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To: Councillor McEwan (Chair)
Councillors David Absolom, Ballsdon,
Challenger, Grashoff, Hoskin, Jones,
Khan, McKenna, O'Connell, Pearce,
Robinson, Sokale, Terry and White

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12 January 2021

Your contact is: Richard Woodford - Committee Administrator

NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE 20 JANUARY 2021

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on **Wednesday, 20 January 2021 at 6.30 pm**. This will be an **Online Meeting via Microsoft Teams**. The Agenda for the meeting is set out below.

AGENDA

Page No

1. DECLARATIONS OF INTEREST

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

2. MINUTES

5 - 14

3. MINUTES OF OTHER BODIES

15 - 26

Health and Wellbeing Board - 9 October 2020.

4. PETITIONS

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

5. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS

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

6. DECISION BOOK REFERENCES

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

SCRUTINY ITEM

7. AN UPDATE ON THE REDEVELOPMENT OF THE ROYAL BERKSHIRE HOSPITAL

A presentation by the Royal Berkshire NHS Foundation Trust providing the Committee with an update on the Redevelopment of the Royal Berkshire Hospital.

SCRUTINY ITEM

8. FUTURE COMMISSIONING OF NHS HYDROTHERAPY SERVICES IN BERKSHIRE WEST 27 - 102

A report on the approval by NHS Berkshire West Clinical Commissioning Group on revised future arrangements for the commissioning of NHS Hydrotherapy Services in Berkshire West.

9. SCHOOL ADMISSION ARRANGEMENT 2022 - 2023 103 - 144

A report asking the Committee to determine the School Admission Arrangement for 2022 to 2023.

10. ADULT SOCIAL CARE - RESPONSE TO THE COVID-19 PANDEMIC

A presentation providing the Committee with the response by Adult Social Care to the Covid-19 Pandemic.

11. SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2019/20 145 - 308

A report presenting the Committee with the West of Berkshire Safeguarding Adults Board Annual Report 2019/20.

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Agenda Item 2

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING MINUTES - 22 OCTOBER 2020

Present: Councillors McEwan (Chair) Challenger, Grashoff, Hoskin, Jones, O'Connell, Pearce, Robinson, Terry and White.

Apologies: Councillor Ballsdon.

1. EXCLUSION OF THE PRESS AND PUBLIC

That pursuant to Section 100A of the Local Government Act 1972 (as amended), members of the press and public be excluded during consideration of item 2 below as it was likely that there would be a disclosure of exempt information as defined in paragraph 3 specified in Part 1 of Schedule 12A to that Act.

2. NURSING DEMENTIA BLOCK CONTRACT PROCUREMENT

The Executive Director of Social Care and Health submitted a report providing the Committee with a review of the effectiveness and value for money of the current contract and made recommendations to ensure best use of public funds going forward and opportunities to maximise the utilisation of new contracts. The Procurement Timetable was appended to the report.

Resolved: That the additional financial information be noted and taken into account when considering the report on Nursing Dementia Block Contract Procurement in open session (Minute 6 below refers).

(Exempt information as defined in paragraph 3).

3. MINUTES

The Minutes of the meeting held on 8 January 2020 were confirmed as a correct.

4. MINUTES OF OTHER BODIES

The Minutes of the following meeting were submitted:

- Health and Wellbeing Board - 17 January and 13 March 2020

5. QUESTIONS

Questions on the following matters were submitted by Councillors:

Questioner	Subject	Reply
Councillor White	Setting up Covid positive Care Homes	Councillor Jones
Councillor White	Impact of Covid on Looked After Children	Councillor Terry

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

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING

MINUTES - 22 OCTOBER 2020

6. NURSING DEMENTIA BLOCK CONTRACT PROCUREMENT

The Executive Director of Social Care and Health submitted a report providing the Committee with a review of the effectiveness and value for money of the current Nursing and Nursing Dementia contracts and making recommendations to ensure best use of public funds going forward and opportunities to maximise the utilisation of new contracts. Details of Local Nursing Home Provision was attached to the report at Appendix 1 and a Procurement Timetable was attached to the report at Appendix 2.

The report explained that the Council currently commissioned 68 Block Beds under two contracts for Nursing and Nursing Dementia provision. Both contracts were due to expire, or had the option to be terminated, in the very near future. Placement trends from the previous three financial years had evidenced that demand for these types of nursing home placements exceeded the capacity of both blocks, highlighting continued demand. In addition, financial analysis had demonstrated that even with a higher rate per bed than was currently charged, new block contracts would generate cost avoidances compared to purchasing (non-block) spot placements from the market.

In order to ensure that supply matched the continued demand for nursing dementia care home placements, and to assist with speedy hospital discharges, the report recommended that the Council ran a procurement to commission a number of block contracts securing 30 nursing dementia beds. The procurement would not be limited to care homes in the Borough.

The report stated that work had already begun on the procurement, including drafting of new services specifications and contract documents, invitations to tender would be advertised on 18 January 2021 and the procurement process would ensure that the new contracts would be in place for, and begin on, 1 October 2021 at the latest. It was recommended that the block contracts were for a period of two years with the option to extend for a further four years, in blocks of two years. Should a Care Home that already had a block contract with the Council be successful during the procurement the current placements could be subsumed into the new block contract filling it immediately. Should a Care Home that did not have a block contract be successful at procurement, the report recommended that the Council paid for the full block contract from the start of the new contracts.

The Committee discussed the report and Councillor Jones proposed that an additional recommendation be added asking officers to carry out a feasibility study to establish the business case, or otherwise, for the direct provision of nursing dementia residential care in Reading.

Resolved -

- (1) That procurement of new block contracts of up to 15 beds each to total 30 beds (for 01/10/2021), each contract to be for the term of 2 years with the option to extend for up to a further 4 years, be agreed;**
- (2) That the Executive Director Social Care and Health, in consultation with the Lead Councillor for Adult Social Care, be granted delegated authority**

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to enter into a contract with the successful tenderer(s) for the support/care services to be provided through the above framework agreement, at the stage of contract award (close of Q4 2020/2021);

- (3) That a feasibility study be undertaken by the Council to establish the business case, or otherwise, for the direct provision of nursing dementia residential care in Reading.

7. CONTINUING HEALTHCARE (CHC) FUNDING (APRIL 2018 - DECEMBER 2019)

Further to Minute 11 of the meeting held on 25 July 2018, the Executive Director of Social Care and Health submitted a report providing the Committee with an update on Continuing Healthcare applications (CHC), steps taken and progress with regard to the application of the CHC Framework and eligibility criteria for residents of Reading Borough Council (RBC).

The report explained that targeted measures that had been taken by the Council to support staff with CHC applications since October 2018 were as follows:

- Workshops had been commissioned and delivered by a national expert in Legal and Continuing Healthcare training;
- The Locality Manager for Reading was the strategic lead for CHC and reviewed and authorised the submission of CHC checklists that had been completed by staff. They advised on areas to highlight within the decision support tool to evidence the needs of people in the 11 domains of the Framework;
- A CHC workflow had been created within the Directorate's Client Record System which output CHC activity in relation to the Council;
- Meetings at a senior level had taken place with colleagues from the CHC to discuss CHC performance and in particular any issues with regard to the application of protocols and guidance.

The report included a number of tables that illustrated performance in the Borough from April 2018 to December 2019, including the following:

- The number of CHC checklist being completed had increased significantly in 2019/20 due to increased awareness and understanding of CHC and when an individual could be deemed as having eligible healthcare needs. There was still work to do to increase this number and make sure that they were being recorded accurately;
- The cumulative number of CHC applications that were accepted for assessment had remained at a steady number in comparison to previous years. This reflected that cases did not progress to the Multi-Disciplinary Team due to them not meeting the CHC threshold;
- There was an improved picture for the number of CHC checklists that had resulted in dispute for 2019/20 compared to 2018/19, reflecting the better joint working and understanding of the CHC framework between Health and Social Care;
- The total number of cases that had been agreed across an 18 month period between the Council and CCG was 19 since August 2018. With increased awareness and higher numbers of checklist it was expected that this would rise further through the year

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but, there was no definitive way of measuring this as the eligibility threshold would ultimately determine the overall numbers;

- Since Quarter 3 in 2018/19 there had been a slow increase in the number of referrals per 50,000 people in West Berkshire, although this number was still significantly below the national average and managers and practitioners were working to increase this number. There had also been a significant drop in CHC referrals for both national and regional referrals, this reflected the work that had been done nationally to ensure appropriate checklisting of individuals for CHC assessments;
- The of people per 50.000 of population across Berkshire West who were eligible for CHC was significantly lower than those across the south east, which in turn were below the average number for England. This reflected the lower number of checklist that were received by the CHC service for Reading which had continued historically to be low across West of Berkshire.

The report stated that there continued to be a collective drive between the Council and CCG to ensure that greater awareness of CHC and application of eligibility was sustained and the following were areas of practice that had been agreed in partnership and had commenced:

- Reviews of residents in Nursing Homes had continued, ensuring individuals who had a high level of need would be considered for a checklist at the point of their review if necessary;
- The CCG had offered CHC training to all nursing home staff across the Borough and West Berkshire and Council officers had ensured that this was taken up through their frequent 'Care Quality' and 'provider liaison' visits;
- The Council's Operations Manager held quarterly sessions with managers and officers to ensure that they were confident in following process and completing checklists;

These practice enhancements would now be reinstated following the continuation of CHC following the pause in assessments during the Covid-19 pandemic.

The Committee discussed the report and a number of points were raised including the following:

- The only way to change the historic figures was to work in partnership with colleagues in Health;
- The provision of CHC should be fair and equitable;
- The Council could not provide Healthcare Services and those that were entitled to free Social Care Service would be entitled to free Healthcare Services;
- Officers were very clear about what Health Care was and what Social Care was and in protecting the rights to residents in the Borough;
- Those residents who had healthcare needs would continue to be identified and if it was thought that colleagues in Health were not making the right assessments it was the Council's responsibility to take this up with Health colleagues and use the appeals process, if necessary;
- Training had taken place and there were officers in place who felt confident about completing the checklist.

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Resolved -

- (1) That the performance in relation to Continuing Healthcare between CCG and RBC staff be noted;
- (2) That the proposed actions to further improve the pathway with regard to ensuring a fair and transparent process for CHC applicants across the Borough be noted.

8. PROPOSALS FOR BERKSHIRE WEST PUBLIC HEALTH SERVICE

The Executive Director of Social Care and Health submitted a report which set out the rationale for altering the current arrangements for public health across Wokingham, Reading and West Berkshire.

The report explained that the proposal was to dissolve the current arrangement between the six local authorities and move to an arrangement between West Berkshire Council, Reading Borough Council and Wokingham Borough Council. A shared Director of Public Health role for Berkshire West would lead the public health system and would work closely with the local authorities and partners in the Berkshire West Integrated Care Partnership. There would also be a Hub Team that would provide health intelligence, health protection and commissioning support to support public health teams in each local authority. The report proposed that the Director of Public Health and Hub were hosted by Reading Borough Council for practical transport reasons. The opportunities of working in partnership across the Berkshire West footprint was to:

- Improve the health of the population and reduce inequalities to improve outcomes for residents and reduce demand for services;
- Retain the local nature of public health, enabling local needs to be prioritised;
- Improve the value from investment in public health capacity, to make it more visible, engaged, integrated and, most importantly, effective across the local authorities;
- Effectively aligning Public Health with the Integrated Care Partnership with more strategic leadership capacity from the Director of Public Health;
- Improving the information and intelligence the Council had to improve the health of the population, integrating it with the Integrated Care Partnership;
- Improving value for money from Public Health contracts.

The three local authority Chief Executives would take collective responsibility for recruiting and supporting the role and they would all sign-off an annual work programme and carry out their Director's appraisal together. The role would have director level influence in each local authority and would be a 'top table' position, have access to the Chief Executive and Lead Councillors and be party to resource and priority decisions. The Director of Public Health would have leadership of the delivery of a joint Health and Wellbeing Strategy which would be the guiding Strategy for the Integrated Care Partnership as well as the Health and Wellbeing Boards. The Director would be the Senior Responsible Officer for public health Integrated Care Partnership programmes and would be able to influence any collective Strategy for procurement and although they would not line manage

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all the local Public Health Consultants, they would provide professional supervision, influence their work programmes and participate in their appraisal.

Resolved -

- (1) That the current set up be dissolved upon a date to be agreed and for Reading Borough Council to host a new shared service on behalf of the Berkshire West System;
- (2) That the Executive Director of Adult Social Care and Health Services, in consultation with the Lead Councillor for Health, Wellbeing & Sport and the Chief Executive, be delegated authority to agree the proposed model of devolved Public Health to the Berkshire West footprint.

9. SCHOOL STANDARDS AND ATTAINMENT: 2018/2019 (VALIDATED)

Further to Minute 22 of the meeting held on 21 October 2019, the Director of Education, Brighter Futures for Children (BFFC), submitted a report providing the Committee with updates on the 2018/19 school standards/attainment figures in order for the Committee to determine progress for children and young people in Reading Schools. The information on standards had been based on validated data for academic year 2018/19 as no data was available for 2019/20.

The report stated that the contract key performance indicators, and outcomes, for BFFC (Education) included the following:

- KPI 18: Reduction in Secondary School Fixed Term Exclusions;
- KPI 19: Key Stage 2 results (Reading, Writing and Maths expected level+) Gap in attainment for disadvantaged pupils;
- KPI 20: Key Stage 4 results (Attainment 8) Gap in attainment for disadvantaged pupils;
- KPI 21: Increased percentage of schools rated good or outstanding (locally maintained only).

Overall, schools in Reading had been just below the national average for standards. In all Key Stages Reading had continued to mirror the national position in terms of the gap in attainment between disadvantaged and non-disadvantaged children. The work by BFFC in Key Stages 1 and 2 had continued to decrease the gap compared with England averages and at Key Stages 3 and 4, in some of the Borough's secondary schools, there had been some of the best performance in the country. There was also a substantial proportion of young people leaving schools without the requisite skills for the world of further education and work. The majority of primary schools were good or outstanding, whilst the picture for secondary schools was more mixed. However, despite this mixed picture there had been some notable success in the following:

- School engagement on curriculum projects, particularly curriculum change, oracy and writing and the Therapeutic Thinking approach and school to school support;
- Developing an anti-racist curriculum;
- Active participation programme.

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In the case of the latter two bullet points above, for 2020/2021, as there had been a greater focus on 'Black Lives Matter' and the Government's Covid Strategy to improve children's health, these two new projects would be added to work with schools on. Work on climate change would also be added. The report went on to analyses the performance of the Borough's schools against the education performance indicators for BFfC.

Resolved -

- (1) That the progress that has been made in raising standards across Reading Schools be noted and teachers, support staff, governors, children and their families thanked for all their hard work;
- (2) That all schools who have achieved a good or outstanding Ofsted rating be congratulated;
- (3) That the work of BFfC in raising attainment and supporting Reading schools continue to be supported.

10. SCHOOL ADMISSIONS

The Director of Education, Brighter Futures for Children, submitted a report providing the Committee with an update on School Admissions for 2020.

The report explained that on 26 June 2020 the DfE had issued a consultation on a revised version of the School Admissions Code which had run for 16 weeks until 16 October 2020. The Code imposed mandatory requirements and included guidelines that set out aims, objectives and other matters in relation to the discharge of functions relating to admissions. Ministers were not proposing a wholesale review of the admission system and had said the it was clear from feedback that the main round of admissions largely worked well but, that there were problems with the in-year admissions processes and Fair Access Protocols. The proposed changes therefore sought to clarify these responsibilities and introduce a more robust process for their management.

The report stated that the number of applications for places at the Borough's primary schools had increased in the current year and slightly fewer parents (83.44%) had been allocated their first choice for their children compared to previous years. The current year also saw a new Primary School, Green Park Village Academy, opening in Green Park. The report included a table that detailed the number of applications for the previous three years and stated that 96.24% of children had been offered one of their four preferences.

With regard to Secondary Schools, 2020 saw 72.67% of children had been allocated their first preference, which was higher than the previous two years, and overall, 92.13% of children had been offered one of their four preference.

Resolved -

- (1) That the report be noted;
- (2) That the 2022/23 School Admissions policies and coordinated schemes in February 2021 be considered.

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11. HOME TO SCHOOL TRANSPORT POLICY 2020-2021

The Director of Education, Brighter Futures for Children, submitted a report providing the Committee with details of Reading's Home to School Transport Policy as it applied from September 2020.

The report explained that there had been only one significant change proposed for the Policy for September 2020 and was at paragraph 3.7 of the Policy where an additional paragraph had been added to confirm the entitlement to transport for Maiden Erlegh Chiltern Edge pupils living within the RG4 postcode.

Resolved -

- (1) That the Home to School Transport Policy, attached to the report in Appendix 1, be approved;
- (2) That a further amended policy is submitted to the Committee in Spring 2021 covering the academic year 2021/2022.

12. CHILDREN MISSING EDUCATION: UPDATE POLICY AND PROCEDURE MARCH 2020

The Director of Education, Brighter Futures for Children, submitted a report asking the Committee to approve the Brighter Futures for Children draft Children Missing Education Policy and Children Missing Education Practice Guidance. A copy of the Children Missing Education Policy and Practice Guidance was attached to the report at Appendix 1.

The report explained that the Policy was intended for the public, schools, professionals and practitioners and had been written to assist BFFC in its implementation of effective systems for identifying, maintaining contact and supporting children resident in the Borough whom were missing education. BFFC would routinely monitor how much educational provision children and young people were receiving, including the quality and appropriateness of this provision.

Resolved - That the draft Policy and Practice Guidance as attached in Appendix 1 be approved.

13. POST 16 UPDATE REPORT

The Director of Education, Brighter Futures for Children, submitted a report providing the Committee with an update on the work undertaken by the Education Service at BFFC to address the high number of young people 'Not in Education, Employment or Training' (NEET), or whose destination status is 'Unknown'. A report providing details of the progress in this area and outlining the action plan, which had been put in place to continue the improved performance, was attached at Appendix 1.

The report explained that in summer 2019 the previously 'out sourced' organisation, Adviza, which provided careers advice, had been brought in-house under the remit of BFFC and was rebranded as Elevate. In 2018 and 2019 a Ministerial letter had been sent to Reading raising concerns about performance post 16 and in particular the lack of robustness in data and the high level of students who had been categorised as 'not known' at post 16.

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As a result of the 2019 letter an action plan had been put in place to address these weaknesses and new leadership had been put on place.

Resolved -

- (1) That the significant progress that has been made in the post-16 sector be noted;
- (2) That a progress report on the action plan be submitted to the Committee in Autumn 2021.

14. SPECIAL EDUCATION NEEDS AND DISABILITIES - STRATEGIC UPDATE

Further to Minute 43 of the meeting held on 4 April 2019, the Director of Education, Brighter Futures for Children, submitted a report providing the Committee with an update on progress on implementing the Special Education Needs (SEND) Strategy and the timetable for the development of the next Strategy. A table showing performance against Key Performance Indicators (up to September 2021) was attached to the report at Appendix 1, the SEND Strategy 2017-2022 was attached at Appendix 2 and an Action Plan for development of the SEND Strategy 2022-2027 was attached to the report at Appendix 3.

The report explained that a SEND Data Report had been co-developed to support identification of priorities and actions. The data was provided annually and was used by all key partners to support the refresh of priorities and actions required to deliver improvements. The full Data Report had been updated in autumn 2019 and was in the process of being updated for 2020. The SEND Strategy had been refreshed in the light of feedback that had received and the co-produced SEND self-evaluation. A graduated approach to meeting needs across the local area was being developed, providing support and guidance of what was expected to be delivered by universal services and at what point more specialist services might be required to provide further assessment, advice and support and/or more specialist provision. The Strategy set out six key strands of work that would provide focus for delivery, the sixth strand, Preparing for Inspection, had been agreed in June 2020.

Resolved -

- (1) That all the work completed to date on implementing the SEND strategy be noted;
- (2) That the action plan for the development of the SEND strategy 2022-2027, attached to the report at Appendix 3, be agreed and a report on progress submitted to the Committee in Autumn 2021.

(The meeting commenced at 6.30 pm and closed at 8.14 pm).

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Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock	Leader of the Council, RBC
Andy Ciecienski	North & West Reading Locality Clinical Lead, Berkshire West CCG
Seona Douglas	Director of Adult Care & Health Services, RBC
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Tessa Lindfield	Strategic Director of Public Health for Berkshire
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Rachel Spencer	Chief Executive, Reading Voluntary Action
Councillor Terry	Lead Councillor for Children, RBC
Sam Burrows	Deputy Chief Officer, Berkshire West CCG

Also in attendance:

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

Apologies:

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

1. MINUTES

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

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

a) COVID-19

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

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

Can you compare the current resource with these indications?

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

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

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

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

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

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

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

b) Waiting Lists

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

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

Acute Physical Waiting Lists

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

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

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

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

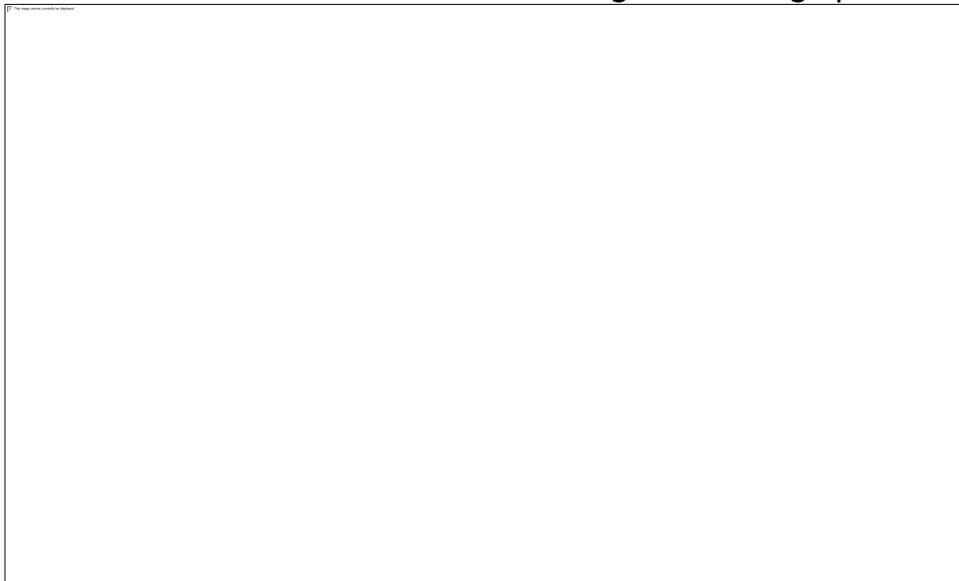
It is expected that the size of the top of the waiting list will continue to grow over the next few months and teams are focused on communicating with their patients to agree appropriate next steps. However with fewer patients moving through the lower parts of the waiting list - either because of reduced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

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

Child Mental Health Waiting Lists:

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



Average waiting times

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

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

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

Numbers currently waiting first contact for Reading are given below:

Reading	A:0-2 wks	B:3-6 wks	C:7-12 wks	D:Over 12 wks	Grand Total
CAMHs A&D Specialist Pathway	2	7	7	6	22
CAMHS CPE	25	21	14		60
CYP Eating Disorders	2	1			3
Specialist Community		3	4	20	27
Grand Total	29	32	25	28	112

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

3. IMPACT OF COVID-19 IN READING

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

The presentations covered the following areas:

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

Resolved - That the presentations be noted.

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

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

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

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

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

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

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

5. BERKSHIRE WEST ICP SYSTEM RECOVERY APPROACH

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

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

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

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

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

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

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

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

6. ANNUAL INFLUENZA (FLU) PLAN UPDATE 2020

David Munday submitted a report giving an update on the performance of the influenza (flu) vaccine campaign in winter 2019-20 to summarise lessons learned and to inform the Board of changes to the national flu programme for the coming flu season and how these would be implemented locally. The report had appended:

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

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

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

Resolved -

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

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

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

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

Key points included:

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

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

Resolved - That the report be noted.

8. HEALTHWATCH READING ANNUAL REPORT 2019/20

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

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

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

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

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

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

Resolved - That the report be noted.

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

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

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

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

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

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

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

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

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

10. HEALTH AND WELLBEING DASHBOARD - OCTOBER 2020

David Munday submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A), which set out local trends. The report gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report summarised the performance against the eight priority areas in the Health and Wellbeing Strategy and paragraph 2.1 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

Resolved - That the report be noted.

11. DATE OF NEXT MEETING

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

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

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Agenda Item 8

READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR FOR ADULT CARE & HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	20 JANUARY 2021	ITEM:	
TITLE:	FUTURE COMMISSIONING OF NHS HYDROTHERAPY SERVICES IN BERKSHIRE WEST		
LEAD COUNCILLOR:	CLLR G HOSKIN / CLLR T JONES	PORTFOLIO:	HEALTH, WELLBEING & SPORT / ADULT SOCIAL CARE
SERVICE:	PUBLIC HEALTH & WELLBEING / ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	SEONA DOUGLAS	TEL:	0118 937 2094
JOB TITLE:	EXECUTIVE DIRECTOR, ADULT CARE & HEALTH SERVICES	E-MAIL:	Seona.Douglas@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 NHS Berkshire West Clinical Commissioning Group ('the CCG') has approved revised arrangements for the commissioning of NHS hydrotherapy services in Berkshire West. This will mean that hydrotherapy will only be funded when exceptionality can be demonstrated via an individual funding request. Given the operational challenges of providing this service currently due to stringent infection control policies, the CCG will be working with the Royal Berkshire Foundation Trust (RBFT) to determine the best way to provide this service.
- 1.2 Hydrotherapy concerns the use of special exercises completed with a therapist and in a pool heated to a higher temperature than a typical swimming pool. It is prescribed as a specialist treatment for a number of health conditions, including muscular skeletal and neurological conditions. The hydrotherapy facility at the Royal Berkshire Hospital has been closed since March 2020 as part of the Trust's COVID-19 Infection Control Policy.

2. RECOMMENDED ACTION

- 2.1 That the decision regarding future commissioning of NHS hydrotherapy services in Berkshire West be noted.

3. PROPOSAL

- 3.1 The CCG has a duty to continually ensure limited NHS resources are spent prudently and that the services it commissions are evidence based, and offer clinical benefit to the maximum number of people. The CCG regularly review Procedures of Limited Clinical value (PLCV), i.e. procedures where the clinical effectiveness of that procedure is either absent or evidence shows weak efficacy.
- 3.2 Taking into account clinical effectiveness, value for money, and analysis of responses to a public consultation, the CCG Governing Body members have approved an option

to not routinely fund hydrotherapy services apart from on an exceptionally basis via an Individual Funding Request (IFR). This option allows the consideration of an individual's need and an assessment of benefits that hydrotherapy could deliver against a set list of clinical criteria. These criteria are being developed in partnership with the Chartered Society of Physiotherapists (CSP)

- 3.3 It should be noted that the scope of this decision is limited to hydrotherapy services for NHS patients (those referred by a Physiotherapist or consultant), from RBFT using NHS funding from the CCG. It does not cover hydrotherapy services funded by local authorities or other agencies, including schools. It also does not cover other agencies that may utilise the pool through non-NHS arrangements. The future of the pool at RBFT is not within the remit of CCG decision making.

4. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

- 4.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).
- 4.2 The CCG decision reported here has no direct impact on the Council's ability to respond to the Climate Emergency and achieve a carbon neutral Reading by 2030, taking into account the Council's Climate Change Strategy and its associated action plan and the Local Transport Plan along with any other relevant policies and statements.

5. COMMUNITY ENGAGEMENT AND INFORMATION

- 5.1 The CCG's decision has been informed by a public consultation which commenced on 10th August 2020 and concluded on 2nd November 2020.

6. EQUALITY IMPACT ASSESSMENT

- 6.1 The CCG has carried out an Equality and Quality Impact Assessment of the proposed course of action, taking into account data provided by the Royal Berkshire Foundation Trust on the demographics of patients who accessed the hydrotherapy service in the financial year 2019/20. Based on the evidence it considered, the CCG has concluded that differential and adverse impact could not be construed in relation to any equalities groups. Mitigating actions proposed include the provision of land-based therapy and access to hydrotherapy on an exceptions basis.

7. LEGAL IMPLICATIONS

- 7.1 The CCG's public involvement and consultation duties are set out in s.13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England, and in s.14Z2v of the NHS Act 2006 for Clinical Commissioning Groups.
- 7.2 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8. FINANCIAL IMPLICATIONS

- 8.1 There are no direct financial implications for Reading Borough Council. The CCG decision is limited to hydrotherapy services for patients referred by a physiotherapist

or consultant from the Royal Berkshire Foundation Trust using NHS funding from the CCG. It does not cover hydrotherapy services funded by local authorities or other agencies, including schools. It also does not cover other agencies that may utilise the pool through non-NHS arrangements.

9. BACKGROUND PAPERS

See:

'Future commissioning of NHS hydrotherapy services in Berkshire West' - report by Shairoz Claridge, Director of Operations Planned Care and Long Term Conditions, Newbury Locality, and Caroline Tack, Head of Planning and Transformation - presented to the NHS Berkshire West CCG Governing Body on 08.12.2020

Integrated Impact Assessment Tool - Stage 1 Pro Forma - 19.11.2020

Integrated Impact Assessment Tool - Stage 2 - Escalation Pro Forma - Nov 2020

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Agenda Item 10: 20.12.07**Meeting:** Berkshire West CCG Governing Body

Date of Meeting	8 December 2020
Title of Paper	Future commissioning of NHS hydrotherapy services in Berkshire West
Lead Director	Shairoz Claridge, Director of Operations, Planned Care, LTC & Newbury Locality
Author(s)	Caroline Tack, Head of Planning and Transformation
Paper Type	For Approval

The Governing Body are asked to:

Action Required

- (1) **APPROVE** the recommendation as set out in Option 3b that hydrotherapy is a not routinely funded treatment due to a lack of clinical benefit. Individual funding requests (IFR) may be made by the requesting clinician to the CCG for consideration, where exceptional circumstances exist.
- (2) **AGREE** to the requirement to develop the clinical criteria for providing NHS hydrotherapy in exceptional circumstances and the contractual mechanism for doing so and cost of providing any future service;
- (3) **AGREE** to request that the Chair and Accountable Officer of the CCG formally notifies all providers and the three Health Overview and Scrutiny Committees of the Governing Body's decisions in writing;
- (4) **AGREE** to communicate with patients and other stakeholders to explain the outcome of the Governing Body meeting and the likely implications of the decisions made.

Executive Summary

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service provided to a small number of patients for a limited period as part of their rehabilitation. Patients in Berkshire West are referred following a physiotherapy assessment and will normally be prescribed a course of up to 6 sessions. In Berkshire West NHS hydrotherapy services are provided as part of the physiotherapy service within the main Royal Berkshire NHS Foundation Trust (RBFT) contract with the CCG. Berkshire West commissions circa 107,000 physiotherapy appointments per annum (across acute and community settings), of which a very small number, approximately 1800, or 1.2% represent hydrotherapy. The service is used by approximately 300 patients per annum at a cost of £240,000 per year.

It was agreed in July 2020 by the Berkshire West CCG Governing Body that a 12 week public consultation should be undertaken to seek a broad range of stakeholder views in order to help inform the CCG in determining whether it should continue commissioning hydrotherapy services for NHS funded patients. The consultation was prompted by the need to review the clinical evidence for hydrotherapy, value for money, and the ongoing operational challenges that have intensified by the infection control challenges COVID has brought in terms of service delivery (pool closure).

The scope of this paper, the consultation and the associated Governing Body decision is limited to hydrotherapy services for NHS patients (those referred by a Physiotherapist or consultant), from RBFT using NHS funding from the CCG. It does not cover hydrotherapy services funded by Local Authorities or other agencies including schools. It also does not cover other agencies that may utilise the pool through non-NHS arrangements. The Governing Body should note that there is a separate, discrete cohort of the population which uses the RBFT hydrotherapy pool facility on a privately funded basis which many of the comments in the consultation relate to.

The consultation commenced on the 10th August 2020 and concluded on the 2nd November 2020. There were 498 individual responses to the survey as well as 9 additional full written responses from organisations representing patients. It should also be noted that wider engagement with the 3 chairs of the Local Authority Health, Overview and Scrutiny Committees took place alongside local MPs and other stakeholder groups.

There are four points to highlight that became evident on analysis of the responses:

1. Of the 496 online responses, 34 IP addresses were used more than once to submit a survey, one of which was used 28 times (the 34 IP addresses totalled 166 of the 498 responses). This could be due to multiple responses from one person or one person submitting responses on behalf of others.
2. Of this total number of responses, only a 59 (12%) identified as being a NHS

- patient who had been prescribed hydrotherapy by a clinician.
3. The majority of the comments in the survey responses refer to use of the pool at RBFT via voluntary sector organisations that commission sessions separately at the pool, and not the NHS provided service.
 4. The benefits and value placed on hydrotherapy by those who responded.

The CCG has a duty to continually ensure limited NHS resources are spent prudently and that the services we commission are evidence based, and offer clinical benefit to the maximum number of people. The CCG regularly review Procedures of Limited Clinical value (PLCV), this is a procedure where the clinical effectiveness of that procedure is either absent or evidence shows weak efficacy. Whilst there are patient reported benefits arising from the use of hydrotherapy there remains a lack of definitive clinical evidence that points to any benefits over and above land-based physiotherapy. There is a limited amount of good quality evidence on the clinical effectiveness of hydrotherapy and randomised controlled trials (RCTs) compared with land-based physiotherapy show no difference in effectiveness on outcomes of function and pain for patients with osteoarthritis, idiopathic arthritis, rheumatoid arthritis, asthma, back pain, fibromyalgia, haemophilia, Parkinson's disease or rehabilitation following stroke. NICE does not recommend the use of hydrotherapy over conventional physiotherapy for any indications.

Based on the clinical effectiveness, value for money and analysis of the consultation, the Governing Body members are requested to approve Option 3b to not routinely fund NHS hydrotherapy services apart from on an exceptionally basis via an Individual Funding Request (IFR). This Option has been recommended after robust evaluation against the decision making principles, it allows the consideration of an individual's need and an assessment of benefits that hydrotherapy could deliver against a set list of criteria. This also ensures we remain aligned with our Integrated Care System partners (Oxfordshire and Buckinghamshire) and other NHS Commissioners as hydrotherapy is not universally provided throughout the NHS for these client groups.

Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)

Berkshire West Clinical Commissioning Committee – November 2020

Financial and resource implications

The cost of delivery hydrotherapy services in Berkshire West is approx. £240,000 per annum.

Risk and Assurance

Effective consultation and engagement helps underpin the commissioning of safe, high quality services for the local population.

The public involvement and consultation duties of commissioners are set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs.

Legal implications/regulatory requirements

Consultation, public engagement & partnership working implications/impact

A 12 week public consultation was undertaken to inform this report. This included individual survey responses alongside organisational responses on behalf of patient groups.

Public Sector Equality/Equity Duty

An EQIA has been completed based on the options appraisal and sits alongside this report to inform the decision making process.

Conflicts of Interest

Not Applicable

No conflict identified



Conflict noted: conflicted party can participate in discussion and decision

Conflict noted, conflicted party can participate in discussion but not decision

Conflict noted, conflicted party can remain but not participate in discussion

Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit

Conflicted party is excluded from discussion

Authority to Make a Decision – process and/or commissioning (if relevant)

Not Applicable

1. Introduction

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service which can be of clinical benefit (albeit limited – see section 5) to a small number of patients for a limited period as part of their rehabilitation. Patients in Berkshire West are referred for hydrotherapy following a physiotherapy assessment and will normally be prescribed a course of up to 6 sessions.

In Berkshire West hydrotherapy services are routinely provided as part of the Physiotherapy service within the main Royal Berkshire NHS Foundation Trust (RBFT) contract with the CCG and are provided as an outpatient service, with a referral either from GPs (for physiotherapy whereby hydrotherapy may be the agreed treatment), RBFT consultants or Physiotherapists. The hydrotherapy service is used by a range of specialties, including Adult MSK, Paediatrics, Neurology and Rheumatology. Berkshire West commissions circa 107,000 physiotherapy appointments per annum (across acute and community settings), of which a very small number, approximately 1800 appointments, or 1.2% represent hydrotherapy.

The Covid pandemic has led to changes to the way patients can access services and receive treatment, and some services have been stopped to keep patients safe. From March 2020 the hydrotherapy service provided at the Royal Berkshire Hospital (RBH) has been closed in line with their Covid infection control policy. There is an ongoing need during this pandemic to ensure patients access services in the safest possible setting. This means that many services are now being delivered in alternative locations rather than in hospitals. Prior to this the pool has frequently been closed due to ongoing maintenance issues which have impacted accessibility for patients even prior to the Covid pandemic.

Berkshire West CCG has a duty to make sure limited NHS resources are spent prudently and that the services we commission are of real clinical benefit to the most number of people. The CCG has been consistently underfunded as a public sector organisation, with the most recent analysis of its financial position demonstrating a shortfall of £25m from the allocation which is required to be equitably funded compared to comparator CCGs. Within this context, the CCG regularly examines the value for money of its commissioned services, alongside clinical effectiveness to ensure both taxpayer value and the ability to invest its scarce resource in clinical priorities.

There is a distinct lack of definitive clinical evidence to say that hydrotherapy offers benefits to patients over and above land-based therapies. It is however, recognised that some clinicians and patients believe there is a therapeutic benefit for certain patients and patient groups.

Due to ongoing operational challenges associated with the pool, the potentially open-ended nature of this pandemic, a need to review the clinical effectiveness of hydrotherapy and its value for money this prompted the CCG to examine the future options for commissioning hydrotherapy.

In July 2020 the Berkshire West CCG Governing Body discussed the need to consult on the future commissioning of hydrotherapy services. Initially a 5 week period of consultation was proposed, however it was felt on balance that given some of the limitations of COVID and the timescale falling over a traditional holiday period that this should be 12 weeks. A 12 week public consultation was agreed to enable the CCG to seek a broad range of stakeholder views to determine whether it should continue commissioning hydrotherapy services for NHS funded patients. The chairs of the three Health Overview and Scrutiny received communication from the CCG of their intention to consult on the 30th July 2020.

The consultation commenced on the 10th August 2020 and concluded on the 2nd November 2020.

There were 498 individual responses to the survey (see Appendix 1a) as well as 9 additional full written responses from organisations representing patients (see Appendix 1b). The scope of this consultation included all NHS hydrotherapy services routinely provided to NHS patients under physiotherapy at RBFT. The Governing Body should note that there is a separate, discrete cohort of the population which uses the RBH hydrotherapy facility on a privately funded basis. Whilst the consultation and associated commissioning decision does not pertain to this group, there is

considerable interest in the CCG's decision from non-NHS funded users of the pool. This report outlines the findings from that consultation, the clinical effectiveness and value for money of hydrotherapy and utilises agreed decision making criteria to make recommendations regarding the future commissioning arrangements of this service.

These decision making criteria are as follows:

- I. To offer procedures and treatments consistently and fairly to patients.
- II. To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.
- III. To review the use of treatments that do not have any benefit, or have a very limited evidence base.
- IV. To prioritise treatments which provide the greatest benefits to patients.
- V. To ensure best value for NHS money.
- VI. To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.

2. Scope of the Governing Body Decision

The scope of this paper, the consultation and the associated Governing Body decision is defined to cover hydrotherapy services for NHS patients (those referred by a Physiotherapist or consultant), from the RBFT using NHS funding from the CCG. It does not cover hydrotherapy services funded by Local Authorities and commissioned from other agencies including schools. It also does not cover all activities that operate from the RBFT pool as many other agencies utilise the pool through other non-NHS arrangements.

It is outside of the remit of the CCG to make decisions on the future of the hydrotherapy pool on the RBFT site, including whether it remains open or closes.

It should be noted that the consultation was open to all members of the public to share their views, regardless of whether they are, or ever have been, a NHS funded user of the hydrotherapy facility.

3. Background

The hydrotherapy service at RBFT caters for those who are directly referred for physiotherapy by their GPs, consultants within the hospital or other Allied Health Professionals (AHPs). Sessions have traditionally been allocated for certain services, regardless of their usage levels. Hydrotherapy is one modality of physiotherapy and it is reported that in the main benefits a very small number of patients requiring physiotherapy.

The provision of hydrotherapy has been under discussion for some time, attracting public interest after a decision was taken by RBFT to close the facility in 2016/17 which was subsequently withdrawn.

Timeline of activity to date includes:

- **June 2016:** RBFT's Senior Management Team approved a paper recommending the discontinuation of the hydrotherapy services and closure of the pool.
- **January 2017:** RBFT agreed to a review of the proposal to close the pool.
- **January 2017– June 2017:** A number of patient representative meetings were held as part of the review including MPs and patient representatives.
- **June 2017:** agreement by RBFT to closure was deferred in the face of public concern pending further stakeholder engagement (internal and external).
- **December 2017-February 2018:** RBFT planned closure of the pool for refurbishment agreed with the CCG.
- **Further closures during 2018:** primarily as a result of the boiler failing, with secondary equipment issues impacting on utilisation and associated running costs.
- **February 2018 –** External stakeholder meeting hosted by Chief Executive, RBFT
- **June 2018 –** Questionnaire sent to RBFT staff to seek clinical opinion on hydrotherapy services
- **June 2018 –** Information collated on hydrotherapy complaints and safety risks

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- **June 2018:** paper to RBFT Executive Management Committee agreeing a number of recommendations including:
 - Seeking a Berkshire West wide system review of the future of hydrotherapy in Berkshire West including consideration of alternative options and/or ceasing provision.
 - Short term work by RBFT to find ways to improve income/reduce loss
 - Collaborative work with commissioners to reinvigorate work with interested parties on the development of suitable alternative provision
 - **December 2018** – Further engagement with local MPs led by RBFT
 - **October 2019** – Internal RBFT stakeholder meeting with clinicians who either refer to hydrotherapy or provide the service.
 - **March 2020:** The pool located on the RBH site is closed due to COVID infection control policy and is likely to remain this way for a considerable period of time.
 - **July 2020** – Chairs of Health Overview and Scrutiny committee across Berkshire West, local MPs and RBFT informed of CCG consultation.
 - **August – November 2020:** 12 week public consultation by the CCG on the future commissioning of hydrotherapy Services. 498 survey responses received, stakeholder meetings held.
 - **November 2020** – CCG met with Health Overview and Scrutiny chairs (post consultation closure) to outline key messages from the consultation as well as the implications and confirm next steps in the process.

4. Clinical evidence and benefits

4.1 What is hydrotherapy?

Hydrotherapy is a specialist form of physiotherapy that utilises the properties of water for assistance, support and resistance in order to alleviate pain, improve mobility and increase strength. It is usually used in conjunction with other types of physiotherapy treatment such as manual therapy and land-based exercises. However, hydrotherapy is clinically appropriate for a very small percentage of physiotherapy patients. It is used for those patients whom have suffered multiple trauma, have complex post-operative needs or present with a neurological or MSK condition where assessed patients would potentially benefit. Hydrotherapy treatment should typically commence within 2 weeks of trauma or an operation to optimise clinical outcomes. In Berkshire West hydrotherapy provision by the NHS is available for those patients for whom it is assessed that there will be a clinical benefit. Patients are assessed against RBFT criteria, including safety and it is a Physiotherapists decision as to whether hydrotherapy is a viable adjunct to land therapy.

4.2 Clinical effectiveness

There is a limited amount of good quality evidence on the clinical effectiveness of hydrotherapy. For Paediatrics and neuro-rehabilitation there is some evidence to suggest that there are clinical benefits of hydrotherapy and for patients who are unable to stand independently this can be more beneficial than land-based therapies. The evidence suggests that for patients presenting with total hip and knee replacements and multiple fractures there is some clinical benefit. However, this benefit is no greater than alternative land-based interventions such as exercise groups in the gym and manual therapy. Consequently, hydrotherapy is not universally provided throughout the NHS for these client groups and is more often than not based on whether there is a suitable pool in the local area or not.

Randomised controlled trials (RCTs) of hydrotherapy compared with land-based physiotherapy show no difference in effectiveness on outcomes of function and pain for patients with osteoarthritis, idiopathic arthritis, rheumatoid arthritis, asthma, back pain, fibromyalgia, haemophilia, Parkinson's disease or rehabilitation following stroke. There is some low quality evidence which suggests that hydrotherapy may be better than conventional physiotherapy for rehabilitation in patients following hip or knee replacement. For other indications, there are no RCTs of hydrotherapy versus land-based physiotherapy. The National Institute for Clinical Excellence (NICE) does not recommend the use of hydrotherapy over conventional physiotherapy for any indications (a full list of references can be found in Appendix 2).

There is some evidence to suggest that hydrotherapy has a positive role in reducing pain and improving the health status of patients with Rheumatoid Arthritis compared with no or other interventions in the short term. However, the long-term benefit is unknown. Further studies are needed.¹

From a qualitative study undertaken in New Zealand² it is evident that exercising in a hydrotherapy pool provides buoyancy and warmth which enable people to feel safe, do more exercises than they would be able to do on land or a public pool, and provides them with physical and psychological benefits.

An Australian study which analysed nine original articles addressing the benefits of hydrotherapy on adult populations with chronic MSK conditions found evidence to suggest that hydrotherapy had a positive effect on pain, quality of life, condition-related disability and functional exercise capacity. It was also noted that following hydrotherapy, the perceived benefit of well-being was superior to land-based exercise protocols in cases where water temperature was within a range (33.5–35.5 °C).³

Overall however there is lack of widely recognised evidence on how hydrotherapy improves a number of the diseases above with many of the benefits outlined as self-reported, which is one of the limitations. It was also noted in many of the articles reviewed that further studies were required to assess the clinical benefits of hydrotherapy. Finally NICE guidance which is based on the best available evidence does not recommend the use of hydrotherapy over conventional physiotherapy.

4.3 Patient reported benefits

It is evident from the responses received to the consultation and the studies above that patients do report benefits as a result of hydrotherapy sessions. Some patients experience an increased range of movement and improved independence. In addition, patients enjoy the warm environment and the social aspect which brings mutual support from other patients. These factors result in patients often wanting to continue with hydrotherapy beyond NHS provision.

As part of the consultation patients and patient groups articulated a number of benefits they gained from accessing hydrotherapy including:

- Buoyancy relieves the pressure on painful joints experienced on weight bearing.
- Warmth increases circulation, eases stiffness, often enabling greater range of movement.
- Improves strength and balance.
- Viscosity provides variable resistance for exercising in a safe, supported medium.
- Movement of the water helps build coordination and balance and builds confidence to weight bear outside of the pool.
- Enables exercise without experiencing pain.
- Pain relief without resort to opioids and other pain killers
- Stress relief, relaxation and improves general wellbeing
- Supports restful sleep
- Inability to access land-based Physiotherapy due to the nature of specific conditions and how it impacts a patient.
- Enables some groups, particularly children and those with learning disabilities to partake in physiotherapy that wouldn't be as easy if it were land-based.

¹ **The Effectiveness of Hydrotherapy in the Management of Rheumatoid Arthritis: A Systematic Review.** Khamis Y. Al-Qubaeissy MD , Francis A. Fatoye PhD , Peter C. Goodwin PhD, Abebaw M. Yohannes PhD, MSc, FCCP

² **Patient reported benefits of hydrotherapy for arthritis** Larmer P, Kersten P, Dangan J (2014) New Zealand Journal of Physiotherapy 42(2): 89-93.

³ **The impact of hydrotherapy on a patient's perceived well-being: a critical review of the literature.** Amy Carere & Robin Orr, Bond Institute of Health and Sport, Bond University, Gold Coast.

It has also been suggested that hydrotherapy may be of benefit to those experiencing 'long Covid' symptoms where patients have experienced a reduction in the use of muscles as a result of contracting CoVid-19 however this is still an area that requires significantly more research.

4.4 Productivity benefits

The majority of hydrotherapy sessions tend to be delivered in a group setting. This enables one therapist to provide support to a number of patients simultaneously, therefore increasing productivity for the treating therapist. However, the running costs of the hydrotherapy facility itself are typically higher than 'land-based' physiotherapy facilities due to its very nature of maintaining a constant high temperature of the water and the associated energy and infrastructure required to do this.

5. Financial considerations

The hydrotherapy service currently costs the local NHS in the region of £240,000 a year. Further significant work is expected in future years on maintaining the pool with both a capital and revenue consequence in addition.

A land-based physiotherapy service would cost between £35, 000-£72, 000 for the same number of patients which is a therapy that has strong clinical evidence behind it and is more cost-effective treatment option.

6. Patient pathway and activity

Generally, patients participate in a 4-6 week block of hydrotherapy dependent upon need. Following this, they would be either discharged or referred back to the assessing clinician.

The process for determining whether a patient receives hydrotherapy is:

- RBFT physiotherapists can refer into hydrotherapy as an adjunct therapy alongside the patients land-based treatment.
- GPs will refer for physiotherapy but may express an interest in hydrotherapy as part of the management plan, but it is at the discretion of the physiotherapist if this happens or not.
- External Physiotherapy providers can directly refer for hydrotherapy which may be either accepted or rejected.
- Internal referrals from Orthopaedics sometimes request hydrotherapy as part of the patient's treatment but again this is at the discretion of the Physiotherapist triaging the referrals.

6.1 Hydrotherapy activity

Out of the 107,000 physiotherapy appointments Berkshire West routinely commissions each year from RBFT, around 1,800 (1.7%) are for NHS hydrotherapy and 93% are Berkshire West patients (the remaining number are patients from outside the area accessing the service) . On average patients use the service for 5.8 appointments each and therefore the 1800 appointments are utilised by approximately 310 individual patients (0.05% of the Berkshire West CCG registered population). It should also be noted that there is a high dropout rate with on average 8 out of every 12 appointments attended. This makes the service incredibly inefficient.

6.2 Equalities data

RBFT routinely collect information relating to the variety of equalities domains for those that use their services. Information regarding patients who utilised the hydrotherapy service in 2019-20 indicates that the majority of patients defined themselves as White, Female and Single however the range for age was equally spread from aged 1 to 100 years. No information was available regarding disability however it can be assumed from the hospital specialities that use the service in the main, for example MSK and Neurology that a number of the patients would have a registered disability. A full Equalities and Quality impact assessment has been completed as part of this consultation and can be found in Appendix 3. Through this analysis it is deemed that no adverse impact would be experienced by those groups with protected characteristics due to the alternative service provision offer of land-based physiotherapy and all options presented allow some access to hydrotherapy.

7. Consultation Process

The current COVID context has had implications on the more traditional methods of consultation (events/meetings) and engagement with stakeholders; however it should be noted that engagement work had already been undertaken (pre-COVID) as part of the ongoing dialogue with stakeholders from 2016/17 in partnership with RBFT (outlined in section 3 above). This consultation therefore took a thorough digital based approach to gather the views of the public as well as engagement with stakeholder groups on the future provision of this service including:

- Online and hard copy survey
- Dedicated consultation inbox to submit further responses to the consultation beyond the survey questions.
- Virtual stakeholder meetings including MPs, voluntary organisations and patients (October 2020).
- Notification of the intention to consult sent to chairs of each local authority Health overview and Scrutiny committee (Reading, Wokingham and West Berkshire) in July 2020.
- Briefing session undertaken with the chairs above upon closure of the consultation with key messages and next steps

The CCG capitalised on the extensive network of patient and public involvement forums to ensure the consultation was well publicised utilising the support from the Communication and Engagement teams across health partners and local government.

A press release went out on 10 August 2020 to a series of local media outlets across the region, BBC Radio Berkshire and BBC TV South ran stories on 12 August 2020 including interviews with local users of the pool. The press release also went to the three local Healthwatch organisations and voluntary sector organisations that publicised the consultation in their newsletters. It went to the 3 local authority communications teams for use in resident newsletters, there were monthly items in the Patient Participation newsletters and it also went to the parish councils across Berkshire West for use in their newsletters. This has also been supported by a weekly social media campaign on Twitter. The consultation was open to all members of the public to share their views and will have included those who may have accessed hydrotherapy services at RBFT via private arrangements.

8. Consultation results

The survey included 11 questions to answer in total however if the responder did not identify themselves as an NHS patient prescribed hydrotherapy or someone who had used the service there was only 5 questions to answer with the opportunity to provide further commentary at the end of the survey.

From the response to the consultation it is evident that a large number of the responses to the survey relate to services that are outside of the scope of this consultation e.g. hydrotherapy provided in special schools and patients accessing the hydrotherapy pool at RBFT via voluntary sector organisations. It is therefore challenging to draw distinct conclusions from the data as it is not possible to entirely determine who would and who would not be affected by the consultation results from the survey alone.

The survey results and the associated additional commentary were reviewed by the CCG and are presented below. The responses to the survey can be found in Appendix 1a. The full qualitative commentary has been excluded from this report to protect patients confidentiality but a selection of comments have been included in Appendix 1c as a snap shot of the general tone of response.

8.1 Who responded to the consultation?

In total 498 responses were received to the survey, 496 using the Survey Monkey link online and 2 received either by hard copy or e mail as well as 9 additional full written responses from organisations/individuals representing patients. The full results can be found in Appendix 1a attached to this report. Of this number, 217 (or 44%) had used the NHS hydrotherapy services and 279 (56%) had not.

It should be noted that on analysis of these numbers it has become evident that of the 496 online

responses 34 IP addresses were used more than once to submit a survey, one of which was used 28 times (the 34 IP addresses totalled 166 of the 498 responses). This could be due to multiple responses from one person or one person submitting responses on behalf of others.

Of this total number of responses, only a very small number (59 or 12%) identified as being an NHS patient who had been prescribed hydrotherapy by a clinician. However, 11 have suggested in their response they have not used the pool and a further 11 used the pool but with a voluntary organisation so it cannot be assumed their answers wholly relate to the NHS service. The majority responded in a personal capacity as an interested member of the public (258) or other (124) which included a mix of health professionals and voluntary groups.

It is important to note that a significant number of people access hydrotherapy privately at the same pool, for this reason (probably due to its location on the hospital site) it is difficult to distinguish between those who have benefited from the NHS provided services versus those who have not.. In terms of the scope of this consultation, it is focussed on the future commissioning of hydrotherapy services for NHS patients, not how the pool is used more widely. The latter is at the discretion of RBFT not the CCG. It is apparent from the vast majority of the comments in the survey responses that patients are referring to their use of the pool at RBFT via voluntary sector organisations who commission sessions separately, and not the NHS provided service.

In terms of equalities data, the majority of respondents identified as a woman (78%) and there was generally a wide and fairly even mix of age groups that completed the survey. 66% of respondents identified as White English and a further 17% as White British meaning this ethnicity group make up the majority. The bulk of respondents did not consider themselves to have a disability. Finally, the majority identified themselves as Heterosexual (90%) and 53% as Christian or 35% having no religion.

To note, the above equalities profile does not necessarily reflect the full picture of NHS patients accessing hydrotherapy service (please see EQIA in Appendix 3)

8.2 Quality and benefits of the service

Question three of the survey asked respondents to rate the NHS hydrotherapy service with 1 being 'Poor' and 10 being 'Very Good.' For those that had used the hydrotherapy service the vast majority rated it as 'Very Good' – 88 people out of a total of 151 who responded and only 3 rated it as poor. This indicates that patients deem the service to be of high quality and therefore had a positive experience.

It is clear from Table 1 below that the hydrotherapy service is deemed to provide an excellent service with the majority (145 out of 151) of those that responded stating that it is beneficial both for patients who have used the service and the availability of it to the general population.

However, it should also be noted that some answers in the survey were contradictory or more accurately did not support answers to prior questions, for example some respondents felt the service was not beneficial to the population but did feel it represented good value for money.

As stated previously it is apparent from the majority of the comments in the survey responses that patients are referring to their use of the pool at RBFT via voluntary sector organisations who commission sessions separately at the pool, and not the NHS provided service. Therefore the benefits related to the NHS provided service are from a much smaller pool of responders.

Table 1:

	No of Respondents	Average score		
		NHS Service - ratings	Service benefits	Beneficiaries population
An NHS patient prescribed NHS hydrotherapy	59	9.1	9.64	9.68
Used NHS pool in Reading	218	8.93	9.51	9.53
Used NHS pool in Reading excluding those prescribed NHS hydrotherapy	170	8.88	9.45	9.45
Not used pool	280	no scores*	no scores*	8.81

* If indicated no use of the pool then this question was not answered

8.3 Value for money

As part of the survey respondents were asked:

Taking into consideration the money available to the NHS and the clinical evidence, do you think hydrotherapy services represent good value for money?

364 people answered this question with the vast majority (334 or 91.8%) stating that they did think the service represented good value for money. 30 people (or 8.2%) stated that it does not represent good value for money.

8.4 Impact of the service

The survey asked respondents:

If hydrotherapy services were to close what impact would this have on patients? (1 no impact - 10 substantial impact)

64% (364) thought it would have a substantial impact on patients. However, akin to previous questions it is unclear as to whether respondent answers do relate to whether the NHS service continues to be commissioned or their use of the RBFT pool via other means changes.

8.5 Other commentary – themes

On analysis of the commentary provided at the end of the survey, where respondents were invited to provide any other comments on the consultation, set out below are a number of themes that emerged:

The service doesn't necessarily need to be provided on an acute hospital site	There are many reported positive benefits for patients in terms of pain relief and increased mobility	A better pool is required	Money could be spent on other services/treatments
Consider opportunities for income generation	Long term preventative value of the service should be considered	Service only benefits Reading patients	Reduces the need for pain medication

9 Decision making principles

Alongside the views collected on hydrotherapy as part of the survey the CCG have an agreed set of decision making principles which will ensure a consistent and fair approach. These were set out in the consultation documentation and include:

- I. To offer procedures and treatments consistently and fairly to patients.
- II. To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.
- III. To review the use of treatments that do not have any benefit, or have a very limited evidence base.
- IV. To prioritise treatments which provide the greatest benefits to patients.
- V. To ensure best value for NHS money.
- VI. To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.

10 Options appraisal

As a consequence of the feedback collected as part of the consultation, alongside clinical evidence and value for money a number of options for appraisal are presented below, including their implications, as to how the CCG could proceed. Each option has then been evaluated against the decision making principles set out at the start of the consultation (Table 2 below).

Option 1 - Continue to provide hydrotherapy services as part of the block contract arrangement with RBFT

Under this option there would be no change to current service provision however the service remains closed due to Covid Infection control policy. The CCG would need to work with RBFT to determine process and timescales for re-opening the pool on the acute site. Hydrotherapy is offered as an adjunct modality to support land-based physiotherapy, which will not be affected and will continue to be offered as it is currently.

Option 2 – Continue to commission hydrotherapy services but on an alternative purchasing basis.

This would involve RBFT subcontracting or the CCG commissioning with alternative pools to provide individual and group sessions with a physiotherapist for patients who would have accessed the pool at RBH. This would need to be explored in full with RBFT partners to assess feasibility. There are a number of hydrotherapy pools in Berkshire West but it is unclear at this stage if they are suitable or have the capacity to accommodate patients. There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service. There is also a financial risk to the CCG as the volume of patients requiring Hydrotherapy in the future is unknown, a sessional approach may therefore prove more expensive and unaffordable.

In addition, if the service moves to different premises, transport and carers arrangements may be difficult for some patients but it may also improve access for others in other areas of Berkshire West. As far as is reasonably possible services will be secured as close to a patients home as is practical. The location and facilities must comply with the Equality Act 2010 including adequate disabled access and changing facilities. Individual sessions or single sex sessions should be provided in order to support patients with particular religious beliefs and patients that have had gender reassignment or are transgender.

Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria.

The commissioning arrangements for this option are the same as Option 2 with one notable difference, the implementation of a prior approval process. A clinical policy and criteria would need drafting to implement this option.

RBFT would need prior approval to request hydrotherapy as a treatment option before commencing treatment, only those patients who met the criteria would access this service. As per Option 2 this

would involve RBFT subcontracting or the CCG commissioning with alternative pools to provide individual and group sessions with a physiotherapist for patients who would have accessed the pool at RBH. Patients would also be offered land-based Physiotherapy as an alternative. Again, the feasibility of this option would need to be tested with RBFT.

The financial risk as outlined in Option 2 is reduced due to following set clinical criteria. The consideration of service provision from different premises apply as outlined in Option 2.

Option 3b – Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request.

The commissioning arrangements for this option are the same as Option 3a with one notable difference, the implementation of a Red policy IFR. Red policies relate to procedures not routinely funded by the Commissioner (CCG). These are procedures that will not be routinely funded by the commissioning CCG due to a lack of evidence for clinical benefit, limited resource or the responsibility of specialised commissioning. Other management options should be considered.

RBFT would need prior approval to request hydrotherapy as a treatment option before commencing treatment and these would only be approved in exceptional circumstances. A clinical policy and exceptionality criteria would need drafting to implement this option.

The same contracting mechanism would need consideration as described in Option 2 and 3b.

The financial risk as outlined in Option 2 is reduced significantly due to considering an individual's exceptionality on set clinical criteria. The consideration of service provision from different premises applies as outlined in Option 2.

10.1 Options appraisal matrix

Each of these options has been evaluated below against the decision making principles adopted at the start of the consultation. The rationale for each of these is outlined in more detail in Appendix 6.

Table 2

	Option 1	Option 2	Option 3a	Option 3b
Decision making principles				
To offer procedures and treatments consistently and fairly to patients.	✗	✗	✓	✓
To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.	✗	✗	✓	✓
To review the use of treatments that do not have any benefit, or have a very limited evidence base.	✗	✗	✓	✓
To prioritise treatments which provide the greatest benefits to patients.	✗	✗	✗	✓
To ensure best value for NHS money.	✗	✗	✗	✓
To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.	✗	✓	✓	✓

11 Conclusion

The CCG is aware of the ongoing operational challenges in delivering hydrotherapy from the RBFT pool. COVID and a renewed focus on infection prevention control have intensified these challenges over recent months and the pool has been closed since March 2020. Alongside this the CCG has a duty to continually ensure limited NHS resources are spent prudently and that the services we commission are evidence based, and offer clinical benefit to the maximum number of people.

As part of this consultation we have reviewed the clinical evidence for hydrotherapy. The availability of good quality clinical evidence for the clinical effectiveness of hydrotherapy is limited. The evidence suggests that any Hydrotherapy benefits are no greater than alternative land-based interventions such as exercise groups in the gym, manual therapy and acupuncture. Consequently, hydrotherapy is not universally provided throughout the NHS and in addition land-based physiotherapy can be provided which results in equivalent outcomes for a lower cost. In any one year there are a very small number of NHS patients who access Hydrotherapy at RBH (approx. 300).

However, from the consultation responses the CCG recognise the value placed on hydrotherapy by patients and reported benefits to them

Taking in to consideration all of the above the CCG is proposing the implementation of Option 3b. This would ensure that any provision of hydrotherapy is based on the exceptional needs of an individual based on set clinical criteria and deemed to be of sufficient clinical benefit to fund. This would also ensure that any financial risk to the CCG is minimised.

12 Recommendation

That the Governing Body:

- (1) **APPROVES** the recommendation as set out in Option 3b that hydrotherapy is a not routinely funded treatment due to a lack of clinical benefit. Individual funding requests (IFR) may be made by the requesting clinician to the CCG for consideration, where exceptional circumstances exist.
- (2) **AGREES** to the requirement to develop the clinical criteria for providing NHS hydrotherapy in exceptional circumstances, the contractual mechanism for doing so and cost of providing any future service;
- (3) **AGREES** to request that the Chair and Accountable Officer of the CCG formally notifies all providers and the three Health Overview and Scrutiny Committees of the Governing Body's decisions in writing;
- (4) **AGREES** to communicate with patients and other stakeholders to explain the outcome of the Governing Body meeting and the likely implications of the decisions made.

Appendix 1a - Full consultation responses (minus free text) – see separate document

Appendix 1b - Additional consultation responses

Arthritis Matters
 After Cancer
 National Axial Spondyloarthritis Society (NASS)
 Reading Borough Council
 West Berkshire Neurological Alliance
 Wokingham SEND and family forum
 MP for Reading West, Alok Sharma
 MP for Reading East, Matt Rodda
 University Hospital Southampton NHS Foundation Trust

Appendix 1c – Sample of commentary taken from survey responses

Quality and benefits of the service

"I depend on hydrotherapy to stay mobile after multiple injuries"

*"Essential as legs too weak to support me on land for exercising"
 "Always friendly staff and excellent attention"*

"Thoughtful, helpful and knowledgeable staff"

"It helps with no impact exercise"

"I found this invaluable to easing my arthritis and neuropathy pain"

"I found very beneficial after knee replacement surgery"

"Provided access to exercise for those who struggle to exercise on land and also to self-manage chronic long term conditions such as pain, fibromyalgia, arthritis etc"

Value for money

"A lot of money for a few people. If money was no object then I've no doubt it's a good service but unfortunately money is an issue in the NHS so we need to spend it wisely."

"I assume costs of maintaining the pool cause the majority of disparity between land and water. More economical provision of pool facilities are needed such as NHS provision within a private setting."

"I am sad to say the figures you have given of the Hydro running costs as opposed to land-based physio is extraordinarily high which is very disappointing. On the other hand without it, it could lead to many patients condition deteriorating leading to costlier treatments and care costs. So your Hydro and land-based comparison isn't necessarily a true outcome."

"Little / no evidence to support its benefit - the exercising in water potential benefit can be equally well obtained in any pool doing exercise classes"

"Probably not on paper but important for patients' morale."

"Absolutely not as the number of people treated is so low and the cost per person so high. It is astounding that the NHS has continued to fund this as it is extremely simple to go to a swimming pool and do these exercises yourself. It is completely unnecessary to have a professional do this with a patient."

"Costs explained in the informative text preceding this survey demonstrate that land-based physiotherapy is markedly more cost effective than hydro."

Appendix 2 – References

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Appendix 3 – EQIA – see separate document

Appendix 4 - Option evaluation

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Decision making criteria	Option 1 – Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT.	Option 2 - Continue to commission Hydrotherapy services but on an alternative purchasing basis.	Option 3a - Continue to commission Hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process before treatment to confirm compliance with criteria.	Option 3b –Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request.
To offer procedures and treatments consistently and fairly to patients.	<p>No disruption to current service provision. Hydrotherapy services remain available for Berkshire West patients.</p> <p>Current Hydrotherapy pool at RBFT remains closed due to COVID infection control and unclear on status of when it may be safe to re-open.</p> <p>No agreed criteria in place to assess suitability for Hydrotherapy.</p> <p>Pre-Covid the pool on the RBFT has been closed on multiple occasions which has meant patients have been unable to access Hydrotherapy.</p> <p>Of the circa 500 responses to the consultation only 59 NHS patients responded to the consultation and identified themselves as recipients of the NHS service at RBFT.</p>	<p>An acute hospital site may not necessarily be the most appropriate for non-acute care such as Hydrotherapy.</p> <p>RBFT is not an accessible site for all Berkshire West patients. Potential to provide a service closer to the patient homes rather than solely focussing on Reading.</p> <p>No agreed criteria in place to assess suitability for Hydrotherapy.</p> <p>There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.</p> <p>Patients would still have access to land-based therapies provided by RBH Physiotherapy Team.</p>	<p>An acute hospital site may not necessarily be the most appropriate for non-acute care such as Hydrotherapy.</p> <p>RBFT is not an accessible site for all Berkshire West patients. Potential to provide a service closer to the patient homes rather than solely focussing on Reading locality.</p> <p>There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.</p> <p>Patients would still have access to land-based therapies provided by RBH Physiotherapy Team.</p>	<p>Hydrotherapy would still be available in exceptional circumstances as per IFR policy and criteria.</p> <p>Patients would still have access to land-based therapies provided by RBH Physiotherapy Team.</p>

Date: 8 December 2020

Filename: Future Commissioning of Hydrotherapy services in Berkshire West

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To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.	Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy. Strong patient reported benefits of the effect of Hydrotherapy on pain.	Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy. Risk of poor patient experience and impact to their physiotherapy healthcare requirements.	Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy. Risk of poor patient experience and impact to their physiotherapy healthcare requirements.	Minimal clinical evidence to support Hydrotherapy above land-based Physiotherapy. Risk of poor patient experience and impact to their physiotherapy healthcare requirements.
To review the use of treatments that do not have any benefit, or have a very limited evidence base.	Strong patient reported benefits of the effect of Hydrotherapy on pain.	Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy despite strong patient reported benefits.	Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy despite strong patient reported benefits.	IFR will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria. Requires clinician to demonstrate clinical benefits for the patient. Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy despite strong patient reported benefits.
To prioritise treatments which provide the greatest benefits to patients.	Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy. Strong patient reported benefits of the effect of Hydrotherapy on pain.	Prior approval process will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria. There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.	Prior approval process will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria. There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.	IFR will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria. Requires clinician to demonstrate clinical benefits for the patient. Not fully supported by patients – strong patient reported outcomes. Patient reported outcomes highlighted benefits experienced as a result of Hydrotherapy. Land-based physiotherapy still available for patients to access as needed.



