguarding intervention, where required	Safeguarding Leads 3 Local Authorities	**Dec 2018**	Relevant documents will support compliant formal assessment of mental capacity and direct the workforce to evidence rationale for decisions reached			Revised action on 2019-20 business plan	**N/A**
1.83		Audit of completed Safeguarding cases to include analysis whether decisions that service users lack capacity to consent, demonstrate compliance with application of the diagnostic and	Performance and Quality	**Mar 2019**	Audit will evidence that the workforce is correctly applying the MCA and decisions that a person lacks capacity to consent to a safeguarding intervention (or associated decisions) have an auditable			Revised action on 2019-20 business plan	**N/A**

Business Plan 2018 -21

Update for 2018-2019

Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		functional tests			and lawful rationale recorded				
1.84			Compliance to be raised amongst the workforce about how and when to involve advocacy and how to ensure this is effective	**Jun 2019**	There will be a clear understanding of when access to advocacy must be facilitated and what its role is. Audit will demonstrate application of this in practice			Compliance is increasing reported on Dashboard and as part of section 42 audits.	COMPLETED
1.85	The Board has a comprehensive and effective Quality Assurance Framework	Review, update and implement current SAB Quality Assurance Framework	Business Manager, Performance and Quality	**March 2020**		There will be a revised Quality Assurance Framework in place that partners have completed and summarised to the Board.	Annual review of SAB Quality Assurance Framework, completion of assessment for all partners, key themes and actions presented to the Board.	Removed from BP as is a business as usual task.	**n/a**

Business Plan 2018 -21

Update for 2018-2019

RAG Criteria	RAG Status	Scenario	Boards Responsibility
Progress against Business Plan	**Red**	The implementation plan is not in place or there are delays which means the action will not be achieved in timescale.	To understand issues impacts on action and agree how to mitigate the risk, by using risk mitigation log.
	Amber	The implementation plan is in place there is a risk that the deadline will not be met.	To Note
	Green/Completed	The action has been completed or there is an implementation plan in place and the timescale is expected to be met.	To Note

Amendments to the Business Plan

In order to ensure that the plan is reflective of current priorities and incorporates ongoing learning, amendments will be made to the business plan. Any amendments will be approved by the Board.

It was agreed by the Board in June2019, to revert back to an annual business plan, a task and finish group was held in May 2019 where key priorities of the Board was agreed and a revised business plan was presented and agreed by the Board in June 2019.

Subgroups

All subgroup are required to set an action plan to deliver the outcomes within the business plan, providing clear measures for success. Subgroup chairs and West Berkshire lead for the Policies and Procedures group, will meet on a quarterly basis, with the Independent Chair and Business Manager; to discuss business plan progress and to ensure that the Subgroups are working together effectively.

Business Plan 2018 -21

Update for 2018-2019

Performance and Quality

- To set an action plan to deliver the outcomes within the business plan
- Provide an interface with the Pan Berkshire 'Policy and Procedure' group
- Develop a range of mechanisms for measuring outcomes in respect of assuring the SAB about the effectiveness of safeguarding activity in practice, including implementation of Action Plans from SARs and trends being identified through data reporting
- Oversee performance and data quality of all safeguarding activity across the area
- Develop and maintain a framework, which ensures there are effective and accountable quality performance indicators and monitoring systems in place
- Produce regular reports to the SAB, which ensures a consistent approach and good quality of safeguarding provision is maintained across all partner agencies
- Consider trends in safeguarding activity and share these with the SAB and the other subgroups for them to support relevant work, as required

Learning, Development & Dissemination

- Ensure there is a skilled workforce to help protect adults at risk and ensure there is awareness across all organisations, including independent and voluntary sectors
- Develop the training competency framework, ensuring this remains up to date and is informed by practice
- Ensure learning from SARs is embedded in training and that a range of methods are used to disseminate the learning to organisations and the workforce
- Ensure organisations and the workforce are kept informed on the work of the SAB, awareness around relevant information and issues is maintained and that promotional learning messages are delivered ('soft touch learning')

Safeguarding Adults Review Panel

- Develop a range of options/models for undertaking SARs
- Consider all requests for SARs
- Where it is agreed a SAR is required to agree the most effective and proportionate type of SAR to commission
- Commission, manager and monitor any reviews
- Keep the SAB informed of any reviews
- Share Action Plans from reviews with SAB and with relevant

Business Plan 2018 -21

Update for 2018-2019

Policy and Procedures – Berkshire wide

The Policy and Procedures Sub Group has the responsibility for undertaking the development and review of Policy and Procedures by:

- Considering suggested changes to the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Approving draft/update Board Safeguarding policies/guidance and procedures which will be sent to the four Boards for final ratification and adoption;
- Addressing gaps in the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Considering the implications of changes to national policy guidance and legislation;
- Considering recommendations arising from local and national serious case reviews, domestic homicide reviews and Safeguarding Adults Reviews;
- Ensuring Making Safeguarding Personal is embedded in the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Ensuring the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures" is subject to appropriate equality impact assessment;
- Presenting policy and procedures to the four SABs in Berkshire for agreement and adoption;
- Making recommendations to the four Safeguarding Adults Boards in Berkshire for hosting, ongoing maintenance and updating of the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Sharing information and good practice and promoting, where appropriate, joint development of common procedures.

The lead for the Berkshire SAB will be responsible for:

- Co-ordination of local policies and procedures updates when the Policy and Procedures Subgroup introduce/update a policy or procedure
- Ensure local standards, policies and procedures are in place and are updated at least annually, both in line with Pan Berkshire developments and wider legislative or guidance changes
- Ensure the importance of safeguarding adults is included in other policy documents, e.g. Domestic Abuse, Safeguarding Children etc.

Task and Finish Groups

In order to achieve the actions within the plan the following Task and Finish Groups will be established these will be led by the appropriate subgroup as listed.

Ref	Action	Lead Subgroup
1.6	Task and finish group to consider models of service user involvement	Performance and Quality
1.7	Task and finish group to consider models of provider involvement	Performance and Quality

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2018 -21

Update for 2018-2019

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2019-20

Priority 1 - We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect												
Action	**Outcome**	**Who**	**Target Date**	**Referenced with other priorities**	**Making Safeguarding Personal Objective**						**RAG and Progress Update**
					Empowerment	**Prevention**	**Proportionality**	**Protection**	**Partnership**	**Accountability**	
1.1 - To present and implement a Service User Involvement Strategy for the SAB.	People who use services are able to influence the work of the SAB	Task and Finish /Communications Subgroup	Sept 2019	2,3 &4	X						Recommendation report approved by SAB in June 2019, recommendations to be implemented by the Communication Subgroup.
1.2 - To review and relaunch the Pan Berkshire Policies and Procedures in regards to Self-Neglect.	Comprehensive policies and procedures are in place in regards to self-neglect, which are accessed and followed by the partnership.	Task and Finish Group/ Pan Berkshire Policies and Procedures	Dec 2019		X	X	X	X	X	X	Agreed Task and Finish Group will be arranged by the Pan Berkshire Policies and Procedures Group.
1.3 – Review and update Safeguarding Training across the partnership.	Safeguarding Training to be reviewed to ensure that it addresses SAB Priorities.	Learning, Development &Dissemination	December 2019	2,3,&4	X					X	Focused meeting to be arranged training must also consider: Feedback to referrer/ MSP/Pressure Care/Recording/MCA/ family and carer involvement/

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2019-20

1.4 – Review safeguarding management oversight and consider updating the function of 'Safeguarding Adults Management' across the Partnership.	The SAB are assured that there is sufficient management oversight in regards to safeguarding. There is a decision by the SAB on the 'SAM' function in Local Authorities and this is implemented.	LA Leads/Business Manager	March 2020	2,3,&4						X	Implementation plan to be agreed.
1.5 –The SAB review the quality of Tissue Viability Management training across the partnership to ensure that it is adequately addressed.	The SAB are assured that there is adequate training in pressure care across the partnership.	Learning, Development and Dissemination	December 2019	2,4	x	x	x	x	X	X	Taken from Learning from SAR/Audit Action plan. Implementation plan to be agreed
1.6 To agree and implement a partnership wide Risk Assessment Tool.	There is a standardised approach to risk management across the partnership.	Task and Finish Group	March 2020	2,3,4	x	x	x	x	X	X	SAB approved use of framework in principle in June 2019. Task and Finish Group to be arranged to agree implementation plan.

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2019-20

Priority 2 – The SAB will work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.												
Action	**Outcome**	**Who**	**Target Date**	**Referenced with other priorities**	**Making Safeguarding Personal Objective**						**RAG and Progress Update**
					Empowerment	**Prevention**	**Proportionality**	**Protection**	**Partnership**	**Accountability**	
2.1 – Event on Domestic Abuse for partners to explore issues, for a joint Domestic Abuse Strategy.	There is a clear Domestic Abuse Strategy in conjunction with LSCBs, CSPs and H&WBBs.	SAB, with partners from LSCB, CSP's.	December 2019		x	x	x	X	X	X	To cover: Coercive Control/ Risk Framework/ Interdependencies in relationships. Representatives from CSP and LSCB to be invited to Sub Groups Chairs meeting where action to be discussed.
2.2 – To review/update and relaunch policies, procedures and tool kits in light of the Domestic Abuse Strategy.	There is a clear framework and toolkits to support the partnership with regard to Domestic Abuse.	Task and Finish Group	March 2020			X	X	X		x	Implementation plan to be agreed.

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2019-20

Priority 3 – We will understand the main risks to our local population in regards to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.												
Action	**Outcome**	**Who**	**Target Date**	**Referenced with other priorities**	**Making Safeguarding Personal Objective**						**RAG and Progress Update**
					Empowerment	**Prevention**	**Proportionality**	**Protection**	**Partnership**	**Accountability**	
3.1 - Modern Slavery Pathway is published and promoted.	There is a pathway in place to support the partnership in working together to respond to Modern Slavery and Human Trafficking Issues.	Pan Berkshire Policies and Procedures.	June 2019			x		x	X		TVP presented to Pan Berkshire Policies and Procedures Subgroup, awaiting final version from TVP for sign off.
3.2 - To identify who is most at risk from Targeted Exploitation.	The SAB understand who is most at risk and can agree where focus is needed.	Performance and Quality	December 2019			x	x				Implementation plan to be agreed.
3.3 - To agree how the SAB will address the issues identified in action 3.2.	There is a clear plan on how to support those most at risk from targeted exploitation.	SAB	March 2020		x	x	x	x	X	x	Implementation plan to be agreed.

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan 2019-20

Priority 4 – The SAB will understand from key stakeholders, why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place that is consistent across the partnership where practical.												
Action	**Outcome**	**Who**	**Target Date**	**Referenced with other priorities**	**Making Safeguarding Personal Objective**						**RAG and Progress Update**
					Empowerment	**Prevention**	**Proportionality**	**Protection**	**Partnership**	**Accountability**	
4.1 – An event (s) is held with care providers to understand the issues they are facing in regards to service delivery.	Providers who deliver services are able to influence the work of the SAB in regards to organisational safeguarding.	Business Manager/ Independent Chair	December 2019	2,3,4		x		x	x	x	Implementation plan to be agreed.
4.2 – A meeting is held with CQC, LA's, CCG and SAB Chair to discuss organisational safeguarding across the partnership.	The SAB are clear on the issues facing the CQC and commissioners in regards to organisational safeguarding.	Independent Chair/ LA and CCG DASS's	July 2019								Meeting scheduled for 31st July 2019.
4.3 – The SAB Chair is alerted to all Organisational Safeguarding issues via a briefing note, detailing the concerns, how many people the concerns impact on and the plans in place to safeguard people.	The SAB is fully aware of the level of organisational safeguarding across the partnership	LA DASS's	June 2019			x	x	x	x	x	Email sent to LA DASS's and CCG SAB Lead on the, 2/7/19.
4.4 – Review of the Organisational Safeguarding Policies and Procedures	There is an effective framework in place for responding to organisational safeguarding concerns.	Local Authorities	December 2019		x	x	x	x	x	x	Will take place in conjunction with a lessons learnt review in regards to an organisational safeguarding concern that impacted on

Business Plan 2019-20

											the whole partnership.
4.5 – Partners review together the quality assurance processes (including information sharing) for commissioning of external providers delivering adult social care to ensure that they are consistency with the Pan Berkshire Safeguarding Adults Policies and Procedures.	There is a consistent approach to quality monitoring of Adult Social Care Providers across the partnerships. Frameworks are published on the SAB Website.	LA's/CCG	December 2019			x		x	x	x	Taken from Learning from SAR/Audit Action plan. Request to DASS's and CCG Lead for named person on 2/7/19.

RAG Criteria	RAG Status	Scenario	Boards Responsibility
Progress against Business Plan	Red	The implementation plan is not in place or there are delays which mean the action will not be achieved in timescale.	To understand issues impacts on action and agree how to mitigate the risk, by using risk mitigation log.
	Amber	The implementation plan is in place there is a risk that the deadline will not be met.	To Note
	Green/Completed	The action has been completed or there is an implementation plan in place and the timescale is expected to be met.	To Note

Amendments to the Business Plan

Alongside this Business plan the Board also hold a risk and mitigation log and learning from SAR/Audit Implementation plan. In order to ensure that the plan is reflective of current priorities and incorporates ongoing learning, amendments will be made to the business plan. Any amendments will be approved by the Board.

Supporting our futures for Reading
Adult Social Care
& Wellbeing

Safeguarding Adults Annual Report 2018-19

Reading Borough Council

Reading Borough Council

Directorate of Social Care and Health

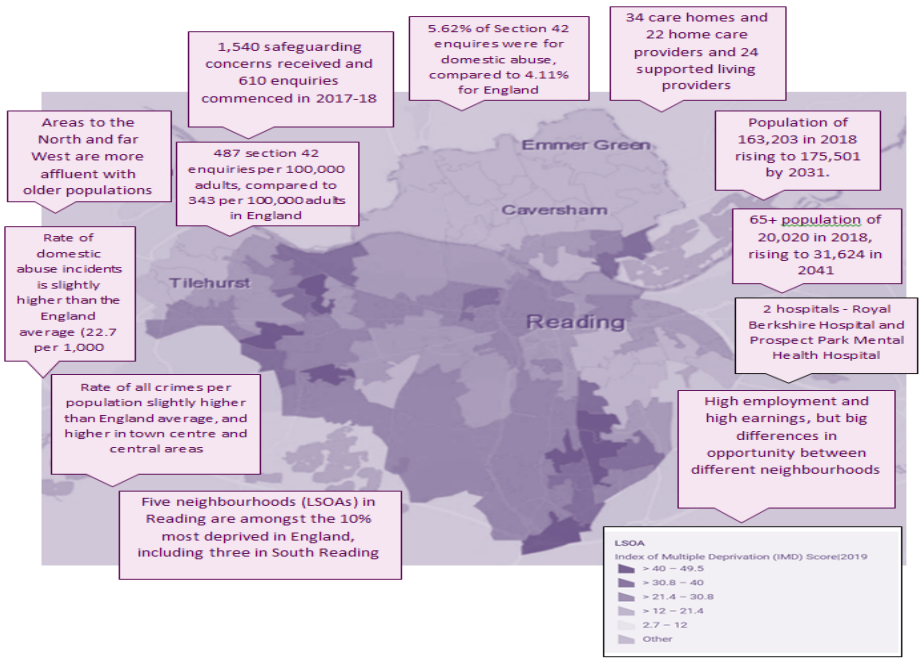
Annual Safeguarding Report Reading DACHS 2018/19

1.0 Introduction

Safeguarding is the responsibility of all professionals and partners engaged in working with adults who may be in need of care and support. However, the responsibility for coordinating safeguarding enquiries rests with the Local Authority; in the Directorate of Adult Care and Health Services for Reading Borough Council, although all social care teams are involved in safeguarding enquiries. These are led by the Safeguarding Adults Team who receives the majority of incoming concerns and referrals.

The safeguarding adults team receive incoming safeguarding concerns and referrals and are responsible for screening and prioritising these to identify safeguarding concerns and manage many of the concerns for adults not resident in Reading and organisational abuse enquiries. Through focused information gathering and identification of risks the team are able to direct concerns to the appropriate team for action and enquiry, or resolve and manage without the need for further progression.

2.0 How we are Safeguarding Adults in Reading



Key principles of Safeguarding practice include **Prevention** and **Empowerment**, principles that are also central to the strengths based **"Conversation Counts"** strategy for engaging with adults in Reading. The "Conversation Counts" approach that has been implemented and embedded over this year is focused on supporting adults to recognise and develop their own strengths, building resilience in individual's lives and in communities, and improving communication between organisations, so that early responses and solutions are available to resolve situations before they deteriorate. These reflect the principles of Making Safeguarding Personal which are a cornerstone of good Safeguarding practice.

In this respect the development of the Advice and Wellbeing Hub, who receive referrals for information, advice, support and assessment for adults currently not in receipt of Local Authority services, has been a key activity in safeguarding residents locally in Reading, by preventing the escalation of risk and harm at an early stage, making appropriate advice and guidance accessible and supporting people to connect effectively with their local networks and communities, increasing independence and resilience.

One of our key activities for 2019/20 will be to align our Safeguarding Adults Team as the access point for all safeguarding adults concerns, with the Advice and Wellbeing Hub. This will support us to work more preventatively and more closely with our community and partner organisations to identify risk and prevent harm before it occurs.

The social care teams are supported through training, informal learning lunches and support and guidance from the Safeguarding Adults Team to ensure that practice is consistent, led by the adult and reflects the priorities outlined in the Care Act and further outlined by West Berkshire Safeguarding Adults Board.

3.0 Positive outcomes from Safeguarding

Where we have identified that abuse or harm is occurring to an adult, working with that person to support them to achieve their outcomes and manage the risks they are experiencing involves working in partnership with them, and their support networks, and with others to provide safer and more sustainable support arrangements.

While our safeguarding performance can be in some respects reflected in the collation of numerical data, practice and quality of safeguarding work is best evidenced through examples of the work that is being undertaken in the teams.

Some of the examples below illustrate not only how interventions by social care practitioners supported adults to manage risks and reduce harm, but also improve quality of life and achieve a positive impact in terms of social and emotional wellbeing outcomes. They indicate that even in situations where an adult is facing multiple risks and challenges to their safety and wellbeing, a person centred and partnership approach to working can support them to maintain the aspects of their life that matter to them, whilst reducing harm.

All names and identifiable details have been changed to maintain confidentiality

3.1 Archie: Working in Partnership

Archie is a young man with Learning Disabilities. It became apparent that there was a long history of verbal and psychological abuse from his mother with whom he lived. Archie's mother had advanced dementia and was struggling to continue to care for him but lacked insight into this. He was very unhappy at home and drank heavily, putting himself at risk by walking in the streets at night after arguments with his mother. He was targeted by people in his area and was financially and sexually abused as a consequence. We worked closely with him, his family, voluntary and commissioned providers, to help him address these issues. We helped him to move from his mothers' home to emergency respite, to manage the immediate risks, and from there to supported living, finding a setting that suited him and his needs for longer term support. He is now settled, has stopped drinking, is much healthier and happier and has recently returned from a joint holiday with other residents living in his accommodation. Archie's mother has accepted that she can no longer care for him and he is in regular contact with her – their relationship is much improved and she approves of the placement now**.**

3.2 Bernard: Protection and Empowerment

Bernard is an older man with a brain injury, memory issues and alcohol dependence. He was physically and financially abused and ended up being evicted from his flat after being cuckooed by drug dealers. He ended up street homeless. Following notification through safeguarding, he was offered a place of safety in a care home as an emergency, and from there was assisted to identify longer term accommodation in supported living. After a difficult transition, he has now settled really well, and is in regular contact with his family who live abroad. He is attending Ridgeway Gardening club twice a week and is going to the local church and library, having built up connections with his local community that support his interests and social needs, much improving his quality of life.

3.3 Chris: Partnership and Proportionality

Chris was referred to the local authority with concerns regarding his health, self-neglect and an unsafe living environment. His health was poor, with ulcers on his legs that were untreated, continence issues and a persistent cough. His home was cluttered, with dirty clothing and food waste, damp with a lack of heating, and a rat infestation was apparent. It was reported that he was low in mood and feeling that life was not worth living. However, Chris' main fear was that someone would take him away from his home, so he had been reluctant to allow any professionals to be involved. Chris was reassured and supported by the social worker to address the issues that concerned him the most. He allowed the worker to introduce him to Environmental Health colleagues, who were able to deal with the rat infestation, and then to clean his home. Chris agreed to visit the GP but had demonstrated capacity with regards to his health and social care needs, so did not accept some interventions despite concerns raised. However, the improvement in his home, and his sense of autonomy regarding the help he had received, enabled him to accept assistance to maintain relationships with involved professionals. He has since received treatment for his ulcers and has additional equipment in his home to support his personal care. Chris is able to access the community and visit his GP when needed.

4.0 Overview of Performance Data

Included in this report is a summary and analysis of the performance data for the period 2018/19, which supports an understanding of an overview of safeguarding activity in Reading, and how this might be more effectively delivered in coming years.

Some of the key themes from this data influence our delivery priorities for 2018/19

Most notable in the data there is the drop in number of concerns recorded, which continues a trajectory from the previous year. It was noted that robust information gathering and engagement prior to identifying a concern impacted positively on reducing concerns, and this practice has continued, supported by the proactive approach of the Conversation Counts model. The fact that the number of enquiries resulting from concerns has not fallen supports the interpretation of the figures as a

positive trend towards more accurate recognition of safeguarding, rather than a lack of identification. As an authority we have continued to undertake a number of enquiries in line with previous performance levels which would indicate that where risks of abuse and neglect is identified safeguarding intervention is taking place.

However, as part of the development of the Safeguarding Adults Team function in 2019/20, the recording of all concerns will be held centrally within the team, to be actioned as Section 42 enquiries when appropriate by the community teams, rather than be passed for screening or information gathering. This will provide greater accountability and transparency in the data and ensure concerns are consistently captured. An audit of referrals coming into the service that are closed prior to enquiry will be conducted throughout the year to ensure quality and consistency, as well as identify any learning or practice needs.

The recording of organisational abuse incidents has been raised as a point of difference in practice across the board, and the variation in incidents highlights a need to ensure that the process for identifying and responding to organisation abuse is transparent, robust and accountable, so that variances in recording are clearly understood in context.

In Reading we have begun the development of an effective partnership with commissioning teams to work proactively and jointly where concerns arise within provider organisations. This has enabled the Safeguarding Team to establish a process to complete and record enquiries effectively, and share information in a timely way with practitioners and commissioners. This ensures that Providers can be supported to improve and maintain their support and delivery of services to vulnerable people.

The outcomes of safeguarding show some decrease in people achieving any of their outcomes, in terms of adults being asked what their preferred outcomes were and whether they were achieved. It is expected that this will be addressed by the implementation of oversight from the Safeguarding team of enquiry closures, which will be transferred to an audit process once those improvements are evidenced and reflected in data.

5.0 Quality and Safeguarding

5.1 Safeguarding Adults Reviews - There have been no Safeguarding Adults Reviews (SAR's) published in 2018/19.

5.2 Other Reports – The Local Government & Social Care Ombudsman investigated a complaint regarding the quality of care provision to a vulnerable woman living in Reading. They found that care workers did not follow the correct emergency procedure to secure medical attention in a timely manner. The ombudsman wished to ensure that as a result of their findings, councils that outsource domiciliary care,

are responsible for the care delivered. Therefore Reading Borough Council were found to be at fault for the actions of the provider.

The Council devised an action plan and met with the family in order ensure that appropriate steps were taking in relation to the finding of fault.

6.0 The Future – Evolving and Improving our delivery of Safeguarding

Through 2020 the aspiration for Reading Borough Council is to streamline access for all Safeguarding activity and work towards a single point of access for all concerns. This will see closer work and integration with the Advice and Wellbeing Hub, the department's 'front door' for all Social Care queries. We believe that this will bring about some considerable customer and practice benefits such as:

- The creation of a single point of contact & improved service for the customer
- Achieving proportionate responses focused on better outcomes and underpinning of Making Safeguarding Personal (MSP) principles
- Facilitation of improved partnership working with both professionals and the third sector
- Ensuring greater links with preventative approaches

In addition to the commitments already outlined in this report and in order to deliver a consistent, person centred and enabling safeguarding experience to support adults and partners in Reading, a series of practice forums for Managers and Practitioners are being established which will assist with improvement in the following areas:

- Communication with partner, statutory and voluntary organisations with regards to safeguarding referrals and joint working partnerships
- Enablement and Management of Risk, particularly where the capacity of the adult to understand the risks to them is unclear or not present.
- Recording of enquiries and outcomes to ensure our work is reflected in the records and data that we hold.
- Learning and development needs are identified and responded to at the earliest opportunity

These forums allow practitioners to explore themes around Safeguarding, ask questions and assess case studies. This can only lead to greater awareness of the wide range of Safeguarding issues and also lead to more effective practice.

In November 2018 for National Safeguarding Adults Week there were a series of talks, events and learning opportunities across key areas of Safeguarding practice. These reflected the priorities of the West Berkshire Safeguarding Adults Board and

supported our practitioners and partners to ensure a comprehensive and joined up response to safeguarding across the Borough. The intention is to continue to grow and expand 'Safeguarding Week', showcase the work that we do in Safeguarding adults and bring this to a wider audience both internally and outside of the Council.

7.0 Reading Annual Performance Report 2018/19

The 2018-19 Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England. It includes demographic information about the adults at risk and the details of the incidents that have been alleged.

The Safeguarding Adults Collection (SAC) has been collected since 2015/16 and is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013/14 and 2014/15 reporting periods.

Section 1 - Safeguarding Activity

Concerns and Enquiries

As a result of the Care Act 2014, changes over recent years the terminology of some of the key data recorded in the Safeguarding Return in its various formats has changed. The data relating to 2016-17 onwards contained within this report therefore relates specifically to Concerns and s42 Enquiries.

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of Concerns raised, s42 Enquiries opened and the conversion rates over the same period.

There were 1109 safeguarding concerns received in 2018/19. The number of Concerns has decreased considerably over the past 2 years with a decrease of 433 over the previous year (from 1542 in 2017-18).

549 s42 Enquiries were opened during 2018/19, with a conversion rate from Concern to s42 Enquiry of 50% which is higher than the national average was for 2017/18 which had been around 38%. This also continues the upward trajectory of this indicator for Reading as compared to previous years although it does bring us more into line with other West Berkshire authorities.

