

To: All Members of the Health and Wellbeing Board

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14 January 2021

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### **NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 22 JANUARY 2021**

A meeting of the Health and Wellbeing Board will be held on **Friday, 22 January 2021 at 2.00 pm via Microsoft Teams**. The Agenda for the meeting is set out below.

AGENDA	Page No
1. DECLARATIONS OF INTEREST	
2. MINUTES OF THE MEETING HELD ON 9 OCTOBER 2020	5 - 16
3. QUESTIONS	
Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.	
4. PETITIONS	
Consideration of any petitions submitted under Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.	
5. IMPACT OF COVID-19 IN READING	17 - 46
A presentation will be given on the impact of Covid-19 in Reading	
6. READING PEOPLE'S EXPERIENCES OF HEALTH AND SOCIAL CARE SERVICES DURING THE FIRST COVID-19 LOCKDOWN	47 - 74

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

A report presenting the findings of a survey carried out by Healthwatch Reading between June and August 2020 to understand people's experiences of health and care services during the first Covid-19 lockdown.

**7. ROYAL BERKSHIRE HOSPITAL REDEVELOPMENT - UPDATE**

Representatives from the Royal Berkshire Hospital NHS Foundation Trust will give an update on the redevelopment of the Royal Berkshire Hospital.

**8. SPECIAL EDUCATIONAL NEEDS AND DISABILITY STRATEGY - UPDATE** 75 - 90

A report giving an update on the progress on implementing the SEND strategy and the timetable for the development of the next strategy.

**9. DEVELOPING A BERKSHIRE WEST JOINT HEALTH AND WELLBEING STRATEGY - UPDATE ON STRATEGY DEVELOPMENT** 91 - 140

A report giving an update on the development of a Joint Health and Wellbeing Strategy for Berkshire West

**10. STUDENT HEALTH & WELLBEING IN READING** 141 - 180

A report presenting the final set of findings of an engagement project carried out by Healthwatch Reading between September 2018 and February 2020 on the health and wellbeing concerns of people aged 16 and over, who were studying at university or college in Reading, and their awareness of local health and wellbeing services.

**11. BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP (BWSCP) ANNUAL REPORT 2019/2020** 181 - 218

A report presenting the Annual Report of the Berkshire West Safeguarding Children Partnership for the 2019/2020 financial year

**12. WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2019/20** 219 - 382

A report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2019/20.

**13. READING'S ARMED FORCES COVENANT AND ACTION PLAN** 383 - 394

A report presenting an annual update on progress against the actions outlined in the Armed Forces Covenant Action Plan, in particular the health related actions, and on the general development of the Armed Forces Covenant, including national proposals to enshrine the Covenant in law, and proposals for a pan-Berks Civil Military Partnership

**14. HEALTH AND WELLBEING DASHBOARD - JANUARY 2021** 395 - 434

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.

- 15. DATE OF NEXT HEALTH & WELLBEING BOARD MEETING - 19 MARCH 2021**

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**Present:**

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock Andy Ciecierski	Leader of the Council, RBC North & West Reading Locality Clinical Lead, Berkshire West CCG
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
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Rachel Spencer	Chief Executive, Reading Voluntary Action
Councillor Terry	Lead Councillor for Children, RBC
Sam Burrows	Deputy Chief Officer, Berkshire West CCG

**Also in attendance:**

Jon Dickinson	Assistant Director of Adult Social Care, RBC
Andy Fitton	Assistant Director for Joint Commissioning, Berkshire West CCG
Yasmine Illsley	Public Health Programme Officer, RBC
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Councillor McEwan	Chair of the Adult Social Care, Children’s Services and Education Committee, RBC
David Munday	Consultant in Public Health, RBC
Meradin Peachey	Deputy Director of Public Health Berkshire West
Councillor Robinson	RBC
Nicky Simpson	Committee Services, RBC

**Apologies:**

Nick John	Reading LPA Commander, Thames Valley Police
Kate Reynolds	Director of Education, Brighter Futures for Children (BFfC)
David Shepherd	Chair, Healthwatch Reading
Peter Sloman	Chief Executive, RBC

**1. MINUTES**

The Minutes of the meeting held on 13 March 2020 were confirmed as a correct record.

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

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

**a) COVID-19**

By comparison with the suppression of SARS-Cov-2 in Wuhan, Reading would need about 90 public health workers, control of testing and test data, some

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isolation away from home, and of course a comparable situation throughout the country.

Can you compare the current resource with these indications?

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

Since the novel coronavirus was first identified as a potential threat to the health of people in Reading, we have mounted a comprehensive response. Those at the forefront of this work have a range of roles to ensure the response is effective. This includes our Director of Public Health for Berkshire wide and the team of consultants, specialist and data analysts she leads. It incorporates the Public Health England team for the Thames Valley with their dedicated Berkshire West Consultant and team. Within the Council itself we have our local Public Health and Wellbeing team led by our Consultant.

However, others who do not simply have “public health” in their job title have also been and continue to be central to our response. For example, our Emergency Operations Centre Team and our Environmental Health Officers and Regularity Services Team lead on our work to ensure Reading is a COVID secure town. Partners around this Board have also been instrumental in our response work, obviously NHS colleagues, but also the Healthwatch and the voluntary sector in ensuring things like the One Reading Community Hub have operated effectively and the most vulnerable in Reading are supported at this time. I don't think it is possible to do a total head count of these individuals and roles, but I am sure it exceeds 90.

In terms of data and testing- we have daily information available to us on the number of people having tests for COVID-19 in Reading, whether they test positive or negative for the disease, allowing us to track the virus ever more closely. Local testing options for local residents are expanding and despite national challenge, we now have a regular Mobile Testing Unit at Prospect Park, and as I have made previous reference to, are working with the University to establish testing on their campus too - for students and local community alike.

It is true that the national outsourced test and trace system is well deserving of being widely described as a shambles with inadequate capacity for testing and the national contact tracing system now, on the most recent figures, failing to reach 31.4 % of the close contacts it receives of the people who have tested positive. Whilst the national test and trace is working better in Reading than much of the country, I have no doubt that a properly resourced local public health co-ordinated system here would have provided a far, far more effective service.

Contact tracing and isolation is coordinated by NHS Test and Trace and across the UK and in many other countries require people to isolated at home, with their household, if they develop symptoms or test positive for COVID-19. The scientific evidence shows as that this is effective in reducing the spread of the virus and pushing the “R” value down as far as possible. The main issue in my mind is scandalously inadequate financial support for people who have to self-isolate meaning many people cannot afford to and may also lead to people

being unwilling to pass on contact information for friends and family who they think could have money problems if they have to self-isolate. The government's own SAGE advisory group estimates less than 20% of people in England fully self-isolate when asked to do so.

**b) Waiting Lists**

Could you give an indication of the state of NHS waiting lists, especially in cancer diagnostics and treatment, child mental health, elective orthopaedics?

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

**Acute Physical Waiting Lists**

For urgent and cancer demand the Royal Berkshire Foundation Trust is returning quickly to pre-COVID numbers being referred/attending the Trust. Throughout the pandemic they have continued to operate services, where safe and sensible to do so. Wait times for cancer appointments, diagnostics and treatments have, and continue to be prioritised and they are returning quickly to their own internal expectations on wait times - which often go further than the national expectation. The longest waits for cancer care and the over-all size of a pathways over two months have been dropping at pace. The size and profile of the Trust cancer waiting list is returning to a more normal shape.

All of the Trusts diagnostic services are open and operating at full capacity. The Trust continues to prioritise Cancer and Urgent diagnostics with routine priority work being seen in chronological order.

Routine treatments, including routine elective Orthopaedics are taking longer and the Trust has a backlog of work that is being prioritised alongside our urgent workload. There are a number of complexities in the routine pathway, largely through patients choosing not to attend and the result of COVID safety guidelines and restrictions. However, the Trust is continuing to maximise the use of capacity to see and treat patients as quickly as possible.

The Trust did not close its doors to new routine referrals throughout the crisis - instead deploying a solution allowing GPs to refer and enable the creation of worklists for clinical triage. With triage in place across the Trust and a huge expansion of digital care delivery, the Trust has been able to continue to manage a level of demand that can be benefited through either Advice and Guidance or virtual/telephone assessment. Considered together this has meant that whilst they do have a backlog of extended waits they are able to focus a larger proportion of their capacity to these patients, particularly in the outpatient setting.

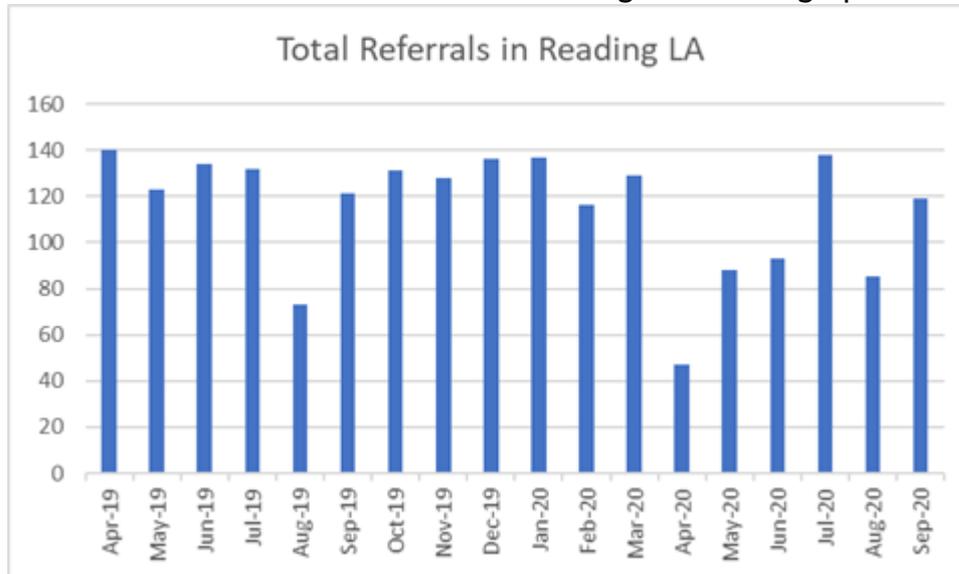
It is expected that the size of the top of the waiting list will continue to grow over the next few months and teams are focused on communicating with their patients to agree appropriate next steps. However with fewer patients moving through the lower parts of the waiting list - either because of reduced demand or as a result of the new pathways that have been put in place in the COVID

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response - there is confidence that this profile will reverse later in the year as they aim to stabilise and recover the waiting list as quickly as possible.

### Child Mental Health Waiting Lists:

BHFT Referrals for the last 19 months are given in the graph below:



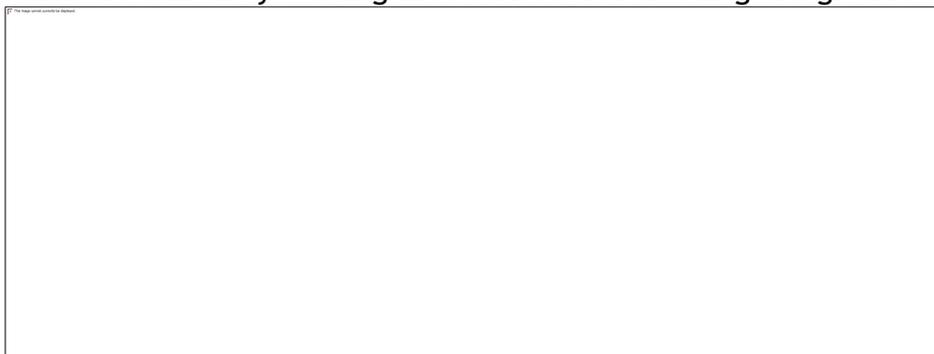
### Average waiting times

Average wait to triage in CPE in Sept was 1.2 weeks. For those young people needing a face to face appointment following initial telephone/video triage, the average wait to second contact was 3.2 weeks. We are monitoring CPE (Common Point of Entry) closely and working hard to keep waiting times down as referrals increase.

The table below gives year to date average waiting times for the other teams

Team	First Contact	2 <sup>nd</sup> Contact
BEDS CYP	1.1 weeks	1.8 weeks
Health & Justice	2.0 weeks	4.3 weeks
A&D	15.7 weeks	26.5 weeks
SCT	6.5 weeks	16.2 weeks

Numbers currently waiting first contact for Reading are given below:



All of those showing as waiting over 7 weeks in CPE are undergoing screening for autism and/or ADHD.

**3. IMPACT OF COVID-19 IN READING**

David Munday, Jon Dickinson, Deborah Glassbrook and Rachel Spencer gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded, in light of the national lockdown in March 2020 and the work on recovery since the lockdown. The presentation slides had been included in the agenda papers.

The presentations covered the following areas:

- Public Health information with details of the latest data on Covid-19, which included:
  - Data for Reading on confirmed cases of COVID-19 per 100,000 population compared to the South East and England, mortality per 100,000 population and a weblink to a public dashboard showing all publicly available data
  - A summary of the national trend and Reading patterns in relation to variation in impact by age, gender, ethnicity, deprivation and occupation and a weblink to information about geographical spread.
- Adult Social Care - information on operational and provider/service focus
- Brighter Futures for Children - information on:
  - Impact on Schools, recovery, data and communications
  - Impact on Children’s Social Care and response
  - Impact on Early Help & Prevention and response
- The Reading Voluntary and Community Sector response and winter plan, with statistics included to August 2020.

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

**4. DIRECTOR OF PUBLIC HEALTH BERKSHIRE ANNUAL REPORT 2020 - LOOKING FORWARD TO RECOVERY: 10 THINGS TO CONSIDER FOR COVID-19 RECOVERY PLANNING IN BERKSHIRE**

Tessa Lindfield submitted the Annual Public Health Report 2020 entitled “Looking Forward to Recovery: 10 things to consider for COVID-19 recovery planning in Berkshire” and gave a presentation on the report.

The report suggested and gave further details of the following ten areas for all partners in Berkshire to consider in the response to and recovery from the COVID-19 pandemic:

	<b>Key Message</b>	<b>Why is this important?</b>
<b>Setting the Scene:</b>		
Inequalities	COVID-19 has shone a fresh light on existing health inequalities. As it progresses, it is likely these health inequalities will widen further.	Emerging evidence has found some groups are at greater risk of being infected with and being harmed by COVID-19.
<b>Impact on Communities:</b>		
Employment	There are early signs that the harmful impact will be	Employment is a key determinant of health. By

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	<b>Key Message</b>	<b>Why is this important?</b>
	greater on some sectors than others, including those that employ some of the lowest paid workers.	July 2020, the number of employees in the UK on payrolls was down around 730,000 compared, with March 2020.
Children and Young People	Children and young people may be the hardest hit by social distancing and other control measures for COVID-19.	More time at home with family may be a positive experience for many, but for others it may be a difficult time involving loneliness, bereavement, financial hardship, neglect or abuse.
Safeguarding	Our recovery from the COVID-19 lockdown restrictions will need to ensure that safeguards continue to be put in place to identify, support and protect victims of abuse.	Evidence from previous disasters, all indicate that heightened levels of domestic abuse continue long after the event.
Mental Health	There were clear links between poor mental health and health inequalities before the onset of the COVID-19 pandemic and inequalities seem likely to widen further in its wake.	There's evidence to indicate the rate of mental health conditions will increase as a result of both the pandemic itself and the measures put in place to control the spread of the virus.
Environmental Impact	A 17% fall in CO2 emissions during April 2020 provides proof-of-concept that pollution levels are responsive to policy, creating an incentive for making the environmental impact a core focus of future strategies.	Pollution is linked to lower life expectancy, particularly through its effects on cardiovascular and respiratory health and lung cancer.
<b>What will help?</b>		
Engaging Communities	Those on the lowest incomes are less likely to feel able to exercise control over their futures by engaging with national and local political systems.	Engagement with communities affected by SARS and Ebola pandemics, by asking what matters most to them, saw successful responses to the changing needs of the population
Resilience and Social Cohesion	Community resilience, including strong social cohesion and social capital, is linked with	Socially cohesive communities tend to feel a sense of belonging and community and either

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	<b>Key Message</b>	<b>Why is this important?</b>
	faster and more effective recovery.	share values or a tolerance for one another's differences.
<b>How will we know it's working?</b>		
Building on Assets and Reshaping Society	We plan to introduce an ambitious, broad-based, transformational program that can seize the positives from this crisis to build a healthier, stronger and more equal Berkshire.	Establishing a new "normal" is the long-term goal for recovery from COVID-19 and it is crucial that we re-build a fairer, safer and stronger community.
Measuring Progress	Learning from other disasters shows that the measurement of recovery needs to be defined, owned and shared by the community.	The measurement of our recovery from COVID-19 will be vital to ensure that we are going in the right direction - towards a healthier, fairer and sustainable society.

**Resolved -** That the Annual Public Health Report 2020 be noted and welcomed.

### **5. BERKSHIRE WEST ICP SYSTEM RECOVERY APPROACH**

Sam Burrows gave a presentation on the Berkshire West Integrated Care Partnership (ICP) System Recovery Approach. The presentation slides had been included in the agenda papers.

He explained that the Berkshire West ICP strategic recovery included its continued response to Covid-19, the restoration of services, and embedding the rapid transformation that had been achieved throughout this time. The oversight of system recovery would continue to be through the ICP governance framework in Berkshire West as set out in the governance diagrams shown.

The ICP would follow the agreed BOB ICS Recovery Objectives and Principles which were outlined in table 1, and the ICP would link into the BOB Integrated Care System (ICS) Recovery Board and clinical oversight work streams when they became active.

The ICP programme boards were reviewing their priorities, undertaking an impact assessment approach to Covid-19 to develop the recovery plan for their sector/area. The impact assessments were looking at capturing new ways of working to sustain and define the focus of their work as the move out of the Covid-19 peak and towards recovery happened.

Sam Burrows noted that, as the move into the implementation of the plans took place, it would be important to be aware of the complex delivery pathways of all partners within the system and do an impact assessment of how restoring services or making changes in care pathways would affect others. A model to ensure this was considered was being proposed which included sections on external impact in internal impact assessments, partnership discussions, use of the ICP Clinical Oversight Group

as a “fresh pair of eyes” on introduction of new ways of working and clear communication to all parties.

It was noted at the meeting that, in order to build confidence within local communities to attend health services, communication to everyone, not just patients themselves, was needed, through numerous communication channels, and providers also needed to ensure that communication with the public was at a level that the public understood. It would also be important to be clear about the financial challenges and difficult decisions that needed to be made locally in the integrated care system, as there had already been a financial challenge even before Covid-19.

**Resolved -** That the Berkshire West Integrated Care Partnership (ICP) System Recovery Approach be noted.

## **6. ANNUAL INFLUENZA (FLU) PLAN UPDATE 2020**

David Munday submitted a report giving an update on the performance of the influenza (flu) 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 would be implemented locally. The report had appended:

Appendix 1 Berkshire Seasonal Influenza Vaccine Campaign; 2019-20 Flu Activity Summary, Final vaccine update figures and plans for 2020-21

Appendix 2 Reading’s draft Flu Communication Plan 2020-21

The report explained how seasonal flu was a key factor in NHS winter pressures and how flu plans aimed to reduce the impact of flu in the population, through a multi-agency approach of engaging and communicating with residents about flu and promoting and encouraging take up of flu vaccinations. The report set out the responsibilities of the different agencies involved, gave details of flu vaccine uptake in Reading in 2019-20, set out learning from 2019-20 and summarised plans for the 2020-21 flu season, especially in light of the Covid-19 pandemic, with key changes including expansion of eligibility criteria, delivery of the vaccination programme and ambition to significantly increase uptake.

**Resolved -**

- (1) That the multi-agency approach planned for Reading be agreed and endorsed, noting the expanded cohort for the 2020-21 flu vaccination campaign;
- (2) That respective organisations be supported to fulfil their responsibilities as set out in the National Flu Plan;
- (3) That members of the Board act as ‘flu champions’, taking every opportunity to promote the vaccine uptake and debunk myths, encouraging people to accept the offer of a flu vaccination where they were eligible.

**7. UPDATE ON MENTAL HEALTH CRISIS REVIEW AND BUILDING A PRIMARY CARE MENTAL HEALTH OFFER**

Andy Fitton submitted a report giving an update on two Mental Health transformation projects - a Review of Mental Health Crisis Services for the all age population of Berkshire West and the development of a Primary Care Mental Health Offer.

The report explained that a Review of Mental Health Crisis Services had taken place from July 2019 to March 2020 and set out the reasons for the review, its aims and process, details of its 14 recommendations, information on implementation, highlights of progress already made and the planned next steps.

Key points included:

- The review and recommendations were seeking to improve access to mental health services, including crisis provision access for all ages 24/7 and alternative crisis provision for those in mental health crisis, such as sanctuaries or crisis cafes.
- The review had involved multi-agency co-production and so the 14 resultant recommendations had been shaped by partners and patients.
- The report on the review and its recommendations had been submitted to and approved by the Integrated Care Partnership Mental Health and Learning Disability Board for Berkshire West in April 2020 and a detailed implementation plan had been completed, a project implementation group of partners had been set up and a Project Manager had been employed.
- A new 24/7 All Age Crisis Line had been established and had gone live in April 2020, linked into 111, and it had already had 1,400 calls.
- Approval to commission a Breathing Space Crisis Café had been secured as an alternative crisis provision in Reading, the service specification had been finalised and the procurement process was to begin. Cafes for West Berkshire and Wokingham were hoped to follow in the next five years.

The report also gave details of the work on setting up a Primary Care Mental Health Offer for Berkshire West patients to improve the quality and accessibility of mental health care for the population, as set out in Recommendation 10 of the Mental Health Crisis Review. The report set out the outcomes wanted, the areas of focus for the model of delivery and gave details of the work completed to date and next steps planned. It explained that the work had been delayed by the Covid-19 pandemic but, since lockdown had ended and recovery planning had started, renewed discussion between partners had begun on developing the business case and proposal to fund pilot areas of telephone support and operate the full model in a single pilot Primary Care Network area, with the hope that a fair share allocation of Mental Health transformation funding would be obtained.

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

**8. HEALTHWATCH READING ANNUAL REPORT 2019/20**

Mandeep Bains submitted the 2019/20 Annual Report for Healthwatch Reading, which gave details of the work carried out by Healthwatch Reading in 2019/20.

The report explained how, just before the end of the 2019/20 financial year, the Covid-19 pandemic and lockdown had impacted the work of Healthwatch, which had,

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prior to lockdown, been focusing in 2019/20 on how the NHS would implement its Long Term Plan and changes in primary care.

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

- Responding to Covid-19, including launching a prescription delivery service
- Helping people to shape the NHS, involving holding surveys and focus groups to get views on the NHS Long Term Plan on behalf of NHS England
- Providing statutory advocacy via the Reading Voice service
- Engaging with local people on five other projects:
  - Log on to Health - workshops on signing up to GP services
  - Enter and View Visits to GP Surgeries
  - Urgent Care survey
  - Survey and focus groups for a maternity project
  - Survey of Student Health and Wellbeing

The report also acknowledged the work of its volunteers, gave details of its finances, and stated that Healthwatch aimed to continue with an agile, imaginative and people-centred approach in 2020/21 as things were expected to continue being uncertain and socially-distanced due to Covid-19.

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

### **9. SAFEGUARDING ADULTS READING & WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORTS 2018-19**

Jon Dickinson submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2018-19 and, within that, the Safeguarding Adults Annual Report 2018/19 for Reading Borough Council. The SAB Annual Report was appended.

The report explained that the Care Act 2014 stipulated that each local authority must have a Safeguarding Adults Board (SAB) to lead on adult safeguarding arrangements across its locality and have oversight and co-ordination of the effectiveness of the safeguarding work of its member and partner agencies. The SAB's aim was to help and safeguard adults with care and support needs by ensuring that local safeguarding arrangements were in place, as defined by the Care Act 2014, and that: safeguarding practice was person-centred and outcome-focused; work was collaborative in order to prevent abuse and neglect where possible; agencies and individuals gave timely and proportionate responses when abuse or neglect had occurred; safeguarding practice was continuously improving and quality of life for adults in its area were enhanced.

The report stated that the SAB report set out performance and priorities with regard to safeguarding. It highlighted the work that had been carried out in 2018/19 across the multi-agency partnership (Reading, West Berkshire & Wokingham) and included information on safeguarding in Reading Borough Council's Directorate of Adult Care & Health Services in 2018/19.

Jon Dickinson highlighted some of the key points from the report, noting that Reading had seen a 37% reduction in the number of safeguarding concerns in 2018/19 as compared to 2017/18, which had been as a result of a change in practice, but this meant that recording of concerns was becoming more accurate. There had been an

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increase in safeguarding concerns reported by health staff, the majority (58%) of enquiries continued to relate to the 65 and over age group, and the gender breakdown still showed more females than males with enquiries (57% females). In terms of risk being removed or reduced in concluded enquiries, the 78% figure for 2018/19 showed an improvement from 38% in 2017/18, showing that, in the majority of cases, the risk was being lowered for vulnerable people.

Councillor Jones expressed concern at the meeting about the apparent lack of engagement of Asian or Asian British people in the safeguarding process and the resultant underrepresentation compared to their percentage in the Reading population (12.6% in the Reading population but only 6.8% of those involved in a safeguarding enquiry) and he reported that he had started informal conversations with community leaders to discuss how there could be better engagement in a culturally relevant and sympathetic way with people from BAME communities to improve the engagement.

Mandeep Bains requested that figures on the take up and use of advocacy to hear the voices of vulnerable people in safeguarding referrals be included in future reports.

**Resolved** - That the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2018-19 and the Safeguarding Adults Annual Report 2018/19 for Reading Borough Council be noted.

### 10. HEALTH AND WELLBEING DASHBOARD - OCTOBER 2020

David Munday submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A), which set out local trends. The report 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 2.1 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. DATE OF NEXT MEETING

**Resolved** - That the next meeting be held at 2.00pm on Friday 22 January 2021.

(The meeting started at 2.00pm and closed at 4.50pm)

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Reading Health & Wellbeing Board  
22 January 2021

# Impact of Covid-19 in Reading





# Public Health Covid-19 Update January 2021



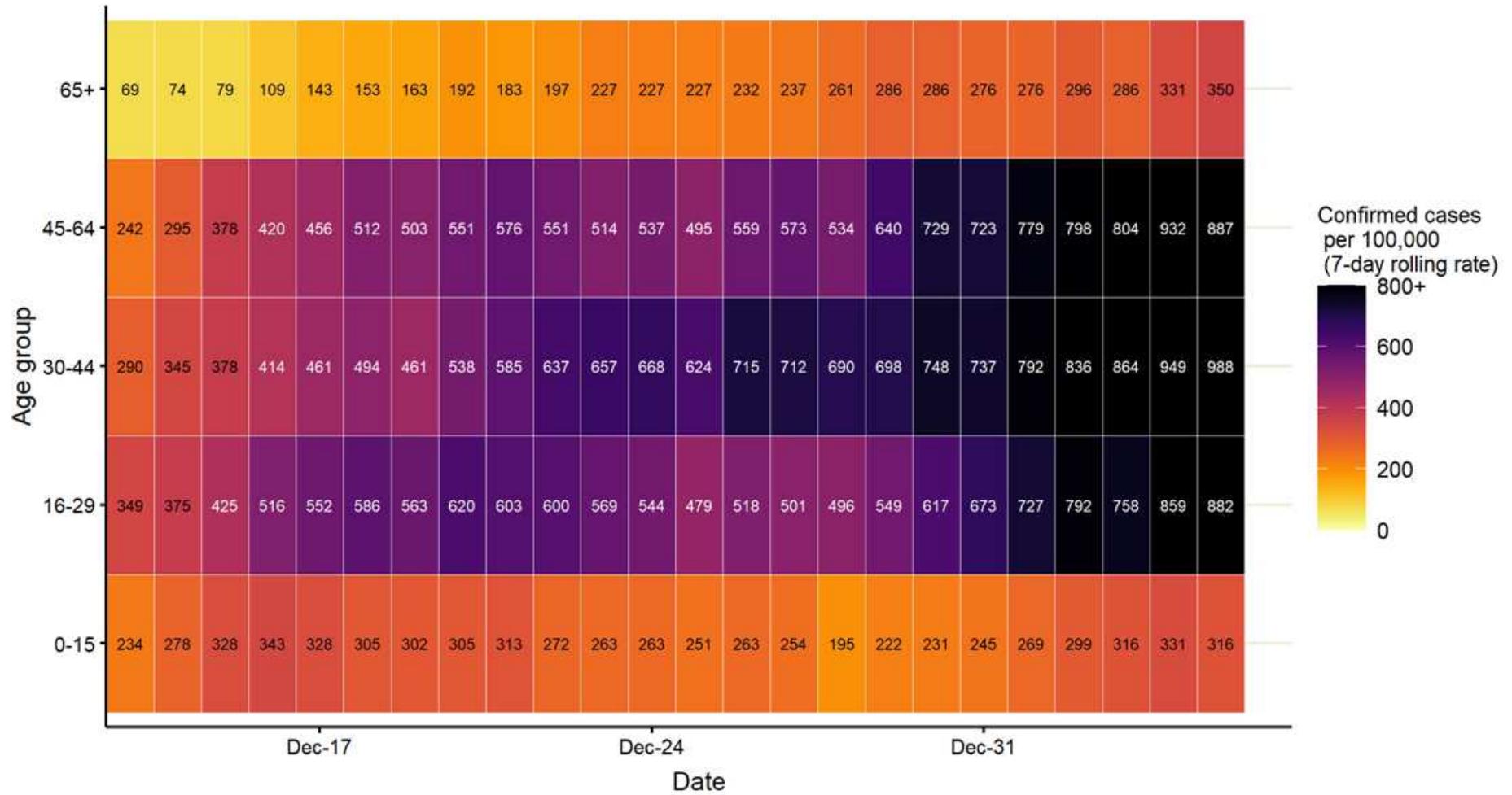
# Latest Data

NB - latest data will be tabled on the day of the meeting

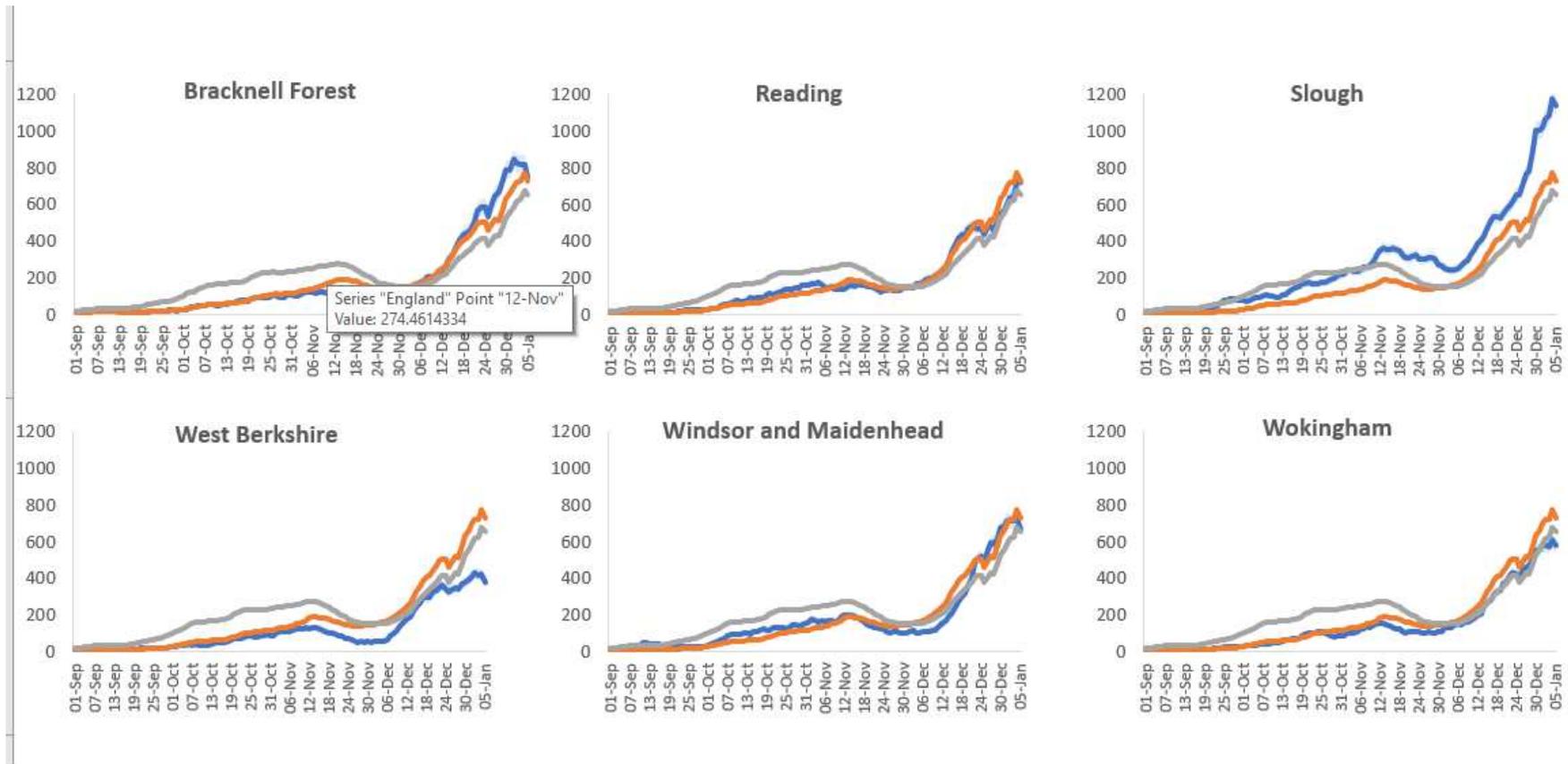
**Situational Awareness indicators from 25<sup>th</sup> to 31<sup>st</sup> December\* in comparison to previous 7-day period**

LA	People tested per 100,000 population (7-day moving average)		Positivity rate (weekly)		Cases per 100,000 population - all ages (weekly)		Cases per 100,000 population - aged 60 and over (weekly)		Number of confirmed cases (last 7 days)
Bracknell Forest	467.6	↓	25.6%	↑	784.2	↑	544.7	↑	961
Reading	481.2	↓	17.8%	↑	558.8	↑	375.7	↑	904
Slough	553.2	↓	28.5%	↑	1003.8	↑	805.2	↑	1,501
West Berkshire	380.3	↓	16.2%	↑	390.0	↑	236.2	↑	618
RBWM	496.4	↓	21.5%	↑	685.5	↑	485.2	↑	1,038
Wokingham	424.5	↓	20.2%	↑	557.5	↑	301.5	↑	954
South East	515.1	↓	19.1%	↑	643.2	↑	428.3	↑	57,312
England	459.6	↓	18.3%	↑	546.9	↑	363.7	↑	307,806





# Comparative Data



# New SARS-CoV-2 variant

All viruses mutate over time and new variants emerge regularly

This variant transmits more easily than other strains

Evidence suggests this variant emerged in September 2020 and then circulated at very low levels in the population until mid-November

The increase in cases linked to the new variant first came to light in late November when PHE was investigating why infection rates in Kent were not falling despite national restrictions

We currently have no evidence that the variant is more likely to cause severe disease or mortality, but we are continuing investigations to understand this better

The way to control this virus is the same, whatever the variant. It will not spread if we avoid close contact with others. Wash your hands, wear a mask, keep your distance from others, and reduce your social contacts

Public Health England said there was currently no evidence to suggest that vaccines will not be effective against the new strain

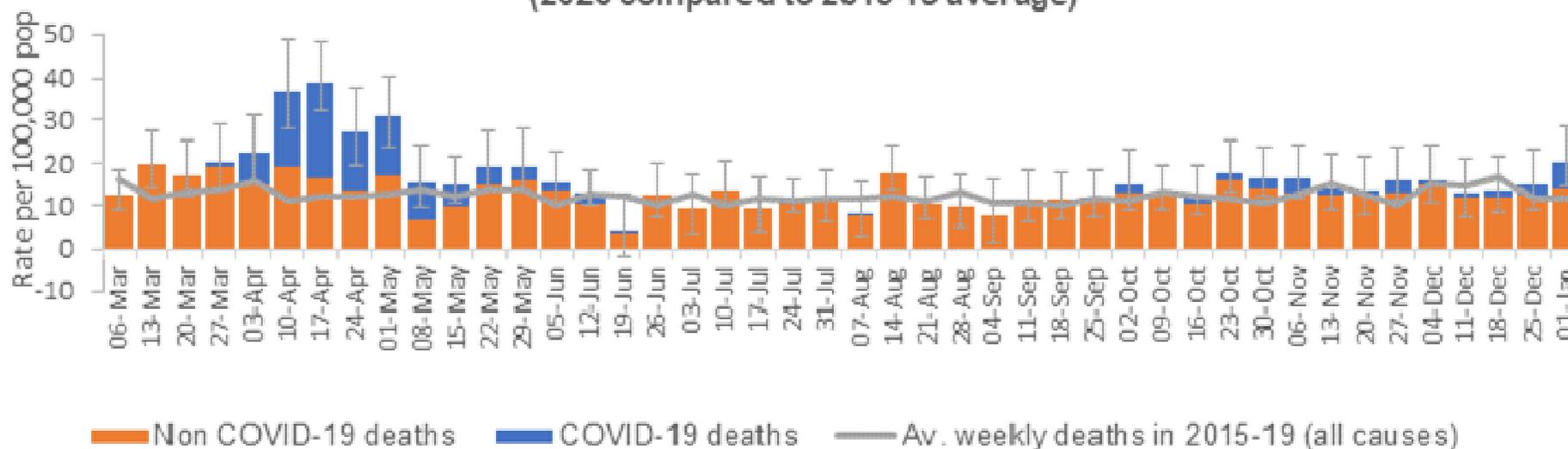
Lateral flow and PCR tests can detect this new variant

Link to up to date info: [COVID-19 \(SARS-CoV-2\): information about the new virus variant - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/covid-19-sars-cov-2-information-about-the-new-virus-variant)



# Mortality Rate in Reading

Mortality in Reading per 100,000 population  
 (2020 compared to 2015-19 average)



## Proportion of confirmed COVID-19 in South East that are due to new variant (VOC)

Week (MM/DD/YY)	%_Other cases	%_SGTF cases
9/1/2020	96.4	3.6
9/8/2020	97.3	2.7
9/15/2020	96.3	3.7
9/22/2020	95.7	4.3
9/29/2020	94.8	5.2
10/6/2020	96.3	3.7
10/13/2020	95.3	4.7
10/20/2020	92.7	7.3
10/27/2020	88.7	11.3
11/3/2020	84.6	15.4
11/10/2020	78.7	21.3
11/17/2020	69.9	30.1
11/24/2020	52.9	47.1
12/1/2020	40.6	59.4
12/8/2020	28.8	71.2
12/15/2020	23.4	76.6
12/22/2020	17	83
12/29/2020	11.5	88.5



# Testing

- Testing rate in Reading remains good
- Turn around time averages 1.5 days
- Prospect Park will be converted to a 7 day a week Local Testing Site (LTS)
- Lateral Flow Testing being implemented
  - 1 x Secondary School first
  - Key worker testing (Non- NHS) being established
  - Community testing to then follow
- LFT need careful deployment based on issues of accuracy



## COVID vaccines

- 3 vaccines are licenced, currently being rolled out
- 2-dose schedule
- Second vaccine dose should be with the same vaccine as for the first dose
- Short term protection from dose 1- It takes a few weeks for your body to build up protection from the vaccine. Like all medicines, no vaccine is completely effective, so you should continue to take recommended precautions to avoid infection.
- Given the high level of protection afforded by the first dose, models suggest that initially vaccinating a greater number of people with a single dose will prevent more deaths and hospitalisations than vaccinating a smaller number of people with two doses
- Protective immunity from the first dose likely lasts for a duration of 12 weeks
- The second dose is still important to provide longer lasting protection and is expected to be as or more effective when delivered at an interval of 12 weeks from the first dose
  - The second dose of the Pfizer-BioNTech vaccine may be given between 3 to 12 weeks following the first dose.
  - The second dose of the AstraZeneca vaccine may be given between 4 to 12 weeks following the first dose.
- Local information available at <https://healthwatchreading.co.uk/advice-and-information/2020-12-30/your-questions-answered-covid-vaccines>



# Priority groups

- Residents in a care home for older adults and their carers
- All those 80 years of age and over and frontline health and social care workers
- All those 75 years of age and over
- All those 70 years of age and over and clinically extremely vulnerable individuals
- All those 65 years of age and over
- All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- All those 60 years of age and over
- All those 55 years of age and over
- All those 50 years of age and over





# Adult Social Care Covid-19 Update January 2021



# Support to Service Users

- Adult Social Care are operating as business as usual supporting vulnerable service users and carers
- Face to face visits are taking place on the back of individual risk assessments as well as virtual assessments/reviews
- Staff have full access to appropriate PPE
- In House Services are offering urgent respite for families either via the usual service offer or by ‘in reach’ into peoples homes
- Continue to work with Health to support rapid hospital discharges including mobilising our ‘Care Hotel’ Discharge Service at the Holiday Inn



# Support to the Provider Market

- Facilitating access to Covid19 vaccination for the Adult Social Care workforce
- Support to Providers with regards to Business Continuity Planning including workforce shortages
- Tailored communication and support to Providers to aid understanding of changing guidance including testing, visiting etc
- • Quality monitoring undertaken virtually and face to face in conjunction with health staff as required
- Working alongside Providers to support development of revised service offers that remain sustainable during lockdown scenarios
- Alternative care being sourced for other vulnerable individuals who can't access their usual services



[brighterfuturesforchildren.org](http://brighterfuturesforchildren.org)



# Brighter Futures for Children: Covid update

January 2021



# Impact: Schools

- Significant number of children and staff having to self isolate.
- Significant number were tested positive.
- Some schools had to close year groups and one school had to shut completely.
- Interruption of education for many children.



# Support: Schools



- Heads Teachers written briefing each week
- Teams Meetings weekly with Head Teachers
- Meeting with DfE/ RSC 3 times per week
- Weekly meeting with unions
- Education Welfare Service



# Impact: Early Years



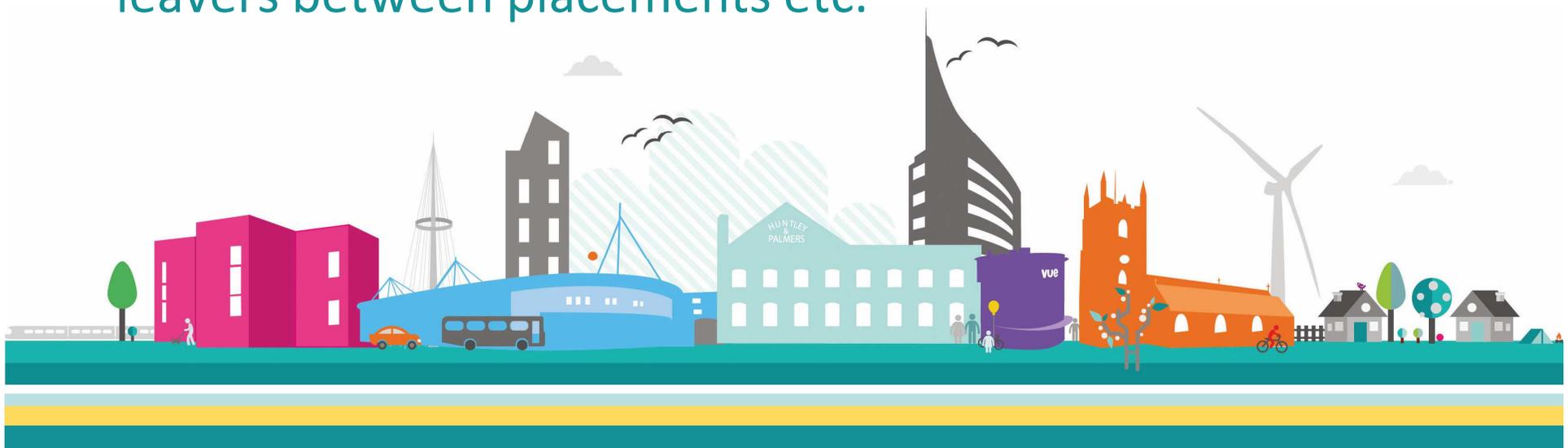
- Majority of settings open but 25% reduction in attendance (1400 take up January)
- Early Years sector challenged financially/lack of clarity around spring term funding
- Concerns : testing and vaccinations



# Impact: Social Care



- Delays in intervention from agencies offering virtual intervention makes it difficult to reduce risk for children.
- Increase in poverty, mental health has caused families acute distress – increase risk to children – confined to homes with DA in family.
- Impact on cost due to delays in proceedings; moving care leavers between placements etc.



# Response: Social Care



- Risk assessments
- Face to face visits to all children as well as virtual visits
- Strong partnership working
- Review of care planning



# Impact: Early Help and Prevention



- Risk assessments – face to face visits to all children. Concern re: those not in school
- Sustaining impact virtually
- Impact on mental health, poverty, DA
- Strong One Reading Children and Young People's Partnership
- Child in Need project



# Covid Vaccination in Reading

- \* Vaccinations are being delivered to patients of GP Practices by the 6 PCNs in Reading
- \* 5 Sites for patients have been set up and have started delivering vaccines between the weeks beginning 21 December and 11 January which covers all GP Practices in Reading
- \* Vaccinations for Staff are also being given at Wokingham Hospital and Royal Berkshire Hospital
- \* The current focus is on
  - \* The 80+ age group
  - \* Elderly Care Home residents and staff
  - \* Housebound patients
  - \* Front line staff
- \* The next cohorts will be
  - \* 75 +
  - \* 70+
  - \* Clinically extremely vulnerable
- \* General Practice has received supplies of the Astra Zeneca vaccine and this will be used at first for elderly care home patients and housebound patients. The Pfizer vaccine will continue to be used in the vaccination hubs

# Phlebotomy Services

- Covid-19\* significantly impacted the two main providers of phlebotomy services (BHFT and RBFT) who restricted access to urgent only patients at the start of lockdown
- Phlebotomy was raised by GPs in August 2020 as an area of concern:
  - Q1 of 2020 - BHFT had seen a reduction in activity of 64% compared to Q1 of 2019 due to social distancing and PPE/cleaning
  - Q1 of 2020 - RBFT had seen a reduction in activity of 82% compared to Q1 of 2019 (across two sites) due to social distancing and the 'walk-in' model
- August/September 2020 - a cross system team was drawn together and tasked with working through the issues to increase capacity across Berkshire West
- In September 2020 - BHFT started a recruitment exercise to double the existing staffing complement
- In October 2020 - RBFT opened to routine referrals by launching an online booking system for both sites and increased activity to routine patients and controlled patient flow
- By December 2020 – RBFT booking system created sufficient capacity to increase activity by an additional 10% compared to pre-covid levels
- January 2021 – The staff employed by BHFT enabled the service to open to routine referrals; pre-covid levels of capacity should be recovered by March 2021
- GPs were kept informed throughout of progress; the system worked well together to identify the issues, risks and rapidly implement solutions

# BOB ICS NHS 111 First

Reading Health & Wellbeing Board

Jan-21

# What is 111 First

- National initiative introduced from Dec-20
- Strong message to the public to contact 111 before going to ED
- 111 clinical assessment service enhanced so patients can be increasingly dealt with on the phone, directed to alternative services or given self-care advice
- Increasing direct access to ambulatory care pathways in hospitals avoiding the need to go via ED
- If an ED visit is necessary patients get booked into a timed appointment slot

# BOB 111 First Model

- 111 service provided by SCAS
- Clinical Assessment Service (CAS) provided by SCAS with some staff employed direct (paramedics, nurses) and others outsourced (such as GPs)
- 4 ED Departments with direct booking enabled
- Increase in call handler and CAS clinical resource to support model
- Patient experience when directed to ED
  - Patients identify themselves as having a booked slot when presenting to reception
  - Booked patients are seen as close to timeslot as possible and quicker than those that walk-in
  - Signs in ED to explain some patients will be seen sooner than others as they have an appointment and therefore some of their waiting time was done outside of ED
  - Life threatening emergencies and ambulance arrivals continue to be prioritised

# Anticipated Benefits

- Patients directed to the correct service as a result of increased clinical assessment
- Reduced overcrowding in ED which decreases risk of infection
- National expectation to have 20% reduction in “unheralded” ED attendances
  - Up to 60-70% directed to more appropriate services
  - Remainder still attend ED but with booked appointment
- Booked patients average time in ED less than for walk in patients
- Improvement in 4 hour ED performance as workload can be levelled out through the day

## Where are we now and next steps

- National comms campaign launched Dec-21
- Enhanced capacity and capability in CAS
- Direct booking in place but low numbers initially
  - 4<sup>th</sup> Jan there were 71 patients directly booked into ED (approx. 10 per day)
- Developing dashboard for tracking impact
- Starting to book and refer patients into SDEC (Same Day Emergency Care) from 111 CAS
- EDs gradually increasing number of slots available for 111 booking

## Reading Voluntary Sector COVID update

### **Keeping people connected and supported through virtual support groups and buddies:**

- Classes, social, fun, information & reassurance for isolated people – community groups, physical & learning disabilities, carers, mental health & anxiety.
- Social Prescribing and befriending.

### **Getting around safely:**

- Readibus driving people to appointments, vaccine hubs, in and out of the Holiday Inn.

### **Practical support with financial, food, fuel and housing concerns:**

- Information and advice support online or on the phone.
- Community hubs distributing offers [food, digital inclusion, white goods] to vulnerable families e.g. ACRE, RCLC, Weller CC, WCDA, PACT, Deaf Centre, RRSB.

### **Increasing concerns around mental health and anxiety:**

- Ongoing impact of COVID with fears for health, family and finances.
- Ongoing isolation and loss of support networks, digital is not the same and impossible for some.
- Ongoing safeguarding concerns for children, those vulnerable to DV, people with a disability, carers.
- Ongoing ripples of anxiety as a result of the tragedies in Forbury Gardens and Caversham.

## Reading Voluntary Sector COVID update

### **The cliff edge of COVID support funding:**

- 909k from the National Lottery Community Fund for Reading to March 2021.
- Community grants from RBC/BCF/CCG – building the capacity of small community projects supporting people who might otherwise be missed.

### **Support for the vaccine programme:**

- VCS Vaccine Support Group - Working in partnership to make sure no one gets left behind with buddies, transport, support to make an appointment, interpreters, overcoming fear and misinformation.
- Volunteer support for the vaccine hubs.

### **A Reading Thriving Communities Network of organisations planning recovery through diverse offer of activities all supporting good mental health and focusing on health inequalities:**

- Arts, and culture, including libraries and museums.
- Sport, leisure and physical activity organisations.
- Financial wellbeing, advice, food and practical support.
- Environment and nature-based organisations.

# Reading people's experiences of health and social care services during the first Covid-19 lockdown



*Presented to Reading Health and Wellbeing Board, 22 January 2021*

## Introduction

This report presents the findings of a survey carried out by Healthwatch Reading between June and August 2020. The aim of the survey was to understand people’s experiences of health and care services during the first Covid-19 lockdown.

The survey asked how people experienced NHS and social care services, their experience of digital means of access or the reasons for any choices not to use services during this time.

In total we received 153 responses to the survey from people of a broad range of ages and ethnicities. Whilst people appeared to accept new ways of working, we found that a third of respondents had stayed away from services due to the pandemic, potentially delaying the early diagnosis and treatment of health concerns. Services changed greatly at this time to cope with treating people with the virus safely and there was a strong message from findings that clearer and more up-to-date communications would have helped support people to navigate and use services.

The survey ended with the opportunity for local people to leave a message of thanks for a service or individual, and 55 messages were left showing appreciation for the care given at this difficult time.

This report concludes with 6 key recommendations that focus on how to better shape services as we start to recover from the second surge of the pandemic.

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Survey findings in detail: pg 3-12

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Discussion: pg 13-17

Recommendations and responses: pg 18-25

Appendix 1: Demographics: pg 26-27

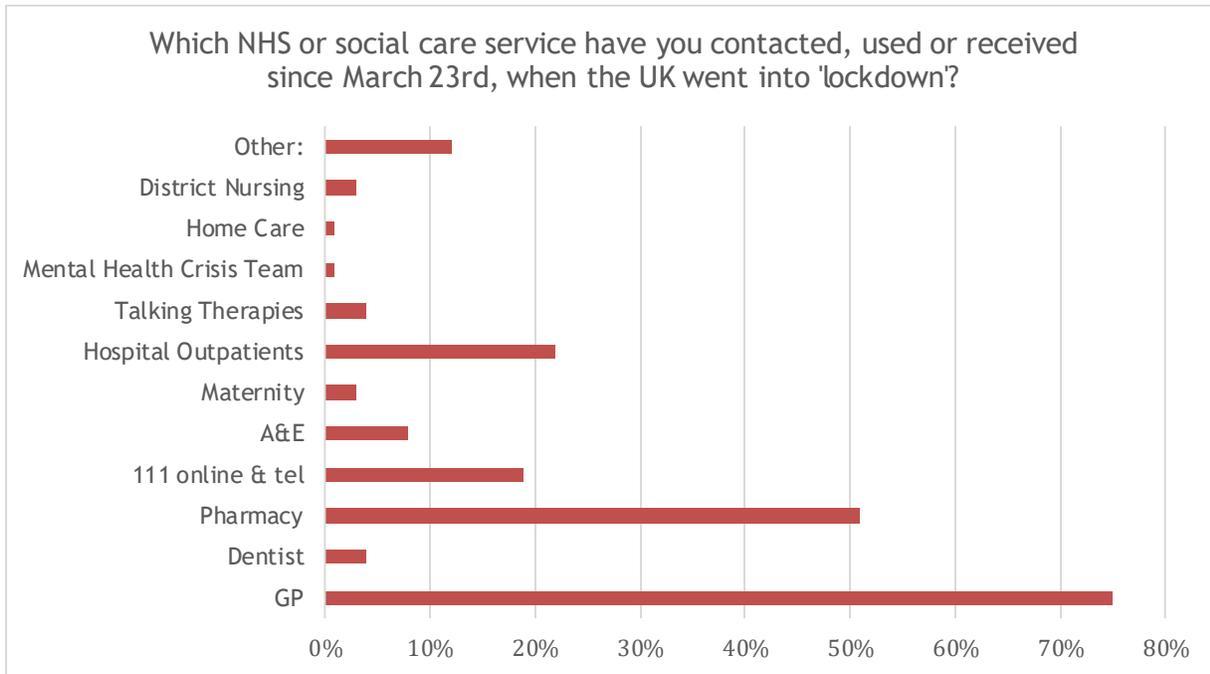
## Summary of survey findings

- 65% of people who responded to the survey used services during this period
- Most people used their GP (75%), pharmacy (51%), or outpatients (22%)
- 23% mentioned how quickly they were seen at appointments
- 36% said better communication and information was needed to improve their experience of services at this time
- Very few respondents had participated in a video consultation
- Resolving technical issues on video consultations would improve patient experience
- 54% of people who did not use services said that they had no new health concerns while nearly a half (44%) said they did not use services because they either did not want to bother services at this time, thought their problem could wait or were worried about catching COVID-19
- Most people described ‘ups and downs’ of emotions during this time
- 55 people left messages for staff and services showing their gratitude for the care they had received at this challenging time.

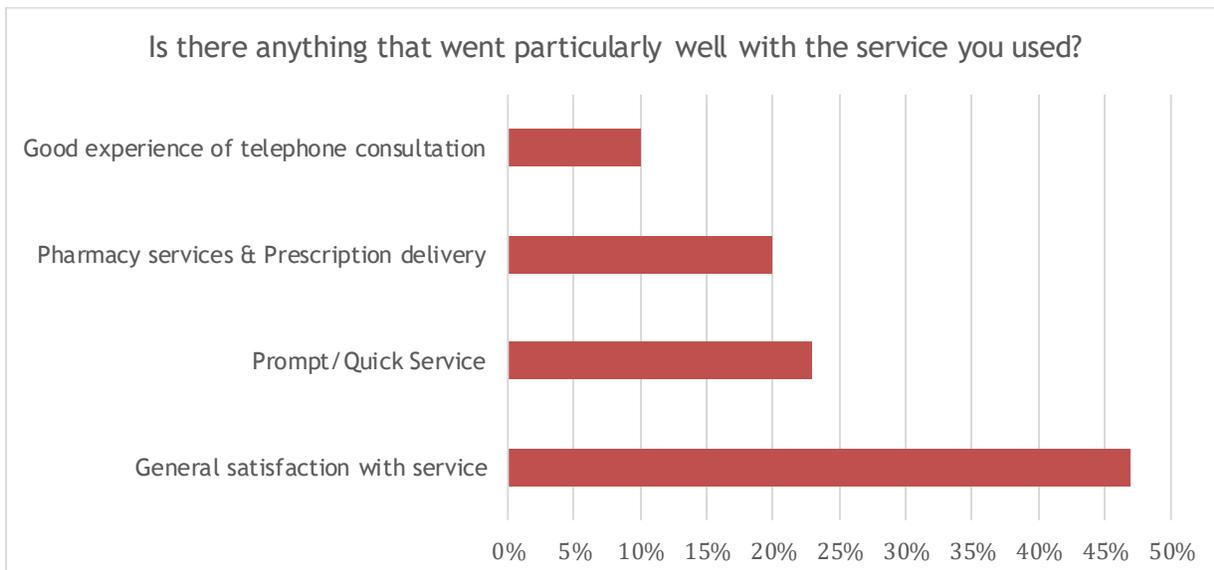
## Survey findings in full

### Using Services

Most respondents (65%) used services during this time, whilst 35% did not use any service. Those that did used variety of services, as shown in the following graph.



Their local GP was the service that was used the most, closely followed by pharmacy services and hospital outpatient’s appointment. 111 was used by people both online and on the telephone. Fewer people used dental services, but this could be due to the limited service available at this time and poor communications of what was available. We asked people to tell us what had gone well with the services they used. We grouped these comments based on what people told us, as below.



Most people expressed a general satisfaction with the services and the way they were treated. This was followed by 23% of respondents commenting on a getting an appointment quickly or being seen quicker than usual. One in 10 people also commented positively about the appointments that were held over the phone. Finally, there were a few people who commented on the efficiency and safety put in place by services.

*'I need medicine for my daughter. Dr called her and prescription sent to Boots from where she collected her medicine. So, it was hassle free. Really appreciate NHS effort during this crucial time.'*

*'No physical visits to surgery so I have had 2 phone consultations that I was satisfied with'*

*'very short waiting time because not so many patients & appointments on or before mine'*

*'I was pleased to be able to access my GP through a combination of email and phone calls. Talking Therapies was also via phone. For someone who has anxiety it was helpful not to have to go out into the community.'*

*'I have been to the GP surgery a few times for my INR blood tests, and the physical precautions taken at the surgery have been reassuring of safety. I also had to visit the cardiology clinic at Townland, Henley, and I can report the same safety-conscious environment, which was reassuring.'*

*'I think Healthwatch delivery of my prescription was wonderful. I also had a telephone appointment with my GP. I was glad to know I was still in their records - but since it was an eye test needed not much could be achieved.'*

*'Call backs happened quickly and the GP service from Western Elms surgery has been excellent as usual despite not being able to see a doctor face to face. My concerns were taken seriously, and the appropriate course of action was taken despite none of it being Covid related. Results were processed quickly and thankfully I won't need further treatment for the time being.'*

*'Really easy to get a GP appointment with the GP who was familiar with my health issues. Also easy to sort out prescriptions that would usually need face to face review e.g. blood pressure checks.'*

*'First Class Service a Doctor from Westcall spoke to my wife within an hour and arranged to see her'*

*'Very well organised with meet and greet at the door to ascertain my identity and purpose of visit.'*

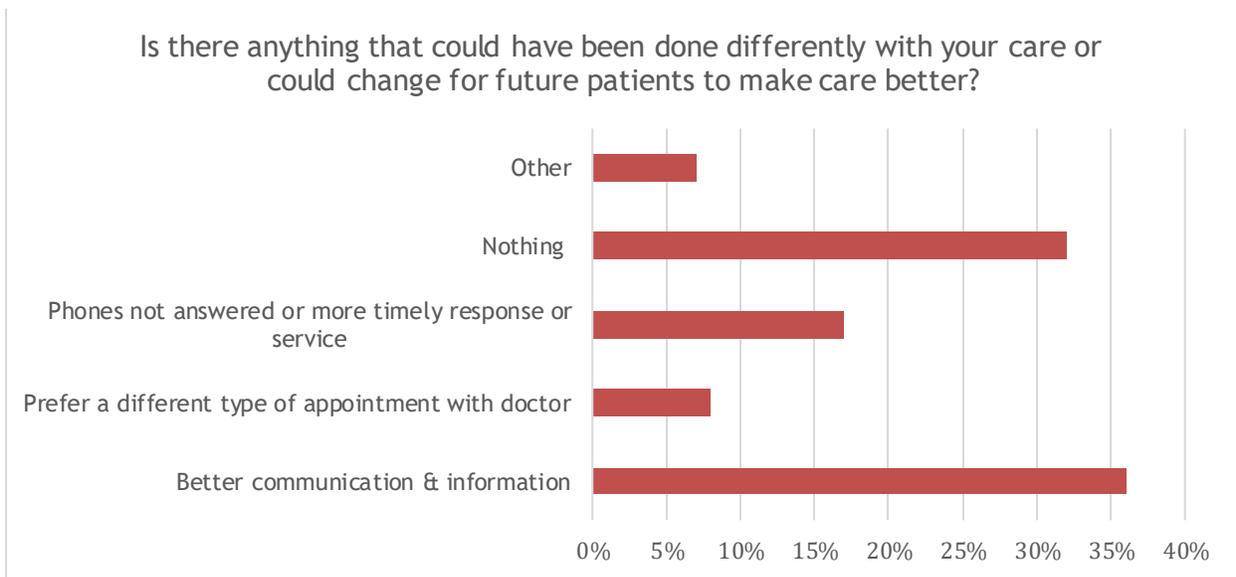
*‘Prompt admission for nurse appointment and all procedures in place to instil confidence that it was a safe place to be. The surgery has been brilliant and keeping registered patients up to date with news and I was given detailed advice about what would happen during my visit beforehand from the practice nurse. Also, collecting prescriptions from the surgery dispensary has been carefully planned and efficient.’*

*‘Really well organised ‘meet and greet’ at the door to ascertain the reasons for my visit (and clear instructions given by phone beforehand) and all safety measures in place to inspire confidence that the surgery was a safe place to be.’*

*‘We have been campaigning for years to have (appropriate) medical appointments by phone (for hospital outpatients - obviously only the ones which work by phone e.g. you don't need an examination). It was fantastic. I didn't need my carer to drive me to the hospital. I didn't need to go in my wheelchair which is uncomfortable. I didn't need to go into a hospital which is full of germs and poorly people (not referring to Covid-19, just usual ones!). We didn't waste a car journey - I didn't have to pay my carer petrol money or two extra hours work. We didn't pollute the environment by taking a car journey. Most of all I'm feeling well after, not exhausted for several days.’*

*‘Excellent phone triage, phone consultation - including sending photos and prescription sent straight to pharmacy. Could not have asked for better service’*

We also wanted to know if services could have done anything differently to improve patient experience. Again, we asked people to share their thoughts and we grouped these into the graph below.



Just over a third of respondents said they did not feel there was anything about their experience that needed improving. However, the most common response to make peoples experience of care better was improved communication. People also commented on phones going unanswered or not being seen when they needed to.

*‘took a long time to get through to people on phone’*

*‘Sometimes I feel it's important to have face to face appointment because it's difficult to explain the symptoms on the phone. My English language is limited.’*

*‘I am aware some GPs have used video consultations; I would have been happy to receive a video consultation.’*

*‘GP not informed about current local services at RBH’*

*‘I was making progress with the CMHT. I had the skeleton of a new, more healthy regime by mid-February. I was beginning to work through the exhaustion and sense of being overwhelmed. But then lockdown happened and the CMHT team leader refused repeatedly to accept my word that the progress I'd made has been reversed, and worse. So I'm struggling alone with the enhanced social anxiety of trying to get out again, complete with facemask... I'm losing.’*

*‘Stop acting as if patients were the last people on earth they wanted to see!’*

*‘The GP surgery was much slower at reissuing a different prescription’*

*‘Some contact at all. Surgery appears to be closed. Tried to make appointment by phone with little success. No contact regarding asthma review or required blood test.’*

*‘awaiting follow up phone call was supposed to get a call a month after appointment’*

*‘We were left a bit confused as to what to do- issue was a toddler’s injury, advised to phone A +E but were put off going as we were self-isolating- eventually didn’t go but worried it was the wrong decision.’*

*‘Not really. It took a couple of go’s for a GP to really understand my concerns but that was the difference between a doctor who knew my case and one who didn’t.’*

*‘Would always prefer to be able to see a doctor face to face’*

*‘GP surgery not as responsive but clearly, we are living in difficult times’*

*‘Online booking now will not allow ANY appointments to be booked, and getting a consultation is impossible over the phone.’*

*‘Some phone lines could be improved to aid communication between patient and doctors.’*

*‘Everything is so confusing, all messages and not sure what to do, sit and cry to myself. all instructions very poor.’*

*‘Orthotics receptionist needs to check who is the patient to be seen before making comments. My client who was walking with the aid of crutches approached the desk, and the receptionist without looking up from the desk said “one of you needs to go and sit in your car outside in the car park before checking who was the patient. I accompanied my client to the desk because she needed help. No chance to explain.’*

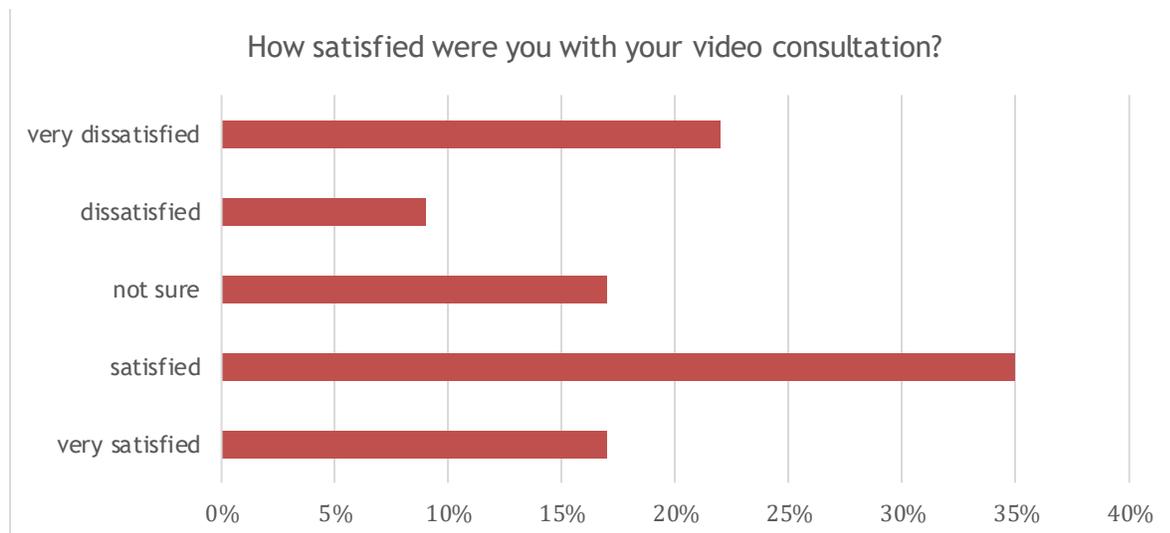
*‘I couldn’t see a doctor about a chest complaint that wasn’t COVID-19 or get any tests done. How that can be resolved under a pandemic, I don’t know - don’t get sick!’*

*‘Better information and CV19 testing.’*

*‘Communication could be improved. I wasn’t told that I had been put on electronic prescribing and that my usual pharmacy had been changed.’*

## Video Consultations

The government began talking in March about their expectation for most GP appointments to be held virtually, including by video calls, so we wanted to find out the take-up of new digital technologies. Only 10% of our respondents answered the question on whether they’d been offered a consultation for any appointment during the pandemic. However, their experience of the service was positive with 52% saying they were satisfied or very satisfied with the experience, as shown in the graph below:



When asked what had gone well with the consultation, mostly comments were about being able to see a face and being able to fully discuss their concern opposed to listening and talking to someone on the phone.

*‘Diagnosis could be made safely from comfort of own home.’*

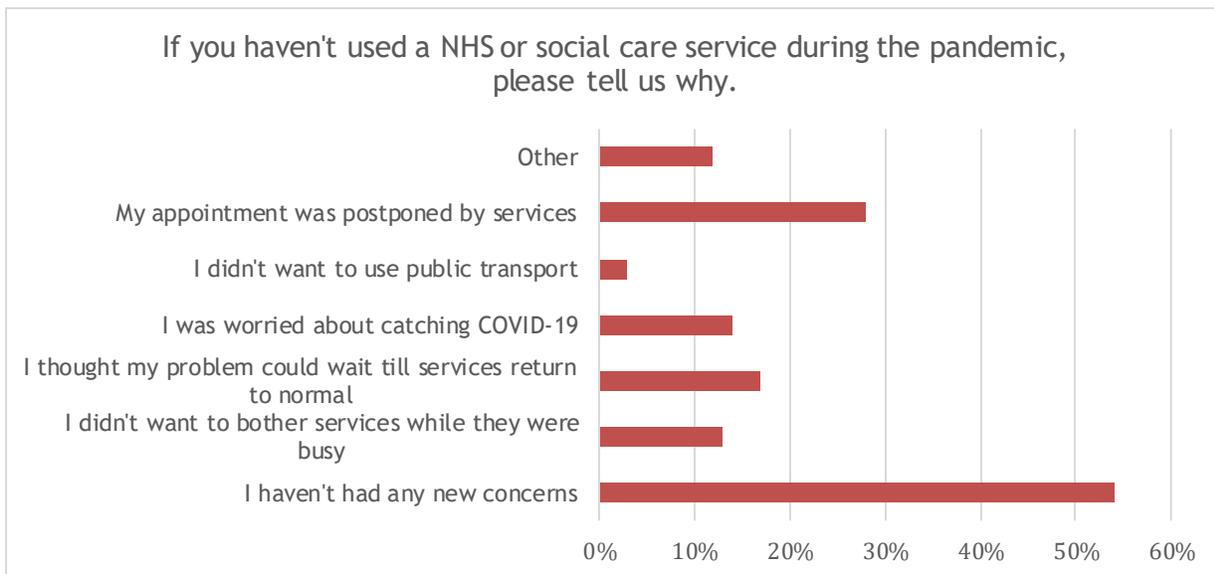
*‘Better than just voice contact.’*

*‘It was reassuring she could examine my throat.’*

People also commented that technical difficulties led to a poor experience of video consultations and that improvements would encourage them to use a video consultation in the future. Overall, 80% of people responded positively to having a video appointment again in the future.

### Not using services

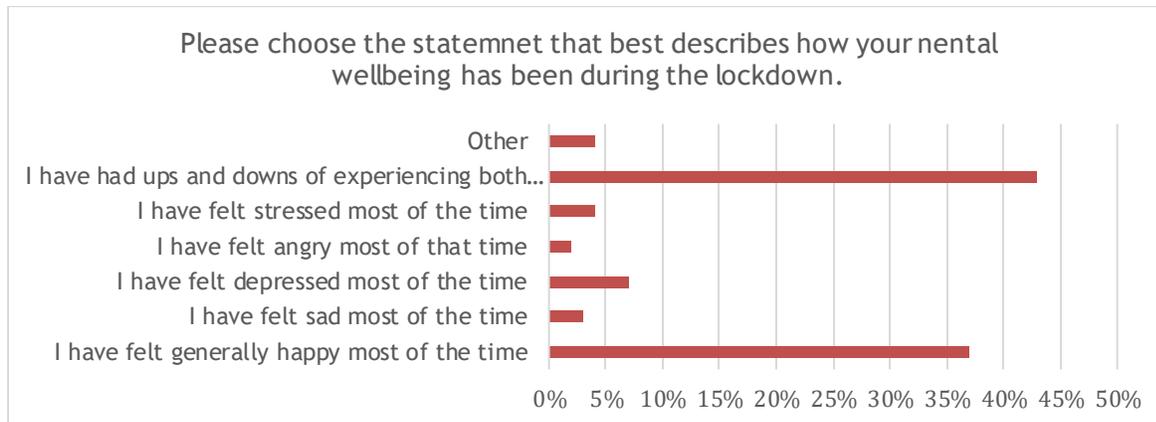
We felt it was important to understand if people were confident about using services at this time. 35% of people said they did not use a service and we asked them to choose from 6 statements to explain why.



Most people said that they did not have any new health concerns which is why they did not use any services. However, nearly a half of people said did not use service because they thought their problem could wait and they did not want to bother services, or they were worried about catching COVID-19. The effects of these decisions have been seen in the media recently, with people attending hospitals with deteriorating health conditions that could have been picked up and treated earlier.

## Mental Wellbeing

The final area of care we wanted to know about was how people’s mental health and wellbeing had changed, if at all during lockdown.



Nearly 50% of people said they had experienced both good and negative emotions and a third had said they felt happy most of the time. The remaining respondents had experienced mostly negative emotions during lockdown.

### ‘Thank you’

Finally, we wanted to give people the opportunity to leave a message of thanks for a service, organisation or individual for their efforts during the pandemic and 55 comments were left, including the following:

*‘I am very grateful that they still worked to care for people in such a terrible time.’*

*‘I really appreciate how NHS broad street Mall Reading Berkshire handle my daughter’s problem on phone and prescription medicine.’*

*‘unpaid carers forgotten about also cleaner’s hospital porters etc’*

*‘A general thank you to all the health, social care and voluntary sector for keeping people going!’*

*‘Simply I would like to thank everyone of the NHS staff for risking their own life with inadequate PPE provision.’*

*‘Cathy the volunteer from Healthwatch Reading prescription delivery service was fantastic, we had a natter at a distance she could not have be nicer. Thank you’*

*‘I thank all of the frontline NHS staff who have put the needs of others before themselves’*

*‘My admiration for all who have contributed to the populations wellbeing, with so many service providers dependent on each other I wouldn't single out any. They are all wonderful and deserve our thanks.’*

*‘Both the cancer services at the RBH and the doctors at Western Elms surgery have been excellent. I would like to single out Doctor Newsham at Western Elms surgery particularly for being thorough and sympathetic and getting me treatment that put my mind at rest. The efficiency of the staff at West Berkshire community hospital were exemplary too.’*

*‘the staff at Western Elms have been very helpful.’*

*‘Thanks to University Reading medical centre. I always find them excellent, but COVID has given additional challenge which I think they've managed really well.’*

*‘Always grateful for the support I receive through Balmore Park Surgery’*

*‘I feel Key Workers have done a brilliant job and my wife's experience with Westcall were first class.’*

*‘Thank you for this opportunity to say thank you to the staff and volunteers at the prescription collection service, I was at my wits end they came to my rescue. Now have a lump in my throat from gratitude xxxx’*

*‘Thank you to the RBH staff who attended to me swiftly when I went to use the A/E department.’*

*‘We would bow down to all the NHS health and care workers for their selfless service during this difficult time our country has faced. Thanks would not be enough to convey our gratitude.’*

*‘Boots Oracle pharmacy team brilliant.’*

*‘RBH thanks for looking after me.’*

*‘The Berkshire Cancer centre and Western Elms surgery have been great under obviously trying circumstances.’*

*‘Gratitude and thanks to all key workers. Your hard work and dedication have had to compensate for years of shortfalls in planning and funding. It is you who kept us going!’*

*‘Thank you to everyone who has taken efforts to shield me. You may have saved my life. What greater compliment is there? Thank you forever.’*

*‘Whitley Pharmacy have been amazing in enforcing social distancing and response to prescription collection.’*

## Background information

### About Healthwatch Reading

We are the local patient and public champion for NHS and social care services. We are independent of the NHS and Reading Borough Council. People’s views come first - especially those who find it hard to be heard, such as young people. We champion what matters to people and work with others to find ideas that work.

Under Healthwatch legislation, organisations must provide a written response to our reports and recommendations.

### Why we carried out this project

COVID-19 has had an unprecedented impact on our community and has greatly affected the way health and social care services operate. We were keen to understand the experience of the Reading community during this national crisis, both with using services and the impact on their wellbeing.

Healthwatch England has been encouraging local Healthwatch to carry out this work and has also been providing regular feedback from local Healthwatch to NHS England and the Department for Health and Social Care on the continued impact this is having on local people’s health and wellbeing and access to health and care.

Our findings should help those providing services and buying services understand people’s experience to inform planning of future services as the UK attempts to return to normality.

### How we carried out this work

Due to government restrictions about contact with others, this work was conducted virtually. We were unable to carry out any outreach in the community or with vulnerable groups or the digitally excluded, as we would normally.

We shared a survey with partners and via social media. We also encourage those who needed support with completing the form online to phone their response into us. In order to reach diverse communities, we worked with partners in the voluntary sector who were meeting their service users online or in person and worked with them to complete the survey, resulting in 153 people completing the survey.

## Discussion

### Introduction

Reading residents, along with the rest of the UK population, were placed under a strict national lockdown on March 23 2020 as part of measures to deal with the new, global coronavirus pandemic. The Covid-19 virus was being spread through human contact and while most people infected with it would experience a mild or moderate illness, it posed a risk to people with underlying medical problems such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer. Increased hospitalisations threatened to overwhelm the NHS, forcing the government to act by closing non-essential shops, workplaces, hospitality, leisure and entertainment venues and preventing people from mixing outside of their households.

Shielding was brought in for ‘extremely clinically vulnerable people’ advising them to stay indoors and rely on friends, family, neighbours, volunteers or local charities to deliver food, medicines and other essential supplies.

Public services rapidly scaled back their services during this time:

- hospitals postponed non-urgent appointments and operations, restricted or stopped visiting, restricted people who could accompany pregnant women into hospital, and ran separate emergency departments for Covid or non-Covid patients
- GPs stopped face-to-face appointments in favour of phone, email or video advice or consultations in all but the most urgent cases;
- Community mental health services also adopted virtual contact with patients
- Care homes had to stop friends and family from visiting residents
- Social services scaled back face-to-face care assessments and safeguarding visits except in the most urgent cases
- Day services offering support, socialisation and respite, had to be stopped for older people and people with learning disabilities
- NHS England paused the statutory NHS Complaints procedures, stopped requirements for providers to collect ‘Friends and Family’ feedback from the public and also allowed GP practices to disengage from their patient participation groups (PPGs).
- Limited access to dental care

The lockdown was eased from July 6 with the introduction of a national ‘rule of six’ for meeting people inside and outdoors, and shielding was formally paused on 1 August.

On October 13 a tiered system of local measures took effect in England, in which Reading was placed in the least restrictive tier. However, this was replaced by a second national lockdown from 5 November until 2 December.

A strengthened tier system came in afterwards, putting Reading in Tier 2, then shortly afterwards, Tier 4. By 5 January 2021, Reading and the rest of England was placed in a third national lockdown nearly as restrictive as the first lockdown.

## Healthwatch Reading’s role during the pandemic

As we went into the first national lockdown, all local Healthwatch were instructed by Healthwatch England to cease face-to-face engagement activity with the general public and to also stop any Enter and View visits to NHS or social care premises.

We instead focused on two main activities: providing increased information and advice to Reading residents, and running a Prescription Delivery Service for vulnerable people in partnership with Reading Borough Council’s One Community Hub. We were also invited to attend some virtual meetings held by commissioners and providers. Finally, we raised urgent issues as they arose with Healthwatch England to inform their regular briefings to NHS England.

By June, some of the intense pressures of the lockdown were starting to ease and we launched a survey to try and understand if and how people had accessed local services and what had worked well or not for them. People could answer the survey online or phone through answers to us but we were unable to visit local services and community settings to collect feedback as we would usually.

## Discussion on our survey findings

### General attitudes and use of the NHS

Our survey findings show that residents greatly appreciated the efforts of the NHS to deal with the first pressures of the pandemic, leaving many comments of thanks and gratitude for the ‘selflessness’ of staff working on the front-line. One-third of respondents told us they did not use NHS services during the first lockdown, some of whom did not want to bother busy NHS staff. These findings reflect the national mood at the time when people were coming out weekly to clap their appreciation for NHS and other key workers amid daily briefings by the prime minister and chief medical officer focusing on increasing hospitalisations and deaths from Covid-19.

People told us they mostly used GP services during the first lockdown, which reflects the fact that doctors’ surgeries are the most common points of contact for the public generally. This was followed by pharmacies, as people still needed to collect regular medication.

### Different ways of working

The public had to quickly get used to a different way of booking GP appointments and having their consultations. In recent years people had been encouraged to make online bookings for GP appointments, choosing from a range of times and dates. However online booking systems, previously seen as time savers, were universally switched off during the lockdown and replaced with telephone triage. Some survey respondents described issues or long waits getting through to surgeries on the phone. People did have another option of making contact with GPs through “Ask a doctor” online forms on GP surgery websites but we were aware anecdotally before the pandemic that there was variable promotion by surgeries of this access route to the public.

There was much national hype in March 2020 about GP appointments moving to video calls, following comments made by Health Secretary Matt Hancock. However only 19% of our survey respondents said they had been offered one. Of those who did, more than half were happy with how these had gone as they gave patients reassurance that the doctor could view their physical problem as well as offering the convenience of taking place from their own home.

However, some respondents noted technological issues with having a video appointment for the first time while others said they were not a suitable replacement for all types of consultations; one respondent told us they preferred face to face appointments as it was more difficult to explain symptoms on the phone if their English was limited.

These findings are echoed in a national report produced jointly by Healthwatch England and other organisations, based on views of 49 people who'd had a virtual appointment during the first lockdown by phone, video or text-based communication.<sup>1</sup> These included appointments with GPs, hospital outpatients, and mental health services.

This report recommended that NHS services should:

- make patients aware of what to expect in advance and how deal with any issues that arise before or during the virtual consultation
- offer patients the choice of fixed time windows for virtual appointments rather than being told “the doctor will call you sometime today” to avoid missed calls
- determine the most suitable format for virtual appointments, by assessing the person’s digital literacy and confidence as well as their health issue
- actively seek feedback from patients after virtual appointments to ensure lessons can be learned for the future.

People in this national study also made suggestions such as allowing patients to record appointments so they could listen or watch again to ensure they understood what the health professional had said.

Our survey findings suggest that phone consultations were the most common virtual method (sometimes combined with emailed photos of problems and followed up with electronic transfer of prescriptions to pharmacies). The convenience and speed of these methods were praised by people, especially those who were worried about the safety of visiting a doctor’s surgery while Covid was spreading rapidly.

We also received praise about the convenience of outpatient appointments by phone which avoided complicated travel to hospital and dependence on carers to accompany people with extra needs.

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<sup>1</sup> *The Doctor will Zoom You Now*, <https://www.healthwatch.co.uk/blog/2020-07-27/doctor-will-zoom-you-now>

People who needed to see a doctor or visit NHS premises told us they appreciated the efforts that services made to make them feel reassured about infection control on site, such as greeting them at the door on arrival.

## Communications

Our findings show that the most common area of improvement suggested by respondents was around communication: about which service to use, how and when, and ensuring information could be offered in various forms such as different languages and BSL.

People told us they were “confused” about what to do, such as one respondent unsure whether they should have avoided A&E when their toddler was injured. We had respondents who felt their GP surgery “didn’t want to see them” or “appears to be closed”. But we also had people who said their surgery “had been brilliant, and keeping registered patients up to date with news”.

The latter included Balmore Park Surgery in Caversham posting 10 updates on Facebook between mid-March and mid-June about changes to services, which attracted more than 900 ‘likes’ from the general public - suggesting the information had been viewed and would be shared by those people with their family or friends. Similarly, Western Elms and Circuit Lane surgeries (under the same management), posted more than 20 times on Facebook from early March to late June with detailed information for patients. This included an apology about busy phone lines, with an explanation and a suggestion about how to send queries through a specific part of the surgeries’ websites.

This kind of ‘hyper-local’ communication gained more importance, we observed, as people turned to neighbourhood groups set up on social media to share intelligence on everything from the availability of flour in the local supermarket to which pharmacies had the longest queues or offers of help from people to pick up shopping for vulnerable people.

However only a few GP surgeries used social media communications to this effect as a tool for informing the public at this time.

Healthwatch Reading produced nine weekly Coronavirus newsletters from March 20, 2020 to get information out to the public with real-time updates about local changes to the operation of GP surgeries, pharmacies, hospitals, and care homes as well as national guidance. Early in the pandemic this was made difficult by the lack of up-to-date or comprehensive official information, such as on the website of the Royal Berkshire Hospital. After we raised this issue, the hospital’s website eventually launched a ‘services update’ section from its home page which began to give more information.

In response to our calls for better information in various languages and formats for Reading’s diverse populations, there has also been some progress.

This includes:

- A dedicated webpage on the council's website with links to written coronavirus information translated into 11 languages, and YouTube videos and audio messages in four different languages <https://www.reading.gov.uk/coronavirus-covid-19/coronavirus-covid-19-accessible-information/coronavirus-translations/>
- A dedicated webpage on the council's website with BSL updates for people with hearing impairments <https://www.reading.gov.uk/coronavirus-covid-19/coronavirus-covid-19-accessible-information/coronavirus-bsl-friendly-advice-and-information-on-how-our-services-are-affected/>
- YouTube videos produced by Royal Berkshire Hospital staff in four different languages about the importance of using hospital services when needed during the pandemic <https://www.youtube.com/channel/UCdXE3-zGbNfSAhqfe-hddTQ>

## Conclusion

As vaccines offer the hope that life will 'get back to normal' by next Spring, the public will need to know which of ways of working will be kept by the NHS and other services, and which will return to pre-pandemic routines.

Our survey suggests patients will accept alternative models of care that are right for their health concern, their confidence, their lifestyle and their abilities.

To bring the public with them, service providers and commissioners will need to show they have considered public feedback in planning the future delivery of services and communicate a post-pandemic vision as well as comprehensive operational details about how services will work going forward.

## Recommendations and responses

### Healthwatch Reading Recommendations

1. There is a need for all health and care services to inform local people on a regular basis about which services are still operating and those that are operating in a different way and to make this information easily accessible
2. Local people need to be encouraged to use services and reassured that they are operating safely, so that any conditions that may be urgent are not left to the future because they feel services are too busy
3. Information needs to be in a variety of accessible formats and it is necessary to ensure that alternative ways of communication are utilised, especially for those who may be vulnerable or disadvantaged. Steps need to be taken to reduce digital exclusion - where people lack the confidence, skills, internet connection or equipment to get online - to reduce the risk of increasing health inequalities.
4. Local people should be given clear information about the choices available to see the local GPs, consultants and other health professionals such a face-to-face, video, telephone and email consultations.
5. Service providers need to communicate support available for mental health and overall wellbeing for people with ongoing diagnosed mental health conditions, those who have experienced trauma from Covid illness or bereavement, and shielders who endured loneliness and isolation and may feel vulnerable or anxious about re-joining normal activities and interactions
6. Commissioners should draw up a communications plan for informing the public the vision for services in a post-pandemic world and how they will receive more detailed information about services as they resume or are offered in different formats, such as GP appointments, dental services and re-scheduled elective operations.

We sent our report and a request for a formal response, to main NHS commissioners and providers for the Reading area on 3 December 2020.

We received a written response from Berkshire Healthcare NHS Foundation Trust (which runs mental health and community services) on 24 December 2020 which we publish in full from page 19.

We received a response from Berkshire West Integrated Care Partnership (BWICP) - the body that covers NHS commissioners and providers in our areas - on 11 January 2021. Its response in full is also published from page 22.

## Response from Berkshire Healthcare NHS Foundation Trust

*'Thank you for sharing the findings with Berkshire Healthcare and thanks to everyone who gave their feedback and views. We will be able to use these findings to help with our planning for restoration of services, future responses to the pandemic and developing new ways to support people needing our services.'*

*It is good to hear the positive feedback on people's experiences and the benefits of on-line consultations.*

*We adapted many of our services to provide on -line consultations and we also continued to see people face to face when necessary.*

*We have received positive feedback from people using on-line consultations, reporting on the convenience for them, time saving, no need to travel, less support needed for appointments, easier for carers and easier to involve others. However, we recognise that not everyone wants this type of engagement, may not be able to access us in this way and that it is not suitable for all circumstances.*

*We will therefore continue to offer a range of options for engaging with our services and are experimenting with ways to support people who want to use on-line consultation but do not have the means to do so.*

*During the first wave of the pandemic, all our mental health services remained open and our physical health services operated to the national requirements for health service provision. This allowed us to redeploy staff into critical services but has led to a backlog and increased wait times for some of our services. These are currently being addressed across all services as part of our recovery work.*

*We also recognise the impact of the pandemic on people's mental health and wellbeing and our mental health services are working hard to support people needing our services. We are seeing increased investment into mental health services which will help us to increase our capacity and service provision.*

*We recognise the importance of ensuring people have easy access to information on services available and how they are operating. Information about service changes were communicated as follows -*

*Our Trust website was updated with service information and this was refreshed every 24 hours as a minimum with any changes.*

*We launched a brand new Covid-19 section across our 3 main websites (Berkshire Healthcare, CYPF/children's, and Talking Therapies in the first week of April.*

*This included specific information for:*

- *Our patients (appointments, changes to services, local restriction Tiers etc)*
- *Information for our visitors*
- *Wellbeing (access to mental health support, advice and support for staying well, finding support and help, and resources for mental wellbeing)*

*We also:*

- *Added new buttons to our web home pages, directly signposting patients and public to key information about services and any other Covid-19 related issues*
- *Ran banners on our website highlighting latest key information*
- *Added new red notification / alert boxes at the top of service pages to indicate where the pandemic had affected any service and explaining exactly what this meant, with info on appointments, contacts and further support.*
- *Included a new standard notification on all our mental health pages on our website, telling people how to find immediate help*

*We issued a series of successful blogs on our children's website and via our social media platforms, directly aimed at parents/carers of children impacted by the pandemic.*

*All our websites meet the AA standard for accessibility, and we offer 'Browsealoud' as standard, which is a tool that allows users to translate into over 20 languages, have content read out, out enables download of content into audio recordings.*

*We pushed out daily updates about changes to services, support and advice, and signposting, including to mental health resources and services available and examples of these are provided below:*



**Berkshire Healthcare NHS Foundation Trust**  
Published by Holly Felstead · 27 November at 15:17

During these challenging times it is normal to be experiencing stress, anxiety and/or low mood. If you're struggling to cope with lockdown – Talking Therapies are here for you.

Talking Therapies are a free NHS service supporting those 17+ registered to a GP in Berkshire. We are here and able to support you from the comfort of your own home offering support through Online programmes 📺, Telephone 📞 & Video Consultation 📺.

Sign up now and a member of our admin team will be in contact to book your initial wellbeing assessment.



GATEWAY.MAYDEN.CO.UK

**Talking Therapies are a free NHS service** Sign Up

Sign up now and a member of our admin team will be in contact to book your i...

**Berkshire Healthcare NHS Foundation Trust**  
Published by Orlo · 24 March

You may feel bored, frustrated or lonely staying at home. We have some tips to help you keep on top of your mental wellbeing and cope with how you may feel while staying at home.

- 📅 Stick to daily routines as far as possible
- ✅ Find out about your employment and benefits rights
- 👥 Connect with others
- 🗣️ Talk about your worries
- 🧘 Look after your body
- 📰 Do not stay glued to the news
- 🍷 Carry on doing things you enjoy
- 🧠 Keep your mind active

Find more tips and advice visit: [socsi.in/SJ57T](https://socsi.in/SJ57T)



**Discover simple steps to look after your mental health**

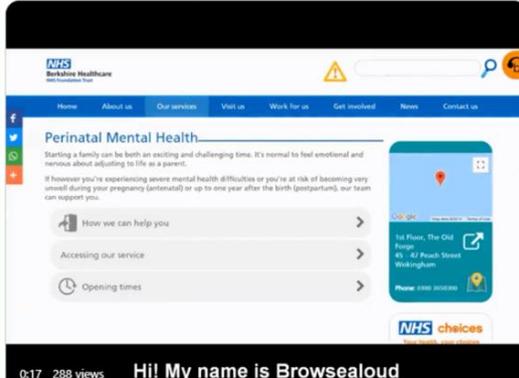
every mind matters

**Berkshire Healthcare** @BHFT

To make sure everyone can read information on our website, we use #Browsealoud.

Turn your speakers on, click the orange button and Browsealoud will help you see and hear details on the page. Give it a try!

#GAAD #Accessibility



0:17 288 views **Hi! My name is Browsealoud**

**Berkshire Healthcare NHS Foundation Trust**  
Published by Orlo · 22 April

Your health visiting service is still here to support you with any concerns you may have with your baby or child. We can offer advice and support on weighing your baby, breastfeeding, toilet training and behaviour to name a few.

If you need any advice or support please call us from 9am-4.30pm. 📞

Bracknell: 0300 365 6000  
Wokingham: 0300 365 7000  
Reading: 0118 931 2111  
West Berkshire: 0300 303 3944

For more contact details and information, click here: [socsi.in/3rsU2](https://socsi.in/3rsU2)



## Response from Berkshire West Integrated Care Partnership

### Responses to Healthwatch Reading's recommendations

1. There is a need for all health and care services to inform local people on a regular basis about which services are still operating and those that are operating in a different way and to make this information easily accessible

*'At the height of the first wave of the pandemic, the ICP was working in a Level 4 incident situation which meant all communications needed to be aligned and consistent with national messages. This ensured clear, timely, appropriate and reassuring communications were made available to patients in what was an unprecedented and very fast moving and changing period.'*

*Throughout this time, the priority for the Berkshire West ICP was to keep local people informed regularly through communications presented in the most accessible and understandable formats. This included social media, traditional print and broadcast media, websites, regular patient newsletters and videos. The ICP also worked closely with partners including local authorities, Local Healthwatch providers, voluntary sector and community organisations to ensure communications were cascaded to as wide an audience as possible.*

*The Council has produced a regular resident newsletter throughout the pandemic highlighting service and access changes.*

*The Family Information Service/SEND Local Offer promoted the health care services through the directory platform. Parent carers were kept up to date via the mailing lists, newsletter and through partnership working with internal and external partners, including schools, community, voluntary and faith sector organisations. New filters were added to the directory (including Reading Services Guide pages aimed at adults), so that users can see easily the services that are 'open' or 'available online', and get updates via dedicated news pages. The Family Information Service also uses social media to keep families up to date. Regular update emails were sent out to parent carers, including updates from the CCG, BHFT, BFfC and RBC (Wellbeing teams). The FIS/SEND Local Offer also directly syndicates to the BHFT website, through the directory, so that parent carers have the most up to date accurate information about services offered by BHFT. This offers a seamless service to users.'*

2. Local people need to be encouraged and reassured to use services and that they are operating safely, so that any conditions that may be urgent are not left to the future because they feel services are too busy

*‘Access to local NHS services has been promoted by producing videos featuring clinicians and a patient reassuring people that the hospital and GP practices are open for business but may be operating in slightly different ways to ensure people’s safety and social distancing. The messages make it clear these health facilities are safe places to visit and stress the importance of people seeking medical attention if they have urgent symptoms or long-standing conditions which need medical attention or treatment. Videos have been produced focusing on domestic violence and child safety.’*

*The Council’s Wellbeing newsletter has been used to promote relevant campaigns and other health messaging, such as the NHS ‘help us help you’, the importance of taking children into A&E as needed, going to the GP for cancer screening, and eligibility for the free flu vaccine. As well as supporting Public Health and NHS campaigns, the newsletter has also highlighted support for vulnerable groups such as carers, people from black and minority ethnic communities, and parents who have been living under particular strains in 2020.*

*The FIS/SEND Local Offer has kept families and partners up to date on information supplied by colleagues in the NHS, RBC Wellbeing team, and RBC Comms teams. Families making contact with the service for information were reassured and signposted to the most appropriate service to meet their needs, and are always advised to call the service back if they required further help or assistance. Brokerage service was provided to the most vulnerable families making contact for support and information. Targeted message from health and the Wellbeing team are cascaded directly to parent carers.’*

3. Information needs to be in a variety of accessible formats and it is necessary to ensure that alternative ways of communication are utilised especially for those who may be vulnerable or disadvantaged. Steps need to be taken to reduce digital exclusion - where people lack the confidence, skills, internet connection or equipment to get online - to reduce the risk of increasing health inequalities.