To ensure best value for NHS money.

Numbers suitable for Hydrotherapy are very small but the cost to provide is very high. The service also experiences a high volume of appointments where patients did not attend (DNA).

Unknown cost implications for the CCG and could prove more expensive than current provision making it unaffordable.

There is the risk of no suitable alternative provision being available in the community or at an increased cost.

Unknown cost implications for the CCG and could prove more expensive than current provision making it unaffordable.

Clinical evidence supports use of land-based physiotherapy as an equivalent treatment for a lower cost.

To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.

Risk of service and access inequity for Berkshire West patients due to accessibility of RBH site and location.

Hydrotherapy services remain available for Berkshire West patients which supports view of the consultation.

Could reduce unnecessary and costly travel.

Currently unclear on the capacity of alternative providers to meet current demand.

Potential to provide a service closer to patient homes rather than solely focussing on Reading.

Could reduce unnecessary and costly travel.

Currently unclear on the capacity of alternative providers to meet current demand.

Potential to provide a service closer to patient homes rather than solely focussing on Reading.

Could reduce unnecessary and costly travel.

Land-based physiotherapy still available for patients to access as needed.

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Commissioning of hydrotherapy services in Berkshire West

Tuesday, November 03, 2020

496

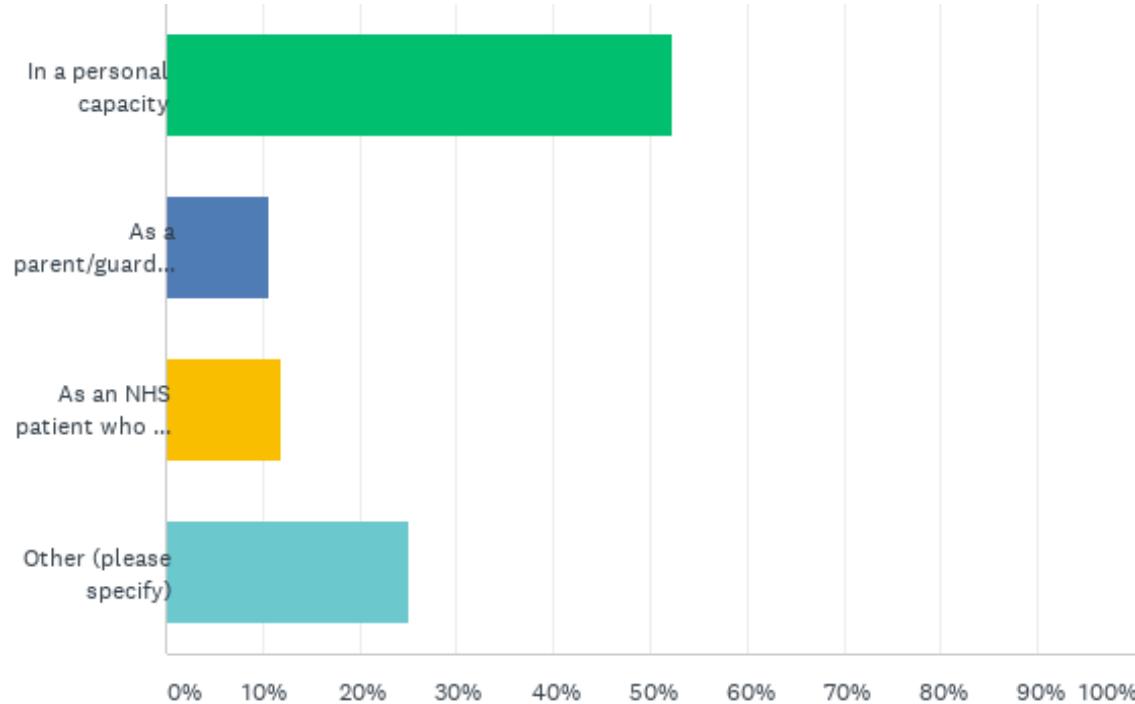
Total Responses

Date Created: Thursday, August 06, 2020

Complete Responses: 339

Q1: About your response.I am providing a response:

Answered: 494 Skipped: 2



Q1: About your response.I am providing a response:

Answered: 494 Skipped: 2

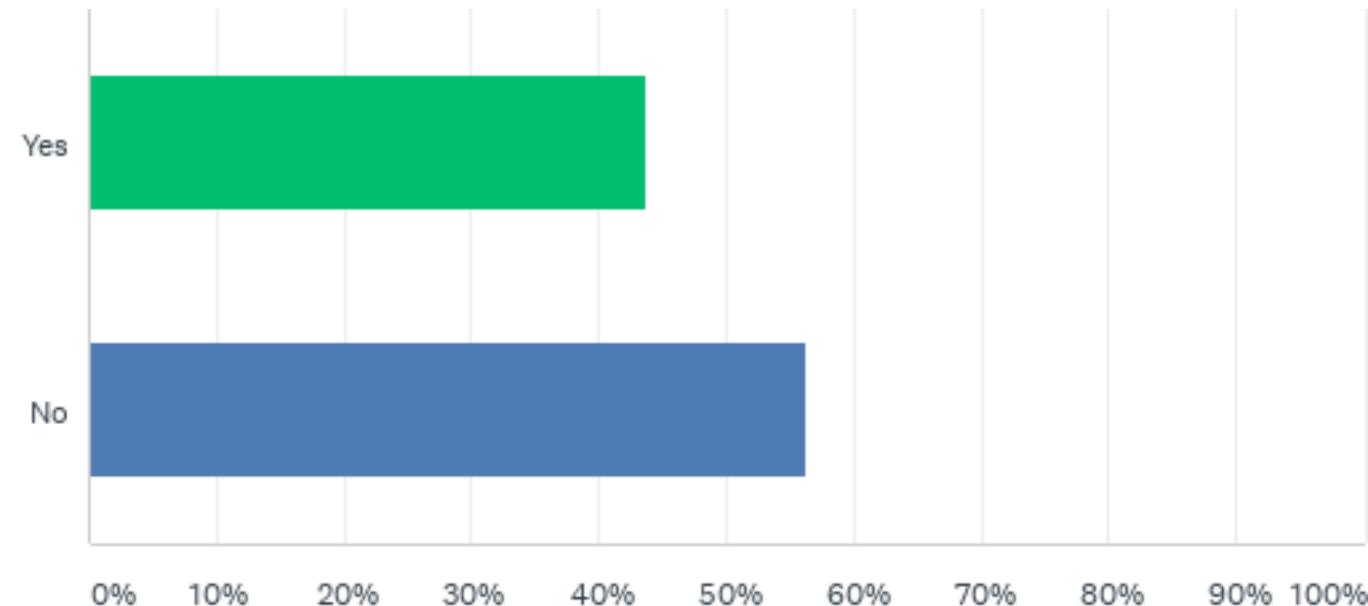
Page 54

ANSWER CHOICES	RESPONSES	
In a personal capacity	52.23%	258
As a parent/guardian of a child (under 18)	10.73%	53
As an NHS patient who has been prescribed NHS hydrotherapy sessions by a clinician/physiotherapist	11.94%	59
Other (please specify)	25.10%	124
TOTAL		494

Q2: Before the Covid pandemic did you use the NHS hydrotherapy service currently provided in Reading?

Answered: 496 Skipped: 0

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Q2: Before the Covid pandemic did you use the NHS hydrotherapy service currently provided in Reading?

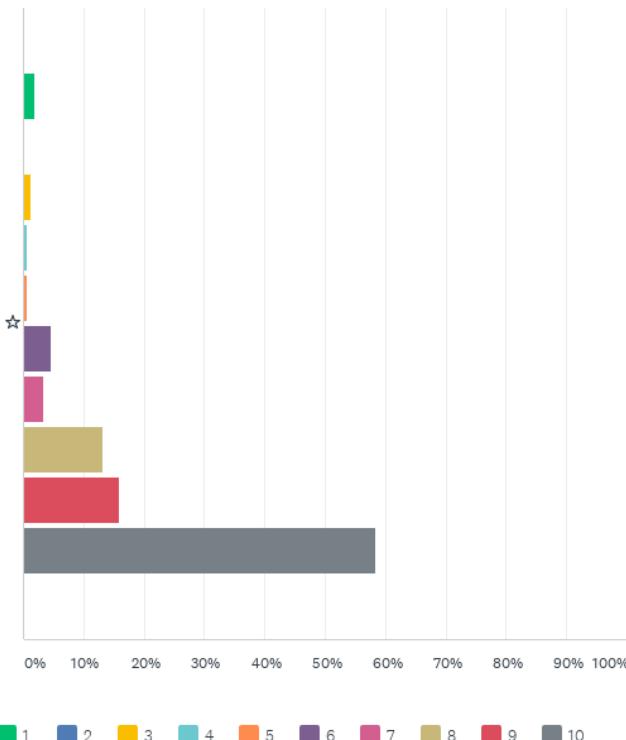
Answered: 496 Skipped: 0

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ANSWER CHOICES	RESPONSES	
Yes	43.75%	217
No	56.25%	279
TOTAL		496

Q3: How would you rate the NHS hydrotherapy service?(1 poor - 10 very good)

Answered: 151 Skipped: 345



Q3: How would you rate the NHS hydrotherapy service?(1 poor - 10 very good)

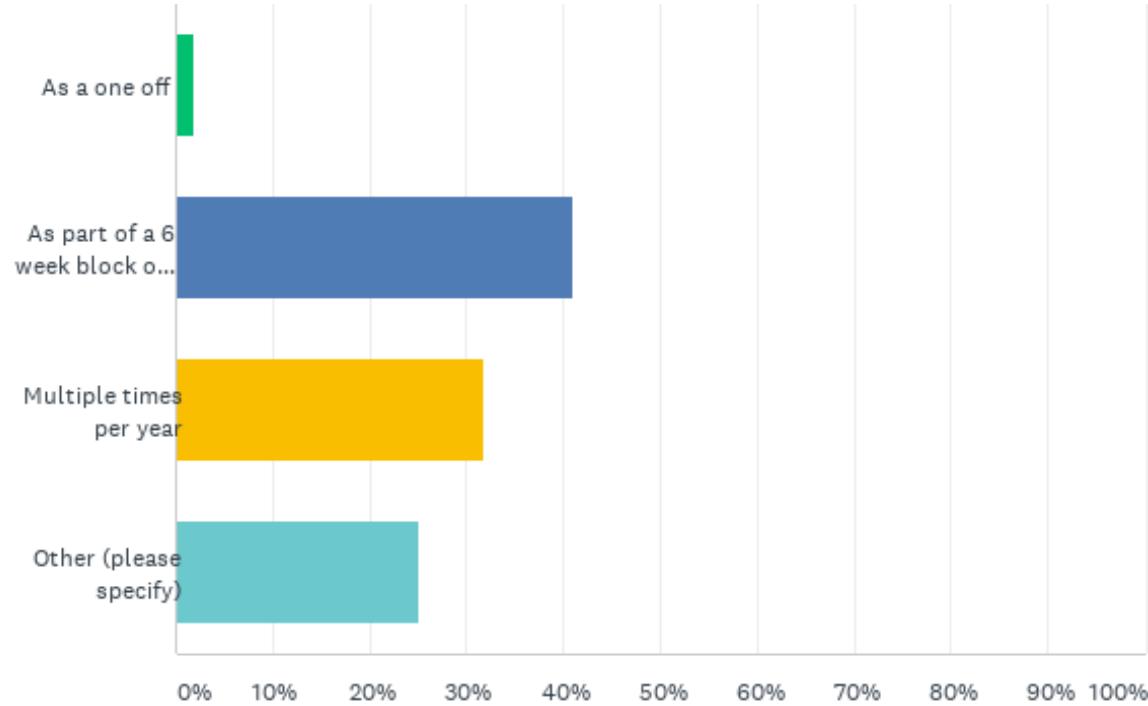
Answered: 151 Skipped: 345

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	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
★	1.99% 3	0.00% 0	1.32% 2	0.66% 1	0.66% 1	4.64% 7	3.31% 5	13.25% 20	15.89% 24	58.28% 88	151	8.95

Q4: How often did you use the service?

Answered: 151 Skipped: 345



Q4: How often did you use the service?

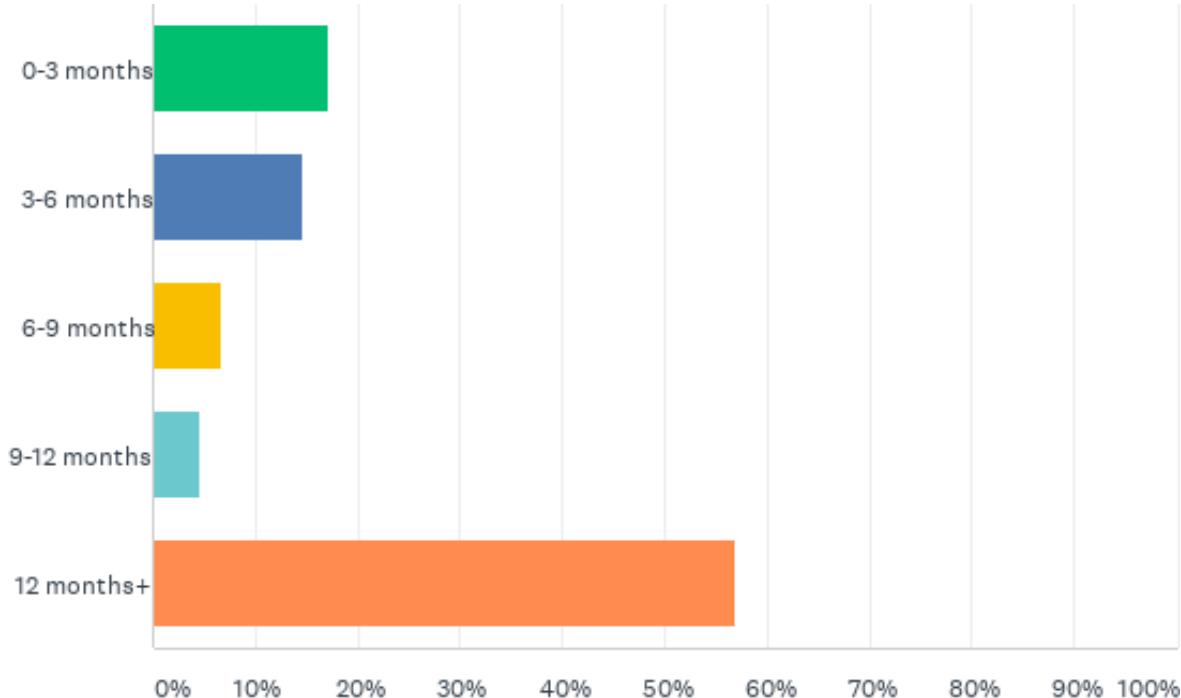
Answered: 151 Skipped: 345

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ANSWER CHOICES	RESPONSES	
As a one off	1.99%	3
As part of a 6 week block of sessions	41.06%	62
Multiple times per year	31.79%	48
Other (please specify)	25.17%	38
TOTAL		151

Q5: Over what period of time have you used the service?

Answered: 151 Skipped: 345



Q5: Over what period of time have you used the service?

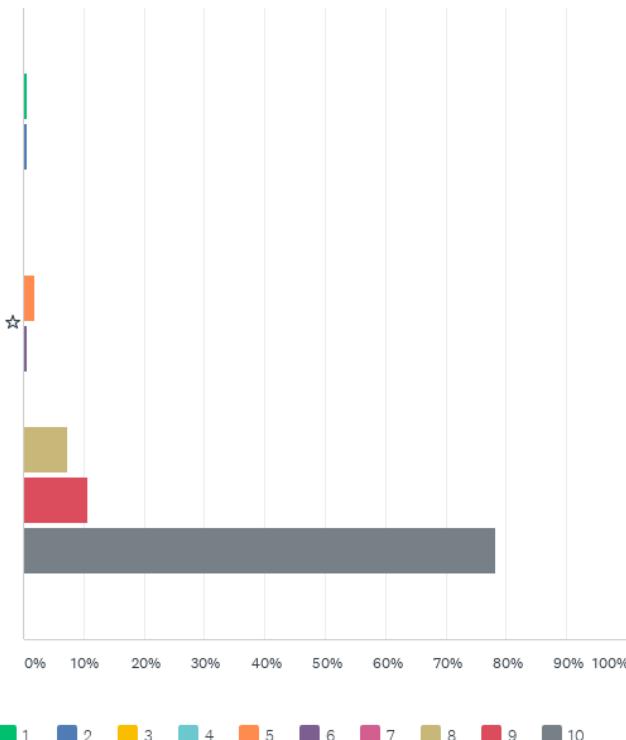
Answered: 151 Skipped: 345

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ANSWER CHOICES	RESPONSES	
0-3 months	17.22%	26
3-6 months	14.57%	22
6-9 months	6.62%	10
9-12 months	4.64%	7
12 months+	56.95%	86
TOTAL		151

Q6: How beneficial did you find hydrotherapy?(1 not at all - 10 extremely beneficial)

Answered: 151 Skipped: 345



Q6: How beneficial did you find hydrotherapy?(1 not at all - 10 extremely beneficial)

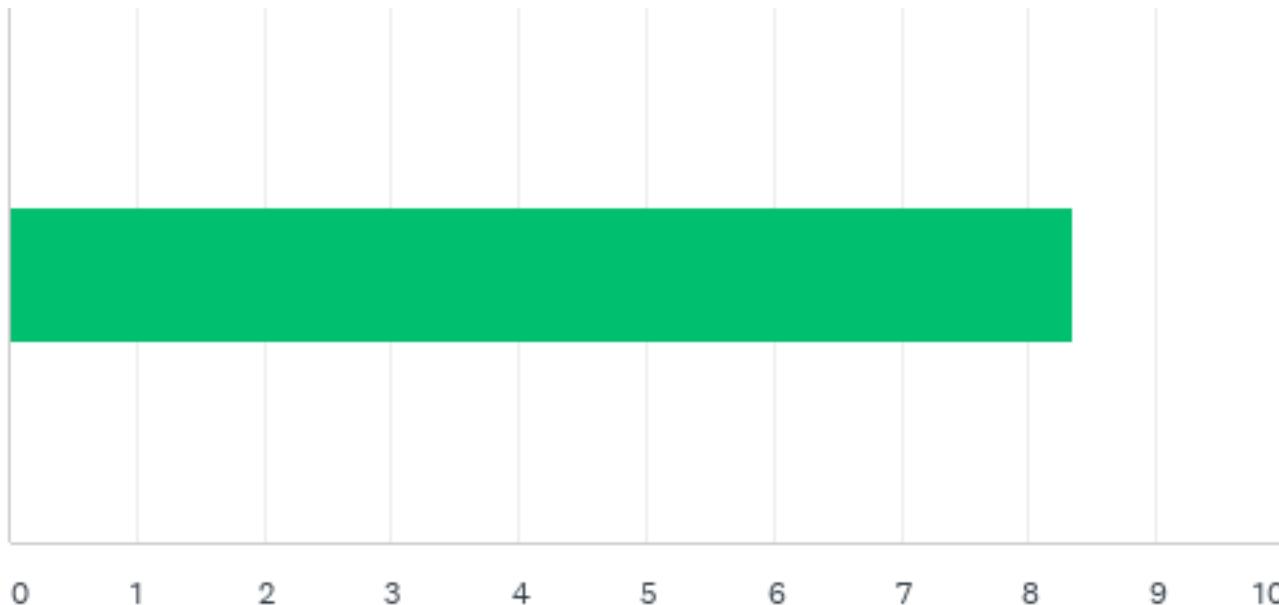
Answered: 151 Skipped: 345

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	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
★	0.66%	0.66%	0.00%	0.00%	1.99%	0.66%	0.00%	7.28%	10.60%	78.15%	151	9.51
	1	1	0	0	3	1	0	11	16	118		

How easy is it was the hydrotherapy facility for you? (Use the slider to select a whole number between 1 not at all - 10 very easy. Please do not type in a number for this question)

Answered: 151 Skipped: 345



How easy to get to was the hydrotherapy facility for you? (Use the slider to select a whole number between 1 not at all - 10 very easy. Please do not type in a number for this question)

Answered: 151 Skipped: 345

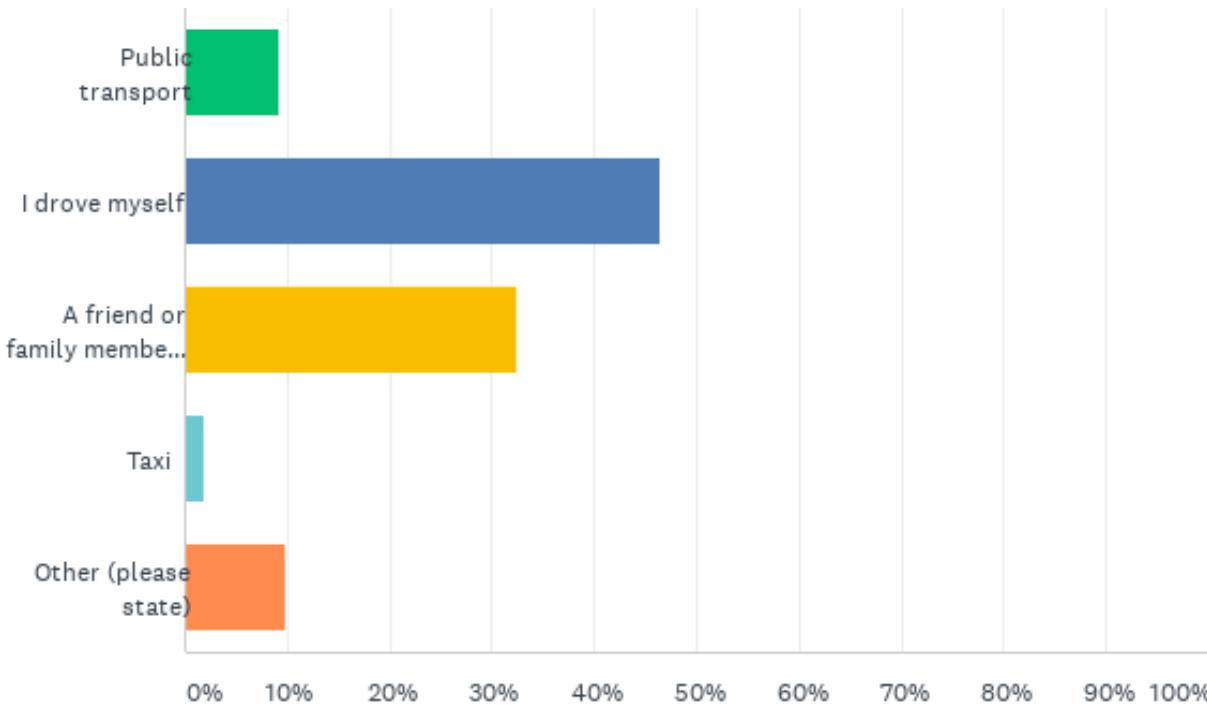
Page 66

ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	8	1,260	151
Total Respondents: 151			

Q8: How did you travel to your Hydrotherapy appointment?

Answered: 151 Skipped: 345

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Q8: How did you travel to your Hydrotherapy appointment?

Answered: 151 Skipped: 345

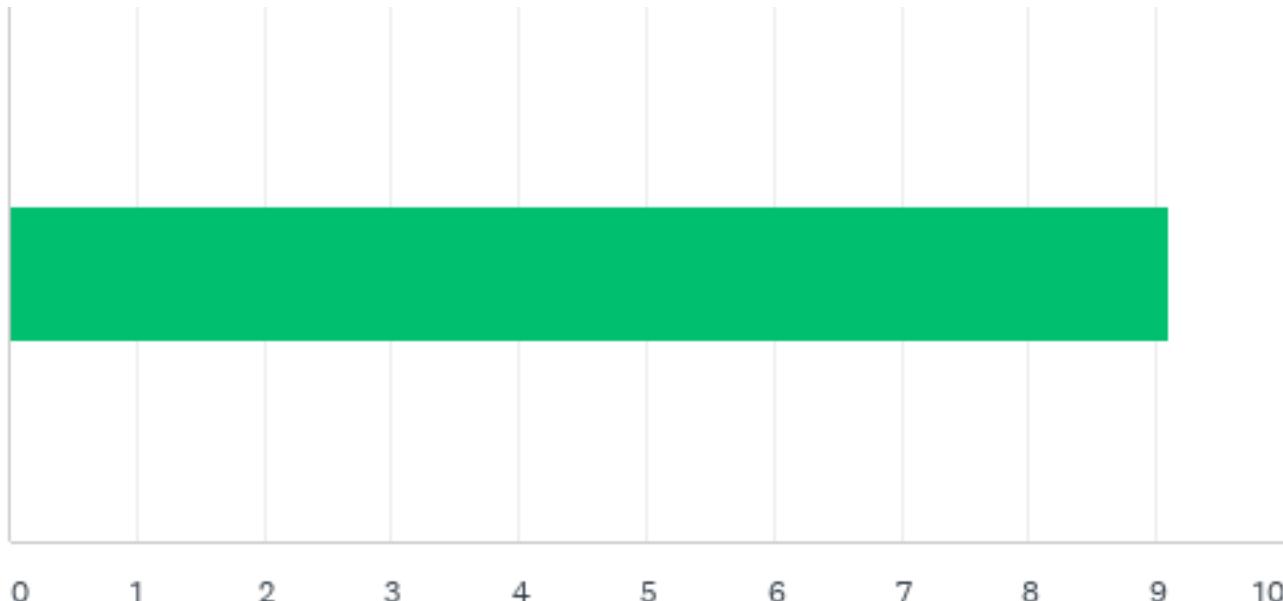
Page 68

ANSWER CHOICES	RESPONSES	
Public transport	9.27%	14
I drove myself	46.36%	70
A friend or family member drove	32.45%	49
Taxi	1.99%	3
Other (please state)	9.93%	15
TOTAL		151

(Not all 10 questions will have sliders. Use the slider to select a whole number between 1 and 10. Please do not type in a number for this question)

Answered: 364 Skipped: 132

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(Selecting a whole number between 1 and 10. Please do not type in a number for this question)

Answered: 364 Skipped: 132

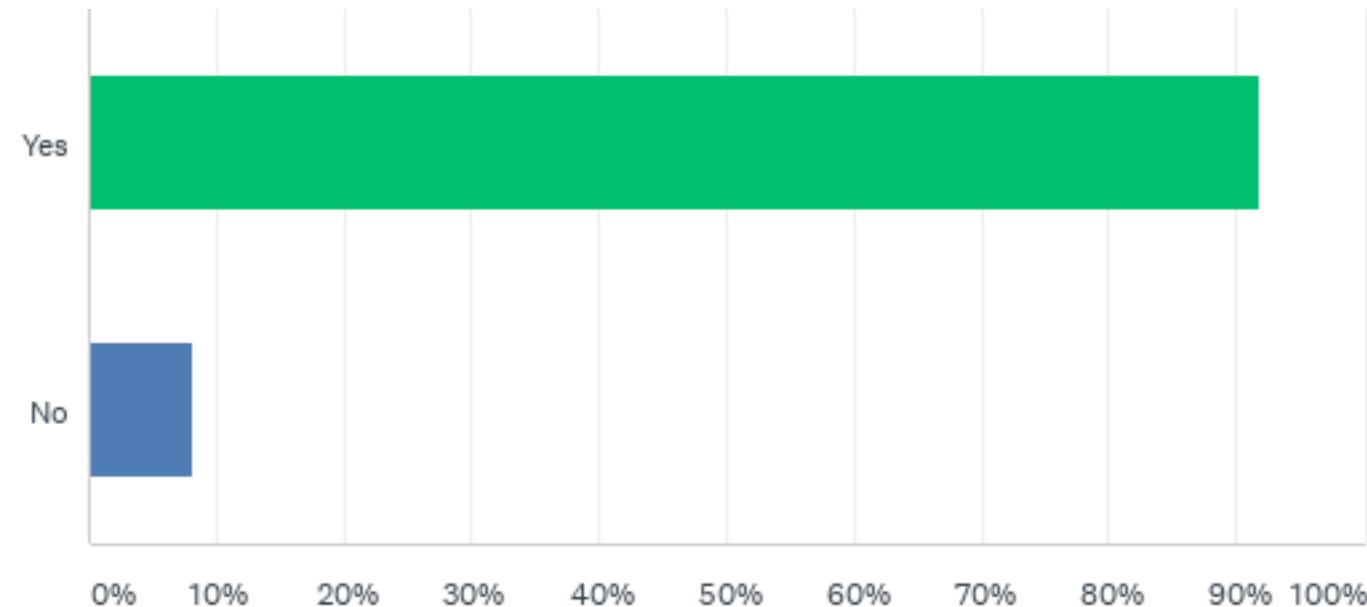
Page 70

ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	9	3,313	364
Total Respondents: 364			

After reading into the evidence and the clinical evidence, do you think Hydrotherapy services represent good value for money?

Answered: 364 Skipped: 132

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After reading into the evidence and the clinical evidence, do you think Hydrotherapy services represent good value for money?

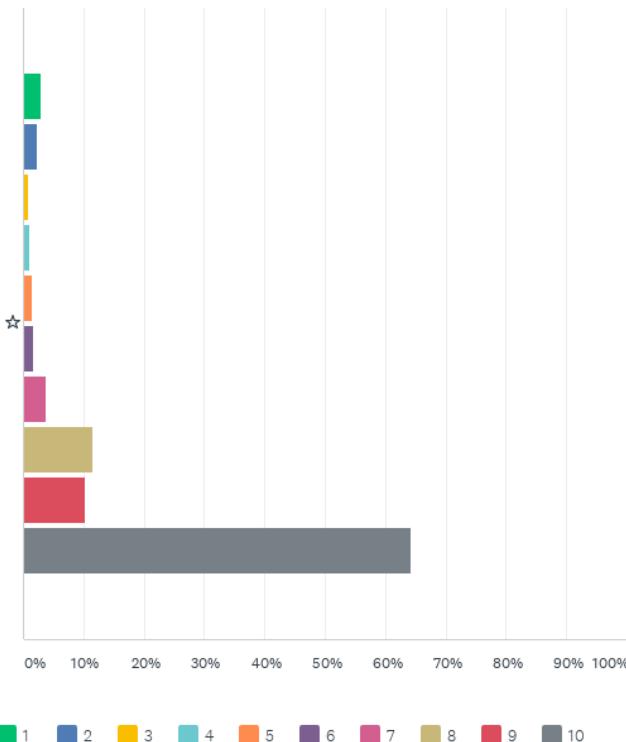
Answered: 364 Skipped: 132

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ANSWER CHOICES	RESPONSES	
Yes	91.76%	334
No	8.24%	30
TOTAL		364

Q11: If Hydrotherapy services were to close what impact would this have on patients?(1 no impact - 10 substantial impact)

Answered: 364 Skipped: 132



Q11: If Hydrotherapy services were to close what impact would this have on patients?(1 no impact - 10 substantial impact)

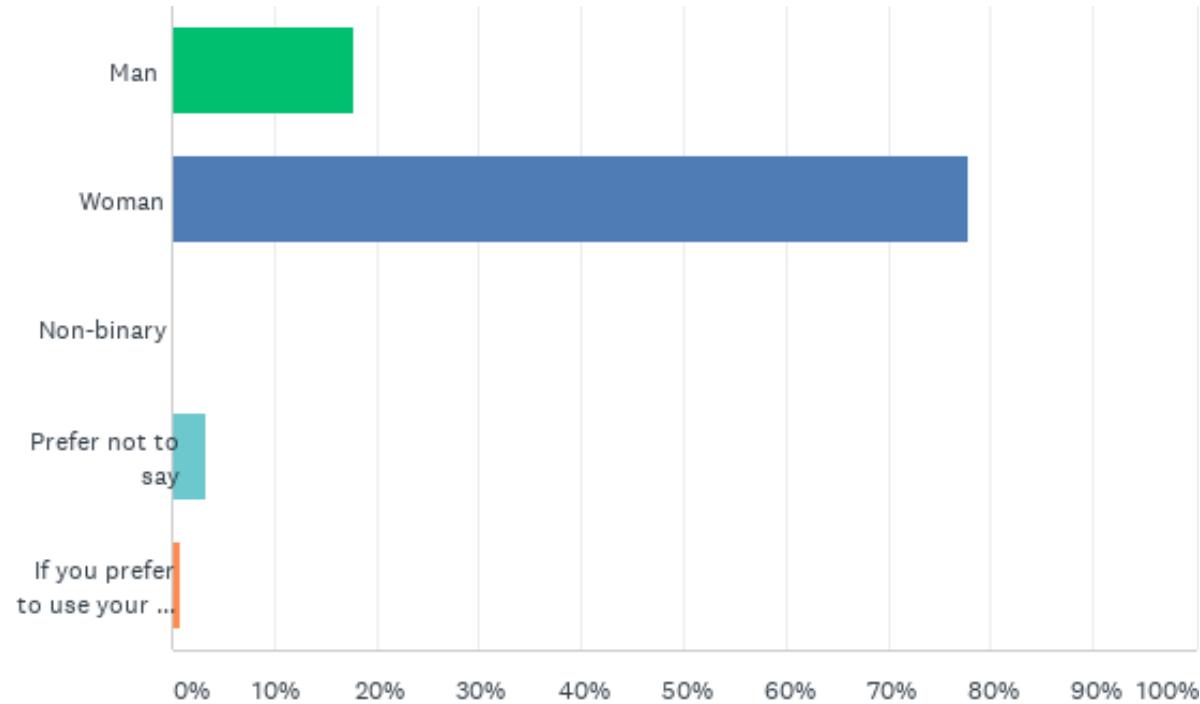
Answered: 364 Skipped: 132

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	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
★	3.02% 11	2.20% 8	0.82% 3	1.10% 4	1.37% 5	1.65% 6	3.85% 14	11.54% 42	10.16% 37	64.29% 234	364	8.85

Q13: Gender

Answered: 338 Skipped: 158



Q13: Gender

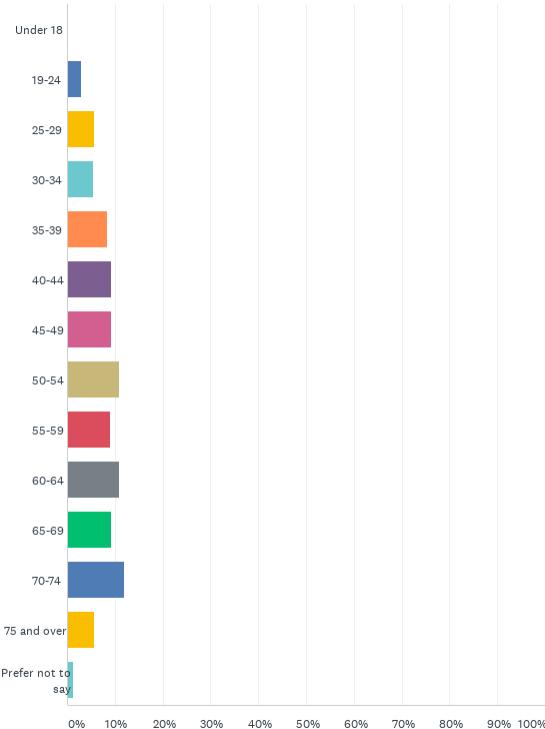
Answered: 338 Skipped: 158

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ANSWER CHOICES	RESPONSES	
Man	17.75%	60
Woman	77.81%	263
Non-binary	0.30%	1
Prefer not to say	3.25%	11
If you prefer to use your own term, please state here	0.89%	3
TOTAL		338

Q14: Your age?

Answered: 333 Skipped: 163



Q14: Your age?

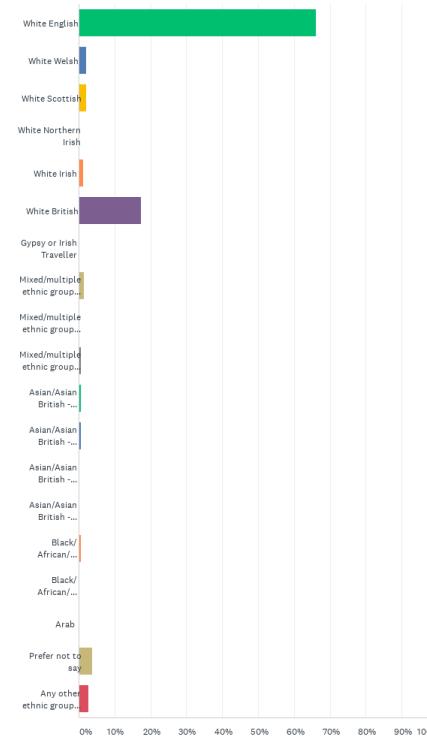
Answered: 333 Skipped: 163

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ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
19-24	3.00%	10
25-29	5.71%	19
30-34	5.41%	18
35-39	8.41%	28
40-44	9.31%	31
45-49	9.31%	31
50-54	10.81%	36
55-59	9.01%	30
60-64	10.81%	36
65-69	9.31%	31
70-74	12.01%	40
75 and over	5.71%	19
Prefer not to say	1.20%	4
TOTAL		333

What is your ethnicity? Ethnic origin is not the same as nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

Answered: 322 Skipped: 174



Q10 What is your ethnicity? Ethnicity is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

Answered: 322 Skipped: 174

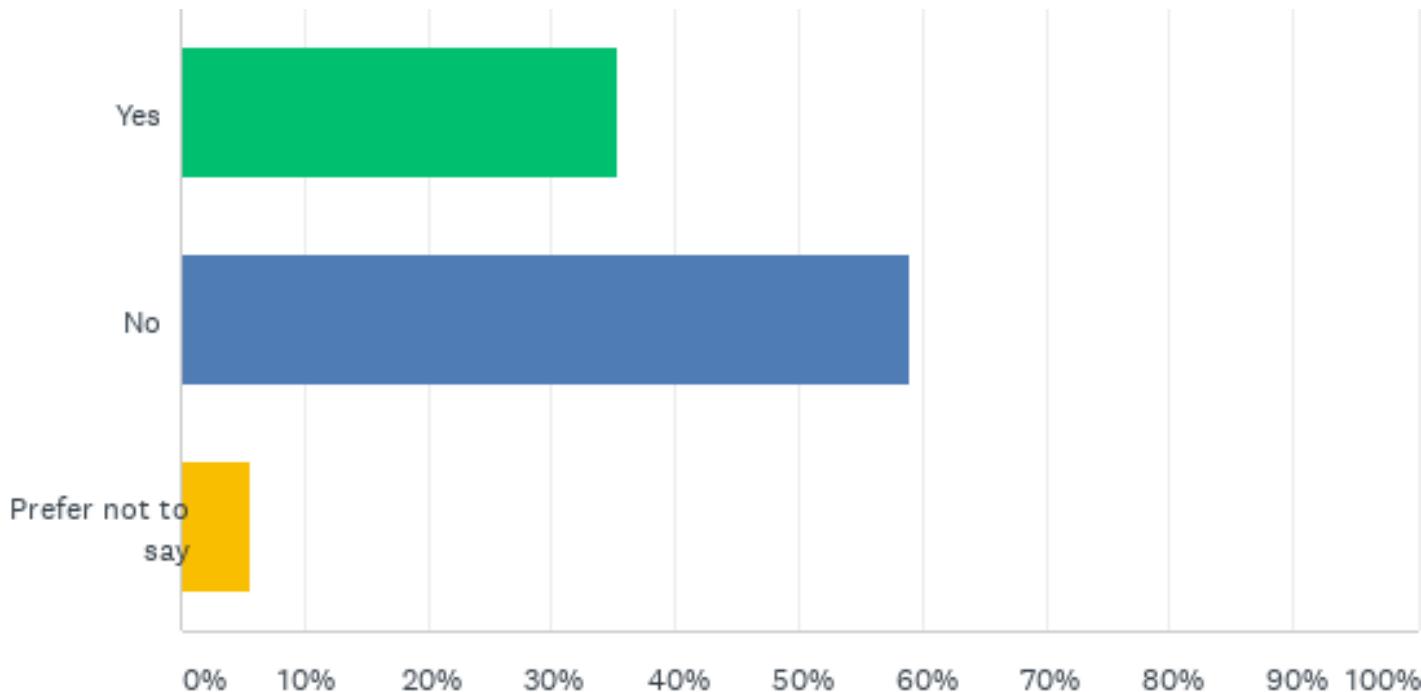
Page 80

ANSWER CHOICES	RESPONSES	
White English	66.15%	213
White Welsh	2.17%	7
White Scottish	2.17%	7
White Northern Irish	0.00%	0
White Irish	1.24%	4
White British	17.39%	56
Gypsy or Irish Traveller	0.00%	0
Mixed/multiple ethnic groups - White and Black Caribbean	1.55%	5
Mixed/multiple ethnic groups - White and Black African	0.00%	0
Mixed/multiple ethnic groups - White and Asian	0.62%	2
Asian/Asian British - Indian	0.62%	2
Asian/Asian British - Pakistani	0.62%	2
Asian/Asian British - Bangladeshi	0.00%	0
Asian/Asian British - Chinese	0.00%	0
Black/ African/ Caribbean/ Black British - African	0.62%	2
Black/ African/ Caribbean/ Black British - Caribbean	0.00%	0
Arab	0.31%	1
Prefer not to say	3.73%	12
Any other ethnic group, please state here:	2.80%	9
TOTAL		322

Q16: Do you consider yourself to have a disability?

Answered: 337 Skipped: 159

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Q16: Do you consider yourself to have a disability?

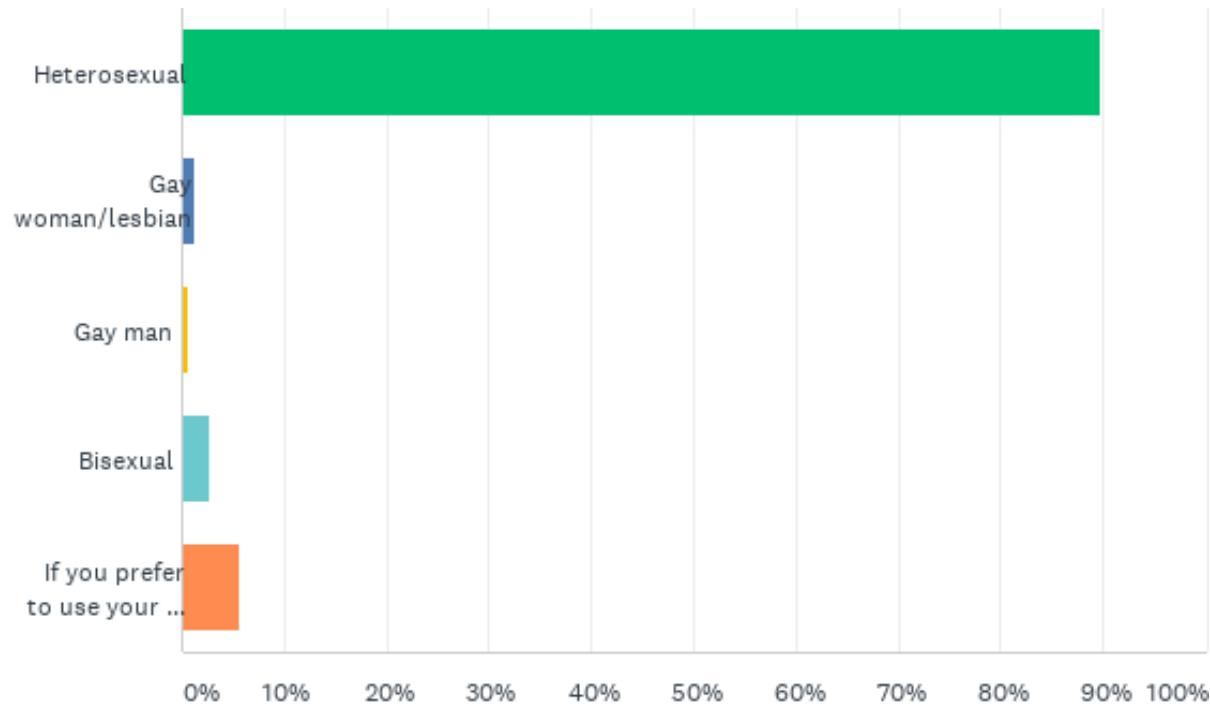
Answered: 337 Skipped: 159

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ANSWER CHOICES	RESPONSES	
Yes	35.31%	119
No	59.05%	199
Prefer not to say	5.64%	19
TOTAL		337

Q17: What is your sexual orientation?

Answered: 322 Skipped: 174



Q17: What is your sexual orientation?

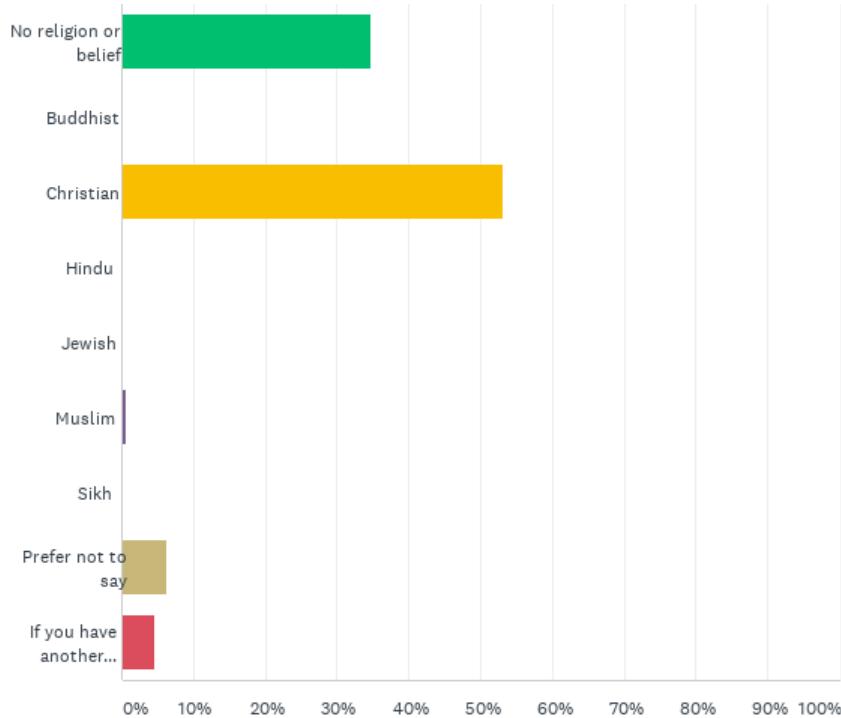
Answered: 322 Skipped: 174

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ANSWER CHOICES	RESPONSES	
Heterosexual	89.75%	289
Gay woman/lesbian	1.24%	4
Gay man	0.62%	2
Bisexual	2.80%	9
If you prefer to use your own term, please state here.	5.59%	18
TOTAL		322

Q18: What is your religion or belief?

Answered: 331 Skipped: 165



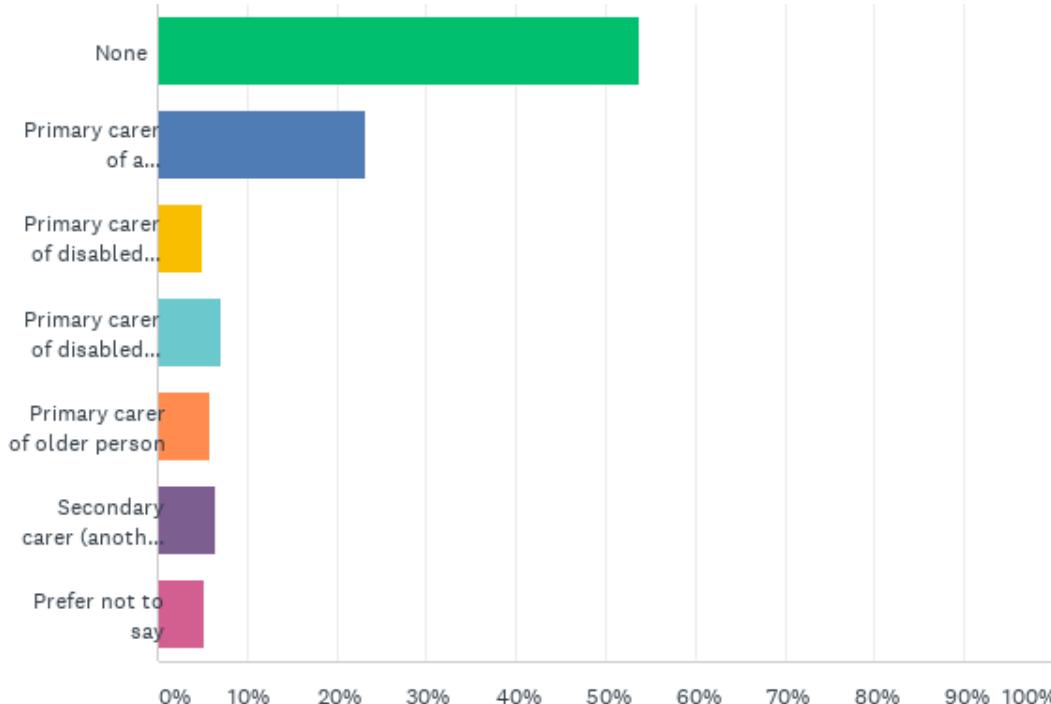
Q18: What is your religion or belief?

Answered: 331 Skipped: 165

ANSWER CHOICES	RESPONSES	
No religion or belief	34.74%	115
Buddhist	0.00%	0
Christian	53.17%	176
Hindu	0.30%	1
Jewish	0.30%	1
Muslim	0.60%	2
Sikh	0.00%	0
Prefer not to say	6.34%	21
If you have another religion or belief, please state here	4.53%	15
TOTAL	331	

Q19: Do you have caring responsibilities? If yes, please tick all that apply.

Answered: 324 Skipped: 172



Q19: Do you have caring responsibilities? If yes, please tick all that apply.

Answered: 324 Skipped: 172

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ANSWER CHOICES	RESPONSES	
None	53.70%	174
Primary carer of a child/children (under 18)	23.15%	75
Primary carer of disabled child/children	4.94%	16
Primary carer of disabled adult (18 and over)	7.10%	23
Primary carer of older person	5.86%	19
Secondary carer (another person carries out the main caring role)	6.48%	21
Prefer not to say	5.25%	17
Total Respondents: 324		

Integrated Impact Assessment Tool - Stage 1 Pro Forma

Title of Project: Future commissioning arrangements – Berkshire West Hydrotherapy services Brief Description of project: Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service which can be of clinical benefit (albeit limited – see report) to a small number of patients for a limited period as part of their rehabilitation. The Covid pandemic has led to changes to the way patients can access services and receive treatment, and some services have been stopped to keep patients safe. From March 2020 the Hydrotherapy service provided at the Royal Berkshire Hospital (RBH) has been closed in line with their Covid infection control policy. Due to ongoing challenges and potentially open-ended nature of this pandemic it has prompted the CCG to examine the future options for commissioning hydrotherapy. It was agreed in July 2020 by the Berkshire West CCG Governing Body that, given the context above, a 12 week full public consultation should be undertaken to determine the future of this service. The consultation commenced on the 10th August and concluded on the 2nd November 2020. In total 498 responses were received to the survey; 496 using the Survey Monkey link online and 2 received either by hard copy or e mail, as well as 9 additional full written responses from organisations/individuals representing patients. Of this number 217 (or 44%) had used the NHS Hydrotherapy services and 279 (56%) hadn't. It should be noted that on analysis of these numbers it has become evident that of the 496 online responses 34 IP addresses were used more than once to submit a survey, one of which was used 28 times (to a total of 166 responses). This could be due to multiple responses from one person or one person submitting responses on behalf of others Of this total number of responses, only a small number (59) identified as being an NHS patient who had been prescribed Hydrotherapy by a clinician. However, 11 have suggested in their response they haven't used the pool and a further 11 used the pool but with a voluntary organisation. Therefore, it cannot be assumed their answers wholly relate to the NHS service. The vast majority responded in a personal capacity as an interested member of the public (258) or other (124) which included a mix of health professionals and voluntary groups. The analysis report following these responses alongside clinical evidence and patient reported benefits have been considered in proposing the following 3 options;	Project Lead: Caroline Tack Intended QI outcomes: The intended outcome of this work is to ascertain if any of the proposed options would directly discriminate against any patients with the protected characteristics or negatively impact on quality outcomes for patients. This will then be fed into the decision making process around the future provision of Hydrotherapy Services in Berkshire West.
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Option 1 - Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT. EQIA completed for this option.

Option 2 – Continue to commission hydrotherapy services but on an alternative purchasing basis – an EQIA would need to be undertaken as part of the process to identify alternative providers.

Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been completed for the second part of this option.

Option 3b – Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been completed for the second part of this option.

Option 1 - Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT

Area of Quality	Impact Question	Impact	Likeli-hood	Score	Stage 2 req?	Rationale for scoring
Duty of Quality - Could the proposal impact negatively on:	Compliance with the NHS Constitution?	1	1	1	No	No change to current service provision
	Partnerships?	1	1	1	No	No change to current service provision
	Safeguarding children or adults?	1	1	1	No	No change to current service provision
NHS Outcomes Framework – Could the proposal impact negatively on: 10 11 12 13 14 15	Preventing people from dying prematurely?	1	1	1	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy.
	Enhancing quality of life?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy.
	Helping people recover from episodes of ill health or following injury?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy. Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continue to be offered as it is currently.
	Ensuring people have a positive experience of care?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy
	Treating & caring for people in a safe environment & protecting them from avoidable harm?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy. Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently.
	Could the proposal impact negatively on patient choice?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy. Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently.
Access	Could the proposal impact negatively on access?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy. Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support

						land based physiotherapy, which will not be affected and will continued to be offered as it is currently.
	Could the proposal impact negatively on integration?	1	1	1	No	
Duty of Equality Could the proposal impact negatively on:	Age?	1	1	1	No	The service is utilised by a range of age groups with no one group represented more than others.
	Disability?	2	2	4	No	This information was not available from RBFT however it could be assumed from the specialties that use the service e.g. MSK and Neurology that a percentage would have a form of disability. Nevertheless alternative land based physio would be provided as an alternative.
	Race?	1	1	1	No	The majority of patients identified as White British. As stated above, all patients would be offered alternative land based physio services.
	Religion or belief?	2	2	4	No	This information was not available from RBFT.
	Sex?	1	1	1	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All patients would be offered alternative land based physio services.
	Sexual orientation?	1	1	1	No	This information was not available from RBFT.
	Gender re-assignment?	1	1	1	No	This information was not available from RBFT.
	Pregnancy or maternity?	2	2	4	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All patients would be offered alternative land based physio services.
	Marriage & civil partnership?	1	1	1	No	The majority of patients identified as single. All patients would be offered alternative land based physio services.

Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria

Area of Quality	Impact Question	Impact	Likeli-hood	Score	Stage 2 req?	Rationale for scoring
Duty of Quality - Could the proposal impact negatively on:	Compliance with the NHS Constitution?	2	3	1	6	Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. Clinical evidence supporting the benefits of hydrotherapy is limited and would be provided where clinical criteria was met. Hydrotherapy provided subject to approval from the CCG.
	Partnerships?	1	1	1	No	
	Safeguarding children or adults?	1	1	1	No	
NHS Outcomes Framework – Could the proposal impact negatively on:	Preventing people from dying prematurely?	1	1	1	No	Hydrotherapy is not proven to prevent premature death
	Enhancing quality of life?	2	2	4	No	People's quality of life may be negatively impacted, if land based physio is the only treatment offered/available and they are unable to participate in this. This will impact on their health and wellbeing outcomes. Mitigated through access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Helping people recover from episodes of ill health or following injury?	2	2	4	No	People's recovery from ill health or injury may be negatively impacted, if only land based physio is the treatment available/offered and they are unable to engage with this treatment; this will impact on their recovery and health and well-being outcomes. Mitigated through access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Ensuring people have a positive experience of care?	2	2	4	No	People's experience of their care may be negatively impacted, if only land based physio is offered/available and they are unable to engage with this treatment; this will impact on health and wellbeing outcomes. Mitigated through access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Treating & caring for people in a safe environment & protecting them from avoidable harm?	2	2	4	No	Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. Mitigated through access to Hydrotherapy via prior approval process and adoption of clinical criteria.

Access	Could the proposal impact negatively on patient choice?	2	3	6	No	Access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Could the proposal impact negatively on access?	2	3	6	No	Access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Could the proposal impact negatively on integration?	1	1	1	No	
Duty of Equality Could the proposal impact negatively on:	Age?	1	1	1	No	The service is utilised by a range of age groups with no one group represented more than others.
	Disability?	2	2	4	No	This information was not available from RBFT however it could be assumed from the specialties that use the service e.g. MSK and Neurology that a percentage would have a form of disability. Nevertheless access to hydrotherapy would be available via prior approval process and adoption of clinical criteria alternative land based physio would be provided as an alternative.
	Race?	1	1	1	No	The majority of patients identified as White British. As stated above, all patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
	Religion or belief?	1	1	1	No	This information was not available from RBFT but as with the equality domains all patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
	Sex?	2	2	4	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
	Sexual orientation?	1	1	1	No	This information was not available from RBFT but as with the equality domains all patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria..
	Gender re-assignment?	1	1	1	No	This information was not available from RBFT but as with the equality domains all patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
	Pregnancy or maternity?	2	2	4	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.

	Marriage & civil partnership?	1	1	1	No	The majority of patients identified as single. All patients regardless of marital status would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
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Option 3b - Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request

Area of Quality	Impact Question	Impact	Likeli-hood	Score	Stage 2 req?	Rationale for scoring
Duty of Quality - Could the proposal impact negatively on:	Compliance with the NHS Constitution?	2	3	6	No	Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continue to be offered as it is currently. Clinical evidence supporting the benefits of hydrotherapy is limited and would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Partnerships?	1	1	1	No	
	Safeguarding children or adults?	1	1	1	No	
NHS Outcomes Framework – Could the proposal impact negatively on:	Preventing people from dying prematurely?	1	1	1	No	Hydrotherapy is not proven to prevent premature death
	Enhancing quality of life?	3	2	6	No	People's quality of life may be negatively impacted, if land based physio is the only treatment offered/available and they are unable to participate in this. This will impact on their health and wellbeing outcomes. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Helping people recover from episodes of ill health or following injury?	3	2	6	No	People's recovery from ill health or injury may be negatively impacted, if only land based physio is the treatment available/offered and they are unable to engage with this treatment; this will impact on their recovery and health and well-being outcomes. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Ensuring people have a positive experience of care?	3	2	6	No	People's experience of their care may be negatively impacted, if only land based physio is offered/available and they are unable to engage with this treatment; this will impact on health and wellbeing outcomes. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Treating & caring for people in a safe environment & protecting them from avoidable harm?	2	3	6	No	Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected

						and will continued to be offered as it is currently. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
Access	Could the proposal impact negatively on patient choice?	2	4	8	Yes	Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Could the proposal impact negatively on access?	2	4	8	Yes	Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Could the proposal impact negatively on integration?	1	1	1	No	
Duty of Equality Could the proposal impact negatively on:	Age?	1	1	1	No	The service is utilised by a range of age groups with no one group represented more than others.
	Disability?	4	2	8	Yes	This information was not available from RBFT however it could be assumed from the specialties that use the service e.g. MSK and Neurology that a percentage would have a form of disability. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Race?	1	1	1	No	The majority of patients identified as White British. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Religion or belief?	1	1	1	No	This information was not available from RBFT. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Sex?	1	1	1	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All

						patients would be offered alternative land based physio services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
Sexual orientation?	1	1	1	No		This information was not available from RBFT. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
Gender re-assignment?	1	1	1	No		This information was not available from RBFT. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
Pregnancy or maternity?	3	2	6	No		The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
Marriage & civil partnership?	1	1	1	No		The majority of patients identified as single. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.

Name of person completing assessment: Caroline Tack

Date of assessment: 16th November 2020

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To be completed when the initial impact assessment indicates a high or extreme risk and a more detailed assessment is required

Please contact the Quality Team if you require further support in completing this pro forma

On identification of a high or extreme risk PID, business case, commissioning decision or business plan this pro forma must be submitted along with the proposed change to inform the decision making process and ensure informed choice. A copy of the complete impact assessment must be submitted to the next available Quality Committee to ensure scrutiny from a quality perspective.

Background and context of the proposal

Brief Description of project:

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service which can be of clinical benefit (albeit limited – see report) to a small number of patients for a limited period as part of their rehabilitation.

The Covid pandemic has led to changes to the way patients can access services and receive treatment, and some services have been stopped to keep patients safe. From March 2020 the Hydrotherapy service provided at the Royal Berkshire Hospital (RBH) has been closed in line with their Covid infection control policy. Due to ongoing challenges and potentially open-ended nature of this pandemic it has prompted the CCG to examine the future options for commissioning hydrotherapy.

It was agreed in July 2020 by the Berkshire West CCG Governing Body that, given the context above, a 12 week full public consultation should be undertaken to determine the future of this service. The consultation commenced on the 10th August and concluded on the 2nd November 2020. In total 498 responses were received to the survey; 496 using the Survey Monkey link online and 2 received either by hard copy or e mail, as well as 9 additional full written responses from organisations/individuals representing patients. Of this number 217 (or 44%) had used the NHS Hydrotherapy services and 279 (56%) hadn't.

Of this total number of responses, only a small number (59) identified as being an NHS patient who had been prescribed Hydrotherapy by a clinician. However, 11 have suggested in their response they haven't used the pool and a further 11 used the pool but with a voluntary organisation. Therefore, it cannot be assumed their answers wholly relate to the NHS service. The vast majority responded in a personal capacity as an interested member of the public (258) or other (124) which included a mix of health professionals and voluntary groups.

The analysis report following these responses alongside clinical evidence and patient reported benefits have been considered in proposing the following 3 options for consideration:

Option 1 - Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT. EQIA completed for this option.

Option 2 – Continue to commission hydrotherapy services but on an alternative purchasing basis – an EQIA would need to be undertaken as part of the process to identify alternative providers.

Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been completed for the second part of this option.

Option 3b – Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been

completed for the second part of this option.

For options 3 a number of assessment fields in the stage 1 EQIA indicate an impact rating of 8 or above for both Quality and Equality. This has triggered the requirement for a stage 2 impact assessment.

Against each of the protected characteristics outlined in the Equalities Act 2010 data has been reviewed to determine impact on each equality group (protected characteristic). The intended outcome of this work is to ascertain if any of the proposed options would directly discriminate against any patients with the protected characteristics.

In conducting the EQIA the CCG took full account of data provided by RBFT on the demographics of patients who had accessed the Hydrotherapy service in the financial year 2019/20. Based on the evidence it considered it is concluded that differential and adverse impact could not be construed in relation to any equalities groups. This report includes suggestions regarding mitigating actions for consideration which include the provision of land based therapy and access to Hydrotherapy on an exceptions basis (Red IFR).

RBFT routinely collect information relating to the variety of equalities domains for those that use their services (to note that data collected excludes sexual orientation, gender re-assignment, pregnancy and maternity). Information regarding patients who utilised the service in 2019-20 indicates that the majority of patients defined themselves as White, Female and Single however the range for age was equal spread from aged 1 to 100. No information was available regarding disability however it can be assumed from the hospital specialities that use the service in the main, for example MSK and Neurology that a number of the patients would have a registered disability. In addition, whilst no direct information was collected on pregnancy/maternity, one of the groups accessing the service was aqua natal which indicates usage by pregnant women.

A Quality Impact Assessment has also been completed. The assessment indicated that, due to safety concerns (COVID) and occasional unexpected closure, the current closure was deemed appropriate in the avoidance of harm and poor patient experience.

In terms of access to a service to support the management of a particular condition or as part of rehabilitation programme land-based physiotherapy would continue to be offered to all patients as an alternative. In addition, continued access to hydrotherapy would be available, albeit on an exceptionality basis, via an IFR. This ensures that patients have continued access to the correct service to meet their clinical need.

Implications and risks – Option 3

Patients would still have access to land based therapies provided by RBH Physiotherapy Team and hydrotherapy on an exceptions basis. Red policies relate to procedures not routinely funded by the Commissioner (CCG). These are procedures that will not be funded by the commissioning CCG due to a lack of evidence for clinical benefit, limited resource or the responsibility of specialised commissioning. Other management options should be considered. In exceptional circumstances, IFR may be made to the CCG for consideration.

There is the risk that those patients that are unable to engage in land based physiotherapy will not have an alternative treatment available to them, thus impacting on their physical and mental health and wellbeing. However, implementation of a red IFR policy would allow access to Hydrotherapy on an exceptions basis if there was sufficient individual clinical evidence to support.

What are the benefits?

- Hydrotherapy would still be available in exceptional circumstances as per the stated IFR policy and criteria.
- IFR will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria
- Patients would still have access to land based therapies provided by RBH Physiotherapy Team.
- Potentially releases funds to further support other evidence based treatments for the Berkshire West population or invest further in land based Physiotherapy.

What are the risks if the proposal is not approved?

Patients are currently unable to access hydrotherapy due to the ongoing pool closure at RBH. However, patients are able to access land based physiotherapy as an alternative. If a decision is not taken on the future commissioning arrangements then alternative arrangements for the provision of this service would need to be explored.

What plans are in place to ensure identified risks are mitigated?

Land base physiotherapy will continue to be available to patients and an IFR can be submitted in exceptional circumstances.

After mitigation, what are the remaining residual risks?

There are very strong patient reported benefits from hydrotherapy despite the lack of clinical evidence. There is a risk that the changes to hydrotherapy services funded by the NHS could impact significantly on mental and emotional wellbeing of patients and indeed their willingness to engage with land based support. There is a risk that this affects a patient's recovery process and/or ability to manage their condition effectively.

Nevertheless, patients do have access to the IFR process and will also be signposted to other organisations who provide this service, albeit chargeable.

Recommendations for the Quality Committee to consider

The report recommends that Option 3b is considered as the preferred option on the following grounds

- The need to prioritise treatments which provide the greatest benefits to patients.
- The lack of robust clinical evidence to support water based therapy above land based
- Cost of service provision is very high in comparison to land based physiotherapy
- Equivalent patient outcomes can be achieved with land based physiotherapy.
- Hydrotherapy will be available in exceptional circumstances via an IFR.

