Peter Sloman
CHIEF EXECUTIVE

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

To: All Members of the Health and Wellbeing Board

Our Ref:
Your Ref:

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

11 March 2021

Your contact is: Nicky Simpson - Committee Services

NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 19 MARCH 2021

A meeting of the Health and Wellbeing Board will be held on **Friday, 19 March 2021 at 2.00 pm via Microsoft Teams**. The Agenda for the meeting is set out below.

AGENDA Page No

Reading Health & Wellbeing Board
19 March 2021

Impact of Covid-19 in Reading

Reading Borough Council
Working better with you

Supporting our futures for Reading
Adult Social Care & Wellbeing

Brighter Futures for Children

NHS
Berkshire West
Clinical Commissioning Group

NHS
Royal Berkshire
NHS Foundation Trust

Supporting our futures for Reading
Adult Social Care
& Wellbeing

Covid-19 Update
Health and Wellbeing Board
March 2021

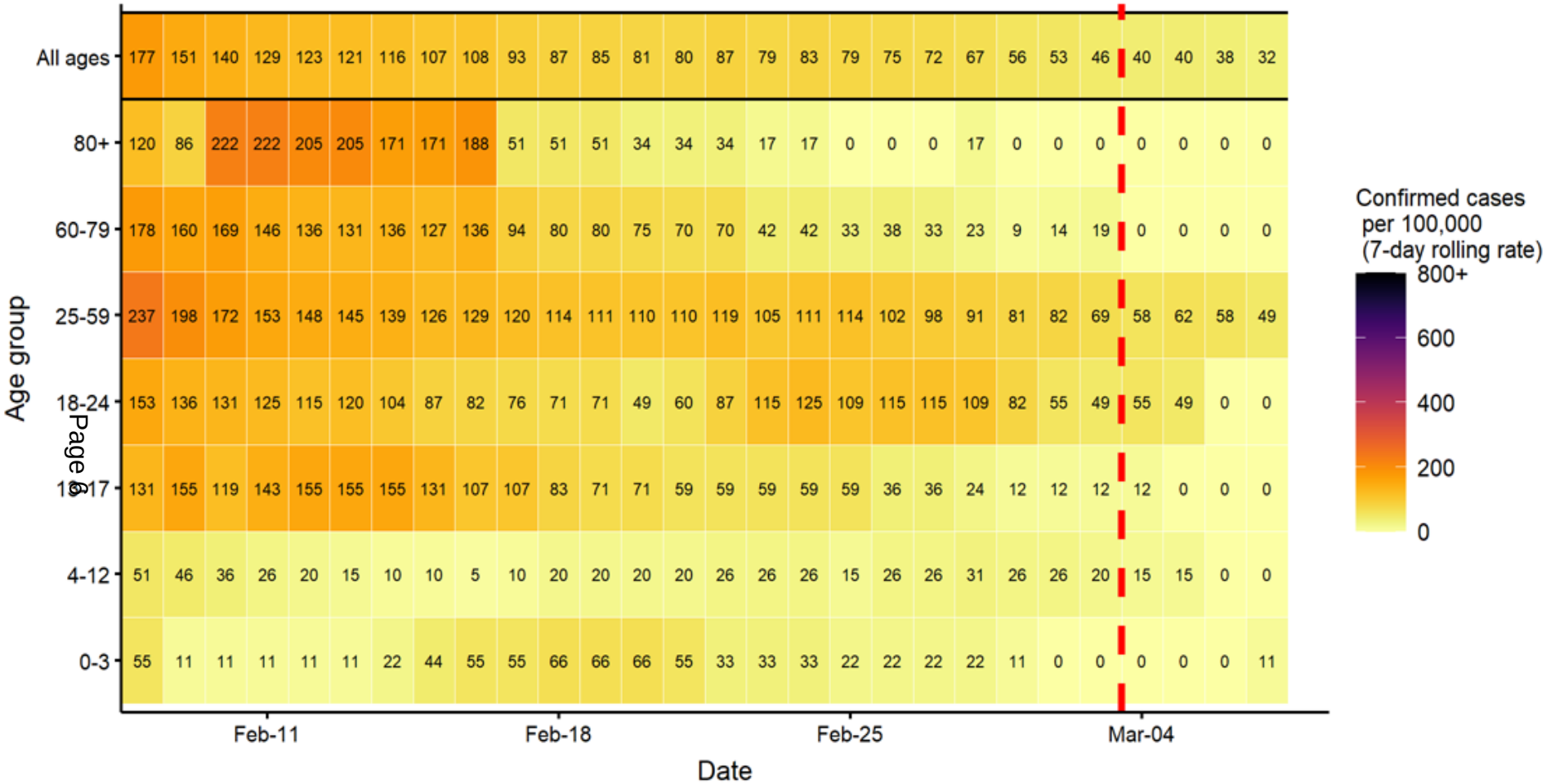
Reading
Borough Council
Working better with you

Latest Data

Situational awareness indicators from the 25/02/2021 to 03/03/2021
- in comparison to previous 7-day period

https://www.berkshirepublichealth.co.uk/covid-19-dashboard is updated daily. “Information Centre” weekly report

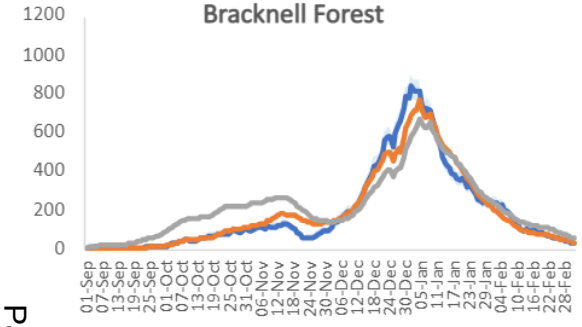
Area	Individuals tested per 100.000 population (7-day moving average)		Percentage individuals test positive (weekly)		Cases per 100.000 population - all ages (weekly)		Cases per 100.000 population - 60+ (weekly)	
Bracknell Forest	306.9	↓	2.1	↓	35.9	↓	28.5	↓
Reading	439.7	↑	1.7	↓	46.4	↓	18.4	↓
Slough	369.2	↑	4.5	↓	88.9	↓	55.9	↓
West Berkshire	309.3	↓	2.1	↓	39.8	↓	37.3	↓
Windsor and Maidenhead	334.4	↑	2	↓	40.9	↓	30.2	↓
Wokingham	286.2	↓	2.5	↓	43.8	↓	15.2	↓
South East	352.5	↓	1.9	↓	41	↓	28.5	↓
England	362.4	↓	3	↓	66	↓	42.0	↓

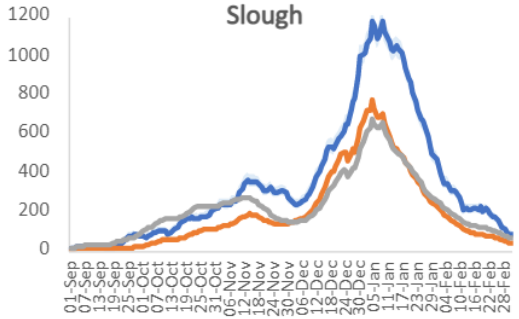


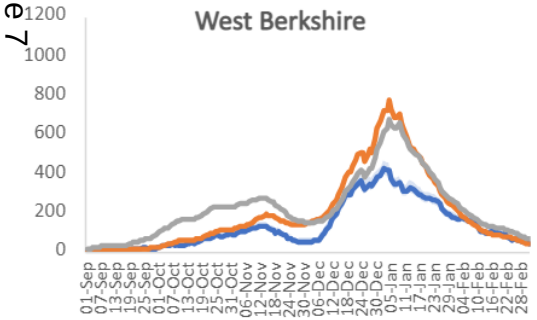
Case rate per 100,000 by age group – PHE LA Report - 08.03.2021

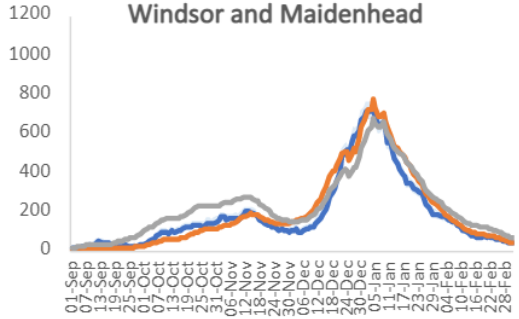
(The red dashed line denotes the 4 most recent days that are subject to reporting delays.)

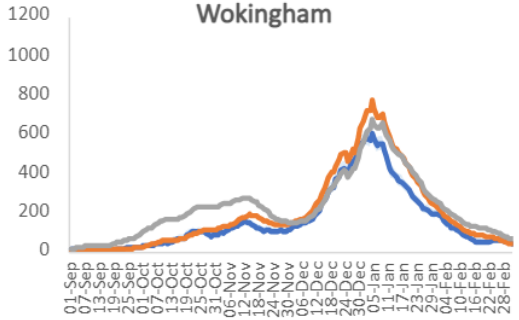
Comparative Data



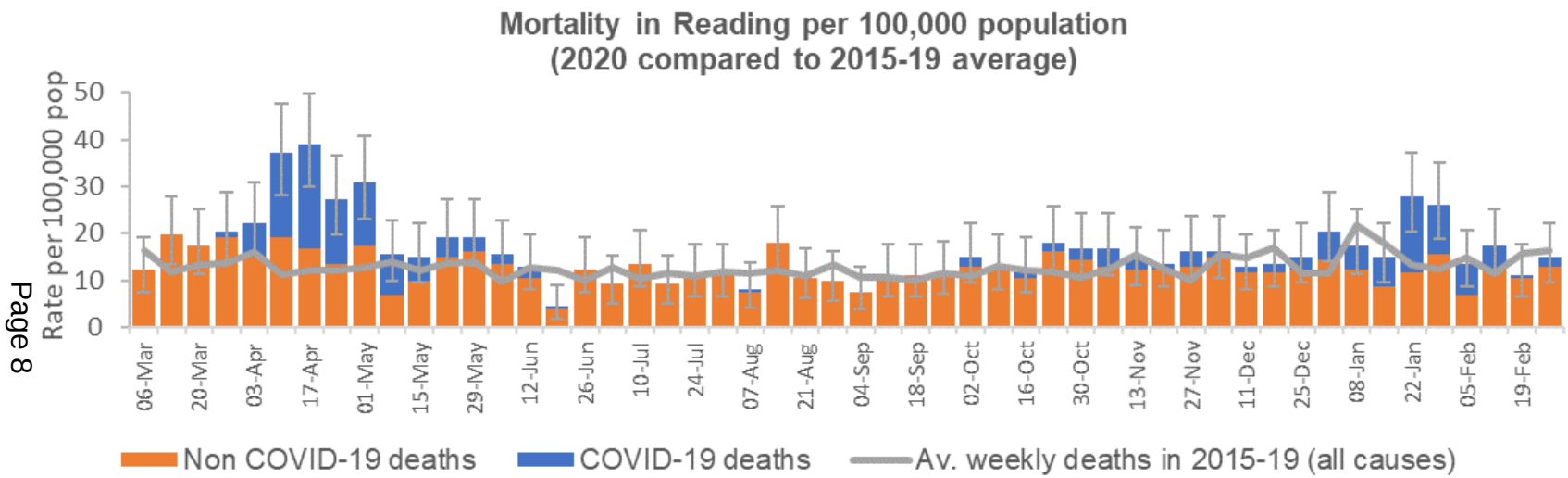








Mortality Rate in Reading



STEP 1
8 March **29 March**

EDUCATION

8 MARCH
- Schools and colleges open for all students
- Practical Higher Education courses

SOCIAL CONTACT

8 MARCH
- Exercise and recreation outdoors with household or one other person
- Household only indoors

29 MARCH
- Rule of 6 or two households outdoors
- Household only indoors

BUSINESS & ACTIVITIES

8 MARCH
- Wraparound care, including sport, for all children

29 MARCH
- Organised outdoor sport (children and adults)
- Outdoor sport and leisure facilities
- All outdoor children's activities
- Outdoor parent & child group (max 15 people, excluding under 5s)

TRAVEL

8 MARCH
- Stay at home
- No holidays

29 MARCH
- Minimise travel
- No holidays

EVENTS

- Funerals (30)
- Weddings and wakes (6)

STEP 2
No earlier than 12 April

At least 5 weeks after Step 1

EDUCATION

- As previous step

SOCIAL CONTACT

- Rule of 6 or two households outdoors
- Household only indoors

BUSINESS & ACTIVITIES

- All retail
- Personal care
- Libraries & community centres
- Most outdoor attractions
- Indoor leisure inc. gyms (individual use only)
- Self-contained accommodation
- All children's activities
- Outdoor hospitality
- Indoor parent & child groups (max 15 people, excluding under 5s)

TRAVEL

- Domestic overnight stays (household only)
- No international holidays

EVENTS

- Funerals (30)
- Weddings, wakes, receptions (15)
- Event pilots

STEP 3
No earlier than 17 May

At least 5 weeks after Step 2

EDUCATION
- As previous step

SOCIAL CONTACT
- Maximum 30 people outdoors
- Rule of 6 or two households indoors (subject to review)

BUSINESS & ACTIVITIES
- Indoor hospitality
- Indoor entertainment and attractions
- Organised indoor sport (adult)
- Remaining accommodation
- Remaining outdoor entertainment (including performances)

TRAVEL
- Domestic overnight stays
- International travel (subject to review)

EVENTS
- Most significant life events (30)
- Indoor events: 1,000 or 50%
- Outdoor seated events: 10,000 or 25%
- Outdoor other events: 4,000 or 50%

STEP 4
No earlier than 21 June

At least 5 weeks after Step 3

All subject to review

EDUCATION
- As previous step

SOCIAL CONTACT
- No legal limit

BUSINESS & ACTIVITIES
- Remaining businesses, including nightclubs

TRAVEL
- Domestic overnight stays
- International travel

EVENTS
- No legal limit on life events
- Larger events

Local Roll-out

- GP offer to care home residents and staff
- Delivery via Primary care networks;

  -Tilehurst Village Surgery - Watlington House

  -Circuit Lane Surgery - Emmer Green

  -University Health Centre
- Hospital Hubs for Health and Social care staff

  Wokingham and Royal Berks Hospital sites- to soon be stood down
- Pharmacy for all eligible group

  Triangle pharmacy live since Feb, 2 further Reading pharmacies joining by end of March
- Mass vaccination site- went live 22nd Feb

  10,000 capacity per week at full roll out

Priority groups- as per JCVI

1. Residents in a care home for older adults and their carers
2. All those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals
5. All those 65 years of age and over
6. **All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality**
7. **All those 60 years of age and over**
8. All those 55 years of age and over
9. All those 50 years of age and over
10. Groups 10-12 will be in 10-year age bands from 49 to 18 years of age

Vaccination numbers in Reading

Up to 28th February 2021

		Vaccinations					
LTLA Code	LTLA Name	Under 65	65-69	70-74	75-79	80+	Total
E06000036	Bracknell Forest	12,457	5,010	4,729	3,395	4,612	30,203
E06000038	Reading	16,669	4,607	4,964	3,768	5,599	35,607
E06000039	Slough	16,527	4,279	3,428	2,255	3,587	30,076
E06000037	West Berkshire	16,696	6,847	8,309	6,158	7,961	45,971
E06000040	Windsor and Maidenhead	16,620	6,505	6,905	5,325	7,999	43,354
E06000041	Wokingham	18,826	6,721	7,814	5,971	8,416	47,748

https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

Lateral Flow Testing Update

Testing for the presence of the viral antigen

Works in a similar way to a pregnancy test, result within 30 mins with not lab processing

Primarily used for those without symptoms

Less accurate than the lab based PCR swab test

Has an important role in “case finding” and when other mitigations remain in place

Widely available in Reading via Community Testing sites and Community Collect;

- University of Reading
- Schools and Colleges- for pupils, staff and pupil's household
- Nurseries
- Health and social care settings
- For those unable to work from home

brighterfuturesforchildren.org

Brighter Futures for Children

Schools overview

February 2021

Reading Schools' Attendance Dashboard

08 March 2021

34

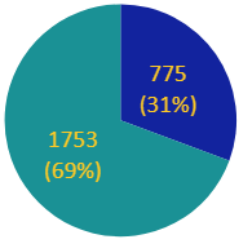
Number of Reporting Schools

67.5%

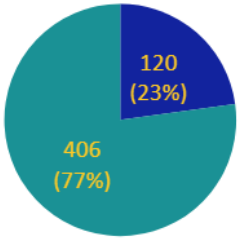
Total Pct Attending on Site

Total Percentage Attending on site

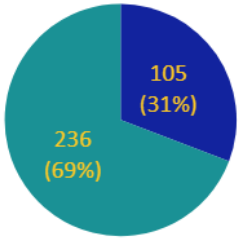
CYP Eligible for FSM



CYP with EHC Plans



CYP with a Social Worker



Pupils on site

Pupils not onsite

Reopening schools

Brighter Futures for Children

- All primaries for everyone from 8 March
- Secondaries from 8 March, with testing conducted in schools, 3 times and then home testing (not mandatory) LFT v PCR
- Face coverings in secondary schools (not mandatory)
- Discussions about ‘catch up’ – and holidays (HAF)

Berkshire West
Integrated Care Partnership

Covid 19

Impact on Primary Care and Acute Hospital Services

NHS
Berkshire West
Clinical Commissioning Group

Covid 19

Impact on Primary Care Services

Covid 19 – Impact on Primary Care Services

- **Access routes to GP services have changed (Remote triage and remote consultation)**
  - Practices now triage patients remotely in advance through telephone or online process. Remote triage determines most appropriate consultation method (telephone, video, face to face)
  - 'Hot' and 'cold' streaming arrangements established to support safe face to face consultations. 50% consultations provided face-to-face in December 2020 compared to 73% in December 2019
  - Arrangements support safe care for staff and patients and improve capacity to manage on-the-day demand. Total consultations similar to previous year – 228,999 per month on average Oct-Dec 2020 compared to 227,259 same period of previous year
  - Reading Walk-in Centre service suspended initially, then moved to bookable via NHS 111. Currently operating below capacity

Covid 19 – Impact on Primary Care Services

- **COVID-19 / Respiratory Hub established**
  - Assessed pts. with COVID-19 symptoms unable to be managed remotely by GP Practice
  - Focussed expertise to care for Covid-19 positive patients requiring face-to-face assessment – flexible capacity to see up to 100 patients/day however actual activity lower
  - Reduced risk of practice closure / staff exposure
  - Supported continuation of other GP services
  - Reduced burden to wider health system, e.g. 111, A&E

Covid 19 – Impact on Primary Care Services

- **Oximetry @home introduced**
  - Pulse oximeters issued to COVID positive pts. within agreed cohort, i.e. aged over 65
  - Allows oxygen levels to be monitored at home
  - Pts. either contact Hub or GP Practice if oxygen levels drop below agreed level or receive daily check-in phone calls
  - Clinical care plan changed based on result of oxygen levels

Covid 19 – Impact on Primary Care Services

- **COVID vaccination programme in place**
  - Majority of vaccinations to date provided by primary care-led Local Vaccination Sites
  - 5 sites in Reading area
  - To 15th Feb focus was on vaccinating Cohorts 1-4 (Over 80s, health and social care workers, 75-79 year olds, 70-74 year olds and clinically extremely vulnerable (shielded) patients. >90% uptake achieved amongst older age groups
  - Primary care now focussing on Cohort 6 (under 65s in at-risk groups). Working alongside mass site (Madjeski) and pharmacy site which focussing on Over 60s with 50-59 year olds to be invited in coming weeks. On track to deliver this phase of the programme by mid April
  - Working group in place focussing on inequalities and addressing lower uptake amongst some population groups

Covid 19 – Impact on Primary Care Services

- **Recovery and future plans established**
  - Step down of Respiratory Hub arrangements from end of March with all patients to be managed within practices
  - Further work to embed new models of access to primary care and support patients to engage with these
  - Planning for next phase of vaccination programme
  - Backlog of routine appointments addressed and focus on ensuring chronic diseases are appropriately managed
  - Improvements seen in routine vaccinations and immunisations / screening rates
  - Focussed work to support vulnerable patients / address inequalities e.g. increase in learning disability health checks and physical health checks for patients with severe mental illness

Royal Berkshire
NHS Foundation Trust

Covid-19 update

Reading BC Health and Wellbeing Board

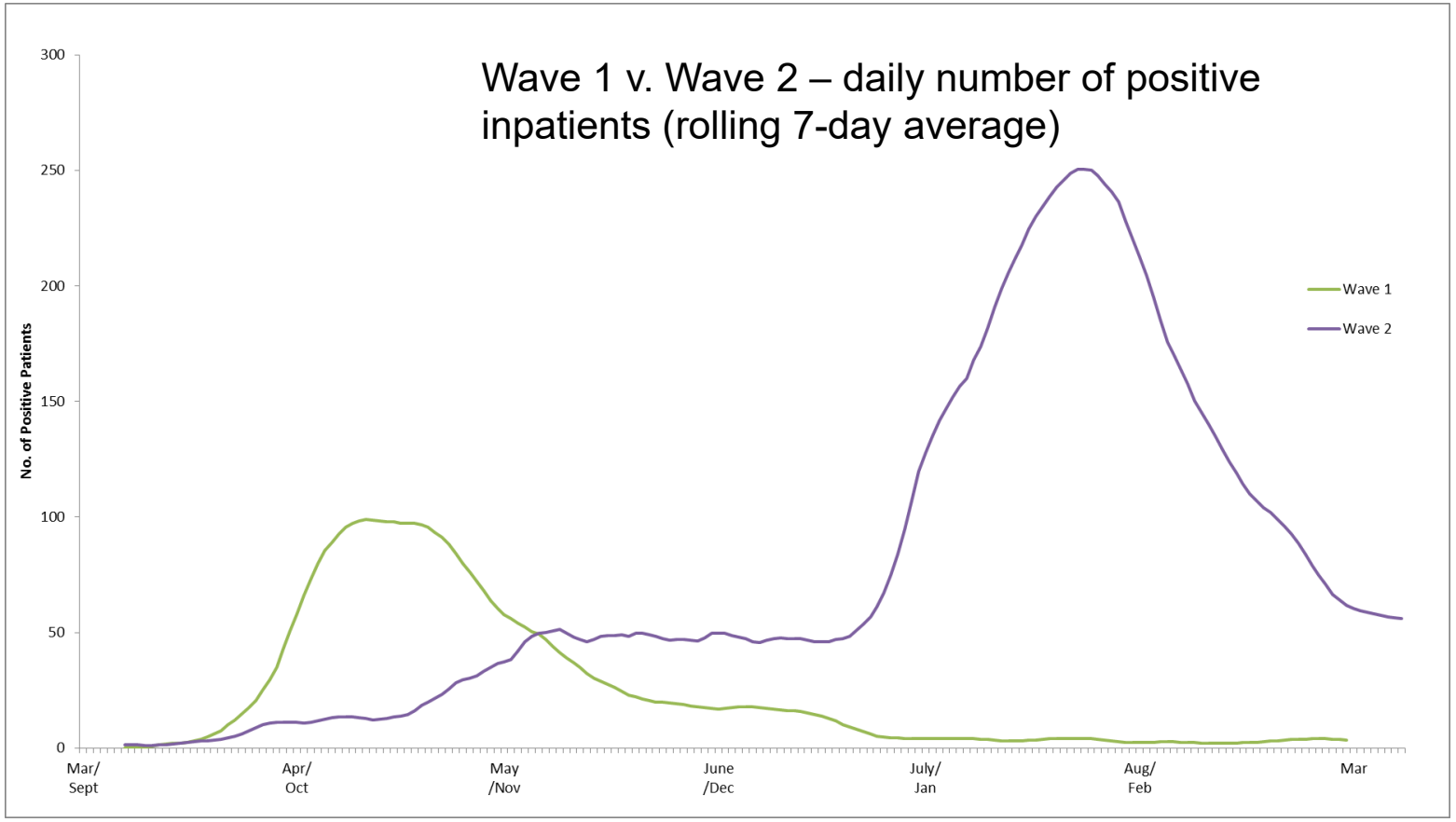
Thursday 19th March

Compassionate | Aspirational | Resourceful | Excellent

what matters

Current trend in cases

Royal Berkshire NHS Foundation Trust



what matters

Impact of wave 2 on RBFT

Royal Berkshire NHS Foundation Trust

- Significantly greater escalation required compared with wave 1 – almost 3 times usual ICU capacity at peak;
- ED attendances 25-30% lower than usual seasonal level
- Sustained all emergency and urgent surgery throughout as well as diagnostic services;
- Maintained outpatient clinics by using all sites and increasing virtual and phone consultations;
- Continued to take GP referrals throughout;
- Worked effectively with local authority and BHFT partners to ensure safe and timely discharge of patients
- Continued support from community – local businesses, schools, University of Reading – has also been valuable

Current position

Royal Berkshire NHS Foundation Trust

- Seeing very few Covid positive patients each day now;
- Hospital capacity for Covid patients has largely reduced to a minimum;
- Sustained efforts on infection prevention and control;
- Continued focus on supporting staff wellbeing;
- Staff vaccination programme phase 2 starts 22/03 (almost 5,500 staff vaccinated in first phase);
- Focus on ensuring all services back up and running efficiently, and particularly on running all routine diagnostic and surgery work across all sites
- Ensuring learning is assimilated and applied

healthwatch Reading advice • advocacy • action

NHS Berkshire West Clinical Commissioning Group

Reading Borough Council Working better with you

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**19 March 2021**		
REPORT TITLE:	**BHFT Update on Recovery**		
REPORT AUTHOR: **JOB TITLE:**	Kathryn MacDermott Acting Exec Director of Strategy, SRO for Recovery	**TEL:** **E-MAIL:**	07769 363626 Kathryn.macdermott@berkshire.nhs.uk
ORGANISATION:	Berkshire Healthcare		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The report provides an update on the progress of the Berkshire Healthcare Recovery and Restoration as part of our response to the COVID-19 pandemic.