*‘The Council has worked with Total Communication to develop a BSL landing page on its website. Updates are posted here regularly for people with hearing impairments. See: <https://www.reading.gov.uk/coronavirus-covid-19/coronavirus-covid-19-accessible-information/coronavirus-bsl-friendly-advice-and-information-on-how-our-services-are-affected/>*

*A new post has been created within the Public Health and Wellbeing Team to liaise with communities and deepen our understanding of communication needs across the diverse communities of Reading. The Council’s website now includes links to coronavirus information presented in infographic form and translated into 11 languages, together with YouTube videos and audio messages in four different languages. See: <https://www.reading.gov.uk/coronavirus-covid-19/coronavirus-covid-19-accessible-information/coronavirus-translations/>*

*‘RBC would be happy to take comments and suggestions from Healthwatch Reading about the future development of these resources.*

*The Council has established a Social Inclusion Group as part of its COVID-19 Recovery governance. This includes a workstream on developing digital inclusion which is using participatory research methods to understand the barriers for different communities and then address access to equipment, connection and skills development.*

*The ICP has produced printed flyers and fact sheets, and these have been used in local authority resident newsletters, and also distributed to foodbanks and shopping centres to ensure those with limited digital access are not overlooked. Print versions of the Council’s Wellbeing newsletter (see above) have been produced at regular intervals to reach those who do not access information online.*

*The FIS/SEND Local Offer have a Mon to Fri 9am - 5pm phone line, which has remained open throughout the pandemic, and has been very well used by parent carers to access information, support and services. Information on the Reading Services Guide can be translated in to different languages and this tool was used to keep families informed. Virtual outreach sessions were delivered through partner agencies to keep parent carers informed of any changes.’*

4. Local people should be given clear information about the choices available to see the local GPs, consultants and other health professionals such a face-to-face, video, telephone and email consultations.

*‘Berkshire West ICP has a robust system in place to keep patients and local people fully informed about their local health and care services, any proposed changes, and what these will mean to them.*

*The ICP has produced videos in foreign languages and communications specifically aimed at target audiences including those with mental health concerns and those who are vulnerable and disadvantaged.*

*All patients who were shielded have been contacted individually by practices.*

*The FIS/SEND Local Offer has dedicated advice and guidance pages on the directory informing parent carers on how to access health services; these are then linked and supported with the service listings. The NHS widget on the Reading Services Guide enables users to access information easily on local health services.’*

5. Services need to communicate support available for mental health and overall wellbeing for people with ongoing diagnosed mental health conditions, those who have experienced trauma from Covid illness or bereavement, and shielders who endured loneliness and isolation and may feel vulnerable or anxious about re-joining normal activities and interactions.

*‘Since the start of the pandemic, the Council has been producing a regular Wellbeing newsletter. This has picked up on themes around mental wellbeing, loneliness and social isolation. People have been encouraged to look out for one another, find new ways to connect, eat well and take regular exercise in ways appropriate to their situation. Residents have also been signposted to resources, services and support, e.g. Compass Recovery College for mental health, Kooth counselling for young people, national campaigns such as Mental Health Awareness Week in May and World Mental Health Day in October, Reading Voluntary Action’s Ready Friend’s Toolkit and online community groups hosted by ACRE. There has been a light touch approach to raise awareness of less formalised types of support - through the library services, the local museums and events such as the Twilight Trail.*

*The Wellbeing Team’s training offer for VCS groups has evolved to include physical prescribing and an adapted form of Making Every Contact Count (MECC). These are designed to upskill volunteers to have conversations with people around supporting and encouraging physical activity and addressing issues around less of confidence following COVID isolation. This will help to promote a safe reintroduction to society for vulnerable / older people.*

*The FIS/SEND Local Offer has robust information on support available locally, nationally and online for children and young people. This information is reviewed and updated regularly. Parent carers contacting the service are signposted to the appropriate services - this includes information on things like short breaks and online support.’*

6. Commissioners should draw up a communications plan for informing the public the vision for services in a post-pandemic world and how they will receive more detailed information about services as they resume or are offered in different formats, such as GP appointments, dental services and re-scheduled elective operations.

*‘The point is well made, and Healthwatch Reading’s report will be a useful resource in developing these plans.’*

## Appendix 1: Demographics

**Total respondents: 153**

### Gender:

- Women comprised 90, or 77% of respondents
- Men comprised 26, or 22% of respondents
- Did not answer: 38

### Age:

- 18-24: 2 respondents or 2%
- 25-34: 11 respondents or 9%
- 35-44: 23 respondents or 20%
- 45-54: 21 respondents or 18%
- 55-64: 13 respondents or 11%
- 65+: 42 respondents or 36%
- Did not answer: 42

### Ethnicity:

- White British = 64%
- Any other White = 8%
- Mixed = 2%
- Indian = 3%
- Pakistani = 10%
- Black African = 1%
- Chinese = 1%
- Other 9%
- Did not answer: 40

### Disability:

- Yes = 15%
- No = 83%
- Did not answer: 40

### Postcode:

- RG1 = 26%
- RG2 = 7%
- RG3 = 2%
- RG4 = 19%
- RG30 = 21%
- RG31 = 5%
- Other = 19%
- Did not answer: 37

**Did you receive a letter from the government asking you to shield for 12 weeks?**

- Yes = 20%
- No = 79%
- Did not answer: 40

**Do you believe you have had the COVID-19 virus?**

- Yes, because I was advised by 111 or a doctor that I probably had it based on my symptoms = 3%
- No = 91%
- Did not answer: 73

**Who are you completing this survey for?**

- Myself = 94%
- A relative, partner or close friend that I am the main carer for = 6%
- Did not answer: 2

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## Special Educational Needs and

## Disabilities – Strategic Update report for

## Health and Well Being Board 22 January

**2021**



For decision



For discussion



For information

### SUMMARY

This report updates on the progress on implementing our SEND strategy and the timetable for the development of the next strategy. In particular it highlights the significant work in hand to develop our revenue and capital approaches in a way which embeds our strategic intent to provide high quality, local provision for Reading children.

### OWNER

Kate Reynolds , Director of Education

### VERSION or DRAFT

V1

### DATE

3 December 2020

### REVIEW DATE

December 2021

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## Purpose of the Report and Executive Summary

- 1.1 This report updates Health and Well Being Board on progress on implementing our SEND strategy and the timetable for the development of the next strategy. In particular, it highlights the significant work in hand to develop our revenue and capital approaches in a way which embeds our strategic intent to provide high quality, local provision for Reading children.
- 1.2 It provides evidence of our improvement journey and our plans for moving forward with the development of the next strategy during 2021 in order for implementation to commence from 2022. As such it has the following appendices:  
Appendix 1: Performance against Key Performance Indicators (up to September 2020)  
Appendix 2: SEND strategy 2017-2022  
Appendix 3: Action plan for development of SEND strategy 2022-2027

## Recommended action

- 2.1 That Health and Well Being Board recognise the work completed to date on implementing the SEND strategy.
- 2.2 That Health and Well Being Board note the action plan for the development of the SEND strategy 2022-2027 (attached as Appendix 3) and ask that a report on progress is brought to the to the Board in autumn 2021

## Policy Context

- 3.1 Our SEND Strategy was approved in July 2017. As part of the implementation of the strategy we have co-developed a SEND Data report to support identification of our priorities and actions. The data is updated annually and used by all key partners to support the refresh of priorities and actions required to deliver improvements. The data report was last updated in the autumn of 2019. It is in the process of being updated for 2020.
- 3.2 The SEND Strategy has been refreshed in the light of the feedback received through this process, and the co-produced SEND self-evaluation. In particular:
  - It is expected that the needs of the vast majority of children and young people will be able to be met locally, with most in the context of universal services that are inclusive, and identify and meet needs as early as possible.
  - We are developing a graduated approach to meeting needs across the local area, providing support and guidance of what is expected to be delivered by universal services; and at what point more specialist services might be required to provide further assessment, advice and support, and/or more specialist provision.

Our strategy sets out the key strands of work which provide a focus for its delivery. The strategy and action plans that prescribe its delivery will, as a minimum, set out the actions we are taking to ensure all duties under relevant legislation, statutory guidance and regulations are carried out, and the principles of the SEND Code of Practice (2015) set out below are delivered consistently through transparent systems and procedures for:

- the **participation** of children, their parents and young people in decision making;
- the **early identification** of children and young people's needs and joined up early intervention across education, health (universal and specialist) early help and social care services as appropriate to need to support them
- **greater choice and control for young people and parents** over support;
- **collaboration** between education, health and social care services to provide support, including development of jointly commissioned services;
- **high quality provision** to meet the needs of children and young people with SEN;
- a focus on **inclusive practice** and removing barriers to learning; and
- successful **preparation for adulthood, including independent living and employment.**

(SEND Code of Practice, 2015, sections 1.1 and 1.2)

Our vision is embedded in the SEND strategy and it acts as a catalyst for the development of our approach. The vision can be summarised as follows:

- ✓ SEND is everybody's business
- ✓ Right support / right time
- ✓ Local provision that meets local needs
- ✓ Making best practice common practice
- ✓ Co-production at the heart of what we do: changing the way in which we work together with families operationally and strategically; doing with families, not doing to
- ✓ Parents / carers and young people are confident in local provision

To achieve this vision there are 6 Strands (working groups) of the SEND Strategy which produce regularly updated action plans which are overseen by the Reading multi-agency SEND Strategy Board which includes parents and other stakeholders in its membership. These strands are:

#### **Workstreams:**

- Strand 1: Improving communication
- Strand 2: Early intervention through to specialist provision
- Strand 3: Consistent approaches to emotional well being
- Strand 4: Preparing for adulthood
- Strand 5: Support for families / short breaks
- Strand 6: Preparing for Inspection

The sixth strand 'preparing for inspection' was agreed in June 2020 and the workstream group has met twice since then to prepare and implement an action plan in preparation for an inspection which may take place from April 2021.

### **3.3 Current performance: Education and Health Care Plans**

Performance against Key National Performance indicators is shown as Appendix 1. Performance against the KPI of plans issued within statutory deadlines has continued to improve since January 2020, with 100% of plans (without exceptions) issued within the deadline in September

2020. This is a significant improvement given the previous years' performance of 49%. This is significantly above the England average of 60.4% (for 2019, the last available year) and is likely to be some of the best performance in the country.

### 3.4 Educational outcomes

The latest performance outcomes for children with SEND show a mixed picture (2018/19 academic year). At Key Stages 2 and 4 performance is in the top quartile of all performance in the country (ranked 6 at Key Stage 2 and 36 at Key Stage 4). However, at post-16 the performance is some of the worse in the country with 9.5% of children with SEND qualified to Level 2 with English and Maths. Our Elevate team are focused on improving outcomes for children with SEND at post-16.

## 4. Recent Developments

4.1 New leadership was put in place in the SEND team following the departure of the previous team manager. As a result, since August 2020, the following new processes have been put in place:

- New service standards – including all emails to be acknowledged and then responded to within 5 working days
- High cost placements – sign off by Director of Education (DoE) following discussion at multi-agency panel which actively explores alternatives. Current placements being reviewed through SEND delivery review panel.
- Weekly report on statutory aged unplaced pupils. At the time of writing, 4 statutory aged children with plans were unplaced. 2 of these are new to the authority, 1 is out of country, and the remainder has an alternative provision plan in place.
- From Elevate, weekly report on potential NEETs with plans or looked after
- Local offer landing page revamped to ensure it is user friendly
- The terms of reference and membership of SEND strategy board have been refreshed to ensure appropriate representation of health and other key partners
- All children with plans risk assessed when schools partially closed – used as basis for reopening and reintegration

### 4.2 Capital Programme

Following agreement from RBC in 2018, two 12 place units for children with social and communication difficulties will be established in state funded schools. The first, at Southcote Primary, opened from September 2020 with 4 places increasing to 12 places from September 2022. Discussions are in hand for the additional unit which will form part of the Council's capital programme (subject to member approval).

In addition, a new free special school will be opening from September 2022. The school, which is a joint partnership between Reading and Wokingham Councils, will provide 75 places for children with Autistic Spectrum Condition (ASC) and Social and Emotional and Mental Health (SEMH) needs. Maiden Erlegh Trust have been awarded sponsorship of the school.

### 4.3 Revenue Funding

At its meeting on 15 October 2020, Reading Schools Forum considered funding for the high needs budget and for the top up funding which mainstream schools receive to support children with plans. The proposals being presented to the Forum request an overall increase for special schools and

resource units of 5% per place and an increase of approximately 10% for the top up funding bands for mainstream schools.

We have also commenced a review of SEND provision across mainstream schools with a view to increasing provision at local schools and reviewing the banding formulae. We are working towards the introduction of a new funding system from September 2021.

#### 4.4 Covid issues

In response to the pandemic, robust risk assessments were made to support children with plans in the context of the partial closure of schools. Over 2000 risk assessments were completed and these have formed the basis of supporting children in returning to school. In addition to the risk assessments the following actions have taken place:

- Family Information Support (FiS) available throughout the period
- Summer scheme focused on transitions and vulnerable children
- Continuation of regular meetings with school SENDCOs
- Statutory assessments – co-production still maintained with families -telephone/video conferencing
- Statutory assessments – cases where professional reports have been delayed, recorded and follow up assessments scheduled
- Minimal impact on timeliness of 20 week assessment process

The impact of these measures has been that over 88% of children with plans are attending schools on a regular basis and on 21 September over 95% of children with plans were in school.

#### 4.5 Conclusion

This report outlines the significant progress that has been made to implementing the SEND strategy and the steps put in place to ensure that a new strategy is developed.

## 5. Contribution to Strategic Aims

- 5.1 Our work on the SEND strategy contributes to RBC's strategic aim 3: to protect and enhance the lives of vulnerable adults and children and to promote equality, social inclusion and a safe and healthy environment for all.

## 6. Background Papers

- 6.1 Reports to Reading Schools Forum 15 October 2020 (papers held by BFFC)  
Local Authority Interactive Tool: <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>  
The Local Authority Data Matrix August 2020

## Comment(s) obtained

(delete any not applicable)

DEPT	NAME	COMMENT
Finance	R Harbord	
HR	Paul Smith	
Comms	Fiona Tarrant	

## Appendix 1: Performance against Key Performance Indicators (up to September 2020)

Summary KPIs	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Number of Children and Young People (0-25) with Education, Health and Care (EHC) Plans	1391	1400	1408	1414	1424	1408	1394	1400	1410
Number of new EHCPs issued	12	10	11	11	15	21	17	10	18
Percentage of EHCPs issued within 20 weeks (including exceptions)	75.0%	90.0%	90.9%	81.8%	80.0%	81.0%	93.8%	80.0%	94.40%
Percentage of EHCPs issued within 20 weeks (excluding exceptions)	75.0%	90.0%	90.9%	81.8%	80.0%	81.0%	94.1%	88.9%	100%

## Appendix 2: SEND strategy 2017-2022

Reading Local Area

Special Educational Needs and Disability (SEND)

Strategy

2017 – 2022

Draft Refreshed October 2019



## 1. Our Context

Our SEND Strategy was approved in July 2017. We have co-developed a SEND Data report to support identification of our priorities and actions. The data is updated annually and used by all key partners to support the refresh of priorities and actions required to deliver improvements.

The SEND Strategy has been refreshed in the light of the feedback received through this process, and the co-produced SEND self-evaluation.

It is expected that the needs of the vast majority of children and young people will be able to be met locally, with most in the context of universal services that are inclusive, and identify and meet needs as early as possible.

We are developing a graduated approach to meeting needs across the local area, providing support and guidance of what is expected to be delivered by universal services; and at what point more specialist services might be required to provide further assessment, advice and support, and/or more specialist provision.

This strategy sets out the key strands of work which will provide a focus for its delivery. The strategy and action plans that prescribe its delivery will, as a minimum, set out the actions we are taking to ensure all duties under relevant legislation, statutory guidance and regulations are carried out, and the principles of the SEND Code of Practice (2015) set out below are delivered consistently through transparent systems and procedures for:

- the **participation** of children, their parents and young people in decision making;
- the **early identification** of children and young people's needs and joined up early intervention across education, health (universal and specialist) early help and social care services as appropriate to need to support them
- **greater choice and control for young people and parents** over support;
- **collaboration** between education, health and social care services to provide support, including development of jointly commissioned services;
- **high quality provision** to meet the needs of children and young people with SEN;
- a focus on **inclusive practice** and removing barriers to learning; and
- successful **preparation for adulthood, including independent living and employment.**

(SEND Code of Practice, 2015, sections 1.1 and 1.2)

## 2. Our Shared Vision

**SEND – everybody's business**

**Right support / right time**

**Local provision that meets local needs**

**Making best practice common practice**

**Co-production at the heart of what we do:** changing the way in which we work together with families operationally and strategically; doing with families, not doing to

**Parents / carers and young people are confident in local provision**

### 3. Our Aims

We will work together to:

collate and analyse SEND data and information from all agencies, including feedback from children, young people and their families, to help us understand local needs;

use this information to drive change and improvement in services and local provision that meets current and future needs;

have clear expectations of universal services that is accessible to families, including early year's settings, health visitors and health services, schools and colleges, and clear pathways to early help and early intervention support across services;

provide clear information regarding all services' responsibilities and their role in identifying and meeting the needs of children and young people with SEND (pathways);

support multi-agency working, breaking down barriers and ensuring a joined up approach for children, young people and families;

have a range of provision in place that meets the range of needs of children and young people with SEND and their families and which is flexible to the changing profile of Reading;

make sure resources are targeted effectively and support improved outcomes for children and young people;

secure effective transition to the next stage in a child / young person's journey including transition into and between schools and into adulthood;

keep services and provision under review to make sure we are meeting the needs of Reading families now and in the future.

### 4. Our Priorities

- **Making SEND Everybody's Business** – we will work together to embed the SEND Strategy into the practice of everybody who works with children, young people and families
- **Embedding co-production at every level** – we will work with all partners to ensure children, young people and their families participate fully in decisions at an individual level as well as in the development of services
- **We will work together to identify and assess needs early**, with a focus on developing

preventative and early intervention approaches and a graduated approach to meeting needs

- **We will work together to deliver support in the right place at the right time** - being clear about our expectations of high quality universal and specialist provision and working together to support this being delivered, enabling the majority of individual needs to be met locally and achieving best possible outcomes
- Resources will be allocated fairly, transparently, and evidence that they support improving outcomes

## 5. Anticipated Outcomes

- a. All services 0 – 25 will be able to demonstrate how they are supporting delivery of the SEND Strategy
- b. We will know our key strengths, gaps and areas for improvement, and will ensure these are addressed strategically and operationally
- c. Children and young people’s SEND will be identified and addressed early, enabling them to make progress and preventing escalation to more specialist services where possible
- d. Children and young people, and their parents / carers will feel engaged in the process of assessing their needs and informing decisions about their support
- e. Children and young people and their parents / carers will feel confident in what is provided through being involved from the start in the development of services
- f. Children and young people, and their parents / carers, will be clear about the identification and assessment processes and the guidance / criteria used to make decisions (pathways)
- g. All agencies will work together to collectively improve outcomes for children, young people and their families

## 6. Delivery – making it happen!

The SEND Strategy will be delivered through the key strands set out in the strategic framework (the 6 strands). Each workstream will set out specific actions to deliver the priorities identified through the Self Evaluation and data analysis, and includes timescales and intended outcomes. All workstreams will ensure that the work is coproduced and informs opportunities for joint commissioning. The delivery of the actions will be kept under regular review, reporting progress and recommendations to the SEND Strategy Board.

Services and partners, including settings and schools, are asked to identify what actions they will take to support delivery of these priorities, helping SEND to become everybody’s business.

The SEND Strategy delivery will be supported by an overarching communication plan that:

- communicates data and information to inform all partners actions
- provides a summary of feedback received from parent / carers and young people
- communicates progress of different strands of work and its impact

## **Workstreams:**

- Strand 1: Improving communication
- Strand 2: Early intervention through to specialist provision
- Strand 3: Consistent approaches to emotional well being
- Strand 4: Preparing for adulthood
- Strand 5: Support for families / short breaks

Workstream leads will ensure the action plan supports delivery of the SEND Strategy and strategic framework

## **7. How will we recognise success?**

- All professionals know the Local Offer, and the contribution of their service and other services, and can signpost families
- Parents / carers tell us that they are confident in local provision
- Feedback from parents / carers shows satisfaction with early identification by all agencies
- Practitioners report that they are confident and have the tools, resources and access to training they need to be effective
- The majority of children and young people with an Education, Health and Care Plan are educated in their local mainstream school that is meeting their needs (published data states that Reading is at least in line with national and statistical neighbour data)
- There is a reduction year on year in the number and days lost to fixed term exclusion of children and young people with SEND
- Parent/ carer forum surveys evidence increasing confidence in the local system, and where issues persist that there is clear follow up actions to address the issues
- Service development, provision and commissioning of services clearly reflect user feedback
- Number of complaints and Tribunals reduce, and compliments increase
- SEND audits evidence improving practice

## **8. Monitoring Delivery**

The SEND Strategy Group, chaired by the Director of Education, provides oversight of the delivery of the SEND Strategy and includes membership from all key agencies including Reading Families Forum.

The overall approach to decision making regarding SEND Provision will be linked to the overarching strategy and approved through the SEND Strategy Board and Governance Structure

The SEND Strategy Group will secure engagement of all key partners and lead on the monitoring of the implementation of the strategy, providing a framework for reporting progress to key stakeholders and partners, including Members.

The SEND Strategy Board will oversee information on learning from service performance and ensure actions are taken to remedy issues, and that good practice is shared and becomes common practice.

The Joint Implementation Group (covering west of Berkshire) will support any required strategic regional commissioning.

### Appendix 3: Action plan for development of SEND strategy 2022-2027

Action	Lead	Timescale
Develop key themes on basis of refreshed SEF and any inspection outcomes/survey results	DoE	January 2021
Consult with partners on key themes	DoE	Jan-March 2021
Examine financial options and present to schools forum	DoE	Summer 2021
Develop draft strategy	DoE	July 2021
Present Strategy to Board	DoE	September 2021
Present new strategy to ACE for approval	DoE	November 2021

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## READING HEALTH AND WELLBEING BOARD

<b>DATE OF MEETING:</b>	22 <sup>nd</sup> January 2021		
<b>REPORT TITLE:</b>	Developing a Berkshire West Joint Health and Wellbeing Strategy - update on strategy development		
<b>REPORT AUTHOR:</b>	Dr Sarah Rayfield	<b>TEL:</b>	
<b>JOB TITLE:</b>	Acting Consultant in Public Health	<b>E-MAIL:</b>	<a href="mailto:Sarah.rayfield@Westberks.gov.uk">Sarah.rayfield@Westberks.gov.uk</a>
<b>ORGANISATION:</b>	West Berkshire Council		

### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To provide the board with an update on the development of a Joint Health and Wellbeing Strategy for Berkshire West
- 1.2 To highlight some of the results of the public engagement so far
- 1.3 To ask for the board's approval to extend the time allowed for public engagement, in light of the impact of the COVID pandemic and current national lockdown
- 1.4 Appendices
  - Public engagement plan
  - The potential priorities

### 2. RECOMMENDED ACTION

- 2.1 To support the programme to continue with the strategy development and public engagement

To agree to an extension of 1 month for the time allowed for the public engagement

### 3. POLICY CONTEXT

- 3.1 Every Health and wellbeing board has a duty to prepare and publish a Joint Health and Wellbeing Strategy. The aim of this strategy is to inform and influence decisions about the commissioning and delivery of health and care systems so they are focused on the needs of the people who use them

### 4. THE PROPOSAL

- 4.1 In April 2019, Health and Wellbeing Board chairs from West Berkshire, Reading and Wokingham agreed to propose development of a shared Joint Health and Wellbeing

Strategy across the three Local Authorities. This was supported by the CCG and ICS leadership

- 4.2 The promotion of whole system health and social care integration is central both to the delivery and outcomes of this strategy.
- 4.3 The strategy was planned to be developed in close collaboration and consultation with residents and local partners from health, social care, local authorities and voluntary sector
- 4.4 The strategy is intended to focus on areas where partnership action adds value and will have a shared direction with local priorities which may vary from locality to locality
- 4.5 The four stages of the development of the strategy are as follows:

Phase	Timeframe
Defining the current state	March - July 2020
Prioritisation process	August - September 2020
Public engagement and further engagement with stakeholders	October 2020 - January 2021
Production of the Joint Health and Wellbeing Strategy	January - March 2021

- 4.6 Defining the current state included an evaluation of each of the three existing Joint Health and Wellbeing Strategies; numerous priorities discussions with various stakeholders across the system (the three local authority public health teams, children’s services, adult’s services, education, place directorate; Berkshire West CCG, colleagues from the Royal Berkshire Hospital; Berkshire Healthcare Foundation trust), a “What’s missing” data exercise highlighted areas of population need not identified through discussion. In addition, a review of strategies in place across the three local authorities was undertaken to ensure alignment
- 4.7 Through the above, a long list of 30 priorities was compiled. These were reduced to a short list of 11 through two sets of prioritisation workshops in August and September. These used the following hurdles:
  - 4.7.1 Workshop 1 - System working and whether the potential priority can be addressed by health and social care organisations along with at least one other system partner (August)
  - 4.7.2 Workshop 2 - Is there value added by working on this area across the whole of Berkshire West and would it reduce duplication; Does the priority aid the recovery from Covid-19 and does it align to the whole system’s vision (September)
- 4.8 The short list of priorities is as follows:
  - Reduce differences in health between different groups of people
  - Support vulnerable people to live healthy lives
  - Help families and children in early years
  - Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)
  - Good health and wellbeing at work
  - Physically active communities
  - Help households with significant health needs

- Extra support for anyone who has been affected by mental or physical trauma in childhood
- Build strong, resilient and socially connected communities
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

4.9 It is planned to use the public engagement to refine this list into the final 3-5 priorities of the JHWBS

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

5.1 This proposal contributes to Reading's HWB aims by developing a new joint strategy to inform the priorities of the board in the coming years

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 address these in the following ways: By taking regard to the importance of these three areas and recognising the importance of their inclusion where possible in the future strategy.

## **6 ENVIRONMENTAL AND CLIMATE IMPLICATIONS**

6.1 The strategy development acknowledges the importance of environmental and climate implications and will seek to make reference to these in the final strategy along with the Council's Climate change strategy and the local Transport Plan

## **7 COMMUNITY & STAKEHOLDER ENGAGEMENT**

7.1 An Engagement task and finish group has been set up in order to plan and deliver the public engagement. This is taking place over December 2020 and January 2021. The group operates on a co-production model and is made up of representatives from all 3 LA's, the CCG, Voluntary Sector, HealthWatch, PPG's and local community groups. The work is directed by a detailed Engagement Plan (see Appendix).

7.2 The public engagement includes:

- An online survey
- Focus groups delivered in collaboration with Healthwatch, targeting specific groups: Maternity, members of the learning disabilities community, Diverse ethnic communities, Carers, young people and older people
- General public virtual meetings (3 to be held in January)
- Call to action to chairs of voluntary organisations with an invitation to engage
- Direct contact of each Town and Parish Council across the three local authorities with a request to engage with the survey and discussions with their members
- Social media promotion of public events and the survey
- Focus on young people: Young Carers, the peer mentoring network, organisations which support families of children with additional needs
- Virtual engagement sessions for staff members at each of the three local authorities and CCG (to be confirmed)

- 7.3 A tool kit has been produced to support the public engagement. This includes:
- A narrative behind each of the priorities to ensure that discussions are consistent (see appendix)
  - A feedback template to ensure we can capture responses from focus groups and other meetings
- 7.4 A logo for the strategy has been created. This is designed to support public engagement by creating an easily recognised brand. It is proposed that this logo could continue to be used in the future for the delivery of work under the strategy
- 7.5 The initial findings from the public engagement are outlined on the presentation accompanying this paper
- 7.6 The worsening situation of the coronavirus pandemic and the current national lockdown have presented further challenges to the public engagement. In view of this, it is proposed that we extend the period of engagement until the end of February 2021 - in order to enable us to fully address the gaps in engagement so far and ensure that we have given adequate opportunity for the public to have their say in the strategy
- 7.7 It was planned for the first draft of the final strategy to be brought to the next HWB on 19<sup>th</sup> March for discussion and approval. If the deadline for engagement is extended, this first draft will be delivered by April 2021 and so postponed to a later Health and Wellbeing Board meeting.

## **8 EQUALITY IMPACT ASSESSMENT**

- 8.1 An Equality Impact Assessment (EIA) will be completed as part of the final strategy documentation.

## **9 LEGAL IMPLICATIONS**

- 9.1 The production of the Joint Health and Wellbeing Strategy (JHWBS) are a joint statutory duty for Local Authorities and CCGs, discharged through the Health and Wellbeing Board. Once it is published, the organisations have a duty to have regard to the strategy in their own planning and service delivery

## **10. FINANCIAL IMPLICATIONS**

- 10.1 Not applicable

## **11. BACKGROUND PAPERS**

- 11.1 Health and Social Care Act 2012



A Happier and  
Healthier Berkshire

Reading West Berkshire Wokingham

## **Berkshire West Joint Health and Wellbeing Strategy Public Engagement plan**

### **Introduction**

In 2019, the Chairs of the Health and Wellbeing Boards for Reading, West Berkshire and Wokingham decided to come together to produce a Joint Health and Wellbeing Strategy for Berkshire West. It was agreed that public engagement and consultation would be key to the process of developing the final priorities to be included in the strategy.

### **Aim**

The aim of this public engagement is to actively listen to people's views and to work in partnership with the public to discuss and find consensus on the final priorities for inclusion in the Berkshire West Joint Health and Wellbeing strategy. The Group strongly believes in sharing to reduce duplication. Input will be obtained via a series of focus groups and events to provide a platform for the public to share their views and respond to draft priorities, before reaching consensus.

### **Goals**

Following the engagement and once input has been collected from the public and consensus reached, the final Health & Wellbeing Strategy will be in place for 5-10 years. The goal is to support the community to drive a robust programme of health and well-being priorities and a realistic Covid-19 recovery process. The success of the final Strategy relies on commitment and input from the Local Authorities, CCGs and community members.

### **Methods**

- Public facing webpage hosted by a variety of stakeholders – including background information on the strategy and promoting the engagement events
- Generic inbox inviting comments
- Call to action to Chairs of voluntary organisations and an invitation to engage
- Online public survey: to be promoted by all stakeholders using all methods of dissemination
- Social media – to create a Facebook and Twitter pages for the strategy (as well as considering other social media) and to use to promote public events. To consider sponsored posts with targeted advertising such as eliciting feedback via local press, radio and possibly television.
- Specific focus group events for Town and Parish councils' representatives
- Engaging with children and young people
  - Peer mentoring networks

- Engagement with Youth Councils across Reading, West Berkshire and Wokingham (where active)
- Young carers across Berkshire West
- Children in care
- Virtual engagement sessions for staff members at each of the three local authorities and CCG (Aiming for 1 per organisation)
- Virtual public engagement focus groups (Healthwatch) – 2 per local authority
- To join existing focus groups for community organisations
- Virtual Public meetings – open to everyone

In order to support the public engagement through focus groups and other face to face sessions, we have developed a background narrative to each priority. This enables consistent discussions to be had and ensures that the engagement is robust.

### Partners and Roles

A Consultation & Engagement Task and Finish Group has been established to help develop and deliver robust consultation and engagement around the development of the new Joint Health and Well-being Strategy for Berkshire West. The membership of the group spans across the 3 local authority areas, Healthwatch, Voluntary Sector Umbrella organisations as well representatives from local communities, in particular diverse ethnic communities and those who traditionally are marginalised in these types of engagement.

We would like to formally acknowledge the help, support and hard work undertaken by the Task and Finish Group in co-producing the consultation and engagement work within this programme. This has been rich, robust and inclusive.

Partner	Role in public engagement
Programme lead and programme manager for the JHWBS	<p>Establish a Consultation and Engagement Task and Finish (T&amp;F) Group with representatives from across the 3 LAs.</p> <p>Co-chair, facilitate and support the T&amp;F Group to co-produce and deliver a robust and inclusive programme of engagement and consultation.</p> <p>Overall co-ordination of the programme of engagement and consultation.</p> <p>Development of the engagement plan.</p> <p>Formulation of survey questions (co-produced with other stakeholders) and development of the overall survey.</p> <p>Facilitation of virtual engagement events.</p> <p>Production of background information pack on potential priorities to aid engagement events.</p>
Local Authority Comms teams	<p>Update local authority websites (public and staff facing) with details of the strategy development.</p> <p>Promotion of virtual public engagement events.</p> <p>Promotion of public survey.</p>

	<p>Promotion of staff events. Press releases to media to promote strategy and public engagement.</p>
Healthwatch	<p>Hosting information about the strategy on public facing website. Running of public engagement events (2 per local authority), focusing on harder to reach communities. Promotion of online survey.</p>
Voluntary sector	<p>Support the Call to action of voluntary sector organisations to engage with the public consultation. Hosting of JHWS development webpage with opportunities to collate comments and feedback. Dissemination of public survey via existing networks.</p>
Local Authority engagement leads	<p>Ensure that all 3 LA engagement leads support and drive the programme and have information to share around engagement and consultation Identify existing communication channels and ways to engage residents – particularly, hard to reach groups.</p>
Community United	<p>Dissemination of public survey and promotion of public events through networks Identify Specific focus groups within community and engage to facilitate their views on the draft priorities and survey</p>
Community Engagement Champions	<p>Disseminate public survey among networks Raise awareness of public events and encourage communities to attend</p>
CCG engagement leads	<p>Dissemination of public survey and promotion of public events through networks.</p>
Community Support hubs	<p>Dissemination of public survey and promotion of public events through networks.</p>

### Timeline of events

<b>Week Commencing</b>	<b>Event</b>	<b>Responsible person</b>
28 <sup>th</sup> September	Background narrative on strategy to be published on all stakeholder websites	Sarah

	Contact Youth Councils to initiate engagement and brief them about the programme and the opportunity to get involved and have their say Start to contact organisations to raise awareness	
5 <sup>th</sup> October	Create Social Media pages Develop Framework for focus groups	Chris
12 <sup>th</sup> October	Qualitative discussion on public survey questions	Sarah/Chris/ Task & Finish group
2 <sup>nd</sup> November	Develop supporting documents for public engagement	Sarah/Chris
9 <sup>th</sup> November	Public survey questions finalised Information on CCG website finalised	Sarah/Chris Sarah/Chris
23 <sup>rd</sup> November	Attend LDPB (West Berks) Care2listen group (Reading Children in Care) – postponed Engagement Toolkit finalised Call to action to be sent to chairs of community organisations	Sarah/Chris Sarah  Rachel/Phil/Garry
30 <sup>th</sup> November	Public survey opens Care Leavers focus group (Reading) – postponed Domestic Abuse Steering group BME Focus Group hosted by HealthWatch (4 <sup>th</sup> December)	Sarah  Sarah Mandeep
7 <sup>th</sup> December	Ensure wide dissemination of the survey using contact lists below Finalise social media engagement plan Young Carers (Wokingham) Maternity Focus Groups x 2 hosted by HealthWatch (dates to be confirmed) Learning Disability Focus Group hosted by HealthWatch (dates to be confirmed)	Sarah/Chris  Chris  Nina Andrew  Nick
14 <sup>th</sup> December	Young Peoples Focus Group hosted by HealthWatch (15 <sup>th</sup> December)	Mandeep
21 <sup>st</sup> December	(Christmas)	
28 <sup>th</sup> December	(Christmas)	
4 <sup>th</sup> January	Social media sponsored promotion of the survey Virtual Staff event CCG (tbc)	Chris  Sarah/Chris

13 <sup>th</sup> January	Zoom Public Focus Group – open event Virtual Staff event Wokingham	Sarah/Chris/Janette/Nina Sarah/Chris
20 <sup>th</sup> January	Zoom Public Focus Group – open event Virtual Staff event West Berkshire (TBC)	Sarah/Chris/Janette/Nina Sarah/Chris
27 <sup>th</sup> January	Zoom Public Focus Group – open event Virtual Staff event Reading (TBC)	Sarah/Chris/Janette/Nina Sarah/Chris

## Engagement Toolkit

An engagement toolkit has been developed to support the public engagement and to facilitate the possibility of organisations running their own discussions or focus groups with their members. This consists of the following documents

- Facilitators guide to the potential priorities
- Public guide to the potential priorities
- Feedback template

## Evaluation of the engagement

Qualitative and quantitative data will be collected throughout the engagement process.

Interpretation will include analysing, comparing and contrasting themes and patterns as well as the production of key themes and trends

## Appendix 1: Stakeholders & Engagement Task and Finish Group

<b>Name</b>	<b>Position/Organisation</b>
Sarah Rayfield	Programme lead
Chris Barrett	Programme manager
Sally Moore	Engagement lead, Berkshire West CCG
Andrew Sharp	Health Watch West Berkshire
Mandeep	Health Watch Reading
Nicholas Durman	Health Watch Wokingham
Kamal Bahia	West Berkshire HWB engagement lead
Adrian Barker	Chair of Patient Panel West Berkshire
Garry Poulson	Voluntary sector
Rachel Spencer	Reading Voluntary Action
Nina Crispin	Reading Borough Council Engagement lead
Alice Kunjappy-Clifton	Community United
Cecily Mwaniki	Berkshire West Community Engagement champion
Rhys Lewis	West Berkshire Community support hub
Phil Cooke	Involve Wokingham
Suzie Watts	Wokingham BC
Carol-Anne Bidwell	Wokingham BC

## Appendix 2: Key contact details

Name	Contact details
<b>Children and young people</b>	
Reading Youth Council	Brighter Futures for children Tel: 0118 937 3641 <a href="#">RYC Reading (Twitter)</a>
Reading Young Carers Manager Catie Blundell	<a href="mailto:cspoa@brighterfuturesforchildren.org">cspoa@brighterfuturesforchildren.org</a> <a href="mailto:Catie.Blundell@brighterfuturesforchildren.org">Catie.Blundell@brighterfuturesforchildren.org</a>
Newbury Youth Council	<a href="mailto:elisa.adams@newbury.gov.uk">Elisa Adams (elisa.adams@newbury.gov.uk)</a>
West Berkshire Youth Hub	<a href="mailto:admin@berkshireyouth.co.uk">admin@berkshireyouth.co.uk</a>
Berkshire Youth (David Seward)	<a href="mailto:David.seward@berkshireyouth.co.uk">David.seward@berkshireyouth.co.uk</a>
West Berkshire Young Carers	<a href="mailto:Joe.Sutton@westberks.gov.uk">Joe Sutton Joe.Sutton@westberks.gov.uk</a>
The Greenhams Youth Group	<a href="mailto:Tina@greenham.org">Tina@greenham.org</a>
Wokingham Young Carers Hub – provided by TuVida Manager Sam Smith	<a href="mailto:berkshire@tuvida.org">berkshire@tuvida.org</a> <a href="mailto:samsmith@tuvida.org">samsmith@tuvida.org</a>
Groups for younger people with dementia and carers	<a href="mailto:contact@ypwd.info">contact@ypwd.info</a>
Reading University Student Engagement Team	<a href="mailto:john.ellul@reading.ac.uk">john.ellul@reading.ac.uk</a>
Reading University Student Well-being Service	<a href="mailto:s.patankar-owens@reading.ac.uk">s.patankar-owens@reading.ac.uk</a>
Schools	<a href="mailto:sal.thirlway@wokingham.gov.uk">sal.thirlway@wokingham.gov.uk</a> <a href="mailto:Gillian.Cole@wokingham.gov.uk">Gillian.Cole@wokingham.gov.uk</a>
Early Years (Wokingham)	<a href="mailto:Stuart.milne@wokingham.gov.uk">Stuart.milne@wokingham.gov.uk</a>
Early Years (West Berkshire)	<a href="mailto:Avril.allenby@westberks.gov.uk">Avril.allenby@westberks.gov.uk</a>
Deborah Mitchell: Participation officer, children in care	<a href="mailto:Deborah.Mitchell@westberks.gov.uk">Deborah.Mitchell@westberks.gov.uk</a>

Swings and Smiles (Laura Lewis)	<a href="mailto:laura@swingsandsmiles.co.uk">Laura Lewis &lt;laura@swingsandsmiles.co.uk&gt;</a>
Early Help and Safeguarding	<a href="mailto:Estelle.kellaway@wokingham.gov.uk">Estelle.kellaway@wokingham.gov.uk</a>
Children with Disabilities team	<a href="mailto:cwdadmin@wokingham.gov.uk">cwdadmin@wokingham.gov.uk</a>
Children's Centres	<a href="mailto:Beccy.Franklin@wokingham.gov.uk">Beccy.Franklin@wokingham.gov.uk</a> <a href="mailto:Rupa.Joshi@wokingham.gov.uk">Rupa.Joshi@wokingham.gov.uk</a> <a href="mailto:Melanie.Duck@wokingham.gov.uk">Melanie.Duck@wokingham.gov.uk</a>
School Nursing	<a href="mailto:Beverley.wheeler@berkshire.nhs.uk">Beverley.wheeler@berkshire.nhs.uk</a>
Fiona Howell	<a href="mailto:Fiona.howell@wokingham.gov.uk">Fiona.howell@wokingham.gov.uk</a> <a href="mailto:Fiona.howell@berkshire.nhs.uk">Fiona.howell@berkshire.nhs.uk</a>
Immunisations	<a href="mailto:Charlotte.church@berkshire.nhs.uk">Charlotte.church@berkshire.nhs.uk</a>
Bridges Centre	<a href="mailto:CSBridgesResource@wokingham.gov.uk">CSBridgesResource@wokingham.gov.uk</a>
HomeStart	<a href="mailto:admin@home-Startwd.org.uk">admin@home-Startwd.org.uk</a>
HomeStart (West Berkshire)	<a href="mailto:Grace.green@home-startwb.org.uk">Grace.green@home-startwb.org.uk</a>
Midwifery	<a href="mailto:jean.sangha@royalberkshire.nhs.uk">jean.sangha@royalberkshire.nhs.uk</a>
Facebook support and meetings for parents of children with special needs and disability.	<a href="mailto:admin@sendcarersunited.co.uk">admin@sendcarersunited.co.uk</a>
ASSIST	<a href="mailto:assist@wokingham.gov.uk">assist@wokingham.gov.uk</a>
Group run by parents for parents in Berkshire and Hampshire	<a href="mailto:enquiries@steppingstonesds.co.uk">enquiries@steppingstonesds.co.uk</a>
Training and support for parents and carers	<a href="mailto:pburton@parentingspecialchildren.co.uk">pburton@parentingspecialchildren.co.uk</a> <a href="mailto:admin@parentingspecialchildren.co.uk">admin@parentingspecialchildren.co.uk</a>
SEN parent carer forum	<a href="mailto:info@sendvoiceswokingham.org.uk">info@sendvoiceswokingham.org.uk</a>
<b>Sports and leisure</b>	
Reading FC Community Trust	<a href="mailto:rwitt@readingfc.co.uk">rwitt@readingfc.co.uk</a>

The Greenhams Youth Group	<a href="mailto:tina@greenham.org">tina@greenham.org</a>
Get Berkshire Active	<a href="mailto:chelsea.piggott@getberkshireactive.org">chelsea.piggott@getberkshireactive.org</a>
Sports and Leisure	<a href="mailto:Susan.Bentley@wokingham.gov.uk">Susan.Bentley@wokingham.gov.uk</a> <a href="mailto:Beverley.Thompson@wokingham.gov.uk">Beverley.Thompson@wokingham.gov.uk</a>
Reading FC Premier league Kicks Coordinator Paul Brown	<a href="mailto:Pbrown@readingfc.co.uk">Pbrown@readingfc.co.uk</a>
<b>Vulnerable groups</b>	
West Berkshire Learning Disability Partnership Board	<a href="mailto:Alex.Osterritter@theadvocacypeople.org.uk">Alex.Osterritter@theadvocacypeople.org.uk</a>
Wokingham Learning Disability Partnership Board	<a href="mailto:anna.overd@claspwokingham.org.uk">anna.overd@claspwokingham.org.uk</a>
Reading Mencap	<a href="mailto:office@readingmencap.org.uk">office@readingmencap.org.uk</a>
Reading Deaf Centre	<a href="mailto:info@readingdeafcentre.co.uk">info@readingdeafcentre.co.uk</a>
Reading Association for the Blind	<a href="mailto:adelebw@rabsightloss.org">adelebw@rabsightloss.org</a>
Berkshire Vision	<a href="mailto:info@berkshirevision.org.uk">info@berkshirevision.org.uk</a>
Autism Berkshire	<a href="mailto:contact@autismberkshire.org.uk">contact@autismberkshire.org.uk</a>
Reading Community Learning Centre	<a href="mailto:rclcinfo@yahoo.co.uk">rclcinfo@yahoo.co.uk</a>
Age Concern Twyford and District	<a href="http://www.ageconcerntwyford.org.uk/ac_about_us.php">http://www.ageconcerntwyford.org.uk/ac_about_us.php</a>
Weekly singing group for people with dementia and their carers	<a href="mailto:Berkshire@alzheimers.org.uk">Berkshire@alzheimers.org.uk</a>
Carers group once a month lead by Berkshire Carers hub	<a href="mailto:Ian.Cunningham@stroke.org.uk">Ian.Cunningham@stroke.org.uk</a> <a href="mailto:ReadingWokingham@stroke.org.uk">ReadingWokingham@stroke.org.uk</a>
Support for parent/carers through drop-in sessions and family workers	<a href="mailto:contact@asdfamilyhelp.org">contact@asdfamilyhelp.org</a>
Weekly group for people with dementia and carers	<a href="mailto:claire@wokinghammethodist.org.uk">claire@wokinghammethodist.org.uk</a>
Deaf Positives Action CiC Wokingham	<a href="mailto:admin@deafpositivesaction.org">admin@deafpositivesaction.org</a>

Link	<a href="mailto:marjiewalker@googlemail.com">marjiewalker@googlemail.com</a>
Respite care and breaks	<a href="mailto:contact@wokinghamcrossroads.org">contact@wokinghamcrossroads.org</a>
Monthly meetings for people living with cancer	<a href="mailto:vickie.randall@involve.community">vickie.randall@involve.community</a>
Dementia Carers Support Group	<a href="mailto:val@misthos.com">val@misthos.com</a>
Wokingham Mencap	<a href="mailto:admin@wokinghammencap.org">admin@wokinghammencap.org</a>
Learning Disabilities	<a href="mailto:Sarah.salter@wokingham.gov.uk">Sarah.salter@wokingham.gov.uk</a> <a href="mailto:admin@partnershipboard.org.uk">admin@partnershipboard.org.uk</a>
Commissioning Specialist – Services involving Carers	<a href="mailto:Lesley.buckland2@wokingham.gov.uk">Lesley.buckland2@wokingham.gov.uk</a>
Social Inclusion Officer (Strategy and Partnerships)	<a href="mailto:Ashwani.gupta@wokingham.gov.uk">Ashwani.gupta@wokingham.gov.uk</a>
Support for disabled children	<a href="mailto:Parvaazinfo@taha.org.uk">Parvaazinfo@taha.org.uk</a>
Support for families with drug and alcohol issues	<a href="mailto:office@drugfam.co.uk">office@drugfam.co.uk</a>
Yvonne Mhlanga Head of mental health commissioning (Berkshire West CCG)	<a href="mailto:y.mhlanga@nhs.net">'y.mhlanga@nhs.net'</a>
<b>Faith groups</b>	
Faith Groups	<a href="mailto:Deana.humphries@wokingham.gov.uk">Deana.humphries@wokingham.gov.uk</a> Sikh Centre RSR <a href="mailto:gujaratsamajreading@googlemail.com">gujaratsamajreading@googlemail.com</a> Indian Community Centre <a href="mailto:info@indiancc.co.uk">info@indiancc.co.uk</a> Islamic Centre <a href="mailto:info@aishaislamiccentre.org.uk">info@aishaislamiccentre.org.uk</a> Bangladeshi Community Centre <a href="mailto:bcsreading@gmail.com">bcsreading@gmail.com</a> Pakistan Community Centre <a href="mailto:pcc-admin@btconnect.com">pcc-admin@btconnect.com</a>

Wokingham Churches Together	<a href="http://www.wokinghamchurches.org.uk/">www.wokinghamchurches.org.uk/</a>
Richard Littleblade	<a href="mailto:minister@newburybaptistchurch.org">minister@newburybaptistchurch.org</a>
<b>Adult social care</b>	
WISH (Wokingham Integrated Social Care & Health)	<a href="mailto:Helen.spokes@wokingham.gov.uk">Helen.spokes@wokingham.gov.uk</a> ; <a href="mailto:Anita.balmer@wokingham.gov.uk">Anita.balmer@wokingham.gov.uk</a>
Community Care Services/Adult Services team	<a href="mailto:Victoria.scotford@wokingham.gov.uk">Victoria.scotford@wokingham.gov.uk</a>
Wokingham Older People's Mental Health Team	<a href="mailto:Michelle.gilbert@wokingham.gov.uk">Michelle.gilbert@wokingham.gov.uk</a>
Health and Safety – Public Organisations	<a href="mailto:healthandsafety@wokingham.gov.uk">healthandsafety@wokingham.gov.uk</a>
Care Homes / Nursing Homes / Domiciliary Care	<a href="mailto:ASCMailboxAdminQuality&amp;Contracts@wokingham.gov.uk">ASCMailboxAdminQuality&amp;Contracts@wokingham.gov.uk</a> <a href="mailto:CommissioningSupportTeam@wokingham.gov.uk">CommissioningSupportTeam@wokingham.gov.uk</a>
Berkshire Carers Hub	<a href="mailto:janineoakley@berkshirecarershub.org">janineoakley@berkshirecarershub.org</a>
<b>Libraries</b>	
Libraries	<a href="mailto:libraries@wokingham.gov.uk">libraries@wokingham.gov.uk</a> <a href="mailto:heather.dyson@wokingham.gov.uk">heather.dyson@wokingham.gov.uk</a>
<b>Community engagement</b>	
Community Support Hub (West Berkshire council)	<a href="mailto:Susan.powell@westberks.gov.uk">Susan.powell@westberks.gov.uk</a>
Community Engagement	<a href="mailto:Deana.Humphries@wokingham.gov.uk">Deana.Humphries@wokingham.gov.uk</a>
Involve	<a href="mailto:clarissa.webb@involve.community">clarissa.webb@involve.community</a>
Our Community First	<a href="mailto:Lisa.hookway@wokingham.gov.uk">Lisa.hookway@wokingham.gov.uk</a>
Jade Wilder Community co-ordinator (prevention)	<a href="mailto:Jade.wilder@westberks.gov.uk">Jade.wilder@westberks.gov.uk</a>
<b>Council services</b>	
Safer Neighbourhoods Initiatives	<a href="mailto:joanne.anderson@reading.gov.uk">joanne.anderson@reading.gov.uk</a>
Licencing	<a href="mailto:Licencing@wokingham.gov.uk">Licencing@wokingham.gov.uk</a>

Tenant Services	<a href="mailto:housing@wokingham.gov.uk">housing@wokingham.gov.uk</a> <a href="mailto:kim.jakubiszyn@wokingham.gov.uk">kim.jakubiszyn@wokingham.gov.uk</a>
Housing Needs	<a href="mailto:Housing.needs@wokingham.gov.uk">Housing.needs@wokingham.gov.uk</a>
Citizens Advice	<a href="mailto:admin@citizensadvicewokingham.org.uk">admin@citizensadvicewokingham.org.uk</a>
Transform Housing	<a href="mailto:wokingham@transformhousing.org.uk">wokingham@transformhousing.org.uk</a>
<b>Other</b>	
Salvation Army	<a href="mailto:Jan.howlin@salvationarmy.org.uk">Jan.howlin@salvationarmy.org.uk</a>
Tobacco Control Alliance & Community Alcohol Partnership	<a href="mailto:Caroline.Stevenson@westberks.gov.uk">Caroline.Stevenson@westberks.gov.uk</a>
Reading Pride Committee	<a href="mailto:enquiries@readingpride.co.uk">enquiries@readingpride.co.uk</a>
Newbury Gay Pride Committee	<a href="mailto:hello@newburypride.co.uk">hello@newburypride.co.uk</a>
<b>Ethnic diverse communities</b>	
Wokingham BME Forum	Deanna Humphries – <a href="mailto:deanna.humphries@wokingham.gov.uk">deanna.humphries@wokingham.gov.uk</a>
Gypsy, Roma and Traveller Community	<a href="mailto:Nicky.mears@wokingham.gov.uk">Nicky.mears@wokingham.gov.uk</a>
Pamela Voss	<a href="mailto:Pamela.voss@westberks.gov.uk">Pamela.voss@westberks.gov.uk</a>
Community United	Alice Kunjappy-Clifton <a href="mailto:alice@communityunited.uk">alice@communityunited.uk</a>
Vulnerable & Diverse communities and groups Reading	Contact these groups via <a href="mailto:Nina.crispin@reading.gov.uk">Nina.crispin@reading.gov.uk</a>  Age UK Berkshire Age UK Reading Africa 4U Alliance for Cohesion & Racial Equality (ACRE) Apollo Youth club Association of Reading Malayalees Bangladesh Association Greater Reading Barbados & Friends Association Berkshire Filipino-British Association (BFBA) Berkshire MS Therapy Centre Berkshire West for Mental Health British Red Cross Christian Community Action Ministries Churches in Reading Drop in Centre Citizens Advice Reading Community Mission Project (The Globe) Enrych Berkshire FAITH/Readifood

	<p> Forgotten Gurkha  Globe Church and social club  Goan Association- President Mr Matthias (Luis) Dias  Greater Reading Nepalese Association  Gujarat Samaj Reading  Imaad  Indian Community Centre  Jamaican Society  Multiple Sclerosis Society (CIO) Reading, Wokingham and Districts Branch  Nepali Community Groups  Pakistani Community Centre  Reading Association of Mothers  Reading Caribbean Cultural Group  Reading Chinese Association  Reading Community Learning College  Reading Community Welfare Rights  Reading Dusseldorf Association  Reading Ex British Gurkha Association  Reading Islamic Trustees of the Environment (RITE)  Reading Refocus  Reading Refugee Support Group  Reading Sudanese Community  Reading Swahili Speakers Community  Reading Ukrainian Community Centre  Sadaka  Sangam Lunch Club (Indian)  Shahjalal Bangladesh Islamic Cultural Association  South Africans in Reading  St Vincent and the Grenadines  Sudanese / Rwanda Community groups  Talkback-UK Ltd  Thames Valley Positive Support  The Hibernian Society (Irish)  The Jamaica Society Reading  The Communicare Trust (reading)  The Mustard Tree Foundation (Reading)  Utulivu Women's Group (Kenyan)  West Indian Women's Circle </p>
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### Appendix 3: Town and Parish Council contact details

<b>Town &amp; Parish Councils</b>	
Aldermaston Parish Council- Christine McGarvey - clerk Chairman Dave Shirt	<a href="mailto:parishclerk@aldermaston.co.uk">parishclerk@aldermaston.co.uk</a>  <a href="mailto:dave.shirt@btinternet.com">dave.shirt@btinternet.com</a>
Aldworth Parish Council – June Ives Chairman Philp Chapman	<a href="mailto:admin@aldworthpc.co.uk">admin@aldworthpc.co.uk</a> <a href="mailto:philiptimothychapman@gmail.com">philiptimothychapman@gmail.com</a>
Arborfield and Newland Parish Council	<a href="mailto:parishclerk@arborfield.org.uk">parishclerk@arborfield.org.uk</a>
Ashampton Parish Council – Paul Thompson – clerk	<a href="mailto:clerk.ashampstead@gmail.com">clerk.ashampstead@gmail.com</a>
Barkham Parish Council – Ellen Timms – clerk	<a href="mailto:clerk@barkham-parishcouncil.org.uk">clerk@barkham-parishcouncil.org.uk</a>
Basildon Parish Council – Robert Greasley Chairman	<a href="mailto:parishcouncil@basildon-berks.net">parishcouncil@basildon-berks.net</a>  <a href="mailto:idparsons_bpc@btinternet.com">idparsons_bpc@btinternet.com</a>
Beech Hill Parish Council (contact via Aldworth June Ives)	<a href="mailto:admin@aldworthpc.co.uk">admin@aldworthpc.co.uk</a>
Benham Parish Council Chairman	<a href="mailto:clerk@beenham-pc.gov.uk">clerk@beenham-pc.gov.uk</a> <a href="mailto:graham.bowsher1@btinternet.com">graham.bowsher1@btinternet.com</a>
Boxford Parish Council Chairman Peter Thompson	<a href="mailto:parishcouncil@boxford.org.uk">parishcouncil@boxford.org.uk</a>
Bradfield Parish Council – Helen Pratt Chairman	<a href="mailto:admin@bradfieldpc.org">admin@bradfieldpc.org</a> <a href="mailto:ajhouse147@outlook.com">ajhouse147@outlook.com</a>
Brightwalton Parish Council – Sarah Youlden Chairman Shaun Orpen	<a href="mailto:brightwaltonpc@btinternet.com">brightwaltonpc@btinternet.com</a>  <a href="mailto:shaun@orpenonline.co.uk">shaun@orpenonline.co.uk</a>
Brimpton Parish Council Chairman John Hicks	<a href="mailto:clerk@brimptonparish.org.uk">clerk@brimptonparish.org.uk</a> <a href="mailto:jhicks@brimptonparish.org.uk">jhicks@brimptonparish.org.uk</a>
Bucklebury Parish Council Chairman Barry Dickens	<a href="mailto:clerk@buckleburyparish.org">clerk@buckleburyparish.org</a> <a href="mailto:barry.dickens20@gmail.com">barry.dickens20@gmail.com</a>
Burghfield Parish Council Chairman Tim Ansell	<a href="mailto:enquiries@burghfieldparishcouncil.gov.uk">enquiries@burghfieldparishcouncil.gov.uk</a> <a href="mailto:t.ansell@burghfieldparishcouncil.gov.uk">t.ansell@burghfieldparishcouncil.gov.uk</a>
Charvil Parish Council – Miranda Parker	<a href="mailto:clerk@charvil.com">clerk@charvil.com</a>
Catmore Parish Chairman – David Gardener	<a href="mailto:davidgardiner@waitrose.com">davidgardiner@waitrose.com</a>
Chaddleworth Parish Council – Kim Lloyd Chairman Mr G Murphy	<a href="mailto:chaddleworth.pc@outlook.com">chaddleworth.pc@outlook.com</a>
Chieveley Parish clerk – Kim Lloyd Chairman Rob Crispin	<a href="mailto:chieveley.pc@outlook.com">chieveley.pc@outlook.com</a>
Cold Ash Parish Council Linda Randall Chairman Richard Marsh	<a href="mailto:coldash.pc@btinternet.com">coldash.pc@btinternet.com</a>

Combe Parish Meeting – Mrs K Astor c/o Endborne Rectory Newbury RG20 OHD	
Compton Parish Council Dr Sarah Marshman – clerk Chairman - David Aldis	<a href="mailto:comptonparish@gmail.com">comptonparish@gmail.com</a>
Early Town Council Jo Friend – clerk	<a href="mailto:townclerk@earley-tc.gov.uk">townclerk@earley-tc.gov.uk</a>
East Garston Parish Council Chairman David Ruse	<a href="mailto:eastgarstonpc@gmail.com">eastgarstonpc@gmail.com</a>
East Ilsley Parish Council – Fenella Woods Chairman Andrew Sharp	<a href="mailto:clerk@eastilsley-pc.gov.uk">clerk@eastilsley-pc.gov.uk</a>
Enborne Parish Council – Kim Lloyd Chairman Christopher Garrett	<a href="mailto:clerk@enborne.org.uk">clerk@enborne.org.uk</a>
Englefield Parish Council Chairman – Edward Crookes	<a href="mailto:clerk.inglefieldpc@outlook.com">clerk.inglefieldpc@outlook.com</a>
Farnborough Parish Meeting Chairman Lesley Chandler	<a href="mailto:chandlermanor@yahoo.co.uk">chandlermanor@yahoo.co.uk</a>
Fawley Parish Meeting – no contact details	
Finchampstead Parish Council Katy Dagnall – clerk	<a href="mailto:clerk@finchampstead-pc.gov.uk">clerk@finchampstead-pc.gov.uk</a>
Frilsham Parish Council - Helen Pratt Chairman Marcus Allum	<a href="mailto:clerk@frilshamparish.org.uk">clerk@frilshamparish.org.uk</a>
Great Shefford Parish Council - Kim Lloyd Chairman Steve Ackrill	<a href="mailto:greatsheffordpc@hotmail.com">greatsheffordpc@hotmail.com</a>
Greenham Parish Council – Lisa Blake Chairman Steve Jones	<a href="mailto:clerk@greenham.gov.uk">clerk@greenham.gov.uk</a>
Hamsptead Norreys Parish Council Dr Sarah Marshman – clerk Chairman David Barlow	<a href="mailto:clerk@hampsteadnorreysparishcouncil.org">clerk@hampsteadnorreysparishcouncil.org</a>
Hampstead Marshall Parish Council Sarah Bosley – clerk Chairman John Handy	<a href="mailto:parish_clerk@hotmail.co.uk">parish_clerk@hotmail.co.uk</a>
Hermitage Parish Council Nicky Pierce – clerk Chairman Ruth Cottingham	<a href="mailto:hermitagepc@outlook.com">hermitagepc@outlook.com</a>
Holybrook Parish Council Pam Kilpatrick – clerk Chairman Mary Bedwell	<a href="mailto:clerk@holybrook-pc.gov.uk">clerk@holybrook-pc.gov.uk</a>
Hungerford Town Council Claire Barnes – clerk Chairman - Cllr Helen Simpson (Town Mayor)	<a href="mailto:claire.barnes@hungerford-tc.gov.uk">claire.barnes@hungerford-tc.gov.uk</a>
Hurst Parish Council Maria Bradshaw – clerk	<a href="mailto:clerk@hurstpc.org.uk">clerk@hurstpc.org.uk</a>

Inkpen Parish Council Mrs G Keene Clerk & Dr David Thomas Chairman c/o 2 Robins Hill, Inkpen, Hungerford RG17 9QD	
Kintbury Parish Council Chris Trigwell – clerk Chairman Stephen Cook	<a href="mailto:chris@trigwell.net">chris@trigwell.net</a> <a href="mailto:cookta69@googlemail.com">cookta69@googlemail.com</a>
Lambourne Parish Council Karen Wilson – clerk Chairman Michael Billinge-Jones	<a href="mailto:lambournpc@btconnect.com">lambournpc@btconnect.com</a>
Leckhampsted Parish Council Sarah Youlding – clerk Chairman Mr E Knight	<a href="mailto:Leckhampsteadpc@gmail.com">Leckhampsteadpc@gmail.com</a> <a href="mailto:parishcouncil@xxiv.co.uk">parishcouncil@xxiv.co.uk</a>
Midgham Parish Council Christine Heath – clerk Chairman Anthony Markham	<a href="mailto:clerk@midghamparish.co.uk">clerk@midghamparish.co.uk</a> <a href="mailto:tony@midghamparish.co.uk">tony@midghamparish.co.uk</a>
Newbury Town Council Mr Hugh Peacocke (CEO) – clerk Chairman Elizabeth O' Keeffe	<a href="mailto:towncouncil@newbury.gov.uk">towncouncil@newbury.gov.uk</a> <a href="mailto:elisa.adams@newbury.gov.uk">elisa.adams@newbury.gov.uk</a>
Padworth Parish Council Christine Heath – clerk Chairman mike Warner	<a href="mailto:clerk@padworthparishcouncil.gov.uk">clerk@padworthparishcouncil.gov.uk</a> <a href="mailto:mike.warner@live.co.uk">mike.warner@live.co.uk</a>
Pangbourne Parish Council Rebecca Elkin – clerk Chairman Peter Maclver	<a href="mailto:clerk@pangbourne-pc.gov.uk">clerk@pangbourne-pc.gov.uk</a> <a href="mailto:Peterpangbourne@gmail.com">Peterpangbourne@gmail.com</a>
Peasemore Parish Council Sarah Cameron – clerk Chairman – Mr A Cameron	<a href="mailto:parishcouncil@peasemore.org.uk">parishcouncil@peasemore.org.uk</a> <a href="mailto:LizPrest@KBIS.CO.UK">LizPrest@KBIS.CO.UK</a>
Purley-on-Thames Parish Council Claire Thompson – clerk Chairman Sue Briscoe	<a href="mailto:clerk@purleyonthames-pc.gov.uk">clerk@purleyonthames-pc.gov.uk</a> <a href="mailto:sue.briscoe@purleyonthames-pc.gov.uk">sue.briscoe@purleyonthames-pc.gov.uk</a>
Remenham Parish Council Paul Sermon – clerk	<a href="mailto:clerk@remenhamparish.org.uk">clerk@remenhamparish.org.uk</a>
Rushcolombe Parish Council Ruth Reid – clerk	<a href="mailto:clerk@ruscombepc.org.uk">clerk@ruscombepc.org.uk</a>
Shaw-cum-Donnington Parish Council Mr J Austin – clerk Chairman Mr B Graham	<a href="mailto:scdclerk@jayay.co.uk">scdclerk@jayay.co.uk</a> <a href="mailto:beefast@btopenworld.com">beefast@btopenworld.com</a>
Sonning Parish Council Lesley Bates – clerk	<a href="mailto:clerk@sonning-pc.gov.uk">clerk@sonning-pc.gov.uk</a>
Shinfield Parish Council Mike Balbini - clerk Chairman Andrew Grimes	<a href="mailto:clerk@shinfieldparish.gov.uk">clerk@shinfieldparish.gov.uk</a> <a href="mailto:andrew.grimes@shinfieldparish.gov.uk">andrew.grimes@shinfieldparish.gov.uk</a>
Speen Parish Council Jean Lindsell – clerk Chairman Antony Amirtharaj	<a href="mailto:clerk@speenpc.org.uk">clerk@speenpc.org.uk</a> <a href="mailto:chair@speenpc.org.uk">chair@speenpc.org.uk</a>

Standford Dingley Parish Council Mrs H Pratt – clerk no con details Chairman Cllr. Harry Fullerton	<a href="#">Cllr Harry Fullerton c/o West Berks Council</a>
Stratfield Mortimer Parish Council Lynn Hannawin – clerk Chairman Michael David Dennett	<a href="mailto:the.clerk@stratfield-mortimer.gov.uk">the.clerk@stratfield-mortimer.gov.uk</a>
Streatley Parish Council Hazel Preston-Barnes – clerk Chairman Jeremey Spring	<a href="mailto:clerk@streatley.org">clerk@streatley.org</a> <a href="mailto:jeremy.spring@streatley.org">jeremy.spring@streatley.org</a>
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Swallowfield Parish Council Liz Halson – clerk	<a href="mailto:clerk@swallowfieldpc.gov.uk">clerk@swallowfieldpc.gov.uk</a>
Thatcham Town Council Mel Alexander – clerk Chairman Cllr Jan Cover (Town Mayor)	<a href="mailto:enquiries@thatchamtowncouncil.gov.uk">enquiries@thatchamtowncouncil.gov.uk</a>
Theale Parish Council Paul Manley – clerk Chairman Becky Williams	<a href="mailto:enquiries@thealeparishcouncil.gov.uk">enquiries@thealeparishcouncil.gov.uk</a>
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Tilehurst Parish Council Miss J Major – clerk Chairman Kevin Page	<a href="mailto:clerk@tilehurstpc.co.uk">clerk@tilehurstpc.co.uk</a> <a href="mailto:kevin@qualitykev.com">kevin@qualitykev.com</a>
Twyford Parish Council Lucy Moffatt – clerk	<a href="mailto:clerk@twyfordparishcouncil.gov.uk">clerk@twyfordparishcouncil.gov.uk</a>
Ufton Nervet Parish Council Fiona Jones – clerk Chairman D Hannington c/o Glebe Land, Sulhamstead Road Ufton Nervet, Reading RG7 4DH	
Wargrave Parish Council Stephen Hedges – clerk	<a href="mailto:office@wargrave.org.uk">office@wargrave.org.uk</a>
Wasing Parish Meeting Nick Corp – clerk Chairman Mr P Woodley	<a href="mailto:nick@wasing.co.uk">nick@wasing.co.uk</a>
Welford Parish Council Karen Griffiths – clerk Chairman Mr D Hunt	<a href="mailto:welfordparish@yahoo.com">welfordparish@yahoo.com</a>
Winnersh Parish Council Clerk – vacant post	<a href="mailto:clerk@winnersh.gov.uk">clerk@winnersh.gov.uk</a>
Wisley Parish Council No clerk (vacant) Chairman Mr Rollo Duckworth	<a href="mailto:clerk@westilsley.org">clerk@westilsley.org</a>
West Woodhay Parish Meeting Robert Macdonald – clerk	<a href="mailto:Robert.mac55@hotmail.com">Robert.mac55@hotmail.com</a>

Winterbourne Parish Council Jen Telford – clerk Chairman – Jill Hoblin	<a href="mailto:Winterbourneparishcomms@gmail.com">Winterbourneparishcomms@gmail.com</a> <a href="mailto:jillhoblin@me.com">jillhoblin@me.com</a>
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Wokingham Town Council	<a href="mailto:info@wokingham-tc.gov.uk">info@wokingham-tc.gov.uk</a>
Wokingham Without Parish Council Katy Huges – clerk	<a href="mailto:admin@wokinghamwithout-pc.gov.uk">admin@wokinghamwithout-pc.gov.uk</a>
Woodley Town Council Deborah Mander – clerk	<a href="mailto:townclerk@woodley.gov.uk">townclerk@woodley.gov.uk</a>
Woolhampton Parish Council Mrs S Brady – clerk Chairman Tony Renouf	<a href="mailto:tony@renouf.me.uk">tony@renouf.me.uk</a>
Yattendon Parish Council Dr Sarah Marsham – clerk Chairman Dr Gordon Robertson	<a href="mailto:yattendonparish@gmail.com">yattendonparish@gmail.com</a> <a href="mailto:gordonallanrobertson@gmail.com">gordonallanrobertson@gmail.com</a>



# A Happier and Healthier Berkshire

Reading West Berkshire Wokingham

The Joint Health and Wellbeing Strategy for Berkshire West will describe what we will do during the next 10 years, to improve the health and wellbeing of everyone living in Reading, West Berkshire and Wokingham

We have a number of possible areas we could include in the strategy.  
Read on to find out more about each of them

## Reduce the differences in health between different groups of people

- Differences in health can be caused by living in poverty, by not having good education or childcare available, by not being able to get a good job or through having problems getting health care
- In England, people living in poorer areas live shorter lives than those living in richer areas and often spend more of their life in poor health
- We want to make sure that everyone has the same chance to live a healthy life, no matter where they live or who they are

## Support vulnerable people to live healthy lives

- People can be vulnerable for many different reasons: ethnicity, disabilities, being a migrant, due to age or sexuality; it also includes people with complex needs, unpaid carers, homeless people, travellers and offenders
- Vulnerable people often need extra help to improve their health and wellbeing, for example finding ways to stop isolation, help to manage their conditions, help with education and employment and help to get the information they need to stay healthy
- By supporting the most vulnerable in our society we can make it fairer for everyone

## Help families and young children in early years

- What happens during pregnancy and during the first 2 years of a child's life will affect how a child will grow, learn and how they will cope with challenges in the future
- Supporting parents wellbeing is essential: to be able to parent well, people need good relationships, and to be emotionally and financially secure. We want parents to have the support they need during the early years, whatever that support may be
- Valuing and supporting families and our youngest children will help us to create a strong economy and a society where everyone can be happier and healthier

## Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)

- Using these substances causes a lot of poor health and affects some people and communities more than others
- We want to create environments where people do not start using these substances; but also provide support and good quality services to help anyone stop when they choose to do so
- There is no safe level of smoking, alcohol or drug use but we want to reduce the harm caused to those using them and the people around them

## Good Health and Wellbeing at work

- Ensuring everyone has the same chance to be in good employment and helping people at risk of poor health to stay in employment
- Having a good job, that pays a reasonable wage, helps to protect people against poor health. A healthy workforce is also good for business
- Helping employers to support a healthy inclusive workforce, being aware of the physical, mental and cultural needs of all workers

## Physically Active Communities

- Not being active enough is one of the leading risk factors for death worldwide. Physical activity can reduce your risk of many diseases and also help emotional and mental wellbeing
- Supportive communities and being able to use green spaces can make it easier for people to walk, cycle or be physically active
- Communities and organisations can work together to overcome problems that people may face in becoming more physically active. This may be through developing new policies or by environmental change

## Help households with significant health needs

- Having significant health needs is one of the major cases of poor quality of life in England. People with several medical conditions often have longer stays in hospital
- We want to inform, educate and empower people with significant health needs to have a better quality of life and also support those caring for people with these needs, as this can affect their own health.
- This may be through helping to prevent medical problems, supporting people to be diagnosed earlier, providing them with the information they need and by ensuring they are looked after by high quality services

## Extra support for anyone who has been affected by mental or physical trauma in childhood

- Children who have stress in childhood can be affected in the long term. Stresses may include: being abused, not being cared for properly, living in poverty, having parents who argued constantly, or had anxiety or depression, losing a parent to prison or the death of someone close to them
- Having the right support can protect children and help them to cope with the events they experience
- Organisations that recognise the signs and symptoms of trauma in children, can make sure their service is designed in a way to prevent any further negative experience

## Build strong, resilient and socially connected communities

- Feeling isolated or lonely can affect both emotional and physical health. It can lead to depression, poor sleep, a weaker immune system and heart problems
- When people live in supportive communities, they are better able to help each other cope with challenges such as pressures at school or work, or changes in life like becoming a new parent
- We want to help our residents to live, work and play in places that support and promote health and reduce isolation

## Good mental health and wellbeing for all children and young people

- More children and young people than ever are reaching out for help with their mental health. We want to support every child to be resilient.
- By developing positive parenting and good attachment, we can help families support the health and emotional wellbeing of their children and young people.
- We want to promote positive mental health for all and to ensure that, when needed, children and young people can get the best possible mental health support to help overcome life's difficulties

## Good mental health and wellbeing for all adults

- Having good mental health affects both the quality of your life and how long you will live for. But 1 in every 4 people will experience a mental health problem of some kind each year in England.
- Our emotional wellbeing is affected by many things such as housing, poverty, education, employment and our physical health. Having poor mental health can affect someone's ability to get a good education or to get a job
- By promoting good mental health as a priority for everyone, we can ensure people get the right help and support at the right time and also help those with poor mental health and wellbeing to remain in work



A Happier and  
Healthier Berkshire

Reading West Berkshire Wokingham

# **Berkshire West Health and Wellbeing Strategy**

Reading Health and Wellbeing Board

January 2021

# Progress so far

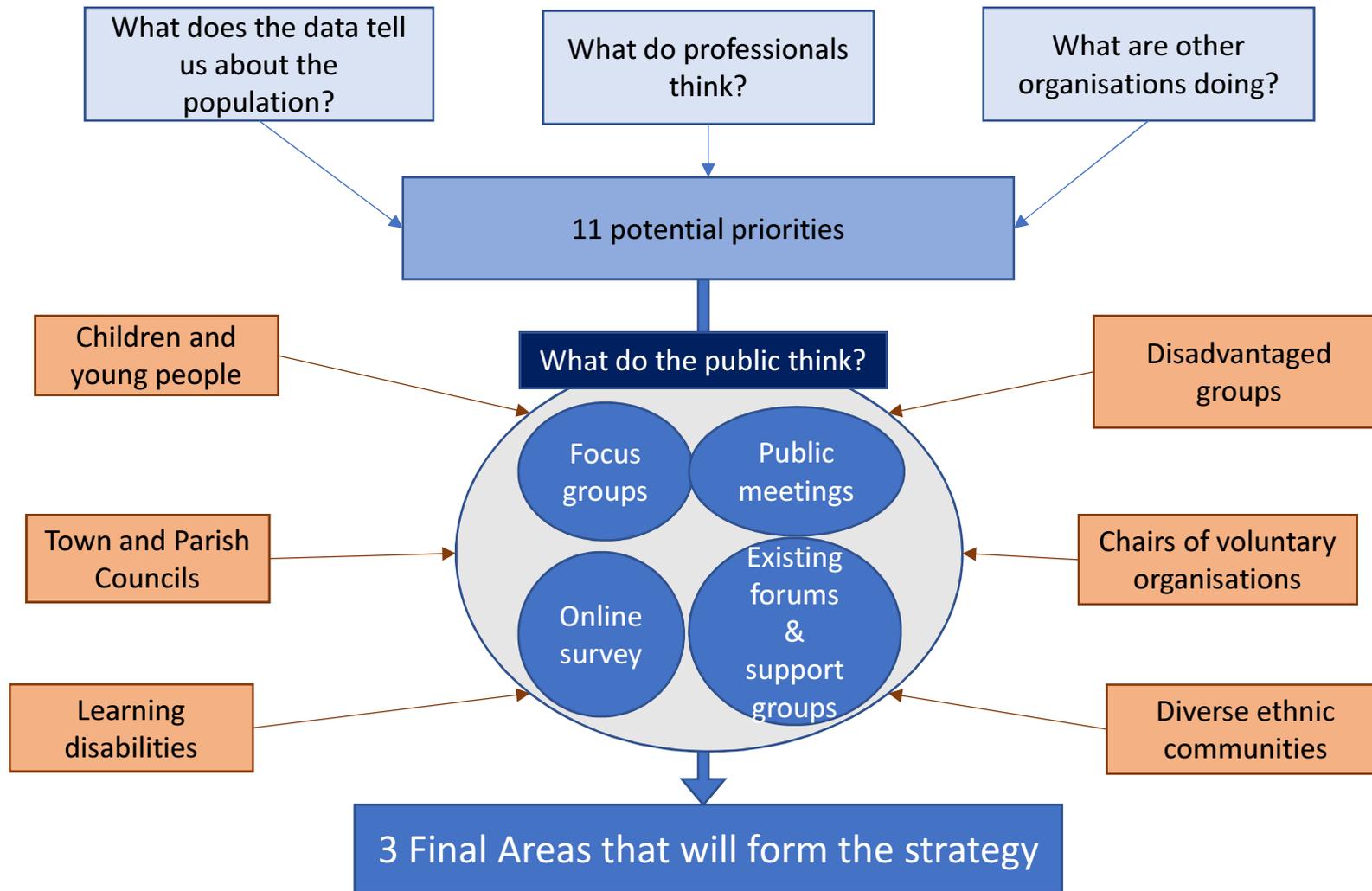
Aim	Progress so far
Evaluation of each of the existing JHWB Strategies	<p>Mapping exercise of existing strategies</p> <p>Desktop review of data to evidence impact (PHE Fingertips)</p> <p>Local data and intelligence from Public Health teams and other LA teams</p> <p>Review of delivery reports to HWBs</p>
Creating a long list of potential priorities	<p>Priorities discussion with Public Health teams, Adults services, children's services, Place directorate</p> <p>Alignment with recovery groups</p> <p>Data review to identify population need (PHE fingertips)</p> <p>Small survey of "hard to reach" communities, vulnerable groups and ethnic diverse communities</p> <p>Engagement with Healthwatch and the Voluntary sector</p>
Prioritisation process	<p>Two workshops were held in August and a further two in September. These refined the list of priorities using the following hurdles:</p> <ul style="list-style-type: none"> <li>• System working and whether the potential priority can be addressed by health and social care organisations working in partnership</li> <li>• Would this priority reduce duplication, does it aid recovery from covid-19 and does it align to the whole system's vision</li> </ul>
Public engagement	<p>A Task and Finish group has co-produced plans for public engagement</p> <p>This will happen from November 2020 to end of January 2021</p> <p>The aim is to use the public engagement to refine the 11 potential priorities to the final 3-5 priorities</p>

# Themes throughout the strategy

- Empowerment and self care
- Digital enablement
- Integration
- Prevention
- Recovery from Covid-19

## The potential priorities

- Reduce differences in health between different groups of people
- Support vulnerable people to live healthy lives
- Help families and young children in early years
- Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)
- Good health and wellbeing at work
- Physically active communities
- Help households with significant health needs
- Extra support for anyone who has been affected by mental or physical trauma in childhood
- Build strong, resilient and socially connected communities
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

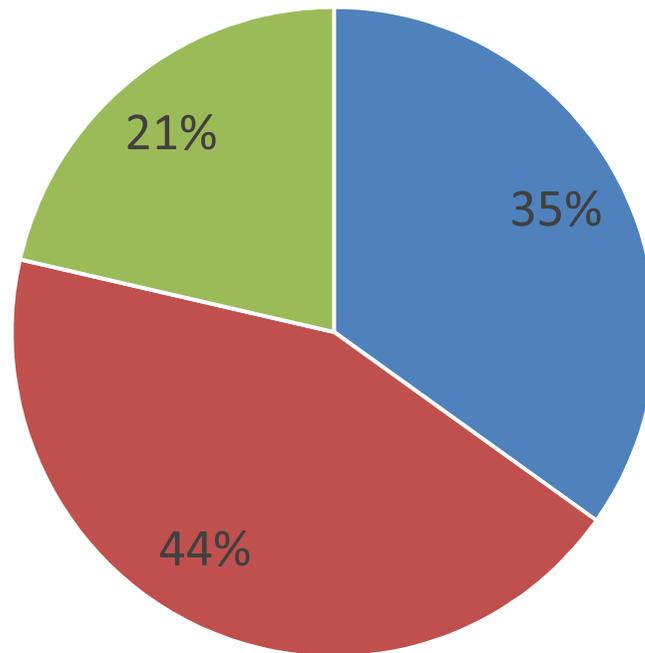


- [Joint Health & Wellbeing Strategy for Berkshire West | Berkshire West Clinical Commissioning Group \(berkshirewestccg.nhs.uk\)](http://berkshirewestccg.nhs.uk)
- Survey: [Berkshire West Joint Health and Wellbeing Strategy Public Engagement Survey \(surveymonkey.co.uk\)](https://surveymonkey.co.uk)
- Twitter: @HHBerks
- Facebook: @aHappierandHealthierBerkshire
- berkshirewestwellbeing@gmail.com

# Early findings from the survey



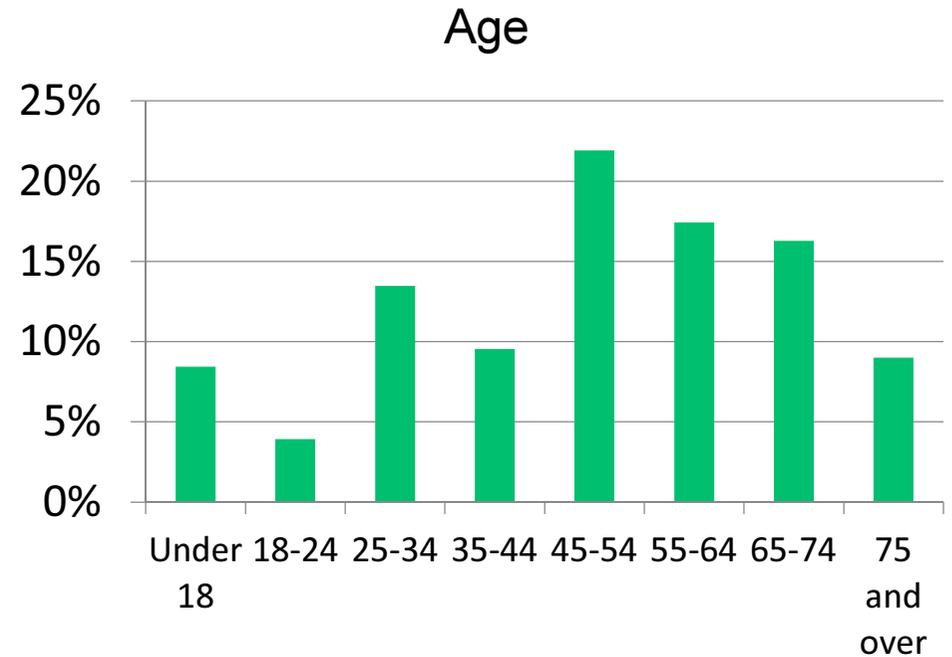
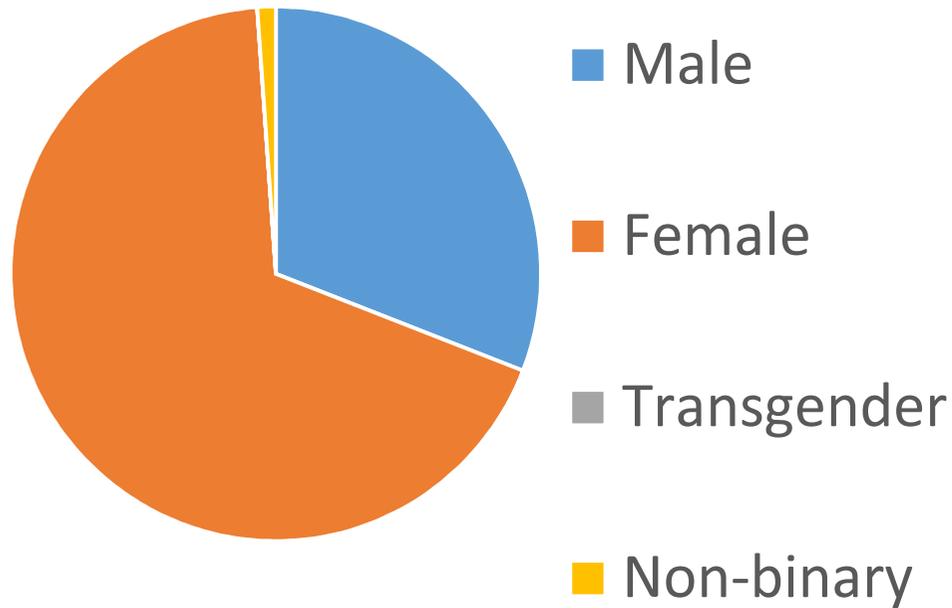
- Total responses (as of 13<sup>th</sup> January 2021): 1317



West Berkshire:	576
Reading:	459
Wokingham:	282

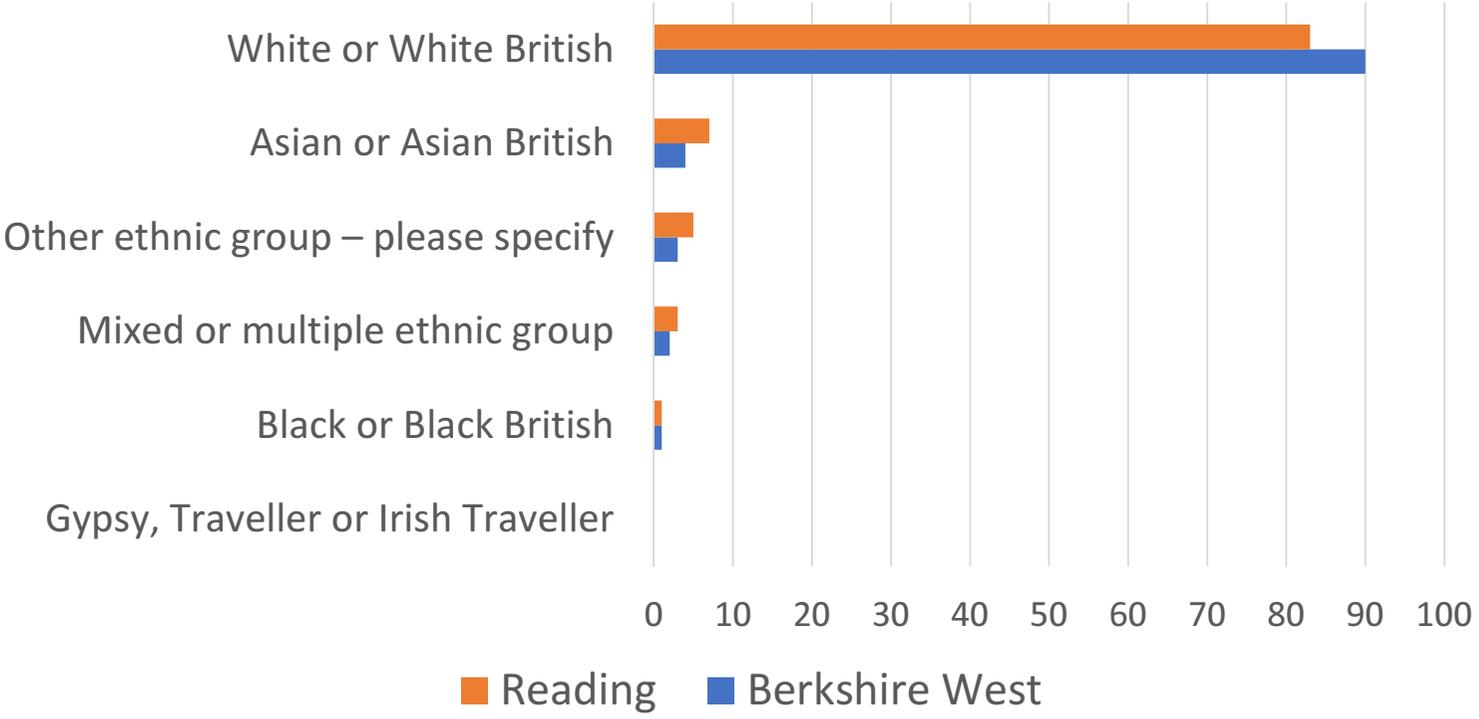
■ Reading ■ West Berkshire ■ Wokingham

# Demographics of respondents in Reading



# % of respondents for each Ethnic group

568 responses  
175 in Reading



“Other”: Oriental, Asian, Nepali, White Irish, White Irish European, Turkish, Welsh, Fillipino, European, British, Black African, Scientologist, white (born overseas, multi-ethnic group), White other

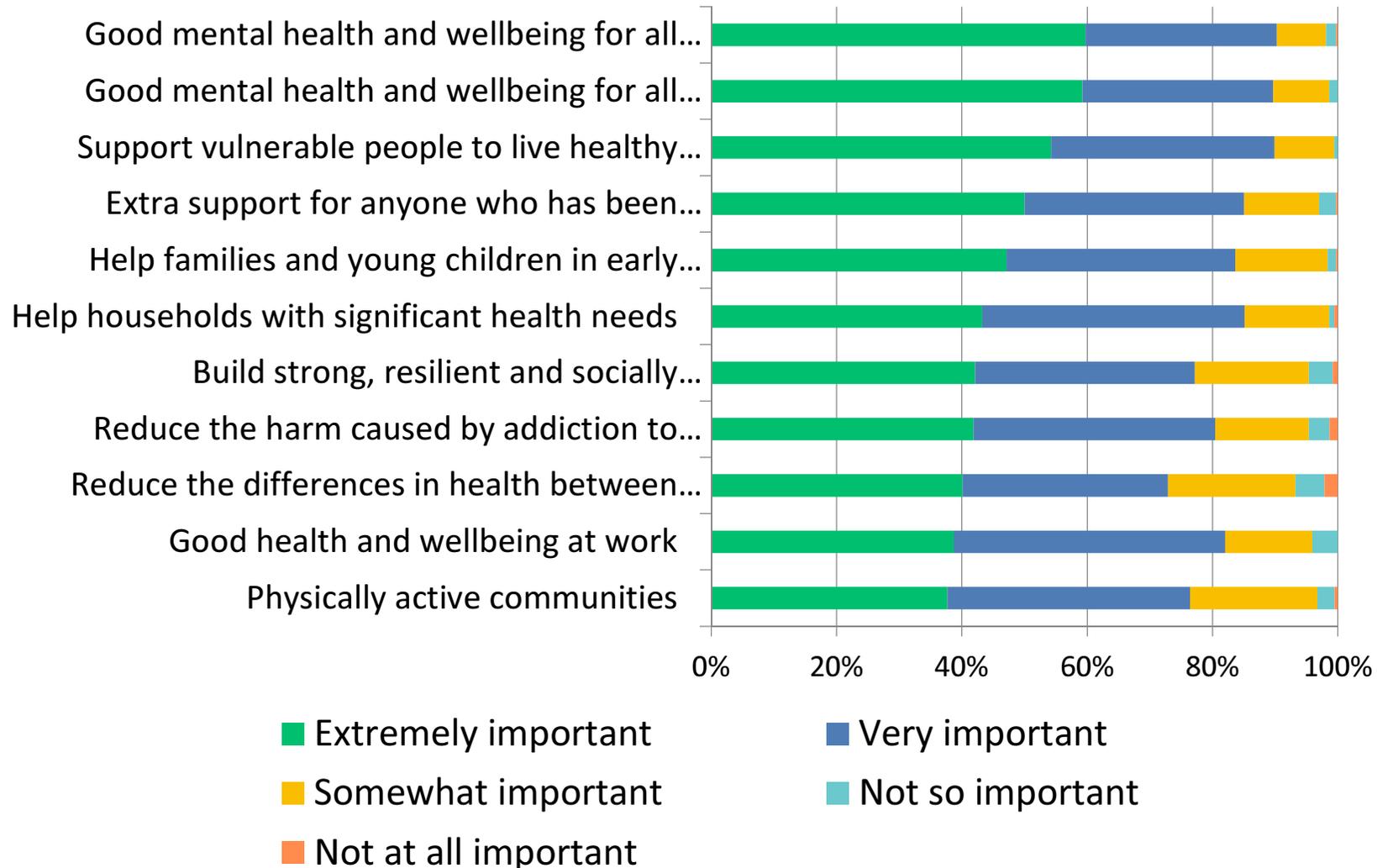
# Organisations that have responded in Reading

- Aspire (Reading) CIC
- St. Vincent & The Grenadines and Friends Association (Reading)
- Catalyst Housing
- Reading Association for the Blind
- Reading Railway club
- SVGA Reading
- Reading Borough Council
- Talkback
- Little Heath secondary school
- Berkshire Healthcare Foundation Trust
- Communicare
- CAMHS
- Integrated Research and Development Centre (IRDC) Berkshire, UK CIC
- Reading Caribbean Cultural Group (RCCG)
- Brighter Futures for Children
- Reading Libraries
- Food4Families (RISC)
- The Weller Centre
- Reading Community Learning Centre

# Ranking of the potential priorities (Berkshire West)

1. Support vulnerable people to live healthy lives
2. Help families and children in early years
3. Good mental health and wellbeing for all children and young people
4. Reduce the differences in health between different groups of people
5. Good mental health and wellbeing for all adults
6. Help households with significant health needs
7. Extra support for anyone who has been affected by mental or physical trauma in childhood
8. Reduce the harm caused by addiction to substances (smoking alcohol or drugs)
9. Physically active communities
10. Build strong, resilient and socially connected communities
11. Good health and wellbeing at work

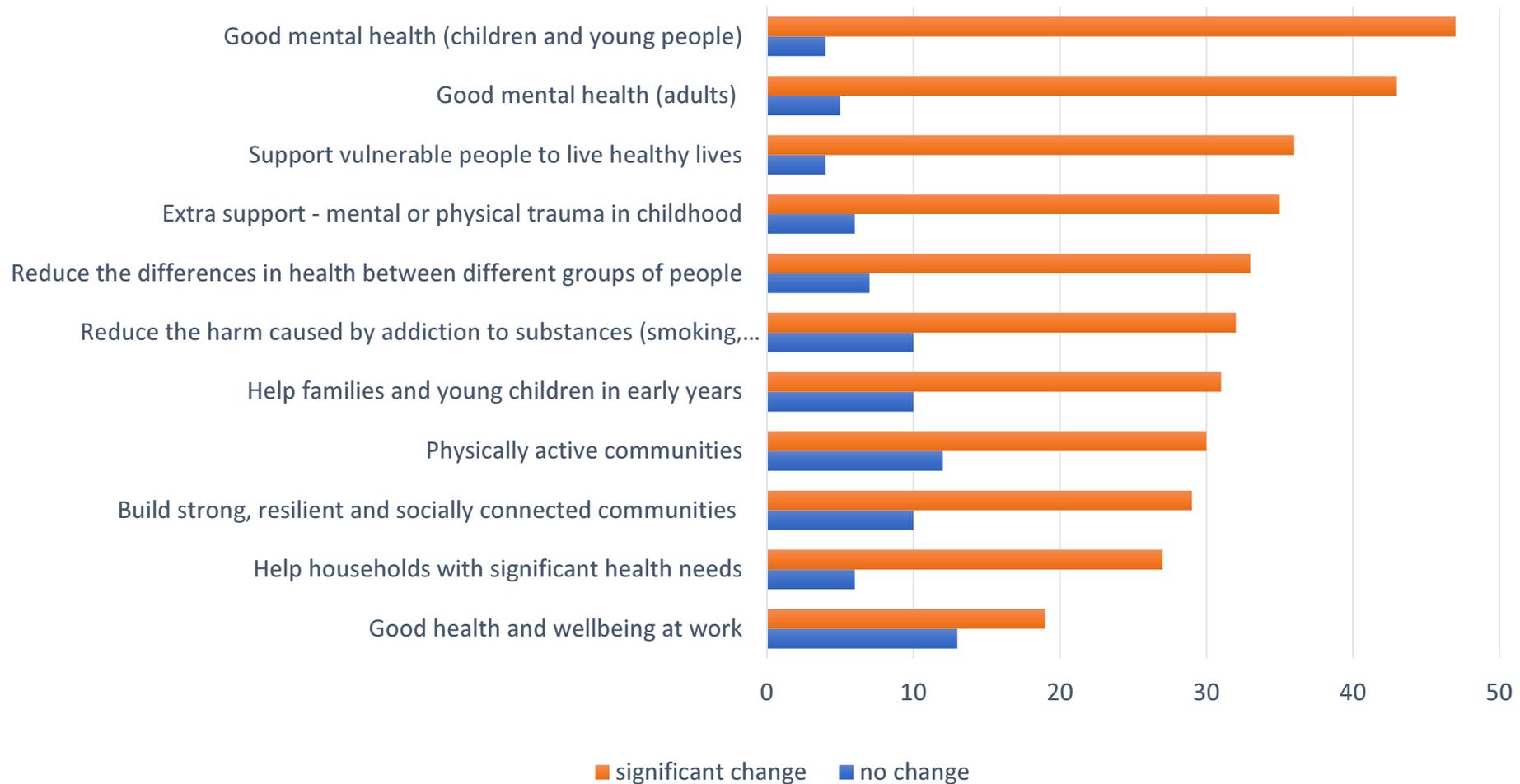
## How important are each of the areas to help you and your community live happier and healthier lives? (Reading)



# Free text examples from the priorities

- Diverse communities have a range of knowledge and understanding about health and wellbeing issues in our local communities, to bring to a certain level of common understanding about this, we have to work hard to design new tools, methods and approaches
- There is a large gap between the way people of different ages are treated, especially those with mental health who are not empowered or supported
- Those with mental and physical disabilities are often excluded. The elderly are often forgotten
- Focus on improving the health of the poorest communities in Reading
- Single people, especially the elderly, disabled and those with Special Educational Needs should have within easy reach, access to social interaction
- There needs to be a more joined up approach between Health and Social care. The most vulnerable often fall through the gaps of key services and it appears no one wishes to take responsibility in such cases, likely due to budget holding because of the significant financial pressure all public services are under. It should be ensured that the most vulnerable do not suffer the consequences of this

# How much change do you think is required?



# Other public engagement

- Focus groups held so far:
  - Maternity
  - Learning disability community
  - Ethnic Diverse communities
  - Older people
  - Young carers
- Future groups to be held: Carers, Young People
- Ageing well partnership attended
- Adult care and health services management team attended
- South Reading Patient Voice attended for discussion
- Berkshire West Your Way (mental health support group): Focus groups
- Public meetings: 1<sup>st</sup> of 3 has been held
- Feedback coming from organisations holding conversations with their members
- Increasing engagement on social media

# Next steps

- To extend the public engagement until the end of February
  - To further identify gaps in engagement and target harder to reach communities
  - Opportunity for further focus groups as needed
- Writing the strategy: First draft in early April
- Subsequent consultation on the final draft strategy

## STUDENT HEALTH & WELLBEING IN READING



*Students holding Healthwatch Reading's Student Guide to Services at a Freshers Fair*

**Final report of an engagement project with people studying at  
Reading College and the University of Reading**

**March 2020**

## Introduction

This report presents the final set of findings of an engagement project carried out by Healthwatch Reading between September 2018 and February 2020.