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ACE Report

School Admission arrangement
2022-2023

For decision

For discussion

For information

SUMMARY

To advise that School Admissions are asking the Adults Social Care, Childrens Services and Education (ACE Committee) to determine the admission arrangement for 2022-2023

OWNER

Victoria Hannington, School Admissions Manager

VERSION 2

DATE

26 November, 2020

REVIEW DATE

Yearly for new admission arrangement

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1 Purpose and summary of the report:

- 1.1 This report invites the Committee in order to comply with the Schools Admissions Code, to determine;
 - The admissions arrangements for Community Primary Schools in Reading for the school year 2022/23.
 - The coordinated scheme for primary and junior schools for the 2022/23 school year.
 - The coordinated scheme for secondary schools for the 2022/23 school year.
 - The Relevant Area.
 - Maps of the catchment areas.

The proposed amendments to the admission arrangement are highlighted in colour font in the Annexes listed below.

- 1.2 Further to advise that a new admissions code will be laid before Parliament in early 2021 and a further report will be brought to ACE once that code is published if any amendments to existing arrangements are required.
- 1.3 In addition, BFFC is reviewing the admission arrangements for children and young people with SEND. A report on the outcomes of that review will be brought to ACE in March 2021.

2. Recommended action:

- 2.1 That the scheme attached at Annexes A, B and C as the admissions arrangements for 2022/23 for community schools in Reading and the local arrangements for complying with the national coordinated primary school admission procedures for the allocation of primary school places for residents of Reading Borough be **agreed**.
- 2.2 That the scheme attached at Annex D as the local arrangements for complying with the national coordinated secondary admissions procedure for the allocation of secondary school places for 2022/23 for residents of Reading Borough be **agreed**.
- 2.3 That the relevant area as attached in Annex E which sets out the organisations that must be consulted for any admissions arrangements for schools in Reading be **agreed**.
- 2.4 That a further report is brought to ACE once the new admissions code has been laid before Parliament in early 2021.
- 2.5 That a report is brought to ACE in March 2021 following a review of SEND admissions policies and arrangements.

3. Policy Context:

- 3.1 School admissions are subject to detailed requirements, set out in law and particularly the School Admissions Code 2014. As part of those requirements, local authorities must draw up schemes for coordinating admissions to all maintained schools in their area. The purpose of coordinated schemes is to ensure that every parent/carer of a child living in Reading who has completed and submitted an on-time application receives one offer of a school place at the conclusion of the normal admissions round. The schemes set out a process and timescale to enable the offer of a single school place. They do not affect the

right of individual admission authorities (such as Academy schools) to set and operate their own admission arrangements but they do include arrangements for resolving multiple offers, if a place is offered at more than one school. Reading Borough Council is the admitting authority for community and voluntary controlled schools within the borough.

- 3.2 In addition, Reading Borough Council as the local authority is also required to determine the admission policy for community schools which includes the number of places to be made available at each school and the oversubscription criteria to be applied where there are more applicants than places available. Where the over-subscription criteria include catchment areas these must also be approved. The governing bodies of academies, free schools, voluntary aided and foundation schools are required to determine their own admission number and oversubscription criteria. Those schools also operate their own arrangements as part of the coordinated scheme – and where they are oversubscribed, continue to decide which applicants best meet their oversubscription criteria.
- 3.3 Reading Borough Council is required to consult on its' admission policy on a regular basis. The last consultation was carried out in 2018 and therefore there is no duty to consult this year.
- 3.4 Reading Borough Council deliver its school admissions service through Brighter Futures for Children (BFFC). BFFC is an independent, not-for-profit company, wholly owned by Reading Borough Council, set up in December 2018 to deliver children's services, early help, education and SEND services in Reading
- 3.5 In 26 June 2020, the DfE issued a consultation on a revised version of the School Admissions Code-The consultation ran for 16 weeks until 16 October 2020. BFFC responded to the consultation.

At present, Ministers are not proposing a wholesale review of the admissions system. Feedback has shown that the main round of admissions largely works well. However, there are challenges with the in-year admissions processes and Fair Access Protocols. The likely changes therefore seek to clarify these responsibilities and introduce a more robust process for their management. It is likely any revised code will also respond to the recent Children in Need Review and the Home Office White Paper on Domestic Abuse. The new code is due to be laid down before parliament in early 2021.

- 3.6 The documents must be determined by the 28 February 2021 to ensure Reading is compliant with the school admissions code and published on the BFFC website by 15 March 2021.
- 3.7 It has come to the attention of the SEND and admissions team that some of the admissions arrangements for our maintained special school and resourced provision in maintained and academy schools is not as robust as we would want. BFFC are therefore reviewing the admissions policies/procedures of these arrangements and seeking legal advice to ensure robust processes. A report will come to ACE in March 2021 if any changes are proposed.

4. The proposal:

4.1 Primary and Secondary School Co-ordinated schemes 2022-23

These schemes have been amended to reflect appropriate dates for the academic year 2022/23. Both policies were approved on the previous consultation for 2018 entry and there are no changes other than the amendment to dates and the addition of Brighter Futures for Children as the delivery vehicle for administering admission arrangements. (Annexe A.)

4.2 Admission Policy for Community Primary, Infant and Junior Schools 2022-2023

These schemes have been amended to reflect appropriate dates for the academic year 2022/23. Both policies were approved on the previous consultation for 2018 entry and there are no changes other than the amendment to dates and the addition of Brighter Futures for Children as the delivery vehicle for administering admission arrangements. (Annexe B.)

4.3 Relevant Area

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

5. Contribution to RBC's strategic aims:

5.1 The admission schemes contribute to the aims of:

Ensuring that there is good education, leisure and cultural opportunities for people in Reading

5.2 It also contributes to the aim of establishing Reading as a learning City and a stimulating and rewarding place to live and visit

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 As a contribution to this, children are placed as near as possible to their local school. Parental choice and the need to divert children to other schools that are not parental preference may mean that some children are placed in schools outside their local community. This can have an impact on travel by public transport and in cars.

7. Community Engagement and Information:

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 This duty has been met. We have a statutory duty to consult every 7 years on the coordinated scheme for school admissions. We last consulted between 17 October 2018 and 10 December 2018. The outcome from that consultation was reported to ACE on the 14 February 2019.

8. Equality Impact Assessment:

- 8.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.2 An Equality Impact Assessment (EIA) is not relevant to this decision

9. Legal Implications

- 9.1 Agreement of this report enables the local authority to be compliant with School Admissions Code (2014)

10. Financial implications

- 10.1 All costs relating to exercise of the admissions duty of the local authority are contained within the budget for Brighter Futures for Children

11. BACKGROUND PAPERS

- 11.1 None.

Comment(s) obtained

(delete any not applicable)

DEPT	NAME	COMMENT
Finance		
HR		
Communications		

Annex A:



Coordinated Admissions scheme for Reading Borough Council Primary, Infant and Junior Schools for the 2022/2023 academic year.

For September 2022 entry

Determined on xxx

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Introduction

Reading Borough Council delivers its school admissions service through Brighter Futures for Children (BFFC). BFFC is an independent, not-for-profit company, wholly owned by Reading Borough Council, set up in December 2018 to deliver children's services, early help, education and SEND services in Reading.

The Reading coordinated scheme was last consulted on between 17 October 2018 and 10 December 2018. There have been no significant changes since that consultation took place, therefore no requirement for a public consultation.

This Scheme is made under section 84 of the Standards and Framework Act 1998 and in accordance with the school Admissions (Admissions Arrangements and Coordination of admissions arrangements (England) Regulations 2014.

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

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

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

These arrangements deal mainly with a child's first admission to school during the school year from September 2022 to August 2023. The children concerned are those born between 1 September 2017 and 31 August 2018. The place offered is a full-time place from September 2021.

Admission to Junior School in September is for children born between 1 September 2014 and 31 August 2015.

National Offer Day for Primary and Junior Admissions is 19 April 2022

Applications

Reading Borough Council will put in place procedures that, where possible, ensure all parents/carers living in the Borough of Reading (with a child eligible to start school in September 2022) will be aware of the application process. Children on roll at a Reading nursery school/early year setting in September 2021 will receive an information pack in November 2021.

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

Parents/carers are encouraged to apply online via the Reading Citizen Portal. The site will be open from **12 November 2021 until 15 January 2022**.

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

The Reading common application form (and the online terms and conditions) will include a statement requiring parents to confirm they have read the *Guide for Parents and Carers* and accept the policies and procedures in that document.

Parents/carers should return their completed forms directly to the school admissions team at BFfC.

Parents/carers will complete the common application form online by the agreed deadline. The school admissions team will validate the application address. Validation, where possible, will be by reference to Council Tax data held by the local authority. Where this is not possible, proof of residence will be required in the form of ownership documents or tenancy agreement.

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

The National Closing Date is **15 January 2022**.

Late Applications

Applications received after the closing date will be treated as 'late' applications. However, if the late submission of the application is caused by extenuating circumstances (e.g. sudden illness or death of a close family member or the family having very recently moved to the area), written evidence may be provided to support this. In such cases, the application may be treated as on time if evidence is received before **1 February 2022**.

Where no evidence is provided, it will be assumed that the application could reasonably have been submitted by the closing date. In such cases, the application will be treated as late and considered after all on time applications have been allocated.

All applications received from the **2 February** are considered late and will be passed to the appropriate admission authority in Reading (or to the appropriate local authority) after **4 May 2022**.

In these cases, parents/carers will be informed about the outcome of their application as per the timetable below, after National Offer Day. Applications for oversubscribed schools will be added to the waiting lists of those schools and ranked according to their oversubscription criteria.

Late applications will be processed after 4 May 2022. The first round of allocations, following National Offer Day will be from the 31 May 2022. After this date late application will be processed regularly. In each case, the cut-off date for consideration in each round of allocations will be 1 week prior to the allocation date.

Changes of preference

Changes of preference must be submitted using a new application form (paper or online). If received by the school admissions team before **15 January 2022** it will be accepted as on time and will replace any previous application. Any preferences to be retained from a previous application should be listed on subsequent applications.

Changes of preference received after **15 January 2022** will be treated as late applications in the way described above. However, applications for late change of preference where there are extenuating circumstances (e.g. sudden illness or death of a close family member or the family having very recently moved to the area) may be treated as on time, provided written evidence is supplied to support the late submission. This should be received by the school admissions team before **1 February 2022**. If no evidence is provided, the application will be treated as late. Any application for change of preference(s) received after **1 February 2022** will replace any previous application and be marked as late. Please think very carefully about submitting an application after this date, particularly if you have already submitted an on time application.

After **4 May 2022**, late changes of preferences will be passed to the appropriate admission authority in Reading or to the appropriate local authority to be considered.

Change of Address

As required by the School Admissions Code 2014, changes of address made after **15 January and before 1 February 2022** will be considered as on time. If an applicant changes address after the **1 February 2022** they will need to submit a new application, based on the new address. The new application will be marked as late and their previous application will be withdrawn. Documentary evidence of the change of address will be required.

Processing Applications

Exchange of information

As per the timetable below, the Reading school admissions team will forward applications to other local authorities and admission authorities in Reading. At the same time other local authorities will forward applications to Reading for their residents to be considered for Reading schools.

Depending on the arrangements agreed with the governing body of each school, the school admissions team will provide the school with relevant information to enable them to rank against their oversubscription criteria, as per the timetable. Reading school admissions will not pass on the details of the parent/carers preference ranking to the school, and no school will be told about other schools a parent has listed.

As per the timetable, each admission authority in Reading will rank the applications according to their published oversubscription criteria and return ranked lists to the school admissions team.

Resolving multiple offers

As per the timetable, Reading school admissions will inform other local authorities of places offered in Reading schools to their residents. During the exchange of information, Reading school admissions will consider all cases where a child can be offered more than one of their preferences. In such cases, a place offered will be at the school a parent/carer listed highest in preference.

If a place cannot be offered at one of the preferred schools listed by the parent/carer, a place will normally be offered at the catchment school (if that school has spaces remaining) or, the nearest Reading school with a place available. If the offered school is one where Reading Borough Council is not the admission authority, this will be in consultation with the governing body of the school in question. If the nearest school with places is a faith school, parents/carers will be offered this as an option. Should the parent/carer be unhappy with a faith school being offered, they will be informed of other schools with available spaces (which may be further from their home). Where no places are available at any Reading schools, parents/carers will be informed and alternative schools (outside Reading Borough) may be offered. Such an offer will depend on availability and the agreement of the appropriate admission authority. This will not preclude parents/carers from requesting an alternative school, nor from lodging an appeal for their preferred school with the admission authority.

Informing schools

As per the timetable, the school admissions team will send each Reading primary and infant school a list of pupils to be offered a place at their school. This will be confidential to the school and must not be passed on to parents/carers.

Informing Parents

On **National Offer Day**, parents/carers who submitted an online application will receive an email with a formal offer and may view their offer online.

Parents/carers who submitted a paper application will receive details of their offer by letter (posted 2nd Class). The formal offer will identify whether the offer is made on behalf of the governing body of a school or another local authority. The letter will:

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

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

- Where they can find information showing how places were allocated at oversubscribed schools in Reading.
- How to submit an appeal.
- If the place offered is not their highest preference school(s), the child's name will be added to the waiting list(s) of all of the school(s) they listed higher in preference. Parents/carers are required to advise Reading school admissions if they do not wish their child's name to remain on a waiting list.
- Contact information for other local authorities.

Waiting Lists

After **4 May 2022**, 'waiting lists' will be administered for schools with more applicants than places available. A child's position on a waiting list is determined according to the oversubscription criteria of the school. When a place becomes available, this will be offered to the child who is top of the waiting list. A child's position on a waiting list may go up or down for a number of reasons (e.g. pupil withdrawals or new and revised applications). When a place is allocated from the waiting list, the child's current allocation (for a lower preference school) will be removed and allocated to another student, if appropriate. It is the responsibility of the parent to inform the school admissions team if they no longer wish to remain on the waiting list of a school. It will be assumed that a child is to remain on the waiting list of all schools listed as a higher preference than the allocated school, unless the parent/carer indicates otherwise.

Waiting lists, for all schools in the Reading Borough, will be kept until **31 August 2022**. After this date, the policy of the individual school(s) will be followed. After the coordinated admissions round ends on **31 August 2022**, any waiting list will be treated as In-Year admissions and will follow the individual policy of the school.

Withdrawing a place

If the offered place is not accepted within two weeks of **30 April 2022**, Reading school admissions will send a reminder and allow a further seven days for a reply. If there is still no response, the place may be withdrawn. If a school place has been offered on the basis of fraudulent, or intentionally misleading, information (which denied the place to another child), the place will be withdrawn.

Requests for admission outside the normal age group

Parents/carers may seek a place for their child outside of their normal age group, to be admitted to Reception, rather than Year 1 in **September 2023**. In such cases, applicants should apply using the common application form by **15 January 2022**. They should **also** complete the offset request form (having read the separate guide). The offset request form should be submitted to the school admissions team before **1 February 2022** to be considered prior to National Offer Day. The application will be forwarded to the relevant admissions authority of the listed schools for consideration and the school admissions team will seek the views of the child's early years setting. Each case will be carefully considered by the admissions authority. Parents/carers will be informed of the decision in writing, before the National Offer Day, setting out clearly the reasons for the decision. Any request received after **1 February 2022**, will be processed after National Offer Day.

If the offset request is agreed, parents/carers must formally accept the offset. Following their acceptance, the application submitted for **September 2022** will be withdrawn. Parents/carers will not be told which school their child would have been allocated before the decision is accepted or declined. **A new paper application must then be submitted in the following year for entry from September 2023.**

Requests for schools outside Reading will be referred to the relevant local authority for consideration under that Council's scheme.

One admission authority cannot be required to honour a decision made by another admission authority on admission outside the normal age group. Therefore, if an application for **2023** entry lists different schools to the application withdrawn in **2022**, it will, if required, be forwarded to different admissions authorities for their consideration. Where this is the case, the offset request form must be resubmitted.

Disputes between Parents

When completing the application, a parent/carer must tick the box to declare they have parental responsibility for the child. It is assumed that the application is made with the agreement of all parties having parental responsibility. Where one or more applications is

received for a child, and there is dispute about the preferences or preference order on the application, the applications will be withdrawn until a court order is provided detailing the arrangements for schooling. If consensus between parents or a court order is not received by **1 February 2022**, all preferences will be removed and new preferences will be inserted in the following order: catchment area schools(s), closest appropriate Reading schools by straight-line distance to the home address. This is to ensure there is an allocated school for the child. The home address used will be that of the parent/carer receiving child benefit for the child or, where no parent claims this, the address registered with the child's current school.

In the event of a dispute after National Offer Day, the allocated school will remain in place and the child's name will be removed from any waiting list. The parents/carers must then reach agreement about which schools are listed on the application form and both provide written confirmation of the preferences to the School Admissions Team.

In-Year Admissions

The In- Year admissions arrangements for the school year, September 2022- July 2023 will use the determined policies of 2022/2023.

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

Timetable for the Primary & Junior School Admissions Round 2022-23

Action	Date
<i>Guide for Parents and Carers to be placed on BFFC Website.</i>	By 12 September 2021
Parents/carers to receive application information.	By 12 September 2021
Online admissions site open.	12 November 2021 – 15 January 2022
National Closing date for receipt of applications.	15 January 2022
Late/change of preference applications accepted in extenuating circumstances, written support must be submitted at time of application.	1 February 2022
Application details sent to voluntary-aided/Academies schools in Reading and other local authorities. Own Admissions Authority schools to provide Reading school admissions team with a list of children ranked according to the school's oversubscription criteria.	During February 2022

Action	Date
Coordination between other local authorities of offers that can be made to their residents in Reading schools.	By 2 April 2022
National Offer Day - Offer notifications sent to Reading Residents	19 April 2022
Deadline for parents to accept.	3 May 2022
Late applications for over-subscribed schools added to the waiting lists/change of preferences processed.	From 4 May 2022
Coordination with other LA's ends.	31 August 2022
Waiting lists held for Reading schools.	Until at least 31 July 2023

Annex B:



ADMISSION POLICY FOR COMMUNITY INFANT, JUNIOR
AND
PRIMARY SCHOOLS 2022-2023

For September 2022 entry

Determined on XX

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Introduction

Reading Borough Council is the admitting authority for community and voluntary controlled schools within the borough.

Reading Borough Council delivers its school admissions service through Brighter Futures for Children (BFfC). BFfC is an independent, not-for-profit company, wholly owned by Reading Borough Council, set up in December 2018 to deliver children's services, early help, education and SEND services in Reading

This document sets out the local authority's admission arrangements for entry to schools in September 2022.

The Reading School Admissions policy was last consulted on between 17 October 2018 and 10 December 2018. There have been no significant changes since that consultation took place, therefore no requirement for a public consultation.

These arrangements comply with the School Admissions (Admission Arrangements and Coordination of Admission Arrangements) (England) (Amendment) Regulations 2014, the School Admissions Code 2014 and the School Admissions Appeals Code 2012.

Other admitting authorities within Reading Borough Council

Voluntary aided schools, free schools and academies are their own admitting authorities and are required to publish their own proposals for consultation (if required) and determine their own admissions arrangements. Details of their proposals and/or determined arrangements should be obtained from each individual school.

National Offer Day for Primary and Junior Admissions is 19 April 2022

Cohort

Applications for children born between 1-9-2017 and 31-8-2018 will be considered for admission to a reception class in 2022 as part of the 2022/2023 routine admission round.

Applications for admission to junior schools in September 2022 will be considered for those born between 1-9-2014 and 31-8-2015.

Admission of children outside the normal age to Reading Borough Council Community Primary Schools

Children are normally allocated according to their chronological age. Parents may seek a place for their child outside of their normal age group, for example, if the child is gifted and talented or has experienced problems such as ill health. In addition, the parents of a summer born child may choose

not to send that child to school until the September following their fifth birthday and may request that they are admitted out of their normal age group – to Reception rather than Year 1 - in September 2023.

Reading Borough Council, as the Admission Authority for community primary schools, will consider each case individually and make a decision in every case that is in the best interest of the child, taking into account:

- The parent's/carer's views;
- Information about the child's academic, social and emotional development from their current setting;
- The child's medical history and the views of a medical professional (where relevant);
- Whether the child has previously been educated out of their normal age group;
- Whether the child may have fallen into a lower age group had they not been born prematurely.
- DfE document 'Advice on the admission of summer born children';
- DfE document 'School Admissions Code'
- LGO document 'Summer born admissions';
- The views of the head teacher of the school(s) concerned
- The views of the child's early years setting (if attending one)

To request a child's admission be delayed to September 2023, parents/carers need to read the offset guide and complete the required form. It is recommended they make an application for a Reception place in the normal way for September 2022 by 15 January 2022 so that the application can be considered. Each case will be carefully considered and parents/carers will be informed of the decision in writing, before the National Offer Day, setting out clearly the reasons for the decision. If the request to delay admission is agreed, the parents/carers must issue a formal acceptance, declaring their intention to proceed on this basis. In this case, the application submitted for September 2022 entry will be withdrawn (before a Reception place is offered) and a new paper application must then be submitted (for entry in September 2023) when the next primary admissions round opens in November 2022. Parents will not be made aware of the school they would have been allocated before the decision is accepted or declined. The decision made by Reading school admissions panel is not binding on any other Admission Authority and therefore schools may come to different decisions based on the evidence. If the request is refused, parents must decide whether to accept the offered place for Reception 2022 or refuse it and make an in-year application for a Year 1 place in September 2023.

Oversubscription Criteria for Community Primary and Infant Schools

Children with an Education, Health and Care Plan (EHCP) naming a preferred community primary or infant school will be allocated a place above all other children.

The oversubscription criteria take no account of the parent's/carer's order of preference. Applications for each school named by the parents/carers will be ranked according to the criteria set out below if there are more applications than places available.

Category		Notes
1	Looked after Children in the care of a Local Authority or Children who were looked after but ceased to be so because they were adopted (or became subject to a child arrangement order or special guardianship order) immediately after they had been looked after.	Provided appropriate evidence is submitted – See Note 1.
2	Children who were previously in state care outside England (children who were looked after or accommodated by a public or state authority or a religious organisation or any other provider of care whose sole purpose is to benefit society. The care may have been provided in an orphanage or other setting) but have been adopted and are no longer in state care.	Provided appropriate evidence is submitted – See Note 2.
3	Families who have strong medical or social grounds for their child's admission to a particular school.	See Note 3.
4	Children whose permanent home address is in the catchment area of the school and have a sibling at the school at the time of application who is expected to be attending the school when the child is due to start school.	This category may apply in other circumstances - See Notes 4 and 5.
5	Children whose permanent home address is in the catchment area of the school.	
6	Children whose permanent home address is not in the catchment area of the school but have a sibling at the school at the time of application who is expected to be attending the school when the child is due to start school.	See Note 5.
7	Children in receipt of Early Years Pupil Premium (EYPP) at the time application who attends the nursery unit at the school.	
8	Other Children	

Priority within the Oversubscription Criteria

Within each of the above categories 1-6 and 8, priority will be given to children who are in receipt of the Early Years Pupil Premium (EYPP), Service Premium or Pupil Premium (PP) at the time of application. To be considered for these priorities, parents/carers will be required to complete a Supplementary Information Form which **must be endorsed by the child's current school or nursery** confirming that they receive Early Years Pupil Premium (EYPP), Service Premium or Pupil Premium (PP) for the child. This form must be completed and returned to the school admissions team prior to **1 February 2022** in order that this priority may be awarded on time for the routine admissions round. Any applications received later than this date will be awarded the priority after the **4 May 2022**.

Oversubscription Criteria for Community Junior Schools – Geoffrey Field Junior School

Children with an Education, Health and Care Plan (EHCP) naming the school will be allocated a place above all other children.

The oversubscription criteria take no account of the parent's/carer's order of preference and applications for each school named by the parents/carers will be ranked according to the criteria set out below if there are more applications than places available.

Older siblings still attending the linked junior school will be considered as siblings for admission to the infant school.

Category		Notes
1	Looked after Children in the care of a Local Authority or children who were looked after but ceased to be so because they were adopted (or became subject to a child arrangement order or special guardianship order) immediately after they had been looked after.	Provided appropriate evidence is submitted – See Note 1.
2	Children who were previously in state care outside England (children who were looked after or accommodated by a public or state authority or a religious organisation or any other provider of care whose sole purpose is to benefit society. The care may have been provided in an orphanage or other setting) but have been adopted and are no longer in state care.	Provided appropriate evidence is submitted – See Note 2
3	Families who have strong medical or social grounds for their child's admission to a particular school.	See Note 3.
4	Children whose permanent home address is in the catchment area of the school and have a sibling at the school, or Geoffrey Field Infant School at the time of application who is expected to be attending the school when the child is due to start school.	This category may apply in other circumstances - See Notes 4 and 5.
5	Children whose permanent home address is in the catchment area of the school.	
6	Children whose permanent home address is not in the catchment area of the school but have a sibling at the school or Geoffrey Field Infant School at the time of application who is expected to be attending the school when the is due to start school.	See Note 5.
7	Children who are attending Geoffrey Field Infant School at the time of application.	
8	Other Children.	

Priority within the oversubscription criteria

Within each of the above categories 1-8, priority will be given to children who are in receipt of Pupil Premium (PP) or Service Premium at the time of application. To be considered for this priority, parents/carers will be required to complete a Supplementary Information Form which must be endorsed by the child's current school confirming that they receive pupil premium or Service Premium for the child. This form must be completed and returned to the school admissions team prior to **1 February 2022** in order that this priority may be awarded on time for the routine admissions round. Any applications received later than this date will be awarded the priority after the **2 May 2022**.

Notes relating to the above oversubscription criteria.

Note 1 – Category 1 – Looked After Children and Previously Looked After Children

A 'Looked After' child is a) in the care of a local authority, or b) being provided with accommodation by a local authority in the exercise of their social services functions as defined in Section 22(1) of the Children Act 1989 at the time of making an application for a school place.

A previously 'Looked After' child is a child who was looked after, but has been adopted or became subject to a child arrangement order or special guardianship order immediately following having been 'Looked After'. Confirmation will be required from the local authority that last looked after the child that the child was looked after immediately prior to the issuing of one of the following orders:

These are children adopted under the Adoption Act 1976 (Section 12) and children adopted under the Adoption and Children's Act 2002 (Section 46). The Children and Families Act 2014 amended the Children Act 1989 and replaces residence orders with child arrangement orders.

Note 2 – Category 2 – Children who were previously in state care outside England

These are children who were previously in state care outside England (children who were looked after or accommodated by a public or state authority or a religious organisation or any other provider of care whose sole purpose is to benefit society. The care may have been provided in an orphanage or other setting) but the child may have been adopted and is no longer in state care. Evidence of the previously looked after status and/or the adoption will be requested. Where such evidence is not available, the Admissions Authority will work closely with BFFC Virtual School for Children Looked After to make a pragmatic decision based on the information available so that there is a local consistent approach.

Note 3 – Category 3 Medical/Social Reasons

When submitting an application under criterion 3, families who have strong medical or social grounds for their child's admission to a particular school must provide written evidence. This may come from an independent professional aware of the case relating to the child, parent/carer or other children living at the same address (e.g. doctor, hospital consultant or psychologist for medical

grounds or registered social or care worker, housing officer, the police or probation officer for social needs). This evidence must: be specific to the school in question; show why that school is the most suitable; what facilities will benefit the child, and why no other school can offer the same support. It is not enough for the professional to report what the parent/carer has told them.

If failure in awarding this priority would result in no appropriate school being allocated, the panel, after taking into account the evidence submitted, the parental preference and the catchment school, will allow categorization of medical/social grounds to the most appropriate school. This applies to those children whose social/medical needs can be met by one than one school but not many schools. For example, when reasons are due to mobility issues and a number of schools are equal distance and failure to award this would result in no appropriate school being allocated.

In addition, this category includes children who are subject to a child arrangement order or special guardianship order awarded to a family member in order to prevent the child being taken into care by a local authority. A copy of the order must be provided.

No individual officer will take responsibility for determining whether a case is ranked in the category. A panel of officers in the form of the School Admissions Panel will make the final decision. Evidence must be provided by **1 February 2022** to be considered as on time for National Offer Day. If evidence is received by the team after this date then it is at the discretion of the panel whether to accept these documents for “on time” allocations. The admissions team will not prompt parents to send evidence to support admission under this category but they may ask for further evidence if this is required to make a decision. If evidence is received before the **1 February 2022** parents will be informed, in writing, before National Offer Day as to whether this has been granted. This is not a guarantee of a place at a particular school.

Note 4 – Category 4 – Siblings

Children whose home address is in the former catchment area of a school and have a sibling at the school and that sibling was admitted to the school from the same address will be treated as category 4 of the over-subscription.

Note 5 – Category 4 – Siblings

If parents/carers applied for a place at their catchment area school for their child and it was not possible to offer a place at that school because the school was oversubscribed, a sibling protection applies. Where the child was admitted to a lower preference Reading community primary school, or allocated a place by the authority at an alternative Reading community primary school, the application for any younger siblings for that school will be treated as “catchment area” and considered under category 4. Where a parent does not list all schools in the catchment area for the home address at the time of application and a place would have been offered at a catchment area school had it been listed, they forfeit the right to sibling protection. Parents/carers must inform the admissions team at the time of application if they consider this exemption applies.

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

Catchment area

The catchment area of the schools can be seen from attached maps. These are a guide only. Exact catchment area information for individual addresses can be found on Reading Borough Council's website <https://my.reading.gov.uk/>

Tiebreaker

If a school does not have enough places for all children in a particular category, places will be allocated to those living nearest the school. The distance is measured in miles as a straight line between the Ordnance Survey data point for the child's home address and the school using Reading Borough Council digital mapping software. This distance is measured to three decimal places. In the rare event that it is not possible to decide between the applications of those pupils who have the same distance measurement, the place will be offered using random allocation. A member of Committee Services staff for Reading Borough Council will supervise the selection process.

Multiple births (twins, triplets etc.)

Places are offered according to the oversubscription criteria. In the event that this would result in splitting multiple birth families, in the majority of cases the other child/children will be offered a place. In very exceptional circumstances, where the admission of more than one additional child to the year group causes prejudice to the provision of efficient education and efficient use of resources it may not be possible to offer a place to all multiple birth children.

In the event that siblings with a different date of birth, but in the same year group, are split by the oversubscription criteria, only one child will be offered a place. This applies to children during Key stage 1, up to and including Year 2, if admission would take a class over 30. Selection will be made randomly by a representative of Reading Borough Council's Committee Services.

It is open to the parents to decline this offer and seek places for all their children at another school or suggest the place is given to one of the other siblings. The other sibling(s) name(s) will put on the waiting list. If the admission is in Key Stage 2 or admission of the other siblings will not contravene infant class size regulations then each case will be considered and in most cases the other child/children will be offered a place (on the condition that the admission will not prejudice the provision of efficient education and efficient use of resources).

Parent/Carers

A parent/carer is any person who has parental responsibility or care of the child. Parental responsibility for a child is set out in the Children Act 1989. Normally this parent/carer would reside with the child at the permanent home address stated on the application.

Home address

Applications are processed on the basis of the child's single permanent home address, where the child lives with parent(s) or a carer/legal guardian and are living at this address on the closing date for applications. By submitting an application, the parent/carer/legal guardian is confirming the child will be living at that address on National Offer Day. An address will not be accepted where the child was resident - other than with a parent or carer - unless this was part of a private fostering or formal care arrangement.

Checks will be made to determine whether an address declared on the application form is that of a second home with the main home being elsewhere. Some residential arrangements will be considered to be temporary arrangements. The Reading school admissions team will consider the available evidence to determine if, on the balance of probability, the declared home address is the child's permanent home. Where the applicant, or their partner or spouse, is reasonably considered to be living with them as a single family unit owns another property, has previously lived in it and has chosen not live in it (including where a home is rented out to a third party) the owned property will ordinarily be considered to be the permanent home. Special circumstances that might lead to the declared address being considered as a permanent home despite another home being owned or otherwise available for occupation will need to be declared at the point of application by parents. Without being exhaustive these might include:

- an owned property being a considerable distance from the preferred school, indicating that the family had permanently relocated to the new home; or
- an owned property that is uninhabitable and cannot reasonably be made habitable in the period leading up to admission to the school; or
- an owned property that is in the process of being sold and the family live permanently in the declared property; or
- a situation, following divorce or separation, where the family home cannot be occupied by the applicant or otherwise treated as the child's permanent home.

Where the declared address is rented and the applicant has no claim on any other property, the declared address may be considered to be a temporary address if there is evidence the applicant has chosen to rent the property solely for the period necessary for a child to be admitted to a particular school.

Reference to Reading Borough Council tax records will be made to determine a single address for consideration of a place under criteria 4 or 5. It is for the applicant to satisfy the admissions authority that they live at the address stated.

Applicants will be asked to declare that the address used is expected to be their place of residence beyond the date of the pupil starting school. Applicants are required to advise of any change of circumstance at any time prior to the child starting school. If the applicant does not declare such arrangements, or a different address is used on the application where the child does not usually live;

it will be considered that a false declaration has been made and it may be decided to decline to offer a place at a particular school, or to withdraw the offer of a place. In deciding whether a place was allocated on the basis of a misleading or fraudulent application, an admissions panel will consider any supporting evidence giving reasons why the move was necessary prior to the child starting school.

It is important to declare if there is to be a change of address prior to the child starting school. If the applicant already owns a property which is in the process of being sold, the admissions team are able to accept the address of the new property only on submission of the appropriate evidence in support (e.g. completion of contracts letter on both the new property and, where possible, disposal of their current property). The deadline for submission of evidence to support a move is **1 February 2022**. If the move takes place later or evidence is submitted later, the application will be marked late and considered after National Offer Day.

If the applicant is renting the property, the tenancy agreement must be dated **1 February 2022** or prior, to be accepted as on time. If the tenancy agreement then expires prior to National Offer Day, the applicant must provide evidence showing that they still reside at the property past that date. If the applicant moves to a new rented property after the **1 February** the application will be marked late and considered after National Offer Day.

A temporary address cannot be used to obtain a school place. Temporary addresses will only be considered where evidence is provided of a genuine reason for the move e.g. flooding or subsidence.

Reading school admissions reserves its right to carry out further investigation and require additional evidence and to reject applications or withdraw offers of places if it believes it has the grounds to do so. In such cases, the applicant will have recourse to the independent appeals process. Where it is believed an address provided is not the only address then the Corporate Audit & Investigation Team will look into the address.

The home address should be the child's current address and is assumed to be the address on the National Offer Day. Any change of address after submitting the application must be notified to the Reading admissions team and the application will be reviewed using the new address. Any place offered based on misleading information, with the intention of deception or fraud concerning a permanent home address, will have the place withdrawn even if the child has started at the school.

Split living arrangements

Where a family claims to be resident at more than one address, justification and evidence of the family's circumstances will be required, e.g., formal residence order, child arrangements order or legal separation documentation. The application must be completed by the parent using the address which is owned, leased or rented where the child lives for the majority of the school week. This is based on the number of school nights a child spends at the home (Sunday night 1800hrs to Friday 0900hrs).

Where there is an equal split or there is any doubt about residence, the school admissions team will assess and make a judgment about which address to use for the purpose of the allocation of a school place where necessary requesting further information, for example:

- any legal documentation confirming residence;
- the pattern of residence;
- the period of time over which the current arrangement has been in place;
- confirmation from any previous school or early years setting of the contact details and home address supplied to it by the parents;
- the address where child benefit or other benefit (if applicable) is paid;
- where the child is registered with the GP;
- any other evidence the parents may supply to verify the position.

It is recommended that consensus is reached by both parents and child on the school preferences to be expressed and it should be noted that only one offer letter will be sent to the main applicant unless otherwise requested and agreed by both parents.

The information provided to determine the home address to be used will be considered by an admissions panel of at least two officers and their decision is final.

Siblings

Siblings are older siblings for purposes of admission criteria during the routine admission rounds, except those for Geoffrey Field Junior School, which will consider a younger sibling at Geoffrey Field Infant School. In-year applications will consider younger siblings, but not a sibling attending the nursery class of a school.

Siblings are children who have either the same mother or father, or they are children who live together in a family unit and with their parent(s)/carer(s). Siblings must live at the same permanent home address as each other. If they do not live at the same address, then they are not treated as siblings for the purpose of admission.

Deferring a Place

There is a legal requirement to offer a full-time place to every child whose parents wish to take up that option from the September following a child's fourth birthday. Places offered in a Reading school are on a full-time basis from September 2022 as a "rising 5" admission. Children do not need to be in statutory education until the September, January or April after their fifth birthday. When children are offered "rising 5" places, parent/carers may defer the place until January 2023 or April 2023 or until their child reaches statutory school age, whichever is earlier, but may not defer after April 2023 as admissions beyond that are in the next school year. Parents will then need to re-apply for a place in Year 1. However, it should be considered that places may not be available in Year 1, as the school may still be oversubscribed in the year group required

Part Time Admissions

Where the parents wish, children may attend part-time until later in the school year but not beyond the point at which they reach compulsory school age. If parents choose this option they cannot insist on part-time provision that is individually tailored to their needs. Parents/carers must discuss this with the Headteacher of the allocated school to agree the best arrangements for the child and school.

Waiting Lists

After **4 May 2022** ‘waiting lists’ will be created for Reading schools where it has not been possible to offer a place at a school the parents/carers listed as a higher preference than the school which has been offered. A child’s position on the waiting list is determined according to the oversubscription criteria and will be re-ranked when new children are added to the list as a result of late applications or change of preference. When a place becomes available this will be offered to the child ranked highest on the waiting list. After the **1 September 2022**, children identified for placement as part of the Fair Access Protocol can be placed above those on the waiting list. Positions on the waiting lists may go up or down due to pupil withdrawals, new or revised applications. Reading school admissions will keep waiting lists until end of **July 2023** (End of Term 6 for Reception classes). After this date, the waiting lists will be abandoned. Parents/carers must then re-apply for a place in Year 1 as an in-year admissions application if they are still interested in obtaining a place for their child.

Returning Crown Servants and Armed Forces Personnel

Families of Crown servants returning from overseas to live in the Reading Borough or applicants relocating in the armed forces may apply for a place in advance of their move provided the application is accompanied by an official letter confirming the posting to the UK and the expected relocation date. A school will be offered in advance of a move and held until the appropriate time. If the schools listed on an application form are oversubscribed, the family will need to provide an address in order to be ranked accordingly. Where a parent is unable to provide confirmation of a relocation address, an indication of the area may be provided, narrowed down as far as possible, to which the family intend to return. Preferences will be processed but applications will be considered under criterion 7 (other children) until the parent is able to provide confirmation of the new address such as proof of exchange of contracts or a signed rental agreement. If a place cannot be offered at a preferred school, an alternative school will be offered and parents will be advised of the right of appeal for a place at the preferred school. It is the responsibility of parents to keep the school admissions team informed of any changes to their planned address during the application process.

In-Year Admission Arrangements for the School Year 2022-2023.

The In- Year admissions arrangements for the school year, September 2022- July 2023 will use the determined policies of 2022/2023.

Parents/carers seeking admission for their child into Year 1 – Year 6 in a community primary school in Reading Borough must apply to Reading school admissions using the In-Year Application form. Parents/carers may apply direct to some voluntary-aided or academy schools in the Borough but the majority of these schools have opted to be part of the coordinated admission arrangements and applications are normally submitted to the Reading school admissions team. A list of those schools to which a direct application is necessary is available from the Brighter Futures for Children website.

If there is a place in the parent's/carer's preferred school, the place will be allocated, however, if there are more applications than places available the oversubscription criteria (as outlined above) will apply with places allocated to the child(ren) ranked highest. Remaining applicants will be added to the waiting list which will also be ranked according to the oversubscription criteria. Children allocated according to the Fair Access Protocol will take precedent over children on the waiting list.

Children new to the area, or those who have moved within the borough, will be able to start at the school as soon as possible after their move. If the request is to move schools within the borough without a move of home, these children will normally be expected to start at the beginning of the following term.

Waiting lists for admission in Years 1 to 6 will be held until 31 December 2022 after which parents/carers must reapply for their child to remain on the waiting list until July 2022. The waiting list will be abandoned after 31 July 2022 and parents/carers must reapply if they are still seeking a place for September 2023.

Appeals

If it is not possible to offer a place at the preferred school(s) parents/carers will be advised of their right of appeal.

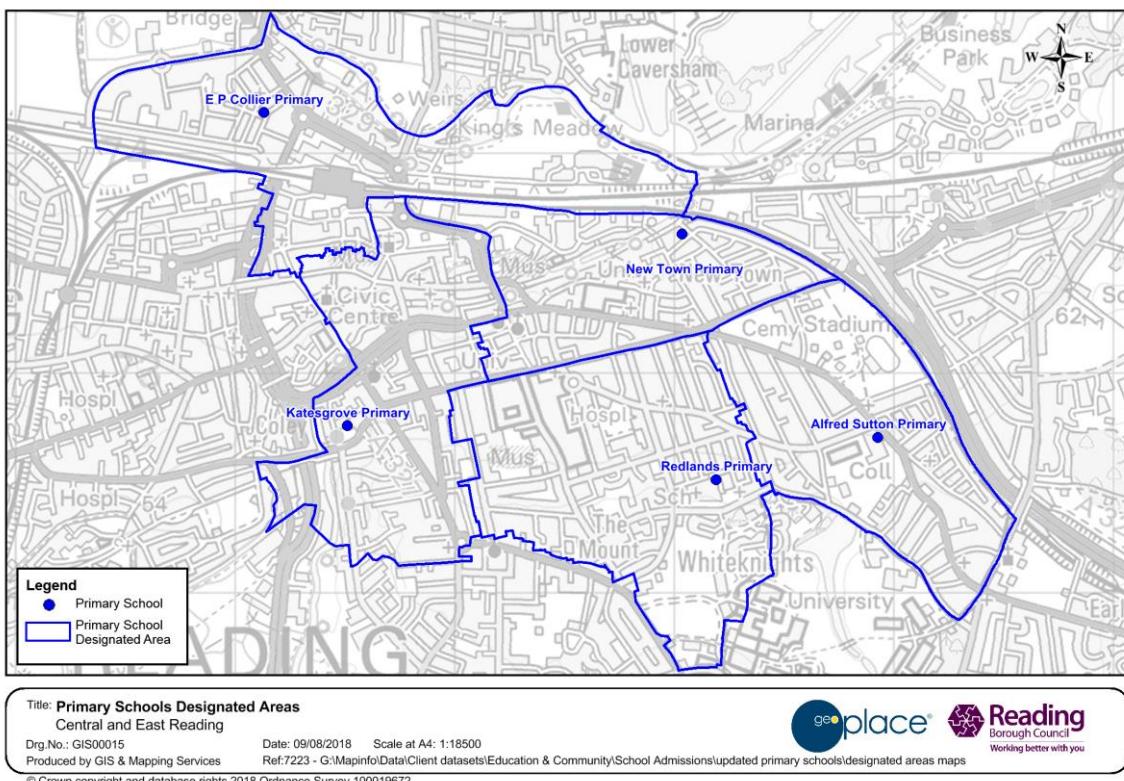
Admissions Numbers – Reading Community Infant, Junior and Primary Schools.

The following are the proposed admission numbers for 2022

School	September 2022 - Admission Number
Alfred Sutton Primary	90
Caversham Park Primary	30
Caversham Primary	60
Coley Primary	30
Emmer Green Primary	60
EP Collier Primary	60
Geoffrey Field Infant	90
Geoffrey Field Junior	90
Katesgrove Primary	90
Manor Primary	45
Micklands Primary	60

School	September 2022 - Admission Number
Moorlands Primary	60
Oxford Road Community	30
Park Lane Primary	60
Redlands Primary	30
Southcote Primary	90
St Michael's Primary	60
Thameside Primary	60
The Hill Primary	60
The Ridgeway Primary	60
Whitley Park Primary School	90
Wilson Primary	60

Annex C:



Annex D:



**Coordinated Admissions scheme for Reading Borough Council
Secondary Schools for the 2022/2023 academic year.**

For September 2023 entry

Determined on xxx

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Introduction

Reading Borough Council delivers its school admissions service through Brighter Futures for Children (BFFC). BFFC is an independent, not-for-profit company, wholly owned by Reading Borough Council, set up in December 2018 to deliver children's services, early help, education and SEND services in Reading.

The Reading coordinated scheme was last consulted on between 17 October 2018 and 10 December 2018. There have been no significant changes since that consultation took place, therefore no requirement for a public consultation.

This Scheme is made under section 84 of the Standards and Framework Act 1998 and in accordance with the School Admissions (Admissions Arrangements and Coordination of admissions arrangements (England) Regulations 2014.

The purpose of this coordinated scheme for secondary school admissions is to ensure that every parent/carer of a child **resident in Reading Borough**, who has submitted an application, receives **one offer** of a school place at the conclusion of the normal admissions round. At its heart is clear communication between Reading school admissions, other local authorities, community, and all state schools in Reading.

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

Coordination with Reading school admissions does not affect the right of individual admission authorities to set and operate their own admission arrangements. Admission authorities for Reading schools will need to comply with the timetable set out below. As all schools in Reading are foundation, voluntary aided or academy schools, the governing body of each school will consult (if necessary) and determine their own admission arrangements for September 2022.

These arrangements deal mainly with a child's admission to secondary school during the school year from September 2022 to August 2023. The children concerned are typically those born between 1 September 2010 and 31 August 2011. The place offered is a full-time place from September 2022.

National Offer Day for Secondary Admissions is 1 March 2022

Applications

Reading Borough Council will put in place procedures that, where possible, ensure all parents/carers living in the Borough of Reading (with a child eligible to start secondary school in September 2022) will be aware of the application process. Eligible children living in Reading will receive an information pack in September 2021. Children who attend Reading schools but who are not resident in Reading will be advised to apply to their home local authority.

Parents/carers are encouraged to apply online via the Reading Citizen Portal. The site will be open from **12 September 2021 until 31 October 2021**.

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

The Reading common application form (and the online terms and conditions) will include a statement requiring parents to confirm they have read the *Guide for Parents and Carers* and accept the policies and procedures in that document.

Parents/carers should return their completed forms directly to the school admissions team at BFfC.

Parents/carers will complete the common application form online by the agreed deadline. The school admissions team will validate the application address. Validation, where possible, will be by reference to Council Tax data held by the local authority. Where this is not possible, proof of residence will be required in the form of ownership documents or tenancy agreement.

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

National Closing Date is **31 October 2021**.

Late Applications

Applications received after the closing date will be treated as 'late' applications. However, if the late submission of the application is caused by extenuating circumstances (e.g. sudden illness or death of a close family member or the family having very recently moved to the area), written evidence may be provided to support this. In such cases, the application may be treated as on time if evidence is received before **31 December 2021**.

Where no evidence is provided, it will be assumed that the application could reasonably have been submitted by the closing date. In such cases, the application will be treated as late and considered after all on time applications have been allocated.

All applications received from the **1 January 2022** are considered late and will be passed to the appropriate admission authority in Reading (or to the appropriate local authority) after **16 March 2022**.

In these cases, parents/carers will be informed about the outcome of their application as per the timetable below, after National Offer Day. Applications for oversubscribed schools will be added to the waiting lists of those schools and ranked according to their oversubscription criteria.

Late applications will be processed after **16 March 2022**. The first round of allocations, following National Offer Day will be from the **11 May 2022**. After this date late application will be processed regularly. In each case, the cut-off date for consideration in each round of allocations will be **1 week prior to the allocation date**.

Changes of preference

Where the parent/carer wishes to change their preferences, they must submit a new application form (paper or online). If this is received by the school admissions team before **31 October 2021** it will be accepted as on time and will replace any previous application. Any preferences to be retained from a previous application must be listed on any subsequent applications.

Changes of preference received after **31 October 2021** will be treated as late applications in the way described above. However, applications for late change of preference where there are extenuating circumstances (e.g. sudden illness or death of a close family member or the family having very recently moved to the area) may be treated as on time, provided written evidence is supplied to support the late submission. This should be received by the school admissions team before **1 January 2022**. If no evidence is provided, the application will be treated as late. Any application for change of preference(s) received after **1 January 2022** will replace any previous application and be marked as late.

Please think very carefully about submitting an application after this date, particularly if you have already submitted an on-time application.

After **15 March 2022**, late changes of preferences will be passed to the appropriate admission authority in Reading or to the appropriate local authority to be considered.

Change of Address

As required by the School Admissions Code 2014, changes of address made after **31 October 2021 and before 1 January 2022** will be considered as on time. If an applicant changes address after the **1 January 2022** they will need to submit a new application, based on the new address. The new application will be marked as late and their previous application will be withdrawn. Documentary evidence of the change of address will be required.

Processing Applications

Exchange of information

As per the timetable below, the Reading school admissions team will forward applications to other local authorities and admission authorities in Reading. At the same time, other local authorities will forward applications to Reading for their residents to be considered for Reading schools.

Depending on the arrangements agreed with the governing body of each school, the school admissions team will provide the school with relevant information to enable them to rank applicants using their oversubscription criteria, as per the timetable. Reading school admissions will not pass on the details of the parent/carers preference ranking to the school, and no school will be told about other schools a parent has listed.

As per the timetable, each admission authority in Reading will rank applications according to their published oversubscription criteria and return ranked lists to the school admissions team.

Resolving multiple offers

As per the timetable, Reading school admissions will inform other local authorities of places offered in Reading schools to their residents. During the exchange of information, Reading school admissions will consider all cases where a child can be offered more than one of their preferences. In such cases, a place offered will be at the school a parent/carer listed highest in preference.

If a place cannot be offered at one of the preferred schools listed by the parent/carer, a place will normally be offered at the catchment school (if that school has spaces remaining) or, the nearest Reading school with a place available. If the offered school is one where Reading Borough Council is not the admission authority, this will be in consultation with the governing

body of the school in question. If the nearest school with places is a faith school, parents/carers will be offered this as an option. Should the parent/carer be unhappy with a faith school being offered, they will be informed of other schools with available spaces (which may be further from their home). Where no places are available at any Reading schools, parents/carers will be informed and alternative schools (outside Reading Borough) may be offered. Such an offer will depend on availability and the agreement of the appropriate

admission authority. This will not preclude parents/carers from requesting an alternative school, nor from lodging an appeal for their preferred school with the admission authority.

Informing schools

As per the timetable, the school admissions team will send each Reading Secondary school a list of pupils to be offered a place at their school. This will be confidential to the school and must not be passed on to parents/carers.

Informing Parents

On **National Offer Day**, parents/carers who submitted an online application will receive an email with a formal offer and may view their offer online.

Parents/carers who submitted a paper application will receive a letter (posted 2nd Class) containing their child's offer of a secondary school place. The formal offer will identify whether the offer is made on behalf of the governing body of a school or another local authority. The letter will:

- Inform parents of the school offered;
- Indicate how to accept a school place and the deadline for accepting.
- Provide information on school transport;

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

- Where they can find information showing how places were allocated at oversubscribed schools in Reading.
- How to submit an appeal.
- If the place offered is not their highest preference school(s), the child's name will be added to the waiting list(s) of all of the school(s) they listed higher in preference. Parents/carers are required to advise Reading school admissions if they do not wish their child's name to remain on a waiting list.
- Contact information for other local authorities.

Waiting Lists

After 16 March 2022 'waiting lists' will be administered for schools with more applicants than places available. A child's position on a waiting list is determined according to the oversubscription criteria of the school. When a place becomes available, this will be offered to the child who is top of the waiting list. A child's position on a waiting list may go up or down for a number of reasons (e.g. pupil withdrawals or new and revised applications). When a place is allocated from the waiting list, the child's current allocation (for a lower preference school) will be removed and allocated to another student, if appropriate. It is the responsibility of the parent to inform the school admissions team if they no longer wish to remain on the waiting list of a school. It will be assumed that a child is to remain on the waiting list of all schools listed as a higher preference than the allocated school, unless the parent/carer indicates otherwise.

Waiting lists for all schools in Reading Borough will be kept until the end of the **31 December 2022**. After this date, the policy of the individual school(s) will be followed. After the coordinated admissions round ends on **31 August 2022** any waiting list will be treated as an In-Year admission and will follow the individual policy of the school.

Withdrawing a place

If the offered place is not accepted within two weeks of **15 March 2022**, Reading school admissions will send a reminder and allow a further seven days for a reply. If there is still no response, the place may be withdrawn. If a school place has been offered on the basis of fraudulent, or intentionally misleading, information (which denied the place to another child), the place will be withdrawn

Requests for admission outside the normal age group

In exceptional circumstances, applications may be received for children who are not in the school year appropriate to their age. Where this arises, the schools requested will consider the circumstances of each case. Applications for these children will normally be processed with all other children, and these children will be permitted to enter their allocated secondary school.

Applicants should submit a [paper](#) application on the common application form by **31 October 2021**. Parents must outline their reasons for the request and supply supporting documents (e.g. information from their child's education setting or medical evidence). They should also provide confirmation from their current school that their child is studying outside their normal year group, in Year 6. The school admissions team will forward this information to the listed schools for consideration. Each case will be carefully considered by the admissions authority and parents/carers will be informed of the decision in writing, before National Offer Day, setting out clearly the reasons for the decision. One admission authority cannot be required to honour a decision made by another admission authority on admission out of the normal age group.

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

Transgender Students

Where a transgender pupil wishes to apply for a single-sex school, they must do so in the normal way (outlined in this policy) by completing the Common Application Form. Reading school admissions will coordinate these admissions; however, it is for the admissions

authority of the school(s) listed on the application to make a decision on the case. Where a place is refused, parents will be notified of their right to appeal.

Disputes between Parents

When completing the application, a parent/carer must tick the box to declare they have parental responsibility for the child. It is assumed that the application is made with the agreement of all parties having parental responsibility. Where one or more applications are received for a child, and there is dispute about the preferences or preference order on the application, the applications will be withdrawn until a court order is provided detailing the arrangements for schooling. If consensus between parents or a court order is not received by the **31 December 2021**, all preferences will be removed and new preferences will be inserted in the following order: catchment area schools(s), closest appropriate Reading schools by straight-line distance to the home address. This is to ensure there is an allocated school for the child. The home address used will be that of the parent/carer receiving child benefit for the child or, where no parent claims this, the address registered with the child's current school.

In-Year Admissions

The In-Year admissions arrangements for the school year, September 2022-July 2023 will use the determined policies of 2022/2023.

Parents/carers seeking admission for their child in Year 7- Year 11 of a secondary school in the Reading Borough should in most cases apply to Reading school admissions. Most secondary schools in the borough have opted to be part of the coordinated admission arrangements. A list of the schools to which a direct application is necessary may be obtained from the BFfC website. Where a school listed is in another local authority, the parent/carer will be advised to apply directly to that local authority and the application for that school will follow the relevant local authority's scheme

Timetable for the Secondary School Admissions Round 2022-23

Action	Date
<i>Guide for Parents and Carers to be placed on BFfC Website.</i>	By 12 September 2021

Action	Date
Parents/carers to receive application information.	By 12 September 2021
Online admissions site open.	12 September 2021 – 31 October 2021
National Closing date for receipt of applications.	31 October 2021
Late/change of preference applications accepted in extenuating circumstances, written support must be submitted at time of application.	By 31 December 2021
Application details sent to secondary schools in Reading and other local authorities. Own Admissions Authority schools to provide Reading school admissions team with a list of children ranked according to the school's oversubscription criteria.	During December 2021-January 2022
Coordination between other local authorities of offers that can be made to their residents in Reading schools.	By 12 February 2022
National Offer Day - Offer notifications sent to Reading Residents	1 March 2022
Online applicants can view outcome of application.	1 March 2022
Deadline for parents to accept.	15 March 2022
Late applications for over-subscribed schools added to the waiting lists/change of preferences processed.	From 16 March 2022
Coordination with other LA's ends.	31 August 2022
Waiting lists held for Reading schools.	Until at least 31 December 2022

Agenda Item 11

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	20 JANUARY 2021	AGENDA ITEM:	
TITLE:	SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2019/20		
LEAD COUNCILLOR:	CLLR TONY JONES	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	JO TAYLOR-PALMER	TEL:	07929845139
JOB TITLE:	INTERIM LOCALITY MANAGER - SAFEGUARDING	E-MAIL:	jo.taylor-palmer@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Safeguarding Adults Board (SAB) must lead adult safeguarding arrangements across its authority and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.
- 1.2 The overarching purpose of a SAB is to safeguard adults with health and social care needs. It does this by: Assuring itself that local safeguarding arrangements are in place, as defined by the Care Act 2014, and statutory guidance; requiring that Local Authorities demonstrate that:
 - Safeguarding practice is person-centred and outcome-focused;
 - They are working collaboratively to prevent abuse and neglect where possible;
 - Agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
 - Safeguarding practice is continuously improving;
 - The quality of life of adults in its area is enhanced.
- 1.3 The Annual Report 2019-20 presents what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2019-20. This is both as a partnership, and through the work of its participating partners. It provides a picture of who is safeguarded across the area, in what circumstance and why. It outlines the role and values of the SAB, its ongoing work and future priorities.

2. RECOMMENDED ACTION

- 2.1 That Adults Children and Education Committee to Note the Report

3. POLICY CONTEXT

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

3.2 The priorities for 2019/20 were that:

- We have oversight of the quality of safeguarding performance.
- We listen to service users, raise awareness of safeguarding adults and help people engage.
- We learn from experience and have a skilled and knowledgeable workforce.
- We work together effectively to support people at risk.

3.3 The priorities for 2020/21 are that:

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

4. THE PROPOSAL

4.1 Current Position:

Reading Borough Council Safeguarding Performance Data:

- Reading Borough Council:
- Has seen a 13.4% reduction in the number of safeguarding concerns (960) in 2019/20 when compared with 2018/19 (1109).
- In 2019/20 57% of safeguarding concerns (543) led to a section 42 enquiry - this has remained stable compared with 2018/19 data.
- In 2019/20 58% (268) of section 42 enquiries reported relate to older people over 65 years - this has remained stable compared with 2018/19 data.
- More women were the subject of a safeguarding enquiry than males as in previous years; however, the difference has only reduced by 1%.
- 85.2% of section 42 enquires were for individuals whose ethnicity is White. There has been a slight decrease 2.5% in section 42 enquires for individuals whose ethnicity is Mixed, Asian, Black or Other. This continues to be the focus of work for all partners in view of the demographic makeup of Reading.
- When all section 42 enquiries concluded, the individual's ethnicity was known.
- As in previous years the most common type of abuse for concluded section 42 enquires were for Neglect and Acts of Omission. This was followed by Financial or Material abuse, Physical abuse and Psychological abuse
- For most section 42 enquires the primary support reason was physical support.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.
- 86% of service users were asked about the outcomes they desired as part of the Making Safeguarding Personal agenda and engagement of the service user throughout the whole process. This has been maintained and slightly increased over the previous year.

4.2 Activity in Safeguarding Residents of Reading

In response to the SAB report 2019/20 Reading has:

- Considered the wider safeguarding agenda for the residents of Reading Borough Council and have supported the implementation of the following services which supports the statutory work of the Safeguarding Team.
- Implemented the Serious Concerns (SC) and Standards of Care (SOC) Provider framework in Reading Borough Council, undertaken by the Commissioning Service.

The serious concerns process exists to manage serious concerns within the provider organisation. These are severe concerns with high levels of risk. The process supplements but does not replace investigations such as those relating to safeguarding, fraud and health and safety. If the organisation is placed in a Serious Concerns framework, they are to participate in regular meetings with Reading Borough Council and all stakeholders are involved. These meetings are to track the progress of the providers against an improvement action plan. A red flag is placed against a provider that may prevent admissions to the service if the risks are considered of impact upon the safety of care delivered.

The SOC process sits beneath the Serious Concerns process and exists to monitor less severe concerns within the organisation. These are medium to low risk. If the organisation is placed in a SOC framework they are to participate in regular meetings with Reading Borough Council and all stakeholders involved and is viewed as a supportive and preventative measure of escalation if issues. These meetings track the progress of the providers against an improvement action plan. A red or amber flag is placed against a provider that may prevent admissions to the service if the risks are considered of impact to the care delivered.

- Delivered on the Conversation Counts Model that, (based on strengths of what individuals can do rather and what would support independence rather than what they cannot do) was implemented in 2018 which has been continually evaluated and developed as a result of the initial feedback from service users, staff and external professionals. In March 2019, Phase Two of the model, was enhanced and introduced and the focus of the work involves working with people whose circumstances mean they are in crisis and who may be at risk. Staff aim to understand what is causing the crisis, what needs to change urgently and then work with the person to make those changes happen and create stability in their life. The final phase of the Conversation Counts Model is to support people to “look at what good looks like”, what resources, support, connections a person needs to live the life they choose to live. This has created a greater emphasis on the broader safeguarding agenda and has enabled staff working alongside people to help them look at how they keep themselves safe.
- Increased the use of Direct Payments (DPs) as an alternative to traditional models of care and for DPs to be offered to service users for purchasing support packages. An area of concern had been supporting service users to make the right choices in respect of employing carers, the potential for an increase in safeguarding concerns and the general well-being and safety of the service user undertaking this process.

Therefore, from April 2019 to March 2020 a Direct Payments Development Officer was recruited to support the project. Guidance for service users and staff was updated and the number of DP users in Reading has increased by 2% over that period. This has continued to be successful and there has not been an increase in safeguarding concerns and offers assurances to those managing their own DP that they are not exposing themselves to risk or harm. We continue to monitor and spot check to ensure that funds are deployed as recorded in their Support Plan

Implementation of Reading's Personal Assistant (PA) market which would address the safeguarding agenda in general. One way of receiving DPs is via a PA who works directly with one or more service users, to support them with various aspects of their daily life. This could be in their own home, in the community, at leisure or at work. PAs are usually employed directly by a person who needs care and support and who manages and pays for this through their Personal Budget or with their own money. The individual employing a PA can choose exactly how they are supported to ensure their needs are met.

Employing PAs supports our aims for service users to:

- receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- get the information and advice they need to make good decisions about care and support.
- have a range of provision of high quality, appropriate services to choose from.

The future is for a sustainable, diverse and robust PA Market in Reading that will:

- deliver quality care through trained PAs and raising service users' awareness of safeguarding and quality standards.
- increase choice and control for individuals over the care and support they receive.
- Initiated a project to understand how Technology Enabled Care (TEC) can promote wellbeing, support prevention, maximise independence and self-care, enhance quality of life and reduce the need for a safeguarding intervention. A new TEC Lead has been recruited and we will be monitoring service users' outcomes over the coming months to identify how TEC has impacted on their lives.

4.3 Key findings in the data that have influenced our delivery priorities 2019/20

Most notable in the data is the small drop in the number of safeguarding concerns recorded. It should be noted that the number of safeguarding concerns converted into section 42 enquiries has remained stable and in line with the previous years safeguarding data. This would demonstrate that the number of safeguarding concerns that have been screened as part of the duty of the Safeguarding Team suggest an accurate recognition of those that meet the threshold to progress to an enquiry. The work that has been undertaken across the service over the past year is evidence that the recording function of entering safeguarding concerns into Reading Borough Council electronic file recording system by staff has demonstrated far better compliance. There is further work to be undertaken to ensure consistency and accountability and the pathway into the electronic file system is being updated and should ensure that all safeguarding contacts are inputted within an agreed timeframe to support the safeguarding key performance indicators.

It is noted that there remains some disparity across the West Berkshire Board in the recording of organisational abuse safeguarding concerns. Work continues to address this, and clarity is being sought from the Department of Health. The Safeguarding Team in Reading continue to take a proportionate approach to these concerns and will continue to do so until there is a clear recommendation on the approach to take.

Making Safeguarding Personal (MSP) was a nationally led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry. Staff have continued to embrace the MSP agenda, and this has been evidenced in the safeguarding data. There is further work to be undertaken to enhance the process within the electronic file recording system, which

will offer better outcome recording and enable Reading Borough Council to implement any necessary changes across the service and the wider community to support the safety of all residents.

It is noted that there have been 10 Safeguarding Adult Reviews (SAR) commissioned by the West Berkshire Adult Safeguarding Board of which 4 were for Reading Borough Council to undertake. Due to the complexity of these cases not all of them have been concluded and published. Adult Social Care are committed to ensuring that ongoing improvements are made as a result of the findings from each SAR and there is a programme of ongoing work to address this.

4.4 Improving the Future of Safeguarding Adults in Reading

The aspiration for 2020/21 is to streamline the pathway process for all safeguarding concerns into Reading Borough Council through a single point of access which. This will support the work of the Safeguarding Team to ensure consistency of approach and offer better efficiency in meeting safeguarding targets.

There will be an updated implementation of the safeguarding electronic file recording system, the practice benefits will be:

- Making the safeguarding pathway more efficient for adult social care staff
- Consistent quality in safeguarding practice
- Daily management oversight of safeguarding data
- Effective use of safeguarding data
- Shared purpose, principles and procedures
- Evaluation of performance

A review of the way in which the safeguarding statutory function is delivered across Adult Social Care will be taking place in line with national work being undertaken. This is in respect of those individuals who are homelessness or have drug and alcohol problems, the outcome of which may increase the responsibilities of the Safeguarding Team which would see an increase in the levels of safeguarding concerns.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The SAB is a statutory function and has set priorities for 2020/2021 as detailed in section 3 of this report. The organisation has a legal duty under the Care Act 2014 to safeguard adults and promote wellbeing and this has been evidenced within our Cooperate Plan 2016-2019; Service Priority 1 - Safeguarding and protecting those that are deemed as meeting the safeguarding threshold for a safeguarding intervention.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 There is no impact noted as a result of this report.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 A priority for the board for 2019/20 is to strengthen communication and engagement across groups and communities of West Berkshire, and to ensure that plans and actions are informed by the experience of the widest range of local people.

8. EQUALITY IMPACT ASSESSMENT

The local authority, as a public body, is under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010). In order to comply with this duty, the Council must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. There is currently no change

in the service to the residents is proposed hence an Equality Impact Assessment will not be completed at this stage.

9. LEGAL IMPLICATIONS

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

10. FINANCIAL IMPLICATIONS

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

11. BACKGROUND PAPERS

- 11.1 West of Berkshire Safeguarding Adult Report 2019/2020
Care Act 2014



West of Berkshire Safeguarding Adults Partnership Board

Annual Report 2019-20

Message from the Independent Chair

I am pleased to present the West of Berkshire SAB Annual Report for 2019 – 2020. This report summarises what the Board achieved throughout the year on behalf of West of Berkshire residents, together as a partnership as well as through the work of individual partner organisations.

We have continued to look at information about safeguarding activity to inform our priorities for improvement, as well as cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. During 2019 - 2020, the SAR Panel have been working on 10 SARs of which 2 were endorsed by the SAB in this reporting year. We plan to publish the other safeguarding adult's reviews in 2020/21. Valuable learning has emerged from the all SARs and has fed into the SABs priorities and Business Plan for 2020/21

2020 has of course seen unprecedented demands on local services as a result of Covid 19. The pandemic has and will continue to have an effect on all of us, impacting on the lives of service users and staff across the partnership. West of Berkshire SAB's priorities for 2020-21 are heavily based on our response to the current crisis and to do our utmost to ensure safeguarding adults at risk remains at the forefront of our work.

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

Concerned about an adult?

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

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

- Reading – call 0118 937 3747 or email safeguarding.adults@reading.gov.uk or complete an online [form](#)
- West Berkshire – call 01635 519056 or email safeguardingadults@westberks.gov.uk or complete an online [form](#)
- Wokingham – call 0118 974 6371 or email Adultsafeguardinghub@wokingham.gov.uk or complete a online [form](#)

For help out of normal working hours contact the **Emergency Duty Team** on 01344 786 543 or email edt@bracknell-forest.gov.uk

For more information visit the SAB's website: <http://www.sabberkshirewest.co.uk/>

Introduction

Our vision

Adult safeguarding means protecting people in our community so they can live in safety, free from abuse and neglect.