BHFT have a Recovery Strategy that covers all community and mental health services, which sets out the mission, values, principles we are working to and the recovery and restoration process we have agreed. This strategy will be updated to take account of Wave 2 of COVID. We are currently collated the learning from wave 1 and 2 to form 'Standard Work' that will provide the operational framework if needed for further waves.

The reports detail's the impact of COVID on our community and mental health services. In addition, BHFT Estates and IPC (Infection, Prevention Control) team have reviewed and reconfigured all BHFT estate to ensure safe environments for patients and staff. This has resulted in reduced patient 'flow' through some services for face to face appointments. Some of the reduced flow has been minimised by the acceleration of remote appointments for clinically appropriate interventions (e.g. triage, follow up, education etc). And for some services the acceleration of remote consultations has improved waiting times and access. For other services we are seeing an increase in the waiting list numbers. The picture varies across all services.

When restoring services, we followed a Quality Impact Assessment approach that included consideration of the estate, PPE, patient communication, proposed new ways of working and the potential Equality Impacts.

Recovery from Wave 1 was completed in November 2020 with all services operational many offering a 'blended' service office.

We have categorized services as Tier 1 (Critical), Tier 2 (High Priority), Tier 3 (Medium) or Tier 4 (Low). The aim of the categorization is to provide a clear process for redeploying staff if needed from one or more services to support other services as needed. We have currently paused some routine face to face services in Tiers 3 and 4 to divert staff and capacity into our Tier 1 and 2 services to ensure flow/admission avoidance/Home first and capacity are maintained. This process is being led by the Divisions to enable as much flexibility and adaptability as possible.

All urgent and crisis services continue and where routine appointments can be completed remotely this continue.

We anticipate that the Recovery and Restoration process may be able to start again in March. Our recovery process will include consideration of what recovery means for our staff in addition to our services.

2. RECOMMENDED ACTION

2.1 The report is for information only

3. POLICY CONTEXT

3.1 BHFT recovery and restoration complies with all national and local COVID guidance.

4. THE PROPOSAL

Not applicable

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

5.1 The BHFT COVID Recovery Strategy does not contributes to any individual Reading Health and Wellbeing priority. It does however directly contribute to the recommendations made in the Berkshire Annual Health Report 2020.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

Not applicable

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

Not applicable

8. EQUALITY IMPACT ASSESSMENT

Berkshire Recovery plan includes a Reducing Health Inequalities due to the impact of COVID-19 action plan.

9. LEGAL IMPLICATIONS

Not applicable

10. FINANCIAL IMPLICATIONS

Not applicable

11. BACKGROUND PAPERS

Not applicable

NHS
Berkshire Healthcare
NHS Foundation Trust

BHFT Update on Recovery

Update to
Reading Health and Wellbeing Board

January 2021

Care Quality Commission Inspected and rated Outstanding

Diversity and Inclusion Bringing us together

GDE Digital solutions for outstanding healthcare

Dr Kathryn MacDermott, Acting Exec Director of Strategy
SRO for Recovery

COVID-19 Recovery programme

Berkshire Healthcare
NHS Foundation Trust

The scope of programme covers the whole of Berkshire and the Trust's commissioned service delivery across Children's and Families, Community Health, Mental Health, Inpatients and Corporate services.

The programme aims are:

- Restore full capacity, quality and resilience of our physical and mental health services to meet ongoing and emerging post COVID-19 community needs. A key aim is to stabilise our workforce with a particular focus on retention, providing support to staff and team resilience and wellbeing following the social and psychological shock of responding to COVID-19.
- Enable physical and mental health services to meet the health needs of individuals, staff, and the community including the new models of care tested during the COVID-19 period
- Promote self-sufficiency and continuity of the health and wellbeing of affected individuals; particularly the needs of children, seniors, people living with disabilities, whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations, including oversight of Implementation of Phase 3 of the NHS response to the COVID-19 pandemic
- Provide reassurance to our patients regarding their care and reconnect displaced populations with essential physical and mental health services
- Work co-productively with commissioners and partners to embed new ways of working as a part of the standard operating model

The programme is underpinned by a Recovery Strategy approved by the Trust Board in May 2020. The existing Recovery Strategy will be updated to reflect the impact of Wave 2 of the pandemic on Recovery.

Adult Community Health services

NHS
Berkshire Healthcare
NHS Foundation Trust

Wave 1 - BHFT ceased non-urgent community service provision in line with national guidance for community health services. This included: Continence, Podiatry, Dental, Hearing & Balance, Diabetes, Dietetics Community, Adult Speech and Language Therapy, Mobility Service, MSK, Sexual Health, Community and Specialist Nursing, ARC, TVN, Lower Limb, Heart Function, and AIRS.

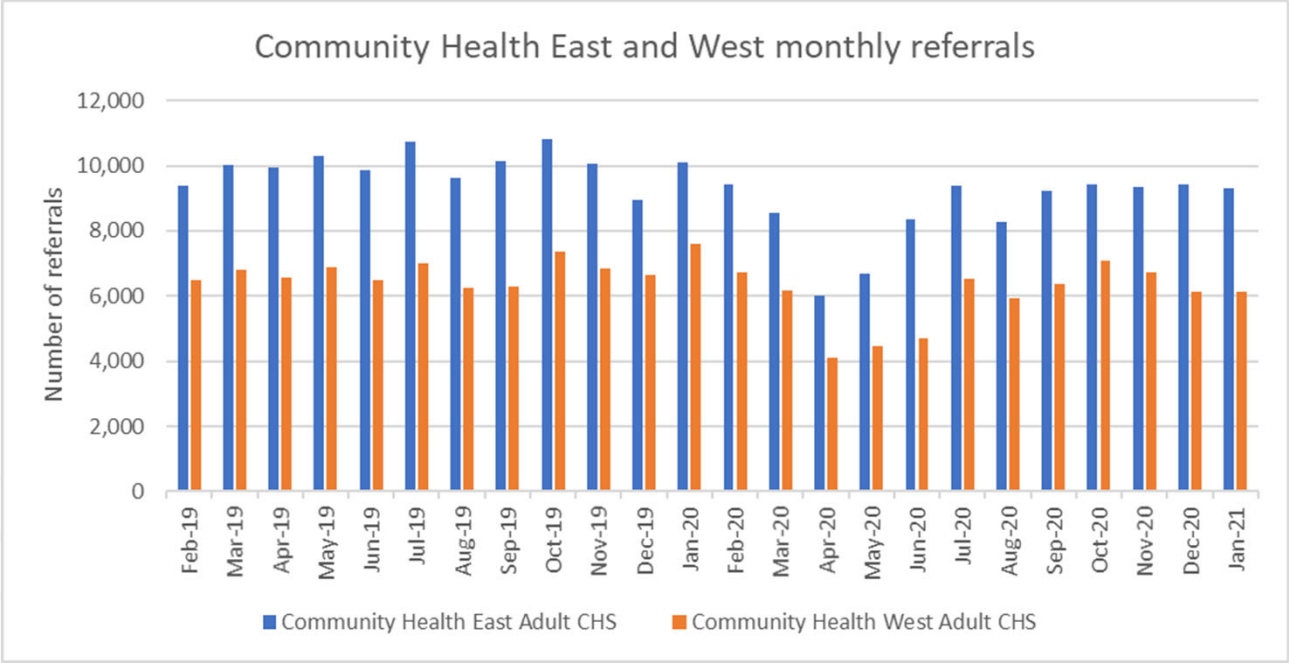
All services moved to remote consultations with face to face appointments only for those that are urgent and appropriate. Referrals were stopped for routine appointments in the majority of the services listed above. Urgent referrals were still accepted and triaged. All of these changes were in line with national directives (COVID-19 Prioritisation within Community Health Services, and COVID-19 Hospital Service Discharge Requirements).

Wave 2 - Many of the services models that were put in place in Wave 1 continued through Recovery and into the 2nd wave, such as the increase in in-reach on the frailty pathway, wrap around community services and support to intensive community rehab team (ICR). The diversion of capacity in MSK services into inpatients and community flow pathways has been instigated in wave 2 as it was in wave 1. In West Berks staff continue to support the Hospital Discharge Service which is now operating 7 days a week and later into the evenings.

BHFT have taken on a small number of additional staff to continue with the pathways that commenced in Wave 1. We are currently modelling the capacity needed to provide the COVID Vaccination for those who are housebound. Corporate services staff have been redeployed into in patient areas and are assisting with discharge and liaison with families, freeing up ward staff to carry out patient care.

Community Health referrals pre and post COVID

NHS
Berkshire Healthcare
NHS Foundation Trust



Children's Community Health Services, including Children's and Young Persons' Mental Health

NHS
Berkshire Healthcare
NHS Foundation Trust

Wave 1 - BHFT suspended some elements within Children's Services, both community physical and mental health. The services affected were: School Nursing; CYPIT (Children and Young People Integrate Therapies); Autism (including Autism Berkshire and The Autism Group); ADHD; CAMHS; Health Visiting; Young People in Care; Children's Community Nursing Team; Kooth; Number 22; Youthline; Parenting Special Children.

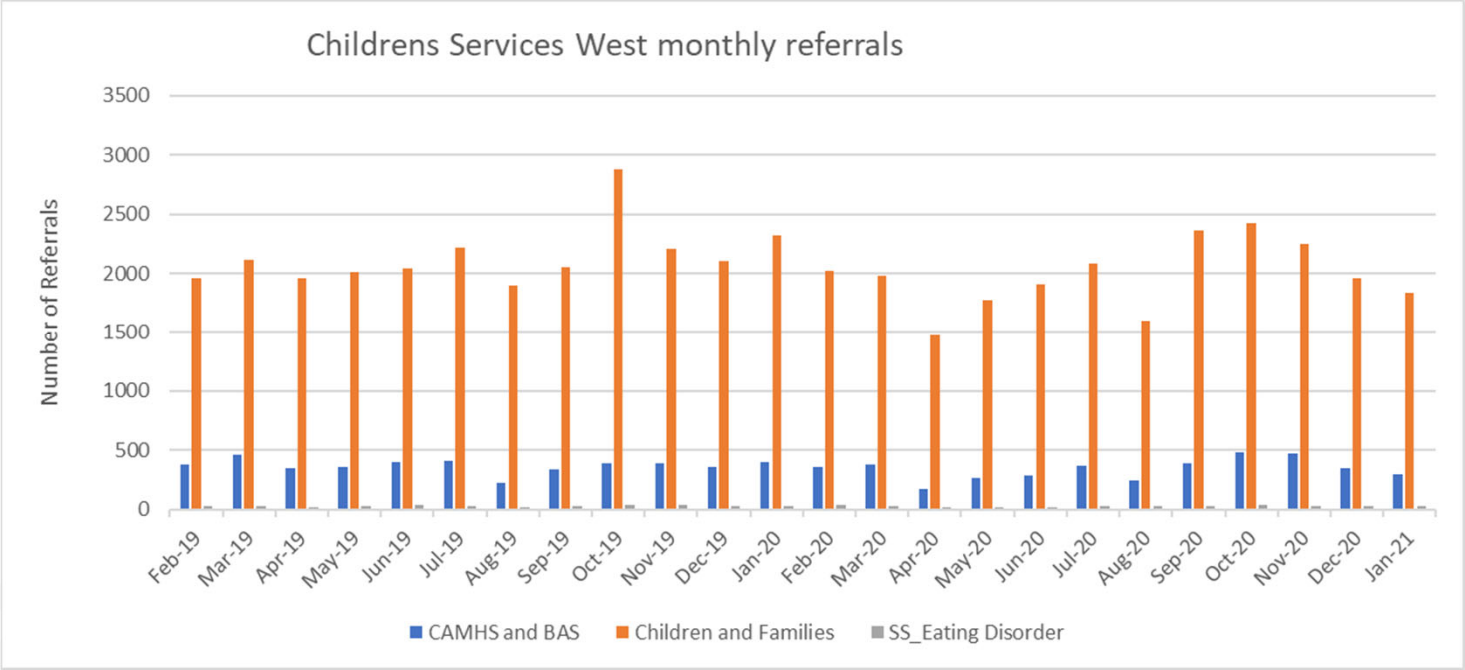
The services suspended all face to face appointments, unless there was an urgent need. In all other cases patients where contacted and notified that their appointments had changed to either a telephone or an online consultation. For some patients the most appropriate option was to be given self-care management advice.

In Autism the third sector continued to run a restricted and/or modified service and the use of SHaRON was increased. In Health Visiting the service was reduced to new birth visits and postnatal checks at 6 weeks only; and most of these visits were not face to face except for the most vulnerable. The Children's Community Nursing Team paused delivery of respite care at Manor Green due to the difficulties of complying with IPC guidelines. Safeguarding duties and functions remained in place. All of the changes made were in line with national guidance.

Wave 2 - Children's respite at Manor Green has been stepped down. The vaccination team is redeployed into COVID vaccination until the end of February; and gaps in this team are being covered with temporary staffing. Otherwise services remain largely unchanged offering a virtual and face to face offer as defined by Wave 1. Most services are prioritised as critical or high priority (tier 1 and 2) and therefore we are not limiting the service offer at this stage – this is based on the learning from wave 1. School nursing is currently not stepped down (unlike in Wave 1 following national guidance that this service must not be stepped down).

Children's Services referrals pre and post COVID

NHS
Berkshire Healthcare
NHS Foundation Trust



Adult Mental Health services

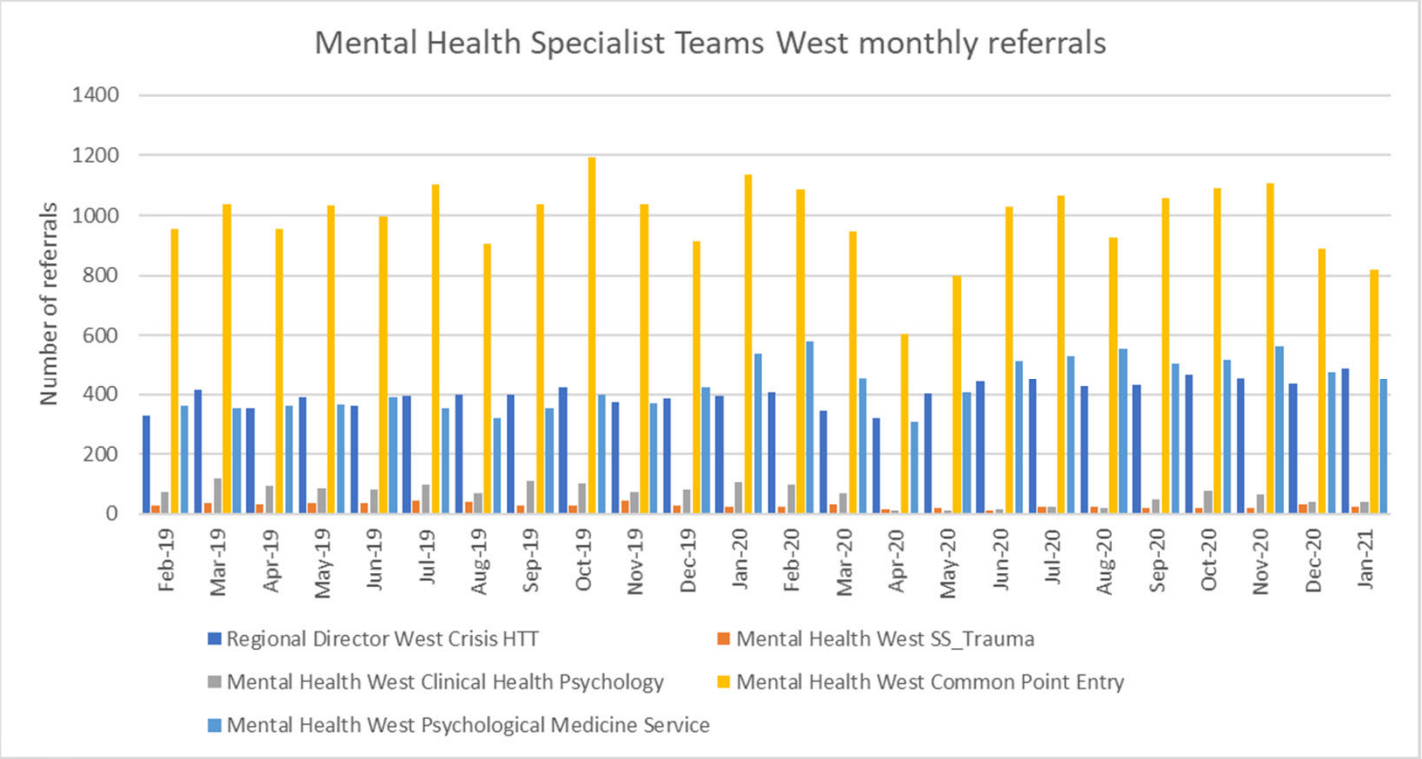
NHS
Berkshire Healthcare
NHS Foundation Trust

Wave 1 - The majority of services continued as business as usual but for some; CMHT, OPMH, this included a move to a telephone appointment where it was deemed to be appropriate and face to face appointments remained for urgent patients only. All of the service changes were in line with national guidance.

Wave 2 – The service offer remains largely unchanged. We have redeployed corporate staff into PPH to assist in ward areas to support discharge facilitation and provide support to the ward functions. We have also enhanced our CPE and PMS services to support MH and Acute hospital flow. We are also utilising Winter pressures MH funding to increase capacity to services and the local systems.

Adult Mental Health referrals pre and post COVID

Berkshire Healthcare
NHS Foundation Trust



Serious Incidents (SI) and Duty of Candour

NHS
Berkshire Healthcare
NHS Foundation Trust

Wave 1 – During wave 1 on receipt of national guidance, the requirement to carry out full SI investigations and to report these investigations within 60 working days was suspended. We continued to log SIs on STEIS and the SI reporting focused on the more severe incidents. BHFT continued to undertake rapid SI reviews to identify any immediate and urgent actions. A plan for completing harm reviews when we return to business as usual was formulated and a draft shared with operations. The principles of Duty of Candour continued to be upheld. Statutory and regulatory obligations (e.g. requirements of HM Coroner) were also upheld. The Quality Impact Assessments required as part of the Recovery process list the mitigations in place to monitor and uphold patient safety.

Wave 2 - All serious incident reporting/ investigation and Duty of Candour has continued in line with regulatory and statutory requirements.

Impact on Staff

NHS
Berkshire Healthcare
NHS Foundation Trust

Several corporate staff have been redeployed to support clinical services in December. We have also redeployed some staff from services classified as medium and low priority to support the critical and high priority services as described above. The CYPF Vaccination Team that are supporting COVID Vaccines will return to CYPF as the schools open. The IPC team and CYPF teams have worked together and developed a local plan that provides the necessary cover to support CYPF and COVID Vaccinations.

The March Recovery Programme Board will be considered our approach to Recovery of services and what Recovery means for the staff teams that have been working under enormous stress for several months.

Reducing health inequalities

NHS
Berkshire Healthcare
NHS Foundation Trust

The Phase 3 guidance includes a commitment to understand and minimise the impact that COVID has on certain groups and its potential to increase existing health inequalities. As a provider of community and mental health services we are required to have in place an action plan that sets out how we are minimising the impact of COVID-19 on BAME communities, people living with diabetes, cardiovascular disease and respiratory disease and we have this action plan in place. We have a BHFT plan in place that delivers the eight actions set out in the Phase 3 guidance. We are also currently working with BOB and Frimley ICS to develop a more strategic approach with other key partners including LAs, education, housing, employers to contribute to the bigger picture of how we collective work together to tackle health inequalities.

Separately BHFT have agreed to develop a Reducing Health Inequalities action plan that is not COVID-19 specific. A workshop in February has provided a strong start to this. A project plan is in place with project management support, draft priorities have been agreed by the Exec and will be considered at the March Trust Board discursive and a steering group is in the process of being established.

NHS
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Thank You
Any questions?

Care Quality Commission Inspected and rated Outstanding

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healthwatch Reading

Health of asylum seekers and refugees placed in a Reading hotel during the pandemic

Full report of a Healthwatch Reading project
March 2021

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Introduction

About this report

This report presents the findings of a project carried out by Healthwatch Reading between July and September 2020. The aim of the project was to support the asylum seekers and refugees with any health and wellbeing needs.

In total we interviewed 43 asylum seekers or refugees all placed in the same hotel. They had originally come from 19 different countries and spoke at least 16 different languages.

We became aware that around 80 asylum seekers had been placed by the Home Office into a local hotel in March 2020 as part of the pandemic response. We wanted to check their health and wellbeing needs were being met, their rights were being upheld and to give them a voice. Neither residents or third parties were aware of how long they might be staying at the hotel.

From our discussions with the asylum seekers, it became clear that they had a number of health and wellbeing issues that they needed help with. Some residents had been transferred from other areas of England whilst others had come straight to the hotel after arriving in the UK from another country. They were at a disadvantage in terms of not being familiar with the Reading area and what services were available. Normal ways of working for NHS and care services had also changed during the pandemic so it was even more difficult for the residents to access some services. For a number of residents English was not their first language, which was another barrier.

Our report contains case studies which highlight asylum seekers' multiple or complex health and wellbeing needs and unsafe gaps in care, and details of how we and other local charities supported them.

Formal responses to questions we put to local stakeholders can be viewed from page 18. These responses indicate that local organisations got little notice of the asylum seekers arriving in Reading but once they were here, the process of linking the arrivals into local health services was slow and responsibility for their overall wellbeing was fragmented.

This report will be discussed at the Reading Health and Wellbeing Board on March 19 2021. By March 25 2021, all of the asylum seekers at the hotel were due to be moved on from Reading by the Home Office. We will submit our report to Healthwatch England so they can raise the issues involved with the Home Office, as there are lessons to be learned about how health and wellbeing needs are met and rights upheld when asylum seekers are moved around any part of England.

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Summary of main findings

- We spoke with 43 asylum seekers/refugees from 19 different countries who spoke 16 different languages, all placed in the same Reading hotel
- We carried out four visits to the hotel July-September 2020 to hear their views and spent many hours afterwards trying to resolve their issues
- Most of the people we spoke with were single young men but there were some family groups including single women with babies or toddlers
- Many had been living in the hotel since March, after being moved by the Home Office from accommodation in eight other UK cities or towns, mainly London
- They were mostly experiencing dental, pain, insomnia or mental health problems
- Being moved from other parts of the UK had sometimes caused unsafe breaks in usual medication or ongoing treatment
- A Home Office weekly allowance had been stopped for some people, preventing them from buying over-the-counter medication, phone credit and other items
- A mass registration exercise with a local GP surgery only took place 16 weeks after first residents arrived,
- Their rights to free NHS prescriptions and dental care had been delayed in many cases
- We believe local and national agencies have not liaised well to meet people's needs
- Information-sharing between statutory services had been delayed or inadequate, preventing full understanding on who had arrived and left the hotel and their needs
- Local charities have been filling the gaps to provide support, visits, advice, advocacy and interpretation. Hotel staff also unofficially provide pastoral care.

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Chapter 1: 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 or are unaware of their rights. We champion what matters to people and work with others to find solutions.