Our aim was to understand the health and wellbeing concerns of people aged 16 and over, who were studying at university or college in Reading, and their awareness of local health and wellbeing services.

In total we surveyed 279 students: 172 in 2018, mostly first-year students and 107 in late 2019 and early 2020. The second part of our survey, concentrating on second and other later-year students, was carried out after a stakeholder group suggested we find out whether students' awareness of services, and health needs, changed over time. While we found awareness of most services did improve from first-year levels, over time, there were still worrying gaps, with fewer than 50% of students in both groups not knowing where to find Reading's NHS sexual health clinic and fewer than 40% of both groups unaware of how to get help for serious mental health conditions. For both sets of students, coping with stress and worries remained their top health concern.

As well as capturing views of students, Healthwatch Reading also designed a Student Guide to Local Services - a double-sided A5 card directory of GPs, pharmacies, sexual health, mental health and other services - that we have distributed to students and some GP surgeries.

This report makes five key recommendations, on page 19, but we were delayed in sending these out to providers and commissioners for a response, by the Covid-19 outbreak. Our national body Healthwatch England advised us to suspend activities that would put pressure on services at this time. However, at the time of publishing we had not received a final response to the report due on 25<sup>th</sup> September 2020 down to Covid-19 pressures.

## Contents

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**Survey findings in detail: p4-10**

**Background information: p11**

**Discussion and recommendations: p13-19**

**Response from commissioners and providers: [to follow]**

**Appendix 1: Phase One report: p20**

**Appendix 2: Demographics: p21**

**Appendix 3: The Healthwatch Reading Student Guide to Services: p22**

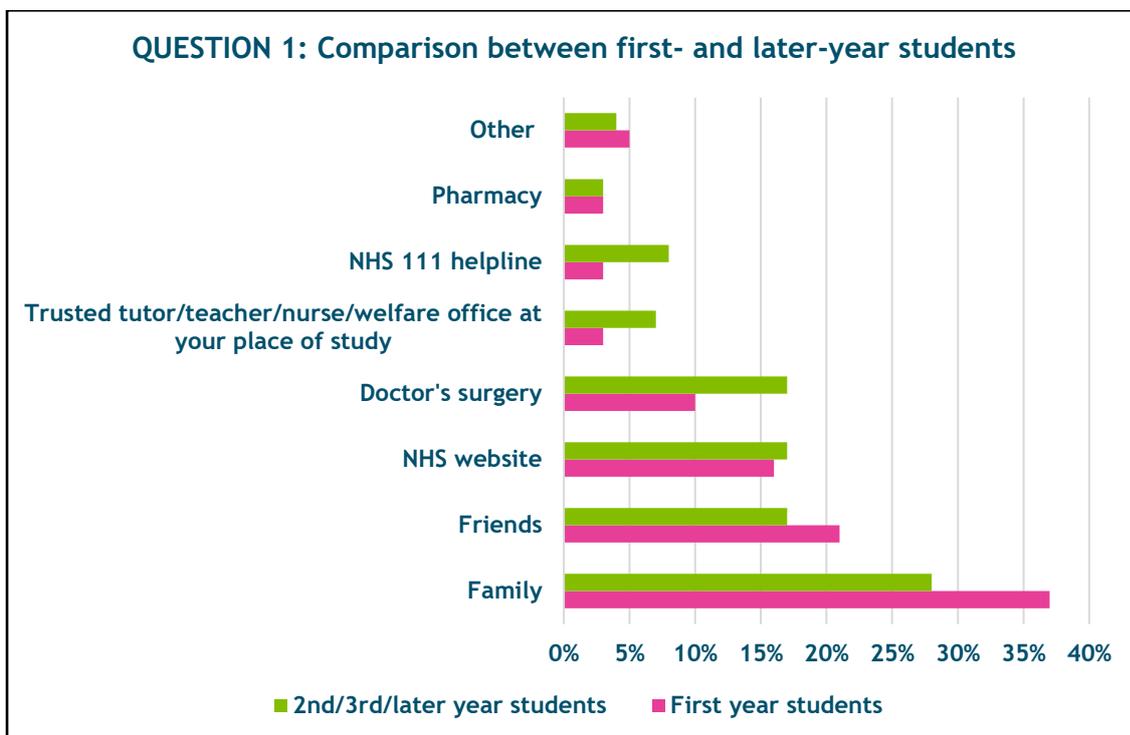
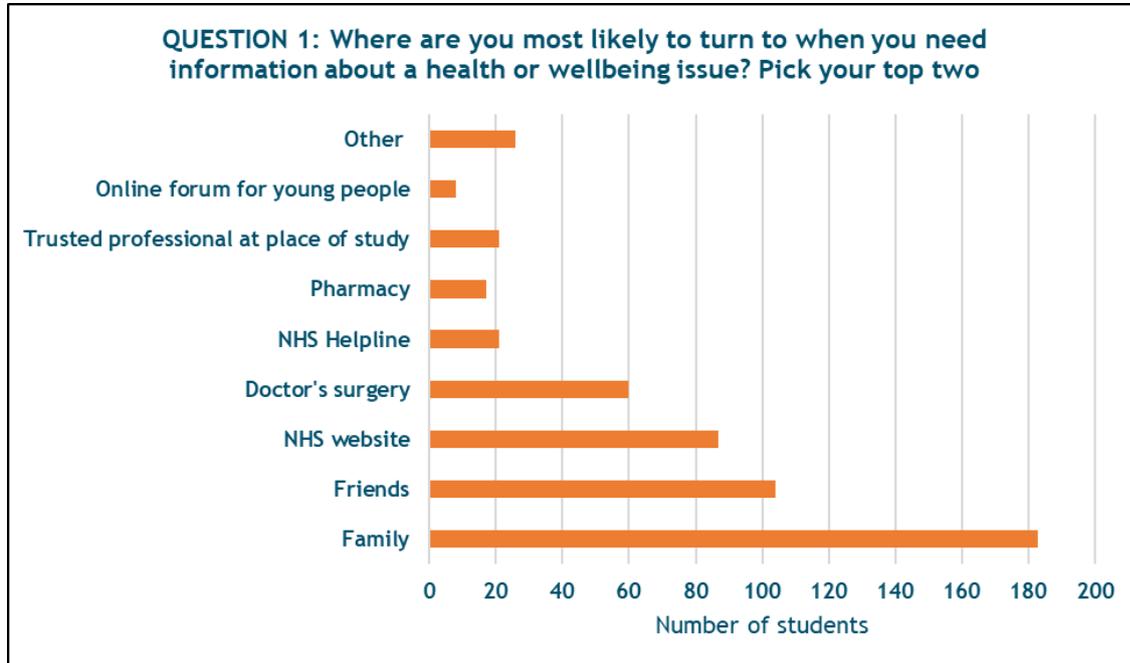
## Summary of survey findings

### Key statistics

- Two-thirds (66%) of all students would turn to family first when seeking information about a health or wellbeing issue
- The services that students were most confident of finding in Reading were a doctor’s surgery (72%) and a pharmacy (71%)
- The services students knew *least* how to find were the local NHS sexual health clinic (29%) and the Reading Walk-In centre (46%)
- The top three health issues for students were: coping with stress and worries, their weight and diet and coping with depression or a diagnosed mental health condition
- Only 30% of respondents said they would know how to access help for serious mental health issues
- Only 41% said they would know how to access free and/or emergency contraception
- Only 44% said they would know how to access help to cope with stress or anxieties
- Students called for more information to be available to help them find services or cope with issues, particularly to help them manage their mental health needs.

## Survey findings in full

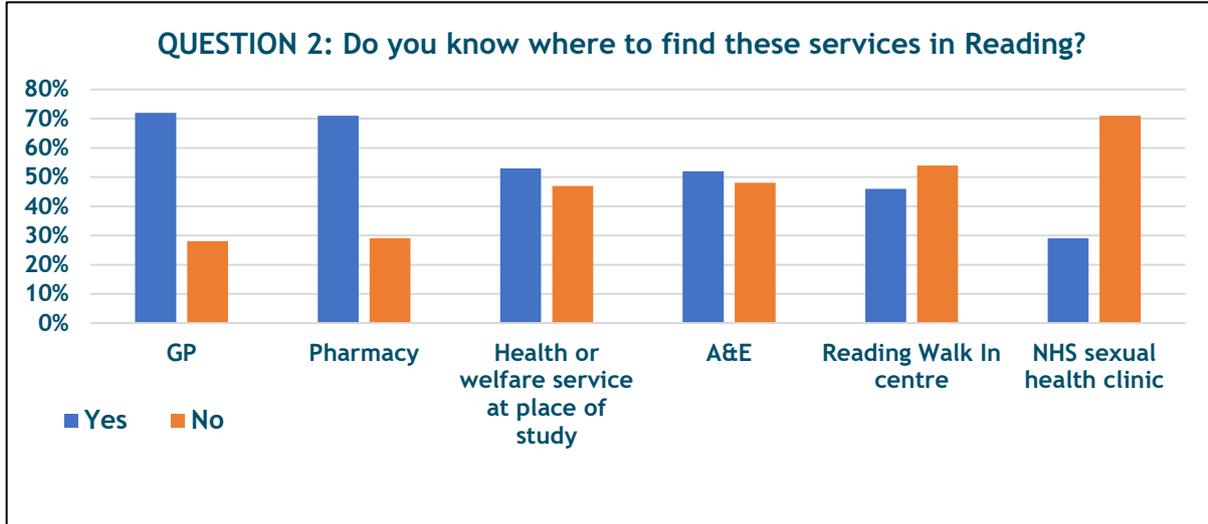
### Trusted sources of information



Family and friends are the top two trusted initial sources of information for all students, although this lessens for students in later years, when they are more likely to turn to other services like their doctor's surgery.

## Awareness of local services

We asked students about this in two different days - by named service (question 2), or by health issue (Question 3)

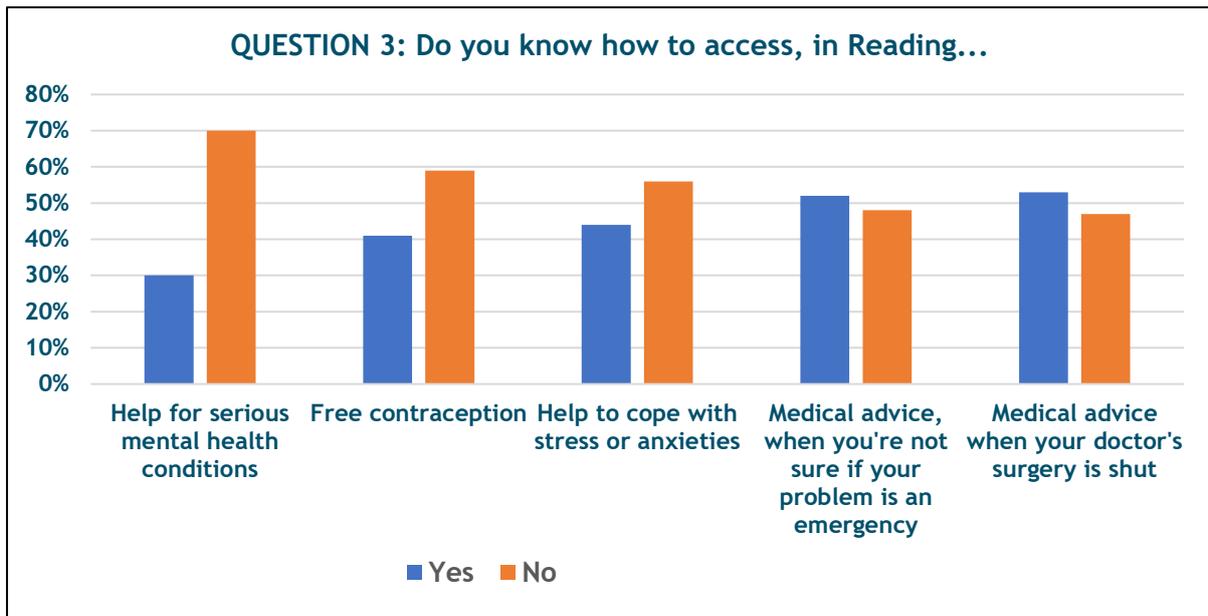


### QUESTION 2 Table:

Comparison between students, answering ‘yes’, to knowing where to find services

	GP	Pharmacy	Health/welfare service at place of study	A&E	Reading NHS Walk-In Centre	Sexual health clinic
<b>First year students</b>	69%	66%	54%	47%	40%	24%
<b>Later-year students</b>	85%	94%	51%	73%	65%	49%

Awareness of named services among all students was highest for the primary care services, GPs and pharmacies, and lowest for the local NHS sexual health clinic. Later-year students had a higher awareness of all the named services, except for services at their place of study, but only slightly and this may be due to a lower number of respondents from this group.



**QUESTION 3 Table:**

Comparison between students, answering ‘yes’, to knowing how to access:

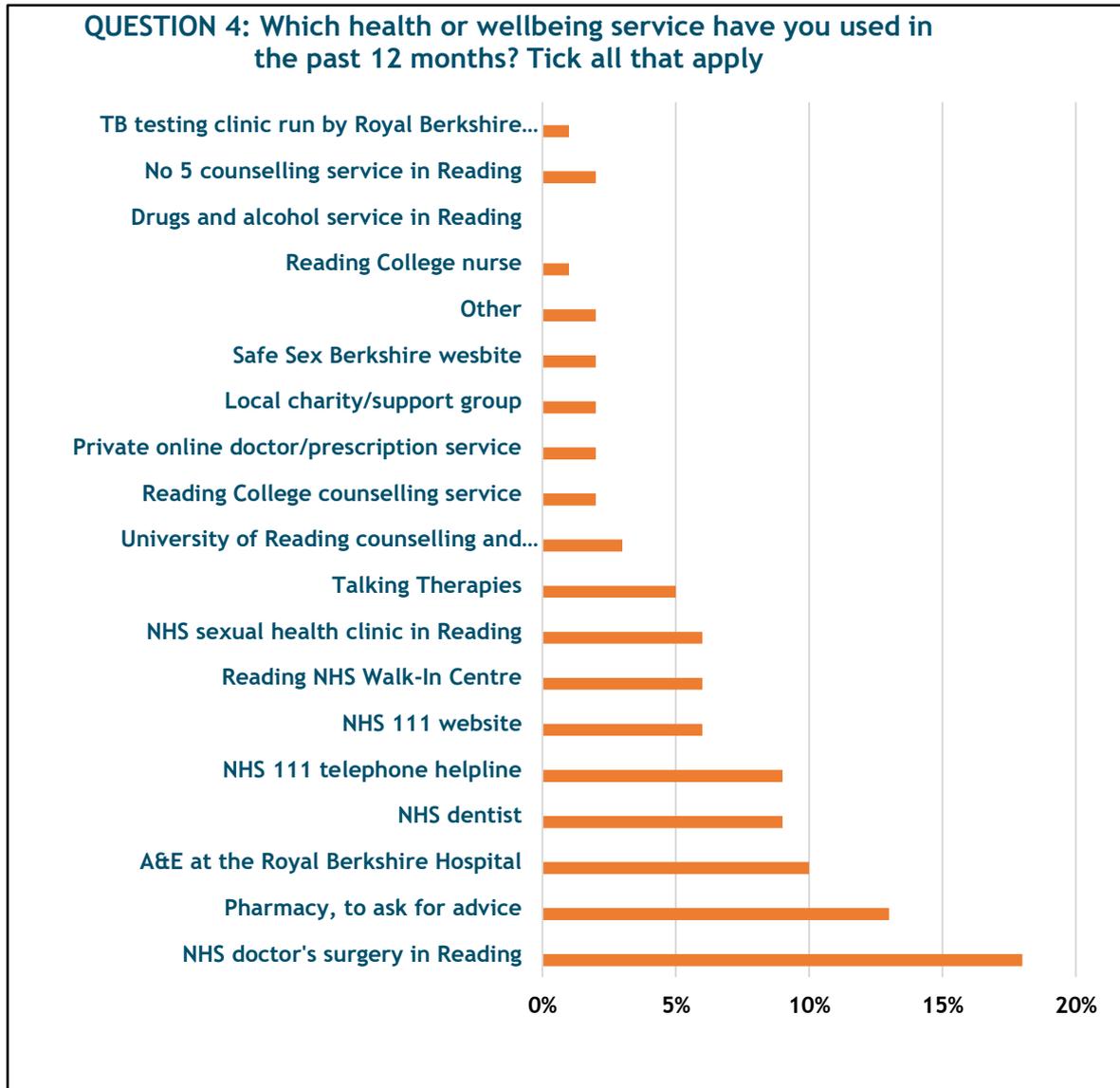
	Help for serious mental health conditions	Free contraception	Help to cope with stress or anxieties	Medical advice, when you're not sure if your problem is an emergency	Medical advice when your doctor's surgery is shut
<b>First year students</b>	28%	38%	44%	49%	34%
<b>Later-year students</b>	37%	51%	45%	63%	45%

Low awareness of sexual health services features again with only 41% of all students saying they knew how to access free contraception.

Students appear to gain some knowledge, as they go through higher education, about how to get help for various issues, apart from how to cope with stress or anxieties. The highest ‘yes’ score was only 53% (for knowing how to find medical advice when their GP surgery was shut) suggesting there is more to be done to increase students’ ability to get help for various scenarios.

## Use of services

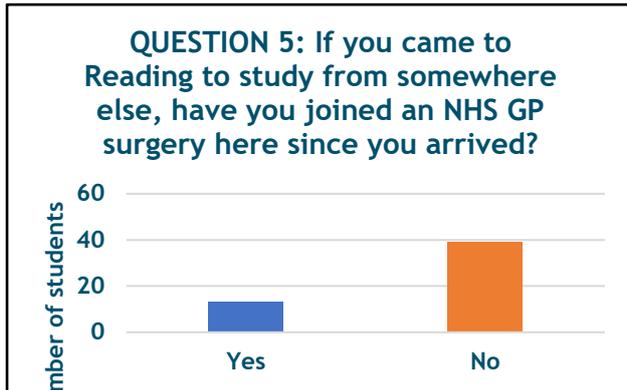
We asked two questions about use of services, only in the second phase of our project, on the suggestion of a stakeholder group from the first part of the project. We asked students to tick from a list of services they recalled using in the past year and we also asked those who had moved to Reading to study, if they had registered with a GP in the borough and if not, why.



Students said they had mostly used their doctor’s surgery, an expected finding given that primary care handles the majority of all NHS contacts by the general public.

Mental health services - such as Talking Therapies, the No 5 counselling service and wellbeing services run by the college or university - had relatively low use, despite students telling us in other questions of their issues with stress and anxiety.

The low use of the Safe Sex Berkshire website and the sexual health clinic could be due to low health needs in this area, or low awareness as seen in other answers.

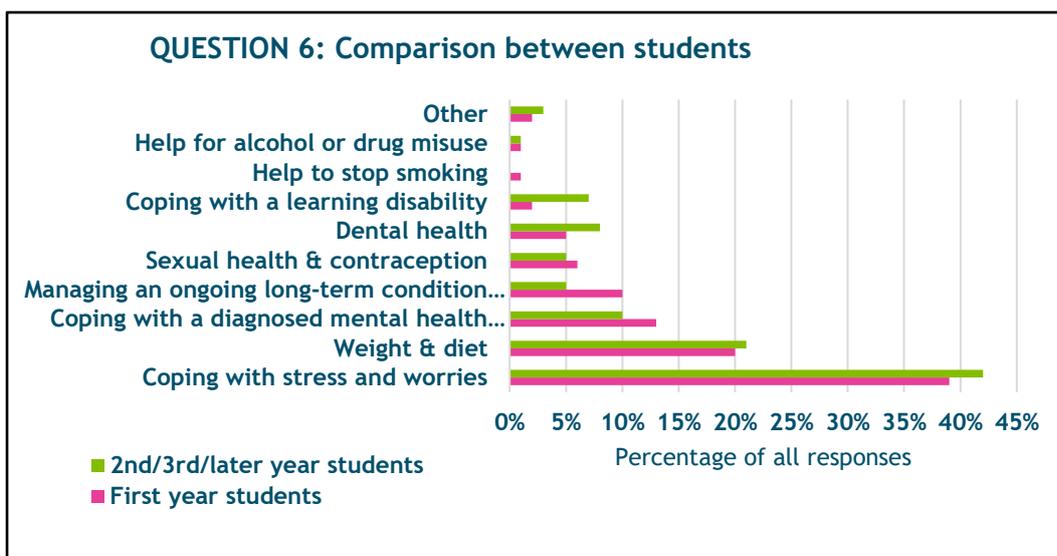
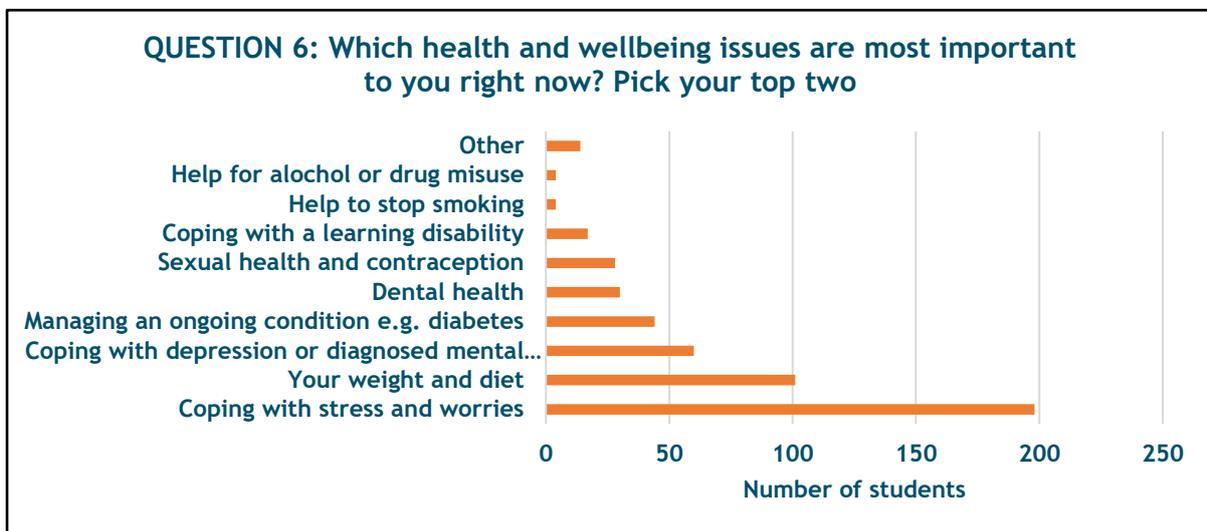


Of the students who answered this question, only 37% said they had registered with a local GP when they moved to Reading for study.

The main reason for not registering was wanting to stay with their home-town doctor who knew them. Other reasons included the fact that their home town was just outside of Reading so they didn't need to travel

far to see their GP or they had a long-term condition they preferred to be managed by a familiar GP.

### Students' health needs



The top two health concerns remained consistent across the students' year groups: coping with stress and worries and their weight and diet.

## Students’ suggestions

In the first phase of our project, we received 79 responses to a question asking first-year students which topic they wanted more information on, to help them find help or understand their health or wellbeing issue.

Themes of the free text responses were:

1. Mental health (17%)
2. Stress (9%)
3. GP (8%)
4. Anxiety (6%)
5. Depression (5%)

*‘Mental health conditions e.g. panic attacks’*

*‘Help for anxiety’*

*‘Coping with stress during exams’*

*‘Trauma therapy’*

*‘Emergency contraception’*

*‘How to stop cough, cold etc and issues related to climate difference between countries’*

*Coughs and colds’*

*‘Closest GP’*

*‘Repeat prescription’*

*‘Managing stress’*

*‘Dealing with anxiety’*

*‘Help with depression’*

*‘Vitamins to improve balanced diet/cheap and healthy meals’*

We invited comments and suggestions for improvements in the second phase of our project and received 18 free text responses. The three main themes were better health or care support, more promotion of services and improved access to services. Mental health featured in half of the responses:

*“I have found accessing appropriate mental health assistance difficult.”*

*“I have been given antidepressants and talking therapies but this still is not helping the underlying long-term anxiety and depressive nature of having a long-term health condition.”*

*“Please provide a doctor on the internet, it would be useful.”*

*“Availability of face-to-face appointments for mental health therapy services is a must.”*

*“To book an emergency appointment with my GP is very hard and usually full. It is not always the best way to [instead] visit the Walk In Centre in Broad Street, as my [own] doctor would know more.”*

*“Have more advertising posters and information in RUSU [Reading University Students Union] and on the website. Maybe hold events to raise awareness of mental health.”*

*“Physio wait list over a year.”*

*“I used [one GP’s surgery] in my first year and had a negative experience when talking about mental health (they just gave me drugs), I then joined University Medical practice which I have had a better experience with.”*

*“Counselling and wellbeing service [at place of study] is very helpful resource and waiting times are better than those within NHS. However, the limited number of sessions per year per student should be extended, and it would be helpful if they offered other forms of therapy, such as cognitive behavioural therapy (CBT).”*

*“Pop up/workshops for mental support and wellbeing.”*

*“Advertise about them [services] more.”*

*“I didn’t know the college had a nurse.”*

*“Can we have access to the Reading College Gym or free gym for young people with mental health issues.”*

*“Making the information more available would help in emergency.”*

*“It’s a long time from when I find out that I’m not feeling well to when I solve it.”*

*“Give students more information on how to find counselling.”*

*“I wish there was more support for stress with workload, and financial support (such as bursary) to be exposed to all students so that they are aware there could be some help.”*

## Background information

### About Healthwatch Reading

We are the local patient and public champion for NHS and social care services. We are independent of the NHS and Reading Borough Council. People's views come first - especially those who find it hardest to be heard, such as young people. We champion what matters to people and work with others to find ideas that work.

Under Healthwatch legislation, organisations must provide a written response to our reports and recommendations.

### Why we carried out this project

Despite Reading long being a university town, and also the base of a further education college, no in-depth local engagement has taken place to understand students' health needs and awareness of services.

In 2018, student health became a national cause for concern, particularly students' mental health, in the wake of a spate of publicised suicides in Bristol. This spurred the government to set up a national taskforce on the issue.

As well as creating an opportunity for students' voices to be heard, we also wanted to understand how we could better fulfil our own information and advice function in helping students find the services they need.

### How we carried out this project

Two of our staff team ran a stall at freshers' fairs held by the University of Reading and Reading College in September 2018. We handed out paper surveys which were completed by 172 students, the majority of whom were first-year students. The well attended fairs enabled us to gather a high number of responses in a short space of time.

We then held a workshop in December 2018 to discuss the initial findings of this survey with representatives from university and college counselling and wellbeing services, and the University Health Centre, an NHS GP surgery. They were keen to compare the experience of first-year students with those in their second or other years of study.

The second phase of our project ran from late 2019 to February 2020. Reaching second, third and later year students was more challenging without one central event where they were congregated. We ran an online survey that we promoted via social media, and also visited the college and university on key dates such as during mental health week to hand out paper copies of the survey. We were assisted by the college's marketing officer, and the university's student welfare officer, in these efforts. We collected 107 responses in total.

## Discussion and recommendations

### National research and policy on student health

Half of all young adults will access higher education by the time they are 30, according to a 2018 report by Universities UK (UUK).<sup>1</sup>

However there has been ‘very little in the way of systematic UK research on the health needs of students’, says a 2017 report by the Association of Young People’s Health (AYP)<sup>2</sup>.

‘Anecdotal evidence’ of university students’ needs, according to an NHS England paper in 2016, states:

- as many live away from home for the first time, they may engage in risky behaviours such as drinking, drug use and having sex, that need health interventions;
- without immediate family support they may rely more on GPs for mental health support as well as needing greater help to navigate local services;
- students with long-term conditions need extra support transitioning both to new NHS services and from children’s to adult’s services;
- foreign students may also have greater health needs (e.g. if they come from high-risk TB areas) or need additional support understanding how the NHS works.

All these factors add up to students being considered ‘atypical populations’ of NHS GP university practices, the NHS paper adds.<sup>3</sup>

Mental health needs of students, in particular, have been a focus of national attention. The national media debated the risk of suicide among higher education students in 2018, particularly after it was reported that 11 Bristol University students had taken their own lives within 18 months<sup>4</sup>. Suicide is the biggest killer of young people, but the rate among university students is lower than suicide among the general population, according to a 2018 Office for National Statistics study.<sup>5</sup>

Student health is specifically mentioned only once in the NHS Long Term Plan, the 10-year blueprint for the health service published (pre-Covid) in January 2019. It says: ‘NHS England is working closely with Universities UK...to build the capability and capacity of universities to improve student welfare services and improve access to mental health services for the student population, including focusing on suicide reduction, improving access to psychological therapies and groups of

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<sup>1</sup> Universities UK (2018) [Minding Our Future Starting A Conversation About the Support of Student Mental Health](#)

<sup>2</sup> Association for Young People’s Health (2017) [An overview of research on key issues in student health](#)

<sup>3</sup> NHS England (2016) [Guidance Note GP Practices serving Atypical Populations](#)

<sup>4</sup> BBC News online (24 September 2018) [‘Bristol university suicides spark mental health alerts’](#)

<sup>5</sup> Office for National Statistics (2018) [Estimating suicide among higher education students, England and Wales: Experimental Statistics](#)

students with particular vulnerabilities. The LTP also announces 'a new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood'.<sup>6</sup>

The LTP was followed by the government launch, in March 2019, of a taskforce known as the Education Transitions Network to look at how students moving from sixth-form or college to university can be better supported in their crucial first year. Its members included UCAS, the National Union of Students, Student Minds, Universities UK, the Association of Colleges and the Office for Students.<sup>7</sup> No update has been published since on the network's work.

Funding, good partnerships and promotion are seen as important factors in making progress on student health.

The Association of Colleges (AoC) said a survey it had carried out in 2019, showed that the majority of colleges were committed to supporting students' physical, mental or sexual health. But they also said that funding cuts or a lack of a ringfenced funds, affected the extent to which they could support this.<sup>8</sup>

Meanwhile the Association of Young Person's Health report adds: 'As with schools, universities and other educational settings can only provide initial support, and need good liaison with local NHS and community-based resources for those with longer term needs'.

Universities UK's report adds that 'we need to improve the links between local NHS services and the support that universities provide'. It called on a 'place-based' partnership approach through new structures such as sustainability and transformation partnerships (STPs).

In 2019, a national mental health charter was launched for each of the college<sup>9</sup> and university<sup>10</sup> sectors.

### The local context

Our borough hosts both a college and university. Reading College, based on King's Road is run by Activate Learning, which has 12,000 post-16 learners across its seven colleges who are undertaking technical, vocational or academic qualifications, while 19,000 people undertake academic courses with the University of Reading (although not all at its Reading campuses).

Health and wellbeing services for students are provided through NHS services, an NHS GP practice for university students, and on-site wellbeing and welfare services provided by the college and university themselves.

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<sup>6</sup> NHS England (2019) [The NHS Long Term Plan](#)

<sup>7</sup> Department for Education announcement (7 March 2019) '[Government creates new student mental health taskforce](#)'

<sup>8</sup> Association of Colleges (2019) [AoC survey on Personal and Social Development and Enrichment in colleges](#)

<sup>9</sup> Association of Colleges (2019) [Mental Health and Wellbeing Charter](#)

<sup>10</sup> Hughes, G. & Spanner, L. (2019) [The University Mental Health Charter](#). Leeds: Student Minds

## **ON-SITE WELLBEING AND WELFARE SERVICES FOR STUDENTS\***

### **Services funded and provided by the education institutions themselves:**

#### **University of Reading**

##### Welfare team

Drop-in or appointment service on the main Whiteknights campus for help with settling in, crisis support, relationship issues, harassment, bullying or violence, drug and alcohol issues, caring responsibilities and more.

##### Counselling and Wellbeing Team

Students can self-refer, and tutors can also make referrals, for a set number of free counselling sessions, offered in person, over the phone, one-to-one, or in groups. Students can contact the onsite team Monday-Friday 9-5pm.

##### Life Tools

Free talks offered through the academic year on topics such as minimising stress, sleep, exercise, nutrition and mindfulness and general resilience building.

##### Big White Wall

A free, 24/7 online mental health resource which all students can use anonymously to

- meet and chat with others who may be experiencing similar feelings or situations
- access a range of self-help articles, videos and online courses
- evaluate wellbeing and mental health, set goals and track progress
- express feelings through drawing or uploading images.

It has safety features to create alerts if people express things like suicidal intentions, to prompt Big White Wall practitioners to respond to the messages directly.

#### **Reading College**

##### Counselling

Free, confidential counselling sessions available for all students who need it.

##### College nurse

Provides a confidential health service on some campuses, including help with contraception, sexual health issues and pregnancy queries.

##### Student Support team:

Drop-in or appointment service for current students for advice with any safeguarding concerns, financial support, housing advice, relationship advice, drug and alcohol issues, young carer support and more.

**\*These are how the services were described pre-Covid, but they may be operating differently now for student and staff safety.**

## GP services for university students

The University Health Centre is part of an NHS GP practice based on Northcourt Avenue and at the time of this report, is the only Reading doctor’s surgery currently rated as ‘outstanding’ by the Care Quality Commission.<sup>11</sup> It has around 31,000 patients, made up of both local residents and university students. Its diverse staff team includes 17 doctors, a physician’s associate, seven nurses, three health care assistants, four practice pharmacists, three practice paramedics, two social prescribers and management and receptionists.

The centre registers new students in bulk each September, usually at the Freshers Fair that is held in the week before students start their studies. It has regular patient newsletters on its website and also runs a Facebook page to get information out.

Chancellor House Surgery on Shinfield Road is also near to the university and takes students who choose to sign up there.

## Local student health needs: information from commissioners

The Joint Strategic Health Needs Assessment (JSNA) for Reading - facts and figures which are used to understand which health and social issues need to take priority - does not reference college or university students’ health needs in any depth. Only in a section on loneliness and social isolation, does the JSNA mention the ‘transient student population’ as a possible group of people who had lived in Reading for a short time who might be more vulnerable to loneliness.<sup>12</sup>

Reading’s Health and Wellbeing Strategy - which is due for a 2020 refresh - has a general priority to promote ‘positive mental wellbeing in children and young people’, albeit those aged 5-16 years. No mention is made of college or university students.<sup>13</sup>

Some local authorities elsewhere in England have focused on the needs of college or university students via specially commissioned reports or chapters for their JSNAs, such as York<sup>14</sup>, Brighton and Hove<sup>15</sup> and Nottingham<sup>16</sup>.

Berkshire West Clinical Commissioning Group - which funds local NHS services for Reading people - has also not examined student health needs specifically. However, in late 2018 it won funding to provide more mental health education in schools<sup>17</sup>.

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<sup>11</sup> Care Quality Commission, online 25 July 2019, [inspection report for University Medical Group](#)

<sup>12</sup> Reading Borough Council, [Joint Strategic Needs Assessment](#)

<sup>13</sup> Reading Borough Council (2017) [Reading Health and Wellbeing Strategy 2017-2020](#)

<sup>14</sup> City of York Council (2017) [York Student Health Needs Assessment Summary Report](#)

<sup>15</sup> Brighton and Hove City Council (2016) [Chapter 4.29 ‘Students’ of the Joint Strategic Needs Assessment](#)

<sup>16</sup> Nottingham City Council (2016) [Students topic paper of the Joint Strategic Needs Assessment](#)

<sup>17</sup> Berkshire West Clinical Commissioning online news item 20 December 2018 ‘[Berkshire West is one of 25 areas in England to receive government funding for pilot project working to transform children’s mental health care](#)’

The CCG is also working on a new mental health crisis pathway which could see a new 'Breathing Space' café set up in Reading as well as more plans to use NHS 111 to provide 24/7 support.<sup>18</sup>

### Local students' health needs: our survey findings

Our survey findings show that students' top two health concerns remained consistent across different year groups: coping with stress and worries and their weight and diet.

Participants of a Healthwatch Reading convened workshop to discuss the initial findings, said these findings resonated with their own experience of seeing students. The group - made up of representatives from the University Health Centre, University of Reading's welfare service, and Reading College's counselling service - thought that students needed help to build resilience before coming to university and to understand that some stress and anxiety was normal during what was one of their first major transitions - from childhood to adulthood and perhaps being away from home for the first time without day to day parental support. The approach there was to try to help the student help themselves.

At the other extreme, both the college and university described some overseas students who had come to the UK to study, who were self-harming or experiencing major anxiety because of fears they were not living up to high academic expectations of parents, especially when parents had made a major financial investment in paying for courses.

The university said it had begun developing a suicide prevention protocol with staff and tutors, which would aim to ensure all knew how to refer students for help and who to contact in emergency situations.

The college said it was surprised to find that some of its 16-year-old students, had said they had been prescribed antidepressants for mental health issues but did not seem to have been referred at the same time for some kind of talking therapy.

Both the college and university offer short-term counselling for students and will then refer to local NHS mental health services if students need more specialised, or longer-term support. Some students are reluctant to refer themselves to the local NHS mental health service, Talking Therapies, because they have not ever made their own health appointments or dealt with referral paperwork, without parental support. The college welfare service will support students, particularly the younger age group, by sitting down with them at the end of term to help them physically complete the self-referral to Talking Therapies to ensure students don't miss out if they need more help.

Some anecdotal feedback shared by students about Talking Therapies to welfare services, is that the students can feel uneasy taking part in group therapy sessions

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<sup>18</sup> Berkshire West Clinical Commissioning Group online news item 8 June 2020 '[14 point plan of action to improve mental health crisis pathways in Berkshire West](#)'

because other people in the group may be much older than them, rather than being student-only groups. The university said it had heard from some students that there is a push towards online programmes before they can access face-to-face support.

All the group thought it would be useful for mental health resilience to be part of secondary school education to better equip students for new adult life.

The second top concern concerning students was weight and diet.

The workshop participants told us that on the one hand, young people might feel under pressure to have a perfect body image due to unrealistic portrayals on social media. But some of the comments given by students in the survey also suggested they might just want simple advice about eating cheaply due to the financial impact of being students.

The university wellbeing team had been made aware during a previous Fresher’s Week that a poster advertising a weight-loss organisation had been put up by an external organisation, without university authorisation, near the student eatery. The poster included the statement: ‘82% of students put on weight during university’. One student had disclosed to the welfare service that seeing that poster had triggered thoughts related to a past eating disorder that prevented them going into the eatery that day. The welfare service took the poster down and contacted the organisation to ask who had put it up and where the data was from. The statistic was five years old and came from the organisation’s own small survey of students who had used the weight-loss service, rather than from an independent survey about weight among the general student population.

### **Awareness of services: our survey findings**

The workshop participants thought that low awareness among first-year students of some Reading health and care services, could partly be explained by the fact that some of the respondents had come to Reading to study from elsewhere, were new to the area, and had not thought about what services might be available locally. The first year of study was also a busy time with lots of new information to process.

It was perhaps more surprising for students who said they had always lived in Reading, but that might be due to the fact their parents had previously managed, on their behalf, their contact with health and wellbeing services. This might mean there needs to be more ‘literacy’ on using and accessing the NHS, developed with parental support and secondary school Personal, Social and Health Education (PSHE) lessons.

The workshop participants asked Healthwatch Reading if we could survey second, third and later year students to understand if awareness of local services grew over time. Our findings show that there was a general improvement, particularly among primary care services like GPs (from 69% to 85%) and pharmacies (66% to 94%) and urgent care services like A&E (73% up from 47%) and the Reading Walk-In

Centre (65% from 40%). But awareness of the Reading sexual health service - a (pre-Covid) walk-in service run by Royal Berkshire Hospital called the Florey Clinic - remained just below 50%, up from around one-quarter.

The Reading JSNA’s sexual health summary does not reference students specifically, but states that ‘Reading residents have contact with sexual health services for Sexual and Reproductive Health related care significantly less than the national and regional averages.’ Reasons for this included people getting contraception from other sources, or the service not being appealing to at-risk groups, or down to data collection issues.

Anecdotally we heard that students tended to shy away from visiting ‘pop-up’ information and advice stands on sexual health held on college or university premises, perhaps due to embarrassment, suggesting that other promotion methods are needed to engage

While carrying out face-to-face engagement on this project, Healthwatch Reading also observed that first-year international students lacked full awareness about how the NHS worked - one told us, for example, that if they had a problem they would just go to the hospital, because they did not realise most hospital access had to be arranged by a referral from their GP. Some told us they were not sure if they had registered with an NHS GP.

When we asked later-year students who normally lived outside Reading, whether they had registered with a local GP, less than half said they had. The numbers answering this question are small, so this finding should be treated with caution, but it could have meant that the local NHS is not receiving funding to reflect the actual number of people living here.

Another issue raised about access to services, during our workshop, was the fact that one university accommodation building spanned both Reading and Wokingham boroughs. This had led to one student with complex needs being ‘bounced’ between the two local authorities who did not agree on which was responsible for assessing and/or funding their social care needs.

Overall, it is clear that there is a fragmentation of the various services students need services and the organisations responsible for commissioning them:

- **Berkshire West Clinical Commissioning Group** plans and funds NHS services such as doctors’ surgeries, hospital operations, and A&E. The CCG also funds mental health services such as Talking Therapies, crisis care and eating disorders services run by Berkshire Healthcare NHS Foundation Trust;
- **Reading Borough Council** plans and funds via its public health function, the local sexual health integrated service (the Florey Clinic), the local drug and alcohol service (Change Grow Live), as well as stop-smoking and weight management services. It also carries out care needs assessments and reviews of adults who need help with daily living (such as people with learning disabilities) and it also partly funds a range of local wellbeing charities;

- **NHS England** funds and plans pharmacy services (which may offer emergency contraception as well as general health advice) and dental services.

Healthwatch Reading has attempted to help students navigate the maze of services by designing a Student Guide to Services (see Appendix 3). During our project, we professionally printed at least 300 copies to distribute directly at college and university fresher’s fairs, and via the University Health Centre. We have shared a PDF of the guide to local organisations so they can print more copies if they wish and we have also developed a more detailed online guide via a dedicate page on our website. The participants at the workshop were positive about this new guide.

### **Recommendations**

1. Given the sizeable proportion of our population which is made up of students, and their ‘atypical’ status, we urge the Reading Health and Wellbeing Board to commission a full assessment of students’ health needs to inform the JSNA and the local health and wellbeing strategy;
2. Given the fragmented nature of commissioning and provision of services, we urge the Reading Health and Wellbeing Board to establish a student health working group made up of student, CCG, RBC, and college and university representatives, as well as providers of service such as The University Health Centre, The Florey Clinic and Talking Therapies, to improve understanding of each other’s remit, any gaps, and opportunities for joint working to address students’ health needs and improve student awareness of services;
3. In addition to any working group, we urge Reading Borough Council to discuss with its commissioned sexual health service, how it can improve the low awareness of this service that our survey identified and to report back on progress made;
4. In addition to any working group, we urge Berkshire West CCG to discuss with its commissioned mental health provider, BHFT, how it can improve awareness of its services and better meet the mental health needs of students, and to report back on progress made.
5. Healthwatch Reading staff should update its student health guide on an annual basis and promote at the start of each new college and university year.

## Appendix 1

### Healthwatch Reading (2019) Phase 1 report of an engagement project with people studying at Reading College and the University of Reading

## Appendix 2:

### Demographics of all students surveyed in phase 1 and 2 of project:

**Total respondents: 279**

#### Gender:

- **Women** comprised 190, or 73% of respondents (118 answered in the first phase, 72 in second phase)
- **Men** made up 71, or 23% of respondents (48 and 23)
- Did not answer: 17

#### Age

- **16:** 29 respondents, or 11% (14 in first phase and 15 in second)
- **17-18:** 76 respondents, or 28% (54 respondents and 22)
- **19-20:** 73 respondents, or 27% (42 and 31)
- **21-22:** 51 respondents, or 19% (30 and 21)
- **23-24:** 20 respondents, or 7% (14 and 6)
- **25-plus:** 19 respondents, or 7% (12 and 7)
- **Did not answer:** 11

#### Usual place of residence

- From another part of the UK: 138 (85 in first phase & 53 in second phase) respondents
- Reading is hometown: 62 (31 and 31) respondents
- From an EU country: 16 (11 and 5)
- International student from a non-EU country: 58 (41 and 17)

#### Ethnicity

This was collected in the first phase only and was self-described rather than chosen from a list:

- 43% said they were 'White British'
- 16% said they were 'Asian British'
- 13% said they were 'British'
- 3% said they were 'Black British'
- 1% said they were 'Mixed'
- 24% gave a variety of other responses including descriptions of religion rather than ethnicity

## Appendix 3: Reproduction of Healthwatch Reading A5 Student Quick Guide

### TB Testing

Young adults arriving from certain countries to live in the UK are eligible for a simple blood or skin test to check for ‘sleeping’ tuberculosis. Treatment does not affect any right to remain in the UK.  
<https://www.royalberkshire.nhs.uk/wards-and-services/tuberculosis.htm>

### Local Charities & Support Groups

**Support U** (LGBT+ support)  
<https://www.supportu.org.uk/>

**BWA** (domestic violence support)  
<http://www.berkshrewomensaid.org.uk/>

Other organisations that can help with debts, disabilities, FGM and more, can be searched for on [servicesguide.reading.gov.uk](http://servicesguide.reading.gov.uk)

Still unsure where to go?  
Want to know your NHS rights?  
Then call us on 0118 937 2295 or visit [healthwatchreading.org.uk](http://healthwatchreading.org.uk)



## HEALTH & WELLBEING SERVICES

*A local guide for students from Healthwatch Reading*

### Doctors & Health Advice

#### University Health Centre

University students can join this doctors’ surgery.  
9 Northcourt Avenue, RG2 7HE, 0118 987 4551  
[www.readinguniversitymedicalpractice.nhs.uk](http://www.readinguniversitymedicalpractice.nhs.uk)

#### Other local doctors:

Use ‘Find a GP’ search tool at [www.nhs.uk](http://www.nhs.uk)

#### NHS Reading Walk-In Centre

For urgent problems, no appointment needed.  
Open 8am-8pm, seven days a week.  
1st floor, Broad Street Mall, RG1 7QA

#### NHS 111 Telephone Helpline

Phone 24/7 to get advice on your health problem.  
They can put you through to a clinician or 999 if necessary.

#### NHS 111 Website

Visit the beta website: <https://111.nhs.uk/>  
Type in your symptoms to get immediate advice.

#### Local pharmacies

For advice on minor illnesses & medications.  
Use ‘Find a Pharmacy’ tool at [www.nhs.uk](http://www.nhs.uk)

### Mental Health Support

#### Reading College Student Support

Free counselling and health service  
Visit <https://www.activatelearning.ac.uk/support/student-support/wellbeing>

#### University of Reading Counselling and Wellbeing Service

Free counselling, wellbeing & mental health support.  
Visit <https://student.reading.ac.uk/essentials/support-and-wellbeing.aspx>

#### Talking Therapies

A Berkshire NHS service for help with anxiety, depression, stress, or phobias.  
Self-refer by calling 0300 365 2000 or visit [talkingtherapies@berkshire.nhs.uk](mailto:talkingtherapies@berkshire.nhs.uk)

#### No 5

Free counselling service for 10-25-year-olds in Reading.  
Visit [no5.org.uk](http://no5.org.uk)

### Local NHS Dentists

Use ‘Find a dentist’ tool at [www.nhs.uk](http://www.nhs.uk)

### Sexual Health

#### Safe Sex Berkshire

A local NHS website giving advice on where to find:

- free testing for all types of sexually transmitted infections
- the Pill, condoms, or other contraception
- emergency contraception after unprotected sex
- pregnancy testing
- help if you have been sexually assaulted or raped

Visit <https://www.safesexberkshire.nhs.uk/>

### Drug & Alcohol Services

Addiction support and clean needle services are funded by Reading Borough Council. Find out how to get help at: <http://www.reading.gov.uk/drugsandalcohol>

### Accident & Emergencies

Call 999 or visit the Emergency Department, Royal Berkshire Hospital, Craven Rd, Reading, RG1 5AN.

## Acknowledgements

Healthwatch Reading would like to thank:

- All the students who took the time to answer our survey
- Representatives from the university and college counselling and wellbeing services, and the University Health Centre, for attending the workshop and sharing their views
- The University Health centre for providing space to host the workshop
- University of Reading welfare office Gemma King for assistance in reaching students
- The Reading College marketing team for assistance in reaching students.

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## STUDENT HEALTH & WELLBEING IN READING



*First year students completing Healthwatch Reading's survey at a Freshers Fair in September 2018*

**Phase 1 report of an engagement project with people studying at Reading College and the University of Reading**

**February 2019**

## Introduction

This report presents the first set of findings of an engagement project launched by Healthwatch Reading in September 2018. Our aim was to understand the health and wellbeing concerns of people aged 16 and over, who are studying in Reading, and their awareness of local health and wellbeing services

With 19,000 people undertaking academic courses with the University of Reading (although not all at the Reading campuses), and 8,500 people working towards technical, vocational or academic qualifications at Reading College, this represents a sizeable proportion of Reading's current population of around 163,000 people.

The first step of our project was to seize the opportunity offered by the annual September 'Freshers' Fairs' at the university and college to capture views of first-year students in a simple, short survey. In return for completing our service we offered students a specially designed Student Guide to Local Services - a double-sided A5 card directory of GPs, pharmacies, sexual health, mental health and other services that can be found in Reading. The guide is reproduced on page 13.

After compiling the survey results based on 172 completed surveys, as outlined on pages 3-7, we then held a special workshop with key stakeholders, including the university's own Wellbeing and Welfare service, the University Health Centre, which provides GP services to students, and a counsellor from the college's welfare service. This workshop - summarised on pages 8-11 - helped us to check if the survey confirmed what was already known about student health or wellbeing, whether there were any surprises and what more we could do to understand students' experiences and needs. We also learned more about specific help and support that is available for students in Reading.

We now plan to undertake a second phase of our project, which aims to survey second or third year students, to see if needs and awareness of services change over time, and to hold focus groups with students to understand their needs in more detail. We aim to publish findings of this phase by mid-2019.

## Contents

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**Appendix 2 Copy of the A5 Quick Guide to Services for Students: page 15**

## Summary of survey findings

### Who?

172 students answered (130 from the university and 42 at the college);  
71% were women, 29% men, none said they identified as another gender;  
Most were aged 17-18 years  
Nearly one-quarter were international (non-EU) students

### When?

Surveys were completed on 24 and 27 September 2018

### How?

On paper questionnaires handed out by Healthwatch Reading at Fresher's Fairs

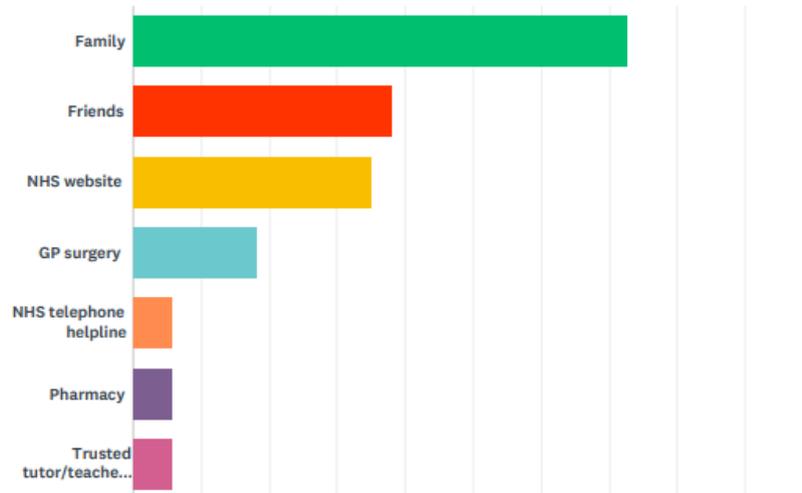
## Key statistics

- 73% of students who responded to the survey said they were most likely to turn to family when first seeking information about a health or wellbeing issue
- The top three services that students were most confident of finding in Reading were: a GP (66%), pharmacy (60%) or their college or student welfare service (60%)
- The three services they knew *least* how to find in Reading were: the NHS sexual health clinic (22%), an NHS dentist (29%) and the NHS walk-in centre (38%)
- More than two-thirds (68%) said the most important health and wellbeing issue to them right now, was 'coping with stress and worries', followed by weight/diet (32%), and then 'coping with depression or a diagnosed mental health condition' (21%)
- Only 24% of respondents said they would know how to access help for serious mental health issues
- Only 31% said they would know how to access free and/or emergency contraception
- Only 31% said they would know how to access medical help when their GP surgery was shut
- When asked to describe a health or wellbeing topic they wanted more information on, most of the people who answered this question said mental health (17%), or stress (9%)

## Survey findings in details

Q1 Where are you most likely to turn to when you are first seeking information about a health or wellbeing issue affecting you? Please tick your top two

Answered: 171 Skipped: 1



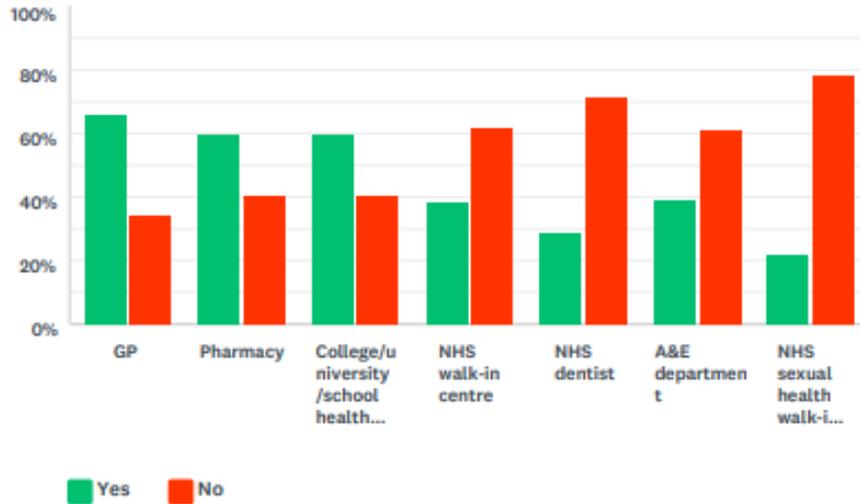
▼ Family	72.51%	124
▼ Friends	38.01%	65
▼ NHS website	35.09%	60
▼ GP surgery	18.13%	31
▼ NHS telephone helpline	5.85%	10
▼ Pharmacy	5.85%	10
▼ Trusted tutor/teacher/nurse/welfare officer at your place of study	5.85%	10
▼ Other (please specify)	<a href="#">Responses</a> 5.85%	10
▼ Online forum for young people/students	3.51%	6
▼ Health charity website	2.34%	4
▼ NHS leaflets	1.75%	3
▼ Facebook	1.17%	2
▼ Instagram	1.17%	2

### Further breakdown of top three answers by various groups:

UK student respondents only	International students only	University students only	College students only
1. Family	1. Family	1. Family	1. Family
2. NHS website	2. Friends	2. Friends	2. NHS website
3. Friends	3. NHS website	3. NHS website	3. Friends

## Q2 Tell us about your knowledge of local services. Do you know where to find the following services in Reading?

Answered: 171 Skipped: 1



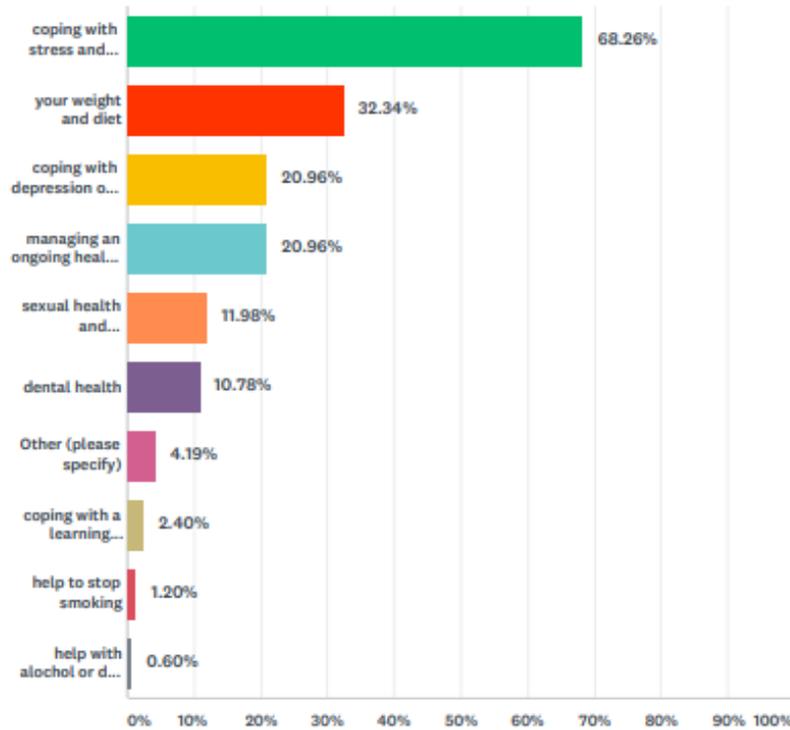
	YES	NO	TOTAL
GP	66.07% 111	33.93% 57	168
Pharmacy	59.63% 96	40.37% 65	161
College/university/school health/welfare/counselling office	59.75% 95	40.25% 64	159
NHS walk-in centre	38.22% 60	61.78% 97	157
NHS dentist	29.03% 45	70.97% 110	155
A&E department	39.22% 60	60.78% 93	153
NHS sexual health walk-in clinic	21.57% 33	78.43% 120	153

### Analysis and breakdown of top three *least* known services

All students	UK student respondents only	International students only	University students only	College students only
1. Sexual health clinic	1. Sexual health clinic	1. Sexual health clinic	1. NHS dentist	1. Sexual health clinic
2. NHS dentist	2. NHS dentist	2. NHS dentist	2. Sexual health clinic	2. Walk-in centre
3. Walk-in centre	3. Walk-in centre	3. A&E	3. A&E	3. A&E

### Q3 Which health and wellbeing issues are most important to you right now? Please tick your top two

Answered: 167 Skipped: 5



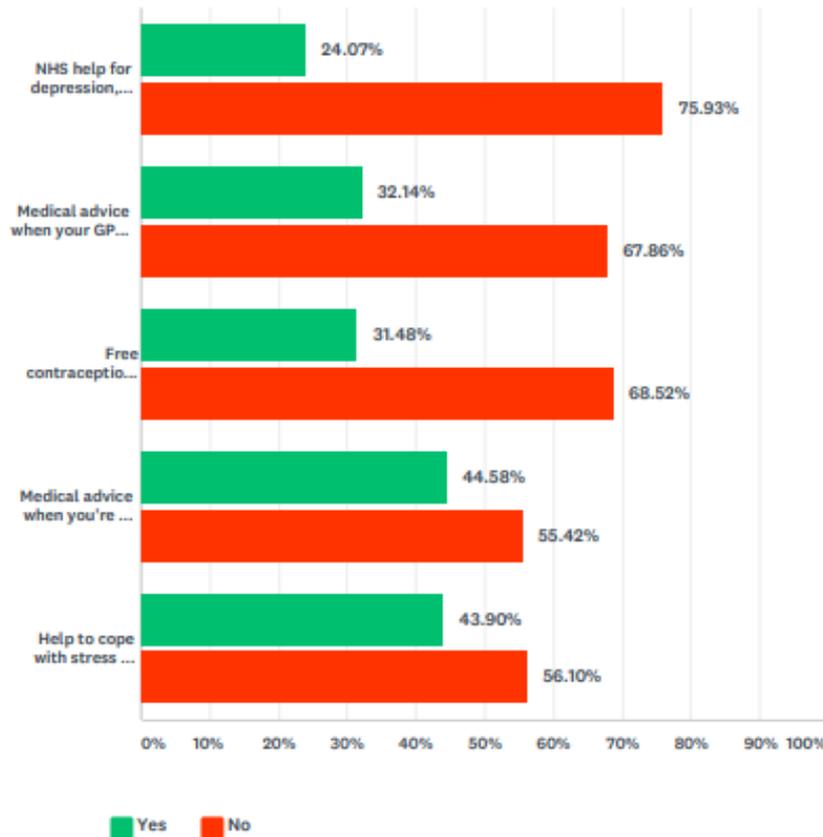
ANSWER CHOICES	RESPONSES	
coping with stress and worries	68.26%	114
your weight and diet	32.34%	54
coping with depression or diagnosed mental health conditions	20.96%	35
managing an ongoing health condition e.g. diabetes, asthma	20.96%	35
sexual health and contraception	11.98%	20
dental health	10.78%	18
Other (please specify)	4.19%	7
coping with a learning disability	2.40%	4
help to stop smoking	1.20%	2
help with alcohol or drug use	0.60%	1

#### Further breakdown:

UK student respondents only	International students only	University students only	College students only
1. Stress and worries	1. Stress and worries	1. Stress and worries	1. Stress and worries
2. Weight and diet	2. Weight and diet	2. Weight and diet	2. Depression/mental health
3. Depression/mental health	3. Ongoing conditions	3. Ongoing conditions	3. Weight and diet

### Q4 Do you know how to access the following?

Answered: 169 Skipped: 3



	YES	NO	TOTAL
NHS help for depression, thoughts about harming yourself or others, or other mental health issues	24.07% 39	75.93% 123	162
Medical advice when your GP surgery is shut	32.14% 54	67.86% 114	168
Free contraception and/or emergency contraception	31.48% 51	68.52% 111	162
Medical advice when you're not sure if your problem is an emergency	44.58% 74	55.42% 92	166
Help to cope with stress or anxieties	43.90% 72	56.10% 92	164

#### Further breakdown: Main help/support students *least* know how to access

UK student respondents only	International students only	University students only	College students only
1. Help for serious mental health issues	1. GP advice out-of-hours	1. Help for serious mental health issues	1. Free contraception
2. Free contraception	2. Free contraception	2. Free contraception	2. GP advice out-of-hours
3. GP advice out-of-hours	3. Help for serious mental health issues	3. GP advice out-of-hours	3. Help for stress/anxieties

**Q5: Which health or wellbeing topic or local service would you most like more information on, so you can find help or understand your issue?**

79 people answered in a free text answer. Analysis shows most common words mentioned:

1. Mental health: 17%
2. Stress: 9%
3. GP: 8%
4. Anxiety: 6%
5. Depression: 5%

**Selection of students' answers:**

*'Mental health conditions e.g. panic attacks'*

*'Help for anxiety'*

*'Coping with stress during exams'*

*'Trauma therapy'*

*'Emergency contraception'*

*'How to stop cough, cold etc and issues related to climate difference between countries'*

*'Coughs and colds'*

*'Closest GP'*

*'Repeat prescription'*

*'Managing stress'*

*'Dealing with anxiety'*

*'Help with depression'*

*'Vitamins to improve balanced diet/cheap and healthy meals'*

## Workshop discussion

Healthwatch Reading convened a workshop on 6 November 2018 with representatives from University Health Centre, University of Reading’s welfare service, and Reading College’s counselling service.

The group shared a range of views about the survey findings and student health and welfare in general:

### Stress, anxiety and mental health

The survey finding about stress and worries being students’ number one health and wellbeing concern, resonated with workshop participants, but led to a wider discussion about the spectrum of need.

The group thought that students needed help to build resilience before coming to university and to understand that some stress and anxiety was normal during what was one of their first major transitions - from childhood to adulthood and perhaps being away from home for the first time without day to day parental support. The approach there was to try to help the student help themselves.

At the other extreme, both the college and university described some overseas students who were self-harming or experiencing major anxiety because of fears they were not living up to high academic expectations of parents, especially when parents had made a major financial investment in paying for courses.

The university said it had begun developing a suicide prevention protocol with staff and tutors, which would aim to ensure all knew how to refer students for help and who to contact in emergency situations.

The college said it was surprised to find that some of its 16-year-old students, had said they had been prescribed antidepressants for mental health issues but did not seem to have been referred at the same time for some kind of talking therapy.

Both the college and university offer short-term counselling for students and will then refer to local NHS mental health services if students need more specialised, or longer-term support. Some students are reluctant to refer themselves to the local NHS mental health service, Talking Therapies, because they have not ever made their own health appointments or dealt with referral paperwork, without parental support. The college welfare service will support students, particularly the younger age group, by sitting down with them at the end of term to help them physically complete the self-referral to Talking Therapies to ensure students don’t miss out if they need more help.

Some anecdotal feedback shared by students about Talking Therapies to welfare services, is that the students can feel uneasy taking part in group therapy sessions because other people in the group may be much older than them, rather than being student-only groups. The university said it had heard from some students that there is a push towards online programmes before they can access face-to-face support.

All the group thought it would be useful for mental health resilience to be part of secondary school education to better equip students for new adult life.

### **Weight and diet**

Students identified their weight and diet as the second thing that concerned them most, a finding which needed more exploration, according to the workshop discussion.

On the one hand, young people might feel under pressure to have a perfect body image due to unrealistic portrayals on social media. But some of the comments given by students in the survey also suggested they might just want simple advice about eating cheaply due to the financial impact of being students.

The university wellbeing team had been made aware during Fresher’s Week that a poster advertising a weight-loss organisation had been put up by an external organisation, without university authorisation, near the student eatery. The poster included the statement: ‘82% of students put on weight during university’. One student had disclosed to the welfare service that seeing that poster had triggered thoughts related to a past eating disorder that prevented them going into the eatery that day. The welfare service took the poster down and contacted the organisation to ask who had put it up and where the data was from. The statistic was five years old and came from the organisation’s own small survey of students who had used the weight-loss service, rather than from an independent survey about weight among the general student population.

### **Awareness of Reading health and wellbeing services**

The survey’s finding showing a lack of awareness of Reading health and care services, could partly be explained by the fact that some of the respondents had come to Reading to study from elsewhere, were new to the area, and had not thought about what services might be available locally. The first year of study was also a busy time with lots of new information to process.

It was perhaps more surprising for students who said they had always lived in Reading, but that might be due to the fact their parents had previously managed, on their behalf, their contact with health and wellbeing services. This might mean there needs to be more ‘literacy’ on using and accessing the NHS, developed with parental support and secondary school Personal, Social and Health Education (PHSE) lessons.

Even using the right kind of terminology is important to help students access services. Healthwatch Reading staff who handed out the survey said that in many cases they had to explain what the term ‘contraception’ meant in one of the questions, by using more simple terms like ‘condoms’ or ‘the Pill’.

The group reflected that although the survey suggests the biggest gap in awareness related to sexual health services, the topic that students said they wanted most information on, in another question, was mental health.

Healthwatch Reading staff also noticed that international students lacked full awareness about how the NHS worked - one student said if they had a problem they would just go to the hospital, because they did not realise most hospital access had to be arranged by a referral from their GP.

Another issue raised about access to services, was the fact that one university accommodation building spanned both Reading and Wokingham boroughs. This had led to one student with complex needs being ‘bounced’ between the two local authorities who did not agree on which was responsible for assessing and/or funding their social care needs.

All the workshop participants were positive about the Student Guide to Services (see Appendix 2, pg 13) developed by Healthwatch Reading to pool together information in one place, and which was handed out to students at the Fresher’s Fairs.

Since the discussion, the University Health Centre has put a link to the Healthwatch Reading online version of the guide on its website and handed out card copies of the guide to students on reception.

Healthwatch Reading has also shared a PDF of the guide with organisations so they can print more copies to hand out to students in the future.

The group concluded that it would be helpful for Healthwatch Reading to survey students further along in their studies to see if their awareness of local services changes as they get to know Reading, and to check their experience of using those services.

### **The range of health and welfare services provided at the University and College**

The workshop allowed us to discover more information about support available from welfare services.

#### **University of Reading:**

##### **Welfare team**

Drop-in or appointment service on campus for help with settling in, crisis support, relationship issues, harassment, bullying or violence, drug and alcohol issues, caring responsibilities and more.

##### **Counselling and Wellbeing Team**

Students can self-refer, and tutors can also make referrals, for a set number of free counselling sessions, offered in person, over the phone, one-to-one, or in groups. Students can contact the onsite team Monday-Friday 9-5pm.

##### **Life Tools**

Free talks offered through the academic year on topics such as minimising stress, sleep, exercise, nutrition and mindfulness and general resilience building.

## Big White Wall

A free, 24/7 online mental health resource which all students can use anonymously to

- Meet and chat with others who may be experiencing similar feelings or situations
- Access a range of self-help articles, videos and online courses
- Evaluate wellbeing and mental health, set goals and track progress
- Express feelings through drawing or uploading images.

The Big White Wall has safety features to create alerts if people express things like suicidal intentions. These alerts are picked up by Big White Wall guides, trained practitioners, who will then respond to the messages directly.

## Reading College:

**Counselling:** Free, confidential counselling sessions available for all students who need it.

**Student Support team:** Drop-in or appointment service for current students for advice with any safeguarding concerns, financial support, housing advice, relationship advice, drug and alcohol issues, young carer support and more.

**C-Card provider:** Free Contraception provided for anyone under the age of 21 with information provided about the local sexual health clinic, safe sex and how to use contraception safely and effectively.

## Conclusion and next steps

To date our project has:

- shown which issues are most important to students who answered our survey
- highlighted the lack of awareness of local services
- developed new resources to help increase awareness of local services, through the Healthwatch Reading Student Guide, available as a card or online directory
- brought together various professionals to discuss students' needs
- helped us understand existing services at the university and college

Healthwatch Reading now plans to:

- send this report to Berkshire West Clinical Commissioning Group to help inform its role as the body that funds local mental health and primary care services
- send this report to Berkshire Healthcare NHS Foundation Trust to help inform its role as provider of mental health services
- send the report to student representatives at the university and college and invite them to get involved with further project work
- set up focus groups of students to discuss issues in more depth
- arrange a survey of second and/or third year students to see if there is evidence that their health and wellbeing needs, and their awareness of services, changes over time during their studies
- publish a further report outlining our next set of findings.

## Acknowledgements

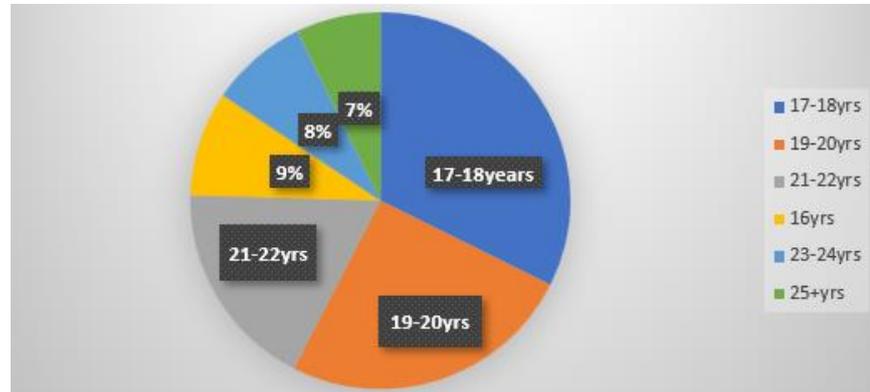
*Healthwatch Reading would like to thank:*

- all students who took time to answer the survey*
- representatives from the university, college and the University Health Centre for attending the workshop and sharing their views*
- University Health Centre for providing space to hold the workshop in.*

## Appendix 1: About the students who answered the survey

**Gender:** Woman made up 71% (118) of respondents, men, 29% (48 respondents) None described their gender in any other way. Six people did not answer.

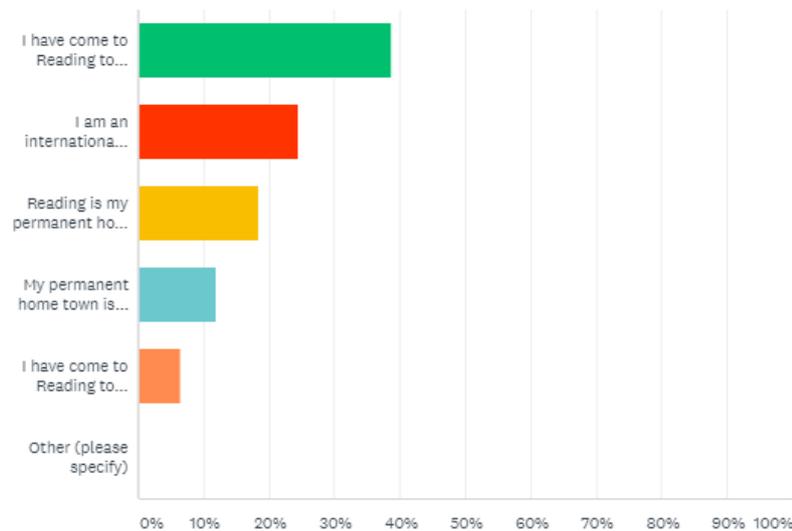
**Age** The biggest age group responding was 17-18-year-olds:



### Residence:

Which best describes where you normally live? Please tick one

Answered: 168 Skipped: 4



ANSWER CHOICES	RESPONSES
I have come to Reading to attend college or university from another part of the UK	38.69% 65
I am an international student who has come to Reading to attend college or university, from a non-EU country	24.40% 41
Reading is my permanent home town and I also go to college or university here	18.45% 31
My permanent home town is outside of Reading, in another part of Berkshire or Oxfordshire, but I go to university or college here in Reading	11.90% 20
I have come to Reading to attend college or university from an EU country	6.55% 11
Other (please specify)	Responses 0.00% 0
<b>TOTAL</b>	<b>168</b>

## Appendix 2: Student Quick Guide, developed by Healthwatch Reading, double-sided A5 card

### HEALTH & WELLBEING SERVICES

*A quick guide for students by Healthwatch Reading*

#### GP & Primary Care Services



**University Health Centre,**  
9 Northcourt Avenue, Reading, RG2 7HE  
Call 0118 987455 or visit  
[www.readinguniversitymedicalpractice.nhs.uk](http://www.readinguniversitymedicalpractice.nhs.uk)

**Other local surgeries**  
Use the ‘Find a GP’ search tool at [www.nhs.uk](http://www.nhs.uk)

**NHS Reading Walk-In Centre,**  
1st floor, Broad Street Mall, RG1 7QA  
Drop in between 8am-8pm every day including Bank  
Holidays or call 0118 902 8300, if you can't wait to see  
your own GP or for minor injuries.

**NHS 111 Telephone Helpline**  
Call 111 for any health query or to find help  
outside working hours.

**Local Pharmacies**  
Offer advice and help for minor ailments  
and illnesses.  
Use the ‘Find a Pharmacy’ search tool at [www.nhs.uk](http://www.nhs.uk)

#### Mental Health Support



**Reading College Counselling Services**  
Email [gillian.brooks@activatelearning.ac.uk](mailto:gillian.brooks@activatelearning.ac.uk),  
call 07779089686 or contact via confidential postbox  
outside the main ground floor counselling office in  
student services.

**University of Reading Counselling &  
Wellbeing Team**  
Call 0118 378 4216, email [counselling@reading.ac.uk](mailto:counselling@reading.ac.uk) or  
visit in the Carrington Building, Whiteknights Campus.

**Talking Therapies**  
A Berkshire-wide NHS service for anxiety, depression,  
stress or phobias.  
Self-refer by calling 0300 365 2000 or visit  
[talkingtherapies@berkshire.nhs.uk](mailto:talkingtherapies@berkshire.nhs.uk)

**No 5**  
A free counselling service for 10-25-year-olds in  
Reading. Visit [no5.org.uk](http://no5.org.uk)

Still unsure where to go?  
Want to know your NHS rights?  
Then call us on 0118 937 2295  
or visit our special student webpage at  
<http://healthwatchreading.org.uk/student-health-guide/>

### HEALTH & WELLBEING SERVICES

*A quick guide for students by Healthwatch Reading*

#### NHS Dentists



Use the ‘Find a dentist’ search tool at  
[www.nhs.uk](http://www.nhs.uk)

#### Life-Threatening Emergencies



Call 999 or visit the Emergency  
Department, Royal Berkshire Hospital,  
Craven Road, Reading RG1 5AN.  
If in doubt, call 111.

#### Sexual Health & Contraception



**The Florey Clinic, 21A Craven Road,  
Reading RG1 5LE**  
Free NHS walk-in service for testing and treatment of  
STIs, plus contraception.  
Open until 7pm most days Mon-Fri, & Sat 9.30-11.30am.  
[www.royalberkshire.nhs.uk/florey-sexualhealth.htm](http://www.royalberkshire.nhs.uk/florey-sexualhealth.htm)

**Local pharmacies offering emergency contraception:**  
**Boots stores:** The Oracle, Broad Street, Reading train  
station; **Lloyds Pharmacy** at Milman Road Health  
Centre; **Newdays Pharmacy**, Coley Park; **Oxford  
Road Pharmacy**; **Saood Pharmacy**, Oxford Road;  
**Superdrug** in Broad Street; **Tesco Instore Pharmacy**,  
Napier Road, **Western Elms Pharmacy**; Oxford Road.

#### Charities & Support Groups



Organisations offering advice or support  
on debt and benefits, disabilities, domestic  
violence, FGM, LGBT+ issues & more, can be found via  
the online directory:  
[servicesguide.reading.gov.uk](http://servicesguide.reading.gov.uk)

#### Drug & Alcohol Services



**IRIS, the Reading drug & alcohol service**  
For people aged 18 and over.  
Call 0118 955 7333 or visit  
[www.cranstoun.org/service/iris-reading](http://www.cranstoun.org/service/iris-reading)

Still unsure where to go?  
Want to know your NHS rights?  
Then call us on 0118 937 2295  
or visit our special student webpage at  
<http://healthwatchreading.org.uk/student-health-guide/>

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## READING HEALTH AND WELLBEING BOARD

<b>DATE OF MEETING:</b>	January 2021		
<b>REPORT TITLE:</b>	Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report 2019/2020		
<b>REPORT AUTHOR:</b>	Esther Blake	<b>TEL:</b>	X73269
<b>JOB TITLE:</b>	BWSCP Partnership Manager	<b>E-MAIL:</b>	Esther.blake@brighterfuturesforchildren.org
<b>ORGANISATION:</b>	Berkshire West Safeguarding Children Partnership		

### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Working Together to Safeguard Children 2018 statutory guidance disestablished Local Safeguarding Children Boards (LSCBs), replacing them with a requirement for a flexible equitable safeguarding partnership. From March 2019, the LSCBs across the west of Berkshire (Reading, West Berkshire and Wokingham) merged to become the Berkshire West Safeguarding Children Partnership (BWSCP). BWSCP is the key statutory partnership whose role is to oversee how the relevant organisations co-operate to safeguard and promote the welfare of children in Reading (and across Berkshire West) and to ensure the effectiveness of the arrangements.
- 1.2 This Annual Report is being presented to the Health and Wellbeing Board to ensure members are informed about the work of and achievements of the BWSCP for the 2019/2020 financial year.

### 2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board note the attached annual report.

### 3. POLICY CONTEXT

- 3.1 As required by Working Together to Safeguard Children 2018, the BWSCP is required to publish an annual report on the effectiveness of child safeguarding arrangements and promotion of the welfare of children in Berkshire West, detailing the work and progress undertaken within the year, giving an account of how it has discharged its duties against statutory guidance. This is a Berkshire West report, but information in relation to Reading is included within it.
- 3.2 In recognition of the benefits of working collaboratively with our neighbours, in May 2018, the three separate LSCBs in Berkshire West (Reading, Wokingham and West Berkshire) began a trial year operating as a single Board, as part of the transition to our new partnership arrangements.
- 3.3 In July 2018, a revised Working Together to Safeguard Children was published, which removed the statutory requirement to have an LSCB, but required that the three Local Safeguarding Partners (the Local Authority, Clinical Commissioning Group and Police) must take a shared and equitable responsibility to agreeing, funding, operating and publicising their local safeguarding partnership arrangements. There is no longer a statutory

requirement to have an Independent LSCB Chair, plus there were a number of other changes relating to the Case Review and Child Death review arrangements that have also been implemented locally and across Berkshire.

- 3.3 As an early adopter, our new multi-agency safeguarding arrangements were published on 30<sup>th</sup> March 2019, ahead of the national deadline and they were formally implemented in June 2019. The published safeguarding arrangements document and a child and young people's version can be found via this link:  
<https://www.berkshirerwestsafeguardingchildrenpartnership.org.uk/scp/about-the-scp/about-the-bwscp>.

## 4. THE REPORT

- 4.1 Partnership working and scrutiny underpin an effective safeguarding partnership and this report contains information on some of the activities and achievements which have taken place that demonstrate this and the impact this has on practice. BWSCP members have championed and led the safeguarding agenda within their agency, plus brought to partnership meetings issues regarding safeguarding that relate primarily to their own agency, but which have implications for the co-operation between agencies and the monitoring role of the statutory partners.
- 4.2 The report provides information regarding our first year formally operating with a Berkshire West approach, work and progress made against the BWSCP priorities, plus updates from various sub groups which are either local, pan Berkshire West or pan Berkshire.
- 4.3 Our first annual report as the Berkshire West Safeguarding Children Partnership focusses on the work we have undertaken together as a partnership rather than as single agencies or areas. In our first year we have some significant achievements detailed within this annual report that have been achieved by being open to new ways of working in a tri-borough arrangement. This includes:
- A clear and effective Rapid Review process that provides detailed and comprehensive learning for cases at an early stage, which has been recognised by the national Child Safeguarding Practice Review Panel as best practice.
  - A new website for Berkshire West Safeguarding Children Partnership that brings together all the key information from the previous LSCB websites and makes the location of information for practitioners and families clearer and easier to access.
  - The locally devised and produced 'Be Brave - Speak up' online campaign which reached 81,824 (with a total number of impressions being 522,445 being watched an average 6.3 times) and shared 207 times on Facebook.
  - A committed Strategic Partnership ensured the best plans were in place to identify and respond to risk to help protect vulnerable children and support practitioners during the Covid-19 pandemic.
  - Collaborative working across multi-agencies captured the views of practitioners that resulted in the production of the first partnership Business Plan under the new arrangements to focus our priorities
  - Local learning and key information from 5 Serious Case Reviews was delivered to 167 practitioners as an opportunity to participate in multi-agency safeguarding discussions.
- 4.4 Each section within the report provides an overview of key achievements, which includes activity undertaken but also impact where we have evidence. There is also 'Learning and Challenge' that we will use as a focus in the forthcoming year as the new arrangements settle. Throughout the report we have also included comments made by the Independent Scrutineers, both in supporting work we have undertaken and the progress made, but also challenging when further work is required or progress has not been as quick as expected.
- 4.5 It is important to realise that bringing three different areas together in one partnership has great benefits but does come with significant challenges. We will continue to work

with all the statutory and non-statutory partners to revise and develop our arrangements over time to ensure we have an effective, coherent and efficient set of partnership arrangements. Pages 29 and 30 of the annual report describe how we have evaluated and adapted our multi-agency arrangements for the year ahead, to better suit our needs and the way we work locally.

- 4.6 Governance - attached below as appendix 1 is the updated structure chart for the current BWSCP multi-agency partnership arrangements. Although not explicit in this chart, there are and will continue to be links to other multi-agency partnerships such as the Safeguarding Adult Board, Health and Wellbeing Boards, and the Community Safety Partnerships in all three areas. In Reading in particular, there is a strong link to the One Reading Children's and Young People's Partnership. The statutory safeguarding partners are key members of these groups and will ensure that priority areas of work are not duplicated, and that good practice or areas of concern are shared, as appropriate.

## **5. CONTRIBUTION TO STRATEGIC AIMS**

- 5.1 The work of the BWSCP aligns with the Health and Wellbeing Strategy by contributing to the Strategy's priority to 'Promoting positive mental health and wellbeing in children and young people'.
- 5.2 The report also supports the fact that Reading's 2017-20 Health and Wellbeing Strategy is built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing.

## **6. COMMUNITY & STAKEHOLDER ENGAGEMENT**

- 6.1 The Annual report has been written with contributions from all BWSCP partners and circulated to and agreed by the Statutory Safeguarding Partners. It was disseminated to all partners and published on the Berkshire West Safeguarding Children Partnership website in November 2020.

## **7. EQUALITY IMPACT ASSESSMENT**

- 7.1 An Equality Impact Assessment (EIA) has not been carried out for this report however, equality and diversity continue to be a key theme for the safeguarding partnership arrangements.

## **8. LEGAL IMPLICATIONS**

- 8.1 There are no legal implications with this report. Working Together to Safeguard Children 2018 requires that the statutory safeguarding partners produce an annual report.

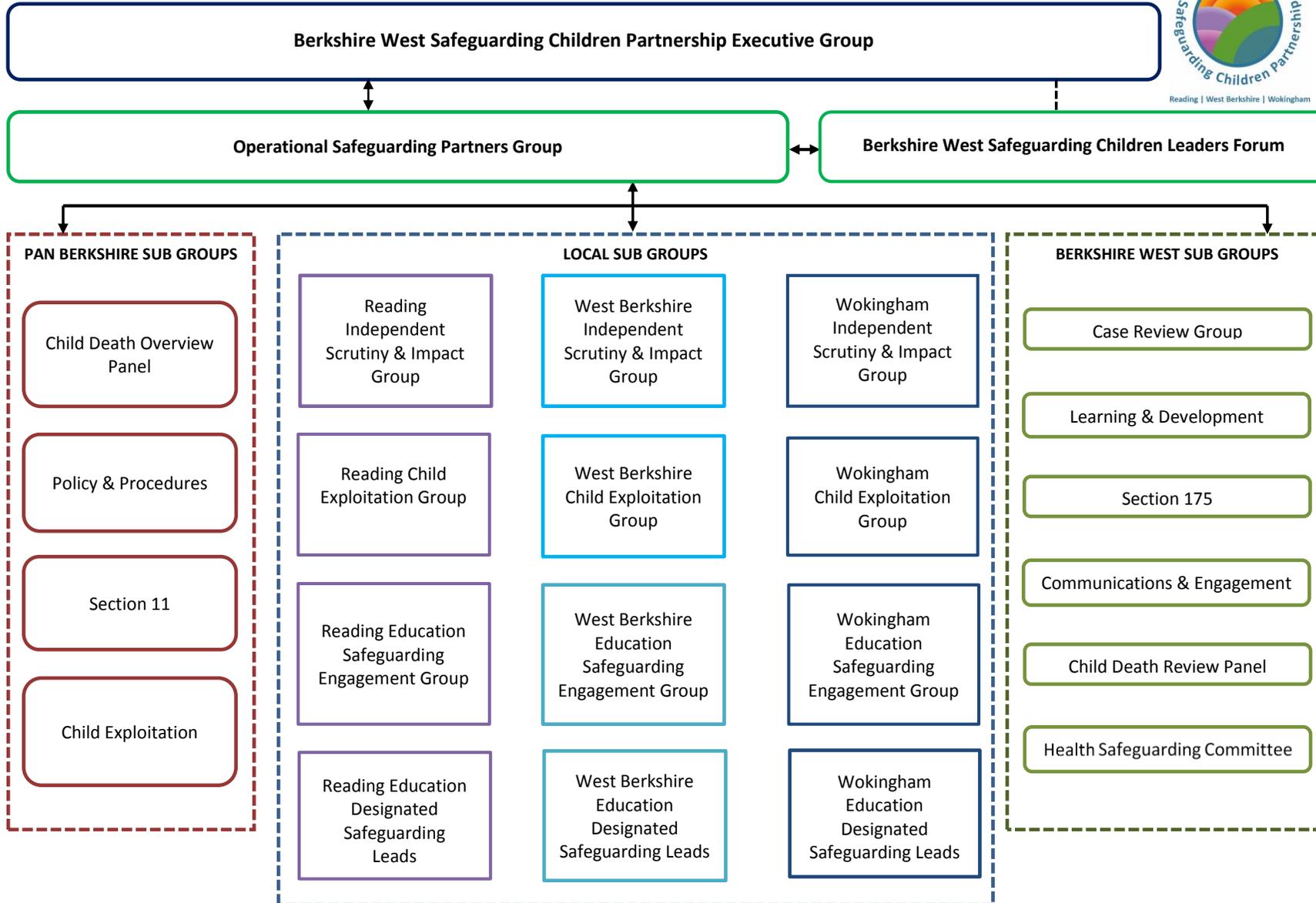
## **9. FINANCIAL IMPLICATIONS**

- 9.1 None

## **10. BACKGROUND PAPERS**

- 10.1 None

Appendix 1:





Reading | West Berkshire | Wokingham

# Annual Report 2019/2020

Reading, West Berkshire & Wokingham

## Foreword from the Berkshire West Statutory Safeguarding Children Partners

**Welcome** to the Berkshire West Safeguarding Children Partnership Annual Report for 2019/2020, which provides an account of the work and progress undertaken by the multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire and Wokingham.