Our vision in West Berkshire is that all agencies will work together to prevent and reduce the risk of harm to adults at risk of abuse or neglect, whilst supporting individuals to maintain control over their lives and make informed choices without coercion

What is safeguarding adults?

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

What is the Safeguarding Adults Board?

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

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

Who do we support?

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

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

Safeguarding Adults Policy and Procedures

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

Number of safeguarding adult concerns 2019-20

- Compared with 2018-19 there has been an 8% increase in the number of safeguarding concerns.
- The increase is less than the national trend which saw an increase of 15%.
- The SAB has identified that there have been inconsistencies in recording safeguarding concerns which has meant that the number of concerns received in the West of Berkshire has been under reported.
- West Berkshire Council and Wokingham Borough Council have reviewed and implemented changes to their recording process which has resulted in increases of 15% and 21% when comparing 19/20 with 18/19.
- There has been a decrease of 14% at Reading Borough Council when comparing 19/20 with 18/19, this however is due to under reporting, and work is in progress to address this.
- The pandemic has not impacted on this data as the data collection period ends on the 31st March 2020.
- Number of safeguarding concerns continues to be monitored quarterly through the SAB dashboard.

Trends across the area in 2019/20

- 57% of enquires were in relation to women, this is a decrease from 2018/19 where the outturn was 61%.
- 62% of enquiries relate to people over 65 years in age, a slight decrease when compared with 2018/19 where it was 67%.
- 33% of enquires were for individuals whose ethnicity is not White, this is a 4% higher when compared with 18/19.
- There has been an 18% rise in referrals for individuals whose ethnicity is Black when compared with 18/19.

- For 14% of referrals made, the individual's ethnicity was recorded as not known, this is an increased from the previous 2 years where the outturn was 11%.
- As in previous years the most common type of abuse for concluded enquiries were for neglect and acts of omission. This was followed by physical, psychological or emotional abuse and financial abuse. There has been a 2% increase in Domestic Abuse (149 enquiries in 19/20 compared with 113 in 18/19).
- For the majority of cases (44%), the primary support reason was physical support. This was followed by no support reason, which increased from 16% to 18% when compared with 18/19.
- The majority of cases with no support reason are attributed to West Berkshire Council at 98%. This was discussed at the SAB Performance and Quality subgroup who concluded this difference was due to West Berkshire Council opening a safeguarding enquiry for all individuals who are receiving services from a provider that is being investigated under organisational safeguarding. Reading and Wokingham Borough Councils do not open Safeguarding enquiries for all service users when service is being investigated under organisational safeguarding unless a specific safeguarding concern has been identified for that individual, therefore the figure for no support reason is significantly lower in these authorities.
- The most common locations where the alleged abuse took place was the person's own home (57% down from 61% in 18/19) and care home (26% up from 21% in 18/19, this can be attributed to West Berkshire District Council recording processes in regard to organisational safeguarding).
- The SAB had agreed to carry out an independent audit into the safeguarding recording process across each Local Authority in 20/21. In order to identify the inconsistencies in recording across the partnership and for the SAB to agree to an approach to address these inconsistencies. This will include an investigation into the appropriate recording of organisational safeguarding concerns. The audit has been deferred to 21/22 due to the pressures around capacity as a result of the pandemic.

Risks and Mitigations

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

- The implementation of a user engagement strategy began in 19/20 and will continue to be implemented in 20/21 in order to ensure that people who experience the safeguarding adults process as adults with care and support needs, as well as their carers, have appropriate opportunities for involvement or engagement with the SAB. SAB meeting agendas have time allocated at the start of the meeting to ensure that the voice of the service user is heard, this can be through Safeguarding Adult Reviews (SARs) or presentations from partners with specific emphasis on individuals experience.

- An additional subgroup was created with members of the Voluntary Care Sector and Healthwatch's across each Local Authority area in order for the SAB to better understand the issues facing these sectors in regard to safeguarding.
- It is important to the SAB that people who raise safeguarding concerns receive feedback, local authorities have adapted their recording processes so performance in this area can be reported to the SAB from 20/21 onwards.
- The use of advocacy continues to be monitored by the SAB, through the dashboard and audits. In 20/21 95% of individuals, who were part of a safeguarding intervention, who were assessed as lacking capacity were recorded as having an advocate, this is a slight increase from 18/19 where it was 94%. Performance is much higher than the national average which was recorded as 84% in 18/19.
- The SAB accepts that understanding and implementation of the Mental Capacity Act across the partnership will be an ongoing challenge as learning from SARs and audits evidences. The principles of the Mental Capacity Act and the roles of responsibilities of professionals across the partnership continues to be promoted through learning provided by the SAB.
- The SAB understands that there are capacity issues within the supervisory bodies to obtain timely Deprivation of Liberties (DoLs) assessments and provide appropriate authorisation. Performance in this area is monitored by the SAB who accept further work is required in this area. The impact of the pandemic has impacted on the way in which DoLs assessments have been conducted the SAB is awaiting data to understand this impact.
- As in 18/19 in order to ensure that arrangements to support people who have Mental Health issues were fully understood, a report detailing governance arrangements continues to be presented to the SAB on a six monthly basis.
- Business plan priorities for 19/20 were set to support the SAB to mitigate the following risks:
 - Mechanisms and pathways in place across the locality to support people who self-neglect are not widely or fully understood.
 - Local priorities and arrangements to support and minimise risks for people who experience Domestic Abuse are not fully understood.
- The partnership saw a 25% reduction in safeguarding concern from 18/19 when compared with 17/18, which is different to national trends where there has been a year on year increase. The SAB agreed to commission an independent audit in 20/21 to understand the reasons behind this. The audit has been deferred to 21/22 a due to the pressures around capacity as a result of the pandemic and assurance from Local Authorities that they are addressing issues in regards to under reporting.
- Assurance was sought from partners to ensure that plans were in place in the event of a no deal Brexit.

Further safeguarding information is presented in the annual reports by partner agencies in [**Appendix E**](#).

Achievements through working together

Our 18/21 Strategy outlines what the SAB aims to achieve in the next three years. The SAB identifies strategic priorities that shape its work. These are reviewed each year and revised to reflect findings from performance information and case reviews.

Our priorities for **19/20** and outcomes to those priorities were:

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

- A Service User involvement strategy was approved, and part implemented, further implementation of this strategy has been added to the 20/21 Business Plan.
- The Pan Berkshire Policies and Procedures in regard to Self-Neglect were reviewed and launched in July 2020.
- A review of safeguarding training across the partnership was completed and recommendations to improve training were approved by the SAB. The SAB will look to implement these recommendations in 21/22 if there is capacity to do so.
- A best practice document has been created to support the partnership to understand the function of the Safeguarding Adults Manager (SAM) in the safeguarding process. Launch of this document is planned for 20/21.
- A review of the quality of Tissue Viability Management training across the partnership was completed and will go to the SAB for endorsement in September 2020.
- A partnership wide risk assessment tool named MARM¹ (Multi-agency Risk Management Framework) was created and launched in July 2020. A review of its effectiveness is planned in 21/22.
- Two Bitesize learning events on Royal Berkshire Fire & Rescue Service - Threat of Arson Safe and Well Processes were held. Feedback from these events was positive.

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

- The SAB are working with Local Safeguarding Child Boards and Community Safety Partnerships to support them in their priorities regarding Domestic Abuse.
- There is SAB representation at the Thames Valley Domestic Abuse coordinators meetings, where there were plans to host a Thames Valley wide conference on Domestic Abuse, these plans were unfortunately put on hold due to the pandemic.
- A bitesize learning event in conjunction with the Reading Domestic Abuse Forum, on Learning from Domestic Homicide Reviews took place.
- Pan Berkshire Policies and Procedures in relation to Domestic Abuse were reviewed and updated, these were launched in June 2020.

¹ <http://www.sabberkshirewest.co.uk/practitioners/supporting-individuals-to-manage-risk-and-multi-agency-framework-marm/>

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

- September 2019 SAB meeting focused on targeted exploitation with a number of speakers at the meeting.
- A modern slavery pathway was created and published.
- A research report to identify who is most at risk from Targeted Exploitation was completed by the Performance and Quality Subgroup and will be presented to the SAB in September 2020.
- Two bitesize learning events were scheduled in March 2020 on What do I do if I suspect Financial Abuse – the roles and responsibilities of agencies. Unfortunately, these sessions had to be postponed due to the pandemic, work is underway to rearrange these sessions virtually.

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

- January 2020 SAB meeting focused on organisational safeguarding, were the Care Quality Commission were represented.
- A survey was completed with care providers for the SAB to understand the issues the provider market is facing and how this impacts on safeguarding. The findings of this survey were presented to the SAB and recommendations added to the SABs Learning from Safeguarding Adult Reviews/Audit Implementation Plan.
- A meeting took place with the Care Quality Commission, Local Authorities and the Clinical Commissioning Group to discuss the increase in organisational safeguarding issues and to ensure that partners were working effectively together to address the issues being identified.
- The recommendations from the Devon Safeguarding Adults Partnership, Safeguarding Adult Review, Atlas Care Homes were considered by the SAB.
- The SAB are alerted to organisations that are subject to organisational safeguarding.
- A detailed questionnaire on commissioning and quality monitoring arrangements for external providers to the local authorities and clinical commissioning group in January 2020, findings of these questionnaire were to be considered by the SAB in order for the SAB to agree a suitable approach issues identified. Due to the pandemic not all questionnaire responses were received, and all responses will require reviewing due to the impact of the pandemic has had on commissioning and quality monitoring arrangements. This will be revisited in 20/21.

In November 2019, an extraordinary meeting of the SAB statutory partners was called to discuss the obstacles regarding communication and information across the partnership which had been identified at a SAB meeting in September 2019. The meeting was arranged to provide partners with an opportunity to have a frank and open discussion to identify the barriers regarding communication and information sharing, and to agree appropriate actions in order to better safeguard people. As an outcome of this meeting an action plan was agreed, and actions monitored through the SAB Learning from SAR/Audit Implementation Plan.

More information on how we have delivered these priorities can be found in the following:

- Additional achievements by partner agencies are presented in Appendix B.
- The completed Business Plan 2019-20 is provided in Appendix C.

Safeguarding Adults Reviews

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

During the reporting year, the SAR Panel have worked on 10 SARs of which 2 were endorsed by the SAB and one was published along with a practice learning note. The practice learning note is a two-page document that summarises the case, key learning and pulls seven key learning points from the SAR and summarising best practice in these areas. The practice learning notes have been well received across the partnership and are used to highlight SAR learning in team meeting and training sessions.

The SAB plans to publish the other nine safeguarding adult's reviews in 2020/21. Valuable learning has emerged from the all SARs and has fed into the SABs priorities and Business Plan for 2020/21. There was delays in publication of SARS due to the pandemic resulting in the March 2020 SAB being cancelled. The SAB introduced virtual SAB sign offs in May 2020 to overcome this backlog. The SAB continues to recognise the large workload for the SAR Panel and meetings continue to be held monthly.

The case summaries and the learning from the 2 SARs that have been endorsed are as follows:

Daniel

Daniel is a man in his 70's, who owned his own home. Daniel has cognitive difficulties and significant physical disabilities. Daniel is estranged from his immediate family, but had support from a lady called Ellen, who referred to herself as a family member and Daniel's next of kin. No checks were made around Ellen's claims. Professionals supporting Daniel were made aware on seven occasions, that Ellen was not who she said she was, and they did not investigate this further. When concerns were discussed with Daniel these were discussed with Ellen present. 14 Safeguarding concerns were raised from numerous agencies, over a five-year period, about the possible financial abuse of Daniel by Ellen. The Local Authority did not comply with Section 42 of the Care Act or the Mental Capacity Act 2005, and as a result Daniel was failed by the agencies that were supporting him.

Lessons Learnt

- The importance of independent advocacy to support a person lacking capacity.
- A significant lack of professional curiosity, professionals did not have the confidence to challenge a person, who at the time did not appear to be acting in the vulnerable persons best interests.
- Information taken at face value, there was no additional verification by professionals involved. Reallocation of support workers in such complex cases should be kept at a minimum.
- A more consistent approach to Care Management will help to identify any contradictory information.
- Professionals did not listen to Daniel; Making Safeguarding Personal principles were not followed.
- There is a lack of confidence across the workforce in dealing with complex financial situations.
- The workforce needs to be equipped to challenge and ensure that service user's best interests is key to any decision being made.
- There was a lack of management oversight in this case

Ben

Ben, moved to a Nursing Home in August 2014, after a stay in hospital. Ben had a diagnosis of Vascular Dementia and multiple co-morbidities. Ben lacked capacity to consent to the care and support provided to him, a Best Interests Meeting decided that it would be in Ben's best interests to move into a Nursing Home.

A Nursing Home had been identified by the Local Authority. Ben's family however expressed concerns about the cleanliness of the home and requested that a placement be made closer to his family. As Ben had been in hospital for over 3 months it was decided at a further Best Interests Meeting that it was in Ben's best interests to move into the Nursing Home on an interim basis pending a six-week review. The six-week review concluded that the placement appeared to be working well for Ben and Ben's case was transferred over for a 12-month review.

Ben was admitted to hospital in July 2015, and the hospital immediately raised a safeguarding concern under the category of Suspected Acts of Omission and Neglect by the Nursing Home. As Ben was noted to have 12 pressure ulcers and bruises over his body. The police were also notified. As a result of this safeguarding concern the Nursing Home was investigated under the Provider Concerns Framework and a police investigation was opened.

Ben did not return to the Nursing Home and passed away in August 2015. It was noted that Ben had several pressure ulcers at the time of his death. A criminal prosecution against the provider did not take place, due to lack of evidence. The Care Quality Commission (CQC) considered action under their regulatory powers but concluded there was not enough evidence to progress.

The Care Quality Commission, Thames Valley Police, Clinical Commissioning Group, GP, District Nurses, Podiatry, Tissue Viability Nurses, Royal Berkshire Hospital, Wokingham Borough Council, South Central Ambulance and an independent Nursing Home. All supported Ben during the period of review and contributed to this SAR.

Lessons Learnt

- The Nursing Home had no pressure care prevention plan in place for Ben, despite Bens needs resulting in him being at high risk of pressure damage. This was not identified as an issue at the six-week review.
- The Mental Capacity Act was adhered to throughout Adult Social Care's involvement with Ben. Best Interest Meetings were held in regards to decisions regarding Ben's care and support.
- A Deprivation of Liberty (DoLs) assessment took place following an application by the Nursing Home, which was in line with policies and procedures.
- Concerns raised about the Nursing Home by Ben's family by the Best Interests Assessor were not

How is learning from SARS embedded within in practice?

The SAB captures all recommendations from SARs on a Learning from SARS/Audit Implementation Plan where all recommendations from SARs and other SAB learning is added and tracked. From the two SAR endorsed the SAB have identified improvement action required in the following areas, *description of action has or is being taken is in italics*:

- **Safeguarding processes** – *a best practice guide for the Safeguarding Adults Management (SAM) function is in the final stages of development.*
- **Professional Curiosity** – *changes to the delivery of safeguarding training across the partnership has been agreed, which will be implemented in 20/21. Professional curiosity will be a theme throughout training. Professional curiosity has been identified as a future SAB Bitesize learning topic.*
- **Financial Abuse** – *learning evidenced that workers are not confident in dealing with complex financial situations. A bitesize learning event on ‘What do I do if I suspect Financial Abuse – the roles and responsibilities of agencies’ with speakers from: Local Authority, Trading Standards, Thames Valley Police and the Office of the Public Guardian was arranged for March 2020 but was postponed due to the pandemic. Work is underway to rearrange the session for 20-21. The SAB had a focused meeting on targeted exploitation and each Local Authority provided a presentation on how they have responded to the learning from this SAR. Targeted exploitation was a priority for the SAB in 19/20 and continues to be in 20/21.*
- **Advocacy** – *the SAB continue to monitor through its Dashboard the use of advocacy and has seen an improvement in performance that is above the national average.*
- **Organisational Safeguarding** – *is a priority for the SAB in 19/20 and continues to be in 20/21.*
- **Tissue Viability** – *Specific action on the SAB Business Plan to look at the suitability and effectiveness of training in regard to pressure care, report will go to the SAB in 20-21.*

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

There is a dedicated page on the SAB's website for case reviews:

<http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/>

Key priorities for 2020/2021

We understand that priorities will change and as we learn from partner agencies both locally and nationally and that the priorities must be achievable. The priorities for 2020/21 are:

- **Priority 1 - We will continue to work on outstanding actions from the 2019/20 from the following priorities:**
 - Priority 1 2019-20, We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect
 - Priority 2 2019 -20, The SAB will work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.
 - Priority 3 2019-20, We will understand the main risks to our local population in regard to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.
- **Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.**
- **Priority 3 – The SAB will continue to carry out the business as usual tasks in order to comply with its statutory obligations.**

The Business Plan for 2020-21 is attached as **Appendix D**.

Appendices

Appendix A - Board Member Organisations

Appendix B - Achievements by partner agencies

Appendix C - Completed 2019-20 Business Plan

Appendix D - 2020-21 Business Plan

Appendix E - Partners' Safeguarding Performance Annual Reports:

- Reading Borough Council
- Berkshire Healthcare Foundation Trust
- West Berkshire Council
- Wokingham Borough Council
- Royal Berkshire Foundation Trust

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Annual Report 2019/20

Appendix A - Board member organisations

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

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

Other agencies are also represented on the Board:

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

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Appendix B

Achievements by partner agencies 2019-20

Berkshire Healthcare NHS Foundation Trust (BHFT)

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

The safeguarding children and adult teams remain fully integrated to facilitate a more joined-up 'think family' approach to safeguarding. During 2019/20, the in-house on-call safeguarding advice line continued to be provided by safeguarding named professionals to enable staff to discuss cases and seek advice on safeguarding matters.

The model of delivery for safeguarding was partly amended during the Covid pandemic, to meet the additional support needs of staff, whilst staff were working in new ways.

Achieving a high-level training compliance is a priority for BHFT and the Trust have achieved compliance above 94% for safeguarding adults training at level one and above 85% at level two with extra courses being facilitated. For Safeguarding children, the trust achieved 96% for level one and 92% for level 2. Training delivery styles were adapted during the latter part of the year to accommodate social distancing and mobile working. Training compliance for PREVENT training is 97%.

Improvement in staffs understanding of and application of the Mental Capacity Act (MCA) 2005 continues to be a priority for the Trust. Extra training has been facilitated and compliance to training has increased to 92%. MCA champions have been appointed to further this work and are mentored by the MCA lead for the Trust, who is a named safeguarding professional. Work commenced within the trust around the implementation of the Liberty Protection Safeguards, though during the pandemic, this implementation has been delayed nationally until 2022.

Berkshire West CCG

Berkshire West Clinical Commissioning Group (CCG) have continued to raise the profile of safeguarding adults across primary care and with health commissioned providers. In 2019 we undertook a themed face to face audit across all our primary care Service for safeguarding building on our previous audits within primary care and we achieved a 100% engagement with primary care service and the audit was shared in 2020. Overall the result was positive and an improvement on previous audits, we are pleased we the positive

engagement and commitment of our safeguarding lead within Primary care. The Designated leads for the CCG in 2019 have increased and formalised the primary care training, offering an annual safeguarding programme for primary care for level 3 covering both children and adults running 4 evening course per annum. We have achieved an excellent attendance rate and the training was reviewed in line with national guidance. The training demonstrates the CCGs compliance addressing and achieving key areas under priority 3, including learning from local serious cases review in all level 3 training and a focus on domestic abuse. During the pandemic in 2020 the CCG revised the training programme and delivered a virtual level 3 training programme for primary care with a focus on working within the changing landscape with increased telephone contact with patients. The training included practice reviews from serious adults' reviews, domestic homicide reviews, isolation and domestic abuse. The CCG in 2020 have continued to develop engagement with primary care and this include a safeguarding survey being issued in 2020 to capture safeguarding practice and involvement from our primary care colleagues.

The quality team and safeguarding team have in place quality monitoring indicators and processes for safeguarding for commissioned providers and this includes quality assurance visits to providers, self-assessments, quality schedule reports and close working with providers to support safe and effective care. We continue to use the safeguarding templates for GP reporting on enquiries and our primary care colleagues have participated in serious case review and domestic homicide reviews sharing the learning from practice. The safeguarding and quality team maintain the use of their commissioning checklist in line with safeguarding and best practice for the organisations demonstrating their commitment to learning from serious case reviews. The CCG designates continues to be proactive in raising the learning and commissioning accountability within the CCG and have involved the CCG Joint commissioning team in provider concerns framework with providers which is part of the SAB priorities focusing on commissioning and organisational abuse. The CCG are proactively involved with our local services and chair the integrated care partnership, strategic care home group. This is a place-based group that facilitates the exchange of information and opportunity to explore themes and create innovation to work together.

The head of adult safeguarding remains a proactive and consistent member of the Safeguarding adults board, chairing the Safeguarding adult review panel and facilitating contribution to multiple reviews, including partnership learning, Domestic Homicide Reviews, Prevent and individual safeguarding cases across the area. Innovative practice includes the promotion of hidden carers campaigns and promotional work to raise awareness on postural management on social media platforms. The CCG will continue to represent and be an active member working together within the partnership.

Reading Borough Council

1. Operational Teams

1.1. The Adult Safeguarding Team continue to undertake the screening process for all the safeguarding concerns for Reading Borough Council and the Locality Teams undertake most of the section 42 enquiries.

1.2. Organisational abuse safeguarding concerns has been a pressure on the service over the past twelve months. This has put a great deal of pressure on not only the Adult

Safeguarding Team but also the locality teams who have assisted in the process to ensure that service users who receive services from these providers are safe. We have worked closely with the CQC and our partner local authorities to undertake relevant S42 enquiries and adhere to the Quality Assurance Provider framework process.

2. Safeguarding Adult Reviews

- 2.1.** Reading Borough Council actively participated and engaged in Safeguarding Adult Reviews (SARs) commissioned by the Safeguarding Adult Board. We have participated in bite-size learning events agreed via the Learning and Development subgroup and various internal workshops were held to disseminate learning from SARs.
- 2.2.** Adult Social Care reviewed safeguarding training plans to ensure mandatory training encompassed priorities of the SAB and was responsive to emerging findings from SARs.

3. Multi Agency Panels

- 3.1.** A consistent named professional from the Adult Safeguarding Team was provided for the Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) to support interagency networking and interfaces.
- 3.2.** A consistent named Senior Manager has attended the Channel panel to represent Adult Social care and advise on safeguarding matters.

4. Service Improvement

- 4.1. Serious Concerns Framework,** in April 2019 the Serious Concerns (SC) and Standards of Care (SOC) provider framework was implemented in Reading Borough Council by the Commissioning Service.

4.2. Serious concerns process

The serious concerns process exists to manage serious concerns within the provider organisation. These are severe concerns with high levels of risk. The process supplements but does not replace investigations such as those relating to safeguarding, fraud and health and safety. The Quality Officers in conjunction with the Safeguarding Manager will analyse the evidence and, where the information identifies high levels of risk linked to the level of concern matrix those providers will enter a Serious Concerns framework. This process will remain in force until providers have demonstrated and evidenced the necessary changes to ensure that their residents are safe from harm. There will be occasions when providers move into a Standards of Care framework until all the identified quality assurance work has been completed to a satisfactory standard.

The Serious Concerns and Standards of Care process is supported by best practice guidance and legislation. It also considers providers' infrastructure, policies and procedures to ensure that these are in place to support the delivery of good quality services. The Quality Officers, where possible, will be aware of national standards and requirements such as Care Quality Commission (CQC) regulations and National Institute

of Health and Care Excellence (NICE) guidance. This information will feed into the quality monitoring work undertaken with providers.

If the organisation is placed in a Serious Concerns framework, they are to participate in regular meetings with Reading Borough Council and all stakeholders are involved. These meetings are to track the progress of the providers against an improvement action plan. A red flag is placed against a provider that will prevent admissions to the service.

Triggers for a Serious concerns Process

- A disproportionate number of Safeguarding concerns
- Multiple safeguarding concerns
- A CQC inspection report of 'Inadequate'
- A report of serious crime
- Multiple whistle blowing reports
- Injury or unexplainable death
- Multiple Complaints

4.3. Standards of Care

The SOC process sits beneath the Serious Concerns process and exists to monitor less severe concerns within the organisation. These are medium/ to low risk. If the organisation is placed in a SOC framework they are to participate in regular meetings with Reading Borough Council and all stakeholders involved. These meetings are to track the progress of the providers against an improvement action plan.

Triggers for a Standard of Care Process

- CQC Inspection report
- Repeated poor practice
- Multiple medication errors
- Multiple whistle blowers
- Complaints about the provider
- A Safeguarding Strategy meeting which identifies several issues
- Several Safeguarding concern

4.4. Conversation Counts Model

The Conversation Counts Model that was implemented in 2018 has been continually evaluated and strengthened as a result of the initial feedback from service users, staff and external professionals. In March 2019 phase two of the model was introduced and the focus of the work involves working with people whose circumstances mean they are in crisis and who may be at risk. Staff aim to understand what is causing the crisis, what needs to change urgently and then work with the person to make those changes happen and create stability in their life. The final phase of the Conversation Counts Model is to support people to "look at what good looks like", what resources, support, connections a person needs to live the life they choose to live. This has created a greater emphasis on the broader safeguarding agenda and has enabled staff working alongside people to help them look at how they keep themselves safe.

4.5. Direct Payments

A key priority for the Council in 2019 was to increase the use of Direct Payments (DPs) as an alternative to traditional models of care and for DPs to be offered to service users for purchasing support packages. An area of concern had been supporting service users to make the right choices in respect of employing carers, the potential for an increase in safeguarding concerns and the general well-being and safety of the service user undertaking this process.

Therefore, from April 2019 to March 2020 a Direct Payments Development Officer was recruited to support the project. Guidance for service users and staff was updated and the number of DP users in Reading has increased. This has been successful and there has not been an increase in safeguarding concerns and offers assurances to those managing their own DP that they are not exposing themselves to risk or harm.

4.6. Personal Assistants

A further project was implemented to develop Reading's Personal Assistant (PA) market which would address the safeguarding agenda in general. One way of receiving DPs is via a PA who works directly with one or more service users, to support them with various aspects of their daily life. This could be in their own home, in the community, at leisure or at work. PAs are usually employed directly by a person who needs care and support and who manages and pays for this through their Personal Budget or with their own money. The individual employing a PA can choose exactly how they are supported to ensure their needs are met.

Employing PAs supports our aims for service users to:

- receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- get the information and advice they need to make good decisions about care and support.
- have a range of provision of high quality, appropriate services to choose from.

The future is for a sustainable, diverse and robust PA Market in Reading that will:

- deliver quality care through trained PAs and raising service users' awareness of safeguarding and standards.
- increase choice and control for individuals over the care and support they receive.

4.7. Technology Enabled Care (TEC)

In 2018 a project was initiated to understand how Technology Enabled Care (TEC) can promote wellbeing, support prevention, maximise independence and self-care, enhance quality of life and reduce the need for a safeguarding intervention. In May 2019 the Reading Borough TEC Lead presented the findings of a six-month review of the provision of TEC in Reading. A range of activities were used to develop an understanding of the current and future potential for increasing the adoption and uptake of TEC.

Improvements to our TEC service have been underway since then and we recently launched our end-to-end Turnkey TEC service. A new TEC Lead has been recruited and we will be monitoring service users' outcomes over the coming months to identify how TEC has impacted on their lives.

Royal Berkshire Hospital NHS Foundation Trust (RBFT)

Key achievements

- The significant amount of daily interagency partnership working to safeguard adults with cognitive problems due to mental ill health, learning disability, autism and dementia.
- Effective patient centred collaborative working alongside clinical teams to safeguard our patients
- Training, audit, learning from incidents and review against statutory standards are the foundation of our assurance, reinforced by supervision and management overview.
- We actively participate in the sub groups of the Safeguarding Adult Board. Mental Health, Suicide Prevention, Learning Disability, Transition and Mortality strategic partnership meetings. Through participation our safeguarding, mental health and learning disability plans are constantly scrutinised, challenged, renewed and updated.
- The Safeguarding and Learning Disability Conference November 2019 led to the “Treat Me Well” campaign to support patients with learning disabilities in hospital being a Trust Quality Account Priority for 2020/21
- The Safeguarding Team have remained on the Royal Berkshire Hospital site and provided face to face assessments and support for patients, their families and staff in both hot and cold Covid wards and departments
- Our Risk Based Priorities for 2020/21 have been agreed through the Strategic Safeguarding Committee
- Safeguarding (adults) clinical governance continued throughout 2019/20, the PCG safeguarding team adult medical clinical lead and matron have worked with the PCG Board to embed safeguarding governance and accountability
- Safeguarding concerns continue to be raised via the Datix incident reporting system this assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns.
- Learning from Safeguarding Adult Reviews (SAR's) continues to be included in Safeguarding training.
- The Lead Nurse Adult Safeguarding continues to be part of the SAR panel.
- The safeguarding tool kit has been launched hard copies have gone out to some ward and department areas and the tool kit is available as an electronic version on the Intranet
- In February 2020 Marijka Polden, joined the team as a Band 6 Safeguarding Practitioner
- During March 2020 two adult safeguarding medical leads and two matrons were identified for NCG Dr Hannah Johnson and Ali Drew, UCG Dr Zain Hader and Georgie Brown. Due to Covid they have little chance to develop their roles.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

- Staff knowledge of the Mental Capacity Act has improved. While this is a good assessment of the status of the Trust, work is still required to embed the knowledge and skills of staff in application of the MCA.
- Training continues with MCA /DoLS sessions on staff induction and as part of the core mandatory training day alongside ad hoc sessions for specific groups of staff.
- Enhanced mental capacity training has been offered on alternate months through 2019-20, Mental Capacity training also forms part of the managing 1:1 day

- A ward level spot check audit tool was developed during 2019-20 audits were undertaken in some Elderly Care during wards in Q3 and Q4. Documentation of mental capacity assessments, by either the use of paper assessment forms or the electronic assessment remains intermittently completed. Work is on-going to amend the form on EPR to make it easier for staff to record free text on the EPR form.
- A good response to campaigns to recognise the need for a DoLS increased the number of urgent DoLS authorised by the Safeguarding Team, 102 compared to 56 in 2018-2019 an 82% increase.
- 11 standard DoLS were granted by the local authorities out of the 102 applications made. The majority of patients were discharged prior to the completion of assessments. Delay in DoLS assessment by local authorities in the acute setting is acknowledged as a risk by the Safeguarding Adult Board.
- Urgent DoLS authorised by the Safeguarding Team last for 7 days and can be extended by a further 7 days.

Adult safeguarding concerns

- All concerns raised by our staff about potential harm or abuse outside of the Trust are reviewed by the local authority and if necessary investigated through the safeguarding process.
- For externally raised safeguarding concerns a fact finding exercise is carried out by the Lead Nurse Adult Safeguarding. This information is given to the local authority for them to decide on the type of investigation and outcome of the concern. In most cases the safeguarding concerns raised against the Trust continue to be around pressure damage and discharge processes. In the majority of cases there continues to be a lack of information provided about pressure damage as part of the discharge process.
- Safeguarding concerns reported within or raised to the Trust related to staff members are investigated under our Managing Safeguarding Concerns and Allegations Policy.
- During 2019/20 341 adult referrals to Local Authorities unchanged compared to 341 in 2018/19 however the complexity of cases increased.

Prevent (anti-terrorism)

- No Prevent concerns were discussed with outside agencies in 2019/20. Two members of the Safeguarding team have attended the South East Prevent workshop and regularly attend West Berkshire Prevent steering group.

Domestic Abuse

- The Domestic Abuse Working Group continues with representatives from each care group. This group formed part of the consultation in reviewing the Domestic Abuse Policy. Work is on-going to embed principals of good practice throughout the Trust including raising the awareness, routine enquiry and encouraging the use Domestic Abuse Stalking and Harassment (DASH) forms. The Named Midwife for Child Protection regularly attends the three Local Authority Multi- Agency Risk Assessment Conferences (MARAC's). Victims identified as being High Risk by MARAC representatives, continue to be flagged on EPR for 12 months following discussion.

Key areas of work for 2020/21

- Promote the safeguarding toolkit
- Support the multi-disciplinary safeguarding champions and care group safeguarding adult medical leads and matrons to embed safeguarding across the Trust
- Relaunch Adult Safeguarding governance suspended during Covid lockdown
- Extend the timeframe of the Domestic Abuse Task and Finish Group to support a review of training.
- Promote the importance of clear documentation of mental capacity; this can be by either use of paper or electronic documentation of Mental Capacity assessments.
- Complete a gap analysis against the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff 2018.
- Implement the following training, delayed because of Covid- 19 pandemic.
 - Level 3 Adult Safeguarding training
 - Advanced Mental Capacity Act training for clinicians
- Working with other members of the safeguarding team review existing training methodologies to include virtual class room and digital opportunities developed during Covid, including expanding a ‘train the trainer’ approach and reflective peer review sessions.
- Support the Safeguarding Adult Board work on safeguarding and pressure ulcer prevention & financial abuse.
- Participate in ‘new normal’ Covid recovery and restoration through the Safeguarding Adults Board and working groups with partners.
- Implementation of Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards, originally planned by the government from April 2021 delayed until April 2022.

South Central Ambulance Service NHS Foundation Trust (SCAS)

The development of a new safeguarding level 3 training to be delivered face to face to appropriate staff groups for 2020-2021 training year.

The implementation of CP-IS across our Clinical Call Centres and electronic patient records system. 111 is live but there is still some work to do regarding our 999 call centre.

SCAS is working on a national project to embed contextual safeguarding as business as usual across all ambulance trusts.

The development of a safeguarding referral process for those GP's that have returned to assist with the Covid virus. This has formed part of our 111 service but at a national level.

We have set up a process to undertake quarterly internal audits of safeguarding and welfare referrals for reporting and governance processes.

Thames Valley Police (TVP)

This year TVP staff from the West Berkshire Domestic Abuse Unit successfully obtained the Forces first Violent Offender Order under Part 7 of the Criminal Justice and Immigration Act 2008. The Court Order sets out very strict prohibitions, conditions, and restrictions, on a male who was previously convicted and imprisoned of a violent offence against an adult. Among other conditions the male has to notify the police of any communication with any female when forming a personal relationship. The stringent conditions reflect the level of

risk posed to females should they enter into a relationship with the male; as acknowledged by the Court. The use of such orders will be communicated across TVP and the Media to alert others of the benefits of such an order when protecting those at risk of harm.

The use of multi-agency partnership working continues with TVP Chairing the monthly MARAC meetings across Reading, Wokingham, and West Berkshire. 304 of the 557 referrals between October 2019 and October 2020 were from TVP, with the safety planning of 216 'repeat' victims being discussed. Staff from TVPs Service Improvement Unit have attended MARAC meetings held across Berkshire to ensure there is a consistent approach to the running of the meetings, and if there are any measures that can be implemented to improve efficiency.

Reading Police and CMHT are continuing with the pilot of a High Intensity User Group meeting which works with partners across health and social care to improve identification and intervention of adults with additional needs due to mental health concerns, and reduce their impact on statutory resources. The partnership project is proving to be successful in jointly managing its referrals and the numbers of referrals are decreasing. The pilot has therefore been given further funding to extend to spring 2021.

In response to the various challenges the pandemic and specifically 'lockdown' has raised in relation to safeguarding, TVP launched a scheme to identify those adults at risk of harm who now maybe at greater risk due to the fewer opportunities to raise the alarm for help. The 'hidden harm' campaign identified those who may have been isolated, following up with a risk assessed proactive contact from TVP staff. A local campaign was also instigated by DAIU to raise the awareness of retail staff in recognising the signs of domestic abuse. DAIU offered training to local business, supported with leaflets and posters. The campaign has been adopted as a national initiative.

Involve, Bracknell Forest and Wokingham Borough

Involve Community Services, Bracknell Forest and Wokingham Borough

The key focus relating to safeguarding from involve's perspective has been through training and comms to the local voluntary and community sector. Within the year 19/20 a number of targeted courses have been delivered in the Wokingham Borough and attended by members of different charities in subjects including: suicide awareness, CSE, professional boundaries, safeguarding, PTSD, ASD and others. These courses all received positive feedback and enable safer working in the charity sector and better outcomes for volunteers, staff and service users.

Involve has continually promoted and communicated messages to help people remain aware and stay safe in their communities, this has included messages and comms relating to bullying/ peer pressure, county lines and modern day slavery. Networking sessions have been held within the borough to bring the voluntary sector together and facilitate stronger partnerships and Involve's connections to the safeguarding board and Community Safety

Partnership remains strong. Inputs have gone into these boards giving the VCS perspective as well as messages and guidance taken out from these partnerships to pass on to relevant partners or going into wider circulation and promotion.

Volunteer Centre West Berkshire

Our Director is a full Board Member of the West Berkshire council Health and Well Being Board and the Safeguarding Adults Partnership Board. During the last year VCWB has promoted safeguarding training and disseminated information to the widest voluntary sector through its regular voluntary sector bulletins. Working in partnership with the Head of Adult Safeguarding the Volunteer Centre asked WBC to create a simple how to report a safeguarding issue. This document has then been sent to the Voluntary Sector in West Berkshire to raise awareness of Safeguarding as an issue and importantly how to react to a concern. During the last year we have operated 3 Safeguarding training sessions.

West Berkshire District Council (WBC)

2019/20 has been a busy year for the Safeguarding Adult Service in West Berkshire council. Delivery of the safeguarding function is shared between the operational social care teams who complete the majority of investigations into allegations of abuse and a small safeguarding team that provide a triage and scrutiny function, signing off all investigations and leading on investigations into organisational abuse. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

During 19-20 the service opened 925 concerns. This is a significant increase (30%) in the number of concerns opened compared to 2018/19, some of the increase is attributed to a change in the way data is captured.

We have worked alongside the performance team and consulted Adult Social Care practitioners to develop more streamlined and informative safeguarding forms which go live on 1st April. This has been a longer piece of work but will ensure workers are prompted in relation to best practice throughout the enquiry and ensures risk assessment at the beginning and end of the enquiry document. The new forms also enable the safeguarding team to make a decision on closure of the document as to whether a review of the protection plan is required post implementation.

Organisational Safeguarding has been a particular pressure on the service this year. We have had one Berkshire wide provider who have been under a police investigation and serious provider concerns framework which West Berkshire Safeguarding Service has led on due to the head office for the provider being in our area. This has put a great deal of pressure on both the safeguarding service, but also the ASC staff who have assisted in the process to ensure that service users under these providers are safe. We have worked closely with the CQC and our partner local authorities to undertake relevant S42 enquiries and also undertake the provider concerns process. One organisational safeguarding has spanned two reporting years.

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

Service Improvements

- We have recently redesigned the safeguarding forms to make them more user friendly and these are due to go live following training with all ASC staff in April.
- The safeguarding team and PSW completed training with the Public Protection Partnership around identifying safeguarding and how we are able to work together.
- Section 42 audits are being completed on at least 10% of cases. This is on Care Director.
- Ongoing review of performance data across West Berkshire.
- West Berkshire Council have signed up to the 'Safe Places' scheme with local businesses.
- The PSW and one of our BIA's are conducting training following published SAR's,
- We had scheduled specific training around recognising domestic abuse and the impact coercive control in S42 enquiries. Due to Covid restrictions this will be carried over to 20-21.
- Development of Risk Management escalation process for both in house staff and those in our partner agencies. This will allow us to prevent safeguarding by working with the wider MDT to put measures in place to protect service users at an earlier stage.
- The Safeguarding Team dedicated National Safeguarding Week 2019 to spending time in the community, raising awareness of recognising, safeguarding, how to seek support and what to expect. The profile of safeguarding in West Berkshire was raised and it gave an opportunity for voluntary agencies and advocacy to join us and share practice.

Healthwatch Wokingham

Healthwatch Wokingham ensured that all staff have received the appropriate adult safeguarding training. Safeguarding policies are in place to ensure all staff members understand either the escalation process within the organisation and the referral process in the local council adult safeguarding team. We attend and support the Wokingham Adult Safeguarding forum and the Safeguarding Adults board.

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Business Plan 2019-20

Priority 1 - We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect									
Action	Outcome	Who	Target Date	Referenced with other priorities	Making Safeguarding Personal Objective				RAG and Progress Update
					Empowerment	Prevention	Proportionality	Protection	
1.1 - To present and implement a Service User Involvement Strategy for the SAB.	People who use services are able to influence the work of the SAB	Task and Finish /Communications Subgroup	Sept 2019	2,3 &4	X				A strategy has been agreed, implementation will be taken over to the 20/21 Business Plan.
1.2 To review and relaunch the Pan Berkshire Policies and Procedures in regards to Self-Neglect.	Comprehensive policies and procedures are in place in regards to self-neglect, which are accessed and followed by the partnership.	Task and Finish Group/ Pan Berkshire Policies and Procedures	Dec 2019		X	X	X	X	Completed Launched 10/7/2020
1.3 – Review and update Safeguarding Training across the partnership.	Safeguarding Training to be reviewed to ensure that it addresses SAB Priorities.	Learning & Development	December 2019	2,3,&4	X				Review proposals have been approved by SAB. Implementation will be taken over to the 20/21 Business Plan.
1.4 – Review safeguarding management oversight and consider updating the function of 'Safeguarding Adults Management' across the Partnership.	The SAB are assured that there is sufficient management oversight in regards to safeguarding. There is a decision by the SAB on the 'SAM' function in Local Authorities and this is implemented.	LA Leads/Business Manager	March 2020	2,3,&4				X	Draft awaiting approval from Pan Berkshire Policies and Procedures. Will be taken over to the 20/21 Business Plan.



Business Plan 2019-20

	Carry over											
1.5 –The SAB review the quality of Tissue Viability Management training across the partnership to ensure that it is adequately addressed.	The SAB are assured that there is adequate training in pressure care across the partnership.	Learning & Development	December 2019	2,4	x	x	x	x	X	x		Review completed, requires endorsement from the SAB, will be taken over to the 20/21 Business Plan.
1.6 To agree and implement a partnership wide Risk Assessment Tool.	There is a standardised approach to risk management across the partnership. Seeking assurance, 9 months.	Task and Finish Group – LA lead	March 2020	2,3,4	x	x	x	x	X	x		Completed Launched 10/7/2020, effectiveness will be reviewed in April 2021.

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Priority 2 – The SAB will work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse. DA FORUMA.



Business Plan 2019-20

Action	Outcome	Who	Target Date	Referenced with other priorities	Making Safeguarding Personal Objective						RAG and Progress Update
					Empowerment	Prevention	Proportionality	Protection	Partnership	Accountability	
2.1 – Event on Domestic Abuse for partners to explore issues, for a joint Domestic Abuse Strategy.	There is a clear Domestic Abuse Strategy in conjunction with LSCBs, CSPs and H&WBBs.	SAB, with partners from LSCB, CSP's.	December 2019		x	x	x	x	x	x	Completed Whilst an event was not held. The SAB are working with LSCB's, CSP's to support in their priorities regarding DA. The SAB Business manager attends the Thames Valley DA co-ordinators meeting where a joint conference was planned but was put on hold as a result of the pandemic. A joint bitesize learning event on learning from DHR's took place in 19/20, another session is due to be scheduled based on the feedback from attendees.
2.2 – To review/update and relaunch policies, procedures and tool kits in light of the Domestic Abuse Strategy.	There is a clear framework and toolkits to support the partnership with regard to Domestic Abuse.	Task and Finish Group	March 2020		x	x	x		x	x	Completed Revised Domestic Abuse Policy and Procedure approved by Pan Berkshire Policies and Procedures

**Business Plan 2019-20**

											Subgroup and added to website on the 23/6/2020.
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Priority 3 – We will understand the main risks to our local population in regards to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.

Action	Outcome	Who	Target Date	Referenced with other	Making Safeguarding Personal Objective	RAG and Progress Update
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**Business Plan 2019-20**

				priorities	Empowerment	Prevention	Proportionality	Protection	Partnership	Accountability	
3.1 - Modern Slavery Pathway is published and promoted.	There is a pathway in place to support the partnership in working together to respond to Modern Slavery and Human Trafficking Issues.	Pan Berkshire Policies and Procedures.	June 2019		x		x	x			Is on the SAB and Pan Berkshire Website and will be promoted via SAB newsletter
3.2 - To identify who is most at risk from Targeted Exploitation.	The SAB understand who is most at risk and can agree where focus is needed.	Performance and Quality	December 2019		x	x					Report has been completed will go to the SAB in 20/21.
3.3 To agree how the SAB will address the issues identified in action 3.2.	There is a clear plan on how to support those most at risk from targeted exploitation.	SAB	March 2020	x	x	x	x	x			Await recommendations paper from 3.2. Paper to go to SAB in 20/21, carried over to 20/21 Business Plan.

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

Action	Outcome	Who	Target Date	Referenced with other	Making Safeguarding Personal Objective	RAG and Progress Update

**Business Plan 2019-20**

				priorities	Empowerment	Prevention	Proportionality	Protection	Partnership	Accountability	
4.1 – An event (s) is held with care providers to understand the issues they are facing in regards to service delivery.	Providers who deliver services are able to influence the work of the SAB in regards to organisational safeguarding.	Business Manager/ Independent Chair	December 2019	2,3,4	x		x	x	x	Completed Questionnaire was distributed and results presented to the SAB in Jan 2020.	
4.2 – A meeting is held with CQC, LA's, CCG and SAB Chair to discuss organisational safeguarding across the partnership.	The SAB are clear on the issues facing the CQC and commissioners in regards to organisational safeguarding.	Independent Chair/ LA and CCG DASS's	July 2019							Completed Meeting took place on the 31/7/2019, focused board meeting on organisational safeguarding planned for January 2020.	
4.3 – The SAB Chair is alerted to all Organisational Safeguarding issues via a briefing note, detailing the concerns, how many people the concerns impact on and the plans in place to safeguard people.	The SAB is fully aware of the level of organisational safeguarding across the partnership	LA DASS's	June 2019		x	x	x	x	x	Completed Email sent to LA DASS's and CCG SAB Lead on the, 2/7/19. Updates being received from Wokingham and Reading.	
4.4 – Review of the Organisational Safeguarding Policies and Procedures	There is an effective framework in place for responding to organisational safeguarding concerns.	Local Authorities	December 2019		x	x	x	x	x	LA's and CCG were asked to complete a questionnaire, due to the pandemic the answers to the questionnaire will need to be revisited. Carried over to the 20/21 Business Plan.	



Business Plan 2019-20

4.5 – Partners review together the quality assurance processes (including information sharing) for commissioning of external providers delivering adult social care to ensure that they are consistency with the Pan Berkshire Safeguarding Adults Policies and Procedures.	There is a consistent approach to quality monitoring of Adult Social Care Providers across the partnerships. Frameworks are published on the SAB Website.	LA's/CCG	December 2019		x	x	x	x	LA's and CCG were asked to complete a questionnaire, due to the pandemic the answers to the questionnaire will need to be revisited. Carried over to the 20/21 Business Plan.
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RAG Criteria	RAG Status	Scenario	Boards Responsibility
Progress against Business Plan	Red	The implementation plan is not in place or there are delays which mean the action will not be achieved in timescale.	To understand issues impacts on action and agree how to mitigate the risk, by using risk mitigation log.
	Amber	The implementation plan is in place there is a risk that the deadline will not be met.	To Note
	Green/Completed	The action has been completed or there is an implementation plan in place and the timescale is expected to be met.	To Note

Amendments to the Business Plan

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

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Business Plan September 2020 – March 2021

Priority 1 - We will continue to work on outstanding actions from the 2019/20 from the following priorities:

- **Priority 1 2019-20, We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect**
- **Priority 2 2019 -20, The SAB will work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.**
- **Priority 3 2019-20, We will understand the main risks to our local population in regard to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.**
- **Priority 4 2019- 20, The SAB will understand from key stakeholders, why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place that is consistent across the partnership where practical.**

Action	Outcome	Who	Target Date	RAG and Progress Update
Page 185	To continue to implement a Service User Involvement Strategy for the SAB.	People who use services are able to influence the work of the SAB	VSC Subgroup	<p>March 2021</p> <p>The strategy was approved by the SAB in June 2019. Parts of the strategy have been implemented, but full implementation is required.</p> <p>The VCS Subgroup will identify, monitor and implement, or advise on implementation and monitoring, of the priorities of the strategy.</p> <p>Due to the pandemic Community Questionnaires will be put on hold to 21/22.</p>



Business Plan September 2020 – March 2021

Review safeguarding management oversight and consider updating the function of 'Safeguarding Adults Management' across the Partnership.	The SAB are assured that there is sufficient management oversight in regards to safeguarding. There is a decision by the SAB on the 'SAM' function in Local Authorities and this is implemented.	Pan Berkshire Policy and Procedure Subgroup	December 2020	A best practice SAM function document has been created. Final draft currently with P&P Subgroup for approval
The SAB review the quality of Tissue Viability Management training across the partnership to ensure that it is adequately addressed.	The SAB are assured that there is adequate training in pressure care across the partnership.	Learning & Development	December 2020	Completed Report endorsed by SAB in September 2020.
The SAB are assured that there is good quality pressure care information in regards for the public.	Awareness around pressure care improves so that people are better equipped to identify risks and seek appropriate support.	Communication and Publicity Subgroup	March 2021	Identified through the review of Tissue Viability training that pressure care awareness is required.
To review targeted exploitation paper agree how the SAB will address the issues identified.	There is a clear plan on how to support those most at risk from targeted exploitation.	SAB	December 2020	Completed Report endorsed by SAB in September 2020. The pandemic has increased this risk and the need for partners to be aware of people who may be targeted. Agreed recommendations will be added to the SAB Learning from SAR/Audit Implementation Log.
Understand the risks facing provider services that relate to safeguarding and ensure that there are adequate plans in place to mitigate these risks	<ul style="list-style-type: none"> • Organisational safeguarding policies and procedures are correct and followed • Contract and quality monitoring is consistent and effective across the partnership 	Task and Finish Group led by SAB Independent Chair	March 2021	



Business Plan September 2020 – March 2021

	<ul style="list-style-type: none"> • Relationship with providers are established so they have a 'voice at the Board' and feed into business planning • Recommendations from SARS in relation to organisational safeguarding are implemented • The SAB are clear on the roles of the ICP's and ICS's regarding this priority 			
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Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.

Action Page 187	Outcome	Who	Target Date	RAG and Progress Update
Oversee the delivery of safeguarding training across the partnership to ensure that is being delivered appropriately given the current circumstances.	The SAB have a clear understanding on the level of safeguarding training that is being delivered during the pandemic.	Learning & Development	March 2021	A training review is due to take place, however due to the pandemic this review has been put on hold.
The SAB will review the findings from the ADASS/LGA Insight Project.	There is an understanding from data analysis how the pandemic impacted on safeguarding locally and how West Berkshire compares with other areas.	Business Manager will provide analysis for the SAB	December 2020	Insight report received will be summarised for SAB in December 2020.



Business Plan September 2020 – March 2021

SAB Meeting to focus on <i>Safeguarding people at risk of multiple exclusion</i> . To agree how to address the concerns about individuals who do not meet safeguarding or care management pathways.	There are appropriate pathways in place to safeguard those individuals who are at risk of multiple exclusion from care management or safeguarding pathways so that risks are managed wherever possible.	SAB	December 2020	The SAB understand there has been an increase in inappropriate referrals, as there are limited pathways for individuals that are Homeless, Drug and Alcohol users and/or Self-Neglect.
SAB will monitor safeguarding processes during the pandemic with regular questions answered by statutory partners safeguarding leads. Page 188	<p>The SAB have assurance from statutory partners that Safeguarding practices have been effective during the pandemic. So that the SAB know:</p> <ul style="list-style-type: none"> • How safeguarding interventions have continued during pandemic? • What the challenges are to safeguarding interventions and how these have been overcome. • How partners are assured that safeguarding interventions have been appropriate. • Highlight any concerns. • How partners are supporting staff with their wellbeing. 	Safeguarding Leads Subgroup	Ongoing	Each statutory partner is required to respond to the following assurance questions on a quarterly basis.
Understand the impact of the pandemic has had on carers and agree an approach to mitigate identified safeguarding risks.	The SAB are aware of the impact the pandemic has had on carers and has a plan in place to address the identified safeguarding risks.	VCS Subgroup	December 2020	Update report from KK on unknown carers campaign to come to SAB.
Seek assurance that revised hospital discharge pathways in response to the pandemic, address safeguarding appropriately.	Patient safety is a priority within hospital discharge, where unsafe discharges have been identified, lessons are learnt and implemented.	SAB	December 2020	Context behind these concerns to be sought from SB and a letter will be sent from the SAB Chair, to seek assurance.



Business Plan September 2020 – March 2021

SAB reflect on the ethnicity inequalities highlighted by the pandemic and how this impact on Safeguarding.	Have an understanding on the disproportionate impact the pandemic has had on communities and what learning can be taken in regard to safeguarding.	P&Q Subgroup	March 2021	Bring a highlight report comparing what is known about the disproportionate impact the pandemic has had on communities and how this can inform the SAB about appropriate access to services which can be used when considering future priorities.
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Priority 3 – The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

Action	Outcome	Who	Target Date	RAG and Progress Update
Publish a SAB newsletter on a 3-monthly basis.	Communication between the SAB and agencies improved and learning in regard to safeguarding is disseminated.	SAB Business Manager	Ongoing	Topics for next newsletter have been identified.
Publish SAB Annual Report for 2019/20	SAB Annual report is published as per its statutory requirements.	SAB	January 2021	Timetable in place
Re-establish S42 Audits across the Local Authorities.	LA's are completing S42 audits and peer review audits are being completed as per the SAB Quality Assurance Framework.	Local Authorities/ Performance & Quality Subgroup	December 2020	
Complete SARS as per statutory requirements.	SARS are completed as per Care Act requirements that promotes learning.	SAR Panel	Ongoing	
Task and Finish Group to agree actions for the SAB from the recommendations for Michelle	The SAB have a clear plan to address the recommendations within the Michelle SAR.	Task and Finish Group	February 2021	<ul style="list-style-type: none"> • Look at RiPHA work • Invite all LA transitions leads including W&M • Look at an external speaker to assist with T&F Group



Business Plan September 2020 – March 2021

Learning from SAR/Audit implementation Plan	All recommendations from SARS and audits are added to the Implementation plan and tracked by the SAB	All	Ongoing	A highlight report will be submitted to each SAB. The plan is split into themes, each SAB will focus on a theme from the plan.
SAB ToR to be reviewed and updated as appropriate.	Up to date ToR in place.	Business Manager/SAB	December 2020	Outstanding action from SAB pre pandemic
Dashboard in place to understand safeguarding activity across the partnership.	Dashboard presented to the SAB in a quarterly basis.	Performance & Quality Subgroup	Ongoing	Devise a highlight report for SAB, which provides quarterly data highlights on risks identified on the risk and mitigation log.
SAB Quality Assurance Framework to be reviewed and changes implemented. P a g e 1 6	The SAB has an effective quality assurance process in place that provides assurance to the SAB in regard to safeguarding across the partnership.	Business Manager/ Performance & Quality Subgroup	December 2020	Current QA process is not being implemented, need to ensure that framework is achievable and offers adequate assurance to the SAB.
Maintain and improve SAB Website 1 6	The SAB has an up to date and useful website.	Business Manager	Ongoing	
Bitesize learning sessions are conducted on a quarterly basis.	Bitesize learning sessions are focused on key themes identified through SAR Learning.	Learning and Development Subgroup	Ongoing	Timetable in place, looking at holding a virtual session on Financial Abuse in November 2020. Hoarding training for care workers has been commissioned for October 2020
Agree and publish safeguarding escalation plan for the partnership	There is a clear escalation process that can be used if there are any blockages in the safeguarding process.	Safeguarding Leads Subgroup	December 2020	Covid escalation plan is in place will be reviewed.

RAG Criteria	RAG Status	Scenario	Boards Responsibility



Business Plan September 2020 – March 2021

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

Amendments to the Business Plan

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

Please note that due to the pandemic, the Business Plan has been set for a six-month period only and will focus on specific tasks based on outstanding actions from the 2019/20 Business Plan and learning from SARS, in order to allow time for the SAB to understand the impact the pandemic has on safeguarding allow for priorities to be set as appropriate.

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Future actions

Due to the pandemic and the impact this has on capacity across the partnership the following actions have been deferred and will be considered for the 21/22 Business Plan.

Action	Outcome	Who	Target Date	RAG and Progress Update
To review the effectiveness of the Multi- Agency Risk Assessment Framework (MARM), introduced by the SAB in July 2020.	There is a standardised approach to risk management across the partnership and it is effective.	Performance and Quality Subgroup	TBC	Safeguarding Leads were asked to keep track of MARM's when implemented in July 2020.
Review and update Safeguarding Training across the partnership.	Safeguarding Training to be reviewed to ensure that it addresses SAB Priorities.	Learning & Development	TBC	Proposal has been approved by SAB, implementation is required.
Independent audit into safeguarding recording processes across Local Authorities, to	The SAB will understand why safeguarding data is inconsistent across	Performance and	TBC	Was an action set out by the SAB in the 18/19 Annual report however due to the pandemic the results from an audit would not



Business Plan September 2020 – March 2021

identify and resolve inconstancies.	the partnership and why local trends differ from national trends.	Quality Subgroup		be reflective of everyday practice and therefore it has been agreed that this piece of work would be undertaken after the pandemic.
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Supporting our futures *for* Reading

Adult Social Care
& Wellbeing



Reading Borough Council
Safeguarding Report
2019-2020



Supporting our futures *for* Reading
Adult Social Care
& Wellbeing



Safeguarding Report 2019-2020

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Reading Annual Performance Report 2019/20

The 2019-20 Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England. It includes demographic information about the adults at risk and the details of the incidents that have been alleged.

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

Section 1 - Safeguarding Activity

Concerns and Enquiries

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

There were 960 Safeguarding Concerns received in 2019/20. The number of Concerns has once again decreased considerably since last year (down 149 over the previous year).

543 s42 Enquiries were opened this year, with a conversion rate from Concern to s42 Enquiry of 57% which is higher than the national average was for 2018/19 (Approx. 39%). This continues the upward trajectory of this indicator for Reading as compared to previous years, although it does bring us more into line with other West Berkshire authorities and is also expected to fall next year.

There were 462 individuals who had an s42 Enquiry opened during 2019/20 which is only an increase of 4 over the year and shows that whilst Concerns received were falling the number of individuals starting a s42 Enquiry has remained quite stable over the previous 2 years.

Table 1 - Safeguarding Activity for the past 3 Years since 2017/18

Year	Safeguarding Concerns received	Safeguarding s42 Enquiries Started	Individuals who had Safeguarding s42 Enquiry Started	Conversion rate of Concern to s42 Enquiry
2017/18	1542	542	457	35%
2018/19	1109	549	458	50%
2019/20	960	543	462	57%

Section 2 - Source of Safeguarding Concerns

As Figure 1 shows the largest percentage of safeguarding concerns for 2019/20 were referred from both 'Social Care staff' (32.3%) and by 'Health' staff (29.9%) with 'Family Members' also providing a larger than average proportion (12.0%). The 'Police' have also been responsible for referring 8.8% of all s42 enquiries over the past year.

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

Figure 1 - Safeguarding Concerns by Referral Source - 2019/20

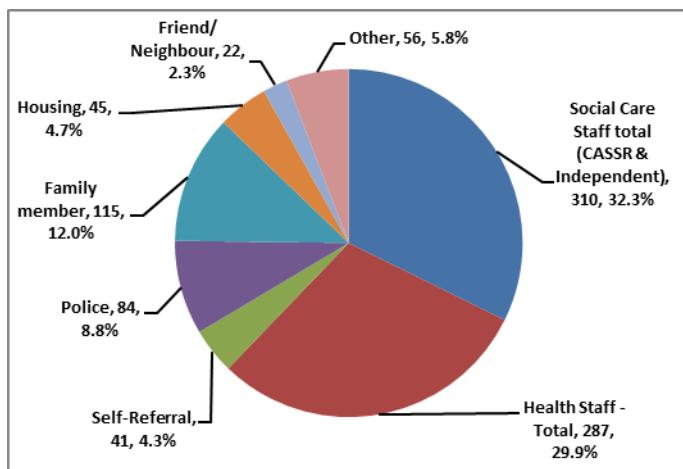


Table 2 shows the breakdown of the number of safeguarding concerns by Referral Source over the past 3 years since 2017/18.

For 'Social Care' actual numbers coming in have decreased over the year by 75 which proportionately makes this group 32.3% of the overall total (down from 34.7% in 2018/19). The biggest decrease in numbers can be found in 'Residential / Nursing staff' which has seen a drop of 3% down to 21.9% of the Social Care total. Referrals coming from 'Domiciliary Care Staff' meanwhile have risen by 2.2% up to 26.1% of the Social Care total.

The numbers of referrals coming in from 'Health Staff' have decreased from 371 to 287 since 2018/19. Proportionately it now makes up 29.9% of the overall total (down from 33.5% in 2018/19). The numbers coming from 'Secondary Health staff' have fallen by 7.7% and those coming from 'Mental Health staff' have also fallen by 5.1% of the Health Total. 'Primary / Community Health' referrals however have risen over the year by 12.7% when looking at the 'Health Staff' proportion overall.

'Other Sources of Referral' over the year have increased by 6% this year and now make up 37.8% of the overall total. As a proportion of those in this category; there

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has been an increase in those coming in from ‘Housing’ (up 4.5%) and ‘Friends/Neighbours’ (up 1.5%). We have also seen a decrease as a proportion of the ‘Other Sources of Referral’ total for those coming via ‘Self-Referral’ (down 2%), ‘Family Members’ (down 2.3%) and the ‘Police’ (down 2.1%).

Table 2 - Safeguarding Concerns by Referral Source over past 2 Years since 2018/19

	Referrals	2018/19	2019/20
Social Care Staff	Social Care Staff total (CASSR & Independent)	385	310
	Domiciliary Staff	92	81
	Residential/ Nursing Care Staff	96	68
	Day Care Staff	22	0
	Social Worker/ Care Manager	110	84
	Self-Directed Care Staff	6	0
	Other	59	77
Health Staff	Health Staff - Total	371	287
	Primary/ Community Health Staff	60	83
	Secondary Health Staff	234	159
	Mental Health Staff	77	45
Other sources of referral	Other Sources of Referral - Total	353	363
	Self-Referral	47	41
	Family member	120	115
	Friend/ Neighbour	16	22
	Other service user	0	0
	Care Quality Commission	7	3
	Housing	28	45
	Education/ Training/ Workplace Establishment	4	3
	Police	89	84
	Other	42	50
	Total	1109	960

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Section 3 - Individuals with Safeguarding Enquiries

Age Group and Gender

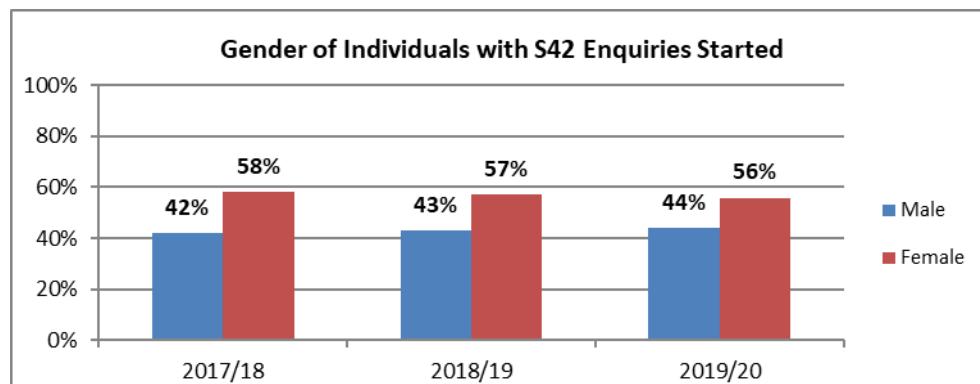
Table 3 displays the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. Most enquiries continue to relate to the 65 and over age group which accounted for 58% of enquiries in 2019/20 which is the same as last year. Between the ages of 65 and 84 the older the individual becomes the more enquiries are raised. Overall most age groups have stayed consistent over the past year.

Table 3 - Age Group of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2017/18

Age band	2017-18	% of total	2018-19	% of total	2019-20	% of total
18-64	192	42%	191	42%	194	42%
65-74	65	14%	66	14%	67	15%
75-84	95	21%	91	20%	99	21%
85-94	90	20%	93	20%	86	19%
95+	15	3%	17	4%	16	3%
Age unknown	0	0%	0	0%	0	0%
Grand total	457		458		462	

In terms of the gender breakdown there are still more Females with enquiries than Males (56% compared to 44% for 2019/20). The gap between the two has started to fall slowly over the past 3 years by 1% each time. This is shown in Figure 2 below (*See Table A in Appendix A for actual data*).

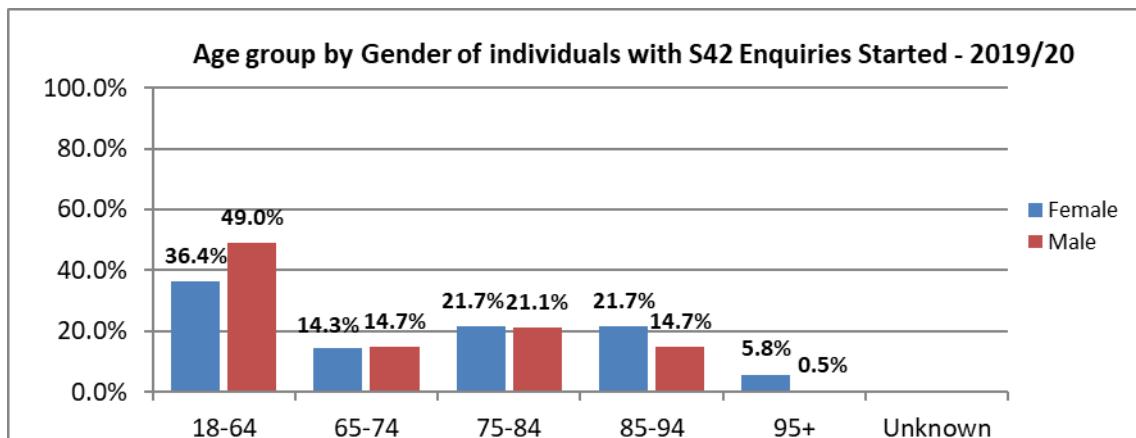
Figure 2 - Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2017/18



When looking at Age and Gender together for 2019/20 the number of Females with enquiries is larger and increases in comparison to Males in every age group over the age of 75. It is especially high comparatively in the 85-94 (Females - 21.7% and Males - 14.7%) and the 95+ age groups (Females - 5.8% and Males - 0.5%). For Males there is a larger proportion in the 18-64 group which makes up 49% of that total whereas the proportion is only 36.4% for the Females in that group. This is shown below in Figure 3 (*See Table B in Appendix A for actual data*).

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Figure 3 - Age Group and Gender of Individuals with Safeguarding s42 Enquiries - 2019/20



Ethnicity

82.5% of individuals involved in s42 enquiries for 2019/20 were of a 'White' ethnicity with the next biggest groups being 'Black or Black British' (6.9%) and 'Asian or Asian British' (4.5%). The 'White' group has risen this year by 2.5% (82.7% in 2017/18) whereas the 'Mixed / Multiple' and 'Asian or Asian British' groups have fallen by 1.1% and 2.1% respectively. The 'Black British' and 'Other Ethnic' groups have risen slightly by 0.4% and 0.3% over the past year. This is shown in Figure 4 below.