There were 458 individuals who had an s42 Enquiry opened during 2018/19 which is only an increase of 1 over the year and shows that whilst Concerns received was falling the number of s42 Enquiries has remained quite stable over the previous year.

Table 1 – Safeguarding Activity for the past 3 Years since 2016/17

Year	Safeguarding Concerns received	Safeguarding s42 Enquiries Started	Individuals who had Safeguarding s42 Enquiry Started	Conversion rate of Concern to s42 Enquiry
2016/17	2049	481	416	23%
2017/18	1542	542	457	35%
2018/19	1109	549	458	50%

Section 2 - Source of Safeguarding Enquiries

As Figure 1 shows the largest percentage of safeguarding enquiries for 2018/19 were referred from both Social Care staff (32.8%) and also by Health staff (32.1%) with Family members also providing a larger than average proportion (12.8%). The Police have also been responsible for referring 7.3% of all s42 enquiries over the past year.

The Social Care category encompasses both local authority staff such as Social Workers and Care Managers as well as independent sector workers such as Residential / Nursing Care and Day Care staff. The Health category relates to both Primary and Secondary Health staff as well as Mental Health workers.

Figure 1 - Safeguarding Enquiries by Referral Source - 2018/19

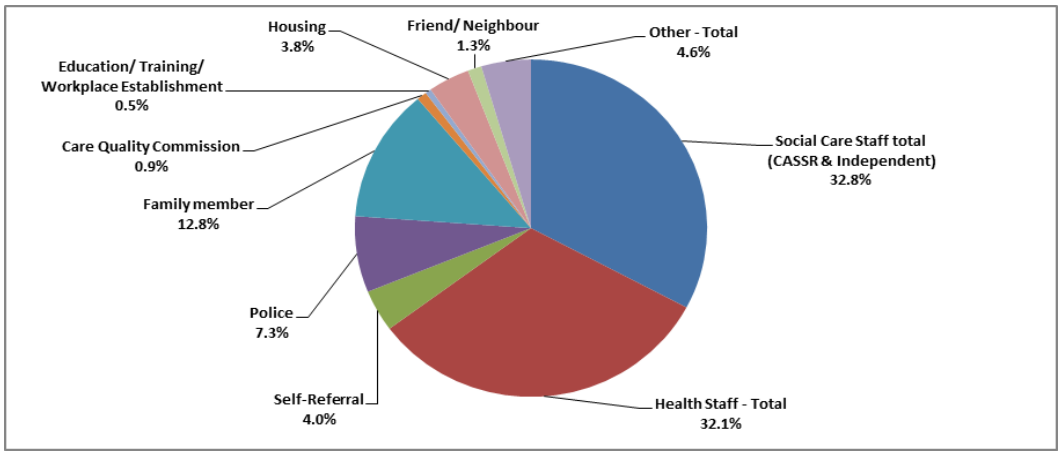


Table 2 shows the breakdown of the number of safeguarding enquiries by Referral Source over the past 3 years since 2016/17. It breaks the overarching categories of Social Care and Health staff down especially into more detailed groups where

available, so a clearer picture can be provided of the numbers coming in from various areas.

For Social Care actual numbers coming in have decreased over the year by 34 which proportionately makes this group 32.8% of the total (down from 39.5% in 2017/18). The biggest decrease in numbers can be found for both Domiciliary and Residential / Nursing staff which have seen a 33% and 43% decrease in numbers over the year respectively. Referrals coming in from Day Care Staff are the only group in this area where referrals have increased (up from 6 to 15 referrals).

The numbers of referrals coming in from Health Staff have increased from 137 to 176 since 2017/18. Proportionately it now makes up 32.1% of the total (up from 25.3% in 2017/18). This is mainly due to a 62.1% increase in numbers coming from Secondary Health staff (up 41 referrals over the year) and a 77.8% increase in those coming from Mental Health staff (up 14 referrals over the year). Primary / Community Health referrals however have fallen over the year (down 16 referrals over the year).

Other Sources of Referral over the year have remained fairly stable in terms of numbers and make up 35.1% of the total. There has been an increase in those coming in from the Police (up 2.1%) and for Self-Referrals (up 0.9%). We have also seen a slight decrease for those coming via Family (down 1.6%), Friends (down 0.9%) and Housing (down 1.4%).

Table 2 - Safeguarding s42 Enquiries by Referral Source over past 3 Years since 2016/17

	Referrals	2016/17 (s42 only)	2017/18 (s42 only)	2018/19 (s42 only)
Social Care Staff	**Social Care Staff total (CASSR & Independent)**	**147**	**214**	**180**
	Domiciliary Staff	36	60	40
	Residential/ Nursing Care Staff	31	51	29
	Day Care Staff	3	6	15
	Social Worker/ Care Manager	44	60	52
	Self-Directed Care Staff	3	7	5
	Other	30	30	39
Health Staff	**Health Staff - Total**	**123**	**137**	**176**
	Primary/ Community Health Staff	59	53	37
	Secondary Health Staff	43	66	107
	Mental Health Staff	21	18	32
Other sources of	**Other Sources of Referral - Total**	**211**	**191**	**193**

referral	Self-Referral	22	17	22
	Family member	83	78	70
	Friend/ Neighbour	8	12	7
	Other service user	0	3	0
	Care Quality Commission	4	1	5
	Housing	13	28	21
	Education/ Training/ Workplace Establishment	4	1	3
	Police	46	28	40
	Other	31	23	25
	Total	**481**	**542**	**549**

Section 3 - Individuals with Safeguarding Enquiries

Age Group and Gender

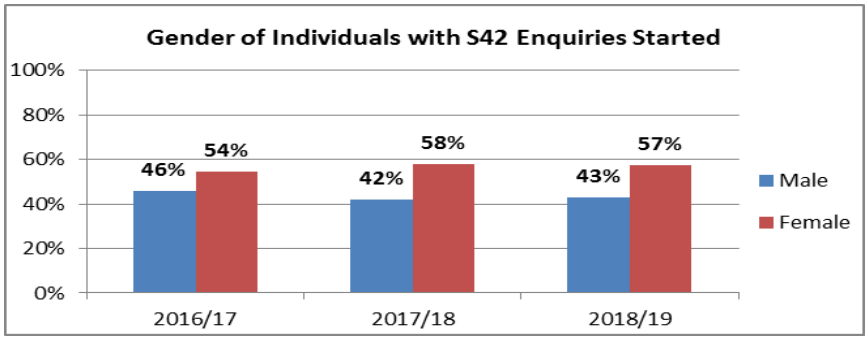
Table 3 displays the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. The majority of enquiries continue to relate to the 65 and over age group which accounted for 58% of enquiries in 2017/18 which is exactly the same as last year. Between the ages of 65 and 84 the older the individual becomes the more enquiries are raised. Overall most age groups have stayed fairly consistent over the past year.

Table 3 – Age Group of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2016/17

Age band	2016-17	% of total	2017-18	% of total	2018-19	% of total
18-64	160	38%	192	42%	191	42%
65-74	60	14%	65	14%	66	14%
75-84	83	20%	95	21%	91	20%
85-94	96	23%	90	20%	93	20%
95+	17	4%	15	3%	17	4%
Age unknown	0	0%	0	0%	0	0%
Grand total	416		457		458	

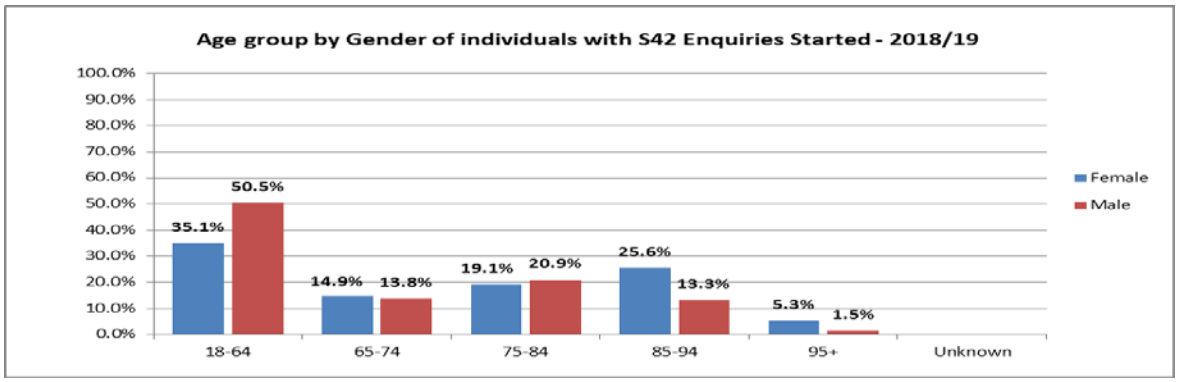
In terms of the gender breakdown there are still more Females with enquiries than Males (57% compared to 43% for 2018/19). The gap however between the two has stayed fairly stable over the past 2 years having doubled initially between 2016/17 and 2017/18. This is shown in Figure 2 below *(See Table A in Appendix A for actual data).*

Figure 2 – Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2016/17



When looking at Age and Gender together for 2018/19 the number of Females with enquiries is larger and increases in comparison to Males in every age group over the age of 65. It is especially high comparatively in the 85-94 (Females – 25.6% and Males – 13.3%) and the 95+ age groups (Females – 5.3% and Males – 1.5%). For Males there is a larger proportion in the 18-64 group which makes up 50.5% of that total whereas the proportion is only 35.1% for the Females in that group. This is shown below in Figure 3 *(See Table B in Appendix A for actual data).*

Figure 3 – Age Group and Gender of Individuals with Safeguarding s42 Enquiries – 2018/19



Ethnicity

82.7% of individuals involved in s42 enquiries for 2018/19 were of a White ethnicity with the next biggest groups being Black or Black British (6.8%) and Asian or Asian British (6.8%). The White Group has fallen this year by 4.4% (87.1% in 2017/18) whereas the Mixed / Multiple and Asian or Asian British Groups have risen by 2% and 1.7% respectively. The Black British and Other Ethnic Groups have remained at a similar proportion over the past year. This is shown in Figure 4 below.

Figure 4 – Ethnicity of Individuals involved in Started Safeguarding s42 Enquiries - 2018/19

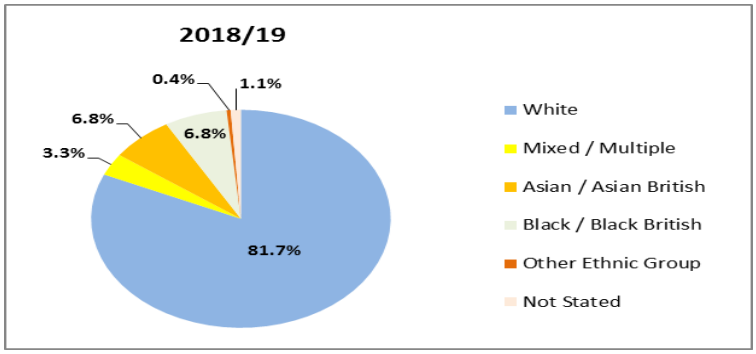


Table 4 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2018/19 compared to 2017/18. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

Table 4 – Ethnicity of Reading Population / Safeguarding s42 Enquiries over 2 Years since 2017/18

Ethnic group	% of whole Reading population (ONS Census 2011 data)	% of whole England population (ONS Census 2011 data)	% of Safeguarding s42 Enquiries 2017/18	% of Safeguarding s42 Enquiries 2018/19
White	74.5%	85.6%	87.1%	82.7%
Mixed	3.7%	2.3%	1.3%	3.3%
Asian or Asian	12.6%	7.7%	5.1%	6.8%
Black or Black	7.3%	3.4%	6.3%	6.8%
Other Ethnic group	1.9%	1.0%	0.2%	0.4%

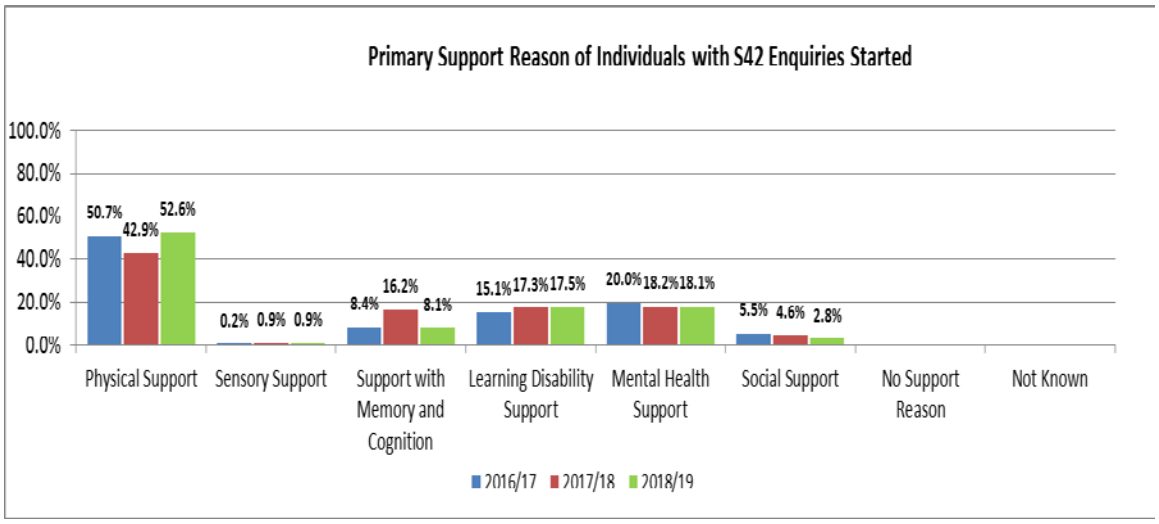
The numbers above suggest individuals with a White ethnicity are more likely to be referred to safeguarding. Their proportions are much higher than for the whole Reading population although are now slightly lower in comparison to the England Population from the 2011 Census data.

It also especially shows that those individuals of an Asian or Asian British ethnicity are less likely to be engaged in the process especially at a local level although this has improved over the past year (12.6% in whole Reading population whereas those involved in a safeguarding enquiry is still only 6.8%). Once again the Black or Black British Ethnic Group is more comparable to the local picture but is higher than that at a national level.

Primary Support Reason

Figure 5 shows the breakdown of individuals who had a safeguarding enquiry started by Primary Support Reason (PSR). The largest number of individuals in 2018/19 had a PSR of Physical Support (52.6%) which has seen a big increase in its proportion of 9.7% over the year. Most Primary Support Reasons have seen a small proportionate drop or increase of approximately 1-2% over the last year, whereas the Support with Memory and Cognition one has halved this year (from 16.2% in 2017/18 to 8.1% in 2018/19) which brings it more in line with the 2016/17 proportions. *(See Table C in Appendix A for actual data).*

Figure 5 – Primary Support Reason for Individuals with Safeguarding s42 Enquiry over past 3 years



Section 4 – Case details for Concluded s42 Enquiries

Type of Alleged Abuse

Table 5 and Figure 6 show concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types (*) were added to the 2015/16 return so there are only comparator figures since then.

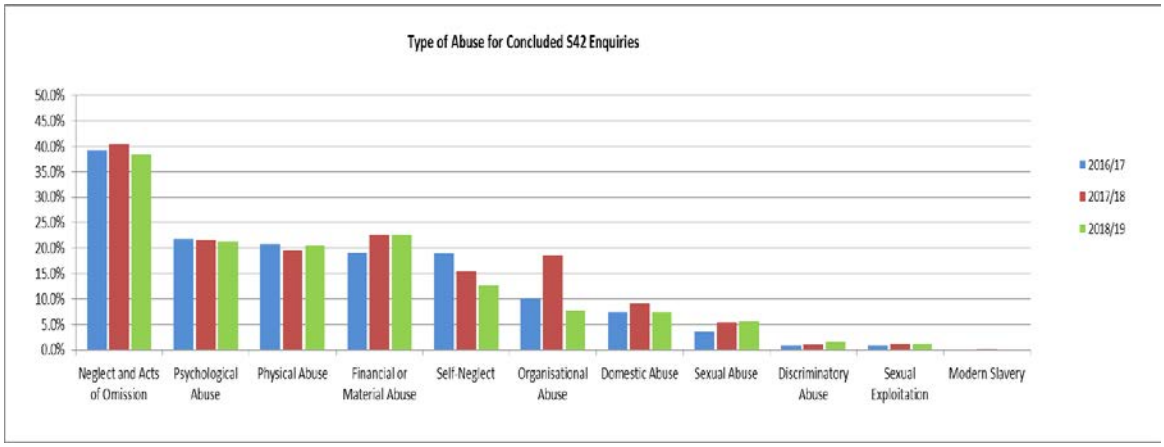
The most common types of abuse for 2018/19 were still for Neglect and Acts of Omission (38.3%), Financial or Material Abuse (22.6%) and Psychological Abuse (21.3%) with the former decreasing since last year by 2.2%.

The main type of abuse that saw a decrease since last year is for Organisational Abuse (down 10.8%). Self-Neglect was one of the newer abuse types added in 2015/16 and has seen a proportionate decrease for the second year running (down 2.8% to 12.7% of all concluded enquiries).

Table 5 – Concluded Safeguarding s42 Enquiries by Type of Abuse over past 3 Years since 2016/17

Concluded enquiries	2016/17	%	2017/18	%	2018/19	%
Neglect and Acts of Omission	187	39.3%	233	40.5%	236	38.3%
Psychological Abuse	104	21.8%	125	21.7%	131	21.3%
Physical Abuse	99	20.8%	113	19.6%	126	20.5%
Financial or Material Abuse	91	19.1%	130	22.6%	139	22.6%
Self-Neglect *	90	18.9%	89	15.5%	78	12.7%
Organisational Abuse	48	10.1%	107	18.6%	48	7.8%
Domestic Abuse *	35	7.4%	52	9.0%	46	7.5%
Sexual Abuse	17	3.6%	31	5.4%	34	5.5%
Discriminatory Abuse	4	0.8%	6	1.0%	9	1.5%
Sexual Exploitation *	4	0.8%	7	1.2%	7	1.1%
Modern Slavery *	0	0.0%	1	0.2%	0	0%

Figure 6 – Type of Alleged Abuse over past 3 Years since 2016/17



Location of Alleged Abuse

Table 6 shows concluded enquiries by location of alleged abuse over the last two years only.

As shown below; as with previous years, still by far the most common location where the alleged abuse took place for Reading clients has been the individuals own home (64.9% in 2018/19) although this has seen a 1.1% decrease proportionately as

compared to last year. The only other abuse locations which have seen larger proportionate changes are for Mental Health Hospitals and Residential Care Homes which have both decreased proportionately (1.7% and 2.5% respectively).

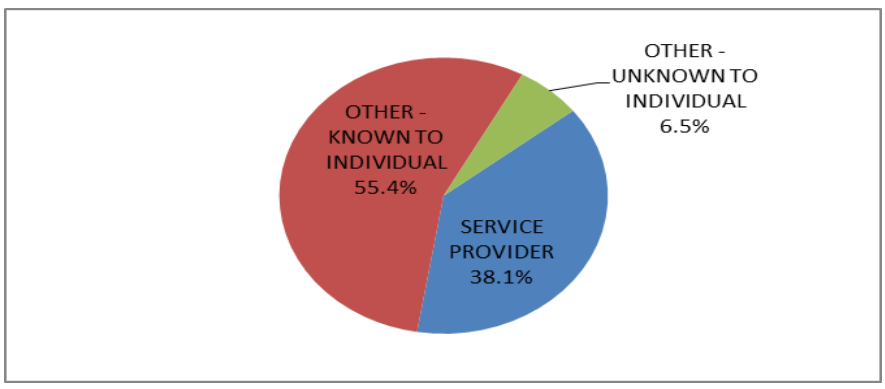
Table 6 – Concluded S42 Enquiries by Abuse Location Type over past 2 Years since 2017/18

Location of abuse	2017-18	% of total	2018-19	% of total
Care Home - Nursing	42	7.3%	42	6.8%
Care Home - Residential	63	10.9%	52	8.4%
Own Home	380	66.0%	400	64.9%
Hospital - Acute	31	5.4%	36	5.8%
Hospital – Mental Health	25	4.3%	16	2.6%
Hospital - Community	3	0.5%	4	0.6%
In a Community Service	5	0.9%	4	0.6%
In Community (exc Comm Svs)	40	6.9%	43	7.0%
Other	21	3.6%	19	3.1%

Source of Risk

The majority of concluded enquiries involved a source of risk 'Known to the Individual' which is 2.4% up on last year (currently 55.4%) whereas those that were 'Unknown to the Individual' only make up 6.5% (was 4% in 2017/18). The 'Service Provider' category which was formerly known as 'Social Care Support' refers to any individual or organisation paid, contracted or commissioned to provide social care. This makes up 38.1% of the total (down 4.9% on 2017/18). This is shown below in Figure 7.

Figure 7 – Concluded Enquiries by Source of Risk 2018/19



Action Taken and Result

Table 7 below shows concluded enquiries by action taken and the results for the last three years whereas Figure 8 compares the last 2 years directly in terms of the concluded enquiry outcomes.

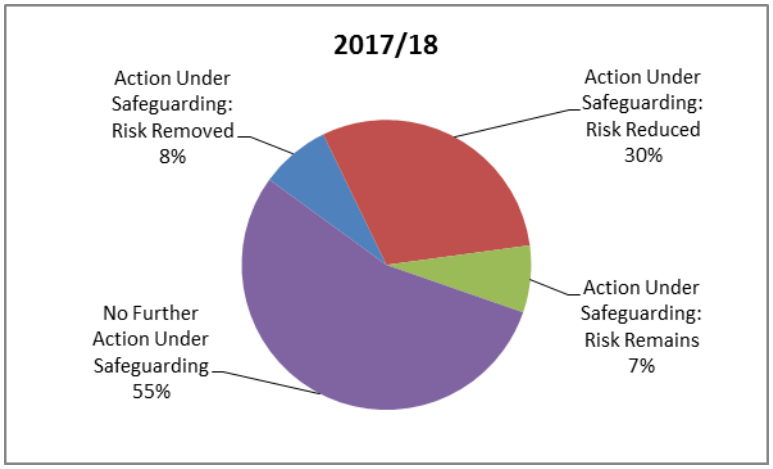
As predicted in 2017/18 the data has changed significantly due to the outcomes of concluded enquiries being looked at closely for the current year. As a result those with 'No Further Action' have reduced considerably to 20% of all concluded enquiries as compared to being 55% of the total in 2017/18.

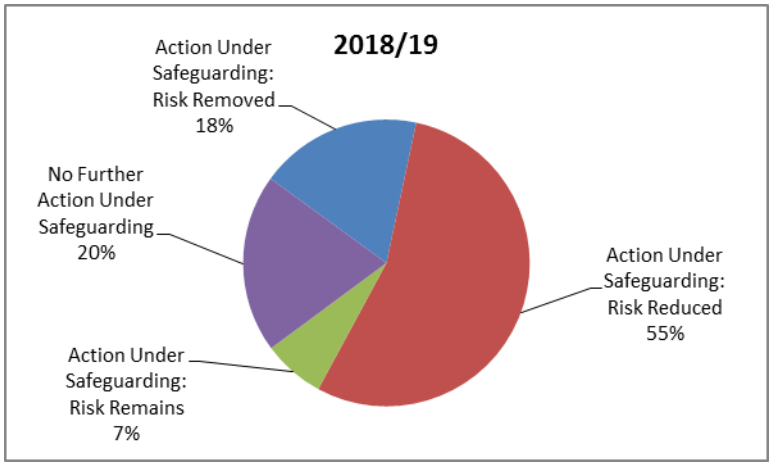
The risk was only reduced or removed in 38% of concluded enquiries in 2017/18 whereas this has increased to 73% of the total in 2018/19.

Table 7 – Concluded Enquiries by Action Taken and Result over past 3 Years since 2016/17

Result	2016-17	% of total	2017-18	% of total	2018-19	% of total
Action Under Safeguarding: Risk Removed	41	9%	45	8%	113	18%
Action Under Safeguarding: Risk Reduced	139	29%	173	30%	336	55%
Action Under Safeguarding: Risk Remains	31	7%	43	7%	43	7%
No Further Action Under Safeguarding	265	56%	315	55%	124	20%
Total Concluded Enquiries	476	100%	576	100%	616	100%

Figure 8 – Concluded Enquiries by Result, 2017/18 and 2018/19





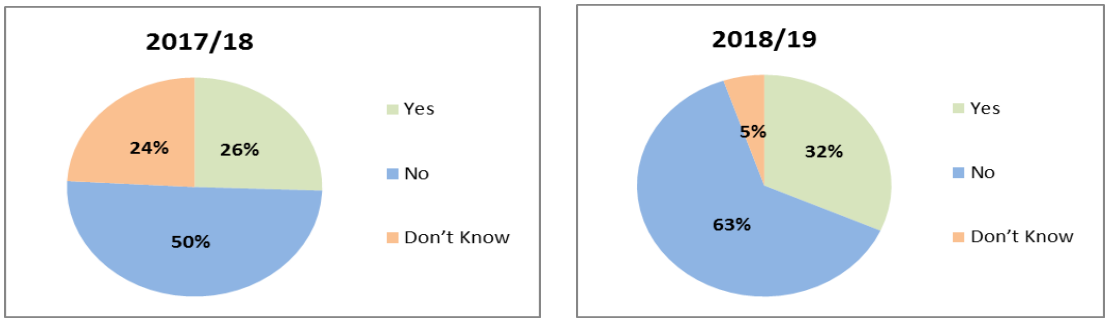
Section 5 - Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2017/18 and shows if they lacked capacity at the time of the enquiry.

The data shows that over time those that lacked capacity has increased slowly year on year with a 6% increase since 2017/18. Those who do not lack capacity however have also increased but at a higher rate. For 2018/19 only 63% now did not lack capacity whereas in 2017/18 it was at 50%.

These figures are in some part due to the large reduction in those concluded enquiries where the Mental Capacity was still not fully identified. In 2017/18 approximately 24% of cases still had an unknown level of Mental Capacity whereas by 2018/19 this figure had reduced to 5% of the total.