Much of the focus this year has been on fulfilling and embedding our new Partnership arrangements, which were published on 28<sup>th</sup> March 2019. This has not been without challenges and we recognise that there are still improvements to be made to realise our shared responsibility and vision for children.

As Statutory Safeguarding Partners we are determined to use the new legislation to our advantage, to allow us to push our partnership arrangements forward for the benefit of our children, their families and our practitioners across all organisations. We will constantly review the partnership structure, priorities and scrutiny arrangements to ensure that we are operating pro-actively and productively to identify and meet need and make any improvements to help keep our children safe. More detail on our arrangements and future changes can be found in the 'Knowing Ourselves' section on page 29.

In a year which ended in very different circumstances than any of us could have predicted, our new Berkshire West partnership arrangements provided us with a solid platform to face the demands of the pandemic in a joined up and strategic way. We would like to take this opportunity to acknowledge and say thank you to each and every member of the Partnership, our Subgroup Members, practitioners from all our partner agencies, education colleagues, volunteers and those people out in the community for their commitment and the work they continue to do to help keep children in Berkshire West safe and to improve their life chances.



Carol Cammiss  
Director Children's Services  
Wokingham Borough Council



Deborah Glassbrook  
Director Children's Services  
Brighter Futures for Children



Andy Sharp  
Executive Director - People (DCS & DASS)  
West Berkshire Council



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## Our Vision and Values

Berkshire West (Reading, West Berkshire and Wokingham) partners are strongly committed to the shared responsibility to safeguard and protect children and young people. Berkshire West benefits from excellent inter-agency engagement, and proactive leadership, of this shared safeguarding agenda.

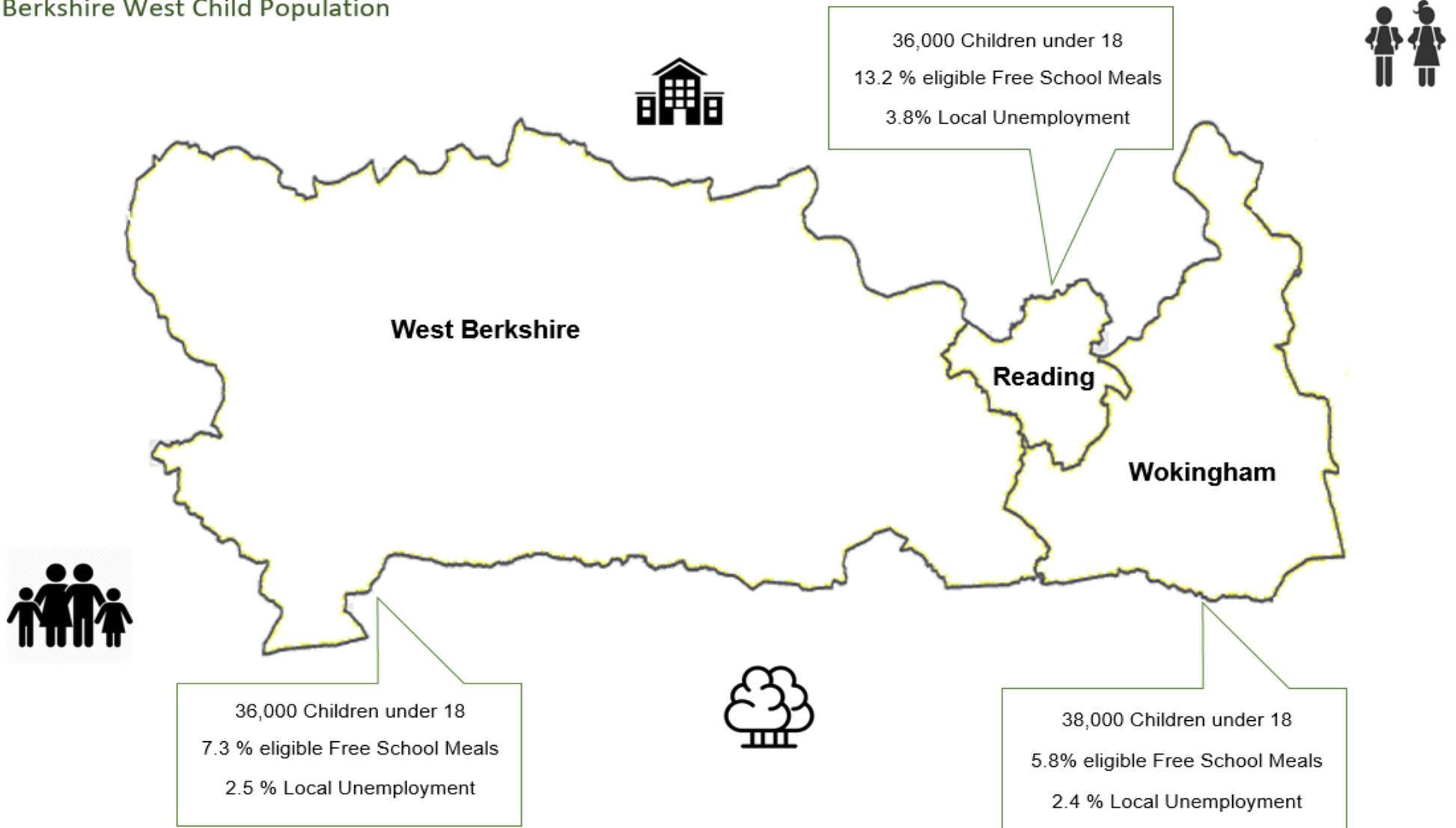
We commit to working as partners to improve the lived experience of all children and young people in the Berkshire West area, so they can be safe and are able to live happy, positive lives and achieve their potential. Our vision is that children in Berkshire West have their needs met at the lowest possible threshold with the aim of preventing the need for escalation into targeted services.



# The Local Picture

## Berkshire West Child Population

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Estimated numbers taken from the Childrens Commissioner Vulnerabilities in England

## Executive Summary

As a newly formed partnership we are still finding our way, to make best use of the extensive, skilled personnel and resources we have available to us. We have used the previous LSCB structures as a base, retaining those elements that worked well (the cross-boundary groups) while developing and revitalising the local groups in each area. We have directly given them a stronger mandate to focus on scrutiny, impact and doing, rather than report receiving, data watching and listening – although we know we still have work to do to strengthen this.

Our first annual report as the Berkshire West Safeguarding Children Partnership focusses on the work we have undertaken together as a partnership rather than as single agencies or areas. In our first year we have some significant achievements detailed within this annual report that have been achieved by being open to new ways of working in a tri-borough arrangement. This includes:

- A clear and effective Rapid Review process that provides detailed and comprehensive learning for cases at an early stage, which has been recognised by the national Child Safeguarding Practice Review Panel as best practice.
- A new website for Berkshire West Safeguarding Children Partnership that brings together all the key information from the previous LSCB websites and makes the location of information for practitioners and families clearer and easier to access.
- The locally devised and produced 'Be Brave – Speak up' online campaign which reached 81,824 (with a total number of impressions being 522,445 being watched an average 6.3 times) and shared 207 times on Facebook.
- A committed Strategic Partnership ensured the best plans were in place to identify and respond to risk to help protect vulnerable children and support practitioners during the Covid-19 pandemic.
- Collaborative working across multi-agencies captured the views of practitioners that resulted in the production of the first partnership Business Plan under the new arrangements to focus our priorities
- Local learning and key information from 5 Serious Case Reviews was delivered to 167 practitioners as an opportunity to participate in multi-agency safeguarding discussions.

The new partnership model is flexible and allows us to learn and challenge each other, share best practice, learning, skills, knowledge and expertise across the three localities. We have the building blocks in place for us to make a real impact in helping to safeguard and improve children's lives in Berkshire West over the coming months. We welcome any suggestions and feedback you may have, to help us achieve our collective goals.



Carol Cammiss



Deborah Glassbrook



Andy Sharp



Debbie Simmons



Rebecca Mears

## Governance, Accountability and Transition to the New Arrangements

Berkshire West Multi-Agency Safeguarding arrangements were created as a result of revised statutory guidance, effective since July 2018. A Multi-Agency Safeguarding Arrangements (MASA) Programme Board was established to over-see the transition from the three Berkshire West LSCB's to the new partnership arrangements, with the final meeting in April 2020. The Statutory Safeguarding Partners now hold the oversight, governance and responsibility of the Partnership arrangements. The composition of the Statutory Partnership meetings, based on published guidance consists of:

- Directors of Children's Services - Reading, West Berkshire and Wokingham
- Nurse Director - Berkshire West Clinical Commissioning Group (CCG)
- Head Protecting Vulnerable People Thames Valley Police
- Independent Scrutiny representative

Link to BWSCP arrangements: <https://www.berkshirerwestsafeguardingchildrenpartnership.org.uk/scp/about-the-scp/berkshire-west-multi-agency-safeguarding-arrangements>

## Transition and Embedding the New Arrangements in Berkshire West

### Multi-Agency Safeguarding Arrangement (MASA) Programme Board

The MASA was set up as a transitional project Board to agree and oversee the new Berkshire West arrangements over a 2 year period. Members consisted of the senior managers/directors from the three Local Authorities, Thames Valley Police, Clinical Commissioning Group, Royal Berkshire Foundation Trust and Berkshire Healthcare Foundation Trust. The MASA continued to scrutinise and monitor the implementation of the arrangement as a 'safety net'; this was a safe space for partners to look objectively at the new ways of working and to identify any risk. MASA could objectively take the wider viewpoint and seek to trouble shoot and escalate issues where necessary, so as not to distract the partnership from embedding the new arrangements and the work of helping to improve the safeguarding of our children.

The new arrangements have now been in place for 1 year and the MASA Programme Board concluded its work in April 2020. The BWSCP Statutory Safeguarding Partners have now incorporated the function of the MASA into its core business.

**Learning and Challenge:** Over the period of the MASA there were significant organisation restructures and movement of staff within senior leader roles across the 3 areas, which resulted in an element of 'stop start', although the final goal remained. Colleagues from the health organisations were the consistent members of the project and provided the stability and focus to bring the Berkshire West vision to fruition.

This level of coordination and engagement across Berkshire West would have been unlikely under the old LSCB arrangements. Our new structure has strengthened relationships between the three localities, which has directly resulted in more proactive and open discussions. The Statutory Safeguarding Partners have acknowledged that the partnership feels less defensive than it used to when challenged by an Independent LSCB Chair. Partners feel responsible, therefore have a more pro-active approach to making it a success. It is a significant achievement in a short space of time to make such a cultural shift, considering the amalgamation of three demographically different Local Authority areas.

### Berkshire West Strategic Partners Group

We no longer have an Independent Chair for the Partnership. The Statutory Safeguarding Partners oversee, direct and Chair the partnership, and during the first year was supported by the Strategic Independent Scrutineer to provide challenge and scrutiny.

The merging of the Partnership across 3 Local Authority areas has been ambitious as the three Berkshire West areas (Reading, West Berkshire and Wokingham) are demographically, economically and geographically different; the shared borders mean that many children live in one area and might attend nursery, school or college in another area, travelling across borders for recreational activities and shopping etc. All partners agreed that there would be benefits from a partnership arrangement in collaborative working and sharing good practice, whilst retaining and responding to a local nuance and need; while thinking strategically about where improvements can be made that affect the whole Berkshire West child population such as exploitation, domestic abuse and any cross border emerging risks. This approach supports those multi-agency partners that span the three areas in particular health and Thames Valley Police.

The Statutory Safeguarding Partners meet 3 to 4 times per year with the flexibility to have contact in between the meetings to ensure any significant Berkshire West concerns can be discussed and resolved. Multi-agency partnership discussions for each area take place at the Independent Scrutiny and Impact Group's (ISIG) where those nuances for that locality can be determined and addressed.

**Learning and Challenge:** It has been an ambitious journey to amalgamate across three Local Authority areas. A consequence of one of the agencies spanning a much wider geographical area has presented challenges and we recognise that these organisations will require earlier notice of requests for resource or finances to enable them to consult within their agency before a final agreement is reached.

**Strategic Scrutineer View:** The Partnership has, in recent months, begun to form in a more robust and meaningful way of working. In part, this has been supported by independent scrutiny, as we want to strengthen Chairing arrangements. The focus and commitment to pull together in response to the Covid-19 pandemic has also driven alternative and positive ways of working, with these factors resulting in the Partnership gaining some traction and this success will be the platform on which to build further improvements.

**Impact of Partnership Working:** The Strategic Group have the absolute expectation that the members of the group have the expertise and mandate to hold the decision-making powers for their organisation; and able to commit resources or funding appropriate to each agency as required whilst recognising the difference of scale and geographical responsibilities. The rapid response to the Covid-19 situation is testament to

the commitment and pro-active leadership by the Partners to ensure the best plans were in place to identify and respond to risk to help protect vulnerable children and support practitioners.

### Children's Safeguarding Leaders Group

There is no longer a safeguarding 'Board' in Berkshire West (see page 32 for the Partnership structure). It is vital that the wider partners feel included and have a voice in the focus and work to help improve safeguarding and outcomes for children. The Children's Safeguarding Leaders Group are the wider members of the 3 former LSCB's and they have an important role to play in the effectiveness and success of the partnership.

It was agreed that this large group meets three times per year in a workshop/forum style format, to discuss key themes and problem solve on a wider footprint. The first meeting of this group helped to determine the key priorities of the partnership for 2019/21. The forums are also an opportunity to share information and learning from across agencies; and essentially the voice and experience of children and practitioners to identify and share areas of good practice; and to think about how we critically examine, review and identify local safeguarding themes and priorities allowing us to problem solve together where there are areas of risk as a safeguarding partnership.

**Learning and Challenge - View of the Strategic Independent Scrutineer:** The role of the Leaders Forum remains under-developed, and the Partnership needs to think swiftly, strategically and tactically about how it will be inclusive to other agencies, organisations and services that contribute to help keep the children in Berkshire West safe.

**Impact of Partnership Working:** Collaborative working across multi-agencies to capture their views as to where the focus and priority of the work of the partnership and subgroups, resulted in the production of the first partnership Business Plan under the new arrangements.

### Education Leaders Involvement

Schools play a pivotal role in the Partnership as they were key members of the LSCB's. As a relevant agency, education colleagues were involved in the transition discussions throughout and we were very clear that the voice of schools needed to be retained as a strong influence in our future arrangements. Schools/education settings had not been named as a statutory safeguarding partner, but we are determined that this important universal service, with their experience and support in safeguarding, is not absent from key discussions.

Education colleagues play an active part in our Independent Scrutiny & Impact Groups and School Engagement Subgroups and they are crucial to ensuring that these meetings can focus on the local safeguarding issues for our children in each area.

The Section 175 Subgroup provides a mechanism for education leaders to inform and lead the development of improving safeguarding across schools, early years and further education settings; enabling us to learn and share information, intelligence, communication and good practice across Berkshire West.

## Review of Child Death Overview Panel (CDOP) arrangements (Working Together to Safeguard Children 2018)

The Berkshire West Multi-agency Safeguarding Arrangement Project Board (MASA) had full oversight of the pan Berkshire review of the Child Death Overview Panel (CDOP) arrangements. This enabled local scrutiny and ensured full compliance with the new guidance in Working Together to Safeguard Children 2018 in regard to process and review structures of the CDOP framework, before the publication of its function.

We have historically had a successful joint Child Death Overview Panel (CDOP) working across the six local authorities in the county, Bracknell Forest Council, Reading Borough Council, Royal Borough of Windsor & Maidenhead, Slough Borough Council, West Berkshire Council and Wokingham Borough Council. This existing Pan Berkshire arrangement was already broadly in line with new requirements in Working Together 2018, therefore the key changes required and now implemented linked predominantly to the process of case management through the CDOP system.

The CDOP Panel members are employed in multi-agency services and the individual Safeguarding Partnerships (or Boards) in Berkshire. Members bring their individual expertise to review information on all child deaths, looking for possible learning and patterns with the aim of making improvements in services, policy, procedures and communications to prevent future deaths.

Link to Pan Berkshire CDOP arrangements published June 2019 <https://www.berkshirewestccg.nhs.uk/cdop>

## Effectiveness of the Safeguarding Arrangements

### Safeguarding Activity and Impact in Response to Covid-19

In March 2020 the United Kingdom was facing the impact of a global pandemic following a worldwide outbreak of a Covid19, which over the first 3 weeks of March became increasingly serious, with outbreaks being recorded nationally and increasing exponentially. By 23rd March 2020 the Prime Minister has closed schools and announced that the country should 'stay at home', effectively enforcing a 'lockdown' on the free movement of the population, to attempt to control the spread of the virus. At the same time, public services were seeing an unprecedented impact.

As a partnership, it was clear that agencies needed to come together in a swift, cohesive way to manage the situation, which was changing almost daily. The Berkshire West Statutory Safeguarding Partners, along with Royal Berkshire Foundation Trust, Berkshire Healthcare Foundation Trust, South Central Ambulance Service, Emergency Duty Service and Education colleagues from all 3 areas formed the Berkshire West Covid-19 Group to conduct virtual meetings.

#### Overview of Key Achievements

The partners have a healthy transparent relationship that allowed them to share key organisational concerns, what they thought was working well and to be able to problem solve and work together to help provide the support required to help keep children and families safe. Multi-agency partners were committed to twice weekly conference video calls to identify risk, share information and monitor and scrutinise contingency plans to continue business as usual to support (as much as safely possible) and identify our vulnerable children, young people and their families.

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Covid-19 The Partnership Response	
Identified Risk/Need	Key Achievements/Response
1. Service Continuity and changes in working practices.	Each agency developed and shared Business Continuity Plans
	Covid-19 meetings facilitated the opportunity for services to report their experiences, and to challenge colleagues on their individual responses.
	Multi-agency mapping of resources that may be affected by the pandemic and included discussion on staffing resource, sickness, redeployment to assess and problem solve where there was risk and need.
	Service preparation and risk identification post 'Lockdown'
	Partners have embraced the emerging use of technology to allow front line practitioners to attend and facilitate strategy discussions and child protection conferences remotely. There has been a notable increase in engagement with meetings.
2. Responding to risk and the impact of mental health issues	Covid WhatsApp Group for colleagues to be able share 'live' information when required (e.g. out of hours or to convene an exceptional meeting)

		Compare multi-agency data, discuss emerging risks and are in the process of determining what the impact of lockdown, and its relaxation, will be on our families.
		Oversight and agreement of key communications to families and staff in response to the wider impact of 'lock-down' e.g. emotional health
		BHFT worked with Children's Services across Berkshire West to identify particularly vulnerable families to ensure that both services work together to ensure these families are seen face-to-face by a practitioner
		Berkshire Healthcare video raised awareness of Domestic Abuse for their services who were using video consultation methods. This approach was to display a 'notice' behind the clinician on the call, with Domestic Abuse helpline details, in a discreet format.
		Thames Valley Police video campaign specifically aimed at children to explain what Domestic Abuse is, and to encourage children to reach out if they were worried about themselves or another person.
		BWSCP issued an agreed Berkshire West Wide statement, in support of families being able to access their regular support mechanisms such as family and friends, if it is safe to do so, with the reassurance that they will not be prosecuted or fined to help keep children safe.
3.	Communication and agreement of swift production of communication materials for practitioners and communities	Production of #Be Brave Speak up social media campaign (see below)
		BHFT #Coping; Family life during the Lockdown was widely promoted via social media and to children and families via schools.
		BWSCP issued an agreed Berkshire West Wide statement, in support of families being able to access their regular support mechanisms such as family and friends, if it is safe to do so, with the reassurance that they will not be prosecuted or fined to help keep children safe
		Covid-19 specific BWSCP web page created to share a multitude of resources for families, young people and communities
		ICON (crying baby) resources have been widely shared among partner agencies, to share with new parents
4.	Learning	Shared national learning from the TASP – Association Safeguarding Partners webinars
		Pan Berkshire Business Manager meetings to share information across Berkshire

**View of the Independent Scrutineer:** The Covid-19 pandemic, has proved to the Partnership that it is possible to do things differently, despite there being challenges and obstacles. It is on this basis that if the Statutory Partners can continue to inject some pace, authority and purpose to the revised arrangements as there is a solid foundation on which to build.

**Impact of Partnership Working:** As soon as the 'lock-down' situation was declared, the Statutory Safeguarding Partners and other key organisations initiated a twice weekly Covid-19 Partnership meeting. This has enabled those agency decision makers and partners with the ability and expertise to problem solve issues as they arise respond to need in an effective coordinated way.

The discussion and work undertaken as a partnership in response to Covid-19 has specifically allowed us to review and influence the local Midwifery and Health Visiting response since lockdown. This has directly led to changes in the service provision and the way front line practitioners are working with families.

The production and wide distribution of the '**Be Brave – Speak Up**' video campaign, which encouraged communities to report any suspicion of abuse or neglect they may have concerns about in their neighbourhoods. This covered children and adults safeguarding and was rolled out across all agencies in both domains. It was also shared as part of a targeted Facebook campaign and reached **81,824** views and was shared across many organisations and regions.

## Business Plan and Subgroup Safeguarding Activity and Impact

### Our Priorities 2019 – 2021

Identifying our priorities was a collaborative effort, hearing the views of colleagues from a wide range of partner agencies and evidence from data, auditing and inspection along with themes from local serious case reviews informed the first Business Plan; which was published in November 2019.

The Independent Scrutineers facilitated a workshop with our Children's Leaders in September 2019 to think about how we critically examine and review local safeguarding priorities, identify and problem solve together areas of risk as safeguarding leaders. During the initial priority setting discussions, a number of key areas were identified and included contextual safeguarding, emotional health and wellbeing and early help which resulted in the following priorities:

Priority 1 - Emerging Safeguarding risks to young people in today's society

Priority 2 - Intervening Earlier

Priority 3 - Engagement of Children, Families and Practitioners

Priority 4 - Effectiveness of the new Partnership Arrangements

***The following information sets out a summary of achievements by the Partnership and Subgroups to progress the Business Plan and priority areas of work.***

## Berkshire West Case Review Group

### Rapid Review Process

A significant change in Working Together to Safeguard Children 2018 was the move to conducting Rapid Reviews within set timeframes following the notification of a significant child safeguarding incident to the Department of Education.

Members of the Case Review Group, on behalf of the Partnership, conduct reviews of cases and make multi-agency decisions where the criteria for serious harm is met, in line with statutory guidance. Locally there is a clear established rapid review process and guidance. All identified cases are reviewed, progressed and monitored through the multi-agency Berkshire West Case Review Group. The skilled, committed and disciplined partnership subgroup produce clear, focussed reports within statutory timeframes. The analysis of multi-agency involvement information and chronologies informs and identifies any immediate actions that need to be taken to ensure the safety of the child, key learning points and good practice. Practitioner sessions are held to understand the workers experience and inform learning which is shared across the multi-agency partnership in classroom training events and published information.

### Overview of Key Achievements

The national Child Safeguarding Practice Review Panel has been complimentary about the quality of the Rapid Review reports submitted to date. They have stated that our analysis has been detailed and well thought through, and for the most part agreed with our next steps and the decisions for further review. There has been some challenge from the national Panel in two of the cases, including one where they felt our suggested Local Child Safeguarding Practice Review was unnecessary as we had already provided clear analysis and learning, and discussions are ongoing.

Berkshire West Case Review Group		
	Safeguarding Activity Practice Reviews	Outcomes
1.	<b>Rapid Review undertaken for 9 children following a notification of significant child safeguarding incident (for the period April 2019 to August 2020 – time of writing this report)</b>	3 cases - Multi-agency decision to undertake Local Child Safeguarding Practice Reviews 3 cases - Multi-agency decision to undertake some additional local learning focussed on specific issues identified by the Rapid Review 3 cases - Rapid Review process provided sufficient multi-agency analysis, no further action
2.	<b>5 additional cases considered by the Case Review Group</b>	4 children no further review 1 child Internal Management Review with multi-agency input
3.	<b>Thematic Local Learning from 5 previous serious case reviews delivered</b> <ul style="list-style-type: none"> <li>Systematic sexual abuse of a large sibling group</li> </ul>	6 multi-agency events were held across Reading, West Berkshire and Wokingham and attended by 167 delegates with positive feedback Learning Event Slides produced and disseminated 7 Minute Briefings produced and disseminated:

	<ul style="list-style-type: none"> <li>• Life changing injury to a new born</li> <li>• Poisoning of a toddler</li> <li>• Death of a young baby</li> <li>• Physical abuse of a primary age child</li> </ul>	<ul style="list-style-type: none"> <li>• Childs Voice and Experience</li> <li>• Clare’s Law</li> <li>• Professional Disagreement/Escalation</li> <li>• Information Sharing</li> <li>• Working with Fathers/Male Carers</li> </ul>
		Learning from national reviews disseminated across multi-agency organisations
4.	<b>Core Business - Rapid Review Compliance &amp; Case Review Process</b>	Rapid Review Process written and under constant review: <ul style="list-style-type: none"> <li>• Guidance</li> <li>• Agency Involvement Reporting templates</li> <li>• Case for Consideration Templates</li> </ul>

The Case Review Group continues to promote active discussion about any cases that colleagues may feel meet criteria for a level of multi-agency review. Colleagues from any agency can submit a case for consideration document, and the group will then coordinate receipt and review of multi-agency information in relation to the case. If, on consideration, it is then felt that the case meets the criteria for a notification of significant child safeguarding incident, then the relevant local authority is instructed to do so as a retrospective notification. This is an open, honest but challenging group, where individuals actively scrutinise safeguarding practice.

#### Local Learning from previous Serious Case Reviews

The purpose of a Serious Case Review (now Local Child Safeguarding Practice Review) is to look at the response of organisations working alongside children and families, to identify any improvements that can be made to the services they provide; and as a partnership for us to understand and share good practice and learning to improve and promote the wellbeing of our children and young people.

The common themes and learning from 5 previous serious case reviews was an opportunity for practitioners to come together to reflect on the case learning and think about what we can do differently. The Learning event slides, published reports and 7-minute briefings can be found here: <https://www.berkshirerwestsafeguardingchildrenpartnership.org.uk/scp/professionals/serious-case-reviews>

Overall the feedback from the learning events was extremely positive being described as ‘very informative’ ‘with a good pace of discussion’. Delegates found the events helpful as it enabled them to participate in real multi-agency focused discussions relating to safeguarding. Delegates described the session as a helpful opportunity to hear and understand the role of other professionals, including their responsibilities and expectations of themselves and each other. The content and delivery of the events was described as interesting and thought provoking and raised good discussion and learning within the case scenario groups.

## Independent Scrutiny and Impact Groups (ISIG)

Reading, West Berkshire and Wokingham each have a local Independent Scrutiny and Impact Subgroup (ISIG). A significant change for the newly merged Berkshire West Partnership was the recruitment of the Independent Scrutineers to help us to focus on reviewing the sufficiency and effectiveness of partnership’s safeguarding arrangements, including the impact and outcomes for children and young people. The Independent Scrutiny and Impact Groups are a conversion from the previous local LSCB Quality and Performance Groups, and their function is to include challenge and support from an Independent scrutineer.

As a partnership we wanted to move away from safeguarding assurance based on annual reports and work towards embedding a partnership learning culture and mature systems leadership which will require all partners to take an active responsibility for the support and challenge of each other. Independent Scrutineers would be key as a systems leader modelling this way of working, to improve outcomes for our children.

Overview of Key Activities Independent Scrutiny and Impact Groups (ISIG)		
	Scrutiny Outcomes	Activity Themes
1.	<b>Thematic approach scrutiny</b> Linked to the Business Plan with a local perspective provides the partnership, as a whole, with three different conversations, approaches and share possible solutions	On-line Safety – risks and themes for our children
		Missing – is it Exploitation
		Agency Covid-19 response
2.	<b>Response/Risk to Covid-19</b> 'what value and impact can the partnership have in keeping children safe during these testing times, and how can that value be evidenced'	Positive Operational Scrutineer report compared the responses from organisations across Berkshire West, highlighting common themes, areas of agreed risk, what has been the impact, Report and included: <ul style="list-style-type: none"> <li>• What we were worried about</li> <li>• What was working well</li> <li>• What support is required</li> <li>• Future planning</li> </ul>
3.	<b>Child’s voice and experience</b> Members bringing the voice and experience of children and practitioners to understand the barriers to improved service delivery.	Examples: <ul style="list-style-type: none"> <li>• ISIG Exclusion audit in Wokingham included the voice of children whose experience has been echoed in national learning from those children exploited.</li> <li>• Surveys undertaken locally to understand the impact of Covid-19 have clearly included the statements and information from children and young people.</li> </ul>

		<ul style="list-style-type: none"> <li>An annual Peer Mentor Conference takes place in West Berkshire and looking to how we can work with organisers to include workshops that provide us with additional information to support our priorities.</li> </ul>
4.	<b>Multi-agency audit</b> of specific themes, to better understand the experience of children and/or to identify development work/improvement	<p>Royal Berkshire NHS Foundation Trust (RBFT) Child Death Rapid Response</p> <p>Pan Berkshire BHFT Rapid Response home visit service model and specification against the profile of unexpected child deaths in Berkshire West and to consider the immediate and subsequent support needs of bereaved families</p> <p>RBHFT High Impact Users Audit has identified clear multi-agency recommendations in relation to joint support for these children. These are being discussed with statutory partners.</p> <p>Child Exploitation, Child Sexual Exploitation – EMRAC – West Berkshire. Positive annual audit of the effectiveness of the EMRAC process which has fed actions into the local exploitation action plan.</p> <p>Multi-agency Exclusion – Wokingham</p> <p>Contacts to Wokingham Children’s Social Care from Royal Berkshire Hospital</p>
5.	<b>Develop and improve partnership scrutiny &amp; challenge</b> Empowering each member to challenge and be challenged to improve outcomes for children while representing their own organisation to promote reflection to drive continuous improvement?	<p>Scrutineer mentoring of the Group – ‘Characteristics of good scrutiny’</p> <p>New reporting template that includes key scrutiny questions to focus on the experience of children and where improvements can be made</p> <p>The Rapid Review process has shown evidence of openness and multi-agency scrutiny on a case by case basis, leading to detailed analytical reports.</p>
6.	<b>Core Business</b> Effective, clear priorities and responsibilities to help improve safeguarding outcomes  Performance information to spot patterns and trends (reporting exceptions, strengths and weaknesses to the partnership).  Each agency is responsible for their own performance reporting and should bring analysis and narrative based on exception reporting	<p>Review of data set - simpler dataset, reflecting core multi-agency safeguarding measures that includes data from across the three Berkshire West areas, and with South East or England benchmark information where available</p> <p>Thematic schedule linked to priority area &amp; sub-group activity</p> <p>New Terms of Reference and revised membership</p> <p>Independent Scrutineer observations and reflection to inform future work.</p>

**Impact:** One of the locality areas specifically discussed sexual abuse in the ISIG meeting. All members were asked to take back to their organisations to think about how we identify those children at risk of or subject to sexual abuse. We subsequently saw a rise in referrals for sexual abuse in that locality.

**View of the Operational Independent Scrutineer:** The partnership has shown during the Covid-19 'lockdown' period that they have a solid foundation which enabled them to work together swiftly to ensure professionals, children and families were safeguarded as much as possible. Risk was managed and shared so that all agencies felt supported and not isolated. This has been positive, and the reports provided all highlighted the importance of this. The challenge for the Partnership post lockdown is to consider this and look at how to build on the foundations that have been laid to ensure continued joint working, shared management of risk and effective multi-agency response to children and their families.

**View of the Strategic Independent Scrutineer:** The work and impact of the Independent Scrutiny and Impact Groups (ISIGs) has had very limited impact across areas where there may be shared risk e.g. exploitation and missing children. In part this is due to a revised format which was only agreed in November 2019 and which will be first trialled in February 2020. It is likely that this will take several months to embed. As such, information from these ISIGs has yet to find its way to the Statutory Partnership meetings and the learning and feedback loops have not yet formed or tested.

Independent scrutiny has highlighted the need for stronger business planning processes and multi-agency auditing to have pace and purpose. Scrutiny has also helped revise arrangements with the Independent Scrutiny Groups, resulting in early signs of greater focus, clarity and purpose; these groups have a pivotal role in driving the Partnership's business priorities forward. Further independent scrutiny will be needed in order to help all those involved maintain momentum to the changes introduced.

### **Learning and Challenges**

As the independent scrutiny roles are new, the effectiveness of this function will be part of our review of the new arrangements. We will identify what has worked, what needs to change and amend these arrangements as required. We recognise that thematic scrutiny and multi-agency audits need to be a focus and include the child's voice and experience to identify development work. There needs to be an improvement in the tracking and progress of recommendations and agreed actions and have clear, measurable outcomes for children and their families.

The current Covid-19 pandemic has hampered our ability to take forward some actions from our first set of thematic discussions in regard to progressing the scheduled theme discussion and a survey to capture the voice of practitioners, however, it has also provided positive examples of the impact of our new partnership arrangements in enabling us to tackle the 'lockdown' situation from a Berkshire West perspective.

## Overview, Activity and Highlights of the BWSCP Subgroups

Work to meet the priorities as set out in the Business Plan and core business is carried out across a range of local, Berkshire West and Pan Berkshire subgroups. A brief account of the remit and achievements for each group is set out below. We are working to a consistent Berkshire West approach, influencing culture to enable the sharing of skills and identify best practice across a wider footprint, to help improve the life chances for all our children. Local subgroups maintain and respond to emerging trends and local need.

<b>Berkshire West Children’s Safeguarding Leaders</b>		
Children’s Leaders in Berkshire West have a very important role to play in the effectiveness of the partnership as they share the voice and experience of children and practitioners which informs the focus of our work; by sharing any identified safeguarding themes and risk for children, ideas or areas of good practice to improve the way we work together as a partnership. The Children’s Leaders Forum aims to meet three times per year in a workshop style format, to discuss key themes and problem solve on a wider footprint.		
	<b>Outcome</b>	<b>Activity/Highlights/Impact</b>
1.	<b>Voice of Children and Practitioners</b> Collaborative work to share identified safeguarding themes and risk for children,	Children’s Leaders Forum <ul style="list-style-type: none"> <li>• The concerns and worried for children and practitioners determined the priorities of the BWSCP Business Plan 2020/2021</li> <li>• Consulted with and agreed outcomes from High Impact User Audit</li> <li>• Role in ‘good Scrutiny &amp; Challenge’</li> <li>• Priority Setting Survey circulated to the group to inform the Business Plan</li> </ul>
2.	<b>Communication</b> A consistent and timely dissemination of key information and safeguarding messages across organisations	Dissemination of communication and key messages across organisations <ul style="list-style-type: none"> <li>• BWSCP Learning &amp; Development Offer</li> <li>• Learning from local and national Serious Case Reviews</li> <li>• Private Fostering</li> <li>• Policy &amp; Procedure updates</li> </ul>
3.	<b>Core Business</b> A clear remit and understanding of the partnership’s new arrangements and role of a Children’s Leader in Berkshire West	<ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Simple guide to BWSCP</li> <li>• Regular communication key information and safeguarding messages for dissemination across organisations</li> </ul>
<b>Learning and Challenge</b>		
We recognise that we have work to do to fully engage the wider partnership as we embed our new arrangements now that there is no longer a ‘main’ board and the Forums have stalled, in some part due to Covid-19 and social distancing, as we have no clear timeframes as to when we can meet as a large group. Many of the representatives of this group are members in the Subgroups and are committed to continually improve our response to help safeguard children.		

**View of the Strategic Scrutineer:** The role of the Leaders Forum remains under-developed, and the Partnership needs to think swiftly, strategically and tactically about how it will be inclusive to other agencies, organisations and services that contribute to keeping the children in Berkshire West safe.

**Berkshire West Berkshire West Learning & Development Subgroup**

Organise forums and training in line with requirements from Working Together 2018, multi-agency needs analysis, emerging themes and learning from national and local serious case reviews.

Working Together 2018: Chapter 1 paragraph 5: The three safeguarding partners should consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission for those working in universal and specialist services and include new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation.

Working Together 2018 Chapter 2: Section 2 In line with organisation s11 responsibilities, it is a requirement that single agencies provide a level of safeguarding training to all staff and volunteers working with children, young people that is dependent on their role and provide regular safeguarding updates and refresher training as part of their ongoing development. This requirement is monitored by the Pan Berkshire s11 Subgroup.

Outcome	Activity/Highlights/Impact
<p><b>Learning and Development Opportunities</b> across Berkshire West to multi-agency practitioners, schools, voluntary and community workers in regard to:</p> <ul style="list-style-type: none"> <li>• Emerging Threats</li> <li>• Radicalisation</li> </ul>	<p>Multi-agency Forums:</p> <ul style="list-style-type: none"> <li>a) Contextual Safeguarding: to understand the risks outside the family, behaviours and indicators and to promote the:               <ul style="list-style-type: none"> <li>○ Simple Child Exploitation Tool</li> <li>○ Professional Disagreement/Escalation policy</li> <li>○ Contextual Safeguarding 7-minute Briefing</li> </ul> </li> <li>b) Trauma Informed Practice and Adverse Childhood Experiences</li> <li>c) Embedding a Contextual Safeguarding Approach</li> <li>d) Looking Beyond Disguised Compliance</li> </ul>
<ul style="list-style-type: none"> <li>• Share learning from local, national serious case reviews</li> </ul>	<p>Free multi-agency Learning Forums (see page 13 for more information)</p>
<ul style="list-style-type: none"> <li>• Improved understanding interagency roles and skills required to work in collaboration effectively with partner agencies</li> </ul>	<p>Commissioning of Effective Multi-agency Working classroom sessions  <b>54</b> multi-agency practitioners completed the course across the 3 localities.</p>

<ul style="list-style-type: none"> <li>Consistent Universal Safeguarding to identify the symptoms and triggers of abuse and neglect and to share that information appropriately to help to provide children with the help they need</li> </ul>	<p>Universal Safeguarding E-learning Over 8,000 practitioners and volunteers completed the Universal e-learning training over an 18-month period</p> <p>E-learning links to:</p> <ul style="list-style-type: none"> <li>Female Genital Mutilation</li> <li>Safer Recruitment</li> <li>Prevent and links to Home Office resource and e-learning</li> </ul>
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### Learning and Challenge

As the partnership have no allocated budget for training, Forums and provision of training relies on the partnership goodwill and expertise to deliver quality sessions that respond to the differing levels of skills, need and agency focus. To date this has been a successful way in which to deliver training. Evidencing the impact of training is an area that is being grappled with nationally, evaluations are circulated to delegates and we continue to try new ways of assessing impact.

Covid-19 has impacted on the provision of planned forums and training from the BWSCP due to the continuation of 'lockdown' as we are unable to access venues for the foreseeable future and various agencies use differing IT platforms. Members of the group across agencies and Learning & Development Teams are looking at ways to successfully provide training using a virtual blended approach.

### Berkshire West Communication Subgroup

The Communication & Engagement subgroup's purpose is to communicate all aspects of the wider safeguarding agenda across a range of mediums and audiences to promote a consistent key safeguarding messages, learning, information, signpost to advice help and support available to children, young people, families/carers, schools, multi-agency practitioners and the voluntary, community and faith sectors.

	Outcome	Activity/Highlights/Impact
1.	<p><b>Promote the wider safeguarding</b> agenda to increase safeguarding awareness, understanding and knowledge to children, young people, and general public, practitioners across multi agencies, communities, and voluntary sector and faith groups.</p> <p><b>Promote Safeguarding Campaigns</b> in response to local and national learning from serious case</p>	<p>Merged website: <b>There have been 104,799 views on 76 pages over the past 12 months</b></p> <ul style="list-style-type: none"> <li>Commissioned joint refreshed website with links to the 3 local area information</li> <li>Safeguarding information signposting links to help and support, training and learning for children, young people, parents/carers, practitioners, voluntary community sector and general public across the wider safeguarding agenda</li> <li>Covid-19 specific help and support pages for children, parents/carers and multi-agency practitioners</li> </ul> <p>Social Media Facebook and Twitter</p> <ul style="list-style-type: none"> <li>2/3 scheduled themed posts per week</li> </ul>

	reviews, Child Death Overview Panels, emerging risks and sharing the wider partnership campaigns to raise awareness and promote safeguarding.	<ul style="list-style-type: none"> <li>Local Authorities and other safeguarding partnerships have used/shared our communication</li> </ul> <p><b>Campaigns:</b></p> <ul style="list-style-type: none"> <li>Be Brave – Speak up’ campaign reached <b>81,824</b> (with a total number of impressions being <b>522,445 being watched an average 6.3 times) and shared 207</b> times on Facebook</li> <li>Covid-19 sharing multi-agency information</li> <li>Lift the Baby Campaign</li> <li>Water Safety</li> <li>Open Windows</li> </ul>
2.	<b>Strengthen partnership working</b> to promote the safeguarding agenda for children and widen the reach to raise awareness and promote the wellbeing of children.	<ul style="list-style-type: none"> <li>Subgroup merge with Safeguarding Adults Board from March 2020</li> <li>Voluntary sector members</li> <li>Community Safety Partnership members</li> </ul> <p>The audience reach of communication has been extended as we have received enquiries from sports clubs, voluntary sector and out of area schools.</p>
<b>Learning &amp; Challenge</b>		
The offer from the Communication Subgroup has made great strides this year as the statistics for social media platforms and the website demonstrate that it is being well used. We continue to develop and update the site and have made links to the Berkshire West Safeguarding Adult Board and will work to further strengthen the links community groups.		

<b>Berkshire West Education Leaders s175 Subgroup</b>		
Members include Local Authority Education Safeguarding Leads, Early Years Managers and key Local Authority colleagues. A consistent approach to provide a mechanism for education leaders to identify and lead a consistent approach to the development of safeguarding improvement across schools, early years and further education settings.		
	<b>Outcome</b>	<b>Activity/Highlights/Impact</b>
1.	Improve the welfare and safety of children by overseeing and monitoring of the education and early years annual safeguarding surveys related improvement and develop methods to test the returns.	<p>Annual Schools Safeguarding Survey Request from BWSCP:</p> <ul style="list-style-type: none"> <li>Aligned timeframes for the request and return NSPCC s175 across the 3 areas</li> <li>Outcomes and themes used a benchmark to identify where improvements can be made</li> <li>Continued work for a consistent approach to test the s175 – Awaiting consultation with schools Safeguarding Governor Audit</li> </ul>

		<ul style="list-style-type: none"> <li>• Governor Toolkit to be launched September 2020</li> </ul> <p>Early Years Annual Survey:</p> <ul style="list-style-type: none"> <li>• Test current annual surveys to agree a consistent approach across the 3 areas to improve engagement and safeguarding with the Early Years providers</li> <li>• Communication and letters to providers to encourage the return of annual surveys</li> </ul>
2.	A consistent communication approach across the 3 locality areas by the recognition of good practice and the sharing of learning and tools to support all education and early years settings to safeguard children	<ul style="list-style-type: none"> <li>• Covid-19 Child Protection Policy addendum offered to schools</li> <li>• Best practice remote learning</li> <li>• Agreed and shared and consistent safeguarding messages across the 3 localities to include</li> <li>• Shared early years safeguarding campaigns</li> <li>• Bulletins for early years newsletters</li> </ul>
<b>Learning/Challenge</b>		
The 3 areas have very different approach and culture in supporting schools and early years settings, we are seeing a strengthening of relationships in the group and a willingness to share good practice, communication and materials to learn from one another as we work to a consistent approach across the 3 localities by consultation and discussion with schools and the early years services.		

### Berkshire West School Engagement Subgroups

#### 3 Local Subgroups in Reading, West Berkshire and Wokingham

The group members are Headteachers and Local Authority Safeguarding Leads/representatives, to provide a mechanism for education leaders to identify and inform the development of safeguarding and improvement across schools and ensuring that issues specific to the school/education community have a voice and can be escalated for discussion to the Statutory Safeguarding Partners.

	Summary Outcome	Summary Activity/Highlights/Impact
1.	Identification of risk and mitigation of issues relating to schools to include problem solving	<ul style="list-style-type: none"> <li>• Oversight of exclusion and attendance in one area (this will be replicated across the 3 localities)</li> <li>• Challenge to SEND provision and Fair Access Policy in one area</li> <li>• Schools are confidently using the Professional disagreement/escalation policy</li> </ul>
2.	Mechanism for consultation and two-way dialogue with the Partnership, enabling the views, experience and risk identified by Education Leads to inform the safeguarding leadership of the	<p>Oversight and consultation to:</p> <ul style="list-style-type: none"> <li>• Agree and sign off s175 annual survey and outcomes</li> <li>• Learning from Reading Festival</li> </ul>

	Berkshire West Safeguarding Arrangement and vice versa.	<ul style="list-style-type: none"> <li>• Golden thread to s175 Subgroup, Partnership and Designated Safeguarding Leads</li> <li>• Direct DSL agendas agree key safeguarding messages to schools</li> </ul>
<p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• Concerns were raised at meeting in Reading in regard to children transitioning to secondary schools, this was raised with the One Reading Group and a Primary Year 6 project was established. A transition plan is in place and contact has been made with Year 7 transition leads at all secondary schools. Identified children will receive light touch support over the summer and support will be on offer to all secondary schools from September through to December.</li> <li>• The Groups have lobbied for support to children’s mental health and have influenced the commissioning of Kooth in Berkshire West that is being funded by the Clinical Commissioning Group, Wokingham Council, West Berkshire Council and Brighter Futures for Children. Kooth is an online counselling service for young people and adults offering information, blogs and interactive session with trained therapists.</li> </ul>		
<p><b>Learning/Challenge</b></p>		
<p>The three groups currently operate to a different format and purpose, we have changed the support from the BWSCP business unit to drive a consistent approach and work towards scrutiny, improvement and impact for children rather than information sharing. Schools are now confident in sharing their safeguarding concerns and are transparent about the experiences of children; we are seeing some groups bring challenge to the partnership which we will build on and take forward work to identified concerns to help improve safeguarding outcomes for children and share best practice and communication.</p>		

<p><b>Berkshire West Strategic Child Exploitation Subgroups</b>  <b>Three Local Subgroups Reading, West Berkshire and Wokingham</b>  To monitor and challenge the effectiveness of the strategic activity undertaken by the partnership to safeguard and promote the welfare of all children who may be subject to Child Sexual, Criminal Exploitation; including the wider exploitation of children those missing from home, education and care; on-line safety, children involved in or at risk of harmful practices including Female Genital Mutilation (FGM), Forced Marriage and Honour Based Abuse, Modern Slavery (including trafficked children, domestic servitude, and labour exploitation), Radicalisation (in terms of religious, political or ideological extremism and those at risk of being drawn into terrorist activity as described by the PREVENT agenda.</p>		
	<b>Summary of Outcomes</b>	<b>Summary Activity/Highlights/Impact</b>
1.	<p><b>ALL GROUPS</b></p> <ul style="list-style-type: none"> <li>• Lead and monitor a partnership response to CE through the collation and analysis of qualitative and quantitative data to identify themes,</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy and Action Plan in place for each locality that is monitored</li> <li>• All groups monitor and review local data and profiling reports</li> <li>• Dissemination and adoption of the Pan Berks CE simple and social work screening tool and the Pan Berkshire EMRAC Risk Matrix</li> <li>• BWSCP Signpost to free on-line child exploitation training.</li> </ul>

	<p>trends and respond to patterns of concern</p> <ul style="list-style-type: none"> <li>• Raise awareness of CE with practitioners across partner agencies, schools, voluntary sector to develop a shared multi-professional understanding of CE and provide a timely, consistent response</li> <li>• Support the work of the BWSCP Independent Scrutiny &amp; Impact Groups and progress the work of the Business Plan</li> </ul>	<ul style="list-style-type: none"> <li>• BWSCP Multi-agency Contextual Safeguarding Forum attended by 35 practitioners across the 3 localities.</li> <li>• BWSCP summary and circulation of learning from the Child Practice Review National Panel and other local and national reviews.</li> <li>• Contribution to the Independent Scrutiny &amp; Impact Groups (ISIG) thematic review in regard to On-line Safety – linked to the BWSCP Business Plan priorities</li> <li>• NHS England funded County Lines 4 sessions</li> <li>• Circulation and promotion of the PREVENT referral process across schools and agencies</li> <li>• Promoted with School intelligence sharing with TVP , on-line advice and information for parents</li> <li>• Circulation Oxford Against Cutting Webinars across agencies</li> </ul> <p>Engagement in the work of the Police Crime Commissioner Early Intervention Fund</p> <ul style="list-style-type: none"> <li>• Berkshire Youth work directly with allocated schools across the 3 localities</li> <li>• County Lines Alter Ego performance delivered to year 7 + in 10 secondary schools in each area and a session in each school for practitioners and parents</li> <li>• Fearless Workshops</li> </ul>
2.	<b>Reading</b>	<ul style="list-style-type: none"> <li>• The Group supported and monitored the review of EMRAC. In September 2019 Reading launched a new meeting structure Child Exploitation and Missing Operational Group (CEMOG) to ensure focus on the identification of themes and trends (contextual risk) rather than solely focusing on the individual children at risk moving away from a case management approach. At CEMOG the discussions for each child are more creative and include the need for disruption activity and building an intelligence picture.</li> <li>• Child Exploitation Triage and Review (CETAR) take place monthly. Police and Youth Services attend.</li> <li>• Comprehensive profiling reports of missing and exploited children</li> </ul>
3.	<b>West Berkshire</b>	<ul style="list-style-type: none"> <li>• Compiled a comprehensive profile of exploited children in West Berkshire</li> <li>• Refreshed the Child Exploitation Strategy and Action Plan</li> <li>• Briefed members and other local leaders about Child Exploitation</li> <li>• Undertook an audit of the effectiveness of EMRAC</li> <li>• Tracked and monitored Child Exploitation Indicator Tool completion</li> <li>• Analysed return home interviews to continue to develop practice and protect children</li> <li>• 399 Return Home Interviews were offered with an increased conversion rate of 61%</li> </ul>

		<ul style="list-style-type: none"> <li>• Piloted a Contextual Safeguarding approach locally</li> <li>• Promoted community understand and reporting of suspected child exploitation</li> <li>• Undertook child exploitation ‘test purchases’ in hotels</li> <li>• Delivered county lines briefing sessions to staff and partners</li> <li>• Undertook youth work in schools to support children affected by exploitation</li> <li>• Enhanced the weekly joint agency missing children risk meeting through tasking</li> <li>• Maintained high levels of intelligence sharing with the police and subsequent disruption of county lines</li> <li>• Utilised MAPS and EMRAC to deploy detached youth workers to ‘hot spots’</li> </ul>
4.	<b>Wokingham</b>	<ul style="list-style-type: none"> <li>• Development of ‘hot spot’ mapping of children missing and exploited</li> <li>• Reading FC Kicks Project working with children excluded and at risk exploitation</li> <li>• Reading FC Positive Pathways Project work with 5 schools where children are at risk of exploitation</li> <li>• Alter Ego ‘Click’ Theatre performance delivered to all Primary school children in year 5 &amp; 6. To help them to learn about online risk, safety and healthy online behaviours and relationships.</li> <li>• Tough Love – Coercive Control Alter Ego production delivered to year 7 pupils in all secondary schools</li> <li>• Multi-agency Cyber Crime webinar from SE Organised Crime Unit</li> <li>• 11 social work/practitioner attended County Lines Conference</li> <li>• Gang Awareness Training was attended by 64 multi-agency practitioners</li> </ul>
<b>Learning/Challenge</b>		
<p>The pandemic outbreak has impacted on organised planned training events for practitioners and provision of some prevention projects for children across the 3 localities and include:</p> <ul style="list-style-type: none"> <li>• Mentors in Violence programme March 20 (Schools - all localities)</li> <li>• Cyber Crime Practitioner Conference May 20</li> <li>• BWSCP Safeguarding Adolescent Forum</li> <li>• Only Fools Carry Knives – Wokingham</li> </ul> <p>BWSCP Business Unit has recently changed the way the Subgroups are supported, there is an opportunity to share the best practice across the 3 areas to improve outcomes for children i.e. the success rates in West Berkshire in engaging missing children to take part in Return Home Interviews and the high numbers of young people accessing substance misuse services could provide valuable learning.</p>		

### Pan Berkshire Policy & Procedures

The Safeguarding Children Partners have a range of statutory functions listed within Working Together to Safeguard Children 2018. These include developing policies and procedures, thresholds for intervention. The purpose of the Pan-Berkshire Policy and Procedures subgroup is to ensure that the Berkshire Statutory Safeguarding Partners develop and maintain high quality safeguarding and child protection policies and procedures that remain in line with key national policy and legislative changes.

Clear policies and procedures are required across the county to ensure consistent safeguarding practice is maintained for the benefit of the Berkshire's children, young people and families.

	Summary of Outcome	Summary of Activity and Impact
1.	<p>Develop policies and procedures for safeguarding and child protection to be used by partner agencies working across all six Berkshire authorities; all policies and procedures remain in line with National policy and legislative changes</p> <p>Ensure policies and procedures are published and remain updated in line with national policy and legislative changes and are updated accordingly.</p>	<p>Refreshed Terms of Reference in line with Working Together 2018 and the new arrangements across the Berkshire Safeguarding Children Partnerships</p> <p>Rigorous schedule of policy and procedure updates that are reviewed, agreed, signed off and monitored by a multi-agency group from across Berkshire  <b>Out of a total of 51 chapters, 31 (61%) have been reviewed since April 2019, and all have been reviewed between from early 2018 to date.</b></p> <p>The Allegations against Staff or Volunteers who work with Children Chapter has been significantly changed and agreed across organisations.</p> <p>Agreed updated chapters are published in Tri.x in January and July</p> <p>Communications - A twice yearly Policy and Procedures Newsletter is created following each procedure update, for onward dissemination to staff via all Berkshire Boards/Partnerships. This newsletter gives details of the changes made. The accompanying email highlights key procedure changes to support the targeting of messages to the workforce.</p> <p>BWSCP host, co-ordinate, support and manage the Policy &amp; Procedures Subgroup function on behalf of the Berkshire Safeguarding Partnerships</p> <ul style="list-style-type: none"> <li>• Commission and hold the joint funded contract for publishing the Policy &amp; Procedures</li> <li>• Monitor the schedule and publish and disseminate policy updates</li> </ul>
2.	<p><b>Response to Covid-19</b> - At the onset of the pandemic, the Subgroup (and Statutory Partners) agreed a blanket statement to be included in the procedures. This stated that authorities were to risk assess situations as they occurred and were to remain flexible to ensure the most positive outcome with regards to families moving across Local Authority boundaries during lockdown. The published statement remains in place and will be reviewed at each sub group meeting to ensure its continued relevance.</p>	

### Learning/Challenge

As part of the new multi-agency safeguarding children arrangements across Berkshire, all the partnerships have remained committed to a pan Berkshire approach to safeguarding and child protection policies and procedures.

The Sub group remains an efficient function that is well supported group by multi-disciplinary/agency members across Berkshire who take responsibility for reviewing chapters with the set timeframes as indicated in our agreed schedule. The Pan Berkshire Policy & Procedures are widely published, and we are assured that practitioners have access to procedures that are regularly updated with changes to statutory legislation and guidance, as well as regularly reviewed to ensure local accuracy and appropriateness to help keep children safe across Berkshire.

### Pan Berkshire s11 Safeguarding Children Partnership/Board Panel

Section 11 of Children's Act 2004 places duties on a range of organisations and individuals to ensure their functions and any services that they contract out to others, are discharged having regard the need to safeguard and promote the welfare of children.

	Outcome	Activity
1.	Set clear expectations with the Safeguarding Partnership/Boards and host organisations in regard to the timeframe and process for submission of s11 self-assessment audits to the Panel.  Review and evaluate s11 returns of the full three yearly audit and mid-review of s11 Children Act 2004 in order to assess agencies compliance with the duty to safeguard and provide feedback to those organisations submissions to help to improve the safeguarding of children in Berkshire.	In 2019/20 there have been 5 s11 Panels where 20 full s11 submissions have been evaluated by the multi-agency Panel.
		Two organisations have been asked to re-submit to the Panel where immediate improvements were identified. <ul style="list-style-type: none"><li>• One organisation's mid-review has been brought forward to ensure improvements have been implemented</li></ul>
		The s11 panel offer support and guidance to organisations where required.
		BWSCP host, schedule, co-ordinate, support and manage the s11 function on behalf of the Berkshire Safeguarding Partners/Board. <ul style="list-style-type: none"><li>• Organisations present in person s11 self-assessment in person to the Panel</li><li>• Each organisation receives a feedback letter from the Panel outlining good practice and where improvements could be made</li><li>• Scheduled return for all organisation full and mid-review s11 submissions</li></ul>

### Learning/Challenge

The S11 Subgroup has a consistent Chair and membership. The aim has been to operate a process which is able to provide a high level of challenge to organisations with a view to promoting good practice in safeguarding and to act as a critical friend. The feedback from presenters from the organisations has been positive and the panel members feel that the format and tool is robust.

<b>Pan Berkshire Child Exploitation Subgroup</b>		
This Pan Berkshire group allows for sharing of information, communication, good practice and development of safeguarding opportunities towards improving outcomes for all children and young people across the Berkshire area specifically in relation to exploitation. The group is attended by Local Authority operational leads and Safeguarding Children Partnership/Board Managers.		
	<b>Summary of Outcome</b>	<b>Summary of Activity</b>
1.	<ul style="list-style-type: none"> <li>Identify emerging threats, risks and opportunities in order to inform an understanding of how and why some young people become vulnerable to or suffer from exploitation.</li> <li>Enable a common understanding of service delivery, including a consistent approach to the assessment of risk</li> </ul>	<ul style="list-style-type: none"> <li>Development Pan Berkshire Risk Matrix</li> <li>Gap analysis of services across Berkshire to respond to exploitation</li> <li>Pan Berkshire benchmarking data</li> <li>Share national and local learning/themes, information and communication</li> <li>Co-ordinate the Pan Berkshire EMRAC Chairs to share good practice and across border intelligence</li> <li>Share best practice of profiling across Local Authority areas</li> </ul>
<b>Learning &amp; Challenge</b>		
	The Pan Berkshire CE Subgroup has a committed membership group from the six Berkshire Local Authorities and Safeguarding Children Partnerships. Work in this group has had a 'stop/start' element as there have been numerous Chairs over the last 18 months. The current Chair from Thames Valley Police is very experienced and is committed to taking the work of the group forward.	

### BWSCP Subgroups Learning & Challenge

The Subgroup structure has not changed since the LSCB function. Generally, all Subgroups meet 4 times per year and have achieved many successes. The Subgroups are committed to helping to improve safeguarding for children, however, due to organisation restructures and movement of key staff, some of the work has had a stop/start element to it. We want to find new ways of working that makes a difference and has a positive impact on the lives of our children; for this we need a culture shift from the LSCB ways of working, that was report and data focussed to a child and practitioner experience led focus. There is still a place for reporting, but it must demonstrate the impact, voice and experience of children. We will make these changes by having a consistent message and approach across all groups, by asking 'what have children and their families told us' and for proposed work and activity 'will this make a difference to our children'. We have recently seen some change that characterises children's experiences for us to understand what life looks like for them and we will build on this and work to replicate the culture across all groups.

We have started to share learning and good practice across the three areas, especially across the education and early years' settings, thus reducing duplication of work and enhancing support to those services. The Subgroups need to have a clear remit as to the outcomes they need to achieve in line with our priorities and business plan, considering emerging themes to enable us to evidence the work of the organisations/agencies who deliver services to children and families in Berkshire West.



## Under 18 Population in Berkshire West

Reading	36,000
West Berkshire	36,000
Wokingham	38,000

## Children Subject to Child Protection Plan (Rate per 10,000) March 20

Reading	75
West Berkshire	30
Wokingham	37
England 18/19	44
South East 18/19	41

## Number of Children in Need (CIN) including Children in Care and Child Protection (Rate per 10,000)

Reading	392
West Berkshire	265
Wokingham	273
England 18/19	334
South East 18/19	304

## Children in Care (Rate per 10,000) March 20

Reading	75
West Berkshire	44
Wokingham	26
England 18/19	65
South East 18/19	53

## Number of Contact/ Referrals (Rate per 10,000) March 20

Reading	696
West Berkshire	455
Wokingham	467
England 18/19	545
South East 18/19	536

## Number of Section 47 enquiries initiated (Rate per 10,000) March 20

Reading	188
West Berkshire	150
Wokingham	171
England 18/19	168
South East 18/19	172

## Number of permanent exclusions in primary and secondary schools (including academies and special) 2019/2020

Reading	17
West Berkshire	7
Wokingham	13

## Number of fixed term exclusions – primary and secondary schools (including academies and special) 2019/2020

Reading	986
West Berkshire	810
Wokingham	246

## First Time Entrants into the Youth Justice System - per 100,000 of 10-17 population Oct 18-Sept19

Reading	296
West Berkshire	102
Wokingham	83

## Total number of children 0-18-year olds admitted to RBFT mental health issues including self-harm - Q4 19/20

Reading	70
West Berkshire	24
Wokingham	65

## Domestic Incidents involving children - All Occurrences March 2019 – April 2020

Reading	2283
West Berkshire	1430
Wokingham	1429

## Domestic Incidents involving Children - Flagged as Domestic Crime March 2019 – April 2020

Reading	1286
West Berkshire	1198
Wokingham	627

## Knowing Ourselves - Year 1 Summary Review of the Partnership Arrangements

The Berkshire West Safeguarding Children Partnership (BWSCP) new arrangements began on 30<sup>th</sup> June 2019, following a year-long period of consultation, planning and execution of the proposals supported by the Multi-Agency Safeguarding Arrangement (MASA) Programme Board. A review of the arrangements by the Strategic Partners at the end of year 1 in July 2020 confirms a clear decision and commitment to remaining as one Safeguarding Partnership across Berkshire West and agreed budgets have been set.

There are many very positive elements of the new arrangements:

- There has been excellent attendance and support from a wide range of partners at all sub groups, including 3rd sector, with a rich and sophisticated level of skill and knowledge, which comes together to promote challenge in a safe way
- Willingness to think differently has been a strength, even when partners have felt anxious deviating from the old familiar format
- The Partnership Support Team has emerged as a real strength in helping to steer the partnership on its new journey and supporting the core business held in the subgroup structure and the outcomes outlined in the report
- The statutory partners are cohesive in their approach to making the arrangements work and driving forward change to improve outcomes for children

What needs to change:

- What does independent scrutiny look like and how can we achieve it?
- How do we get the best from our ISIGs to make an impact for children?
- How do we incorporate the operational senior leaders into the statutory level, whilst maintaining the executive focus, expectation and responsibility?

A key focus of the arrangements is the effectiveness of the Independent Scrutiny and Impact Groups, we recognise this is still working to gain traction and will be the focal point of the improvements we need to make moving forward.

The two Independent Scrutineers were commissioned to work alongside the partnership during the initial year of the new arrangements. The Scrutineers provided some helpful and insightful narrative to the partnership work and challenge during meetings of the Independent Scrutiny and Impact Groups. However, after a review by the Statutory Safeguarding Partners, we have agreed that this resource has not proved to be as advantageous as the partnership anticipated. On reflection, we have acknowledged that these were new roles and our expectations were maybe not as clear as we had originally thought. After consideration, we decided that this model of independent scrutiny has not delivered the desired results for the BWSCP, and the scrutineer's contracts were renewed beyond July 2020.

### What does independent scrutiny look like, how can we achieve it? Changes to the published Multi-Agency Safeguarding Arrangements:

The Strategic Partners have agreed that the Designated Professional for Safeguarding will assume the role of independence within the partnership. This will include chairing the ISIG meetings in each area, chairing the Case Review Group and overseeing the Rapid Review/Local Safeguarding Practice Review processes, chairing and providing the link between the Strategic Statutory Safeguarding Partners Group and a newly formed Operational Safeguarding Partners Group, plus taking on line management responsibility for the Partnership Business Unit.

The Statutory Safeguarding Partners Group is held at the highest executive level as this is essential for governance and accountability in line with published guidance. This executive level can somewhat exclude the operational leaders within the statutory organisations, who have the sophisticated knowledge of the services they represent and can add valuable insight into the work of the partnership. The new Operational Safeguarding Partners Group can add context of how services work together and to facilitate planning of the work required by the partnership and another level of scrutiny and impact.

The role of the Designated Professional for Safeguarding is employed by, but independent from, the Clinical Commissioning Group, but to add clarity and further independence, a matrix management system will be set up to allow the post holder to report to a senior manager outside of the statutory agencies.

There will be times during the year where the partnership will need to look for a further level of external scrutiny to demonstrate complete impartiality on specific pieces of work, e.g. large multi-agency audits, peer review. These will be decided and agreed as they arise, and the partnership will seek the most appropriate independent level of input for the specific task. This ensures that Berkshire West maintains the integrity of its collective and resourceful approach to scrutiny and impact, whilst assuring a 'fresh-eyes' approach to our work when required.

The details of this model of working are still being finalised and will be tested for a period of 1 year from September 2020.

### Focus and Business Plan 2020 -2021

In addition to the changes set out above, the current Business Plan 2019 – 2021 work will continue and will updated to include:

- Practitioners understand the impact of domestic abuse on children and young people, with appropriate support in place to mitigate the risk
- Improve feedback from children and families to further inform and improve service planning

The Strategic partners have agreed to align the Threshold documents across the 3 localities. Key safeguarding partners such as Health and Police have different geographical operational boundaries and having 3 different threshold guidance documents to work to, can be a restraining force to achieving good consistent safe practice. Aligned threshold documents will enable Local Authority staff and partners to understand and train staff in implementing a consistent approach across the partnership, whilst ensuring that nuances on a local level are maintained.

## Appendix 1:

### Berkshire West Safeguarding Children Partnership Budget 2019 -2020

The combined budget figures are shown below. In 2019/20 each locality holds an individual budget which are unchanged from the previous year. Any underspend will be rolled over to 2020 – 2021 and used to cover expenses incurred by Local Child Safeguarding Practice Reviews.

#### 2019 – 2020 Partner Contributions

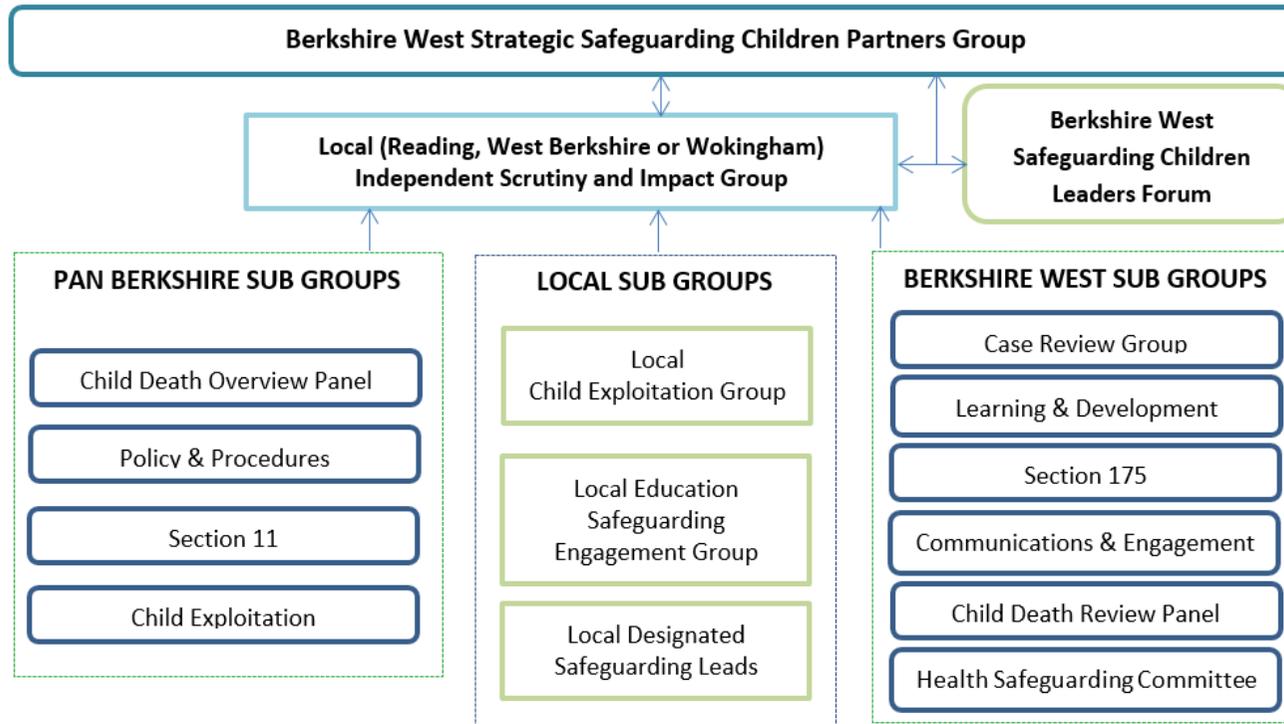
Brighter Futures for Children	50,000
West Berkshire	50,000
Wokingham	50,000
Clinical Commissioning Group	50,000
Thames Valley Police	20,000
Others (including NPS, TVCRC, CAFCASS)	3,700
<b>Total</b>	<b>223,700</b>

#### 2019 - 2020 Spend

Staff cost (including on costs, travel expenses, mobile phones)	174,000
Independent Scrutineers (including recruitment costs)	29,400
All other expenses, including room hire, website, online procedures contributions, printing etc.	12,650
<b>Total</b>	<b>216,050</b>

## Appendix 2

### Berkshire West Safeguarding Children Partnership Structure Chart (2019/20)



## Get involved and find out more

**Berkshire West Safeguarding Children Partnership (BWSCP) link to website:** <https://www.berkshirerwestsafeguardingchildrenpartnership.org.uk/scp> .

### Follow us on Twitter and Facebook



<https://twitter.com/BWSCP1>



<https://www.facebook.com/BWSafeguardingChildrenPartnership/>

### Berkshire West Safeguarding Children Partnership (BWSCP) Business Unit Contact Details

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- Sherrie Newell, Operational Partnership Manager – [sherrie.newell@wokingham.gov.uk](mailto:sherrie.newell@wokingham.gov.uk)
- Donna Gray, Senior Partnership Coordinator – [donna.gray@brighterfuturesforchildren.org](mailto:donna.gray@brighterfuturesforchildren.org)

Or contact: [BWSCP@brighterfuturesforchildren.org](mailto:BWSCP@brighterfuturesforchildren.org) or [BWSCP@wokingham.gov.uk](mailto:BWSCP@wokingham.gov.uk) or [BWSCP@westberks.gov.uk](mailto:BWSCP@westberks.gov.uk)



## READING BOROUGH COUNCIL

### REPORT BY EXECUTIVE DIRECTOR OF SOCIAL CARE AND HEALTH SERVICES

<b>TO:</b>	HEALTH AND WELL BEING BOARD		
<b>DATE:</b>	22 January 2021		
<b>TITLE:</b>	SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2019/20		
<b>LEAD COUNCILLOR:</b>	CLLR TONY JONES	<b>PORTFOLIO:</b>	ADULT SOCIAL CARE
<b>SERVICE:</b>	ADULT SOCIAL CARE	<b>WARDS:</b>	BOROUGHWIDE
<b>LEAD OFFICER:</b>	JO TAYLOR-PALMER	<b>TEL:</b>	07929845139
<b>JOB TITLE:</b>	INTERIM LOCALITY MANAGER - SAFEGUARDING	<b>E-MAIL:</b>	jo.taylor- palmer@reading.gov.uk

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

- 1.1 The Safeguarding Adults Board (SAB) must lead adult safeguarding arrangements across its authority and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.
- 1.2 The overarching purpose of a SAB is to safeguard adults with health and social care needs. It does this by: Assuring itself that local safeguarding arrangements are in place, as defined by the Care Act 2014, and statutory guidance; requiring that Local Authorities demonstrate that:
- Safeguarding practice is person-centred and outcome-focused;
  - They are working collaboratively 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;
  - The quality of life of adults in its area is enhanced.
- 1.3 The Annual Report 2019-20 presents what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2019-20. This is both as a partnership, and through the work of its participating partners. It provides a picture of who is safeguarded across the area, in what circumstance and why. It outlines the role and values of the SAB, its ongoing work and future priorities.

#### 2. RECOMMENDED ACTION

- 2.1 That the Health and Well Being Board note the Report

### 3. POLICY CONTEXT

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

3.2 The priorities for 2019/20 were that:

- We have oversight of the quality of safeguarding performance.
- We listen to service users, raise awareness of safeguarding adults and help people engage.
- We learn from experience and have a skilled and knowledgeable workforce.
- We work together effectively to support people at risk.

3.3 The priorities for 2020/21 are that:

- 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 act accordingly.

### 4. THE PROPOSAL

#### 4.1 Current Position:

Reading Borough Council Safeguarding Performance Data:

- Reading Borough Council:
- Has seen a 13.4% reduction in the number of safeguarding concerns (960) in 2019/20 when compared with 2018/19 (1109).
- In 2019/20 57% of safeguarding concerns (543) led to a section 42 enquiry - this has remained stable compared with 2018/19 data.
- In 2019/20 58% (268) of section 42 enquiries reported relate to older people over 65 years - this has remained stable compared with 2018/19 data.
- More women were the subject of a safeguarding enquiry than males as in previous years; however, the difference has only reduced by 1%.
- 85.2% of section 42 enquires were for individuals whose ethnicity is White. There has been a slight decrease 2.5% in section 42 enquires for individuals whose ethnicity is Mixed, Asian, Black or Other. This continues to be the focus of work for all partners in view of the demographic makeup of Reading.
- When all section 42 enquiries concluded, the individual's ethnicity was known.
- As in previous years the most common type of abuse for concluded section 42 enquires were for Neglect and Acts of Omission. This was followed by Financial or Material abuse, Physical abuse and Psychological abuse
- For most section 42 enquiries the primary support reason was physical support.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.
- 86% of service users were asked about the outcomes they desired as part of the Making Safeguarding Personal agenda and engagement of the service user throughout the whole process. This has been maintained and slightly increased over the previous year.

## 4.2 Activity in Safeguarding Residents of Reading

In response to the SAB report 2019/20 Reading has:

- Considered the wider safeguarding agenda for the residents of Reading Borough Council and have supported the implementation of the following services which supports the statutory work of the Safeguarding Team.
- Implemented the Serious Concerns (SC) and Standards of Care (SOC) Provider framework in Reading Borough Council, undertaken by the Commissioning Service.

The serious concerns process exists to manage serious concerns within the provider organisation. These are severe concerns with high levels of risk. The process supplements but does not replace investigations such as those relating to safeguarding, fraud and health and safety. If the organisation is placed in a Serious Concerns framework, they are to participate in regular meetings with Reading Borough Council and all stakeholders are involved. These meetings are to track the progress of the providers against an improvement action plan. A red flag is placed against a provider that may prevent admissions to the service if the risks are considered of impact upon the safety of care delivered.

The SOC process sits beneath the Serious Concerns process and exists to monitor less severe concerns within the organisation. These are medium to low risk. If the organisation is placed in a SOC framework they are to participate in regular meetings with Reading Borough Council and all stakeholders involved and is viewed as a supportive and preventative measure of escalation if issues. These meetings track the progress of the providers against an improvement action plan. A red or amber flag is placed against a provider that may prevent admissions to the service if the risks are considered of impact to the care delivered.

- Delivered on the Conversation Counts Model that, (based on strengths of what individuals can do rather and what would support independence rather than what they cannot do) was implemented in 2018 which has been continually evaluated and developed as a result of the initial feedback from service users, staff and external professionals. In March 2019, Phase Two of the model, was enhanced and introduced and the focus of the work involves working with people whose circumstances mean they are in crisis and who may be at risk. Staff aim to understand what is causing the crisis, what needs to change urgently and then work with the person to make those changes happen and create stability in their life. The final phase of the Conversation Counts Model is to support people to “look at what good looks like”, what resources, support, connections a person needs to live the life they choose to live. This has created a greater emphasis on the broader safeguarding agenda and has enabled staff working alongside people to help them look at how they keep themselves safe.
- Increased the use of Direct Payments (DPs) as an alternative to traditional models of care and for DPs to be offered to service users for purchasing support packages. An area of concern had been supporting service users to make the right choices in respect of employing carers, the potential for an increase in safeguarding concerns and the general well-being and safety of the service user undertaking this process.

Therefore, from April 2019 to March 2020 a Direct Payments Development Officer was recruited to support the project. Guidance for service users and staff was updated and the number of DP users in Reading has increased by 2% over that period. This has continued to be successful and there has not been an increase in safeguarding concerns and offers assurances to those managing their own DP that they are not exposing themselves to risk or harm. We continue to monitor and spot check to ensure that funds are deployed as recorded in their Support Plan

Implementation of Reading's Personal Assistant (PA) market which would address the safeguarding agenda in general. One way of receiving DPs is via a PA who works directly with one or more service users, to support them with various aspects of their daily life. This could be in their own home, in the community, at leisure or at work. PAs are usually employed directly by a person who needs care and support and who manages and pays for this through their Personal Budget or with their own money. The individual employing a PA can choose exactly how they are supported to ensure their needs are met.

Employing PAs supports our aims for service users to:

- receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- get the information and advice they need to make good decisions about care and support.
- have a range of provision of high quality, appropriate services to choose from.

The future is for a sustainable, diverse and robust PA Market in Reading that will:

- deliver quality care through trained PAs and raising service users' awareness of safeguarding and quality standards.
  - increase choice and control for individuals over the care and support they receive.
- Initiated a project to understand how Technology Enabled Care (TEC) can promote wellbeing, support prevention, maximise independence and self-care, enhance quality of life and reduce the need for a safeguarding intervention. A new TEC Lead has been recruited and we will be monitoring service users' outcomes over the coming months to identify how TEC has impacted on their lives.

#### **4.3 Key findings in the data that have influenced our delivery priorities 2019/20**

Most notable in the data is the small drop in the number of safeguarding concerns recorded. It should be noted that the number of safeguarding concerns converted into section 42 enquires has remained stable and in line with the previous years safeguarding data. This would demonstrate that the number of safeguarding concerns that have been screened as part of the duty of the Safeguarding Team suggest an accurate recognition of those that meet the threshold to progress to an enquiry. The work that has been undertaken across the service over the past year is evidence that the recording function of entering safeguarding concerns into Reading Borough Council electronic file recording system by staff has demonstrated far better compliance. There is further work to be undertaken to ensure consistency and accountability and the pathway into the electronic file system is being updated and should ensure that all safeguarding contacts are inputted within an agreed timeframe to support the safeguarding key performance indicators.

It is noted that there remains some disparity across the West Berkshire Board in the recording of organisational abuse safeguarding concerns. Work continues to address this, and clarity is being sought from the Department of Health. The Safeguarding Team in Reading continue to take a proportionate approach to these concerns and will continue to do so until there is a clear recommendation on the approach to take.

Making Safeguarding Personal (MSP) was a nationally led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry. Staff have continued to embrace the MSP agenda, and this has been evidenced in the safeguarding data. There is further work to be undertaken to enhance the process within the electronic file recording system, which

will offer better outcome recording and enable Reading Borough Council to implement any necessary changes across the service and the wider community to support the safety of all residents.

It is noted that there have been 10 Safeguarding Adult Reviews (SAR) commissioned by the West Berkshire Adult Safeguarding Board of which 4 were for Reading Borough Council to undertake. Due to the complexity of these cases not all of them have been concluded and published. Adult Social Care are committed to ensuring that ongoing improvements are made as a result of the findings from each SAR and there is a programme of ongoing work to address this.

#### **4.4 Improving the Future of Safeguarding Adults in Reading**

The aspiration for 2020/21 is to streamline the pathway process for all safeguarding concerns into Reading Borough Council through a single point of access which. This will support the work of the Safeguarding Team to ensure consistency of approach and offer better efficiency in meeting safeguarding targets.

There will be an updated implementation of the safeguarding electronic file recording system, the practice benefits will be:

- Making the safeguarding pathway more efficient for adult social care staff
- Consistent quality in safeguarding practice
- Daily management oversight of safeguarding data
- Effective use of safeguarding data
- Shared purpose, principles and procedures
- Evaluation of performance

A review of the way in which the safeguarding statutory function is delivered across Adult Social Care will be taking place in line with national work being undertaken. This is in respect of those individuals who are homelessness or have drug and alcohol problems, the outcome of which may increase the responsibilities of the Safeguarding Team which would see an increase in the levels of safeguarding concerns.

### **5. CONTRIBUTION TO STRATEGIC AIMS**

5.1 The SAB is a statutory function and has set priorities for 2020/2021 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 deemed as meeting the safeguarding threshold for a safeguarding intervention.

### **6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS**

6.1 There is no impact noted as a result of this report.

### **7. COMMUNITY ENGAGEMENT AND INFORMATION**

7.1 A priority for the board for 2019/20 is to strengthen communication and engagement across groups and communities of West Berkshire, and to ensure that plans and actions are informed by the experience of the widest range of local people.

### **8. EQUALITY IMPACT ASSESSMENT**

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 completed 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 by 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 2019/2020  
Care Act 2014

## West of Berkshire Safeguarding Adults Partnership Board

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### Annual Report 2019-20

#### Message from the Independent Chair

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I am pleased to present the West of Berkshire SAB Annual Report for 2019 – 2020. This report summarises what the Board achieved throughout the year on behalf of West of Berkshire residents, together as a partnership as well as through the work of individual partner organisations.

We have continued to look at information about safeguarding activity to inform our priorities for improvement, as well as cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. During 2019 - 2020, the SAR Panel have been working on 10 SARs of which 2 were endorsed by the SAB in this reporting year. We plan to publish the other safeguarding adult's reviews in 2020/21. Valuable learning has emerged from the all SARs and has fed into the SABs priorities and Business Plan for 2020/21

2020 has of course seen unprecedented demands on local services as a result of Covid 19. The pandemic has and will continue to have an effect on all of us, impacting on the lives of service users and staff across the partnership. West of Berkshire SAB's priorities for 2020-21 are heavily based on our response to the current crisis and to do our utmost to ensure safeguarding adults at risk remains at the forefront of our work.

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](mailto:Lynne.Mason@Reading.gov.uk)

### 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 – call 0118 937 3747 or email [safeguarding.adults@reading.gov.uk](mailto:safeguarding.adults@reading.gov.uk) or complete an online [form](#)
- West Berkshire – call 01635 519056 or email [safeguardingadults@westberks.gov.uk](mailto:safeguardingadults@westberks.gov.uk) or complete an online [form](#)
- Wokingham – call 0118 974 6371 or email [Adultsafeguardinghub@wokingham.gov.uk](mailto:Adultsafeguardinghub@wokingham.gov.uk) or complete a online [form](#)

For help out of normal working hours contact the **Emergency Duty Team** on 01344 786 543 or email [edt@bracknell-forest.gov.uk](mailto:edt@bracknell-forest.gov.uk)

For more information visit the SAB's website: <http://www.sabberkshirewest.co.uk/>

## Introduction

### Our vision

Adult safeguarding means protecting people in our community so they can live in safety, free from abuse and neglect.

Our vision in West Berkshire is that all agencies will work together to prevent and reduce the risk of harm to adults at risk of abuse or neglect, whilst supporting individuals to maintain control over their lives and make informed choices without coercion

### 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 (SAB) covers the Local Authority areas of Reading, West Berkshire and Wokingham. The SAB 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 SAB are the Local Authority, Clinical Commissioning Groups and Police. Other organisations are represented on the SAB such as 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 2019-20

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- Compared with 2018-19 there has been an 8% increase in the number of safeguarding concerns.
- The increase is less than the national trend which saw an increase of 15%.
- The SAB has identified that there have been inconsistencies in recording safeguarding concerns which has meant that the number of concerns received in the West of Berkshire has been under reported.
- West Berkshire Council and Wokingham Borough Council have reviewed and implemented changes to their recording process which has resulted in increases of 15% and 21% when comparing 19/20 with 18/19.
- There has been a decrease of 14% at Reading Borough Council when comparing 19/20 with 18/19, this however is due to under reporting, and work is in progress to address this.
- The pandemic has not impacted on this data as the data collection period ends on the 31<sup>st</sup> March 2020.
- Number of safeguarding concerns continues to be monitored quarterly through the SAB dashboard.

## Trends across the area in 2019/20

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- 57% of enquires were in relation to women, this is a decrease from 2018/19 where the outturn was 61%.
- 62% of enquiries relate to people over 65 years in age, a slight decrease when compared with 2018/19 where it was 67%.
- 33% of enquires were for individuals whose ethnicity is not White, this is a 4% higher when compared with 18/19.
- There has been an 18% rise in referrals for individuals whose ethnicity is Black when compared with 18/19.

- For 14% of referrals made, the individual's ethnicity was recorded as not known, this is an increase from the previous 2 years where the outturn was 11%.
- 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. There has been a 2% increase in Domestic Abuse (149 enquiries in 19/20 compared with 113 in 18/19).
- For the majority of cases (44%), the primary support reason was physical support. This was followed by no support reason, which increased from 16% to 18% when compared with 18/19.
- The majority of cases with no support reason are attributed to West Berkshire Council at 98%. This was discussed at the SAB Performance and Quality subgroup who concluded this difference was due to West Berkshire Council opening a safeguarding enquiry for all individuals who are receiving services from a provider that is being investigated under organisational safeguarding. Reading and Wokingham Borough Councils do not open Safeguarding enquiries for all service users when service is being investigated under organisational safeguarding unless a specific safeguarding concern has been identified for that individual, therefore the figure for no support reason is significantly lower in these authorities.
- The most common locations where the alleged abuse took place was the person's own home (57% down from 61% in 18/19) and care home (26% up from 21% in 18/19, this can be attributed to West Berkshire District Council recording processes in regard to organisational safeguarding).
- The SAB had agreed to carry out an independent audit into the safeguarding recording process across each Local Authority in 20/21. In order to identify the inconsistencies in recording across the partnership and for the SAB to agree to an approach to address these inconsistencies. This will include an investigation into the appropriate recording of organisational safeguarding concerns. The audit has been deferred to 21/22 due to the pressures around capacity as a result of the pandemic.

## Risks and Mitigations

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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:

- The implementation of a user engagement strategy began in 19/20 and will continue to be implemented in 20/21 in order to ensure 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 SAB. SAB meeting agendas have time allocated at the start of the meeting to ensure that the voice of the service user is heard, this can be through Safeguarding Adult Reviews (SARs) or presentations from partners with specific emphasis on individuals experience.

- An additional subgroup was created with members of the Voluntary Care Sector and Healthwatch's across each Local Authority area in order for the SAB to better understand the issues facing these sectors in regard to safeguarding.
- It is important to the SAB that people who raise safeguarding concerns receive feedback, local authorities have adapted their recording processes so performance in this area can be reported to the SAB from 20/21 onwards.
- The use of advocacy continues to be monitored by the SAB, through the dashboard and audits. In 20/21 95% of individuals, who were part of a safeguarding intervention, who were assessed as lacking capacity were recorded as having an advocate, this is a slight increase from 18/19 where it was 94%. Performance is much higher than the national average which was recorded as 84% in 18/19.
- The SAB accepts that understanding and implementation of the Mental Capacity Act across the partnership will be an ongoing challenge as learning from SARs and audits evidences. The principles of the Mental Capacity Act and the roles of responsibilities of professionals across the partnership continues to be promoted through learning provided by the SAB.
- The SAB understands that there are capacity issues within the supervisory bodies to obtain timely Deprivation of Liberties (DoLs) assessments and provide appropriate authorisation. Performance in this area is monitored by the SAB who accept further work is required in this area. The impact of the pandemic has impacted on the way in which DoLs assessments have been conducted the SAB is awaiting data to understand this impact.
- As in 18/19 in order to ensure that arrangements to support people who have Mental Health issues were fully understood, a report detailing governance arrangements continues to be presented to the SAB on a six monthly basis.
- Business plan priorities for 19/20 were set to support the SAB to mitigate the following risks:
  - Mechanisms and pathways in place across the locality to support people who self-neglect are not widely or fully understood.
  - Local priorities and arrangements to support and minimise risks for people who experience Domestic Abuse are not fully understood.
- The partnership saw a 25% reduction in safeguarding concern from 18/19 when compared with 17/18, which is different to national trends where there has been a year on year increase. The SAB agreed to commission an independent audit in 20/21 to understand the reasons behind this. The audit has been deferred to 21/22 a due to the pressures around capacity as a result of the pandemic and assurance from Local Authorities that they are addressing issues in regards to under reporting.
- Assurance was sought from partners to ensure that plans were in place in the event of a no deal Brexit.

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

## **Achievements through working together**

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Our 18/21 Strategy outlines what the SAB aims to achieve in the next three years. The SAB 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 **19/20** and outcomes to those priorities were:

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

- A Service User involvement strategy was approved, and part implemented, further implementation of this strategy has been added to the 20/21 Business Plan.
- The Pan Berkshire Policies and Procedures in regard to Self-Neglect were reviewed and launched in July 2020.
- A review of safeguarding training across the partnership was completed and recommendations to improve training were approved by the SAB. The SAB will look to implement these recommendations in 21/22 if there is capacity to do so.
- A best practice document has been created to support the partnership to understand the function of the Safeguarding Adults Manager (SAM) in the safeguarding process. Launch of this document is planned for 20/21.
- A review of the quality of Tissue Viability Management training across the partnership was completed and will go to the SAB for endorsement in September 2020.
- A partnership wide risk assessment tool named MARM<sup>1</sup> (Multi-agency Risk Management Framework) was created and launched in July 2020. A review of its effectiveness is planned in 21/22.
- Two Bitesize learning events on Royal Berkshire Fire & Rescue Service - Threat of Arson Safe and Well Processes were held. Feedback from these events was positive.

### **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.**

- The SAB are working with Local Safeguarding Child Boards and Community Safety Partnerships to support them in their priorities regarding Domestic Abuse.
- There is SAB representation at the Thames Valley Domestic Abuse coordinators meetings, where there were plans to host a Thames Valley wide conference on Domestic Abuse, these plans were unfortunately put on hold due to the pandemic.
- A bitesize learning event in conjunction with the Reading Domestic Abuse Forum, on Learning from Domestic Homicide Reviews took place.
- Pan Berkshire Policies and Procedures in relation to Domestic Abuse were reviewed and updated, these were launched in June 2020.

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<sup>1</sup> <http://www.sabberkshirewest.co.uk/practitioners/supporting-individuals-to-manage-risk-and-multi-agency-framework-marm/>

**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.**

- September 2019 SAB meeting focused on targeted exploitation with a number of speakers at the meeting.
- A modern slavery pathway was created and published.
- A research report to identify who is most at risk from Targeted Exploitation was completed by the Performance and Quality Subgroup and will be presented to the SAB in September 2020.
- Two bitesize learning events were scheduled in March 2020 on What do I do if I suspect Financial Abuse – the roles and responsibilities of agencies. Unfortunately, these sessions had to be postponed due to the pandemic, work is underway to rearrange these sessions virtually.

**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.**

- January 2020 SAB meeting focused on organisational safeguarding, were the Care Quality Commission were represented.
- A survey was completed with care providers for the SAB to understand the issues the provider market is facing and how this impacts on safeguarding. The findings of this survey were presented to the SAB and recommendations added to the SABs Learning from Safeguarding Adult Reviews/Audit Implementation Plan.
- A meeting took place with the Care Quality Commission, Local Authorities and the Clinical Commissioning Group to discuss the increase in organisational safeguarding issues and to ensure that partners were working effectively together to address the issues being identified.
- The recommendations from the Devon Safeguarding Adults Partnership, Safeguarding Adult Review, Atlas Care Homes were considered by the SAB.
- The SAB are alerted to organisations that are subject to organisational safeguarding.
- A detailed questionnaire on commissioning and quality monitoring arrangements for external providers to the local authorities and clinical commissioning group in January 2020, findings of these questionnaire were to be considered by the SAB in order for the SAB to agree a suitable approach issues identified. Due to the pandemic not all questionnaire responses were received, and all responses will require reviewing due to the impact of the pandemic has had on commissioning and quality monitoring arrangements. This will be revisited in 20/21.

In November 2019, an extraordinary meeting of the SAB statutory partners was called to discuss the obstacles regarding communication and information across the partnership which had been identified at a SAB meeting in September 2019. The meeting was arranged to provide partners with an opportunity to have a frank and open discussion to identify the barriers regarding communication and information sharing, and to agree appropriate actions in order to better safeguard people. As an outcome of this meeting an action plan was agreed, and actions monitored through the SAB Learning from SAR/Audit Implementation Plan.

More information on how we have delivered these priorities can be found in the following:

- Additional achievements by partner agencies are presented in Appendix B.
- The completed Business Plan 2019-20 is provided in Appendix C.

## **Safeguarding Adults Reviews**

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The SAB has a legal duty to carry out a Safeguarding Adults Review (SAR) 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 SAB has a SAR Panel that oversees this work.

During the reporting year, the SAR Panel have worked on 10 SARs of which 2 were endorsed by the SAB and one was published along with a practice learning note. The practice learning note is a two-page document that summarises the case, key learning and pulls seven key learning points from the SAR and summarising best practice in these areas. The practice learning notes have been well received across the partnership and are used to highlight SAR learning in team meeting and training sessions.

The SAB plans to publish the other nine safeguarding adult's reviews in 2020/21. Valuable learning has emerged from the all SARs and has fed into the SABs priorities and Business Plan for 2020/21. There was delays in publication of SARs due to the pandemic resulting in the March 2020 SAB being cancelled. The SAB introduced virtual SAB sign offs in May 2020 to overcome this backlog. The SAB continues to recognise the large workload for the SAR Panel and meetings continue to be held monthly.

The case summaries and the learning from the 2 SARs that have been endorsed are as follows:

#### **Daniel**

Daniel is a man in his 70's, who owned his own home. Daniel has cognitive difficulties and significant physical disabilities. Daniel is estranged from his immediate family, but had support from a lady called Ellen, who referred to herself as a family member and Daniel's next of kin. No checks were made around Ellen's claims. Professionals supporting Daniel were made aware on seven occasions, that Ellen was not who she said she was, and they did not investigate this further. When concerns were discussed with Daniel these were discussed with Ellen present. 14 Safeguarding concerns were raised from numerous agencies, over a five-year period, about the possible financial abuse of Daniel by Ellen. The Local Authority did not comply with Section 42 of the Care Act or the Mental Capacity Act 2005, and as a result Daniel was failed by the agencies that were supporting him.