Under Healthwatch legislation, organisations must provide a written response to our reports and recommendations[1].

Why we carried out this project

We became aware through local intelligence that a hotel in Reading was being used to house a large number of asylum seekers and refugees as part of the government's Covid-19 pandemic response.

We knew from a 2018 project we carried out with Reading Refugees Support Group, that this group of people faced many barriers to accessing health care[2]. So as the first lockdown of the pandemic eased slightly in early summer 2020, we planned Covid-safe visits to the hotel to meet people temporarily living there. We wanted to understand their health and wellbeing issues and their access to services; to provide information, advice and informal advocacy; and to understand what statutory agencies had done to ensure their needs were being met and their rights were being upheld. Chapter 2 of this report sets out our visits in detail.

Definitions

An **asylum seeker** is a person who has left their country of origin and formally applied for asylum in another country - because they fear persecution if they return - but whose application has not yet been concluded.

In the UK, a **refugee** is a person who has had their asylum application accepted and been granted refugee status, usually for an initial five years.

A **refused asylum seeker** is someone whose asylum application is unsuccessful. They may leave voluntarily or be forcibly returned by the government.

A **migrant** is someone who comes to the UK for other reasons such as to find work[3].

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[1] https://www.legislation.gov.uk/uksi/2012/3094/part/6/made

[2] https://healthwatchreading.co.uk/report/2018-05-01/our-top-3-priorities-joint-report-reading-refugee-support-group

[3] Refugee Council website: https://www.refugeecouncil.org.uk/information/refugee-asylum-facts/the-truth-about-asylum/

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The UK asylum process

Asylum seekers are screened by an immigration officer and have an interview with a caseworker, according to the UK government website, with decisions 'usually' taking six months[4].

However, Home secretary Priti Patel has described the asylum system as "fundamentally broken", saying "almost half of these claims take a year or more to reach a decision".[5]

While they wait for decisions, asylum seekers are not allowed to work, even if they have useful skills. They can get free housing (which could be a flat, house, hostel or bed and breakfast) but have no say in where they can live in the UK, and a weekly allowance of £37.75.[6] (This was changed later in 2020 to £39.63 as well as some backdated payments to cover various costs).

Asylum seekers' rights to NHS healthcare

Asylum seekers and refugees can access free:

- **primary care**, whether as a temporary or fully registered GP surgery patient
- **hospital care**, such as appointments with specialists (via GP referral), necessary operations and A&E
- **maternity care**
- **dental care**, but only if they have obtained a HC2 certificate (granted to people on low incomes to exempt them from healthcare costs)
- **prescriptions**, but only if they have obtained a HC2 certificate (granted to people on low incomes to exempt them from healthcare costs)
- **testing and treatment for infectious diseases,** such as Covid-19 and TB.[7]

Refused asylum seekers and migrants cannot access the full range of NHS care, particularly hospital care, and could be subject to charges for treatment. But are still entitled to free:

- **primary care**
- **A&E care**
- **Family planning (not terminations or fertility treatment)**
- **Testing and treatment for infectious diseases**
- **Treatment for conditions** caused by certain types of violence, such as torture, domestic violence or sexual violence.[8]

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[4] Government website: https://www.gov.uk/asylum-support

[5] Conservative Party website: https://www.conservatives.com/news/home-secretary-priti-patel-fixing-our-broken-asylum-system

[6] https://www.gov.uk/claim-asylum/help-you-can-get

[7] British Medical Association, Refugee and Asylum Seeker Patient Health Toolkit: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit

[8] NHS website: https://www.nhs.uk/using-the-nhs/nhs-services/visiting-or-moving-to-england/how-to-access-nhs-services-in-england/

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Home Office changes to the asylum process during the pandemic

The Home Office changed the way it dealt with asylum seekers' application and housing in response to the Covid-19 pandemic. These changes included:

- Suspending face-to-face interviews for asylum applications
- Housing asylum seekers in temporary accommodation such as hotels to ensure social distancing was in place and providing meals and toiletries to them
- Continuing to accommodate failed asylum seekers to avoid them becoming homeless (a separate government policy was introduced to ensure all homeless people could be housed during the pandemic)
- Pausing decisions that rely on medico-legal reports, to avoid putting extra pressure on doctors needed to ensure the NHS can cope with the pandemic.[9]

At the start of October 2020, around 9,500 asylum seekers were being accommodated in 91 hotels across the UK, up from around 1,200 up from 1,200 at the end of March 2020, 4,400 at the end of June 2020 and 8,000 at the end of August 2020. The Home Office has also use military barracks for this purpose.[10]

General changes to the NHS in Reading during the pandemic

When England went into the first national lockdown in March, GP practices moved much of their operation to phone, email or video consultations with patients, with face-to-face appointments only carried out for the most clinically necessary cases.[11]

Pharmacies remained opened but faced lengthy queues due to social distancing rules, demand from people wanting to secure extra supplies of their usual medication, or people turning up in person because they couldn't get through on the phone.[12]

Dental surgeries closed and people with serious dental issues were channelled through NHS 111 to be triaged into urgent treatment hubs if clinically necessary.[13]

Planned operations were cancelled at the Royal Berkshire Hospital, outpatient clinics were replaced with phone or video calls and two A&E areas were set up to keep Covid patients away from other people.[14]

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[9] https://homeofficemedia.blog.gov.uk/2020/07/03/factsheet-asylum-accommodation-and-applications/
[10] https://commonslibrary.parliament.uk/research-briefings/cbp-8990/
[11] https://healthwatchreading.co.uk/news/2020-03-20/reading-gps-switch-different-ways-working-cope-coronavirus
[12] https://healthwatchreading.co.uk/news/2020-03-18/be-patient-pharmacies
[13] https://healthwatchreading.co.uk/news/2020-04-24/local-guide-nhs-care-services-time
[14] https://healthwatchreading.co.uk/news/2020-03-25/royal-berks-gears-cope-virus-cases

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Asylum seekers placed in Reading

Asylum seekers were accommodated in Reading due to pandemic arrangements, in one central Reading hotel from March 2020. Some people have arrived and left but overall numbers have stayed at between 80-86 (and are still at this level at the time of this report's publication in January 2021).

Most have been single adult males but there have also been some women and babies and family groups staying at the same time.

People were placed in their own single bedroom unless they were sharing with family. Free meals were delivered to their hotel room door as no indoor communal areas were open, in order to maintain social distancing. Residents were told to leave rubbish bags outside doors for collection.

Healthwatch Reading has chosen not to identify the hotel, to safeguard the residents. Asylum seekers in other hotels in the UK have been targeted by far-right extremists during the pandemic in Bromsgrove and Newcastle[15] and Epping[16].

The role of statutory agencies and other stakeholders

We identified a wide range of organisations responsible for, or working to meet the needs of, asylum seekers in Reading, including:

Reading Refugee Support Group: A charity that has provided practical help and legal advice for refugees and asylum seekers since 1994[17] and which has been advising and supporting those people placed there;

Reading Red Kitchen: A solidarity collective that has been providing hot meals, snacks, toiletries, phone credit, clothes and items donated by the public to the hotel residents[18];

The Home Office: processes asylum applications, and applications for 'asylum support' (accommodation and a weekly cash allowance);

Clear Springs Ready Homes: Contracted by the Home Office to provide short-term accommodation to asylum seekers[19], including those placed in Reading;

Migrant Help: A national charity contracted by the Home Office to provide advice and support to asylum seekers via a website, free helpline, webchat[20];

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[15] https://www.theguardian.com/world/2020/aug/28/far-right-activists-filmed-hassling-asylum-seekers-in-hotels

[16] https://www.theguardian.com/uk-news/2020/aug/23/migrants-housed-in-essex-hotel-find-themselves-at-mercy-of-local-hostility

[17] https://rrsg.org.uk/

[18] https://bit.ly/3qiRYms

[19] http://www.ready-homes.co.uk/

[20] https://www.migranthelpuk.org/

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Berkshire West Clinical Commissioning Group (BWCCG): Plans and funds NHS services for Reading people such as hospital and emergency care and oversees the work of GP surgeries including Reading Walk-In Centre[21];

Reading Walk-In Centre (RWIC): The centre runs both a walk-in urgent care service for the general public (suspended during the first lockdown) as well as a GP surgery with registered patients from the central Reading area[22]. It has taken on some of the asylum seekers from the hotel as new patients;

NHS England (NHSE): Plans, funds and oversees the work of all NHS dentists in Reading as well as nationally overseeing the health service[23];

NHS 111: The NHS helpline or website for any member of the public calling about a health need, especially out of hours or if they don't know where to get help[24];

Reading Borough Council (RBC): Statutory duties to assess social care needs and/or human rights' needs of asylum seekers, arrange social care for eligible adults, undertake adult safeguarding investigations in relation to various types of abuse including modern slavery and trafficking adults[25]. The council also gives grants or has contracts with voluntary sector organisations that support vulnerable people, provide information and advice, provide statutory advocacy or promote community cohesion. [*RBC has asked us to clarify this section as follows: 'The Care Act (2014), in relation to its duties and responsibilities, in this instances reference to assessment o care and support needs, is not quite the same as if an asylum seeker being ordinarily resident in RBC. As the individuals are accommodated by the Home Office, their status is determined by them. Of course, all individuals must be treated with respect, fairly and within the legislation and guidelines which protects them and we are mindful of this. The process for determining care and support needs in this instance is different when urgent needs occur, and the individual is accommodated by the Home Office as in these circumstances. RBC accept their responsibilities, however the duty to assess social care needs is via the Provider as detailed in the Home Office document "Asylum seekers with Care Needs," Version 2, 3rd August 2018[26]. We of course have a responsibility under Section 42 (1) of the Care Act – often referred to as section 42 enquiries, which applies where a local authority has reasonable course to suspect that an adult, in its area (whether or not ordinarily resident) is subject to abuse as determined under this legislation.*]

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[21] https://www.berkshirewestccg.nhs.uk/about-us/our-responsibilities/

[22] https://readingwalkinhealthcentre.nhs.uk/

[23] https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/

[24] https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/

[25] http://guidance.nrpfnetwork.org.uk/reader/practice-guidance-adults/ (endorsed by Local Government Association)

[26] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731907/Asylum-Seekers-With-Care-Needs-v2.0ext.pdf

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Brighter Futures for Children: The company contracted by RBC to provide children's services, including statutory duties to arrange schooling for eligible children, including any asylum seeker children in Reading and to undertake safeguarding investigations into any local child at risk of abuse[27];

South East Strategic Partnership for Migration (SESPM): provides a leadership, coordination and advisory function for migration in the South East. SESPM is hosted by South East England Councils while its work is funded by the Home Office[28].

[27] https://brighterfuturesforchildren.org/about/

[28] https://www.secouncils.gov.uk/about-us/about-sespm/

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Chapter 2: Our visits and the experiences of residents

Planning our visits

We had been advised early on in the first lockdown, by our national body Healthwatch England, not to undertake any face-to-face visits with local people or at NHS or social care services, to protect ourselves and others from Covid-19 and to avoid putting pressure on services.

However, after the first lockdown was eased from the beginning of July 2020, we made the decision, based on a rigorous risk assessment, that it was in the interests of the people staying in the hotel to engage with them directly. We knew from previous work they were likely to be experiencing language and communication barriers and potentially lacked access to mobile phones, computers, laptops or tablets – tools that the public generally were needing to access the NHS virtually under service changes caused by the pandemic changes.

We wanted to ensure they had access to information and advice about local health and care services, their general rights and any practical support we could provide.

We spoke in advance with hotel staff, who confirmed they could accept our staff as visitors and who helpfully identified a safe, socially distanced area within the hotel that would act as a meeting point with residents, one by one, or by family unit. (There was no outside area in the hotel grounds that was suitable to ensure confidentiality of people's health issues and personal information).

The hotel staff agreed to circulate posters we delivered in advance to promote our visits. We translated these into the most common languages spoken as advised by hotel staff.

We also notified a Clear Springs representative that we were visiting the hotel.

Two Healthwatch Reading staff wearing personal protective equipment (PPE) attended each of our four planned visits, to ensure we could converse and take full notes. Hotel staff compiled a list of people who said they wanted to speak to us for each visit and collected them each in turn to bring them to the meeting area. On some visits, additional residents queued up outside the area wanting to speak with us, and hotel staff helped us ensure they were socially distanced.

We spent approximately two hours at each visit.

Our visit dates:

- 24 July, 2020
- 14 August, 2020
- 28 August, 2020
- 25 September 2020.

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About the people we met

We met with 43 people who had been placed in the hotel, 33 men and five women who had five children with them ranging from babies to teenagers.

They were originally from 19 different countries in a range of regions:

- **The Middle East**, including Iraq and Iran
- **South Asia**, including Bangladesh and Afghanistan
- **Africa,** including **Eritrea**
- **Central and South America**
- **The Balkans**

They spoke a wide variety of native languages, including:

- Kurdish or Kurdish Sorani
- Arabic
- Pashto
- Tamil
- Bengali
- French
- Creole
- Swahili
- Urdu
- Spanish
- Tigrinya
- Amharic
- Zulu

Most of the people we spoke with could also speak good or limited English to the extent that they could share their story although some conversations took longer as we checked back that we had understood what they were saying or helped them find some unknown English words. A few of the people asked if they could bring a multilingual resident with them to translate.

People told us that they had been in the UK for varying lengths of time, mostly less than 12 months or between 1-5 years. Five had been in the asylum system in the UK for more than 10 years.

Most of the people we spoke with had been moved to Reading from previous accommodation in London or towns in England's south-east, north-west, or midlands. Only seven adults said they had been placed in the hotel in Reading directly after arriving in the UK from their home.

The asylum status for most people was of waiting for their application to be processed, with a small number going through appeals or already told their application had been rejected.

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Health and wellbeing issues

The most common health issues people told us about, were:

- Dental issues
- Pain
- Medication issues
- Insomnia
- Eye problems
- Physical injuries
- Disabilities
- Unsafe breaks in previous care
- Low mood or other mental health problems

Many people had more than one health problem and these sat alongside, or were exacerbated by the asylum process, language barriers and social issues, such as:

- temporary cessation or delays of the weekly Asylum Support cash allowance that stopped them buying over-the-counter medication, phone credit, preferred food, clothing or treats for children
- lack of awareness about rights to free NHS prescriptions and dental care and how to apply for this
- separation from support systems that they had built up in other parts of the UK
- boredom due to remaining for most of the time in their own rooms as no communal areas of the hotel were open
- food provided at the hotel was unfamiliar to some people, including children who sometimes refused food - residents had no cooking facilities of their own
- lack of access to age-appropriate activities, toys or education for children
- lack of access to physical activities for adults
- limited English and lack of access to interpreters within services or access to local English classes while charities were closed due to the pandemic.

Below we set out case studies (with some details altered to protect identities)

Unsafe breaks in care:

Mohammed* is a 52-year-old man who was moved to the hotel in Reading from London, in April 2020. Originally from Africa, he had a basic understanding of English. He told us that he was a diabetic and had not had any medication for the past month. He was trying to keep his health stable without medication but was concerned about his diet. He felt the food provided at the hotel consisted mostly of bread, rice and pasta which negatively affected his diabetes, so he had not been eating well. He had been registered with a GP in London but did not know how to continue receiving his medication.

We took action by contacting his GP surgery in London, who agreed to send an electronic prescription to a pharmacy in Reading. We then contacted the Reading pharmacy to ensure the prescription had been received. Mohammed was able to collect his medication, preventing his health from deteriorating.

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Nyadeng*, a woman in her 30s, is originally from Sudan and arrived at the hotel from Kent. She had limited English and no mobile phone. Before being moved to Reading, Nyadeng had been diagnosed with a medical condition which required lengthy and complex treatment and considerable input from a team of health professionals. She also had diabetes. Her move to the hotel posed a risk to the continuity of her healthcare. H

Her previous clinic had contacted a health professional in Reading to check Nyadeng was being followed up, prompting that professional to visit her at the hotel. During this visit, the health professional found Nyadeng was not registered with a local GP and needed to be taken straight to hospital to be assessed. Nyadeng also had run out of needles to administer insulin and had no way of checking her blood sugar. The same health professional carried out a follow-up visit three days later and found she still did not have a GP or prescription. We escalated concerns to local organisations.

During the move from another part of the UK to be placed in the Reading hotel, a woman told us she had run out of previously prescribed medication for 10 days. She said she had rung NHS 111 during that time to see if she could access a prescription but she said they told her they could not help. The woman had since registered with a local GP surgery and resumed medication.

Dental problems

Farzad*, a man in his 40s, originally came from Iran and does not speak or understand English. He spoke with HWR via an informal interpreter. He told us that he had had a bad toothache for several weeks; he had holes in his teeth, they were bleeding, and he was in a lot pain. He had no access to pain relief and was limiting what he ate because he was struggling with solid foods. He was desperate and did not understand how he could get treatment.

We made enquiries and established Farzad had an HC2 certificate (he had not known beforehand he had this and that it would enable him to access an NHS dentist). We rang and found a local dentist who agreed to see him, but said an emergency appointment within a few days wasn't possible as it would take longer to arrange an interpreter to be at the appointment. Farzad agreed to wait two weeks so an interpreter could be present at the appointment, even though he would be in pain during this time. We rang the hotel on the day of his appointment to ask staff to ensure Farzad understood he needed to go. He attended and finally received treatment he needed, including antibiotics.

A man told us he had taken one of his own teeth out. He had many missing teeth and other loose teeth. He was in a lot of pain and could not eat. We put him in touch with Migrant Help to try to arrange an extension of an HC2 certificate exemption for NHS dental care that had run out. We also advised the man about a local NHS dentist we knew had been helpful in assisting people with urgent problems.

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A person who had been living in London before being placed in Reading had ongoing dental problems. Hospital treatment that they had had been referred for by a previous NHS dentist there had been halted by the Covid pandemic. We were able to show the person how to search for local NHS dentists to register with to try and start the process over, but also warned them that dental services would remain very limited for some time unless it became an emergency that needed to be dealt with by calling NHS 111.

Pain:

An elderly gentleman came to see us with another resident who could interpret for him. He was using crutches and appeared to have difficulty in walking. We discovered he had broken his leg in another country where he had been given the crutches. He was still in considerable pain and had fallen here whilst using crutches. We spoke with a local GP surgery who advised us to call NHS 111 about potentially going to A&E. The man had no money for transport to get himself to A&E.

A man who showed us broken and discoloured teeth said his dental problems were giving him headaches. He said he had no money to buy over-the-counter pain relief but another resident had shared paracetamol with him. We explained he needed to apply for an HC2 certificate to access NHS dentists and arranged for someone to support him with this.

A man explained how he had been taken to hospital elsewhere in England after arriving in the UK with chest pains but had not been followed up since. After being placed in Reading he had continued to have chest pain and fainting episodes. We arranged an appointment with him at a local GP surgery with an Arabic-speaking doctor.

Medication:

We spoke with a family group of four who had been placed in two of the hotel rooms. An adolescent child with some English acted as an informal interpreter because their relatives could not speak English. One of the relatives said they had run out of monthly medication despite showing us the box with a pharmacy sticker indicating the prescription had only been issued two weeks beforehand. The person had been taking two doses daily instead of one to try and ease their symptoms. We explained the medication had been prescribed as one-a-day and they needed to go back to the local prescribing doctor and request an appointment with access to a professional translator, to discuss their symptoms and safe medication dosages. Two of the family group also had dental problems and had not known about the system to gain an HC2 exemption form to see an NHS dentist.

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A man told us he had been suffering insomnia after leaving a war-torn country. His previous GP in another part of the UK had prescribed strong sleeping tablets. In the move to Reading and signing up to a new, local doctor's, he had been prescribed different medication which he felt was not as effective and he was desperate to get some sleep. We signposted him back to his new doctor to discuss how long it might take to adapt to the new medication.

Communication barriers

A man with limited English told us about pain in his head and an eye infection. He showed us a referral letter he'd been given for the eye department of the Royal Berkshire Hospital but he had been unable to read it or know what to do. Once we explained what it said, he agreed to allow us to make the appointment on his behalf. The clinic confirmed the man was on their list but due to Covid, it was unlikely he would be offered an appointment for at least months.

A man who spoke and understood English well, was having trouble reading small print and needed glasses. He sought help from an optician, who had told him he needed a document proving exemption from NHS costs. We explained that he needed to apply for the HC2 certificate and arranged support for him to do this.

A young woman on her own in the UK struggled to communicate with us as she had little English. We were able to ascertain that she was very concerned about her young child as she kept pointing to different parts of the child's body and saying 'pain' and she also suggested the child was not eating the supplied food. The woman also indicated that she was also experiencing pain herself. With her consent, we raised the health concerns with a local GP surgery, stressing that she would need an interpreter to be able to properly communicate.

Lack of money

A woman told us she was in pain because of dental problems, which was causing problems with eating. She wanted to buy paracetamol but had no money to this. We raised the issue with a local GP surgery.

A mother told us their toddler did not like the food supplied by the hotel but she did not have any money to buy different food. She praised a local charity that had given her some clothes and toys.

A person who was a pharmacist back in their home country but banned from working here by the asylum system, praised Reading Red Kitchen for providing food, clothing and a donated laptop.

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Our actions to support people

As well as meeting the hotel residents to ascertain their needs and provide on-the-spot information and advice, Healthwatch Reading staff spent many hours afterwards trying to assist them in resolving their issues and advocating for them more generally.

These actions included:

- assisting people to complete GMS1 forms to register with a local GP surgery
- telephoning GP surgeries to book appointments on behalf of those with limited English or no phones
- reading letters or prescription boxes that they could not read themselves
- helping to arrange local hospital appointments when they had referrals
- ringing around local NHS dentists to secure emergency dental appointments
- advising some NHS dentists how to access interpretation services for patients
- calling out-of-area GP surgeries from people's previous locations, to arrange electronic transfer of repeat prescriptions to a Reading pharmacy
- visiting the Reading Walk-In Centre to work with the practice manager to go through various people's issues to check they had been resolved
- contacting the Migrant Help charity on behalf of people to secure help with forms and other issues
- Giving residents information on local parks and playgrounds
- Attending, from August onwards, a fortnightly meeting about the hotel with local stakeholders, to raise people's issues and push for solutions

Discussion

As a result of visits to the hotel and our follow-up actions, it is clear that asylum seekers have been negatively affected by the asylum process, bureaucracy and the fragmented responsibility for their health and wellbeing needs held by various organisations.

Most people were moved from other UK areas to take them away from cramped or shared accommodation that could have increased their risk of catching Covid-19. But moving them – at often short notice – to the Reading hotel, also potentially removed them from established informal support systems and disrupted in some cases, ongoing care they had been getting from GP surgeries or specialists.

While people had begun to be placed in the Reading hotel from March 2020, there did not appear to have been any coordinated local effort to ensure they were registered with local GP surgeries until at least July 2020, when staff from the Reading Walk-In Centre visited the hotel to try and sign up as many people as possible. We are unsure how many follow-up visits were arranged to capture new residents.

We heard in our discussions with stakeholders that asylum seekers were 'free to choose' any surgery they wished that was taking on new patients, but in reality, many faced practical and communication barriers in finding a surgery on their own.

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No statutory agency informed Healthwatch Reading of the asylum seekers' arrival when they first arrived at the hotel and the likely need for our information and advice service. It was only once we heard through other local intelligence that we undertook to provide this as soon as were we able.

We also found that many people arrived in Reading lacking awareness of their rights to exemption from NHS charges via the HC2 certificate and how to apply for it. This is despite all asylum seekers in theory being able to access information and advice from the Migrant Help service that the Home Office funds and promotes. We are not implying criticism of the staff of that service, but a national helpline may be less easy to navigate than face-to-face advice from local information and advice organisations.

Applying for HC2 certificates involved people finding an online form or getting one from a doctor's surgery and then posting it off. People did not always have access to laptops and some were unable to read or understand English.

The hard copy confirmation of the HC2 certificate was not always sent to people whilst at the hotel, because it was 'temporary' accommodation (despite many clients still being there after many months). But this caused problems for people needing urgent dental appointments because dentists needed sight of this document.

In the first few months of people arriving at the hotel, there had also been no local arrangement put in place with a local pharmacy to agree access to free NHS prescriptions while people waited for the HC2 certificate.

To compound this, some residents were unable to access over-the-counter medicines (such as paracetamol) as many of them had no money. Some residents told us they were sharing medicines and after hearing about medication issues, we asked the Reading Walk-In Centre if their doctors would consider prescribing over-the-counter medications where urgently needed for people with no money. (This would be against a general NHS policy not to prescribe OTC treatment to the public).