Figure 9 – Concluded S42 Enquiries by Mental Capacity over past 2 Years since 2017/18

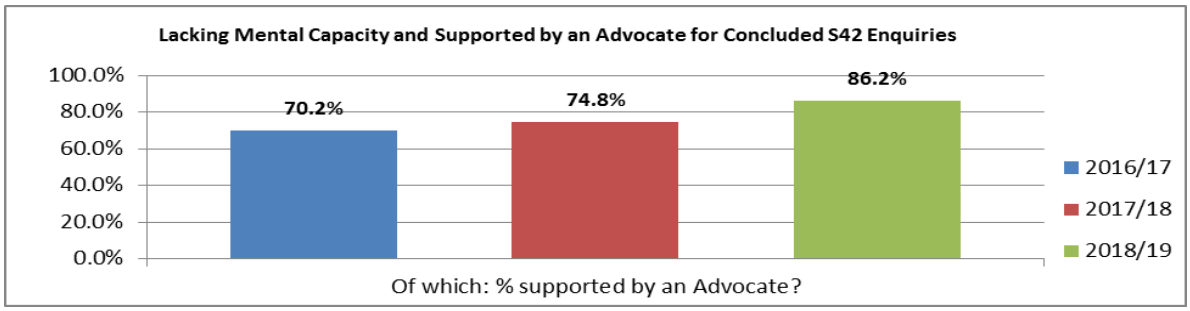


Of those 195 concluded enquiries where the person involved was identified as lacking capacity during 2018/19 a larger proportion (86.2%) are being supported by an advocate, family or friend than in the previous years (up 11.4% for the current year and up 16% in total since 2016/17). Table 8 and Figure 10 show how the numbers and proportion have continued to rise over the previous 3 years due to a focus on this area locally.

Table 8 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2016/17

Lacking Capacity to make Decisions?	2016-17	2017-18	2018-19
Yes	114	147	195
Of which: how many supported by an Advocate?	80	110	168
Of which: % supported by an Advocate?	70.2%	74.8%	86.2%

Figure 10 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2016/17



Section 6 - Making Safeguarding Personal

Making Safeguarding Personal (MSP) was a national led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry. This initiative was adopted by the Government and can be found within the Care Act 2014.

As at year end, 84% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 9% of those did not express an opinion on what they wanted their outcome to be (in 2017/18 this figure was 79% of which 10% did not express what they wanted their outcomes to be). This is shown below in Figure 11.

Figure 11 – Concluded Enquiries by Expression of Outcome over past 3 Years since 2016/17

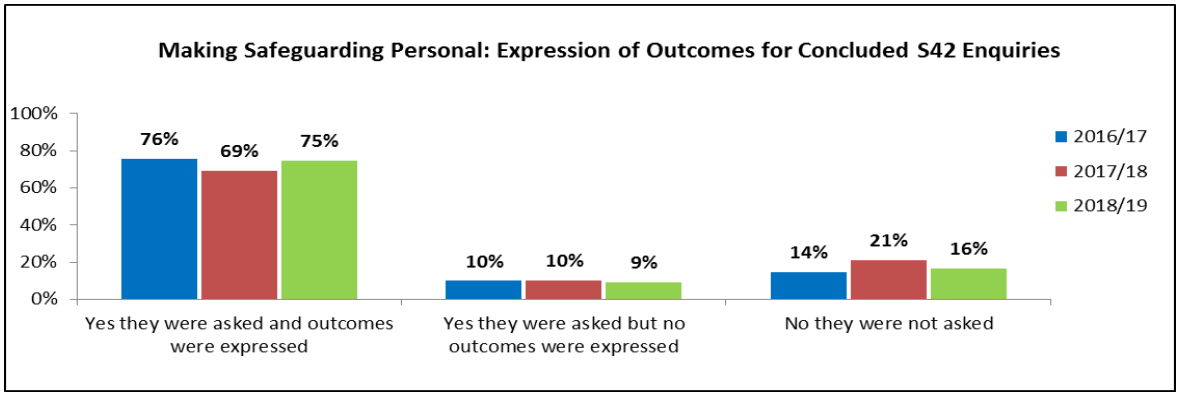
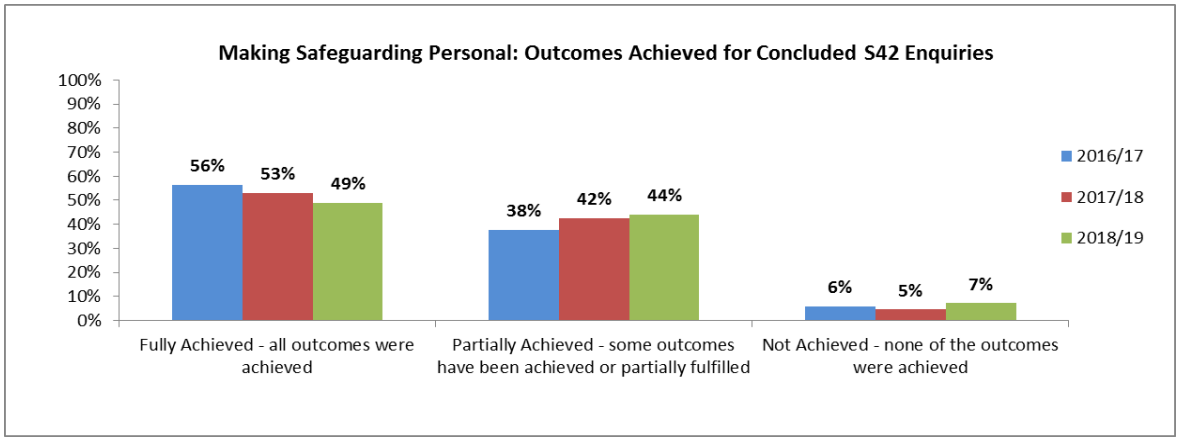


Figure 12 – Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2016/17



Of those who were asked and expressed a desired outcome, there has been a drop of 4% (from 53% in 2017/18 to 49% in 2018/19) for those who were able to achieve those outcomes fully, as a result of intervention by safeguarding workers.

However a further 44% in 2018/19 (up 2% since 2017/18) managed to partially achieve their stated outcomes meaning 7% did not achieve their outcomes during the previous year which is a 2% increase. This is shown above in Figure 12.

Appendix A

Table A – Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2016/17

Gender	2016-17	*% of total*	2017-18	*% of total*	2018-19	*% of total*
Male	190	*46%*	192	*42%*	196	*43%*
Female	226	*54%*	265	*58%*	262	*57%*
Total	416	*100%*	457	*100%*	458	*100%*

Table B – Age Group and Gender of Individuals with Safeguarding s42 Enquiries - 2018/19

Age group	Female	*Female %*	Male	*Male %*
18-64	92	*35.1%*	99	*50.5%*
65-74	39	*14.9%*	27	*13.8%*
75-84	50	*19.1%*	41	*20.9%*
85-94	67	*25.6%*	26	*13.3%*
95+	14	*5.3%*	3	*1.5%*
Unknown	0	*0.0%*	0	*0.0%*
Total	262	*100.0%*	196	*100.0%*
	57%		**43%**	

Table C – Primary Support Reason for Individuals with a Safeguarding s42 Enquiry over past 3 years

Primary support reason	2016/17	*% of total*	2017/18	*% of total*	2018/19	*% of total*
Physical Support	211	*50.7 %*	196	*42.9 %*	241	*52.6 %*
Sensory Support	1	*0.2%*	4	*0.9%*	4	*0.9%*
Support with Memory and Cognition	35	*8.4%*	74	*16.2 %*	37	*8.1%*
Learning Disability Support	63	*15.1 %*	79	*17.3 %*	80	*17.5 %*
Mental Health Support	83	*20.0 %*	83	*18.2 %*	83	*18.1 %*
Social Support	23	*5.5%*	21	*4.6%*	13	*2.8%*
Total	416	*100%*	457	*100%*	458	*100 %*

Berkshire Healthcare NHS
NHS Foundation Trust

Safeguarding Annual Report

April 2018 – March 2019

Author: Jane Fowler – Head of Safeguarding

Contents

1. Introduction

The purpose of this report is to provide assurance to the Trust that it is fulfilling its statutory responsibilities in relation to safeguarding children and adults at risk and to provide a review of recent service developments highlighting areas of ongoing work and any risks to be noted.

Since September 2016, Berkshire Healthcare has amalgamated safeguarding children and adult work under one team to promote a 'Think Family' approach to safeguarding.

2. The Statutory Context

All organisations who work with children and young people share a responsibility to safeguard and promote their welfare. This responsibility is underpinned by a statutory duty under Section 11 of the Children's Act 2004, which requires all NHS bodies to demonstrate substantive and effective arrangements for safeguarding children and young people.

Adult safeguarding practice has come into sharp focus for all NHS organisations in the wake of large scale enquiries such as the Mid Staffordshire Foundation Enquiry and the *Francis Report (2013)* and safeguarding work operates within the legal framework of the Care Act 2014.

Since April 2010, all health organisations have to register and comply with Section 20 regulations of the Health and Social Care Act 2008, meeting essential standards for quality and safety. The Care Quality Commission periodically assesses the performance of all health care providers.

3. Governance Arrangements

The Chief Executive Officer holds responsibility for safeguarding for the Trust which is delegated to the Director of Nursing and Governance. This responsibility is clearly defined in the job description. The structure for the Safeguarding Team and current lines of accountability are attached as Appendix one.

The Safeguarding and Looked After Children Group and the Safeguarding Adults Group are chaired by the Deputy Director of Nursing. These are formal sub-groups of the Safety, Experience and Clinical Effectiveness Group (SECEG) which reports to the Quality Executive Group and ultimately to the Trust board. These groups are established to lead and monitor safeguarding work within Berkshire Healthcare and meet quarterly. The board also receives a monthly update on safeguarding cases of concern.

The Head of Safeguarding works as a full time manager for the safeguarding team and chairs monthly safeguarding team meetings where shared visions, standardised practice and future plans are agreed and monitored. An annual plan on a page written by the team clearly identifies work priorities and continuous improvements to be achieved (attached as Appendix Two). The Head of Safeguarding is supported by the Assistant Head of Safeguarding who holds enhanced responsibilities as part of her named professional role. There are currently 2.8 whole-time equivalent (WTE) adult safeguarding named professional posts divided between three staff members, and 5.6 WTE posts for child safeguarding. A one year secondment was

agreed to support Mental Capacity Act work within the Trust from April 2018. It has been agreed that this post will become a permanent safeguarding adult named professional post following the end of the secondment. The team is supported by three part-time administrative posts and is based at two locations, St Marks Hospital in Maidenhead and Wokingham Hospital in Wokingham. The Specialist Practitioner for Domestic Abuse works within the safeguarding team. Three specialist practitioners and two nursery nurses also work within the team providing information from across the health economy to the six Multi-agency Safeguarding Hubs (MASH) across Berkshire. The Trust also has a named doctor for child protection who is a consultant working within CAMHS and who works closely with the safeguarding leads. There are named leads for the following areas:

- PREVENT (including Children and Adults)
- Missing, Exploited and Trafficked
- Looked After Children
- Female Genital Mutilation
- Safeguarding Manager for Managing Allegations
- Mental Capacity Act and Deprivation of Liberty Safeguards

The Deputy Director of Nursing and the Head of Safeguarding attend the quarterly East and West Berkshire Health Economy Safeguarding Committees chaired by the Directors of Nursing for the East and West Berkshire Clinical Commissioning Groups (CCG's). The Head of Safeguarding and the named professionals attend the East and West Berkshire Named and Designated Safeguarding Groups, which report to the health economy safeguarding committees. The purpose of these groups is to communicate local and national safeguarding issues. These meetings encourage shared learning from safeguarding practice and include case discussion and monitoring of action plans from inspections, serious case reviews and partnership reviews to provide assurance.

Safeguarding representation is also provided as required at patient safety and quality groups (PSQ) and other working groups providing advice and oversight on safeguarding matters. The Head of Safeguarding is a member of the Child Death Overview Panel for Berkshire.

4. **Assurance Processes, including Audit**

Section 11 Audit.

This is a working document measuring statutory compliance required under Section 11 of the Children's Act 2004. It is monitored and updated by the safeguarding team on a biannual basis. The Section 11 audit for Berkshire Healthcare is submitted as required to the designated LSCB Section 11 monitoring group. This group has responsibility for monitoring all statutory and non-statutory organisations that are required to complete Section 11 audits across Berkshire. This document is available for submission during Local Authority Ofsted/CQC inspections; The Berkshire Healthcare Section 11 was presented to the Pan-Berkshire Section 11 Panel in March 2019. All categories were considered effective. Berkshire Healthcare received the following feedback: '*The s11 Panel agreed that the* Berkshire Healthcare *self-assessment was of a high standard and that the Trust are compliant with the s11 responsibilities. All categories of the self-assessment are RAG rated green and the organisation understands their duty to continuously improve and shape*

services to safeguard children. The Panel were assured by the level of safeguarding governance and practice within the organisation and assured the s11 action plan is monitored regularly.'
The Section 11 is also monitored by the safeguarding children team and the Safeguarding Children and Looked After Children Group.

Self-assessment Safeguarding Audit

In addition Clinical Commissioning Groups (CCGs) are expected to ensure that safeguarding is integral to clinical and audit arrangements. This requires CCGs to ensure that all providers from whom they commission services have comprehensive and effective single and multi-agency policies and procedures to safeguard children and vulnerable adults, and that service specifications drawn up by CCGs include clear service standards for safeguarding which are consistent with Local Safeguarding Board policies and procedures. The Trust completes a contracted annual self-assessment audit for adult and child safeguarding arrangements to the CCGs in September each year to provide assurance to commissioners that safeguarding standards are met. Following submission, the Head of Safeguarding meets with commissioners to discuss the audit and answer sample questions.

Quality Schedule

The Trust submits a quality schedule report for safeguarding to the CCG's on a quarterly basis which measures Trust safeguarding performance against nine standards.

Safeguarding Audits.

Audit is an effective means of monitoring compliance with policy and procedure as well as analysing the effectiveness of current practice. Four internal safeguarding audits were undertaken during 2018/19 and named professionals participated in multi-agency audits across the localities.

Audit	Completion
Audit of Child Protection Record Keeping	April 2018
Repeat Audit of Patients who go Absent Without Leave (AWOL) at Prospect Park Hospital	August 2018
Audit of Child Protection Supervision	In progress
Audit of Compliance to Mental Capacity Act 2005	March 2019

<u>Audit of Child Protection Record Keeping</u>

The aim of this audit was to establish if the key actions from the previous audit (August 2015) have been adhered to in Berkshire Healthcare NHS Foundation Trust (BHFT), for children subject to a child protection

plan. That the standards set out are demonstrated in practice for health visitors, school nurses and CAMHS practitioners.

A total of fifty children subject to a child protection plan were included in the data. Forty children were known to school nursing or health visiting. CAMHS data had not been included in the previous audit. For this audit data from ten children was taken from CAMHS records.

The audit showed that there has been a notable overall improvement in the recording of demographic data. The audit demonstrates that the introduction of the safeguarding form allows for the current detail of the child's status and their social worker details to be easily accessible. This form is well maintained; the audit found that high standards have been achieved of 95% and 100% for health visitors/school nurses and CAMHS practitioners respectively.

There has also been an improvement in the recording of case conference safety plans and that actions for health practitioners in the child protection plans are progressed.

Sharing of the case conference report with the child's parents/carer by health visitors and school nurses prior to conference has improved from 66% to 77.5%; however, this remains short of the standard of 100%. It is possible that some practitioners have not evidenced this in the records, or not recorded any unsuccessful attempts made.

The recommendations and action plan have been shared with the health visiting and school nursing improvement groups and with the CAMHS leadership team.

Repeat Audit of AWOL at Prospect Park Hospital

Patients on the four acute wards, detained under the Mental Health Act, who left the hospital site, were included in the audit. There were thirteen AWOL incidents recorded for August that fitted the inclusion criteria. Of these, four related to the same patient on Bluebell and three related to the same patient on Daisy ward.

Findings:

Overall the audit found that there has been improvement in staff correctly following the trust policy and procedure on missing/absent patients from mental health inpatient settings(CCR144) since the previous audit in August 2017. However, there have been some inconsistency and gaps in the way the policy has been followed by staff. The policy aims to ensure that Berkshire Healthcare staff effectively report AWOL incidents, learn from incidents and minimise risk. Paying particular attention to the gaps identified in the 2017 audit, there has been some improvement particularly with number of return to the ward interviews conducted. Findings included:

- In every case where the police were informed that a patient was missing they were also informed when the patient returned to the ward.
- 70% of patients were offered a one to one on return to the ward to establish why they had gone AWOL and to try to prevent further AWOL. This was an improvement but needs to improve further.

- CRHTT were informed in each case that the patient was missing as per policy. However, there appeared to be confusion in regard to the expected action by CRHTT and there was no evidence of a visit being made to the patients last known residence.
- Although it is likely that the ward doctor is aware of the AWOL through discussion with the nursing team, there is no specific documentation that they were informed.

Recommendations

Process for visiting the patient's home to be clarified in discussion with police colleagues and in consideration of safe staffing levels

Ward staff to complete a printed checklist for every AWOL which is uploaded to the Document list on Rio when complete. This will need to be attached to the daily allocations board and completed by the nurse in charge.

Acute wards to have mobile telephones issued that staff are to carry with them on escorted walks. This will enable the staff to contact both the police and the ward quickly if a patient's absconds on escorted leave, enabling quicker location of patient and reduction of harm. Mobile phones have now been provided to all ward settings for use on escorted leave.

All actions to be discussed with Prospect Park Hospital senior leadership team for implementation. The action plan is monitored at Patient Safety and Quality meetings. This action has been completed.

Mental Capacity Act 2005 Audit

This audit is summarised later in the Mental Capacity Act 2005 section of the report.

5. National and Local Reports

The safeguarding team review significant reports, recommendations and guidance in relation to safeguarding and these are considered as part of the safeguarding teams annual planning. Any new guidance is disseminated to managers and frontline staff through team meetings, safeguarding forums, the safeguarding newsletter and screen savers. New guidance is also brought to Patient Safety and Quality meetings, the Safeguarding and Looked after Children Group and the Safeguarding Adult Group.

Setting out Shifting Policy Direction

Working Together to Safeguard Children 2018

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' is the government's statutory guidance for all organisations and agencies who work with, or carry out work related to, children in the United Kingdom. The guidance aims to set the goalposts for inter-agency working and for promoting the welfare of children from all backgrounds, in all settings. All staff who work with or around children have a responsibility to be aware of Working Together to Safeguard Children and to follow the expectations outlined in the guidance. The 2018 update to Working Together followed a consultation that began in October 2017 to establish what would need to change in support of the new Children and Social Work Act 2017 multi-agency safeguarding arrangements. The

document was published in June 2018 and a summary was presented to the Safeguarding and Looked after Children Group in November 2018. The document has been reviewed by the Safeguarding team and the following noted:

- There is more emphasis on threats to children from outside the family such as online abuse and exploitation, sexual exploitation, radicalisation and involvement in organised crime, especially 'county lines' drug-dealing. The 2018 guidance includes a new section headed '**Contextual Safeguarding'** about children who may be vulnerable to abuse or exploitation from outside their families.
- Greater recognition of the safeguarding risks flowing from substance misuse, including alcohol misuse, by children.
- There is more detailed guidance about safeguarding children in the criminal justice system.
- Modern slavery and human trafficking are now included as risks to be aware of, with a reminder to practitioners that a referral should be made to the National Referral Mechanism as soon as possible, if they have concerns about possible modern slavery or human trafficking.
- Working Together 2018 adds to the section about professionals with concerns about a child's welfare making a referral to children's social care with a statement that they should "always follow up their concerns if they are not satisfied with the result".
- The emphasis remains that when safe, the aim should be to obtain consent but "information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner."
- There is a new section describing the role of health professionals in strategy discussions.

Berkshire Healthcare safeguarding children training has been reviewed and updated in response to the publication. Five safeguarding forums were arranged for Berkshire Healthcare staff during 2018/19 in response to this with external expert speakers on child exploitation, child sexual abuse and vulnerability of looked after children.

One of the most significant changes in *Working Together 2018* is the replacement of Local Safeguarding Children Boards (LSCBs) with Safeguarding Partners who will consist of three agencies: local authorities, clinical commissioning groups, and chief officers of police. These Safeguarding Partners will work with relevant appropriate agencies within their locality to safeguard and protect children. All three Safeguarding Partners have equal responsibility for fulfilling the role and are responsible for selecting the relevant agencies in the area to work with to safeguard and protect children in the locality. To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies by September 2019.

The guidance also sets out the new process for national and local reviews. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel and at local level with the safeguarding partners. The Panel is responsible for identifying and overseeing the review of serious child safeguarding cases which, in its view, raise issues that are complex or of national importance. The Panel must decide whether it is appropriate to commission a national review of a case or cases

Local safeguarding partners must make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to their area.

A copy of the rapid review should be sent to the Panel who decide on whether it is appropriate to commission a national review of a case or cases. The safeguarding partners are responsible for commissioning and supervising reviewers for local reviews.

Working Together 2018 sets out changes in arrangements for Child Death Reviews as set out in the Child Death Review Statutory and Operational Guidance. The guidance replaces the requirement for LSCBs to ensure that child death reviews are undertaken by a Child Death Overview Panel (CDOP) with the requirement for "child death review partners" (consisting of local authorities and any clinical commissioning groups for the local area) to make arrangements to review child deaths.

The Child Death Review Statutory and Operational Guidance

This guidance was published October 2018. This guidance sets out changes to the child death review process and governance arrangements; the CCG and Local Authorities had to publish their arrangements by 29th June 2019 for implementation by 29th September 2019.
This guidance specifies there should be reviews of all deaths children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.

Mental Capacity Act Amendment Bill 2018.

The Mental Capacity Act 2005 was amended in 2018 and passed into statute in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards (LPS). The main changes will be as follows:

- DoLS only applied to people over the age of 18. LPS will be for people aged 16+ (18+ if in a care home).
- DoLS applied to hospital and care homes only. LPS will apply to people deprived of their liberty anywhere.
- LPS may also include the arrangements for the means and manner of transportation for the cared for patient to from or between particular places (not included under DoLS).
- DoLS has both urgent and standard applications. Under LPS urgent applications will only be for life sustaining treatment or any vital act. All other applications will be standard.
- Currently all DoLS applications are assessed/approved by the Local Authority (Supervisory Body). Under LPS the process will be the responsibility of the NHS Trust, CCG, Health Board or Local Authority – whoever is providing or mainly commissioning care will become the Responsible Body. Berkshire Healthcare will be responsible for arranging assessments, authorising the detention, monitoring it and will hold responsibility for reviews and appeals to the Court of Protection for patients in inpatient units (and any community placement funded by Berkshire Healthcare)
- Local authorities will remain responsible LPS for self-funding individuals and in private hospitals.
- DoLS applications are for a maximum of one year only and then require a full reassessment. LPS is renewable after one year and then again for one year and then for three years before a full assessment is required where the Responsible Body has a reasonable belief the person lacks capacity + mental disorder + arrangements are necessary and proportionate.
- All conditions have been removed.

- All DoLS applications are assessed by specially trained best interest assessors and mental health assessors. LPS assessments will be carried out by regulated professionals such as doctors, nurses and occupational therapists. The pre-authorisation review will be carried out by an AMCP who will only meet the client and family where an appeal is lodged.
- The specialist mental health assessor role is removed but there remains a requirement for medical evidence of a mental disorder but does not require a specialist assessor for this, e.g. GP reference that a person has dementia or other condition.

The LPS process will be as follows:

1. **Assessment**: The Responsible Body (such as Berkshire Healthcare) can use any staff with the necessary skills and knowledge to undertake the assessments and use previous mental capacity assessments and mental disorder assessments by appropriate professionals.
2. **Pre-authorisation Review:** The Responsible Body assigns a member of staff, who has had training and is not involved in the day to day care or treatment of the patient. They read the assessment but do not meet the patient. An AMCP is required to complete the review where the person is objecting or where the responsible body asks them to. The AMCP must meet the patient and consult others (if considered appropriate and practicable to do so
3. **Authorisation:** This is a two tier process, the assessment and the authorisation by the Responsible Body. No detail on profession or qualification so could be anyone considered appropriate by the Responsible Body. It could be anyone considered appropriate by the responsible body.

The Deprivation of Liberty Supreme Court ruling of Cheshire West will continue to be the criteria for LPS following amendment of the Mental Capacity Act 2019. As with DoLS, LPS is for detention only and excludes care/treatment or Article 8 decisions. Much of the existing DoLS case law will continue to apply. Appeals will continue to be heard by the Court of Protection.

Any patients who are receiving care from a private provider at home who are identified as being deprived of their liberty will be the responsibility of the local authority. NHS staff providing care in people's homes will be responsible for identifying and reporting to the local authority.

Responsibilities of NHS Trusts:
Currently DoLS applications are completed by Berkshire Healthcare staff and the authorisation process is undertaken by the local authority with administration of the applications and notification to CQC overseen by the safeguarding team.

When LPS is introduced the trust will be responsible for the following:

1. Identifying patients/clients that the trust are funding care packages for (supported living, domestic care packages, and care homes) who lack capacity and could be deprived of their liberty.
2. LPS Assessments: have enough staff trained and able to undertake the necessary LPS assessments at a defensible standard. Allocate time for the assessments.
3. Pre-authorisation: Have enough staff to undertake pre-authorisation reviews. These staff will need time to critically read the assessments and judge whether they meet the standards to withhold future appeal. They will also need to be willing to take on the role of authorising detention. Staff will need to be trained to be AMCPs.

4. Administer and advise: this will include sending back inadequate assessments, record the appropriate person, appoint IMCA's, monitor LPS expiry dates, produce statistics, and inform CQC, produce authorisation record.
5. Review: undertake and monitor planned and responsive reviews.
6. Appeals: a small number of cases will go to appeal at the court of protection requiring written reports and attendance at hearings plus formal legal advice.

Any backlog of DoLS applications not yet assessed will become the responsibility of the provider/commissioner once LPS comes into operation. The Code of Practice will further clarify roles and responsibilities and knowledge and training requirements for these. LPS is expected to be implemented by October 2020.

Consideration is currently being undertaken as to whether the LPS remains as part of the Safeguarding team, with the need for an additional band 7 member of the team to fulfil this change. The alternative which is being considered by the Divisional Director for mental health in patients, Director and Deputy Director of Nursing is whether a mental health law team could be developed to include the Mental Health Act, Mental Capacity Act professionals and ultimately the liberty protection standard leads. This team would become the hub for excellence in mental health laws for the Trust. New posts are being reviewed with the possibility of supporting this innovation and are currently at the developmental stage.

