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13 January 2022

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NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 21 JANUARY 2022

A meeting of the Health and Wellbeing Board will be held on **Friday, 21 January 2022 at 2.00 pm online, via Microsoft Teams**. The Agenda for the meeting is set out below.

AGENDA Page No

A report by Healthwatch Reading on how local people experience the Urgent Community Response Service: A report that was commissioned by Berkshire Healthcare NHS Foundation Trust.

7. UPDATE ON USE OF THE WINTER ACCESS FUND BY ICS FOR IMPROVING ACCESS TO PRIMARY CARE To Follow

8. DEVELOPING OUR INTEGRATED CARE SYSTEM 61 - 78

A report providing an update on the development of the Integrated Care System.

9. BERKSHIRE WEST SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21 79 - 264

A report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2020/21.

10. BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2020/21 265 - 288

The Berkshire West Safeguarding Children Partnership Annual Report for 2020/21, which provides an account of the work and progress undertaken by the multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire and Wokingham.

11. THE NHS HEALTH CHECK PROGRAMME 289 - 310

A report sharing the findings from a health equity audit of the NHS Health Check (NHSHC) programme in Reading and the latest national and regional evidence for the programme and describing the work to improve uptake of the Check in Reading, focussing on those at highest risk of cardiovascular disease and also most disproportionately affected by the impact of Covid-19.

12. READING'S ARMED FORCES COVENANT AND ACTION PLAN 311 - 322

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

13. BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP (ICP) UNIFIED EXECUTIVE CHAIR'S REPORT 323 - 326

A report providing the Board with a briefing on the key issues discussed at the Berkshire West ICP Unified Executive on 9 December 2021.

14. BETTER CARE FUND 2021/22 PLAN AND NARRATIVE 327 - 376

A report outlining the Better Care Fund (BCF) 2021/22 Plan.

15. INTEGRATED PROGRAMME UPDATE 377 - 388

A report providing an update on the Integration Programme as well as performance against the national Better Care Fund targets as at the end of October 2021.

16. HEALTH AND WELLBEING DASHBOARD - JANUARY 2022 389 - 428

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

17. DATE OF NEXT HEALTH AND WELLBEING BOARD MEETING - 18 MARCH 2022

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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 Ciecierski	Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG
Councillor Ennis	Lead Councillor for Adult Social Care, RBC
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Meradin Peachey	Director of Public Health, Berkshire West
Rachel Spencer	Chief Executive, Reading Voluntary Action
Katie Summers	Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG
Councillor Terry	Lead Councillor for Children, RBC

Also in attendance:

Sushma Acquilla	Interim Consultant in Public Health, Berkshire West
Raghuv Bhasin	Director of System Partnerships, Royal Berkshire NHS Foundation Trust (RBFT)
Ramona Bridgman	Chair, Reading Families Forum
Ralph Chanada	Head of Mental Health Services, Berkshire Healthcare NHS Foundation Trust (BHFT)
Alison Foster	Programme Director, Building Berkshire Together – Hospital Redevelopment, RBFT
Deb Hunter	Head of SEN & Principal Educational Psychologist, BFfC
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Amanda McDonnell	Media & Communications Manager, RBC
Councillor Mpofu-Coles	RBC
Bev Nicholson	Integration Programme Manager, RBC
Becky Pollard	Consultant in Public Health, RBC
Nicky Simpson	Committee Services, RBC
Chris Stannard	Public Health Programme Officer, RBC
Melissa Wise	Deputy Director for Commissioning & Transformation, RBC

Apologies:

Niki Cartwright	Interim Director of Joint Commissioning, Berkshire West CCG
Seona Douglas	Director of Adult Care & Health Services, RBC
Andy Fitton	Assistant Director of Joint Commissioning, Berkshire West CCG
Paul Illman	West Hub Group Manager, Royal Berkshire Fire and Rescue Service
David Shepherd	Chair, Healthwatch Reading

16. MINUTES

The Minutes of the meeting held on 16 July 2021 were confirmed as a correct record.

17. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

a) **GP Surgery South Reading**

There have been discussions for several years about a new GP surgery for South Reading, which is sorely needed. We understand that a site has been offered on church land. What progress has been made towards providing this facility and when will it be operational?

REPLY by Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

The CCG is currently working with GP providers and a local Church in the Whitley area on the development of a new practice site that would provide new premises for an existing provider. At this point in the development process, commercial sensitivities mean that we cannot share further details at this point, but all parties are planning to have arrangements in place to consult more widely with interested parties in the near future.

b) **Urgent Primary Care – Queueing Theory**

Queueing theory is a facet of probability theory which helps us understand how well we can satisfy random variable demands with given levels of service. For example, it tells us under plausible assumptions that if appointments are just sufficient to meet demand queues will grow linearly with time, owing to the randomness in demand.

This branch of mathematics explains why we need spare capacity in hospitals and in primary care.

If we are going to provide spare capacity for several streams of demand it is most efficient to provide it in common so that some of the variability smooths out.

Berkshire West CCG is currently conducting a consultation into the need for same day urgent primary care, including providing a central walk-in service at Broad Street Mall practice.

Can we be sure that the CCG will take into account the efficiency and value for money arguments suggested by queuing theory and provide an efficient central overflow service for Reading or will overflow continue to default to the Royal Berkshire Hospital?

REPLY by Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

It's pleasing to see more than 520 people have taken part in the survey and engagement exercise and I'd like to thank Mr Lake and his colleagues for helping

spread awareness of the survey and for handing out paper copies to those unable to access the survey online.

The engagement exercise is intended to support the CCG in deciding whether the walk-in service is required in the future or whether on the day demand is best provided by registered GP practices, who may work collaboratively, or whether an alternative service is required, such as Emergency Department streaming.

The survey has also helped raise awareness of the alternative options available to encourage appropriate use of the range of services available across Berkshire West and to prevent a default to the RBH. Latest figures show around 100 people go to the hospital's Emergency Department every day when they could be cared for and treated elsewhere. Others contact their GP for an appointment when their local high street pharmacist, who's a highly trained healthcare professional, could help just as well.

Work on appropriate use of services and accessing Primary Care, along with promoting self-care messages, are the key themes of our winter communications strategy.

The following question was asked by Francis Brown in accordance with Standing Order 36:

c) **South Reading Surgery – Patient Experiences**

This question is about the South Reading Surgery and patient experiences there as reported by the last 5 Ipsos Mori annual surveys of patients registered at GP surgeries in England.

One of the key questions is about overall satisfaction with one's GP surgery. The results over the last 5 years have been consistently disappointing: between 96% and 99% of surgeries were rated by patients as being better than the South Reading Surgery.

The next survey will be in January 2022. Are there any reasons to expect improved results for the South Reading Surgery? What actions are being taken by the CCG and RBC to help the surgery achieve improvements in its performance?

REPLY by Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

South Reading Surgery, along with all Berkshire West Practices, have experienced something like a 30 percent rise in demand over the last few months at a time when staff are still dealing with the ongoing demands of the Covid pandemic, the Covid vaccination roll out and now the onset of winter pressure. A great deal of work is being carried out across all Berkshire West surgeries to support them so we are confident there will be positive results in the next Mori survey in January.

As for South Reading Surgery, key areas of work include:

- The CCG GP Clinical Lead and Primary Care Manager holds 6 weekly contract review meetings with the practice, and these have focused on patient experience.

- The Practice has a patient experience action plan in place. This includes the Practice conducting their own in-house survey. Each team within the Practice has been asked to review the in-house survey and identify improvement actions they can take, for example the reception team have put their own improvement plan in place

- The action plan details 17 questions including one about the overall experience of practice and 65% of people who responded rated the practice as good.

- The CCG will be discussing ways to improve further at its next contract review meeting, including ways of reviewing results with the PPG.

In response to a supplementary question from Francis Brown about the number of patients who had responded to the in-house survey, Katie Summers said she would find out the information (it was subsequently reported that there had been 302 responses to the survey). Francis Brown also noted that the Surgery's Patient Participation Group (PPG) seemed to be quite isolated and unaware of the roles of the Health & Wellbeing Board, CCG, PPG and Healthwatch Reading and asked if others with more experience could help the PPG; Katie Summers said that she would get the Primary Care team to work with Healthwatch Reading to give explanations to the PPG and help them to make appropriate links.

18. IMPACT OF COVID-19 IN READING

Becky Pollard, Katie Summers and Deborah Glassbrook gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded. 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 and mortality per 100,000 population, as well as recent data on cases by age group and ward, cases in schools and in Royal Berkshire Hospital, and vaccination rates and percentages.

    - It was noted that the latest data was now showing 5.2% of individuals testing positive and 295 cases per 100,000 population. The case rate in Reading remained slightly higher than most Berkshire authorities, but case rates across Berkshire were lower than the England average; the rate of testing was higher in Reading than elsewhere and the positivity was slightly lower.