Some of the access issues people experienced were similar to that of the general public related to the pandemic, mostly in relation to dental services. Healthwatch England warned there had been a 452% increase in calls and complaints to local Healthwatch from people unable to get care for urgent dental problems.[29]

The lockdown also contributed to similar poor mental wellbeing that was experienced by the general population. However, the people placed in the hotel had the added pressure of being largely confined to small hotel rooms, in a town they did not know.

[29] https://healthwatchreading.co.uk/news/2020-12-08/pandemic-pushes-nhs-dentistry-crisis-point

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People at the hotel were grateful for the assistance of Reading Refugees Support Group and Reading Red Kitchen in many acts of kindness and support, such as accompanying people to medical appointments; providing or coordinating food donations of non-Western hot meals; providing clothes, phone credit, toys or treats some of which had been donated by the public.

We also observed hotel staff carrying out a supportive pastoral role with people beyond that of an accommodation provider, such as organising an outdoor sports game, reminding people to attend health appointments and printing off information.

At the time of finalising this report, we were told that all of the asylum seekers at the hotel would be moved on from Reading by 25 March 2021. Their next destination is unclear.

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Chapter 3: Responses from stakeholders and conclusion

While the Covid-19 pandemic has thrown up unique challenges and fast-moving challenges, Healthwatch Reading believes this does not preclude learning from the way the people placed in the Reading hotel have been treated.

We therefore requested that stakeholders answer eight key questions, and their responses are set out below.

Responses from stakeholders

1. **What date were you first made aware that asylum seekers were to be placed in a Reading hotel or had already arrived? Which organisation notified you?**

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

'A letter was sent to local authorities on 20th March from the Home Office to let us know that accommodation providers were sourcing additional capacity across the United Kingdom for the sole use for those who have an asylum claim and appeal pending in light of the pandemic.

Reading Borough Council received notification on 23rd April that the Home Office accommodation provider had secured a hotel in Reading, for the temporary accommodation of asylum seekers during the COVID-19 restrictions. We were notified that the first asylum seekers arrived on 24th April.

The South East Strategic Partnership for Migration contacted the Council on behalf of the Home Office to notify of the procurement of the hotel accommodation. This correspondence also involved set up meetings with relevant key partners including the British Red Cross and Reading Refugee Support Group. Meetings were held weekly, and membership expanded as needed, including Brighter Futures for Children, the CCG, Healthwatch and the Police.'

Berkshire Healthcare NHS Foundation Trust:

'The Regional Director, Community Engagement Lead and Head of Mental Health Services became aware of asylum seekers being housed in a Reading Hotel at the beginning July 2020. We were made aware when concerns were raised by the Reading Refugee Council to the BHFT Chair of Governors.

Since this time the Head of Mental Health services has been working collaboratively and also meeting on a quarterly basis with the Assistant Director of Joint Commissioning from Berkshire West CCG, the Reading Walk in Centre Manager and the BAME Engagement Officer for BHFT to monitor support around physical health and mental health for the asylum seekers at the Hotel. The BHFT engagement lead also provides updates around her work with the Reading Refugee Council into this forum.'

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2. **What information was shared with your organisation about the type of health, care or other wellbeing needs of the people before or as they were placed at the hotel in Reading?**

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

'A weekly demographic profile of the residents is provided to the Council by the accommodation provider. Due to data protection, Children's Services, Safeguarding Adults, Early Help and School Admissions applied for access to the database provided by the Home Office.'

Berkshire Healthcare NHS Foundation Trust:

'No specific needs were communicated to BHFT initially; as above collaborative working and meetings have taken place since July 2020.'

3. **Please briefly list any key statutory duties or other, non-statutory actions your organisation has carried out to support people placed at the hotel and the approximate date these occurred (e.g., ongoing health care, urgent health care, care assessments, safeguarding enquiries, education provision, wellbeing provisions liaison with others, funding of other organisations)**

Berkshire West Clinical Commissioning Group:

'The health and social care system across Berkshire West has worked closely to monitor, assess and support the asylum seekers since their arrival in Reading last May. This has culminated in £2,000 joint funding by the Berkshire West Clinical Commissioning Group and Reading Borough Council to match fund Reading Refugee Support Group (RRSG) to enable ongoing support to the asylum seekers. The funding is enabling advocate support for health, education and social services and providing a link with other appropriate charities. It is also helping support the work of a hotel caseworker appointed by the RRSG.

'This all builds on the ongoing work done by the CCG and RBC in conjunction with the London Immigration Assessment Centre (LIAC) who initially took responsibility for the health assessments of the asylum seekers.

Initial discussions in mid-May between these three agencies determined that assessment and healthcare would be provided via existing Assessment Services and GP registration was not appropriate as it was unlikely the asylum seekers would be remaining in Reading and would be treated elsewhere if they needed medical attention.

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'When it became clear in mid-June that people would be staying in the hotel for a prolonged period and local GP registration was required, the CCG assisted with GP registration at Reading's Walk in Centre….In addition, the CCG's mental health team and the Berkshire West Safeguarding Children Board, which comprises representatives from the CCG, Royal Berkshire NHS Foundation Trust and local authorities, were involved in assessing and monitoring the needs of the asylum seekers.

All the health and social care agencies involved are grateful for Healthwatch's work in supporting the asylum seekers whose arrival came at the height of the Covid pandemic which posed huge challenges and demands across the whole of the healthcare system in Berkshire West.'

Reading Borough Council:

'The weekly partnership meetings deal with any concerns or issues raised by partners and these have been consistently addressed throughout.

Children's safeguarding received two referrals. Both young people received a service once the referral was made to the front door.

School admission have placed 2 school age pupils under the duty to provide a school place for any child who needs one. As a non-statutory service any young person over 16 is signposted to Elevate for links to post-16 education.

There have been no Care Act 2014, Section 42 enquiries to Adult Social Care.

Reading Borough Council and the Clinical Commissioning Group have match funded a post at Reading Refugee Support Group to directly provide assistance to residents accommodated in the hotel.'

Berkshire Healthcare NHS Foundation Trust:

'BHFT has provided support to individuals with specific health needs including taking referrals into health visiting and mental health services since becoming aware of the asylum seekers in the Reading Hotel.

Westcall would provide any urgent out of hours medical cover to any temporary residents in Berkshire including to the Hotel if out of hours medical care was required.'

4. **Please confirm whether you have received any extra resources from national, regional or local bodies to support your work with people placed at the hotel and the form this has taken e.g., funding, staff**

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

'No additional funding has been provided to Reading Borough Council or Brighter Futures for Children.'

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Berkshire Healthcare NHS Foundation Trust:

'No additional resources have been provided to BHFT.'

5. **Please state how many people from the hotel have been registered as new or temporary GP patients at Reading Walk-In Centre since March 2020?**

Berkshire West Clinical Commissioning Group:

'To date 92 of the asylum seekers have been registered at the Reading Walk-In Centre. Staff from the Walk in Centre have held a number of clinics, 59 of the asylum seekers have had health checks, (10 already had extensive health checks prior to arrival in Reading), and others are regularly being approached by Centre staff to attend for a health check.

6. **Please confirm how many visits to the hotel have been made to facilitate GP registration of new arrivals?**

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

7. **Do you know how many asylum seekers have come and gone from the hotel since March 2020 under placements by the Home Office? How is any pertinent information about people leaving from our area being shared with public services in new areas to ensure continuity of care for people?**

Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

'This information is available in the [Home Office-provided] database. Individual cases are subject to the relevant statutory duties and information sharing requirements.'

We invite you to comment on three key suggestions from Healthwatch Reading:

1. **One nominated organisation with a named representative should take the lead on coordinating the health and wellbeing needs of asylum seekers placed in the hotel**
2. **GP registration should be actively facilitated for every new asylum seeker placed in the hotel in Reading**
3. **The Home Office should improve information sharing with local agencies about the needs of people being placed in local areas.**

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Berkshire West Clinical Commissioning Group:

The CCG did not answer this question.

Reading Borough Council:

'We suggest that the Home Office is invited to respond to this question.'

Berkshire Healthcare NHS Foundation Trust:

'We would agree that the 3 suggestions above are sensible recommendations.'

Conclusion

The responses that Healthwatch Reading received from stakeholders show Reading Borough Council was given only one day's notice of the asylum seekers arriving in the local hotel, which we believe is an inadequate amount of time to plan what local response and information would be needed for the people arriving.

However, we are disappointed to note from the CCG's response that it took seven weeks for a decision to be made to actively support the asylum seekers in registering with local GP services, based on an understanding at that point that they would not be staying long in Reading and would have their needs met 'elsewhere'. Was it believed that this group of people had the necessary information and skills to be able to navigate local NHS services in the midst of a pandemic, despite a previous Healthwatch Reading report in 2018 highlighting the barriers that asylum seekers and refugees generally face in accessing services?

It is also surprising that the local mental health trust wasn't made aware for two months that people had been placed in Reading, especially given what is known generally about mental health issues refugees and asylum seekers face. This includes the impact of past experiences in their home countries, the trauma of displacement and anxiety about their future during delayed asylum processes.

Funding towards a part-time support worker from Reading Refugees Support Group to liaise with people at the hotel was welcome but came late in the day.

We know from our own visits and follow-up actions to assist the asylum seekers, that their multifaceted problems required full-time assistance.

We are disappointed that the CCG did not answer our question about funding they received nationally to support the asylum seekers. Without this information, we cannot understand if local health systems are supported by government with exceptional challenges or consider if any extra resources were used in the most efficient and useful way.

We are also disappointed that the council and CCG were unable to tell us their understanding of how many asylum seekers had come and gone in the 11 months that the hotel was a home to people in our borough. Information is vital in these circumstances - people cannot be helped if you don't know they're there.

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This report is due to be considered at the March 19 2021 meeting of Reading Health and Wellbeing Board. We will be sending the message that more work needs to be done for Reading to live up to its 'City of Sanctuary' status.

Finally, we are concerned that as the asylum seekers are moved out of Reading (in an exercise due to be completed by March 25 2021) many of the problems they encountered when arriving in our town, will be repeated. We therefore plan to share this report with Healthwatch England so they can raise the issues involved nationally, including with the Home Office.

Contact Us

Call our team mobile, 9am-5pm, Monday to Friday, on: 07786 476 257

Text/SMS: 07860 018 073 (for people with hearing impairments)

Email: info@healthwatchreading.co.uk

Website: www.healthwatchreading.co.uk

Facebook: https://www.facebook.com/HWReading

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NHS Berkshire West Clinical Commissioning Group

Reading Borough Council Working better with you

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**19 March 2021**		
REPORT TITLE:	**BHFT Mental Health Strategy**		
REPORT AUTHOR: **JOB TITLE:**	Kathryn MacDermott Acting Exec Director of Strategy	**TEL:** **E-MAIL:**	07769 363626 Kathryn.macdermott@berkshire.nhs.uk
ORGANISATION:	Berkshire Healthcare		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The report provides an update on the progress of the Berkshire Healthcare Mental Health strategy.

The report attempts to provide a balanced view of what we have been able to deliver against the commitments set out in the Mental Health Strategy, the impact of responding to COVID and the challenges/changes this will mean for the service offer going forward.

The NHS Long Term Plan set out an ongoing commitment to investment in Mental Health services and new models of care, including: a new service model with development of out of hospital care through a new urgent care offer, Primary Care Networks, support to people in care homes and supporting people to age well – all of which are relevant to mental health and the design of mental health services; more action on prevention and health inequalities is highlighted – including the higher risk of poor health experienced by people with severe mental illness; further progress on care quality and outcomes – including children and young people's mental health services as well as adult mental health services; NHS Staff will get the backing they need – including reference to increasing recruitment and retention in medical staff and development of new roles; Digitally enabled care will go mainstream across the NHS – includes the mental health GDE programme, digitally enabled therapy in IAPT services, and children's mental health services. Development of Population Health Management will be underpinned by development in capture/use of mental health data.

Progress on the urgent community response has been accelerated as part of the response to COVID-19. Berks West is part of the BOB Ageing Well accelerator site which aims to deliver the 2-hour urgent response and 2-day reablement standards, both of which have implications for mental health services.

Mental health transformation investment has been made available to Integrated Care Systems and Berks West has submitted Expressions of Interest for Crisis Alternatives, Integration with PCNs, and Suicide Prevention to BOB ICS.

The impact of COVID has been real in our communities for over a year now and our mental health services are simply reflecting that pressure. Whilst our inpatient and community mental health services are under significant pressure, we have continued to be able to provide a service to those in need.

BHFT has a Reducing Health Inequalities due to COVID action plan in place reflecting the eight actions required in the Phase 3 Recovery guidance. We are also developing a Health Inequalities action plan and strategy broader than the requirements set out in the Phase 3 guidance.

Accelerated progress has been made on Digitally enabled care with a blended model of face to face and remote consultations. We have completed an extensive review and remodelling of our estate to ensure all Infection Control protocols can be safely adhered to.

Good progress has been made with the New Models of Care for adult secure, tier four CAMHS and Eating Disorder Services, which has seen the establishment of provider collaborative's taking responsibility for provision of care closer to home and effective management of resources across the whole care pathway. This has reduced the number of some placements made outside the patch and secured financial savings in forensic services.

2. RECOMMENDED ACTION

2.1 The report is for information only

3. POLICY CONTEXT

3.1 The Mental Health Strategy exists within the context of the NHS Long Term Plan and the BOB ICS five-year plan. Whilst no national guidance specific to mental health trusts has been released reference to mental health services has been included in COVID guidance.

4. THE PROPOSAL - *Not applicable*

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

5.1 The BHFT Mental Health Strategy contributes to four of the Reading Health and Wellbeing priorities:

2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
6. Making Reading a place where people can live well with dementia

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

Safeguarding vulnerable adults and children.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

Not applicable

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

Not applicable

8. EQUALITY IMPACT ASSESSMENT

Not applicable

9. LEGAL IMPLICATIONS

Not applicable

10. FINANCIAL IMPLICATIONS

Not applicable

11. BACKGROUND PAPERS

Not applicable

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BHFT Mental Health Strategy

Update to
Reading Health and Wellbeing Board

February 2021

Care Quality Commission Inspected and rated Outstanding

Diversity and Inclusion Bringing us together

GDE Digital solutions for outstanding healthcare

Dr Kathryn MacDermott, Acting Exec Director of Strategy

Berkshire Healthcare
NHS Foundation Trust

Contents

Mental Health strategy:
The NHS Long Term Plan

Berkshire Healthcare
NHS Foundation Trust

LTP sets out a 'new service model for the 21st century' with three over-arching principles, stating that "the NHS will increasingly be:

- More joined up and coordinated in its care…to support the increasing number of people with long-term health conditions…
- More proactive in the services it provides…with the move to 'population health management'…
- More differentiated in its support offer to individuals…to take more control of how they manage their physical and mental wellbeing"

- A key target is improving access to physical health checks for people with Serious Mental Illness, to address health inequalities: people with Severe Mental Illness may have reduced life expectancy of 17-22 years.

The NHS Long Term Plan

TOP-LINE—£3.2bn additional funding for mental health

Guarantee that investment in primary, community and mental health care will grow faster than the overall NHS budget, with Children & Young people budgets accelerating ahead of wider mental health funding

Community Mental Health

New Offer for Community Mental Health provision

Focus on those with complex needs

Integrated multi-disciplinary services aligned in Primary Care Networks

Alternative Provision for those in crisis

Increase alternative forms of provision for those in crisis, working with voluntary sector as well as alternatives to inpatient admissions

Access to Psychological Therapies*

By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services including access to online therapies

Physical Health in SMI*

Continue trajectories on PSMI and by 2023/2024 a further 110,000 per annum

Children & Young People*

Extension of pathways from 0-25 (from 0—18 previously)

Increased investments in Eating Disorder services*

Schools & Colleges

Specifically trained mental health teams to work in schools and colleges

Learning Disabilities & Autism

Ensuring people with LD/Autism are offered better support including reducing wait times and faster diagnosis and support from specific keyworkers which enables them to live happier, healthier and longer lives

NHS 111 & Access to 24/7 community care*

Develop a single universal point of access for those experiencing mental health crisis via NHS 111

24/7 crisis response service in community to include mental health nurses, with a 2 hour response*

Perinatal Mental Health*

Increased access to services* to include a further 24.000 women by 2023/24

Offer of psychological therapies to include wider family and carer intervention

Father/partner support for those in services

Closer links from perinatal mental health services into maternity settings

Smoking Cessation

Universal smoking cessation offer in specialist mental health services

In-patient settings and e-cigarette usage to be considered (via PHE guidance)

Support into Employment*

Continued support for individual placement and support

Suicide Prevention & Support*

Suicide Prevention Quality Improvement Programme

Safety Improvement programme

Bereavement support

Out of Area Placements*

Elimination of all Out of Area Placements by 20/21*

Reduce OAPs down to national average of 32 days

Ambulance Services

Ambulance staff to be trained in crisis response

Mental health nurses in control rooms

Introduction of Mental health transport vehicles

Improved Dementia Care*

Enhanced community teams to include dementia support to align with Primary Care networks

Needs assessment for Dementia in Care Homes linked to Vanguards

Ensure the development of a Clinical Assessment Service incorporates "out of hospital settings" including care homes

Standards

National Clinical Standard Review

CYP IAPT

Primary Care & Access

Urgent & Emergency Mental Health Standards—commence 2020

Rough Sleepers

£30million to provide better access to specialist mental health support to work alongside outreach services

*= continued FYFV ambition

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The **Mental Health Investment Standard** (MHIS) (previously known as Parity of Esteem) is the requirement for CCGs to increase **investment** in MH services in line with their overall increase in allocation each year.

Local NHS Commissioners and ICS system are held to account for achieving this

Our **major MH initiative for Reading and West Berkshire** is implementation of the **Community Mental Health Framework** (Nov 2020) – to transform community Mental Health services

Our starting point

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- Rated as Outstanding by the Care Quality Commission
- Provider of community inpatient services in Reading, Newbury, Maidenhead, Slough and Wokingham and mental health inpatient service at Prospect Park Hospital in Reading
- Provider of community physical health services for children and adults across Berkshire and beyond
- Operating specialist clinics for physical and mental health across the county
- Employing around 4,500 staff operating from approximately 100 sites
- An NHS Leader in embedding a culture of continuous Quality Improvement and empowering and giving genuine opportunities for staff and patients to identify areas for improvement and make changes
- Embedding quality improvement methodologies throughout the Trust from ward to Board
- Supporting staff to innovate and develop new ideas

- Adapting to new ways of working necessitated by COVID
- Mature and stable leadership
- Relatively mature relationships with Buckinghamshire, Oxfordshire and West Berkshire (BOB) Integrated Care System and partnerships and Frimley Integrated Care System (for East Berkshire)
- A history of financial sustainability
- An NHS leader in designing, adapting and imbedding technology to improve patient care
- Continuing to build on our status as a 'Global Digital Exemplar'
- Working with six Local Authority partners delivering services to children and young people in schools and children's centres, providing a range of specialist services and home visits
- But an area where the cost of living is high and chronic workforce shortages in critical services
- And low population funding based on population health need

Mental Health Strategy Summary 2016 - 2021

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Effective and compassionate help

- Evidence-based pathways
- Safe, effective services achieving outcomes which are meaningful to service users
- Inpatient services represent a "centre of excellence"
- Suicide Prevention.

Supporting our staff

- Recruiting and retaining skilled, compassionate staff
- Developing new roles
- Enabling creativity, innovation and effective delivery
- Building strong clinical and managerial leadership, a quality improvement and research culture.

Working with service users and carers

- Guiding development of our services
- Supporting self management.

Safer, improved services with better outcomes, supported by technology

Good experience of treatment and care

- Personalised care supporting recovery and quality of life
- Meeting both physical and mental health needs.

Straightforward access to services

- Meeting national targets
- Effective and integrated urgent care
- Expanding online and telehealth services
- Tackling discrimination and stigma.

Working with partners and communities

- Partnerships with primary care, social care and voluntary sector organisations
- Integrating mental health within locality services, and system sustainability and transformation plans
- Supporting prevention, early intervention and peer support.

Mental Health Strategy

Implementation roadmap December 2016 – February 2021

Berkshire Healthcare NHS Foundation Trust

	2016 - 18	2018 - 19	2019 - 21
PPH Development	Staffing, bed optimisation and centre of excellence projects established and meeting targets	Medium –term actions delivered, pathways and patient/carer engagement well established	Long term actions delivered. Strategy reviewed and future priorities confirmed
Pathways	Implementation of priority pathways – initial focus on people with personality disorder	All evidence based pathways established and tariff implications confirmed with commissioners	Outcomes reviewed and benchmarked to inform further work required
Zero suicide	Completion and implementation of strategy linked to system suicide prevention plan	Medium –term actions delivered	Long term actions delivered. Strategy reviewed and future priorities confirmed
Urgent Care	System reviewed including PMS, PoS, CRHTT and CMHT pathways	Alternatives to admission reviewed and priority actions confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed
IAPT	Early implementer programme: increasing access and delivering for priority long term conditions	Plans for future sustainability completed and agreed with commissioners	Services covering wide range of long term conditions and delivering positive outcomes
Longer term care	Priority actions for Out of Area Placement reduction confirmed and implemented	Partnership actions with UAs, Vol. sector & housing providers confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed

Technology enabled service delivery: online programmes, skype and SHaRON expansion. Informatics development.

Quality Improvement methodology enabling safer, evidence-based services with better outcomes

Impact of COVID on Mental Health Strategy delivery

Berkshire Healthcare
NHS Foundation Trust

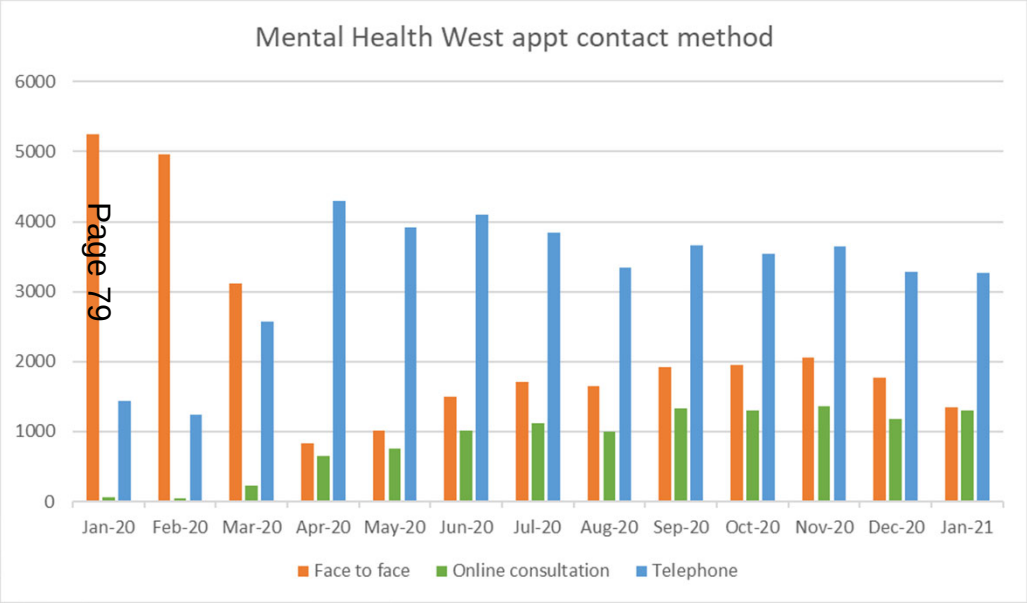
In March 2020, alongside the whole of the NHS, we responded to the COVID-19 pandemic. This meant accelerating our planned transformation of our mental health services so we could safely meet the needs of our patients while supporting and protecting our workforce.