Intercollegiate Document Safeguarding Adults: Roles and Responsibilities for Healthcare Staff 2018 and Intercollegiate Document Safeguarding Children: Roles and Responsibilities for Healthcare Staff 2019

Revised NHS safeguarding training roles and competencies for Healthcare staff were published in late 2018 and early 2019. The new guidance has increased the levels of training and hours required for many staff groups. These documents were reviewed by the Safeguarding Team and the team have reviewed competencies to ensure all aspects are covered in Berkshire Healthcare training. The Head of Safeguarding and the learning and development team are working together to put together a strategy for ensuring the training of all staff will be updated to meet the intercollegiate guidance. The training strategy has been updated to reflect which staff groups will move to a higher level of training. Information about new training requirements has been cascaded to managers and staff via Patient Safety and Quality groups and through Teamnet.

Homeless Reduction Act 2017 and Duty to Refer.

The Homelessness Reduction Act 2017 came into force on 3rd April 2018, with the final section (s.10: duty to refer), published on 1 October 2018. The act places renewed emphasis on the prevention of homelessness with the introduction of the new "prevention" duty. Section 10 of the Act mandates public authorities in England to notify a local housing authority of service users they think may be homeless or at risk of becoming homeless. The statutory "Duty to Refer" applies to organisations that provide inpatient care, emergency departments and urgent treatment centres but emphasises that it would still be beneficial for all NHS organisations to promote the referral system. Information has been added to safeguarding training and a screen saver is planned to raise this issue with staff.

Domestic Abuse Bill January 2019

The Home Office published a landmark bill on Domestic Abuse in January 2019 aimed at supporting victims and their families in pursuing offenders. The bill initiates the government's commitment to: dedicate new funding to support services working with domestic abuse case; identify economic and non-physical abuse within legislation; provide additional training to frontline services; and support victims through the family court. The Bill is aimed at improving the support for victims of domestic abuse and their families and pursuing offenders.

It is estimated that around two million adults experience domestic abuse each year, affecting almost 6% of all adults. Women are twice as likely to be victims as men. The cost of domestic abuse to health services is estimated at 2.4 billion pounds per year.

Independent Inquiry into Child Sexual Abuse

This inquiry which opened in June 2015 continues to progress in England and Wales. The inquiry was established to examine how the country's institutions handled their duty of care to protect children from sexual abuse. The enquiry is unlikely to be completed for several years but an interim enquiry was published in April 2018. Recommendations for the health economy include ddeveloping a national policy on the training and use of chaperones in the treatment of children in healthcare services.

The 2018 Care Quality Commission (CQC) report on Sexual Safety in Mental Health Wards

This report identified multiple concerns and areas for improvement relating to in-patient safety in mental health wards, these included allegations of rape, patient on patient and staff on patient assaults. A working group was set up to look at current practice on Berkshire Healthcare mental health and learning disability inpatient units and develop policy and training for staff to help prevent incidents and ensure any reported incidents are dealt with appropriately. The report categorised eight overarching examples of the type of concerns which were raised, and these should form the basis of any training developed.

- Sexual activity between patients that is likely to be consensual – What is the policy in PPH regarding this? Are patients advised on admission (if well enough) that this type of relationship is not permissible?
- Sexual contact made by a person to another person which is unwanted by the individual who is affected. - What is the current guidance around this in PPH.? Are patients encouraged to inform staff? How are staff advised to respond to this type of incident?
- Sexual activity where one party did not have capacity to consent – What is the current guidance for staff regarding this type of incident?
- Sexual assault by patients on staff – How are these incidents currently managed?
- Allegations of sexual incidents which are likely unfounded – E.g. Staff member accused not on shift, patient known to be psychotic at the time of making the allegation – Is there an existing SOP for this type of concern? Is this managed under the allegations against staff guidance?
- Sexualised behaviour triggered by a patient's mental state – How are these managed currently? Is this part of the patients care plan and risk assessment?
- Allegations by patients that they have been sexually assaulted by a staff member- Is there an existing SOP for this type of concern? Is this managed under the allegations against staff guidance?
- Sexual language used as insults- How is this currently managed?

The report identified that individuals who have been in-patients in mental health services and their families feel that staff do not always keep them safe. Response times to disclosure can be slow and patients are not always kept updated with the progress of their concern/complaint. Patients should be involved if possible,

in completing the Datix/ Incident form and in agreeing actions to be taken. Sexual safety Incidents need to be taken seriously and investigated appropriately. If it is established that the incident did not take place, staff must try to understand why it was made and the distress caused to the patient. Staff must be supportive of patients and provide opportunities for 1-1 conversations where a patient would feel safe in making a disclosure. (Access to staff members of the same gender if this is requested/indicated).
Patients must have access to advocates, helplines Rape Crisis, Victim Support, Survivors Trust (non-current sexual abuse), Survivors UK (for male victims of sexual assault), Galop (LGBT victims of sexual abuse/assault). Also, patients should have access to ISVAs', Sexual Assault Referral Centres (SARC) as appropriate.

To encourage a safe environment within the acute setting and to ensure boundaries are maintained staff must communicate clearly to patients which behaviours are not acceptable and how the ward will respond to sexual safety incidents.

The working party put together an action plan in line with the guidance for staff including training for all clinical staff and a flow chart for staff to follow when reporting incidents and supporting patients following an incident. The action plan is being progressed.

Improving knowledge from national reports, research and guidance:

The safeguarding team review national Serious Case Reviews (SCR) through SCR sub-groups and relevant actions are considered for health.

Exploitation

Information and research about exploitation of children and adults at risk continues to increase at a fast pace. Trust representation is provided across the six LSCB localities at all operational and strategic exploitation sub-groups including Modern Slavery. The Head of safeguarding attends the pan-Berkshire Child Exploitation group.

Learning from local serious case reviews and partnership reviews:

During 2018/19, there were five child serious case reviews and two partnership reviews conducted across Berkshire and seven safeguarding adult reviews, one adult partnership review and three domestic homicide reviews. It is of note that there has been a rise in the number of adult reviews in the last two years which have been diverse and have covered a wide range of groups. Berkshire Healthcare are committed to learning from reviews and fully engage in the SCR SAR and DHR process. Named professionals have provided reports and chronologies for all the reviews and supported practitioners throughout the process. Changes in the way both adult and child serious case reviews are conducted have meant more practitioner involvement through learning events and feedback around this process has been positive. The Head of Safeguarding or the deputy attend all serious case review and safeguarding adult review sub-groups across Berkshire and serious case review panels and are responsible for ensuring lessons are disseminated to Berkshire Healthcare staff and action plans are developed, completed and reported on. Many of these reviews are currently on-going and action plans have been formulated from identified learning for Berkshire Healthcare and are in progress.

Clear pathways are in place to disseminate learning, monitor action plans and ensure oversight at board level. The Head of Safeguarding reports to the quarterly Safeguarding Groups and sits on the Children, Young People and Families (CYPF) and Adult and Community Patient Safety and Quality Groups. The Assistant Head of Safeguarding attends the Children and Adolescent Mental Health (CAMHS) leadership groups and the Safeguarding Adult Named Professional (mental health) attends the Prospect Park Hospital Patient Safety and Quality Group. Learning has also been cascaded through Learning Curve. Audit processes have been strengthened and operational managers are leading audits monitoring the quality of documentation within children's services. Action plans are also monitored externally through safeguarding committees, LSCB sub-groups and CQC.

6. Safeguarding Policies/Protocols

The following policies and procedures have been reviewed and implemented during 2018/19: in accordance with the policy scrutiny group and the safety and clinical effectiveness group

- **Mental Capacity Act and Deprivation of Liberty safeguards Policy CCR096 –** new policy which including update and incorporation of DoLS published on 6th April 2018;
- **CCR029 The Management of Sexual Relationships involving In-patients in the Mental Health Setting** – amendments following recommendations from sexual safety working group;
- **CCR123 Child Protection Supervision for identified key practitioners who work alongside children within Berkshire Healthcare** – minor updates and changes;
- **CCR089 Safeguarding Adults from Abuse** – extensive changes.

There are also safeguarding children protocols and guidance designed by the safeguarding team and disseminated to relevant teams as appropriate and where a need arises. All Berkshire Healthcare policies incorporate the themes of safeguarding.

Safeguarding Procedures Online

Berkshire Healthcare, alongside multi-agency partners, are governed by the Berkshire child protection and adult safeguarding procedures online. The Head of Safeguarding and Assistant Head of Safeguarding are members of the Pan-Berkshire sub-committees who oversee and update the procedures.

7. Local Safeguarding Children's Boards (LSCBs) and Safeguarding Adult Boards (SABs)

Berkshire Healthcare regularly reviews its membership of the six Berkshire LSCBs and three SAB's to ensure it fully participates in the statutory mechanism for agreeing how organisations in each area co-operate to safeguard children and adults at risk. The Trust is represented by a Divisional or Clinical Director or the Deputy Director of Nursing at each board and members of the safeguarding team are actively engaged and valued sub-committee members.

The Head of Safeguarding or Assistant Head of Safeguarding are members of the serious case review sub-committees across Berkshire. Named professionals are active members of the quality and performance sub-groups for their locality and the exploitation strategic and operational groups. The Head of Safeguarding is a member of the Pan-Berkshire Child Exploitation strategic group. Named professionals also attend all training and development sub-groups and any safeguarding task and finish groups such as the FGM groups.

Berkshire Healthcare provides a quarterly report to each LSCB.

8. Inspections

Care Quality Commission (CQC) Inspection July 2018

Berkshire Healthcare underwent a focussed CQC inspection and maintained a 'Good' rating overall, and received 'Outstanding' for the Well Led element of the review.

The outcome of the services that were inspected is shown in the table below:

	Safe	Effective	Caring	Responsive	Well led	Overall
Trust Overall CQC rating	Good	Good	Good	Good	Outstanding	Good
Core service	Safe	Effective	Caring	Responsive	Well led	Overall
Older People's Mental Health Services (inpatients)	Good	Good	Good	Good	Good	Good
Acute Mental Health and Psychiatric Intensive Care Unit	Good	Good	Good	Good	Good	Good
Crisis Response and Home Treatment team and Place of Safety	Good	Good	Good	Good	Good	Good
Adult Service Community	Good	Good	Good	Good	Good	Good
Children and Young People (community)	Good	Good	Good	Good	Good	Good
Urgent Care (Minor Injuries Unit)	Good	Good	Good	Good	Good	Good
Learning Disability Inpatients	Good	Outstanding	Good	Good	Outstanding	Outstanding

JTAI Child Sexual Abuse in the Family environment.

In January 2019, Berkshire Healthcare participated in a Joint Targeted Inspection of child sexual abuse in the family environment in Bracknell. The report has been published and was a positive report. Learning was identified in relation to monitoring of the quality of referrals into MASH and multi-agency inclusion in MASH work. An action plan has been formulated and is in progress.

9. Domestic Abuse

Domestic abuse remains a key feature in many child protection cases and serious case reviews. The negative health impact of domestic abuse is huge both for the victim and the children so health input in protection and support plans are crucial. The amalgamation of the adult and children's safeguarding teams has led to improvements in joined up working between adult and child services. Knowledge and expertise can be shared between the teams which can enhance the safeguarding support for both Berkshire Healthcare staff and users of the services.

The specialist practitioner for domestic abuse is responsible for:

- Providing consultation and support to staff members working with service users when domestic abuse is an issue;
- Providing support for Berkshire Healthcare staff who may be themselves affected by domestic abuse;
- Developing policy and procedures in relation to domestic abuse;
- Awareness raising and training/continuous development of training courses;
- Representing Berkshire Healthcare community health services at Multi-Agency Risk Assessment Conferences (MARAC) and Domestic Abuse Repeat Incidents Meeting (DARIM)
- Representing Berkshire Healthcare at strategic meetings and forums where appropriate;
- Maintaining and further developing links with CCG's, health and wellbeing boards and other key partners with a view to improving safety and reducing harm to service users.

With the introduction of Multi Agency Safeguarding Hubs (MASH) health representation is provided by Berkshire Healthcare. Domestic Abuse reports are received into the MASH and triaged with the advantage of being able to have prompt access to health information.

Domestic Abuse training can be accessed by all Berkshire Healthcare staff. There are regular training dates for ***domestic abuse basic awareness*** and ***domestic abuse and mental health*** available on SLATE but also 'bespoke' training can be delivered for different practitioner groups. All training includes DASH and MARAC training. Berkshire Healthcare nursery managers have been trained and a competency has been attached for health visiting staff to attend Basic Awareness Training. Staff can also be signposted to domestic abuse training via the LSCB training programme and also local authorities who regularly provide DASH/MARAC training.

In December 2015, coercive control in an intimate or family relationship became a crime and as a response the domestic abuse training now includes: identifying controlling behaviours; consequences of this for both those being controlled and the wider family; and also how those being affected may behave in response to the control, particularly around safeguarding. Training has also focused on increasing the use of the DASH (Domestic Abuse Stalking and Harassment) risk assessment tool by staff.

The majority of referrals into Multi Agency Risk Assessment Conference (MARAC) are made by the police and domestic abuse agencies however we are slowly seeing an increase in referrals made from health.

Health Visitor teams routinely ask mothers if they have concerns about domestic abuse in their relationships. Where abuse is reported, health visitors are encouraged to complete a DASH and support families , signposting or referring to other agencies such as children's social care and domestic abuse support agencies or if high risk to MARAC via their Designated MARAC Officer (DMO).

Notifications of Domestic Abuse Incident Reports

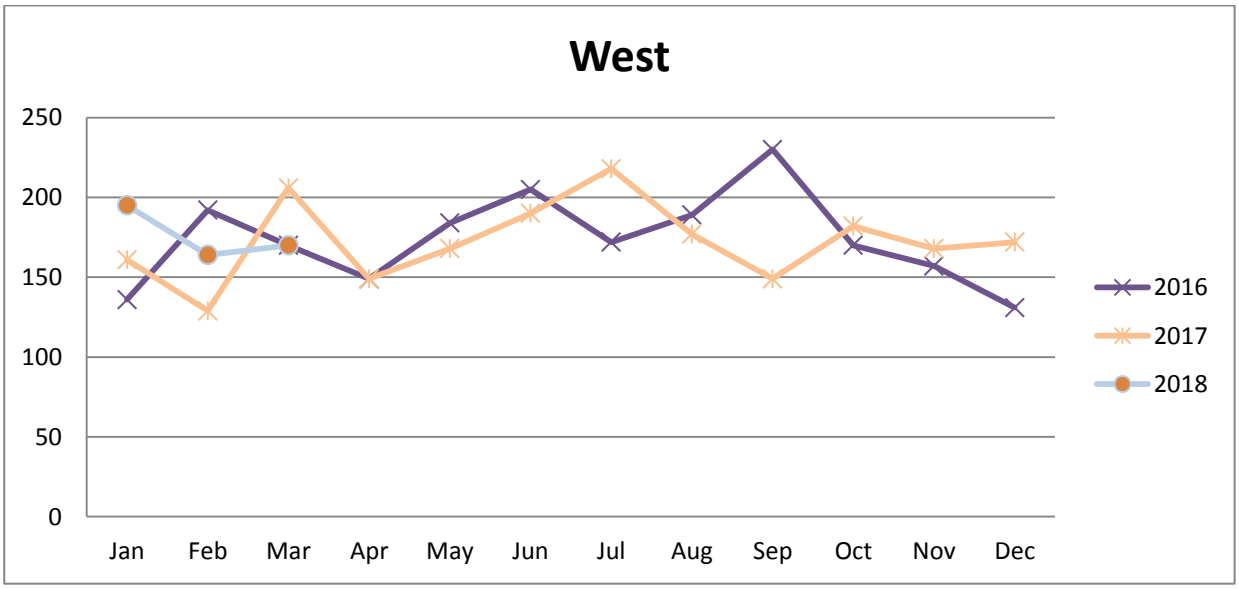
Domestic abuse notifications are generated by police for all incidents reported to them and the safeguarding office receives these where there is a child under 5 or the victim is pregnant. The teams are also informed of serious incidents where older children are present. The named professionals and specialist practitioner for domestic abuse review all domestic abuse notifications and discuss any serious incidents with the health visitor and, if applicable, school nurse/community children's nurse/CAMHS worker for the child. The safeguarding team can also offer support to practitioners on how best to respond to domestic abuse incidents. Police incident forms continue to be sent to the health visiting and school nurse teams no longer provided by Berkshire Healthcare.

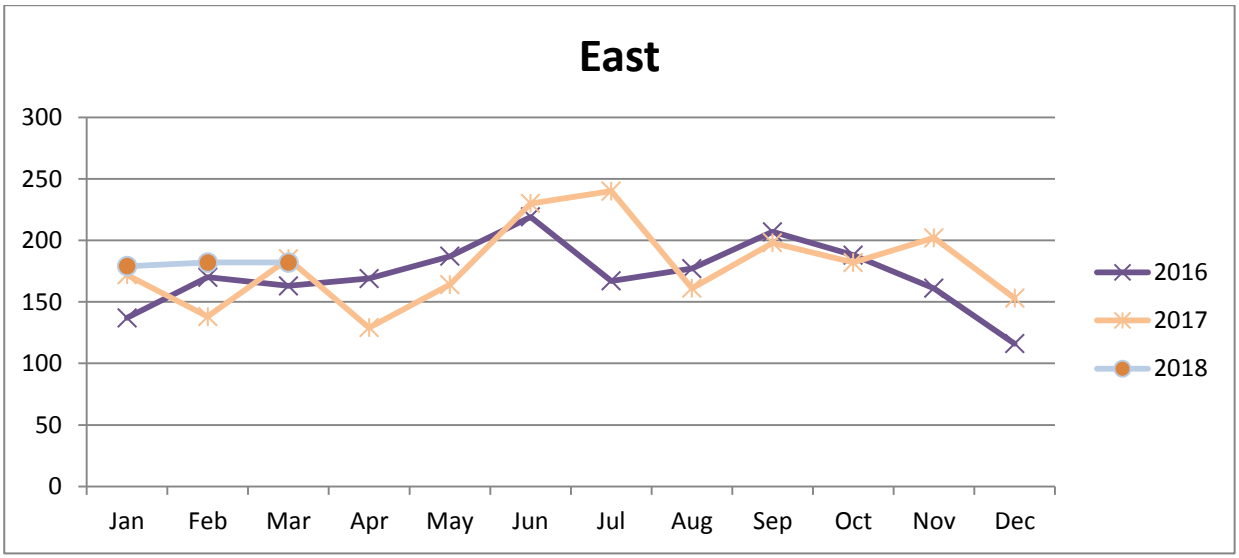
Looking to the future

The Domestic Abuse Bill published in January 2019 offers tougher sentences for perpetrators where there are children involved and also more support for victims who testify in court. It is also redefining economic abuse and proposed Domestic Abuse Protection Orders (DAPOs) will allow police and courts to intervene earlier, including electronic tagging of perpetrators. There will also be an independent Domestic Abuse Commissioner appointed.

Figures

For 2018 – 2019, the total number of reports received for the West area (Newbury, Reading and Wokingham), were 2102. Total number for the East area (Bracknell, Slough & WAM), were 2205; a total of 4307 for Berkshire. This is a small increase on the previous year. Slough continues to receive the highest number of domestic incidents and also has the highest number of MARAC referrals.





10. Safeguarding Training

All internal safeguarding training in Berkshire Healthcare is facilitated by the named professionals for safeguarding. The safeguarding training strategy has been reviewed in line with publication of the new intercollegiate documents for Safeguarding Adults and Children. The new requirements mean all clinical staff are required to undertake safeguarding adult training at minimum level 2 which means enhanced training for over 2000 staff. Bespoke training sessions have been organised for some staff groups and extra training sessions are in place to ensure all staff are compliant at level two by the end of 2020 as required by the document. All clinical mental health staff who work with adults plus some other staff groups are now required to complete safeguarding children training at level three. Again bespoke training is being organised plus extra sessions for staff plus two extra safeguarding forums to ensure staff are compliant as soon as possible.

Safeguarding training is firmly embedded in the induction programme and the team offer monthly induction courses to all new staff. Combined safeguarding children and adult training with a 'Think Family' focus is provided at level one. All clinical staff also receive level two safeguarding children training at induction, PREVENT, MCA and DoLS training. All volunteers starting with the trust receive safeguarding adults and children training at level one as part of their induction. The provision of training is an area of strength within the team and requires flexibility and commitment. The team acknowledges the need for a positive attitude towards training and operates within the Trust inclusion policy, offering training in accordance with respecting and providing for the diverse need of a large workforce. Bespoke training is facilitated for hard to reach staff groups.

The specialist practitioner for domestic abuse attends induction for all staff to present information about domestic abuse. Domestic abuse awareness training sessions including asking the question about abuse is available for all staff and essential training for clinical staff working directly with children. Bespoke domestic abuse training is also provided by the specialist practitioner for staff working in mental health services. Child sexual and criminal exploitation, forced marriage, honour based violence and FGM including mandatory reporting responsibility are included in all safeguarding training. Regular screen savers in

relation to these topics are used to remind staff of their responsibilities. The named professionals also co-facilitate shared responsibility targeted training on a monthly basis with the LSCB trainers in Slough.

The safeguarding team facilitate a safeguarding children forum as a level three update for all staff who work directly with children across the Trust. Three forums focussing on domestic abuse and the impact on children were held in April, September and October 2018 attended by approximately 230 staff. Presentations were facilitated by both internal and external staff including a presentation by the looked after children team on the specific vulnerabilities and needs of looked after children, effects of domestic abuse on the emotional development of children by the Named Doctor for Safeguarding Children, coercion and control by the Specialist Practitioner Domestic Abuse and learning from local serious case reviews by the safeguarding team. Domestic abuse was featured in all the serious case reviews which Berkshire Healthcare participated in during the year.

A safeguarding adult's forum at level two will be developed to replicate the safeguarding children model.

Safeguarding training compliancy in 2018/19 was as follows:

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	90.6%	92.8%	91.75%	91.79%	90%
Safeguarding Children	Two	92.8%	92.6%	88.59%	88.94%	90%
Safeguarding Children	Three	87.5%	91.2%	90.55%	88.20%	90%
Prevent	Awareness	94.5%	94.2%	93.90%	95.60%	85%
Prevent	Health Wrap	94.3%	94.7%	94.70%	96.10%	85%
Safeguarding Adults	One	94.8%	94.6%	92.54%	91.28%	90%
Safeguarding Adults	Two	85.9%	87.8%	86.37%	81.67%	90%
DoLS		79%	82.9%	81.77%	86.27%	85%
MCA		87%	89.3%	85.92%	90.69%	85%

Safeguarding training compliance levels are monitored on a monthly basis by the safeguarding team. An action plan is in place to increase the number of safeguarding adult level two training courses available for staff following the recent publication of the Intercollegiate Document Safeguarding Adults: Roles and Competencies for Healthcare Staff. Extra courses are also being facilitated to increase compliance to safeguarding children training at level two and there will be a targeted safeguarding forum in May for level three training. All staff who are non-compliant have been written to and asked to book onto the forum. There has been a delay in receiving training dates from the Berkshire LSCB's which has had on impact on compliance for level three safeguarding children training. The safeguarding forum for 2019/20 is based on the newly published Working Together 2018 and will focus on contextual safeguarding.

A new safeguarding named professional was appointed in April 2018 on secondment to increase understanding of the Mental Capacity Act 2005 and to increase compliance to MCA and DoLS training. Compliance to MCA and DoLS training rose in quarter two. MCA/DoLS training at induction has been reviewed and has been split into two smaller groups following feedback through evaluation and from the facilitators of the training. The training presentation has been modified to make it more case-study based. Staff who are non-compliant to DoLS training have been sent reminders to book on to courses. Training compliance in quarter four was compliant at over 85% for both MCA and DoLS

Compliance to PREVENT training remains high at over 96%. All new staff receive PREVENT training at induction

Multi-agency work

Named professionals for safeguarding children and adults attend quality and performance LSCB sub-groups and SAB effectiveness groups in each locality and participate in multi-agency audits as requested. Examples are as follows:

Named nurses participated in child sexual exploitation audits in Bracknell, RBWM and Slough.

The Head of Safeguarding participated in a case audit following the death of a 6 week old baby from sudden infant death syndrome in Bracknell. An action plan has been developed from the audit which is being monitored by the learning and Improvement sub-group.

The named nurse for safeguarding children (Slough) participated in a domestic abuse audit. The audit is not yet complete. Actions from the audit will be shared with the Children and Young People's Patient Safety and Quality Group.

A named professional for safeguarding adults is participating in an audit with the RBWM safeguarding team to look at quality of safeguarding referrals from Berkshire Healthcare.

A named nurse for safeguarding children is participating in a multi-agency LSCB audit in Reading looking at outcomes for children who have been subject to a protection plan for more than 18 months and children de-registered from a plan after three months.

A named nurse for safeguarding children participated in a multi-agency audit of MASH in RBWM.

A named nurse for safeguarding children participated in a multi-agency workshop looking at levels of need in Wokingham.

The named nurse for safeguarding children for RBWM participated in a multi-agency audit of RBWM MASH.

The Head of Safeguarding represented Berkshire Healthcare at two working groups following learning from local serious case reviews. One group looked at how to promote safe sleeping to fathers following sudden infant death of a baby whilst co-sleeping with father on a sofa. The group have produced a video in conjunction with London Irish Rugby club entitled 'Lift the Baby' and this has been shared widely through health professionals, via social media and through the Lullaby Trust. The second group looked at promoting services for unpaid carers following a safeguarding adult review in Slough and resulted in a cross Berkshire bus campaign advertising a new help line for carers. The Head of Safeguarding chairs the training sub-group in Slough.

The Head of Safeguarding chairs the Slough LSCB Learning and Development group.

11. Developments in Mental Capacity Act Practice

The Mental Capacity Act establishes a framework of protection of the rights for people who may, through disability, injury or illness, have impaired mental capacity, or who are at risk of being wrongly thought to

lack mental capacity because of a diagnostic label or some aspect of their appearance or behaviour. The Act, implemented in 2007, applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who may be unable to make all or some decisions for themselves – around 2 million people. It sets out how professionals in sectors such as health and social care, finance, policing, trading standards and legal services, should support and care for people who may lack capacity. It also describes how people can prepare in advance for a time when they may lack capacity. The role of the MCA lead in the adult safeguarding team is to act as a point of reference for colleagues, to develop and train trust staff and team colleagues, review and develop the training programme and support the trust leadership with regard to the MCA Framework.

A new policy for MCA and DoLS was endorsed by the Berkshire Healthcare Policy Scrutiny Group and introduced in April 2018. The policy includes a flowchart which is displayed in all inpatient wards to support staff in managing the DoLS process.