#### **Lessons Learnt**

- The importance of independent advocacy to support a person lacking capacity.
- A significant lack of professional curiosity, professionals did not have the confidence to challenge a person, who at the time did not appear to be acting in the vulnerable persons best interests.
- Information taken at face value, there was no additional verification by professionals involved. Reallocation of support workers in such complex cases should be kept at a minimum.
- A more consistent approach to Care Management will help to identify any contradictory information.
- Professionals did not listen to Daniel; Making Safeguarding Personal principles were not followed.
- There is a lack of confidence across the workforce in dealing with complex financial situations.
- The workforce needs to be equipped to challenge and ensure that service user's best interests is key to any decision being made.
- There was a lack of management oversight in this case

## Ben

Ben, moved to a Nursing Home in August 2014, after a stay in hospital. Ben had a diagnosis of Vascular Dementia and multiple co-morbidities. Ben lacked capacity to consent to the care and support provided to him, a Best Interests Meeting decided that it would be in Ben's best interests to move into a Nursing Home.

A Nursing Home had been identified by the Local Authority. Ben's family however expressed concerns about the cleanliness of the home and requested that a placement be made closer to his family. As Ben had been in hospital for over 3 months it was decided at a further Best Interests Meeting that it was it was in Ben's best interests to move into the Nursing Home on an interim basis pending a six-week review. The six-week review concluded that the placement appeared to be working well for Ben and Ben's case was transferred over for a 12-month review.

Ben was admitted to hospital in July 2015, and the hospital immediately raised a safeguarding concern under the category of Suspected Acts of Omission and Neglect by the Nursing Home. As Ben was noted to have 12 pressure ulcers and bruises over his body. The police were also notified. As a result of this safeguarding concern the Nursing Home was investigated under the Provider Concerns Framework and a police investigation was opened.

Ben did not return to the Nursing Home and passed away in August 2015. It was noted that Ben had several pressure ulcers at the time of his death. A criminal prosecution against the provider did not take place, due to lack of evidence. The Care Quality Commission (CQC) considered action under their regulatory powers but concluded there was not enough evidence to progress.

The Care Quality Commission, Thames Valley Police, Clinical Commissioning Group, GP, District Nurses, Podiatry, Tissue Viability Nurses, Royal Berkshire Hospital, Wokingham Borough Council, South Central Ambulance and an independent Nursing Home. All supported Ben during the period of review and contributed to this SAR.

### Lessons Learnt

- The Nursing Home had no pressure care prevention plan in place for Ben, despite Bens needs resulting in him being at high risk of pressure damage. This was not identified as an issue at the six-week review.
- The Mental Capacity Act was adhered to throughout Adult Social Care's involvement with Ben. Best Interest Meetings were held in regards to decisions regarding Ben's care and support.
- A Deprivation of Liberty (DoLs) assessment took place following an application by the Nursing Home, which was in line with policies and procedures.
- Concerns raised about the Nursing Home by Ben's family by the Best Interests Assessor were not

## How is learning from SARS embedded within in practice?

The SAB captures all recommendations from SARs on a Learning from SARS/Audit Implementation Plan where all recommendations from SARs and other SAB learning is added and tracked. From the two SAR endorsed the SAB have identified improvement action required in the following areas, *description of action has or is being taken is in italics:*

- **Safeguarding processes** – *a best practice guide for the Safeguarding Adults Management (SAM) function is in the final stages of development.*
- **Professional Curiosity** – *changes to the delivery of safeguarding training across the partnership has been agreed, which will be implemented in 20/21. Professional curiosity will be a theme throughout training. Professional curiosity has been identified as a future SAB Bitesize learning topic.*
- **Financial Abuse** – *learning evidenced that workers are not confident in dealing with complex financial situations. A bitesize learning event on ‘What do I do if I suspect Financial Abuse – the roles and responsibilities of agencies’ with speakers from: Local Authority, Trading Standards, Thames Valley Police and the Office of the Public Guardian was arranged for March 2020 but was postponed due to the pandemic. Work is underway to rearrange the session for 20-21. The SAB had a focused meeting on targeted exploitation and each Local Authority provided a presentation on how they have responded to the learning from this SAR. Targeted exploitation was a priority for the SAB in 19/20 and continues to be in 20/21.*
- **Advocacy** – *the SAB continue to monitor through its Dashboard the use of advocacy and has seen an improvement in performance that is above the national average.*
- **Organisational Safeguarding** – *is a priority for the SAB in 19/20 and continues to be in 20/21.*
- **Tissue Viability** – *Specific action on the SAB Business Plan to look at the suitability and effectiveness of training in regard to pressure care, report will go to the SAB in 20-21.*

The SAB 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 SAB’s website for case reviews:

<http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/>

## Key priorities for 2020/2021

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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 2020/21 are:

- **Priority 1 - We will continue to work on outstanding actions from the 2019/20 from the following priorities:**
  - Priority 1 2019-20, We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect
  - Priority 2 2019 -20, 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.
  - Priority 3 2019-20, We will understand the main risks to our local population in regard to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.
- **Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.**
- **Priority 3 – The SAB will continue to carry out the business as usual tasks in order to comply with its statutory obligations.**

The Business Plan for 2020-21 is attached as **Appendix D**.

## **Appendices**

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**Appendix A** - Board Member Organisations

**Appendix B** - Achievements by partner agencies

**Appendix C** - Completed 2019-20 Business Plan

**Appendix D** - 2020-21 Business Plan

**Appendix E** - Partners' Safeguarding Performance Annual Reports:

- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council
- Berkshire Healthcare Foundation Trust
- Royal Berkshire Foundation Trust

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## Annual Report 2019/20

### 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, Wokingham and West Berkshire
- The voluntary sector is represented by: Reading Voluntary Action, Involve Wokingham and Volunteer Centre West Berkshire.

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## **Appendix B**

### **Achievements by partner agencies 2019-20**

#### **Berkshire Healthcare NHS Foundation Trust (BHFT)**

Berkshire Healthcare NHS Foundation Trust have continued to work closely throughout the year 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 remain fully integrated to facilitate a more joined-up 'think family' approach to safeguarding. During 2019/20, the 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.

The model of delivery for safeguarding was partly amended during the Covid pandemic, to meet the additional support needs of staff, whilst staff were working in new ways.

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. For Safeguarding children, the trust achieved 96% for level one and 92% for level 2. Training delivery styles were adapted during the latter part of the year to accommodate social distancing and mobile working. Training compliance for PREVENT training is 97%.

Improvement in staffs understanding of and application of the Mental Capacity Act (MCA) 2005 continues to be a priority for the Trust. Extra training has been facilitated and compliance to training has increased to 92%. MCA champions have been appointed to further this work and are mentored by the MCA lead for the Trust, who is a named safeguarding professional. Work commenced within the trust around the implementation of the Liberty Protection Safeguards, though during the pandemic, this implementation has been delayed nationally until 2022.

#### **Berkshire West CCG**

Berkshire West Clinical Commissioning Group (CCG) have continued to raise the profile of safeguarding adults across primary care and with health commissioned providers. In 2019 we undertook a themed face to face audit across all our primary care Service for safeguarding building on our previous audits within primary care and we achieved a 100% engagement with primary care service and the audit was shared in 2020. Overall the result was positive and an improvement on previous audits, we are pleased we the positive

engagement and commitment of our safeguarding lead within Primary care. The Designated leads for the CCG in 2019 have increased and formalised the primary care training, offering an annual safeguarding programme for primary care for level 3 covering both children and adults running 4 evening course per annum. We have achieved an excellent attendance rate and the training was reviewed in line with national guidance. The training demonstrates the CCGs compliance addressing and achieving key areas under priority 3, including learning from local serious cases review in all level 3 training and a focus on domestic abuse. During the pandemic in 2020 the CCG revised the training programme and delivered a virtual level 3 training programme for primary care with a focus on working within the changing landscape with increased telephone contact with patients. The training included practice reviews from serious adults' reviews, domestic homicide reviews, isolation and domestic abuse. The CCG in 2020 have continued to develop engagement with primary care and this include a safeguarding survey being issued in 2020 to capture safeguarding practice and involvement from our primary care colleagues.

The quality team and safeguarding team have in place quality monitoring indicators and processes for safeguarding for commissioned providers and this includes quality assurance visits to providers, self-assessments, quality schedule reports and close working with providers to support safe and effective care. We continue to use the safeguarding templates for GP reporting on enquiries and our primary care colleagues have participated in serious case review and domestic homicide reviews sharing the learning from practice. The safeguarding and quality team maintain the use of their commissioning checklist in line with safeguarding and best practice for the organisations demonstrating their commitment to learning from serious case reviews. The CCG designates continues to be proactive in raising the learning and commissioning accountability within the CCG and have involved the CCG Joint commissioning team in provider concerns framework with providers which is part of the SAB priorities focusing on commissioning and organisational abuse. The CCG are proactively involved with our local services and chair the integrated care partnership, strategic care home group. This is a place-based group that facilitates the exchange of information and opportunity to explore themes and create innovation to work together.

The head of adult safeguarding remains a proactive and consistent member of the Safeguarding adults board, chairing the Safeguarding adult review panel and facilitating contribution to multiple reviews, including partnership learning, Domestic Homicide Reviews, Prevent and individual safeguarding cases across the area. Innovative practice includes the promotion of hidden carers campaigns and promotional work to raise awareness on postural management on social media platforms. The CCG will continue to represent and be an active member working together within the partnership.

### **Reading Borough Council**

#### **1. Operational Teams**

**1.1.** The Adult Safeguarding Team continue to undertake the screening process for all the safeguarding concerns for Reading Borough Council and the Locality Teams undertake most of the section 42 enquiries.

**1.2.** Organisational abuse safeguarding concerns has been a pressure on the service over the past twelve months. This has put a great deal of pressure on not only the Adult

Safeguarding Team but also the locality teams who have assisted in the process to ensure that service users who receive services from these providers are safe. We have worked closely with the CQC and our partner local authorities to undertake relevant S42 enquiries and adhere to the Quality Assurance Provider framework process.

## **2. Safeguarding Adult Reviews**

**2.1.** Reading Borough Council actively participated and engaged in Safeguarding Adult Reviews (SARs) commissioned by the Safeguarding Adult Board. We have participated in bite-size learning events agreed via the Learning and Development subgroup and various internal workshops were held to disseminate learning from SARs.

**2.2.** Adult Social Care reviewed safeguarding training plans to ensure mandatory training encompassed priorities of the SAB and was responsive to emerging findings from SARs.

## **3. Multi Agency Panels**

**3.1.** A consistent named professional from the Adult Safeguarding Team was provided for the Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) to support interagency networking and interfaces.

**3.2.** A consistent named Senior Manager has attended the Channel panel to represent Adult Social care and advise on safeguarding matters.

## **4. Service Improvement**

**4.1. Serious Concerns Framework,** in April 2019 the Serious Concerns (SC) and Standards of Care (SOC) provider framework was implemented in Reading Borough Council by the Commissioning Service.

### **4.2. Serious concerns process**

The serious concerns process exists to manage serious concerns within the provider organisation. These are severe concerns with high levels of risk. The process supplements but does not replace investigations such as those relating to safeguarding, fraud and health and safety. The Quality Officers in conjunction with the Safeguarding Manager will analyse the evidence and, where the information identifies high levels of risk linked to the level of concern matrix those providers will enter a Serious Concerns framework. This process will remain in force until providers have demonstrated and evidenced the necessary changes to ensure that their residents are safe from harm. There will be occasions when providers move into a Standards of Care framework until all the identified quality assurance work has been completed to a satisfactory standard.

The Serious Concerns and Standards of Care process is supported by best practice guidance and legislation. It also considers providers' infrastructure, policies and procedures to ensure that these are in place to support the delivery of good quality services. The Quality Officers, where possible, will be aware of national standards and requirements such as Care Quality Commission (CQC) regulations and National Institute

of Health and Care Excellence (NICE) guidance. This information will feed into the quality monitoring work undertaken with providers.

If the organisation is placed in a Serious Concerns framework, they are to participate in regular meetings with Reading Borough Council and all stakeholders are involved. These meetings are to track the progress of the providers against an improvement action plan. A red flag is placed against a provider that will prevent admissions to the service.

#### **Triggers for a Serious concerns Process**

- A disproportionate number of Safeguarding concerns
- Multiple safeguarding concerns
- A CQC inspection report of 'Inadequate'
- A report of serious crime
- Multiple whistle blowing reports
- Injury or unexplainable death
- Multiple Complaints

#### **4.3. Standards of Care**

The SOC process sits beneath the Serious Concerns process and exists to monitor less severe concerns within the organisation. These are medium/ to low risk. If the organisation is placed in a SOC framework they are to participate in regular meetings with Reading Borough Council and all stakeholders involved. These meetings are to track the progress of the providers against an improvement action plan.

#### **Triggers for a Standard of Care Process**

- CQC Inspection report
- Repeated poor practice
- Multiple medication errors
- Multiple whistle blowers
- Complaints about the provider
- A Safeguarding Strategy meeting which identifies several issues
- Several Safeguarding concern

#### **4.4. Conversation Counts Model**

The Conversation Counts Model that was implemented in 2018 has been continually evaluated and strengthened as a result of the initial feedback from service users, staff and external professionals. In March 2019 phase two of the model was introduced and the focus of the work involves working with people whose circumstances mean they are in crisis and who may be at risk. Staff aim to understand what is causing the crisis, what needs to change urgently and then work with the person to make those changes happen and create stability in their life. The final phase of the Conversation Counts Model is to support people to "look at what good looks like", what resources, support, connections a person needs to live the life they choose to live. This has created a greater emphasis on the broader safeguarding agenda and has enabled staff working alongside people to help them look at how they keep themselves safe.

#### **4.5. Direct Payments**

A key priority for the Council in 2019 was to increase the use of Direct Payments (DPs) as an alternative to traditional models of care and for DPs to be offered to service users for purchasing support packages. An area of concern had been supporting service users to make the right choices in respect of employing carers, the potential for an increase in safeguarding concerns and the general well-being and safety of the service user undertaking this process.

Therefore, from April 2019 to March 2020 a Direct Payments Development Officer was recruited to support the project. Guidance for service users and staff was updated and the number of DP users in Reading has increased. This has been successful and there has not been an increase in safeguarding concerns and offers assurances to those managing their own DP that they are not exposing themselves to risk or harm.

#### **4.6. Personal Assistants**

A further project was implemented to develop Reading's Personal Assistant (PA) market which would address the safeguarding agenda in general. One way of receiving DPs is via a PA who works directly with one or more service users, to support them with various aspects of their daily life. This could be in their own home, in the community, at leisure or at work. PAs are usually employed directly by a person who needs care and support and who manages and pays for this through their Personal Budget or with their own money. The individual employing a PA can choose exactly how they are supported to ensure their needs are met.

Employing PAs supports our aims for service users to:

- receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- get the information and advice they need to make good decisions about care and support.
- have a range of provision of high quality, appropriate services to choose from.

The future is for a sustainable, diverse and robust PA Market in Reading that will:

- deliver quality care through trained PAs and raising service users' awareness of safeguarding and standards.
- increase choice and control for individuals over the care and support they receive.

#### **4.7. Technology Enabled Care (TEC)**

In 2018 a project was initiated to understand how Technology Enabled Care (TEC) can promote wellbeing, support prevention, maximise independence and self-care, enhance quality of life and reduce the need for a safeguarding intervention. In May 2019 the Reading Borough TEC Lead presented the findings of a six-month review of the provision of TEC in Reading. A range of activities were used to develop an understanding of the current and future potential for increasing the adoption and uptake of TEC.

Improvements to our TEC service have been underway since then and we recently launched our end-to-end Turnkey TEC service. A new TEC Lead has been recruited and we will be monitoring service users' outcomes over the coming months to identify how TEC has impacted on their lives.

## **Royal Berkshire Hospital NHS Foundation Trust (RBFT)**

### **Key achievements**

- The significant amount of daily interagency partnership working to safeguard adults with cognitive problems due to mental ill health, learning disability, autism and dementia.
- Effective patient centred collaborative working alongside clinical teams to safeguard our patients
- Training, audit, learning from incidents and review against statutory standards are the foundation of our assurance, reinforced by supervision and management overview.
- We actively participate in the sub groups of the Safeguarding Adult Board. Mental Health, Suicide Prevention, Learning Disability, Transition and Mortality strategic partnership meetings. Through participation our safeguarding, mental health and learning disability plans are constantly scrutinised, challenged, renewed and updated.
- The Safeguarding and Learning Disability Conference November 2019 led to the “Treat Me Well” campaign to support patients with learning disabilities in hospital being a Trust Quality Account Priority for 2020/21
- The Safeguarding Team have remained on the Royal Berkshire Hospital site and provided face to face assessments and support for patients, their families and staff in both hot and cold Covid wards and departments
- Our Risk Based Priorities for 2020/21 have been agreed through the Strategic Safeguarding Committee
- Safeguarding (adults) clinical governance continued throughout 2019/20, the PCG safeguarding team adult medical clinical lead and matron have worked with the PCG Board to embed safeguarding governance and accountability
- 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 Safeguarding Adult Reviews (SAR’s) continues to be included in Safeguarding training.
- The Lead Nurse Adult Safeguarding continues to be part of the SAR panel.
- The safeguarding tool kit has been launched hard copies have gone out to some ward and department areas and the tool kit is available as an electronic version on the Intranet
- In February 2020 Marijka Polden, joined the team as a Band 6 Safeguarding Practitioner
- During March 2020 two adult safeguarding medical leads and two matrons were identified for NCG Dr Hannah Johnson and Ali Drew, UCG Dr Zain Hader and Georgie Brown. Due to Covid they have little chance to develop their roles.

### **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 2019-20, Mental Capacity training also forms part of the managing 1:1 day

- A ward level spot check audit tool was developed during 2019-20 audits were undertaken in some Elderly Care during wards in Q3 and Q4. Documentation of mental capacity assessments, by either the use of paper assessment forms or the electronic assessment remains intermittently completed. Work is on-going to amend the form on EPR to make it easier for staff to record free text on the EPR form.
- A good response to campaigns to recognise the need for a DoLS increased the number of urgent DoLS authorised by the Safeguarding Team, 102 compared to 56 in 2018-2019 an 82% increase.
- 11 standard DoLS were granted by the local authorities out of the 102 applications made. The majority of patients were discharged prior to the completion of assessments. Delay in DoLS assessment by local authorities in the acute setting is acknowledged as a risk by the Safeguarding Adult Board.
- Urgent DoLS authorised by the Safeguarding Team last for 7 days and can be extended by a further 7 days.

### **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. In most cases the safeguarding concerns raised against the Trust continue to be around pressure damage and discharge processes. In the majority of cases there continues to be a lack of information provided about 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.
- During 2019/20 341 adult referrals to Local Authorities unchanged compared to 341 in 2018/19 however the complexity of cases increased.

### **Prevent (anti-terrorism)**

- No Prevent concerns were discussed with outside agencies in 2019/20. Two 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 2020/21**

- Promote the safeguarding toolkit
- Support the multi-disciplinary safeguarding champions and care group safeguarding adult medical leads and matrons to embed safeguarding across the Trust
- Relaunch Adult Safeguarding governance suspended during Covid lockdown
- Extend the timeframe of the Domestic Abuse Task and Finish Group to support a review of training.
- Promote the importance of clear documentation of mental capacity; this can be by either use of paper or electronic documentation of Mental Capacity assessments.
- Complete a gap analysis against the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff 2018.
- Implement the following training, delayed because of Covid- 19 pandemic.
  - Level 3 Adult Safeguarding training
  - Advanced Mental Capacity Act training for clinicians
- Working with other members of the safeguarding team review existing training methodologies to include virtual class room and digital opportunities developed during Covid, including expanding a 'train the trainer' approach and reflective peer review sessions.
- Support the Safeguarding Adult Board work on safeguarding and pressure ulcer prevention & financial abuse.
- Participate in 'new normal' Covid recovery and restoration through the Safeguarding Adults Board and working groups with partners.
- Implementation of Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards, originally planned by the government from April 2021 delayed until April 2022.

### **South Central Ambulance Service NHS Foundation Trust (SCAS)**

The development of a new safeguarding level 3 training to be delivered face to face to appropriate staff groups for 2020-2021 training year.

The implementation of CP-IS across our Clinical Call Centres and electronic patient records system. 111 is live but there is still some work to do regarding our 999 call centre.

SCAS is working on a national project to embed contextual safeguarding as business as usual across all ambulance trusts.

The development of a safeguarding referral process for those GP's that have returned to assist with the Covid virus. This has formed part of our 111 service but at a national level.

We have set up a process to undertake quarterly internal audits of safeguarding and welfare referrals for reporting and governance processes.

### **Thames Valley Police (TVP)**

This year TVP staff from the West Berkshire Domestic Abuse Unit successfully obtained the Forces first Violent Offender Order under Part 7 of the Criminal Justice and Immigration Act 2008. The Court Order sets out very strict prohibitions, conditions, and restrictions, on a male who was previously convicted and imprisoned of a violent offence against an adult. Among other conditions the male has to notify the police of any communication with any female when forming a personal relationship. The stringent conditions reflect the level of

risk posed to females should they enter into a relationship with the male; as acknowledged by the Court. The use of such orders will be communicated across TVP and the Media to alert others of the benefits of such an order when protecting those at risk of harm.

The use of multi-agency partnership working continues with TVP Chairing the monthly MARAC meetings across Reading, Wokingham, and West Berkshire. 304 of the 557 referrals between October 2019 and October 2020 were from TVP, with the safety planning of 216 'repeat' victims being discussed. Staff from TVPs Service Improvement Unit have attended MARAC meetings held across Berkshire to ensure there is a consistent approach to the running of the meetings, and if there are any measures that can be implemented to improve efficiency.

Reading Police and CMHT are continuing with the pilot of a High Intensity User Group meeting which works 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 partnership project is proving to be successful in jointly managing its referrals and the numbers of referrals are decreasing. The pilot has therefore been given further funding to extend to spring 2021.

In response to the various challenges the pandemic and specifically 'lockdown' has raised in relation to safeguarding, TVP launched a scheme to identify those adults at risk of harm who now maybe at greater risk due to the fewer opportunities to raise the alarm for help. The 'hidden harm' campaign identified those who may have been isolated, following up with a risk assessed proactive contact from TVP staff. A local campaign was also instigated by DAIU to raise the awareness of retail staff in recognising the signs of domestic abuse. DAIU offered training to local business, supported with leaflets and posters. The campaign has been adopted as a national initiative.

### **Involve, Bracknell Forest and Wokingham Borough**

#### **Involve Community Services, Bracknell Forest and Wokingham Borough**

The key focus relating to safeguarding from involve's perspective has been through training and comms to the local voluntary and community sector. Within the year 19/20 a number of targeted courses have been delivered in the Wokingham Borough and attended by members of different charities in subjects including: suicide awareness, CSE, professional boundaries, safeguarding, PTSD, ASD and others. These courses all received positive feedback and enable safer working in the charity sector and better outcomes for volunteers, staff and service users.

Involve has continually promoted and communicated messages to help people remain aware and stay safe in their communities, this has included messages and comms relating to bullying/ peer pressure, county lines and modern day slavery. Networking sessions have been held within the borough to bring the voluntary sector together and facilitate stronger partnerships and Involve's connections to the safeguarding board and Community Safety

Partnership remains strong. Inputs have gone into these boards giving the VCS perspective as well as messages and guidance taken out from these partnerships to pass on to relevant partners or going into wider circulation and promotion.

### **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 VCWB has promoted safeguarding training and disseminated information to the widest voluntary sector through its regular voluntary sector bulletins. Working in partnership with the Head of Adult Safeguarding the Volunteer Centre asked WBC to create a simple how to report a safeguarding issue. This document has then been sent to the Voluntary Sector in West Berkshire to raise awareness of Safeguarding as an issue and importantly how to react to a concern. During the last year we have operated 3 Safeguarding training sessions.

### **West Berkshire District Council (WBC)**

2019/20 has been a 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).

During 19-20 the service opened 925 concerns. This is a significant increase (30%) in the number of concerns opened compared to 2018/19, some of the increase is attributed to a change in the way data is captured.

We have worked alongside the performance team and consulted Adult Social Care practitioners to develop more streamlined and informative safeguarding forms which go live on 1<sup>st</sup> April. This has been a longer piece of work but will ensure workers are prompted in relation to best practice throughout the enquiry and ensures risk assessment at the beginning and end of the enquiry document. The new forms also enable the safeguarding team to make a decision on closure of the document as to whether a review of the protection plan is required post implementation.

Organisational Safeguarding has been a particular pressure on the service this year. We have had 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 enquiries and also undertake the provider concerns process. One organisational safeguarding has spanned two reporting years.

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 April.
- The safeguarding team and PSW completed training with the Public Protection Partnership around identifying safeguarding and how we are able to work together.
- Section 42 audits are being completed on at least 10% of cases. This is on Care Director.
- Ongoing review of performance data across West Berkshire.
- West Berkshire Council have signed up to the 'Safe Places' scheme with local businesses.
- The PSW and one of our BIA's are conducting training following published SAR's,
- We had scheduled specific training around recognising domestic abuse and the impact coercive control in S42 enquiries. Due to Covid restrictions this will be carried over to 20-21.
- 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.
- The Safeguarding Team dedicated National Safeguarding Week 2019 to spending time in the community, raising awareness of recognising, safeguarding, how to seek support and what to expect. The profile of safeguarding in West Berkshire was raised and it gave an opportunity for voluntary agencies and advocacy to join us and share practice.

### **Healthwatch Wokingham**

Healthwatch Wokingham ensured that all staff have received the appropriate adult safeguarding training. Safeguarding policies are in place to ensure all staff members understand either the escalation process within the organisation and the referral process in the local council adult safeguarding team. We attend and support the Wokingham Adult Safeguarding forum and the Safeguarding Adults board.

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**Business Plan 2019-20**

<b>Priority 1 - We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect</b>											
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						A strategy has been agreed, implementation will be taken over to the 20/21 Business Plan.
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	<b>Completed</b> Launched 10/7/2020
1.3 – Review and update Safeguarding Training across the partnership.	Safeguarding Training to be reviewed to ensure that it addresses SAB Priorities.	Learning & Development	December 2019	2,3,&4	X					X	Review proposals have been approved by SAB. Implementation will be taken over to the 20/21 Business Plan.
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	Draft awaiting approval from Pan Berkshire Policies and Procedures. Will be taken over to the 20/21 Business Plan.



**Business Plan 2019-20**

	Carry over											
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	December 2019	2,4	x	x	x	x	X	X	Review completed, requires endorsement from the SAB, will be taken over to the 20/21 Business Plan.	
1.6 To agree and implement a partnership wide Risk Assessment Tool.	There is a standardised approach to risk management across the partnership.  Seeking assurance, 9 months.	Task and Finish Group – LA lead	March 2020	2,3,4	x	x	x	x	X	X	<b>Completed</b> Launched 10/7/2020, effectiveness will be reviewed in April 2021.	

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**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. DA FORUMA.**



**Business Plan 2019-20**

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.  Page 253	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	<b>Completed</b> Whilst an event was not held. The SAB are working with LSCB's, CSP's to support in their priorities regarding DA. The SAB Business manager attends the Thames Valley DA co-ordinators meeting where a joint conference was planned but was put on hold as a result of the pandemic.  A joint bitesize learning event on learning from DHR's took place in 19/20, another session is due to be scheduled based on the feedback from attendees.
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	<b>Completed</b> Revised Domestic Abuse Policy and Procedure approved by Pan Berkshire Policies and Procedures





**Business Plan 2019-20**

				priorities	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		Is on the SAB and Pan Berkshire Website and will be promoted via SAB newsletter
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				Report has been completed will go to the SAB in 20/21.
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	Await recommendations paper from 3.2.  Paper to go to SAB in 20/21, carried over to 20/21 Business Plan.

<b>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.</b>						
Action	Outcome	Who	Target Date	Referenced with other	Making Safeguarding Personal Objective	RAG and Progress Update



**Business Plan 2019-20**

				priorities	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	<b>Completed</b> Questionnaire was distributed and results presented to the SAB in Jan 2020.
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								<b>Completed</b> Meeting took place on the 31/7/2019, focused board meeting on organisational safeguarding planned for January 2020.
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	<b>Completed</b> Email sent to LA DASS's and CCG SAB Lead on the, 2/7/19. Updates being received from Wokingham and Reading.
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	LA's and CCG were asked to complete a questionnaire, due to the pandemic the answers to the questionnaire will need to be revisited. Carried over to the 20/21 Business Plan.



**Business Plan 2019-20**

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	LA's and CCG were asked to complete a questionnaire, due to the pandemic the answers to the questionnaire will need to be revisited. Carried over to the 20/21 Business Plan.
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RAG Criteria	RAG Status	Scenario	Boards Responsibility
Page 257 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.

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**Business Plan September 2020 – March 2021**

**Priority 1 - We will continue to work on outstanding actions from the 2019/20 from the following priorities:**

- **Priority 1 2019-20, We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect**
- **Priority 2 2019 -20, 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.**
- **Priority 3 2019-20, We will understand the main risks to our local population in regard to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.**
- **Priority 4 2019- 20, 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	RAG and Progress Update
Page 259  To continue to implement a Service User Involvement Strategy for the SAB.	People who use services are able to influence the work of the SAB	VSC Subgroup	March 2021	The strategy was approved by the SAB in June 2019. Parts of the strategy have been implemented, but full implementation is required.  The VCS Subgroup will identify, monitor and implement, or advise on implementation and monitoring, of the priorities of the strategy.  Due to the pandemic Community Questionnaires will be put on hold to 21/22.



**Business Plan September 2020 – March 2021**

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.	Pan Berkshire Policy and Procedure Subgroup	December 2020	A best practice SAM function document has been created. Final draft currently with P&P Subgroup for approval
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	December 2020	<b>Completed</b> Report endorsed by SAB in September 2020.
The SAB are assured that there is good quality pressure care information in regards for the public.	Awareness around pressure care improves so that people are better equipped to identify risks and seek appropriate support.	Communication and Publicity Subgroup	March 2021	Identified through the review of Tissue Viability training that pressure care awareness is required.
To review targeted exploitation paper agree how the SAB will address the issues identified.	There is a clear plan on how to support those most at risk from targeted exploitation.	SAB	December 2020	<b>Completed</b> Report endorsed by SAB in September 2020.  The pandemic has increased this risk and the need for partners to be aware of people who may be targeted.  Agreed recommendations will be added to the SAB Learning from SAR/Audit Implementation Log.
Understand the risks facing provider services that relate to safeguarding and ensure that there are adequate plans in place to mitigate these risks	<ul style="list-style-type: none"> <li>Organisational safeguarding policies and procedures are correct and followed</li> <li>Contract and quality monitoring is consistent and effective across the partnership</li> </ul>	Task and Finish Group led by SAB Independent Chair	March 2021	



**Business Plan September 2020 – March 2021**

	<ul style="list-style-type: none"> <li>• Relationship with providers are establish so they have a 'voice at the Board' and feed into business planning</li> <li>• Recommendations from SARS in relation to organisational safeguarding are implemented</li> <li>• The SAB are clear on the roles of the ICP's and ICS's regarding this priority</li> </ul>			
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<b>Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.</b>				
Action Page 261	Outcome	Who	Target Date	RAG and Progress Update
Oversee the delivery of safeguarding training across the partnership to ensure that is being delivered appropriately given the current circumstances.	The SAB have a clear understanding on the level of safeguarding training that is being delivered during the pandemic.	Learning & Development	March 2021	A training review is due to take place, however due to the pandemic this review has been put on hold.
The SAB will review the findings from the ADASS/LGA Insight Project.	There is an understanding from data analysis how the pandemic impacted on safeguarding locally and how West Berkshire compares with other areas.	Business Manager will provide analysis for the SAB	December 2020	Insight report received will be summarised for SAB in December 2020.



**Business Plan September 2020 – March 2021**

<p>SAB Meeting to focus on <i>Safeguarding people at risk of multiple exclusion</i>. To agree how to address the concerns about individuals who do not meet safeguarding or care management pathways.</p>	<p>There are appropriate pathways in place to safeguard those individuals who are at risk of multiple exclusion from care management or safeguarding pathways so that risks are managed wherever possible.</p>	<p>SAB</p>	<p>December 2020</p>	<p>The SAB understand there has been an increase in inappropriate referrals, as there are limited pathways for individuals that are Homeless, Drug and Alcohol users and/or Self-Neglect.</p>
<p>SAB will monitor safeguarding processes during the pandemic with regular questions answered by statutory partners safeguarding leads.</p> <p>Page 262</p>	<p>The SAB have assurance from statutory partners that Safeguarding practices have been effective during the pandemic. So that the SAB know:</p> <ul style="list-style-type: none"> <li>• How safeguarding interventions have continued during pandemic?</li> <li>• What the challenges are to safeguarding interventions and how these have been overcome.</li> <li>• How partners are assured that safeguarding interventions have been appropriate.</li> <li>• Highlight any concerns.</li> <li>• How partners are supporting staff with their wellbeing.</li> </ul>	<p>Safeguarding Leads Subgroup</p>	<p>Ongoing</p>	<p>Each statutory partner is required to respond to the following assurance questions on a quarterly basis.</p>
<p>Understand the impact of the pandemic has had on carers and agree an approach to mitigate identified safeguarding risks.</p>	<p>The SAB are aware of the impact the pandemic has had on carers and has a plan in place to address the identified safeguarding risks.</p>	<p>VCS Subgroup</p>	<p>December 2020</p>	<p>Update report from KK on unknown carers campaign to come to SAB.</p>
<p>Seek assurance that revised hospital discharge pathways in response to the pandemic, address safeguarding appropriately.</p>	<p>Patient safety is a priority within hospital discharge, where unsafe discharges have been identified, lessons are learnt and implemented.</p>	<p>SAB</p>	<p>December 2020</p>	<p>Context behind these concerns to be sought from SB and a letter will be sent from the SAB Chair, to seek assurance.</p>



**Business Plan September 2020 – March 2021**

SAB reflect on the ethnicity inequalities highlighted by the pandemic and how this impact on Safeguarding.	Have an understanding on the disproportionate impact the pandemic has had on communities and what learning can be taken in regard to safeguarding.	P&Q Subgroup	March 2021	Bring a highlight report comparing what is known about the disproportionate impact the pandemic has had on communities and how this can inform the SAB about appropriate access to services which can be used when considering future priorities.
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**Priority 3 – The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.**

Action	Outcome	Who	Target Date	RAG and Progress Update
Page 25 Publish a SAB newsletter on a 3-monthly basis.	Communication between the SAB and agencies improved and learning in regard to safeguarding is disseminated.	SAB Business Manager	Ongoing	Topics for next newsletter have been identified.
Publish SAB Annual Report for 2019/20	SAB Annual report is published as per its statutory requirements.	SAB	January 2021	Timetable in place
Re-establish S42 Audits across the Local Authorities.	LA's are completing S42 audits and peer review audits are being completed as per the SAB Quality Assurance Framework.	Local Authorities/ Performance & Quality Subgroup	December 2020	
Complete SARS as per statutory requirements.	SARS are completed as per Care Act requirements that promotes learning.	SAR Panel	Ongoing	
Task and Finish Group to agree actions for the SAB from the recommendations for Michelle	The SAB have a clear plan to address the recommendations within the Michelle SAR.	Task and Finish Group	February 2021	<ul style="list-style-type: none"> <li>Look at RiPHA work</li> <li>Invite all LA transitions leads including W&amp;M</li> <li>Look at an external speaker to assist with T&amp;F Group</li> </ul>



**Business Plan September 2020 – March 2021**

Learning from SAR/Audit implementation Plan	All recommendations from SARS and audits are added to the Implementation plan and tracked by the SAB	All	Ongoing	A highlight report will be submitted to each SAB. The plan is split into themes, each SAB will focus on a theme from the plan.
SAB ToR to be reviewed and updated as appropriate.	Up to date ToR in place.	Business Manager/SAB	December 2020	Outstanding action from SAB pre pandemic
Dashboard in place to understand safeguarding activity across the partnership.	Dashboard presented to the SAB in a quarterly basis.	Performance & Quality Subgroup	Ongoing	Devise a highlight report for SAB, which provides quarterly data highlights on risks identified on the risk and mitigation log.
SAB Quality Assurance Framework to be reviewed and changes implemented.	The SAB has an effective quality assurance process in place that provides assurance to the SAB in regard to safeguarding across the partnership.	Business Manager/ Performance & Quality Subgroup	December 2020	Current QA process is not being implemented, need to ensure that framework is achievable and offers adequate assurance to the SAB.
Maintain and improve SAB Website	The SAB has an up to date and useful website.	Business Manager	Ongoing	
Bitesize learning sessions are conducted on a quarterly basis.	Bitesize learning sessions are focused on key themes identified through SAR Learning.	Learning and Development Subgroup	Ongoing	Timetable in place, looking at holding a virtual session on Financial Abuse in November 2020.  Hoarding training for care workers has been commissioned for October 2020
Agree and publish safeguarding escalation plan for the partnership	There is a clear escalation process that can be used if there are any blockages in the safeguarding process.	Safeguarding Leads Subgroup	December 2020	Covid escalation plan is in place will be reviewed.

RAG Criteria	RAG Status	Scenario	Boards Responsibility
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**Business Plan September 2020 – March 2021**

Progress against Business Plan	<b>Red</b>	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.
	<b>Amber</b>	The implementation plan is in place there is a risk that the deadline will not be met.	To Note
	<b>Green/Completed</b>	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.

Please note that due to the pandemic, the Business Plan has been set for a six-month period only and will focus on specific tasks based on outstanding actions from the 2019/20 Business Plan and learning from SARS, in order to allow time for the SAB to understand the impact the pandemic has on safeguarding allow for priorities to be set as appropriate.

**Future actions**

Due to the pandemic and the impact this has on capacity across the partnership the following actions have been deferred and will be considered for the 21/22 Business Plan.

Action	Outcome	Who	Target Date	RAG and Progress Update
To review the effectiveness of the Multi- Agency Risk Assessment Framework (MARM), introduced by the SAB in July 2020.	There is a standardised approach to risk management across the partnership and it is effective.	Performance and Quality Subgroup	TBC	Safeguarding Leads were asked to keep track of MARM's when implemented in July 2020.
Review and update Safeguarding Training across the partnership.	Safeguarding Training to be reviewed to ensure that it addresses SAB Priorities.	Learning & Development	TBC	Proposal has been approved by SAB, implementation is required.
Independent audit into safeguarding recording processes across Local Authorities, to	The SAB will understand why safeguarding data is inconsistent across	Performance and	TBC	Was an action set out by the SAB in the 18/19 Annual report however due to the pandemic the results from an audit would not



**Business Plan September 2020 – March 2021**

identify and resolve inconstancies.	the partnership and why local trends differ from national trends.	Quality Subgroup		be reflective of everyday practice and therefore it has been agreed that this piece of work would be undertaken after the pandemic.
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Supporting our futures *for* Reading  
Adult Social Care  
& Wellbeing



# Reading Borough Council Safeguarding Report 2019-2020





## Safeguarding Report 2019-2020

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## Reading Annual Performance Report 2019/20

The 2019-20 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

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 960 Safeguarding Concerns received in 2019/20. The number of Concerns has once again decreased considerably since last year (down 149 over the previous year).

543 s42 Enquiries were opened this year, with a conversion rate from Concern to s42 Enquiry of 57% which is higher than the national average was for 2018/19 (Approx. 39%). This 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 and is also expected to fall next year.

There were 462 individuals who had an s42 Enquiry opened during 2019/20 which is only an increase of 4 over the year and shows that whilst Concerns received were falling the number of individuals starting a s42 Enquiry has remained quite stable over the previous 2 years.

**Table 1 - Safeguarding Activity for the past 3 Years since 2017/18**

Year	Safeguarding Concerns received	Safeguarding s42 Enquiries Started	Individuals who had Safeguarding s42 Enquiry Started	Conversion rate of Concern to s42 Enquiry
2017/18	1542	542	457	35%
2018/19	1109	549	458	50%
2019/29	960	543	462	57%

**Section 2 - Source of Safeguarding Concerns**

As Figure 1 shows the largest percentage of safeguarding concerns for 2019/20 were referred from both 'Social Care staff' (32.3%) and by 'Health' staff (29.9%) with 'Family Members' also providing a larger than average proportion (12.0%). The 'Police' have also been responsible for referring 8.8% of all 42 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 Concerns by Referral Source - 2019/20**

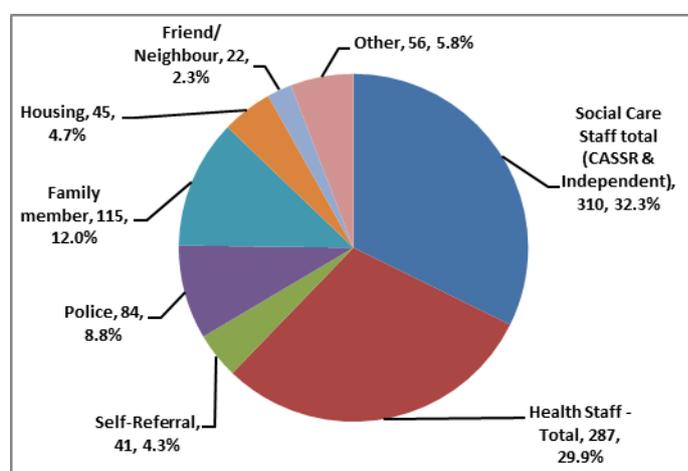


Table 2 shows the breakdown of the number of safeguarding concerns by Referral Source over the past 3 years since 2017/18.

For 'Social Care' actual numbers coming in have decreased over the year by 75 which proportionately makes this group 32.3% of the overall total (down from 34.7% in 2018/19). The biggest decrease in numbers can be found in 'Residential / Nursing staff' which has seen a drop of 3% down to 21.9% of the Social Care total. Referrals coming from 'Domiciliary Care Staff' meanwhile have risen by 2.2% up to 26.1% of the Social Care total.

The numbers of referrals coming in from 'Health Staff' have decreased from 371 to 287 since 2018/19. Proportionately it now makes up 29.9% of the overall total (down from 33.5% in 2018/19). The numbers coming from 'Secondary Health staff' have fallen by 7.7% and those coming from 'Mental Health staff' have also fallen by 5.1% of the Health Total. 'Primary / Community Health' referrals however have risen over the year by 12.7% when looking at the 'Health Staff' proportion overall.

'Other Sources of Referral' over the year have increased by 6% this year and now make up 37.8% of the overall total. As a proportion of those in this category; there

## Appendix E

has been an increase in those coming in from 'Housing' (up 4.5%) and 'Friends/Neighbours' (up 1.5%). We have also seen a decrease as a proportion of the 'Other Sources of Referral' total for those coming via 'Self-Referral' (down 2%), 'Family Members' (down 2.3%) and the 'Police' (down 2.1%).

**Table 2 - Safeguarding Concerns by Referral Source over past 2 Years since 2018/19**

	Referrals	2018/19	2019/20
Social Care Staff	<b>Social Care Staff total (CASSR &amp; Independent)</b>	<b>385</b>	<b>310</b>
	Domiciliary Staff	92	81
	Residential/ Nursing Care Staff	96	68
	Day Care Staff	22	0
	Social Worker/ Care Manager	110	84
	Self-Directed Care Staff	6	0
	Other	59	77
Health Staff	<b>Health Staff - Total</b>	<b>371</b>	<b>287</b>
	Primary/ Community Health Staff	60	83
	Secondary Health Staff	234	159
	Mental Health Staff	77	45
Other sources of referral	<b>Other Sources of Referral - Total</b>	<b>353</b>	<b>363</b>
	Self-Referral	47	41
	Family member	120	115
	Friend/ Neighbour	16	22
	Other service user	0	0
	Care Quality Commission	7	3
	Housing	28	45
	Education/ Training/ Workplace Establishment	4	3
	Police	89	84
	Other	42	50
	<b>Total</b>	<b>1109</b>	<b>960</b>

### Section 3 - Individuals with Safeguarding Enquiries

#### Age Group and Gender

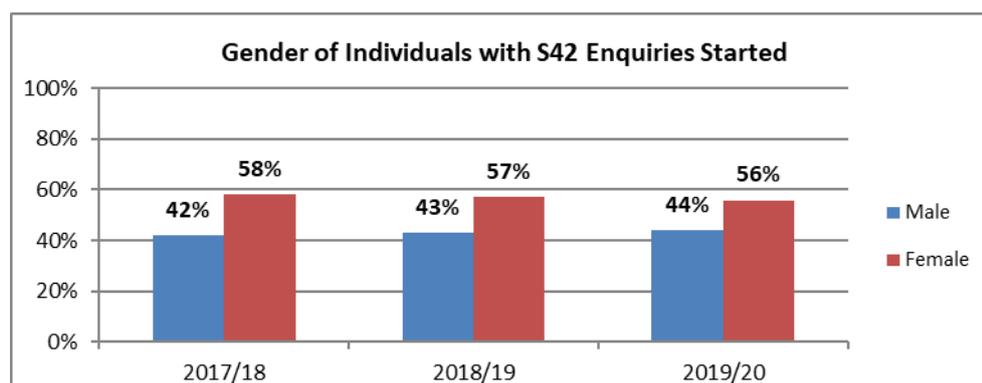
Table 3 displays the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. Most enquiries continue to relate to the 65 and over age group which accounted for 58% of enquiries in 2019/20 which is the same as last year. Between the ages of 65 and 84 the older the individual becomes the more enquiries are raised. Overall most age groups have stayed consistent over the past year.

**Table 3 - Age Group of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2017/18**

Age band	2017-18	% of total	2018-19	% of total	2019-20	% of total
18-64	192	42%	191	42%	194	42%
65-74	65	14%	66	14%	67	15%
75-84	95	21%	91	20%	99	21%
85-94	90	20%	93	20%	86	19%
95+	15	3%	17	4%	16	3%
Age unknown	0	0%	0	0%	0	0%
Grand total	457		458		462	

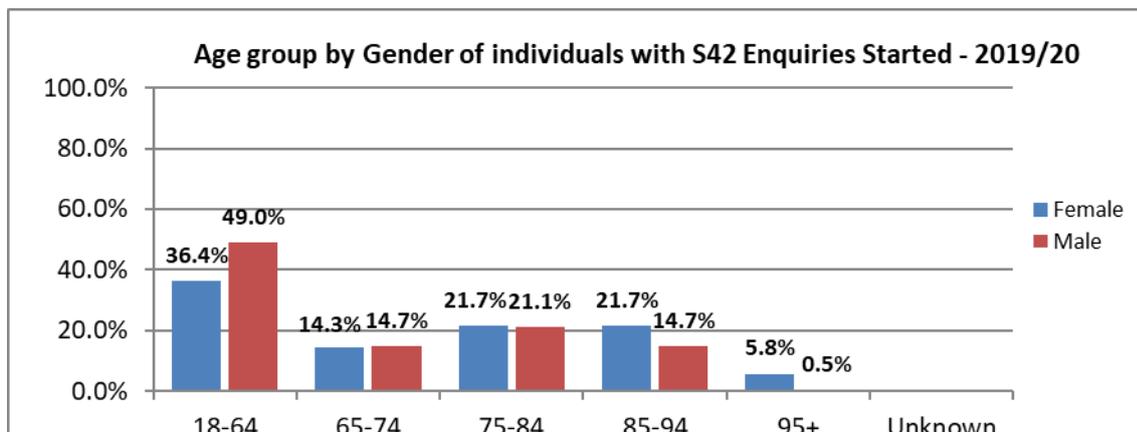
In terms of the gender breakdown there are still more Females with enquiries than Males (56% compared to 44% for 2019/20). The gap between the two has started to fall slowly over the past 3 years by 1% each time. This is shown in Figure 2 below (See Table A in Appendix A for actual data).

**Figure 2 - Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2017/18**



When looking at Age and Gender together for 2019/20 the number of Females with enquiries is larger and increases in comparison to Males in every age group over the age of 75. It is especially high comparatively in the 85-94 (Females - 21.7% and Males - 14.7%) and the 95+ age groups (Females - 5.8% and Males - 0.5%). For Males there is a larger proportion in the 18-64 group which makes up 49% of that total whereas the proportion is only 36.4% 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 - 2019/20



### Ethnicity

82.5% of individuals involved in s42 enquiries for 2019/20 were of a 'White' ethnicity with the next biggest groups being 'Black or Black British' (6.9%) and 'Asian or Asian British' (4.5%). The 'White' group has risen this year by 2.5% (82.7% in 2017/18) whereas the 'Mixed / Multiple' and 'Asian or Asian British' groups have fallen by 1.1% and 2.1% respectively. The 'Black British' and 'Other Ethnic' groups have risen slightly by 0.4% and 0.3% over the past year. This is shown in Figure 4 below.

Figure 4 - Ethnicity of Individuals involved in Started Safeguarding s42 Enquiries - 2019/20

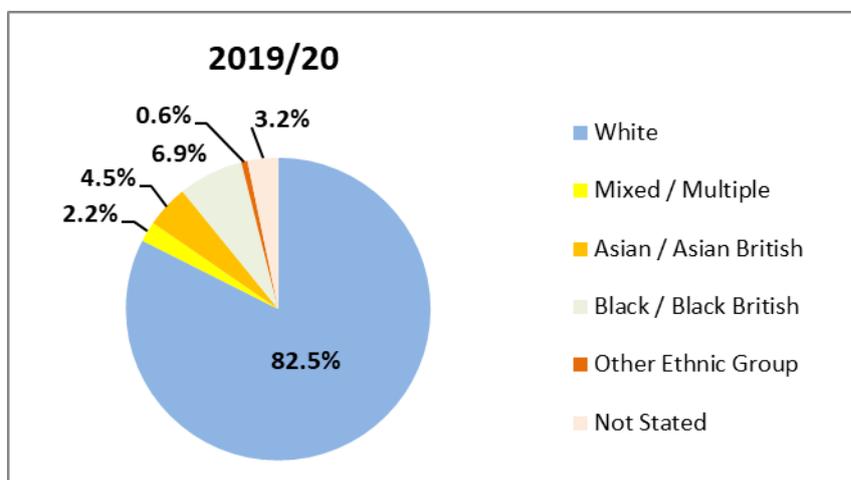


Table 4 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2019/20 compared to 2018/19. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

**Table 4 - Ethnicity of Reading Population / Safeguarding s42 Enquiries over 2 Years since 2018/19**

Ethnic group	% of whole Reading population (ONS Census 2011 data) *	% of whole England population (ONS Census 2011 data) *	% of Safeguarding s42 Enquiries 2018/19	% of Safeguarding s42 Enquiries 2019/20
White	74.5%	85.6%	82.7%	85.2%
Mixed	3.7%	2.3%	3.3%	2.2%
Asian or Asian	12.6%	7.7%	6.8%	4.7%
Black or Black	7.3%	3.4%	6.8%	7.2%
Other Ethnic group	1.9%	1.0%	0.4%	0.7%

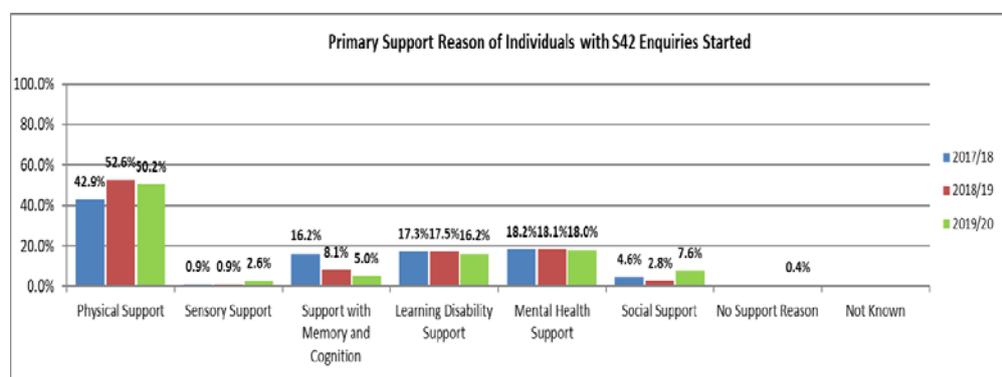
The numbers above suggest individuals with a ‘White’ ethnicity are more likely to be referred to safeguarding. Their proportions are much higher than for the whole Reading population although are now on a par with the England Population from the 2011 Census data.

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. Once again, the ‘Black or Black British’ ethnic group is more comparable to the local picture and 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 2019/20 had a PSR of ‘Physical Support’ (50.2%) which has seen a decrease in its proportion of 2.4% over the year. The ‘Support with Memory and Cognition’ one has fallen again this year (from 8.1% in 2018/19 to 5.0% in 2019/20). Both ‘Sensory Support’ (up 1.7%) and ‘Social Support’ clients (up 4.8%) have seen increases for the first time (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

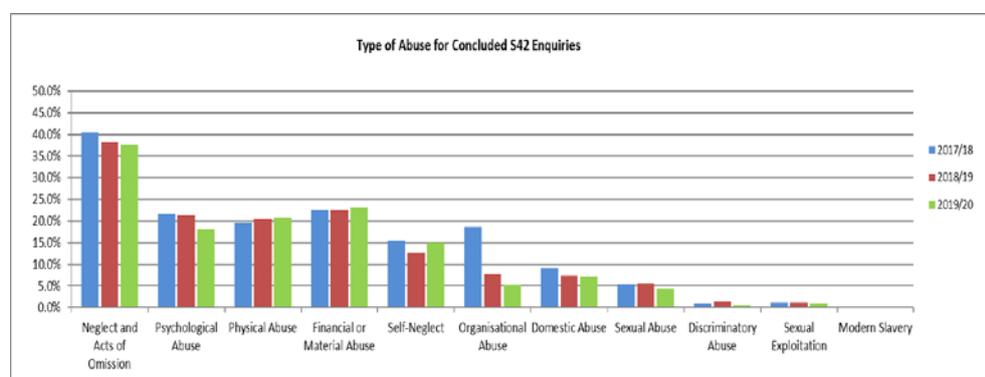
Table 5 and Figure 6 show concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types (\*) were added in the 2015/16 return.

The most common types of abuse for 2019/20 were for 'Neglect and Acts of Omission' (37.6%), 'Financial or Material Abuse' (23.1%) and 'Physical Abuse' (20.9%). The main types of abuse that saw a decrease since last year are for 'Psychological Abuse' (down 3.2%) and 'Organisational Abuse' (down 2.6%). 'Self-Neglect' was one of the newer abuse types added in 2015/16 and has seen a rise this year (up 2.2% to 14.9% of all concluded enquiries).

**Table 5 - Concluded Safeguarding s42 Enquiries by Type of Abuse over past 3 Years since 2017/18**

Concluded enquiries	2017/18	%	2018/19	%	2019/20	%
Neglect and Acts of Omission	233	40.5%	236	38.3%	202	37.6%
Psychological Abuse	125	21.7%	131	21.3%	97	18.1%
Physical Abuse	113	19.6%	126	20.5%	112	20.9%
Financial or Material Abuse	130	22.6%	139	22.6%	124	23.1%
Self-Neglect *	89	15.5%	78	12.7%	80	14.9%
Organisational Abuse	107	18.6%	48	7.8%	28	5.2%
Domestic Abuse *	52	9.0%	46	7.5%	39	7.3%
Sexual Abuse	31	5.4%	34	5.5%	24	4.5%
Discriminatory Abuse	6	1.0%	9	1.5%	3	0.6%
Sexual Exploitation *	7	1.2%	7	1.1%	6	1.1%
Modern Slavery *	1	0.2%	0	0%	1	0.2%

**Figure 6 - Type of Alleged Abuse over past 3 Years since 2017/18**



### Location of Alleged Abuse

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

## Appendix E

Still by far the most common location where the alleged abuse took place for Reading clients has been the individuals 'Own Home' (67.6% in 2019/20) which has seen a 2.7% increase proportionately compared to last year. Those in 'Care Homes' have seen a fall by 2.7% overall (2.1% of which has been in the 'Care Home - Nursing' location). Those in a 'Hospital' location have also fallen 1.3% over the year although there was a small rise in the 'Mental Health Hospital' location (up 0.8%).

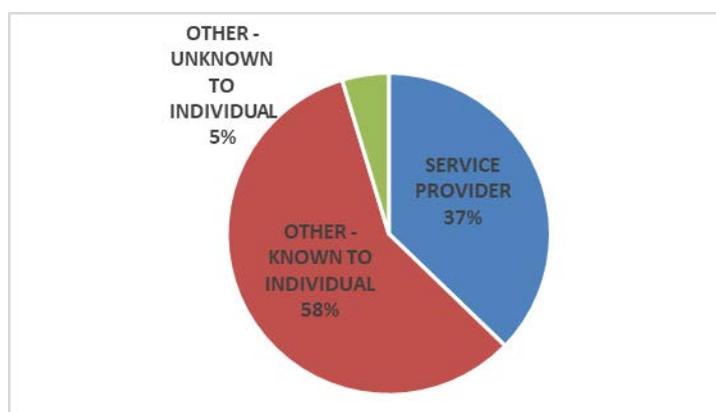
**Table 6 - Concluded S42 Enquiries by Abuse Location Type over past 2 Years since 2018/19**

Location of abuse	2018-19	% of total	2019-20	% of total
Care Home - Nursing	42	6.8%	25	4.7%
Care Home - Residential	52	8.4%	42	7.8%
Own Home	400	64.9%	363	67.6%
Hospital - Acute	36	5.8%	21	3.9%
Hospital - Mental Health	16	2.6%	18	3.4%
Hospital - Community	4	0.6%	2	0.4%
In a Community Service	4	0.6%	12	2.2%
In Community (exc Comm Svs)	43	7.0%	40	7.4%
Other	19	3.1%	14	2.6%

### Source of Risk

58% of concluded enquiries (up 2.6% on 2018/19) involved a source of risk 'Known to the Individual' whereas those that were 'Unknown to the Individual' only make up 5.0% (down 1.5% on 2018/19). 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 37% of the total (down 1.1% on 2018/19). This is shown below in Figure 7.

**Figure 7 - Concluded Enquiries by Source of Risk 2019/20**



**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.

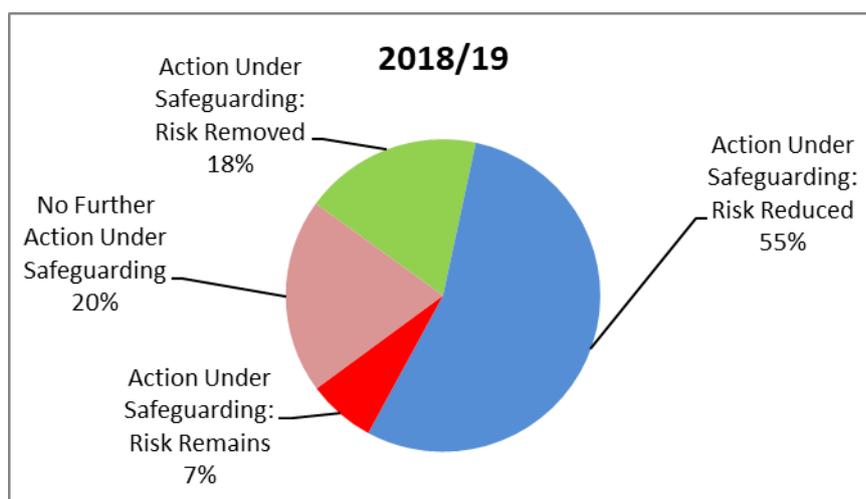
In 2018/19 the data has changed significantly again due to the outcomes of concluded enquiries being looked at closely for the current year. As a result, those with 'No Further Action' have reduced for the second year running to 14% of all concluded enquiries (was 20% of the total in 2018/19).

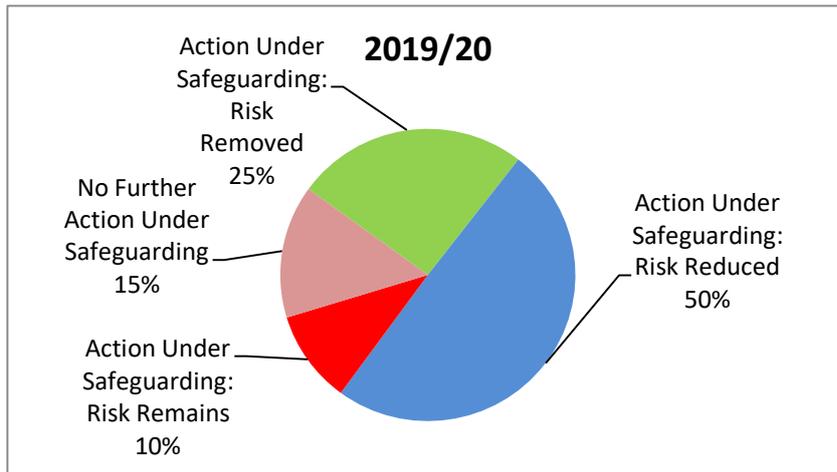
The risk was 'Reduced' or 'Removed' in 73% of concluded enquiries in 2018/19 whereas this has increased to 76% of the total in 2019/20. Of those there was an 8% rise in those where a 'Risk Removed' outcome was recorded.

**Table 7 - Concluded Enquiries by Action Taken and Result over past 3 Years since 2017/18**

Result	2017-18	% of total	2018-19	% of total	2019-20	% of total
Action Under Safeguarding: Risk Removed	45	8%	113	18%	137	26%
Action Under Safeguarding: Risk Reduced	173	30%	336	55%	266	50%
Action Under Safeguarding: Risk Remains	43	7%	43	7%	55	10%
No Further Action Under Safeguarding	315	55%	124	20%	79	14%
<b>Total Concluded Enquiries</b>	<b>576</b>	<b>100%</b>	<b>616</b>	<b>100%</b>	<b>537</b>	<b>100%</b>

**Figure 8 - Concluded Enquiries by Result, 2018/19 and 2019/20**



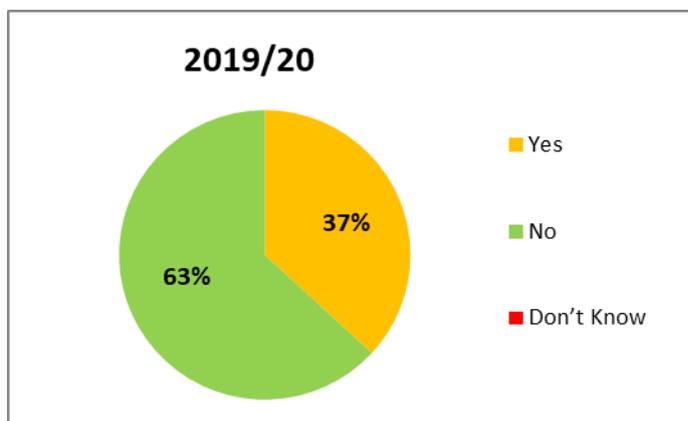
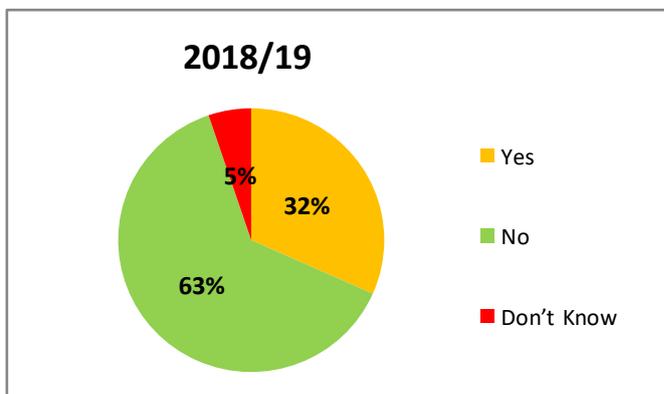


**Section 5 - Mental Capacity**

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2018/19 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 5% increase since 2018/19. These figures are in some part due to the reduction in those concluded enquiries where the Mental Capacity was not fully identified. In 2018/19 approximately 5% of cases still had an unknown level of Mental Capacity whereas by 2019/20 this figure had fallen to 0%.

**Figure 9 - Concluded S42 Enquiries by Mental Capacity over past 2 Years since 2018/19**



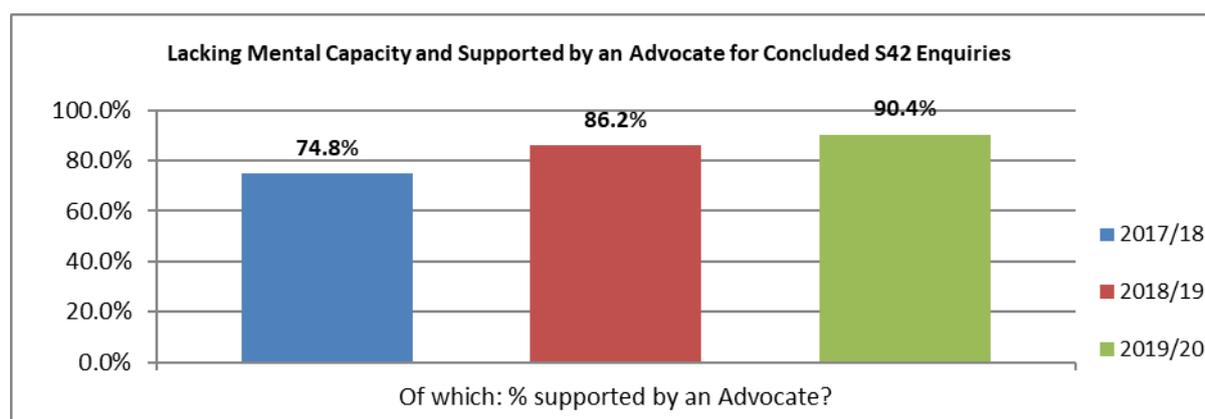
## Appendix E

Of those 198 concluded enquiries where the person involved was identified as lacking capacity during 2019/20 a larger proportion (90.4%) are being supported by an advocate, family or friend than in the previous years (up 4.2% for the current year and up 15.6% in total since 2017/18). 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 2017/18**

Lacking Capacity to make Decisions?	2017-18	2018-19	2019-20
Yes	147	195	198
<i>Of which: how many supported by an Advocate?</i>	110	168	179
<i>Of which: % supported by an Advocate?</i>	74.8%	86.2%	90.4%

**Figure 10 - Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2017/18**



## 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.

As at year end, 86% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 10% of those did not express an opinion on what they wanted their outcome to be (in 2018/19 this figure was 84% of which 9% 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 2017/18**

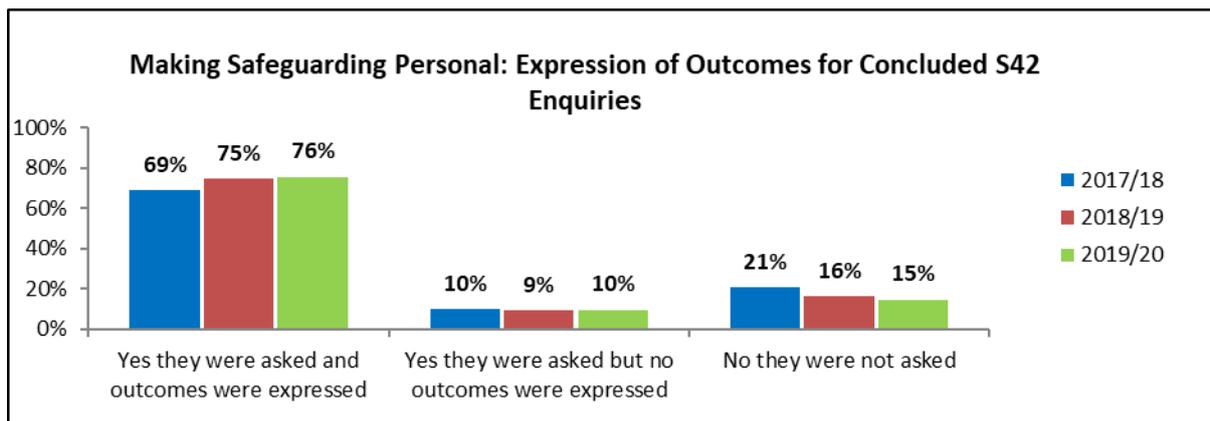
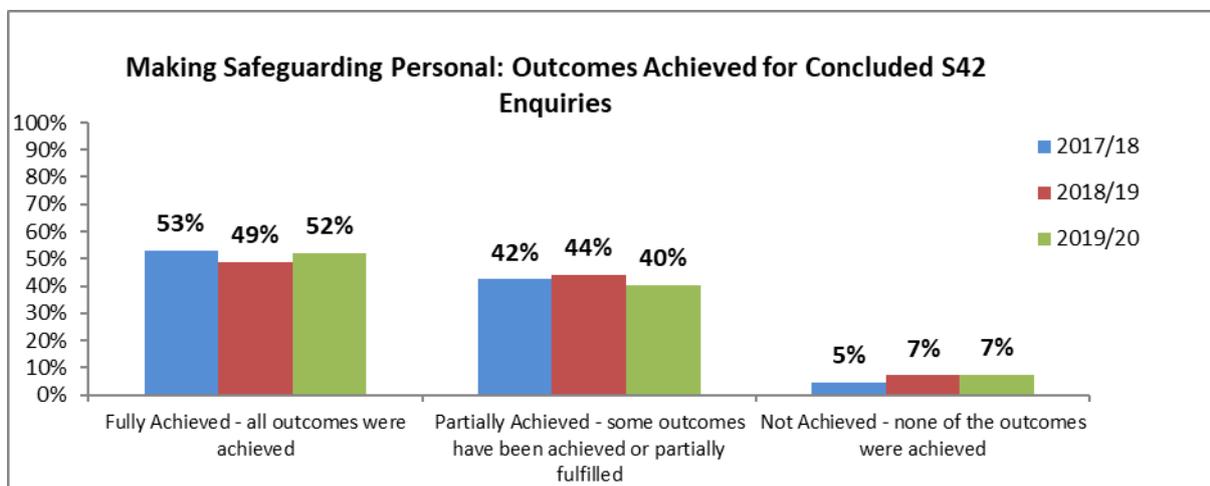


Figure 12 - Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2017/18



Of those who were asked and expressed a desired outcome, there has been an increase of 3% (from 49% in 2018/19 to 52% in 2019/20) for those who were able to achieve those outcomes fully, as a result of intervention by safeguarding workers.

However, a further 40% in 2019/20 (down 4% since 2018/19) managed to partially achieve their stated outcomes meaning 7% did not achieve their outcomes during the previous year which was on a par with the figure in 2018/19. This is shown above in Figure 12.

**Appendix A****Table A - Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2017/18**

Gender	2017-18	% of total	2018-19	% of total	2019-20	% of total
Male	192	42%	196	43%	204	44%
Female	265	58%	262	57%	258	56%
Total	457	100%	458	100%	462	100%

**Table B - Age Group and Gender of Individuals with Safeguarding s42 Enquiries - 2019/20**

Age group	Female	Female %	Male	Male %
18-64	94	36.4%	100	49.0%
65-74	37	14.3%	30	14.7%
75-84	56	21.7%	43	21.1%
85-94	56	21.7%	30	14.7%
95+	15	5.8%	1	0.5%
Unknown	0	0.0%	0	0.0%
Total	258	100.0%	204	100.0%
	56%		44%	

**Table C - Primary Support Reason for Individuals with a Safeguarding s42 Enquiry over past 3 Years since 2017/18**

Primary support reason	2017/18	% of total	2018/19	% of total	2019/20	% of total
Physical Support	196	42.9%	241	52.6%	232	50.2%
Sensory Support	4	0.9%	4	0.9%	12	2.6%
Support with Memory and Cognition	74	16.2%	37	8.1%	23	5.0%
Learning Disability Support	79	17.3%	80	17.5%	75	16.2%
Mental Health Support	83	18.2%	83	18.1%	83	18.0%
Social Support	21	4.6%	13	2.8%	35	7.6%
No Support Reason	0	0%	0	0%	2	0.4%
Total	457	100%	458	100%	462	100%



## Achievements by Reading Borough Council 2019-20

### **Operational Teams**

The Adult Safeguarding Team continue to undertake the screening process for all the safeguarding concerns for Reading Borough Council and the Locality Teams undertake most of the section 42 enquiries.

Organisational abuse safeguarding concerns has been a pressure on the service over the past twelve months. This has put a great deal of pressure on not only the Adult Safeguarding Team but also the locality teams who have assisted in the process to ensure that service users who receive services from these providers are safe. We have worked closely with the CQC and our partner local authorities to undertake relevant S42 enquiries and adhere to the Quality Assurance Provider framework process.

### **Safeguarding Adult Reviews**

Reading Borough Council actively participated and engaged in Safeguarding Adult Reviews (SARs) commissioned by the Safeguarding Adult Board. We have participated in bite-size learning events agreed via the Learning and Development subgroup and various internal workshops were held to disseminate learning from SARs.

Adult Social Care reviewed safeguarding training plans to ensure mandatory training encompassed priorities of the SAB and was responsive to emerging findings from SARs.

### **Multi Agency Panels**

A consistent named professional from the Adult Safeguarding Team was provided for the Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) to support interagency networking and interfaces.

A consistent named Senior Manager has attended the Channel panel to represent Adult Social care and advise on safeguarding matters.

### Service Improvements Serious Concerns Framework

In April 2019 the Serious Concerns (SC) and Standards of Care (SOC) provider framework was implemented in Reading Borough Council by the Commissioning Service.

#### Serious concerns process

The serious concerns process exists to manage serious concerns within the provider organisation. These are severe concerns with high levels of risk. The process supplements but does not replace investigations such as those relating to safeguarding, fraud and health and safety. The Quality Officers in conjunction with the Safeguarding Manager will analyse the evidence and, where the information identifies high levels of risk linked to the level of concern matrix those providers will enter a Serious Concerns framework. This process will remain in force until providers have demonstrated and evidenced the necessary changes to ensure that their residents are safe from harm. There will be occasions when providers move into a Standards of Care framework until all the identified quality assurance work has been completed to a satisfactory standard.

The Serious Concerns and Standards of Care process is supported by best practice guidance and legislation. It also considers providers' infrastructure, policies and procedures to ensure that these are in place to support the delivery of good quality services. The Quality Officers, where possible, will be aware of national standards and requirements such as Care Quality Commission (CQC) regulations and National Institute of Health and Care Excellence (NICE) guidance. This information will feed into the quality monitoring work undertaken with providers.

If the organisation is placed in a Serious Concerns framework, they are to participate in regular meetings with Reading Borough Council and all stakeholders are involved. These meetings are to track the progress of the providers against an improvement action plan. A red flag is placed against a provider that will prevent admissions to the service.

#### Triggers for a Serious concerns Process

- A disproportionate number of Safeguarding concerns
- Multiple safeguarding concerns
- A CQC inspection report of 'Inadequate'
- A report of serious crime
- Multiple whistle blowing reports
- Injury or unexplainable death
- Multiple Complaints

#### Standards of Care

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The SOC process sits beneath the Serious Concerns process and exists to monitor less severe concerns within the organisation. These are medium/ to low risk. If the organisation is placed in a SOC framework they are to participate in regular meetings with Reading Borough Council and all stakeholders involved. These meetings are to track the progress of the providers against an improvement action plan.

### Triggers for a Standard of Care Process

- CQC Inspection report
- Repeated poor practice
- Multiple medication errors
- Multiple whistle blowers
- Complaints about the provider
- A Safeguarding Strategy meeting which identifies several issues
- Several Safeguarding concern

### Conversation Counts Model

The Conversation Counts Model that was implemented in 2018 has been continually evaluated and strengthened as a result of the initial feedback from service users, staff and external professionals. In March 2019 phase two of the model was introduced and the focus of the work involves working with people whose circumstances mean they are in crisis and who may be at risk. Staff aim to understand what is causing the crisis, what needs to change urgently and then work with the person to make those changes happen and create stability in their life. The final phase of the Conversation Counts Model is to support people to “look at what good looks like”, what resources, support, connections a person needs to live the life they choose to live. This has created a greater emphasis on the broader safeguarding agenda and has enabled staff working alongside people to help them look at how they keep themselves safe.

### Direct Payments

A key priority for the Council in 2019 was to increase the use of Direct Payments (DPs) as an alternative to traditional models of care and for DPs to be offered to service users for purchasing support packages. An area of concern had been supporting service users to make the right choices in respect of employing carers, the potential for an increase in safeguarding concerns and the general well-being and safety of the service user undertaking this process.

Therefore, from April 2019 to March 2020 a Direct Payments Development Officer was recruited to support the project. Guidance for service users and staff was updated and the number of DP users in Reading has increased. This has been successful and there has not been an increase in safeguarding concerns and offers

## Appendix E

assurances to those managing their own DP that they are not exposing themselves to risk or harm.

### Personal Assistants

A further project was implemented to develop Reading's Personal Assistant (PA) market which would address the safeguarding agenda in general. One way of receiving DPs is via a PA who works directly with one or more service users, to support them with various aspects of their daily life. This could be in their own home, in the community, at leisure or at work. PAs are usually employed directly by a person who needs care and support and who manages and pays for this through their Personal Budget or with their own money. The individual employing a PA can choose exactly how they are supported to ensure their needs are met.

Employing PAs supports our aims for service users to:

- receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- get the information and advice they need to make good decisions about care and support.
- have a range of provision of high quality, appropriate services to choose from.

The future is for a sustainable, diverse and robust PA Market in Reading that will:

- deliver quality care through trained PAs and raising service users' awareness of safeguarding and standards.
- increase choice and control for individuals over the care and support they receive.

### Technology Enabled Care (TEC)

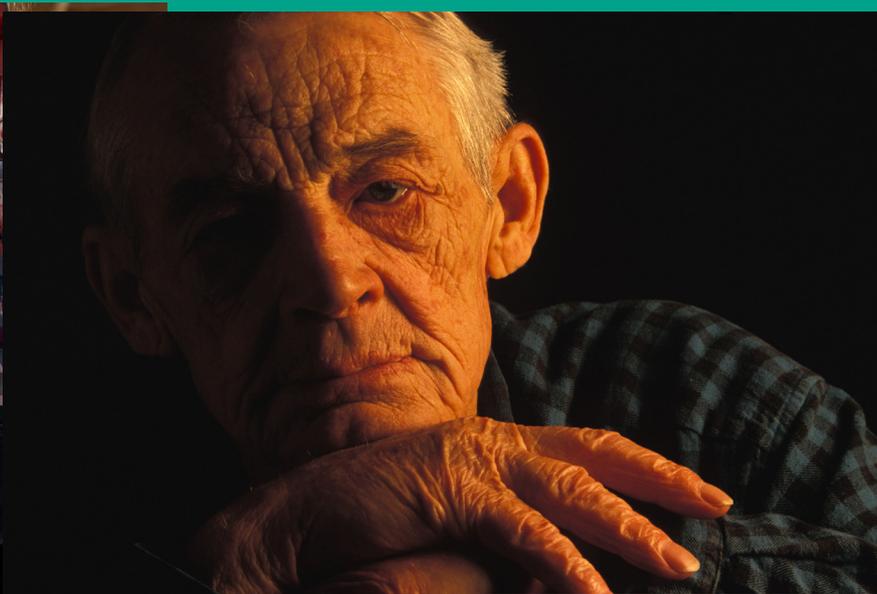
In 2018 a project was initiated to understand how Technology Enabled Care (TEC) can promote wellbeing, support prevention, maximise independence and self-care, enhance quality of life and reduce the need for a safeguarding intervention. In May 2019 the Reading Borough TEC Lead presented the findings of a six-month review of the provision of TEC in Reading. A range of activities were used to develop an understanding of the current and future potential for increasing the adoption and uptake of TEC. Improvements to our TEC service have been underway since then and we recently launched our end-to-end Turnkey TEC service. A new TEC Lead has been recruited and we will be monitoring service users' outcomes over the coming months to identify how TEC has impacted on their lives.

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# Safeguarding Adults

## Annual Report

### 2019 / 20



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## Executive Summary

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care.

2019/20 has been another busy year for the Safeguarding Adult Service in West Berkshire Council. Delivery of the safeguarding function is shared between the operational social care teams, often referred to as Locality Teams, who complete the majority of investigations into allegations of abuse, a small safeguarding team that provide a triage and scrutiny function, signing off all investigations and leading on investigations into organisational abuse and out of county placements. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

The Service has had some significant personnel changes the latter part of 2019/20 including the transfer of the service manager to another management position within Adult Social Care and the resignation of the DoLS Officer. Other team members took on 'acting up' positions and recruitment for those vacant posts have now been successful.

During March 2020 the UK was subject to a number of restrictions due to the Covid-19 pandemic. This pandemic changed the way in which the safeguarding team were working and how we could interact with service users and providers. The wider social care team worked hard to ensure that those most vulnerable and at risk still received a safeguarding response and those who were likely to be at increased risk due to the restrictions could access support. The impact of the COVID pandemic will be further understood and seen to a greater degree in 2020/21.

During 2019/20 work progressed to review our safeguarding processes to ensure our recording is efficient and best suits the needs of the service user and teams. New recording forms were developed and launched at the beginning of April 2020. To support the implementation, staff consultation workshops and meetings were held during the 2019/20 reporting period. The feedback from those sessions was very positive. The new forms and potential impacts are referenced in the "The Future" section of this report.

Organisational Safeguarding has remained a pressure on the service over the past twelve months. The conclusion of an organisational investigation at a large care home has increased the numbers of concluded enquires for 2019/20. It should be noted that West Berkshire Council, when a large care provider presents with organisational concerns, opens a safeguarding enquiry for each individual potentially affected. This aligns with guidance for recording and reporting received from the Department of Health and Social Care (DHSC). The service also had one Berkshire wide provider who had been under a police investigation and serious provider concerns framework which West Berkshire Safeguarding Service led on because the head office for the provider is in our area.

## Introduction

Safeguarding is a statutory responsibility for all Local Authorities and as such is a strategic priority for West Berkshire Council and core activity for Adult Social Care.

This annual report evidences the key measures and trends used to monitor activity for Safeguarding Adults in West Berkshire to ensure risks are being identified and managed appropriately. Utilising the set of indicators and statutory reporting requirements for 2019/20, analysis of performance has developed comprehensively across the year to produce this report.

This report also focuses on the activities of the safeguarding network in West Berkshire during the reporting year.

## Networks

The Care Act 2014 required all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction of safeguarding, provide governance and quality assurance to the process. This includes the commissioning of Safeguarding Adults Reviews when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect.

West Berkshire Council is a member of the West of Berkshire Safeguarding Adults Board; a Tri-Authority Board in partnership with Reading Borough Council and Wokingham Borough Council alongside other key stakeholders including, but not exclusively, Thames Valley Police, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the local Clinical Commissioning Group. The SAB has produced its own annual report which can be viewed on its website [www.sabberkshirewest.co.uk](http://www.sabberkshirewest.co.uk)

The SAB Business Strategy 2018-21 was updated in June 2019 and has now identified the following priorities:

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

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.

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.

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.

The 2019-20 Business Plan is published on the SAB website:  
<http://www.sabberkshirewest.co.uk/board-members/priorities-plans-and-reports/>

The Safeguarding Adults Board are developing the [business plan for 2020-21](#), which will detail the way in which partner agencies will contribute to delivering agreed priorities, this will be published on SAB website.

## Volumes and Performance

### *Safeguarding activity*

#### Concerns and S42 Enquiries

For 2019/20:

- 925 concerns were opened.

Whilst this is a significant increase (30%) in the number of concerns opened compared to 2018/19, the increase is attributed to a change in the way data is captured.

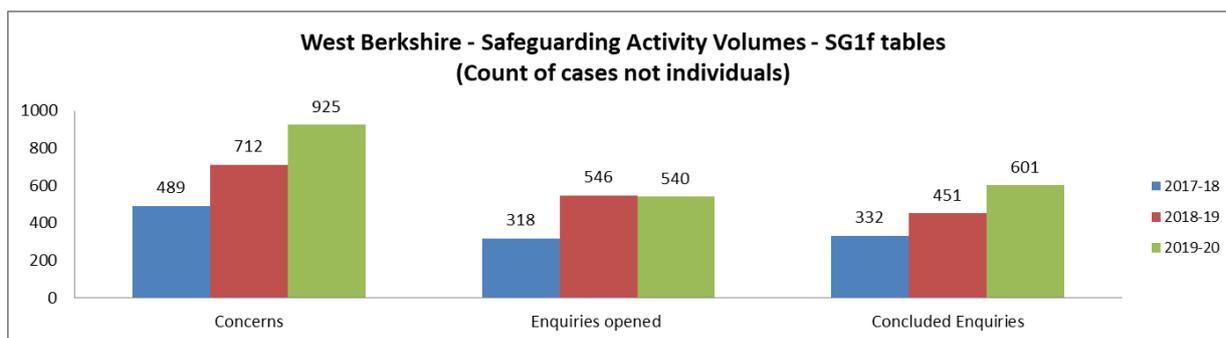
During 2019/20 West Berkshire reviewed the recording of safeguarding to improve processes and recording. Historically, some concern documents that ended at a 'triage' stage were not reported statutorily as they did not meet the threshold for safeguarding. However, as part of our review, we consider these should be included in the volumes we report on a statutory basis: for all of these concerns, there is some question as to whether thresholds are met (which is why the concern document is opened), so arguably should be included with the outcome of "S42 not required".

- 540 S42 enquiries opened, 1% decrease compared with 2018/19.

It should be noted that in addition to concerns reported statutorily the safeguarding team receive additional notifications where there is immediate clarity that safeguarding thresholds are not met (often social welfare concerns from providers). These notifications are referred on to the relevant Adult Social Care or Mental Health teams to review and take any appropriate action, but are not reported statutorily.

**Table 1 – Safeguarding activity for the reporting period 2017/18 – 2019/20**

	Concerns	Enquiries opened	Concluded Enquiries	Concern to Enquiry Rate
2017-18	489	318	332	65%
2018-19	712	546	451	77%
2019 -20	925	540	601	58%



Source – Safeguarding Adults Collection (SAC) statutory return SG1f tables relating to count of cases

The Care Act 2014 (**Section 42**) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry into a concern should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. These are known as, and reported as, S42 Enquiries.

We continue to receive a higher level of provider safeguarding concerns which has led to a continued increase in S42 Enquiries. West Berkshire Safeguarding Team and Care Quality are working with providers across the locality to drive up quality. It is also evidenced that more concerns are being received by providers which are appropriate for safeguarding. This is in part due to the amount of work that has been undertaken with providers across the locality to raise awareness of safeguarding.

We monitor the % of concerns that subsequently require a S42 enquiry. This is known as a conversion. During 2019/20 540 S42 enquiries were opened, dropping the conversion rate from concern to S42 enquiry to 58%. This drop is as a result of increased concerns being reported and is more in line with the national average at 40%.

Concluded Enquiries increased by 33%, this increase is primarily due to a number of organisational enquiries (one care home and a domiciliary provider) that were concluded this year.

## ***Individuals with safeguarding enquiries***

### **Age group and gender**

Tables 2 and 3 display the breakdown by age group and gender for individuals who had a S42 safeguarding enquiry opened in the last three years. Please note this data relates to **individuals** only and not repeat enquiries. Therefore these totals will differ from the total number of s42 enquiries opened.

- The majority of enquiries continue to relate to older people - the 65 and over age group accounted for 63% of enquiries in 2019/20

- There has been a drop in the proportion of 85+ opened - this has been impacted by the organisational investigation at a specific nursing home last year which resulted in a higher number of 85+ cases opened in 2018/19.
- In line with the national average a greater proportion of safeguarding concerns are received for females. (60%)

**Table 2 – Age group of individuals with safeguarding enquiries opened, 2017/18– 2019/20**

Table SG1a Opened s42 Enquiries	Number of individuals by age				
Classification	18-64	65-74	75-84	85+	Total
2017/18 Total	109	41	66	84	300
2018/19 Total	138	57	115	186	496
2019/20 Total	163	57	94	128	442

**Table 3 – Gender of individuals with safeguarding enquiries opened, 2017/18– 2019/20**

Table SG1b Opened S42 Enquiries	Number of Individuals by gender		
Classification	Male	Female	Total
2017/18	133	167	300
2018/19	167	329	496
2019/20	178	264	442

## Primary support reason

Table 4 shows a breakdown of individuals who had a safeguarding enquiry opened by Primary Support Reason (PSR).

**Table 4 – Primary support reason for individuals with a safeguarding enquiry opened (SG1c)**

Table SG1d Opened S42 Enquiries	Number of Individuals by PSR - Note individuals can have more than one PSR							
Classification	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason	Not Known
2017/18	32%	1%	25%	20%	8%	3%	12%	5%
2018/19	43%	1%	11%	9%	3%	1%	32%	0%
2019/20	36%	1%	11%	11%	3%	1%	37%	0%

2019/20 - S42 enquiries opened for 'No support reason' continue to be relatively high. NHS Digital 'Guidance for completing the Safeguarding Adults Collection (SAC) 2019-20' confirms, "We would expect PSR to be determined through a social care assessment or review and then recorded on the local system. We do not expect local authorities to assess PSRs as part of the safeguarding process and therefore would expect PSR data to be taken from existing information on the local care management system."

Where an individual was not receiving, nor did they need, any social services support at the time of the safeguarding incident, the PSR will remain unknown. There appears to be a high number of S42 cases that have no support reason as the PSR, indicating a number of safeguarding enquiries opened for individuals not provided support by West Berkshire Council.

High WBC figure of No support reason, means that other PSR reasons have dropped.

### **Case details for concluded enquiries**

#### **Type of alleged abuse**

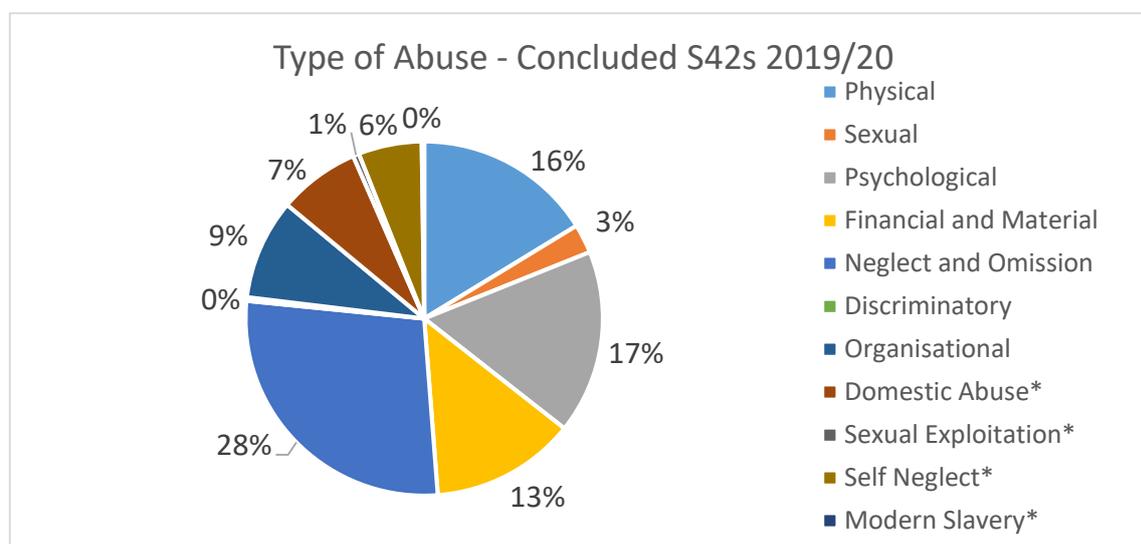
Table 5 shows concluded enquiries by type of alleged abuse in the last three years.

The most common types of abuse for 2019/20 remains neglect and acts of omission at 28%. Organisational abuse remains relatively high at 9% due to an organisational investigation at a large residential/nursing home concluding this year.

**Table 5 – Concluded enquiries by type of abuse**

Type of Abuse	2017/18		2018/19		2019/20	
	Count	Percentage	Count	Percentage	Count	Percentage
Physical	92	19%	122	18%	147	16%
Sexual	15	3%	15	2%	24	3%
Psychological	82	16%	131	20%	152	17%
Financial and Material	108	22%	93	14%	119	13%
Neglect and Omission	120	24%	154	23%	252	28%
Discriminatory	3	1%	2	0%	3	0%
Organisational	14	3%	66	10%	83	9%
Domestic Abuse*	32	6%	37	6%	67	7%
Sexual Exploitation*	5	0%	1	0%	5	1%
Self Neglect*	26	5%	39	6%	52	6%
Modern Slavery*	0	0%	2	0%	2	0%

#### **Type of abuse 2019-20 by concluded enquiries**



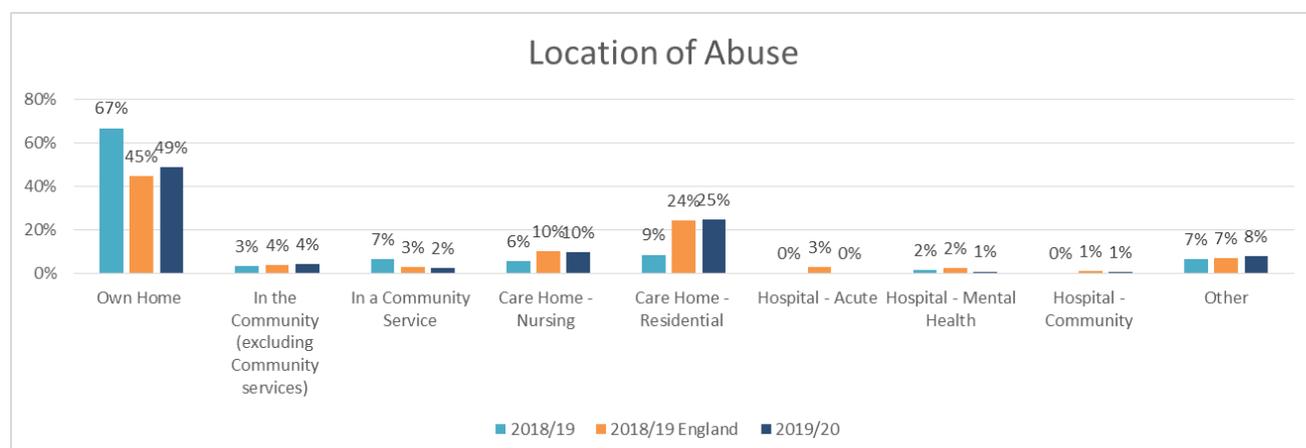
## Location of alleged abuse

As with previous years, the most common locations where the alleged abuse took place were a person's own home at 49%. This is a decrease from last year but may be due to the conclusion of an organisational abuse investigation in a large care home which would have impacted on proportions. However, this brings us more aligned to the national average – see below.

**Table 6 – Location of abuse by concluded enquiries**

Location of Abuse	2017/18	2018/19	2018/19 England	2019/20
Own Home	57%	67%	45%	49%
In the Community (excluding Community services)	6%	3%	4%	4%
In a Community Service	5%	7%	3%	2%
Care Home - Nursing	9%	6%	10%	10%
Care Home - Residential	10%	9%	24%	25%
Hospital - Acute	1%	0%	3%	0%
Hospital - Mental Health	1%	2%	2%	1%
Hospital - Community	1%	0%	1%	1%
Other	10%	7%	7%	8%

### Location of abuse 2019-20 by concluded enquiries



incidents.