  - The highest numbers of cases were in the 5-16 age group and there had been a huge rise in school cases after term started and with increased testing, but this had dropped again, as nationally, but there were outbreaks and cases in individual schools.

- Information on Vaccination Programmes:

  - Information on Covid vaccination in Reading, explaining progress and detailing the cohorts, delivery mechanisms and take-up, noting that 29% were still to be vaccinated. The latest figures for Reading showed 52.5% of 16-17 year olds had now had the first vaccine; Berkshire Healthcare were going into schools to vaccinate children and all schools were expected to have been visited by 8 November 2021.

  - Information on the flu vaccination programme 2021/22; It was reported that guidance had now been received that co-administration of Covid and flu vaccination could be done and a number of sites were now doing this.

- Brighter Futures for Children – information on:

  - Impact on Schools

  - Impact on Children's Social Care

  - Impact on Early Help & Prevention

It was noted at the meeting that there was an unclear denominator for the Covid testing and vaccination data in Reading, partly because of the high turnover of residents, and it was reported that work was being carried out on this issue, including developing a plan to carry out a GP patient list-cleansing exercise across Berkshire West, to help improve the accuracy of data.

It was also reported that information on how to get a vaccination for a disabled child or adult had been hard to find and the meeting discussed the importance of clear information being available on all the different details and phases of the vaccination programme, through all communication channels. It was agreed that the CCG would work with Healthwatch Reading and the local authorities to develop appropriate communication messages.

Resolved – That the presentations be noted.

19. FLU VACCINE 2021/22 OVERVIEW

Katie Summers submitted a report giving an overview of the flu vaccine campaign for 2021/22 and an update on the performance of the influenza (flu) vaccine campaign in winter 2020/21.

The report explained that, as a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, physical and social distancing, and restricted international travel) flu activity levels had been extremely low globally in 2020 to 2021. This was expected to lead to a lower level of population immunity against flu in 2021 to 2022.

In the situation where social mixing and social contact returned towards pre-pandemic norms, it was expected that winter 2021 to 2022 would be the first winter in the UK when seasonal flu (and other respiratory viruses) would co-circulate alongside COVID-19. There was therefore a significant drive across the population to protect local residents from flu, with updated eligibility criteria.

The report set out the new eligibility criteria and the uptake ambition for the vaccine and gave details of the planning groups that met to coordinate the programme at the system-wide and Berkshire West levels. It also gave details of the uptake of the vaccine in the 2020/21 flu season, noting that there had been good engagement of patients with the GP practices for both groups '65 and over' and '65 at risk', with an increase from 2018/19 in uptake in over 65s from 73.6% to 81.2%. However, there was still some work to be done in the coming season with the other cohorts.

There was learning to be shared from the inequalities workstream that had been expedited due to the Covid vaccination, in order to reach those patients in 'at risk' groups to encourage attendance for vaccination.

Resolved - That the report be noted.

20. "BUILDING BERKSHIRE TOGETHER" – UPDATE ON ROYAL BERKSHIRE HOSPITAL REDEVELOPMENT

Further to Minute 4 of the meeting held on 22 January 2021, Alison Foster gave a presentation and answered questions on progress on the Royal Berkshire NHS Foundation Trust's (RBFT) plans for redevelopment of the Royal Berkshire Hospital.

The presentation explained that the government Health Infrastructure Plan (HIP) had provided funding for new hospital projects and that RBFT was one of 40 Trusts to receive seed funding to develop a business case for redevelopment. A Strategic Outline Case had been submitted in December 2020, highlighting three preferred options to take forward, including redevelopment on site or new build off-site. It gave details of the enabling work that had been carried out in 2021, which included learning lessons from the pandemic about use and siting of facilities, and explained that the next stage in 2022 was to produce an Outline Business Case (OBC). This would involve describing a new clinical model, specifying the requirements for built environment, following the options appraisal process and making the strategic, economic, financial, commercial and management cases for a preferred option.

The presentation set out the case for change, in terms of the capacity, condition, cost and capability of the current hospital main site, the opportunity to address transport and travel issues and the desire to achieve net zero carbon. It stated that three options were being taken forward from the Strategic Outline Case - Options 4, 5 and 6:

4. Development of Emergency Care Block, Elective centre for planned hospital care, new women's and children's facility and potential for a local medical school
5. Build a substantially new hospital on the current site
6. Full relocation and rebuilding of a new hospital off-site

The RBFT was part of the government's New Hospital Programme and was in Phase 4 – full adoptors. Construction for these hospitals was scheduled to start in 2025/26 and

so RBFT would benefit from the learning from earlier phases. It was not yet known what funding would be available.

Key priorities for the project were establishing the programme and progressing the following five priority areas in workstreams:

- The Clinical Model – Transformation
- Key Enablers – digital, workforce, net zero carbon, MMC (Modern Methods of Construction)
- Finance & Commercial
- Design & Construction – linked to full adoptor status
- The Business Case – options appraisal process

The presentation also gave details of how people could get involved in the Building Berkshire Together hospital redevelopment project.

The meeting asked questions and a number of points were made, including the following:

- RBFT were aware of the accessibility problems at the existing hospital and, in light of the redevelopment still being some way off, had been reviewing health and safety and accessibility and a series of proposals were being progressed for the current site; accessibility would also be part of the space planning work for the redevelopment.

- In response to a query about the timescale for the submission of the Outline Business Case, it was reported that this generally took 12-18 months. Once information had been received about how much funding was available to progress the work, this would affect the time taken.

- It was suggested that, in view of the importance of the hospital redevelopment, the Adult Social Care, Children's Services and Education (ACE) Committee, as the Council's Health Overview and Scrutiny Committee, should receive regular update reports on the project and RBFT should be contacted at the agenda setting stage for each meeting to see if there were any updates to bring to the Committee.

- The development of the Outline Business Case would involve a review of the investment objectives, linking these to critical success factors to establish a longlist of options, involving engagement with all stakeholders. An options appraisal process would create a shortlist and a preferred option would be established by the end of the process, to meet the predicted needs of the population and optimise value for money. The final decision would be made by the Treasury.

- The involvement of the Voluntary & Community Sector and the Council would be key to ensure that seldom-heard voices were heard in the engagement and co-production process.

- It would be important to lobby the local MPs to support the preferred option and secure the right resources for the redevelopment.

- In terms of the RBFT's net zero carbon ambition, this included staff travel, but not visitor or patient travel, in line with current guidance.

Resolved -

(1) That the position be noted and Alison Foster be thanked for her presentation;

(2) That the principle of regular reports on the Royal Berkshire Hospital redevelopment being submitted to ACE Committee be endorsed.

21. BERKSHIRE WEST HEALTH & WELLBEING STRATEGY 2021-2030

Further to Minute 6 of the meeting held on 16 July 2021, Meradin Peachey submitted a report seeking endorsement of the final Berkshire West Health and Wellbeing Strategy 2021-2030, which set a basis for commissioning plans across both the local authorities and the local Clinical Commissioning Groups (CCGs), for submission to and adoption by full Council on 19 October 2021. The report had appended:

- Appendix A – Berkshire West Health and Wellbeing Strategy 2021-2030
- Appendix B – Berkshire West Health and Wellbeing Strategy 2021-2030: Equality Impact Assessment
- Appendix C: Berkshire West Health and Wellbeing Strategy 2021-2030: Public Engagement Report

The report noted that, in April 2019, Health and Wellbeing Board chairs from West Berkshire, Reading and Wokingham had agreed to the development of a shared Joint Health and Wellbeing Strategy across the three boroughs, which had been supported by the CCG and Integrated Care System leadership. This approach would recognise the cross-borough reality for many Berkshire West residents, who often lived, worked and used services across different parts of Berkshire West, and the aspiration to have an effective influence over planning which already took place on a Berkshire West footprint.

The strategy had been developed in close collaboration and consultation with residents and local partners, engaging with the diverse range of voluntary sector and community groups operating across Berkshire West. A consultation had been carried out between December 2020 to February 2021 on the 11 priorities identified during the shortlisting process in 2019. Respondents had identified the following five priorities as being the most important, and these had been used as the foundation of the 2021-2030 strategy:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help children and families in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

The draft strategy had been consulted on for a period of six weeks between 24 June to 4 August 2021 in West Berkshire and Reading (with Wokingham opting out of the consultation on the draft strategy) and the strategy had now been finalised and was being presented for approval.

The report explained that the strategy was being used to develop the content of implementation plans for each authority area that would represent the delivery tools of the strategy. In Reading, a number of delivery boards had been identified to shape the implementation plans and report on outcomes as follows:

Priority	Delivery board
Reduce the differences in health between different groups of people	Reading Integration Board
Support individuals at high risk of bad health outcomes to live healthy lives	Reading Integration Board
Help children and families in early years	One Reading Partnership – Under 5s workstream
Promote good mental health and wellbeing for all children and young people	Brighter Futures for Children
Promote good mental health and wellbeing for all adults	Adult Mental Wellbeing Steering Group

The final implementation plans and future monitoring arrangements would be brought back to the March 2022 Board meeting for approval.