During 2018/19 a secondment post was secured for a named safeguarding professional to work fulltime with the team to enhance MCA training to trust staff and introduce practical ward based teaching sessions. MCA training was redesigned and made more practical and scenario based and received excellent feedback from staff. Bespoke MCA training sessions were facilitated to district nursing teams across the trust. During 2018/19, oversight of the DoLS application process moved from the Mental Health Office to the Safeguarding Team and work to improve understanding of the DoLS process continued with practical ward-based support. A new clerical system was introduced to monitor DoLS applications with administrative support. MCA champions are allocated to each ward area and supported by the MCA lead. The safeguarding adult advice line was also developed and this supports staff in practice with advice from named professionals for safeguarding adults.

Audit of Mental Capacity Act 2005

Background

Previous audits of the application of the Mental Capacity Act (2005) in clinical practice demonstrate that there is in general a good level of knowledge of the Act amongst staff on inpatient wards. There is particular attention given to ensuring that patients have representation and support. Formal mental capacity is completed mostly when significant decision making is required and these include the patient's ability to return home and care for themselves and accept support if required, decisions to find alternative care arrangements e.g. care home or nursing home and consent to admission and treatment.

Verbal consent is sought for day to day interventions and in general this is documented well within the physical rehabilitation wards and the learning disability inpatient mental health ward. Documentation of day to day consent for interventions is not observed on other mental health inpatient wards. Some consent forms were signed by patient's relatives without a valid reason or any indication of the relative's authority to do so,

Knowledge of the authority of Lasting Power of Attorney (LPA) is not understood by all nurses. Nurses are not undertaking formal mental capacity assessments and the role of assessment is being allocated and owned by the occupational therapists on the wards. This means that nurses are not gaining the skills and competencies in completing assessments with regard to the MCA legal framework.

The responsible clinician undertakes almost all formal mental capacity assessments on inpatient mental health wards. Nurses and other supporting personnel on the inpatient mental health wards are primarily working within the framework of the Mental Health Act (MHA) 1983 and the principles of the MCA (2005) are not prioritised. Following learning from previous audits local leadership for MCA (2005) has been developed and locality directors are advised of incidents and developments in MCA (2005) practice measures.

Development of MCA champions in inpatient units continues with emphasis on sharing good practice and making clinical areas safer with support for staff to become more legally competent.

MCA training is reviewed yearly and a named safeguarding professional with specific responsibility for MCA practice support has been employed by the Trust on secondment to further this work. The role concentrates on supporting and empowering practitioners in clinical practice to consider the MCA (2005) and broaden its application beyond significant decision making practice.

A new Mental Capacity Act (2005) and DoLS policy has been adopted by the trust since 2018 providing clearer direction and guidance for practitioners and a telephone helpline service has been implemented to support staff who require advice regarding specific clinical circumstances.

As part of the audit, structured interviews with staff members from various mental health and community wards were carried out in February and March 2019in regard to understanding of the role of the Independent Mental Capacity Advocate (IMCA) in mental health and community health wards in Berkshire Healthcare.
The questions included what IMCA stands for, what their role is, where staff would find information about advocacy and whether they could think of any patients on their ward who could benefit from a referral.

Key findings from the audit:

1. Practice in the mental health inpatient units are focused on MHA legal framework and use of the MCA framework with reference to consent for daily interventions, medication that is not for mental health treatment, activities is not evidenced in the patient's daily progress notes

2. Campion Unit staff (Learning Disability Inpatient unit) demonstrated the use of MCA more clearly than other areas. The use of the Care Programme Approach (CPA) to make Best Interest Decisions regarding treatment and care, progress of treatment and discharge planning has facilitated a more successful implementation of MCA (2005) in practice. The CPA ensures patient representation, patient involvement, family involvement and clinician involvement. Over the past year communication with patients and use of Makaton has made a positive change to interaction with patients with learning disabilities in the unit and this has improved the ability of the patient to express views and wishes regarding their care and treatment.

3. Of the physical health rehabilitation units, 70% of patients with an identified impairment of the mind or brain did not have an MCA assessment regarding decision making about admission, treatment or discharge planning. There was evidence that verbal consent was requested for day to day interventions and agreed in the patients daily records. Documentation on some physical rehabilitation wards indicates that staff continue to ask next of kin to sign consent forms and make decisions about care, treatment and place of discharge without any evidence that they hold an LPA to make these decisions. There is a lack of

documented evidence of patient involvement in decision making where they have an identified impairment of the mind or brain. A named professional has made regular visits to the wards to improve this standard since the audit.

4. Accurate terminology is not used to indicate that family meetings are Best Interest Decision making meetings and documentation is poor in clarifying the decision to be made, who is responsible for making the decision, and in what capacity the patient representative is making a decision.

5. Mental health inpatient staff in Prospect Park Hospital have a reasonable understanding of the role of an IMCA, but there was evidence that people confused the role of the IMCA and the Independent Mental Health Advocate (IMHA). They were able to explain the role and were aware the IMCA visited the wards. Community inpatient staff were familiar with the expression of IMCA, only three knew what IMCA stands for, however, only two of them were able to explain their role and when they would refer a patient to an advocate. Staff members were confident to find information on TeamNet or speak to their manager. Wards in Prospect Park Hospital are regularly visited by IMCAs from the various advocacy services and posters and leaflets can be found around the wards. Staff members are aware of the visits and some pointed out the photo of the advocate who visits the ward regularly on a poster in the ward office. Campion ward has its own noticeboard with IMHA and IMCA related information on the corridor. Community ward staff were not aware if they were visited by the advocacy service and there was no clearly visible information found on the corridors (Jubilee, Henry Tudor or Oakwood wards).

Key Recommendations.

1. Encourage champions to take a more active role in developing MCA practice on the wards.

2. Work on up-skilling and supporting mental health practitioners on the mental health wards to use the MCA framework. This work is being facilitated by the named professional on secondment to work with staff on embedding understanding of MCA (2005).

3. Review training and make it more practice based including assessment tools, a focus on Human Rights and requirements of documentation, encouraging the correct use of the legal terminology of the MCA framework. This has been completed and a more simplified, case-study based training is in place.

The named professional on secondment continues to work with targeted groups in practice including the community wards in addition to formal MCA training and has developed a stronger system for managing DoLS applications. All DoLS applications are now overseen by the safeguarding team.

Deprivation of Liberty Safeguards - referrals for authorisations 2018-2019

Ward	Q1	Q2	Q3	Q4	Total applied for	Total DOLS not granted	Total DOLS granted
Campion unit							
Application made to Local Authority	**2**	**1**	**1**	**0**			
Authorisation granted	**2**	**1**	**1**	**0**			
Authorisation not granted	**0**	**1**	**0**	**0**			
					4	**0**	**4**
Orchid Ward							

Application made to Local Authority	**3**	**0**	**1**	**1**	**5**	**1**	**4**
Authorisations granted	**2**	**0**	**1**	**1**	**4**		
authorisations not granted	**1**	**0**	**0**	**0**	**1**		
					5	**1**	**4**
Rowan Ward							
applications to the local Authority	**3**	**5**	**6**	**11**			
authorisations granted	**1**	**2**	**4**	**9**			
authorisations not granted	**1**	**3**	**3**	**2**			
					25	**9**	**16**
Ascot Ward							
applications made to Local Authority	**0**	**1**	**6**	**0**			
authorisations granted	**0**	**0**					
authorisations not granted	**0**	**1**					
					1	**1**	**0**
Windsor Ward							
applications made to local authority	**0**	**1**	**3**	**0**			
Authorisations granted							
Authorisations not granted		**1**					
					1	**1**	**0**
Donnington Ward							
Applications made to local authority	**7**	**4**	**2**	**2**			
Authorisations granted	**4**	**1**					
Authorisations not granted	**2**	**3**	**1**				
					15	**6**	**5**
Highclere Ward							
Applications made to Local authority	**5**	**0**	**2**	**1**			
Authorisations granted	**3**	**0**		**1**			
Authorisations not granted		**0**	**1**	**0**			
					3	**0**	**3**
Henry Tudor Ward							
Applications made to Local authority	**1**	**0**	**0**	**4**			
Authorisations granted	**1**	**0**	**0**				
Authorisations not granted	**0**	**0**	**0**				
					5	**0**	**1**
Jubilee Ward							
Applications made to Local authority	**1**	**0**	**0**	**1**			
Authorisations granted	**0**	**0**	**0**	**0**			
authorisations not granted	**1**	**0**	**0**	**1**	**2**	**2**	**0**
Oakwood Ward							
Applications made to local Authority	**1**	**2**	**1**	**4**			
Authorisations granted	**0**	**0**	**0**				

Authorisations not granted	**1**	**2**	**1**	**2**			
					8	**6**	**0**
Totals					**69**	**26**	**33**

Work is being undertaken by the safeguarding named professional to increase the level of knowledge regarding criteria for referral for DOLs assessment and support staff to identify when a deprivation of liberty is likely to be occurring. There are applications awaiting assessment by the Local Authority. Some applications were not completed before the patient was discharged.

Move to Liberty Protection Safeguards from DoLS

As described earlier following the Mental Capacity Act Amendment Bill 2019 the Trust are working with colleagues across the health economy in Berkshire and with Local Authority colleagues to plan the implementation of the new guidance in close liaison with the Trust board.

12. Child Protection Supervision

A formal process for child protection supervision enables front line staff to review cases, reflecting and analysing current progress, assessing risk, planning and evaluating care and interventions in complex clinical situations. All named professionals working for the trust have received specialist child protection supervision training from the NSPCC.

The Berkshire Healthcare child protection supervision policy CCR123 provides guidance for staff and has standardised child protection supervision across the trust. All health visitors and school nurses receive individual supervision from a named professional at least four monthly, with newly qualified staff receiving supervision two monthly for the first six months. Staff can request extra supervision sessions if required. All health visitors and school nurses received a minimum of three sessions of child protection supervision during 2018/19, a positive achievement for the safeguarding team. Group supervision was provided to all CAMHS teams, community children's nurses and to community children's respite nursing teams. Group child protection supervision was also facilitated to the teams of specialist looked after children nurses and to all allied professionals who work directly with children. Child protection supervision is provided to the young person health advisors at the Garden Clinic and a named nurse attends the bi-monthly safeguarding meeting at the sexual health clinic. Group supervision is also facilitated for staff at the Minor Injuries Unit (MIU) at West Berkshire Community Hospital and to the perinatal mental health team. An on-call advice line manned by named professionals provides safeguarding advice as required.

Named professionals attend health visitor and school nursing locality meetings quarterly to disseminate current safeguarding information to teams and to provide an opportunity for face to face contact with all bands of staff. Child protection supervision is also now provided to the Berkshire Healthcare nursery managers as required, following learning from the Slough partnership review relating to Child MB.

Compliance to child protection supervision by CAMHS staff has continued to rise with all staff receiving at least two sessions in 2018/19 and a much greater engagement in sessions. The Named Professional (mental health) has worked extremely hard to continue to increase compliance offering a flexible service across the Trust to make attendance at child protection supervision easier for staff to access. All supervision sessions

are now dedicated sessions and are no longer an add-on to team meetings. Monthly supervision is now offered to staff at the Tier four Berkshire Adolescent Unit and 100% compliance to three sessions was achieved in the unit.

The safeguarding team receive regular safeguarding supervision from the designated nurses and the Head of Safeguarding, Named Doctor and Named Nurse (Mental Health) have monthly peer supervision. The named doctor has supervision from the designated doctor for child protection.

The provision of telephone advice and support is an integral part of the service delivered by the safeguarding team. The 'On-Call' urgent advice line where a named professional is immediately available for advice across Berkshire Healthcare during the hours of 9 – 5 pm Monday to Friday, is well used by staff with over 600 enquiries from staff during 2018/19 from a wide variety of services across the trust. The Domestic Abuse Specialist Practitioner is also available for individual advice around issues relating to domestic abuse and support to staff across Berkshire Healthcare. An on-call advice line for safeguarding adult enquiries has been developed to replicate the safeguarding children advice line and has been very well received by staff.

13. Prevent

Prevent is part of the UK's counter-terrorism strategy, CONTEST. The Prevent agenda is outlined in the Department of Health document 'Building Partnerships, staying safe – the Healthcare Sector's contribution to HM Government's Prevent Strategy: for Healthcare Organisations'. The Trust has a duty to adhere to the Prevent duty. Its aim is to stop people being drawn into terrorism or supporting terrorism.

The Prevent Lead for the Trust is assisted by two named professionals for safeguarding children. Links with the Local Authority and the police remain strong. The Trust is represented on all six Channel panels and Prevent management meetings across the six Localities in Berkshire. Prevent training is part of induction and compliance to training this year has increased to over 96% of staff for both Wrap and basic awareness training. This is a significant achievement and the team have continued to offer training to groups in their bases as well as part of the general training programme in order to make it easier for staff to access training and increase compliance. Knowledge of PREVENT is refreshed through all the safeguarding refresher courses offered by the Trust.

Staff have demonstrated an awareness of Prevent and its purpose, with several concerns being discussed with the Prevent Leads and some of those referrals meeting the threshold to be considered by the Channel panel and in turn being adopted by the panel. The safeguarding team are available for telephone advice and have seen an increase in calls for advice on Prevent matters.

In November 2017, the Government released guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation. Mental Health services are now required to review a referral within 2-3 days. This fits into our current structure where initial referrals are screened by Common Point of Entry (CPE) and then referred to the correct service. There are clear pathways for emergency and routine secondary mental health care. For secondary assessment, a contact must be made within one week however, an assessment is then in line with local and national access standards.

14. Modern Slavery

There is now a duty to notify the Home Office of potential victims of Modern Slavery and this came into force in November 2015. This duty is set out in Section 52 of the Modern Slavery Act 2015 and applies to public authorities. Although health organisations are not yet compelled to notify, under safeguarding arrangements, consideration should be given to making a referral to the policy or local authority should a health practitioner have reason to believe a vulnerable adult or child is being exploited or trafficked.

A Modern Slavery Sub-group has been set up in Slough and Bracknell led by the police and the Community Safety Partnership and a named professional for safeguarding adults is a working member of that group. Modern Slavery training has been offered locally and nationally and has been attended by the named professionals. Modern Slavery is included in all trust safeguarding adult and children training.

15. Multi-Agency Safeguarding Hubs (MASH)

During 2016/17 six multi-agency safeguarding hubs were established in each locality across Berkshire and staff were recruited into the safeguarding team to provide health information in the hubs. Named professionals continue to be members of both the strategic and operational MASH sub-groups to develop the way the Hubs function. Two different models have been adopted in Berkshire. In East Berkshire, two health co-ordinators collect health information for the hub from across the health economy supported in the role by Health Visitors who take part in MASH assessments. In the west of Berkshire, three specialist community health practitioners undertake the health role. Management support and supervision is provided by named professionals in the team.

16. Summary

2018/19 has been another busy year of continuous development of safeguarding practice and joint team working on adult and child safeguarding matters. The Care Act (2014) and Care and Support Statutory Guidance has clarified organisations responsibilities relevant to safeguarding adults vulnerable to abuse or neglect. This legislation along with safeguarding children legislation underpins the standards and principles of safeguarding practice at the heart of patient care in the Trust and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response. Team Achievements 2018 – 2019 have included the following:

- Continued development of the safeguarding adult named professional role at Prospect Park Hospital to provide daily safeguarding oversight and advice and support to staff;
- Development of an on-call adult advice line to mirror the child protection advice line which is already well established;
- Higher level of compliance to safeguarding training and MCA/DoLS training;
- Drive to increase compliance to PREVENT training resulted in compliance at over 96%;
- New secondment fulltime post to continue the work of improving compliance to the Mental Capacity Act recruited to;
- Increase in compliance to group child protection supervision for CAMHS staff, Willow House staff and allied professionals who work with children;

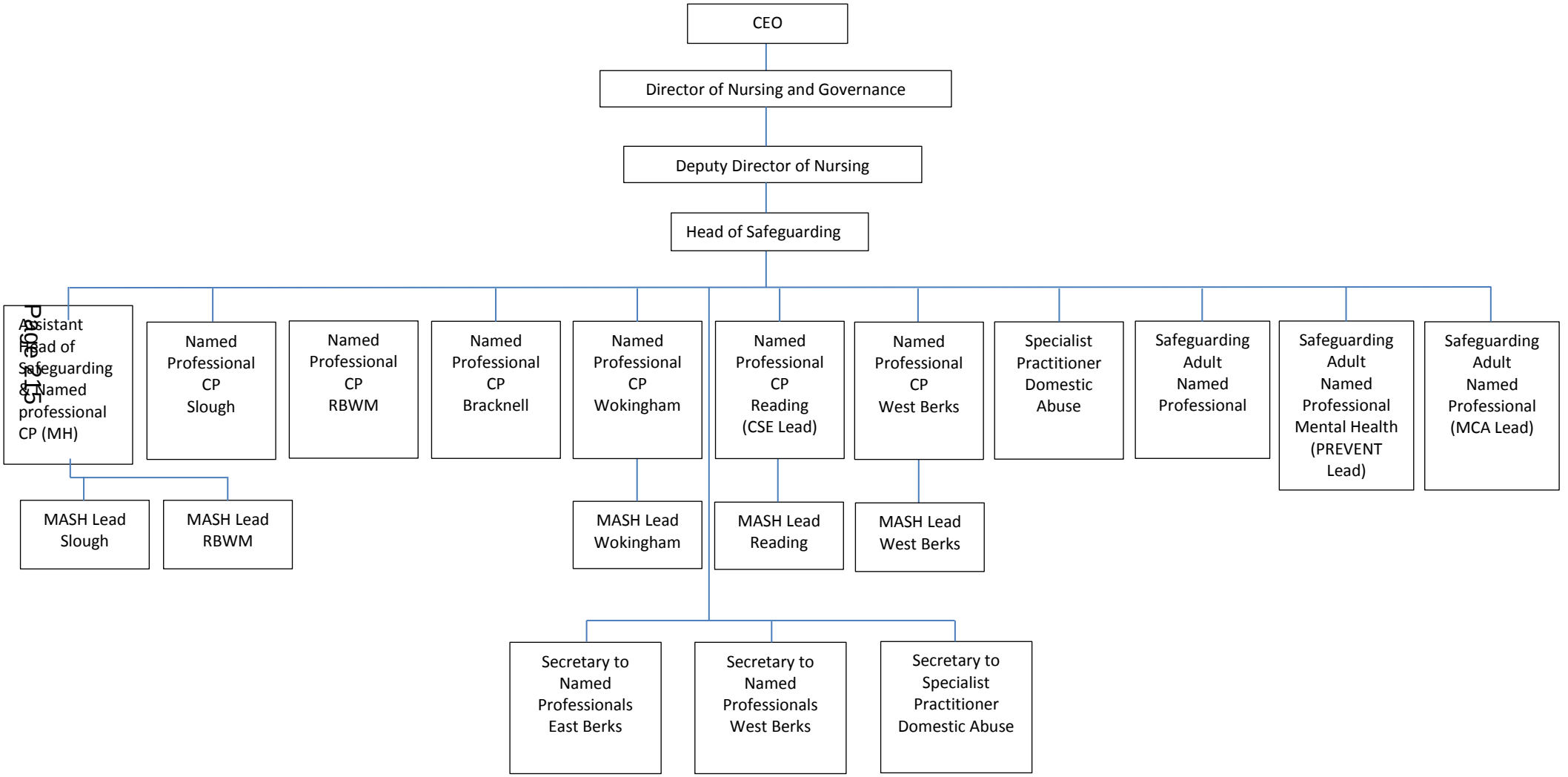
- Specialist practitioner domestic abuse extended role to support adult safeguarding matters as well as domestic abuse affecting children;
- Active participation in multi-agency adult and child serious case reviews and work to influence change in systems and embed learning;
- Three safeguarding children forums with theme of Domestic Abuse following learning from local serious case reviews;
- Regular screen saver messages to remind staff of key safeguarding issues and production of two safeguarding newsletters;
- Participation in multi-agency safeguarding training and high level of compliance across LSCB's and SAB's and their corresponding sub-groups;
- Four safeguarding audits including monitoring and implementation of action plans;
- Evidence of increased referrals from health into MARAC.
- Sexual safety work at Prospect Park Hospital
- Reduction of number of patient absconsions from Prospect Park Hospital and improved reporting/follow-up
- Improved system for monitoring section 42 investigations and staff skills in producing reports;

Future Plans

- Continue to embed good practice in safeguarding;
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line;
- Secondment post to become permanent named professional for adult safeguarding post to continue to support staff in application of the Mental Capacity Act;
- All safeguarding training to be minimum 90% compliant across the Trust;
- Align all training to intercollegiate document requirements:;
- CAMHS child protection supervision compliance to three sessions annually to be minimum 85%;
- Share learning across the Trust in multi-media formats and through patient safety and quality groups and the leadership sub-groups;
- Continue to provide strong representation on the Multi-Agency Safeguarding Arrangements and Local Safeguarding Adult Boards;
- Continue to develop services in regard to prevention, disruption and reporting of exploitation;
- Embed making safeguarding personal into practice;
- Train Adult safeguarding named professionals in reflective safeguarding supervision;
- Offer joint group adult and children supervision at PPH to encourage think family approach

APPENDIX ONE

SAFEGUARDING TEAM



Adults and Children Safeguarding

Our **vision:** To be **recognised** as the **leading community** and **mental health service provider** by **our staff, patients and partners**.

True North: goal 1 - Harm-free care

✓ **To provide safe services, prevent self-harm** and **harm to others**

We will do this by:

- ·Monitoring and updating compliance to Section 11 of Children Act 1989 and Safeguarding self-assessment audit, reporting to Board and providing assurance to LSCB monitoring groups.
- Continuing to utilise screensavers to highlight key messages
- Ensuring the safeguarding team maintain skills and knowledge through attendance at local and national training opportunities.
- Continuing to align training to intercollegiate documents
- Continuing to participate in multi agency audits, serious case reviews and partnership reviews and to share learning with staff through forums etc.

True North: goal 2 - Supporting our staff

✓ **To strengthen our highly skilled and engaged workforce and provide a safe working environment**

We will do this by:

- Building on the "think family" approach to all training.
- Working alongside staff to embed knowledge of MCA and DOLS into everyday practice.
- Offering joint group adult and children reflective supervision at PPH to encourage a think family approach.
- Maintaining the presence of the adult safeguarding lead during the working week at Prospect Park Hospital providing support and advice.
- Maintaining and reviewing the children and adult safeguarding advice line to inform future training needs.
- Continuing to monitor safeguarding practice through audit and safeguarding clinical supervision.
- ·Maintaining and improving the safeguarding page on Team net

True North: goal 3 - Good patient experience

✓ **To provide good outcomes from treatment and care**

We will do this by:

·Continuing to provide responsive children safeguarding advice to all Trust staff via the on-call advice line.

·Continuing to implement the Pan Berkshire escalation policy for Safeguarding.

·Accessing specialist training and supervision via Trust and external providers for safeguarding team

.Providing specialist child protection supervision to all staff who work directly with children

·Strengthening team knowledge of Prevent and ways to support staff

True North: goal 4 - Money matters

✓ **To deliver services that are efficient and financially sustainable**

We will do this by:

- Improving the use of Skype and SMART working to reduce travel and maximise team efficiency.
- Evaluating the efficiency of our training through objective auditing.
- Considering eLearning as an option e.g. WRAP , MCA and Level 1 adult.
- Requesting a slot at the leadership forum to promote safeguarding to managers as a fundamental part of all care provided by teams across the Trust

Royal Berkshire
NHS Foundation Trust

Annual Safeguarding Report 2018-19

Contribution to the West of Berkshire Safeguarding Adults Board.

Key achievements

- Safeguarding (adults) clinical governance has continued throughout the year and the safeguarding team medical clinical lead role is a valued part of the safeguarding team. There are vacancies in both NCG and UCG to recruit during 2019.
- Safeguarding concerns continue to be raised via the Datix incident reporting system this assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns.
- Learning from SAR's continues to be included in Safeguarding training.
- The Lead Nurse Adult Safeguarding continues to be part of the SAR panel.
- Safeguarding Champions conference was held in November, this was evaluated positively by participants. A very successful half day champions meeting was held in June 2019 to consolidate learning. Another conference is planned for later in 2019 focusing on Learning Disability.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

- Staff knowledge of the Mental Capacity Act has improved. While this is a good assessment of the status of the Trust, work is still required to embed the knowledge and skills of staff in application of the MCA.
- Training continues with MCA /DoLS sessions on staff induction and as part of the core mandatory training day alongside ad hoc sessions for specific groups of staff.
- Enhanced mental capacity training has been offered on alternate months through 2017-18, and has continued through 2018-19. Mental Capacity training also forms part of the managing 1:1 day.
- Spot check audits undertaken following the introduction of EPR have highlighted a reduction in the documentation of mental capacity assessments, by either the use of paper assessment forms or the electronic assessment.
- The number of DoLS applications was a key performance indicator report to the CCG as part of the Quality Schedule and in the integrated Board report monthly. The number of applications made last year was similar to 2017/18.
- 15 DoLS were granted this year out of the 56 referrals made; reasons for this is :the patient was discharged/ transferred to another hospital or they regained mental capacity before the DoLs assessments had been undertaken or completed by the local authority .

Adult safeguarding concerns

- All concerns raised by our staff about potential harm or abuse outside of the Trust are reviewed by the local authority and if necessary investigated through the safeguarding process.

- For externally raised safeguarding concerns a fact finding exercise is carried out by the Lead Nurse Adult Safeguarding. This information is given to the local authority for them to decide on the type of investigation and outcome of the concern. The most cases the safeguarding concerns raised against the Trust continue to be around pressure damage. In the majority of cases there continues to be a lack of information provided re pressure damage as part of the discharge process.

- Safeguarding concerns reported within or raised to the Trust related to staff members are investigated under our Managing Safeguarding Concerns and Allegations Policy.

Prevent (anti-terrorism)

- No Prevent concerns were discussed with outside agencies this year. Members of the Safeguarding team have attended the South East Prevent workshop and regularly attend West Berkshire Prevent steering group.

Domestic Abuse

- The Domestic Abuse Working Group continues with representatives from each care group. This group formed part of the consultation in reviewing the Domestic Abuse Policy. Work is on-going to embed principals of good practice throughout the Trust including raising the awareness, routine enquiry and encouraging the use Domestic Abuse Stalking and Harassment (DASH) forms. The Named Midwife for Child Protection regularly attends the three Local Authority Multi- Agency Risk Assessment Conferences (MARAC's). Victims identified as being High Risk by MARAC representatives, continue to be flagged on EPR for 12 months following discussion.