Figure 4 - Ethnicity of Individuals involved in Started Safeguarding s42 Enquiries - 2019/20

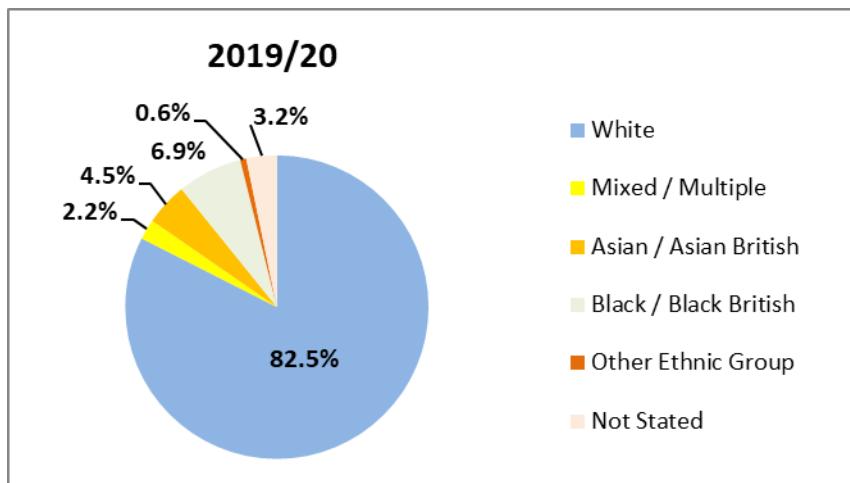


Table 4 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2019/20 compared to 2018/19. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

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Table 4 - Ethnicity of Reading Population / Safeguarding s42 Enquiries over 2 Years since 2018/19

Ethnic group	% of whole Reading population (ONS Census 2011 data) *	% of whole England population (ONS Census 2011 data) *	% of Safeguarding s42 Enquiries 2018/19	% of Safeguarding s42 Enquiries 2019/20
White	74.5%	85.6%	82.7%	85.2%
Mixed	3.7%	2.3%	3.3%	2.2%
Asian or Asian	12.6%	7.7%	6.8%	4.7%
Black or Black	7.3%	3.4%	6.8%	7.2%
Other Ethnic group	1.9%	1.0%	0.4%	0.7%

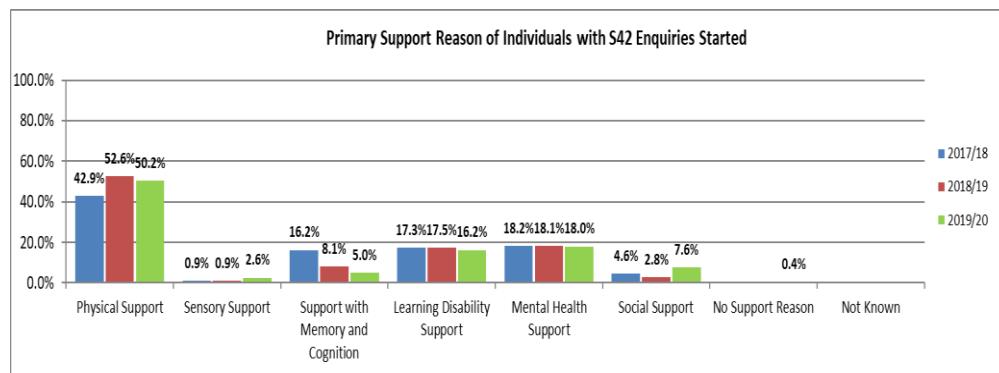
The numbers above suggest individuals with a ‘White’ ethnicity are more likely to be referred to safeguarding. Their proportions are much higher than for the whole Reading population although are now on a par with the England Population from the 2011 Census data.

It also especially shows that those individuals of an ‘Asian or Asian British’ ethnicity are less likely to be engaged in the process especially at a local level. Once again, the ‘Black or Black British’ ethnic group is more comparable to the local picture and is higher than that at a national level.

Primary Support Reason

Figure 5 shows the breakdown of individuals who had a safeguarding enquiry started by Primary Support Reason (PSR). The largest number of individuals in 2019/20 had a PSR of ‘Physical Support’ (50.2%) which has seen a decrease in its proportion of 2.4% over the year. The ‘Support with Memory and Cognition’ one has fallen again this year (from 8.1% in 2018/19 to 5.0% in 2019/20). Both ‘Sensory Support’ (up 1.7%) and ‘Social Support’ clients (up 4.8%) have seen increases for the first time (*See Table C in Appendix A for actual data*).

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



Appendix F

Section 4 - Case details for Concluded s42 Enquiries

Type of Alleged Abuse

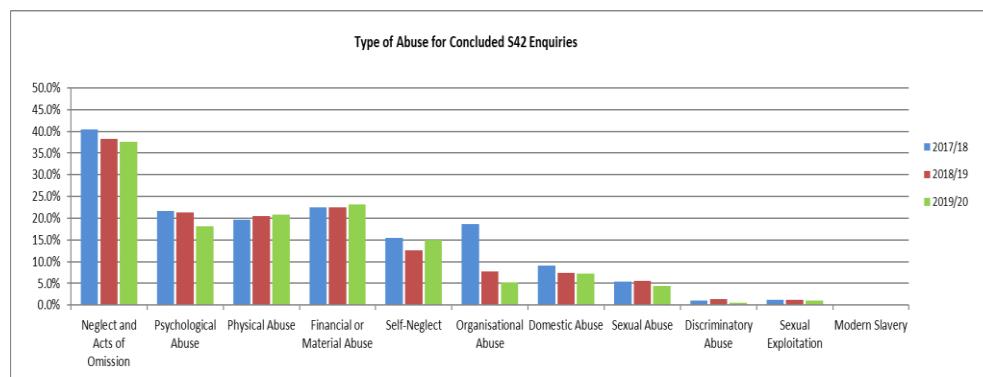
Table 5 and Figure 6 show concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types (*) were added in the 2015/16 return.

The most common types of abuse for 2019/20 were for ‘Neglect and Acts of Omission’ (37.6%), ‘Financial or Material Abuse’ (23.1%) and ‘Physical Abuse’ (20.9%). The main types of abuse that saw a decrease since last year are for ‘Psychological Abuse’ (down 3.2%) and ‘Organisational Abuse’ (down 2.6%). ‘Self-Neglect’ was one of the newer abuse types added in 2015/16 and has seen a rise this year (up 2.2% to 14.9% of all concluded enquiries).

Table 5 - Concluded Safeguarding s42 Enquiries by Type of Abuse over past 3 Years since 2017/18

Concluded enquiries	2017/18	%	2018/19	%	2019/20	%
Neglect and Acts of Omission	233	40.5%	236	38.3%	202	37.6%
Psychological Abuse	125	21.7%	131	21.3%	97	18.1%
Physical Abuse	113	19.6%	126	20.5%	112	20.9%
Financial or Material Abuse	130	22.6%	139	22.6%	124	23.1%
Self-Neglect *	89	15.5%	78	12.7%	80	14.9%
Organisational Abuse	107	18.6%	48	7.8%	28	5.2%
Domestic Abuse *	52	9.0%	46	7.5%	39	7.3%
Sexual Abuse	31	5.4%	34	5.5%	24	4.5%
Discriminatory Abuse	6	1.0%	9	1.5%	3	0.6%
Sexual Exploitation *	7	1.2%	7	1.1%	6	1.1%
Modern Slavery *	1	0.2%	0	0%	1	0.2%

Figure 6 - Type of Alleged Abuse over past 3 Years since 2017/18



Location of Alleged Abuse

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

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Still by far the most common location where the alleged abuse took place for Reading clients has been the individuals 'Own Home' (67.6% in 2019/20) which has seen a 2.7% increase proportionately compared to last year. Those in 'Care Homes' have seen a fall by 2.7% overall (2.1% of which has been in the 'Care Home - Nursing' location). Those in a 'Hospital' location have also fallen 1.3% over the year although there was a small rise in the 'Mental Health Hospital' location (up 0.8%).

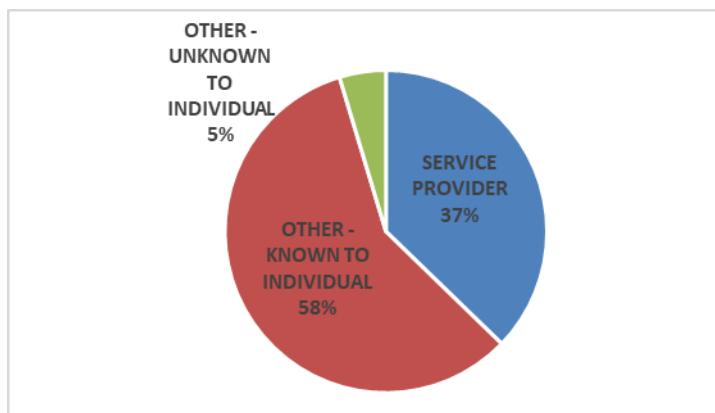
Table 6 - Concluded S42 Enquiries by Abuse Location Type over past 2 Years since 2018/19

Location of abuse	2018-19	% of total	2019-20	% of total
Care Home - Nursing	42	6.8%	25	4.7%
Care Home - Residential	52	8.4%	42	7.8%
Own Home	400	64.9%	363	67.6%
Hospital - Acute	36	5.8%	21	3.9%
Hospital - Mental Health	16	2.6%	18	3.4%
Hospital - Community	4	0.6%	2	0.4%
In a Community Service	4	0.6%	12	2.2%
In Community (exc Comm Sv)	43	7.0%	40	7.4%
Other	19	3.1%	14	2.6%

Source of Risk

58% of concluded enquiries (up 2.6% on 2018/19) involved a source of risk 'Known to the Individual' whereas those that were 'Unknown to the Individual' only make up 5.0% (down 1.5% on 2018/19). The 'Service Provider' category which was formerly known as 'Social Care Support' refers to any individual or organisation paid, contracted or commissioned to provide social care. This makes up 37% of the total (down 1.1% on 2018/19). This is shown below in Figure 7.

Figure 7 - Concluded Enquiries by Source of Risk 2019/20



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Action Taken and Result

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

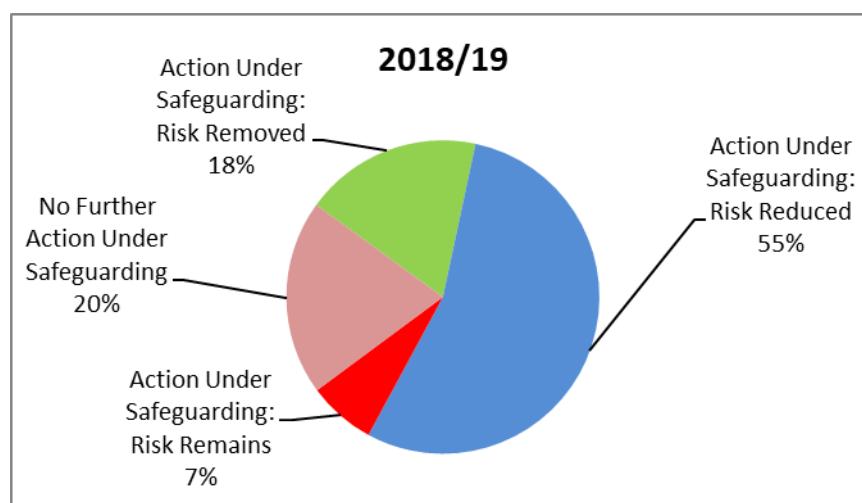
In 2018/19 the data has changed significantly again due to the outcomes of concluded enquiries being looked at closely for the current year. As a result, those with 'No Further Action' have reduced for the second year running to 14% of all concluded enquiries (was 20% of the total in 2018/19).

The risk was 'Reduced' or 'Removed' in 73% of concluded enquiries in 2018/19 whereas this has increased to 76% of the total in 2019/20. Of those there was an 8% rise in those where a 'Risk Removed' outcome was recorded.

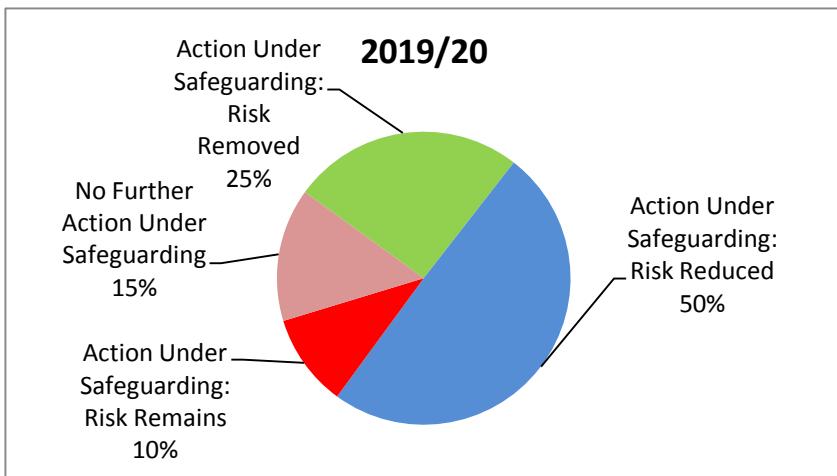
Table 7 - Concluded Enquiries by Action Taken and Result over past 3 Years since 2017/18

Result	2017-18	% of total	2018-19	% of total	2019-20	% of total
Action Under Safeguarding: Risk Removed	45	8%	113	18%	137	26%
Action Under Safeguarding: Risk Reduced	173	30%	336	55%	266	50%
Action Under Safeguarding: Risk Remains	43	7%	43	7%	55	10%
No Further Action Under Safeguarding	315	55%	124	20%	79	14%
Total Concluded Enquiries	576	100%	616	100%	537	100%

Figure 8 - Concluded Enquiries by Result, 2018/19 and 2019/20



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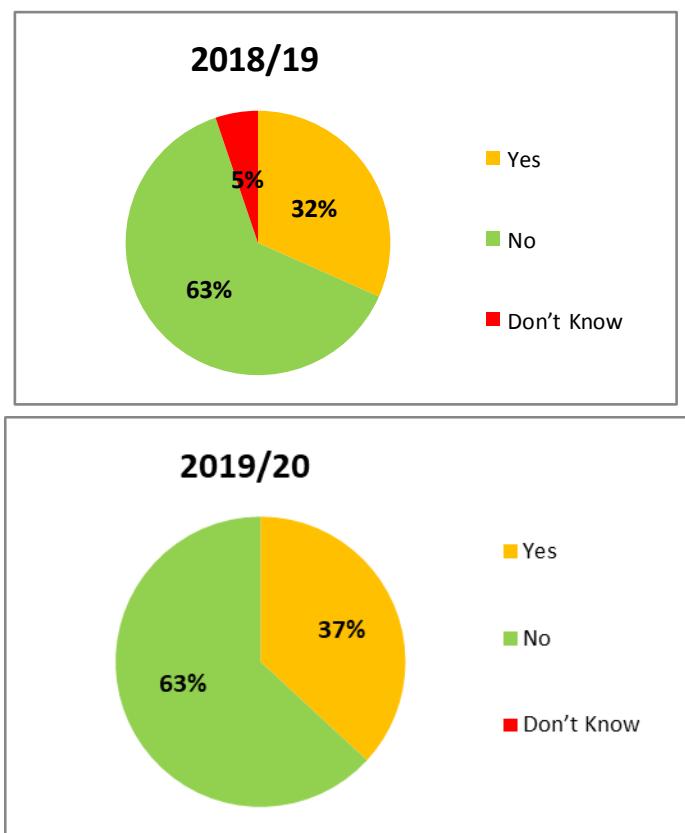


Section 5 - Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2018/19 and shows if they lacked capacity at the time of the enquiry.

The data shows that over time those that lacked capacity has increased slowly year on year with a 5% increase since 2018/19. These figures are in some part due to the reduction in those concluded enquiries where the Mental Capacity was not fully identified. In 2018/19 approximately 5% of cases still had an unknown level of Mental Capacity whereas by 2019/20 this figure had fallen to 0%.

Figure 9 - Concluded S42 Enquiries by Mental Capacity over past 2 Years since 2018/19



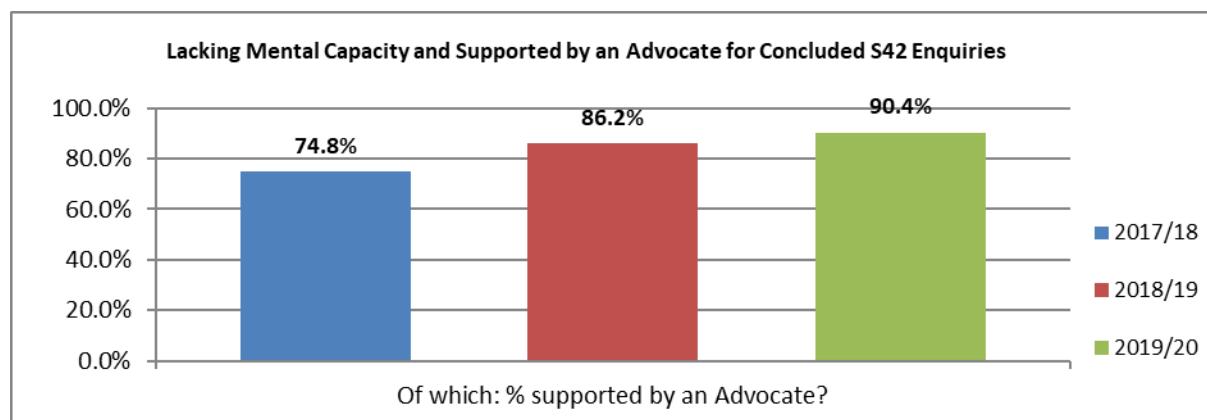
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Of those 198 concluded enquiries where the person involved was identified as lacking capacity during 2019/20 a larger proportion (90.4%) are being supported by an advocate, family or friend than in the previous years (up 4.2% for the current year and up 15.6% in total since 2017/18). Table 8 and Figure 10 show how the numbers and proportion have continued to rise over the previous 3 years due to a focus on this area locally.

Table 8 - Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2017/18

Lacking Capacity to make Decisions?	2017-18	2018-19	2019-20
Yes	147	195	198
<i>Of which: how many supported by an Advocate?</i>	110	168	179
<i>Of which: % supported by an Advocate?</i>	74.8%	86.2%	90.4%

Figure 10 - Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2017/18



Section 6 - Making Safeguarding Personal

Making Safeguarding Personal (MSP) was a national led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry.

As at year end, 86% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 10% of those did not express an opinion on what they wanted their outcome to be (in 2018/19 this figure was 84% of which 9% did not express what they wanted their outcomes to be). This is shown below in Figure 11.

Figure 11 - Concluded Enquiries by Expression of Outcome over past 3 Years since 2017/18

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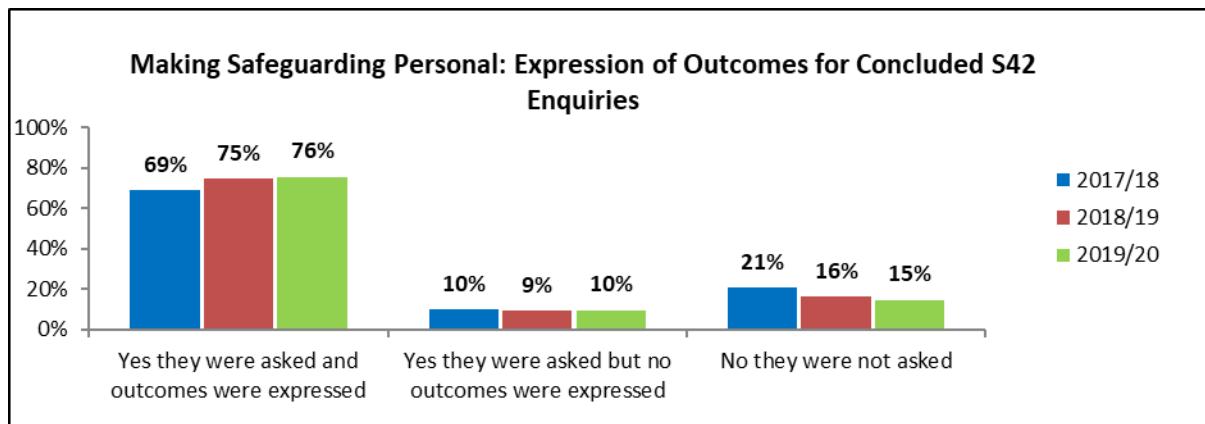
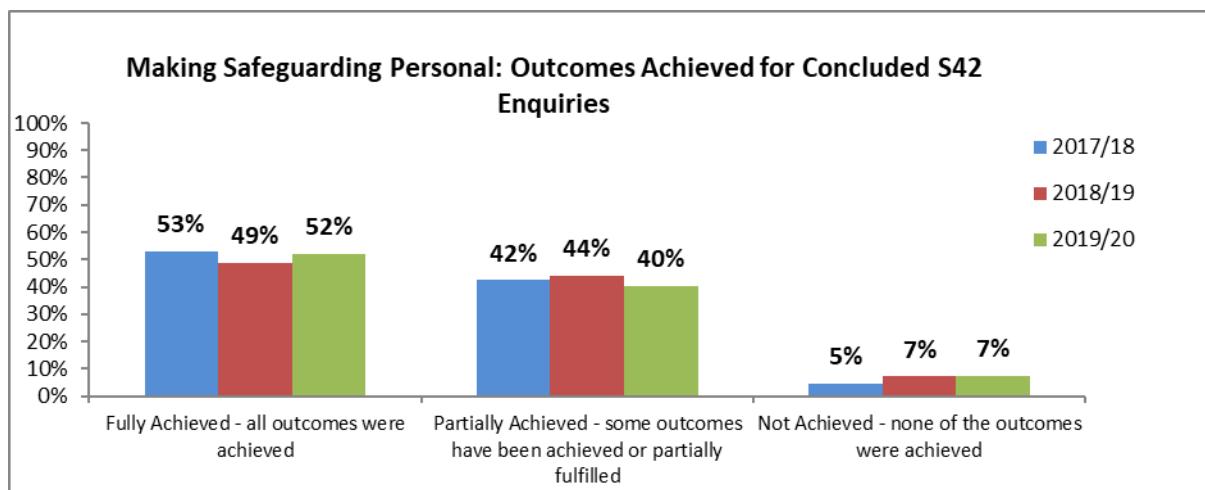


Figure 12 - Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2017/18



Of those who were asked and expressed a desired outcome, there has been an increase of 3% (from 49% in 2018/19 to 52% in 2019/20) for those who were able to achieve those outcomes fully, as a result of intervention by safeguarding workers.

However, a further 40% in 2019/20 (down 4% since 2018/19) managed to partially achieve their stated outcomes meaning 7% did not achieve their outcomes during the previous year which was on a par with the figure in 2018/19. This is shown above in Figure 12.

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Appendix A

Table A - Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2017/18

Gender	2017-18	% of total	2018-19	% of total	2019-20	% of total
Male	192	42%	196	43%	204	44%
Female	265	58%	262	57%	258	56%
Total	457	100%	458	100%	462	100%

Table B - Age Group and Gender of Individuals with Safeguarding s42 Enquiries - 2019/20

Age group	Female	Female %	Male	Male %
18-64	94	36.4%	100	49.0%
65-74	37	14.3%	30	14.7%
75-84	56	21.7%	43	21.1%
85-94	56	21.7%	30	14.7%
95+	15	5.8%	1	0.5%
Unknown	0	0.0%	0	0.0%
Total	258	100.0%	204	100.0%
	56%		44%	

Table C - Primary Support Reason for Individuals with a Safeguarding s42 Enquiry over past 3 Years since 2017/18

Primary support reason	2017/18	% of total	2018/19	% of total	2019/20	% of total
Physical Support	196	42.9%	241	52.6%	232	50.2%
Sensory Support	4	0.9%	4	0.9%	12	2.6%
Support with Memory and Cognition	74	16.2%	37	8.1%	23	5.0%
Learning Disability Support	79	17.3%	80	17.5%	75	16.2%
Mental Health Support	83	18.2%	83	18.1%	83	18.0%
Social Support	21	4.6%	13	2.8%	35	7.6%
No Support Reason	0	0%	0	0%	2	0.4%
Total	457	100%	458	100%	462	100%



Achievements by Reading Borough Council 2019-20

Operational Teams

The Adult Safeguarding Team continue to undertake the screening process for all the safeguarding concerns for Reading Borough Council and the Locality Teams undertake most of the section 42 enquiries.

Organisational abuse safeguarding concerns has been a pressure on the service over the past twelve months. This has put a great deal of pressure on not only the Adult Safeguarding Team but also the locality teams who have assisted in the process to ensure that service users who receive services from these providers are safe. We have worked closely with the CQC and our partner local authorities to undertake relevant S42 enquiries and adhere to the Quality Assurance Provider framework process.

Safeguarding Adult Reviews

Reading Borough Council actively participated and engaged in Safeguarding Adult Reviews (SARs) commissioned by the Safeguarding Adult Board. We have participated in bite-size learning events agreed via the Learning and Development subgroup and various internal workshops were held to disseminate learning from SARs.

Adult Social Care reviewed safeguarding training plans to ensure mandatory training encompassed priorities of the SAB and was responsive to emerging findings from SARs.

Multi Agency Panels

A consistent named professional from the Adult Safeguarding Team was provided for the Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) to support interagency networking and interfaces.

A consistent named Senior Manager has attended the Channel panel to represent Adult Social care and advise on safeguarding matters.

Service Improvements Serious Concerns Framework

In April 2019 the Serious Concerns (SC) and Standards of Care (SOC) provider framework was implemented in Reading Borough Council by the Commissioning Service.

Serious concerns process

The serious concerns process exists to manage serious concerns within the provider organisation. These are severe concerns with high levels of risk. The process supplements but does not replace investigations such as those relating to safeguarding, fraud and health and safety. The Quality Officers in conjunction with the Safeguarding Manager will analyse the evidence and, where the information identifies high levels of risk linked to the level of concern matrix those providers will enter a Serious Concerns framework. This process will remain in force until providers have demonstrated and evidenced the necessary changes to ensure that their residents are safe from harm. There will be occasions when providers move into a Standards of Care framework until all the identified quality assurance work has been completed to a satisfactory standard.

The Serious Concerns and Standards of Care process is supported by best practice guidance and legislation. It also considers providers' infrastructure, policies and procedures to ensure that these are in place to support the delivery of good quality services. The Quality Officers, where possible, will be aware of national standards and requirements such as Care Quality Commission (CQC) regulations and National Institute of Health and Care Excellence (NICE) guidance. This information will feed into the quality monitoring work undertaken with providers.

If the organisation is placed in a Serious Concerns framework, they are to participate in regular meetings with Reading Borough Council and all stakeholders are involved. These meetings are to track the progress of the providers against an improvement action plan. A red flag is placed against a provider that will prevent admissions to the service.

Triggers for a Serious concerns Process

- A disproportionate number of Safeguarding concerns
- Multiple safeguarding concerns
- A CQC inspection report of 'Inadequate'
- A report of serious crime
- Multiple whistle blowing reports
- Injury or unexplainable death
- Multiple Complaints

Standards of Care

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The SOC process sits beneath the Serious Concerns process and exists to monitor less severe concerns within the organisation. These are medium/ to low risk. If the organisation is placed in a SOC framework they are to participate in regular meetings with Reading Borough Council and all stakeholders involved. These meetings are to track the progress of the providers against an improvement action plan.

Triggers for a Standard of Care Process

- CQC Inspection report
- Repeated poor practice
- Multiple medication errors
- Multiple whistle blowers
- Complaints about the provider
- A Safeguarding Strategy meeting which identifies several issues
- Several Safeguarding concern

Conversation Counts Model

The Conversation Counts Model that was implemented in 2018 has been continually evaluated and strengthened as a result of the initial feedback from service users, staff and external professionals. In March 2019 phase two of the model was introduced and the focus of the work involves working with people whose circumstances mean they are in crisis and who may be at risk. Staff aim to understand what is causing the crisis, what needs to change urgently and then work with the person to make those changes happen and create stability in their life. The final phase of the Conversation Counts Model is to support people to “look at what good looks like”, what resources, support, connections a person needs to live the life they choose to live. This has created a greater emphasis on the broader safeguarding agenda and has enabled staff working alongside people to help them look at how they keep themselves safe.

Direct Payments

A key priority for the Council in 2019 was to increase the use of Direct Payments (DPs) as an alternative to traditional models of care and for DPs to be offered to service users for purchasing support packages. An area of concern had been supporting service users to make the right choices in respect of employing carers, the potential for an increase in safeguarding concerns and the general well-being and safety of the service user undertaking this process.

Therefore, from April 2019 to March 2020 a Direct Payments Development Officer was recruited to support the project. Guidance for service users and staff was updated and the number of DP users in Reading has increased. This has been successful and there has not been an increase in safeguarding concerns and offers

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assurances to those managing their own DP that they are not exposing themselves to risk or harm.

Personal Assistants

A further project was implemented to develop Reading's Personal Assistant (PA) market which would address the safeguarding agenda in general. One way of receiving DPs is via a PA who works directly with one or more service users, to support them with various aspects of their daily life. This could be in their own home, in the community, at leisure or at work. PAs are usually employed directly by a person who needs care and support and who manages and pays for this through their Personal Budget or with their own money. The individual employing a PA can choose exactly how they are supported to ensure their needs are met.

Employing PAs supports our aims for service users to:

- receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- get the information and advice they need to make good decisions about care and support.
- have a range of provision of high quality, appropriate services to choose from.

The future is for a sustainable, diverse and robust PA Market in Reading that will:

- deliver quality care through trained PAs and raising service users' awareness of safeguarding and standards.
- increase choice and control for individuals over the care and support they receive.

Technology Enabled Care (TEC)

In 2018 a project was initiated to understand how Technology Enabled Care (TEC) can promote wellbeing, support prevention, maximise independence and self-care, enhance quality of life and reduce the need for a safeguarding intervention. In May 2019 the Reading Borough TEC Lead presented the findings of a six-month review of the provision of TEC in Reading. A range of activities were used to develop an understanding of the current and future potential for increasing the adoption and uptake of TEC. Improvements to our TEC service have been underway since then and we recently launched our end-to-end Turnkey TEC service. A new TEC Lead has been recruited and we will be monitoring service users' outcomes over the coming months to identify how TEC has impacted on their lives.

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Safeguarding Annual Report

April 2019 – March 2020

Author: Jane Fowler – Head of Safeguarding

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1. Introduction

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

Berkshire Healthcare have a joint safeguarding children and adult work team and work under the principle of a 'Think Family' approach to safeguarding.

2. The Statutory Context

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

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

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

3. Governance Arrangements

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

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

The Head of Safeguarding works as a full time manager for the safeguarding team and chairs monthly safeguarding team meetings where shared visions, standardised practice and future plans are agreed and monitored. An annual plan on a page written by the team clearly identifies work priorities and continuous improvements to be achieved (attached as Appendix Two). The Head of Safeguarding is supported by two Assistant Heads of Safeguarding (one for adults and one for children) who hold enhanced responsibilities as part of their named professional role. There are currently 3.8 whole-time equivalent (WTE) safeguarding adults named professional posts including one post which was made permanent in May 2019 following a one year secondment to improve staff compliance to the Mental Capacity Act. There are 5.5 WTE posts for safeguarding children. The team is supported by three part-time administrative posts and is based at two

locations, St Marks Hospital in Maidenhead and Wokingham Hospital in Wokingham. The Specialist Practitioner for Domestic Abuse works within the safeguarding team.

Three specialist practitioners and two nursery nurses also work within the team providing information from across the health economy to the six Multi-agency Safeguarding Hubs (MASH) across Berkshire. The Trust also has a named doctor for child protection who is a consultant working within CAMHS and who works closely with the safeguarding leads.

There are named leads for the following areas:

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

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

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

4. Assurance Processes, including Audit

Section 11 Audit

This is a working document measuring statutory compliance required under Section 11 of the Children's Act 2004. It is monitored and updated by the safeguarding team every six months. The Section 11 audit for BHFT is submitted as required to the designated LSCB Section 11 monitoring group. This group has responsibility for monitoring all statutory and non-statutory organisations that are required to complete Section 11 audits across Berkshire.

The BHFT Section 11 was presented to the Pan-Berkshire Section 11 Panel in March 2019. All categories were considered effective. BHFT received the following feedback: '*The s11 Panel agreed that the BHFT self-assessment was of a high standard and that the Trust are compliant with the s11 responsibilities. All categories of the self-assessment are RAG rated green and the organisation understands their duty to continuously improve and shape services to safeguard children. The Panel were assured by the level of*

safeguarding governance and practice within the organisation and assured the s11 action plan is monitored regularly.'

This document is available for submission during Local Authority Ofsted/CQC inspections.

Self-assessment Safeguarding Audit

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

Quality Schedule

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

Safeguarding Audits.

Audit is an effective means of monitoring compliance with policy and procedure as well as analysing the effectiveness of current practice. Four internal safeguarding audits were undertaken during 2019/20 (see table below) and named professionals participated in multi-agency audits across the localities.

Audit	Completion
Audit of Child Protection Supervision	April 2019
Audit of Patients who go Absent Without Leave (AWOL) at Prospect Park Hospital	August 2019
Audit of Safeguarding Advice lines	August 2019
Audit of Compliance to Mental Capacity Act 2005	March 2020

A planned audit of child protection record keeping in March 2020 was postponed to the autumn due to the Covid-19 pandemic emergency prioritisation plan.

Child Protection Supervision Audit

The audit was a quantitative audit undertaken by the safeguarding children team to establish whether child protection supervision is recorded in each child's record following supervision and whether there is evidence in the records that agreed actions have been undertaken by the practitioner. In a previous supervision audit undertaken by the safeguarding team, it was identified that practitioners were not always

recording recommended actions from the supervision in the child's record following supervision. The action from this audit was for the supervision outcomes to be recorded in the RIO record at the time of the supervision. The aim of this audit is to establish whether recording in the record has improved.

Key Findings from the Report

- Child protection supervision was not recorded in the record in 35% of cases
- Where agreed action plans are recorded in the child's record following child protection supervision, there is evidence that actions are undertaken as agreed during supervision in 73% of cases.

There were three recommendations from the Audit:

1. Child protection supervision action plans should be recorded in the record during the child protection supervision session.
2. Actions from child protection supervision to be followed up by the supervisor at the next supervision session.
3. Suitable rooms to be identified so that staff are able to access their RIO during supervision.

Audit of AWOL at Prospect Park Hospital

Negotiated time off the ward or to go on leave is an integral part of a patient's care plan, designed to prepare and assess mental state, risk and prepare them for discharge. However, occasionally a patient will not return from leave, will leave the service or escort without permission or prior arrangement/agreement. Berkshire Healthcare's *Patients who are Missing / Absent (Mental Health Services) Policy* (CCR144) outlines the responsibilities of inpatient mental health staff during circumstances where a patient is absent without leave (AWOL). The purpose of the 2019 audit was to monitor whether Berkshire Healthcare policy and procedures for patients who are missing/absent from mental health service (CCR144) is followed by staff and maintain the changes recommended in a previous audit and to look for any recommended areas for improvement. AWOLs from two of the acute wards were audited.

Overall the audit found that staff have been following trust policy and procedure on missing/absent patients from mental health services. Both wards carried out a 1:1 with the patient on return to the ward which was clearly documented. This was in line with a recommendation from a previous audit. Local Authority and the Police were informed of AWOLs although it was not always reported that they had returned. Staff were reminded of the importance of this because of the impact on Police resources. Staff were not visiting the patient at home as per policy due to lack of capacity and it is a recommendation of the audit that this part of the policy is reviewed. The audit noted a reduced number of AWOL's compared to previous audits.

Audit of Safeguarding Advice Line

The Safeguarding Team provide advice via two telephone advice lines one for adult safeguarding and one for child safeguarding for Trust-wide practitioners. These lines are accessible 9am – 5pm, Monday to Friday.

When the practitioner calls and advice is given, this information is recorded by the Named Professionals on the safeguarding team database. To ensure that the advice has been clearly understood and recorded appropriately, an email with the advice line sheet attached is sent to the practitioner who has received safeguarding advice. The expectation is that the advice is recorded on the patient/clients progress notes and also uploaded onto RiO documents and that evidence of the advice being followed is also documented.

The purpose of the audit was to test whether advice given by a named professional is recorded by the named professional and whether the staff member receiving the advice is recording any agreed actions on the patient's RiO record and uploading the advice sheet on RiO. The audit also looked at whether the agreed actions were followed.

Findings included the following:

1. The number of calls to the Advice Lines during the period audited was identical for both the Children's Named Professional's (NP) and the Adult NP, at sixty six calls each. This is encouraging as the Adult Advice Line has been established more recently than the Children's Advice Line.
2. The range of callers was diverse, coming from both Physical and Mental Health Services. This is encouraging in light of a previous audit where Community Mental Health Services were found not be using the Children's Advice Line
3. There was a marked disparity between the two advice lines in how much of the advice given by the Named Professional was documented in the patient's electronic records, 85.7% for the children's advice line compared to 45% for the adult advice line. This may be due to the Children's Advice Line being more established than the Adult Advice Line.
4. Of the cases audited only 33% of those sent by the Children's Named Professional were uploaded. This may be due to this practice being a new requirement and not yet embedded in practice.
5. Patient identification data was not always fully recorded by named professionals making it difficult to audit.

An action plan is in place to implement the recommendations from the audit.

Mental Capacity Act 2005 Audit

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

5. National and Local Reports

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

Setting out Shifting Policy Direction

Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework: updated August 2019.*

This Framework was reviewed and refreshed in 2019. The purpose of this document is to set out clearly the safeguarding minimum standards, roles and responsibilities of all individuals and organisations working in providers of NHS funded care settings and NHS commissioning organisations. It aims to:

- identify and clarify how relationships between health and other systems work at both strategic and operational levels to safeguard children, young people and adults at risk of abuse or neglect;
- clearly set out the legal framework for safeguarding children and adults as it relates to the various NHS organisations, in order to support them in discharging their statutory requirements to safeguard children and adults;
- outline principles, attitudes, expectations and ways of working that recognise that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances are at the forefront of our business;
- Identify clear arrangements and processes to be used to support practice and provide assurance at all levels, including NHS England and NHS Improvement Board, that safeguarding arrangements are in place.
- Promote equality by ensuring that health inequalities are addressed and are at the heart of NHS England's values.

A Gap analysis was completed by the Head of Safeguarding against the Assurance Framework and the Trust were compliant to all the Standards set out in the document. The Gap analysis was presented to the East Berkshire safeguarding committee and agreed.

Mental Capacity Act Amendment Bill 2018.

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

The main changes will be as follows:

- DoLS only applied to people over the age of 18. LPS will be for people aged 16+ (18+ if in a care home).
- DoLS applied to hospital and care homes only. LPS will apply to people deprived of their liberty anywhere
- LPS may also include the arrangements for the means and manner of transportation for the cared for patient to from or between particular places (not included under DoLS).
- DoLS has both urgent and standard applications. Under LPS urgent applications will only be for life sustaining treatment or any vital act. All other applications will be standard.
- Currently all DoLS applications are assessed/approved by the Local Authority (Supervisory Body). Under LPS the process will be the responsibility of the NHS Trust, CCG, Health Board or Local Authority – whoever is providing or mainly commissioning care will become the Responsible Body. BHFT will be responsible for arranging assessments, authorising the detention, monitoring it and will hold responsibility for reviews and appeals to the Court of Protection for patients in inpatient units (and any community placement funded by BHFT).

* <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>

- Local authorities will remain responsible LPS for self-funding individuals and in private hospitals.
- DoLS applications are for a maximum of one year only and then require a full reassessment. LPS is renewable after one year and then again for one year and then for three years before a full assessment is required where the Responsible Body has a reasonable belief the person lacks capacity + mental disorder + arrangements are necessary and proportionate.
- All conditions have been removed.
- All DoLS applications are assessed by specially trained best interest assessors and mental health assessors. LPS assessments will be carried out by regulated professionals such as doctors, nurses and occupational therapists. The pre-authorisation review will be carried out by an AMCP who will only meet the client and family where an appeal is lodged.
- The specialist mental health assessor role is removed but there remains a requirement for medical evidence of a mental disorder but does not require a specialist assessor for this, e.g. GP reference that a person has dementia or other condition.

The LPS process will be as follows:

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

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

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

Responsibilities of NHS Trusts:

Currently DoLS applications are completed by BHFT staff and the authorisation process is undertaken by the local authority with administration of the applications and notification to CQC overseen by the safeguarding team.

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

1. Identifying patients/clients that the trust are funding care packages for (supported living, domestic care packages, care homes) who lack capacity and could be deprived of their liberty.
2. LPS Assessments: have enough staff trained and able to undertake the necessary LPS assessments at a defensible standard. Allocate time for the assessments.
3. Pre-authorisation: Have enough staff to undertake pre-authorisation reviews. These staff will need time to critically read the assessments and judge whether they meet the standards to withhold future appeal. They will also need to be willing to take on the role of authorising detention. Staff will need to be trained to be AMCPs.
4. Administer and advise: this will include sending back inadequate assessments, record the appropriate person, appoint IMCA's, monitor LPS expiry dates, produce statistics, and inform CQC, produce authorisation record.
5. Review: undertake and monitor planned and responsive reviews.
6. Appeals: a small number of cases will go to appeal at the court of protection requiring written reports and attendance at hearings plus formal legal advice.

Any backlog of DoLS applications not yet assessed will become the responsibility of the provider/commissioner once LPS comes into operation.

The Code of Practice has not yet been published. It will further clarify roles and responsibilities and knowledge and training requirements for these.

Implementation of LPS was initially delayed to Spring 2020 and has been further delayed to April 2022 due to the Covid-19 Pandemic. The Trust are currently working on the strategic planning for the introduction of LPS.

Independent Inquiry into Child Sexual Abuse

This inquiry which opened in June 2015 continues to progress in England and Wales. The inquiry was established to examine how the country's institutions handled their duty of care to protect children from sexual abuse. The enquiry is likely to take several years to complete and further delays are expected due to the Covid-19 pandemic. An interim report was published in 2018.

Domestic Abuse Bill January 2019: to become law 2020 – 2021.

This Bill is aimed at improving the support for victims of domestic abuse and their families and pursuing offenders. New legislation will:

- Introduce the first ever statutory government definition of domestic abuse to specifically include economic abuse and controlling and manipulative non-physical abuse - this will enable everyone, including victims themselves, to understand what constitutes abuse and it is hoped will encourage more victims to come forward;
- Establish a Domestic Abuse Commissioner to drive the response to domestic abuse issues;

- Introduce new Domestic Abuse Protection Notices and Domestic Abuse Protection Orders to further protect victims and place restrictions on the actions of offenders;
- Prohibit the cross-examination of victims by their abusers in the family courts;
- Provide automatic eligibility for special measures to support more victims to give evidence in the criminal courts.

Improving knowledge from national reports, research and guidance:

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

Exploitation

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

Learning from local serious case reviews and partnership reviews:

During 2019/20 Berkshire Healthcare have participated in three child safeguarding practice reviews conducted across Berkshire, seven safeguarding adult reviews in Berkshire, one in Buckinghamshire and four domestic homicide reviews (DHR). It is of note that there has been a rise in the number of adult reviews, which have been diverse and have covered a wide range of groups. Berkshire Healthcare are committed to learning from reviews and fully engage in the safeguarding practice review and DHR process.

Named professionals have provided reports and chronologies for all the reviews and supported practitioners throughout the process. Changes in the way both adult and child serious case reviews are conducted have meant more practitioner involvement through learning events and feedback around this process has been positive. The Head of Safeguarding or her deputy attend all safeguarding practice review and safeguarding adult review sub-groups across Berkshire and serious case review panels and are responsible for ensuring lessons are disseminated to BHFT staff and action plans are developed, completed and reported on. Many of these reviews are currently on-going and action plans have been formulated from identified learning for BHFT and are in progress.

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

6. Safeguarding Policies/Protocols

The following policies and procedures have been reviewed and implemented during 2019/20, in accordance with the policy scrutiny group and the safety and clinical effectiveness group:

- **CCR072 Child Protection and Promoting the Welfare of Children** – Minor amendments.
- **CCR111 Domestic Abuse** – Minor amendments
- **CCR124 Management of Police Domestic Abuse Incident Reports for Universal Services Staff** – Minor amendments
- **CCR125 Chaperone** – Minor amendments
- **CCR143 Was Not Brought/Non-Attendance of Appointments/Declined Services for Children and Young People** – Minor amendments and change of policy name
- **CCR144 Patients who are Missing/Absent - Mental Health Services** – Minor amendments
- **CCR155 PREVENT** – Updated with changes to government guidelines
- **CCR156 Responding to Adult disclosures of Non-Recent Child Sexual Abuse** – Minor amendments
- **CCR163 Assessing Gillick competency in Children under 16** – New Policy
- **CCR164 Promoting Sexual safety on Mental Health and Learning Disability Inpatient Units** – New policy following guidance following publication of report into sexual safety in mental health hospitals.

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

Safeguarding Procedures Online

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

7. Local Safeguarding Children's Partnership Boards and Safeguarding Adult Boards

Working Together 2018[†]

In July 2018, the Department for Education published a new edition of the statutory guidance 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children' (Department for Education, 2018). The new guidance set out the changes needed to support the new system of multi-agency safeguarding arrangements. The new arrangements were published in each area by 29th June and were implemented by 29th September 2019. Key areas of amendment and change included:

- assessing need and providing help
- organisational responsibilities
- multi-agency safeguarding arrangements
- local and national safeguarding practice reviews
- child death reviews.

[†]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Across Berkshire the four Local Safeguarding Children Boards and the three Safeguarding Adult Boards have been reviewed and replaced by new safeguarding arrangements. Each area has a strategic leadership group which includes the three statutory partners - Local Authority, CCG and the Police. The arrangements in the east of Berkshire are combined adult and child safeguarding boards for each Local Authority area. In the west of Berkshire there is one combined board for child safeguarding and one combined board for adult safeguarding across the three localities. Representatives from BHFT at director level attend each of the Boards. Members of the safeguarding team represent the Trust on the Board sub-committees.

Local and national child safeguarding practice reviews

- Each area has reviewed the new guidance setting out the process for new national and local reviews. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the National Panel) and at local level with the safeguarding partners.
- Each area has fully implemented the new guidance for consideration of child practice reviews, using the rapid review process.

Child death reviews

- The Child Death Review Statutory and Operational Guidance[‡] (2018) set out changes to the child death review process and governance arrangements; the CCG and Local Authorities published their arrangements 29 June 2019 and implementation took place from 29 September 2019.
- The guidance specifies there should be reviews of all deaths children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.
- This guidance specifies that reviews have 'the intention of learning what happened and why, and preventing future child deaths' and that 'the information gathered ... may help child death review partners to identify modifiable factors that could be altered to prevent future deaths.'

8. Inspections

Care Quality Commission (CQC) Inspection December 2019

BHFT underwent a focussed CQC inspection and the rating of the trust improved to an overall rating of Outstanding which was a very positive achievement for the trust. The inspectors noted that they had seen a consistent pattern of progressive improvement in the quality of core services, building on many of the high quality services it delivers. For example the inspection found that

- The Trust has a highly skilled, strong, stable and experienced senior team, including the chair and non-executive directors. Leaders had the skills, knowledge, integrity and experience to perform their roles and had a good understanding of the services they were responsible for delivering.
- There was compassionate, inclusive and effective leadership at all levels. Leaders were visible in the service and approachable to patients and staff.
- Staff across the trust felt valued and there was a real focus on doing what was best for people, staff, patients and carers and a real commitment to the delivery of good quality patient care at every level.
- Staff at all levels of the trust were proud to work there and morale amongst staff was good.

[‡] <https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england>

- The trust was taking a leading role in a number of the system wide developments and was a key partner in two exemplar integrated care systems, the board was visibly engaged in and supportive to the work of the wider health and social care system.
- Staff assessed and managed risks to patients well and followed best practice in anticipating and de-escalating volatile situations.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust had very strong staff networks in place for people with protected characteristics and network leads had some protected time to develop these further.

There is an action plan for recommendations for improvement from the inspection which is monitored by the trust board.

9. Domestic Abuse

Domestic abuse continues to be a major safeguarding concern and disclosures of abuse by service users are made to practitioners across many of BHFT services. Practitioners are encouraged to complete Domestic abuse Stalking and Harassment risk assessments (DASH) and seek support from the safeguarding team if necessary. The Specialist Practitioner Domestic Abuse can advise and refer on to the Multi Agency Risk Assessment Conference (MARAC) for those cases identified as high risk and also can refer into the Multi Agency Task and Coordination (MATAC) for those victims not assessed as high risk but who are turning to professionals frequently for support in regard to ongoing domestic abuse.

The MATAC has taken over from the Domestic Abuse Repeat Incident Meeting (DARIM) in some of the local authorities and there are plans for this to be introduced across the whole of the Thames Valley Police (TVP) area. It works in much the same way as the DARIM, trying to reduce the incidents, however there is more focus on working with the perpetrator to try to change their behaviour rather than on the victim to make changes that will reduce the abuse. Named professionals attend all MARACs across Berkshire sharing relevant health information, offering actions and contributing to the safety plan discussion. Some actions involve liaison with other agencies such as primary care and other out of area Heath Trusts.

Berkshire Healthcare have also contributed to three Domestic homicide Reviews (DHR) during 2019-20 providing Individual Management Reviews(IMR), sitting on the panel and ensuring any recommendations are implemented. One IMR identified a need for training about perpetrators for Common Point of Entry (CPE) staff. This was delivered by joint working with the perpetrator worker for Bracknell Forest Children's Social Care. It focused on looking at the risks to the partners of known perpetrators of domestic abuse when they are seeking mental health support. Another IMR identified the importance of health visitors taking what opportunities they had to safely ask about domestic abuse when seeing mothers, providing that time for clients to disclose and then be signposted to support services.

The Covid-19 pandemic which led to a national lockdown at the end of this reports period saw a huge increase in calls to the National domestic Helpline. This resulted in both national and local awareness raising of the increased risk the lockdown might have to domestic abuse victims. The trust safeguarding

team circulated extra information on how to make safe enquiry about domestic abuse when seeing clients online rather than face to face. To support this the safeguarding team produced a video on how to use an 'Over the Shoulder Poster' which allowed practitioners to provide helpline numbers to clients they were seeing online without having to speak and risk being overheard. Local domestic abuse service information was recirculated along with information about the Bright sky app, a domestic abuse support app and the Police 'Make Yourself Heard' campaign which allowed victims to alert emergency services they needed help without having to speak if it wasn't safe for them to do so.

The Covid-19 pandemic has also seen the start of regular multi-agency meetings across Berkshire to ensure victims and families affected by domestic abuse can still access the services they need during the lockdown and the changes this has had for service delivery. The Specialist Practitioner for Domestic Abuse attends these meetings.

The contact details of the Specialist Practitioner were added to the Trust's Well-Being Directory. Staff who are affected by domestic abuse can be signposted for support. Any support given will remain confidential.

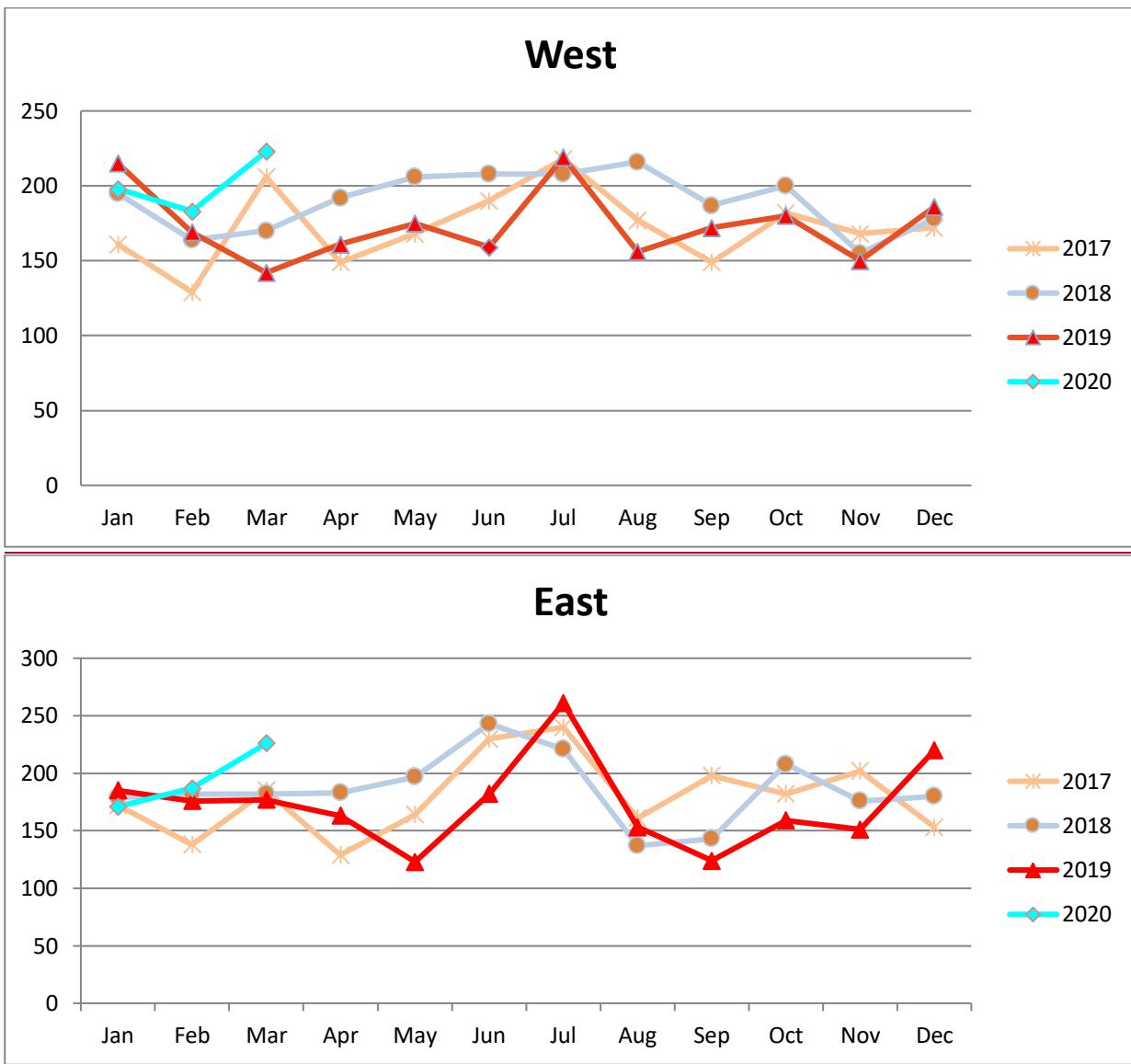
Looking to the future

Due to the Covid 19 pandemic the future is looking very uncertain as we enter into 2020-2021. There will be changes in training delivery and also challenges for practitioners who have seen the way they deliver care to clients move from face to face to phone or online in many instances.

For domestic abuse the pandemic has generated an increase in awareness raising both for the general public and for healthcare staff. This can only be viewed as a positive thing and it is important for healthcare to continue being 'domestic abuse aware' moving forward once the current restrictions ease and a new normal is established.

Figures

For 2019 – 2020 the total number of reports received for the West area (Newbury, Reading and Wokingham), were 2162. Total number for the East area (Bracknell, Slough & WAM), were 2120 - total of 4282 for Berkshire. Slough continues to receive the highest number of domestic incident notifications and also has the highest number of MARAC referrals. Notifications have remained relatively consistent with previous years with a definite spike in July of each year.



10. Safeguarding Training

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

Safeguarding training is firmly embedded in the induction programme and the team offer monthly induction courses to all new staff. Combined safeguarding children and adult training with a 'Think Family' focus is provided at level one. All clinical staff also receive level two safeguarding children training at induction, PREVENT, MCA and DoLS training. All volunteers starting with the trust receive safeguarding adults and children training at level one as part of their induction. The provision of training is an area of

strength within the team and requires flexibility and commitment. The team acknowledges the need for a positive attitude towards training and operates within the Trust inclusion policy, offering training in accordance with respecting and providing for the diverse need of a large workforce. Bespoke training is facilitated for hard to reach staff groups. During March all face to face training was suspended including induction due to Government guidance for the Covid-19 pandemic and the safeguarding team did a rapid review of available safeguarding training online to ensure continued access to training which matches the requirements of the intercollegiate documents.

The specialist practitioner for domestic abuse attends induction for all staff to present information about domestic abuse. Domestic abuse awareness training sessions including asking the question about abuse is available for all staff and essential training for clinical staff working directly with children. Bespoke domestic abuse training is also provided by the specialist practitioner for staff working in mental health services. Child sexual and criminal exploitation, forced marriage, honour based violence and FGM including mandatory reporting responsibility are included in all safeguarding training. Regular screen savers in relation to these topics are used to remind staff of their responsibilities. The named professionals also co-facilitate shared responsibility targeted training on a monthly basis with the LSCB trainers in Slough.

The safeguarding team facilitate a safeguarding children forum as a level three update for all staff who work directly with children across the Trust. Three forums focussing on contextual safeguarding were held in April, September and October 2019 attended by approximately 250 staff. Presentations were facilitated by both internal and external staff including a presentation by the children in care team on the specific vulnerabilities of children in care to exploitation and a presentation from Police on County Lines and Modern Slavery. The forums were evaluated extremely well by staff attending.

Safeguarding training compliancy in 2019/20 was as follows:

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	97.5%	96.5%	96.9%	95.9%	90%
Safeguarding Children	Two	91.4%	92.9%	91.6%	92.6%	90%
Safeguarding Children	Three	84.2%	88.2%	86.8%	87.6%	90%
Prevent	Awareness	96.1%	96.9%	96.8%	97.7%	85%
Prevent	Health Wrap	95.8%	96.7%	97.6%	96.2%	85%
Safeguarding Adults	One	94.1%	94.1%	91.5%	94.3%	90%
Safeguarding Adults	Two	80.5%	84.1%	86.8%	86.3%	90%
DoLS		84.6%	86.9%	87.4%	89.1%	85%
MCA		90.6%	92.7%	91.5%	92.2%	85%

Safeguarding training compliance levels are monitored on a monthly basis by the safeguarding team. An action plan is in place to increase the number of safeguarding adult level two training courses available for staff following the recent publication of the Intercollegiate Document Safeguarding Adults: Roles and Competencies for Healthcare Staff. Extra courses have been facilitated to increase compliance to safeguarding children training at level three with bespoke training for harder to reach staff groups.

Training compliance in quarter four was compliant at over 85% for both MCA and DoLS. Compliance to PREVENT training remains high at over 96%. All new staff receive PREVENT training at induction.

11. Developments in Mental Capacity Act Practice

The Mental Capacity Act establishes a framework of protection of the rights for people who may, through disability, injury or illness, have impaired mental capacity, or who are at risk of being wrongly thought to lack mental capacity because of a diagnostic label or some aspect of their appearance or behaviour. The Act, implemented in 2007, applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who may be unable to make all or some decisions for themselves – around 2 million people. It sets out how professionals in sectors such as health and social care, finance, policing, trading standards and legal services, should support and care for people who may lack capacity. It also describes how people can prepare in advance for a time when they may lack capacity.

The role of the MCA lead in the adult safeguarding team is to act as a point of reference for colleagues, to develop and train trust staff and team colleagues, review and develop the training programme and support the trust leadership with regard to the MCA Framework.

The policy for MCA and DoLS was endorsed by the Berkshire Healthcare Policy Scrutiny Group and introduced in April 2018 and was due for review in April 2020. The policy review has been extended until December 2020 to take account of the pending change to Liberty Protection Safeguards. Following the Mental Capacity Act Amendment Bill 2019 the Trust continue to work with colleagues across the health economy in Berkshire and with Local Authority colleagues to plan the implementation of the Liberty Protection Safeguards in close liaison with the Trust board.

The Safeguarding team have offered additional training sessions with bespoke groups of staff, namely District Nurses, in order to expand knowledge, and gain confidence particularly with recording Mental Capacity Act assessments. These sessions have been well received.

The DoLS process is fully managed by the Safeguarding Team who have developed a new way of working to gain oversight and ensure quality with DoLS applications across the Trust. All DoLS applications are reviewed by the Safeguarding team prior to proceeding to the Local Authority for assessment. Ward reminders for expiry dates of authorisations, discharge notifications to Local Authorities and CQC notifications are managed by the team.

The Rio transformation team have agreed to support projects to improve visibility and functionality on Rio to support clinicians to identify and document Lasting Powers of Attorney and Best Interests assessment and decisions. This work will continue into 2020-2021.

Mental Capacity Act 2005 Audit

This audit was a re-audit and was undertaken to provide the Trust with an overview of MCA compliance. It has highlighted existing good practice across the services but also identified areas of MCA practice and compliance that require further support and development.

Findings from the audit:

MCA and DOLS training is well subscribed. This audit highlights that there is a gap between the learning in training and its implementation at ward level. In response to this, the safeguarding named professionals

have facilitated small group training and increased their oversight of the ward areas to provide closer monitoring of the DOLS process. Quarterly DOLS statistics are provided in safeguarding reports to the Director of Nursing.

The use of the Care Programme Approach (CPA), more evident in inpatient and community learning disability services, is highlighted as a vehicle that promotes the individual's autonomy and supported decision making. It incorporates the fundamental principles of the MCA placing the patient at the heart of care because it ensures that the patient who is not able to represent their own view will be represented by an appropriate person wither family, friend or legally appointed representative. This good practice will be shared with services across the trust and promoted as a model for best interest decision making.

As an outcome of this audit, a templated format for best interest decision making on RIO is scheduled for work in the transformation team.

The practice of including family to support patient care is widely established in the trust and demonstrates compliance in supporting the individual's right to enjoy the benefits of family life as laid down in Human rights act 1998 enshrined in the ECHR 1953.

Consent to admission is now an established practice and is a compulsory element in admission procedure within the mental health inpatient services.

Enquiries about Advanced Directives on admission is not an established practice in mental health environments. Local policy promotes their consideration in all health environments as part of clinical decision-making pathway. The findings in this audit support its addition to admission processes and documentation.

This audit did not establish the recording of consent or patients views for day to day care in patient groups that were able to make their own decisions. Inaccuracies were identified in the recording of detentions under the MCA DOLS framework. A gap in the DOLS pathway was identified at the point of change over in detention frameworks from MHA to MCA. A more joined up approach between Mental health act and mental capacity Act leads is recommended.

An action plan has been formulated to implement the recommendations.

Deprivation of Liberty Safeguards - referrals for authorisations 2019-2020

Ward	Q1	Q2	Q3	Q4	Total applied for	Total DOLS granted	Total DOLS not granted
Campion unit							
Application made to Local Authority	0	0	0	2			
Authorisation granted	0	0	0	2			
Authorisation not granted	0	0	0	0			
					2	2	0
Orchid Ward							
Application made to Local Authority	2	1	0	1			
Authorisations granted	1	1	0	0			

authorisations not granted	1	0	0	1			
					4	2	2
Rowan Ward							
applications to the local Authority	0	2	3	6			
authorisations granted	0	1	1	1			
authorisations not granted	0	1	2	5			
					11	3	8
Ascot Ward							
applications made to Local Authority	1	0	2	2			
authorisations granted	0	0	0	1			
authorisations not granted	1	0	2	1			
					5	1	4
Windsor Ward							
applications made to local authority	1	2	2	1			
Authorisations granted	0	1	0	0			
Authorisations not granted	1	1	2	1			
					6	1	5
Donnington Ward							
Applications made to local authority	2	0	2	3			
Authorisations granted	0	0	0	0			
Authorisations not granted	2	0	2	3			
					7	0	7
Highclere Ward							
Applications made to Local authority	1	0	2	2			
Authorisations granted	0	0	0	0			
Authorisations not granted	1	0	2	2			
					5	0	5
Henry Tudor Ward							
Applications made to Local authority	1	0	1	1			
Authorisations granted	0	0	0	0			
Authorisations not granted	1	0	1	1			
					3	0	3
Jubilee Ward							
Applications made to Local authority	1	4	5	1			
Authorisations granted	0	0	0	0			
authorisations not granted	1	4	5	1	11	0	11
Oakwood Ward							
Applications made to local Authority	0	0	5	0			
Authorisations granted	0	0	1	0			
Authorisations not granted	0	0	4	0			
					5	1	4
Totals					59	10	49

Work is being undertaken by the safeguarding named professionals to increase the level of knowledge regarding criteria for referral for DOLs assessment and support staff to identify when a deprivation of liberty is likely to be occurring. There are applications awaiting assessment by the Local Authority. Some applications were not completed before the patient was discharged.

Move to Liberty Protection Safeguards from DoLS

As described earlier following the Mental Capacity Act Amendment Bill 2019 the Trust are working with colleagues across the health economy in Berkshire and with Local Authority colleagues to plan the implementation of the new guidance in close liaison with the Trust board.

12. Child Protection Supervision

A formal process for child protection supervision enables front line staff to review cases, reflecting and analysing current progress, assessing risk, planning and evaluating care and interventions in complex clinical situations. All named professionals working for the trust have received specialist child protection supervision training from the NSPCC.

The BHFT child protection supervision policy CCR123 provides guidance for staff and has standardised child protection supervision across the trust. All health visitors and school nurses receive individual supervision from a named professional at least four monthly, with newly qualified staff receiving supervision two monthly for the first six months. Staff can request extra supervision sessions if required. All health visitors and school nurses received a minimum of three sessions of child protection supervision during 2018/19, a positive achievement for the safeguarding team. Group supervision was provided to all CAMHS teams, community children's nurses and to community children's respite nursing teams. Group child protection supervision was also facilitated to the teams of specialist looked after children nurses and to all allied professionals who work directly with children. Child protection supervision is provided to the young person health advisors at the Garden Clinic and a named nurse attends the bi-monthly safeguarding meeting at the sexual health clinic. Group supervision is also facilitated for staff at the Minor Injuries Unit (MIU) at West Berkshire Community Hospital and to the perinatal mental health team. An on-call advice line manned by named professionals provides safeguarding advice as required.

Named professionals attend health visitor and school nursing locality meetings quarterly to disseminate current safeguarding information to teams and to provide an opportunity for face to face contact with all bands of staff. Child protection supervision is also now provided to the BHFT nursery managers as required, following learning from the Slough partnership review relating to Child MB.

Compliance to child protection supervision by CAMHS staff has continued to rise with a much greater engagement in sessions. The Named Professional (mental health) has worked extremely hard to continue to increase compliance offering a flexible service across the Trust to make attendance at child protection supervision easier for staff to access. All supervision sessions are now dedicated sessions and are no longer an add-on to team meetings. Monthly supervision is now offered to staff at the Tier Four Berkshire Adolescent Unit and 100% compliance to three sessions was achieved in the unit.

The safeguarding team receive regular safeguarding supervision from the designated nurses and the Head of Safeguarding, Named Doctor and Named Nurse (Mental Health) have monthly peer supervision. The named doctor has supervision from the designated doctor for child protection.

The provision of telephone advice and support is an integral part of the service delivered by the safeguarding team. The two advice lines, one for adult safeguarding and one for child safeguarding are well used by staff with over 1600 enquiries from staff during 2019/20 from a wide variety of services across the trust. This is a significant increase from the previous year. The Domestic Abuse Specialist Practitioner is also available for individual advice around issues relating to domestic abuse and support to staff across BHFT.