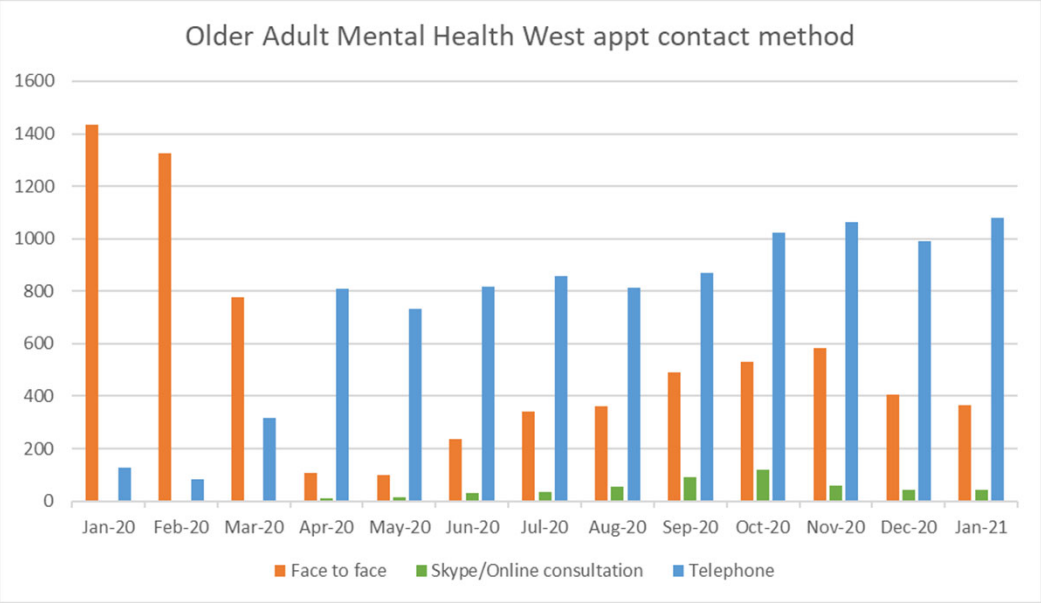
The majority of services continued as business as usual but for some; CMHT, OPMH, technology enabled service delivery has been accelerated, including a move to a telephone appointment where it was deemed to be appropriate and face to face appointments remained for urgent patients only.

- All of the service changes were in line with national guidance.
- Our Clinical Transformation team has worked with our mental health teams to deliver a range of appointments and services online
- Since March 2020 we have been able to carry out over 50,000 remote consultations
- We have built a comprehensive staff wellbeing service
- We have been able to maintain a focus on all mental health mission critical and high priority projects
- Other roadmap milestones for 2019/20 are rolled over into 2020/21

Changes in appointments types

Berkshire Healthcare
NHS Foundation Trust





Changes in Referrals

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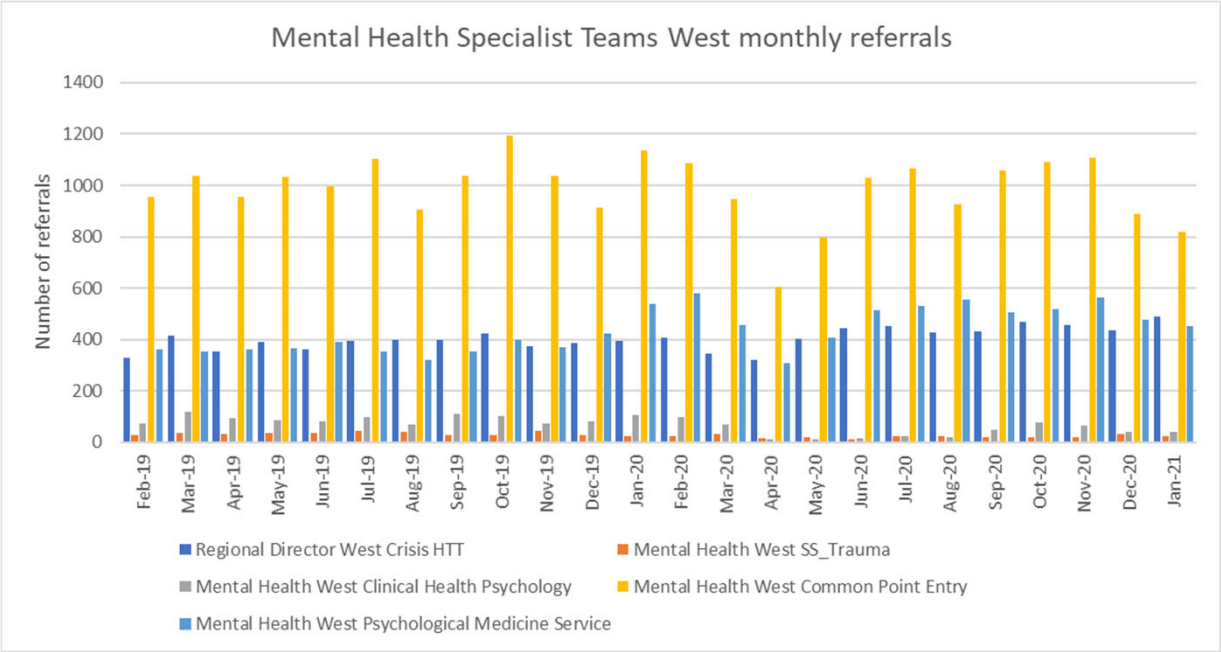

Progress on Key Initiatives

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Prospect Park Hospital Development

Bed Optimisation/ Just to Zero initiative:
This project was established to achieve:

- No Out of Area Placements (OAPs) as a result of acute overspill by 2020
- Acute adult bed occupancy consistently below 90%

Significant progress was made on OAPs. However the impact of COVID has been significant in the numbers and acuity of referrals for BHFT (also a national picture). There is a significant pressure on beds and referrals to OAPs. Our priority at the moment is to manage patients as safely as possible. We will return to this programme post COVID.

Staffing:
There continues to be a strong focus on recruitment and retention within the PPH leadership team, supported by the dedicated HR Operations Manager and progress is reported into the Mental Health Development Group and Strategic Workforce Steering Group. 19 newly qualified nurses have commenced in post in October, and levels of band 2 – 4 staffing are good.

However, we continue to be challenged by the shortage of supply of Band 5 nurses, and therefore are prioritising retention and using QI methodology to ensure continued focus on actions to address this issue. This is included as one of the key priorities in our newly agreed People Strategy.

IAPT
Our Talking Therapies key initiatives are now embedded in regular operational management and reporting arrangements, and our service continues to meet access and recovery targets. Referrals to IAPT have increased significantly due to COVID and the service has accelerated it's use of digital to offer remote consultations. Remote consultations have proved very successful with many and we have seen a significant increase in positive patient feedback.

A Common Point of Entry/Wellbeing project has been successfully launched to provide an effective response to those people coming through our CPE, who do not need secondary mental health services.

Zero suicide
The Five Year Forward View for Mental Health called for multi-agency suicide prevention plans as part of major drive to reduce suicides in England by 10 per cent by 2020/21. Our Zero Suicide programme, initiated in 2016, has achieved its annual objectives and has three priority areas for 2020/21:

- Zero Suicides in our Inpatient Units
- Safety planning, focused on means restriction, problem solving and coping skills, enhancing social support, identifying emergency contacts
- Staff feeling that we have a learning not blaming culture

All new staff receive suicide prevention training as part of induction and we have a fully embedded 3 day suicide prevention training programme that is in its third year. The Zero Suicide Alliance eLearning course is available on our intranet and the "We need to talk about suicide: helping everyone to feel more confident to talk about suicide" e-learning package is now available via ESR. Our work has a focus on mental health inpatients, CRHT and Willow House, prioritising reduction of self harm. The concept of Zero Suicide is understood widely across the Trust, however the impact of COVID on population health is just beginning to be understood. We are already seeing an increase in referrals and acuity and unfortunately a rise in self harm and suicides. The long-term impact of COVID are yet to be seen and understood.

Progress on Key Initiatives

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Pathways and Clustering
This programme was set up to optimise service delivery and to understand and improve outcomes for service users, while also positioning the Trust to meet anticipated development of payment by results in mental health. While the policy focus has shifted to population based funding as part of Integrated Care Systems, this initiative will continue to make a significant contribution to our understanding of how well we are serving local people. Having achieved key objectives, in terms of pathway development, rates of clustering and use of e-pathways, this initiative moved to "business as usual" in 2019.

Emotionally Unstable Personality Disorder (EUPD) Project
This project was established to plan and deliver a consistent offer to service users – recognising the higher than average number of people with this diagnosis who were being admitted to our inpatient wards.

SCM (Structured Clinical Management) is now in place in all CMHTs. The numbers of CMHT "take up" into SCM is now part of the project metrics and Divisional Scorecards. **PICT** (Psychologically Informed Consultation and Training) is in operation and has completed a number of training modules which are now available and being provided. A plan for implementation of Assessment, Assertive Stabilisation and Service User Networks has been developed. The Steering Group task and finish group structure has been adapted to continue to develop and implement the operational model, deployment of new services into existing services, coordinated and innovative recruitment and risk management.

Specialist mental health services
Regional work to develop a New Model of Care for people needing **low and medium secure services** has progressed well achieving both quality improvements and financial savings. Work is currently in progress to move to formal Provider Collaboratives, led by Oxford Health and NHSE Specialised Commissioning for Adult Secure services, Eating Disorder services and CAMHS T4 services.

CMHT Function and Workforce
This initiative was commenced during 2018/19 and aimed to complete the following by March 2020:

- To have defined and implemented a revised service offer which removes unwarranted variation across Berkshire
- To address current challenges in recruitment and retention of CMHT staff, including the completion of a workforce plan

The resulting model would be delivered within existing resources. A successful Rapid Improvement Event was held in September to explore the initial processes in each Locality for CMHT service users. These processes were mapped out for each service, and compared in terms of obstacles experienced and what works well. Local services will be involved in developing a standard process with agreed metrics for piloting. This work provides the foundation for identification of required workforce roles, informing recruitment and retention activity. This programme of work will continue as part of the Recovery and Restoration process.

Urgent Care
Work has continued during these challenging COVID times to optimise the performance of our Common Point of Entry, Crisis Response Home Treatment Services, and our Inpatient Wards. Progress was been made in ensuring that accurate data is used to inform agreed actions.

Transforming urgent care pathways was included as a "placeholder" in our strategy implementation plan from April 2019, however, work on the MH crisis response has accelerated at pace as part of the response to COVID. The Crisis Response team have seen an increase in referrals and have continued to deliver a safe, face to face crisis service.

Covid-19 and Mental Health demand

Local demand and impact:

- Initial drop in activity, now increasing activity to pre-Covid-19 levels
- Greater % of more complex presentations and people with increased acuity across all services areas
- New presentations of serious mental illness and admissions into acute psychiatric beds – occupancy sustained below 85% in wave 1 but increased pressures since October 2020
- More safeguarding referrals due to domestic abuse

- National model predicts up to 20% population will need new or additional MH support (*Centre for Mental Health Oct 2020)*
- Increase in anxiety, depression, trauma, complex grief
- Impact is likely to be unequal – higher risk groups will include BAME, care home residents, disabled people and front line staff, unemployed people

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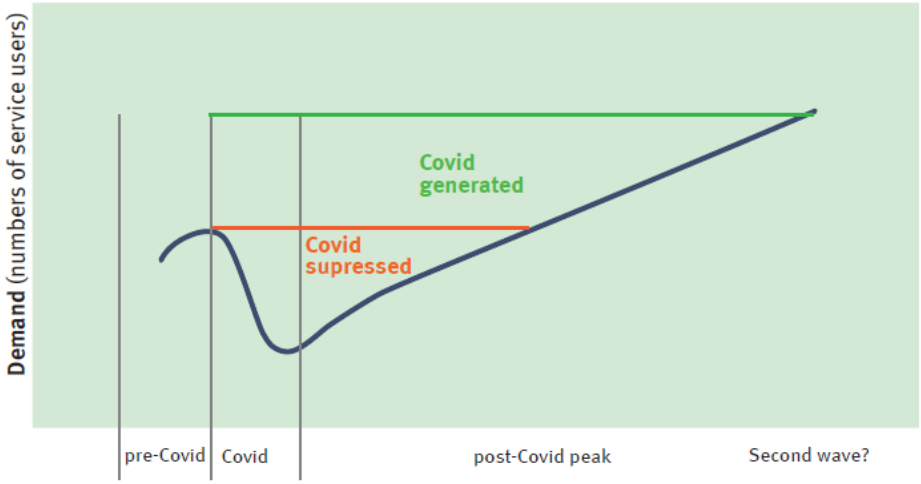
Visual explanation of the model: forecasting future demand

Adapted from graph created by Paul Bibby, Head of Strategy and Planning, Lancashire and South Cumbria NHS Foundation Trust



Model is broadly applicable to all areas but will vary in impact by service line

Covid-supressed

People known to services who have currently ceased/ postpone their engagement with these services. It is assumed these will return to services over time, however, their mental health could be changed from pre-Covid state.

Covid-generated

People not yet known to services, whose experiences of Covid, both direct and indirect, have caused them to develop a degree of mental illness.

Covid-altered interventions

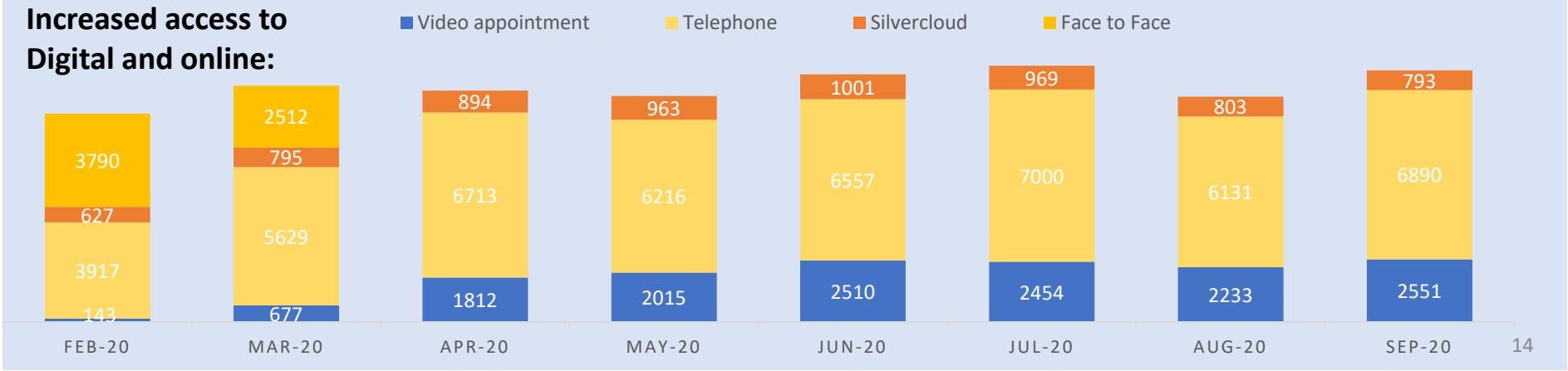
Service users in this group have remained in contact with services, but have received a changed intervention, i.e. telephone and/or video call. For some, this will result in a change in their mental health.

Current MH offer in BHFT

Locally:

- Publicised Talking Therapies offer
- Partnership approaches
- 'No wrong door' – MH Gateway
- Evidence based approaches
- Working with our local communities
- New Wellbeing service
- Developed staff support offer
- Increased accessibility via digital and online

Increased access to Digital and online:



West Berks and Reading – Priorities for 2021/22

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Adult MH priorities

- Continue to progress Transformation plans in line with Community MH Framework, with MH Integrated Community Services (MHICS) rolled out to all PCNs and further developments in personality disorder and eating disorder pathways.
- Prioritise Physical health checks for people with SMI to address health inequality, and maintain MH integration with social care and community health services for holistic approach.
- Embedding MH pathways with NHS 111 First
- Crisis and home treatment- Alternative to hospital admission schemes including development of virtual Safe Haven for Berkshire, to reduce in patient demand.
- Talking therapies – maximise efficiencies and build on virtual offer in order to meet expected surge in demand.

CAMHS Priorities

- Continue to embed MH Support Teams – NHSE funded programme following Green Paper on CAMHS Waiting Times.
- Getting Help service –MH workers to support multi-agency early help triage and Single Point of Access(SPA) in each LA to improve access and integrated care.
- Crisis - System review to determine local model of care to meet LTP targets for 24/7 crisis response & home treatment.
- Closer links with primary care & join up with Connected Care.
- Extend webinars and training for education settings in emotional and psychological wellbeing.
- Website development and expanded digital offer including access to SHaRON.
- Reduce wait times for assessment and treatment through new posts (Specialist Community team and Children Looked After).
- Streamlining transitions planning and improving experience for families and young people.

Eating disorders

Using NHSE/I Early Intervention Eating Disorder Funding to enable early access to evidence based interventions for 16-25yr old. Builds in national access & waiting time standards for CYP ED service, extending this to young adults and links with LTP ambitions re 0-25.

Mental Health Transformation EOIs

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Crisis Alternatives
Part of the planning for the next 3 years to support the Long Term Plan ambitions to increase provision of adult and older adult crisis/acute alternative services across all areas of the country. Building on crisis alternatives developed in the ICS crisis pathways, VCSE involvement, focus on priority inequality cohorts, Peer Support Worker Development, Test and improve methods of collecting patient experience data.

Integration with PCNs
Support whole system change across local health & care partnerships, enabling people with severe mental health problems to live well in their communities. Full PCN coverage within Berks West by 2024.

Suicide prevention
Through the Long Term Plan, NHS England and NHS Improvement (NHSE/I) have committed to expand the Suicide Prevention Programme to all areas of the country. Berks West focusses on place-based community prevention work including focussing on local risk groups: for example, middle aged men, people who self-harm, children and young people with learning disability or autism.

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Thank You
Any questions?

Care Quality Commission Inspected and rated Outstanding

Diversity and Inclusion Bringing us together

GDE Digital solutions for outstanding healthcare

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READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**19th MARCH 2021**		
REPORT TITLE:	**INTEGRATION PROGRAMME UPDATE**		
REPORT AUTHOR:	**BEV NICHOLSON**	**TEL:**	**07812 461464**
JOB TITLE:	**INTEGRATION PROJECT MANAGER**	**E-MAIL:**	**Beverley.nicholson@reading.gov.uk**
ORGANISATION:	**READING BOROUGH COUNCIL / BERKSHIRE WEST CCG**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the Integration Programme – notably, progress made within the Programme itself, as well as performance against the national Better Care Fund (BCF) targets for the financial year to date.

1.2 Of the 4 national BCF targets:

- We have exceeded performance in relation to reducing the number of non-elective admissions (NELs). The performance now includes some of the winter pressure period. Over the 10 recorded months (to January 2021), there have been 7,803 NELs against a target of no more than 10,607 for the year. Projections based on activity to date indicate an end of year cumulative figure of 9,363 12% below the target.

- Performance in relation to limiting the number of people placed into residential placements is strong, with 340 placements made in 10 months (to January 2021), and a projected 409 placements for the financial year (against a target of no more than 571 for the financial year).

- Progress against our target for increasing the effectiveness of reablement services had improved significantly for the cohort discharged in September to 91%. However, latest data for the cohort discharged from hospital in November (reported in January), at the start of the second national lockdown, shows that we are 10% below the target of 93% of people remaining at home 91 days after discharge from the service (see section 4.3 for further detail).

- Delayed Transfers of Care (DTOC) was suspended on 19 March 2020 in response to a national directive to implement a Hospital Discharge Service in response to COVID-19, and instead have moved to monitoring Discharge to Assess pathways (see Section 4.4). Performance has been positive and remains on track with a projection of 19 against the minimum target of 18, to the end of the year within the independent living flats, at Charles Clore Court on Pathway 1.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board note the progress made to date for the 20/21 financial year.

3. POLICY CONTEXT

3.1 In March 2020, local systems were informed that the publication of the Government's approach to the BCF in 2020-21 would be delayed, to allow areas to better focus on responding to the COVID-19 pandemic, but that minimal changes would be made for 2020-21. As set out in a statement issued on 3 December 2020, it has now been confirmed that areas will not be required to submit BCF plans in 2020-21. Areas must agree the use of the mandatory minimum funding streams locally and place these into a pooling arrangement governed by an agreement under section 75 of the NHS Act 2006.

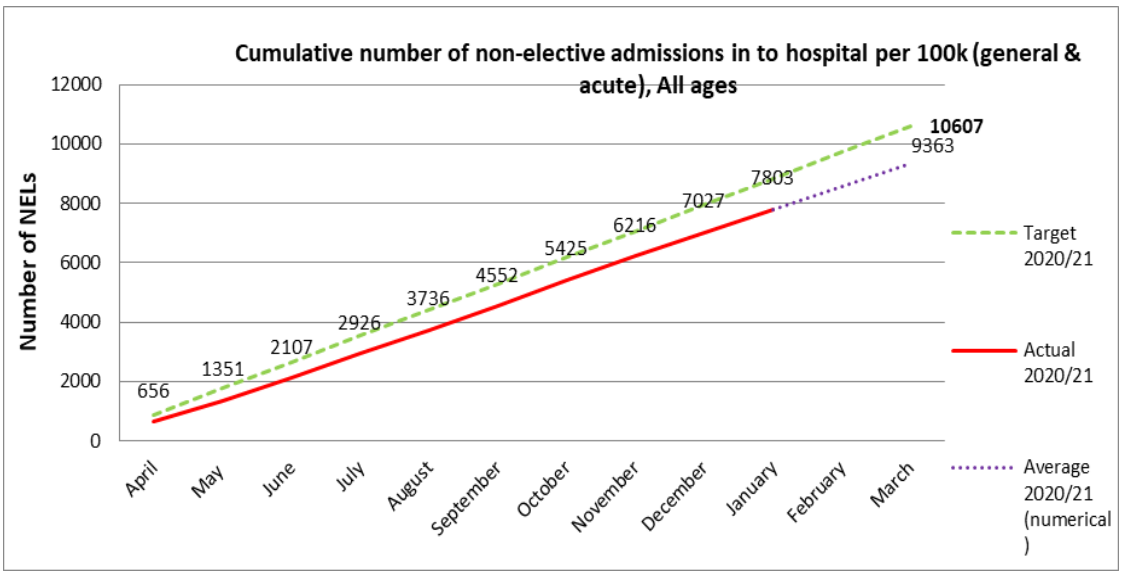
3.2 Local areas should keep records of spending against schemes funded through the BCF. Areas will be asked to report actual income and expenditure as normal in year-end reporting as well as details of spending on maintaining social care spending from the CCG minimum contribution and out of hospital services, in line with the national conditions.

3.3 As in previous years, the BCF has a particular focus on initiatives aimed at reducing the level of avoidable hospital stays, as well as a number of national conditions that partners must adhere to (including reducing the number of non-elective admissions to hospital; reducing admissions to residential accommodation; and increasing the volume of individuals remaining at home 91 days after receiving reablement services).

4. BCF PERFORMANCE UPDATE

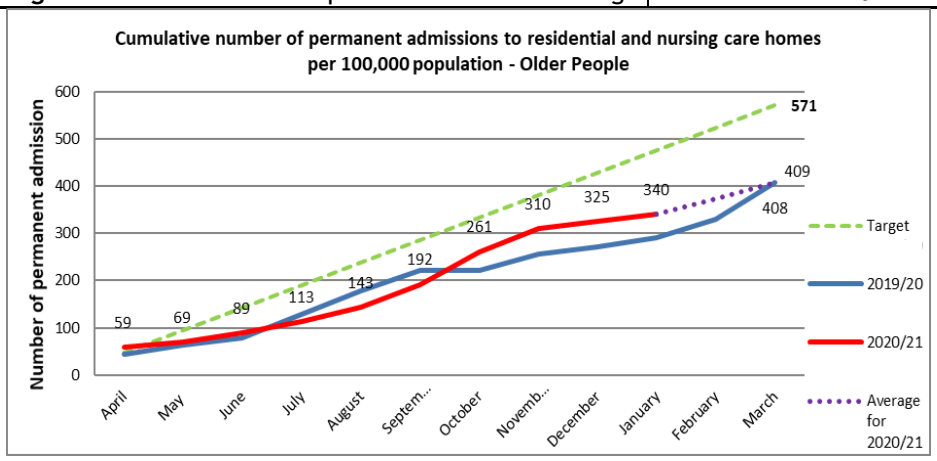
4.1 Non-Elective Admissions

BCF Target 1: NELS	Total Non-elective spells per 100,000 population
Status - Performance exceeds the target	Green
Status change since last month - No change in RAG rating	→



4.2 Admissions to Residential / Nursing Homes

BCF Target 2: Care Homes Admissions	Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population
Status - Admissions remain below the maximum target of no more than 571 admissions	Green
Status change since last month - Improvement of RAG rating	↑

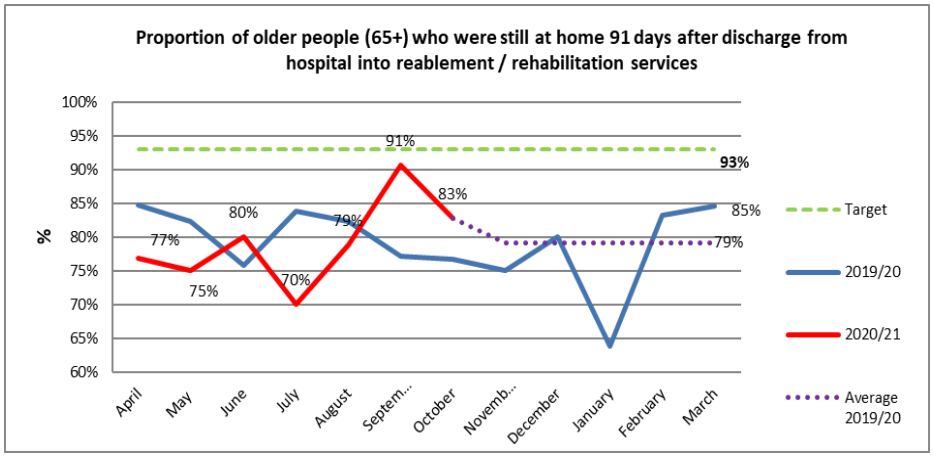


4.3 Reablement

Our target is to maintain an average of 93% of people remaining at home 91 days after discharge from hospital into reablement / rehabilitation services (having entered these services following a stay in hospital). Although the overall rating remains at Amber, performance significantly improved for the September cohort of service users to 91%, then worsened to 83% for the November cohort, which was at the point of the second Covid lockdown period (with 24 out of 29 service users remaining at home 91 days after discharge from reablement services).