## Source of risk

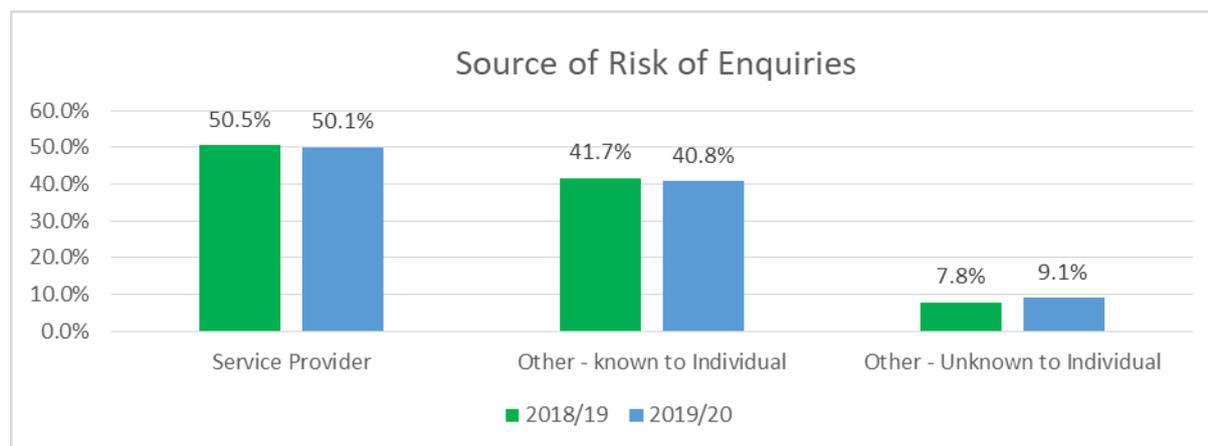
The graph below relates to the source of risk for concluded enquiries.

The majority of concluded Safeguarding enquiries involved a source of risk known to the individual, only 9% were 'unknown'.

In 50% of cases the source of risk was a service provider. The service provider support category refers to any individual or organisation paid, contracted or commissioned to provide social care. This above the England average of 31%.

In West Berkshire we have a high proportion of safeguarding referrals that are self-reported by the providers. This links into a wider intelligence matrix for the providers across our area and is directly linked to the training and working with providers around transparency and accountability. The higher than England average can also be attributed as above to the organisational safeguarding enquiries during this timeframe.

### Concluded enquiries by source of risk



### Risk Assessment Outcomes, Action taken and result

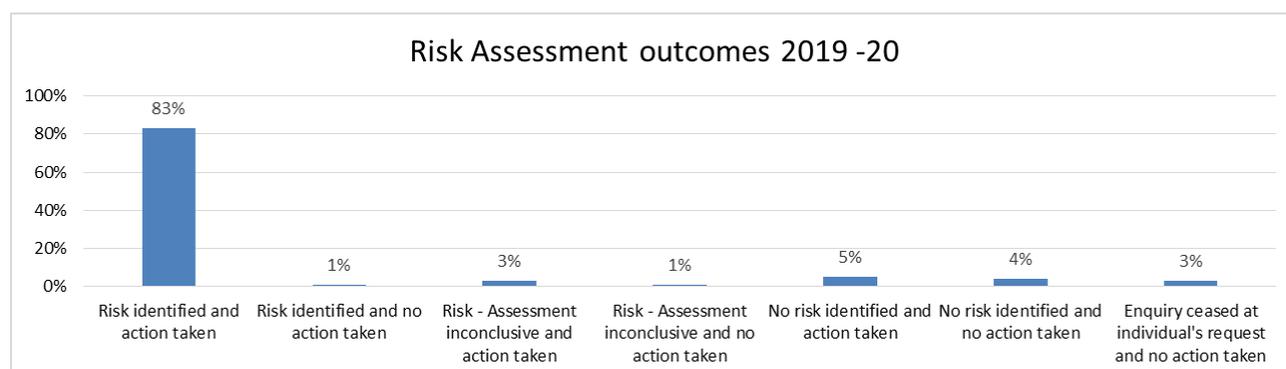
Management of risk data is drawn from the 601 concluded enquiries.

Positively, where a risk was identified, action was taken in the majority of cases (83%), this is higher than the England average 2018/19 at 69%.

Risk identified but no action taken accounts for just 3% of cases; there are times where an individual can refuse support / intervention and have the capacity to make such decisions.

For the remaining cases, the risk assessment was inconclusive, there was no risk identified or the enquiry ceased at the individuals request.

### Concluded enquiries by risk outcomes

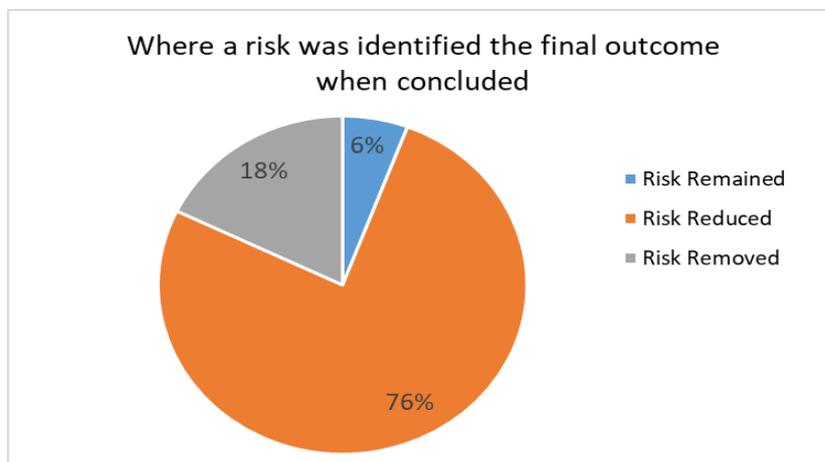


## Outcome of concluded case where a risk was identified

The graph below shows the final outcome where a risk was identified. (Relates to 506 concluded enquiries)

Positively, risk was removed for 18% of cases and reduced for a further 76% of cases. Risk remains for only 6% of cases. It is acknowledged that there are some situations where an adult makes decisions that we don't necessarily agree with, but where they have capacity to make such decisions this needs to be respected. This is comparable with previous years.

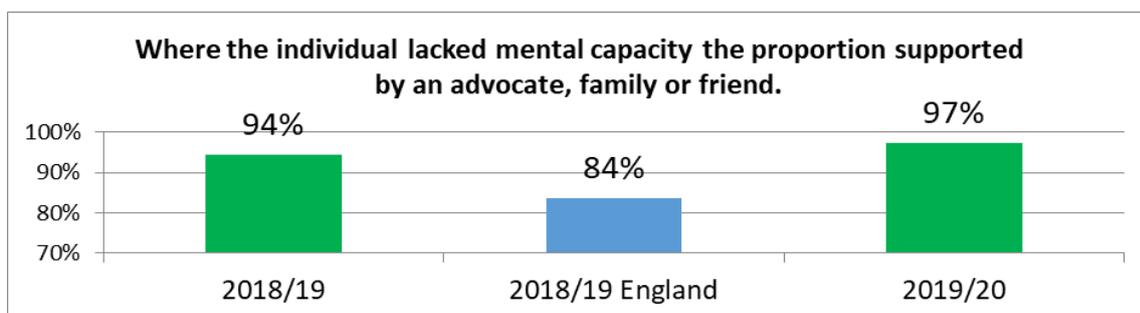
### Concluded enquiries by result, 2019/20



## Mental Capacity and Advocacy

In order to achieve good outcomes for individuals subject to a S42 enquiry, it is important to hear their voice. There is a statutory requirement to ensure all adults subject to a S42 safeguarding enquiry who lack capacity are provided support by an independent advocate or appropriate other (family or friend)

In 2019/20, where the individual lacked mental capacity, **97%** were supported by an advocate, family or friend. It should be noted the national average for providing advocates in England, recorded for 2018/19, was 84%.



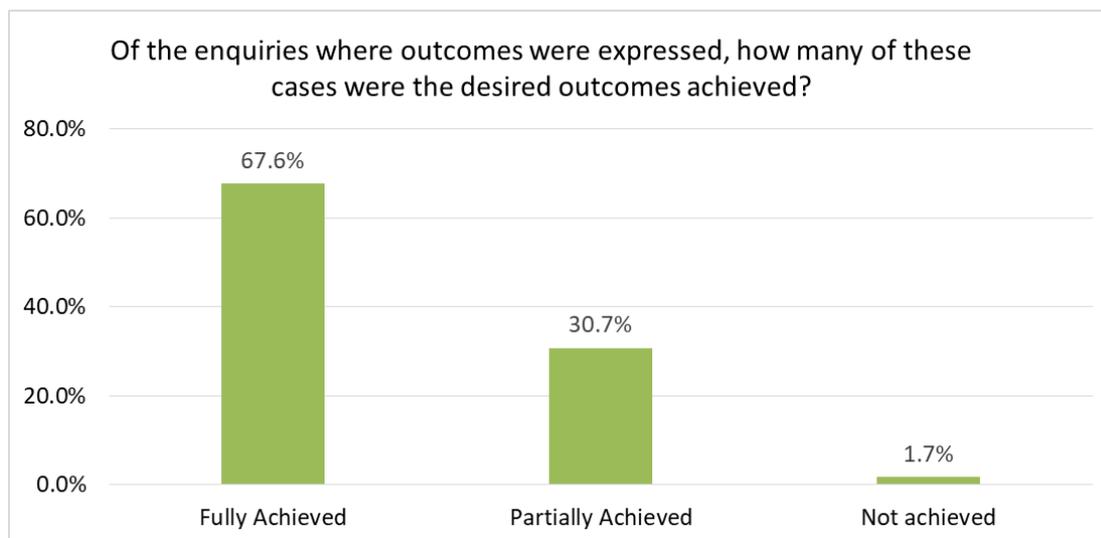
## ***Making Safeguarding Personal***

Making Safeguarding Personal (MSP) is a national initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry.

This initiative was adopted by the Government and enshrined in the Care Act 2014. By definition, a personal response to a safeguarding incident will mean different things to different people. Therefore obtaining data for outcomes has presented challenges. In 2019/20, 79% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate).

Of those who were asked and expressed a desired outcome, 68% were able to achieve those outcomes fully, with a further 31% partially achieved.

### **Concluded enquiries by expressed outcomes achieved.**



## Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

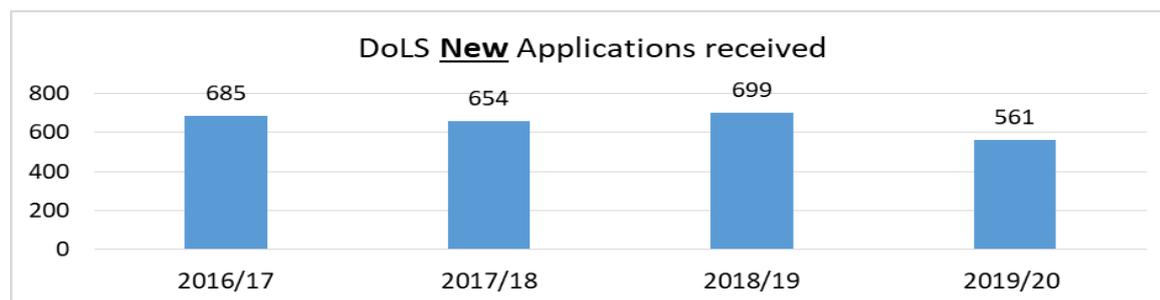
Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

DoLS authorisations must be applied for by care homes, nursing homes or hospitals (The Managing Authority) where they believe a person is living in circumstances that amount to a deprivation of liberty and that person lacks the capacity to consent to their care, treatment and accommodation, in order to prevent them from coming to harm. They apply to the Local Authority (The Supervisory Body) whose role is to arrange for the persons circumstances to be assessed in order to determine whether to grant or refuse an authorisation for those circumstances. Those living in other settings must have their deprivation considered by the Court of Protection.

The graph below shows volume of applications.

561 new applications in the 2019/20, a decrease of 20% (699 applications in 18/19)

### Total number of new DoLS applications received in 2019/20



The number of 'pending' applications that we are reporting for 2019/20 is higher than in previous years. Of the 561 new applications at 31<sup>st</sup> March 2020

- 317 (56%) were pending a decision.
- 143 (25%) were not granted
- 101 (18%) were granted.

Alongside a number of other local authorities we continue to use an adapted version of the ADASS prioritization tool on receiving DoLS referrals, this does mean that some referrals which are not identified as high priority may be awaiting assessment when their circumstances change.

In March 2020, measures were being taken by homes and hospitals in relation to Covid-19 pandemic. Most homes were asking that any non-urgent visits by professionals were delayed. In response to this, cases were only allocated for assessment whereby the person is either actively objecting to their placement, subject to a safeguarding enquiry or subject to restrictions that appear excessive. This meant that we were unable to progress a number of planned assessments.

## The Future

The Safeguarding Service is working closely our colleagues in the Locality teams and Care Quality team to meet the needs of the population and their safeguarding responsibilities.

We will continue to respond to the Covid-19 pandemic and work with our colleagues across the service and wider community to ensure we protect the most vulnerable and at risk of abuse.

Audits continue to be completed of at least 10% of S42 Enquiries and the feedback from these will continue to feed into the training and support provided to other Adult Social Care staff. It is hoped that standards of Enquiries will improve as a result of this alongside changes to the safeguarding forms on Care Director, the Council's electronic case management system, from April 2020 onwards.

The new online safeguarding forms due to be introduced at the beginning of April 2020 incorporate clarification on the safeguarding criteria<sup>1</sup>, greater focus on our risk assessment approach at two stages, and highlights the need for the use of the Domestic Abuse, Stalking and Honour Based violence (DASH) risk assessment in domestic abuse cases. Making Safeguarding Personal (MSP) remains key and the forms gives the option for the safeguarding team to set a review date for the protection plan. The review will be used in certain cases whereby the risk is likely to continue beyond initial safeguarding intervention.

With the introduction of a formal approach to risk management with our partners and the members of the Safeguarding Adults Board we are striving to prevent safeguarding incidents from occurring, and to minimise the impact where they do.

Going forward the service is planning to work more closely with the Building Communities Together team, Public Protection, Trading Standards, Blue Light Service, MEAM, our new Thames Valley Police Safeguarding Adults Officer and other agencies to enable the service to concentrate on prevention as well as completing reactive work. This will include working alongside our Care Quality Team to support providers prior to them being found to be having safeguarding and care quality issues.

The safeguarding team have signed up to the 'Safe Places' scheme and will be launching this in 2020 with the assistance of the safeguarding service user forum. This scheme works with local businesses to ensure staff working there will be able to support someone who is feeling vulnerable or scared and the premises will be identifiable to a vulnerable adult by displaying the safe places logo.

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<sup>1</sup> ADASS guidance Nov 19: [Making decisions on the duty to carry out Safeguarding Adults enquiries - Suggested framework to support practice, reporting and recording](#)



## **Safeguarding Adults Annual Report**

**2019/20**

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## EXECUTIVE SUMMARY

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

During the year 2019/20, some key changes have occurred in the way that Safeguarding work is undertaken in the Borough.

In December 2019, the new Adult Safeguarding Hub (ASH) was established as the single point of referral for all Adult Safeguarding concerns. This new service sits under the Head of Adult Safeguarding and consists of a Team Manager, Senior Social Workers and Safeguarding Practitioner posts. More recently, dedicated administrative support has also sat within the service.

With the creation of this new hub, the service took on responsibility for triaging all Adult Safeguarding concerns.

Where a decision is made that a safeguarding intervention is required, an Initial Enquiry is undertaken. This sits within the ASH. Initial Enquiries are 'light touch' enquiries, which aim to be completed within 5 working days of referral.

Should it be decided that a more substantial safeguarding intervention is required, the case will be progressed to a full Sec 42 Enquiry. There are three levels of full enquiry; Level 1 (delegated Provider enquiry – with oversight, quality assurance and decision-making from the ASH), a Level 2 Enquiry (led by a Social Care Practitioner from elsewhere in Adult Social Care (with final quality assurance by the ASH) or a Level 3 Enquiry (complex, multiagency enquiry coordinated from within the ASH).

This new process and pathway is aimed at ensuring more proportionate use of safeguarding frameworks, at improving practice around the principle of *Making Safeguarding Personal* and at making the customer journey a more seamless and coherent one.

Overall, the year has been a challenging one. Referral rates have increased significantly upon previous years – mainly as a result of having a single point of referral, which has improved access for those making referrals and has ensured greater compliance with entering all referrals into the framework upon receipt of the concern.

Towards the end of the year, these challenges have been compounded by the impact of the Coronavirus Pandemic, which has presented challenges around how to continue to deliver a personalised safeguarding service, alongside the issues of increased isolation impacting on the vulnerability of adults at risk. It is anticipated that these challenges will continue to develop over the coming months.

## Introduction

Safeguarding is a statutory responsibility of all Local Authorities and as such, is a strategic priority for Wokingham Borough Council and a core activity for Adult Social Care.

This annual report outlines the key performance indicators used to monitor activity for safeguarding adults in Wokingham. Analysis of performance is undertaken across the year and is used to influence strategic development.

## Networks

Care Act 2014 requires all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction for safeguarding, provide governance and quality assurance. This includes the commissioning of Safeguarding Adults Reviews (SAR) when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect.

Wokingham Borough Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and West Berkshire Council alongside other key stakeholders including but not limited to; Thames Valley Police, Berkshire Fire & Rescue Service, South Central Ambulance Service, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the Berkshire West Clinical Commissioning Group. The SAB has produced its own annual report, which can be viewed on its website [www.sabberkshirewest.co.uk](http://www.sabberkshirewest.co.uk).

## Local activity in the context of the SAB priorities

In June 2019, the SAB agreed a Business Plan to cover the period 2018/21. The SAB priorities for year 2018/19 were agreed as shown below, with work undertaken in Wokingham area described alongside.

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

- WBC has worked with the SAB and other partners to agree new policies, procedures and guidance for working with self-neglect and hoarding. These have been rolled out.
- The ASH has developed a Practice Manual for practitioners, which includes extensive guidance on working with self-neglect and hoarding.
- A variety of toolkits are now in use within Adult Social Care.
- WBC has worked with a local specialist organisation to design bespoke training in hoarding, which will be rolled out across the coming months.
- WBC has contributed to the work of the Learning and Development subgroup of the SAB in terms of the wider workforce development in this respect.

**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.

- The Safeguarding Service has established strong links with both Children's Services and the Community Safety Partnership.
- The service has actively contributed to the local Domestic Abuse needs analysis, which was undertaken in Quarter 4. This commented on the Adult Social Care training offer on Domestic Abuse and the DASH-RIC as an example of good practice.
- This training has continued to be delivered, ensuring that all statutory workers receive enhanced training in working with Domestic Abuse, including how to use specialist risk assessment tools.
- The Safeguarding Service is a member of the Domestic Abuse Working Group, which will now progress the recommendations of the needs analysis, ensuring a cohesive approach to working with Domestic Abuse across the Council.
- The ASH have maintained a consistent presence at MARAC and MATAC, ensuring a joined up approach to these cases where the relevant thresholds are met.
- Links between ASH practitioners and Thames Valley Police have been developed, to ensure more effective joint working, particularly in cases of 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.

- A worker in the ASH was nominated to take a 'special interest' in this area of practice.
- Work has been started on developing a network of key contacts in relation to areas such as hate and mate crime, modern day slavery, cuckooing, scamming and financial abuse).
- The interface with Trading Standards as been strengthened.
- Bespoke training was commissioned around working with financial abuse and this was targeted at key personnel in the workforce.
- The Safer Places scheme operating in the Borough was consolidated; all providers were visited, issues discussed and education/advice/information provided. Discussions commenced with additional local organisations with a view to expanding the scheme to some of the more rural areas of the Borough; this stalled due to the Coronavirus pandemic and requires further work in the coming year.

**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.

- WBC has continued to work proactively with partners and other stakeholders where quality and safeguarding issues have been identified to resolve these collaboratively.
- The council is in the process of reviewing its Care Governance protocols to ensure they are both effective and efficient.

## Annual Performance data and analysis 2019-20

### Safeguarding activity - Concerns and enquiries

This section looks at number of safeguarding concerns raised and the number of enquiries that started during the year. A safeguarding *concern* is reported to the local authority's Adult Social Care service by someone (i.e. a professional, family member or carer) who is worried about the adult at risk who may be being neglected or abused.

A total of 1279 safeguarding *concerns* were raised for the 2019-20 reporting year which is an increase of 21% from last year.

An *enquiry* is where a *concern* is progressed to a formal investigation stage. In 2019/20 471 enquiries were started during the year. The 'conversion rate' is the ratio of enquiries to concerns. The conversion rate for Wokingham during 2019-20 was 37% which means for every 100 concerns that were raised there were 37 s42 enquiries that were started. Table 1 shows Safeguarding activity for Wokingham in the past 4 years.

**Table 1 – Safeguarding activity, 2017-20**

	Concerns	S42 enquiries	Individuals who had a S42 enquiry	Conversion rate of concern to S42 enquiry
2016-17	1,523	620	510	41%
2017-18	1232	478	415	39%
2018-19	1057	412	344	39%
2019-20	1279	471	400	37%

**Table 2 – Safeguarding activity benchmarking data, 2018-19**

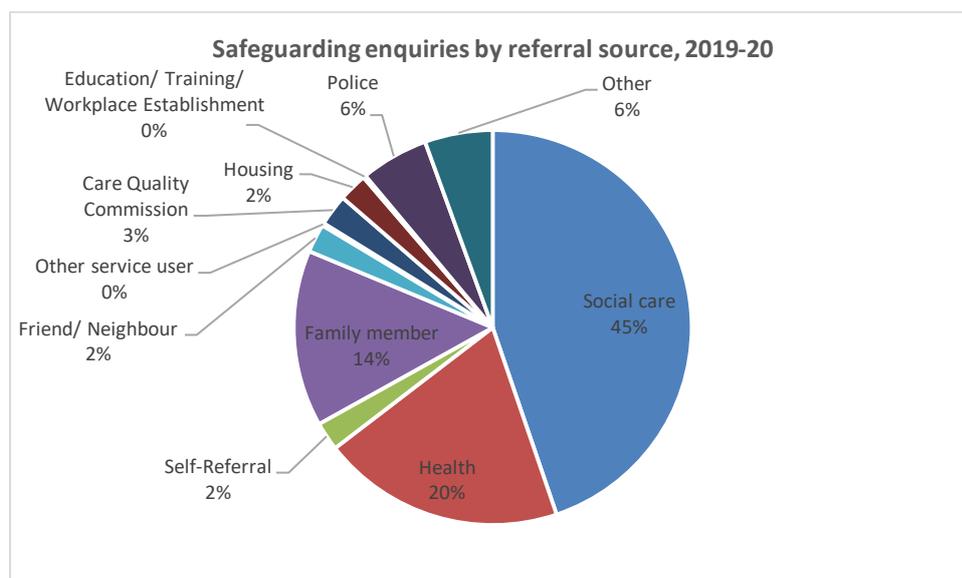
	Concerns	s42 enquiries	Other safeguarding enquiries	Conversion rate of concern to all safeguarding enquiries
2018-19				
Wokingham	1055	410	5	39%
West Berkshire	710	545	*	77%
Reading	1110	550	10	50%
Slough	1485	195	35	15%
Bracknell	430	135	5	33%
Windsor and Maidenhead	1190	435	*	37%
England	415050	143390	18540	39%
South East	57430	21715	1565	41%

The variances in conversion rate may be due to differing approaches to how concerns are recorded by 'front door' in different local authorities. In some LA's concerns are filtered out before they get to the safeguarding team. Also, enquiry 'threshold' vary across authorities and some apply higher threshold at which investigations are classed as an enquiry than others.

### Source of safeguarding enquiries

Forty five percent of safeguarding enquiries came from social care staff followed by 20% of enquiries referred by health staff. Social care staff category includes LA and independent sector staff from domiciliary, day care and residential care staff. The percentage of self-referrals and referrals from family members, friends or neighbours was 18%.

**Figure 1 – Safeguarding enquiries by referral source, 2019-20**



The table below shows comparison of safeguarding enquiries over the past 4 years. As with previous years, most enquiries continue to come from social care staff and health care staff.

**Table 3 – Safeguarding enquiries by referral source, 2017-20**

	Referrals	2016-17	2017-18	2018-19	2019-20
Social Care Staff	Social Care Staff total (CASSR & Independent)	313	277	223	211
	Of which: Domiciliary Staff	46	34	42	36
	Residential/ Nursing Care Staff	164	159	109	105
	Day Care Staff	20	10	12	15
	Social Worker/ Care Manager	44	42	37	30
	Self-Directed Care Staff	5	2	0	8
	Other	34	30	23	17
Health Staff	Health Staff - Total	115	64	57	93
	Of which: Primary/ Community Health Staff	65	45	39	59
	Secondary Health Staff	30	13	8	25
	Mental Health Staff	20	6	10	9
Other sources of referral	Self-Referral	28	19	9	11
	Family member	79	46	61	68
	Friend/ Neighbour	10	11	7	11
	Other service user	0	1	1	1
	Care Quality Commission	1	4	4	12
	Housing	8	6	7	11
	Education/ Training/ Workplace Establishment	2	1	1	1
	Police	32	29	18	26
	Other	32	20	24	26
<b>Total</b>	<b>620</b>	<b>478</b>	<b>412</b>	<b>471</b>	

## Individuals with safeguarding enquiries

### Age group and gender

The table below shows age groups for individuals who had a safeguarding enquiry in the previous four years. Most enquiries (64%) were for individuals aged 65 and over.

**Table 4 – Age group of individuals with safeguarding enquiries, 2017-20**

Age band	2016-17	% of total	2017-18	% of total	2018-19	% of total	2019-20	% of total
18-64	138	27%	132	32%	103	30%	146	36%
65-74	58	11%	43	10%	38	11%	43	11%
75-84	150	30%	101	24%	92	27%	92	23%
85-94	133	26%	111	27%	88	26%	95	24%
95+	24	5%	26	6%	22	6%	22	5%
Age unknown	7	1%	2	1%	1	0%	2	1%
Grand total	510		415		344		400	

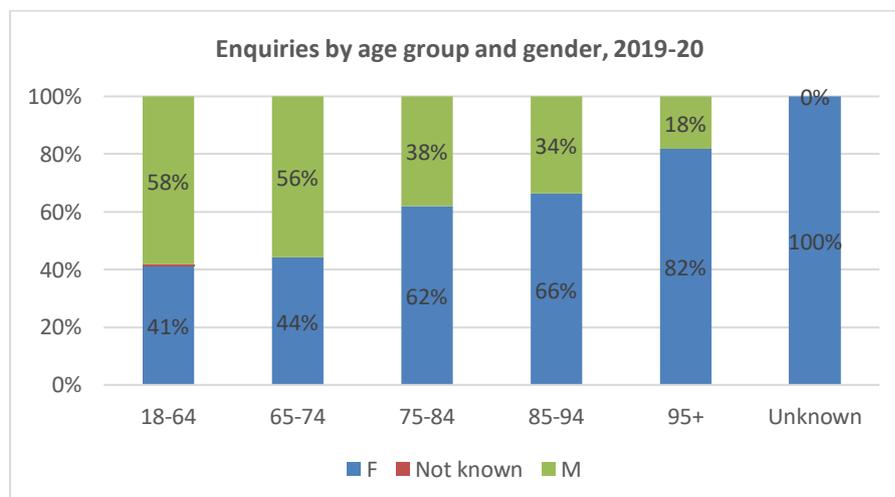
As with previous years, more women were the subject of a Section 42 safeguarding enquiry than males. 55% of safeguarding enquiries started in the year were for females.

**Table 5 – Age group and gender of individuals with safeguarding enquiry, 2019-20**

Age group	Female	Male	Not known
18-64	60	85	1
65-74	19	24	0
75-84	57	35	0
85-94	63	32	0
95+	18	4	0
Unknown	2	0	0

The chart below indicates that likelihood of abuse increases with age for women.

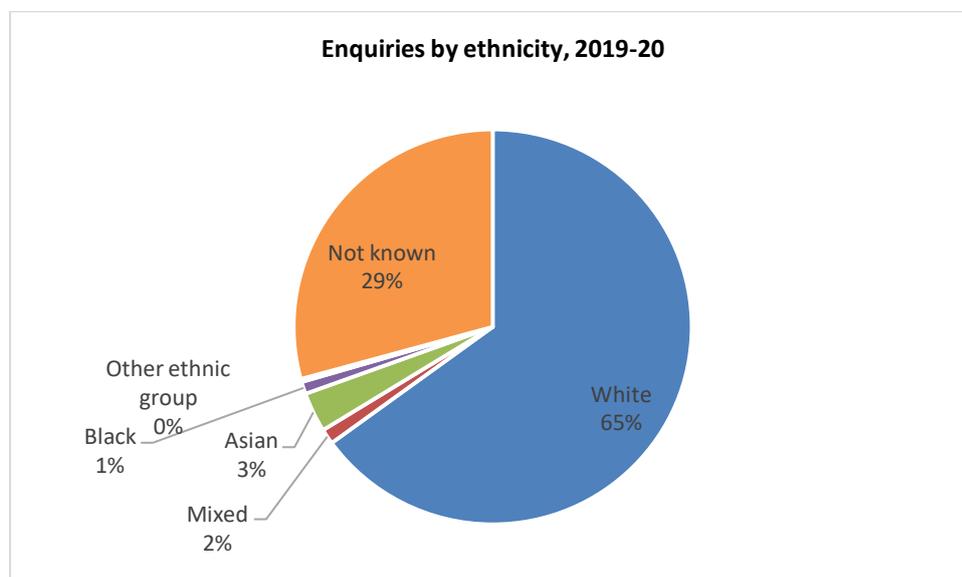
**Figure 2 – Safeguarding enquiries by age group and gender, 2019-20**



## Ethnicity

Sixty five percent of all individuals who had a safeguarding enquiry were of white ethnicity. However, 29% did not have any ethnicity recorded which might not give a true representation of the categories.

**Figure 3 – Ethnicity, 2019-20**



### Primary support reason

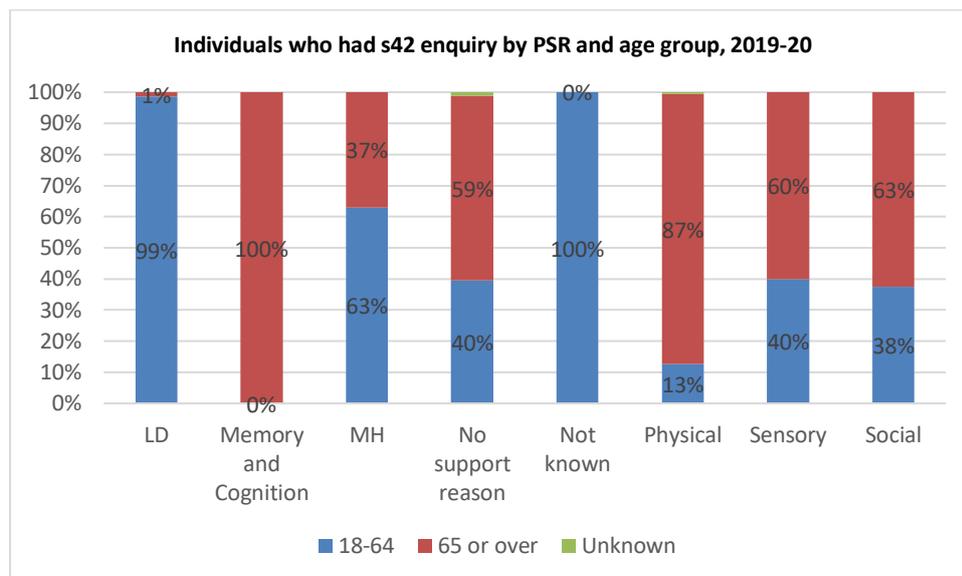
Table 6 below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. For most cases the primary support reason was physical support (42%) followed by learning disability support (17%) and support for memory and cognition (10%). 20% of cases did not have a support reason as they were not receiving any social services support at the time of the safeguarding incident.

**Table 6 – Primary support reason, 2017-20**

Primary support reason	2016-17	% of total	2017-18	% of total	2018-19	% of total	2019-20	% of total
Physical support	237	47%	187	45%	149	43%	166	42%
Sensory support	14	3%	8	2%	7	2%	10	3%
Support with memory and cognition	111	22%	60	14%	44	13%	38	10%
Learning disability support	91	18%	92	22%	73	21%	69	17%
Mental health support	28	5%	19	5%	14	4%	27	7%
Social support	8	1%	4	1%	5	2%	8	2%
No support reason	21	4%	45	11%	52	15%	81	20%
Not known	0	0%	0	0%	0	0%	1	0%
	510		415		344		400	

The chart below (figure 4) shows enquiries broken down by age group and primary support reason. Individuals who had physical support were more likely to be aged 65 and over whereas those who had a primary support reason of learning disability were aged 18-64. This may be because even though older people may have a learning disability due to increasing frailty their primary need may be for physical support.

**Figure 4 - Individuals who had safeguarding enquiry by PSR and age group, 2019-20**



### Case details for concluded enquiries

#### Type of alleged abuse

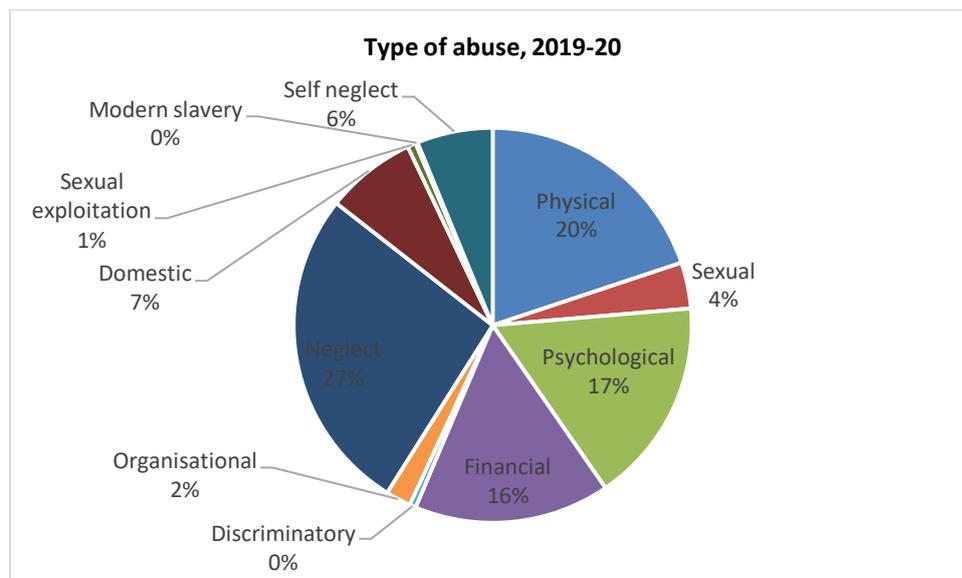
The table below shows enquiries by type of alleged abuse in the last four years.

Most of the allegations were for neglect accounting for 27% of all recorded risks followed by physical abuse at 20% and emotional abuse at 17%. Financial abuse has risen from 13% last year to 16% this year and is higher in Wokingham than nationally for 2018-19 (14%).

**Table 7 – Type of abuse, 2017-20**

Concluded enquiries	2016-17		2017-18		2018-19		2019-20		% England 2018-19
	Count	%	Count	%	Count	%	Count	%	
Physical	171	20%	180	20%	109	19%	116	20%	22%
Sexual	17	2%	42	5%	18	3%	22	4%	4%
Emotional/Psychological	123	15%	170	19%	91	16%	98	17%	14%
Financial	98	12%	117	13%	75	13%	93	16%	14%
Neglect	329	39%	268	30%	182	31%	156	27%	31%
Discriminatory	4	0%	13	1%	1	0%	3	1%	1%
Institutional	35	4%	15	2%	18	3%	12	2%	4%
Domestic abuse	28	3%	29	3%	30	5%	43	7%	5%
Sexual exploitation	2	0%	6	1%	8	1%	4	1%	1%
Modern slavery	0	0%	0	0%	2	0%	1	0%	0%
Self-neglect	39	5%	58	6%	44	8%	36	6%	5%

**Figure 5 – Type of abuse, 2019-20**



### Location of alleged abuse

The home of the adult at risk accounted for 55% of the risk locations. This is higher than the national figure for 2018-19 when 45% of alleged abuse took place in the individual’s home. Residential and nursing care homes accounted for 31% between them. Wokingham had a lower percentage (19%) concerning abuse in residential care than nationally (24%).

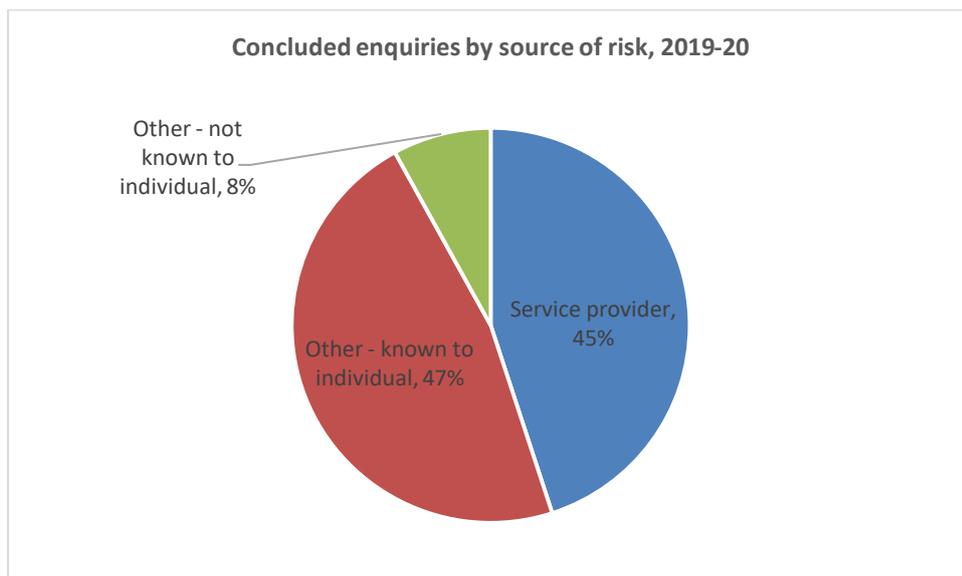
**Table 8 – Location of alleged abuse, 2019-20**

Location of abuse	2019-20	%	England 2018-19
Own Home	230	55%	45%
In the community (excluding community services)	39	9%	4%
In a community service	6	1%	3%
Care Home - Nursing	50	12%	10%
Care Home – Residential	81	19%	24%
Hospital - Acute	0	0%	3%
Hospital – Mental Health	0	0%	2%
Hospital - Community	1	0%	1%
Other	12	3%	7%

### Source of risk

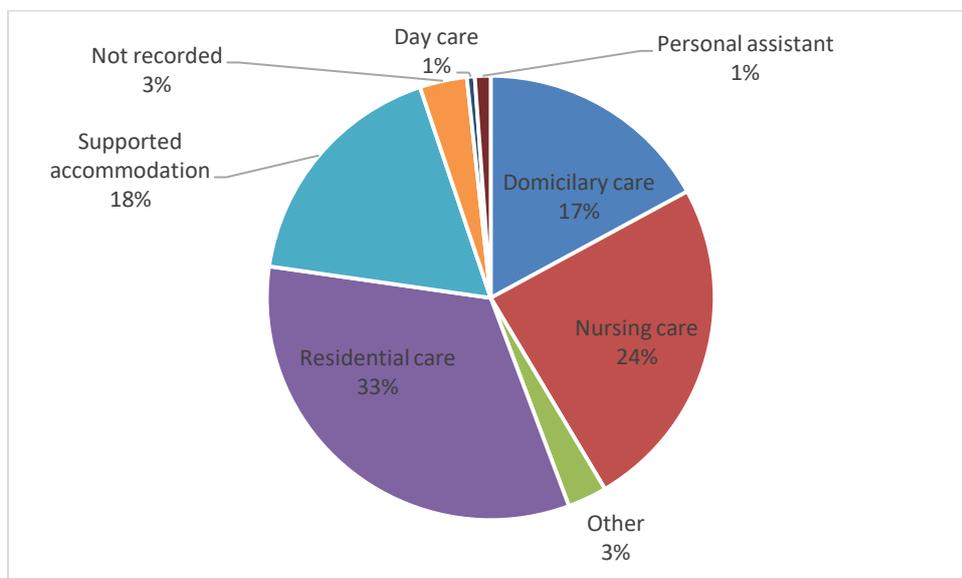
In 45% of cases, the source of risk was a service provider. Service provider refers to any individual or organisation paid, contracted, or commissioned to provide social care services regardless of funding source and includes services organised by the council and residential or nursing homes that offer social care services. This category includes self-arranged, self-funded and direct payment or personal budget funded services. Health or social care staff who are responsible for assessment and care management do not fall under this category.

**Figure 6 – Concluded enquiries by source of risk, 2019-20**



The chart below shows a breakdown of service provider category. Where the source of risk was a service provider, residential and nursing care staff were most reported as the alleged abuser (57%). Domiciliary care staff accounted for 17% of this category.

**Figure 7 – Breakdown of source of risk service provider by service type, 2019-20**



**Action taken and result**

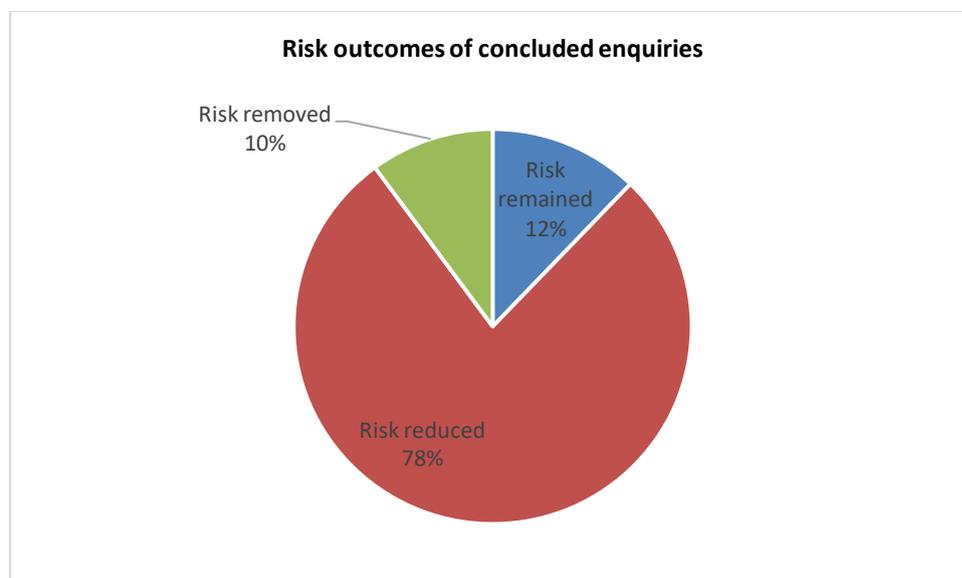
The table below shows risk assessment outcomes for concluded enquiries. In 85% of cases, a risk was identified, and action taken.

**Table 9 – Concluded enquiries by risk assessment outcomes, 2019-20**

<b>Risk assessment outcome</b>	<b>Total</b>
Risk identified and action taken	330
Risk identified and no action taken	7
Risk - Assessment inconclusive and action taken	6
Risk - Assessment inconclusive and no action taken	6
No risk identified and action taken	18
No risk identified and no action taken	10
Enquiry ceased at individual's request and no action taken	10

The chart below shows concluded enquiries by result in cases where a risk was identified. In most cases, the risk was reduced or removed. In 12% of cases the circumstances causing the risk was unchanged and the risk remained.

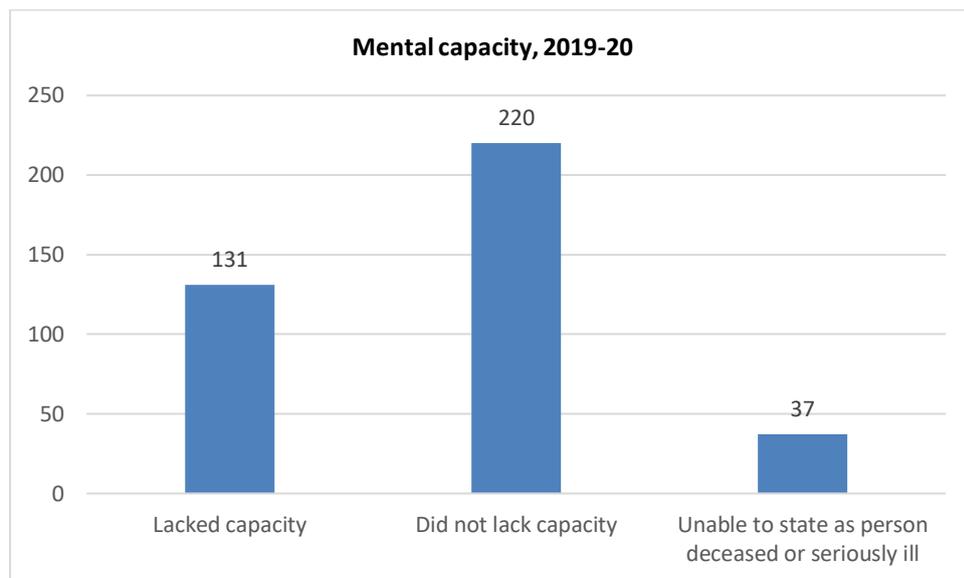
**Figure 8 – Risk outcomes of concluded enquiries, 2019-20**



### **Mental Capacity and Advocacy**

The chart below shows mental capacity of individuals involved in concluded enquiries. 34% of individuals who had an enquiry concluded in the year lacked capacity.

**Figure 9 – Mental capacity, 2019-20**

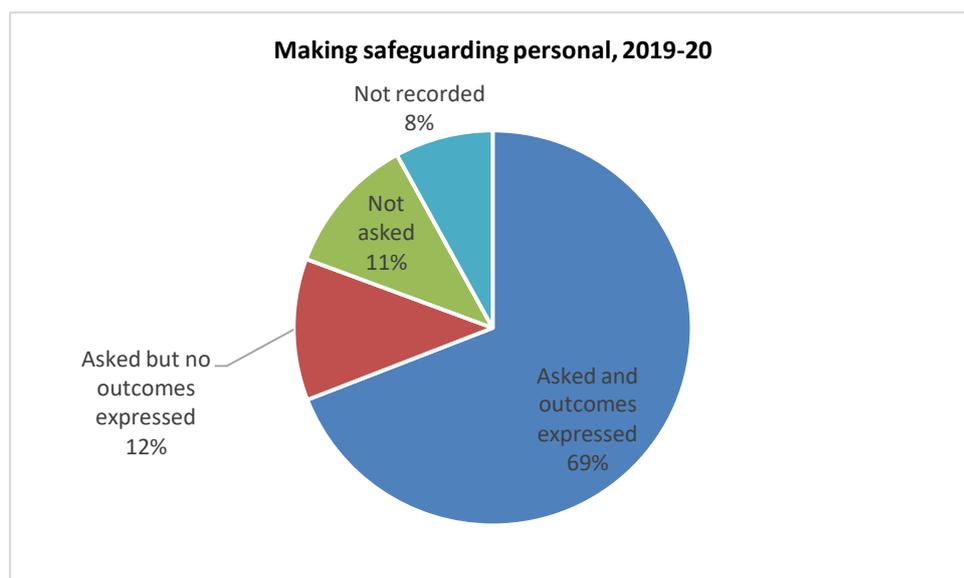


Where the adult at risk lacked capacity, in 96% of cases they were supported by an advocate, family or friend.

### **Making Safeguarding Personal**

Making safeguarding personal is a person-centred approach and is about having conversations with people about how to respond in safeguarding situations to enhance involvement, choice and control as well as improving quality of life, wellbeing and safety. Of the enquiries concluded in 2019-20, 81% of people or their representatives were asked what their desired outcomes were and in 69% of these cases, outcomes were expressed.

**Figure 10 – Making safeguarding personal, 2019-20**



Where outcomes were expressed, in 76% of those cases the desired outcomes were fully achieved, in 20%, the desired outcomes were partially achieved and in 4% of the cases none of the expressed outcomes were achieved.

## **The Future**

In 2020/21 Wokingham Borough Council will continue to refine the new pathways and processes that were implemented in the previous year.

The ASH will focus on developing its relationships with both internal and external partners to deliver more coherent interventions for customers and with the aim of achieving more effective and holistic outcomes.

As part of this work, the service intends to review how it measures delivery of *Making Safeguarding Personal* and how it meaningfully captures and utilises customer feedback in a safeguarding context. This will include considering how customer forums can be better used to embed the customer and carer voice in the strategic context.

Alongside the whole of Adult Social Care, the safeguarding service will work to develop strengths-based approaches to interventions and embed these in both culture and delivery.

The service will focus on working with partners to achieve proportionate thresholds for safeguarding interventions, ensuring that the framework is applied in accordance with the objectives of the Care Act and that adults at risk are empowered to be fully involved or represented in decisions about them.

Work will continue to develop confidence and competence for practitioners in working with the complex areas of self-neglect and hoarding. This will include development and delivery of a bespoke training model supporting the workforce to develop their abilities in specifically working with people with Hoarding Disorder in the Borough. Alongside this, options for developing self-help forums in the Borough will also be considered.

Another area of focus will be working in collaboration with the Community Safety Partnership and Children's Services around working with Domestic Abuse in the Borough to ensure the strategy is aligned and delivered collaboratively.

The Safeguarding Service will work with the Commissioning Service to review and refine the Care Governance protocols that are already in place to ensure quality assurance input to Providers and interventions around Provider Concerns and/or organisational abuse are effective and robust.

Lastly, in acknowledging the ongoing global pandemic, WBC will continue to work responsively in understanding the impact of the Coronavirus on the whole population, but particularly from a safeguarding perspective, those adults with care and support needs and at risk of abuse or neglect.

## Safeguarding Annual Report

April 2019 – March 2020

**Author:** Jane Fowler – Head of Safeguarding

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## **1. Introduction**

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

Berkshire Healthcare have a joint safeguarding children and adult work team and work under the principle of 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 Therapies. 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 Children in Care Group and the Safeguarding Adults Group are chaired by the Deputy Director of Nursing. These are formal sub-groups of the Safety, Experience and Clinical Effectiveness Group which reports to the Quality Executive Group and ultimately to the Trust board. These groups are established to lead and monitor safeguarding work within Berkshire Healthcare and meet quarterly. The board also receives a monthly update on safeguarding cases and issues 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 two Assistant Heads of Safeguarding (one for adults and one for children) who hold enhanced responsibilities as part of their named professional role. There are currently 3.8 whole-time equivalent (WTE) safeguarding adults named professional posts including one post which was made permanent in May 2019 following a one year secondment to improve staff compliance to the Mental Capacity Act. There are 5.5 WTE posts for safeguarding children. 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
- 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 monthly at patient safety and quality groups (PSQ) and as required at 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 every six months. The Section 11 audit for BHFT is submitted as required to the designated LSCB Section 11 monitoring group. This group has responsibility for monitoring all statutory and non-statutory organisations that are required to complete Section 11 audits across Berkshire.

The BHFT Section 11 was presented to the Pan-Berkshire Section 11 Panel in March 2019. All categories were considered effective. BHFT received the following feedback: *'The s11 Panel agreed that the BHFT 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.'*

This document is available for submission during Local Authority Ofsted/CQC inspections.

### **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 2019/20 (see table below) and named professionals participated in multi-agency audits across the localities.

<b>Audit</b>	<b>Completion</b>
Audit of Child Protection Supervision	April 2019
Audit of Patients who go Absent Without Leave (AWOL) at Prospect Park Hospital	August 2019
Audit of Safeguarding Advice lines	August 2019
Audit of Compliance to Mental Capacity Act 2005	March 2020

A planned audit of child protection record keeping in March 2020 was postponed to the autumn due to the Covid-19 pandemic emergency prioritisation plan.

### **Child Protection Supervision Audit**

The audit was a quantitative audit undertaken by the safeguarding children team to establish whether child protection supervision is recorded in each child's record following supervision and whether there is evidence in the records that agreed actions have been undertaken by the practitioner. In a previous supervision audit undertaken by the safeguarding team, it was identified that practitioners were not always

recording recommended actions from the supervision in the child's record following supervision. The action from this audit was for the supervision outcomes to be recorded in the RIO record at the time of the supervision. The aim of this audit is to establish whether recording in the record has improved.

### **Key Findings from the Report**

- Child protection supervision was not recorded in the record in 35% of cases
- Where agreed action plans are recorded in the child's record following child protection supervision, there is evidence that actions are undertaken as agreed during supervision in 73% of cases.

There were three recommendations from the Audit:

1. Child protection supervision action plans should be recorded in the record during the child protection supervision session.
2. Actions from child protection supervision to be followed up by the supervisor at the next supervision session.
3. Suitable rooms to be identified so that staff are able to access their RIO during supervision.

### **Audit of AWOL at Prospect Park Hospital**

Negotiated time off the ward or to go on leave is an integral part of a patient's care plan, designed to prepare and assess mental state, risk and prepare them for discharge. However, occasionally a patient will not return from leave, will leave the service or escort without permission or prior arrangement/agreement. Berkshire Healthcare's *Patients who are Missing / Absent (Mental Health Services)* Policy (CCR144) outlines the responsibilities of inpatient mental health staff during circumstances where a patient is absent without leave (AWOL). The purpose of the 2019 audit was to monitor whether Berkshire Healthcare policy and procedures for patients who are missing/absent from mental health service (CCR144) is followed by staff and maintain the changes recommended in a previous audit and to look for any recommended areas for improvement. AWOLs from two of the acute wards were audited.

Overall the audit found that staff have been following trust policy and procedure on missing/absent patients from mental health services. Both wards carried out a 1:1 with the patient on return to the ward which was clearly documented. This was in line with a recommendation from a previous audit. Local Authority and the Police were informed of AWOLS although it was not always reported that they had returned. Staff were reminded of the importance of this because of the impact on Police resources. Staff were not visiting the patient at home as per policy due to lack of capacity and it is a recommendation of the audit that this part of the policy is reviewed. The audit noted a reduced number of AWOL's compared to previous audits.

### **Audit of Safeguarding Advice Line**

The Safeguarding Team provide advice via two telephone advice lines one for adult safeguarding and one for child safeguarding for Trust-wide practitioners. These lines are accessible 9am – 5pm, Monday to Friday.

When the practitioner calls and advice is given, this information is recorded by the Named Professionals on the safeguarding team database. To ensure that the advice has been clearly understood and recorded appropriately, an email with the advice line sheet attached is sent to the practitioner who has received safeguarding advice. The expectation is that the advice is recorded on the patient/clients progress notes and also uploaded onto RiO documents and that evidence of the advice being followed is also documented.

The purpose of the audit was to test whether advice given by a named professional is recorded by the named professional and whether the staff member receiving the advice is recording any agreed actions on the patient's RiO record and uploading the advice sheet on RiO. The audit also looked at whether the agreed actions were followed.

Findings included the following:

1. The number of calls to the Advice Lines during the period audited was identical for both the Children's Named Professional's (NP) and the Adult NP, at sixty six calls each. This is encouraging as the Adult Advice Line has been established more recently than the Children's Advice Line.
2. The range of callers was diverse, coming from both Physical and Mental Health Services. This is encouraging in light of a previous audit where Community Mental Health Services were found not be using the Children's Advice Line
3. There was a marked disparity between the two advice lines in how much of the advice given by the Named Professional was documented in the patient's electronic records, 85.7% for the children's advice line compared to 45% for the adult advice line. This may be due to the Children's Advice Line being more established than the Adult Advice Line.
4. Of the cases audited only 33% of those sent by the Children's Named Professional were uploaded. This may be due to this practice being a new requirement and not yet embedded in practice.
5. Patient identification data was not always fully recorded by named professionals making it difficult to audit.

An action plan is in place to implement the recommendations from the audit.

#### **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 Children in Care Group and the Safeguarding Adult Group.

#### **Setting out Shifting Policy Direction**

## **Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework: updated August 2019.\***

This Framework was reviewed and refreshed in 2019. The purpose of this document is to set out clearly the safeguarding minimum standards, roles and responsibilities of all individuals and organisations working in providers of NHS funded care settings and NHS commissioning organisations. It aims to:

- identify and clarify how relationships between health and other systems work at both strategic and operational levels to safeguard children, young people and adults at risk of abuse or neglect;
- clearly set out the legal framework for safeguarding children and adults as it relates to the various NHS organisations, in order to support them in discharging their statutory requirements to safeguard children and adults;
- outline principles, attitudes, expectations and ways of working that recognise that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances are at the forefront of our business;
- Identify clear arrangements and processes to be used to support practice and provide assurance at all levels, including NHS England and NHS Improvement Board, that safeguarding arrangements are in place.
- Promote equality by ensuring that health inequalities are addressed and are at the heart of NHS England's values.

A Gap analysis was completed by the Head of Safeguarding against the Assurance Framework and the Trust were compliant to all the Standards set out in the document. The Gap analysis was presented to the East Berkshire safeguarding committee and agreed.

### **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. BHFT 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 BHFT).

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\* <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>

- 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 BHFT) 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 BHFT 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, 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 has not yet been published. It will further clarify roles and responsibilities and knowledge and training requirements for these.

Implementation of LPS was initially delayed to Spring 2020 and has been further delayed to April 2022 due to the Covid-19 Pandemic. The Trust are currently working on the strategic planning for the introduction of LPS.

### **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 likely to take several years to complete and further delays are expected due to the Covid-19 pandemic. An interim report was published in 2018.

### **Domestic Abuse Bill January 2019: to become law 2020 – 2021.**

This Bill is aimed at improving the support for victims of domestic abuse and their families and pursuing offenders. New legislation will:

- Introduce the first ever statutory government definition of domestic abuse to specifically include economic abuse and controlling and manipulative non-physical abuse - this will enable everyone, including victims themselves, to understand what constitutes abuse and it is hoped will encourage more victims to come forward;
- Establish a Domestic Abuse Commissioner to drive the response to domestic abuse issues;

- Introduce new Domestic Abuse Protection Notices and Domestic Abuse Protection Orders to further protect victims and place restrictions on the actions of offenders;
- Prohibit the cross-examination of victims by their abusers in the family courts;
- Provide automatic eligibility for special measures to support more victims to give evidence in the criminal courts.

### **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 Berkshire localities at all operational and strategic exploitation sub-groups including Modern Slavery. The Assistant Head of Safeguarding (children) attends the pan-Berkshire Child Exploitation group.

### **Learning from local serious case reviews and partnership reviews:**

During 2019/20 Berkshire Healthcare have participated in three child safeguarding practice reviews conducted across Berkshire, seven safeguarding adult reviews in Berkshire, one in Buckinghamshire and four domestic homicide reviews (DHR). It is of note that there has been a rise in the number of adult reviews, 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 safeguarding practice review 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 her deputy attend all safeguarding practice review and safeguarding adult review sub-groups across Berkshire and serious case review panels and are responsible for ensuring lessons are disseminated to BHFT staff and action plans are developed, completed and reported on. Many of these reviews are currently on-going and action plans have been formulated from identified learning for BHFT and are in progress.

Clear pathways are in place to disseminate learning, monitor action plans and ensure oversight at board level. The Head of Safeguarding reports to the quarterly Safeguarding Groups and sits on the Children, Young People and Families (CYPF) and Adult and Community Patient Safety and Quality Groups. The Assistant Head of Safeguarding attends the Children and Adolescent Mental Health (CAMHS) leadership groups and the Safeguarding Adult Named Professional (mental health) attends the Prospect Park Hospital 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 2019/20, in accordance with the policy scrutiny group and the safety and clinical effectiveness group:

- **CCR072 Child Protection and Promoting the Welfare of Children** – Minor amendments.
- **CCR111 Domestic Abuse** – Minor amendments
- **CCR124 Management of Police Domestic Abuse Incident Reports for Universal Services Staff** – Minor amendments
- **CCR125 Chaperone** – Minor amendments
- **CCR143 Was Not Brought/Non-Attendance of Appointments/Declined Services for Children and Young People** – Minor amendments and change of policy name
- **CCR144 Patients who are Missing/Absent - Mental Health Services** – Minor amendments
- **CCR155 PREVENT** – Updated with changes to government guidelines
- **CCR156 Responding to Adult disclosures of Non-Recent Child Sexual Abuse** – Minor amendments
- **CCR163 Assessing Gillick competency in Children under 16** – New Policy
- **CCR164 Promoting Sexual safety on Mental Health and Learning Disability Inpatient Units** – New policy following guidance following publication of report into sexual safety in mental health hospitals.

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

### **Safeguarding Procedures Online**

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 which oversee and update the procedures.

## **7. Local Safeguarding Children’s Partnership Boards and Safeguarding Adult Boards**

### **Working Together 2018<sup>†</sup>**

In July 2018, the Department for Education published a new edition of the statutory guidance ‘Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children’ (Department for Education, 2018). The new guidance set out the changes needed to support the new system of multi-agency safeguarding arrangements. The new arrangements were published in each area by 29th June and were implemented by 29th September 2019. Key areas of amendment and change included:

- assessing need and providing help
- organisational responsibilities
- multi-agency safeguarding arrangements
- local and national safeguarding practice reviews
- child death reviews.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

Across Berkshire the four Local Safeguarding Children Boards and the three Safeguarding Adult Boards have been reviewed and replaced by new safeguarding arrangements. Each area has a strategic leadership group which includes the three statutory partners - Local Authority, CCG and the Police. The arrangements in the east of Berkshire are combined adult and child safeguarding boards for each Local Authority area. In the west of Berkshire there is one combined board for child safeguarding and one combined board for adult safeguarding across the three localities. Representatives from BHFT at director level attend each of the Boards. Members of the safeguarding team represent the Trust on the Board sub-committees.

#### **Local and national child safeguarding practice reviews**

- Each area has reviewed the new guidance setting out the process for new 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 (the National Panel) and at local level with the safeguarding partners.
- Each area has fully implemented the new guidance for consideration of child practice reviews, using the rapid review process.

#### **Child death reviews**

- The Child Death Review Statutory and Operational Guidance<sup>‡</sup> (2018) set out changes to the child death review process and governance arrangements; the CCG and Local Authorities published their arrangements 29 June 2019 and implementation took place from 29 September 2019.
- The 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.
- This guidance specifies that reviews have 'the intention of learning what happened and why, and preventing future child deaths' and that 'the information gathered ... may help child death review partners to identify modifiable factors that could be altered to prevent future deaths.'

## **8. Inspections**

### **Care Quality Commission (CQC) Inspection December 2019**

BHFT underwent a focussed CQC inspection and the rating of the trust improved to an overall rating of Outstanding which was a very positive achievement for the trust. The inspectors noted that they had seen a consistent pattern of progressive improvement in the quality of core services, building on many of the high quality services it delivers. For example the inspection found that

- The Trust has a highly skilled, strong, stable and experienced senior team, including the chair and non-executive directors. Leaders had the skills, knowledge, integrity and experience to perform their roles and had a good understanding of the services they were responsible for delivering.
- There was compassionate, inclusive and effective leadership at all levels. Leaders were visible in the service and approachable to patients and staff.
- Staff across the trust felt valued and there was a real focus on doing what was best for people, staff, patients and carers and a real commitment to the delivery of good quality patient care at every level.
- Staff at all levels of the trust were proud to work there and morale amongst staff was good.

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<sup>‡</sup> <https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england>

- The trust was taking a leading role in a number of the system wide developments and was a key partner in two exemplar integrated care systems, the board was visibly engaged in and supportive to the work of the wider health and social care system.
- Staff assessed and managed risks to patients well and followed best practice in anticipating and de-escalating volatile situations.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust had very strong staff networks in place for people with protected characteristics and network leads had some protected time to develop these further.

There is an action plan for recommendations for improvement from the inspection which is monitored by the trust board.

## 9. Domestic Abuse

Domestic abuse continues to be a major safeguarding concern and disclosures of abuse by service users are made to practitioners across many of BHFT services. Practitioners are encouraged to complete Domestic abuse Stalking and Harassment risk assessments (DASH) and seek support from the safeguarding team if necessary. The Specialist Practitioner Domestic Abuse can advise and refer on to the Multi Agency Risk Assessment Conference (MARAC) for those cases identified as high risk and also can refer into the Multi Agency Task and Coordination (MATAC) for those victims not assessed as high risk but who are turning to professionals frequently for support in regard to ongoing domestic abuse.

The MATAC has taken over from the Domestic Abuse Repeat Incident Meeting (DARIM) in some of the local authorities and there are plans for this to be introduced across the whole of the Thames Valley Police (TVP) area. It works in much the same way as the DARIM, trying to reduce the incidents, however there is more focus on working with the perpetrator to try to change their behaviour rather than on the victim to make changes that will reduce the abuse. Named professionals attend all MARACs across Berkshire sharing relevant health information, offering actions and contributing to the safety plan discussion. Some actions involve liaison with other agencies such as primary care and other out of area Health Trusts.

Berkshire Healthcare have also contributed to three Domestic homicide Reviews (DHR) during 2019-20 providing Individual Management Reviews(IMR), sitting on the panel and ensuring any recommendations are implemented. One IMR identified a need for training about perpetrators for Common Point of Entry (CPE) staff. This was delivered by joint working with the perpetrator worker for Bracknell Forest Children's Social Care. It focused on looking at the risks to the partners of known perpetrators of domestic abuse when they are seeking mental health support. Another IMR identified the importance of health visitors taking what opportunities they had to safely ask about domestic abuse when seeing mothers, providing that time for clients to disclose and then be signposted to support services.

The Covid-19 pandemic which led to a national lockdown at the end of this reports period saw a huge increase in calls to the National domestic Helpline. This resulted in both national and local awareness raising of the increased risk the lockdown might have to domestic abuse victims. The trust safeguarding

team circulated extra information on how to make safe enquiry about domestic abuse when seeing clients online rather than face to face. To support this the safeguarding team produced a video on how to use an 'Over the Shoulder Poster' which allowed practitioners to provide helpline numbers to clients they were seeing online without having to speak and risk being overheard. Local domestic abuse service information was recirculated along with information about the Bright sky app, a domestic abuse support app and the Police 'Make Yourself Heard' campaign which allowed victims to alert emergency services they needed help without having to speak if it wasn't safe for them to do so.

The Covid-19 pandemic has also seen the start of regular multi-agency meetings across Berkshire to ensure victims and families affected by domestic abuse can still access the services they need during the lockdown and the changes this has had for service delivery. The Specialist Practitioner for Domestic Abuse attends these meetings.

The contact details of the Specialist Practitioner were added to the Trust's Well-Being Directory. Staff who are affected by domestic abuse can be signposted for support. Any support given will remain confidential.

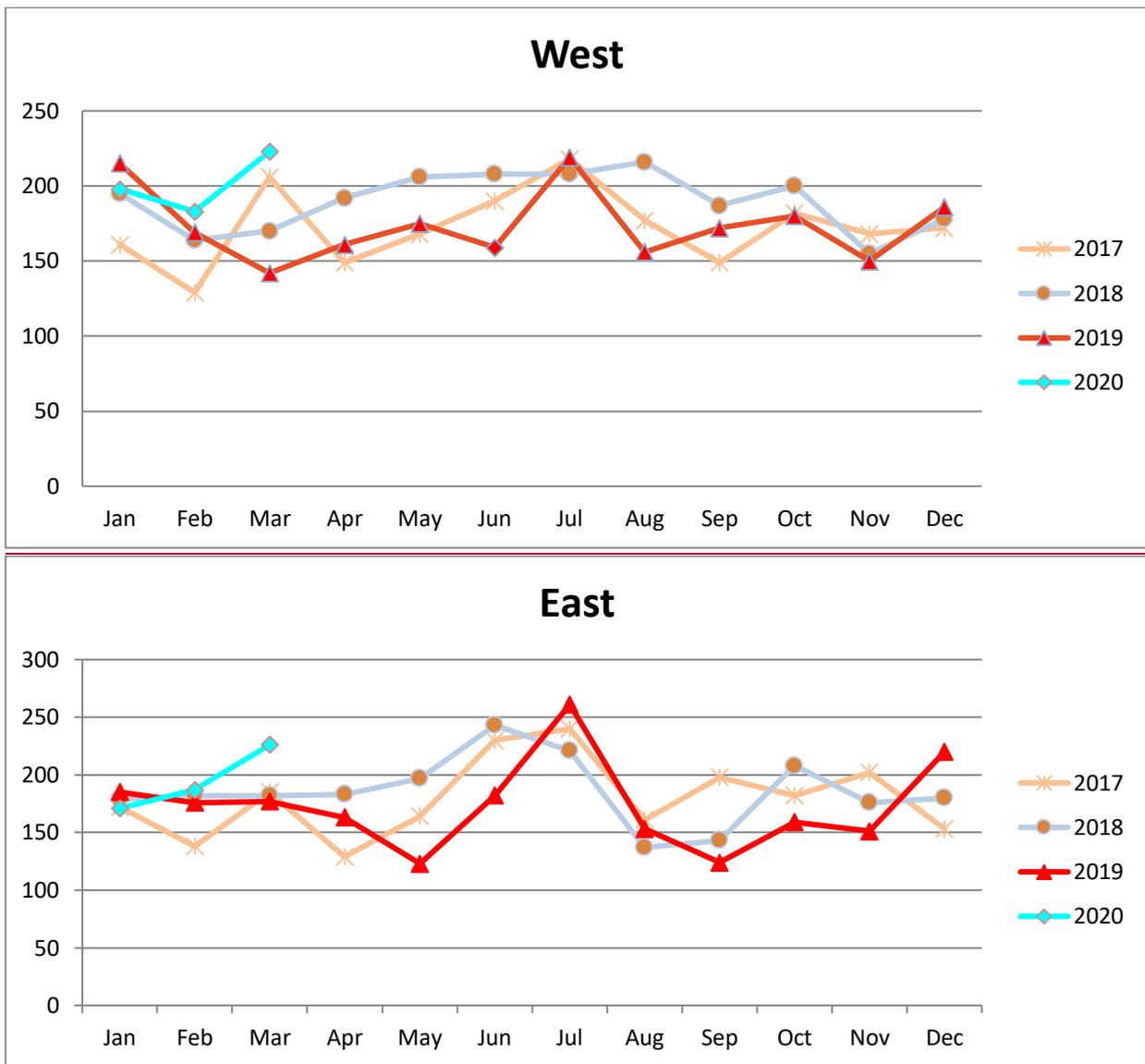
### **Looking to the future**

Due to the Covid 19 pandemic the future is looking very uncertain as we enter into 2020-2021. There will be changes in training delivery and also challenges for practitioners who have seen the way they deliver care to clients move from face to face to phone or online in many instances.

For domestic abuse the pandemic has generated an increase in awareness raising both for the general public and for healthcare staff. This can only be viewed as a positive thing and it is important for healthcare to continue being 'domestic abuse aware' moving forward once the current restrictions ease and a new normal is established.

### **Figures**

For 2019 – 2020 the total number of reports received for the West area (Newbury, Reading and Wokingham), were 2162. Total number for the East area (Bracknell, Slough & WAM), were 2120 - total of 4282 for Berkshire. Slough continues to receive the highest number of domestic incident notifications and also has the highest number of MARAC referrals. Notifications have remained relatively consistent with previous years with a definite spike in July of each year.



## 10. Safeguarding Training

All internal safeguarding training in BHFT 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 require safeguarding adult training at minimum level two 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 has been organised plus extra training sessions for staff to increase compliance.

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. During March all face to face training was suspended including induction due to Government guidance for the Covid-19 pandemic and the safeguarding team did a rapid review of available safeguarding training online to ensure continued access to training which matches the requirements of the intercollegiate documents.

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 contextual safeguarding were held in April, September and October 2019 attended by approximately 250 staff. Presentations were facilitated by both internal and external staff including a presentation by the children in care team on the specific vulnerabilities of children in care to exploitation and a presentation from Police on County Lines and Modern Slavery. The forums were evaluated extremely well by staff attending.

**Safeguarding training compliancy in 2019/20 was as follows:**

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	97.5%	96.5%	96.9%	95.9%	90%
Safeguarding Children	Two	91.4%	92.9%	91.6%	92.6%	90%
Safeguarding Children	Three	84.2%	88.2%	86.8%	87.6%	90%
Prevent	Awareness	96.1%	96.9%	96.8%	97.7%	85%
Prevent	Health Wrap	95.8%	96.7%	97.6%	96.2%	85%
Safeguarding Adults	One	94.1%	94.1%	91.5%	94.3%	90%
Safeguarding Adults	Two	80.5%	84.1%	86.8%	86.3%	90%
DoLS		84.6%	86.9%	87.4%	89.1%	85%
MCA		90.6%	92.7%	91.5%	92.2%	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 have been facilitated to increase compliance to safeguarding children training at level three with bespoke training for harder to reach staff groups.

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.

## **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.

The policy for MCA and DoLS was endorsed by the Berkshire Healthcare Policy Scrutiny Group and introduced in April 2018 and was due for review in April 2020. The policy review has been extended until December 2020 to take account of the pending change to Liberty Protection Safeguards. Following the Mental Capacity Act Amendment Bill 2019 the Trust continue to work with colleagues across the health economy in Berkshire and with Local Authority colleagues to plan the implementation of the Liberty Protection Safeguards in close liaison with the Trust board.

The Safeguarding team have offered additional training sessions with bespoke groups of staff, namely District Nurses, in order to expand knowledge, and gain confidence particularly with recording Mental Capacity Act assessments. These sessions have been well received.

The DoLS process is fully managed by the Safeguarding Team who have developed a new way of working to gain oversight and ensure quality with DoLS applications across the Trust. All DoLS applications are reviewed by the Safeguarding team prior to proceeding to the Local Authority for assessment. Ward reminders for expiry dates of authorisations, discharge notifications to Local Authorities and CQC notifications are managed by the team.

The Rio transformation team have agreed to support projects to improve visibility and functionality on Rio to support clinicians to identify and document Lasting Powers of Attorney and Best Interests assessment and decisions. This work will continue into 2020-2021.

### **Mental Capacity Act 2005 Audit**

This audit was a re-audit and was undertaken to provide the Trust with an overview of MCA compliance. It has highlighted existing good practice across the services but also identified areas of MCA practice and compliance that require further support and development.

#### **Findings from the audit:**

MCA and DOLS training is well subscribed. This audit highlights that there is a gap between the learning in training and its implementation at ward level. In response to this, the safeguarding named professionals

have facilitated small group training and increased their oversight of the ward areas to provide closer monitoring of the DOLS process. Quarterly DOLS statistics are provided in safeguarding reports to the Director of Nursing.

The use of the Care Programme Approach (CPA), more evident in inpatient and community learning disability services, is highlighted as a vehicle that promotes the individual's autonomy and supported decision making. It incorporates the fundamental principles of the MCA placing the patient at the heart of care because it ensures that the patient who is not able to represent their own view will be represented by an appropriate person wither family, friend or legally appointed representative. This good practice will be shared with services across the trust and promoted as a model for best interest decision making.

As an outcome of this audit, a templated format for best interest decision making on RIO is scheduled for work in the transformation team.

The practice of including family to support patient care is widely established in the trust and demonstrates compliance in supporting the individual's right to enjoy the benefits of family life as laid down in Human rights act 1998 enshrined in the ECHR 1953.

Consent to admission is now an established practice and is a compulsory element in admission procedure within the mental health inpatient services.

Enquiries about Advanced Directives on admission is not an established practice in mental health environments. Local policy promotes their consideration in all health environments as part of clinical decision-making pathway. The findings in this audit support its addition to admission processes and documentation.

This audit did not establish the recording of consent or patients views for day to day care in patient groups that were able to make their own decisions. Inaccuracies were identified in the recording of detentions under the MCA DOLS framework. A gap in the DOLS pathway was identified at the point of change over in detention frameworks from MHA to MCA. A more joined up approach between Mental health act and mental capacity Act leads is recommended.

An action plan has been formulated to implement the recommendations.

**Deprivation of Liberty Safeguards - referrals for authorisations 2019-2020**

Ward	Q1	Q2	Q3	Q4	Total applied for	Total DOLS granted	Total DOLS not granted
<b>Campion unit</b>							
Application made to Local Authority	0	0	0	2			
Authorisation granted	0	0	0	2			
Authorisation not granted	0	0	0	0			
					2	2	0
<b>Orchid Ward</b>							
Application made to Local Authority	2	1	0	1			
Authorisations granted	1	1	0	0			

authorisations not granted	1	0	0	1			
					4	2	2
<b>Rowan Ward</b>							
applications to the local Authority	0	2	3	6			
authorisations granted	0	1	1	1			
authorisations not granted	0	1	2	5			
					11	3	8
<b>Ascot Ward</b>							
applications made to Local Authority	1	0	2	2			
authorisations granted	0	0	0	1			
authorisations not granted	1	0	2	1			
					5	1	4
<b>Windsor Ward</b>							
applications made to local authority	1	2	2	1			
Authorisations granted	0	1	0	0			
Authorisations not granted	1	1	2	1			
					6	1	5
<b>Donnington Ward</b>							
Applications made to local authority	2	0	2	3			
Authorisations granted	0	0	0	0			
Authorisations not granted	2	0	2	3			
					7	0	7
<b>Highclere Ward</b>							
Applications made to Local authority	1	0	2	2			
Authorisations granted	0	0	0	0			
Authorisations not granted	1	0	2	2			
					5	0	5
<b>Henry Tudor Ward</b>							
Applications made to Local authority	1	0	1	1			
Authorisations granted	0	0	0	0			
Authorisations not granted	1	0	1	1			
					3	0	3
<b>Jubilee Ward</b>							
Applications made to Local authority	1	4	5	1			
Authorisations granted	0	0	0	0			
authorisations not granted	1	4	5	1	11	0	11
<b>Oakwood Ward</b>							
Applications made to local Authority	0	0	5	0			
Authorisations granted	0	0	1	0			
Authorisations not granted	0	0	4	0			
					5	1	4
<b>Totals</b>					59	10	49

Work is being undertaken by the safeguarding named professionals 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 BHFT child protection supervision policy CCR123 provides guidance for staff and has standardised child protection supervision across the trust. All health visitors and school nurses receive individual supervision from a named professional at least four monthly, with newly qualified staff receiving supervision two monthly for the first six months. Staff can request extra supervision sessions if required. All health visitors and school nurses received a minimum of three sessions of child protection supervision during 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 BHFT nursery managers as required, following learning from the Slough partnership review relating to Child MB.

Compliance to child protection supervision by CAMHS staff has continued to rise with 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 two advice lines, one for adult safeguarding and one for child safeguarding are well used by staff with over 1600 enquiries from staff during 2019/20 from a wide variety of services across the trust. This is a significant increase from the previous year. The Domestic Abuse Specialist Practitioner is also available for individual advice around issues relating to domestic abuse and support to staff across BHFT.

### **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. There have been 3 national terrorist incidents in the UK in the last year. The current threat level is substantial which means an attack is likely. Locally the cases are around Extreme right wing, concern with regards to extreme travel and reflected in the national picture concern for those that act alone.

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 was part of induction face to face training until March 2020 when Covid-19 restrictions were introduced and it changed to being delivered solely by e learning. Compliance remains high at 96% of staff for both Wrap and basic awareness training. Knowledge of PREVENT is refreshed through all the safeguarding refresher courses offered by the Trust.

This year saw the introduction of the new national referral form for Prevent. This has meant a change in process for the Prevent leads. Staff are asked to refer to Channel Panel through the trust Prevent leads. This year there was a very quiet period with no enquiries or referrals between April and October however over the year enquiries remained the same as last year, averaging two a month.

Under the new guidance for Mental Health Trusts, released in November 2017, Berkshire Healthcare has a duty to review a Prevent referral to mental health services within one week. There was only one referral in 2019/2020 and the trust were compliant with the guidance. When a referral for Channel is made from a Mental Health Team, the referring or responsible clinician is expected to be present to discuss the individual referred and feedback relevant outcomes to their trust. This was provided for one case and was effective in supporting the Panel.

### **14. Modern Slavery**

The Modern Slavery Act 2015 places a duty on First Responders to notify the Secretary of State about suspected cases of slavery and human trafficking; currently the NHS is not in the First Responder group although this may change in the future. However if a child under 18 or an Adult at Risk are identified as potentially being a victim of slavery or exploitation this would be considered a Safeguarding concern and referral to Social Care should be made and a consideration or sharing intelligence with the police should be discussed with Social Care or the trust safeguarding team.

Slough and Bracknell Local Authorities both have multi-disciplinary Modern Slavery and Exploitation Sub-groups which are chaired by a member of the Community Safety Partnership and BHFT is represented on each of these by a Named Professional for Adult Safeguarding. RBWM have a similar multi-disciplinary group and BHFT is represented by a Named Nurse for Child Protection. There are currently no Modern Slavery Sub-groups in the west of Berkshire.

Prior to Covid -19 training around Modern Slavery and Exploitation was an integral part of Safeguarding Adult face to face training, on average five sessions per month Trust wide. Since Covid-19 our training is currently via an online format. To ensure compliance and understanding around Modern Slavery and Exploitation in our Local Authority areas, additional information including video links relating to Modern Slavery and Cuckooing are being used.

The team have made use of screen savers to increase awareness of our staff regarding Modern Slavery and Exploitation. Posters have been distributed highlighting the risks of exploitation and Modern Slavery for display at the Garden Clinic in Slough, a service which may see more potential victims. Specific training has been delivered to staff at New Horizons in Slough to aid in the identification of cuckooing within client homes.

## **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. Covid-19 Pandemic**

The safeguarding business continuity plan was invoked to prioritise the service in March 2020 in response to the Covid-19 pandemic and lockdown from 16<sup>th</sup> March. The Trust Senior Management Team recognised that all safeguarding professionals would be needed in their current roles and safeguarding professionals were not redeployed to other services. The business continuity plan for safeguarding was shared with designated professionals. Fortunately the trust had advanced IT systems in place for remote working which made the transition to staff working remotely easier. Staff within the safeguarding team flexed their hours to ensure they were available for Covid-19 partnership meetings, strategy meetings and to support staff. Staff training was reviewed and suitable e-learning courses were sourced and made available online. Safeguarding professionals supported practitioners to RAG their clients and the advice line was extended to seven days a week to support staff.

## **17. Summary and Future Plans**

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 2019– 2020 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; improvement in joint working
- Provision of quality training to Trust staff including bespoke training to staff groups requiring support with specific safeguarding issues.
- On-call advice line highly valued by staff - increase in calls of 50% from last year.
- High level of compliance to safeguarding PREVENT and MCA/DoLS training;
- New guidance for completing section 42 investigations from safeguarding team has led to higher quality returns and recognition of learning
- Support to practitioners to complete court reports in a timely manner to support our local authority colleagues to take cases to court.
- Development of system for safeguarding team to monitor DoLS applications and support ward staff.
- Continued 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 and support for trust staff;
- 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.

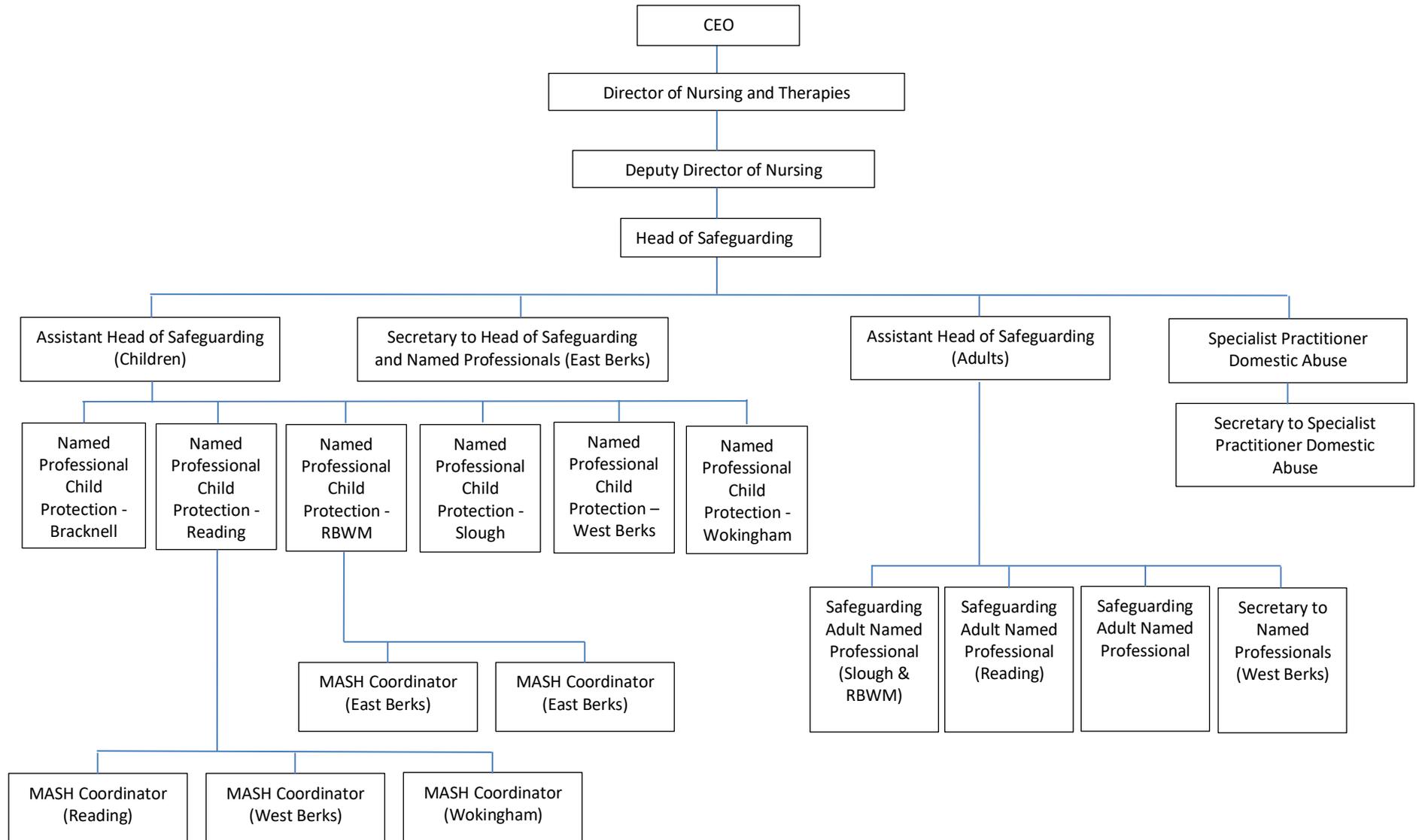
## **Future Plans**

- Continue to embed good practice in safeguarding;
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line;
- MCA post on secondment to become permanent named professional for adult safeguarding post to continue to support staff in application of the Act;
- Strategic and operational planning for implementation of LPS in 2022;

- All safeguarding training to be minimum 90% compliant across the Trust;
- Align all training to intercollegiate document requirements and ensure staff are compliant at the correct level by December 2020;
- Ensure CAMHS child protection supervision compliance to three sessions annually is minimum 85% end March 2021;
- 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;
- Offer joint group adult and children reflective supervision at PPH to encourage a think family approach;
- Support the review of new guidance on pressure area care and support staff in understanding the safeguarding aspects of pressure area breakdown;
- Explore better use of Microsoft Teams and technology to improve efficiency.

**APPENDIX ONE**

**SAFEGUARDING TEAM**



# BHFT Safeguarding Team Team plan on a page 2019/20

**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

- Monitoring and updating compliance to Section 11 of Children Act 1989 and Safeguarding self-assessment audit, reporting to Board and providing assurance to Local Safeguarding monitoring groups.
- Review Datix from a safeguarding perspective.
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line.
- Participate in multi agency audits, serious case reviews, partnership reviews and domestic homicide 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:

- Work alongside staff to embed knowledge of MCA and DOLS into everyday practice.
- Offer joint group adult and children reflective supervision at PPH to encourage a think family approach.
- Monitor safeguarding practice through audit and safeguarding clinical supervision.
- Explore new and innovative ways to share safeguarding messages with BHFT staff.
- Build upon staff knowledge on how to recognise and respond to domestic abuse.



## True North goal 3: Good patient experience

✓ To provide good outcomes from treatment and care

### We will do this by:

- Actively promote the Pan Berkshire escalation policy for Safeguarding in response to local learning.
- Provide specialist child protection supervision to all staff who work directly with children.
- Strengthening team knowledge of Prevent and ways to support staff.
- Safeguarding team will actively participate in multi-agency meetings e.g. MARAC, EMRAC, Rapid Response.
- Ensure Team maintain skills and knowledge through local and national training
- Align training to intercollegiate documents



## True North goal 4: Money matters

✓ To deliver services that are efficient and financially sustainable

### We will do this by:

- Promote Skype and SMART working to reduce travel and maximise team efficiency including Skype enabled meetings.
- Utilise new evaluation forms to assess the efficiency of safeguarding training.
- Use 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 .
- Team to move towards 'paper light' way of working.
- Regular review of systems and processes including 'share drive' to maximise efficiency.

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# Safeguarding, Mental Health & Learning Disability Annual Report 2019/20

Safeguarding & Learning Disability Champion Conference  
'Join the Dots' Thursday 21 November 2019, Shaw House, Newbury



Compassionate

Aspirational

Resourceful

Excellent

## Executive summary

Welcome to the Royal Berkshire NHS Foundation Trust Annual Report for 2019/20.

I am pleased and proud to present a report that demonstrates our commitment to safeguarding vulnerable people. It has been another busy year for safeguarding, mental health and learning disability. Our experienced safeguarding, mental health and learning disability team, provide an integrated and consistent approach to training and supporting staff to meet the needs of vulnerable people. Our single all age family based safeguarding service is in line with national best practice.

The Covid 19 pandemic means we are facing unprecedented challenges to support and safeguard vulnerable people. Following the initial crisis, we are moving to a different stage. Safeguarding adults with care and support needs from abuse and neglect remains a priority. People may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness. During this time of uncertainty, it is particularly important to safeguard children who may be at an increased risk of abuse, harm and exploitation. It is equally important to safeguard families, with parents facing significant pressures to continue to protect and promote the welfare of their children. Parents may already be struggling; with additional pressures the likelihood of harm or significant harm may increase. The relationship between poverty and the safeguarding of children and families is well recognised. During the Covid-19 outbreak, where paid work is threatened or lost or where families are forced to isolate, this risk of poverty increases and challenges the ability of families who would otherwise have managed.

### Key achievements:

- The significant amount of daily interagency partnership working to safeguard children, adults and people of all ages with cognitive problems due to mental ill health, learning disability, autism and dementia.
- Effective patient centred collaborative working alongside clinical teams to safeguard our patients
- Training, audit, learning from incidents and review against statutory standards are the foundation of our assurance, reinforced by supervision and management overview.
- We actively participate in the sub groups of the Berkshire West Safeguarding Children's Partnership and Safeguarding Adult Board. Mental Health, Suicide Prevention, Learning Disability, Transition and Mortality strategic partnership meetings. Through participation our safeguarding, mental health and learning disability plans are constantly scrutinised, challenged, renewed and updated.
- The Safeguarding and Learning Disability Conference November 2019 led to the "Treat Me Well" campaign to support patients with learning disabilities in hospital being a Trust Quality Account Priority for 2020/21
- The Safeguarding Team have remained on the Royal Berkshire Hospital site and provided face to face assessments and support for patients, their families and staff in both hot and cold Covid wards and departments
- Our Risk Based Priorities for 2020/21 have been agreed through the Strategic Safeguarding Committee
- **None of this would be possible without the professional curiosity, courage and commitment of our frontline staff and the safeguarding team. I would like to take this opportunity to thank them all for their professionalism, continued support and dedication to safeguarding our patients.**

Patricia Pease, Associate Chief Nurse, Safeguarding, Mental Health and Learning Disability

September 2020

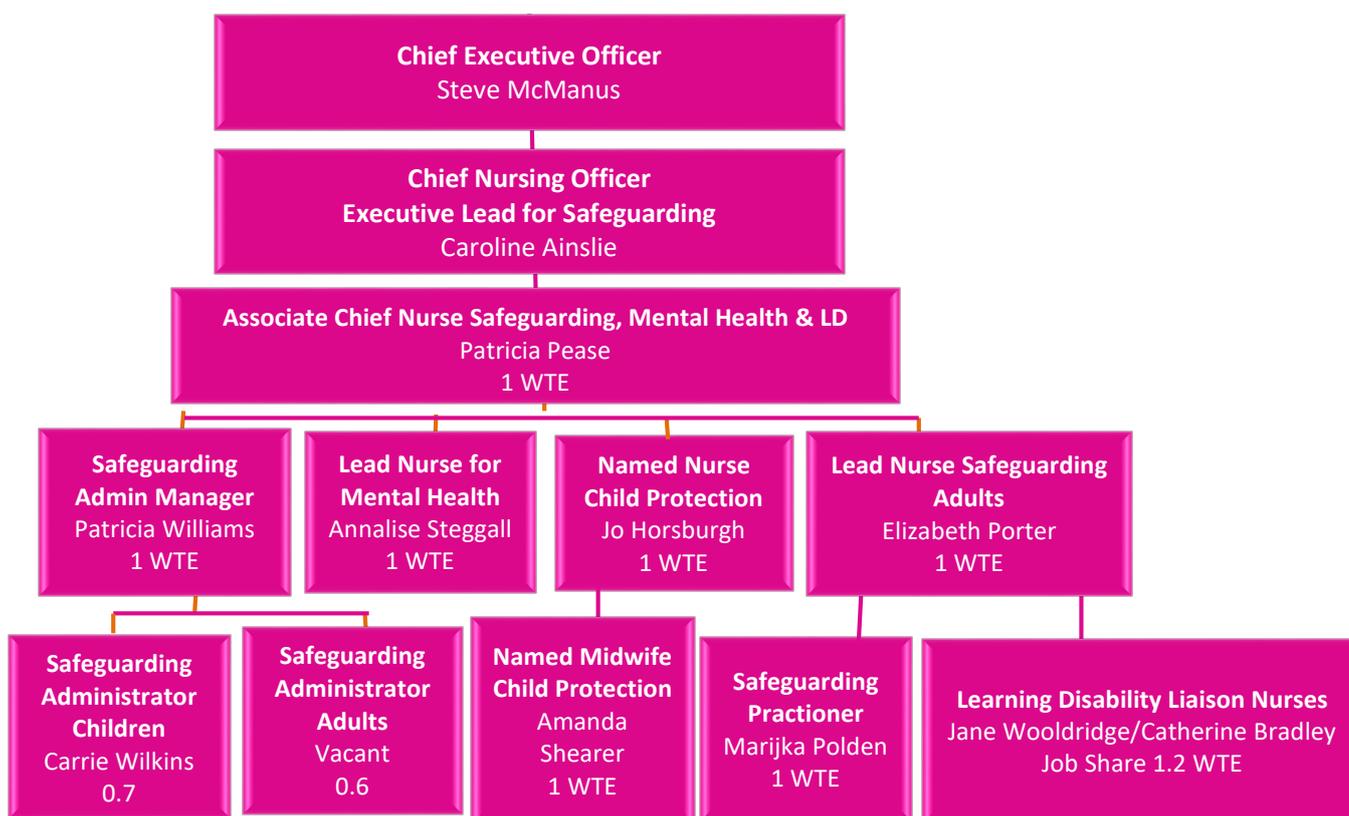


## Introduction

This report covers all areas of safeguarding, mental health and learning disability work across the Trust and sets out our priorities for further work. Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect (NHSE, 2018). Safeguarding at the RBFT is fundamental to high-quality health care. Safeguarding is everybody's responsibility.