13. Prevent

Prevent is part of the UK's counter-terrorism strategy, CONTEST. The Prevent agenda is outlined in the Department of Health document 'Building Partnerships, staying safe – the Healthcare Sector's contribution to HM Government's Prevent Strategy: for Healthcare Organisations'. The Trust has a duty to adhere to the Prevent duty. Its aim is to stop people being drawn into terrorism or supporting terrorism. There have been 3 national terrorist incidents in the UK in the last year. The current threat level is substantial which means an attack is likely. Locally the cases are around Extreme right wing, concern with regards to extreme travel and reflected in the national picture concern for those that act alone.

The Prevent Lead for the Trust is assisted by two named professionals for safeguarding children. Links with the Local Authority and the police remain strong. The Trust is represented on all six Channel panels and Prevent management meetings across the six Localities in Berkshire. Prevent training was part of induction face to face training until March 2020 when Covid-19 restrictions were introduced and it changed to being delivered solely by e learning. Compliance remains high at 96% of staff for both Wrap and basic awareness training. Knowledge of PREVENT is refreshed through all the safeguarding refresher courses offered by the Trust.

This year saw the introduction of the new national referral form for Prevent. This has meant a change in process for the Prevent leads. Staff are asked to refer to Channel Panel through the trust Prevent leads. This year there was a very quiet period with no enquiries or referrals between April and October however over the year enquiries remained the same as last year, averaging two a month.

Under the new guidance for Mental Health Trusts, released in November 2017, Berkshire Healthcare has a duty to review a Prevent referral to mental health services within one week. There was only one referral in 2019/2020 and the trust were compliant with the guidance. When a referral for Channel is made from a Mental Health Team, the referring or responsible clinician is expected to be present to discuss the individual referred and feedback relevant outcomes to their trust. This was provided for one case and was effective in supporting the Panel.

14. Modern Slavery

The Modern Slavery Act 2015 places a duty on First Responders to notify the Secretary of State about suspected cases of slavery and human trafficking; currently the NHS is not in the First Responder group although this may change in the future. However if a child under 18 or an Adult at Risk are identified as potentially being a victim of slavery or exploitation this would be considered a Safeguarding concern and referral to Social Care should be made and a consideration or sharing intelligence with the police should be discussed with Social Care or the trust safeguarding team.

Slough and Bracknell Local Authorities both have multi-disciplinary Modern Slavery and Exploitation Sub-groups which are chaired by a member of the Community Safety Partnership and BHFT is represented on each of these by a Named Professional for Adult Safeguarding. RBWM have a similar multi-disciplinary group and BHFT is represented by a Named Nurse for Child Protection. There are currently no Modern Slavery Sub-groups in the west of Berkshire.

Prior to Covid -19 training around Modern Slavery and Exploitation was an integral part of Safeguarding Adult face to face training, on average five sessions per month Trust wide. Since Covid-19 our training is currently via an online format. To ensure compliance and understanding around Modern Slavery and Exploitation in our Local Authority areas, additional information including video links relating to Modern Slavery and Cuckooing are being used.

The team have made use of screen savers to increase awareness of our staff regarding Modern Slavery and Exploitation. Posters have been distributed highlighting the risks of exploitation and Modern Slavery for display at the Garden Clinic in Slough, a service which may see more potential victims. Specific training has been delivered to staff at New Horizons in Slough to aid in the identification of cuckooing within client homes.

15. Multi-Agency Safeguarding Hubs (MASH)

During 2016/17 six multi-agency safeguarding hubs were established in each locality across Berkshire and staff were recruited into the safeguarding team to provide health information in the hubs. Named professionals continue to be members of both the strategic and operational MASH sub-groups to develop the way the Hubs function. Two different models have been adopted in Berkshire. In East Berkshire, two health co-ordinators collect health information for the hub from across the health economy supported in the role by Health Visitors who take part in MASH assessments. In the west of Berkshire, three specialist community health practitioners undertake the health role. Management support and supervision is provided by named professionals in the team.

16. Covid-19 Pandemic

The safeguarding business continuity plan was invoked to prioritise the service in March 2020 in response to the Covid-19 pandemic and lockdown from 16th March. The Trust Senior Management Team recognised that all safeguarding professionals would be needed in their current roles and safeguarding professionals were not redeployed to other services. The business continuity plan for safeguarding was shared with designated professionals. Fortunately the trust had advanced IT systems in place for remote working which made the transition to staff working remotely easier. Staff within the safeguarding team flexed their hours to ensure they were available for Covid-19 partnership meetings, strategy meetings and to support staff. Staff training was reviewed and suitable e-learning courses were sourced and made available online. Safeguarding professionals supported practitioners to RAG their clients and the advice lie was extended to seven days a week to support staff.

17. Summary and Future Plans

2018/19 has been another busy year of continuous development of safeguarding practice and joint team working on adult and child safeguarding matters. The Care Act (2014) and Care and Support Statutory Guidance has clarified organisations responsibilities relevant to safeguarding adults vulnerable to abuse or

neglect. This legislation along with safeguarding children legislation underpins the standards and principles of safeguarding practice at the heart of patient care in the Trust and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response.

Team Achievements 2019– 2020 have included the following:

- Continued development of the safeguarding adult named professional role at Prospect Park Hospital to provide daily safeguarding oversight and advice and support to staff; improvement in joint working
- Provision of quality training to Trust staff including bespoke training to staff groups requiring support with specific safeguarding issues.
- On-call advice line highly valued by staff - increase in calls of 50% from last year.
- High level of compliance to safeguarding PREVENT and MCA/DoLS training;
- New guidance for completing section 42 investigations from safeguarding team has led to higher quality returns and recognition of learning
- Support to practitioners to complete court reports in a timely manner to support our local authority colleagues to take cases to court.
- Development of system for safeguarding team to monitor DoLS applications and support ward staff.
- Continued increase in compliance to group child protection supervision for CAMHS staff, Willow House staff and allied professionals who work with children;
- Specialist practitioner domestic abuse extended role to support adult safeguarding matters as well as domestic abuse affecting children and support for trust staff;
- Active participation in multi-agency adult and child serious case reviews and work to influence change in systems and embed learning;
- Three safeguarding children forums with theme of domestic Abuse following learning from local serious case reviews;
- Regular screen saver messages to remind staff of key safeguarding issues and production of two safeguarding newsletters;
- Participation in multi-agency safeguarding training and high level of compliance across LSCB's and SAB's and their corresponding sub-groups;
- Four safeguarding audits including monitoring and implementation of action plans;
- Evidence of increased referrals from health into MARAC;
- Sexual safety work at Prospect Park Hospital;
- Reduction of number of patient absconsions from Prospect Park Hospital and improved reporting/follow-up.

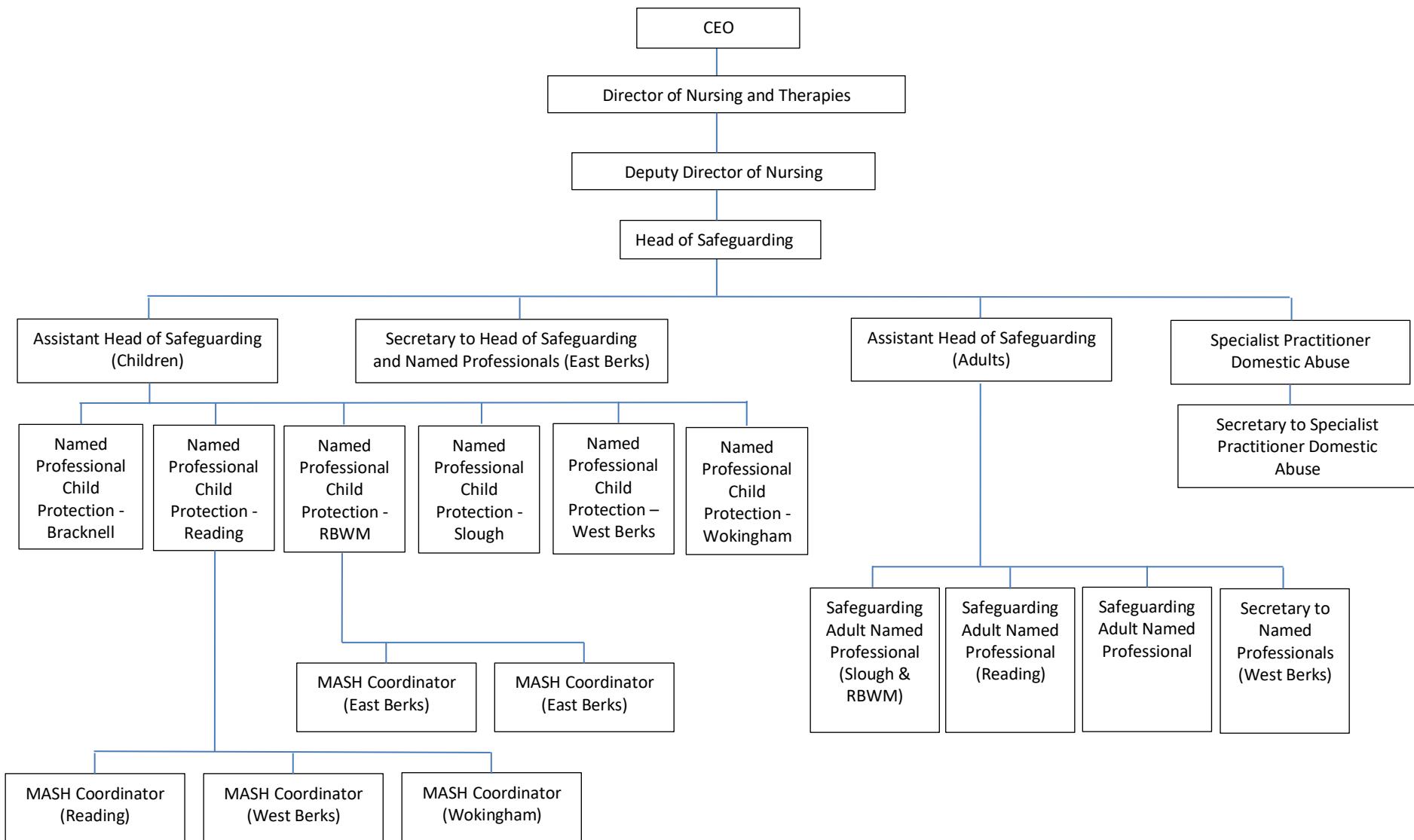
Future Plans

- Continue to embed good practice in safeguarding;
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line;
- MCA post on secondment to become permanent named professional for adult safeguarding post to continue to support staff in application of the Act;
- Strategic and operational planning for implementation of LPS in 2022;

- All safeguarding training to be minimum 90% compliant across the Trust;
- Align all training to intercollegiate document requirements and ensure staff are compliant at the correct level by December 2020;
- Ensure CAMHS child protection supervision compliance to three sessions annually is minimum 85% end March 2021;
- Share learning across the Trust in multi-media formats and through patient safety and quality groups and the leadership sub-groups;
- Continue to provide strong representation on the Multi-Agency Safeguarding Arrangements and Local Safeguarding Adult Boards;
- Continue to develop services in regard to prevention, disruption and reporting of exploitation;
- Embed making safeguarding personal into practice;
- Offer joint group adult and children reflective supervision at PPH to encourage a think family approach;
- Support the review of new guidance on pressure area care and support staff in understanding the safeguarding aspects of pressure area breakdown;
- Explore better use of Microsoft Teams and technology to improve efficiency.

APPENDIX ONE

SAFEGUARDING TEAM



BHFT Safeguarding Team Team plan on a page 2019/20

Our vision: To be recognised as the leading community and mental health service provider by our staff, patients and partners.



True North goal 1: Harm-free care

✓ To provide safe services, prevent self harm and harm to others

- Monitoring and updating compliance to Section 11 of Children Act 1989 and Safeguarding self-assessment audit, reporting to Board and providing assurance to Local Safeguarding monitoring groups.
- Review Datix from a safeguarding perspective.
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line.
- Participate in multi agency audits, serious case reviews, partnership reviews and domestic homicide reviews and to share learning with staff through forums etc.



True North goal 2: Supporting our staff

✓ To strengthen our highly skilled and engaged workforce and provide a safe working environment

We will do this by:

- Work alongside staff to embed knowledge of MCA and DOLS into everyday practice.
- Offer joint group adult and children reflective supervision at PPH to encourage a think family approach.
- Monitor safeguarding practice through audit and safeguarding clinical supervision.
- Explore new and innovative ways to share safeguarding messages with BHFT staff.
- Build upon staff knowledge on how to recognise and respond to domestic abuse.



True North goal 3: Good patient experience

✓ To provide good outcomes from treatment and care

We will do this by:

- Actively promote the Pan Berkshire escalation policy for Safeguarding in response to local learning.
- Provide specialist child protection supervision to all staff who work directly with children.
- Strengthening team knowledge of Prevent and ways to support staff.
- Safeguarding team will actively participate in multi-agency meetings e.g. MARAC, EMRAC, Rapid Response.
- Ensure Team maintain skills and knowledge through local and national training
- Align training to intercollegiate documents



True North goal 4: Money matters

✓ To deliver services that are efficient and financially sustainable

We will do this by:

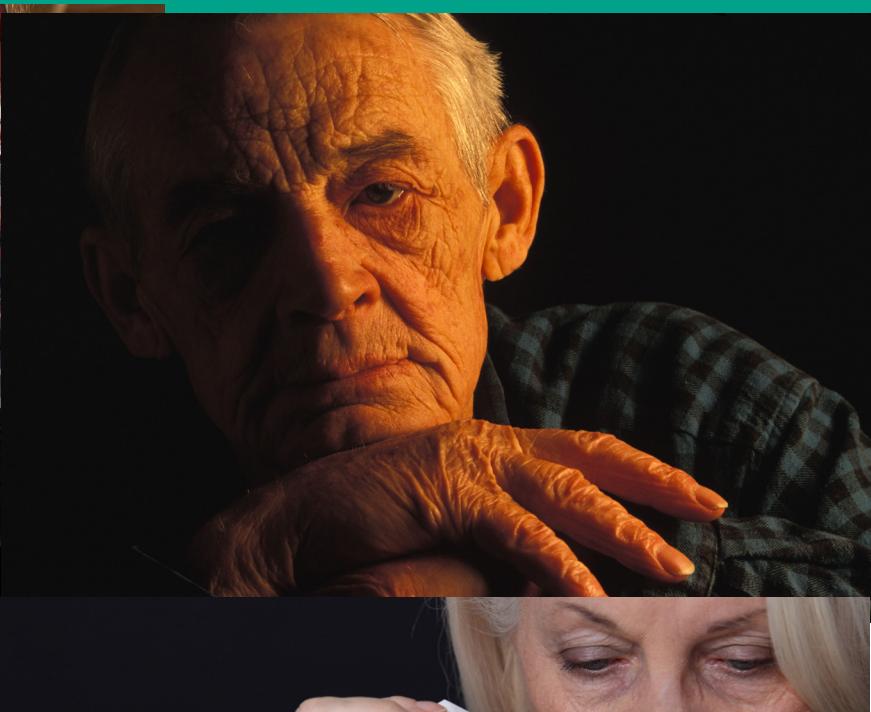
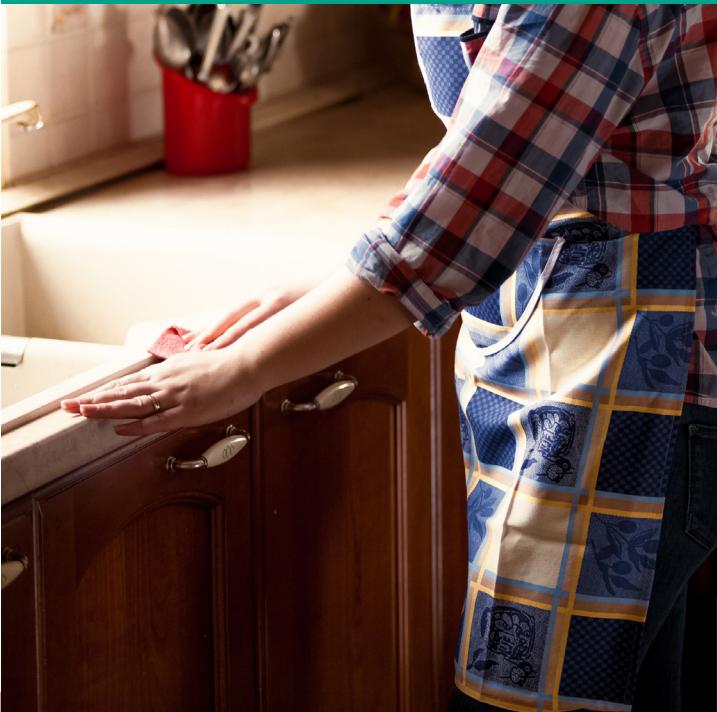
- Promote Skype and SMART working to reduce travel and maximise team efficiency including Skype enabled meetings.
- Utilise new evaluation forms to assess the efficiency of safeguarding training.
- Use eLearning as an option e.g. WRAP, MCA and Level 1 adult.
- Requesting a slot at the leadership forum to promote safeguarding to managers as a fundamental part of all care provided by teams across the Trust .
- Team to move towards 'paper light' way of working.
- Regular review of systems and processes including 'share drive' to maximise efficiency.

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Safeguarding Adults

Annual Report

2019 / 20



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Executive Summary

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care.

2019/20 has been another busy year for the Safeguarding Adult Service in West Berkshire Council. Delivery of the safeguarding function is shared between the operational social care teams, often referred to as Locality Teams, who complete the majority of investigations into allegations of abuse, a small safeguarding team that provide a triage and scrutiny function, signing off all investigations and leading on investigations into organisational abuse and out of county placements. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

The Service has had some significant personnel changes the latter part of 2019/20 including the transfer of the service manager to another management position within Adult Social Care and the resignation of the DoLS Officer. Other team members took on 'acting up' positions and recruitment for those vacant posts have now been successful.

During March 2020 the UK was subject to a number of restrictions due to the Covid-19 pandemic. This pandemic changed the way in which the safeguarding team were working and how we could interact with service users and providers. The wider social care team worked hard to ensure that those most vulnerable and at risk still received a safeguarding response and those who were likely to be at increased risk due to the restrictions could access support. The impact of the COVID pandemic will be further understood and seen to a greater degree in 2020/21.

During 2019/20 work progressed to review our safeguarding processes to ensure our recording is efficient and best suits the needs of the service user and teams. New recording forms were developed and launched at the beginning of April 2020. To support the implementation, staff consultation workshops and meetings were held during the 2019/20 reporting period. The feedback from those sessions was very positive. The new forms and potential impacts are referenced in the "The Future" section of this report.

Organisational Safeguarding has remained a pressure on the service over the past twelve months. The conclusion of an organisational investigation at a large care home has increased the numbers of concluded enquires for 2019/20. It should be noted that West Berkshire Council, when a large care provider presents with organisational concerns, opens a safeguarding enquiry for each individual potentially affected. This aligns with guidance for recording and reporting received from the Department of Health and Social Care (DHSC). The service also had one Berkshire wide provider who had been under a police investigation and serious provider concerns framework which West Berkshire Safeguarding Service led on because the head office for the provider is in our area.

Introduction

Safeguarding is a statutory responsibility for all Local Authorities and as such is a strategic priority for West Berkshire Council and core activity for Adult Social Care.

This annual report evidences the key measures and trends used to monitor activity for Safeguarding Adults in West Berkshire to ensure risks are being identified and managed appropriately. Utilising the set of indicators and statutory reporting requirements for 2019/20, analysis of performance has developed comprehensively across the year to produce this report.

This report also focuses on the activities of the safeguarding network in West Berkshire during the reporting year.

Networks

The Care Act 2014 required all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction of safeguarding, provide governance and quality assurance to the process. This includes the commissioning of Safeguarding Adults Reviews when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect.

West Berkshire Council is a member of the West of Berkshire Safeguarding Adults Board; a Tri-Authority Board in partnership with Reading Borough Council and Wokingham Borough Council alongside other key stakeholders including, but not exclusively, Thames Valley Police, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the local Clinical Commissioning Group. The SAB has produced its own annual report which can be viewed on its website www.sabberkshirewest.co.uk

The SAB Business Strategy 2018-21 was updated in June 2019 and has now identified the following priorities:

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

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

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

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

The 2019-20 Business Plan is published on the SAB website:
<http://www.sabberkshirewest.co.uk/board-members/priorities-plans-and-reports/>

The Safeguarding Adults Board are developing the business plan for 2020-21, which will detail the way in which partner agencies will contribute to delivering agreed priorities, this will be published on SAB website.

Volumes and Performance

Safeguarding activity

Concerns and S42 Enquiries

For 2019/20:

- 925 concerns were opened.

Whilst this is a significant increase (30%) in the number of concerns opened compared to 2018/19, the increase is attributed to a change in the way data is captured.

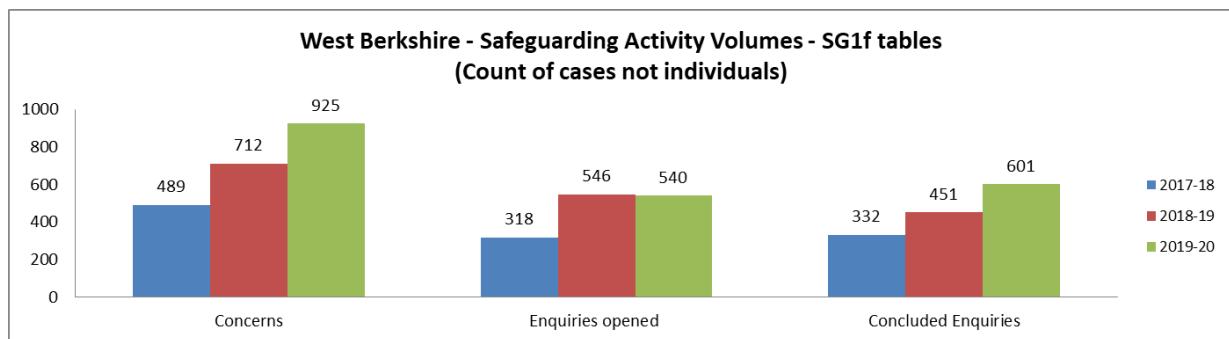
During 2019/20 West Berkshire reviewed the recording of safeguarding to improve processes and recording. Historically, some concern documents that ended at a ‘triage’ stage were not reported statutorily as they did not meet the threshold for safeguarding. However, as part of our review, we consider these should be included in the volumes we report on a statutory basis: for all of these concerns, there is some question as to whether thresholds are met (which is why the concern document is opened), so arguably should be included with the outcome of “S42 not required”.

- 540 S42 enquiries opened, 1% decrease compared with 2018/19.

It should be noted that in addition to concerns reported statutorily the safeguarding team receive additional notifications where there is immediate clarity that safeguarding thresholds are not met (often social welfare concerns from providers). These notifications are referred on to the relevant Adult Social Care or Mental Health teams to review and take any appropriate action, but are not reported statutorily.

Table 1 – Safeguarding activity for the reporting period 2017/18 – 2019/20

	Concerns	Enquiries opened	Concluded Enquiries	Concern to Enquiry Rate
2017-18	489	318	332	65%
2018-19	712	546	451	77%
2019 -20	925	540	601	58%



Source – *Safeguarding Adults Collection (SAC) statutory return SG1f tables relating to count of cases*

The Care Act 2014 (**Section 42**) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry into a concern should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. These are known as, and reported as, S42 Enquiries.

We continue to receive a higher level of provider safeguarding concerns which has led to a continued increase in S42 Enquiries. West Berkshire Safeguarding Team and Care Quality are working with providers across the locality to drive up quality. It is also evidenced that more concerns are being received by providers which are appropriate for safeguarding. This is in part due to the amount of work that has been undertaken with providers across the locality to raise awareness of safeguarding.

We monitor the % of concerns that subsequently require a S42 enquiry. This is known as a conversion. During 2019/20 540 S42 enquiries were opened, dropping the conversion rate from concern to S42 enquiry to 58%. This drop is as a result of increased concerns being reported and is more in line with the national average at 40%.

Concluded Enquiries increased by 33%, this increase is primarily due to a number of organisational enquiries (one care home and a domiciliary provider) that were concluded this year.

Individuals with safeguarding enquiries

Age group and gender

Tables 2 and 3 display the breakdown by age group and gender for individuals who had a S42 safeguarding enquiry opened in the last three years. Please note this data relates to **individuals** only and not repeat enquiries. Therefore these totals will differ from the total number of s42 enquiries opened.

- The majority of enquiries continue to relate to older people - the 65 and over age group accounted for 63% of enquiries in 2019/20

- There has been a drop in the proportion of 85+ opened - this has been impacted by the organisational investigation at a specific nursing home last year which resulted in a higher number of 85+ cases opened in 2018/19.
- In line with the national average a greater proportion of safeguarding concerns are received for females. (60%)

Table 2 – Age group of individuals with safeguarding enquiries opened, 2017/18– 2019/20

Table SG1a Opened s42 Enquiries		Number of individuals by age				
Classification		18-64	65-74	75-84	85+	Total
2017/18 Total		109	41	66	84	300
2018/19 Total		138	57	115	186	496
2019/20 Total		163	57	94	128	442

Table 3 – Gender of individuals with safeguarding enquiries opened, 2017/18– 2019/20

Table SG1b Opened S42 Enquiries		Number of Individuals by gender		
Classification		Male	Female	Total
2017/18		133	167	300
2018/19		167	329	496
2019/20		178	264	442

Primary support reason

Table 4 shows a breakdown of individuals who had a safeguarding enquiry opened by Primary Support Reason (PSR).

Table 4 – Primary support reason for individuals with a safeguarding enquiry opened (SG1c)

Table SG1d Opened S42 Enquiries	Number of Individuals by PSR - Note individuals can have more than one PSR								
Classification	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason	Not Known	
2017/18	32%	1%	25%	20%	8%	3%	12%	5%	
2018/19	43%	1%	11%	9%	3%	1%	32%	0%	
2019/20	36%	1%	11%	11%	3%	1%	37%	0%	

2019/20 - S42 enquiries opened for 'No support reason' continue to be relatively high. NHS Digital 'Guidance for completing the Safeguarding Adults Collection (SAC) 2019-20' confirms, "*We would expect PSR to be determined through a social care assessment or review and then recorded on the local system. We do not expect local authorities to assess PSRs as part of the safeguarding process and therefore would expect PSR data to be taken from existing information on the local care management system.*"

Where an individual was not receiving, nor did they need, any social services support at the time of the safeguarding incident, the PSR will remain unknown. There appears to be a high number of S42 cases that have no support reason as the PSR, indicating a number of safeguarding enquiries opened for individuals not provided support by West Berkshire Council.

High WBC figure of No support reason, means that other PSR reasons have dropped.

Case details for concluded enquiries

Type of alleged abuse

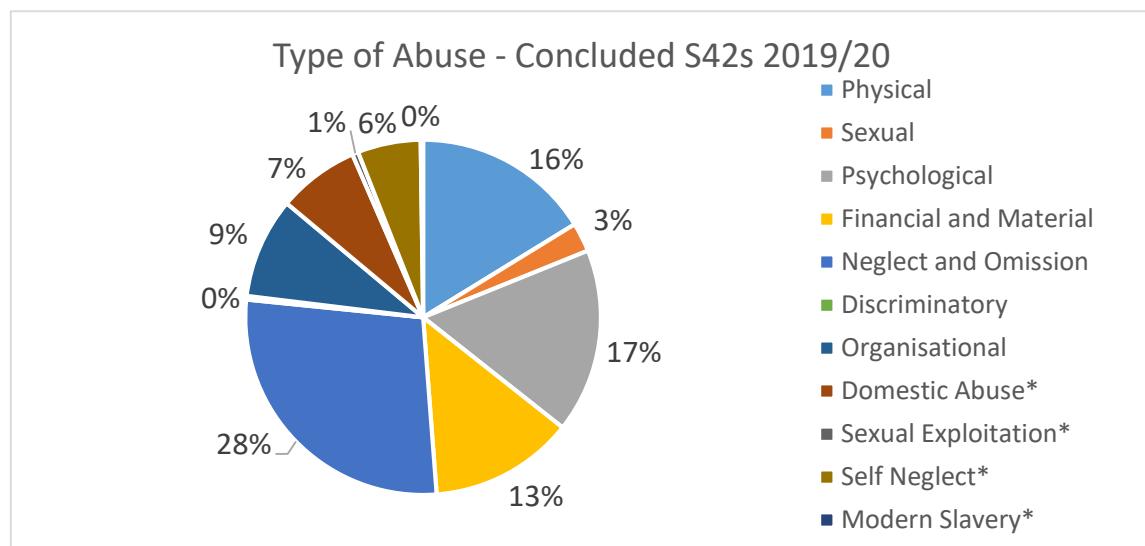
Table 5 shows concluded enquiries by type of alleged abuse in the last three years.

The most common types of abuse for 2019/20 remains neglect and acts of omission at 28%. Organisational abuse remains relatively high at 9% due to an organisational investigation at a large residential/nursing home concluding this year.

Table 5 – Concluded enquiries by type of abuse

Type of Abuse	2017/18		2018/19		2019/20	
Physical	92	19%	122	18%	147	16%
Sexual	15	3%	15	2%	24	3%
Psychological	82	16%	131	20%	152	17%
Financial and Material	108	22%	93	14%	119	13%
Neglect and Omission	120	24%	154	23%	252	28%
Discriminatory	3	1%	2	0%	3	0%
Organisational	14	3%	66	10%	83	9%
Domestic Abuse*	32	6%	37	6%	67	7%
Sexual Exploitation*	5	0%	1	0%	5	1%
Self Neglect*	26	5%	39	6%	52	6%
Modern Slavery*	0	0%	2	0%	2	0%

Type of abuse 2019-20 by concluded enquiries



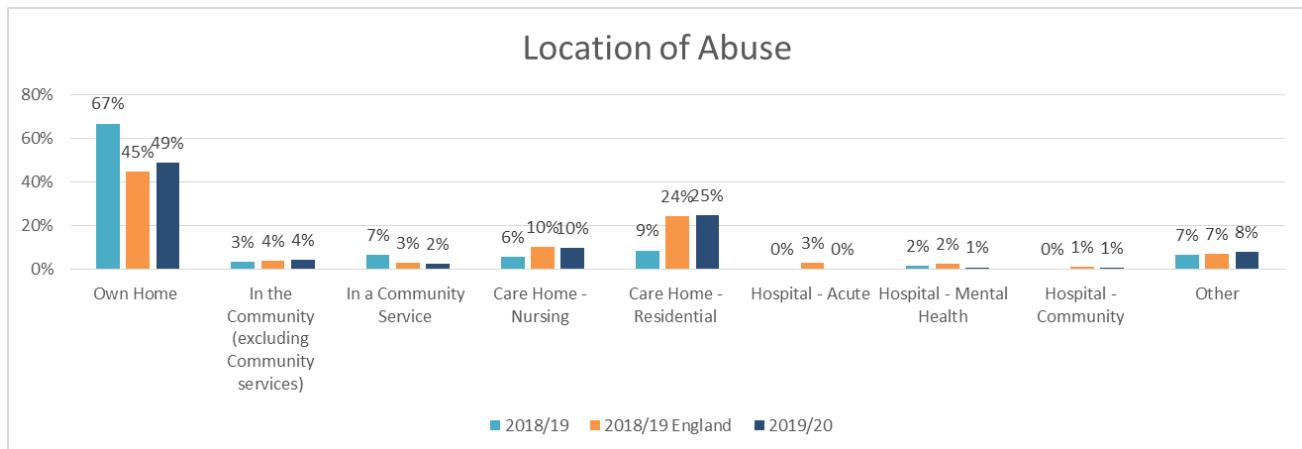
Location of alleged abuse

As with previous years, the most common locations where the alleged abuse took place were a person's own home at 49%. This is a decrease from last year but may be due to the conclusion of an organisational abuse investigation in a large care home which would have impacted on proportions. However, this brings us more aligned to the national average – see below.

Table 6 – Location of abuse by concluded enquiries

Location of Abuse	2017/18	2018/19	2018/19 England	2019/20
Own Home	57%	67%	45%	49%
In the Community (excluding Community services)	6%	3%	4%	4%
In a Community Service	5%	7%	3%	2%
Care Home - Nursing	9%	6%	10%	10%
Care Home - Residential	10%	9%	24%	25%
Hospital - Acute	1%	0%	3%	0%
Hospital - Mental Health	1%	2%	2%	1%
Hospital - Community	1%	0%	1%	1%
Other	10%	7%	7%	8%

Location of abuse 2019-20 by concluded enquiries



incidents.

Source of risk

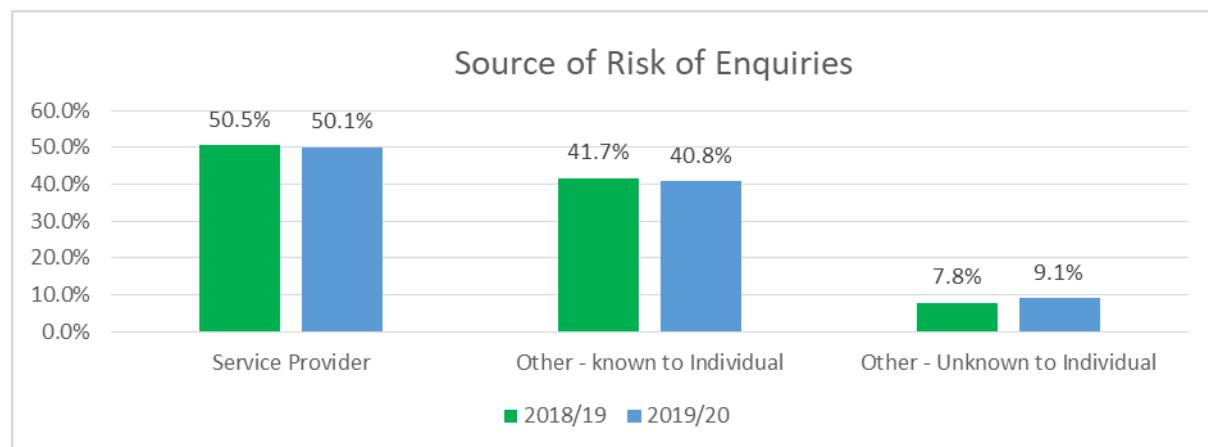
The graph below relates to the source of risk for concluded enquiries.

The majority of concluded Safeguarding enquiries involved a source of risk known to the individual, only 9% were 'unknown'.

In 50% of cases the source of risk was a service provider. The service provider support category refers to any individual or organisation paid, contracted or commissioned to provide social care. This above the England average of 31%.

In West Berkshire we have a high proportion of safeguarding referrals that are self-reported by the providers. This links into a wider intelligence matrix for the providers across our area and is directly linked to the training and working with providers around transparency and accountability. The higher than England average can also be attributed as above to the organisational safeguarding enquiries during this timeframe.

Concluded enquiries by source of risk



Risk Assessment Outcomes, Action taken and result

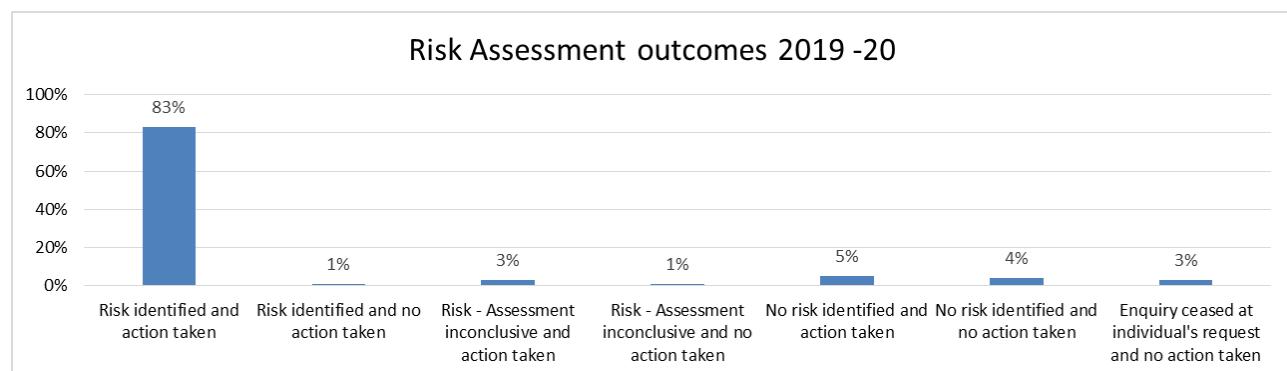
Management of risk data is drawn from the 601 concluded enquiries.

Positively, where a risk was identified, action was taken in the majority of cases (83%), this is higher than the England average 2018/19 at 69%.

Risk identified but no action taken accounts for just 3% of cases; there are times where an individual can refuse support / intervention and have the capacity to make such decisions.

For the remaining cases, the risk assessment was inconclusive, there was no risk identified or the enquiry ceased at the individuals request.

Concluded enquiries by risk outcomes

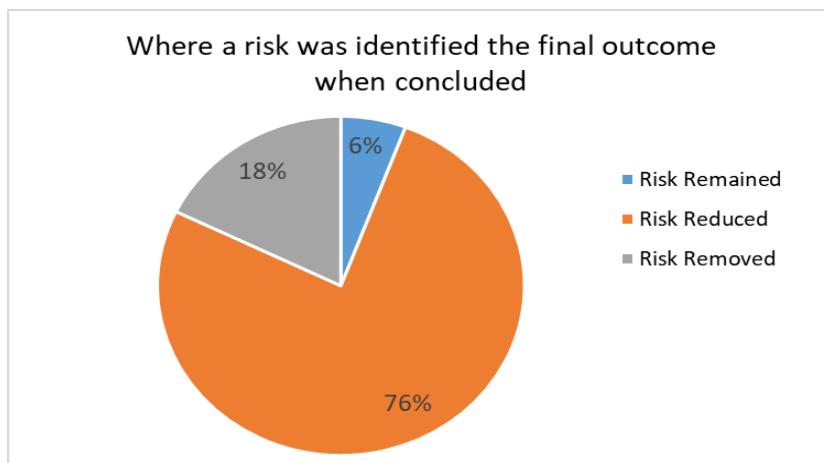


Outcome of concluded case where a risk was identified

The graph below shows the final outcome where a risk was identified. (Relates to 506 concluded enquiries)

Positively, risk was removed for 18% of cases and reduced for a further 76% of cases. Risk remains for only 6% of cases. It is acknowledged that there are some situations where an adult makes decisions that we don't necessarily agree with, but where they have capacity to make such decisions this needs to be respected. This is comparable with previous years.

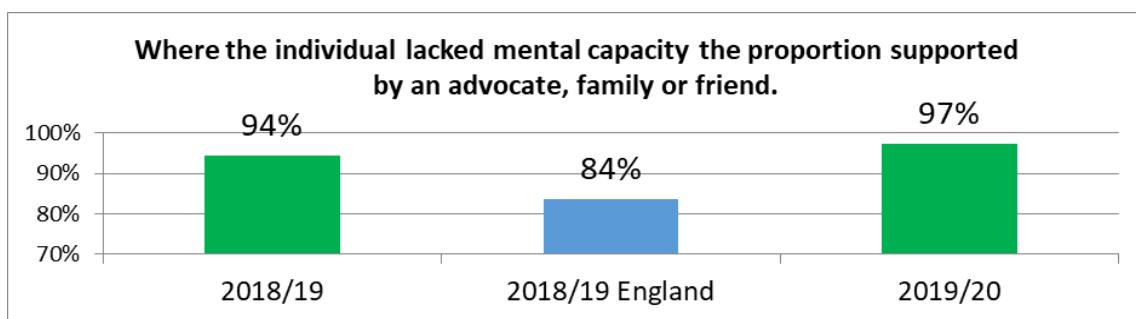
Concluded enquiries by result, 2019/20



Mental Capacity and Advocacy

In order to achieve good outcomes for individuals subject to a S42 enquiry, it is important to hear their voice. There is a statutory requirement to ensure all adults subject to a S42 safeguarding enquiry who lack capacity are provided support by an independent advocate or appropriate other (family or friend)

In 2019/20, where the individual lacked mental capacity, **97%** were supported by an advocate, family or friend. It should be noted the national average for providing advocates in England, recorded for 2018/19, was 84%.



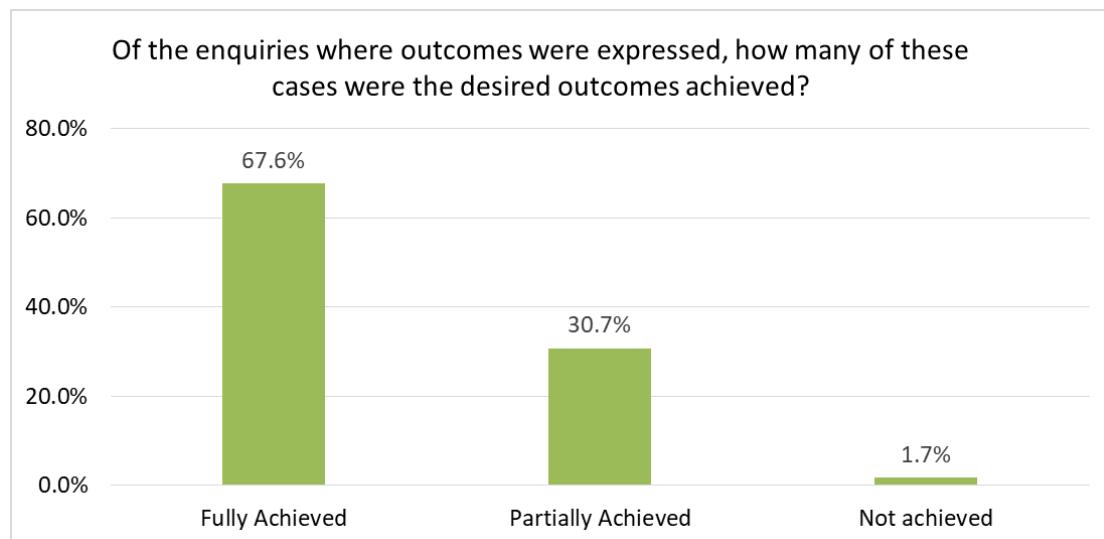
Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a national initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry.

This initiative was adopted by the Government and enshrined in the Care Act 2014. By definition, a personal response to a safeguarding incident will mean different things to different people. Therefore obtaining data for outcomes has presented challenges. In 2019/20, 79% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate).

Of those who were asked and expressed a desired outcome, 68% were able to achieve those outcomes fully, with a further 31% partially achieved.

Concluded enquiries by expressed outcomes achieved.



Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

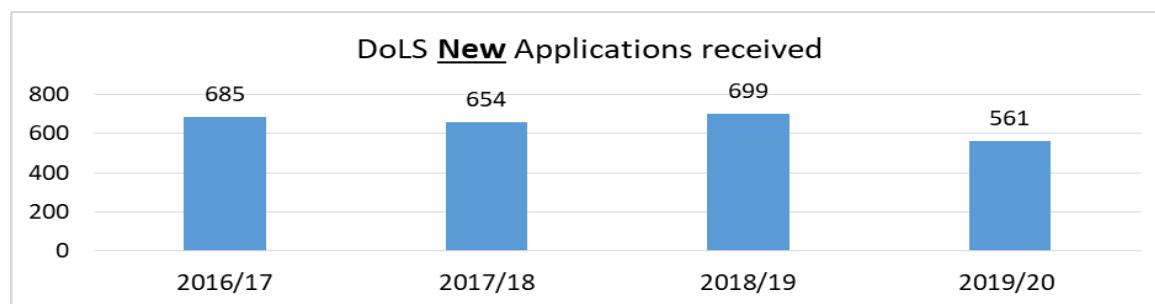
Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

DoLS authorisations must be applied for by care homes, nursing homes or hospitals (The Managing Authority) where they believe a person is living in circumstances that amount to a deprivation of liberty and that person lacks the capacity to consent to their care, treatment and accommodation, in order to prevent them from coming to harm. They apply to the Local Authority (The Supervisory Body) whose role is to arrange for the persons circumstances to be assessed in order to determine whether to grant or refuse an authorisation for those circumstances. Those living in other settings must have their deprivation considered by the Court of Protection.

The graph below shows volume of applications.

561 new applications in the 2019/20, a decrease of 20% (699 applications in 18/19)

Total number of new DoLS applications received in 2019/20



The number of 'pending' applications that we are reporting for 2019/20 is higher than in previous years. Of the 561 new applications at 31st March 2020

- 317 (56%) were pending a decision.
- 143 (25%) were not granted
- 101 (18%) were granted.

Alongside a number of other local authorities we continue to use an adapted version of the ADASS prioritization tool on receiving DoLS referrals, this does mean that some referrals which are not identified as high priority may be awaiting assessment when their circumstances change.

In March 2020, measures were being taken by homes and hospitals in relation to Covid-19 pandemic. Most homes were asking that any non-urgent visits by professionals were delayed. In response to this, cases were only allocated for assessment whereby the person is either actively objecting to their placement, subject to a safeguarding enquiry or subject to restrictions that appear excessive. This meant that we were unable to progress a number of planned assessments.

The Future

The Safeguarding Service is working closely our colleagues in the Locality teams and Care Quality team to meet the needs of the population and their safeguarding responsibilities.

We will continue to respond to the Covid-19 pandemic and work with our colleagues across the service and wider community to ensure we protect the most vulnerable and at risk of abuse.

Audits continue to be completed of at least 10% of S42 Enquiries and the feedback from these will continue to feed into the training and support provided to other Adult Social Care staff. It is hoped that standards of Enquiries will improve as a result of this alongside changes to the safeguarding forms on Care Director, the Council's electronic case management system, from April 2020 onwards.

The new online safeguarding forms due to be introduced at the beginning of April 2020 incorporate clarification on the safeguarding criteria¹, greater focus on our risk assessment approach at two stages, and highlights the need for the use of the Domestic Abuse, Stalking and Honour Based violence (DASH) risk assessment in domestic abuse cases. Making Safeguarding Personal (MSP) remains key and the forms gives the option for the safeguarding team to set a review date for the protection plan. The review will be used in certain cases whereby the risk is likely to continue beyond initial safeguarding intervention.

With the introduction of a formal approach to risk management with our partners and the members of the Safeguarding Adults Board we are striving to prevent safeguarding incidents from occurring, and to minimise the impact where they do.

Going forward the service is planning to work more closely with the Building Communities Together team, Public Protection, Trading Standards, Blue Light Service, MEAM, our new Thames Valley Police Safeguarding Adults Officer and other agencies to enable the service to concentrate on prevention as well as completing reactive work. This will include working alongside our Care Quality Team to support providers prior to them being found to be having safeguarding and care quality issues.

The safeguarding team have signed up to the 'Safe Places' scheme and will be launching this in 2020 with the assistance of the safeguarding service user forum. This scheme works with local businesses to ensure staff working there will be able to support someone who is feeling vulnerable or scared and the premises will be identifiable to a vulnerable adult by displaying the safe places logo.

¹ ADASS guidance Nov 19: [Making decisions on the duty to carry out Safeguarding Adults enquiries - Suggested framework to support practice, reporting and recording](#)



Safeguarding Adults Annual Report

2019/20

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EXECUTIVE SUMMARY

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

During the year 2019/20, some key changes have occurred in the way that Safeguarding work is undertaken in the Borough.

In December 2019, the new Adult Safeguarding Hub (ASH) was established as the single point of referral for all Adult Safeguarding concerns. This new service sits under the Head of Adult Safeguarding and consists of a Team Manager, Senior Social Workers and Safeguarding Practitioner posts. More recently, dedicated administrative support has also sat within the service.

With the creation of this new hub, the service took on responsibility for triaging all Adult Safeguarding concerns.

Where a decision is made that a safeguarding intervention is required, an Initial Enquiry is undertaken. This sits within the ASH. Initial Enquiries are 'light touch' enquiries, which aim to be completed within 5 working days of referral.

Should it be decided that a more substantial safeguarding intervention is required, the case will be progressed to a full Sec 42 Enquiry. There are three levels of full enquiry; Level 1 (delegated Provider enquiry – with oversight, quality assurance and decision-making from the ASH), a Level 2 Enquiry (led by a Social Care Practitioner from elsewhere in Adult Social Care (with final quality assurance by the ASH) or a Level 3 Enquiry (complex, multiagency enquiry coordinated from within the ASH).

This new process and pathway is aimed at ensuring more proportionate use of safeguarding frameworks, at improving practice around the principle of *Making Safeguarding Personal* and at making the customer journey a more seamless and coherent one.

Overall, the year has been a challenging one. Referral rates have increased significantly upon previous years – mainly as a result of having a single point of referral, which has improved access for those making referrals and has ensured greater compliance with entering all referrals into the framework upon receipt of the concern.

Towards the end of the year, these challenges have been compounded by the impact of the Coronavirus Pandemic, which has presented challenges around how to continue to deliver a personalised safeguarding service, alongside the issues of increased isolation impacting on the vulnerability of adults at risk. It is anticipated that these challenges will continue to develop over the coming months.

Introduction

Safeguarding is a statutory responsibility of all Local Authorities and as such, is a strategic priority for Wokingham Borough Council and a core activity for Adult Social Care.

This annual report outlines the key performance indicators used to monitor activity for safeguarding adults in Wokingham. Analysis of performance is undertaken across the year and is used to influence strategic development.

Networks

Care Act 2014 requires all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction for safeguarding, provide governance and quality assurance. This includes the commissioning of Safeguarding Adults Reviews (SAR) when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect.

Wokingham Borough Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and West Berkshire Council alongside other key stakeholders including but not limited to; Thames Valley Police, Berkshire Fire & Rescue Service, South Central Ambulance Service, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the Berkshire West Clinical Commissioning Group. The SAB has produced its own annual report, which can be viewed on its website www.sabberkshirewest.co.uk .

Local activity in the context of the SAB priorities

In June 2019, the SAB agreed a Business Plan to cover the period 2018/21. The SAB priorities for year 2018/19 were agreed as shown below, with work undertaken in Wokingham area described alongside.

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

- WBC has worked with the SAB and other partners to agree new policies, procedures and guidance for working with self-neglect and hoarding. These have been rolled out.
- The ASH has developed a Practice Manual for practitioners, which includes extensive guidance on working with self-neglect and hoarding.
- A variety of toolkits are now in use within Adult Social Care.
- WBC has worked with a local specialist organisation to design bespoke training in hoarding, which will be rolled out across the coming months.
- WBC has contributed to the work of the Learning and Development subgroup of the SAB in terms of the wider workforce development in this respect.

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

- The Safeguarding Service has established strong links with both Children's Services and the Community Safety Partnership.
- The service has actively contributed to the local Domestic Abuse needs analysis, which was undertaken in Quarter 4. This commented on the Adult Social Care training offer on Domestic Abuse and the DASH-RIC as an example of good practice.
- This training has continued to be delivered, ensuring that all statutory workers receive enhanced training in working with Domestic Abuse, including how to use specialist risk assessment tools.
- The Safeguarding Service is a member of the Domestic Abuse Working Group, which will now progress the recommendations of the needs analysis, ensuring a cohesive approach to working with Domestic Abuse across the Council.
- The ASH have maintained a consistent presence at MARAC and MATAC, ensuring a joined up approach to these cases where the relevant thresholds are met.
- Links between ASH practitioners and Thames Valley Police have been developed, to ensure more effective joint working, particularly in cases of Domestic Abuse.

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

- A worker in the ASH was nominated to take a 'special interest' in this area of practice.
- Work has been started on developing a network of key contacts in relation to areas such as hate and mate crime, modern day slavery, cuckooing, scamming and financial abuse).
- The interface with Trading Standards as been strengthened.
- Bespoke training was commissioned around working with financial abuse and this was targeted at key personnel in the workforce.
- The Safer Places scheme operating in the Borough was consolidated; all providers were visited, issues discussed and education/advice/information provided. Discussions commenced with additional local organisations with a view to expanding the scheme to some of the more rural areas of the Borough; this stalled due to the Coronavirus pandemic and requires further work in the coming year.

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

- WBC has continued to work proactively with partners and other stakeholders where quality and safeguarding issues have been identified to resolve these collaboratively.
- The council is in the process of reviewing its Care Governance protocols to ensure they are both effective and efficient.

Annual Performance data and analysis 2019-20

Safeguarding activity - Concerns and enquiries

This section looks at number of safeguarding concerns raised and the number of enquiries that started during the year. A safeguarding *concern* is reported to the local authority's Adult Social Care service by someone (i.e. a professional, family member or carer) who is worried about the adult at risk who may be being neglected or abused.

A total of 1279 safeguarding *concerns* were raised for the 2019-20 reporting year which is an increase of 21% from last year.

An *enquiry* is where a *concern* is progressed to a formal investigation stage. In 2019/20 471 enquiries were started during the year. The 'conversion rate' is the ratio of enquiries to concerns. The conversion rate for Wokingham during 2019-20 was 37% which means for every 100 concerns that were raised there were 37 s42 enquiries that were started. Table 1 shows Safeguarding activity for Wokingham in the past 4 years.

Table 1 – Safeguarding activity, 2017-20

	Concerns	S42 enquiries	Individuals who had a S42 enquiry	Conversion rate of concern to S42 enquiry
2016-17	1,523	620	510	41%
2017-18	1232	478	415	39%
2018-19	1057	412	344	39%
2019-20	1279	471	400	37%

Table 2 – Safeguarding activity benchmarking data, 2018-19

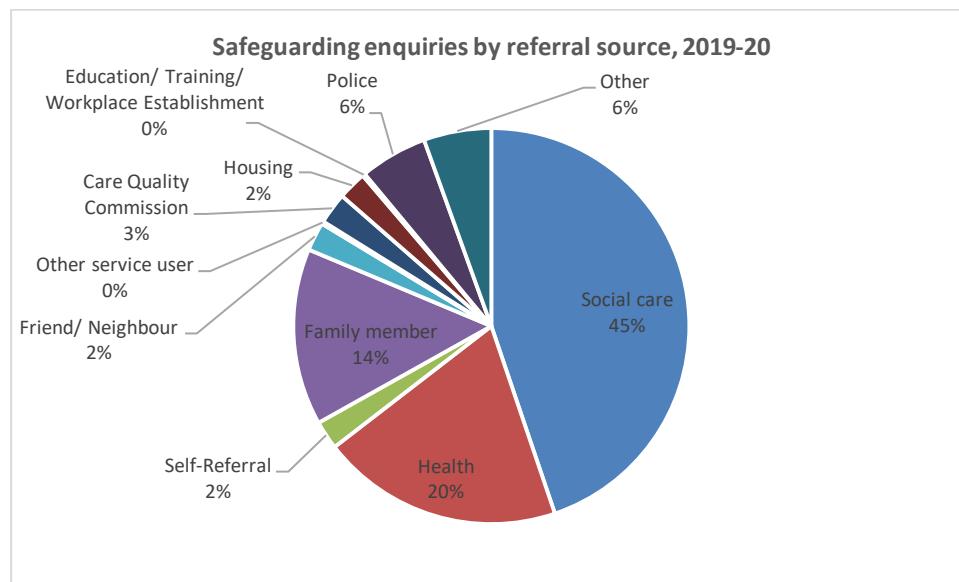
2018-19	Concerns	s42 enquiries	Other safeguarding enquiries	Conversion rate of concern to all safeguarding enquiries
Wokingham	1055	410	5	39%
West Berkshire	710	545	*	77%
Reading	1110	550	10	50%
Slough	1485	195	35	15%
Bracknell	430	135	5	33%
Windsor and Maidenhead	1190	435	*	37%
England	415050	143390	18540	39%
South East	57430	21715	1565	41%

The variances in conversion rate may be due to differing approaches to how concerns are recorded by 'front door' in different local authorities. In some LA's concerns are filtered out before they get to the safeguarding team. Also, enquiry 'threshold' vary across authorities and some apply higher threshold at which investigations are classed as an enquiry than others.

Source of safeguarding enquiries

Forty five percent of safeguarding enquiries came from social care staff followed by 20% of enquiries referred by health staff. Social care staff category includes LA and independent sector staff from domiciliary, day care and residential care staff. The percentage of self-referrals and referrals from family members, friends or neighbours was 18%.

Figure 1 – Safeguarding enquiries by referral source, 2019-20



The table below shows comparison of safeguarding enquiries over the past 4 years. As with previous years, most enquiries continue to come from social care staff and health care staff.

Table 3 – Safeguarding enquiries by referral source, 2017-20

	Referrals	2016-17	2017-18	2018-19	2019-20
Social Care Staff	Social Care Staff total (CASSR & Independent)	313	277	223	211
	Of which: Domiciliary Staff	46	34	42	36
	Residential/ Nursing Care Staff	164	159	109	105
	Day Care Staff	20	10	12	15
	Social Worker/ Care Manager	44	42	37	30
	Self-Directed Care Staff	5	2	0	8
	Other	34	30	23	17
Health Staff	Health Staff - Total	115	64	57	93
	Of which: Primary/ Community Health Staff	65	45	39	59
	Secondary Health Staff	30	13	8	25
	Mental Health Staff	20	6	10	9
Other sources of referral	Self-Referral	28	19	9	11
	Family member	79	46	61	68
	Friend/ Neighbour	10	11	7	11
	Other service user	0	1	1	1
	Care Quality Commission	1	4	4	12
	Housing	8	6	7	11
	Education/ Training/ Workplace Establishment	2	1	1	1
	Police	32	29	18	26
	Other	32	20	24	26
	Total	620	478	412	471

Individuals with safeguarding enquiries

Age group and gender

The table below shows age groups for individuals who had a safeguarding enquiry in the previous four years. Most enquiries (64%) were for individuals aged 65 and over.

Table 4 – Age group of individuals with safeguarding enquiries, 2017-20

Age band	2016-17	% of total	2017-18	% of total	2018-19	% of total	2019-20	% of total
18-64	138	27%	132	32%	103	30%	146	36%
65-74	58	11%	43	10%	38	11%	43	11%
75-84	150	30%	101	24%	92	27%	92	23%
85-94	133	26%	111	27%	88	26%	95	24%
95+	24	5%	26	6%	22	6%	22	5%
Age unknown	7	1%	2	1%	1	0%	2	1%
Grand total	510		415		344		400	

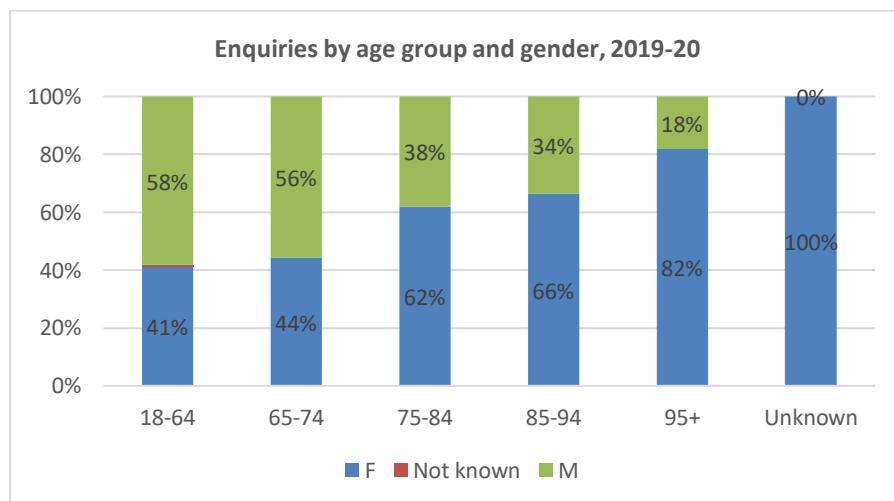
As with previous years, more women were the subject of a Section 42 safeguarding enquiry than males. 55% of safeguarding enquiries started in the year were for females.

Table 5 – Age group and gender of individuals with safeguarding enquiry, 2019-20

Age group	Female	Male	Not known
18-64	60	85	1
65-74	19	24	0
75-84	57	35	0
85-94	63	32	0
95+	18	4	0
Unknown	2	0	0

The chart below indicates that likelihood of abuse increases with age for women.

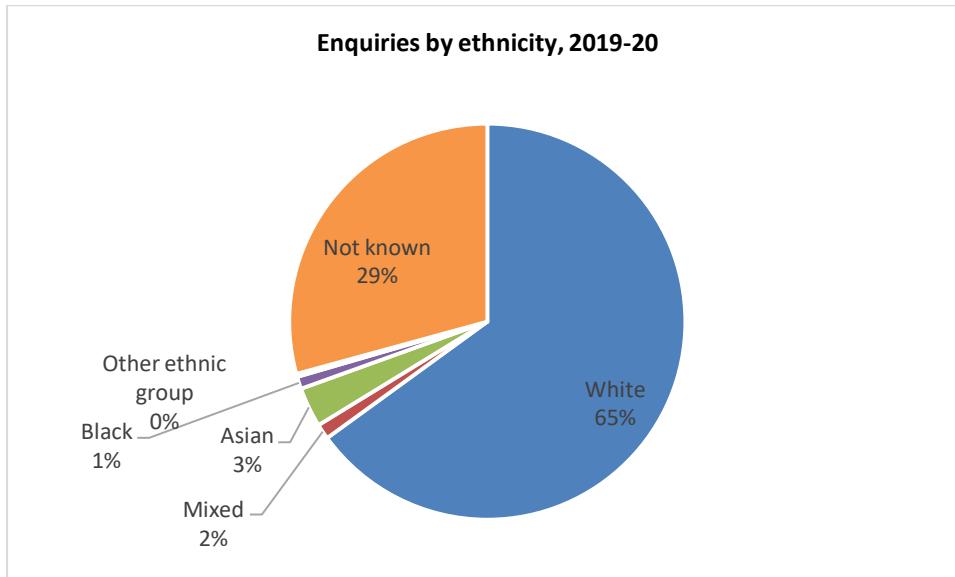
Figure 2 – Safeguarding enquiries by age group and gender, 2019-20



Ethnicity

Sixty five percent of all individuals who had a safeguarding enquiry were of white ethnicity. However, 29% did not have any ethnicity recorded which might not give a true representation of the categories.

Figure 3 – Ethnicity, 2019-20



Primary support reason

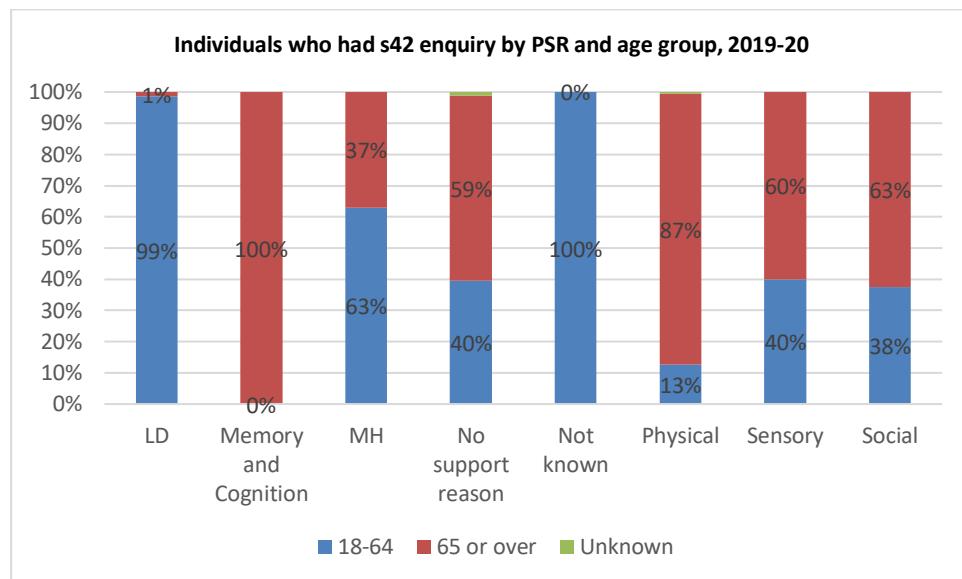
Table 6 below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. For most cases the primary support reason was physical support (42%) followed by learning disability support (17%) and support for memory and cognition (10%). 20% of cases did not have a support reason as they were not receiving any social services support at the time of the safeguarding incident.

Table 6 – Primary support reason, 2017-20

Primary support reason	2016-17	% of total	2017-18	% of total	2018-19	% of total	2019-20	% of total
Physical support	237	47%	187	45%	149	43%	166	42%
Sensory support	14	3%	8	2%	7	2%	10	3%
Support with memory and cognition	111	22%	60	14%	44	13%	38	10%
Learning disability support	91	18%	92	22%	73	21%	69	17%
Mental health support	28	5%	19	5%	14	4%	27	7%
Social support	8	1%	4	1%	5	2%	8	2%
No support reason	21	4%	45	11%	52	15%	81	20%
Not known	0	0%	0	0%	0	0%	1	0%
	510		415		344		400	

The chart below (figure 4) shows enquiries broken down by age group and primary support reason. Individuals who had physical support were more likely to be aged 65 and over whereas those who had a primary support reason of learning disability were aged 18-64. This may be because even though older people may have a learning disability due to increasing frailty their primary need may be for physical support.

Figure 4 - Individuals who had safeguarding enquiry by PSR and age group, 2019-20



Case details for concluded enquiries

Type of alleged abuse

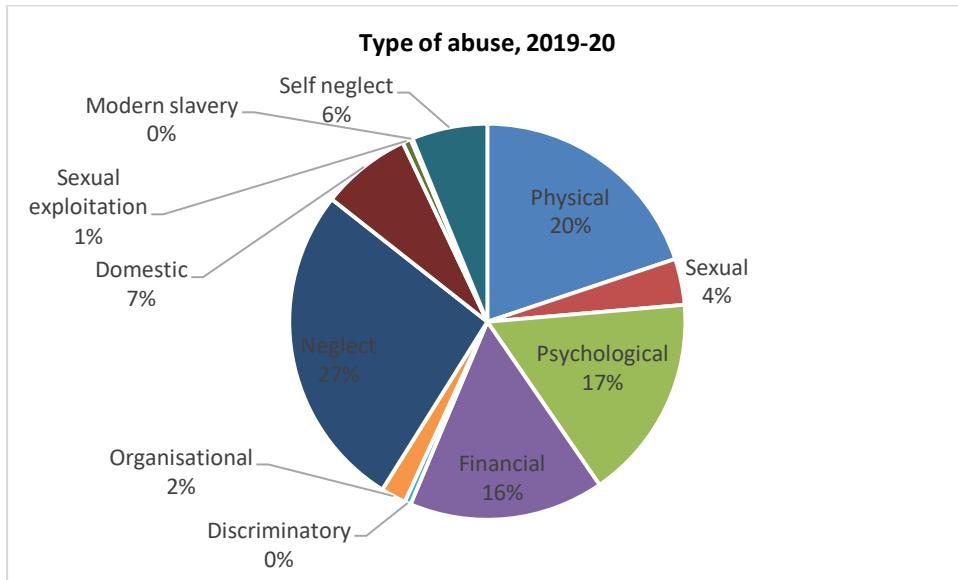
The table below shows enquiries by type of alleged abuse in the last four years.

Most of the allegations were for neglect accounting for 27% of all recorded risks followed by physical abuse at 20% and emotional abuse at 17%. Financial abuse has risen from 13% last year to 16% this year and is higher in Wokingham than nationally for 2018-19 (14%).