Resolved -

(1) That, having considered the feedback from the formal consultation on the Berkshire West Health and Wellbeing Strategy (Appendix C), together with the Equality Impact Assessment (Appendix B) and the climate assessment, the 2021-2030 Berkshire West Health and Wellbeing Strategy, as set out in Appendix A, be endorsed and recommended to Council for adoption;

(2) That the development of the Reading Health and Wellbeing Strategy Implementation Plans, and that it was intended that the final plans and future monitoring arrangements would be brought back to the March 2022 meeting of the Board to approve the Plans on behalf of the Council, be noted.

22. REFRESH OF THE FUTURE IN MIND BERKSHIRE WEST LOCAL TRANSFORMATION PLAN, IMPROVING THE RESPONSE TO CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH

Further to Minute 4 of the meeting held on 13 March 2020, Deb Hunter submitted a report giving an overview of the refreshed Future in Mind Local Transformation Plan (LTP) for Children and Young People's Mental Health and Emotional Wellbeing, which had been published in September 2021, the sixth such publication of the system planning locally since 2015. The LTP provided an update on how the local system was improving the emotional wellbeing and mental health of all Children and Young People (CYP) across Reading, West Berkshire, and Wokingham.

The report stated that it had been a very busy time since the 2019 publication, delivering the transformation plan as well as responding to the COVID-19 pandemic,

and set out headline messages of what had been achieved, alongside young people, parents and strategic partners from the local authority, health, education, and the voluntary sector.

The report explained that there continued to be increased demand, which in turn was having an impact on waiting times, across providers. The impact of COVID-19 had increased demand across all emotional health and wellbeing services, and in addition there was increased complexity of presentations. The report gave details of key achievements and areas of challenge in the area of children and young people's mental health and emotional wellbeing. It also explained how, over the last 18 months, consolidation had been carried out of the joint governance arrangement across the health, social care and education system, with the formation of the Berkshire West Integrated Care Partnership Children & Young People's Board and set out details of the following nine transformation priorities that had been agreed:

1. Building a formal delivery partnership arrangement
2. Creating a single access and decision-making partnership arrangement
3. Tackling the waiting times in both specialist/ Core CAMHs
4. Meeting the Eating Disorder waiting times for response to referrals
5. Mobilising a Community Home treatment offer 24/7 access standard for crisis cases
6. Mobilising two further Mental Health Support Teams
7. Meeting the COVID-19 surge demand as it arose
8. Addressing gaps in access and service offer due to inequalities
9. Strengthening the adolescent to young adulthood offer (16 – 25)

Resolved - That the report be noted.

23. SEND STRATEGY AND INSPECTION UPDATE

Deborah Glassbrook submitted a report providing an update on the updated SEND (Special Educational Needs and/or Disabilities) Strategy 2022-2027 (attached at Appendix 1), which incorporated findings from the recent local area inspection of SEND in Reading and shared a copy of the letter from Ofsted regarding the inspection (Appendix 2).

The report explained that there had been considerable work carried out on developing the next version of the SEND Strategy for 2022-2027 and it had been anticipated that the government would publish its review of SEND reforms earlier in 2021, but there had been a third delay in the publishing. It was anticipated that this would now be available sometime in 2022, but there was no specified date. The SEND Strategy would be updated to incorporate any necessary changes once the reforms had been published.

The recommendations of the local area inspection that had taken place in June 2021 had been included in the updated Strategy. Two more strands had been added to the five existing ones in response to the inspection so there were now seven focused areas of work in the next version of the strategy, as follows:

- Strand 1: Improving communication;
- Strand 2: Early Intervention through to specialist provision;
- Strand 3: Consistent approaches to emotional wellbeing;
- Strand 4: Preparing for adulthood;

- Strand 5: Support for families/short breaks;
- Strand 6: Capital and school places;
- Strand 7: Revenue and funding.

The joint local area inspection of SEND had been conducted by Ofsted and the CQC in June 2021, which had concluded that arrangements were sufficiently robust and effective so that no written statement of action was required for Reading. There had been a very positive response to the inspection outcome and findings from stakeholders and, whilst being confident about what had been achieved, BFfC were continuing to focus on key areas that need to be strengthened. The actions had been outlined under the strands and would be overseen through the SEND Strategy Group.

Resolved - That the report be noted.

24. BERKSHIRE WEST STOP SMOKING SERVICE AND E-CIGARETTE POSITION STAEMENT

Chris Stannard submitted a report giving an overview of the new Berkshire West Stop Smoking Service which had commenced on 1 October 2021. The report set out the context for commissioning the service as part of the wider system approach to Tobacco Control, the key features of the new service model and the plans being developed to ensure the service was aligned with the new NHS Tobacco Dependency Treatment services being developed.

The report also included a description of the recent position statement on e-cigarettes, produced by the South East Association of Directors of Public Health, which was relevant to all services that provided support to people wishing to quit smoking.

The report had appended:

- Appendix A - Delayed Procurement Committee Report;
- Appendix B - Waiver RBCW043;
- Appendix C - Officer Decision Form;
- Appendix D - South East Directors of Public Health E-Cigarette Position Statement;
- Appendix E - Climate Impact Assessment.

Resolved - That the report be noted.

25. BERKSHIRE SUICIDE PREVENTION STRATEGY 2021-26

Sushma Acquilla submitted a report presenting the Berkshire Suicide Prevention Strategy 2021-26 for approval by the Health and Wellbeing Board. The report had appended:

- Appendix A: Berkshire Suicide Prevention Strategy 2021-26
- Appendix B: Berkshire Suicide Prevention Strategy 2021-26: Equality Impact Assessment
- Appendix C: Berkshire Suicide Prevention Strategy 2021-26: Climate Assessment

The report explained that local authorities were responsible for developing local suicide strategies and action plans through the work of their Health and Wellbeing Boards,

Clinical Commissioning Groups and wider partners. The latest strategy built on the previous Berkshire Suicide Prevention Strategy (2017-2020) and served as a refresh of that strategy, taking forward the key underlying principles and identifying new priorities. It had been developed through the work of the Berkshire Suicide Prevention Group, that had representation of partners across the system, and was founded upon local data, intelligence and knowledge.

The vision for the strategy was 'To reduce deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm' and it had the following seven principles:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce rates of self-harm as a key indicator of suicide risk

The report explained that local intelligence had demonstrated a need to focus on the five following strategic priority areas across Berkshire and further details were set out in the strategy, which also set out overarching recommendations and a Berkshire-wide action plan:

- Children and Young People
- Self-harm
- Females
- Economic stresses
- People bereaved by suicide

The report noted that, whilst these were the agreed strategic priorities across Berkshire, there would remain a need to monitor trends and risk factors, particularly from the impacts of COVID-19, and to respond to the latest changes.

The report stated that there had not been any formal public consultation on the strategy and Sushma Acquilla said that this had been queried at another meeting, so she would be asking the Berkshire Suicide Prevention Group at its next meeting whether there should be any public consultation, either in each local authority area, or for the whole of Berkshire. It was noted at the meeting that local action/implementation plans would also be needed and consultation on and co-production of those would be important.

Resolved - That the Berkshire Suicide Prevention Strategy 2021-26 be endorsed.

26. ICP UNIFIED EXECUTIVE – SEPTEMBER CHAIR'S REPORT

Andy Ciecierski presented a report giving an update from the Chair of the Integrated Care Partnership (ICP) Unified Executive on discussions and developments at the most recent meeting of the Unified Executive, held on 9 September 2021.

The report addressed the following key points:

- Place-based Delegation
- Review of Urgent and Emergency Care Strategy
- Rapid Community Discharge
- Joint Commissioning

Resolved - That the report be noted.

27. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets for the financial year so far. The Reading Integration Board (RIB) Programme Plan Quarter 1 progress update was appended for information.

The report gave details of the four national BCF targets, stating that the 2020/21 targets were still being used whilst awaiting the release of the BCF Planning Guidance for 2021/22 and it was reported at the meeting that the guidance had been released on 30 September 2021. The report explained that performance against the targets had declined, with only one of the four, Residential Nursing, being met, based on data reported in the RIB Dashboard for August 2021. Further details were set out in the report.

The Health Inequalities-focused projects, identified in the RIB Programme Plan, were being aligned with the Health and Wellbeing Board Strategy Action Plans, where appropriate, as well as working with system partners at Integrated Care Partnership and Integrated Care System levels to support the wider priorities.