BCF Target 3: 91 Days	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Status - Performance is 2.48% away from meeting the target	Amber
Status change since last month - No change in RAG rating	→

Note: *performance figures are collected after 3 months have elapsed from initial discharge and referral to reablement/rehab services. (e.g. October data are collected at the end of January to enable assessment of the outcome following discharge from hospital).*



*October = 83%: 24 patients, out of 29 discharged patients, remained at home 91 days+ following discharge.

It should be noted that revised guidance on the recording against the 91-day target was issued by NHS England in May 2020. Previously, any clients who passed away following discharge from reablement services were not included in the count, as it was felt that clients with terminal conditions and/or severe ill health could not be re-abled. However, NHS England have requested that these service users be included in the count moving forward, and therefore they are included.

4.4 Discharge to Assess (D2A)

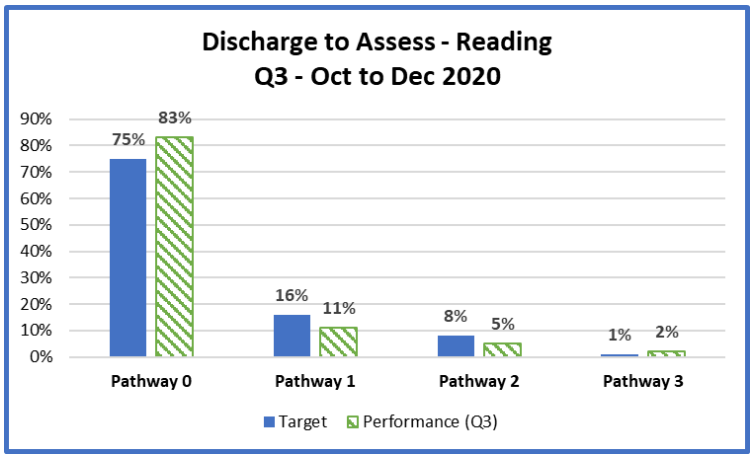
The measure in relation to Delayed Transfers of Care (DTOC) was suspended on 19 March 2020 in response to a national directive to implement a Hospital Discharge Service in response to COVID-19 and the need to free up bed capacity by discharging patients on the same day they are declared medically optimised on one of 4 Pathways:

Pathway 0 – straight home from hospital, no care package required, locally expected to be 75% of overall discharges, no follow up required other than those arranged by the hospital.
Pathway 1 – discharge to patient's own home, with intermediate care and reablement services support, whilst assessments are taking place to enable them to live safely at home. The assessment should be done promptly (within 2 hours), with rapid (on the day) access to care and support as required. The Community Reablement Team (CRT) provide the assessment and support.
Pathway 2 - Discharge to a Community Hospital for people needing rehabilitation in a bedded setting.
Pathway 3 –. People needing to be placed in a nursing or residential home – this should include patients who are either returning to a care home or are newly identified as requiring care home placement. People needing to be placed in a D2A bed for further assessment would also be referred for Pathway 3

A set of metrics were signed off by Berkshire West system partners at the Rapid Community Discharge Steering Group in order to monitor the impact of the service. This included 6 core metrics:

95% patients discharged same day declared Ready to Go (RTG)	16% patients discharged on Pathway 1
91% patients discharged back home (pathways 0+1)	8% patients discharged on Pathway 2
75% patients discharged on Pathway 0	1% patients discharged on Pathway 3

The performance reporting commenced in October 2020 against these metrics and the Q3 period from 1st October to 31st December 2020 shows that we are exceeding the target for Pathways 0 and 3, but slightly below target on Pathways 1 and 2. This is a positive start:-



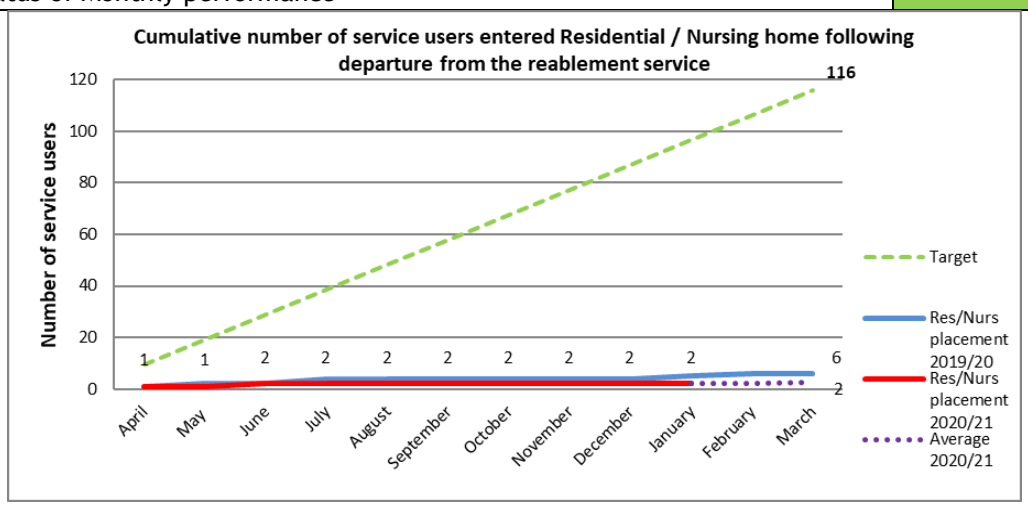
A dashboard of these metrics is currently being developed further, which will be reported to the Urgent and Emergency Care Programme Board, Reading Integration Board and to Reading H&WBB in respect of Reading services.

4.5 Impact of Local Community Reablement Schemes

4.5.1 Residential Admissions after reablement

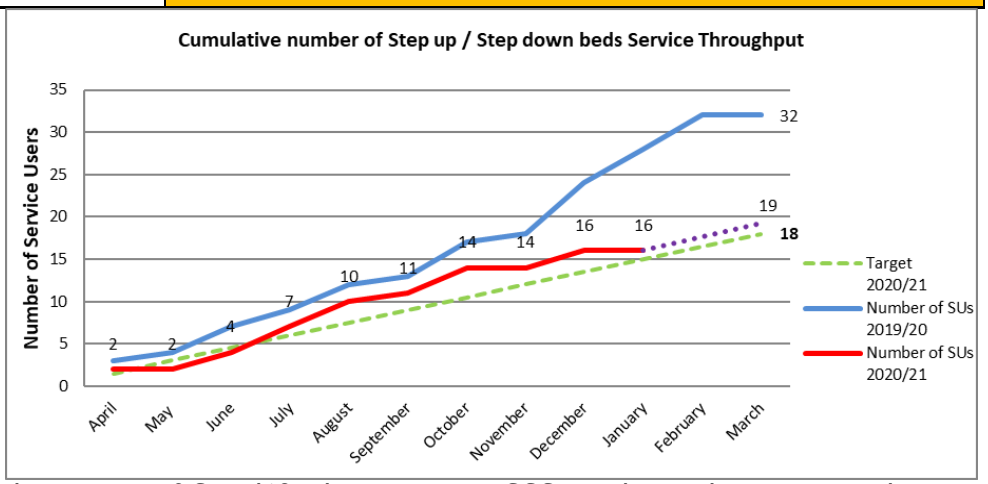
The reablement service has impacted positively on the avoidance of service users entering residential / nursing homes, following departure from their service and remains significantly below the maximum target of 116, with a cumulative number of 18.

Cumulative number of service users entered Residential / Nursing home following departure from the reablement service	
Target performance per year (not more than)	116
Status of Monthly performance	Green



4.5.2 Discharge to Assess

Local Targets:	Discharge to Assess Beds - Reablement service at CCC)
Reporting Month:	Target performance per year (not less than) 18 Month 10 (January 2021)
Status:	Amber

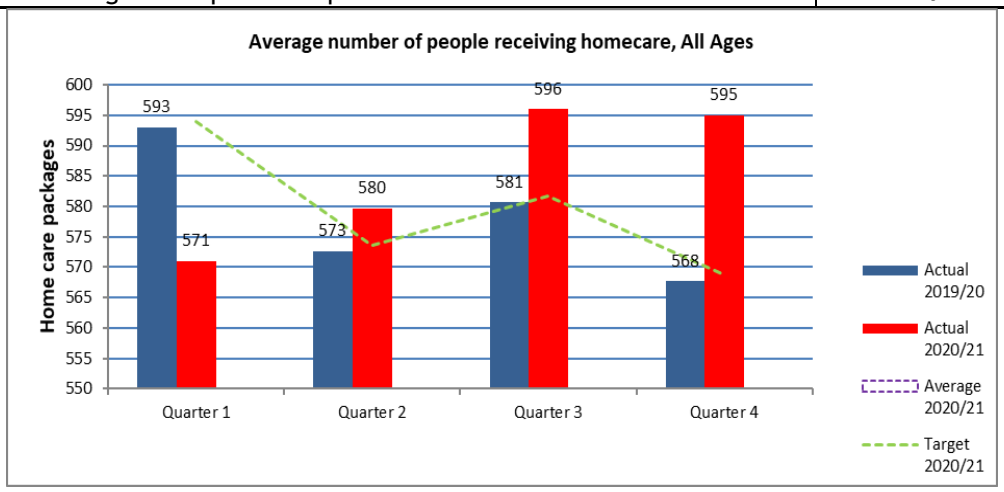


Due to the impact of Covid19, the service at CCC was limited in capacity during November and December, although projected performance remains on track.

4.6 Additional BCF Funding for accelerated Integration (iBCF)

The targets were designed to reflect the impact of the iBCF funding's investment in reablement services. We report on our progress against these targets in our quarterly iBCF returns. Quarter 4 (January to March 2021) has shown continued growth in the number of people receiving home care support, with significant improvement compared to the previous year.

Marginal increase in home care packages	
Average quarterly performance for the current period	595
Status of quarterly performance	Green
Average Annual Target performance	580
Status change since previous quarter	↑



4.7 PROGRAMME UPDATE

4.7.1 **The Neighbourhood Care Planning Group (NCPG) pilot** – We used the learning from the NCPG to set up a Central Reading Multi Disciplinary Team (MDT) in October 2020, managed by Berkshire Healthcare Foundation Trust to support Primary Care Networks (PCN's) which encompassed, Adults Social Care, 6 voluntary sector organisations, 3 GP surgeries, community matrons, community nurses, and community mental health team workers. The intention is to expand the Central Reading MDT approach to align with individual PCNs over time.

4.7.2 **The Reading Integration Board Work Plan** is now out of date and a new plan will be developed in partnership with stakeholders that is aligned with the strategic priorities for the Health & Wellbeing Board and the Integrated Care Partnership for 2021/22, ensuring links into projects such as Ageing Well and Health Inequalities. Proposals will be submitted to the Reading Integration Board for discussion and agreement and an update provided at the next Health and Wellbeing Board.

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

While the Better Care Fund (BCF) does not in itself and in its entirety directly relate to the Health & Wellbeing Board's strategic aims, Operating Guidance for the BCF published by NHS England states that: *The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners* […] *HWBs also have their own statutory duty to help commissioners provide integrated care that must be complied with.*

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

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

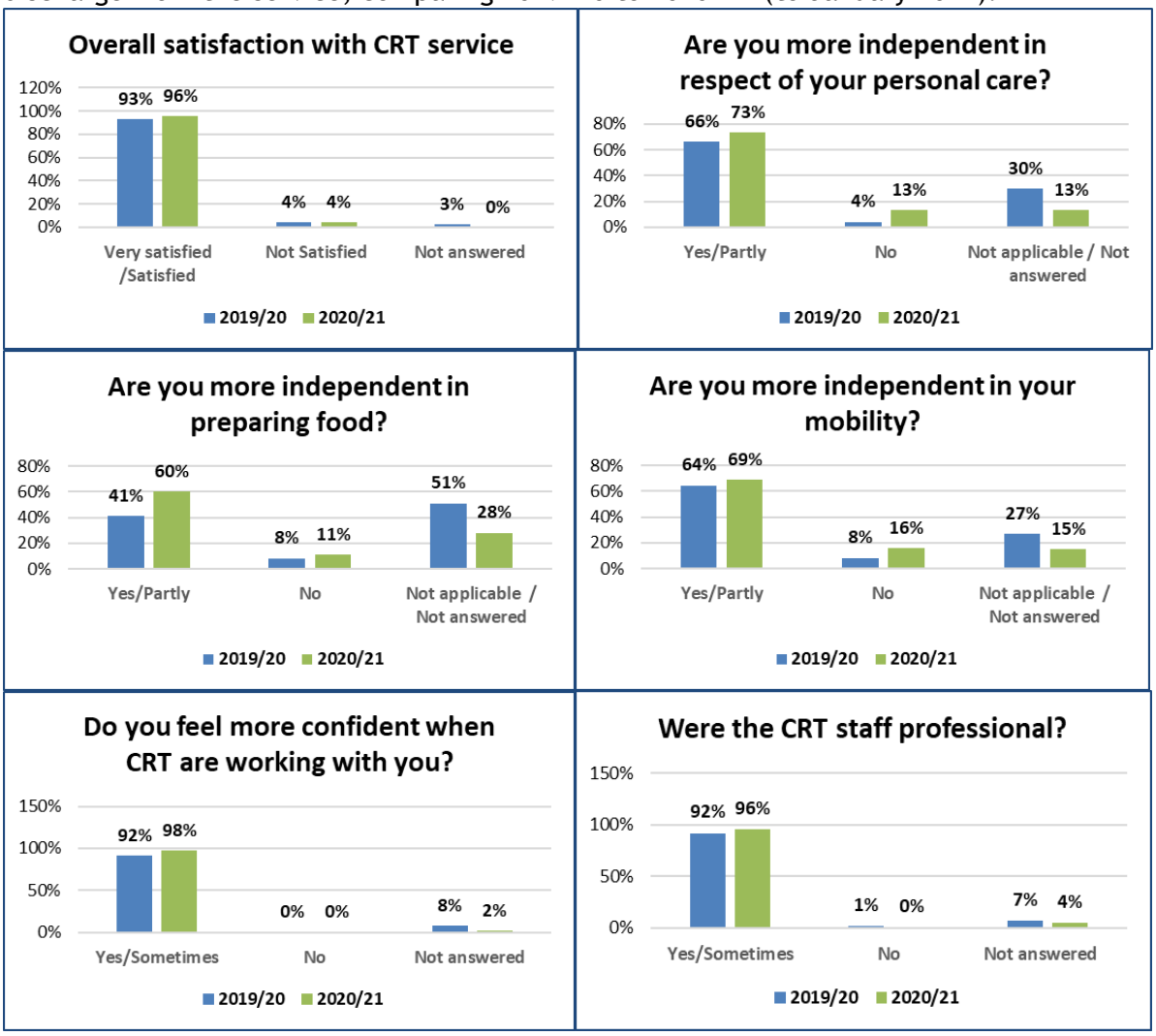
6.2 This report summarises the performance of the Better Care Fund and Integration Programme. No new services are being proposed or implemented that would impact on the climate or environment.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

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

7.2 In accordance with this duty it is the intention of Reading Integration Board to engage with stakeholders to ensure they are included in guiding integration in the locality, through Citizen Panels, Feedback Surveys and through the local and National voluntary sector organisations with which we work. Stakeholder engagement is a key factor to effective integrated models of care, and engagement with all system partners will be a key focus for the Reading Integration Board. The annual Adult and Social Care Service survey was sent out in January 2021. Responses are currently being processed and a summary report will be shared at the next H&WBB in July 2021.

7.3 The Community Reablement Team undertake regular feedback surveys with their services users and the following charts show a summary of the survey outcomes, following discharge from the service, comparing 2019/20 to 2020/21 (to January 2021).



8. EQUALITY IMPACT ASSESSMENT

8.1 N/A – no new proposals or decisions recommended / requested

9. LEGAL IMPLICATIONS

9.1 N/A – no new proposals or decisions recommended / requested.

10. FINANCIAL IMPLICATIONS

10.1 The BCF planning template has been provided by the local NHS England (NHSE) representative and the Association of Directors of Adult Social Services (ADASS). The template has been populated and shared with the CCG in draft form. This is not due for completion and submission until the end of the Financial year. A report covering the final completed template will be provided to the Health and Wellbeing Board.

11. BACKGROUND PAPERS

11.1 The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard – January 2021(Reporting data to December 2020)*

11.2 The Community Reablement Team, Service User feedback data was provided by the CRT Manager, collated from the feedback forms completed by Services Users each month.

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READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**19th March 2021**		
REPORT TITLE:	**Health and Wellbeing Dashboard and Action Plan – March 2021**		
REPORT AUTHOR:	**Kim McCall / Janette Searle**	**TEL:**	**0118 937 3245 / 07525 691779**
JOB TITLE:	**Health and Wellbeing Intelligence Officer / Preventative Services Development Manager**	**E-MAIL:**	**kim.mccall@reading.gov.uk Janette.Searle@reading.gov.uk**
ORGANISATION:	**Reading Borough Council**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

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

1.2 The appended document gives the Board a context for determining which parts of the Health and Wellbeing Strategy it wishes to review in more depth, such as by requesting separate reports. Identifying priorities from the Health and Wellbeing Strategy to provide themes for Health and Wellbeing Board meetings is in line with the 2016 Peer Review recommendation that the Health and Wellbeing Strategy should be used to drive the agenda of the Health and Wellbeing Board.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board notes the following performance updates contained in the dashboard:

- **Estimated dementia diagnosis rate (aged 65+) has been updated with monthly snapshots.**
- **The following NHS Healthcheck indicators are updated each quarter**
  - **People invited for a healthcheck**
  - **People taking up a healthcheck**
  - **People receiving a healthcheck**
- **Successful completion of alcohol treatment updated each quarter**
- **% adult social care users with as much social contact as they would like**
- **Bowel and breast cancer screening coverage**

2.2 That the Health and Wellbeing Board notes the updates that have been included in this report on priority actions underpinning the current Health & Wellbeing Strategy.

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. There was also an agreement to present an updated Health and Wellbeing Action Plan to the Board across all priorities twice a year. Many activities contained within the Action Plan(s) were suspended or realigned in 2020 because of the impact of COVID-19, and leads for each priority area across the Strategy were then asked to produce a narrative summary by way of updating the Board.

3.6 Following agreement by the Health and Wellbeing Board chairs from West Berkshire, Reading and Wokingham to the development of a shared Joint Health and Wellbeing Strategy across the three boroughs, there has been extensive engagement with stakeholders, including residents, to identify the priorities for a new strategy. A public consultation closed on 28.02.2021 and the results are currently being analysed. This analysis will inform the development of a new Berkshire West Health and Wellbeing Strategy, which will be brought to a future Board meeting. The aim is to identify a small number of key priorities which:

- can meaningfully be addressed by Health and Wellbeing Board members working together;

- have a clear relevance for Berkshire West;
- are not already being addressed via another mechanism; and
- will support recovery from COVID-19.

4. CURRENT POSITION (March 2021)

Update 2020

4.1 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 current Reading 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: Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)

4.2 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.

4.3 As in previous periods, Reading is unlikely to meet local or national targets for 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 a valuable way to identify people across Reading at increased risk of having undiagnosed comorbidities, and likely to benefit from a conversation with a healthcare professional about healthy weight, physical activity and smoking cessation to reduce the impacts of COVID19.

4.4 The NHS Health Checks programme remains on pause due to the impact of lockdown and the need for GP practices to focus their efforts on the COVID vaccination programme. This period of pause is allowing time for Public Health to work with NHS partners to re-focus the programme so that it can better target those at higher risk of cardiovascular disease, many of whom are also at greatest risk from COVID-19. Over the next few months, a priority is for NHS health checks to restart safely.

4.5 Following heavy promotion of the smoking cessation service by Smokefree Berkshire providers and Reading Borough Council in April and May last year, there was a sustained increase in the numbers of people setting a quit date between June and November 2020. This increase was also reflected in the greater numbers of people staying quit at 4 and 12 weeks, with the majority of those quitters being in targeted groups. There was an anticipated seasonal dip in referrals in December, which also continued into January. Promotion of the service will increase again as National No Smoking Day approaches providing a fresh impetus for people who may be struggling to quit due to the impact of lockdown on their mental wellbeing. A remote service in line with national recommendations is expected to continue until the end of the year.

4.6 Public Health has worked in partnership with the commissioners and providers of Reading's new leisure service contract, and this has been planned to host a range of additional Public Health services, including an adult weight management programme. However, COVID-19 necessitated closing leisure provision and significantly delayed the signing of contracts. In the interim, acknowledging the gap in provision, the Public Health team has supported the Mayor's Better Health Campaign and promoted a range of national health campaigns and Public Health England resources to support residents to eat healthier and to be more physically active. Residents are signposted to download the NHS 12-week weight loss app, Change for life, NHS Healthier You and Active 10 app to help lose weight and get more physically active. Information has also been shared via the Reading Services Guide and Wellbeing Newsletter.

Priority 2: Reducing loneliness and social isolation

4.7 The results from the 2019/20 Adult Social Care Survey were published in November 2020 and tell us that a higher proportion of respondents to the survey than previously reported that they have as much social contact than they would like (48.6% compared to 47.1% the previous year). Reading Borough Council was among the 24 local authorities that chose 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.

4.8 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.

4.9 Loneliness and social isolation have remained key issues of concern during lockdowns and ongoing social distancing restrictions, and have featured strongly in Reading's COVID response as well as recovery plans. In recognition of the risks associated with social isolation, a range of local services reached out during lockdowns to existing users to offer short wellbeing checks or links into more substantive social connection support. Many local groups increased capacity for befriending support during lockdown - by diverting staff and volunteers from suspended face-to-face activities, by deploying new volunteers coming forward, and by making use of additional capacity of existing volunteers in some cases. Support was offered mostly by telephone but also other virtual channels and letter writing. Befriending resource was also increased for groups where there were apparent gaps, e.g. younger adults. The transition to virtual support has not suited everyone, however, and some people have suspended or declined offers of support in this way.

4.10 There have been anecdotal reports that people being supported to reduce loneliness or isolation have experienced higher levels of anxiety or other emotional problems since the

onset of the pandemic. Reading Borough Council's Wellbeing Team, incorporating Compass Recovery College, has developed and delivered a range of courses to local befrienders to increase their knowledge, skills and confidence in supporting people with mental health needs, and in supporting people to transition out of lockdown restrictions. This will involve developing confidence in physical and social skills in many cases.

4.11 The pandemic has highlighted the increased risk of social isolation for people who are digitally excluded, and this is an area of increased focus now for the Loneliness and Social Isolation Steering Group.

Priority 3: Promoting positive mental health and wellbeing in children and young people

4.12 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.

4.13 Across a range of Berkshire West providers, there was supressed demand throughout the first COVID-19 lockdown period in requests for help for children and young people. However, many cases both known and unknown did present with higher acuity of issues, as seen by a significant increase in the work of the Rapid Response crisis team for children and young people in the Child and Adolescent Mental Health Service. In particular, there continues to be a concerning increase in eating disorder patients presenting at community and acute settings. In between the 1st and 2nd national lockdown when schools returned there was an increase back towards normal levels of referrals and demand. However, with the lockdown from Christmas there has been a variety of provider experiences, with elements of suppression of demand in some areas and others continuing to experience high demand.