Table 7 – Type of abuse, 2017-20

Concluded enquiries	2016-17		2017-18		2018-19		2019-20		% England 2018-19
Physical	171	20%	180	20%	109	19%	116	20%	22%
Sexual	17	2%	42	5%	18	3%	22	4%	4%
Emotional/Psychological	123	15%	170	19%	91	16%	98	17%	14%
Financial	98	12%	117	13%	75	13%	93	16%	14%
Neglect	329	39%	268	30%	182	31%	156	27%	31%
Discriminatory	4	0%	13	1%	1	0%	3	1%	1%
Institutional	35	4%	15	2%	18	3%	12	2%	4%
Domestic abuse	28	3%	29	3%	30	5%	43	7%	5%
Sexual exploitation	2	0%	6	1%	8	1%	4	1%	1%
Modern slavery	0	0%	0	0%	2	0%	1	0%	0%
Self-neglect	39	5%	58	6%	44	8%	36	6%	5%

Figure 5 – Type of abuse, 2019-20



Location of alleged abuse

The home of the adult at risk accounted for 55% of the risk locations. This is higher than the national figure for 2018-19 when 45% of alleged abuse took place in the individual's home. Residential and nursing care homes accounted for 31% between them. Wokingham had a lower percentage (19%) concerning abuse in residential care than nationally (24%).

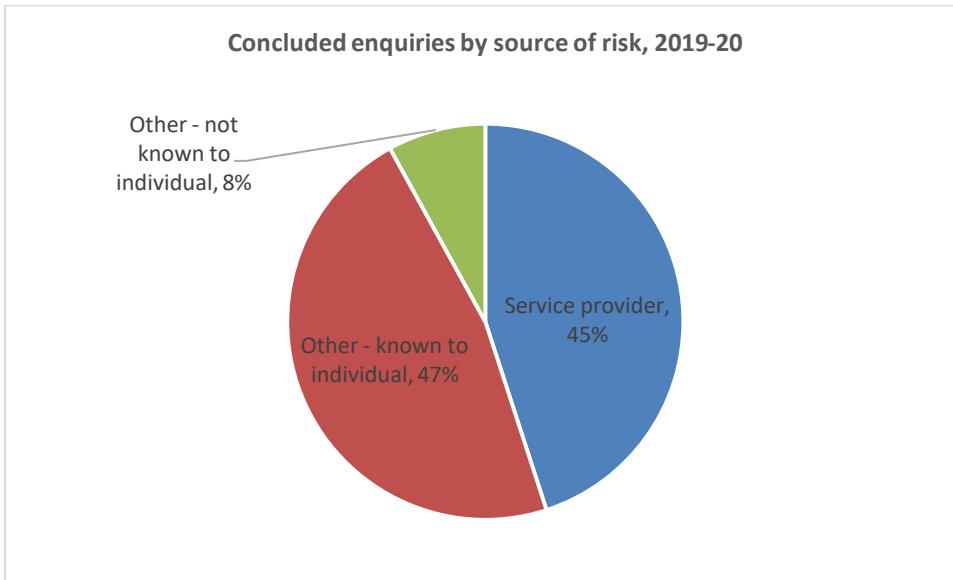
Table 8 – Location of alleged abuse, 2019-20

Location of abuse	2019-20	%	England 2018-19
Own Home	230	55%	45%
In the community (excluding community services)	39	9%	4%
In a community service	6	1%	3%
Care Home - Nursing	50	12%	10%
Care Home – Residential	81	19%	24%
Hospital - Acute	0	0%	3%
Hospital – Mental Health	0	0%	2%
Hospital - Community	1	0%	1%
Other	12	3%	7%

Source of risk

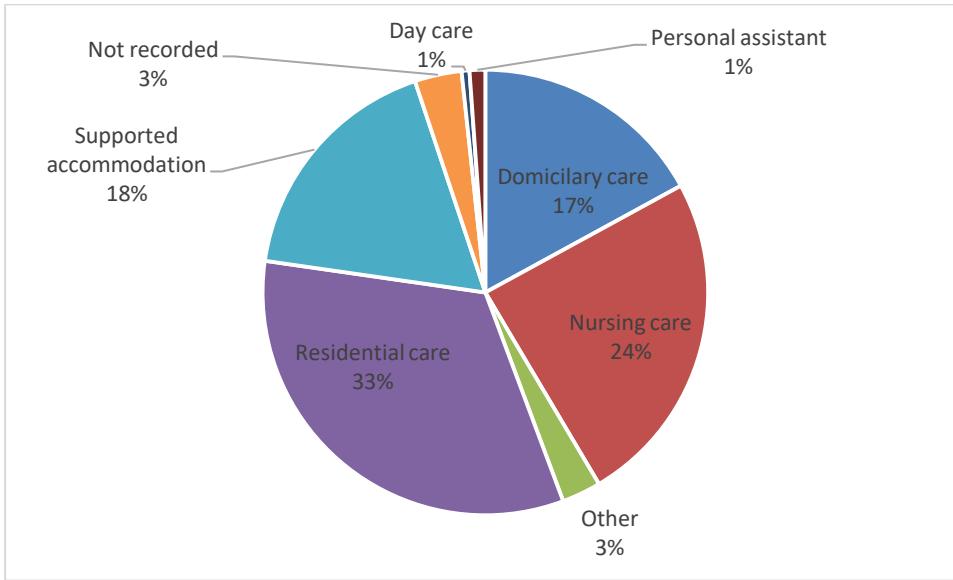
In 45% of cases, the source of risk was a service provider. Service provider refers to any individual or organisation paid, contracted, or commissioned to provide social care services regardless of funding source and includes services organised by the council and residential or nursing homes that offer social care services. This category includes self-arranged, self-funded and direct payment or personal budget funded services. Health or social care staff who are responsible for assessment and care management do not fall under this category.

Figure 6 – Concluded enquiries by source of risk, 2019-20



The chart below shows a breakdown of service provider category. Where the source of risk was a service provider, residential and nursing care staff were most reported as the alleged abuser (57%). Domiciliary care staff accounted for 17% of this category.

Figure 7 – Breakdown of source of risk service provider by service type, 2019-20



Action taken and result

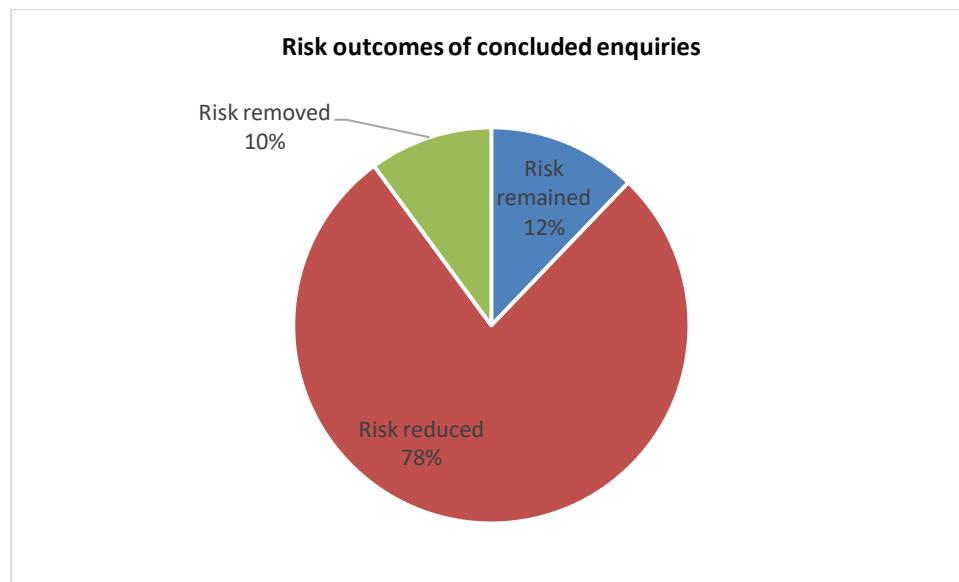
The table below shows risk assessment outcomes for concluded enquiries. In 85% of cases, a risk was identified, and action taken.

Table 9 – Concluded enquiries by risk assessment outcomes, 2019-20

Risk assessment outcome	Total
Risk identified and action taken	330
Risk identified and no action taken	7
Risk - Assessment inconclusive and action taken	6
Risk - Assessment inconclusive and no action taken	6
No risk identified and action taken	18
No risk identified and no action taken	10
Enquiry ceased at individual's request and no action taken	10

The chart below shows concluded enquiries by result in cases where a risk was identified. In most cases, the risk was reduced or removed. In 12% of cases the circumstances causing the risk was unchanged and the risk remained.

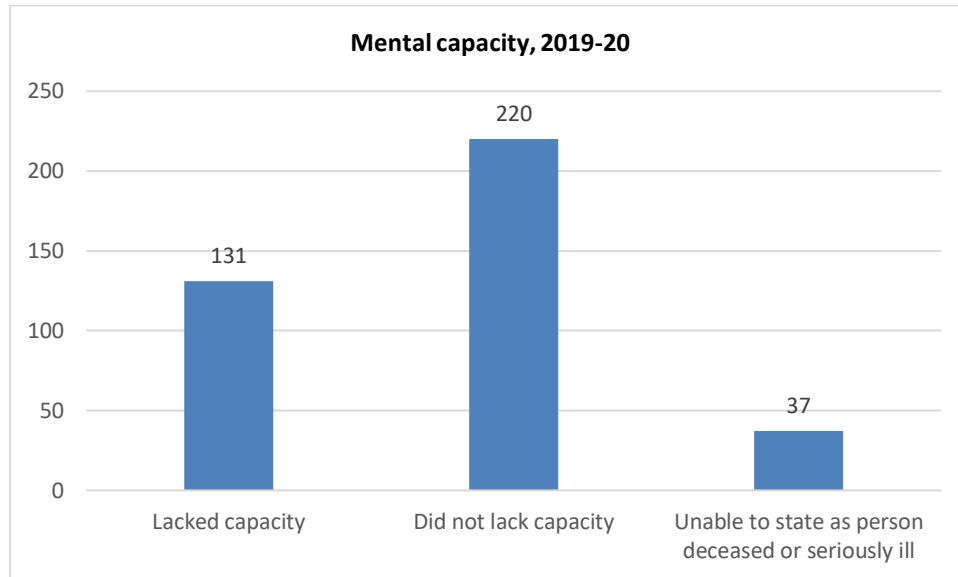
Figure 8 – Risk outcomes of concluded enquiries, 2019-20



Mental Capacity and Advocacy

The chart below shows mental capacity of individuals involved in concluded enquiries. 34% of individuals who had an enquiry concluded in the year lacked capacity.

Figure 9 – Mental capacity, 2019-20

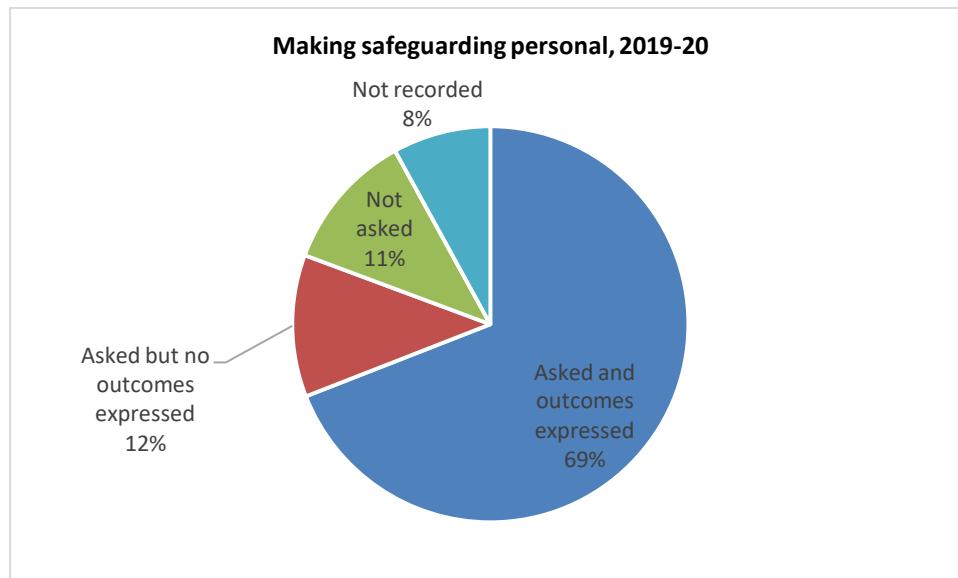


Where the adult at risk lacked capacity, in 96% of cases they were supported by an advocate, family or friend.

Making Safeguarding Personal

Making safeguarding personal is a person-centred approach and is about having conversations with people about how to respond in safeguarding situations to enhance involvement, choice and control as well as improving quality of life, wellbeing and safety. Of the enquiries concluded in 2019-20, 81% of people or their representatives were asked what their desired outcomes were and in 69% of these cases, outcomes were expressed.

Figure 10 – Making safeguarding personal, 2019-20



Where outcomes were expressed, in 76% of those cases the desired outcomes were fully achieved, in 20%, the desired outcomes were partially achieved and in 4% of the cases none of the expressed outcomes were achieved.

The Future

In 2020/21 Wokingham Borough Council will continue to refine the new pathways and processes that were implemented in the previous year.

The ASH will focus on developing its relationships with both internal and external partners to deliver more coherent interventions for customers and with the aim of achieving more effective and holistic outcomes.

As part of this work, the service intends to review how it measures delivery of *Making Safeguarding Personal* and how it meaningfully captures and utilises customer feedback in a safeguarding context. This will include considering how customer forums can be better used to embed the customer and carer voice in the strategic context.

Alongside the whole of Adult Social Care, the safeguarding service will work to develop strengths-based approaches to interventions and embed these in both culture and delivery.

The service will focus on working with partners to achieve proportionate thresholds for safeguarding interventions, ensuring that the framework is applied in accordance with the objectives of the Care Act and that adults at risk are empowered to be fully involved or represented in decisions about them.

Work will continue to develop confidence and competence for practitioners in working with the complex areas of self-neglect and hoarding. This will include development and delivery of a bespoke training model supporting the workforce to develop their abilities in specifically working with people with Hoarding Disorder in the Borough. Alongside this, options for developing self-help forums in the Borough will also be considered.

Another area of focus will be working in collaboration with the Community Safety Partnership and Children's Services around working with Domestic Abuse in the Borough to ensure the strategy is aligned and delivered collaboratively.

The Safeguarding Service will work with the Commissioning Service to review and refine the Care Governance protocols that are already in place to ensure quality assurance input to Providers and interventions around Provider Concerns and/or organisational abuse are effective and robust.

Lastly, in acknowledging the ongoing global pandemic, WBC will continue to work responsively in understanding the impact of the Coronavirus on the whole population, but particularly from a safeguarding perspective, those adults with care and support needs and at risk of abuse or neglect.

Safeguarding, Mental Health & Learning Disability Annual Report 2019/20

Safeguarding & Learning Disability Champion Conference
'Join the Dots' Thursday 21 November 2019, Shaw House, Newbury



Compassionate

Aspirational

Resourceful

Excellent

Executive summary

Welcome to the Royal Berkshire NHS Foundation Trust Annual Report for 2019/20.

I am pleased and proud to present a report that demonstrates our commitment to safeguarding vulnerable people. It has been another busy year for safeguarding, mental health and learning disability. Our experienced safeguarding, mental health and learning disability team, provide an integrated and consistent approach to training and supporting staff to meet the needs of vulnerable people. Our single all age family based safeguarding service is in line with national best practice.

The Covid 19 pandemic means we are facing unprecedented challenges to support and safeguard vulnerable people. Following the initial crisis, we are moving to a different stage. Safeguarding adults with care and support needs from abuse and neglect remains a priority. People may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness. During this time of uncertainty, it is particularly important to safeguard children who may be at an increased risk of abuse, harm and exploitation. It is equally important to safeguard families, with parents facing significant pressures to continue to protect and promote the welfare of their children. Parents may already be struggling; with additional pressures the likelihood of harm or significant harm may increase. The relationship between poverty and the safeguarding of children and families is well recognised. During the Covid-19 outbreak, where paid work is threatened or lost or where families are forced to isolate, this risk of poverty increases and challenges the ability of families who would otherwise have managed.

Key achievements:

- The significant amount of daily interagency partnership working to safeguard children, adults and people of all ages with cognitive problems due to mental ill health, learning disability, autism and dementia.
- Effective patient centred collaborative working alongside clinical teams to safeguard our patients
- Training, audit, learning from incidents and review against statutory standards are the foundation of our assurance, reinforced by supervision and management overview.
- We actively participate in the sub groups of the Berkshire West Safeguarding Children's Partnership and Safeguarding Adult Board. Mental Health, Suicide Prevention, Learning Disability, Transition and Mortality strategic partnership meetings. Through participation our safeguarding, mental health and learning disability plans are constantly scrutinised, challenged, renewed and updated.
- The Safeguarding and Learning Disability Conference November 2019 led to the "Treat Me Well" campaign to support patients with learning disabilities in hospital being a Trust Quality Account Priority for 2020/21
- The Safeguarding Team have remained on the Royal Berkshire Hospital site and provided face to face assessments and support for patients, their families and staff in both hot and cold Covid wards and departments
- Our Risk Based Priorities for 2020/21 have been agreed through the Strategic Safeguarding Committee
- **None of this would be possible without the professional curiosity, courage and commitment of our frontline staff and the safeguarding team. I would like to take this opportunity to thank them all for their professionalism, continued support and dedication to safeguarding our patients.**

Patricia Pease, Associate Chief Nurse, Safeguarding, Mental Health and Learning Disability
September 2020



Introduction

This report covers all areas of safeguarding, mental health and learning disability work across the Trust and sets out our priorities for further work. Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect (NHSE, 2018). Safeguarding at the RBFT is fundamental to high-quality health care. Safeguarding is everybody's responsibility.

The Safeguarding and Mental Health Team Structure

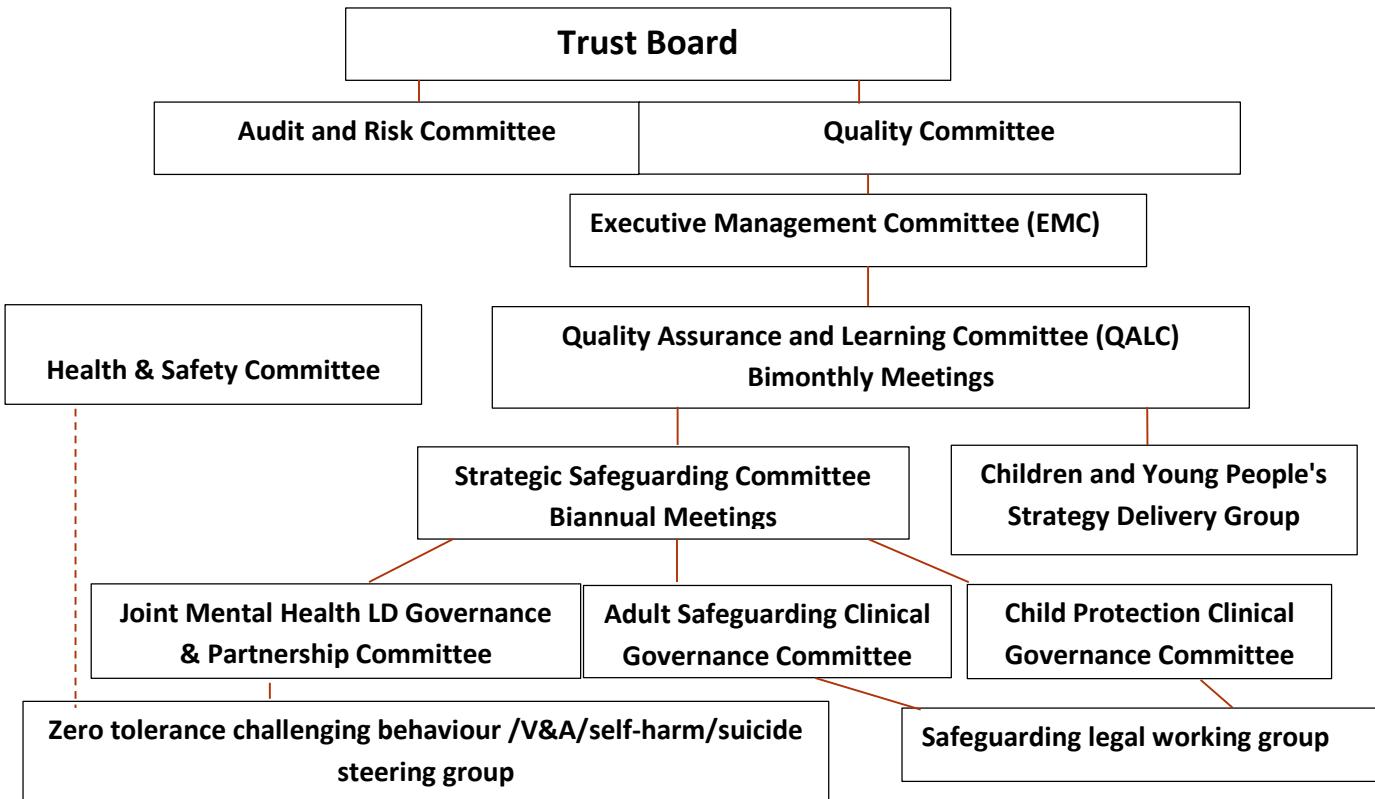
The safeguarding and mental health team structure (nursing and administration) and lines of responsibility and accountability for the RBFT is shown in the diagram below:



Adult Safeguarding Medical Leads:	<ul style="list-style-type: none"> Dr Zain Hader: Urgent Care Group Dr Kim Soulsby: Planned Care Group Dr Hannah Johnson: Networked Care Group
Adult Safeguarding Matron Leads:	<ul style="list-style-type: none"> Georgie Brown, Urgent Care Group Erin Jarvis, Planned Care Group Ali Drew, Network Care Group
Child Protection Medical Leads:	<ul style="list-style-type: none"> Dr Ann Gordon: Named Doctor for Child Protection Dr Andrea Lomp: Designated Doctor Child Protection, Berkshire West, CCG Paediatricians at Dingley Specialist Children's Centre provide Child Protection Examinations Dr Niraj Vashist: Medical Advisor to Fostering and Adoption Panel
Child Death	<ul style="list-style-type: none"> Patricia Pease: Designated Healthcare Professional Child Death Berkshire West, CCG
Sexual Health	<ul style="list-style-type: none"> Julia Tassano-Edgecombe: Nurse Consultant
Human Resources	<ul style="list-style-type: none"> Suzanne Emerson-Dam: Deputy Director Workforce & OD, Designated HR Officer Safe Recruitment & Allegations Management
Legal	<ul style="list-style-type: none"> Sarah Pearson, Head of Legal Affairs

The safeguarding, mental health and learning disability service is accountable to the RBFT Executive Management Committee and Board, Berkshire West CCG, Berkshire West Safeguarding Children Partnership, Berkshire West Safeguarding Adult Board (SAB) and participates in Mental Health, Suicide Prevention, Learning Disability, Transition and Mortality strategic partnership meetings.

Safeguarding and Mental Health Governance Committee Structure



The Strategic Safeguarding, Mental Health and Learning Disability Committee, chaired by Caroline Ainslie, meets twice a year. The Trust has a non-executive Director, Helen Mackenzie, with a responsibility for safeguarding, mental health and learning disability. The safeguarding, mental health and learning disability nursing team meets monthly to discuss operational issues and prepare performance reports; agendas and minutes are kept for these meetings. Safeguarding and mental health quality indicators are reported monthly to the Board and CCG. A bi-monthly safeguarding, mental health and learning disability governance report including key performance indicators is submitted to the Quality Committee of the Board as part of the QALC report. Multi-disciplinary child protection clinical governance is held every two months; chaired by the Named Nurse for Child Protection. Safeguarding Adult Clinical Governance is held every three months chaired by the Safeguarding Adult Lead Nurse. A Safeguarding Legal working group meets, chaired by Sarah Pearson reporting to Safeguarding Adult and Child Protection Clinical Governance. The Associate Chief Nurse, Safeguarding MH & LD chairs a Zero Tolerance Challenging Behaviour, Violence and Aggression, Self-harm and Suicide Steering Group, which reports to the Joint Royal Berkshire NHS Foundation Trust & Berkshire Healthcare NHS Foundation Trust Mental Health and Learning Disability Governance and Partnership Committee and by exception to the Health & Safety Committee. Monthly Safeguarding Concerns and Allegations Review Meetings are chaired by the Designated HR Officer Safe Recruitment & Allegations Management; live cases are reviewed to ensure timely conclusions. At quarterly Safeguarding Review Meetings closed cases are reviewed in order to identify patterns or themes and actions. The Children and Young People's Strategy Delivery Group monitors work streams to benchmark and improve the quality and safety of Trust services for children: the work of this group has been reviewed and re-launched. In December 2018 an Associate Director for Children & Young People, Kate Egginton was appointed, Kate is leading on developing and implementing a strategy and children and young person's plan that will align with the work of Buckinghamshire, Oxfordshire and Berkshire West (BOB) and Berkshire East and North East Hampshire and Farnham and Surrey Heath (Frimley Health & Care) Integrated Care Systems (ICSs).

Statistics/Activity: The table below sets out indicative statistics for the RBFT for information & background

	2015/16	2016/17	2017/18	2018/19	2019/20	Comment
Population number served	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	
% of population under 18 years	24%	24%	25%	25%	25%	
Number of adult attendances to ED	89,711	94,348	100,324	104,759	111,556	↑ 6.5%
Number of attendances by under 18s to ED	29,087	29,427	28,818	30,495	32,163	↑ 5.5%
No of over 65s attending ED	25,635	27,159	31,133	31,468	35,019	↑ 11 %
No of mental health attendances at ED all ages	2809	2778	3111	3728	3569	↓ 4% CYP ↑10%
Number of adult admissions	90,933	92,791	99,737	102,228	103,730	↑ 1.5%
Number of admissions to paediatric wards	7607	8589	8159	8197	7746	↓ 5.5%
No over 65s who were admitted	39515	39785	41,503	42,190	41,933	↓ 0.6%
No over 75s admitted for >72 hrs	5451	6449	5792	5865	5828	↓ 0.6%
No over 75s admitted for >72 hrs with cognitive issues	1195	1582	553	672	812	↑ 21%
Number of in-patients with a LD referred to LDLNs	315	278	263	226	249	↑ 10%
No of patients admitted because of mental health issues	1596	1610	1710	1841	1611	↓ 12.5 %
Number of babies born	5596	5391	5183	4936	4858	↓ 1.5%
Number of under 18s attending out-patient clinics	62,437	72,539	73,196	73,861	76,207	↑ 3%
Number of under 18s attending clinics providing sexual health services	2356	2059	2032	1663	1859	↑12%
Dingley child protection medicals	120	112	114	143	147	↑ 3%
Number of employees	5360	5470	5531	5431	5014	↓8%

Training

Training is reported monthly to the Board as part of the integrated board report. A Trust annual training plan for child and adult safeguarding 2020 has been completed. On the 6th February 2020 a revised Safeguarding, Mental Health, Learning Disability awareness session was provided as part of junior doctors' induction this was well evaluated. On February 25th a full day level 3 child protection day was well attended and evaluated.

At the end of February 2020 Trustwide Safeguarding training percentages were compliant on MAST with the exception of Child Protection Level 1 training which was 92% against a target of 95%.

On 19th March 2020 all Safeguarding, Mental Health and Learning Disability Training was suspended as part of our Covid 19 pandemic response, however the Safeguarding Team continued to provide face to face case support and learning opportunities in the clinical setting.

All training programmes are regularly reviewed to ensure they include learning from serious case reviews and changes to national policy and guidelines. In 2020/21 there will be a focus on:

- Junior doctors safeguarding, mental health and LD training
- The Emergency and Paediatric Services safeguarding, mental health and LD training
- A gap analysis against current and new standards and a review of existing training methodology that includes virtual class room and digital opportunities developed during Covid, including expanding a ‘train the trainer’ approach. Aiming to ensure the content of our training is adapted to meet the needs of the organisation.
- The application in practice of the MCA and DoLS
- The training we provide to prevent and minimise challenging behaviour, violence and aggression
- LD/ASD training to support a consistent response to an LD flag or diagnosis 24/7
- Domestic abuse, neglect and self-neglect, prevent/exploitation and concerns and allegations management
- Staff understanding the impact of adverse child hood experiences and the organisation becoming trauma informed
- Professional curiosity, risk assessment, professional challenge and escalation will continue to be included in all of our safeguarding, mental health training and LD training

Safeguarding adults training

All staff are required to undertake safeguarding adults training to the level that their job requires.

Adult safeguarding training has been reviewed following the publication of the Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff, 2018, and an initial gap analysis completed. Staff that make clinical and discharge decisions with patients need to be trained in the mental capacity act (MCA) and its application.

Safeguarding children training

All staff are required to undertake child protection to the level that their job role requires.

Child protection training has been reviewed following the publication of the updated ‘Intercollegiate Document: Child Protection Roles and Competencies for Health Staff, 2019’ and a gap analysis completed.

Child Sexual Exploitation/Child Criminal Exploitation (CSE/CCE) training

CSE/CCE is embedded into safeguarding children training at all levels. In 2019/20 there was a focus on introducing the concept of contextual safeguarding and the risks to young people outside of their home. One hour updates at level 3 are available concerning sexual violence and assault, modern day slavery and exploitation and substance misuse. The Department of Sexual health holds CSE/CCE case study peer reviews. All staff can access E-Learning via the CSE intranet pages.

Domestic abuse

Domestic abuse is raised in adult and all levels of child safeguarding mandatory and statutory training; specific domestic abuse training is available for maternity staff. Level 3 days for the children’s workforce include clear guidance for staff who are working closely with children and families on how to support and refer to other agencies where there are parental risk indicators. During training sessions, we remind staff of the importance of routine questioning in relation to domestic abuse. There is a Domestic Abuse guide available to staff as part of the Safeguarding Tool Kit.

Prevent (Anti-terrorism training)

Prevent awareness forms part of the level one training for all staff and is included in adult and child safeguarding training. The training requirement has been reviewed in line with NHS England guidance and selected staff mostly the children’s workforce who require level 3 child protection training identified to receive additional training. This is either a face to face WRAP session or approved e-learning.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

MCA and DoLS awareness are delivered as part of the part of Trust induction safeguarding adults training and core mandatory training day. For patient facing staff MCA enhanced training is delivered to a selected group of staff to

achieve a minimum of 80% compliance. We have remained above this target level during 2019-20.

Mental Health training

The Lead Nurse Mental Health currently provides training to staff on the Mental Health Act (MHA), mental health disorders, stigma, and the processes in place within the hospital to ensure good patient care. This is delivered through the induction training programme for Registered Nurses, Allied Healthcare Professionals (AHPs) and Clinical Support Workers (CSW). A Mental Health study day runs four times a year. It is available to ED, Acute Medical Unit and Short Stay Unit nursing staff and includes situational discussions, suicide and self-harm awareness, risk assessment, use of the mental health act versus mental capacity act and has input from external speakers including BHFT, Samaritans, addictions services and Post Traumatic Stress Disorder service provider. In 2019/20 this one-day training included risk management in practice.

Mental health features as a session in the 1:1 care training day for Registered Nurses and Clinical Support Workers looking at mental health in an acute hospital, why 1:1 mental health observations might be needed and how staff might respond, interact and assess risk. Individual training sessions have and can be delivered to speciality services through local clinical governance or team meetings. These sessions are delivered by Consultant Psychiatrists to clinical teams. The focus is on the MHA in an acute hospital and individual settings and is situation based.

Allegations and Safer Recruitment training

Safeguarding concerns and allegations awareness is delivered as part of child and adult safeguarding core mandatory training. Additional training for specific staff groups and a larger cohort of managers to investigate allegations was undertaken in September 2019.

Conflict management training and training in physical restraint and holding

Security staff are trained in physical restraint; all are qualified in Caring Intervention level 3 Control and Restraint. Conflict management training is available and mandatory for all clinical staff and includes breakaway techniques and understanding of the application of the Mental Capacity Act, importance of space and communication skills. Restraint in relation to clinical treatment and best interests is discussed in adult safeguarding training and Level 3 child protection training. We have a Preventing, Minimising and Managing Aggressive and Violent Behaviour Including Restraint Policy CG669, the Restraint Reduction Network (RRN) Training Standards, commissioned by the NHS were published by the British Institute of Learning Disabilities, in April 2019.

https://restraintreductionnetwork.org/wp-content/uploads/2016/11/BILD_RRN_training_standards_2019.pdf

There were discussions during 2019/20 with an external training company about piloting training in priority services that complied with RRN standards during 2019/20. In March 2020 following a series of clinical engagement sessions held as part of our review of preventing, minimising, managing, challenging behaviour and violence and aggression training it was agreed that there would be two pilot areas the Elderly Care Wards and ED and that the training would include Positive Approaches to Behaviour, Introduction to De-escalation Strategies, Personal Safety & Disengagement, Redirection and Guiding and Clinical Holding.

Transition training

During 2019/20 specialties' have been expected to maintain the knowledge and skills of their staff in relation to transition through ward and department training. The Learning Disability Liaison Nurses work with adult clinicians to improve understanding of the cognitively disabled young person moving to adult services.

Learning disability

A DVD is shown at core induction; there are 'raising awareness' sessions for RNs, AHPs and CSW's as part of nurse/CSW induction. A communication session is delivered on a training day for care crew teams and others who are providing 1:1 support. The Learning Disability Liaison Nurses work with clinical teams to improve understanding of the cognitively disabled patient in an acute health setting. The Safeguarding and Learning Disability Conference in November 2019 attended by Safeguarding Champions was well evaluated by those who attended and led to a commitment to review and develop our LD/ASD training. We have committed to providing a Learning Disability and Autism awareness presentation to 90% of relevant clinical governance meetings during 2020/21 and 2021/22. In November 2019 the government announced that training about learning disability and autism would be mandatory

for all health and social care staff and that this would be legislated for by April 2021.

Ongoing challenges / risks:

- Cancellation of face to face level 1 & 2 safeguarding training due to Covid19 restrictions
- Additional level 3 child protection training full days needed due to Covid19 restrictions
- Availability and provision of adult level 3 training to comply with the Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff, 2018 by the next iteration in 2021.
- Availability of training to comply with the standards of the Restraint Reduction Network Training Standards, 2019.
- Consistency of knowledge and confidence to apply the Mental Capacity Act and DoLS training in practice
- Training compliance of all of our staff in the aspects of safeguarding, mental health. Learning disability and autism training relevant to their practice.
- Consistency of knowledge, competency and professional curiosity in practice.
- Consistency of recognition and assessment of risk and confidence of our staff to respond to a significant increase in case complexity
- Availability of transition to adulthood training
- Availability of specific domestic abuse training outside of maternity and sexual health services.
- The need for our staff to have knowledge of and understand Contextual Safeguarding, Trauma Informed Care, Adverse Child Hood Experiences and Think Family.

Safeguarding, Mental Health and Learning Disability Audit and benchmarking against national standards

The Safeguarding Team reviews and updates Trust Safeguarding and Mental Health policies and procedures. They also coordinate an agreed audit program that includes single and multi-agency audits monitored through our internal governance systems and QALC. External scrutiny and challenge is provided through Berkshire West CCG, Health Partners Strategic Safeguarding Committee, the performance sub group of the Safeguarding Adult Board and the Independent Scrutiny Groups of the Safeguarding Children Partnership.

We actively participate in the sub groups of the Safeguarding Children Partnership and Safeguarding Adult Board. Through participation our Safeguarding plan is constantly renewed and updated. The Joint RBFT/BHFT Mental Health and Learning Disability Clinical Governance Committee monitor Mental Health and Learning Disability related standards and audits. In February 2020 we submitted data and information to NHSE & NHSI - Learning Disability Standards Benchmark Review. This was used to develop a Trust Quality Account Priority for 2020/21. To implement the "Treat Me Well" campaign to support patients with learning disabilities in hospital **Appendix 1**.

Ongoing challenges / risks:

- Capacity of the safeguarding team to maintain their agreed audit programme of single and multiagency audits.
- Capacity of the safeguarding team to review existing and write new policies and procedures
- Capacity of the safeguarding team to complete NICE assessments in a timely manner.

Safer Recruitment and Allegations Management

Key Achievements

- Deliver Safeguarding Investigation Training in order to have a larger cohort of managers able to investigate allegations.
- Incorporated an Annual DBS Declaration section (for clinical staff) in the Trust Appraisal Documentation.
- Undertaken a full review of the Managing Safeguarding Concerns and Allegations Policy.
- Identification of key themes from safeguarding concerns and allegations in order to communicate lessons learnt from safeguarding cases.
- Managing/progressing safeguarding concerns and allegations during the Covid-19 pandemic.

Summary of Cases

In the financial year 2019/20 a total of 18 cases were referred to the Safeguarding Team; 12 cases relating to vulnerable adults and 6 cases relating to children. Of the 18 cases referred 5 were classified as allegations whilst the remainder were classified as concerns. Most of the concerns/allegations related to Trust employees however the concerns/allegations also related to a contractor, an ex-employee and a spouse of an employee. With a couple of the concerns it was not possible to identify the individual.

The safeguarding concerns/allegations were spread fairly evenly across the Trust between the three Care Groups with the most being in Networked Care. Three concerns related to employees within the Estates and Facilities Directorate. The main categorisation of concerns/allegations were physical e.g. rough handling of patients. The majority of cases were categorised as unfounded however lessons to be learnt were identified. Two cases remain open. A few cases were progresses as either a patient complaint or dealt with as an HR matter.

There has been a small reduction in the number of cases compared with previous years 19 in 2018/19 and 20 in 2017/18.

Key Areas of Work for 2020/21

To resume normal activity for safer recruitment and the management of safeguarding concerns/allegations following Covid-19 pandemic. This includes:

- To continue the Monthly Safeguarding Review Meetings to go through all “live” cases to ensure timely conclusion.
- To continue the Quarterly Safeguarding Review Meetings closed cases are reviewed in order to identify patterns or themes and actions identified as a result of identified themes
- To deliver further Safeguarding Investigation Training in order to have a larger cohort of managers able to investigate allegations
- To increase safeguarding awareness amongst Employee Relations Team.
- To provide pilots of customised safeguarding allegations awareness and lessons learnt training for Out Patient Department Staff, Estates & Facilities and senior nurses (Band 7 and above) in Network Care as part of their safeguarding update.

Child Protection and Safeguarding

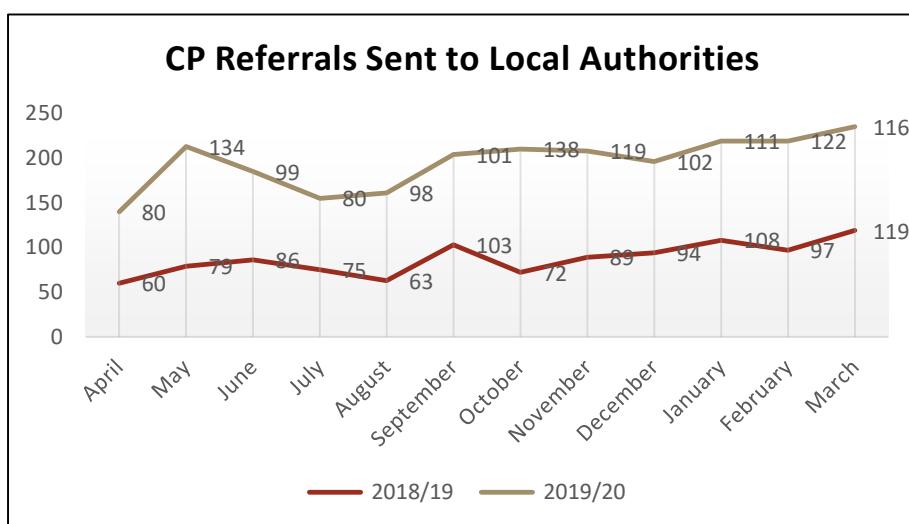
Key achievements

- Child protection has been busy with more complex cases presenting. The Named Nurse, Child Protection continues to work closely with frontline practitioners and partner agencies to ensure that the child remains the focus, is safely managed and discharged from the hospital and our other services.
- The Named Nurse and Named Midwife continue to work closely with our partner agencies, meeting them monthly to discuss cases and operational issues. Having liaison meetings builds relationships with the Local Authorities for joint working. The meetings for all areas are established, consistent and they have proven invaluable during Covid19.
- Referrals to our three key Local Authorities have been audited for clarity, quality and voice of the child. All audits show that referrals made are clear, with concise decisions around safeguarding children who present to RBH. Where issues are identified, reflection with practitioners enhances practice.
- Level 3 child protection training is embedded, delivered, evaluated and adapted to the changing environment within safeguarding and the needs of the staff.
- A Paediatric Associate Specialist and the Named Nurse Child protection have launched debrief sessions for the multidisciplinary team to enable them to have a safe space to reflect on complex cases and learn. This piece of work will be evaluated but appears to be providing valuable support to many staff.
- Child protection Clinical Governance meets bi-monthly and reviews all areas of safeguarding children.
- RBFT have been involved in a significant number of complex partnership and serious case reviews which have required full chronologies, analysis of practice and actions in response to recommendations.
- Attendance by the Named Nurse for Child Protection at the Reading Independent Scrutiny group and the Berkshire West Case Review group of the Berkshire West Safeguarding Children Partnership.
- Safeguarding Children and Child Protection Policy and The Child Protection Protocol have been reviewed
- Work progressed with Information Management and Technology (IM&T) to develop the electronic child safeguarding referrals to support information sharing. All child protection information is now uploaded to the Electronic Patients Records to support a single record and enable staff to have a better understanding of individual children's safeguarding issues.
- The Named Nurse for Child Protection continues to work closely with frontline practitioners in Paediatrics and Emergency Department to raise safeguarding skills and confidence. Safeguarding champions have been identified in the Paediatric Wards and Departments and in the Paediatric Emergency Department. The champions are meeting regularly with the Named Nurse Child Protection to strengthen safeguarding practice.
- The Named Nurse and Named Midwife for Child Protection continue to work and support staff in the Special Care Baby Unit to identify babies who are admitted under social care, monitor babies and families that may need further support and ensure safe discharge.

Key concerns

- We have seen an increase in activity and a significant increase in complexity of cases from both a safeguarding and a psycho-social context in relation to needs of specific patient groups:
 - pregnant women and unborn babies
 - babies under six months
 - children and young people from troubled families
 - children, young people with mental health needs, conduct disorders and particularly eating disorders
 - cases involving domestic abuse
 - children, young people with learning disability and autism
- The safeguarding and safe discharge of babies and children who have been abused and children and young people with mental health needs admitted to the RBH is monitored closely by the Named Nurse for Child Protection.

- On-going work with frontline practitioners around the interface liaison/ discussion with children's social care and CAMHS remains a challenge, especially for 14 - 17-year-old inpatients.
- Covid19 will have a huge impact on children and families socially and economically. The impact for RBH will be seen in the complexity and vulnerability of child protection cases presenting to practitioners at the frontline and the safeguarding team and the potential for an increase in the number of Berkshire West cases referred to the National Child Safeguarding Practice Review Panel requiring a Rapid Review.
- The non-urgent child protection medical service provided by Dingley has continued and has been kept under review by the Clinical Lead working with the Named Doctor CP. Initially during lock down there were no referrals for several weeks that trend has reversed.
- Cancellation of face to face level 1 & 2 safeguarding training due to Covid19 restrictions
- Additional level 3 child protection training full days needed due to Covid19 restrictions
- The capacity of the Named Nurse to support the demand for level 3 training, the Rapid Review and learning process and the number and complexity of cases presenting to RBH. These cases require longer admission, more multiagency meetings and the use of the escalation policy internally and externally to partners to ensure the safety/safeguarding of children & young people
- The number of requests from the local authority Joint Legal Team for notes or statements for family court proceedings has increased by 70% from 2018/19 to 2019/20, there has been a corresponding increase in work in Safeguarding Administration

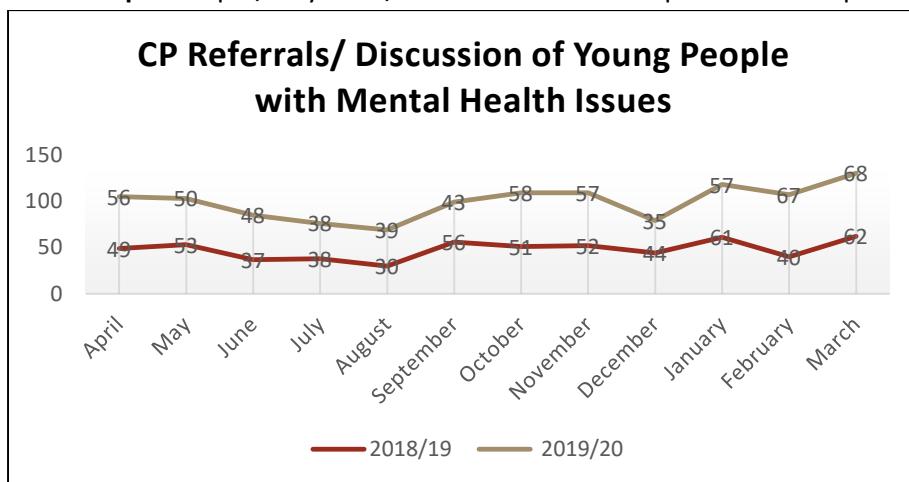


2017/18 – 740 referrals

2018/19 – 1045 referrals, 42% increase

2019/20 – 1300 referrals, 24% increase

COVID impact - April/May 2020/21 reduction 44% compared to same period 2019/20



2017/18 – 513 referrals/discussions

2018/19 – 573 referrals/discussions, 12% increase

2019/20 – 616 referrals discussions, 7.5% increase

COVID impact April/May 2020/21 reduction 35% compared to same period 2019/20

Key Areas of Work 2020/21

- Continue to respond to emerging child protection and safeguarding trends and themes due to the psycho-social impact of Covid19 on the most vulnerable children, young people and families
- Named Nurse for Child Protection will continue to offer supervision/ reflective sessions for all Paediatric and Emergency Department staff as part of their level 3 child protection updates.
- NNCP will work closely with senior nurses in Paediatrics to ensure knowledge and skills are embedded in their practice, alongside the safeguarding champions.
- To continue to audit referrals made to each Local Authority within Berkshire West to ensure that good, clear and concise referrals are being made for children.
- To continue to monitor young people who attend and are admitted to the RBH with mental health needs, conduct disorders and particularly eating disorders and work closely with the clinical teams, Lead Nurse for Mental Health and all partner agencies.
- The Named Nurse, Named Doctor and Named Midwife for child protection are exploring new ways to deliver effective training due to Covid19 and the need for social distancing including e-training, virtual classroom and socially distanced or ‘bubble’ face to face
- Review of pathways for non-urgent Child Protection Medicals in Dingley & Urgent in ED and Paediatric Wards.
- Provide an additional level 3 child protection training full day due to Covid19 restriction and social distancing
- The Associate Chief Nurse Safeguarding, Mental Health and Learning Disability is ensuring the safeguarding administration team is fully recruited and developing a business case for a Child Safeguarding Clinical Nurse Specialist to support the Named Nurse and Midwife functions.

On-going challenges / risks

- RN nurse vacancies and permanence on Paediatric Wards and ED, safeguarding skills and experience of practitioners in managing complex cases.
- A small group of child and young people ‘frequent attenders’ who are high profile in terms of self-harm, complex psychosocial issues, significant mental health concerns, including eating disorders and increased length of stay.
- The numbers of children and young people with mental health problems at risk from self-harm and suicidal ideation attending the Emergency Department.
- < 16s admitted to the paediatric unit and 16/17 year olds to ED Observation Bay, Acute Medical Unit or Short Stay Unit detained under the Mental Health Act requiring admission to Tier 4 Child and Adolescent Mental Health, Eating Disorder or Conduct Disorder services and delayed in the Royal Berkshire Hospital.
- The Trust does not have an adolescent or young person service model or facility to support aged 14-18 years who are either admitted to a paediatric or adult ward
- Non urgent child protection medicals being provided at a site remote from the RBH
- Capacity of the Named Nurse for Child Protection to manage the increase in activity and complexity. To mitigate risk by supervising, challenging and escalating. To participate Berkshire West Safeguard Children Partnership groups, Case Reviews for children that have been discussed at the Berkshire West case Review group to deliver training and internal governance responsibilities.
- While Covid19 continues to challenge all services, the greatest safeguarding risk will be to children and young people and ensuring a robust approach to protecting them from harm remains a high priority.

Maternity Child Protection

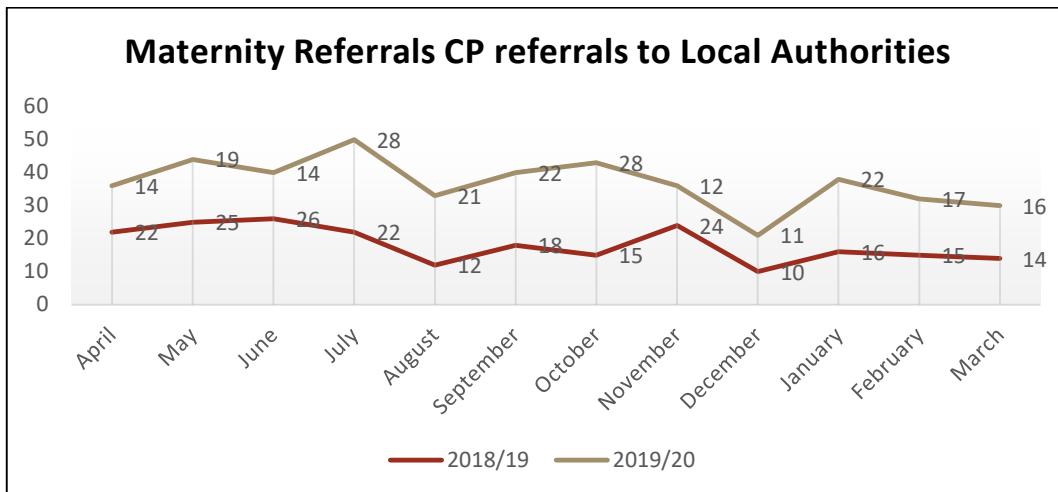
Key achievements

- The Named Midwife for Child Protection has increasingly been called upon to support frontline practitioners in Paediatrics and Emergency Department when the NNCP is on leave.
- Child protection for the unborn, new born babies and vulnerable parents remains busy with more complex cases. The Named Midwife for Child Protection (NMCP) works closely with frontline practitioners and partner agencies to ensure that the unborn, new born remains the focus and is safely discharged.
- NMCP works closely with partner agencies to ensure that the safeguarding needs of the unborn, new born and vulnerable parents are met, appropriate plans put in place and carried out.
- Liaison meetings are held with Wokingham and West Berkshire local authorities these are usually bi- monthly.
- Liaison meetings are now established with Reading. Reading's Pre-birth Team, work intensively with the most vulnerable mothers to improve the outcome for families. One of the aims is to reduce the number of babies going into foster care whilst ensuring the baby is safeguarded and the family fully supported to care for baby. The Poppy team and the safeguarding team work very closely with the Pre-birth Team to support vulnerable families.
- Vulnerable women's meetings are held monthly with representatives from Health Visiting, Perinatal Mental Health, Sexual Health and Poppy teams, Drug Treatment Services, Reading MASH and ward representatives
- The Poppy Team supports our most vulnerable families; the NMCP works closely with the Poppy team and supports them in their practice. Two new members joined the team, NMCP provides training and support to ensure they are aware of the unique role and responsibility of being a Poppy Team Midwife.
- Community midwives are now providing care to women living in East Berkshire who wish to deliver at RBFT; this has increased the work load of the NMCP. It requires the NMCP to participate in out of area conferences and multidisciplinary meetings as well as supporting staff to complete written reports.
- The Concealed Pregnancy Guidelines and Supervision Policy has been reviewed and updated.
- NMCP has:
 - Worked with Brighter Futures for Children, to write new Pre-birth Protocol and attended a workshop with Wokingham Local Authority to look at their Early Help strategy
 - Been part of the group working with Cerner to design Maternity in EPR. This will provide one integrated maternity record covering all stages of pregnancy for both mother and baby including safeguarding.
 - Attended the BWSCP learning and development subgroup providing feedback on training needs and ensuring that our training continues to be of a high standard, meeting BWSCP and national requirements
 - Provided monthly group supervision for the Poppy team and established group supervision and reflective sessions for all Midwives as part of their level 3 child protection updates.
 - Provided newly qualified midwives with on the job support concerning their safeguarding practice, teaches on the preceptorship day and provides additional safeguarding training sessions for Community Teams
- During Covid 19 all of these established pathways, groups and relationships have proven invaluable.

Key concerns

- The on-going impact of Covid19 on the most vulnerable families and emerging safeguarding trends and themes seen in maternity services
- The capacity of the Named Midwife to support the number of complex of cases identified within the Maternity Services. These cases require intense scrutiny, more multiagency meetings and the use of the escalation policy internally and externally to partners to ensure the safeguarding and safety of the unborn and new born, input for MARAC meetings in Wokingham, Reading and West Berkshire, increased demand for level 3 training and the Rapid Review and learning process when a baby has suffered significant harm.

- Band 5 Midwives continue to rotate to the community, this gives them an overview of the community and improves their understanding of all aspects of Maternity services, it is challenging for the safeguarding team to ensure that new community midwives have the necessary skills.



2017/18 – 217 referrals

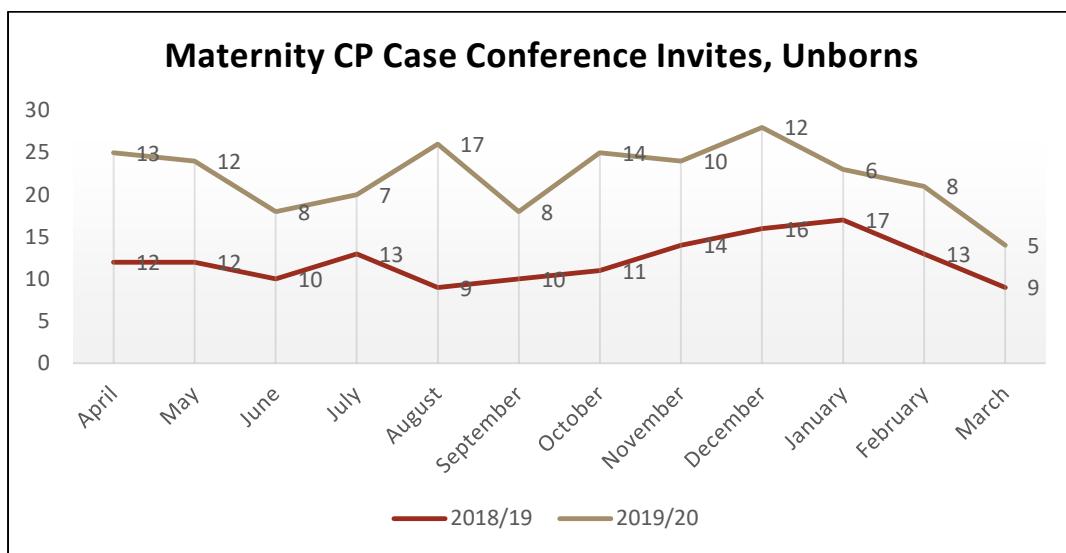
2018/19 – 219 referrals 1% increase

2019/20 – 224 referrals 2% increase

COVID impact April/May 2020/21 – reduction 21 % compared to same period 2019/20

Of the 224 referrals made by Midwives to the three Local Authorities in 2019/20:

- 50% were to Reading, Brighter futures for Children compared to 57% in 2018/19
- 30 % were to West Berkshire CSC, compared to 19% in 2018/19
- 15% were to Wokingham CSC, compared to 18% in 2018/19
- 5% were to our neighbouring local authorities compared to 12% in 2018/19 and 4% in 2017/18. Data for neighbouring local authorities has only been recorded for the past 3 years and will be monitored to see if 2018/19 was an anomaly.



2017/18 – invitations 130

2018/19 – invitations 146, 12% increase

2019/20 – invitations 120, 18% decrease

We were able to attend 94 (78%) this is consistent with 2018/19. The majority of conferences that were not attended were post-delivery when Maternity no longer had an input with the family.
We provided reports for 118 of the conferences 98% this is up from 92% in 2018/19.

- 51% were in Reading compared with 47% in 2018/19
- 26% were in West Berkshire compared with 25% in 2018/19
- 16% were in Wokingham compared with 24% in 2018/19
- 7% were for neighbouring authorities this is up from 4% in 2018 – 19, due to the increase in workload from East Berkshire.

Local Authority Vulnerable Person figures for 2019

- Vulnerabilities are identified as: Learning disabilities, Domestic abuse, Child protection concerns, significant mental health issues, drug and alcohol misuse, homelessness, FGM, teenager, concealed pregnancy, trafficked women and if mother of a baby was identified as a 'Looked after Child'.
- 174 Reading Local Authority women were identified as vulnerable out of 2937 births this was down by 23 women from 2018. 6% of women in Reading were identified as vulnerable down from 6.5%, there was a 3% rise from 2017 to 2018.
- 23 Wokingham Local Authority women were identified as being vulnerable this was down from 41. Due to a lower birth rate this was 2% of Wokingham births, consistent with 2.2% in 2018.
- 110 West Berkshire Local Authority women were identified as vulnerable this is up from 97, in 2018. Bookings have dropped from 1993 in 2018 to 1799 in 2019 the percentage of women identified as vulnerable increased from 4.8% to 6.1%.
- The total number of women booking at the Royal Berkshire Hospital was 6678, 340, 5.1% were identified as being vulnerable, an increase from 4.8% in 2018.
- An increasing number of women from East Berkshire Local Authorities are booking care with Royal Berkshire Maternity services, 607 in 2019, 33, 5.5% were identified as vulnerable.

Forward planning for 2020/21

- Continue to respond to the on-going impact of Covid19 on the most vulnerable families and emerging safeguarding trends and themes seen in maternity services
- Continue to provide newly qualified midwives with on the job support concerning their safeguarding practice. Teaching on the preceptorship day
- To provide additional level 3 child protection training update opportunities for the Community Midwifery Teams

Ongoing challenges / risks:

- Increase in complexity of cases of at risk families, unborn and new born babies
- Capacity of the Named Midwife to support the number of complex of cases, attend multiagency meetings, meet the increased demand for level 3 training and the Rapid Review and learning process when a baby has suffered significant harm, provide 1:1 safeguarding supervision to the Poppy Team and support safeguarding practice for the increasing number of newly trained midwives throughput their rotation.
- Ensuring Safeguarding and Child Protection is captured appropriately on EPR, Maternity go live Nov 2020.
- Capacity of Poppy Team midwives to write reports and pressure on the Poppy Team and the NMCP to attend child protection conferences, the Poppy Team also provide intra partum care for some of the most vulnerable women
- Increase in the number of Strategy meetings held; these are usually held with only 24 hours' notice and discharge planning meetings.
- Community midwives providing care to women living in East Berkshire increasing the workload of the NMCP, presenting logistical challenges regarding continuity of care and liaison with new partner agencies.
- Maintaining maternity staff compliance Level 3 Safeguarding Children Training.
- While Covid19 continues to challenge all services, the greatest safeguarding risk will be to unborn and new born babies and vulnerable parents and ensuring a robust approach to protecting them from harm remains a high priority.

Maternity mental health

Perinatal mental health continues to be a focus for service development and staff education as per the recommendations of national drivers such as Better Births and the Long Term Plan:

- The provision of Perinatal Mental Health training for the multi-discipline team has been a challenge this year. Traditionally the Berkshire Perinatal Mental Health Team provide training (BPMH), however, due to resource issues BPMH have not been able to offer their usual support. Face to face training is now limited due to Covid-19 precautions. Training is virtual using a national training package hosted on Learning Matters, scenarios relating to maternal mental health continue to be part of our in-house multi-professional emergency training. Maternity has been accepting places on virtual training courses funded by the regional ICS.
- In response to learning from a serious incident the foetal abnormality service has been reconfigured to better support women found to have a foetal abnormality. We are also developing a pathway of support for women when their baby is admitted to Buscot Neonatal Unit as this is a recognised red flag for postnatal depression and suicide (MBRACE-UK Saving Lives, Improving Mother's Care. Lessons learned to inform maternity care from UK and Ireland confidential enquiries into maternal deaths and morbidity 2018).
- The joint perinatal mental health and obstetric clinic continues with the Berkshire Perinatal Mental Health Team. A review of this clinic has found that an additional outreach clinic is required, planning for this additional clinic is due to start in September 2020.
- The Birth Reflections Pilot project continues. A recent evaluation found that 125 women have used the service since April 2019. The majority of women were first time mothers who wanted to better understand the events of their birth. Any emerging themes from the clinic are fed back to the Intrapartum Strategy Group where solutions are identified. Feedback received about individual members of the team are passed directly to those identified and star cards sent when appropriate.
- Screening for perinatal mental health has been included in digital work relating to antenatal and postnatal care in preparation Maternity moving to Cerner.

Forward planning for 2020/2021:

- Continue to respond to the emerging evidence of the impact of Covid19 on the perinatal mental health of parents
- Evaluate the perinatal mental health services to identify where improvements are required in light of recent recommendations from MBRRACE-UK – Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK (2020)
- Scope the possibility of an additional outreach Joint Perinatal Mental Health clinic
- Continue to work with Maudsley Learning to achieve accreditation for our Perinatal Mental Health Training
- Scope the possibility of a case loading team for women with pre-existing and complex Mental Health

Female Genital Mutilation (FGM)

Key achievements

- NMCP provides FGM figures on a quarterly basis to the BWSCP.
- The Trust is fully compliant with adding FGM-IS information to the National Spine; the safeguarding team is responsible for submitting that data.
- An FGM referral pathway has been agreed with the local authorities to ensure appropriate/proportionate information is being shared.
- Funding for the RBFT clinical input into the Reading Rose Centre for adult victims of FGM has been secured.

Activity

- Maternity – 17 cases identified, which is three down from last year. All of those had appropriate referrals to children's social care.
- 16 cases were identified antenatally with the remaining case being identified at delivery due to the woman not knowing she had had FGM performed; 13 were reported to Reading, 3 to Wokingham and 1 to West Berkshire. No referrals were made to neighbouring local authorities.
- There were 8 further referrals to local authorities at delivery when the infants were female. 7 referrals were made to Reading, 0 to Wokingham, 1 to West Berkshire.
- Gynae/sexual health – 1 case reported – NB case identified had already been reported by maternity.
- Paediatrics 0 cases reported.
- General Trust – 0 cases reported.

Key areas of work for 2020/21

- Work with BWSCP to consider how they identify children who may be at risk of FGM particularly around 'high risk' periods such as the summer holidays and when children are not at school due to Covid isolation/lockdown
- Further development of the vision for Reading Rose Centre to become a 'centre of excellence' for Black, Asian, Minority Ethnic and Refugee (BAMER). This has been initiated due to the significant social and safeguarding consequences faced by the BAMER population.

Child Looked After Children (LAC) and Fostering and Adoption

Medicals for children who are being fostered and adopted and the role of Medical Advisor to Fostering and Adoption Panel are provided by the RBFT.

Child death

2019/2020 has been a year of two parts pre-Covid and quarter three onwards during the Covid -19 pandemic, Pan-Berkshire Child Death Overview Panel exceptionally reviewed a smaller number of cases than usual due to the effects of Covid-19.

Twenty-four children and young people < 18 years' resident in Berkshire West died 01/04/19-31/03/20

Seven of the deaths were in the neonatal period.

- In response to the balance of neonatal deaths among the overall numbers of child deaths reviewed, the Berkshire CDOP established a specialist panel in 2016/2017 to better enable the CDOP to consolidate the possible learning.
- The fourth panel meeting to review all neonatal deaths for the period 01/01/2019 – 31/12/2019 and share learning was originally scheduled for March 2020 but due to Covid-19 was rescheduled to June 2020.
- For the first time the panel was joined by colleagues from the John Radcliffe Hospital, Oxford and the Child Mortality Team from OUH (Oxford University Hospitals). It was very useful to have colleagues from Oxfordshire as many of our infants are treated at the John Radcliffe.
- Not all the cases reviewed strictly met the criteria for Neonatal Death (a death in a child under 28 days old) but the process for reviewing neonatal deaths was felt to be appropriate as all of the care for the cases had been as inpatients on the neonatal units.
- The good practice and learning identified by the panel will be published in the Pan Berkshire CDOP 2019/20 Annual Report.

Twelve Berkshire West, one out of area unexpected child deaths were reviewed using the Joint Agency Review process, five have subsequently been reviewed by CDOP. Joint Agency responses were initiated in a timely way for all unexpected child deaths. Specific areas for learning have been identified by the CDOP around:

- Exam pressures in young people which may lead to self-harm
- The pathway for children, and young people with VP shunts for hydrocephalus
- The need to continue to work sensitively with local communities around consanguinity risks.
- The need to reinforce the safe sleeping message for all contacts with babies/infants less than 1 year.

Key Achievements:

- Berkshire West has implemented the new Child Death Review (CDR) arrangements by establishing a quarterly multiagency Berkshire West Child Death Review group a sub group of Berkshire West Safeguarding Children Partnership. This is going well with a Children's Service Manager allocated to be a representative from each of the three Berkshire West local authorities
- Berkshire West Joint Agency Review Protocol approved by BWCDR group
- Arrangements have been made with the Coroner so that out-of-hours family viewing of a body will be made on a case by case basis. Contact with the coroner's officer is required in all cases as there are various factors that would inform the coroner's decision
- Berkshire West Safeguarding Children Partnership Child Death Review SUDI and SUDIC Covid 19 Interim arrangements drafted in March were approved by BWCDR group in April 2020.

Training

Training was delivered for on-call Detective Inspectors in relation to the unexpected child death process by the Berkshire West Designated Professional and Detective Inspector and as part of a Safeguarding Disabled Children day run by the Consultant for Paediatric Neurodisability, Dingley Child Development Centre.

eCDOP

Embedding eCDOP has continued and awareness and knowledge of eCDOP is much greater within the CDR community. Training with partners has continued to include sessions with GPs, Royal Berkshire Hospital staff, health visitors, school nurses and the CCN team. The CDOP Coordinator provides online support to users and

attends eCDOP and NCMD (National Child Mortality Database) webinars to receive updates; share learning and network with the CDOP community.

Learning Disability Mortality Review – LeDeR

Six deaths of children and young people in Berkshire with LD were notified to LeDeR following a full review at CDOP. Four of the six lived in Berkshire West.

Safer Sleeping campaign

London Irish Rugby Club supported us in Berkshire to launch a major video campaign aimed at preventing baby deaths due to safe sleeping issues.

The video is the result of a yearlong piece of work pioneered by Berkshire West CCG, East Berkshire CCG and a range of health partners.

Launched in London on Tuesday 25 June 2019 the video is called Lift the Baby and is aimed at promoting safer sleeping in younger babies and is aimed at men and their understanding of the issues.



A special website has been developed in partnership with the Lullaby Trust and features a link to the video along with a range of safe sleeping advice www.liftthebaby.org.uk

Learning from Reading Festival 2019

A Reading multi-agency partnership group continued worked with Festival Republic, to further develop safety and safeguarding policy, practice and process. Updates were given to CDOP and the Berkshire West Safeguarding Partnership in the months leading up to 23 – 25 August 2019 and tested at a table top exercise and safeguarding partnership meeting. During the autumn/winter of 2019 we planned an engagement exercise with young people and their parents. The focus was on ‘sex, bodies, consent and assault’ and ‘substances, alcohol, risk and choices’ at events and risk reduction. A multiagency group of Royal Berkshire Hospitals NHS Foundation Trust, Festival Republic, It Happens, Brighter Futures for Children, youth services, schools and colleges in Reading, West Berkshire and Wokingham were part of this. Plans were well advanced to carry out a piece of qualitative research – questionnaires and workshops with schools and colleges across Berkshire West during April and May and a quantitative survey later in 2020. This was delayed due to Covid19.