Voluntary Care Sector Forums had continued, in collaboration with Reading Voluntary Action (RVA), to enable the voluntary care sector to engage with the ongoing development and delivery of the Reading Integration Programme and the Health Inequalities focussed projects, and future meetings were scheduled for 24 November 2021 and 26 January 2022.

Resolved - That the report and progress be noted.

28. HEALTH AND WELLBEING DASHBOARD – OCTOBER 2021

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

The report summarised the performance against the eight priority areas in the Action Plan 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.

The report explained that the Health and Wellbeing Dashboard would shortly be replaced with a new one to reflect the new priorities in the 2021-2030 Health and Wellbeing Strategy and its new implementation plans, which were still being developed (see Minute 21 above).

Resolved - That the report be noted.

29. DATE OF NEXT MEETING

Resolved – That the next meeting be held at 2.00pm on Friday 21 January 2022.

(The meeting started at 2.00pm and closed at 5.15pm)

Covid-19 - Update to the Health and Wellbeing Board

Becky Pollard
Consultant in Public Health

January 2022

Reading Borough Council
Working better with you

Key Messages

- The rate of Covid-19 cases per 100,000 population in Reading has continued to increase. The rate is now much higher than the peak of the previous wave in January 2021.
- Most Covid-19 cases in Reading are now the new Omicron variant.
- Case rates in older age groups began to increase considerably towards the end of 2021. This may have implications for future hospitalisations and mortality.
- Case rates per population are now highest in younger adults.
- The rate of cases in school age children and young people have fallen below the LA average. While Omicron cases appear to be more prevalent in younger adults, it is possible that cases in children and young people may begin to increase when schools return after the Christmas holidays.
- Around 67% of people in Reading have had 2 doses of a Covid-19 vaccine and 45% have received a booster, compared to 83% and 62% nationally. This is likely to reflect Reading's younger population and other eligibility criteria.

Reading Borough Council
Working better with you

Latest case rate compared to neighbouring local authorities

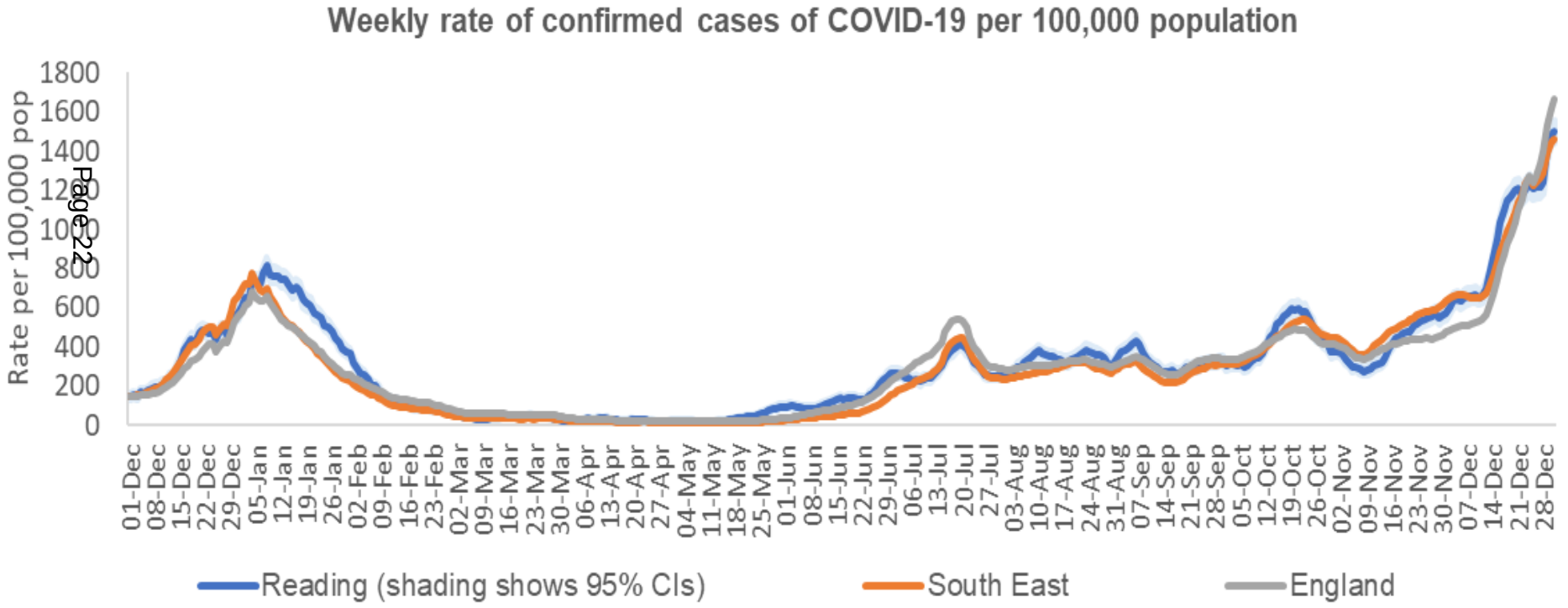
The Covid-19 case rate per 100,000 population in Reading is currently similar to rates in the South East and in most Berkshire LAs. Case rates across Berkshire and the South East are, in general, lower than the England average.

Area	Cases per 100,000 population - All ages (weekly)		Cases per 100,000 population - 60+ (weekly)	
Bracknell Forest	1901.5	⬆	1087.4	⬆
Reading	1482.5	⬆	885.1	⬆
Slough	1371.9	⬆	985.6	⬆
West Berkshire	1449.5	⬆	656.5	⬆
Windsor and Maidenhead	1521.8	⬆	920.9	⬆
Wokingham	1430.3	⬆	834.7	⬆
South East	1469.4	⬆	799.8	⬆
England	1709.1	⬆	980.7	⬆

PH Berkshire Covid-19 Surveillance Dashboard – 10th January 2022 - Situational awareness indicators from 26/12/21 to 01/01/22, in comparison to previous 7-day period

Changes in case rate in Reading over time

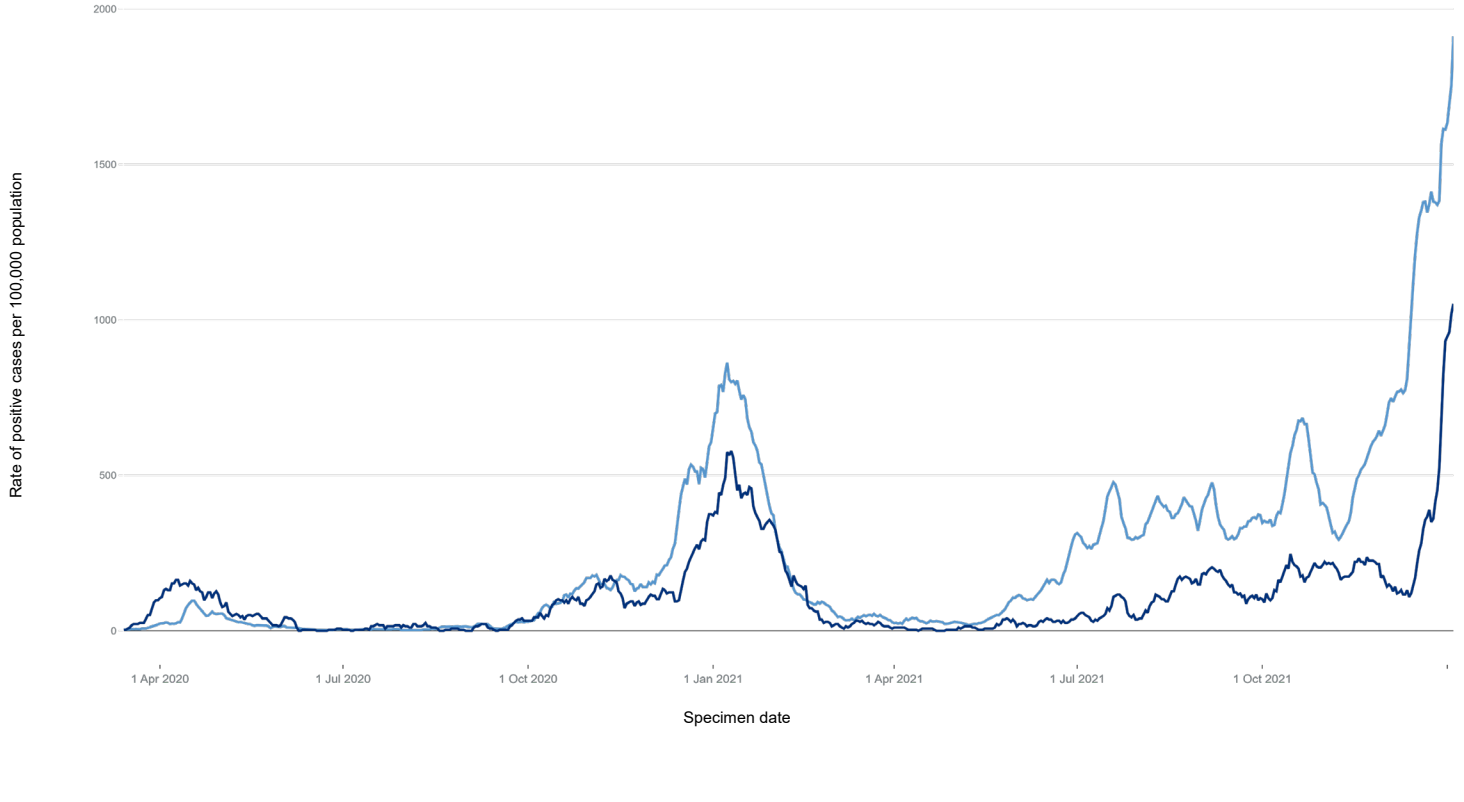
- Case rates have risen steeply in Reading and elsewhere during November and December and are predicted to continue to increase until at least mid-January



www.coronavirus.data.gov.uk/ PH Berkshire Covid-19 Surveillance Dashboard – 10th January 2022