Key areas of work for 2019/20

- Promote the safeguarding toolkit.

- Support the multi-disciplinary safeguarding champions and care group safeguarding adult leads to embed safeguarding across the Trust.

- Extend the timeframe of the Domestic Abuse Task and Finish Group to support a review of training.

- Supporting the Safeguarding Adult Board work on safeguarding and pressure ulcer prevention and financial abuse

- Promote the importance of clear documentation of mental capacity; this can be by either use of paper or electronic documentation of Mental Capacity assessments.

- Participating in implementation of the Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards
- Participate in a training needs analysis against the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff 2018

On-going challenges / risks:

- Year on year increase in activity for vulnerable groups with multiple co-morbidities and complex psycho-social problems. This inevitably impacts on the capacity of the Safeguarding and clinical teams to respond.
- The number of patients admitted with disordered eating/eating disorders.
- Elderly patients living with dementia delayed in hospital.
- Increasing and maintaining workforce knowledge of the Mental Capacity Act and DoLS and application in practice.
- Increasing and maintaining workforce knowledge of domestic abuse and application in practice.
- Supporting patients and the staff caring for them where there is homelessness or other external service/resource issues beyond our control
- Service users who don't reach thresholds for statutory or voluntary services and the differences between local authorities
- Implementation of new legislation and statutory guidance specifically the Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards and the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff 2018

This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**9th October 2020**		
REPORT TITLE:	**Health and Wellbeing Dashboard – October 2020**		
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.**
- **The following NHS Healthcheck indicators are updated each quarter**
  - **People invited for a healthcheck**
  - **People taking up a healthcheck**
  - **People receiving a healthcheck**
- **Successful completion of alcohol treatment updated each quarter**
- **% adults overweight or obese has been updated (2019)**
- **% adults physically active has been updated (2019)**
- **Smoking prevalence in all adults and in adults working in routine and manual occupations has been updated (2019)**
- **Mortality rate from suicide and injury of underdetermined intent has been updated (2017-19)**

2.2 That the Health and Wellbeing Board notes the updates on activities planned in the previous six months that have been included in this report, including those that have been affected by the COVID-19 pandemic and national lockdown.

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 (March 2020)

Update 2020

The Health and Wellbeing Dashboard provides the latest published and validated data available to support the Board to scrutinise and evaluate the performance of the Partnership against the agreed priorities set out in the Health and Wellbeing Strategy. Some of the data used to measure public health outcomes, particularly for those indicators based on annual national survey and hospital data, goes through a process of checking and validation before publication, which can mean that it is published some time after it was collected. As changes to population health usually happen gradually this is usually adequate and appropriate, but in the last six months change in the wake of the COVID-19 pandemic and lockdown has been rapid and it is possible that the outcomes reflected in the most recent data do not reflect the current picture.

Public Health England's 'Wider Impacts of Coronavirus' tool (WICH) is a collection of metrics that measure changes over time in key areas of health and wellbeing that may have been affected by the pandemic.

Priority 1

4.1 While there continue to be more people in Reading than the average whose weight is within the recommended range, the percentage of adults in Reading who are overweight or obese increased in 2019. In the same period, the percentage of adults who meet criteria for being physically active decreased to below the England average. Smoking increased slightly in both the general population and amongst those in routine and maintenance professions, although the year-on-year change was too small to be considered reliable.

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. The position is of particular concern given the emerging evidence that those who have diabetes and contracted COVID19 appear to have worse clinical outcomes. This is also true for individuals with high blood pressure and for those carrying excess weight, all increasing the risk of mortality. The NHS Health Check programme is thus an invaluable way to identify people across Reading at increased risk of having undiagnosed comorbidities, and further benefiting from a conversation with a healthcare professional about healthy weight, physical activity and smoking cessation to reduce the impacts of COVID19. The immediate impacts of national lockdown that programmes such as NHS Health Checks were paused, further hampering efforts to reach national targets. Efforts are now being made to reinstate Health Checks for the autumn months. Collaboration between the local authority and the CCG is underway to support this.

4.3 2020 has been a challenging year for many Public Health commissioned services. The Eat4health programme ended in March 2020, something planned against the aspiration that a newly commissioned leisure contract would provide a continuity of service for weight management. The impact of the lockdown has subsequently resulted in a gap in provision. Reading Borough Council has supported the *Better health campaign*, aimed at getting adults to kick start their health in light of COVID19 risks. Efforts are also being made to commission a digital adult weight management service to help bridge the gap during the pandemic. Conversations with people from BAME communities is an area of particular focus given the health inequalities highlighted by COVID-19.

4.3 Reading's smoking cessation service, Smokefree Berkshire, continues to support people to quit smoking during the lockdown, via a remote service. Although the number of referrals significantly reduced in March and April, the number of self-referrals has significantly increased between May and August, with anecdotal reports that quitters are more motivated to succeed in quits. The heavy promotion of service by Smokefree Berkshire providers and Reading Borough Council during April and May are believed to have helped return the number of service users to pre-March 2020 levels. A remote service in line with national recommendations is expected to continue until the end of the year

Priority 2

4.4 The results from the 2018/19 Adult Social Care survey were published in November 2019 and tell us that a higher proportion of respondents to the survey than previously have reported that they have as much social contact than they would like (47.1% compared to 41.4% the previous year). Furthermore, a larger proportion of respondents in Reading reported as much social contact as they would like compared with elsewhere in England.

4.5 Loneliness and social isolation have been key issues of concern during lockdown and ongoing social distancing restrictions and have featured strongly in Reading's COVID response as well as recovery plans. In recognition of the risks associated with social isolation, a range of local services reached out during lockdown to existing users to offer short wellbeing checks or links into more substantive social connection support. Many local groups increased capacity for befriending support during lockdown - by diverting staff and volunteers from suspended face-to-face activities, by deploying new volunteers coming forward, and by making use of additional capacity of existing volunteers in some cases. Support was offered mostly by telephone but also other virtual channels and letter writing. Befriending resource was also increased for groups where there were apparent gaps, e.g. younger adults.

4.7 Several local groups have been able to maintain a higher capacity for befriending support on an ongoing basis. Others now have a strong cohort of additional people / hours they can call on in the event of further lockdown. The transition to virtual support has not suited everyone, however, and some people have suspended or declined offers of support in this way.

4.8 There have been anecdotal reports that people being supported to reduce loneliness or isolation are experiencing higher levels of anxiety or other emotional problems since the onset of the pandemic. Engage Befriending has worked with Talking Therapies to develop a triaging service for calls to the OneReading Community Hub relating to social isolation and anxiety or other mental health needs to help ensure that people receive support at the level most suited to their needs. Reading Borough Council's Compass Recovery College has also developed and delivered a range of course to local befrienders to increase their knowledge, skills and confidence in supporting people with mental health needs.

Priority 3

4.9 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.

4.10 Across a range of Berkshire West providers, there was supressed demand throughout the COVID-19 lockdown period in requests for help for children and young people. However, many cases both known and unknown did present with higher acuity of issues, as seen by a significant increase in the work of the Rapid Response crisis team for children and young people in the Child and Adolescent Mental Health Service. In particular, there is a concerning increase in eating disorder patients presenting at community and acute settings.

4.11 All providers moved swiftly to a digital or telephone offer of support although many children and young people paused their interventions. The CCG worked with two of the Berkshire West local authorities to jointly commission the online youth counselling service, Kooth, which is already showing good use from July and August.

4.12 Providers of support services from early help to specialist support have been working well collaboratively and have focused from June on the following. ***Restoration:*** the planning and work to restore service offers to children and young people back towards the pre-COVID level. In this particular service area, this is about finding safe ways to return to face to face work as that is critical to the nature of the

service offer. In addition, services have been seeking to understand whether what has been put in place over lock-down needs to be retained as they have opened new and innovative ways of meeting needs - in particular, the balance between face to face and digital or online contact to delivery support and interventions

Recovery: this has two elements for consideration. Firstly, the recovery for children and young people as it is recognised by all partners is that one of the unintended consequences of isolation measures is likely to lead to an anticipated 'surge' in mental health needs, with some quarters expecting as high as a 30% increase in demand. In the interim, many children's and young people's mental health providers have seen a reduction in referrals. Collective thinking/ wisdom is that a number of new factors need to be planned for the next 6 – 9 months alongside the anticipated phased return out of lock down.

4.13 Berkshire West actions are currently focused on the following.

Providers are beginning work on a demand and capacity planning to identity the potential impacts of a surge in demand expected from September onwards. Reading has already reported an increase of requests for help through September.

Planning has begun on winter planning and a potential 2nd wave (with a local lockdown component) and so the focus is on:

- A rise in numbers of new and escalation of existing eating disorder cases due to lockdown (based on national and local experience), with plans to prevent this next time and supporting services; and
- Reviewing the crisis response at Erleigh house and at RBFT, seeking to understand whether can cope with additional winter pressures.

4.14 The mental health offer in Reading to children and young people, schools and families consists of our Educational Psychologists, Primary Mental Health Workers, Mental Health Support Team and Schools Link Mental Health Project, focusing on a Therapeutic Thinking Schools and Trauma Informed approach. It should be noted that the number of children and young people who access early intervention offers is difficult to compare nationally. Schools are reporting a surge in the mental health needs of children in schools. They are finding this harder than usual to manage due to staff pressures because of COVID (self-isolation). In particular, the schools are finding it hard to staff the small 'bubbles' needed for children with emotional regulation difficulties.

4.15 Reading continues to offer a combination of face to face and virtual therapeutic interventions and mental health assessments. Funding was received from central government for the Wellbeing for Education Return psychoeducation programme. Dates are in place to offer this training remotely to all schools in Reading. In addition, the Schools link Mental Health project, working closely with the Therapeutic Thinking and Trauma Informed approach, is offering 12 psychoeducation webinars/ meetings for school staff across Reading, and workshops for parents. This includes open sessions for parents with a range of experts for them to ask questions about mental health needs related to returning to school. Services are continuing to work closely with children and young people in schools to develop the offer. The offer of Therapeutic Thinking Schools (TTS) support, advice, supervision and training continues, including looking at how to help schools using the TTS approach in particular to maintain 'small gardens' (small groups) and children with high anxiety and emotional regulation difficulties.

4.16 The Reading Mental Health Support Team is performing well, but receiving a high number of referrals, and managing a long waiting list. The mental health triage is in place and has good feedback from service users. The Primary Mental Health workers have a long waiting list. The teams are looking at what interventions can be offered for children and young people on the waiting lists. The majority of referrals in are for anxiety, low mood/depression, oppositional behaviour/self-regulation needs.

Priority 4

4.17 At the time of the latest release, the mortality rate for suicide and undetermined intent for local authority areas the rate in Reading was in line with the national average and average for local authority areas with similar levels of deprivation and but is now showing an increase from the previous period. 38 deaths were recorded between 2017 and 2019, compared to 28 between 2016 and 2018.

4.18 Ahead of the publication of nationally validated data, Reading along with other areas across the Thames Valley monitors suicide rates via a Real Time Surveillance System based on police reports of deaths suspected to be by suicide. Comparator rates month by month have been tracked very closely since COVID-19 lockdown measures were put in place in England, and cases are being checked for possible COVID links. To date, there has been no increase in the overall Berkshire rates for 2020.

4.19 Partners remain vigilant, and proactive in enhancing support around areas of heightened risk. Financial pressure is one such area which is particularly pertinent given the economic impacts of COVID. Reading Borough Council has adopted the national Samaritans / Citizens Advice Council Tax Protocol to target mental wellbeing support on those in problem debt. Funding has also been secured from Health Education England to deliver Mental Health First Aid and Suicide Prevention First Aid to frontline staff supporting people at points of financial difficulty, including JobCentre staff. An initial two rounds of Mental Health First Aid Lite have been delivered virtually to third sector providers in Berkshire.

4.20 With a history of mental health difficulties being another known risk factor, Reading's efforts to build people's resilience and coping skills have continued via Compass Recovery College. Student enrolment with Compass continued on an upward trend for the 2019-20 academic year, despite being slowed by COVID-19 and lockdown which narrowed the range of opportunities for new enrolments. A wide range of courses have been adapted for virtual delivery, supplemented by outdoor wellbeing courses and social activities.

4.21 Reading continues to commission a specialist support service for Berkshire residents bereaved by suicide, with delivery adapted to reflect social distancing requirements since March this year. A very positive evaluation of Phase I of this pilot service has now been published.

Priority 5

4.22 The proportion of people receiving alcohol treatment who successfully completed treatment decreased in the second half of 2019 and is now in line with the England average. The rate of hospital admissions where the primary diagnosis is an alcohol-related condition increased slightly in 2018/19, both in Reading and in England. The rate in Reading continues to be below the English average.

4.23 Since March 2020, Reading's commissioned drug and alcohol treatment provider has focused on keeping the people who use their services safe during the COVID outbreak. Change Grow Live (CGL) has seen an increase in referrals and people starting treatment. They expect to report low numbers of successful completions for this period as they have retained people in treatment to provide ongoing support through a period of increased social isolation and other pressures of lockdown.

4.24 CGL is providing all support via phone or video call, including home detoxes and medical reviews. They have daily support groups, two of which are alcohol focused, and these are run via the Zoom app and can be joined via video or phone. CGL has successfully completed remote home alcohol detoxes and will continue to do so until it is safe to facilitate groups in the service, and now that residential treatment providers are opening again CGL is in a position to refer those who are not suitable for home detox to these.

CGL continues to liaise with the Royal Berkshire Hospital and have a meeting planned to review pathways with their Alcohol and Drug lead in October.

Priority 6

4.25 Dementia Champions, co-ordinated through the Dementia Friendly Reading Steering Group, have undergone further training with the Alzheimers Society to adapt their Dementia Friends sessions for virtual delivery. Sessions have been run across Reading on this basis to raise awareness and understanding of dementia and so support social inclusion. However, with many of the national Dementia Friends team furloughed, updated statistics have not been issued.

4.26 The rate of diagnosis of dementia amongst those aged 65 and older fell below the national target for two thirds of people with dementia to have their condition diagnosed. This is in line with the England average and similar to the average for ocal authorilty areas with similar levels of deprivation as measured through IMD and seems likely to be related to the COVID-19 lockdown.

4.27 The Berkshire West Dementia Steering Group, including representatives from the three unitary authorities in Berkshire West, the CCG and local voluntary sector groups, has now reformed and will be responsible for implementing a Berkshire West action plan on the prevention and delivery of dementia related services. The group will ensure partnership working, information sharing and customer centred approaches to support people to access the right support. The Dementia Friendly Reading Group is also represented on this group to ensure a close working partnership.

4.28 Tier 1 training has been offered to all Practice staff across South Reading and North & West Reading CCGs. All practices in Reading have put plans in place to become dementia friendly. This will be further assessed using the iSPACE model and supported by the Dementia Action Alliance

4.29 All physical and social activities for people living with dementia are now on hold due to the vulnerability of people living with dementia accessing group services.

Priority 7

4.30 Locally set targets for breast and bowel cancer screening, which have been set at minimum coverage standards, have been met. More than 10,000 people were screened for bowel cancer and 9,773 screened for breast cancer during 2019.

4.31 One of the impacts of COVID-19 has been that people have experienced difficulties in accessing cancer screening appointments. The NHS phase 3 letter of 31 July instructed the NHS to restore the full operation of cancer services. In response, Reading Borough Council was active on social media to promote uptake of screening by residents, reinforcing NHS messages about the importance of keeping screening appointments and providing reassurance about the COVID-safe environments in which the tests are being carried out.

Priority 8

4.32 Although incidence of tuberculosis (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). TB Strategy Group meetings and the TB cohort review meeting led by Public Health England have both been cancelled because of COVID-19 constraints so there is no formal Action Plan update at this time.

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. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The recommended action will have no impact on the Council's ability to respond to the Climate Emergency.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 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.

8. EQUALITY IMPACT ASSESSMENT

8.1 An Equality Impact Assessment is not required in relation to the specific proposal to present the dashboard in this 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.

9. LEGAL IMPLICATIONS

9.1 There are no legal implications.

10. FINANCIAL IMPLICATIONS

10.1 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.

11. BACKGROUND PAPERS

APPENDIX A – Health and Wellbeing Dashboard – October 2020

Priority	Indicator	Target Met/Not Met	Direction of Travel
1. Supporting people to make healthy lifestyle choices	**% adults overweight or obese**	Met	Worse
	% of adults physically active	Not Met	Worse
	% 4-5 year olds classified as overweight/obese	Not Met	No change
	% 10-11 year olds classified as overweight/obese	Met	No change
	Smoking status at the time of delivery	Met	No change
	Age 15 smoking prevalence placeholder	*NA*	*NA*
	Smoking prevalence - all adults - current smokers	Met	No change
	Smoking prevalance - routine and manual - current smokers	Not Met	No change
	People invited for an NHS Healthcheck	Not Met	Better
	People taking up an NHS Healthcheck invite	Met	No change
	People receiving an NHS Healthcheck	Not Met	Better
2. Reducing loneliness and social isolation	**% of adult social care users with as much social contact as they would like**	Met	No change
	% 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	No change
	Pupils with social, emotional and mental health needs (all school age)	Met	No change
4. Reducing deaths by suicide	**Age-standardised mortality rate from suicide and injury of undetermined intent**	Not met	No change
5.Reducing the amount of alcohol people drink to safer levels	**Successful treatment of alcohol treatment**	Met	No change
	Admission episodes for alcohol related conditions (DSR per 100,000)	Met	No change
6.Living well with dementia	**Estimated diagnosis rate for people with dementia**	Not Met	No change
	No. Dementia Friends (Local Indicator)	Not Met	No change
	Placeholder - ASCOF measure of post-diagnosis care	*NA*	*NA*
7.Increasing take up of breast and bowel screening and prevention services	**Cancer screening coverage - bowel cancer**	Met	No change
	Cancer screening coverage - breast cancer	Met	No change
8.Reducing the number of people with tuberculosis	**Incidence of TB (three year average)**	Met	No change

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
% adults overweight or obese	Public Health Outcomes Framework	Active Lives Survey	Annual	Low	2018-19	58.6	63.4	Met	Worse	62.3	Not available
% of adults physically active	Public Health Outcomes Framework	Active Lives Survey	Annual	High	2018-19	63.9	64	Not Met	Worse	67.2	Not available
% 4-5 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2018-19	22.5	22.0	Not Met	No change	22.6	Not available
% 10-11 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2018-19	34.0	36	Met	No change	34.3	Not available
Smoking status at the time of delivery	Public Health Outcomes Framework	Smoking Status At Time of Delivery (SSATOD) HSCIC	Annual	Low	2018-19	5.6	8.0	Met	No change	10.6	Not available
Smoking prevalence - all adults - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	13.9	14.8	Met	No change	13.9	Not available
Age 15 smoking prevalence placeholder	Public Health Outcomes Framework										
Smoking prevalance - routine and manual - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	29.3	28.9	Not Met	No change	23.2	Not available
People invited for an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2015/16-2019/20, Q3	42.1%	90%	Not Met	Better	84.3%	82.1%
People taking up an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2015/16-2019/20, Q3	53%	50%	Met	No change	46.8%	46.8%
People receiving an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2015/16-2019/20, Q3	22%	43%	Not Met	Better	39.5%	38.4%

Back to HWB Dashboard

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
% 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	2018-19	47.1	45.4	Met	No change	45.9	NA
% 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	2018-19	32.0	38.5	Not Met	No change	32.5	29.9
Placeholder - Loneliness and Social Isolation	NA	TBC	Annual							NA	NA

Back to HWB Dashboard

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	No change	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%

Back to HWB Dashboard

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
Age-standardised mortality rate from suicide and injury of undetermined intent	Public Health Outcomes Framework	Public Health England (based on ONS)	Annual	Low	2017-19	9.9	8.25	Not met	No change	10.1	Not available

Back to HWB Dashboard

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
Successful treatment of alcohol treatment	Public Health Outcomes Framework	National Drug Treatment Monitoring System	Quarterly	High	Q3 2019-2020	39.5%	38.3%	Met	No change	37.9%	Not available
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	2018/19	567	599	Met	Worse	664	Not available

Back to HWB Dashboard

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
Estimated diagnosis rate for people with dementia	Public Health Outcomes Framework/NHS Outcomes Framework	NHS Digital	Monthly	High	Jul-20	62.7	66.7	Not Met	Worse	63.3	
No. of Dementia friends	NA (Local only)	Local Report	Quarterly	High	Sep-19	8548	10000	Not Met	No change	Not available	Not available

PLACEHOLDER - Post diagnosis care

Back to HWB Dashboard

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
Cancer screening coverage - bowel cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2019	56.5%	52.0%	Met	No change	60.1%	61%
Cancer screening coverage - breast cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2019	70.1%	70.0%	Met	No change	74.5%	77%

Back to HWB Dashboard

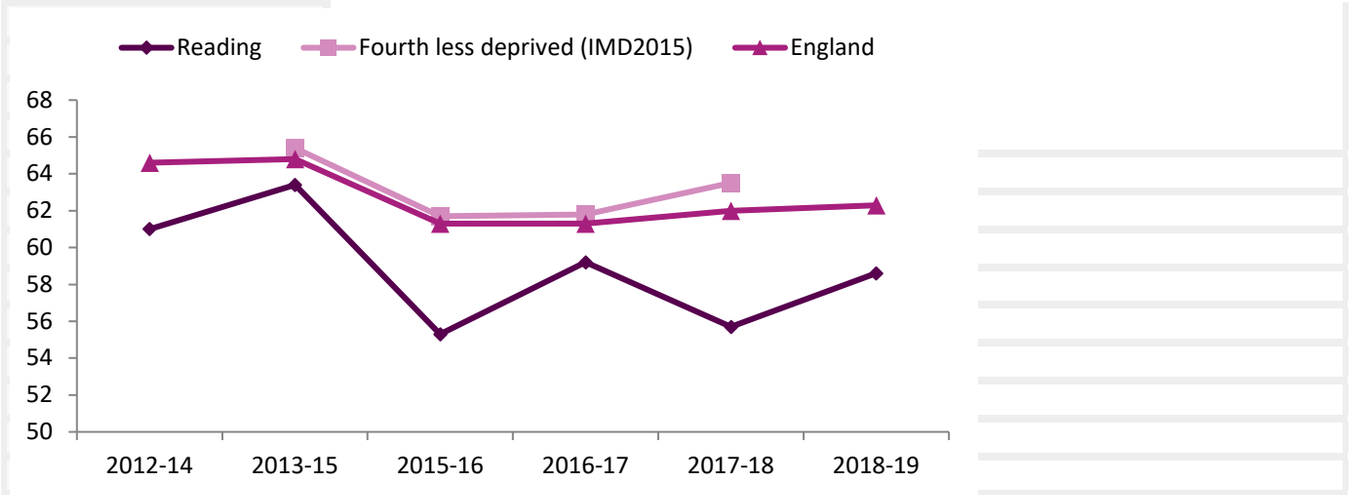
Priority 8: Reducing the number of people with tuberculosis

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
Incidence of TB (three year average)	Public Health Outcomes Framework	Public Health England.	Annual	Low	2016-18	17.8	30	Met	No change	9.2	6.0

Back to HWB Dashboard

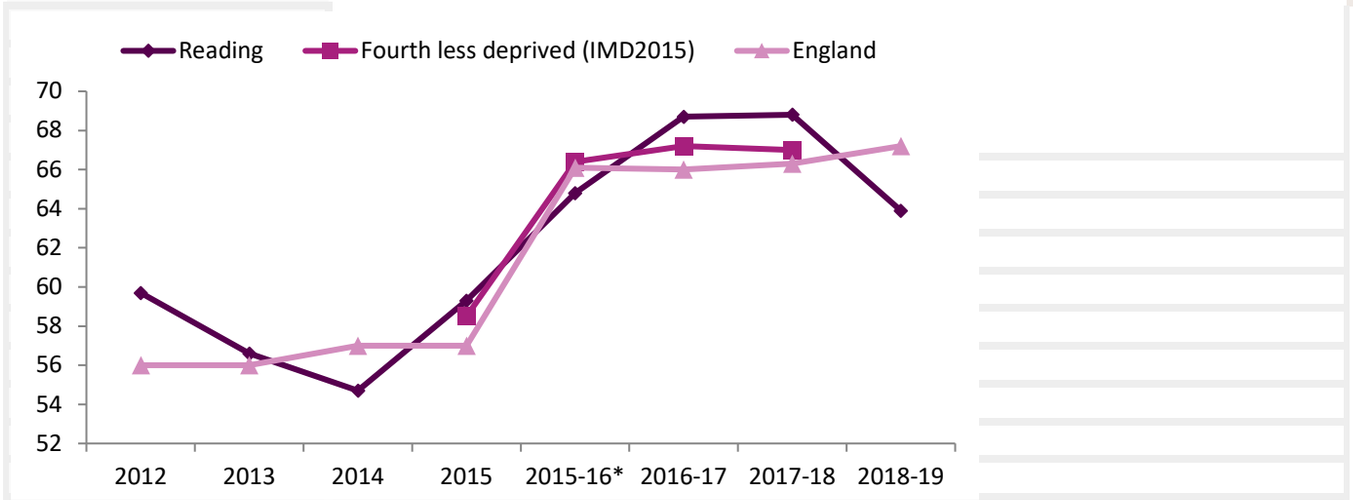
Indicator number	**93088**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Excess weight in adults**
[Back to Priority 1](#)	
[Back to HWB Dashboard](#)	
Data source	Active Lives Survey (previously Active People Survey) Sport England
	* Note change in methodology in 2015-16
Denominator	Number of adults with valid height and weight recorded. Active lives Survey. Historical (before 2015-16) Number of adults with valid height and weight recorded. Data are from APS year 1, quarter 2 to APS year 3, quarter 1
Numerator	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Active Lives Survey. Previously (before 2015-16) from Active People survey. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2.