### The Safeguarding and Mental Health Team Structure

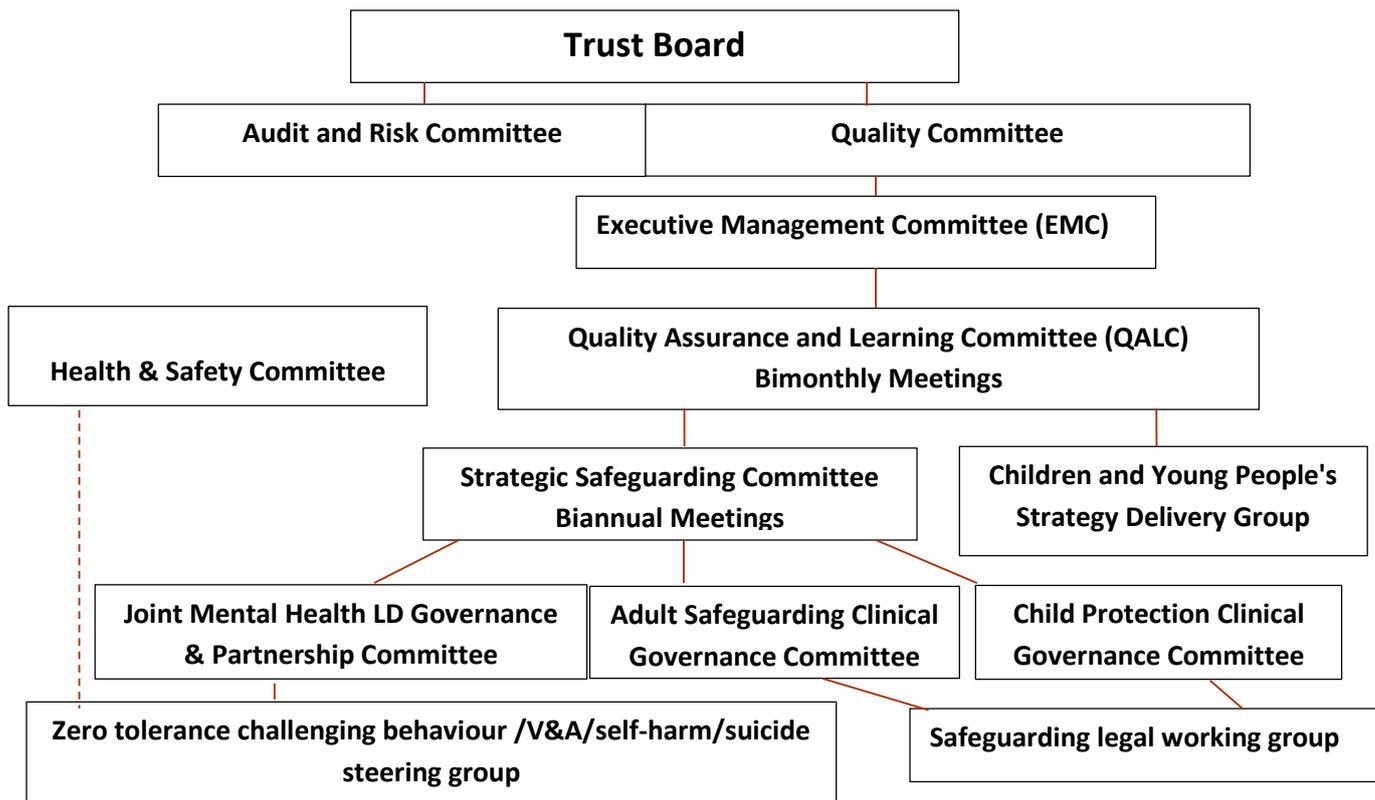
The safeguarding and mental health team structure (nursing and administration) and lines of responsibility and accountability for the RBFT is shown in the diagram below:



<b>Adult Safeguarding Medical Leads:</b>	<ul style="list-style-type: none"> <li>• Dr Zain Hader: Urgent Care Group</li> <li>• Dr Kim Soulsby: Planned Care Group</li> <li>• Dr Hannah Johnson: Networked Care Group</li> </ul>
<b>Adult Safeguarding Matron Leads:</b>	<ul style="list-style-type: none"> <li>• Georgie Brown, Urgent Care Group</li> <li>• Erin Jarvis, Planned Care Group</li> <li>• Ali Drew, Network Care Group</li> </ul>
<b>Child Protection Medical Leads:</b>	<ul style="list-style-type: none"> <li>• Dr Ann Gordon: Named Doctor for Child Protection</li> <li>• Dr Andrea Lomp: Designated Doctor Child Protection, Berkshire West, CCG</li> <li>• Paediatricians at Dingley Specialist Children's Centre provide Child Protection Examinations</li> <li>• Dr Niraj Vashist: Medical Advisor to Fostering and Adoption Panel</li> </ul>
<b>Child Death</b>	<ul style="list-style-type: none"> <li>• Patricia Pease: Designated Healthcare Professional Child Death Berkshire West, CCG</li> </ul>
<b>Sexual Health</b>	<ul style="list-style-type: none"> <li>• Julia Tassano-Edgecombe: Nurse Consultant</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>• Suzanne Emerson-Dam: Deputy Director Workforce &amp; OD, Designated HR Officer Safe Recruitment &amp; Allegations Management</li> </ul>
<b>Legal</b>	<ul style="list-style-type: none"> <li>• Sarah Pearson, Head of Legal Affairs</li> </ul>

The safeguarding, mental health and learning disability service is accountable to the RBFT Executive Management Committee and Board, Berkshire West CCG, Berkshire West Safeguarding Children Partnership, Berkshire West Safeguarding Adult Board (SAB) and participates in Mental Health, Suicide Prevention, Learning Disability, Transition and Mortality strategic partnership meetings.

## Safeguarding and Mental Health Governance Committee Structure



The Strategic Safeguarding, Mental Health and Learning Disability Committee, chaired by Caroline Ainslie, meets twice a year. The Trust has a non-executive Director, Helen Mackenzie, with a responsibility for safeguarding, mental health and learning disability. The safeguarding, mental health and learning disability nursing team meets monthly to discuss operational issues and prepare performance reports; agendas and minutes are kept for these meetings. Safeguarding and mental health quality indicators are reported monthly to the Board and CCG. A bi-monthly safeguarding, mental health and learning disability governance report including key performance indicators is submitted to the Quality Committee of the Board as part of the QALC report. Multi-disciplinary child protection clinical governance is held every two months; chaired by the Named Nurse for Child Protection. Safeguarding Adult Clinical Governance is held every three months chaired by the Safeguarding Adult Lead Nurse. A Safeguarding Legal working group meets, chaired by Sarah Pearson reporting to Safeguarding Adult and Child Protection Clinical Governances. The Associate Chief Nurse, Safeguarding MH & LD chairs a Zero Tolerance Challenging Behaviour, Violence and Aggression, Self-harm and Suicide Steering Group, which reports to the Joint Royal Berkshire NHS Foundation Trust & Berkshire Healthcare NHS Foundation Trust Mental Health and Learning Disability Governance and Partnership Committee and by exception to the Health & Safety Committee. Monthly Safeguarding Concerns and Allegations Review Meetings are chaired by the Designated HR Officer Safe Recruitment & Allegations Management; live cases are reviewed to ensure timely conclusions. At quarterly Safeguarding Review Meetings closed cases are reviewed in order to identify patterns or themes and actions. The Children and Young People's Strategy Delivery Group monitors work streams to benchmark and improve the quality and safety of Trust services for children: the work of this group has been reviewed and re-launched. In December 2018 an Associate Director for Children & Young People, Kate Egginton was appointed, Kate is leading on developing and implementing a strategy and children and young person's plan that will align with the work of Buckinghamshire, Oxfordshire and Berkshire West (BOB) and Berkshire East and North East Hampshire and Farnham and Surrey Heath (Frimley Health & Care) Integrated Care Systems (ICs).

**Statistics/Activity: The table below sets out indicative statistics for the RBFT for information & background**

	2015/16	2016/17	2017/18	2018/19	2019/20	Comment
Population number served	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	
% of population under 18 years	24%	24%	25%	25%	25%	
Number of adult attendances to ED	89,711	94,348	100,324	104,759	111,556	↑ 6.5%
Number of attendances by under 18s to ED	29,087	29,427	28,818	30,495	32,163	↑ 5.5%
No of over 65s attending ED	25,635	27,159	31,133	31,468	35,019	↑ 11 %
No of mental health attendances at ED all ages	2809	2778	3111	3728	3569	↓ 4% CYP ↑10%
Number of adult admissions	90,933	92,791	99,737	102,228	103,730	↑ 1.5%
Number of admissions to paediatric wards	7607	8589	8159	8197	7746	↓ 5.5%
No over 65s who were admitted	39515	39785	41,503	42,190	41,933	↓ 0.6%
No over 75s admitted for >72 hrs	5451	6449	5792	5865	5828	↓ 0.6%
No over 75s admitted for >72 hrs with cognitive issues	1195	1582	553	672	812	↑ 21%
Number of in-patients with a LD referred to LDLNs	315	278	263	226	249	↑ 10%
No of patients admitted because of mental health issues	1596	1610	1710	1841	1611	↓ 12.5 %
Number of babies born	5596	5391	5183	4936	4858	↓ 1.5%
Number of under 18s attending out-patient clinics	62,437	72,539	73,196	73,861	76,207	↑ 3%
Number of under 18s attending clinics providing sexual health services	2356	2059	2032	1663	1859	↑12%
Dingley child protection medicals	120	112	114	143	147	↑ 3%
Number of employees	5360	5470	5531	5431	5014	↓8%

## Training

Training is reported monthly to the Board as part of the integrated board report. A Trust annual training plan for child and adult safeguarding 2020 has been completed. On the 6th February 2020 a revised Safeguarding, Mental Health, Learning Disability awareness session was provided as part of junior doctors' induction this was well evaluated. On February 25th a full day level 3 child protection day was well attended and evaluated.

At the end of February 2020 Trustwide Safeguarding training percentages were compliant on MAST with the exception of Child Protection Level 1 training which was 92% against a target of 95%.

On 19th March 2020 all Safeguarding, Mental Health and Learning Disability Training was suspended as part of our Covid 19 pandemic response, however the Safeguarding Team continued to provide face to face case support and learning opportunities in the clinical setting.

All training programmes are regularly reviewed to ensure they include learning from serious case reviews and changes to national policy and guidelines. In 2020/21 there will be a focus on:

- Junior doctors safeguarding, mental health and LD training
- The Emergency and Paediatric Services safeguarding, mental health and LD training
- A gap analysis against current and new standards and a review of existing training methodology that includes virtual class room and digital opportunities developed during Covid, including expanding a 'train the trainer' approach. Aiming to ensure the content of our training is adapted to meet the needs of the organisation.
- The application in practice of the MCA and DoLS
- The training we provide to prevent and minimise challenging behaviour, violence and aggression
- LD/ASD training to support a consistent response to an LD flag or diagnosis 24/7
- Domestic abuse, neglect and self-neglect, prevent/exploitation and concerns and allegations management
- Staff understanding the impact of adverse child hood experiences and the organisation becoming trauma informed
- Professional curiosity, risk assessment, professional challenge and escalation will continue to be included in all of our safeguarding, mental health training and LD training

### **Safeguarding adults training**

All staff are required to undertake safeguarding adults training to the level that their job requires.

Adult safeguarding training has been reviewed following the publication of the Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff, 2018, and an initial gap analysis completed. Staff that make clinical and discharge decisions with patients need to be trained in the mental capacity act (MCA) and its application.

### **Safeguarding children training**

All staff are required to undertake child protection to the level that their job role requires.

Child protection training has been reviewed following the publication of the updated 'Intercollegiate Document: Child Protection Roles and Competencies for Health Staff, 2019' and a gap analysis completed.

### **Child Sexual Exploitation/Child Criminal Exploitation (CSE/CCE) training**

CSE/CCE is embedded into safeguarding children training at all levels. In 2019/20 there was a focus on introducing the concept of contextual safeguarding and the risks to young people outside of their home. One hour updates at level 3 are available concerning sexual violence and assault, modern day slavery and exploitation and substance misuse. The Department of Sexual health holds CSE/CCE case study peer reviews. All staff can access E-Learning via the CSE intranet pages.

### **Domestic abuse**

Domestic abuse is raised in adult and all levels of child safeguarding mandatory and statutory training; specific domestic abuse training is available for maternity staff. Level 3 days for the children's workforce include clear guidance for staff who are working closely with children and families on how to support and refer to other agencies where there are parental risk indicators. During training sessions, we remind staff of the importance of routine questioning in relation to domestic abuse. There is a Domestic Abuse guide available to staff as part of the Safeguarding Tool Kit.

### **Prevent (Anti-terrorism training)**

Prevent awareness forms part of the level one training for all staff and is included in adult and child safeguarding training. The training requirement has been reviewed in line with NHS England guidance and selected staff mostly the children's workforce who require level 3 child protection training identified to receive additional training. This is either a face to face WRAP session or approved e-learning.

### **Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)**

MCA and DoLS awareness are delivered as part of the part of Trust induction safeguarding adults training and core mandatory training day. For patient facing staff MCA enhanced training is delivered to a selected group of staff to

achieve a minimum of 80% compliance. We have remained above this target level during 2019-20.

### **Mental Health training**

The Lead Nurse Mental Health currently provides training to staff on the Mental Health Act (MHA), mental health disorders, stigma, and the processes in place within the hospital to ensure good patient care. This is delivered through the induction training programme for Registered Nurses, Allied Healthcare Professionals (AHPs) and Clinical Support Workers (CSW). A Mental Health study day runs four times a year. It is available to ED, Acute Medical Unit and Short Stay Unit nursing staff and includes situational discussions, suicide and self-harm awareness, risk assessment, use of the mental health act verses mental capacity act and has input from external speakers including BHFT, Samaritans, addictions services and Post Traumatic Stress Disorder service provider. In 2019/20 this one-day training included risk management in practice.

Mental health features as a session in the 1:1 care training day for Registered Nurses and Clinical Support Workers looking at mental health in an acute hospital, why 1:1 mental health observations might be needed and how staff might respond, interact and assess risk. Individual training sessions have and can be delivered to speciality services through local clinical governance or team meetings. These sessions are delivered by Consultant Psychiatrists to clinical teams. The focus is on the MHA in an acute hospital and individual settings and is situation based.

### **Allegations and Safer Recruitment training**

Safeguarding concerns and allegations awareness is delivered as part of child and adult safeguarding core mandatory training. Additional training for specific staff groups and a larger cohort of managers to investigate allegations was undertaken in September 2019.

### **Conflict management training and training in physical restraint and holding**

Security staff are trained in physical restraint; all are qualified in Caring Intervention level 3 Control and Restraint. Conflict management training is available and mandatory for all clinical staff and includes breakaway techniques and understanding of the application of the Mental Capacity Act, importance of space and communication skills. Restraint in relation to clinical treatment and best interests is discussed in adult safeguarding training and Level 3 child protection training. We have a Preventing, Minimising and Managing Aggressive and Violent Behaviour Including Restraint Policy CG669, the Restraint Reduction Network (RRN) Training Standards, commissioned by the NHS were published by the British Institute of Learning Disabilities, in April 2019.

[https://restraintreductionnetwork.org/wp-content/uploads/2016/11/BILD\\_RRN\\_training\\_standards\\_2019.pdf](https://restraintreductionnetwork.org/wp-content/uploads/2016/11/BILD_RRN_training_standards_2019.pdf)

There were discussions during 2019/20 with an external training company about piloting training in priority services that complied with RRN standards during 2019/20. In March 2020 following a series of clinical engagement sessions held as part of our review of preventing, minimising, managing, challenging behaviour and violence and aggression training it was agreed that there would be two pilot areas the Elderly Care Wards and ED and that the training would include Positive Approaches to Behaviour, Introduction to De-escalation Strategies, Personal Safety & Disengagement, Redirection and Guiding and Clinical Holding.

### **Transition training**

During 2019/20 specialties' have been expected to maintain the knowledge and skills of their staff in relation to transition through ward and department training. The Learning Disability Liaison Nurses work with adult clinicians to improve understanding of the cognitively disabled young person moving to adult services.

### **Learning disability**

A DVD is shown at core induction; there are 'raising awareness' sessions for RNs, AHPs and CSW's as part of nurse/CSW induction. A communication session is delivered on a training day for care crew teams and others who are providing 1:1 support. The Learning Disability Liaison Nurses work with clinical teams to improve understanding of the cognitively disabled patient in an acute health setting. The Safeguarding and Learning Disability Conference in November 2019 attended by Safeguarding Champions was well evaluated by those who attended and led to a commitment to review and develop our LD/ASD training. We have committed to providing a Learning Disability and Autism awareness presentation to 90% of relevant clinical governance meetings during 2020/21 and 2021/22. In November 2019 the government announced that training about learning disability and autism would be mandatory

for all health and social care staff and that this would be legislated for by April 2021.

#### Ongoing challenges / risks:

- Cancellation of face to face level 1 & 2 safeguarding training due to Covid19 restrictions
- Additional level 3 child protection training full days needed due to Covid19 restrictions
- Availability and provision of adult level 3 training to comply with the Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff, 2018 by the next iteration in 2021.
- Availability of training to comply with the standards of the Restraint Reduction Network Training Standards, 2019.
- Consistency of knowledge and confidence to apply the Mental Capacity Act and DoLS training in practice
- Training compliance of all of our staff in the aspects of safeguarding, mental health. Learning disability and autism training relevant to their practice.
- Consistency of knowledge, competency and professional curiosity in practice.
- Consistency of recognition and assessment of risk and confidence of our staff to respond to a significant increase in case complexity
- Availability of transition to adulthood training
- Availability of specific domestic abuse training outside of maternity and sexual health services.
- The need for our staff to have knowledge of and understand Contextual Safeguarding, Trauma Informed Care, Adverse Child Hood Experiences and Think Family.

#### Safeguarding, Mental Health and Learning Disability Audit and benchmarking against national standards

The Safeguarding Team reviews and updates Trust Safeguarding and Mental Health policies and procedures. They also coordinate an agreed audit program that includes single and multi-agency audits monitored through our internal governance systems and QALC. External scrutiny and challenge is provided through Berkshire West CCG, Health Partners Strategic Safeguarding Committee, the performance sub group of the Safeguarding Adult Board and the Independent Scrutiny Groups of the Safeguarding Children Partnership.

We actively participate in the sub groups of the Safeguarding Children Partnership and Safeguarding Adult Board. Through participation our Safeguarding plan is constantly renewed and updated. The Joint RBFT/BHFT Mental Health and Learning Disability Clinical Governance Committee monitor Mental Health and Learning Disability related standards and audits. In February 2020 we submitted data and information to NHSE & NHSI - Learning Disability Standards Benchmark Review. This was used to develop a Trust Quality Account Priority for 2020/21. To implement the "Treat Me Well" campaign to support patients with learning disabilities in hospital **Appendix 1**.

#### Ongoing challenges / risks:

- Capacity of the safeguarding team to maintain their agreed audit programme of single and multiagency audits.
- Capacity of the safeguarding team to review existing and write new policies and procedures
- Capacity of the safeguarding team to complete NICE assessments in a timely manner.

## Safer Recruitment and Allegations Management

### Key Achievements

- Deliver Safeguarding Investigation Training in order to have a larger cohort of managers able to investigate allegations.
- Incorporated an Annual DBS Declaration section (for clinical staff) in the Trust Appraisal Documentation.
- Undertaken a full review of the Managing Safeguarding Concerns and Allegations Policy.
- Identification of key themes from safeguarding concerns and allegations in order to communicate lessons learnt from safeguarding cases.
- Managing/progressing safeguarding concerns and allegations during the Covid-19 pandemic.

### Summary of Cases

In the financial year 2019/20 a total of 18 cases were referred to the Safeguarding Team; 12 cases relating to vulnerable adults and 6 cases relating to children. Of the 18 cases referred 5 were classified as allegations whilst the remainder were classified as concerns. Most of the concerns/allegations related to Trust employees however the concerns/allegations also related to a contractor, an ex-employee and a spouse of an employee. With a couple of the concerns it was not possible to identify the individual.

The safeguarding concerns/allegations were spread fairly evenly across the Trust between the three Care Groups with the most being in Networked Care. Three concerns related to employees within the Estates and Facilities Directorate. The main categorisation of concerns/allegations were physical e.g. rough handling of patients. The majority of cases were categorised as unfounded however lessons to be learnt were identified. Two cases remain open. A few cases were progressed as either a patient complaint or dealt with as an HR matter.

There has been a small reduction in the number of cases compared with previous years 19 in 2018/19 and 20 in 2017/18.

### Key Areas of Work for 2020/21

To resume normal activity for safer recruitment and the management of safeguarding concerns/allegations following Covid-19 pandemic. This includes:

- To continue the Monthly Safeguarding Review Meetings to go through all "live" cases to ensure timely conclusion.
- To continue the Quarterly Safeguarding Review Meetings closed cases are reviewed in order to identify patterns or themes and actions identified as a result of identified themes
- To deliver further Safeguarding Investigation Training in order to have a larger cohort of managers able to investigate allegations
- To increase safeguarding awareness amongst Employee Relations Team.
- To provide pilots of customised safeguarding allegations awareness and lessons learnt training for Out Patient Department Staff, Estates & Facilities and senior nurses (Band 7 and above) in Network Care as part of their safeguarding update.

## Child Protection and Safeguarding

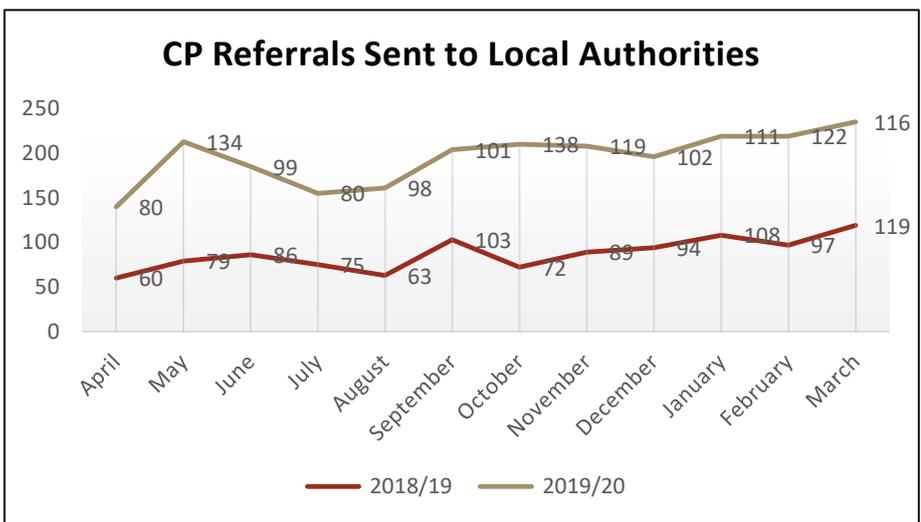
### Key achievements

- Child protection has been busy with more complex cases presenting. The Named Nurse, Child Protection continues to work closely with frontline practitioners and partner agencies to ensure that the child remains the focus, is safely managed and discharged from the hospital and our other services.
- The Named Nurse and Named Midwife continue to work closely with our partner agencies, meeting them monthly to discuss cases and operational issues. Having liaison meetings builds relationships with the Local Authorities for joint working. The meetings for all areas are established, consistent and they have proven invaluable during Covid19.
- Referrals to our three key Local Authorities have been audited for clarity, quality and voice of the child. All audits show that referrals made are clear, with concise decisions around safeguarding children who present to RBH. Where issues are identified, reflection with practitioners enhances practice.
- Level 3 child protection training is embedded, delivered, evaluated and adapted to the changing environment within safeguarding and the needs of the staff.
- A Paediatric Associate Specialist and the Named Nurse Child protection have launched debrief sessions for the multidisciplinary team to enable them to have a safe space to reflect on complex cases and learn. This piece of work will be evaluated but appears to be providing valuable support to many staff.
- Child protection Clinical Governance meets bi-monthly and reviews all areas of safeguarding children.
- RBFT have been involved in a significant number of complex partnership and serious case reviews which have required full chronologies, analysis of practice and actions in response to recommendations.
- Attendance by the Named Nurse for Child Protection at the Reading Independent Scrutiny group and the Berkshire West Case Review group of the Berkshire West Safeguarding Children Partnership.
- Safeguarding Children and Child Protection Policy and The Child Protection Protocol have been reviewed
- Work progressed with Information Management and Technology (IM&T) to develop the electronic child safeguarding referrals to support information sharing. All child protection information is now uploaded to the Electronic Patients Records to support a single record and enable staff to have a better understanding of individual children's safeguarding issues.
- The Named Nurse for Child Protection continues to work closely with frontline practitioners in Paediatrics and Emergency Department to raise safeguarding skills and confidence. Safeguarding champions have been identified in the Paediatric Wards and Departments and in the Paediatric Emergency Department. The champions are meeting regularly with the Named Nurse Child Protection to strengthen safeguarding practice.
- The Named Nurse and Named Midwife for Child Protection continue to work and support staff in the Special Care Baby Unit to identify babies who are admitted under social care, monitor babies and families that may need further support and ensure safe discharge.

### Key concerns

- We have seen an increase in activity and a significant increase in complexity of cases from both a safeguarding and a psycho-social context in relation to needs of specific patient groups:
  - pregnant women and unborn babies
  - babies under six months
  - children and young people from troubled families
  - children, young people with mental health needs, conduct disorders and particularly eating disorders
  - cases involving domestic abuse
  - children, young people with learning disability and autism
- The safeguarding and safe discharge of babies and children who have been abused and children and young people with mental health needs admitted to the RBH is monitored closely by the Named Nurse for Child Protection.

- On-going work with frontline practitioners around the interface liaison/ discussion with children’s social care and CAMHS remains a challenge, especially for 14 - 17-year-old inpatients.
- Covid19 will have a huge impact on children and families socially and economically. The impact for RBH will be seen in the complexity and vulnerability of child protection cases presenting to practitioners at the frontline and the safeguarding team and the potential for an increase in the number of Berkshire West cases referred to the National Child Safeguarding Practice Review Panel requiring a Rapid Review.
- The non-urgent child protection medical service provided by Dingley has continued and has been kept under review by the Clinical Lead working with the Named Doctor CP. Initially during lock down there were no referrals for several weeks that trend has reversed.
- Cancellation of face to face level 1 & 2 safeguarding training due to Covid19 restrictions
- Additional level 3 child protection training full days needed due to Covid19 restrictions
- The capacity of the Named Nurse to support the demand for level 3 training, the Rapid Review and learning process and the number and complexity of cases presenting to RBH. These cases require longer admission, more multiagency meetings and the use of the escalation policy internally and externally to partners to ensure the safety/safeguarding of children & young people
- The number of requests from the local authority Joint Legal Team for notes or statements for family court proceedings has increased by 70% from 2018/19 to 2019/20, there has been a corresponding increase in work in Safeguarding Administration

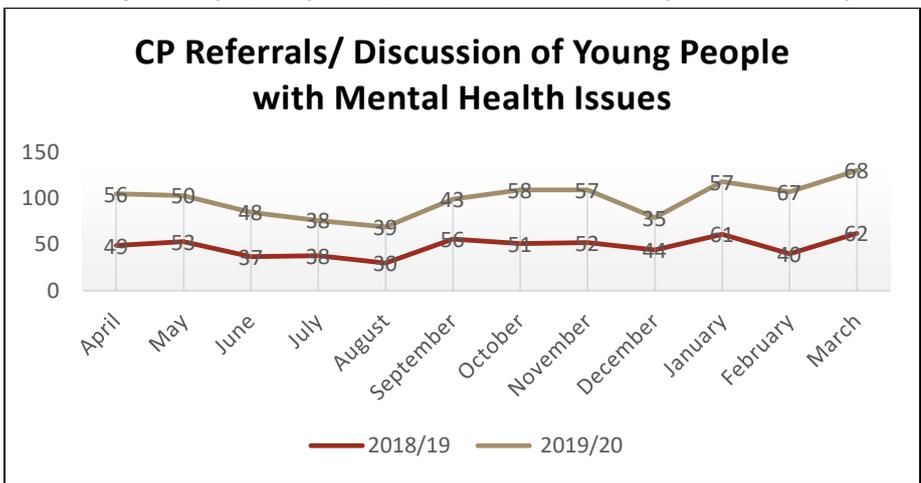


2017/18 – 740 referrals

2018/19 – 1045 referrals, 42% increase

2019/20 – 1300 referrals, 24% increase

**COVID impact** - April/May 2020/21 reduction 44% compared to same period 2019/20



2017/18 – 513 referrals/discussions

2018/19 – 573 referrals/discussions, 12% increase

2019/20 – 616 referrals discussions, 7.5% increase

**COVID impact** April/May 2020/21 reduction 35% compared to same period 2019/20

### **Key Areas of Work 2020/21**

- Continue to respond to emerging child protection and safeguarding trends and themes due to the psycho-social impact of Covid19 on the most vulnerable children, young people and families
- Named Nurse for Child Protection will continue to offer supervision/ reflective sessions for all Paediatric and Emergency Department staff as part of their level 3 child protection updates.
- NNCP will work closely with senior nurses in Paediatrics to ensure knowledge and skills are embedded in their practice, alongside the safeguarding champions.
- To continue to audit referrals made to each Local Authority within Berkshire West to ensure that good, clear and concise referrals are being made for children.
- To continue to monitor young people who attend and are admitted to the RBH with mental health needs, conduct disorders and particularly eating disorders and work closely with the clinical teams, Lead Nurse for Mental Health and all partner agencies.
- The Named Nurse, Named Doctor and Named Midwife for child protection are exploring new ways to deliver effective training due to Covid19 and the need for social distancing including e-training, virtual classroom and socially distanced or 'bubble' face to face
- Review of pathways for non-urgent Child Protection Medicals in Dingley & Urgent in ED and Paediatric Wards.
- Provide an additional level 3 child protection training full day due to Covid19 restriction and social distancing
- The Associate Chief Nurse Safeguarding, Mental Health and Learning Disability is ensuring the safeguarding administration team is fully recruited and developing a business case for a Child Safeguarding Clinical Nurse Specialist to support the Named Nurse and Midwife functions.

### **On-going challenges / risks**

- RN nurse vacancies and permanence on Paediatric Wards and ED, safeguarding skills and experience of practitioners in managing complex cases.
- A small group of child and young people 'frequent attenders' who are high profile in terms of self-harm, complex psychosocial issues, significant mental health concerns, including eating disorders and increased length of stay.
- The numbers of children and young people with mental health problems at risk from self-harm and suicidal ideation attending the Emergency Department.
- < 16s admitted to the paediatric unit and 16/17 year olds to ED Observation Bay, Acute Medical Unit or Short Stay Unit detained under the Mental Health Act requiring admission to Tier 4 Child and Adolescent Mental Health, Eating Disorder or Conduct Disorder services and delayed in the Royal Berkshire Hospital.
- The Trust does not have an adolescent or young person service model or facility to support aged 14-18 years who are either admitted to a paediatric or adult ward
- Non urgent child protection medicals being provided at a site remote from the RBH
- Capacity of the Named Nurse for Child Protection to manage the increase in activity and complexity. To mitigate risk by supervising, challenging and escalating. To participate Berkshire West Safeguard Children Partnership groups, Case Reviews for children that have been discussed at the Berkshire West case Review group to deliver training and internal governance responsibilities.
- While Covid19 continues to challenge all services, the greatest safeguarding risk will be to children and young people and ensuring a robust approach to protecting them from harm remains a high priority.

## Maternity Child Protection

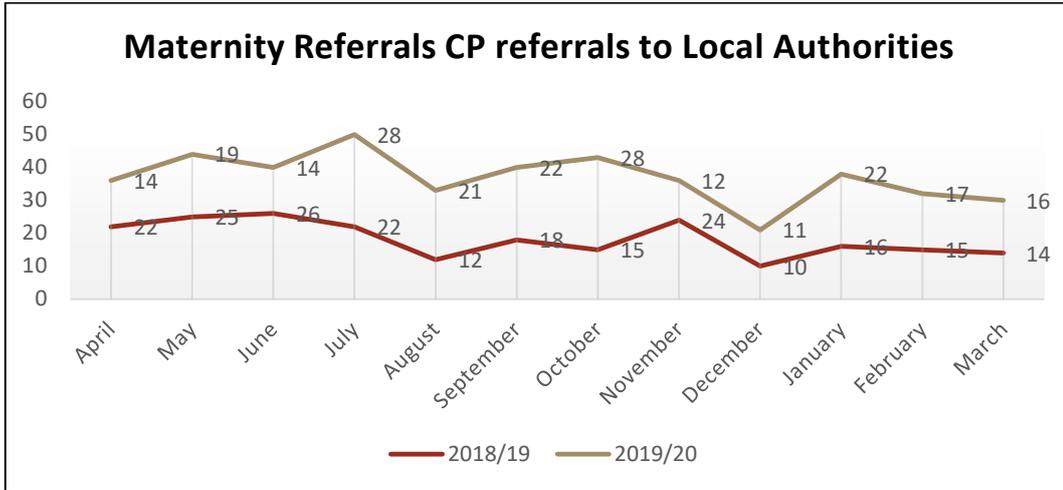
### Key achievements

- The Named Midwife for Child Protection has increasingly been called upon to support frontline practitioners in Paediatrics and Emergency Department when the NNCP is on leave.
- Child protection for the unborn, new born babies and vulnerable parents remains busy with more complex cases. The Named Midwife for Child Protection (NMCP) works closely with frontline practitioners and partner agencies to ensure that the unborn, new born remains the focus and is safely discharged.
- NMCP works closely with partner agencies to ensure that the safeguarding needs of the unborn, new born and vulnerable parents are met, appropriate plans put in place and carried out.
- Liaison meetings are held with Wokingham and West Berkshire local authorities these are usually bi- monthly.
- Liaison meetings are now established with Reading. Reading's Pre-birth Team, work intensively with the most vulnerable mothers to improve the outcome for families. One of the aims is to reduce the number of babies going into foster care whilst ensuring the baby is safeguarded and the family fully supported to care for baby. The Poppy team and the safeguarding team work very closely with the Pre-birth Team to support vulnerable families.
- Vulnerable women's meetings are held monthly with representatives from Health Visiting, Perinatal Mental Health, Sexual Health and Poppy teams, Drug Treatment Services, Reading MASH and ward representatives
- The Poppy Team supports our most vulnerable families; the NMCP works closely with the Poppy team and supports them in their practice. Two new members joined the team, NMCP provides training and support to ensure they are aware of the unique role and responsibility of being a Poppy Team Midwife.
- Community midwives are now providing care to women living in East Berkshire who wish to deliver at RBFT; this has increased the work load of the NMCP. It requires the NMCP to participate in out of area conferences and multidisciplinary meetings as well as supporting staff to complete written reports.
- The Concealed Pregnancy Guidelines and Supervision Policy has been reviewed and updated.
- NMCP has:
  - Worked with Brighter Futures for Children, to write new Pre-birth Protocol and attended a workshop with Wokingham Local Authority to look at their Early Help strategy
  - Been part of the group working with Cerner to design Maternity in EPR. This will provide one integrated maternity record covering all stages of pregnancy for both mother and baby including safeguarding.
  - Attended the BWSCP learning and development subgroup providing feedback on training needs and ensuring that our training continues to be of a high standard, meeting BWSCP and national requirements
  - Provided monthly group supervision for the Poppy team and established group supervision and reflective sessions for all Midwives as part of their level 3 child protection updates.
  - Provided newly qualified midwives with on the job support concerning their safeguarding practice, teaches on the preceptorship day and provides additional safeguarding training sessions for Community Teams
- During Covid 19 all of these established pathways, groups and relationships have proven invaluable.

### Key concerns

- The on-going impact of Covid19 on the most vulnerable families and emerging safeguarding trends and themes seen in maternity services
- The capacity of the Named Midwife to support the number of complex of cases identified within the Maternity Services. These cases require intense scrutiny, more multiagency meetings and the use of the escalation policy internally and externally to partners to ensure the safeguarding and safety of the unborn and new born, input for MARAC meetings in Wokingham, Reading and West Berkshire, increased demand for level 3 training and the Rapid Review and learning process when a baby has suffered significant harm.

- Band 5 Midwives continue to rotate to the community, this gives them an overview of the community and improves their understanding of all aspects of Maternity services, it is challenging for the safeguarding team to ensure that new community midwives have the necessary skills.



2017/18 – 217 referrals

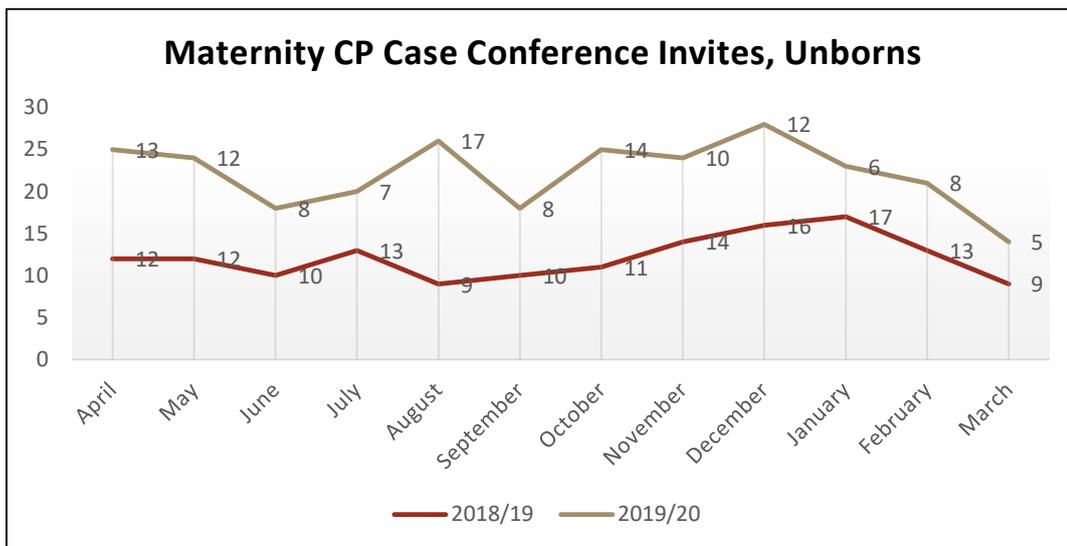
2018/19 – 219 referrals 1% increase

2019/20 – 224 referrals 2% increase

**COVID impact** April/May 2020/21 – reduction 21 % compared to same period 2019/20

Of the 224 referrals made by Midwives to the three Local Authorities in 2019/20:

- 50% were to Reading, Brighter futures for Children compared to 57% in 2018/19
- 30 % were to West Berkshire CSC, compared to 19% in 2018/19
- 15% were to Wokingham CSC, compared to 18% in 2018/19
- 5% were to our neighbouring local authorities compared to 12% in 2018/19 and 4% in 2017/18. Data for neighbouring local authorities has only been recorded for the past 3 years and will be monitored to see if 2018/19 was an anomaly.



2017/18 – invitations 130

2018/19 – invitations 146, 12% increase

2019/20 – invitations 120, 18% decrease

We were able to attend 94 (78%) this is consistent with 2018/19. The majority of conferences that were not attended were post-delivery when Maternity no longer had an input with the family.

We provided reports for 118 of the conferences 98% this is up from 92% in 2018/19.

- 51% were in Reading compared with 47% in 2018/19
- 26% were in West Berkshire compared with 25% in 2018/19
- 16% were in Wokingham compared with 24% in 2018/19
- 7% were for neighbouring authorities this is up from 4% in 2018 – 19, due to the increase in workload from East Berkshire.

#### **Local Authority Vulnerable Person figures for 2019**

- Vulnerabilities are identified as: Learning disabilities, Domestic abuse, Child protection concerns, significant mental health issues, drug and alcohol misuse, homelessness, FGM, teenager, concealed pregnancy, trafficked women and if mother of a baby was identified as a 'Looked after Child'.
- 174 Reading Local Authority women were identified as vulnerable out of 2937 births this was down by 23 women from 2018. 6% of women in Reading were identified as vulnerable down from 6.5%, there was a 3% rise from 2017 to 2018.
- 23 Wokingham Local Authority women were identified as being vulnerable this was down from 41. Due to a lower birth rate this was 2% of Wokingham births, consistent with 2.2% in 2018.
- 110 West Berkshire Local Authority women were identified as vulnerable this is up from 97, in 2018. Bookings have dropped from 1993 in 2018 to 1799 in 2019 the percentage of women identified as vulnerable increased from 4.8% to 6.1%.
- The total number of women booking at the Royal Berkshire Hospital was 6678, 340, 5.1% were identified as being vulnerable, an increase from 4.8% in 2018.
- An increasing number of women from East Berkshire Local Authorities are booking care with Royal Berkshire Maternity services, 607 in 2019, 33, 5.5% were identified as vulnerable.

#### **Forward planning for 2020/21**

- Continue to respond to the on-going impact of Covid19 on the most vulnerable families and emerging safeguarding trends and themes seen in maternity services
- Continue to provide newly qualified midwives with on the job support concerning their safeguarding practice. Teaching on the preceptorship day
- To provide additional level 3 child protection training update opportunities for the Community Midwifery Teams

### Ongoing challenges / risks:

- Increase in complexity of cases of at risk families, unborn and new born babies
- Capacity of the Named Midwife to support the number of complex of cases, attend multiagency meetings, meet the increased demand for level 3 training and the Rapid Review and learning process when a baby has suffered significant harm, provide 1:1 safeguarding supervision to the Poppy Team and support safeguarding practice for the increasing number of newly trained midwives throughout their rotation.
- Ensuring Safeguarding and Child Protection is captured appropriately on EPR, Maternity go live Nov 2020.
- Capacity of Poppy Team midwives to write reports and pressure on the Poppy Team and the NMCP to attend child protection conferences, the Poppy Team also provide intra partum care for some of the most vulnerable women
- Increase in the number of Strategy meetings held; these are usually held with only 24 hours' notice and discharge planning meetings.
- Community midwives providing care to women living in East Berkshire increasing the workload of the NMCP, presenting logistical challenges regarding continuity of care and liaison with new partner agencies.
- Maintaining maternity staff compliance Level 3 Safeguarding Children Training.
- While Covid19 continues to challenge all services, the greatest safeguarding risk will be to unborn and new born babies and vulnerable parents and ensuring a robust approach to protecting them from harm remains a high priority.

### Maternity mental health

Perinatal mental health continues to be a focus for service development and staff education as per the recommendations of national drivers such as Better Births and the Long Term Plan:

- The provision of Perinatal Mental Health training for the multi-discipline team has been a challenge this year. Traditionally the Berkshire Perinatal Mental Health Team provide training (BPMH), however, due to resource issues BPMH have not been able to offer their usual support. Face to face training is now limited due to Covid-19 precautions. Training is virtual using a national training package hosted on Learning Matters, scenarios relating to maternal mental health continue to be part of our in-house multi-professional emergency training. Maternity has been accepting places on virtual training courses funded by the regional ICS.
- In response to learning from a serious incident the foetal abnormality service has been reconfigured to better support women found to have a foetal abnormality. We are also developing a pathway of support for women when their baby is admitted to Buscot Neonatal Unit as this is a recognised red flag for postnatal depression and suicide (MBRACE-UK Saving Lives, Improving Mother's Care. Lessons learned to inform maternity care from UK and Ireland confidential enquiries into maternal deaths and morbidity 2018).
- The joint perinatal mental health and obstetric clinic continues with the Berkshire Perinatal Mental Health Team. A review of this clinic has found that an additional outreach clinic is required, planning for this additional clinic is due to start in September 2020.
- The Birth Reflections Pilot project continues. A recent evaluation found that 125 women have used the service since April 2019. The majority of women were first time mothers who wanted to better understand the events of their birth. Any emerging themes from the clinic are fed back to the Intrapartum Strategy Group where solutions are identified. Feedback received about individual members of the team are passed directly to those identified and star cards sent when appropriate.
- Screening for perinatal mental health has been included in digital work relating to antenatal and postnatal care in preparation Maternity moving to Cerner.

### Forward planning for 2020/2021:

- Continue to respond to the emerging evidence of the impact of Covid19 on the perinatal mental health of parents
- Evaluate the perinatal mental health services to identify where improvements are required in light of recent recommendations from MBRRACE-UK – Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK (2020)
- Scope the possibility of an additional outreach Joint Perinatal Mental Health clinic
- Continue to work with Maudsley Learning to achieve accreditation for our Perinatal Mental Health Training
- Scope the possibility of a case loading team for women with pre-existing and complex Mental Health

### Female Genital Mutilation (FGM)

#### Key achievements

- NMCP provides FGM figures on a quarterly basis to the BWSCP.
- The Trust is fully compliant with adding FGM-IS information to the National Spine; the safeguarding team is responsible for submitting that data.
- An FGM referral pathway has been agreed with the local authorities to ensure appropriate/proportionate information is being shared.
- Funding for the RBFT clinical input into the Reading Rose Centre for adult victims of FGM has been secured.

#### Activity

- Maternity – 17 cases identified, which is three down from last year. All of those had appropriate referrals to children's social care.
- 16 cases were identified antenatally with the remaining case being identified at delivery due to the woman not knowing she had had FGM performed; 13 were reported to Reading, 3 to Wokingham and 1 to West Berkshire. No referrals were made to neighbouring local authorities.
- There were 8 further referrals to local authorities at delivery when the infants were female. 7 referrals were made to Reading, 0 to Wokingham, 1 to West Berkshire.
- Gynae/sexual health – 1 case reported – NB case identified had already been reported by maternity.
- Paediatrics 0 cases reported.
- General Trust – 0 cases reported.

#### Key areas of work for 2020/21

- Work with BWSCP to consider how they identify children who may be at risk of FGM particularly around 'high risk' periods such as the summer holidays and when children are not at school due to Covid isolation/lockdown
- Further development of the vision for Reading Rose Centre to become a 'centre of excellence' for Black, Asian, Minority Ethnic and Refugee (BAMER). This has been initiated due to the significant social and safeguarding consequences faced by the BAMER population.

### Child Looked After Children (LAC) and Fostering and Adoption

Medicals for children who are being fostered and adopted and the role of Medical Advisor to Fostering and Adoption Panel are provided by the RBFT.

## Child death

2019/2020 has been a year of two parts pre-Covid and quarter three onwards during the Covid -19 pandemic, Pan-Berkshire Child Death Overviews Panel exceptionally reviewed a smaller number of cases than usual due to the effects of Covid-19.

Twenty-four children and young people < 18 years' resident in Berkshire West died 01/04/19-31/03/20

Seven of the deaths were in the neonatal period.

- In response to the balance of neonatal deaths among the overall numbers of child deaths reviewed, the Berkshire CDOP established a specialist panel in 2016/2017 to better enable the CDOP to consolidate the possible learning.
- The fourth panel meeting to review all neonatal deaths for the period 01/01/2019 – 31/12/2019 and share learning was originally scheduled for March 2020 but due to Covid-19 was rescheduled to June 2020.
- For the first time the panel was joined by colleagues from the John Radcliffe Hospital, Oxford and the Child Mortality Team from OUH (Oxford University Hospitals). It was very useful to have colleagues from Oxfordshire as many of our infants are treated at the John Radcliffe.
- Not all the cases reviewed strictly met the criteria for Neonatal Death (a death in a child under 28 days old) but the process for reviewing neonatal deaths was felt to be appropriate as all of the care for the cases had been as inpatients on the neonatal units.
- The good practice and learning identified by the panel will be published in the Pan Berkshire CDOP 2019/20 Annual Report.

Twelve Berkshire West, one out of area unexpected child deaths were reviewed using the Joint Agency Review process, five have subsequently been reviewed by CDOP. Joint Agency responses were initiated in a timely way for all unexpected child deaths. Specific areas for learning have been identified by the CDOP around:

- Exam pressures in young people which may lead to self-harm
- The pathway for children, and young people with VP shunts for hydrocephalus
- The need to continue to work sensitively with local communities around consanguinity risks.
- The need to reinforce the safe sleeping message for all contacts with babies/infants less than 1 year.

### Key Achievements:

- Berkshire West has implemented the new Child Death Review (CDR) arrangements by establishing a quarterly multiagency Berkshire West Child Death Review group a sub group of Berkshire West Safeguarding Children Partnership. This is going well with a Children's Service Manager allocated to be a representative from each of the three Berkshire West local authorities
- Berkshire West Joint Agency Review Protocol approved by BWCDR group
- Arrangements have been made with the Coroner so that out-of-hours family viewing of a body will be made on a case by case basis. Contact with the coroner's officer is required in all cases as there are various factors that would inform the coroner's decision
- Berkshire West Safeguarding Children Partnership Child Death Review SUDI and SUDIC Covid 19 Interim arrangements drafted in March were approved by BWCDR group in April 2020.

### Training

Training was delivered for on-call Detective Inspectors in relation to the unexpected child death process by the Berkshire West Designated Professional and Detective Inspector and as part of a Safeguarding Disabled Children day run by the Consultant for Paediatric Neurodisability, Dingley Child Development Centre.

### eCDOP

Embedding eCDOP has continued and awareness and knowledge of eCDOP is much greater within the CDR community. Training with partners has continued to include sessions with GPs, Royal Berkshire Hospital staff, health visitors, school nurses and the CCN team. The CDOP Coordinator provides online support to users and

attends eCDOP and NCMD (National Child Mortality Database) webinars to receive updates; share learning and network with the CDOP community.

### Learning Disability Mortality Review – LeDeR

Six deaths of children and young people in Berkshire with LD were notified to LeDeR following a full review at CDOP. Four of the six lived in Berkshire West.

### Safer Sleeping campaign

London Irish Rugby Club supported us in Berkshire to launch a major video campaign aimed at preventing baby deaths due to safe sleeping issues.

The video is the result of a yearlong piece of work pioneered by Berkshire West CCG, East Berkshire CCG and a range of health partners.

Launched in London on Tuesday 25 June 2019 the video is called Lift the Baby and is aimed at promoting safer sleeping in younger babies and is aimed at men and their understanding of the issues.

A special website has been developed in partnership with the Lullaby Trust and features a link to the video along with a range of safe sleeping advice [www.liftthebaby.org.uk](http://www.liftthebaby.org.uk)



### Learning from Reading Festival 2019

A Reading multi-agency partnership group continued worked with Festival Republic, to further develop safety and safeguarding policy, practice and process. Updates were given to CDOP and the Berkshire West Safeguarding Partnership in the months leading up to 23 – 25 August 2019 and tested at a table top exercise and safeguarding partnership meeting. During the autumn/winter of 2019 we planned an engagement exercise with young people and their parents. The focus was on ‘sex, bodies, consent and assault’ and ‘substances, alcohol, risk and choices’ at events and risk reduction. A multiagency group of Royal Berkshire Hospitals NHS Foundation Trust, Festival Republic, It Happens, Brighter Futures for Children, youth services, schools and colleges in Reading, West Berkshire and Wokingham were part of this. Plans were well advanced to carry out a piece of qualitative research – questionnaires and workshops with schools and colleges across Berkshire West during April and May and a quantitative survey later in 2020. This was delayed due to Covid19.

### Pan Berkshire CDOP Website

The Pan Berkshire CDOP Website has relocated to the Berkshire West CCG

<https://www.berkshirewestccg.nhs.uk/cdop>

### Themed Reviews

An 11-year review of Neurodisability deaths (ND) in Berkshire was carried out by a Paediatric Registrar while working at Dingley Child Development Centre and presented to BACD: What can we do to improve end of life care for our Neurodisability population? **Appendix 2**

There was a Joint Haematology Oncology Themed Review held in March 2020 on involving the CDOPs of Berkshire, Oxfordshire and Buckinghamshire. Local learning has been shared and applied across the wider system. In particular there was sharing of information about specialist bereavement services available in the region.

### Key areas of work for 2020/21

- A Pan Berkshire/Thames Valley Suicide Audit 2015 – 2020 for 0-25 year olds will be led and carried out by NHS England. It will be extended in a second phase (in October 2020) to analyse deaths by self-harm, to

cover the 'suicide and self-harm' categorisation used by the Child Death Overview Panel (CDOP). Child voice and family/significant other experience will be drawn from existing records, in order to avoid unnecessarily re-evoking grief or re-traumatising those affected by suicide.

- A second Joint Themed Review will be held during 2020/21 on SUDEP (Sudden Unexpected Death in Epilepsy) involving the CDOPs of Berkshire, Oxfordshire and Buckinghamshire.
- A local thematic review will be carried out on the role of the key worker, Dr Sarah Hughes will lead this for Berkshire West.

#### **Ongoing challenges / risks:**

- Allocating a key worker with the capability and capacity to provide the standard of support described in the Child Death Review (CDR) Statutory and Operational Guidance to every bereaved family. This is the responsibility of organisation where the child dies, the parents should leave with a name/contact details.
- Effective case management of all unexpected child deaths.
- Quality of life issues for children with complex/chronic conditions.
- Supporting frontline professionals following an unexpected child death.
- Knowledge, skills, competence and confidence of multi-agency frontline managers and practitioners who rarely encounter unexpected child death
- Provision of out of hours' joint home visit and immediate family support – unexpected child death.

## **Sexual Health**

### **Key achievements – service delivery and safeguarding**

- Clinical delivery in the hub at 21a Craven Road provides open access from 7am to 7pm Monday to Friday and 9.30 am to 11.30 am Saturday mornings.
- There are specific outreach clinics for young people across the three Local Authorities of Berkshire West, provided in various settings. Staff deliver holistic care from these venues.
- Designated outreach posts dealt clinically with 706 vulnerable cases that would not otherwise have accessed mainstream delivery (11 months of data due to pandemic).
- The designated sexual health outreach nurse for young people is the key front line member of staff exposed to, and dealing with, operational issues and the clinical care of young people affected by or at risk of CSE/CCE.
- Safeguarding process – all young people under the age of 18 (and anyone with vulnerabilities identified during history taking) has a full safeguarding assessment carried out at the time of consultation.
- Sexual Health Department contributes to Level 3 Child Protection Training and CSE/CCE training.
- A consistent and current flagging system exists between the safeguarding team and sexual health to ensure children and young people subject to child protection plans or Looked after Children are identifiable on both EPR and the sexual health systems to alert clinical staff to vulnerabilities.

### **Key achievements – Child Sexual Exploitation/Child Criminal Exploitation (CSE/CCE)**

Close working relationship with Head of Children's Safeguarding for Berkshire West Clinical Commissioning Groups (CCG) sharing good practice. The Trust Safeguarding Exploitation proforma has been reviewed and updated to include questions about weapon carrying and also 'sexting'. Staff training now includes guidance on what actions need to be taken if these issues arise.

- Provision of equal input across all three Berkshire West local authorities which involves Preparation for and monthly attendance at each of the CSE/CCE operational group meetings in two unitary authorities.
- The third authority has undergone a review of their meetings structure and partners involved. RBH staff contribute to the monthly meetings but do not attend unless any specific issues arise

- Attendance at CSE/CCE workshops, review meetings, audit and challenge meetings
- Attendance at the 3 locality strategic group meetings continues
- Internal CSE/CCE Information Sharing processes continue to guide practice
- Pan-Berkshire Information Sharing and Assessment agreement and Protocol is embedded within Berkshire Child Protection Procedures to which all BWSP statutory partner agencies, including the RBFT are signatories
- CSE/CCE is embedded into the Trust Child Protection Clinical Governance agenda as a standing item.

### Information sharing

Current guidance regarding information sharing for young people (YP) at risk of Child Sexual Exploitation (CSE) refers specifically to YP under section 17 and 47 of the Children's Act 1989. YP whose circumstances do not reach these thresholds and are not under Children's Social Care will fall outside of the CSE information sharing principles. A revised information sharing policy has been developed to ensure a relevant, proportional and consistent approach.

Terms of reference for the Exploitation multi-agency Risk Assessment Committee (EMRAC) are in the process of being updated for each local authority to include 'Contextual Safeguarding'. An overarching 'Pan-Berkshire' policy continues to be developed.

### Key areas of work 2020/21

- Ensuring safeguarding protocols continue to be upheld during Coronavirus Global Pandemic crisis. This will continue to be a priority going forward as the Sexual Health Service faces the ongoing challenge of providing the best quality service whilst adhering to new protocols (ie Social Distancing/Telephone Triage/Smart Triage for Vulnerable patients).
- Updated tool for use with Young People at risk of Exploitation (Pan-Berkshire). New assessment tool for use prior to referral to Children's Services in conjunction with all six Berkshire local authorities.
- Continued participation in Pan-Berkshire Exploitation sub group.
- Continued disseminating of The Trust's latest Safeguarding Assessment Tool which includes updated vulnerabilities relating to CSE/CCE (including use of social media and carrying of weapons) and training of staff to deal with disclosures appropriately.

### Ongoing challenges / risks:

- Management of CSE/CCE continues to be a challenge in relation to capacity within sexual health services.
- Capacity to attend meetings if they are extended to include more young people will become more challenging.
- Time out of service delivery, if the Specialist Youth Nurse attends/contributes to extended meetings for each local authority each month.
- Time it takes for RBFT (both sexual health and main Trust EPR) patient records to be checked so proportional information can be shared, where appropriate, in line with the information sharing policies.
- Ensuring appropriate input continues into the Local Authority EMRAC pathways as they find different ways of working to consider Contextual Safeguarding.

## Safeguarding adults

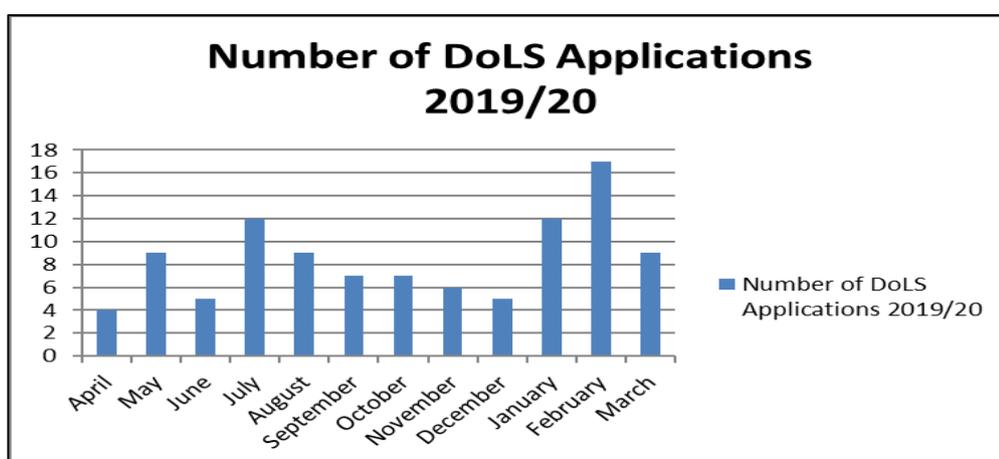
### Key achievements

- Safeguarding (adults) clinical governance continued throughout 2019/20, the PCG safeguarding team medical clinical lead and matron have worked with the PCG Board to embed safeguarding governance and accountability

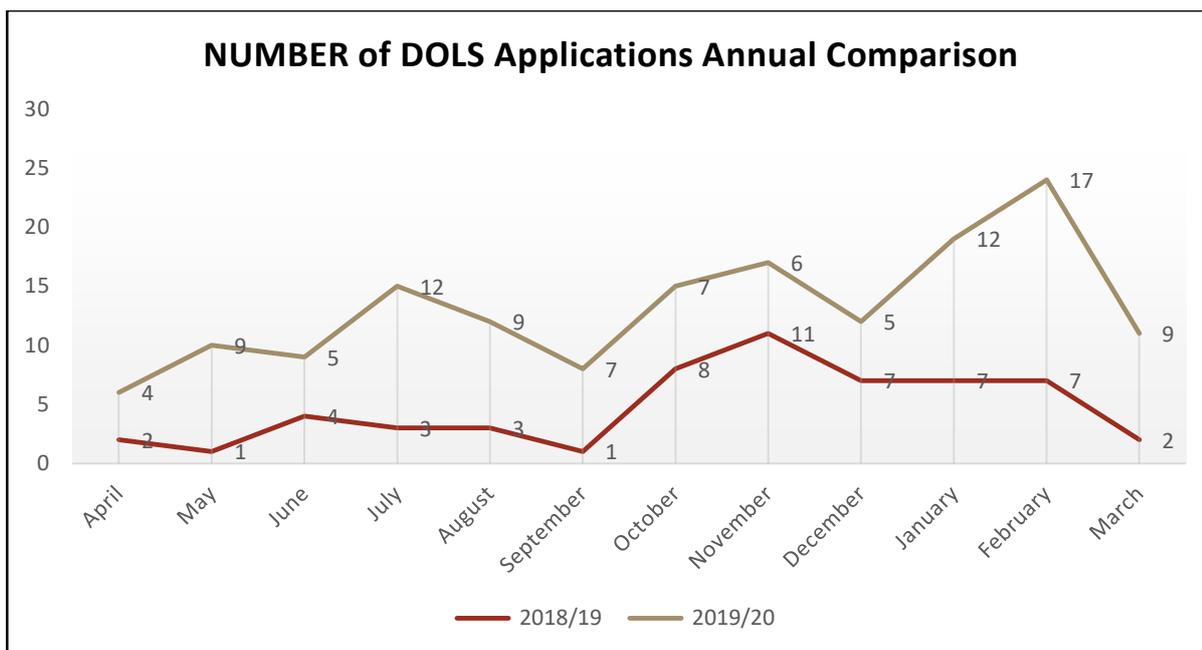
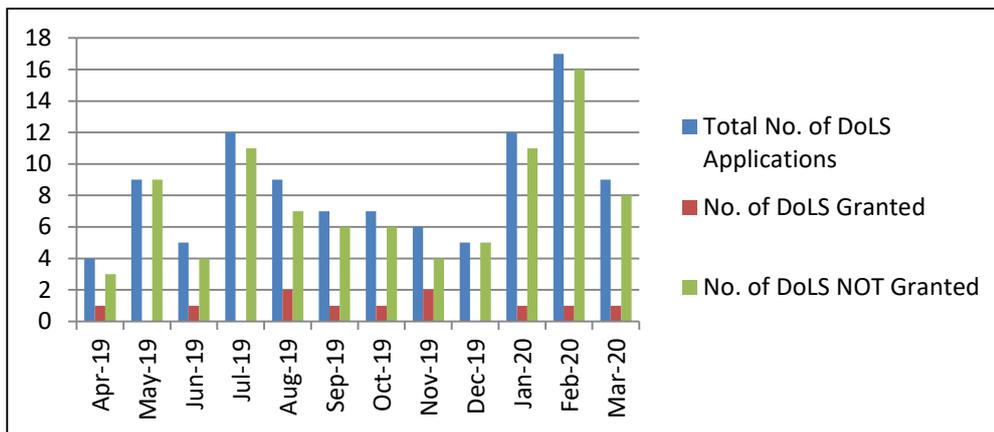
- Safeguarding concerns continue to be raised via the Datix incident reporting system this assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns.
- Learning from Safeguarding Adult Reviews (SAR’s) 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 2019 with a focus on Learning Disabilities.
- The safeguarding tool kit has been launched hard copies have gone out to some ward and department areas and the tool kit is available as an electronic version on the Intranet
- In February 2020 Marijka Polden, joined the team as a Band 6 Safeguarding Practitioner
- During March 2020 two adult safeguarding medical leads and two matrons were identified for NCG Dr Hannah Johnson and Ali Drew, UCG Dr Zain Hader and Georgie Brown. Due to Covid they have little chance to develop their roles.

**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 2019-20, Mental Capacity training also forms part of the managing 1:1 day.
- A ward level spot check audit tool was developed during 2019-20 audits were undertaken in some Elderly Care during wards in Q3 and Q4. Documentation of mental capacity assessments, by either the use of paper assessment forms or the electronic assessment remains intermittently completed. Work is on-going to amend the form on EPR to make it easier for staff to record free text on the EPR form.
- A good response to campaigns to recognise the need for a DoLS increased the number of urgent DoLS authorised by the Safeguarding Team, 102 compared to 56 in 2018-2019 an 82% increase.
- 11 standard DoLS were granted by the local authorities out of the 102 applications made. The majority of patients were discharged prior to the completion of assessments. Delay in DoLS assessment by local authorities in the acute setting is acknowledged as a risk by the Safeguarding Adult Board.
- Urgent DoLS authorised by the Safeguarding Team last for 7 days and can be extended by a further 7 days.



**Deprivation of Liberty Safeguard applications 2019 - 20 granted /not granted**



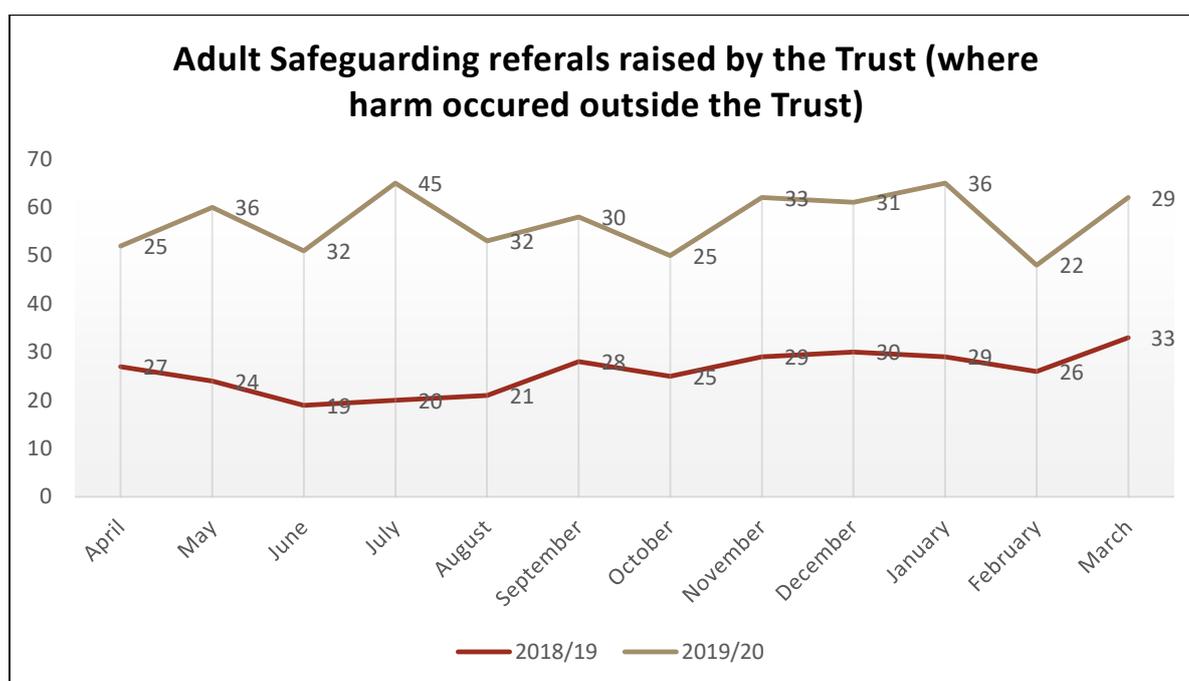
**Adult safeguarding concerns**

- 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. In most cases the safeguarding concerns raised against the Trust continue to be around pressure damage and discharge processes. In the majority of cases there continues to be a lack of information provided about 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.

**Safeguarding concerns raised during 2019/20**

Month	Concerns raised by the Trust where harm occurred outside the Trust.	Concerns raised against RBFT	Concerns reported by RBFT where harm alleged to have occurred within RBFT
April	22	2	0
May	36	1	1
June	32	2	1
July	45	2	0
August	32	2	0

September	30	2	1
October	25	0	2
November	33	11	0
December	31	2	2
January	36	4	0
February	22	5	0
March	29	2	1



During 2019/20 341 adult referrals to Local Authorities unchanged compared to 341 in 2018/19 however the complexity of cases increased.

### **Prevent (anti-terrorism)**

No Prevent concerns were discussed with outside agencies in 2019/20. Two 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 2020/21**

- Promote the safeguarding toolkit
- Support the multi-disciplinary safeguarding champions and care group safeguarding adult medical leads and matrons to embed safeguarding across the Trust
- Relaunch Adult Safeguarding governance suspended during Covid lockdown
- Extend the timeframe of the Domestic Abuse Task and Finish Group to support a review of training.
- Promote the importance of clear documentation of mental capacity; this can be by either use of paper or electronic documentation of Mental Capacity assessments.

- Prepare for implementation of the Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards.
- Complete a gap analysis against the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff 2018.
- Implement the following training, delayed because of Covid- 19 pandemic.
  - Level 3 Adult Safeguarding training
  - Advanced Mental Capacity Act training for clinicians
- Working with other members of the safeguarding team review existing training methodologies to include virtual class room and digital opportunities developed during Covid, including expanding a ‘train the trainer’ approach and reflective peer review sessions.
- Support the Safeguarding Adult Board work on safeguarding and pressure ulcer prevention & financial abuse.
- Participate in ‘new normal’ Covid recovery and restoration through the Safeguarding Adults Board and working groups with partners.
- Implementation of Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards, originally planned by the government from April 2021 delayed until April 2022.

#### **On-going challenges / risks:**

- Year on year increase in activity for vulnerable groups with multiple co-morbidities and complex psychosocial 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, DoLS, Best Interest Decisions 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
- Consistency of documentation on EPR especially in relation to Mental Capacity Assessments

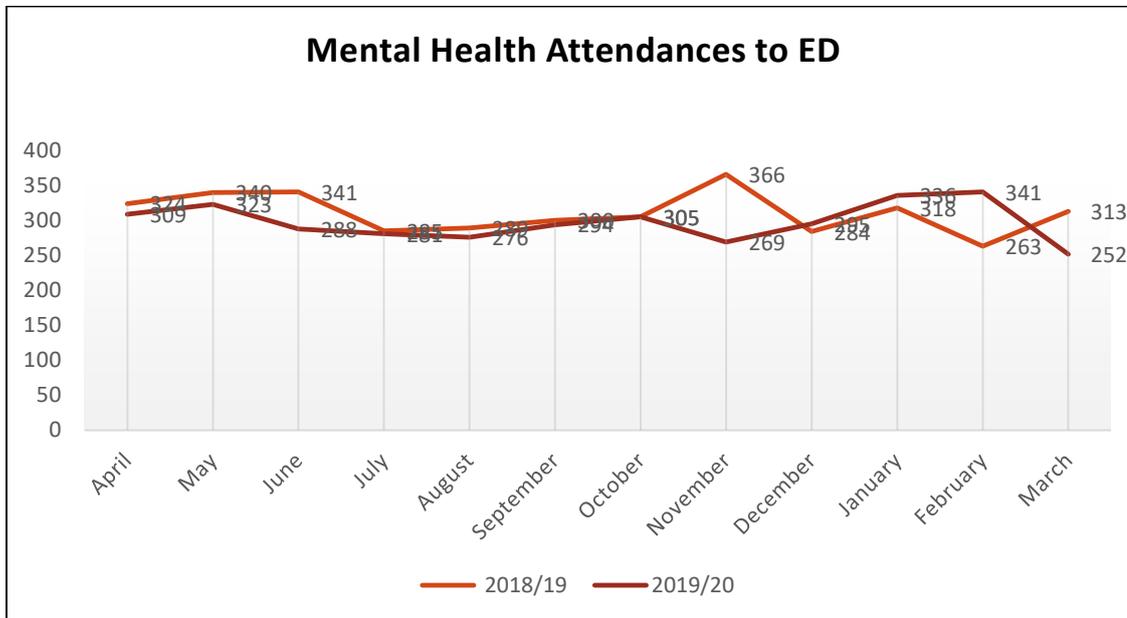
### **Mental Health Service Provisions**

Mental ill health is widespread and can affect people from all walks of life. One in four adults and one in ten children, and many of us know and care for people who do (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. Mental Health services are primarily provided by Berkshire Healthcare Foundation Trust (BHFT) commissioned by Berkshire West CCG and additional services commissioned from three local authorities. Poor mental health is a risk factor in the development of cardiovascular disease, diabetes, chronic lung diseases and a range of other conditions. There are two Berkshire West multiagency forums where the Trust works in partnership to improve the health and wellbeing of people with poor mental health and understand the needs of our population to reduce health inequalities. Berkshire West ICS Mental Health and Learning Disability Programme Board and Future in Mind - a group responsible for developing and monitoring the Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing. Additionally, the Trust participates in and works in partnership with the Pan Berkshire Suicide Prevention Group.

**Activity**

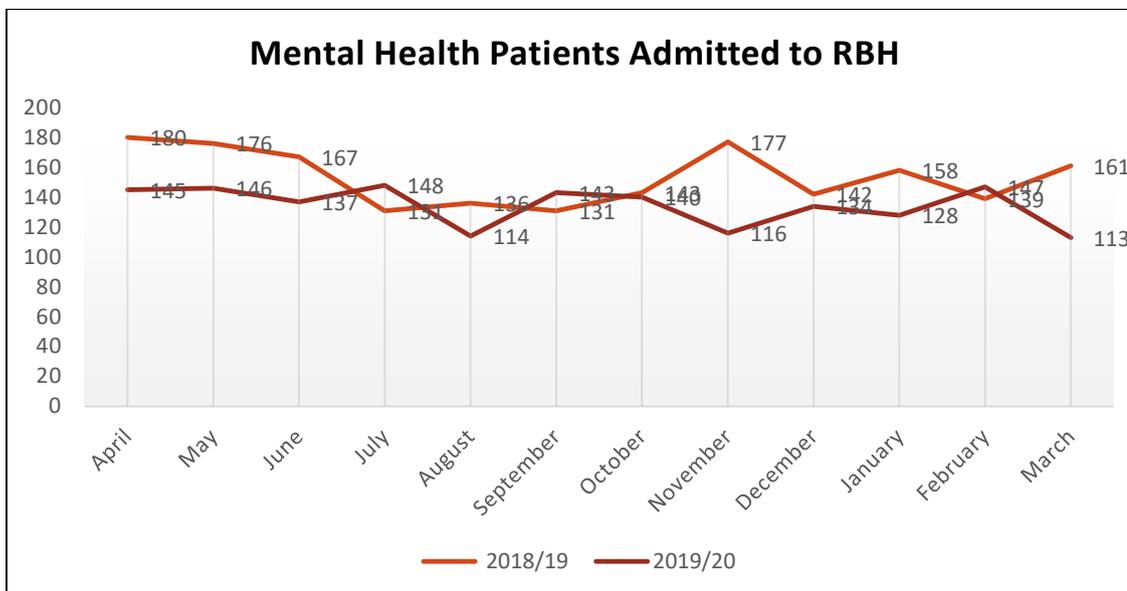
Activity data provided by the Trust’s Emergency Department (ED) shows that on average, 298 people per month (reflects a reduction in attendance due to COVID) attended with a primary mental health presentation in 2019/20 approximately 45% were subsequently admitted. This is a decrease of 3.9 % attendance to the department. There was been a small decrease in admissions to RBH wards (including ED Observation Ward) by 4.5 %.

March 2020 saw a dramatic reduction of attendance to ED due to the COVID-19 pandemic.



2018/19 – 3728

2019/20 – 3569, 4%, reduction

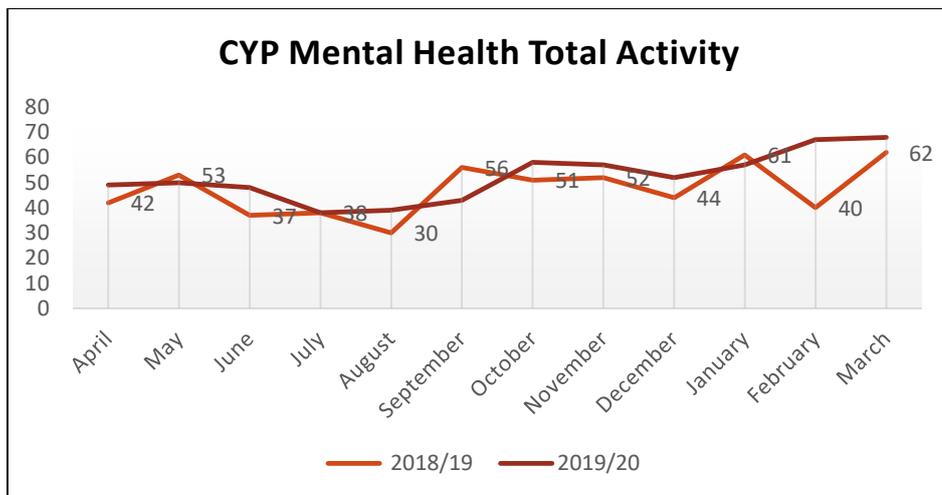


2018/19 – 1841

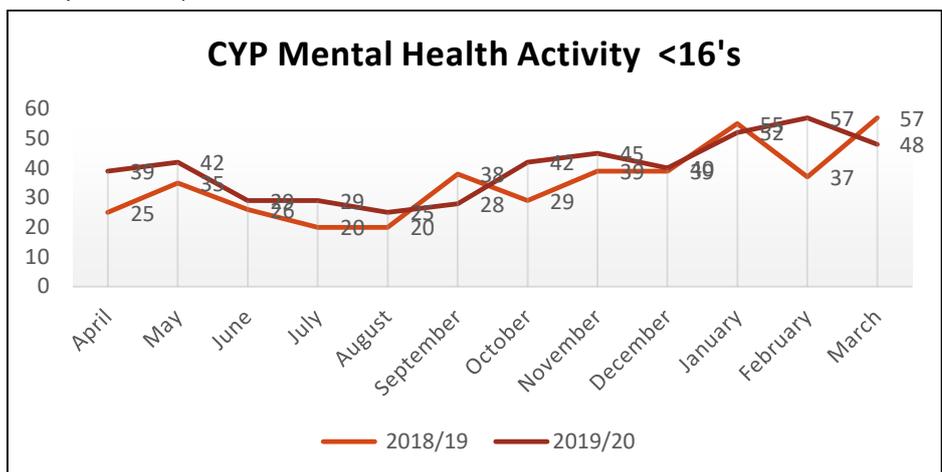
2019/20 – 1611, 12.5% reduction

Attendance of Children and Young People through ED has seen a year on year increase over the past 3 years. The age profile of these attendees has changed with the overall increase due to a higher number of under 16 year olds presenting with mental health issues. Over 16 (16 & 17) has remained quite static.

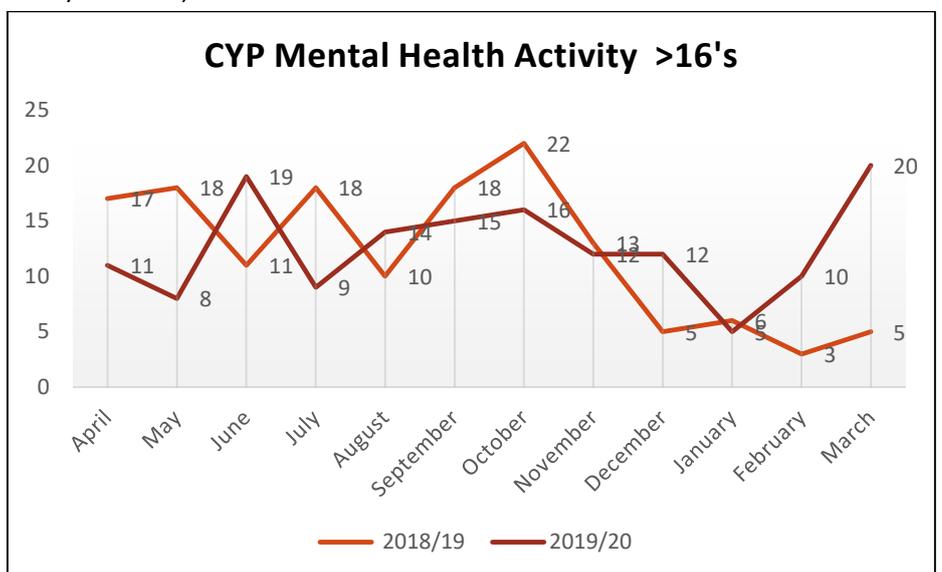
From 2018/19 to 2019/20 there was a 10% increase in attendance for all children and young people and 13 % increase for under 16's. NB the highest attendance over the past 3 years has been between the months of September and December



2018/19 – 566  
 2019/20 – 626, 10% increase



2018/19 – 420  
 2019/20 – 476, 13% increase



2018/19 – 146

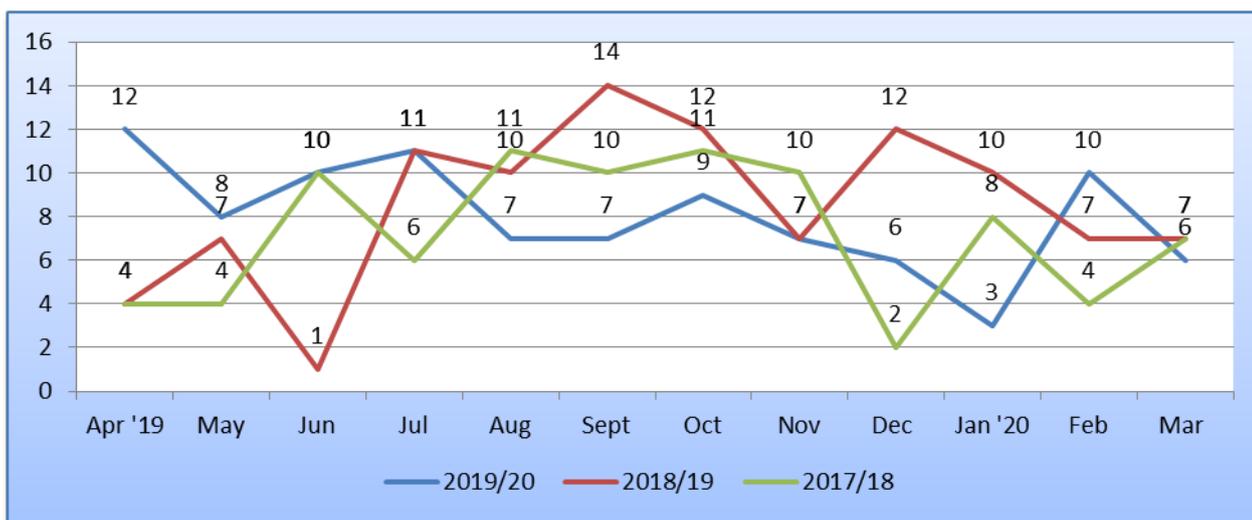
2019/20 – 151, 3% increase

**Mental Health Act detentions 1983 (as amended in 2007) to RBH (including S136)**

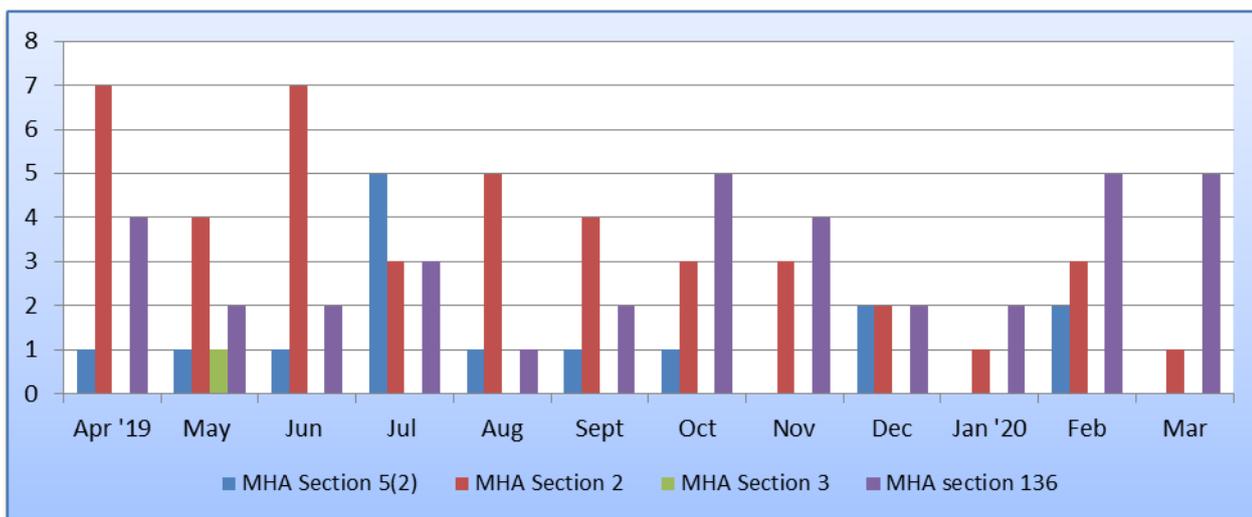
Detentions under the Mental Health Act to the Royal Berkshire Hospital were section 2, 3, 5(2) and section 136 (police powers). There were a total of 59 detentions (section 2, 3 & 5(2)) to the Royal Berkshire Hospital in 2019/20 in comparison to 62 detentions in 2018/19 and 68 in 2017/18. This is a small decrease of 4.8% in the past year.

There were a total of 37 presentations of patients detained on Section 136 at the RBH Emergency Department (ED) in 2019/20, including 2 in the Paediatric ED. This is in comparison to 43 presentations in 2018/19 and to 19 in 2017/18. This is a reduction of 14% in the past year.

**Mental Health Act Total detentions to RBH 2017/18, 2018/19 and 2019/20**



**Mental Health Act detentions by section type to RBH 2019/2020**



Please refer to Annual Mental Health Act 2019/20 Report for more detailed information.

**NB:** while a number of these patients were detained to the wards in the Royal Berkshire Hospital due to requiring treatment for both their mental and physical disorder, there were a number of patients who had no physical disorder and were awaiting a mental health placement.

## Summary

- Attendance of Children and Young People has increased due to a higher number of under 16 year olds presenting with mental health issues
- The complexity of those attending continues to increase.
- Presentation of eating disorder diagnosis and increasingly atypical eating disorders or “disordered eating” associated with conduct disorders has continued to rise.
- Lack of availability of Specialist Eating Disorder inpatient beds and CAMHS inpatient beds
- March/April 2020 saw a dramatic reduction of attendance to ED due to the Covid -19 pandemic.

## Key achievements

- First Mental Health Appeals Tribunal held in September 2019 with good feedback from the attending Judge and tribunal panel members.
- Suicide and Self Harm Working Group has achieved its targets for reviewing and completing the Self Harm and Suicide Reduction audit in September 2019.
- Challenging Behaviour Risk tool used in ED since November 2018. Paediatric wards using this since March 2019.
- Mental Health Training across RBH is established and under on-going review and development.
- Good liaison between Clinical Site team and MH Lead Nurse around patient flow between Hospitals and around the Mental Health Act administration.
- Managing Illicit substances on Trust Property and Treatments
- We worked in partnership with BHFT to review and redesign the CAMHS Rapid Response Service mental health pathways for CYP and PMS/OPMHLT pathways within RBH for adults during Covid19
- The RBFT Occupational Health Manager worked with BHFT to develop an offer to support the emotional and mental health of our staff, with three elements: Intranet content, including training for managers about implement basic support structures. Access to a confidential listening and support line manned by psychological therapists. Wellbeing Support Hubs for teams facilitated by psychological therapists.
- Focus groups, discussions and plans with clinical teams and an external training company about piloting training in priority services as part of our review of Preventing, minimising, managing, challenging behaviour and violence and aggression training.

## Compliance with the Mental Health Act 1983 and Mental Health Act Code of Practice, 2015

The Annual Mental Health Act Report 2019/20 is discussed, consulted on and approved through the Joint RBFT/BHFT Mental Health Committee, the Strategic Safeguarding Committee and the QALC, the Executive Management Team and the Quality Committee. This report provides assurance about key issues, risks and themes, Trust compliance with the Mental Health Act and Code of Practice.

**Please refer to Annual Mental Health Act 2019/20 Report for more detailed information.**

## Liaison Psychiatry in the Royal Berkshire Hospital – Psychological Medicine Service (PMS) and CAMHS Rapid Response Service

There continues to be a high level of support for patients presenting with mental health needs. The mental health liaison teams work collaboratively with RBFT staff to ensure all ages of service users with mental health needs are adequately assessed, treated and signposted as necessary. ED and PMS have regular operational meetings in order

to achieve a collaborative way of working. CAMHS, paediatric and ED staff have developed a similar meeting for children and Young people.

CAMHS Rapid Response Service operates from 8am-8pm Mon-Fri; 10am-6pm Sat and Bank Holidays with out of hour's support for crisis management being provided by an on-call CAMHS Consultant and the nursing team at Willow House. Willow House is a 24/7 9 bedded tier 4 CAMHS in Berkshire.

### **Challenging Behaviour Self Harm and Suicide Prevention**

A Zero Tolerance Challenging Behaviour, Violence & Aggression, Self-harm & Suicide steering group has been launched to identify and action risk reviews and promote safer management strategies. The group is working towards a zero tolerance of violence and aggression towards our staff and of self-harm and suicide attempts within the Trust. In 2020/21 the group will determine and monitor:

- The implementation and review of the Trust's Preventing, minimising and managing aggressive and violent behaviour including restraint Policy CG 669 and associated protocols and guidelines.
- Planning and evaluation pilots of training in the Elderly Care Wards and Emergency Department that comply with Restraint Reduction Network (RRN) Training Standards, commissioned by the NHS were published by the British Institute of Learning Disabilities, in April 2019. That training would include Positive Approaches to Behaviour, Introduction to De-escalation Strategies, Personal Safety & Disengagement, Redirection and Guiding, Clinical Holding
- The implementation of a consistent equitable process for flagging patients with dementia/LD or other clinical conditions impacting cognition e.g. Parkinson's on EPR to allow for our staff to make reasonable adjustments.
- The introduction of the Sunflower Lanyard for hidden disabilities e.g. Learning Disability and Autism
- The implementation of a process for placing a violent patient or antisocial behaviour marker on EPR, the group which includes the Trust Local Security Management Specialist will act as the Trust Warning Marker Review Panel. This will start with a pilot in the Emergency Department.
- Oversee a project to improving Datix reporting of violence, aggression and antisocial behaviour that will start in the Emergency Department.
- A work stream led by the Care Group People & Change Partners that will work on zero tolerance of antisocial/bullying behaviour towards our staff, to include training in relation to the confidence to have difficult conversations and to use the tools available to them in Policy CG 669 e.g.
- Continue to monitor compliance with and the effectiveness of the annual self-harm and ligature audits
- Linking with multi-agency partners through the Berkshire Suicide Prevention Committee.
- Contributing to the Berkshire wide Suicide Prevention Strategy and action plan
- Working alongside the Samaritans who provide regular support for patients within the ED, as well as training for hospital staff.

### **Key concerns**

- Data for patients who are detained under the MHA "transfers in" and S136 remains dependent on staff reporting and is inconsistent.
- Provision of enhanced 1:1 support including RMN cover where required – quality and quantity.
- Consistency of knowledge and skill concerning enhanced 1:1 observation for patients with acute behavioural disturbance including psychiatric observations.
- Delays in discharge of children, young people and adults awaiting specialist mental health beds, including eating disorders.
- The increase in violence and aggression towards our staff and impact and management of challenging behaviour particularly in the ED, AMU and SSU, Paediatric Wards, Elderly Care Wards, Acute Medical Wards, the Neuro-rehabilitation Ward, Trauma and Orthopaedic Wards and Maternity Services.
- Consistency of staff knowledge, understanding and application of MHA in practice, including self-harm and suicide prevention and ability to always recognise and act on risk.

- Challenges presented by the physical environment in an acute health setting.

### Key areas of work for 2020/21

- Review of MHA SLA between RBH and BHFT
- Review the Responsible Clinician guidance generally and specifically for CAMHS.
- Illicit Substances on Trust Premises Protocol and Drug Misuse Management in the Acute Hospital Setting Protocol to be approved.
- Review of MHA policy
- Working group with partners/commissioners to develop agreed Transport provision for mental health patients between Hospitals.
- Re-establish work between BHFT and RBFT on communication and transfer pathway for patients being transferred between hospitals.
- Work with RBFT Local Security Management Specialist (LSMS) to review guidance on searching high risk patients.

### Key Areas of Multi-agency partnership working looking forward to 2020/21

- Participate in the implementation steering group for the 14 recommendations from the all age Berkshire West Mental Health Crisis Review, approved in April 2020 by Berkshire West ICP Mental Health & Learning Disabilities Programme Board. A detailed implementation plan for action related to the recommendations has been drawn up. Regular monthly meetings from September 2020.
- Participate in COVID recovery & restoration - winter preparation priorities for RBH (including for Covid 2nd spike) will be included in the plan
  - Re-establish RBH ED Frequent Attender initiative by October 2020
  - Review of secure ambulance use criteria and contract
  - Review of 2018/19 flow charts and documents for our front line to comply with the Homelessness Reduction Act (2017) to refer any person who is homeless or threatened with homelessness to their local authority
  - Establishment of all age 24/7 mental health crisis line local and 111 with triage to 999 in Berkshire
  - Support for teams caring for complex patients with Eating Disorders all ages & CYP with conduct disorders – explore CAMHS liaison in reach post for RBH
  - Prepare for expected surge of Mental Health need and demand
- Participate in 2020/21 Berkshire/BOB review of Adult Eating Disorder pathways
- Take forward the recommendations from the young person who present to RBH HiU audit 2018 through 'Future in Mind' multiagency group
  - Model of working – in partnership with the young, person, family and each other
  - Hospital based children's social worker to ensure timely and collaborative risk assessments with CSC/RBH/CAMHS
- Transformational approach Join the Dots – TVP/RBC/third sector engagement when the opportunity arises
  - Thames Valley Violence Reduction Unit - Hospital Navigator Scheme. Explore in reach post/service model for 10 – 25 year olds for the RBH Emergency Department as part One Reading CYP early help and intervention strategy
- The Trust is participating in:
  - a Pan- Berkshire Suicide Audit 0-25 years organised by NHSE Specialist Advisor, CYP Mental Health, South East. The findings will contribute to a 'life course' renewed suicide prevention strategy and plan in Berkshire in 2021, a second part of the audit will look at death in this age group as a result of self-harm involving substance abuse/alcohol
  - a Pan- Berkshire Suicide Audit in females

**Ongoing challenges / risks:**

- The number of mental health patients of all ages presenting to ED and being admitted.
- Increase in number of patients with eating disorders from both West and East Berkshire being admitted for re-feeding and discharge delayed due to lack of specialist in patient services.
- Increase in complexity, homelessness, social isolation.
- Gaps in community services for patients who are in crisis, leading to individuals attending ED.
- Delayed Transfers of Care for Prospect Park Hospital and Royal Berkshire Hospital due to lack of specialist beds nationally.
- The number of patients detained to Royal Berkshire Hospital under the Mental Health Act.
- Capacity of the nursing teams and security service to consistently provide a safe environment for high risk patients – enhanced 1:1 care.
- Suitability of acute health care settings when managing patients who are a risk to themselves or others.
- Social care supporting safeguarding risk assessments – in and out of hours, the response is variable
- Challenging behaviour, violence and aggression

**Learning and complex disabilities – adults****Key achievements**

A Registered Learning Disability Nurse was appointed in October 2019 to work 15 hours which restored the post to full time following a reduction in hours of the other liaison nurse.