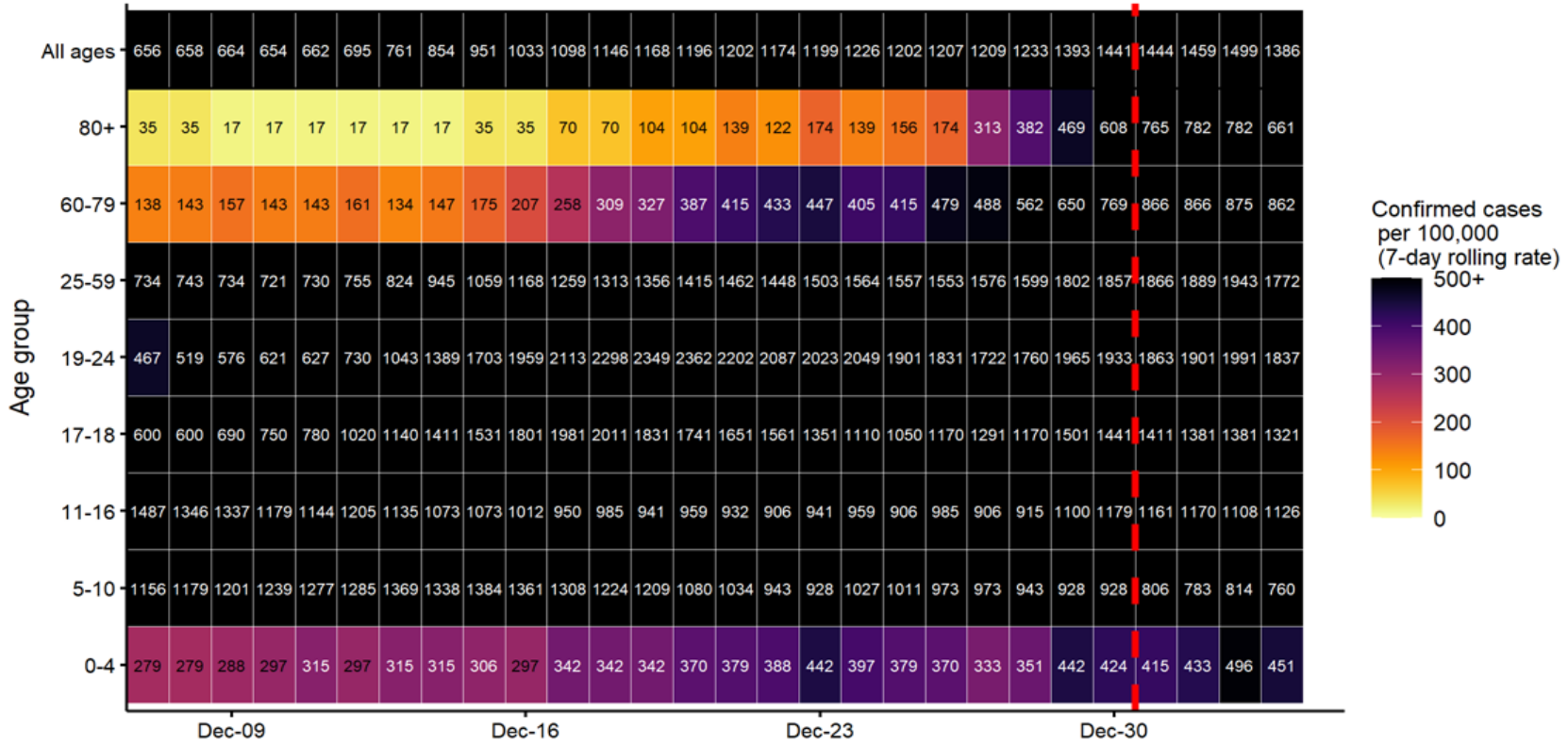
Changes in case rate in Reading over time – by broad age group

- Case rates in both the general population and the 60+ population are now at their highest since the start of the pandemic. During the previous peak in January 2021 the overall case rate reached around 800 per 100,000 and the case rate in those aged 60 reached around 500 per 100,000.



Case rate by age group

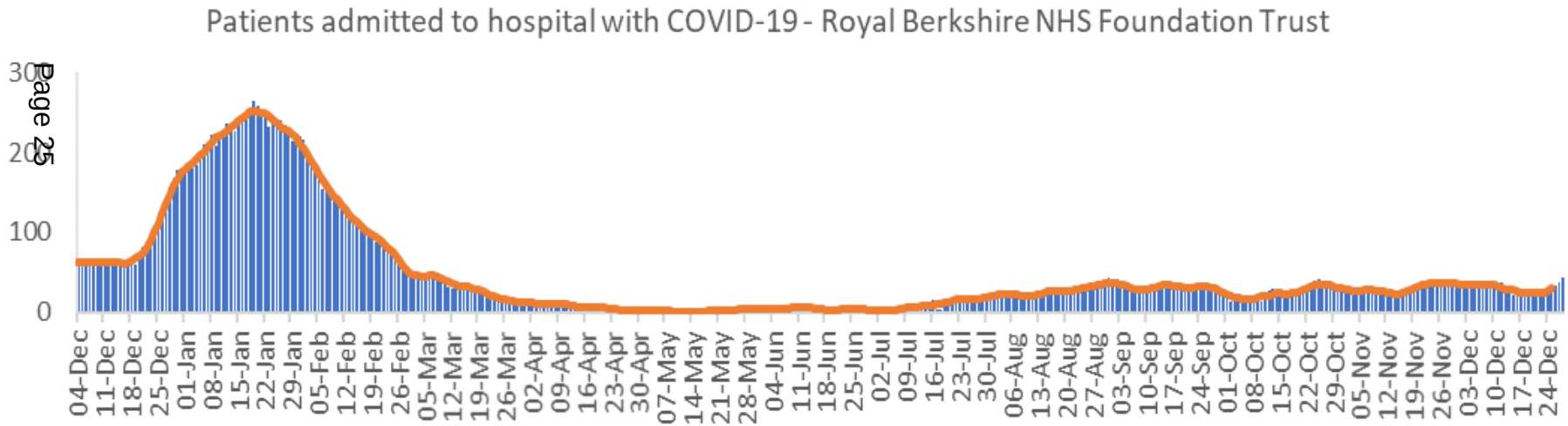
- Case rates are currently highest in younger adults.
- Rates in children and young people have fallen slightly since the beginning of school holidays at the end of December, but may be expected to increase again now schools have re-opened
- Case rates in older age groups began to increase considerably at the end of December



PHE LA Report – 6th January 2022- Case rate per 100,000 by age group – Age-specific 7-day rolling case rates per 100,000 population, Reading, 7th December 2021 to 3rd January 2022, highlighting age groups of interest. The red dashed line denotes the 4 most recent days data are provisional.