4.14 All providers originally moved swiftly to a digital or telephone offer of support although many children and young people paused their interventions. With schools returning, many providers balanced an element of online as well as opening up safe face to face where possible, although this proved difficult at times. Due to COVID the CCG with local authority partners jointly commission the online youth counselling service, Kooth, which is showing good use in the last report (January 2021).

4.15 There continues to be good collaboration, and currently the Future in Mind partnership is focusing on understanding the impact of its work since the last Local Transformation Plan (Oct 2019) to ensure a continued focus on the right priorities. Work is continuing to build a robust crisis offer, strengthen the eating disorder offer, continue to tackle waiting times, and meet the expected surge in demand due to lockdown and COVID.

4.16 The Reading Mental Health Support Team is performing well and showing first signs of its impact. The mental health triage is in place and has good feedback from service users. The Primary Mental Health workers continue to have a long waiting list. The teams are looking at what interventions can be offered for children and young people on the waiting lists. The majority of referrals in are for anxiety, low mood/depression, oppositional behaviour/self-regulation needs.

Priority 4: Reducing deaths by suicide

4.17 The mortality rate for deaths by suicide and injury of undetermined intent for local authority areas for 2017-2019 was published in September 2020. The rate in Reading remained 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.

4.18 Ahead of the publication of nationally validated data, Reading along with other areas across the Thames Valley monitors suicide rates via a Real Time Surveillance System based on police reports of deaths suspected to be by suicide. Comparator rates month by month have been tracked very closely since COVID-19 lockdown measures were put in place in England, and cases are being checked for possible COVID links. To date, there has been no increase in the overall Berkshire rates for 2020. However, the Berkshire Suicide Prevention Group is also monitoring fluctuations in rates for different sections of the community within the total.

4.19 Partners remain vigilant and proactive in enhancing support around areas of heightened risk. Financial pressure is one such area which is particularly pertinent given the economic impacts of COVID. Reading Borough Council has adopted the national Samaritans / Citizens Advice Council Tax Protocol to target mental wellbeing support on those in problem debt, and put in place a range of additional measures to focus on supporting people to clear their debts. Funding has also been secured from Health Education England to deliver Mental Health First Aid and Suicide Prevention First Aid to frontline staff supporting people at points of financial difficulty, including JobCentre staff and third sector providers in Berkshire.

4.20 With a history of mental health difficulties being another known risk factor, Reading's efforts to build people's resilience and coping skills have continued via Compass Recovery College. Student enrolment with Compass has continued on an upward trend, despite being slowed by COVID-19 and lockdown which narrowed the range of opportunities for new enrolments. A wide range of courses have been adapted for virtual delivery, supplemented by outdoor wellbeing courses and social activities when these were allowed. Compass is currently partnering with the Samaritans to deliver a Money Matters course, and with RBC's Wellbeing Team to deliver training to voluntary and community groups which enhances skills and confidence in addressing mental health challenges.

4.21 On behalf of all of the Berkshire authorities, Reading continues to commission a specialist support service for Berkshire residents bereaved by suicide, with delivery adapted to reflect social distancing requirements. A very positive evaluation of Phase I of this pilot service has now been published. A further evaluation encompassing similar services across the Thames Valley is currently underway.

4.22 The Berkshire Suicide Prevention Strategy is due to be refreshed in 2021. This will be informed by ONS data, Real time Surveillance data, the Berkshire Suicide Audit and a 2015-20 audit into suicides by children and young people (up to age 25).

Priority 5: Reducing the amount of alcohol people drink to safe levels

4.23 The proportion of people receiving alcohol treatment who successfully completed treatment decreased during 2020, falling below 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.

4.24 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: Making Reading a place where people can live well with dementia

4.25 As memory clinics were suspended to protect vulnerable patients between March and October 2020, 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 re-opened but are working with substantial backlogs and with the additional challenges of adhering to COVID-19 safety measures. The Berkshire West Memory Clinic has experienced delays in diagnosing patients due to the constraints of social distancing and older people being fearful of attending appointments during COVID-19.

4.26 Dementia Champions, co-ordinated through the Dementia Friendly Reading Steering Group, have delivered Dementia Friends sessions on virtual platforms. These have been in high demand since COVID-19, with more local businesses and services wishing to understand how better to support people living with and affected by dementia. However, with many of the national Dementia Friends team furloughed, updated statistics have not been issued. Local data suggests approx. 500 dementia friends have been created since February 2020, reaching people in England and staff residing in foreign countries, who are working for English companies calling people who may be diagnosed with dementia.

4.27 The Dementia Friendly Reading Group is working with the University of Reading to produce a dementia toolbox (AMuSED). His is an interactive box that aims to stimulate the brain, and engage a person living with dementia to promote positive memories through physical and visual techniques. The Group is supporting the UoR to design, plan and produce the kit, that will be available to purchase across Berkshire.

4.28 The rate of diagnosis of dementia amongst those aged 65 and older fell below the national target for two thirds of people with dementia to have their condition diagnosed. This is in line with the England average and similar to the average for local authority areas with similar levels of deprivation as measured through IMD and seems likely to be related to the COVID-19 lockdown.

4.29 The Berkshire West Dementia Steering Group, including representatives from the three unitary authorities in Berkshire West, the CCG and local voluntary sector groups, has completed an FAQs guide to getting support around dementia during lockdown, including accessing NHS services to obtain a diagnosis of dementia. The group had also started work on refreshing the Berkshire West Action Plan on the prevention and delivery of dementia related services. This will feed into to the Mental Health and Learning Disability Board's priorities for 2021/2022 specifically around dementia.

4.30 Dementia Cafés for people living with dementia are now being held virtually by Age UK Berkshire monthly and the Younger People With Dementia Charity continues to offer virtual social and stimulation activities throughout the week to support people living with or caring for someone with dementia to connect to others and offer peer support throughout COVID-19.

Priority 7: Increasing breast and bowel screening and prevention services

4.31 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 more than 10,000 for breast cancer during 2020.

4.32 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 statistics for 2020.

4.33 Cancer screening services have now returned to pre-COVID levels of operation, and virtual cancer awareness sessions and health and wellbeing sessions are being organised to support the cancer champions in their role. The Macmillan Cancer Educator is working closely with communication teams at RBH, RBC and BWCCG to produce COVID-19 compliant information, and this has been shared with different communities and networks.

Priority 8: reducing the number of people with tuberculosis

4.34 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).

4.35 TB Strategy Group meetings and the TB cohort review meeting led by Public Health England were cancelled early in 2020 because of COVID-19 constraints, but the TB Strategy Group meetings resumed from December 2020. The New Entrants Screening Service (NESS) clinics at Royal Berkshire Hospital resumed from 5th October 2020, and there are now four NESS clinics operating per week, including one evening clinic per month at Long Barn Lane Surgery. TB teams have continued to see patients needing to start treatment for Latent TB.

4.36 The BCG clinic at Royal Berkshire Hospital has been running twice a week. Two asylum seekers housed temporarily in a local hotel during the pandemic were referred for TB screening. The TB Homeless Memorandum of Understanding has been approved and is in place for homeless patients who have no recourse to public funds.

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 current Health and Wellbeing Strategy. 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 and updates in this format. This are 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 – March 2021

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Priority	Indicator	Target Met/Not Met	Direction of Travel
1. Supporting people to make healthy lifestyle choices	% adults overweight or obese	Met	Worse
	% of adults physically active	Not Met	Worse
	% 4-5 year olds classified as overweight/obese	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 prevalance - 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
2. Reducing loneliness and social isolation	% of adult social care users with as much social contact as they would like	Met	No change
	% of adult carers with as much social contact as they would like	Not Met	No change
	Placeholder - Loneliness and Social Isolation	*NA*	*NA*
3.Promoting positive mental health and wellbeing in children and young people	Pupils with social, emotional and mental health needs (primary school age)	Not Met	No change
	Pupils with social, emotional and mental health needs (secondary school age)	Met	No change
	Pupils with social, emotional and mental health needs (all school age)	Met	No change
4. Reducing deaths by suicide	Age-standardised mortality rate from suicide and injury of undetermined intent	Not met	No change
5.Reducing the amount of alcohol people drink to safer levels	Successful treatment of alcohol treatment	Not Met	Worse
	Admission episodes for alcohol related conditions (DSR per 100,000)	Met	No change
6.Living well with dementia	Estimated diagnosis rate for people with dementia	Not Met	No change
	No. Dementia Friends (Local Indicator)	NA	NA
	Placeholder - ASCOF measure of post-diagnosis care	*NA*	*NA*
7.Increasing take up of breast and bowel screening and prevention services	Cancer screening coverage - bowel cancer	Met	Better
	Cancer screening coverage - breast cancer	Met	No change
8.Reducing the number of people with tuberculosis	Incidence of TB (three year average)	Met	No change

PRIORITY 1: Supporting people to make healthy lifestyle choices

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
% adults overweight or obese	Public Health Outcomes Framework	Active Lives Survey	Annual	Low	2018-19	58.6	63.4	Met	Worse	62.3	Not available
% of adults physically active	Public Health Outcomes Framework	Active Lives Survey	Annual	High	2018-19	63.9	64	Not Met	Worse	67.2	Not available
% 4-5 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2019-20	21.7	22.0	Met	No change	23.0	Not available
% 10-11 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2019-20	36.4	36	Not Met	No change	35.2	Not available
Smoking status at the time of delivery	Public Health Outcomes Framework	Smoking Status At Time of Delivery (SSATOD) HSCIC	Annual	Low	2019-20	5.8	8.0	Met	No change	10.4	11.2
Smoking prevalence - all adults - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	13.9	14.8	Met	No change	13.9	Not available
Age 15 smoking prevalence placeholder	Public Health Outcomes Framework										
Smoking prevalance - routine and manual - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	29.3	28.9	Not Met	No change	23.2	Not available
People invited for an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2016/17 Q1 - 2020/21 Q2	33.1%	90%	Not Met	Worse	69.6%	70.7%
People taking up an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2016/17 Q1 - 2020/21 Q2	55%	50%	Met	No change	46.7%	45.6%
People receiving an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	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
% of adult social care users with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Adult Social Care Survey - England	Annual	High	2019-20	48.6	45.4	Met	No change	45.9	46.1
% of adult carers with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Carers Survey	Bi-Annual	High	2018-19	32.0	38.5	Not Met	No change	32.5	29.9
Placeholder - Loneliness and Social Isolation	NA	TBC	Annual							NA	NA

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Priority 3: Promoting positive mental health and wellbeing in children and young people

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
Pupils with social, emotional and mental health needs (primary school age)	Children and Young People's Mental Health and Wellbeing	DFE Special Needs Education Statistics	Annual	Low	2018	2.4%	2.3%	Not Met	No change	2.2%	2.0%
Pupils with social, emotional and mental health needs (secondary school age)	Children and Young People's Mental Health and Wellbeing	DFE Special Needs Education Statistics	Annual	Low	2018	3.2%	3.3%	Met	No change	2.3%	2.1%
Pupils with social, emotional and mental health needs (all school age)	Children and Young People's Mental Health and Wellbeing	DFE Special Needs Education Statistics	Annual	Low	2018	3.0%	3.0%	Met	No change	2.4%	2.2%

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Priority 4: Reducing deaths by suicide

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
Age-standardised mortality rate from suicide and injury of undetermined intent	Public Health Outcomes Framework	Public Health England (based on ONS)	Annual	Low	2017-19	9.9	8.25	Not met	No change	10.1	Not available

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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
Successful treatment of alcohol treatment	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
Admission episodes for alcohol related conditions (DSR per 100,000)	Public Health Outcomes Framework	Local Alcohol Profiles for England (based on HSCIC HES)	Annual	Low	2018/19	567	599	Met	Worse	664	Not available

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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
Estimated diagnosis rate for people with dementia	Public Health Outcomes Framework/NHS Outcomes Framework	NHS Digital	Monthly	High	Dec-20	62.5	66.7	Not Met	No change	62.5	
No. of Dementia friends	NA (Local only)	Local Report	Quarterly	High				NA	NA	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
Cancer screening coverage - bowel cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2020	60.5%	52.0%	Met	Better	63.8%	NA
Cancer screening coverage - breast cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2019	70.5%	70.0%	Met	No change	74.1%	NA

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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
Incidence of TB (three year average)	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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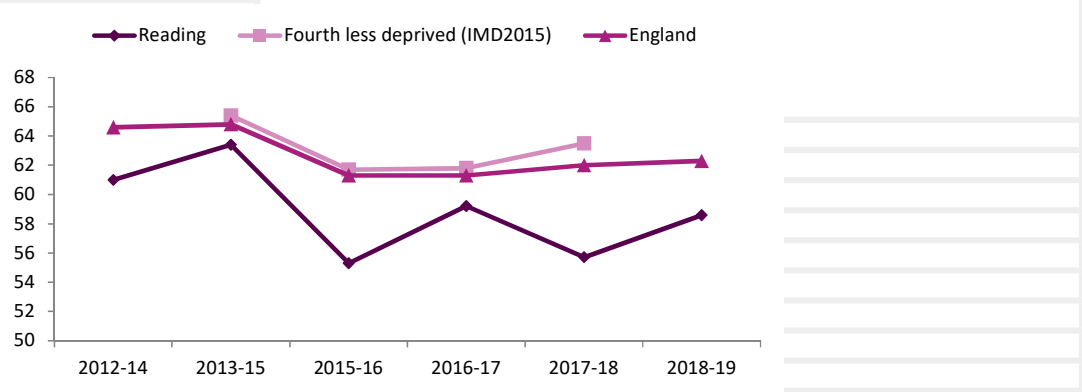
Data source	Active Lives Survey (previously Active People Survey) Sport England
	* Note change in methodology in 2015-16
Denominator	Number of adults with valid height and weight recorded. Active lives Survey. Historical (before 2015-16) Number of adults with valid height and weight recorded. Data are from APS year 1, quarter 2 to APS year 3, quarter 1
Numerator	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Active Lives Survey. Previously (before 2015-16) from Active People survey. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2.

Period	Reading	Fourth less deprived (IMD2015)	England
2012-14	61		64.6
2013-15	63.4	*65.4*	64.8
2015-16	55.3	*61.7*	61.3
2016-17	59.2	*61.8*	61.3
2017-18	55.7	*63.5*	62
2018-19	58.6		62.3



Indicator number	**93014**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% Physically Active Adults**
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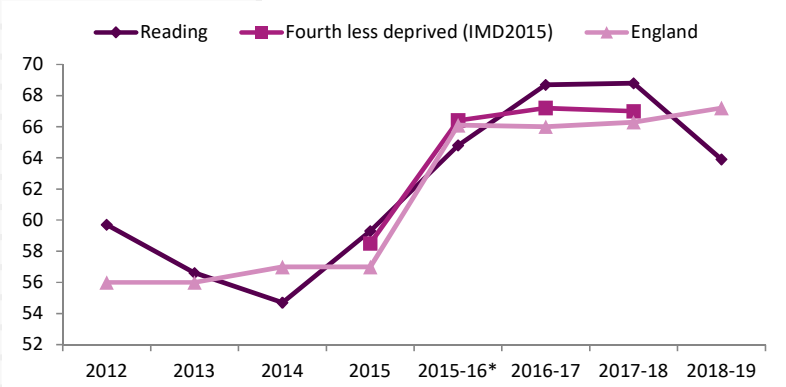
Data source	Until 2015 - Active People Survey, Sport England 2015-16 onwards - Active Lives, Sport England
	* Note change in methodology in 2015-16
Denominator	Weighted number of respondents aged 19 and older with valid responses to questions on physical activity
Numerator	Weighted number of respondents 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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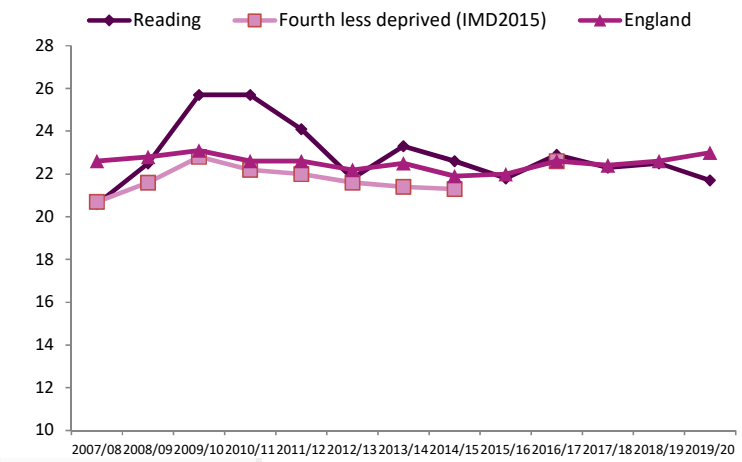
Data source	National Child Measurement Programme
Denominator	Number of children in Reception (aged 4-5 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.
Numerator	Number of children in Reception (aged 4-5 years) classified 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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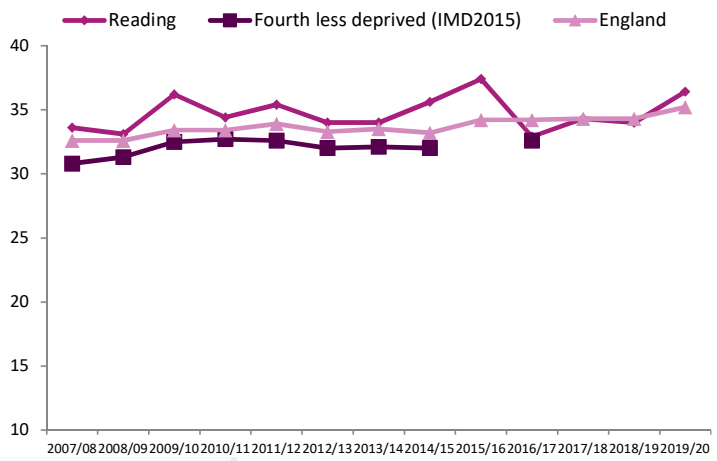
Data source	National Child Measurement Programme
Denominator	Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.
Numerator	Number of children in Year 6 (aged 10-11 years) classified as 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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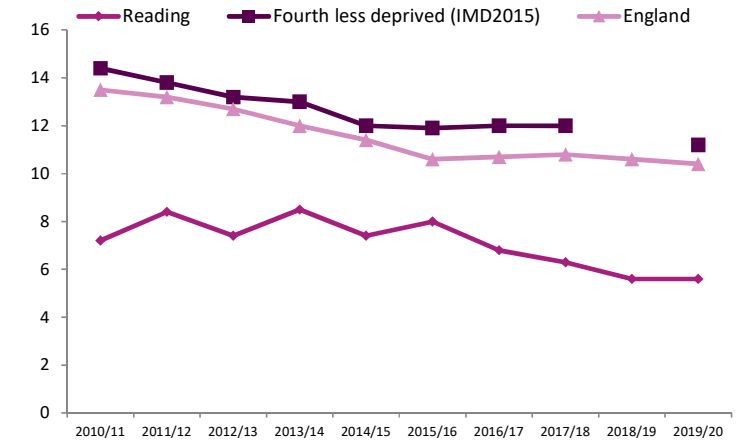
Data source	Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
Denominator	Number of maternities (estimated based on counts for CCGs)
Numerator	Number of women known to smoke at time of delivery (estimated based on counts 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



Indicator number	**92443**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Smoking Prevalence in Adults - Current Smokers**
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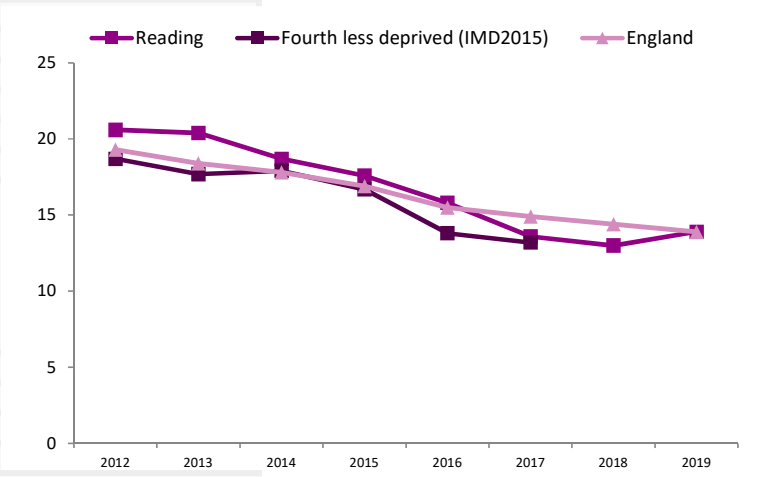
Data source	Annual Population Survey
Denominator	Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Numerator	The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

Period	Reading	Fourth less deprived (IMD2015)	England
2012	20.6	*18.7*	19.3
2013	20.4	*17.7*	18.4
2014	18.7	*17.9*	17.8
2015	17.6	*16.7*	16.9
2016	15.8	*13.8*	15.5
2017	13.6	*13.2*	14.9
2018	13		14.4
2019	13.9		13.9



Indicator number	**92445**
Outcomes Framework	**Local Tobacco Control Profiles**
Indicator full name	**Smoking prevalence in routine and manual occupations - Current smokers**

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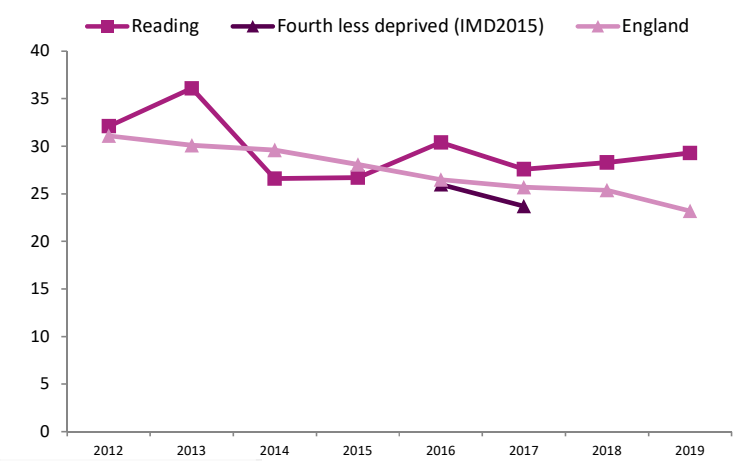
Period	Reading	Fourth less deprived (IMD2015)	England
2012	32.1		31.1
2013	36.1		30.1
2014	26.6		29.6
2015	26.7		28.1
2016	30.4	*26*	26.5
2017	27.6	*23.7*	25.7
2018	28.3		25.4
2019	29.3		23.2

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



Indicator number	**91111**
Outcomes Framework	
Indicator full name	**People invited for an NHS Healthcheck**

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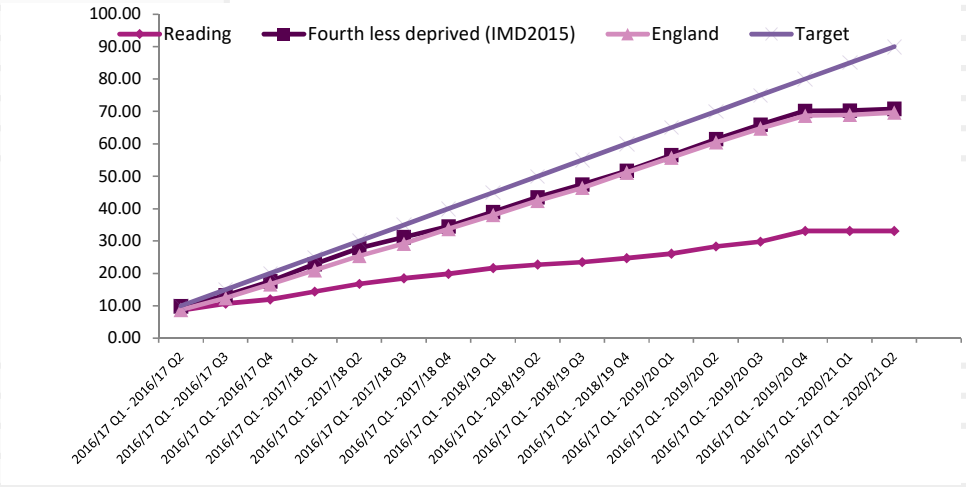
Data source	PHE Fingertips - NHS Healthchecks
Denominator	Number of people aged 40-74 eligible for an NHS Health Check in the financial year.
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2015



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

Indicator number	**91735**
Outcomes Framework	
Indicator full name	**People taking up an NHS Healthcheck**