Period	Reading	Fourth less deprived (IMD2015)	England
2012-14	61		64.6
2013-15	63.4	*65.4*	64.8
2015-16	55.3	*61.7*	61.3
2016-17	59.2	*61.8*	61.3
2017-18	55.7	*63.5*	62
2018-19	58.6		62.3



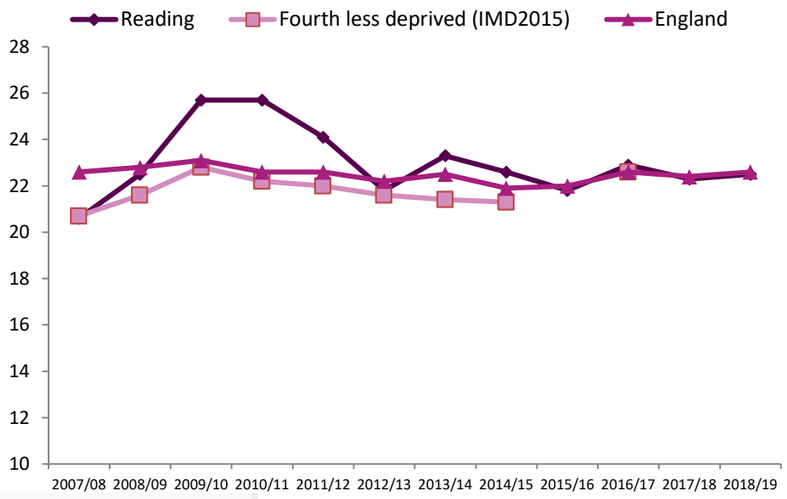
Indicator number	**93014**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% Physically Active Adults**
[Back to Priority 1](#)	
[Back to HWB Dashboard](#)	
Data source	Until 2015 - Active People Survey, Sport England
	2015-16 onwards - Active Lives, Sport England
	* Note change in methodology in 2015-16
Denominator	Weighted number of respondents aged 19 and older with valid responses to questions on physical activity
Numerator	Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

Period	Reading	Fourth less deprived (IMD2015)	England
2012	59.7		56
2013	56.6		56
2014	54.7		57
2015	59.3	*58.5*	57
2015-16*	64.8	*66.4*	66.1
2016-17	68.7	*67.2*	66
2017-18	68.8	*67*	66.3
2018-19	63.9		67.2



Indicator number	**20601**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Child excess weight in 4-5 year olds**
[Back to Priority 1](#) [Back to HWB Dashboard](#)	
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.

Period	Reading	Fourth less deprived (IMD2015)	England
2007/08	20.6	*20.7*	22.6
2008/09	22.5	*21.6*	22.8
2009/10	25.7	*22.8*	23.1
2010/11	25.7	*22.2*	22.6
2011/12	24.1	*22*	22.6
2012/13	21.8	*21.6*	22.2
2013/14	23.3	*21.4*	22.5
2014/15	22.6	*21.3*	21.9
2015/16	21.8		22
2016/17	22.9	*22.6*	22.6
2017/18	22.3		22.4
2018/19	22.5		22.6

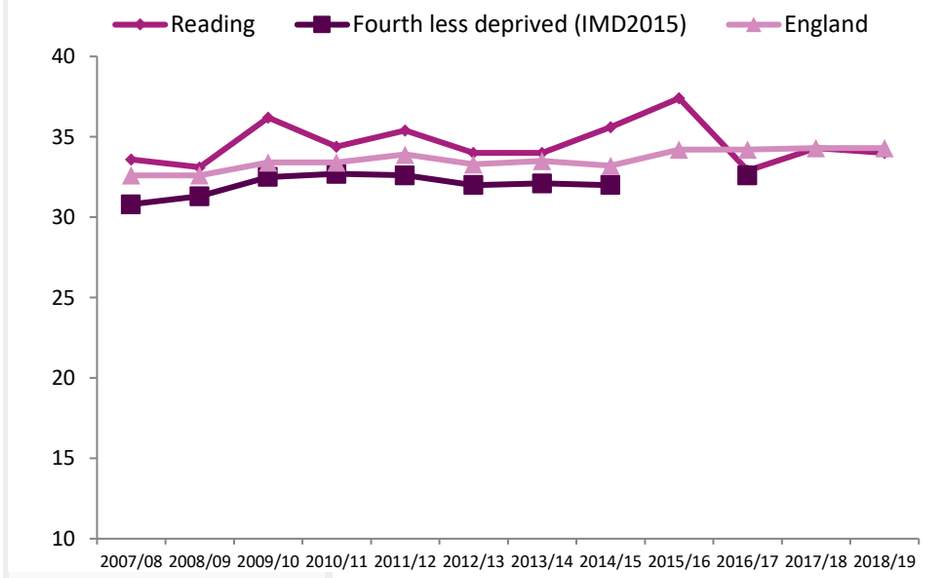


Indicator number	**20602**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Child excess weight in 10-11 year olds**

Back to Priority 1
Back to HWB Dashboard

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.

Period	Reading	Fourth less deprived (IMD2015)	England
2007/08	33.6	*30.8*	32.6
2008/09	33.1	*31.3*	32.6
2009/10	36.2	*32.5*	33.4
2010/11	34.4	*32.7*	33.4
2011/12	35.4	*32.6*	33.9
2012/13	34	*32*	33.3
2013/14	34	*32.1*	33.5
2014/15	35.6	*32*	33.2
2015/16	37.4	-	34.2
2016/17	32.9	*32.6*	34.2
2017/18	34.3		34.3
2018/19	34		34.3

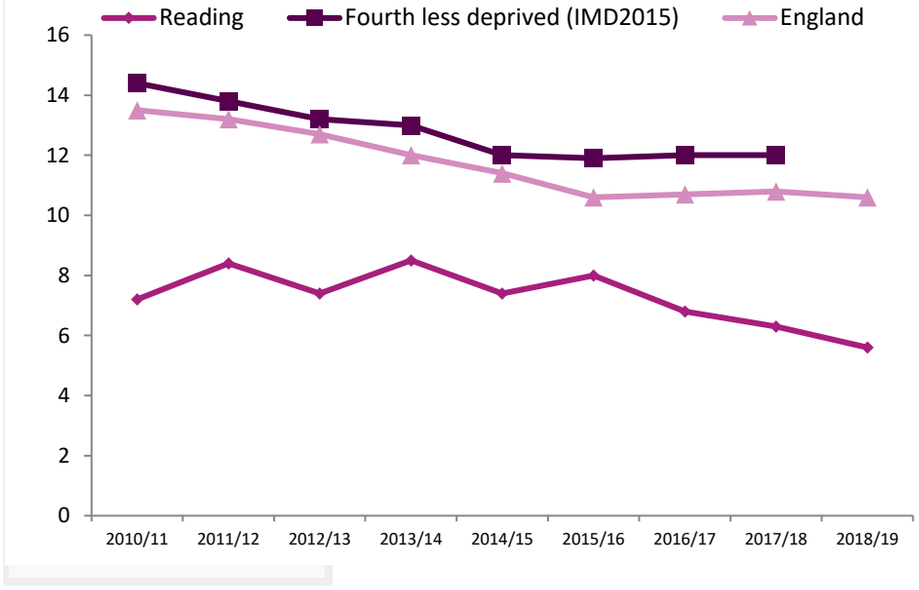


Indicator number	**93085**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% of women who smoke at the time of delivery**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

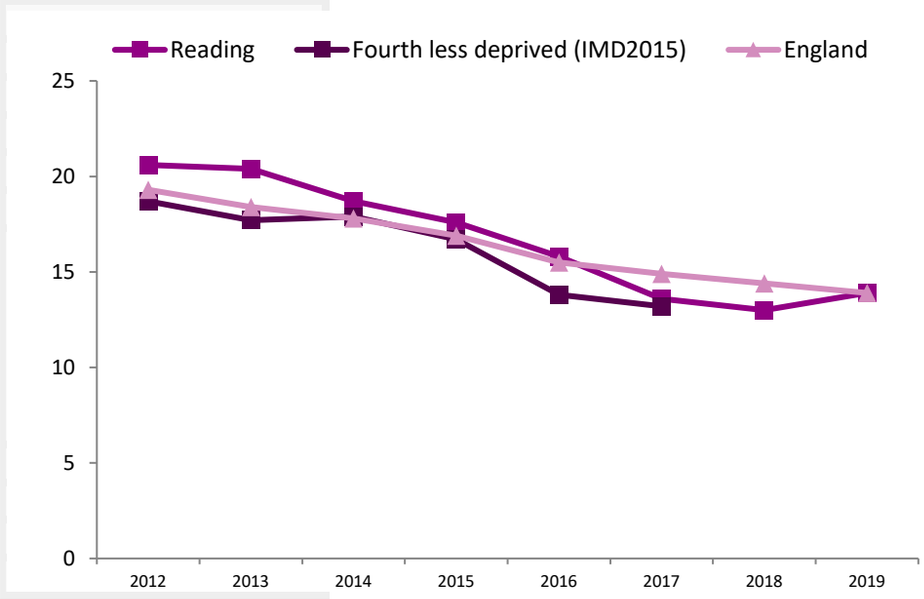
Data source	Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
Denominator	Number of maternities (estimated based on counts for CCGs)
Numerator	Number of women known to smoke at time of delivery (estimated based on counts for CCGs)

Period	Reading	Fourth less deprived (IMD2015)	England
2010/11	7.2	*14.4*	13.5
2011/12	8.4	*13.8*	13.2
2012/13	7.4	*13.2*	12.7
2013/14	8.5	*13*	12
2014/15	7.4	*12*	11.4
2015/16	8	*11.9*	10.6
2016/17	6.8	*12*	10.7
2017/18	6.3	*12*	10.8
2018/19	5.6		10.6



Indicator number	**92443**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Smoking Prevalence in Adults - Current Smokers**
[Back to Priority 1](#) [Back to HWB Dashboard](#)	
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

Period	Reading	Fourth less deprived (IMD2015)	England
2012	20.6	*18.7*	19.3
2013	20.4	*17.7*	18.4
2014	18.7	*17.9*	17.8
2015	17.6	*16.7*	16.9
2016	15.8	*13.8*	15.5
2017	13.6	*13.2*	14.9
2018	13		14.4
2019	13.9		13.9

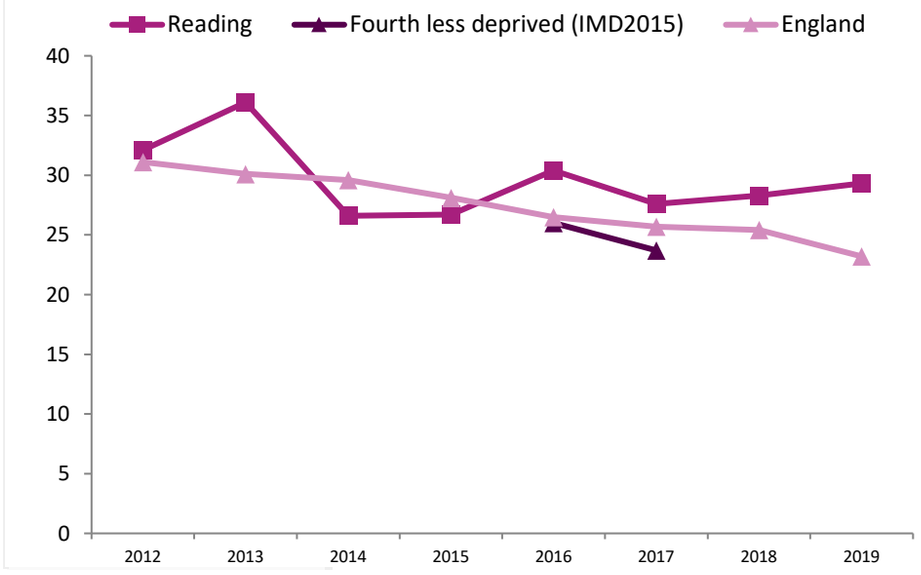


Indicator number	**92445**
Outcomes Framework	**Local Tobacco Control Profiles**
Indicator full name	**Smoking prevalence in routine and manual occupations - Current smokers**

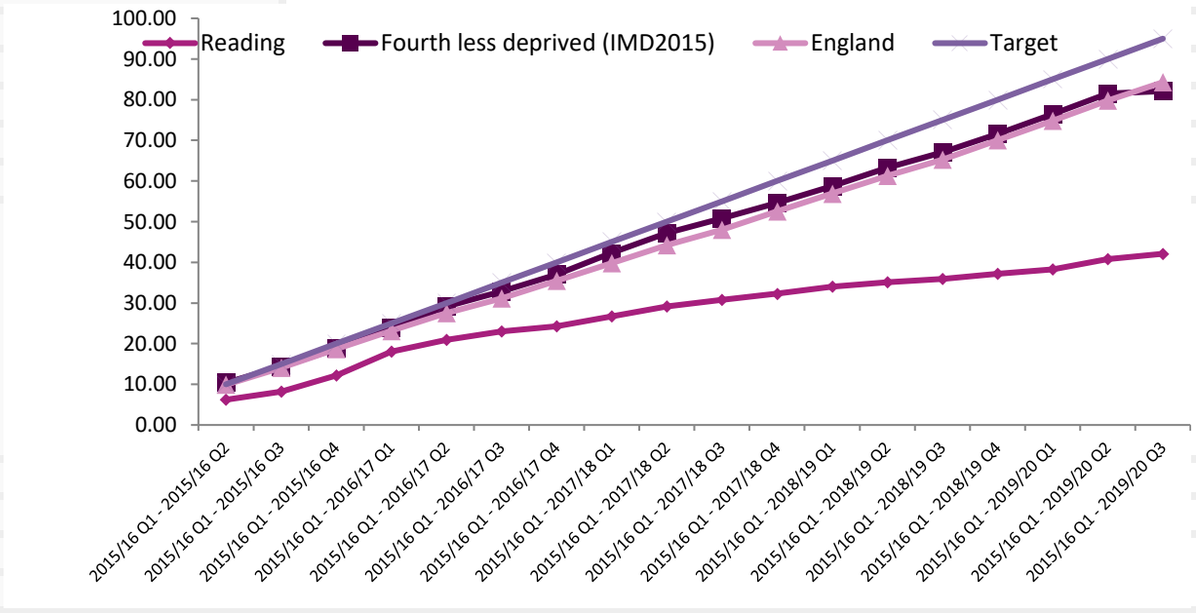
Back to Priority 1
Back to HWB Dashboard

Period	Reading	Fourth less deprived (IMD2015)	England
2012	32.1		31.1
2013	36.1		30.1
2014	26.6		29.6
2015	26.7		28.1
2016	30.4	*26*	26.5
2017	27.6	*23.7*	25.7
2018	28.3		25.4
2019	29.3		23.2

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	**91111**
Outcomes Framework	
Indicator full name	**People invited for an NHS Healthcheck**
	[Back to Priority 1](#)
	[Back to HWB Dashboard](#)
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

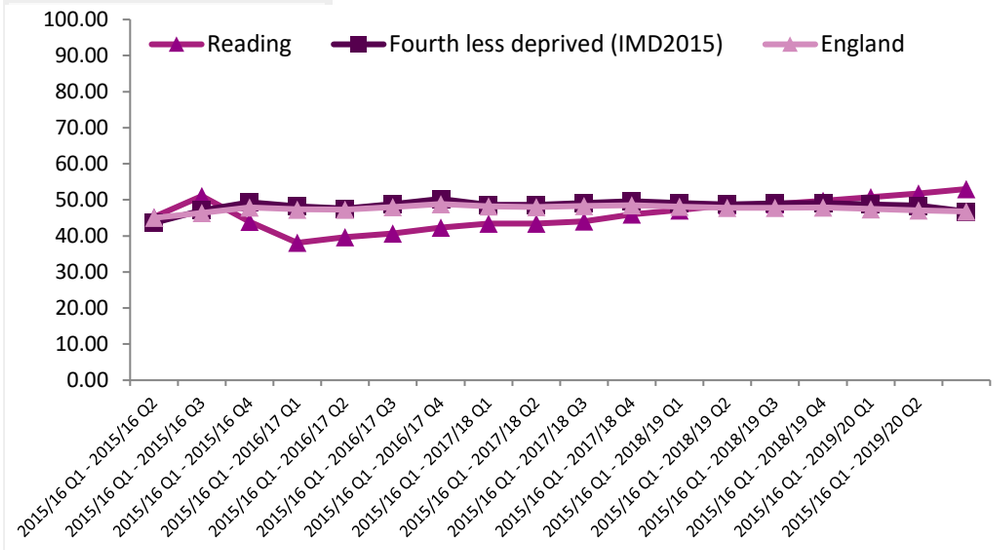


Period	Reading	Fourth less deprived (IMD2015)	England	Target
2015/16 Q1	3.80	5.30	4.90	5.00
2015/16 Q1 - 2015/16 Q2	6.22	10.39	9.89	10.00
2015/16 Q1 - 2015/16 Q3	8.22	14.38	14.08	15.00
2015/16 Q1 - 2015/16 Q4	12.20	18.76	18.70	20.00
2015/16 Q1 - 2016/17 Q1	18.07	23.87	23.15	25.00
2015/16 Q1 - 2016/17 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	40.80	81.50	79.80	90.00
2015/16 Q1 - 2019/20 Q3	42.10	82.10	84.30	95.00
2015/16 Q1 - 2019/20 Q4				100.00

Indicator number	**91735**
Outcomes Framework	
Indicator full name	**People taking up an NHS Healthcheck**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

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.

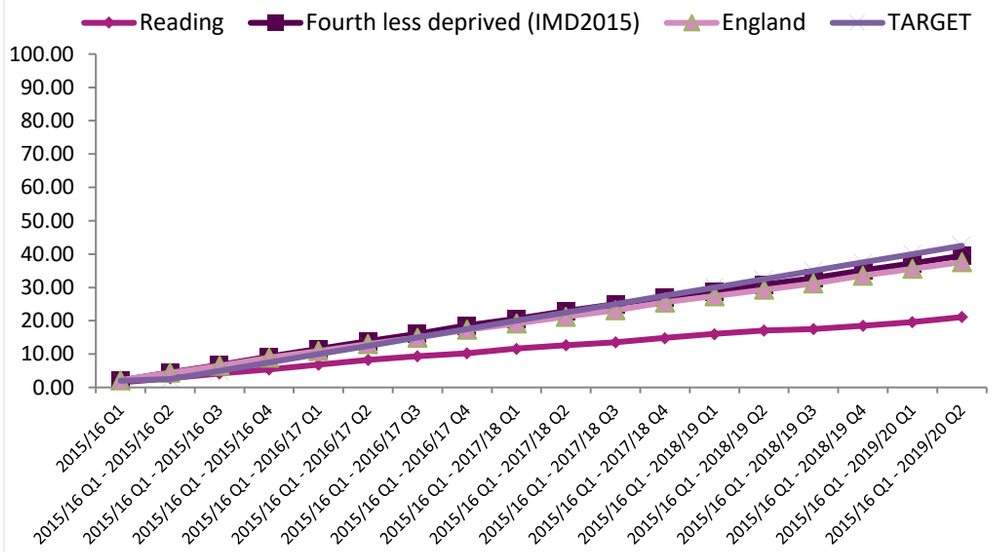


Period	Reading	Fourth less deprived (IMD2015)	England
2015/16 Q1 - 2015/16 Q2	45.21	43.61	45.01
2015/16 Q1 - 2015/16 Q3	51.09	47.13	46.38
2015/16 Q1 - 2015/16 Q4	43.98	49.38	47.90
2015/16 Q1 - 2016/17 Q1	38.10	48.24	47.35
2015/16 Q1 - 2016/17 Q2	39.64	47.57	47.31
2015/16 Q1 - 2016/17 Q3	40.72	48.86	48.01
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
2015/16 Q1 - 2019/20 Q2	51.80	48.40	47.10
2015/16 Q1 - 2019/20 Q3	53.00	46.80	46.80

Indicator number	**91112**
Outcomes Framework	
Indicator full name	**People receiving an NHS Healthcheck**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

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.

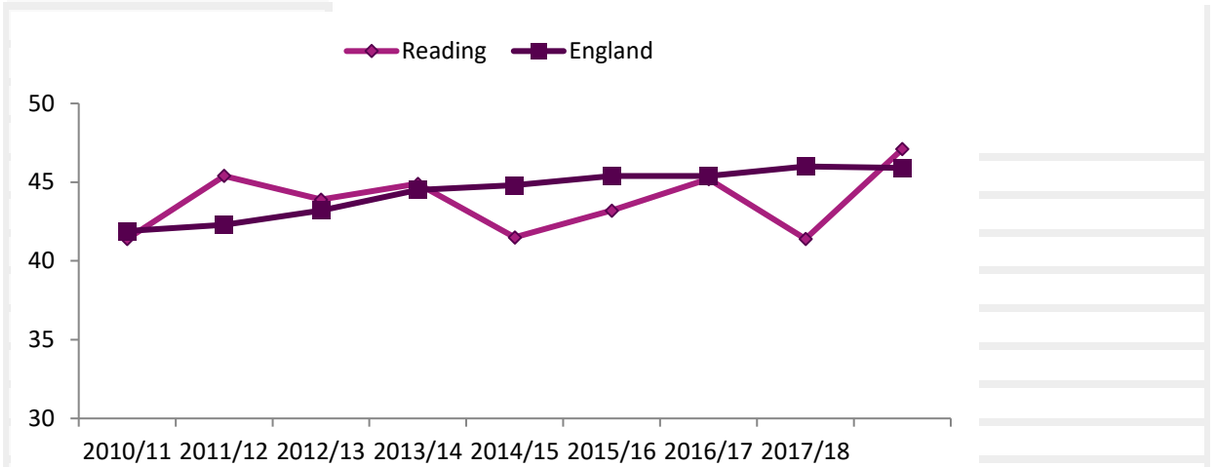


Period	Reading	Fourth less deprived (IMD2015)	England	TARGET
2015/16 Q1	1.50	2.10	2.20	2.00
2015/16 Q1 - 2015/16 Q2	2.81	4.53	4.45	2.50
2015/16 Q1 - 2015/16 Q3	4.20	6.77	6.53	5.00
2015/16 Q1 - 2015/16 Q4	5.37	9.26	8.96	7.50
2015/16 Q1 - 2016/17 Q1	6.89	11.52	10.96	10.00
2015/16 Q1 - 2016/17 Q2	8.30	13.85	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	19.60	37.24	35.60	40.00
2015/16 Q1 - 2019/20 Q2	21.10	39.50	37.60	42.50
2015/16 Q1 - 2019/20 Q3	22.30	38.40	39.50	45.00
2015/16 Q1 - 2019/20 Q4				50.00

Indicator number	**90280**
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**

Back to Priority 2
Back to HWB Dashboard

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



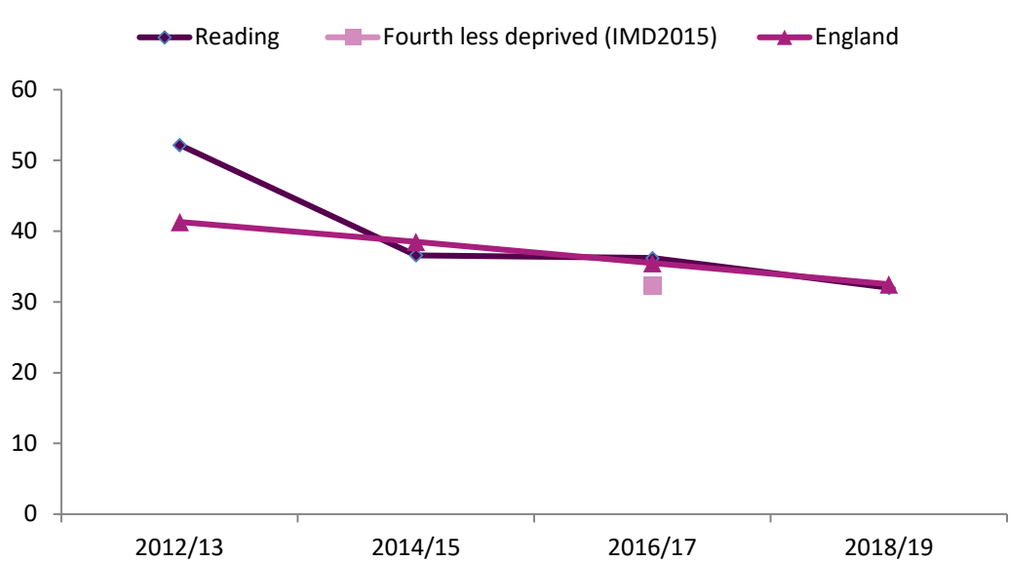
Period	Reading	Fourth less deprived (IMD2015)	England
2010/11	41.4	-	41.9
2011/12	45.4	-	42.3
2012/13	43.9	-	43.2
2013/14	44.9	-	44.5
2014/15	41.5	-	44.8
2015/16	43.2	-	45.4
2016/17	45.2	-	45.4
2017/18	41.4		46
2018/19	47.1	*46.9*	45.9

Indicator number	**90638**
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**

[Back to Priority 2](#)
[Back to HWB Dashboard](#)

Period	Reading	Fourth less deprived (IMD2015)	England
2012/13	52.2		41.3
2014/15	36.6		38.5
2016/17	36.2	*32.4*	35.5
2018/19	32		32.5

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

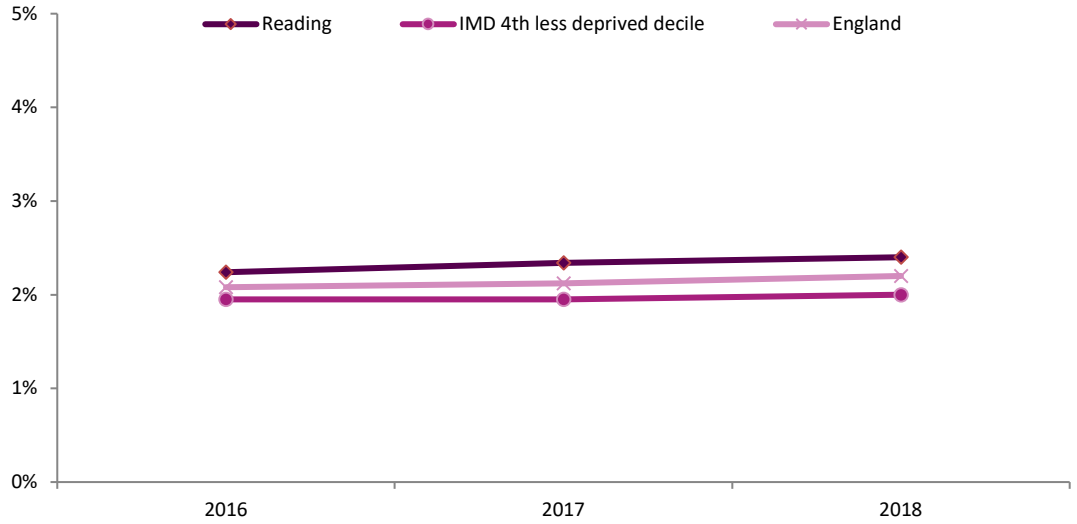


Indicator number	**91871**
Outcomes Framework	**Children and Young People's Mental Health and Wellbeing**
Indicator full name	**Pupils with social, emotional and mental health needs (primary school age)**