Covid-19 patients in Royal Berkshire Hospital

- Hospital admissions have started to rise, but not currently reaching levels seen in previous waves.
- Latest data shows 77 people from Reading currently in hospital with Covid-19, 70% have had two doses of a Covid-19 vaccine and 10% have had a booster. 26% are unvaccinated, including a small number who declined a vaccination for health reasons*

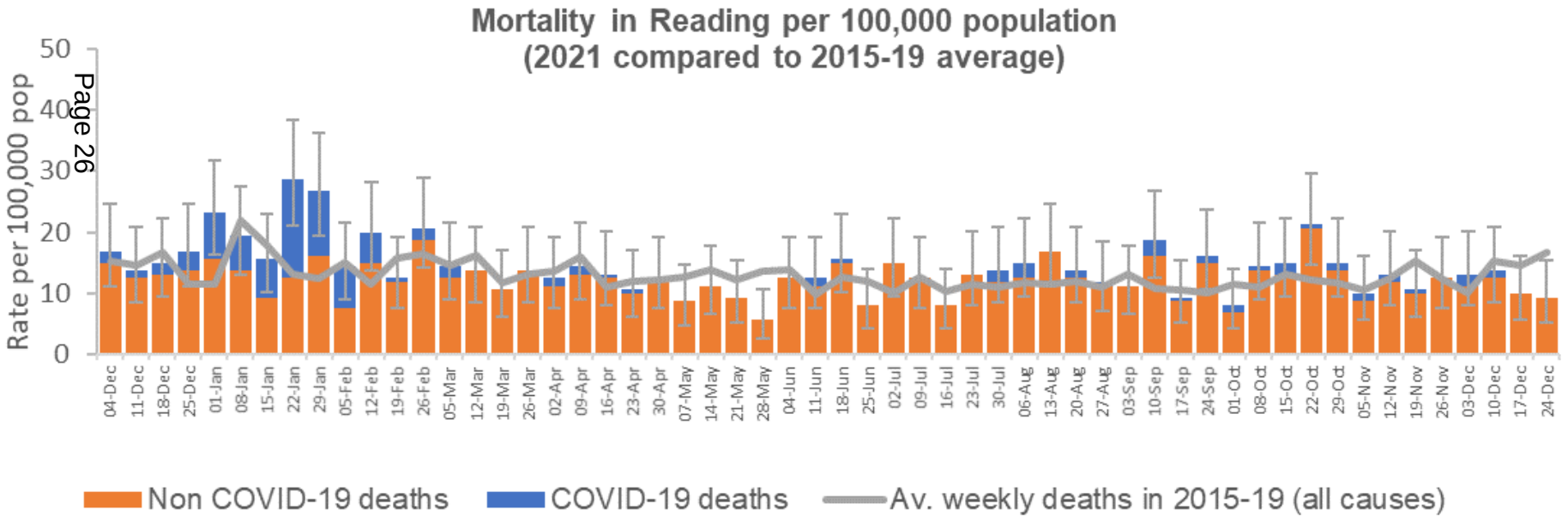


www.coronavirus.data.gov.uk/PH Berkshire Covid-19 Surveillance Dashboard – 10th January 2022

* Frimley ICS System Insights – 10th January 2022

Mortality rate in Reading

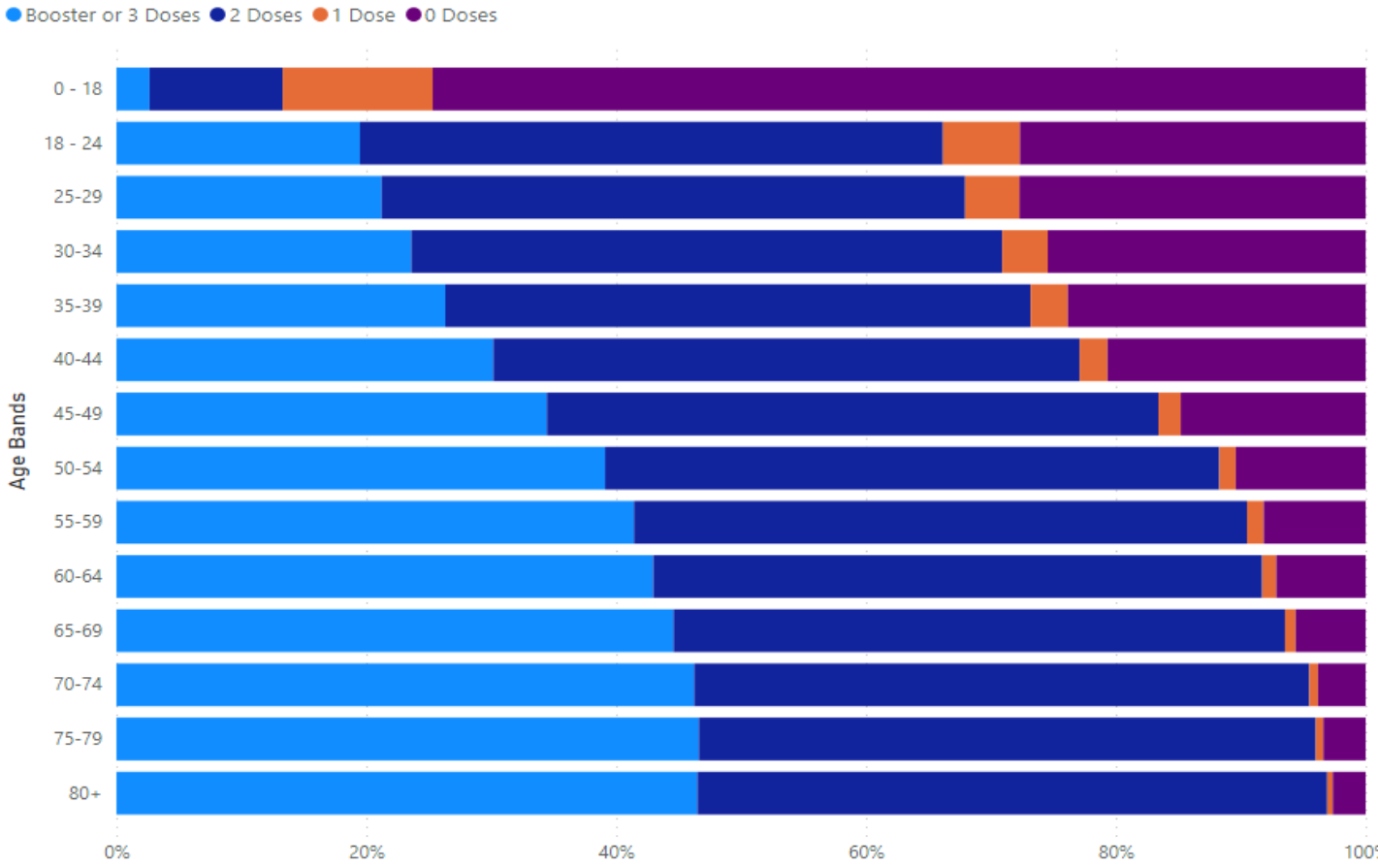
- Currently no increase in deaths related to Covid-19 following the most recent wave.



PH Berkshire Covid-19 Surveillance Dashboard – 10th December (Source: Office for National Statistics; Death registrations and occurrences by local authority)

Vaccination in Reading by age

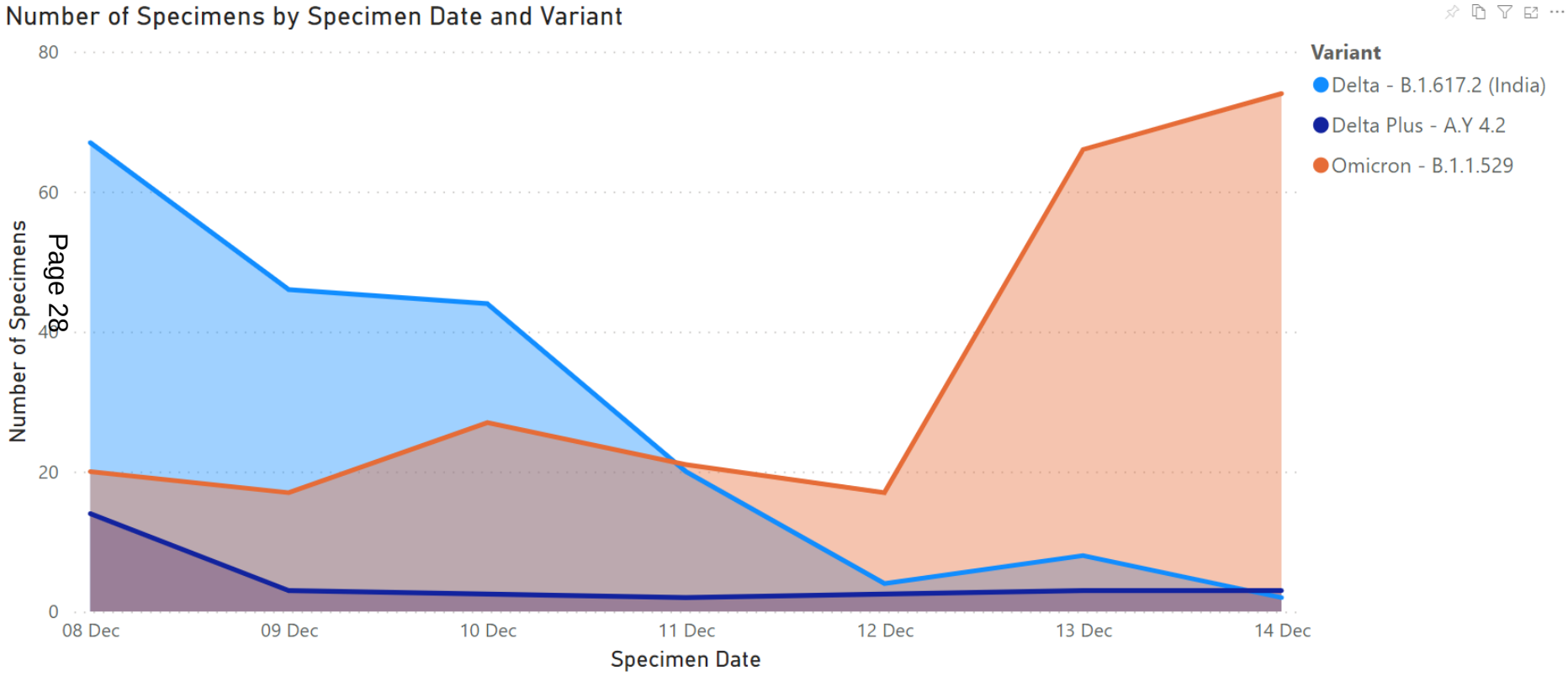
- 67% of people in Reading aged 12 and older have received two doses of a Covid-19 vaccine and 45% have received a booster (compared to 83% and 62% in the UK). This is likely to reflect Reading's younger population and other eligibility criteria.
- Vaccination uptake by age group suggests those aged 20-39 years in Reading are the most likely not to have had any Covid-19 vaccine.