- There were 249 inpatients with learning and complex disabilities referred to the Learning Disability Liaison Nurses (LDLNs) during 2019/20. Very few patients require no input at all and a number of patients require significant input. The LDLNs provide support to hospital staff involved with the patient who request advice with strategies to ensure reasonable adjustments are made and patients receive the most effective care and they become involved in more complex cases.
- There were 338 interventions for inpatients by the LDLNs. In March 2020 the way of recording interventions was enhanced to reflect more accurately the number of assessments, documentations of plans of care and administrative actions that the learning disability nurses have to make
- There were five patients who required intensive on-going support over periods of weeks and months, either because of the complexity of the patient's condition, their anxiety, social circumstances, or because of frequent admissions. Four of these patients had no effective family support. One patient was near the end of her life. Two patients had complex discharges and the LDLNs and community professionals and carers had to advocate for these patients in ensuring that social care colleagues fully understood the issues around a safe discharge for both of these patients. The LDLNs aim to provide support for medical, nursing and AHP colleagues in relation to the patient's learning disability and the best interest decision making process.
- 118 outpatients had support from the Liaison Nurses either before for preparation or when attending outpatient appointments. Some of these patients do not meet the threshold for social care support but require help when dealing with health issues, particularly understanding information.
- Overall, there were 265 interventions for outpatients.
- The LDLNs attend the multi-disciplinary case meetings of the Reading Community Learning Disability Health Team so that individuals can be discussed and joint plans developed as necessary for those who need to access care at RBFT. Contact with health professionals from the other teams across Berkshire West takes place via phone and e-mail.

- The LDLNs also attend the West Berkshire Learning Disability Partnership Board meetings when there are issues related to health and RBFT on the agenda. They also attend the health sub- group meetings of that partnership board. The Reading partnership board remains disbanded and contact is maintained with Wokingham via email. The LDLNs have attended the health sub group meetings but not the bigger partnership board meetings as they are on Zoom and are mostly social in content to enable members to stay in touch. The focus of the health sub group in West Berkshire LD Partnership Board is the take up of annual health checks and health screening.

#### **Safeguarding and Learning Disability Champion Conference – ‘Join the Dots’.**

- Keynote speaker was Paula McGowan who is a campaigner for people with a learning disability following the death of her son, Oliver. Her speech was entitled ‘Better health outcomes for people who have autism and learning disabilities’.
- Learning disability practitioners spoke to the conference about supporting people with learning disabilities to live the life they want.
- Graduates of the Route to Recruit supported internship programme who have gained employment at the RBH participated
- The conference also covered the exploitation and domestic abuse of individuals with a learning disability and trauma informed care to support people who help individuals with a learning disability.
- Members of the safeguarding team facilitated scenario based workshops covering the life span of learning disability.

#### **Deaths of patients with a learning disability**

- The LeDeR Berkshire West Steering Group is established, chaired by the Assistant Director of Quality and Nursing, Berkshire West CCG and continues to meet bi-monthly.
- RBFT Associate Chief Nurse Safeguarding, Mental Health and Learning Disability, Designated Professional for Child Death attends to ensure senior input and correlation with CDOP.
- There were 6 review meetings during 2019/20. There is a back log of deaths within Berkshire West CCG to be reviewed but only 9 which relate to patients with a learning disability who died at RBFT. Since the start of the Covid pandemic there has been one review meeting over the phone which was lengthy and only covered 2 patients. The CCG are looking to appoint a full time reviewer.
- In 2019/20 – there were fourteen deaths of adults with LD in the RBH. The review group includes a learning disability nurse from BHFT and there are some patients who die in the community who are known to RBFT. Berkshire West children or young people aged 4 – 17 years with LD were reported to LeDeR following review at CDOP.
- Patients who die whilst an inpatient at RBFT are subject to a triage mortality review within the organisation.
- Where concerns are identified about practice the case is considered against Serious Incident Requiring Investigation (SIRI) criteria, one case met the criteria in 2019/20.
- The purpose of the reviews is to gather information about the individual who has died and report to the programme to identify learning and positive practice.
- Themes which are emerging that should ultimately contribute towards the aim of reducing premature death in people with a learning disability are recognition of sepsis, the prevention of community acquired (aspiration) pneumonia, annual health checks with GPs and public health screening e.g. cervical smears and mammograms.
- RBFT using terms such as LD or Down's syndrome on DNACPR forms has not been a feature. However, failure to document mental capacity assessments has been. The LDLNs address the use of such terminology on Respect forms when they come across it with the appropriate Clinical Governance. There have been one or two incidents of this during 2019/20
- The quality of care and compassion provided by RBFT services in relation the people with LD and end of life care identified in Berkshire West LeDeR and CDOP multiagency death reviews has been very positive.

#### **Challenges**

- The backlog of cases throughout Berkshire West CCG is growing. The reviews are time consuming whatever format is used. This will be addressed by the appointment of a full time reviewer by the CCG.
- Obtaining documentation from EPR is very time consuming.

#### **Patient experience**

- Positive feedback received from families and carers regarding their experience of accessing RBFT services. The overall message is that the planning for individuals which enables in-patient stays and out-patient visits to proceed smoothly is highly valued and appreciated.
- Families and carers feel confident in raising concerns with the LDLNs when they occur.

#### **The Learning Disability Liaison Nurses:**

- Work with a number of agencies to support individual complex patients and their health needs. They may not necessarily be in-patients but are frequent attenders at ED or use out-patient services.
- Attended a transition event for young people and parents at Avenue School, Reading.
- Talk to GP trainees regarding patients with a learning disability and making adjustments to enable them to access services. The talk covers primary and secondary care services. A Learning Disability Nurse from one of the community teams is invited to attend. Two sessions were held in 2019/20
- Work with adult clinicians to improve understanding of the cognitively disabled young person moving to adult services.
- Participates in transition clinics in order to meet young people and their families and provide some reassurance regarding adult services at RBFT.

#### **Familiar carers**

RBFT continues to fund 1:1 familiar carers for inpatients with a learning disability who require that level of support to make them feel less anxious and more likely to comply with medical and nursing interventions in the hospital environment. Social care will not fund this type of support when an individual is in hospital as their responsibility for funding only applies to people who have been assessed as eligible for funding at home or in the community. Work continues on streamlining the payment process and taking it out of the job role of the LDLN team to improve timeliness and governance of payments.

#### **Key area of work for 2020/21**

- To progress Trust Quality Account Priority 2020/21 to implement the "Treat Me Well" campaign to support patients with learning disabilities in hospital Appendix 1
- To review our process for reviewing the deaths of people with a learning disability, contribute to addressing the backlog of LeDeR reviews in Berkshire West and adopt the BHFT Structure Judgement Review tool for LD deaths.
- Covid- 19 pandemic - the LDLNs will be maintaining and actioning as appropriate a list of patients who have surgery and interventions cancelled because of the pandemic.
- The LDLNs will be liaising with urgent care in the community and PCG regarding adjustments for patients with a learning disability who require covid swabbing and can't access the mainstream service.

#### **On-going challenges / risks:**

- Increase in case complexity and managing the expectations of families, carers and other professionals
- Patients with LD being delayed in hospital waiting for appropriate social care placements.
- Affordability of funding familiar carers.
- Increasing and maintaining workforce knowledge of the Mental Capacity Act and best interest assessments.
- The introduction of Liberty Protection Safeguards due to be implemented in April 2022.
- Capacity of the Learning Disability Liaison Nurses to improve the service provision for young people during transition, participate in LeDeR reviews and progress quality improvement campaigns

## Children with Special Educational Needs and Disability including Transition to adult services.

### Key achievements

- We have worked with partners to implement Special Educational Needs and Disability (SEND) reforms and prepare for inspection.
- We have worked closely with our LA partners to improve SEND provision across the local authority area with specific focus on improving timeliness of EHC plans and improved co-production with our partner organisations.
- There has been a significant amount of work with Wokingham LA following their inspection

### Transition

- Transition to adult services in the RBFT is complex due to the range of specialities.
- Young people who use our services have long term, chronic and life limiting illness. Many will be CAMHS patients and have Special Educational Needs and Disability (SEND) and require an Education and Health Care Plan (EHCP) or have Special Educational Needs (SEN), and there are young people who have an acquired brain injury or new diagnosis.
- Young people with long term, chronic and life limiting illness are living longer, increasing the number who transition to adult services. The number of young people with EHCPs has risen nationally and locally since 2016.
- Young people with long term, chronic and life limiting illness tend to also have complex psychosocial issues.
- We are still exploring different ways of joint funding a transition nurse/professional post.
- The Adult Learning Disability Liaison Nurses are supporting SEND work in Reading, specifically the development of information for young people and families concerning transition.
- The Adult Neurology (Epilepsy), Cystic Fibrosis, Gastroenterology and Diabetes pathways have been stable over the last three years and are functioning well.

### SEND and transition gaps / challenges:

#### Staffing

- A Transition Clinical Nurse Specialist to support young people with complex needs particularly those with long term conditions, vulnerabilities and psycho social problems and to drive a transition QI programme in the RBFT.
- Paediatric Neurodisability CNS to clinically support children and young people with complex neurodisability and their families. This would include their transition journey.

#### Activity

- Increase in requirement to participate in EHCPs for CYP with SEND.

#### Looking forward to 2020/2021

- The LDLNs will continue to support young people with complex neurodisability to transition to adult services – a criteria to determine which young people needs to be supported needs to be agreed
- Re-launch the RBFT Transition to Adult Services steering group.
- Include Children and Young People in the Hidden Disability improving access work stream.
- Funding solutions for a dedicated Clinical Nurse Specialist for complex transition particularly those with long term conditions, vulnerabilities and psycho social problems in the RBFT are being considered, this includes a submitting a bid to the Roald Dahl Charity for two years of funding in September 2020.
- Looking to create a neurodisability Clinical Nurse Specialist post from within existing financial envelope, this will help with liaison around transition
- Further capacity is being explored in the joint neurodisability transition clinic to improve this process.
- Progress work on SEND data set.

**Ongoing challenges / risks:**

- No dedicated nursing resource to support young people with complex needs particularly those with long term conditions, vulnerabilities and psycho social problems and develop and monitor the transition service in RBFT.
- No clinical nurse specialist for young people and families with neurodisability, including transition.
- Capacity to engage with preparation for CQC/Ofsted SEND inspections in three local authorities.
- Commissioning of the medical input into EHCPs.
- Availability of a Community Paediatrics SEND data set.

**Risk Based Priorities for 2020/21****1. Workforce capacity**

- Review the child protection/safeguarding clinical capacity to reflect increased activity and complexity
- Review the learning disability liaison team capacity to reflect increased activity and complexity
- Continue to develop our Safeguarding Champions network
- Continue to work with operational teams to monitor the impact of increased safeguarding activity/complexity on the workforce
- Work with Berkshire West ICP in relation to our capacity to support increased child protection, transition, CAMHS, SEND, adult mental health, learning disability and adult safeguarding activity and reforms
- Work with Berkshire West ICP to identify additional investment in the LDLN team to support our Trust Quality Account Priority 2020/21 “Treat Me Well” campaign and the LeDeR mortality review programme
- Work with our commissioners in relation to our capacity to implement all aspects of the Child Death Review (CDR) Statutory and Operational Guidance 2018

**2. Training review to include:**

- Review of existing training
  - COVID-19 recovery and restoration Safeguarding, Mental Health and LD re-launch to include a blend of eLearning, virtual and COVID safe face to face
  - Level 3 child safeguarding training for ED ST3s against their ARCP requirements
  - Safeguarding, mental health and learning disability induction for trainee doctors
  - Learning disability and ASD
  - Preventing, minimising, managing, challenging behaviour and V&A
- Application in practice of the Mental Capacity Act and confidence of staff to assess mental capacity
- Domestic abuse, neglect and self-neglect, exploitation and concerns and allegations management.
- A gap analysis against standards specifically:
  - The Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff: 2018.
  - The Intercollegiate Document, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: 2019.
  - The Intercollegiate Document Safeguarding children and young people: roles and competencies for paediatricians: 2019.
  - The Restraint Reduction Network Training Standards, 2019 commissioned by the NHS
  - Contextual Safeguarding; Trauma Informed Care; Adverse Child Hood Experiences and Think Family in the acute setting.

- Carryout a frontline practitioner self-assessment concerning the effectiveness of our safeguarding training arrangements

### 3. Partnership work to:

- Implement our Learning Disability Strategy utilising the Mencap 'Treat me Well' Campaign and the NHSI Improvement Tool – Reducing deaths of people with learning disability in NHS acute (hospital) trusts in England to develop a plan.
- Continue to support the partnership improvement journey of Brighter Futures for Children in Reading, including the ONE Reading Prevention and Early Intervention Partnership Board and workstreams.
- Engage with and support the embedding of the new Berkshire West Safeguarding Children Partnership (BWSCP) safeguarding arrangements.

### 4. Work with IG, IT informatics and EPR:

- To building safeguarding referral forms and risk assessments.
- Progress the flagging of vulnerabilities.
- Ensure safeguarding is a priority in the development of a Digital Hospital.
- Progress improved data sharing with partner agencies to support the work of Community Safety Partnerships and SEND partnerships for children and young people.

### 5. Multi-agency working to:

- Support system-wide transformation projects e.g. The Berkshire West Mental Health Crisis Review which will include the Children and Young People High Impact User project.
- Continue to engage with the LeDeR mortality review programme.
- Work through CDOP to ensure compliance with all aspects of the Child Death Review (CDR) Statutory and Operational Guidance 2018.
- Continue to engage with Pan-Berkshire Suicide Steering Group to review self-harm and suicide prevention plans, including the support of those bereaved by suicide.
- Implement Berkshire West SCP and Berkshire West SAB priorities e.g. exploitation
- Prepare to implement new Liberty Protection Safeguards, by April 2022.

## Appendix 1 – Trust Quality Account Priority 2020/21

To implement the “Treat Me Well” campaign to support patients with learning disabilities in hospital. The national “Treat Me Well” Campaign aims to improve the treatment patients with learning disabilities (LD) receive in the NHS, through better communication, more time, and clearer information. These simple, reasonable adjustments, can make a huge difference to the experience of care as well as the clinical outcomes for patients, their carers and the staff looking after them. During 2020-22, we intend to launch and roll out an awareness raising campaign across the Trust, starting with a presentation to the Board. In addition, we plan to:

- develop a system to flag patients electronically on our patient administration system
- rollout the national ‘hidden disabilities’ scheme using sunflower lanyards to identify patients with additional needs
- improve ‘conflict resolution training’ across the Trust in order to equip staff with skills and strategies to recognise triggers, de-escalate and manage challenging behaviours

### Key Performance Measures:

- 1) LD & autism awareness presentation to 90% of relevant clinical governance meetings
- 2) Implementation of flagging on EPR for LD patients
- 3) Launch of hidden disabilities sunflower lanyard scheme
- 4) To pilot training that complies with Restraint Reduction Network standards during 2019/20. training in 2 areas and identify 3 trainers to be accredited

The quality account statement and KPIs reflect the agreed outcomes from workshops at our Safeguarding & Learning Disability Champion Conference ‘Join the Dots’ 21/11/19 Shaw House and support improvements identified in our NHSE & NHSI - Learning Disability Standards Benchmark Review February 2020

Identifying people with vulnerabilities to support reasonable adjustments

- Flagging adults with LD known to BHFT services on EPR
- Introducing the Sunflower Lanyard
- Include LD in maternity booking assessment
- Review LD passport for use in the Emergency Department
- Adapt '8 Important Things About Me' for use in wards

Implement “Treat Me Well” Campaign

- Training
- Paula McGowan & Oliver's Story - Board awareness presentation
- Review the training offer for LD/ASD and mental health
- Re-launch communication difficulties tool kit to wards and departments
- Include LD/ASD, personality disorders, becoming trauma informed in preventing, minimising, managing, challenging behaviour and V&A training review - pilots of training in Elderly Care and ED

Engagement with our staff, patients and carers – coproduction

- Using RBFT LD strategic statement develop a framework for engagement
- Starting with ED book engagement slots at specialty clinical governance - motivational techniques
- Joint RBFT/BHFT Mental Health Clinical Governance to be expanded to include LD/ASD - BHFT Nurse Consultant for LD to be a member
- Review engagement forums with patients with LD/ASD/MH needs and their carers - golden thread in all we do

Appendix 2

An 11-year review of Neurodisability deaths (ND) in Berkshire was carried out by a Paediatric Registrar while working at Dingley Child Development Centre and presented to BACD: What can we do to improve end of life care for our Neurodisability population?

## An 11-year review of Neurodisability deaths (ND) in Berkshire: What can we do to improve end of life care for our Neurodisability population?

**Nicholson H<sup>1</sup>, Hughes S<sup>1</sup>, Pease P<sup>1</sup>**  
1. Royal Berkshire Hospital NHS Foundation Trust

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### Planning for the future...

The planning and provision of excellent end-of-life care is of paramount importance to children with Neurodisability, their families and our team. We believe that the journey through life and into death should be with choice, support and compassion.

- In 2014, RCPCH review reported a decline in infant, child and adolescent death rates in the UK. Unfortunately the death rates appeared relatively high among children and young people with chronic conditions.<sup>1</sup> Another RCPCH review in 2013 showed that, "30-40% of children who died were affected by a neurological/sensory condition...more than any other group of conditions assessed."<sup>2</sup>
- These findings highlighted the need to review our own ND data for themes to direct us to areas requiring potential improvement. We hoped that insight into causes/course of death, as well as background co-morbidities would help facilitate service planning and resource allocation within Berkshire.

### Reviewing the data...

- The review was led and supported by the Pan-Berkshire CDOP
- The Pan-Berkshire CDOP database held records from April 2008 until present
- Deaths spanning 11 years, age 0-17 yrs. were reviewed (April 2008-April 2019 inclusive)
- Neurodisability deaths were then identified and analyzed for age, gender, ethnicity, Local authority, expectation of, preventability and cause of death

**161/652 (24.6%) deaths were identified in children with Neurodisability**

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### Baseline Characteristics

**Total Neurodisability deaths per year in Berkshire**

**Ethnicity: peaks in white (45.9%) and Pakistani (29%) groups.**

**Ethnicity distribution**

**Berkshire 2011 Ethnicity Census data<sup>4</sup>**

White all	80.04 %
Asian all	12.95 %
Black all	3.48 %
Chinese all	0.96 %
Mixed all	2.57 %

**Gender distribution**

**Age distribution**

### The Deaths

**Expected and explained?**

**Categorisation of Death**

**Cause of Death**

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### Key points to take forward...

- 61.5% ND occurred in children under 5yrs, highlighting this as a key period of time to focus our attention on
- The majority of ND were expected and explained, highlighting the importance of Advanced Care Planning and Palliative provision early in the patient journey
- Slough has the highest proportion of ND and is the Local Authority with the highest incidence of Child poverty, emphasizing the need to appropriately direct funding and services within Berkshire to help tackle inequality
- 29% ND were Pakistani, higher than any other ethnic minority. They appear over-represented among child deaths compares with their prevalence in the general population as measured in the 2011 census.
- Further investigation of this group is required to discover whether modifiable factors are present and to examine where in the patient journey we should direct support

### Our Locality

**Death distribution across Local Authorities**

**Child Poverty Data May 2019<sup>5</sup>**

**ND deaths appear more frequent in areas with higher % child poverty data**

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**References:**

- Why children die: Death in infants, children and young people in the UK. Part A. RCPCH and National Children's Bureau 2014.
- Child Health Research - UK. Critical Outcomes Review Programme. Overview of total deaths in the four UK countries. RCPCH. Sep 2013
- End Child Poverty Interactive Map. <http://www.endchildpoverty.org.uk/interactive-map> 2018, May 2019
- Berkshire CDOP Annual Report 2017/18

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**READING ARMED FORCES COMMUNITY COVENANT<sup>1</sup>**  
**ACTION PLAN DEC 2020**

The Armed Forces Community Covenant's key objectives:

***Recognise, Remember, Integrate and Support***

Armed Forces community comprises serving personnel (regular and reserves) and their dependants; and veterans and their dependants.

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 21
<b>HEALTH AND WELLBEING</b> - <i>To ensure that the wellbeing of the Armed Forces community is not undermined by the nature of service life</i>				
<b>Recognise:</b> <i>Map and identify veterans status and represent special requirements of Armed Forces community in order to allow NHS to meet needs</i>				
1	Feedback and input to Health and Wellbeing Board	ROSO 7 Rifles	ongoing	<ul style="list-style-type: none"> <li>Last report on health related actions to Health &amp; Wellbeing Board in July 2019 (July 2020 meeting cancelled due to Covid)</li> </ul>
3	Devise protocol for GPs to register Veteran status	Clinical Commissioning Groups	ongoing	<p>GPs currently being encouraged to record status and a number of measures have been designed by the CCGs:</p> <ul style="list-style-type: none"> <li>As part of the NHS Long Term Plan, Military Veteran Aware accreditation will be rolled out nationally to practices over the next 5 years</li> <li>CCGs have developed guidance for practices on registering patients from the armed forces community</li> <li>Information on CCG web sites and social media</li> <li>329 Veterans currently coded in Reading at their practices as at Dec 2020</li> </ul>
4	Raise awareness of and signpost to Veteran's Mental Health Service for the South Central region	Covenant partnership/ Armed Forces charities/other partners	ongoing	<ul style="list-style-type: none"> <li>JCP, SSAFA, RBL promote the service</li> <li>SSAFA and RBL working with South Central Veterans Mental Health Service within current casework</li> <li>CCGs have been raising awareness at council of practice meetings, on CCG websites, and on social media</li> <li>Hotline number included on Council's web page for support for Veterans</li> </ul>

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 21
				<a href="http://www.reading.gov.uk/reading-armed-forces-community-covenant">http://www.reading.gov.uk/reading-armed-forces-community-covenant</a>
5	Development of a leaflet on accessing health services to be translated into Nepalese	Clinical Commissioning Groups/SSAFA/RBC	Spring 2014	<b>ACHIEVED</b> <ul style="list-style-type: none"> <li>• SSAFA runs classes with ex-Gurkha community using leaflet</li> <li>• Funding gained from covenant fund to develop the booklet further and to print and translate into Nepalese; revision version now complete and printed</li> <li>• Royal Berks Hospital were running 6 weekly meetings with ex-Gurkha community on diabetes, blood pressure etc, using the booklet</li> </ul>
6	Develop and promote a discount scheme for serving personnel (both full time and reservists) for arts and leisure facilities in Reading	RBC/ ROSO 7 Rifles	Promotion summer 2013	<b>ACHIEVED</b> <ul style="list-style-type: none"> <li>• Scheme developed and in place for leisure centres</li> <li>• Use of 'tickets for troops' by Hexagon</li> </ul>
7	Consolidation of appropriate contact/ support lists in order to provide better signposting	ROSO 7 Rifles/ RBC	2014	<b>ACHIEVED</b> Reading Borough Council website includes key support contacts at: <a href="http://www.reading.gov.uk/reading-armed-forces-community-covenant">http://www.reading.gov.uk/reading-armed-forces-community-covenant</a>
<b>ECONOMY AND SKILLS</b> - Enhance the economic prosperity of Service personnel (including reservists), their families, and Veterans whilst benefitting the local economy wherever possible				
<b>Integrate:</b> Ensure Armed Forces benefit from ongoing economic development in county				
<b>Support:</b> Facilitate a sustainable pathway for Service leavers into civilian employment				
8	Keep local authorities and business updated on re-structuring of Defence	ROSO 7 Rifles	ongoing half yearly	<ul style="list-style-type: none"> <li>• Briefing provided at Nov 2020 at partnership meeting; recruiting is going well</li> </ul>
9	Work with local businesses to encourage employment of Service leavers and Reservists	Reading UK CIC/ Jobcentre Plus/	ongoing	<ul style="list-style-type: none"> <li>• MOD employer engagement strategy to promote to employers the value of employing Reservists</li> <li>• Ongoing briefing sessions between 7 Rifles and JCP (including Back to Work Programme and Armed Forces Employment Pathways Scheme)</li> <li>• 7 Rifles work with Gravity Personnel to promote the benefits of recruiting</li> </ul>

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 21
				Reservists <ul style="list-style-type: none"> <li>• UK CIC and Business Improvement District newsletters promotion of benefits of employing Reservists</li> <li>• 7 Rifles presence at job fairs</li> </ul>
10	Encourage Jobcentre Plus to register Veterans	Jobcentre Plus	ongoing	<ul style="list-style-type: none"> <li>• Jobcentre Plus systems allow recording of Veteran status at start of Universal Credit claim; JCP to promote more widely</li> </ul>
11	Promote the Armed Forces (Regular and Reserve) as a career for the residents of Reading, particularly young people Not in Education, Training or Employment	Reading UK CIC/ 7 Rifles/ Jobcentre Plus	ongoing	<ul style="list-style-type: none"> <li>• Regular recruiting activities in Oxon, Bucks and Berks in support of Operation Fortify recruiting initiative</li> <li>• JCP advisors kept up to date with Armed Forces vacancies, and promote Army Reserve generally</li> <li>• MOD employer engagement strategy</li> <li>• Ongoing briefing sessions between 7 Rifles and JCP</li> <li>• 7 Rifles presence at job fairs</li> </ul>
12	Support Service leavers, former Armed Forces personnel and reservists to access careers guidance, CV support and interview preparation courses	Jobcentre Plus / New Directions/ other partners	ongoing	<ul style="list-style-type: none"> <li>• SERFCA have set up jobs4reservists website, promoted via Reading UK CIC e-news</li> <li>• New Directions offer an employability course in partnership with JCP, covering employability and essential IT skills - for Universal Jobmatch, CV creation, job applications and interview preparation</li> <li>• Advice and support contacts promoted via RBC Armed Forces Covenant web page: <a href="http://www.reading.gov.uk/reading-armed-forces-community-covenant">http://www.reading.gov.uk/reading-armed-forces-community-covenant</a> and new Armed Forces Covenant website: (<a href="http://www.armedforcescovenant.gov.uk">www.armedforcescovenant.gov.uk</a>)</li> </ul>
13	Defence discount service/ card	Reading UK CIC	2014/15	<ul style="list-style-type: none"> <li>• Awareness raised with Business Improvement District businesses</li> <li>• A number of large companies with Reading branches already signed up to scheme</li> </ul>
14	Promotion of relevant events to businesses/ employers	Reading UK CIC/ROSO 7 Rifles/Jobcentre Plus	ongoing	<ul style="list-style-type: none"> <li>• JCP and Reading UK CIC general promotion of relevant events</li> <li>• Sandhurst Leadership Challenge (employers)</li> <li>• Job fairs at Hexagon, Reading College and University of Reading</li> </ul>
15a	Development of Reading Borough Council protocol for employment of Reserve Forces personnel	RBC	March 2014	<b>ACHIEVED</b> Agreed at Personnel Committee March 2014
15b	Promotion of Armed	RBC/ Reading	ongoing	<ul style="list-style-type: none"> <li>• Article in Reading UK CIC e-News</li> </ul>

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 21
	Forces Covenant to employers	UK CIC/ Covenant partnership		<ul style="list-style-type: none"> <li>Ongoing work with MOD Defence Relationship Management to engage employers</li> <li>RBC awarded Employer Recognition Scheme bronze award July 2017</li> </ul>

**EDUCATION, CHILDREN AND YOUNG PEOPLE** - *Develop a comprehensive understanding of the needs of Service children; remove and negate disadvantage which results from the mobility of Service life. Develop youth opportunities across the community, supporting the Cadet Forces.*

**Integrate:** *Promote an understanding of the needs of Service children so that they are not disadvantaged in the state education system*

**Support:** *Enable optimal educational opportunity for Service children within the context of the state education system*

16	Survey schools to determine numbers of Service family pupils and ensure schools maximise the value of the Service Pupil Premium by encouraging registration and promoting best practice in utilisation of funding	RBC/ Schools in Reading Borough area/ 7 Rifles	annual survey (next due Jan 15)	<ul style="list-style-type: none"> <li>5 service children in Reading schools (Jan 20, School Census)</li> <li>Best practice examples of how service pupil premium spent in other areas circulated to schools</li> </ul>
17	Being sensitive and supportive to the possible emotional and psychological needs of some Service children	RBC/ Schools in Reading Borough area/ 7 Rifles	ongoing	Reminders to encourage parents to inform school of Armed Forces status

**ENVIRONMENT AND INFRASTRUCTURE** - *Ensure that the wider Armed Forces' infrastructure requirements (inc Housing) are met in synchronisation with the Defence Infrastructure Organisation (DIO) and cognisant of the requirements of the local community. Where possible, create efficiencies with the local community*

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 21
<b>Support:</b> <i>Develop a common understanding of infrastructure needs of the Armed Forces community, in order to inform Local Authority planners to optimise provision. This incorporates a common, equitable housing protocol for Veterans within the local area.</i>				
18	Develop and implement a plan for the identification of Veterans locating to the Reading area in order to ensure that they are informed and included in relevant initiatives	ROSO 7 Rifles / RBC/ charities	ongoing	<ul style="list-style-type: none"> <li>Some Veterans claiming benefits can be identified and support offered</li> <li>Support, initiatives and opportunities disseminated via charities' existing mechanisms (e.g. SSAFA, RBL, Reading Ex-British Gurkha Association, Forgotten British Gurkhas)</li> <li>Total number of veterans in Reading difficult to ascertain; around 380 residents are in receipt of Armed Forces pension (a proxy measure for Veteran numbers).</li> <li>Armed Forces question will be included in 2021 Census</li> </ul>
19	Ensure Veterans receive equitable treatment in allocation of social housing	RBC	ongoing	<b>ACHIEVED</b> <ul style="list-style-type: none"> <li>Incorporated into Reading Borough Council's Housing Allocations Scheme</li> <li>69 households have been given additional priority for housing via the Housing Register since 2011; to date, 12 have been re-housed and 10 applications are currently live on the register (July 2019)</li> </ul>
20	Explore options for facility sharing in line with local needs and Defence Infrastructure Organisation plans	PSAO HQ Coy 7 Rifles/ RBC	ongoing	<ul style="list-style-type: none"> <li>Greater use of Brock Barracks for community purposes agreed and promoted via alternativevenues.org</li> <li>Promoted to community groups via Reading Voluntary Action newsletter and Reading Borough Council website</li> </ul>
<b>SAFER AND STRONGER COMMUNITIES</b> - <i>Develop a stable and robust Armed Forces community which integrates into the wider society, whilst retaining a sense of itself</i>				
<b>Integrate:</b> <i>Promote common understanding and closer integration between military and civil communities</i>				
21	Ensure that appropriate links are in place between the Local Authority and	RBC/ X0 7 Rifles	ongoing	<ul style="list-style-type: none"> <li>Civil emergency liaison in place, and protocol for civil emergency funding has been improved</li> <li>Armed Forces assistance during flooding events in 2014</li> </ul>

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 21
	Armed Forces in order to allow the effective activation of Military Aid to the Civil Community (MACC) in the event of a civil emergency (e.g. severe weather event) and/ or community projects where manpower is required			<ul style="list-style-type: none"> <li>During COVID-19 80 7 Rifles soldiers have supported the NHS through mobile testing under Op Rescript across the SE.</li> </ul>
<b>Support:</b> Support civil agencies in their dealings with members of the Armed Forces community, in order to optimise outcomes and use resource more efficiently				
22	Establish and implement domestic violence protocol between Service and Civil Police, agencies and charities to recognise military needs and ensure equitable service	ROSO 7 Rifles	ROSO to advise	<b>ACHIEVED</b> Protocol in place
23	Identify key areas for application of Community Covenant grant funding which will benefit both the civil and Armed Forces communities	RBC/Covenant partnership/ ROSO 7 Rifles	Ongoing	<ul style="list-style-type: none"> <li>Grant fund promoted on RBC website and via Reading Voluntary Action</li> <li>Successful bid for £21,730 for 'health weeks' project aimed at raising awareness of health and social care services amongst the ex-Gurkha community, December 2012</li> <li>Successful bid for £10,000 for museum centenary project, December 2013</li> <li>New Covenant grant fund launched Aug 2015</li> <li>Successful bid from REBGA for two Nepalese community development workers (£14,500)</li> <li>Successful bid from SSAFA for funding to update, develop and print copies of a health booklet translated into Nepalese (£1,000)</li> </ul>

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 21
24	Encourage organisations and communities to sign up to the Armed Forces Community Covenant	RBC/ Covenant partnership/ ROSO 7 Rifles	Ongoing	<ul style="list-style-type: none"> <li>• Signatories include Thames Valley Chamber of Commerce, Reading College and University of Reading</li> <li>• Ongoing work with MOD Defence Relationship Management to engage employers</li> </ul>
<b>RECOGNISE AND REMEMBER</b> - <i>Encourage recognition and remembrance of the unique sacrifices made by Armed Forces personnel in defence of society</i>				
<b>Recognise:</b> <i>Support civil events that allow the community to recognise the Armed Forces</i>				
25	Support the annual Armed Forces Day	PSOA HQ Coy 7 Rifles/RBC	Annual (June)	<ul style="list-style-type: none"> <li>• Armed Forces Day planned for June 2021; flag raising at the Civic Offices</li> <li>• Reserves Day June 2021</li> </ul>
26	Armed forces participation in public events as appropriate	RBC/ PSAO HQ Coy 7 Rifles (PSOA HQ Coy)	ongoing	<ul style="list-style-type: none"> <li>• Numerous recruiting and other community events throughout the year, although reduced in 2020 due to Covid-19</li> </ul>
<b>Remember:</b> <i>Commemorate those members of the Armed Forces who have made the ultimate sacrifice</i>				
27	Plan and conduct remembrance event at Brock Barracks as focal point for annual armistice event in Reading	PSAO HQ Coy 7 Rifles	ongoing	Event planned for Nov 2021 in Forbury Gardens
28	Plan and conduct appropriate event(s) in support of the centenary anniversary of the outbreak of the First World War	RBC/ Adj 7 Rifles/ communities	Aug 2014 - 2018	<ul style="list-style-type: none"> <li>• Successful bid submitted to Community Covenant Grant Fund by Museum service for funding to support the 'Reading at War' exhibition' in to mark the centenary of the beginning of the First World War</li> <li>• Royal British Legion commemoration services on 6<sup>th</sup> July and 4<sup>th</sup> Aug 2014 at Reading Minster</li> <li>• Operation Reflect activities including 7 Rifles visits to 5 primary schools</li> <li>• Commemorative paving slabs for home towns of Victoria Cross winners, placed with Trooper Potts VC Memorial</li> <li>• Trooper Potts VC Memorial unveiled in October 2015 outside the Crown Courts in Reading</li> </ul>

**List of abbreviations**

SSAFA – Soldiers, Sailors and Airmen Families Association  
SERFCA – South East Reserve Forces and Cadets Association  
ROSO – Regimental Operations Support Officer  
RBC – Reading borough Council  
NHS – National Health Service  
GPs – General practitioners  
JCP – Jobcentre Plus  
CCGs – Clinical Commissioning Groups  
MOD – Ministry of Defence  
JSA – Job Seekers Allowance  
TBC – to be confirmed  
AF – Armed Forces  
BID – Business Improvement District  
PSAO HQ Coy – Permanent Staff Admin Office HQ Company  
TM or TM(V) – Training Major  
CCRF- Civil Contingency Reaction Force  
CIMIC – Civil Military Corporation  
Adjt - Adjutant

## READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	22 <sup>nd</sup> Jan 2021		
REPORT TITLE:	READING'S ARMED FORCES COVENANT AND ACTION PLAN		
REPORT AUTHOR:	Jill Marston	TEL:	72699
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ORGANISATION:	Reading Borough Council		

### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.2 This report presents an annual update on progress against the actions outlined in the Armed Forces Covenant Action Plan, in particular the health related actions, and on the general development of the Armed Forces Covenant, including national proposals to enshrine the Covenant in law, and proposals for a pan-Berks Civil Military Partnership.
- 1.3 Appendix A - Armed Forces Covenant Action Plan.

### 2. RECOMMENDED ACTION

- 2.1 To note the potential new legislation relating to the Armed Forces Covenant and duty to pay 'due regard' to the Armed Forces community
- 2.2 To note proposals for a pan-Berks Civil Military Partnership
- 2.3 To note the progress against the actions set out in the Reading Armed Forces Covenant Action Plan (appendix A), in particular the section on Health and Wellbeing.

### 3. POLICY CONTEXT

- 3.1 In 2011, the Government published the Armed Forces Covenant, as a tri-Service document which expresses the enduring, general principles that should govern the relationship between the Nation, the Government and the Armed Forces community.
- 3.2 The 'Covenant for Communities' complements the Armed Forces Covenant and enables service providers to go beyond the national commitments. It allows for measures to be put in place at a local level to support the Armed Forces and encourages local communities to develop a relationship with the Service community in their area.

### 4. THE PROPOSAL

#### Background

- 4.1 The aims of the Armed Forces 'Covenant in the Community' are to:
  - encourage local communities to support the Armed Forces community in their areas
  - nurture public understanding and awareness amongst the public of issues affecting the Armed Forces community

- recognise and remember the sacrifices faced by the Armed Forces community
- encourage activities which help to integrate the Armed Forces community into local life
- to encourage the Armed Forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

4.2 The Reading Armed Forces Community Covenant was launched in July 2012 and has been signed by 7 Rifles on behalf of the Armed Forces, and a range of other key partners.

4.4 Reading doesn't have a large military 'footprint', with no regular forces stationed in the town. However, Brock Barracks is the headquarters for the Territorial Army unit 7th Battalion The Rifles, and Reading is home to a large ex-Gurkha community. Reading's Armed Forces Covenant therefore focuses on Veterans and Reservists and aims to be proportionate in its scope to the size of the Armed Forces community in Reading.

#### New legislation

4.5 The Government recently announced that it intends to introduce legislation to further strengthen the statutory basis of the Covenant, as part of the Armed Forces Bill, due to go through Parliament in January. The proposal is for the legislation to be a duty on public service providers to take due regard of the Armed Forces community when writing policy and making decisions in implementing that policy in relation to healthcare, education, and housing.

4.6 Throughout the autumn, the MOD Covenant Team ran a series of regional focus groups to help develop the proposed Covenant legislation and guidance, which Reading Borough Council contributed to.

4.7 In response to the new duty, the Council is proposing to demonstrate 'due regard' by adding the Armed Forces community to those considered as part of the standard committee report paragraph on 'equality impact assessment', so that the impact on this community is considered as a matter of course. This will need to be accompanied by awareness raising and training of front-line staff to respond to the potential increase in enquires from veterans and their families.

#### Proposals for a pan-Berks Civil Military Partnership

4.8 In November 2020, the Berks CEX Group considered a draft terms of reference for a pan-Berks Civil Military Partnership and gave full backing to proceed. The proposal is due to be presented to the Berkshire Local Authority Leaders in March 2021, with a view to the first meeting in April/ May.

4.9 A pan-Berkshire CMP Board would bring about economies of scale with shared action plans and joint initiatives, such as joint events for Armed Forces Week, joint MoD Covenant Grants, as well as wider but more focused support from the Military.

4.10 The Reading Armed Forces Partnership Board discussed the proposal at their meeting in November and are keen to continue meeting at the local level for information exchange and networking.

#### Update on the Covenant Action Plan

4.11 The Reading Armed Forces Covenant partnership meets on a six monthly basis, the most recent held in November 2020. Partners continue to report that the meeting is valuable.

4.12 Progress to date against the actions in the Action Plan is shown in Appendix A.

4.13 The Action Plan includes a section on health and wellbeing with the following actions:

- Feedback and input to the Health and Wellbeing Board
- Devise protocol for GPs to register Veteran status
- Raise awareness of and signpost to Veteran's Mental Health Service for the South Central region
- Development of a leaflet on accessing health services to be translated into Nepalese
- Develop and promote a discount scheme for serving personnel for arts and leisure facilities in Reading
- Consolidation of appropriate contact/ support lists in order to provide better signposting

4.14 Progress on each of these is summarised in the attached Action Plan. In particular, re GPs recording Veteran status, a number of measures have been put in place by Clinical Commissioning Groups (CCG's) regarding the recording of Veteran status by GPs.

- As part of the NHS Long Term Plan, Military Veteran Aware accreditation will be rolled out nationally to practices over the next 5 years
- 329 Veterans currently recorded in Reading practices as at Dec 2020
- Active promotion of registration via flu clinics not possible this year due to Covid restrictions

#### Covenant Grant Fund Trust

4.15 The national Covenant grant fund was launched in 2015 by the Ministry for Defence, with £10 million available every year. Since April 2018, the fund has become the independent Armed Forces Covenant Fund Trust and makes grants to support members of the Armed Forces community.

4.16 A new local grants programme was launched in 2020, awarding grants up to £20,000 to projects supporting Armed Forces communities to become less isolated and engage more in their local area. The next deadline has not yet been announced.

### **5.0 CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS**

5.1 The work on the Armed Forces covenant is in line with the overall direction of the Reading Health and Wellbeing Strategy and contributes to a number of the Strategy's eight priorities, including the following as they relate to the Veteran community, through strengthening the support provided to Veterans and service leavers:

1. Supporting people to make healthy lifestyle choices
2. Reducing loneliness and social isolation
3. Reducing deaths by suicide
4. Reducing the amount of alcohol people drink to safe levels

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 addresses these by providing support to the Armed Forces community and their families, including Veterans.

### **6. COMMUNITY & STAKEHOLDER ENGAGEMENT**

6.1 Two of the key aims of the Armed Forces Community Covenant are to:

- encourage local communities to support the armed forces community in their areas
- encourage the armed forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

## **7. EQUALITY IMPACT ASSESSMENT**

- 7.1 The covenant is intended as a vehicle for partners across Reading to help enable Veterans or Reservists to access health services, particularly mental health services, training and employment opportunities.

## **8. LEGAL IMPLICATIONS**

- 8.1 The general power of competence, introduced as part of the Localism Act 2011, replaces the well-being power from February 2012. The Act gives local authorities the power to do anything which an individual generally may do, which they consider is likely to be of benefit (directly or indirectly) to the whole or any part of their area. It therefore gives local authorities the power to do anything they want, so long as it is not prohibited by other legislation.
- 8.2 The new legal duty to take due regard to the Armed Forces community is discussed at 4.5.

## **9. FINANCIAL IMPLICATIONS**

- 9.1 £30m of central government funding was allocated over four years to 2014/15 to financially support Community Covenant projects at the local level which strengthen the ties or the mutual understanding between members of the armed forces community and the wider community in which they live. Reading submitted bids in three bidding rounds. £10m per annum was made available in perpetuity from 2015/16 onwards through the new Armed Forces Covenant Trust Fund.

## **10. BACKGROUND PAPERS**

- 10.1 Armed Forces Covenant Fund <https://www.gov.uk/government/collections/covenant-fund>

## READING HEALTH AND WELLBEING BOARD

<b>DATE OF MEETING:</b>	22 <sup>nd</sup> January 2021		
<b>REPORT TITLE:</b>	Health and Wellbeing Dashboard - January 2021		
<b>REPORT AUTHOR:</b>	Kim McCall	<b>TEL:</b>	0118 937 3245
<b>JOB TITLE:</b>	Health and Wellbeing Intelligence Officer	<b>E-MAIL:</b>	<a href="mailto:kim.mccall@reading.gov.uk">kim.mccall@reading.gov.uk</a>
<b>ORGANISATION:</b>	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
  - 4-5 year olds and 10-11 year olds classified as overweight or obese
  - Smoking status at the time of delivery
  - Age-standardised mortality rate from suicide and injury of undetermined intent
- 2.2 That the Health and Wellbeing Board notes the updates 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 year 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. Little information is available about how levels of physical activity, healthy eating and smoking were affected locally during 2020. A survey across Berkshire suggests activity levels may have increased during the first lockdown starting in March 2020 but decreased in the second lockdown, with inclement weather and lack of access to facilities reported as the most significant barriers.
- 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 COVID-19 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.

### **Priority 2**

- 4.3 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. Reading Borough Council is among the 24 local authorities that have chosen to carry out the Adult Social Care Survey for 2020. The results are considered likely to be affected by the COVID-19 pandemic and subsequent lockdown and may not be considered comparable to previous or future years.
- 4.4 The latest carers survey results were collected during 2018/19 when the proportion of carers reporting that they had as much social contact as they would like decreased from the previous period. This was in line with similar decreases seen across England and in local authorities with similar levels of deprivation to Reading. The next survey will be carried out in 2021/22 and is not, therefore, expected to be affected by the immediate impact of the 2020 COVID-19 pandemic and lockdown.

### **Priority 3**

- 4.5 The number and proportion of primary school children with social, emotional or mental health need increased very slightly between 2017 and 2018, both in Reading and across England. The proportion in Reading continues to be very slightly higher than the national average and the average amongst local authority areas with similar levels of deprivation and above, but the difference is not large enough to be statistically different. In the

same period, the proportion of secondary school children with social, emotional or mental health needs has fallen very slightly, but not significantly enough to bring it in line with the national average.

- 4.6 This indicator has not been updated since 2019 and it is not clear if data have been collected in 2020.

#### **Priority 4**

- 4.7 The mortality rate for suicide and undetermined intent for local authority areas for 2017-2019 was published in September 2020. The rate in Reading remains 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, increasing the rate per 100,000 population from 7.2 to 9.9.

#### **Priority 5**

- 4.8 The proportion of people receiving alcohol treatment who successfully completed treatment decreased in the second half of 2019, coming into line with the England average. From March 2020, Reading's commissioned drug and alcohol treatment provider retained people who use their services in treatment during the COVID outbreak in order to provide ongoing support through a period of increased social isolation and other pressures. As a direct result, only a small number have completed and left treatment during this period.
- 4.9 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. Although it is not clear, at present, what impact the COVID-19 pandemic and lockdown has had on hospital admissions for alcohol-related conditions, any sudden reduction in admissions during 2019/20 should be considered as a potential effect of reluctance to present for treatment, rather than a sign of decreasing prevalence of alcohol-related conditions or reduced need for treatment.

#### **Priority 6**

- 4.10 As memory clinics were suspended to protect vulnerable patients between March and October 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. A similar trend was seen across England and in local authority areas with similar levels of deprivation as measured through IMD. Memory clinics have now reopened but are working with substantial backlogs and with the additional challenges of adhering to COVID-19 safety measures.

#### **Priority 7**

- 4.27 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.
- 4.28 Reading Borough Council has been active in promoting uptake of screening by residents during the COVID-19 pandemic, 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, but it not yet clear what the impact will be on screening coverage during 2020.

## **Priority 8**

4.29 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 were cancelled because of COVID-19 constraints so there is no formal 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 10<sup>th</sup> October and 11<sup>th</sup> 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 - January 2021

APPENDIX B - Health and Wellbeing Dashboard - Update on impact of COVID-19

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Priority	Indicator	Target Met/Not Met	Direction of Travel
<u>1. Supporting people to make healthy lifestyle choices</u>	% adults overweight or obese	Met	Worse
	% of adults physically active	Not Met	Worse
	% 4-5 year olds classified as overweight/obese	Met	No change
	% 10-11 year olds classified as overweight/obese	Not 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 prevalence - routine and manual - current smokers	Not Met	No change
	People invited for an NHS Healthcheck	Not Met	Worse
	People taking up an NHS Healthcheck invite	Met	No change
	People receiving an NHS Healthcheck	Not Met	Worse
	<u>2. Reducing loneliness and social isolation</u>	% of adult social care users with as much social contact as they would like	Met
% of adult carers with as much social contact as they would like		Not Met	No change
Placeholder - Loneliness and Social Isolation		NA	NA
<u>3. Promoting positive mental health and wellbeing in children and young people</u>	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
<u>4. Reducing deaths by suicide</u>	Age-standardised mortality rate from suicide and injury of undetermined intent	Not met	No change
<u>5. Reducing the amount of alcohol people drink to safer levels</u>	Successful treatment of alcohol treatment	Not Met	Worse
	Admission episodes for alcohol related conditions (DSR per 100,000)	Met	No change
<u>6. Living well with dementia</u>	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
<u>7. Increasing take up of breast and bowel screening and prevention services</u>	Cancer screening coverage - bowel cancer	Met	No change
	Cancer screening coverage - breast cancer	Met	No change
<u>8. Reducing the number of people with tuberculosis</u>	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
<a href="#">% adults overweight or obese</a>	Public Health Outcomes Framework	Active Lives Survey	Annual	Low	2018-19	58.6	63.4	Met	Worse	62.3	Not available
<a href="#">% of adults physically active</a>	Public Health Outcomes Framework	Active Lives Survey	Annual	High	2018-19	63.9	64	Not Met	Worse	67.2	Not available
<a href="#">% 4-5 year olds classified as overweight/obese</a>	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2019-20	21.7	22.0	Met	No change	23.0	Not available
<a href="#">% 10-11 year olds classified as overweight/obese</a>	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2019-20	36.4	36	Not Met	No change	35.2	Not available
<a href="#">Smoking status at the time of delivery</a>	Public Health Outcomes Framework	Smoking Status At Time of Delivery (SSATOD)	Annual	Low	2019-20	5.8	8.0	Met	No change	10.4	11.2
<a href="#">Smoking prevalence - all adults - current smokers</a>	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	13.9	14.8	Met	No change	13.9	Not available
<i>Age 15 smoking prevalence placeholder</i>	Public Health Outcomes Framework										
<a href="#">Smoking prevalence - routine and manual - current smokers</a>	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	29.3	28.9	Not Met	No change	23.2	Not available
<a href="#">People invited for an NHS Healthcheck</a>	NHS Healthcheck - Fingertips dashboard	<a href="https://fingertips.phe.org">https://fingertips.phe.org</a>	Quarterly	High	2016/17 Q1 - 2020/21 Q2	33.1%	90%	Not Met	Worse	69.6%	70.7%
<a href="#">People taking up an NHS Healthcheck</a>	NHS Healthcheck - Fingertips dashboard	<a href="https://fingertips.phe.org">https://fingertips.phe.org</a>	Quarterly	High	2016/17 Q1 - 2020/21 Q2	55%	50%	Met	No change	46.7%	45.6%
<a href="#">People receiving an NHS Healthcheck</a>	NHS Healthcheck - Fingertips dashboard	<a href="https://fingertips.phe.org">https://fingertips.phe.org</a>	Quarterly	High	2016/17 Q1 - 2020/21 Q2	22%	43%	Not Met	Worse	32.5%	32.5%

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## PRIORITY 2: Reducing Loneliness and Social Isolation

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
<a href="#">% of adult social care users with as much social contact as they would like</a>	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Adult Social Care Survey - Annual England	Annual	High	2018-19	47.1	45.4	Met	No change	45.9	NA
<a href="#">% of adult carers with as much social contact as they would like</a>	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
<i>Placeholder - Loneliness and Social Isolation</i>	NA	TBC	Annual							NA	NA

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### Priority 3: Promoting positive mental health and wellbeing in children and young people

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
<a href="#">Pupils with social, emotional and mental health needs (primary school age)</a>	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%
<a href="#">Pupils with social, emotional and mental health needs (secondary school age)</a>	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%
<a href="#">Pupils with social, emotional and mental health needs (all school age)</a>	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%

## 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
<a href="#">Age-standardised mortality rate from suicide and injury of undetermined intent</a>	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

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## PRIORITY 5: Reducing the amount of alcohol people drink to safer levels

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
<a href="#">Successful treatment of alcohol treatment</a>	Public Health Outcomes Framework	National Drug Treatment Monitoring System	Quarterly	High	Q2 2020-2021	24.5%	38.3%	Not Met	Worse	37.3%	Not available
<a href="#">Admission episodes for alcohol related conditions (DSR per 100,000)</a>	Public Health Outcomes Framework	Local Alcohol Profiles for England (based on HSCIC HES)	Annual	Low	2018/19	567	599	Met	Worse	664	Not available

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## Priority 6: Living well with dementia

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
<a href="#">Estimated diagnosis rate for people with dementia</a>	Public Health Outcomes Framework/NHS Outcomes Framework	NHS Digital	Monthly	High	Jul-20	62.3	66.7	Not Met	Worse	63.3	
<a href="#">No. of Dementia friends</a>	NA (Local only)	Local Report	Quarterly	High	Sep-19	8548	10000	Not Met	No change	Not available	Not available

PLACEHOLDER - Post diagnosis care

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## Priority 7: Increasing take up of breast and bowel screening and prevention services

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
<a href="#">Cancer screening coverage - bowel cancer</a>	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2019	56.5%	52.0%	Met	No change	60.1%	61%
<a href="#">Cancer screening coverage - breast cancer</a>	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2019	70.1%	70.0%	Met	No change	74.5%	77%

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## Priority 8: Reducing the number of people with tuberculosis

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
<a href="#">Incidence of TB (three year average)</a>	Public Health Outcomes Framework	Public Health England.	Annual	Low	2017-19	17.4	30	Met	No change	8.6	6.0

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Indicator number	93088
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Excess weight in adults

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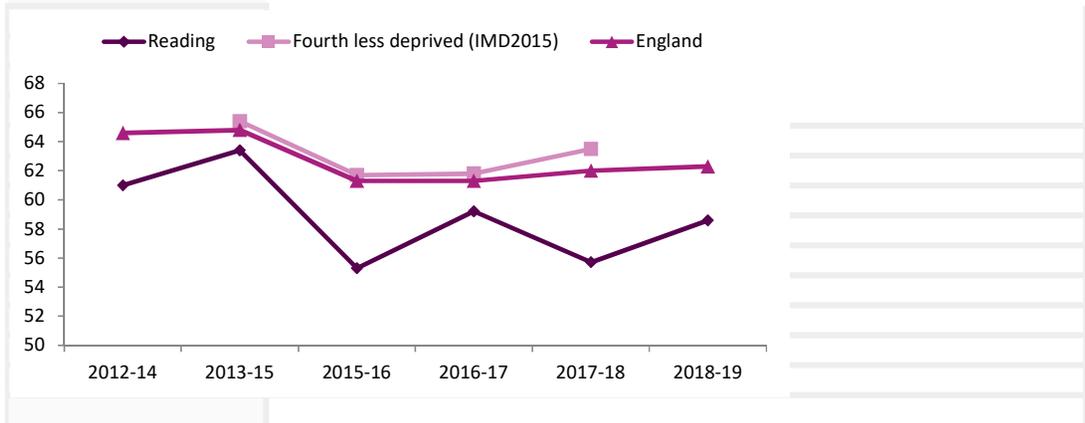
Data source	Active Lives Survey (previously Active People Survey) Sport England
	* Note change in methodology in 2015-16

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

**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.

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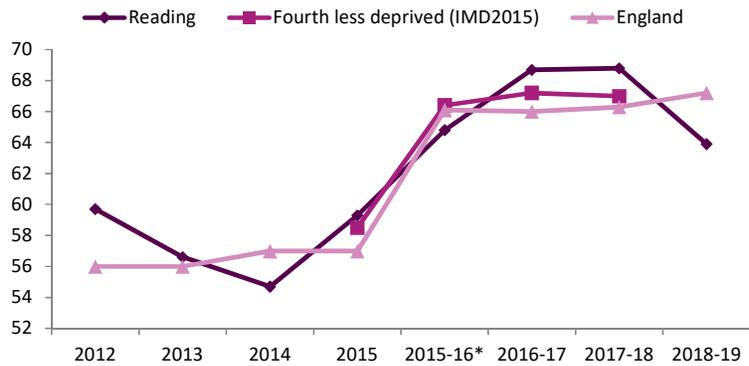
Indicator number	93014
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	% Physically Active Adults

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Data source	Until 2015 - Active People Survey, Sport England 2015-16 onwards - Active Lives, Sport England
	* Note change in methodology in 2015-16

Denominator	Weighted number of respondents aged 19 and older with valid responses to questions on physical activity
Numerator	Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

Period	Reading	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

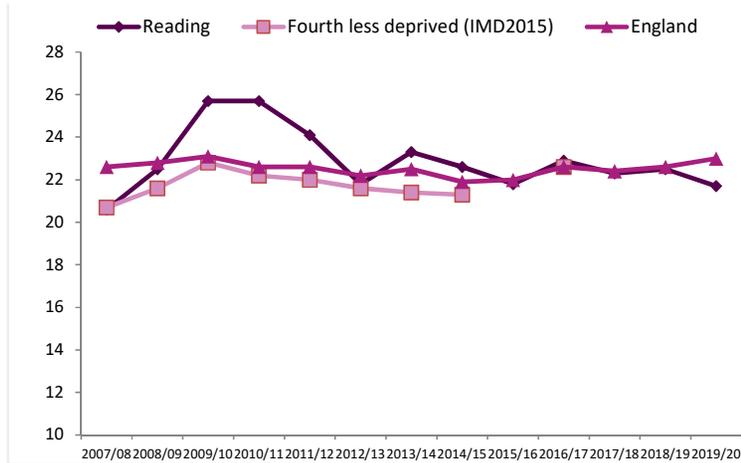
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**Data source** National Child Measurement Programme

**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
2019/20	21.7		23



Indicator number	20602
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Child excess weight in 10-11 year olds

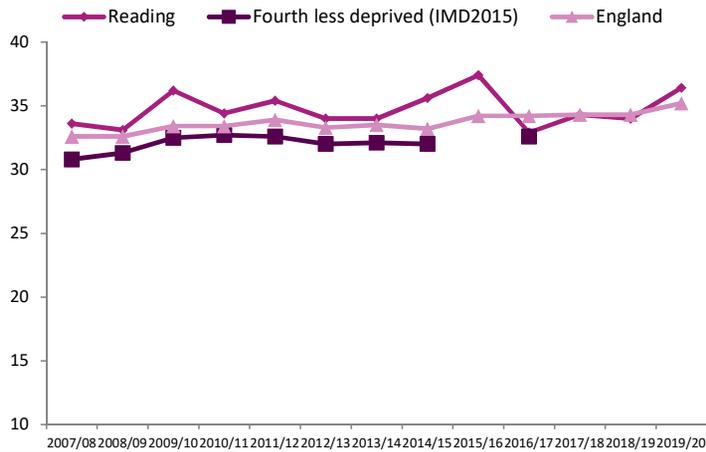
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**Data source** National Child Measurement Programme

**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
2019/20	36.4		35.2



Indicator number	93085
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	% of women who smoke at the time of delivery

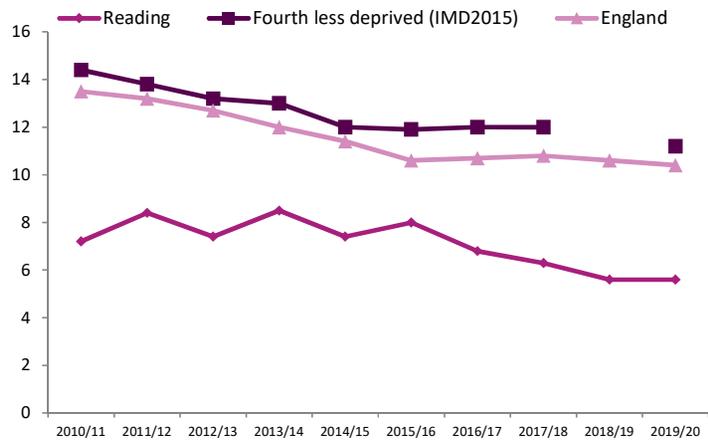
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Data source	Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
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Denominator	Number of maternities (estimated based on 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
2019/20	5.6	11.2	10.4

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Indicator number 92443

Outcomes Framework Public Health Outcomes Framework

Indicator full name Smoking Prevalence in Adults - Current Smokers

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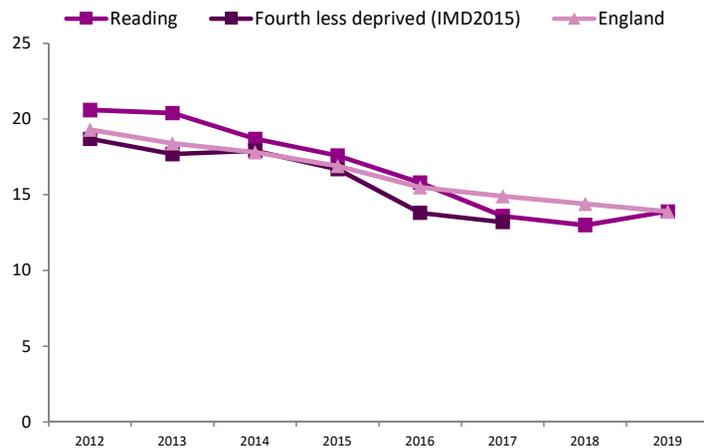
Data source Annual Population Survey

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

Denominator Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

Numerator The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

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Indicator number	92445
Outcomes Framework	Local Tobacco Control Profiles
Indicator full name	Smoking prevalence in routine and manual occupations - Current smokers

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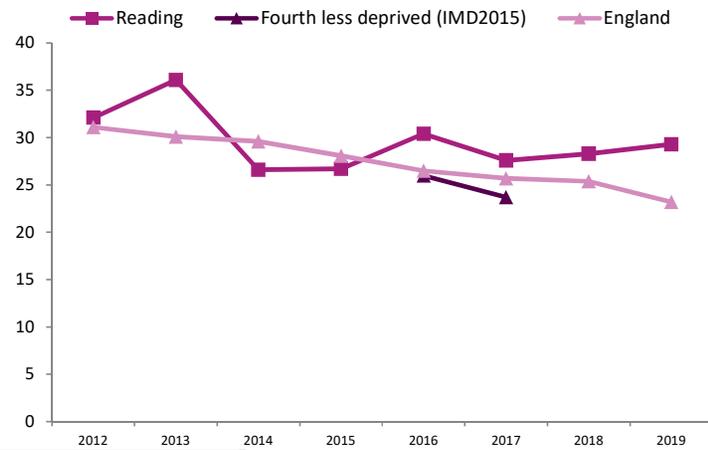
Period	Reading	Fourth less deprived (IMD2015)	England
2012	32.1		31.1
2013	36.1		30.1
2014	26.6		29.6
2015	26.7		28.1
2016	30.4	26	26.5
2017	27.6	23.7	25.7
2018	28.3		25.4
2019	29.3		23.2

**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

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Indicator number **91111**

Outcomes Framework

Indicator full name **People invited for an NHS Healthcheck**

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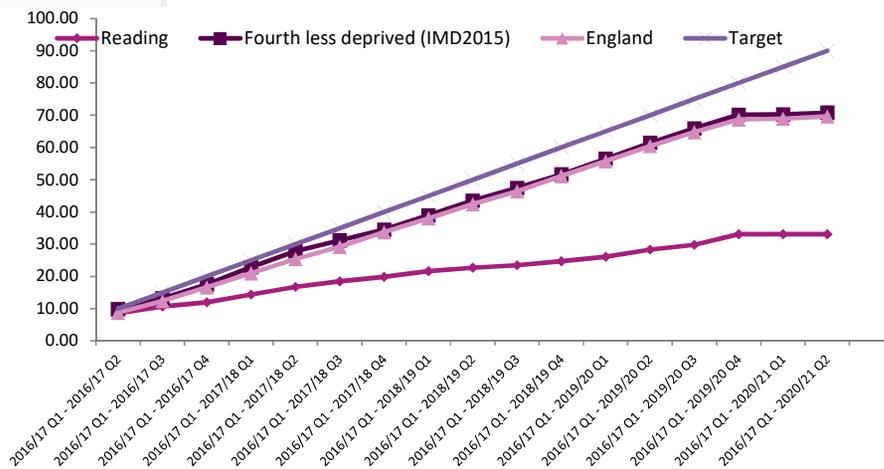
Data source **PHE Fingertips - NHS Healthchecks**

Denominator  
 Number of people aged 40-74 eligible for an NHS Health Check in the financial year.

Numerator  
 Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2015

Period	Reading	Fourth less deprived (IMD2015)	England	Target
2016/17 Q1	5.82	4.82	4.43	5.00
2016/17 Q1 - 2016/17 Q2	8.65	9.87	8.77	10.00
2016/17 Q1 - 2016/17 Q3	10.69	13.23	12.42	15.00
2016/17 Q1 - 2016/17 Q4	11.99	17.54	16.66	20.00
2016/17 Q1 - 2017/18 Q1	14.40	22.86	21.05	25.00
2016/17 Q1 - 2017/18 Q2	16.79	27.82	25.41	30.00
2016/17 Q1 - 2017/18 Q3	18.45	31.23	29.18	35.00
2016/17 Q1 - 2017/18 Q4	19.89	34.54	33.70	40.00
2016/17 Q1 - 2018/19 Q1	21.61	38.94	38.05	45.00
2016/17 Q1 - 2018/19 Q2	22.71	43.50	42.44	50.00
2016/17 Q1 - 2018/19 Q3	23.49	47.42	46.41	55.00
2016/17 Q1 - 2018/19 Q4	24.75	51.71	51.12	60.00
2016/17 Q1 - 2019/20 Q1	26.08	56.55	55.77	65.00
2016/17 Q1 - 2019/20 Q2	28.37	61.50	60.49	70.00
2016/17 Q1 - 2019/20 Q3	29.80	65.92	64.74	75.00
2016/17 Q1 - 2019/20 Q4	33.14	70.16	68.71	80.00
2016/17 Q1 - 2020/21 Q1	33.14	70.23	68.91	85.00
2016/17 Q1 - 2020/21 Q2	33.14	70.75	69.64	90.00

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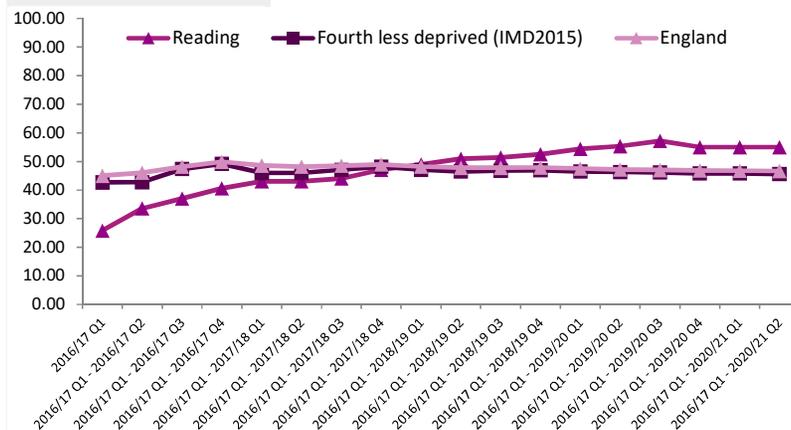
Indicator number	91735
Outcomes Framework	
Indicator full name	People taking up an NHS Healthcheck

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Data source: PHE Fingertips - NHS Healthchecks

Denominator: Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013

Numerator: Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check up to the current quarter from quarter 1 2015.



Period	Reading	Fourth less deprived (IMD2015)	England
2016/17 Q1	25.86	42.67	45.04
2016/17 Q1 - 2016/17 Q2	33.57	42.72	46.05
2016/17 Q1 - 2016/17 Q3	37.02	47.39	48.17
2016/17 Q1 - 2016/17 Q4	40.62	49.18	49.91
2016/17 Q1 - 2017/18 Q1	43.05	45.98	48.55
2016/17 Q1 - 2017/18 Q2	43.01	45.94	48.14
2016/17 Q1 - 2017/18 Q3	44.09	47.13	48.53
2016/17 Q1 - 2017/18 Q4	47.12	48.18	48.91
2016/17 Q1 - 2018/19 Q1	48.91	47.10	48.21
2016/17 Q1 - 2018/19 Q2	50.95	46.50	47.76
2016/17 Q1 - 2018/19 Q3	51.35	46.78	47.77
2016/17 Q1 - 2018/19 Q4	52.49	46.96	47.89
2016/17 Q1 - 2019/20 Q1	54.39	46.54	47.55
2016/17 Q1 - 2019/20 Q2	55.34	46.32	47.23
2016/17 Q1 - 2019/20 Q3	57.16	46.13	47.03
2016/17 Q1 - 2019/20 Q4	55.02	45.79	46.83
2016/17 Q1 - 2020/21 Q1	55.02	45.77	46.78
2016/17 Q1 - 2020/21 Q2	55.02	45.61	46.66

Indicator number	91112
Outcomes Framework	
Indicator full name	People receiving an NHS Healthcheck

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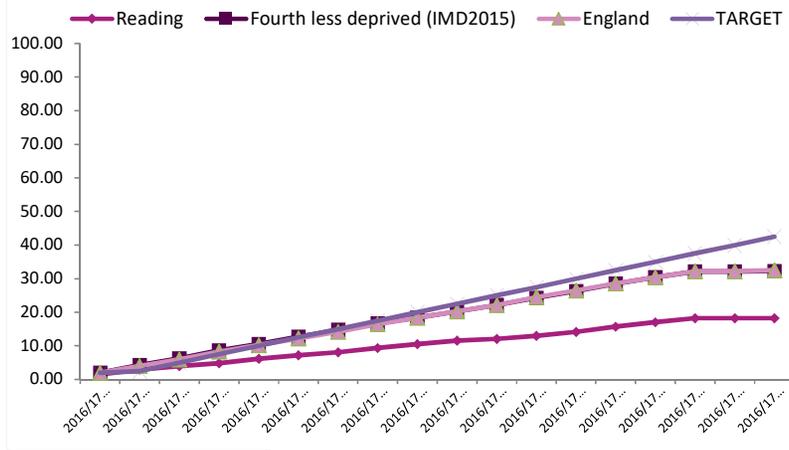
Data source: PHE Fingertips - NHS Healthchecks

Denominator: Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013

Numerator: Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check up to the current quarter from quarter 1 2015.

Period	Reading	Fourth less deprived (IMD2015)	England	TARGET
2016/17 Q1	1.50	2.06	1.99	2.00
2016/17 Q1 - 2016/17 Q2	2.90	4.22	4.04	2.50
2016/17 Q1 - 2016/17 Q3	3.96	6.27	5.98	5.00
2016/17 Q1 - 2016/17 Q4	4.87	8.63	8.32	7.50
2016/17 Q1 - 2017/18 Q1	6.20	10.51	10.22	10.00
2016/17 Q1 - 2017/18 Q2	7.22	12.78	12.23	12.50
2016/17 Q1 - 2017/18 Q3	8.13	14.72	14.16	15.00
2016/17 Q1 - 2017/18 Q4	9.37	16.64	16.48	17.50
2016/17 Q1 - 2018/19 Q1	10.57	18.34	18.35	20.00
2016/17 Q1 - 2018/19 Q2	11.57	20.23	20.27	22.50
2016/17 Q1 - 2018/19 Q3	12.06	22.18	22.17	25.00
2016/17 Q1 - 2018/19 Q4	12.99	24.28	24.48	27.50
2016/17 Q1 - 2019/20 Q1	14.18	26.32	26.52	30.00
2016/17 Q1 - 2019/20 Q2	15.70	28.48	28.57	32.50
2016/17 Q1 - 2019/20 Q3	17.03	30.41	30.45	35.00
2016/17 Q1 - 2019/20 Q4	18.23	32.13	32.18	37.50
2016/17 Q1 - 2020/21 Q1	18.24	32.14	32.23	40.00
2016/17 Q1 - 2020/21 Q2	18.24	32.27	32.50	42.50

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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

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Data source	Adult Social Care Survey - England <a href="http://content.digital.nhs.uk/catalogue/PUB21630 - Annex Tables">http://content.digital.nhs.uk/catalogue/PUB21630 - Annex Tables</a>
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**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

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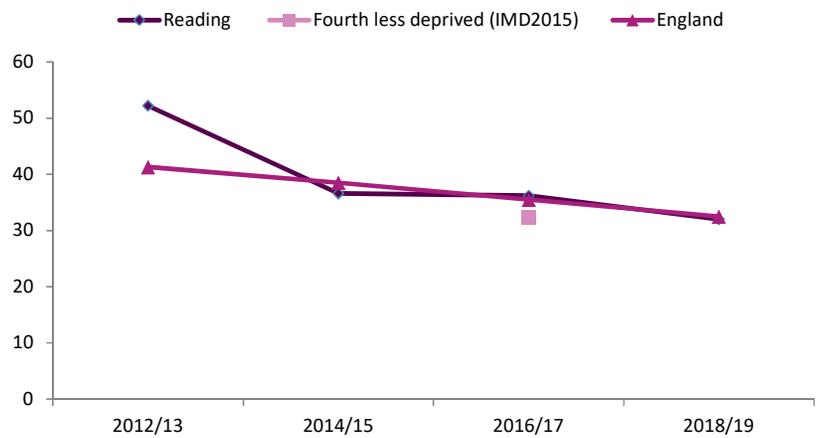
Data source Carers Survey

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

**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

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<b>Indicator number</b>	<b>91871</b>
<b>Outcomes Framework</b>	<b>Children and Young People's Mental Health and Wellbeing</b>
<b>Indicator full name</b>	<b>Pupils with social, emotional and mental health needs (primary school age)</b>
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Period	Reading	IMD 4th less deprived decile	England
2016	2%	2%	2%
2017	2%	2%	2%
2018	2%	2%	2%

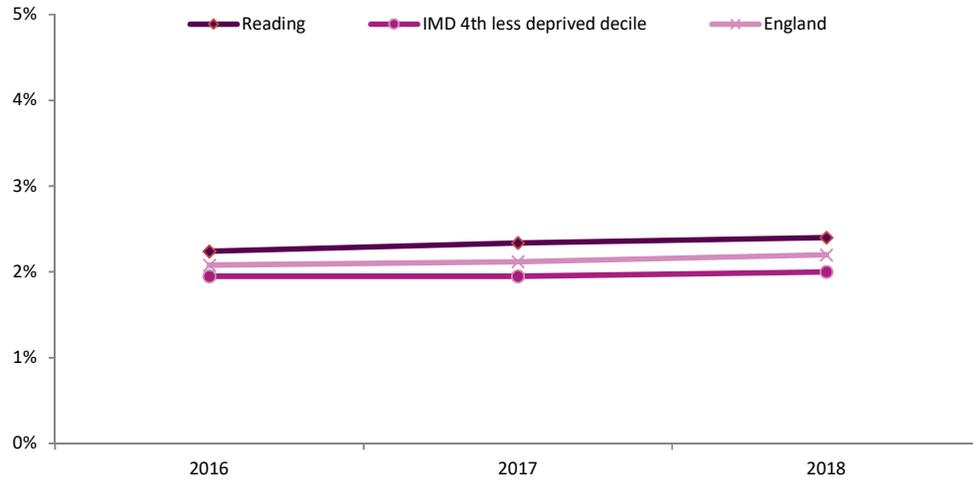
**Data Source** DFE Special Needs Education Statistics

**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

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<b>Indicator number</b>	<b>91871</b>
<b>Outcomes Framework</b>	<b>Children and Young People's Mental Health and Wellbeing</b>
<b>Indicator full name</b>	<b>Pupils with social, emotional and mental health needs (secondary school age)</b>
<a href="#">Back to Priority 3</a> <a href="#">Back to HWB Dashboard</a>	

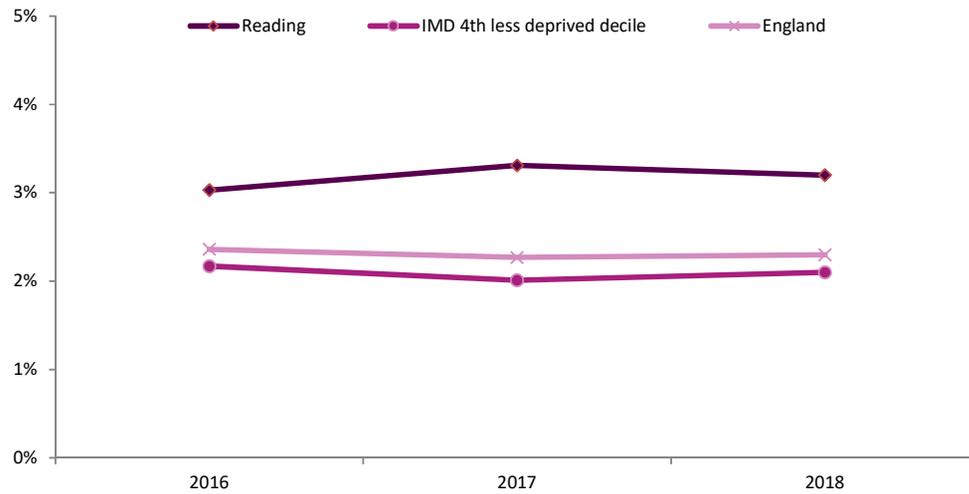
Period	Reading	IMD 4th less deprived decile	England
2016	3%	2%	2%
2017	3%	2%	2%
2018	3%	2%	2%

**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



<b>Indicator number</b>	<b>91871</b>
<b>Outcomes Framework</b>	<b>Children and Young People's Mental Health and Wellbeing</b>
<b>Indicator full name</b>	<b>Pupils with social, emotional and mental health needs (all school age)</b>

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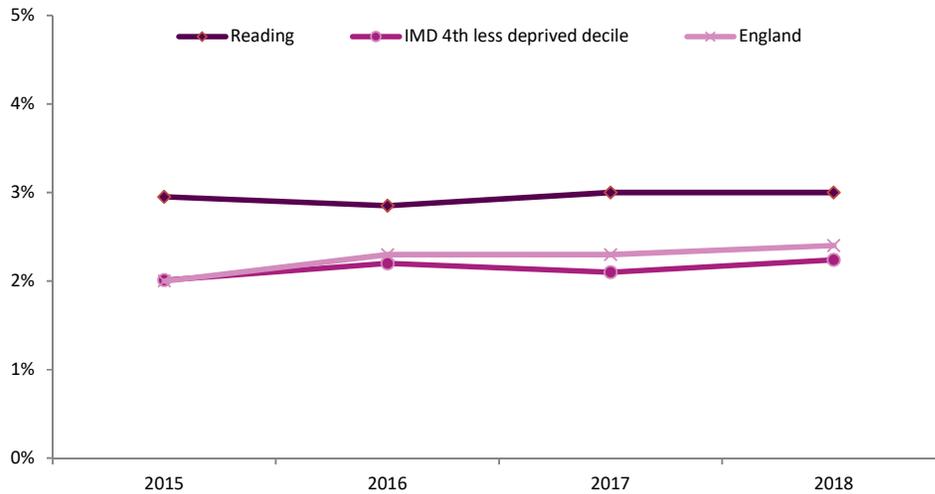
Period	Reading	IMD 4th less deprived decile	England
2015	3%	2%	2%
2016	3%	2%	2%
2017	3%	2%	2%
2018	3%	2%	2%

**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>

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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

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**Data Source** Public Health England (based on ONS)

**Denominator** ONS 2011 census based mid-year population estimates

**Numerator** Number of deaths from suicide and injury from undetermined intent ICD10 codes X60-X84 (age 10+), Y10-34 (age 15+).

Period	Reading	4th less deprived IMD 2015	England
2001 - 03	11.5	-	10.3
2002 - 04	10.7	-	10.2
2003 - 05	10.4	-	10.1
2004 - 06	10	-	9.8
2005 - 07	9.6	-	9.4
2006 - 08	11.2	-	9.2
2007 - 09	10.9	-	9.3
2008 - 10	8.8	-	9.4
2009 - 11	7.4	-	9.5
2010 - 12	7.7	-	9.5
2011 - 13	9.3	-	9.8
2012 - 14	9.8	-	10
2013 - 15	11	10.5	10.1
2014 - 16	9.9	10.2	9.9
2015 - 17	8	9.6	9.6
2016 - 18	7.2		9.6
2017-19	9.9		10.1

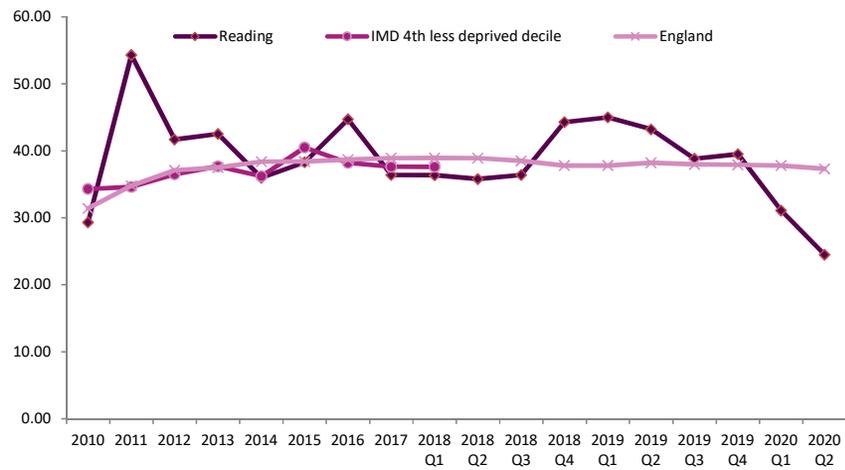
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Indicator number	92447
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Successful completion of alcohol treatment
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Data Source	National Drug Treatment Monitoring System
Denominator	Total number of adults in structured alcohol treatment in a one year period
Numerator	Adults that complete treatment for alcohol dependence who do not re-present to treatment within six months

Period	Reading	IMD 4th less deprived decile	England
2010	29.30	34.30	31.40
2011	54.30	34.60	34.80
2012	41.70	36.50	37.10
2013	42.50	37.70	37.50
2014	36.00	36.20	38.40
2015	38.30	40.50	38.40
2016	44.70	38.20	38.70
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
2020 Q1	31.10		37.80
2020 Q2	24.50		37.30

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(NDTMS DOMES)

Indicator number	91414
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Admission episodes for alcohol-related conditions per 100,000 people

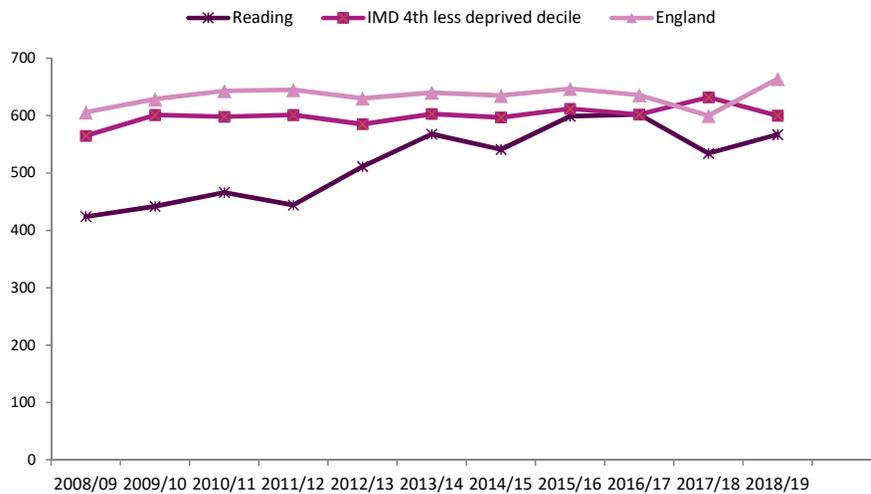
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**Data Source** Health and Social Care information Centre - Hospital Episode Statistics.  
 Via Local Alcohol Profiles for England

**Denominator** Mid-Year Population Estimates (ONS)

**Numerator** Admissions to hospital where primary diagnosis is an alcohol-related condition or a secondary 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	600	664



Indicator number	92949
Outcomes Framework	Public Health Outcomes Framework / NHS Outcomes Framework
Indicator full name	Estimated diagnosis rate for people with dementia

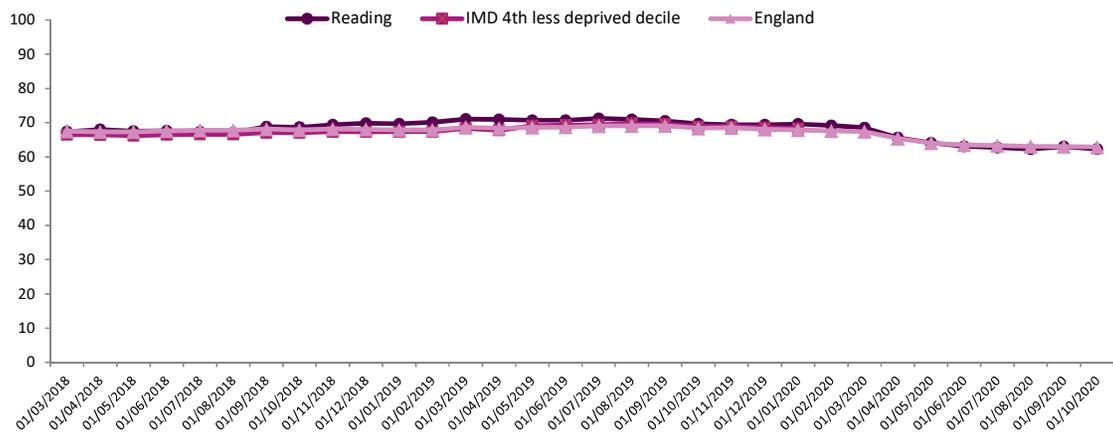
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Data Source: NHS Digital

Denominator: Applying the reference rates to the registered population yields the number of people aged 65+ one would expect to have dementia within the subject population where:

Numerator: **Registered population**  
 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**



Period	Reading	IMD 4th less deprived decile	England	
31/03/2018		67.4	66.5	67.5
30/04/2018		68	66.4	67.3
31/05/2018		67.5	66.2	67.3
30/06/2018		67.6	66.5	67.6
31/07/2018		67.3	66.6	67.8
31/08/2018		67.1	66.6	67.8
30/09/2018		68.8	67.1	68.2
31/10/2018		68.7	67	67.9
30/11/2018		69.4	67.4	68.2
31/12/2018		69.8	67.3	68
31/01/2019		69.7	67.4	67.9
28/02/2019		70.1	67.4	67.9
31/03/2019		71.1	68.3	68.7
30/04/2019		70.9	67.8	68.4
31/05/2019		70.7	69.1	68.6
30/06/2019		70.7	69.3	68.7
31/07/2019		71.2	69.4	69
31/08/2019		70.9	69.8	69.1
30/09/2019		70.5	69.6	69.1
31/10/2019		69.7	68.9	68.4
30/11/2019		69.4	68.9	68.5
31/12/2019		69.4	68.6	68.1
31/01/2020		69.6	68.3	67.9
29/02/2020		69.2		67.6
31/03/2020		68.5		67.4
30/04/2020		65.6		65.4
31/05/2020		64.1		64
30/06/2020		63.1		63.5
31/07/2020		62.7		63.3
31/08/2020		62.3		63.1
30/09/2020		63		63
31/10/2020		62.3		62.9

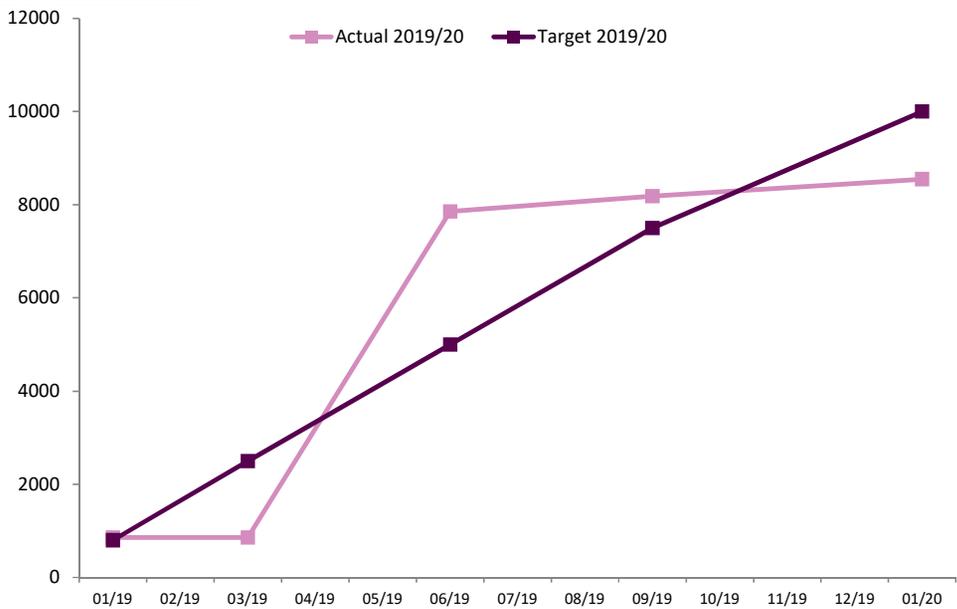
Indicator number	NA
Outcomes Framework	NA
Indicator full name	No. of Dementia Friends

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**Data Source** Locally Recorded

**Definition** No. of people who have completed a 45 minute training session and agreed to be a dementia friend

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Period	Actual 2019/20	Target 2019/20
Jan-19	857	800
Mar-19	857	2,500
Jun-19	7,859	5,000
Sep-19	8,182	7,500
Jan-20	8,548	10,000

Indicator number	91720.00
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Cancer screening coverage - bowel cancer

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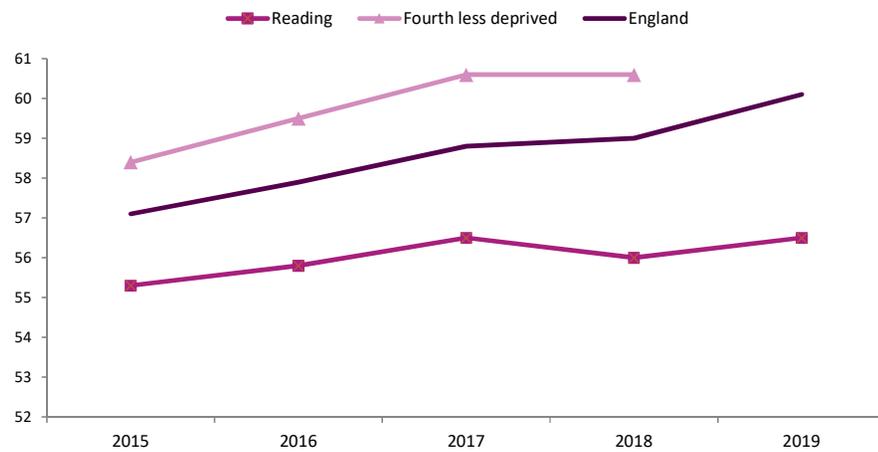
**Data Source** Health and Social Care Information Centre (Open Exeter)/Public Health England

**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

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

Target is the NHS England minimum coverage standard  
<https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-26.pdf>



Indicator number	22001
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Cancer screening coverage - breast cancer

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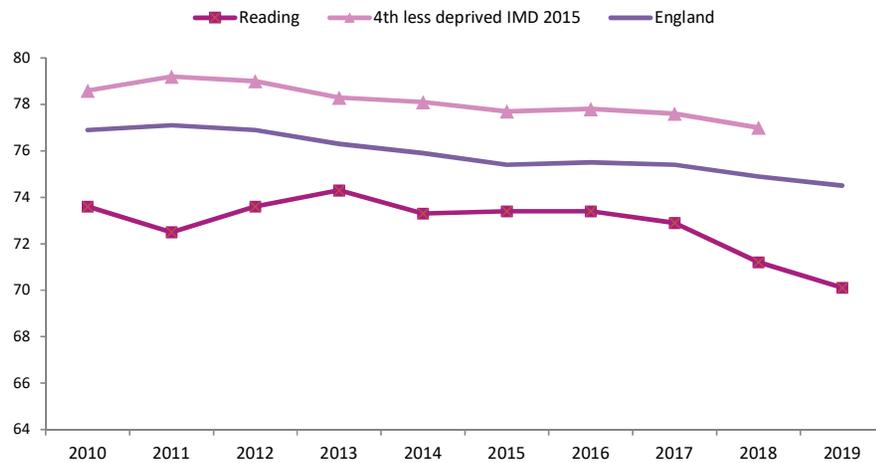
**Data Source** Health and Social Care Information Centre (Open Exeter)/Public Health England

**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)

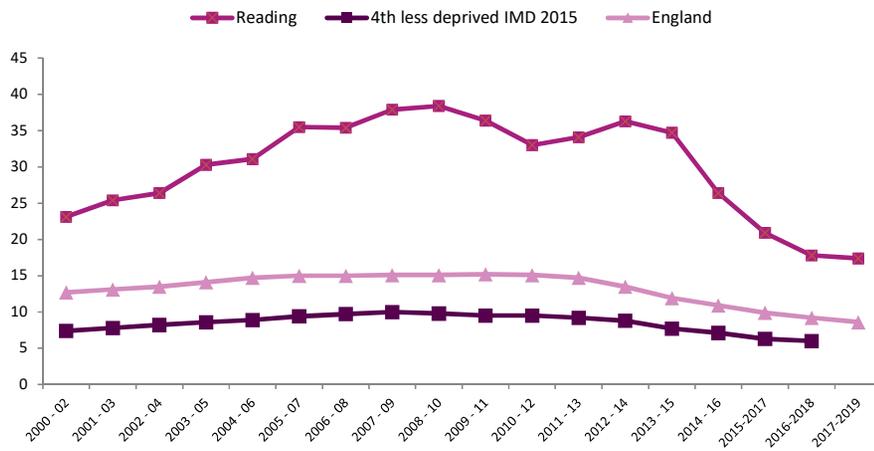
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**Data Source** Enhanced Tuberculosis Surveillance system (ETS) and Office for National Statistics (ONS)

**Denominator** Sum of the Office for National Statistics (ONS) mid-year population estimates for each year of the three year time period

**Numerator** Sum of the number of new TB cases notified to the Enhanced Tuberculosis Surveillance system (ETS) over a three year time period

Period	Reading	4th less deprived IMD 2015	England
2000 - 02	23.1	7.4	12.7
2001 - 03	25.4	7.8	13.1
2002 - 04	26.4	8.2	13.5
2003 - 05	30.3	8.6	14.1
2004 - 06	31.1	8.9	14.7
2005 - 07	35.5	9.4	15
2006 - 08	35.4	9.7	15
2007 - 09	37.9	10	15.1
2008 - 10	38.4	9.8	15.1
2009 - 11	36.4	9.5	15.2
2010 - 12	33	9.5	15.1
2011 - 13	34.1	9.2	14.7
2012 - 14	36.3	8.8	13.5
2013 - 15	34.7	7.7	11.9
2014 - 16	26.4	7.1	10.9
2015-2017	20.9	6.3	9.9
2016-2018	17.8	6	9.2
2017-2019	17.4		8.6



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