Pan Berkshire CDOP Website

The Pan Berkshire CDOP Website has relocated to the Berkshire West CCG

<https://www.berkshirewestccg.nhs.uk/cdop>

Themed Reviews

An 11-year review of Neurodisability deaths (ND) in Berkshire was carried out by a Paediatric Registrar while working at Dingley Child Development Centre and presented to BACD: What can we do to improve end of life care for our Neurodisability population? **Appendix 2**

There was a Joint Haematology Oncology Themed Review held in March 2020 on involving the CDOPs of Berkshire, Oxfordshire and Buckinghamshire. Local learning has been shared and applied across the wider system. In particular there was sharing of information about specialist bereavement services available in the region.

Key areas of work for 2020/21

- A Pan Berkshire/Thames Valley Suicide Audit 2015 – 2020 for 0-25 year olds will be led and carried out by NHS England. It will be extended in a second phase (in October 2020) to analyse deaths by self-harm, to

cover the ‘suicide and self-harm’ categorisation used by the Child Death Overview Panel (CDOP). Child voice and family/significant other experience will be drawn from existing records, in order to avoid unnecessarily re-evoking grief or re-traumatising those affected by suicide.

- A second Joint Themed Review will be held during 2020/21 on SUDEP (Sudden Unexpected Death in Epilepsy) involving the CDOPs of Berkshire, Oxfordshire and Buckinghamshire.
- A local thematic review will be carried out on the role of the key worker, Dr Sarah Hughes will lead this for Berkshire West.

Ongoing challenges / risks:

- Allocating a key worker with the capability and capacity to provide the standard of support described in the Child Death Review (CDR) Statutory and Operational Guidance to every bereaved family. This is the responsibility of organisation where the child dies, the parents should leave with a name/contact details.
- Effective case management of all unexpected child deaths.
- Quality of life issues for children with complex/chronic conditions.
- Supporting frontline professionals following an unexpected child death.
- Knowledge, skills, competence and confidence of multi-agency frontline managers and practitioners who rarely encounter unexpected child death
- Provision of out of hours' joint home visit and immediate family support – unexpected child death.

Sexual Health

Key achievements – service delivery and safeguarding

- Clinical delivery in the hub at 21a Craven Road provides open access from 7am to 7pm Monday to Friday and 9.30 am to 11.30 am Saturday mornings.
- There are specific outreach clinics for young people across the three Local Authorities of Berkshire West, provided in various settings. Staff deliver holistic care from these venues.
- Designated outreach posts dealt clinically with 706 vulnerable cases that would not otherwise have accessed mainstream delivery (11 months of data due to pandemic).
- The designated sexual health outreach nurse for young people is the key front line member of staff exposed to, and dealing with, operational issues and the clinical care of young people affected by or at risk of CSE/CCE.
- Safeguarding process – all young people under the age of 18 (and anyone with vulnerabilities identified during history taking) has a full safeguarding assessment carried out at the time of consultation.
- Sexual Health Department contributes to Level 3 Child Protection Training and CSE/CCE training.
- A consistent and current flagging system exists between the safeguarding team and sexual health to ensure children and young people subject to child protection plans or Looked after Children are identifiable on both EPR and the sexual health systems to alert clinical staff to vulnerabilities.

Key achievements – Child Sexual Exploitation/Child Criminal Exploitation (CSE/CCE)

Close working relationship with Head of Children’s Safeguarding for Berkshire West Clinical Commissioning Groups (CCG) sharing good practice. The Trust Safeguarding Exploitation proforma has been reviewed and updated to include questions about weapon carrying and also ‘sexting’. Staff training now includes guidance on what actions need to be taken if these issues arise.

- Provision of equal input across all three Berkshire West local authorities which involves Preparation for and monthly attendance at each of the CSE/CCE operational group meetings in two unitary authorities.
- The third authority has undergone a review of their meetings structure and partners involved. RBH staff contribute to the monthly meetings but do not attend unless any specific issues arise

- Attendance at CSE/CCE workshops, review meetings, audit and challenge meetings
- Attendance at the 3 locality strategic group meetings continues
- Internal CSE/CCE Information Sharing processes continue to guide practice
- Pan-Berkshire Information Sharing and Assessment agreement and Protocol is embedded within Berkshire Child Protection Procedures to which all BWSP statutory partner agencies, including the RBFT are signatories
- CSE/CCE is embedded into the Trust Child Protection Clinical Governance agenda as a standing item.

Information sharing

Current guidance regarding information sharing for young people (YP) at risk of Child Sexual Exploitation (CSE) refers specifically to YP under section 17 and 47 of the Children's Act 1989. YP who circumstances do not reach these thresholds and are not under Children's Social Care will fall outside of the CSE information sharing principles. A revised information sharing policy has been developed to ensure a relevant, proportional and consistent approach.

Terms of reference for the Exploitation multi-agency Risk Assessment Committee (EMRAC) are in the process of being updated for each local authority to include 'Contextual Safeguarding'. An overarching 'Pan-Berkshire' policy continues to be developed.

Key areas of work 2020/21

- Ensuring safeguarding protocols continue to be upheld during Coronavirus Global Pandemic crisis. This will continue to be a priority going forward as the Sexual Health Service faces the ongoing challenge of providing the best quality service whilst adhering to new protocols (ie Social Distancing/Telephone Triage/Smart Triage for Vulnerable patients).
- Updated tool for use with Young People at risk of Exploitation (Pan-Berkshire). New assessment tool for use prior to referral to Children's Services in conjunction with all six Berkshire local authorities.
- Continued participation in Pan-Berkshire Exploitation sub group.
- Continued disseminating of The Trust's latest Safeguarding Assessment Tool which includes updated vulnerabilities relating to CSE/CCE (including use of social media and carrying of weapons) and training of staff to deal with disclosures appropriately.

Ongoing challenges / risks:

- Management of CSE/CCE continues to be a challenge in relation to capacity within sexual health services.
- Capacity to attend meetings if they are extended to include more young people will become more challenging.
- Time out of service delivery, if the Specialist Youth Nurse attends/contributes to extended meetings for each local authority each month.
- Time it takes for RBFT (both sexual health and main Trust EPR) patient records to be checked so proportional information can be shared, where appropriate, in line with the information sharing policies.
- Ensuring appropriate input continues into the Local Authority EMRAC pathways as they find different ways of working to consider Contextual Safeguarding.

Safeguarding adults

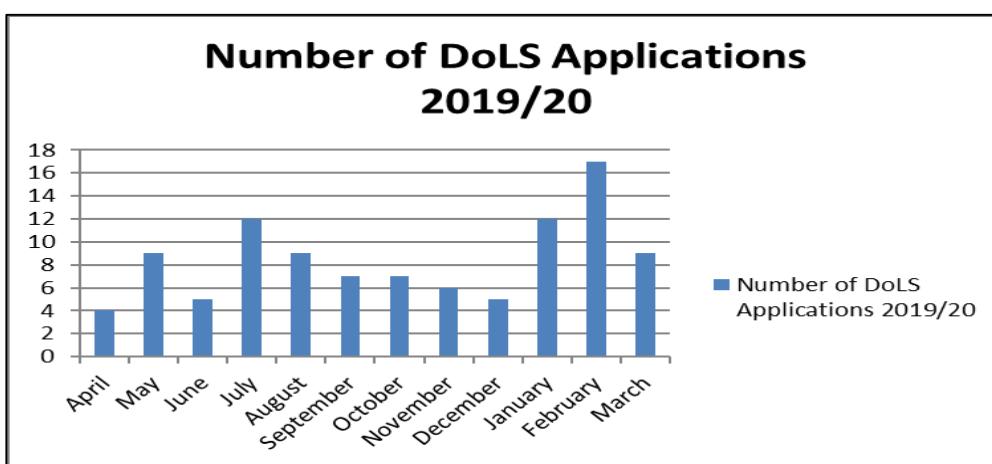
Key achievements

- Safeguarding (adults) clinical governance continued throughout 2019/20, the PCG safeguarding team medical clinical lead and matron have worked with the PCG Board to embed safeguarding governance and accountability

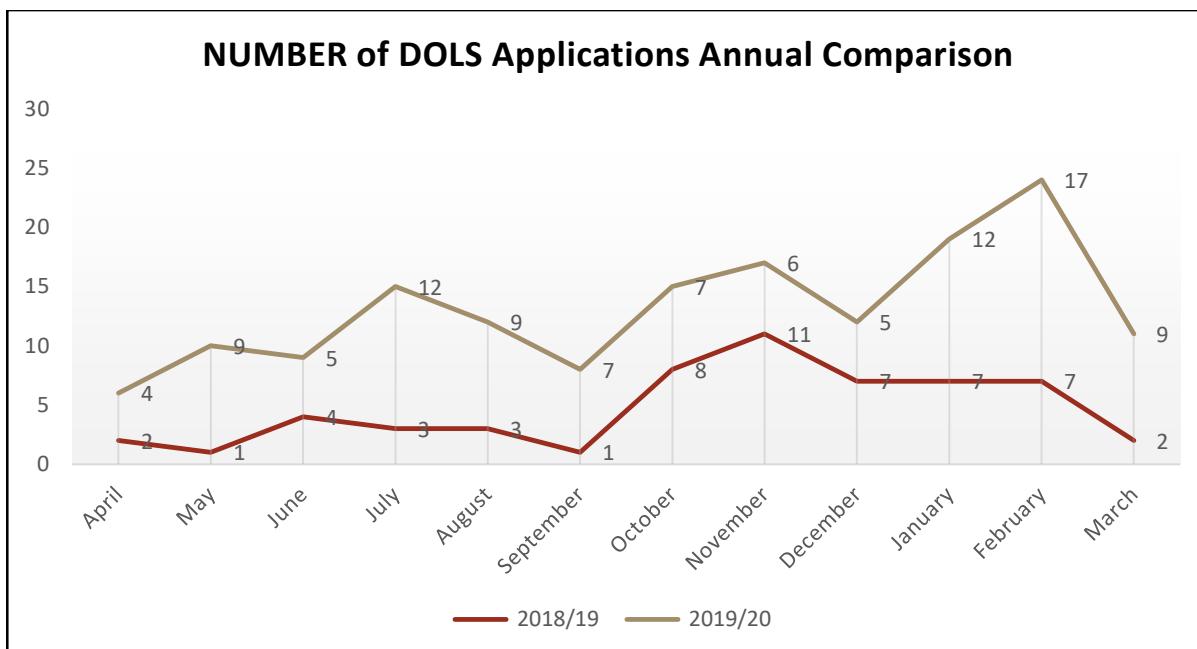
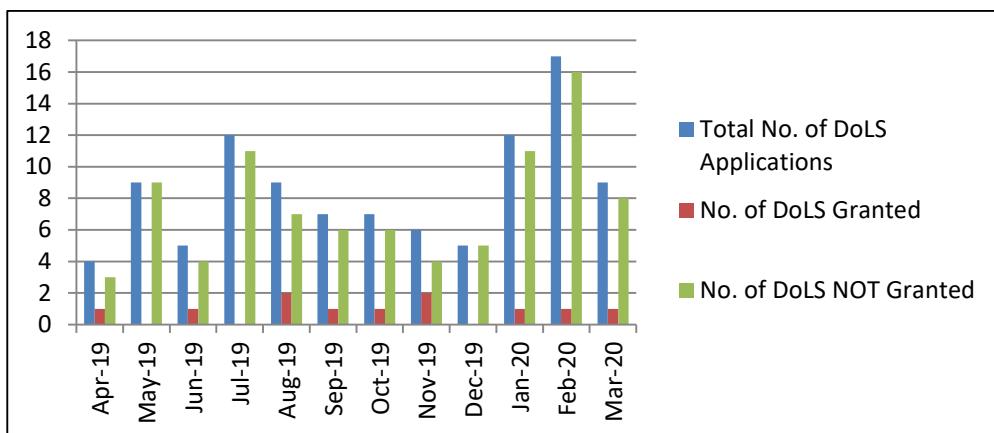
- Safeguarding concerns continue to be raised via the Datix incident reporting system this assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns.
- Learning from Safeguarding Adult Reviews (SAR's) continues to be included in Safeguarding training.
- The Lead Nurse Adult Safeguarding continues to be part of the SAR panel.
- Safeguarding Champions conference was held in November 2019 with a focus on Learning Disabilities.
- The safeguarding tool kit has been launched hard copies have gone out to some ward and department areas and the tool kit is available as an electronic version on the Intranet
- In February 2020 Marijka Polden, joined the team as a Band 6 Safeguarding Practitioner
- During March 2020 two adult safeguarding medical leads and two matrons were identified for NCG Dr Hannah Johnson and Ali Drew, UCG Dr Zain Hader and Georgie Brown. Due to Covid they have little chance to develop their roles.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

- Staff knowledge of the Mental Capacity Act has improved. While this is a good assessment of the status of the Trust, work is still required to embed the knowledge and skills of staff in application of the MCA.
- Training continues with MCA /DoLS sessions on staff induction and as part of the core mandatory training day alongside ad hoc sessions for specific groups of staff.
- Enhanced mental capacity training has been offered on alternate months through 2019-20, Mental Capacity training also forms part of the managing 1:1 day.
- A ward level spot check audit tool was developed during 2019-20 audits were undertaken in some Elderly Care during wards in Q3 and Q4. Documentation of mental capacity assessments, by either the use of paper assessment forms or the electronic assessment remains intermittently completed. Work is on-going to amend the form on EPR to make it easier for staff to record free text on the EPR form.
- A good response to campaigns to recognise the need for a DoLS increased the number of urgent DoLS authorised by the Safeguarding Team, 102 compared to 56 in 2018-2019 an 82% increase.
- 11 standard DoLS were granted by the local authorities out of the 102 applications made. The majority of patients were discharged prior to the completion of assessments. Delay in DoLS assessment by local authorities in the acute setting is acknowledged as a risk by the Safeguarding Adult Board.
- Urgent DoLS authorised by the Safeguarding Team last for 7 days and can be extended by a further 7 days.



Deprivation of Liberty Safeguard applications 2019 - 20 granted /not granted



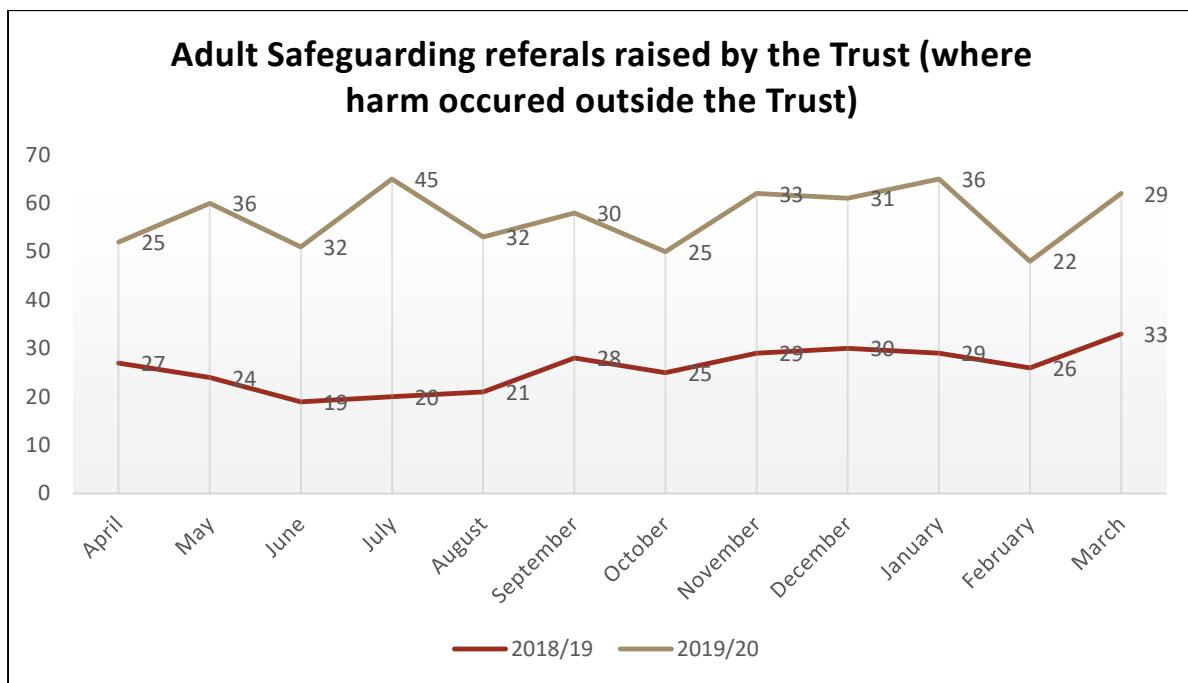
Adult safeguarding concerns

- All concerns raised by our staff about potential harm or abuse outside of the Trust are reviewed by the local authority and if necessary investigated through the safeguarding process.
- For externally raised safeguarding concerns a fact finding exercise is carried out by the Lead Nurse Adult Safeguarding. This information is given to the local authority for them to decide on the type of investigation and outcome of the concern. In most cases the safeguarding concerns raised against the Trust continue to be around pressure damage and discharge processes. In the majority of cases there continues to be a lack of information provided about pressure damage as part of the discharge process.
- Safeguarding concerns reported within or raised to the Trust related to staff members are investigated under our Managing Safeguarding Concerns and Allegations Policy.

Safeguarding concerns raised during 2019/20

Month	Concerns raised by the Trust where harm occurred outside the Trust.	Concerns raised against RBFT	Concerns reported by RBFT where harm alleged to have occurred within RBFT
April	22	2	0
May	36	1	1
June	32	2	1
July	45	2	0
August	32	2	0

September	30	2	1
October	25	0	2
November	33	11	0
December	31	2	2
January	36	4	0
February	22	5	0
March	29	2	1



During 2019/20 341 adult referrals to Local Authorities unchanged compared to 341 in 2018/19 however the complexity of cases increased.

Prevent (anti-terrorism)

No Prevent concerns were discussed with outside agencies in 2019/20. Two members of the Safeguarding team have attended the South East Prevent workshop and regularly attend West Berkshire Prevent steering group.

Domestic Abuse

The Domestic Abuse Working Group continues with representatives from each care group. This group formed part of the consultation in reviewing the Domestic Abuse Policy. Work is on-going to embed principles of good practice throughout the Trust including raising the awareness, routine enquiry and encouraging the use Domestic Abuse Stalking and Harassment (DASH) forms. The Named Midwife for Child Protection regularly attends the three Local Authority Multi- Agency Risk Assessment Conferences (MARAC's). Victims identified as being High Risk by MARAC representatives, continue to be flagged on EPR for 12 months following discussion.

Key areas of work for 2020/21

- Promote the safeguarding toolkit
- Support the multi-disciplinary safeguarding champions and care group safeguarding adult medical leads and matrons to embed safeguarding across the Trust
- Relaunch Adult Safeguarding governance suspended during Covid lockdown
- Extend the timeframe of the Domestic Abuse Task and Finish Group to support a review of training.
- Promote the importance of clear documentation of mental capacity; this can be by either use of paper or electronic documentation of Mental Capacity assessments

- Prepare for implementation of the Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards.
- Complete a gap analysis against the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff 2018.
- Implement the following training, delayed because of Covid- 19 pandemic.
 - Level 3 Adult Safeguarding training
 - Advanced Mental Capacity Act training for clinicians
- Working with other members of the safeguarding team review existing training methodologies to include virtual class room and digital opportunities developed during Covid, including expanding a ‘train the trainer’ approach and reflective peer review sessions.
- Support the Safeguarding Adult Board work on safeguarding and pressure ulcer prevention & financial abuse.
- Participate in ‘new normal’ Covid recovery and restoration through the Safeguarding Adults Board and working groups with partners.
- Implementation of Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards, originally planned by the government from April 2021 delayed until April 2022.

On-going challenges / risks:

- Year on year increase in activity for vulnerable groups with multiple co-morbidities and complex psycho-social problems. This inevitably impacts on the capacity of the Safeguarding and clinical teams to respond.
- The number of patients admitted with disordered eating/eating disorders.
- Elderly patients living with dementia delayed in hospital.
- Increasing and maintaining workforce knowledge of the Mental Capacity Act, DoLS, Best Interest Decisions and application in practice.
- Increasing and maintaining workforce knowledge of domestic abuse and application in practice.
- Supporting patients and the staff caring for them where there is homelessness or other external service/resource issues beyond our control.
- Service users who don't reach thresholds for statutory or voluntary services and the differences between local authorities.
- Implementation of new legislation and statutory guidance specifically the Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards and the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff 2018
- Consistency of documentation on EPR especially in relation to Mental Capacity Assessments

Mental Health Service Provisions

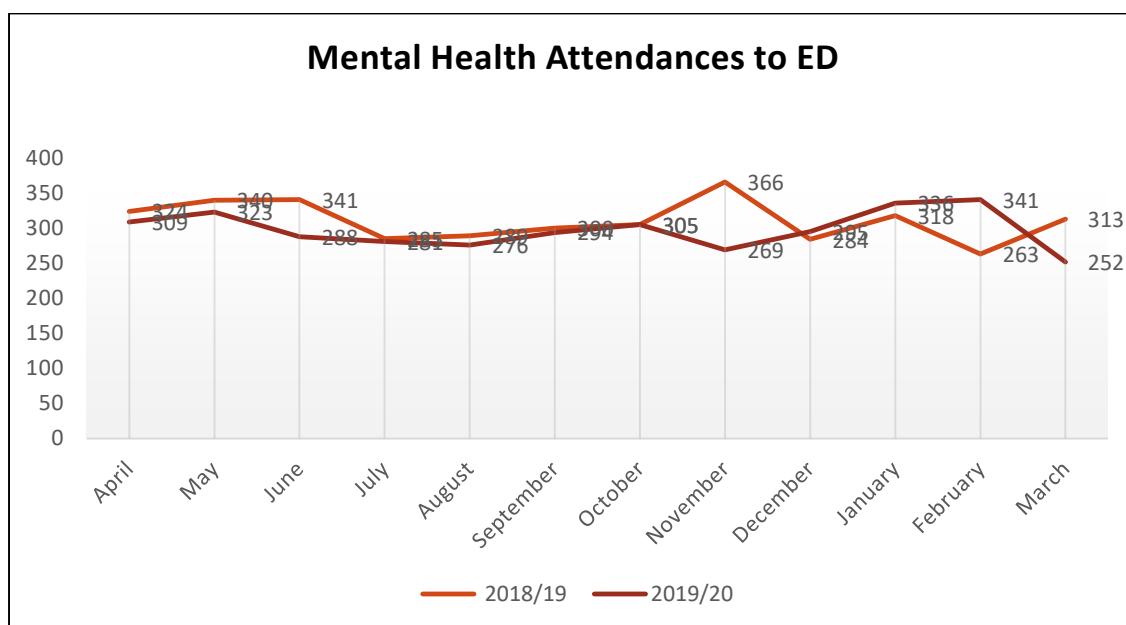
Mental ill health is widespread and can affect people from all walks of life. One in four adults and one in ten children, and many of us know and care for people who do (NHSE 2019). People can recover from mental illness if they receive timely and appropriate treatment and support, but many people struggle to access mental health services when they need them. In Berkshire West it is estimated that 14% of the population suffers from a common mental health condition. Mental Health services are primarily provided by Berkshire Healthcare Foundation Trust (BHFT) commissioned by Berkshire West CCG and additional services commissioned from three local authorities.

Poor mental health is a risk factor in the development of cardiovascular disease, diabetes, chronic lung diseases and a range of other conditions. There are two Berkshire West multiagency forums where the Trust works in partnership to improve the health and wellbeing of people with poor mental health and understand the needs of our population to reduce health inequalities. Berkshire West ICS Mental Health and Learning Disability Programme Board and Future in Mind - a group responsible for developing and monitoring the Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing. Additionally, the Trust participates in and works in partnership with the Pan Berkshire Suicide Prevention Group.

Activity

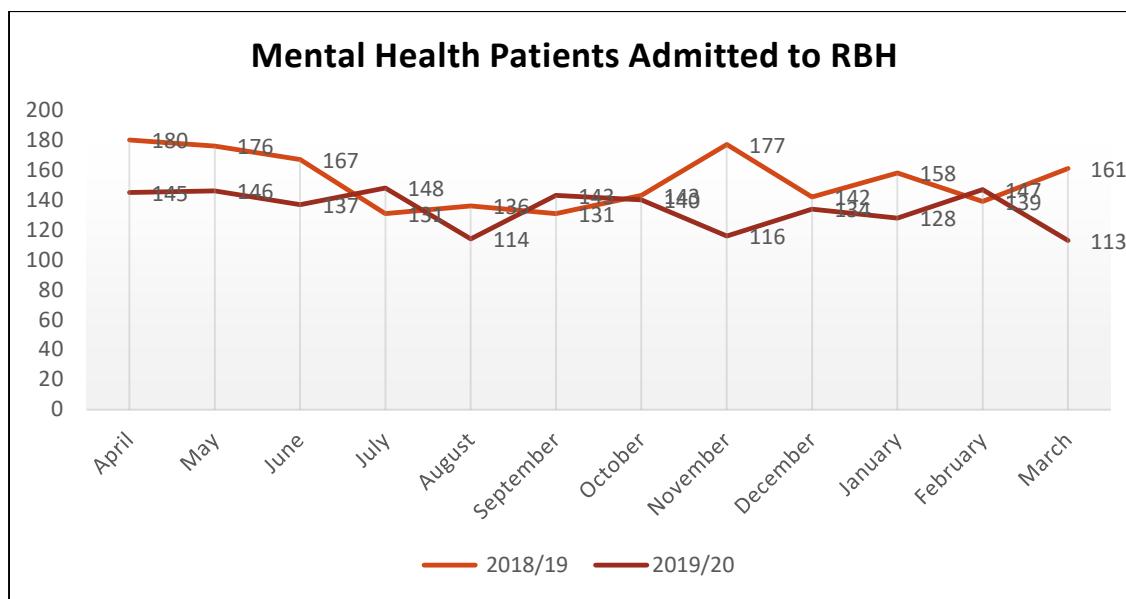
Activity data provided by the Trust's Emergency Department (ED) shows that on average, 298 people per month (reflects a reduction in attendance due to COVID) attended with a primary mental health presentation in 2019/20 approximately 45% were subsequently admitted. This is a decrease of 3.9 % attendance to the department. There was been a small decrease in admissions to RBH wards (including ED Observation Ward) by 4.5 %.

March 2020 saw a dramatic reduction of attendance to ED due to the COVID-19 pandemic.



2018/19 – 3728

2019/20 – 3569, 4%, reduction

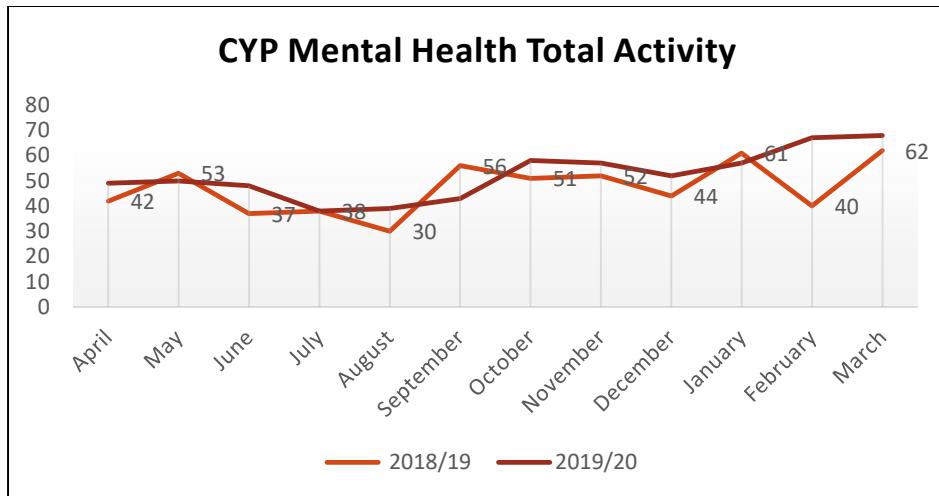


2018/19 – 1841

2019/20 – 1611, 12.5% reduction

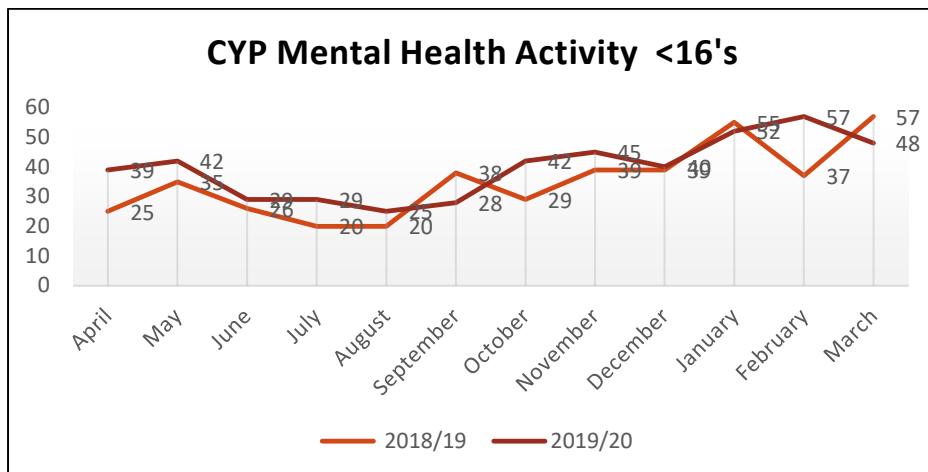
Attendance of Children and Young People through ED has seen a year on year increase over the past 3 years. The age profile of these attendees has changed with the overall increase due to a higher number of under 16 year olds presenting with mental health issues. Over 16 (16 & 17) has remained quite static.

From 2018/19 to 2019/20 there was a 10% increase in attendance for all children and young people and 13 % increase for under 16's. NB the highest attendance over the past 3 years has been between the months of September and December



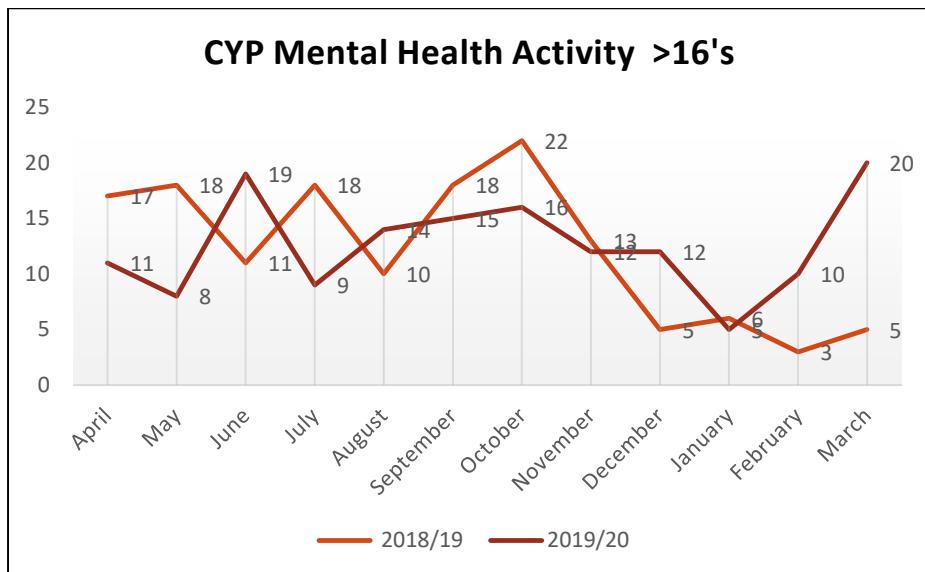
2018/19 – 566

2019/20 – 626, 10% increase



2018/19 – 420

2019/20 – 476, 13% increase



2018/19 – 146

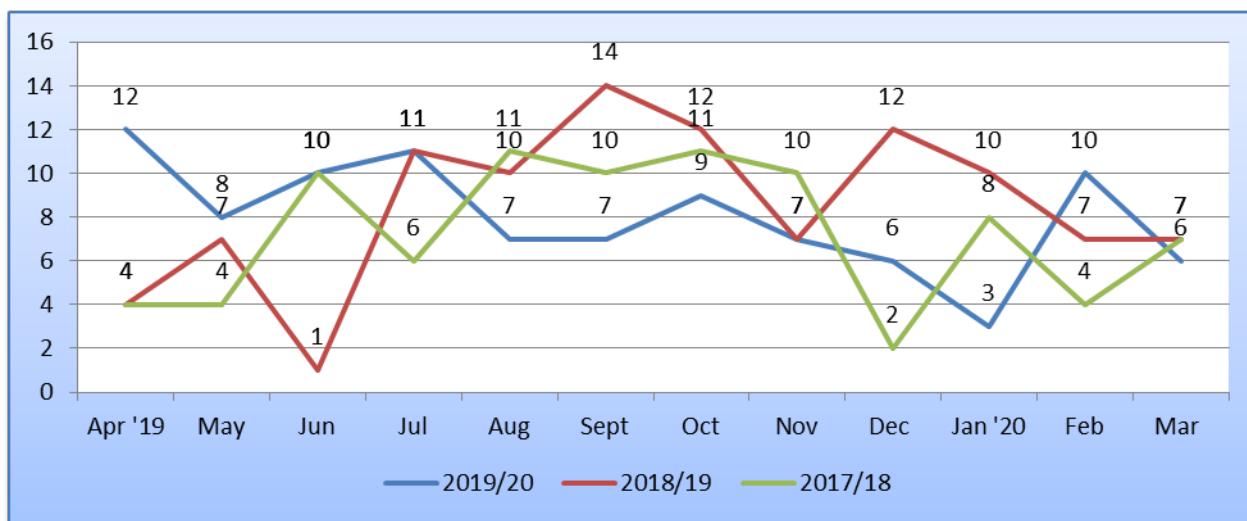
2019/20 – 151, 3% increase

Mental Health Act detentions 1983 (as amended in 2007) to RBH (including S136)

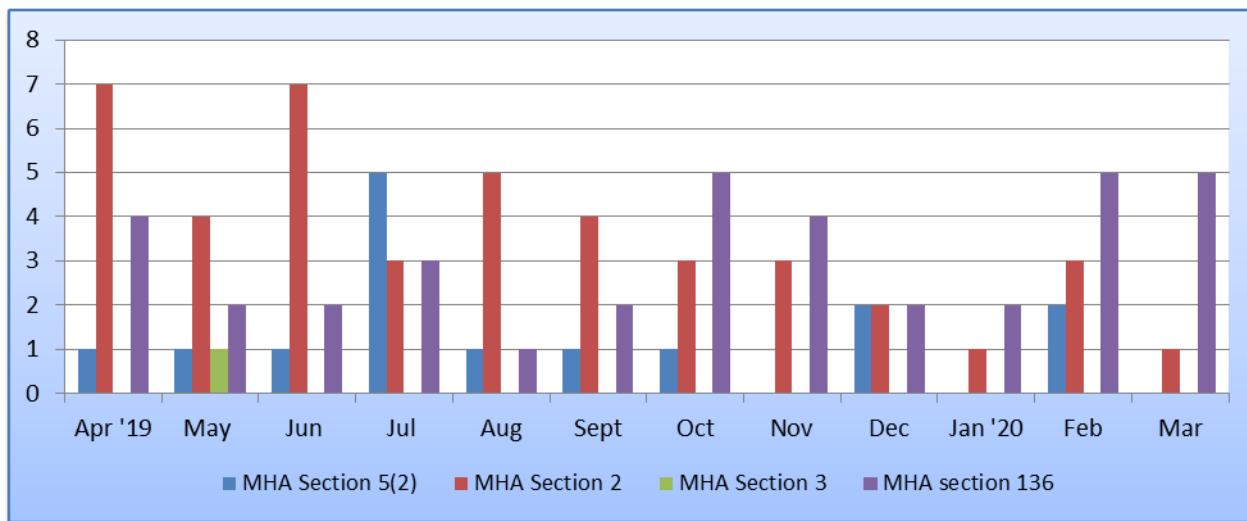
Detentions under the Mental Health Act to the Royal Berkshire Hospital were section 2, 3, 5(2) and section 136 (police powers). There were a total of 59 detentions (section 2, 3 & 5(2)) to the Royal Berkshire Hospital in 2019/20 in comparison to 62 detentions in 2018/19 and 68 in 2017/18. This is a small decrease of 4.8% in the past year.

There were a total of 37 presentations of patients detained on Section 136 at the RBH Emergency Department (ED) in 2019/20, including 2 in the Paediatric ED. This is in comparison to 43 presentations in 2018/19 and to 19 in 2017/18. This is a reduction of 14% in the past year.

Mental Health Act Total detentions to RBH 2017/18, 2018/19 and 2019/20



Mental Health Act detentions by section type to RBH 2019/2020



Please refer to Annual Mental Health Act 2019/20 Report for more detailed information.

NB: while a number of these patients were detained to the wards in the Royal Berkshire Hospital due to requiring treatment for both their mental and physical disorder, there were a number of patients who had no physical disorder and were awaiting a mental health placement.

Summary

- Attendance of Children and Young People has increased due to a higher number of under 16 year olds presenting with mental health issues
- The complexity of those attending continues to increase.
- Presentation of eating disorder diagnosis and increasingly atypical eating disorders or “disordered eating” associated with conduct disorders has continued to rise.
- Lack of availability of Specialist Eating Disorder inpatient beds and CAMHS inpatient beds
- March/April 2020 saw a dramatic reduction of attendance to ED due to the Covid -19 pandemic.

Key achievements

- First Mental Health Appeals Tribunal held in September 2019 with good feedback from the attending Judge and tribunal panel members.
- Suicide and Self Harm Working Group has achieved its targets for reviewing and completing the Self Harm and Suicide Reduction audit in September 2019.
- Challenging Behaviour Risk tool used in ED since November 2018. Paediatric wards using this since March 2019.
- Mental Health Training across RBH is established and under on-going review and development.
- Good liaison between Clinical Site team and MH Lead Nurse around patient flow between Hospitals and around the Mental Health Act administration.
- Managing Illicit substances on Trust Property and Treatments
- We worked in partnership with BHFT to review and redesign the CAMHS Rapid Response Service mental health pathways for CYP and PMS/OPMHLT pathways within RBH for adults during Covid19
- The RBFT Occupational Health Manager worked with BHFT to develop an offer to support the emotional and mental health of our staff, with three elements: Intranet content, including training for managers about implementing basic support structures. Access to a confidential listening and support line manned by psychological therapists. Wellbeing Support Hubs for teams facilitated by psychological therapists.
- Focus groups, discussions and plans with clinical teams and an external training company about piloting training in priority services as part of our review of Preventing, minimising, managing, challenging behaviour and violence and aggression training.

Compliance with the Mental Health Act 1983 and Mental Health Act Code of Practice, 2015

The Annual Mental Health Act Report 2019/20 is discussed, consulted on and approved through the Joint RBFT/BHFT Mental Health Committee, the Strategic Safeguarding Committee and the QALC, the Executive Management Team and the Quality Committee. This report provides assurance about key issues, risks and themes, Trust compliance with the Mental Health Act and Code of Practice.

Please refer to Annual Mental Health Act 2019/20 Report for more detailed information.

Liaison Psychiatry in the Royal Berkshire Hospital – Psychological Medicine Service (PMS) and CAMHS Rapid Response Service

There continues to be a high level of support for patients presenting with mental health needs. The mental health liaison teams work collaboratively with RBFT staff to ensure all ages of service users with mental health needs are adequately assessed, treated and signposted as necessary. ED and PMS have regular operational meetings in order

to achieve a collaborative way of working. CAMHS, paediatric and ED staff have developed a similar meeting for children and Young people.

CAMHS Rapid Response Service operates from 8am-8pm Mon-Fri; 10am-6pm Sat and Bank Holidays with out of hour's support for crisis management being provided by an on-call CAMHS Consultant and the nursing team at Willow House. Willow House is a 24/7 9 bedded tier 4 CAMHS in Berkshire.

Challenging Behaviour Self Harm and Suicide Prevention

A Zero Tolerance Challenging Behaviour, Violence & Aggression, Self-harm & Suicide steering group has been launched to identify and action risk reviews and promote safer management strategies. The group is working towards a zero tolerance of violence and aggression towards our staff and of self-harm and suicide attempts within the Trust. In 2020/21 the group will determine and monitor:

- The implementation and review of the Trust's Preventing, minimising and managing aggressive and violent behaviour including restraint Policy CG 669 and associated protocols and guidelines.
- Planning and evaluation pilots of training in the Elderly Care Wards and Emergency Department that comply with Restraint Reduction Network (RRN) Training Standards, commissioned by the NHS were published by the British Institute of Learning Disabilities, in April 2019. That training would include Positive Approaches to Behaviour, Introduction to De-escalation Strategies, Personal Safety & Disengagement, Redirection and Guiding, Clinical Holding
- The implementation of a consistent equitable process for flagging patients with dementia/LD or other clinical conditions impacting cognition e.g. Parkinson's on EPR to allow for our staff to make reasonable adjustments.
- The introduction of the Sunflower Lanyard for hidden disabilities e.g. Learning Disability and Autism
- The implementation of a process for placing a violent patient or antisocial behaviour marker on EPR, the group which includes the Trust Local Security Management Specialist will act as the Trust Warning Marker Review Panel. This will start with a pilot in the Emergency Department.
- Oversee a project to improving Datix reporting of violence, aggression and antisocial behaviour that will start in the Emergency Department.
- A work stream led by the Care Group People & Change Partners that will work on zero tolerance of antisocial/bullying behaviour towards our staff, to include training in relation to the confidence to have difficult conversations and to use the tools available to them in Policy CG 669 e.g.
- Continue to monitor compliance with and the effectiveness of the annual self-harm and ligature audits
- Linking with multi-agency partners through the Berkshire Suicide Prevention Committee.
- Contributing to the Berkshire wide Suicide Prevention Strategy and action plan
- Working alongside the Samaritans who provide regular support for patients within the ED, as well as training for hospital staff.

Key concerns

- Data for patients who are detained under the MHA "transfers in" and S136 remains dependent on staff reporting and is inconsistent.
- Provision of enhanced 1:1 support including RMN cover where required – quality and quantity.
- Consistency of knowledge and skill concerning enhanced 1:1 observation for patients with acute behavioural disturbance including psychiatric observations.
- Delays in discharge of children, young people and adults awaiting specialist mental health beds, including eating disorders.
- The increase in violence and aggression towards our staff and impact and management of challenging behaviour particularly in the ED, AMU and SSU, Paediatric Wards, Elderly Care Wards, Acute Medical Wards, the Neuro-rehabilitation Ward, Trauma and Orthopaedic Wards and Maternity Services.
- Consistency of staff knowledge, understanding and application of MHA in practice, including self-harm and suicide prevention and ability to always recognise and act on risk.

- Challenges presented by the physical environment in an acute health setting.

Key areas of work for 2020/21

- Review of MHA SLA between RBH and BHFT
- Review the Responsible Clinician guidance generally and specifically for CAMHS.
- Illicit Substances on Trust Premises Protocol and Drug Misuse Management in the Acute Hospital Setting Protocol to be approved.
- Review of MHA policy
- Working group with partners/commissioners to develop agreed Transport provision for mental health patients between Hospitals.
- Re-establish work between BHFT and RBFT on communication and transfer pathway for patients being transferred between hospitals.
- Work with RBFT Local Security Management Specialist (LSMS) to review guidance on searching high risk patients.

Key Areas of Multi-agency partnership working looking forward to 2020/21

- Participate in the implementation steering group for the 14 recommendations from the all age Berkshire West Mental Health Crisis Review, approved in April 2020 by Berkshire West ICP Mental Health & Learning Disabilities Programme Board. A detailed implementation plan for action related to the recommendations has been drawn up. Regular monthly meetings from September 2020.
- Participate in COVID recovery & restoration - winter preparation priorities for RBH (including for Covid 2nd spike) will be included in the plan
 - Re-establish RBH ED Frequent Attender initiative by October 2020
 - Review of secure ambulance use criteria and contract
 - Review of 2018/19 flow charts and documents for our front line to comply with the Homelessness Reduction Act (2017) to refer any person who is homeless or threatened with homelessness to their local authority
 - Establishment of all age 24/7 mental health crisis line local and 111 with triage to 999 in Berkshire
 - Support for teams caring for complex patients with Eating Disorders all ages & CYP with conduct disorders – explore CAMHS liaison in reach post for RBH
 - Prepare for expected surge of Mental Health need and demand
- Participate in 2020/21 Berkshire/BOB review of Adult Eating Disorder pathways
- Take forward the recommendations from the young person who present to RBH HiU audit 2018 through ‘Future in Mind’ multiagency group
 - Model of working – in partnership with the young, person, family and each other
 - Hospital based children’s social worker to ensure timely and collaborative risk assessments with CSC/RBH/CAMHS
- Transformational approach Join the Dots – TVP/RBC/third sector engagement when the opportunity arises
 - Thames Valley Violence Reduction Unit - Hospital Navigator Scheme. Explore in reach post/service model for 10 – 25 year olds for the RBH Emergency Department as part One Reading CYP early help and intervention strategy
- The Trust is participating in:
 - a Pan- Berkshire Suicide Audit 0-25 years organised by NHSE Specialist Advisor, CYP Mental Health, South East. The findings will contribute to a ‘life course’ renewed suicide prevention strategy and plan in Berkshire in 2021, a second part of the audit will look at death in this age group as a result of self-harm involving substance abuse/alcohol
 - a Pan- Berkshire Suicide Audit in females

Ongoing challenges / risks:

- The number of mental health patients of all ages presenting to ED and being admitted.
- Increase in number of patients with eating disorders from both West and East Berkshire being admitted for re-feeding and discharge delayed due to lack of specialist in patient services.
- Increase in complexity, homelessness, social isolation.
- Gaps in community services for patients who are in crisis, leading to individuals attending ED.
- Delayed Transfers of Care for Prospect Park Hospital and Royal Berkshire Hospital due to lack of specialist beds nationally.
- The number of patients detained to Royal Berkshire Hospital under the Mental Health Act.
- Capacity of the nursing teams and security service to consistently provide a safe environment for high risk patients – enhanced 1:1 care.
- Suitability of acute health care settings when managing patients who are a risk to themselves or others.
- Social care supporting safeguarding risk assessments – in and out of hours, the response is variable
- Challenging behaviour, violence and aggression

Learning and complex disabilities – adults

Key achievements

A Registered Learning Disability Nurse was appointed in October 2019 to work 15 hours which restored the post to full time following a reduction in hours of the other liaison nurse.

- There were 249 inpatients with learning and complex disabilities referred to the Learning Disability Liaison Nurses (LDLNs) during 2019/20. Very few patients require no input at all and a number of patients require significant input. The LDLNs provide support to hospital staff involved with the patient who request advice with strategies to ensure reasonable adjustments are made and patients receive the most effective care and they become involved in more complex cases.
- There were 338 interventions for inpatients by the LDLNs. In March 2020 the way of recording interventions was enhanced to reflect more accurately the number of assessments, documentations of plans of care and administrative actions that the learning disability nurses have to make
- There were five patients who required intensive on-going support over periods of weeks and months, either because of the complexity of the patient's condition, their anxiety, social circumstances, or because of frequent admissions. Four of these patients had no effective family support. One patient was near the end of her life. Two patients had complex discharges and the LDLNs and community professionals and carers had to advocate for these patients in ensuring that social care colleagues fully understood the issues around a safe discharge for both of these patients. The LDLNs aim to provide support for medical, nursing and AHP colleagues in relation to the patient's learning disability and the best interest decision making process.
- 118 outpatients had support from the Liaison Nurses either before for preparation or when attending outpatient appointments. Some of these patients do not meet the threshold for social care support but require help when dealing with health issues, particularly understanding information.
- Overall, there were 265 interventions for outpatients.
- The LDLNs attend the multi-disciplinary case meetings of the Reading Community Learning Disability Health Team so that individuals can be discussed and joint plans developed as necessary for those who need to access care at RBFT. Contact with health professionals from the other teams across Berkshire West takes place via phone and e-mail.

- The LDLNs also attend the West Berkshire Learning Disability Partnership Board meetings when there are issues related to health and RBFT on the agenda. They also attend the health sub- group meetings of that partnership board. The Reading partnership board remains disbanded and contact is maintained with Wokingham via email. The LDLNs have attended the health sub group meetings but not the bigger partnership board meetings as they are on Zoom and are mostly social in content to enable members to stay in touch. The focus of the health sub group in West Berkshire LD Partnership Board is the take up of annual health checks and health screening.

Safeguarding and Learning Disability Champion Conference – ‘Join the Dots’.

- Keynote speaker was Paula McGowan who is a campaigner for people with a learning disability following the death of her son, Oliver. Her speech was entitled ‘Better health outcomes for people who have autism and learning disabilities’.
- Learning disability practitioners spoke to the conference about supporting people with learning disabilities to live the life they want.
- Graduates of the Route to Recruit supported internship programme who have gained employment at the RBH participated
- The conference also covered the exploitation and domestic abuse of individuals with a learning disability and trauma informed care to support people who help individuals with a learning disability.
- Members of the safeguarding team facilitated scenario based workshops covering the life span of learning disability.

Deaths of patients with a learning disability

- The LeDeR Berkshire West Steering Group is established, chaired by the Assistant Director of Quality and Nursing, Berkshire West CCG and continues to meet bi-monthly.
- RBFT Associate Chief Nurse Safeguarding, Mental Health and Learning Disability, Designated Professional for Child Death attends to ensure senior input and correlation with CDOP.
- There were 6 review meetings during 2019/20. There is a back log of deaths within Berkshire West CCG to be reviewed but only 9 which relate to patients with a learning disability who died at RBFT. Since the start of the Covid pandemic there has been one review meeting over the phone which was lengthy and only covered 2 patients. The CCG are looking to appoint a full time reviewer.
- In 2019/20 – there were fourteen deaths of adults with LD in the RBH. The review group includes a learning disability nurse from BHFT and there are some patients who die in the community who are known to RBFT. Berkshire West children or young people aged 4 – 17 years with LD were reported to LeDeR following review at CDOP.
- Patients who die whilst an inpatient at RBFT are subject to a triage mortality review within the organisation.
- Where concerns are identified about practice the case is considered against Serious Incident Requiring Investigation (SIRI) criteria, one case met the criteria in 2019/20.
- The purpose of the reviews is to gather information about the individual who has died and report to the programme to identify learning and positive practice.
- Themes which are emerging that should ultimately contribute towards the aim of reducing premature death in people with a learning disability are recognition of sepsis, the prevention of community acquired (aspiration) pneumonia, annual health checks with GPs and public health screening e.g. cervical smears and mammograms.
- RBFT using terms such as LD or Down's syndrome on DNACPR forms has not been a feature. However, failure to document mental capacity assessments has been. The LDLNs address the use of such terminology on Respect forms when they come across it with the appropriate Clinical Governance. There have been one or two incidents of this during 2019/20
- The quality of care and compassion provided by RBFT services in relation the people with LD and end of life care identified in Berkshire West LeDeR and CDOP multiagency death reviews has been very positive.

Challenges

- The backlog of cases throughout Berkshire West CCG is growing. The reviews are time consuming whatever format is used. This will be addressed by the appointment of a full time reviewer by the CCG.
- Obtaining documentation from EPR is very time consuming.

Patient experience

- Positive feedback received from families and carers regarding their experience of accessing RBFT services. The overall message is that the planning for individuals which enables in-patient stays and out-patient visits to proceed smoothly is highly valued and appreciated.
- Families and carers feel confident in raising concerns with the LDNs when they occur.

The Learning Disability Liaison Nurses:

- Work with a number of agencies to support individual complex patients and their health needs. They may not necessarily be in-patients but are frequent attenders at ED or use out-patient services.
- Attended a transition event for young people and parents at Avenue School, Reading.
- Talk to GP trainees regarding patients with a learning disability and making adjustments to enable them to access services. The talk covers primary and secondary care services. A Learning Disability Nurse from one of the community teams is invited to attend. Two sessions were held in 2019/20
- Work with adult clinicians to improve understanding of the cognitively disabled young person moving to adult services.
- Participates in transition clinics in order to meet young people and their families and provide some reassurance regarding adult services at RBFT.

Familiar carers

RBFT continues to fund 1:1 familiar carers for inpatients with a learning disability who require that level of support to make them feel less anxious and more likely to comply with medical and nursing interventions in the hospital environment. Social care will not fund this type of support when an individual is in hospital as their responsibility for funding only applies to people who have been assessed as eligible for funding at home or in the community.

Work continues on streamlining the payment process and taking it out of the job role of the LDN team to improve timeliness and governance of payments.

Key area of work for 2020/21

- To progress Trust Quality Account Priority 2020/21 to implement the “Treat Me Well” campaign to support patients with learning disabilities in hospital Appendix 1
- To review our process for reviewing the deaths of people with a learning disability, contribute to addressing the backlog of LeDeR reviews in Berkshire West and adopt the BHFT Structure Judgement Review tool for LD deaths.
- Covid- 19 pandemic - the LDNs will be maintaining and actioning as appropriate a list of patients who have surgery and interventions cancelled because of the pandemic.
- The LDNs will be liaising with urgent care in the community and PCG regarding adjustments for patients with a learning disability who require covid swabbing and can't access the mainstream service.

On-going challenges / risks:

- Increase in case complexity and managing the expectations of families, carers and other professionals
- Patients with LD being delayed in hospital waiting for appropriate social care placements.
- Affordability of funding familiar carers.
- Increasing and maintaining workforce knowledge of the Mental Capacity Act and best interest assessments.
- The introduction of Liberty Protection Safeguards due to be implemented in April 2022.
- Capacity of the Learning Disability Liaison Nurses to improve the service provision for young people during transition, participate in LeDeR reviews and progress quality improvement campaigns

Children with Special Educational Needs and Disability including Transition to adult services.

Key achievements

- We have worked with partners to implement Special Educational Needs and Disability (SEND) reforms and prepare for inspection.
- We have worked closely with our LA partners to improve SEND provision across the local authority area with specific focus on improving timeliness of EHC plans and improved co-production with our partner organisations.
- There has been a significant amount of work with Wokingham LA following their inspection

Transition

- Transition to adult services in the RBFT is complex due to the range of specialities.
- Young people who use our services have long term, chronic and life limiting illness. Many will be CAMHS patients and have Special Educational Needs and Disability (SEND) and require an Education and Health Care Plan (EHCP) or have Special Educational Needs (SEN), and there are young people who have an acquired brain injury or new diagnosis.
- Young people with long term, chronic and life limiting illness are living longer, increasing the number who transition to adult services. The number of young people with EHCPs has risen nationally and locally since 2016.
- Young people with long term, chronic and life limiting illness tend to also have complex psychosocial issues.
- We are still exploring different ways of joint funding a transition nurse/professional post.
- The Adult Learning Disability Liaison Nurses are supporting SEND work in Reading, specifically the development of information for young people and families concerning transition.
- The Adult Neurology (Epilepsy), Cystic Fibrosis, Gastroenterology and Diabetes pathways have been stable over the last three years and are functioning well.

SEND and transition gaps / challenges:

Staffing

- A Transition Clinical Nurse Specialist to support young people with complex needs particularly those with long term conditions, vulnerabilities and psycho social problems and to drive a transition QI programme in the RBFT.
- Paediatric Neurodisability CNS to clinically support children and young people with complex neurodisability and their families. This would include their transition journey.

Activity

- Increase in requirement to participate in EHCPs for CYP with SEND.

Looking forward to 2020/2021

- The LDLNs will continue to support young people with complex neurodisability to transition to adult services – a criteria to determine which young people needs to be supported needs to be agreed
- Re-launch the RBFT Transition to Adult Services steering group.
- Include Children and Young People in the Hidden Disability improving access work stream.
- Funding solutions for a dedicated Clinical Nurse Specialist for complex transition particularly those with long term conditions, vulnerabilities and psycho social problems in the RBFT are being considered, this includes a submitting a bid to the Roald Dahl Charity for two years of funding in September 2020.
- Looking to create a neurodisability Clinical Nurse Specialist post from within existing financial envelope, this will help with liaison around transition
- Further capacity is being explored in the joint neurodisability transition clinic to improve this process.
- Progress work on SEND data set.

Ongoing challenges / risks:

- No dedicated nursing resource to support young people with complex needs particularly those with long term conditions, vulnerabilities and psycho social problems and develop and monitor the transition service in RBFT.
- No clinical nurse specialist for young people and families with neurodisability, including transition.
- Capacity to engage with preparation for CQC/Ofsted SEND inspections in three local authorities.
- Commissioning of the medical input into EHCPs.
- Availability of a Community Paediatrics SEND data set.

Risk Based Priorities for 2020/21

1. Workforce capacity

- Review the child protection/safeguarding clinical capacity to reflect increased activity and complexity
- Review the learning disability liaison team capacity to reflect increased activity and complexity
- Continue to develop our Safeguarding Champions network
- Continue to work with operational teams to monitor the impact of increased safeguarding activity/complexity on the workforce
- Work with Berkshire West ICP in relation to our capacity to support increased child protection, transition, CAMHS, SEND, adult mental health, learning disability and adult safeguarding activity and reforms
- Work with Berkshire West ICP to identify additional investment in the LDLN team to support our Trust Quality Account Priority 2020/21 “Treat Me Well” campaign and the LeDeR mortality review programme
- Work with our commissioners in relation to our capacity to implement all aspects of the Child Death Review (CDR) Statutory and Operational Guidance 2018

2. Training review to include:

- Review of existing training
 - COVID-19 recovery and restoration Safeguarding, Mental Health and LD re-launch to include a blend of eLearning, virtual and COVID safe face to face
 - Level 3 child safeguarding training for ED ST3s against their ARCP requirements
 - Safeguarding, mental health and learning disability induction for trainee doctors
 - Learning disability and ASD
 - Preventing, minimising, managing, challenging behaviour and V&A
- Application in practice of the Mental Capacity Act and confidence of staff to assess mental capacity
- Domestic abuse, neglect and self-neglect, exploitation and concerns and allegations management.
- A gap analysis against standards specifically:
 - The Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health and Social Care Staff: 2018.
 - The Intercollegiate Document, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: 2019.
 - The Intercollegiate Document Safeguarding children and young people: roles and competencies for paediatricians: 2019.
 - The Restraint Reduction Network Training Standards, 2019 commissioned by the NHS
 - Contextual Safeguarding; Trauma Informed Care; Adverse Child Hood Experiences and Think Family in the acute setting.

- Carryout a frontline practitioner self-assessment concerning the effectiveness of our safeguarding training arrangements

3. Partnership work to:

- Implement our Learning Disability Strategy utilising the Mencap ‘Treat me Well’ Campaign and the NHS Improvement Tool – Reducing deaths of people with learning disability in NHS acute (hospital) trusts in England to develop a plan.
- Continue to support the partnership improvement journey of Brighter Futures for Children in Reading, including the ONE Reading Prevention and Early Intervention Partnership Board and workstreams.
- Engage with and support the embedding of the new Berkshire West Safeguarding Children Partnership (BWSCP) safeguarding arrangements.

4. Work with IG, IT informatics and EPR:

- To building safeguarding referral forms and risk assessments.
- Progress the flagging of vulnerabilities.
- Ensure safeguarding is a priority in the development of a Digital Hospital.
- Progress improved data sharing with partner agencies to support the work of Community Safety Partnerships and SEND partnerships for children and young people.

5. Multi-agency working to:

- Support system-wide transformation projects e.g. The Berkshire West Mental Health Crisis Review which will include the Children and Young People High Impact User project.
- Continue to engage with the LeDeR mortality review programme.
- Work through CDOP to ensure compliance with all aspects of the Child Death Review (CDR) Statutory and Operational Guidance 2018.
- Continue to engage with Pan-Berkshire Suicide Steering Group to review self-harm and suicide prevention plans, including the support of those bereaved by suicide.
- Implement Berkshire West SCP and Berkshire West SAB priorities e.g. exploitation
- Prepare to implement new Liberty Protection Safeguards, by April 2022.

Appendix 1 – Trust Quality Account Priority 2020/21

To implement the “Treat Me Well” campaign to support patients with learning disabilities in hospital. The national “Treat Me Well” Campaign aims to improve the treatment patients with learning disabilities (LD) receive in the NHS, through better communication, more time, and clearer information. These simple, reasonable adjustments, can make a huge difference to the experience of care as well as the clinical outcomes for patients, their carers and the staff looking after them. During 2020-22, we intend to launch and roll out an awareness raising campaign across the Trust, starting with a presentation to the Board. In addition, we plan to:

- develop a system to flag patients electronically on our patient administration system
- rollout the national ‘hidden disabilities’ scheme using sunflower lanyards to identify patients with additional needs
- improve ‘conflict resolution training’ across the Trust in order to equip staff with skills and strategies to recognise triggers, de-escalate and manage challenging behaviours

Key Performance Measures:

- 1) LD & autism awareness presentation to 90% of relevant clinical governance meetings
- 2) Implementation of flagging on EPR for LD patients
- 3) Launch of hidden disabilities sunflower lanyard scheme
- 4) To pilot training that complies with Restraint Reduction Network standards during 2019/20. training in 2 areas and identify 3 trainers to be accredited

The quality account statement and KPIs reflect the agreed outcomes from workshops at our Safeguarding & Learning Disability Champion Conference ‘Join the Dots’ 21/11/19 Shaw House and support improvements identified in our NHSE & NHSI - Learning Disability Standards Benchmark Review February 2020

Identifying people with vulnerabilities to support reasonable adjustments

- Flagging adults with LD known to BHFT services on EPR
- Introducing the Sunflower Lanyard
- Include LD in maternity booking assessment
- Review LD passport for use in the Emergency Department
- Adapt '8 Important Things About Me' for use in wards

Implement “Treat Me Well” Campaign

- Training
- Paula McGowan & Oliver's Story - Board awareness presentation
- Review the training offer for LD/ASD and mental health
- Re-launch communication difficulties tool kit to wards and departments
- Include LD/ASD, personality disorders, becoming trauma informed in preventing, minimising, managing, challenging behaviour and V&A training review - pilots of training in Elderly Care and ED

Engagement with our staff, patients and carers – coproduction

- Using RBFT LD strategic statement develop a framework for engagement
- Starting with ED book engagement slots at specialty clinical governance - motivational techniques
- Joint RBFT/BHFT Mental Health Clinical Governance to be expanded to include LD/ASD - BHFT Nurse Consultant for LD to be a member
- Review engagement forums with patients with LD/ASD/MH needs and their carers - golden thread in all we do

Appendix 2

An 11-year review of Neurodisability deaths (ND) in Berkshire was carried out by a Paediatric Registrar while working at Dingley Child Development Centre and presented to BACD: What can we do to improve end of life care for our Neurodisability population?



An 11-year review of Neurodisability deaths (ND) in Berkshire: What can we do to improve end of life care for our Neurodisability population?

Nicholson H¹, Hughes S¹, Pease P¹
¹. Royal Berkshire Hospital NHS Foundation Trust

Planning for the future...

The planning and provision of excellent end-of-life care is of paramount importance to children with Neurodisability, their families and our team. We believe that the journey through life and into death should be with choice, support and compassion.

- In 2014, RCPCH review reported a decline in infant, child and adolescent death rates in the UK. Unfortunately the death rates appeared relatively high among children and young people with chronic conditions.¹ Another RCPCH review in 2013 showed that, 30-40% of children who died were affected by a neurological/sensory condition...more than any other group of conditions assessed.²
- These findings highlighted the need to review our own ND data for themes to direct us to areas requiring potential improvement. We hoped that insight into cause/course of death, as well as background co-morbidities would help facilitate service planning and resource allocation within Berkshire.

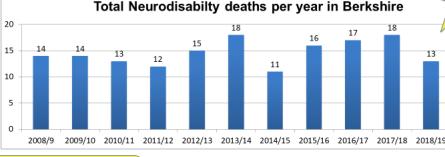
Reviewing the data...

- The review was led and supported by the Pan-Berkshire CDOP
- The Pan-Berkshire CDOP database held records from April 2008 until present
- Deaths spanning 11 years, age 0-17 yrs. were reviewed (April 2008-April 2019 inclusive)
- Neurodisability deaths were then identified and analyzed for age, gender, ethnicity, Local authority, expectation of, preventability and cause of death

161/652 (24.6%) deaths were identified in children with Neurodisability

Baseline Characteristics

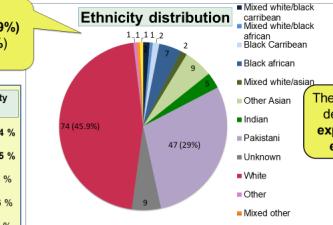
Total Neurodisability deaths per year in Berkshire



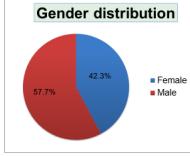
Ethnicity:
peaks in white (45.9%) and Pakistani (29%) groups.

Ethnicity Group	Percentage
White all	80.04%
Asian all	12.95%
Black all	3.48%
Chinese all	0.96%
Mixed all	2.57%

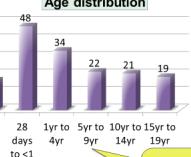
Ethnicity distribution



Gender distribution



Age distribution



Key points to take forward...

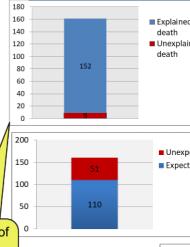
- Age:** 61.5% ND occurred in children under 5yrs, highlighting this as a key period of time to focus our attention on
- Planning care:** The majority of ND were expected and explained, highlighting the importance of Advanced Care Planning and Palliative provision early in the patient journey
- Locality matters:** Slough has the highest proportion of ND and is the Local Authority with the highest incidence of Child poverty, emphasizing the need to appropriately direct funding and services within Berkshire to help tackle inequality
- Ethnic over-representation:** 29% ND were Pakistani, higher than any other ethnic minority. They appear over-represented among child deaths compared with their prevalence in the general population as measured in the 2011 census.
- Further investigation of this group is required to discover whether modifiable factors are present and to examine where in the patient journey we should direct support

References:
1. Why children die in infants, children and young people in the UK Part A. RCPCH and National Children's Bureau 2014
2. Child Health Review – UK Clinical Outcome Review Programme. Overview of child deaths in the four UK countries. RCPCH, Sep 2013
3. Child Poverty Data May 2019. <https://www.gov.uk/government/statistics/child-poverty-data-may-2019> May 2019
4. Pan-Berkshire CDOP Annual report 2017/18

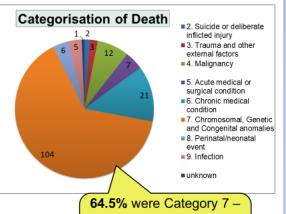
Death rate in ND population appears stable

The Deaths

Expected and explained?

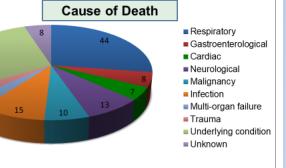


Categorisation of Death



64.5% were Category 7 – chromosomal, genetic and congenital anomalies

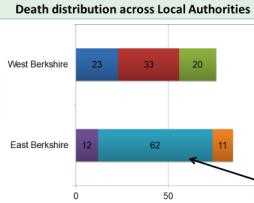
Cause of Death



The majority of deaths were expected and explained

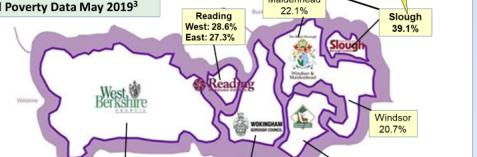
Our Locality

Death distribution across Local Authorities



ND deaths appear more frequent in areas with higher % child poverty

Child Poverty Data May 2019³



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