[Back to Priority 3](#)
[Back to HWB Dashboard](#)

Period	Reading	IMD 4th less deprived decile	England
2016	2%	2%	2%
2017	2%	2%	2%
2018	2%	2%	2%

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

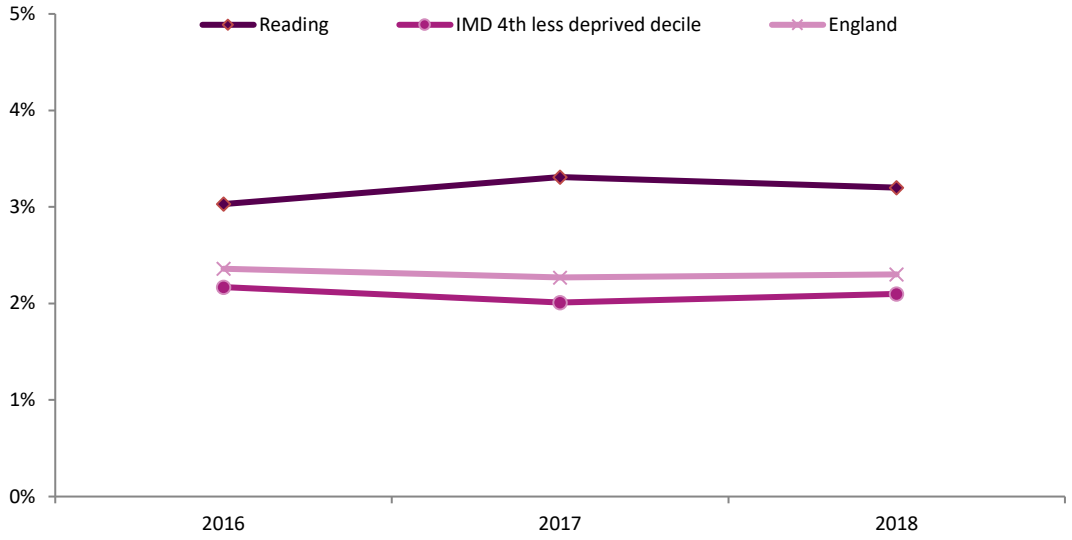


Indicator number	**91871**
Outcomes Framework	**Children and Young People's Mental Health and Wellbeing**
Indicator full name	**Pupils with social, emotional and mental health needs (secondary school age)**

[Back to Priority 3](#)
[Back to HWB Dashboard](#)

Period	Reading	IMD 4th less deprived decile	England
2016	3%	2%	2%
2017	3%	2%	2%
2018	3%	2%	2%

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

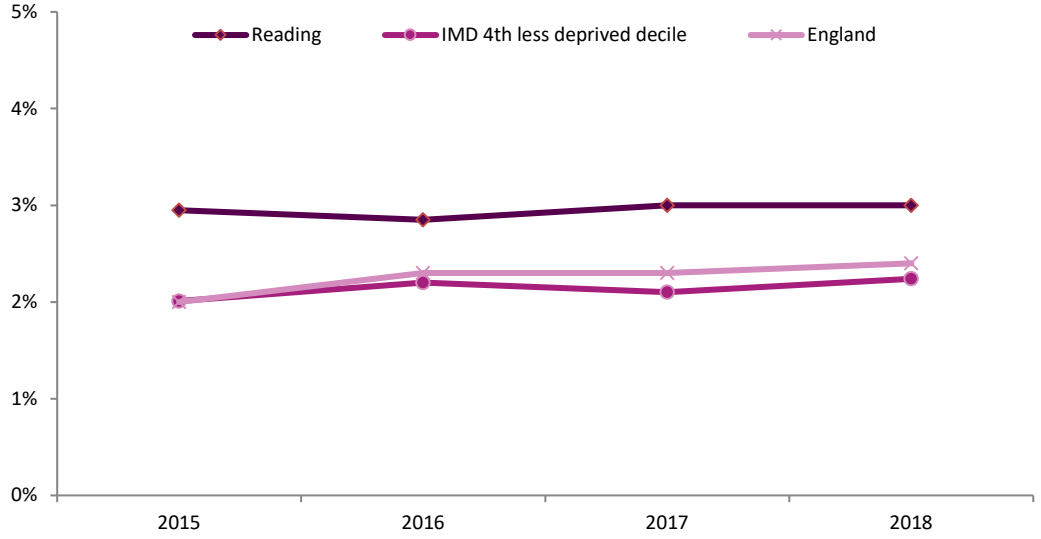


Indicator number	**91871**
Outcomes Framework	**Children and Young People's Mental Health and Wellbeing**
Indicator full name	**Pupils with social, emotional and mental health needs (all school age)**

[Back to Priority 3](#)
[Back to HWB Dashboard](#)

Period	Reading	IMD 4th less deprived decile	England
2015	3%	2%	2%
2016	3%	2%	2%
2017	3%	2%	2%
2018	3%	2%	2%

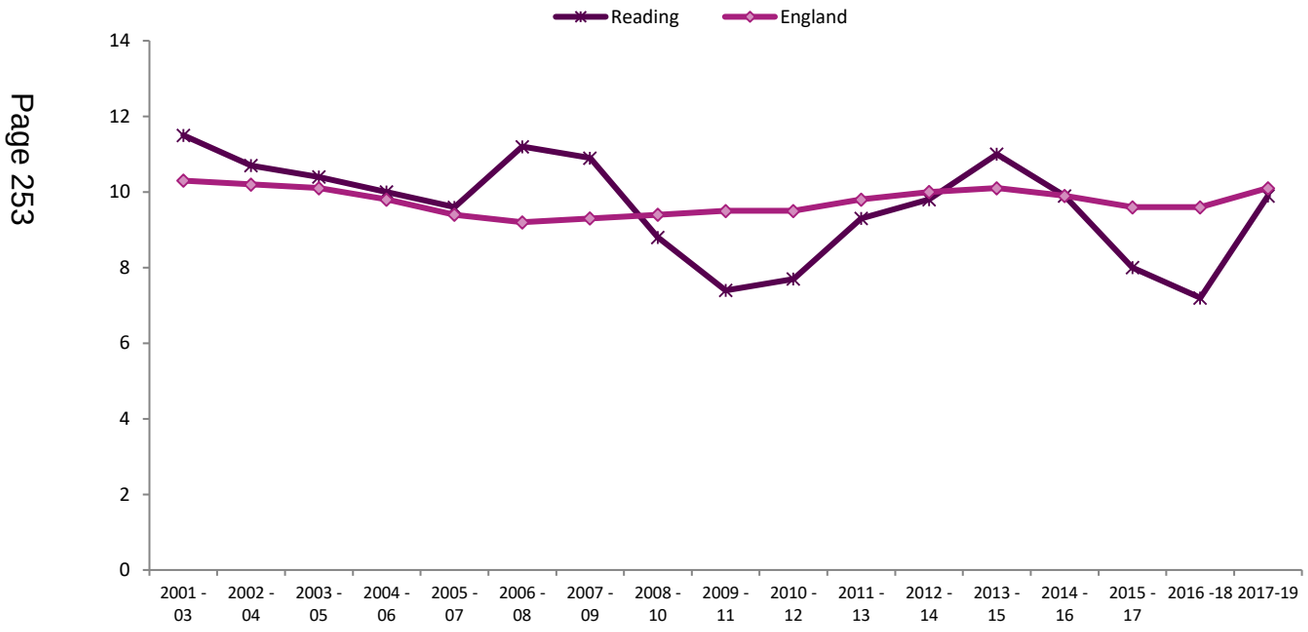
Data Source	DFE Special Needs Education Statistics
Denominator	Total pupils (LA tabulations)
Numerator	Number of pupils with statements of SEN where primary need is social, emotional and mental health https://www.gov.uk/government/collections/statistics-special-educational-needs-sen



Indicator number	**41001.00**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population**

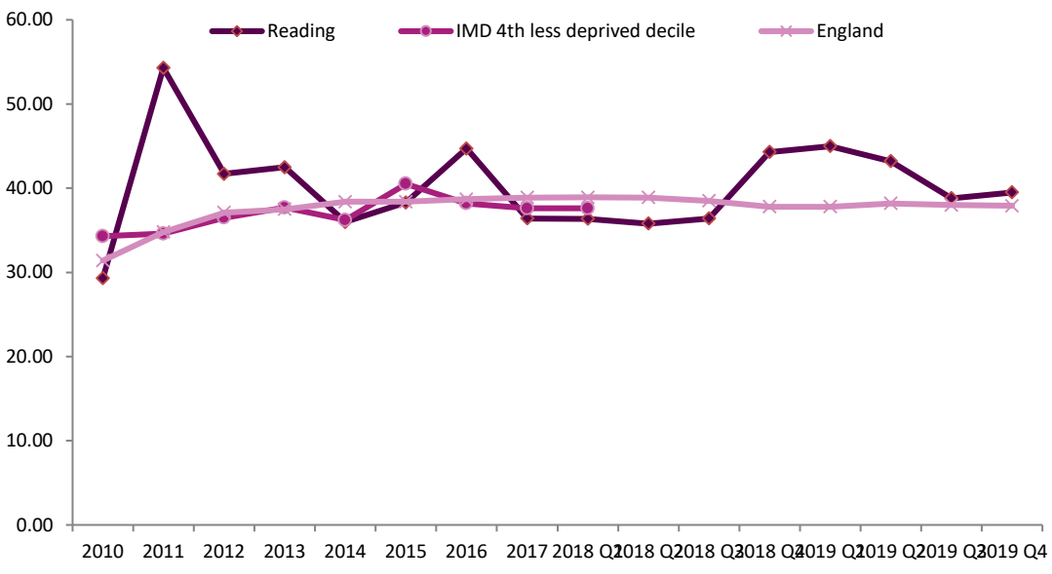
Back to Priority 4
Back to HWB Dashboard

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
2017-19	9.9		10.1

Indicator number	**92447**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Successful completion of alcohol treatment**
[Back to Priority 5](#) [Back to HWB Dashboard](#)	
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
2017	36.40	37.60	38.90
2018 Q1	36.36	37.60	38.92
2018 Q2	35.80		38.90
2018 Q3	36.40		38.50
2018 Q4	44.30		37.80
2019 Q1	45.00		37.80
2019 Q2	43.20		38.20
2019 Q3	38.80		38.00
2019 Q4	39.50		37.90

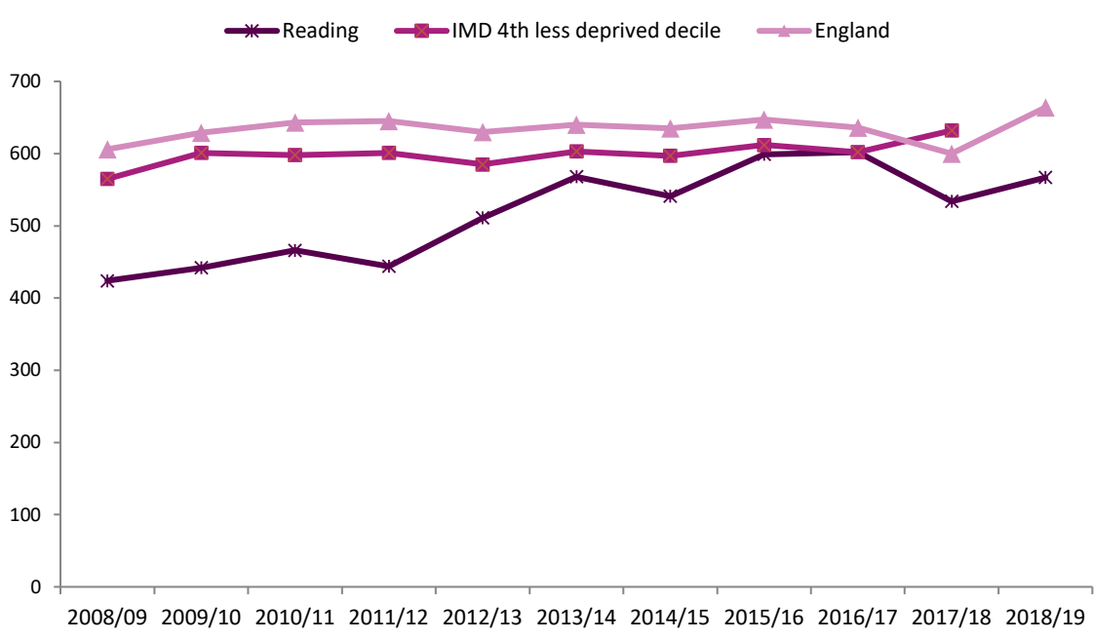
(NDTMS DOMES)

Indicator number	**91414**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Admission episodes for alcohol-related conditions per 100,000 people**

[Back to Priority 5](#)
[Back to HWB Dashboard](#)

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.

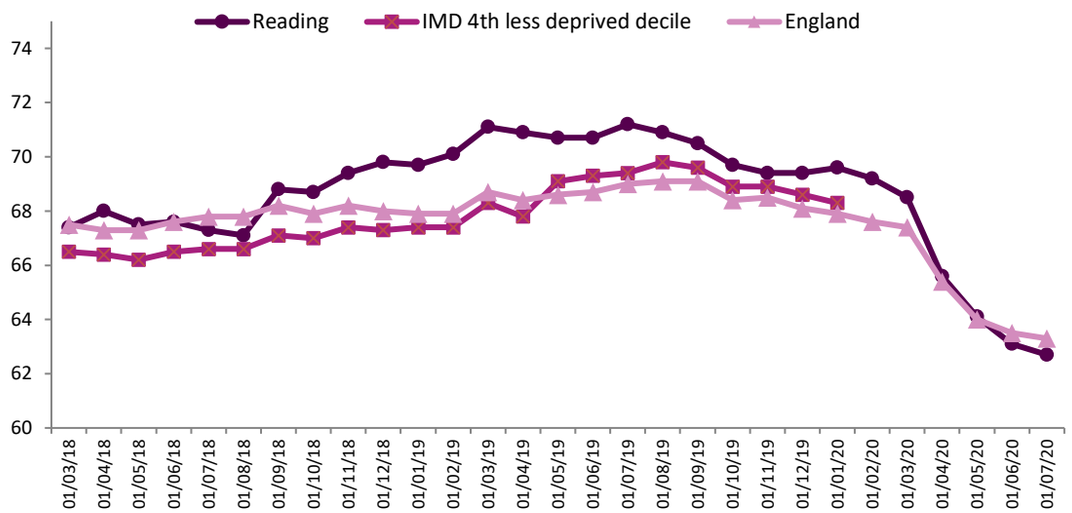
Period	Reading	IMD 4th less deprived decile	England
2008/09	424	565	606
2009/10	442	601	629
2010/11	466	598	643
2011/12	444	601	645
2012/13	511	585	630
2013/14	568	603	640
2014/15	541	597	635
2015/16	599	612	647
2016/17	602	602	636
2017/18	534	632	600
2018/19	567		664



Indicator number	**92949**
Outcomes Framework	**Public Health Outcomes Framework / NHS Outcomes Framework**
Indicator full name	**Estimated diagnosis rate for people with dementia**
[Back to Priority 6](#) [Back to HWB Dashboard](#)	
Data Source	NHS Digital
Denominator	Applying the reference rates to the registered population yields the number of people aged 65+ one would expect to have dementia within the subject population where:
Numerator	**Registered population** Patients aged 65+ registered for General Medical Services, counts by 5-year age and sex band from the National Health Application and Infrastructure Services (NHAIS / Exeter) system; extracted on the first day of each month following the reporting period end date of the numerator.

Reference rates: sampled dementia prevalence

Age 65+ age and sex-specific dementia prevalence rates. Source: MRC CFAS II.

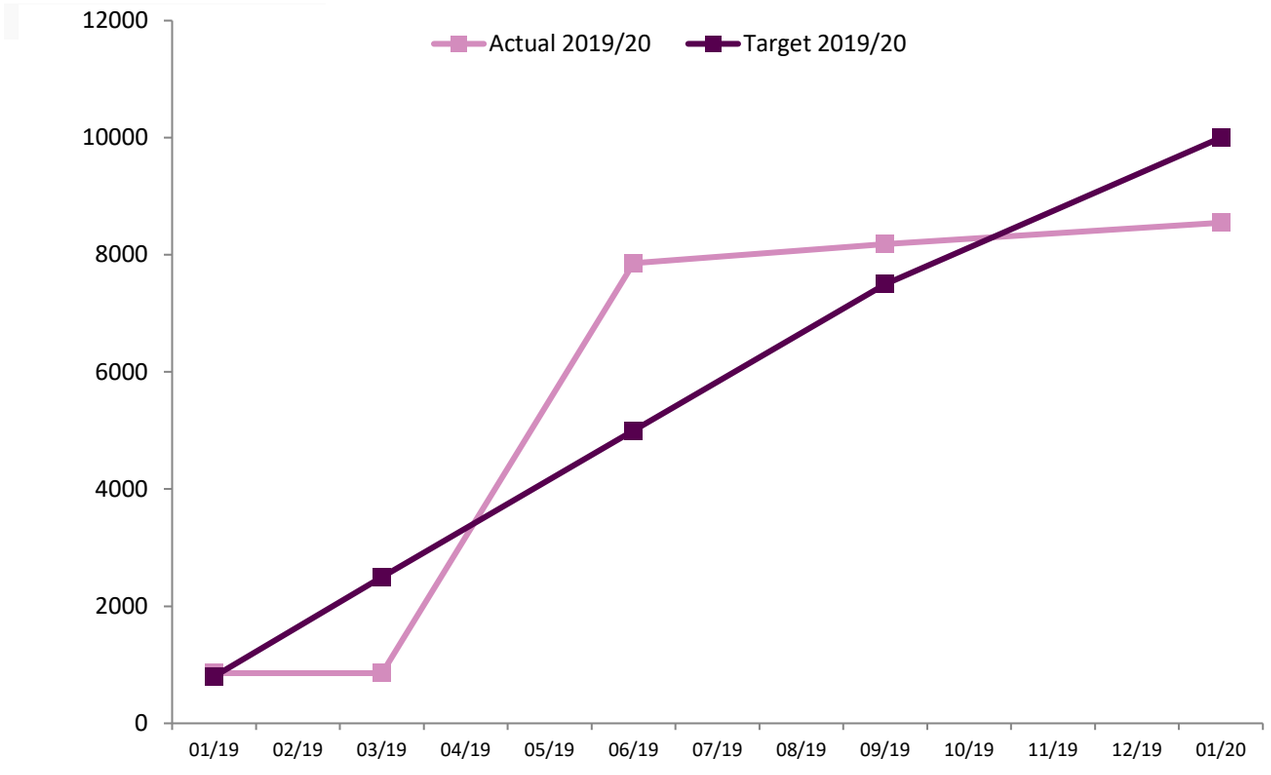


Period	Reading	IMD 4th less deprived decile	England
31/03/18	67.4	66.5	67.5
30/04/18	68	66.4	67.3
31/05/18	67.5	66.2	67.3
30/06/18	67.6	66.5	67.6
31/07/18	67.3	66.6	67.8
31/08/18	67.1	66.6	67.8
30/09/18	68.8	67.1	68.2
31/10/18	68.7	67	67.9
30/11/18	69.4	67.4	68.2
31/12/18	69.8	67.3	68
31/01/19	69.7	67.4	67.9
28/02/19	70.1	67.4	67.9
31/03/19	71.1	68.3	68.7
30/04/19	70.9	67.8	68.4
31/05/19	70.7	69.1	68.6
30/06/19	70.7	69.3	68.7
31/07/19	71.2	69.4	69
31/08/19	70.9	69.8	69.1
30/09/19	70.5	69.6	69.1
31/10/19	69.7	68.9	68.4
30/11/19	69.4	68.9	68.5
31/12/19	69.4	68.6	68.1
31/01/20	69.6	68.3	67.9
29/02/20	69.2		67.6
31/03/20	68.5		67.4
30/04/20	65.6		65.4
31/05/20	64.1		64
30/06/20	63.1		63.5
31/07/20	62.7		63.3

Indicator number	**NA**
Outcomes Framework	**NA**
Indicator full name	**No. of Dementia Friends**

Back to Priority 6
Back to HWB Dashboard

Data Source	Locally Recorded
Definition	No. of people who have completed a 45 minute training session and agreed to be a dementia friend



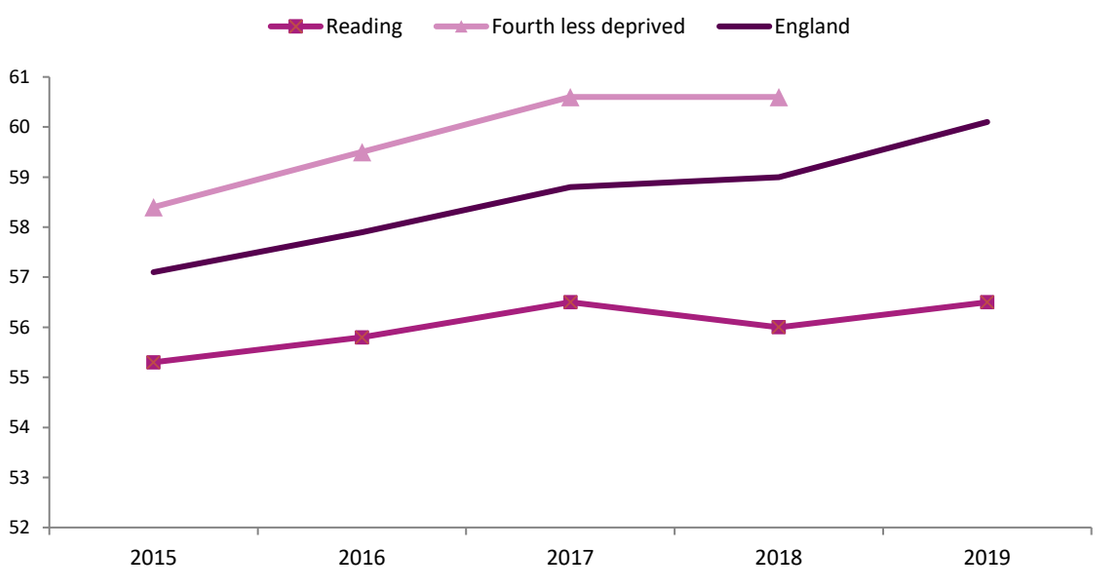
Period	Actual 2019/20	Target 2019/20
Jan-19	857	800
Mar-19	857	2,500
Jun-19	7859	5,000
Sep-19	8,182	7500
Jan-20	8,548	10,000

Indicator number	**91720.00**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cancer screening coverage - bowel cancer**

[Back to Priority 7](#)
[Back to HWB Dashboard](#)

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

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
2018	56	60.6	59
2019	56.5		60.1

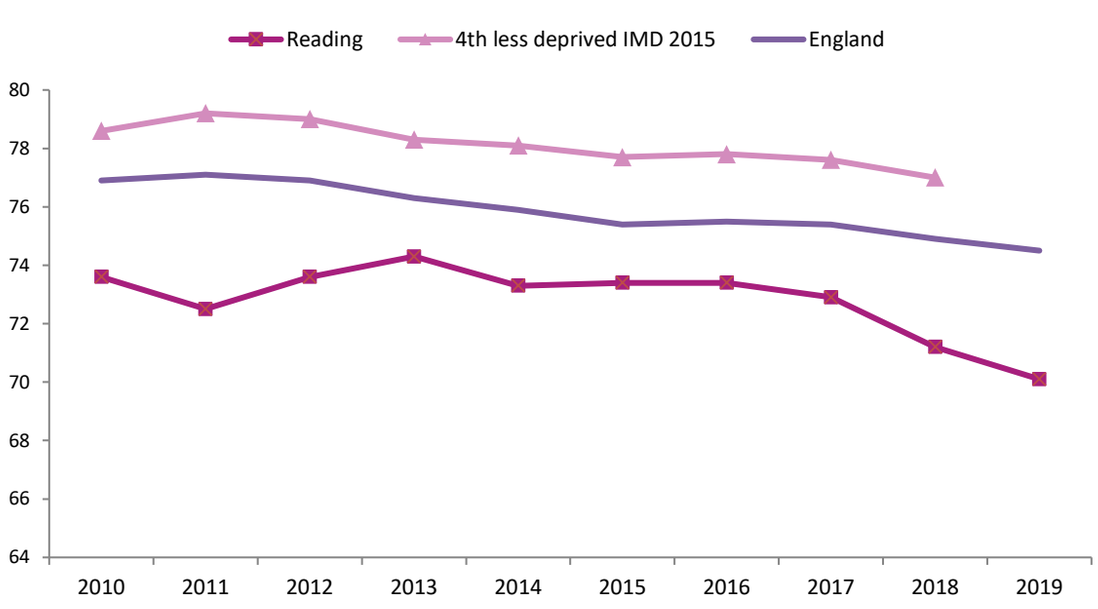


Indicator number	**22001**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cancer screening coverage - breast cancer**

Back to Priority 7
Back to HWB Dashboard

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

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
2018	71.2	77	74.9
2019	70.1		74.5



Indicator number	**34**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Incidence of TB (three year average)**

[Back to Priority 8](#)
[Back to HWB Dashboard](#)

Data Source	Enhanced Tuberculosis Surveillance system (ETS) and Office for National Statistics (ONS)
Denominator	Sum of the Office for National Statistics (ONS) mid-year population estimates for each year of the three year time period
Numerator	Sum of the number of new TB cases notified to the Enhanced Tuberculosis Surveillance system (ETS) over a three year time period

Period	Reading	4th less deprived IMD 2015	England
2000 - 02	23.1	7.4	12.7
2001 - 03	25.4	7.8	13.1
2002 - 04	26.4	8.2	13.5
2003 - 05	30.3	8.6	14.1
2004 - 06	31.1	8.9	14.7
2005 - 07	35.5	9.4	15
2006 - 08	35.4	9.7	15
2007 - 09	37.9	10	15.1
2008 - 10	38.4	9.8	15.1
2009 - 11	36.4	9.5	15.2
2010 - 12	33	9.5	15.1
2011 - 13	34.1	9.2	14.7
2012 - 14	36.3	8.8	13.5
2013 - 15	34.7	*7.7*	11.9
2014 - 16	26.4	*7.1*	10.9
2015-17	20.9	*6.3*	9.9
2016-17	17.8	*6*	9.2