NHS Statistics reported via RBC Vaccinations Dashboard – 10th January 2022

Cases identified as Omicron variant

- By mid-December the majority of specimens from Reading sent for full analysis were found to be the Omicron variant



Vaccination Programme Update

Reading Health and Wellbeing Board

21st January 2022

Katie Summers

Berkshire West Vaccination Lead

Director of Place Partnerships

NHS Berkshire West CCG

V3

Key headlines

Covid-19: Unvaccinated 12+ population

- 48,165 people unvaccinated
- 24% of 12+ population
- 18-39 age group has the lowest uptake of first Covid-19 vaccinations
- Largest unvaccinated group is White British in IMD 1-4 (more deprived areas)

Covid-19: Boosters

- 101,461 Covid-19 boosters given
- 77% of eligible 18+ population
- Covid-19 booster uptake lowest in 18-49 age group and “at risk” group

Flu

- 21,665 flu vaccinations of people aged 65+
- 78% of the 65+ population (80% in 2020/21)
- National target 85%

Covid-19 Vaccination: Current delivery mechanisms

Primary Care Network sites	Mass Vaccination Centre	Pharmacies	Health on the Move Van	Other
Commissioned by NHS England supported by the CCG Emmer Green Balmore Park Circuit Lane Milman Road Wattlington House Melrose Longbarn Lane University Tilehurst Village	Commissioned by BOB ICS Broad Street Mall From July 2021 * Walk ins from 10th January 2022	Commissioned by NHS England Tilehurst Triangle Erleigh Road Boots Reading Mortimer Newdays Wensley Rd Boots Reading	Commissioned by BOB ICS Mobile unit deployed across ICS Clinical provider Oxford Health Sites and organisation by RVA, WBC and CCG Targets area of lower take-up * Schedule being developed after short suspension before Christmas	**Housebound** PCNs Berkshire Healthcare **12-15s** Berkshire Healthcare (in schools) Broad Street Mall

Covid-19 Vaccination: Take-up by PCN

Vaccine take up				
	Reading PCNs Cohort Size	Reading PCNs Doses Administered	Reading PCNs Percentage take up	BOB ICS Percentage take up
1st Vaccination (12+)	200,105	151,940	**76%**	**84%**
2nd Vaccination (12+)	200,105	140,539	**70%**	**79%**
Booster Vaccination (18+ & 91 days since 2nd)	132,283	101,461	**77%**	**84%**

Vaccination data from Foundry 20/01/22.

85-100%
70-84%
50-69%
0-49%

Covid-19 Vaccination: Take-up by local authority

	Reading	Thurrock	P'boro	Swindon	Trafford	Slough	Bristol	S'ton	Bedford	Warrington	Coventry	N'Castle-U-Tyne	Medway	Luton
1st	74% (rank 9/14)	76%	70%	85%	83%	73%	78%	75%	80%	84%	71%	74%	81%	69%
2nd	68% (rank 8/14)	69%	64%	79%	77%	65%	72%	68%	74%	78%	65%	68%	75%	61%
Booster	48% (rank 9/14)	46%	46%	61%	61%	42%	54%	49%	55%	61%	46%	49%	56%	37%

CIPFA comparative group of local authorities.

Vaccination data from coronavirus.data.gov.uk 20/01/22.

Denominator is the number of people aged 12 and over on the National Immunisation Management Service (NIMS) database. Please note that general eligibility for a booster is currently 18 years old, hence the percentage figures shown here are lower than percentages based upon the eligible population.

85-100%
70-84%
50-69%
0-49%

Vaccination: Take-up comparison by cohort

Cohort	Eligible for NHS Covid-19 booster vaccine	Covid-19 booster take up (1) (2)	Eligible for NHS seasonal influenza vaccine	Seasonal influenza take up Sept 20 – Mar 21 (3)	Seasonal influenza take up Sept 2021– Mar 2022 (4)
65+ Residential Care Home Patients	Yes	81%	Yes	79%	86%
Age 80+	Yes	91%	Yes	85%	84%
NHS Employees (excluding primary care)	Yes	85%	Yes	(5)	(5)
Age 75-79	Yes	95%	Yes	83%	83%
Age 70-74 or Covid High Risk	Yes	93%	Yes	69%	67%
Age 65-69	Yes	93%	Yes	69%	69%
Age 16-64 with UHC	Yes	82%	Yes	56%	42%
Age 60-64 no UHC	Yes	91%	Yes	51%	48%
Age 55-59 no UHC	Yes	88%	Yes	42%	39%
Age 50-54 no UHC	Yes	85%	Yes	33%	32%
Age 40-49 no UHC	Yes	75%	No	10%	6%
Age 30-39 no UHC	Yes	63%	No	7%	5%
Age 18-29 no UHC	Yes	56%	No	4%	3%
Age 16-17 no UHC	No	--	No	4%	8%
Age 12-15 Covid High Risk	No	--	Yes	32%	59%
Age 12-15 with other UHC	No	--	Yes	40%	
Age 12-15 no UHC	No	--	Yes	13%	38%

85-100%
70-84%
50-69%
0-49%

(1) Source: Foundry 20/01/2 Reading PCNs registered patients.
(2) Denominator is those people currently eligible for whom it is 91+ days since their 2nd vaccination.
(3) Source: EMIS Reading borough residents.
(4) Source: EMIS 20/01/22 Reading borough residents.
(5) Not a comparable denominator in EMIS.

brighterfuturesforchildren.org

Brighter Futures for Children

Brighter Futures for Children: Covid update

January 2022

Schools

- Ongoing increased and increasing numbers being identified as positive for Covid-19 – children and teachers.
- Changing expectations to manage Covid-19.
- Worry about CYP being disenfranchised from school and ongoing impact on mental health and falling behind.

Social Care

- Complexity of work and challenges for staff.
- Key demands - poverty, family dysfunction and mental health.
- Continued challenges in securing local placements.
- UASC – mandatory approach

Early Help and Prevention

- 0-2 years old not experiencing socialising.
- Serious Youth Violence.
- Education Welfare Service.
- Projects in schools and RBH.

healthwatch Reading
'Making your voice count'

Urgent Community Response in Reading

How local people experience the UCR service: a report commissioned by Berkshire Healthcare NHS Foundation Trust

healthwatch Reading
'Making your voice count'

Contents

Acknowledgments

Healthwatch Reading would like to thank the service users and carers/relatives who gave their time to give feedback.

We also thank BHFT for facilitating the interviews and giving us the opportunity to independently gather patient experience on this service. Thank you to: Sharon Andrews, Lesley Buckley, Catherine Kirkham, Emma Rockall, Reva Stewart and Abigail Taylor.

Executive summary

Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham, were commissioned by Berkshire Healthcare NHS Foundation Trust (BHFT) to capture experience of people referred to its Berkshire West Urgent Community Response (UCR) service.

UCR aims to prevent unplanned hospital admissions by sending a team to people's usual place of residence within 2 hours of a referral for a crisis such as a fall, injury, or deterioration in health or within 2 days as part of a 'reablement' response. BHFT sought patient experience to find out what was working well and any areas for improvement.

Within the Reading locality, care provision is delivered by the Reading Borough Council reablement team for both 2-hour and 2-day pathways. (Within the West Berkshire locality, care provision is delivered by a range of sources including inhouse teams from BHFT, West Berkshire Council as well as external providers).

This report covers findings from 20 interviews of Reading people. Healthwatch Wokingham and Healthwatch West Berkshire have also published their own reports.