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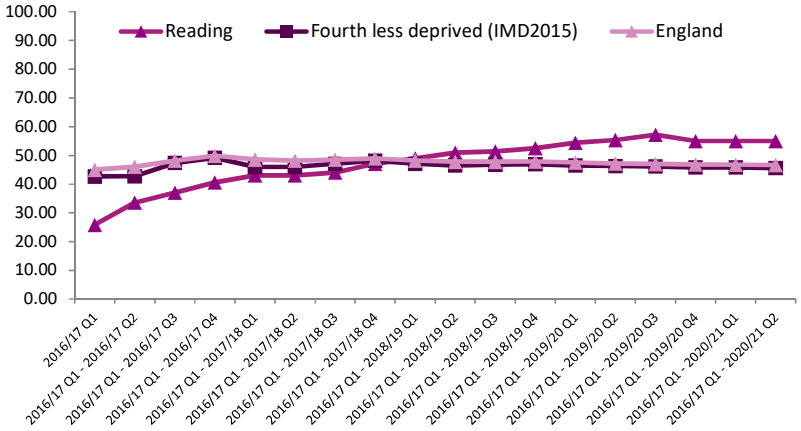
Data source	PHE Fingertips - NHS Healthchecks
Denominator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check 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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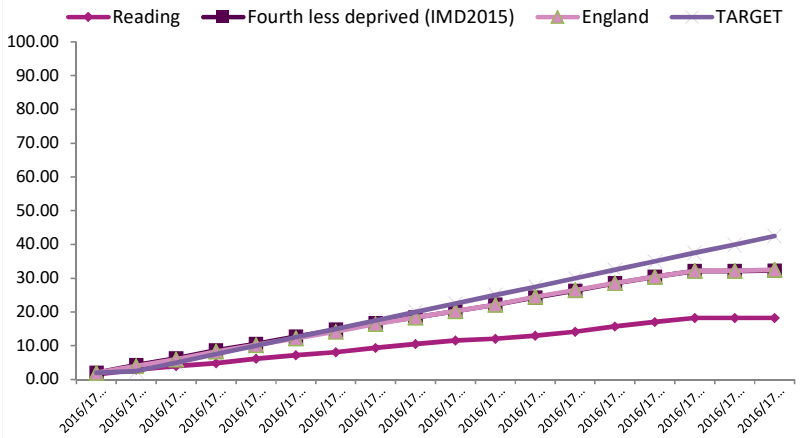
Data source	PHE Fingertips - NHS Healthchecks
Denominator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check 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

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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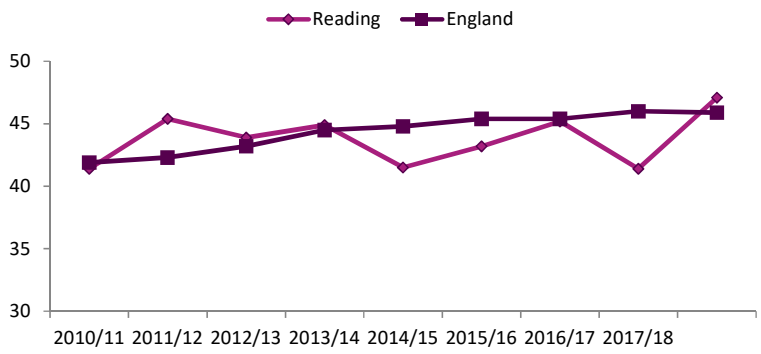
Data source	Adult Social Care Survey - England http://content.digital.nhs.uk/catalogue/PUB21630 - Annex Tables
Denominator	The number of people responding to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?"
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England



Period	Reading	Fourth less deprived (IMD2015)	England
2010/11	41.4	-	41.9
2011/12	45.4	-	42.3
2012/13	43.9	-	43.2
2013/14	44.9	-	44.5
2014/15	41.5	-	44.8
2015/16	43.2	-	45.4
2016/17	45.2	-	45.4
2017/18	41.4		46
2018/19	47.1	*46.9*	45.9
2019/20	48.6	*46.1*	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**
Data source	Carers Survey
Denominator	The number of people responding to the question "Thinking about how much contact you've had with people that you like, which of the following statements best describes your social situation?", with the answer "I have as much social contact as I want with people I like" divided by the total number of responses to the same question.
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England

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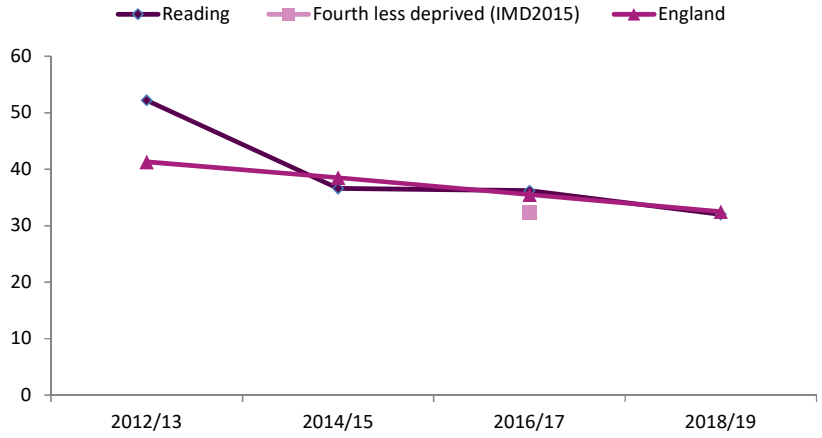
Period	Reading	Fourth less deprived (IMD2015)	England
2012/13	52.2		41.3
2014/15	36.6		38.5
2016/17	36.2	*32.4*	35.5
2018/19	32		32.5



Indicator number	**91871**
Outcomes Framework	**Children and Young People's Mental Health and Wellbeing**
Indicator full name	**Pupils with social, emotional and mental health needs (primary school age)**

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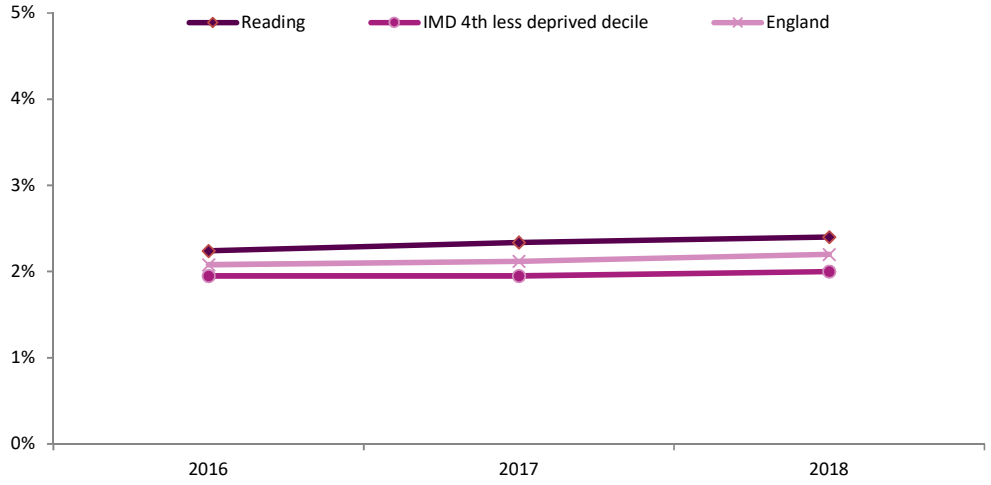
Period	Reading	IMD 4th less deprived decile	England
2016	2%	2%	2%
2017	2%	2%	2%
2018	2%	2%	2%

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



Indicator number	**91871**
Outcomes Framework	**Children and Young People's Mental Health and Wellbeing**
Indicator full name	**Pupils with social, emotional and mental health needs (secondary school age)**

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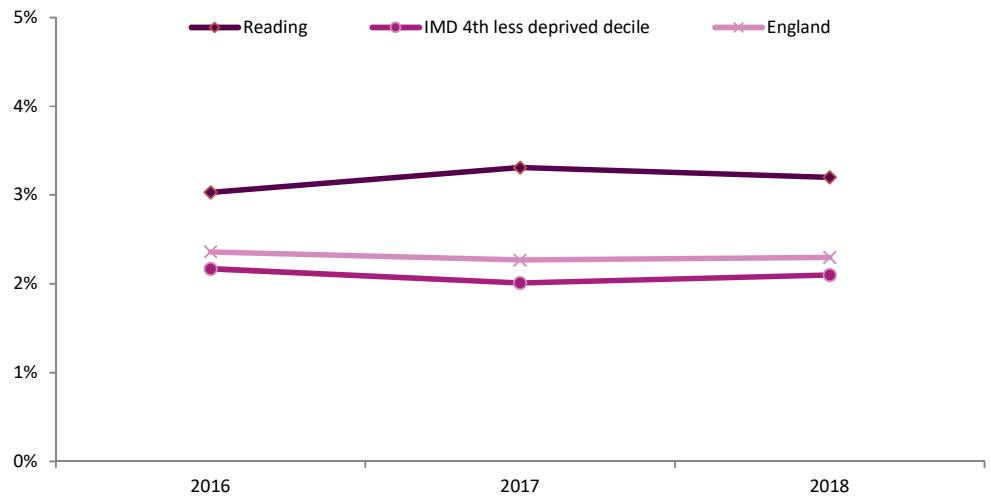
Period	Reading	IMD 4th less deprived decile	England
2016	3%	2%	2%
2017	3%	2%	2%
2018	3%	2%	2%

Data Source	DFE Special Needs Education Statistics
Denominator	Total pupils (LA tabulations)
	https://www.gov.uk/government/collections/statistics-special-educational-needs-sen
Numerator	Number of pupils with statements of SEN where primary need is social, emotional and mental health



Indicator number	**91871**
Outcomes Framework	**Children and Young People's Mental Health and Wellbeing**
Indicator full name	**Pupils with social, emotional and mental health needs (all school age)**

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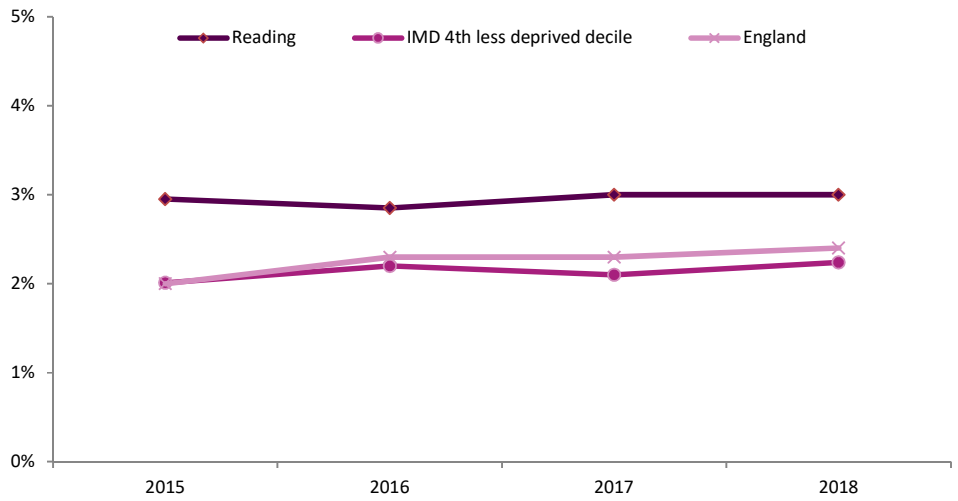
Period	Reading	IMD 4th less deprived decile	England
2015	3%	2%	2%
2016	3%	2%	2%
2017	3%	2%	2%
2018	3%	2%	2%

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



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

Indicator number	**92447**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Successful completion of alcohol treatment**

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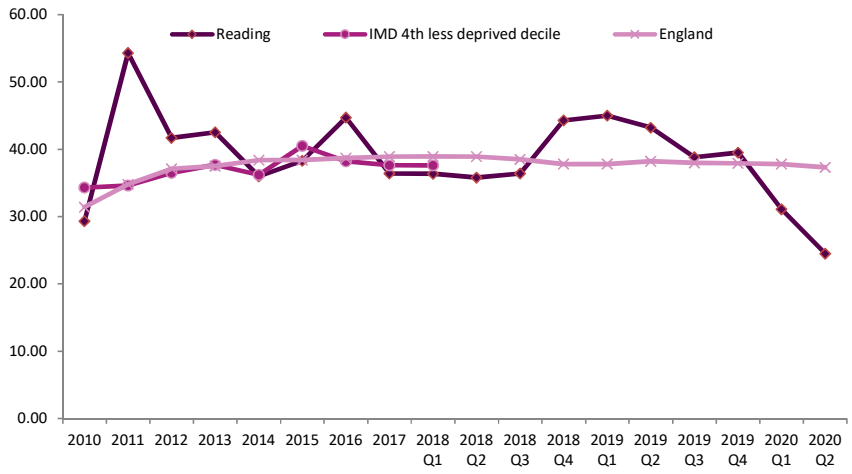
Data Source	National Drug Treatment Monitoring System
Denominator	Total number of adults in structured alcohol treatment in a one year period
Numerator	Adults that complete treatment for alcohol dependence who do not re-present to treatment within six months

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



(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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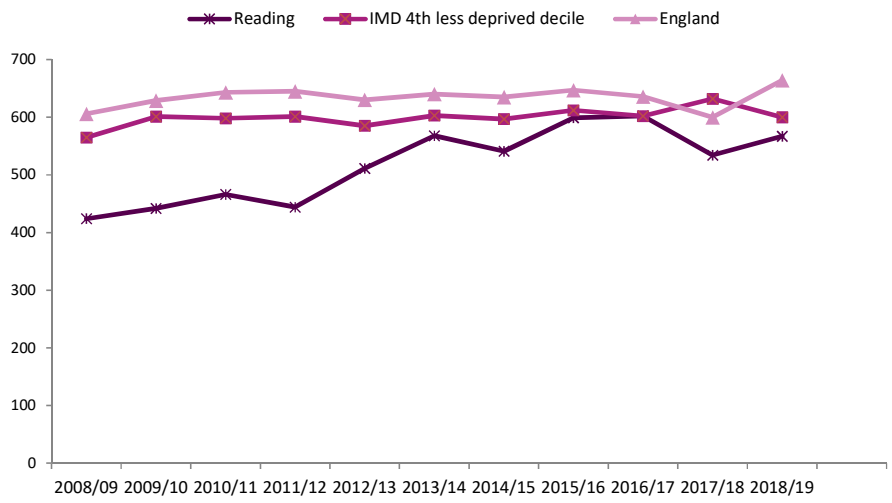
Data Source	Health and Social Care information Centre - Hospital Episode Statistics. Via Local Alcohol Profiles for England
Denominator	Mid-Year Population Estimates (ONS)
Numerator	Admissions to hospital where primary diagnosis is an alcohol-related condition or a seconday diagnosis is an alcohol-related external cause. Uses attributable fractions to estimate.

Period	Reading	IMD 4th less deprived decile	England
2008/09	424	565	606
2009/10	442	601	629
2010/11	466	598	643
2011/12	444	601	645
2012/13	511	585	630
2013/14	568	603	640
2014/15	541	597	635
2015/16	599	612	647
2016/17	602	602	636
2017/18	534	632	600
2018/19	567	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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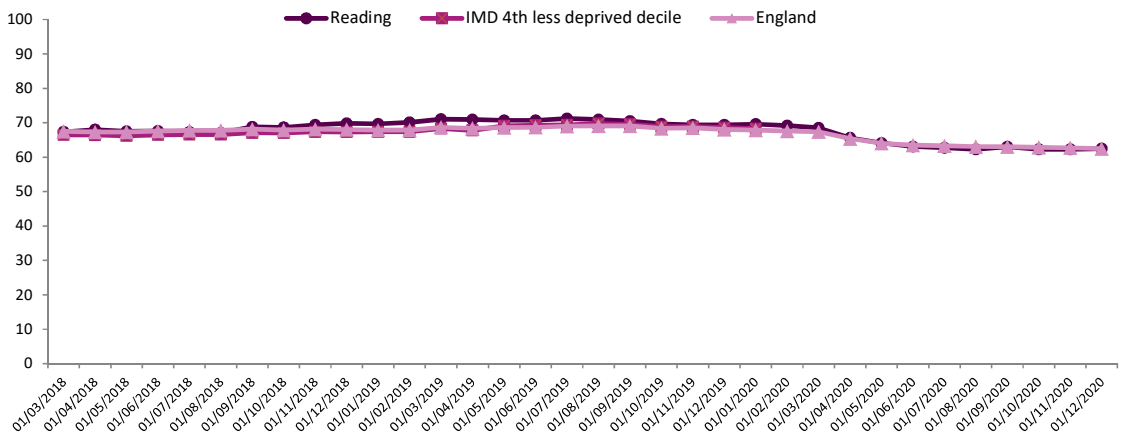
Data Source	NHS Digital
Denominator	Applying the reference rates to the registered population yields the number of people aged 65+ one would expect to have dementia within the subject population where:
Numerator	**Registered population** Patients aged 65+ registered for General Medical Services, counts 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
30/11/2020	62.3		62.7
31/12/2020	62.5		62.5

Indicator number	**NA**
Outcomes Framework	**NA**
Indicator full name	**No. of Dementia Friends**

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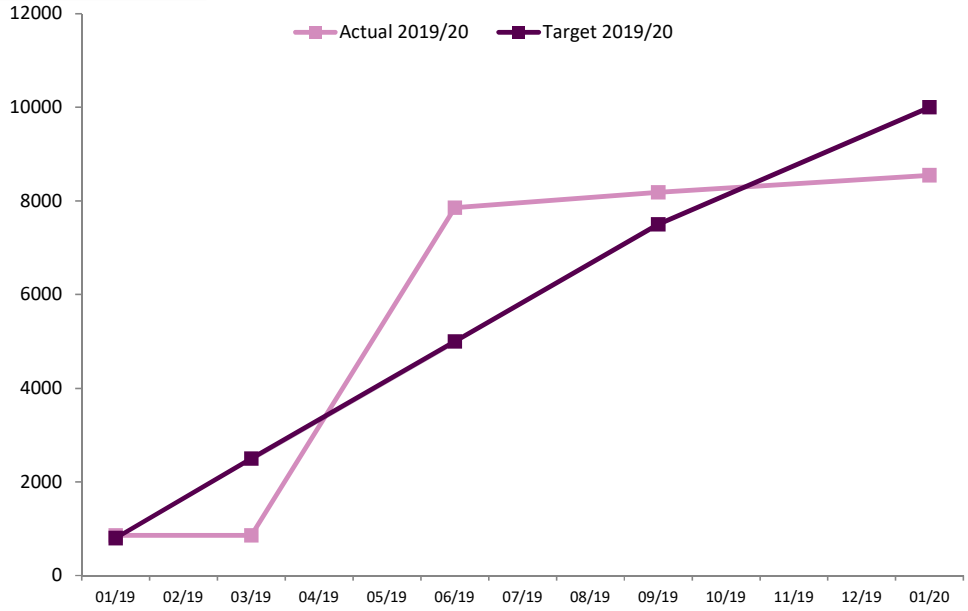
Data Source	Locally Recorded
Definition	No. of people who have completed a 45 minute training session and agreed to be a dementia friend



Period	Actual 2019/20	Target 2019/20
Jan-19	857	800
Mar-19	857	2,500
Jun-19	7859	5,000
Sep-19	8,182	7500
Jan-20	8,548	10,000

Indicator number	**91720.00**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cancer screening coverage - bowel cancer**

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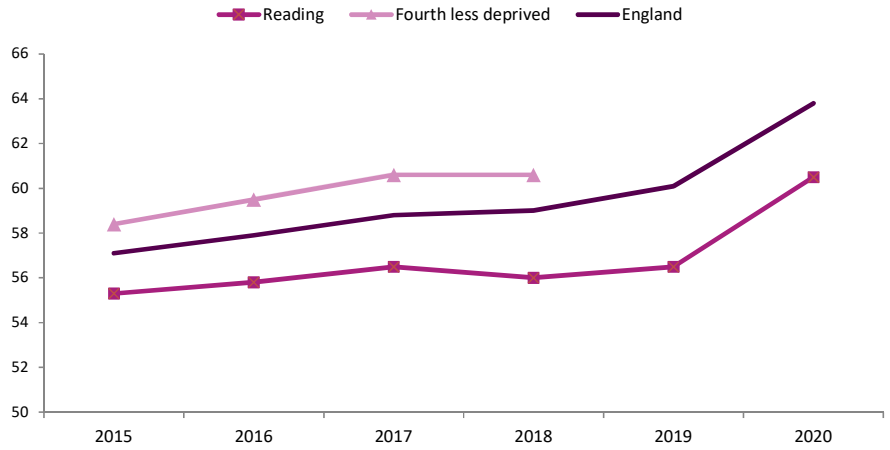
Period	Reading	Fourth less deprived	England
2015	55.3	58.4	57.1
2016	55.8	59.5	57.9
2017	56.5	60.6	58.8
2018	56	60.6	59
2019	56.5		60.1
2020	60.5		63.8

Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of people aged 60-74 resident in the area (determined by postcode of residence) who are eligible for bowel screening at a given point in time (excluding those with no functioning colon (e,g, after surgery) or have made an informed decision to opt out.
Numerator	Number of people aged 60-74 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous 2½ years

Target is the NHS England minimum coverage standard
https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-26.pdf



Indicator number	**22001**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cancer screening coverage - breast cancer**

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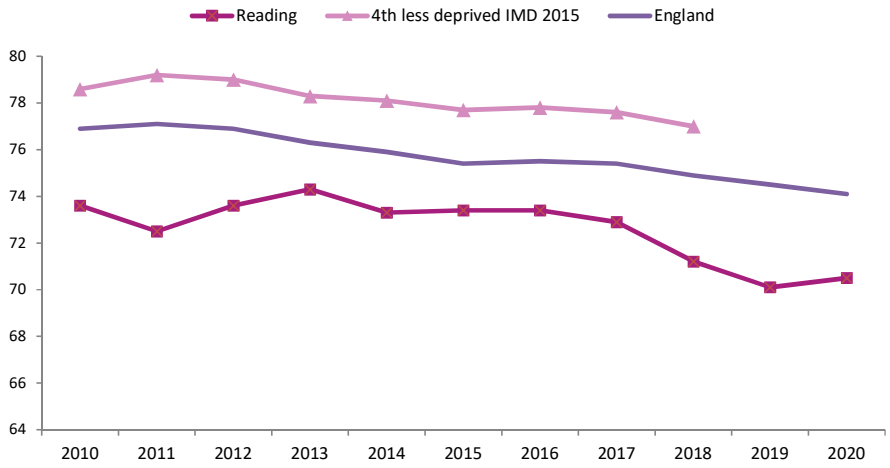
Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of women aged 53-70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time.
Numerator	Number of women aged 53-70 resident in 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
2020	70.5		74.1



Indicator number	**34**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Incidence of TB (three year average)**

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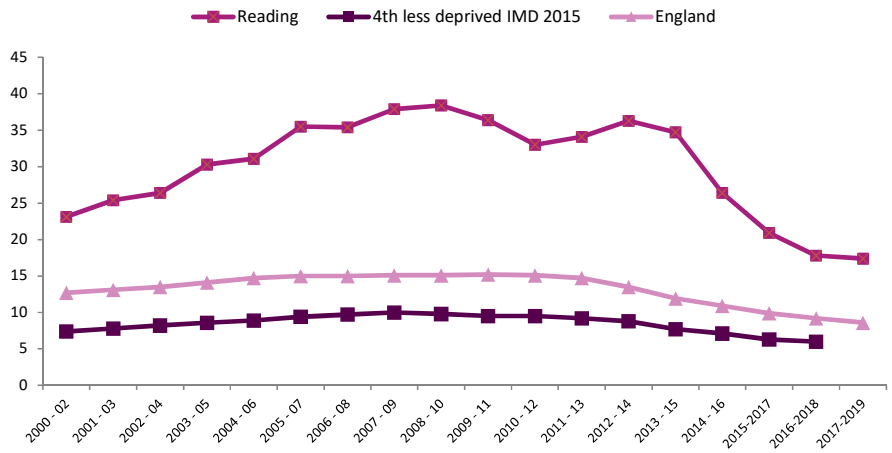
Data Source	Enhanced Tuberculosis Surveillance system (ETS) and Office for National Statistics (ONS)
Denominator	Sum of the Office for National Statistics (ONS) mid-year population estimates for each year of the three year time period
Numerator	Sum of the number of new TB cases notified to the Enhanced 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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