If there were any concerns raised by service users and/or their carers during the interviews, local Healthwatch escalated this to the services following individual consent.

People/relatives told us:

- Response times varied - from 1¾ hours, to within a week to "really quick"
- Some delays appeared to relate to other services such as emergency ambulance
- They didn't know what to specifically expect from UCR, mainly just 'help'
- They believed the service was called, variously, 'rapid response', 'urgent response', 'community response', 'two-hour response', 'older services' or 'intermediate care'
- The care they received was very good and UCR staff were kind and caring
- The interventions included explanations, equipment, exercises, and checks
- They sometimes weren't sure which service various professionals were from
- In some cases, they couldn't remember the visit or care
- They sometimes didn't know what was going to happen next when UCR ended and how to get information on adult social care
- In some cases, relatives living with them couldn't help because of their own needs
- In some cases, carers/relatives told us they felt tired or confused in trying to support an elderly parent and liaising with multiple professionals.

HWR recommended that BHFT should:

- Improve awareness of UCR among the public and professionals
- Review communication methods and access for very vulnerable service users
- Review how people are discharged from UCR and linked up with other services
- Share the positive feedback received from patients with UCR staff.

BHFT welcomed Healthwatch Reading's report for its "valuable learning points" that will feed into current and future service developments.

Background information

Healthwatch Reading (HWR) is the statutory health and social care champion for people in the borough of Reading. It is part of a national network of 150 local Healthwatch and its role includes gathering public feedback about local services, visiting services and providing a free information and advice service.

One of the main aims of HWR is to hear from people experiencing health inequalities and whose stories often go unheard. This includes people who are very old and frail.

HWR is a charity and employs a small dedicated team, independent of NHS and social care services. However, it strives to work in collaboration with providers and commissioners to influence improvements for local people.

Berkshire Healthcare NHS Foundation Trust (BHFT) is the main provider of community and mental health services for people living in Reading, Wokingham and West Berkshire (an NHS geography named as 'Berkshire West') as well as people in East Berkshire.

BHFT commissioned the local HW in Reading, Wokingham and West Berkshire to capture people's experience of using its Berkshire West Urgent Community Response service to see what was working well and any areas for improvement. BHFT chose to use local Healthwatch to ensure the independence of the findings and give people confidence to speak freely without any worries this would impact their care.

The Berkshire West Urgent Community Response (UCR) service is a specialist team aiming to prevent unplanned hospital admissions by supporting people in their usual place of residence within 2 hours of a crisis such as a fall, injury, or deterioration in health or within 2 days as part of a 'reablement' response to offer extra support.

The team includes nurses, paramedic practitioners, health care assistants, occupational therapists, physiotherapists, therapy assistants, carers and geriatricians.

Referrals can be made by a variety of professionals including GPs, district nurses, social care, and hospital staff (for people who stayed in hospital less than 48 hours).

The service runs 8am-8pm seven days a week. People on the 2-hour pathway receive 4-5 hours care on average, through regular visits for up to a maximum of 14 days. People on the 2-day pathway typically receive care that lasts less than six weeks.

This a free NHS service.

The UCR was preceded by similar services, including a Rapid Response service, and a Rapid response and Treatment Service that went into care homes.

Methodology

A robust data sharing process was created between BHFT and the local Healthwatch to allow BHFT to pass over names and contact numbers of people living in their boroughs who had recently been seen by UCR. BHFT informed people in advance. Local HW were told which pathway the person had been referred onto (2-hour or 2-day) but had no access to medical records, care notes, or any other personal information such as addresses.

HWR attempted to contacted 41 people and was able to complete 20 phone interviews during October and November 2021.

Face-to-face visits would have been preferable but were discounted due to the Covid pandemic. Some people didn't answer despite repeated attempts, some had gone into hospital, and some declined as they felt too unwell or couldn't remember details. Consent was obtained to record the interviews and share anonymous feedback.

HWR staff used five key questions to guide conversations:

1. **How soon after the referral or problem did you get a visit?**
2. **What kind of help were you hoping to get from the visit?**
3. **What happened during the visit?**
4. **What did you think of the care you received during the visit?**
5. **Is there any other feedback – good or bad – you'd like to give?**

The three local HW carried out their interviews independently of each other and have also each submitted their own report on findings. (Local Healthwatch are commissioned on a borough-by-borough basis and across Berkshire West they are run by three different charities).

About the service users

Healthwatch Reading carried out interviews with 20 people and had partial conversations with a further four (who gave us brief comments but did not want, or were unable to, fully take part).

Of the 20 service users:

- 11 were women
- 9 were men.

Of the 16 service users who disclosed their ages to interviewers:

- 1 was aged under 65
- 2 were aged 65-69
- 6 were aged 70-79
- 5 were aged 80-89
- 2 were in their 90s

The oldest interviewee was 96.

In terms of the pathway that people had been referred to:

- 12 were on the 2-hour urgent response pathway
- 8 were on the 2-day urgent response pathway

Some people needed assistance from others to complete the interviews:

- 10 interviews were with the service user only
- 8 interviews were with a relative only
- 2 interviews were with the both a service user and a relative.

Of those people who disclosed the care need/s that had prompted the referral:

- 9 people said they'd had a fall
- 6 mentioned general poor health or mobility
- 2 had been discharged from hospital
- 1 person mentioned a non-fall injury
- 1 person needed emergency care after their spouse went into hospital
- 1 person said they were having End-Of-Life care

Theme 1: Responsiveness of the service

The interviews elicited 10 specific time-frames in terms of how quickly people thought urgent community response (UCR) arrived. These ranged from '1 and ¾ hours' to 'within a week'. A further three people described the response as 'very' or 'really' 'quickly'.

It is important to note that people often counted the response from the time of their fall or other problem starting, which may differ from the time UCR received a referral. Service users did not always know which response pathway (2 hours or 2 days) a professional had referred them onto.

Some people had fallen late at night when the UCR service does not operate.

Other services may have been involved between the problem and referral.

Some relatives who spoke on behalf of service users were not present at the time and may have been estimating the response.

Service users' perceptions of response times	Service user's pathway
1 & ¾ hours	2-hour
Same day	2-hour
4-5 hours	2-hour
9 hours	2-hour
Next day	2-hour
Next day	2-hour
Next day	2-day
Day or two	2-hour
48 hours	2-day
Within a week	2-day
'Very quick'	2-hour
'Really quickly'	2-day
Very quickly'	2-day

Service user/relative comments about response times:

"I had the accident at midnight…and I'm sure it was the following day when two nurses came."

"It was the same day, amazingly."

"[The GP] initiated it many weeks ago on the basis that when it was needed, I'd just phone….It was very quick."
"They came very quickly. They came the week she come out of hospital…"

"[My son] had a shock when he come in and found me on the floor. So he phoned again about it and they said they would send somebody as soon as they can." [Service user describing four hours on the floor, after first contacting her alarm call centre. Service user could be describing a long wait for a paramedic rather than UCR].

"I rang the surgery to see if they were coming that day…she said: 'We can't get in touch with them, we don't know if they will be coming today.'….They did actually come…about four or five hours."
[Relative describing what happened after a paramedic based at the doctor's surgery visited a service user after a fall and made a 2-hour referral to UCR. When UCR arrived, they did explain they had been busy that day].

"I wasn't very impressed."
[Service user who'd had a fall at home at 11am, then waited for paramedics who never arrived, but she thinks UCR nurses turned up at 8.30pm]

Theme 2: Awareness & expectations of the service

There appeared to be no consistent understanding of the UCR service. In some cases, we believe people confused it with the ambulance service, the reablement team provided by Reading Borough Council, or adult social services.

People described UCR in various ways, based on information they were given from referrers or UCR team members when they arrived:

- Rapid Response
- Urgent Community Response
- Community Response Team
- Intermediate Care Team
- The Two-Hour Response Team
- Older Services

Service user/relative comments:

"I think it has the word 'urgency' in it."

"I don't know what that means by 'urgent response'. He did have falls a few years ago when the ambulance came, I'm not sure what they are referring to this time. Nothing dramatic has happened on [date of visit] so I'm not quite sure."
[Relative of man with dementia who was unaware UCR had visited]

Most people were unsure what they had wanted to get out of the UCR visit, suggesting that the referrer may not have discussed this with the service user in advance. The most common hope was that they would get some kind of 'help', with hardly any people mentioning specific assistance such as physiotherapy or equipment for the home.

Only one person specifically mentioned that the aim of the visit was to avoid going into hospital. This person was significantly younger than the rest of the interviewees and was able to describe in detail their multiple health conditions and challenges.

Service user/relative comments about what they hoped from the visit:

"I wasn't expecting anything to be honest with you."

"I haven't got a clue, really. The doctor said I obviously needed the help."

"[I do] not really [know they came]. I suppose it was to see how I was."

"Well, we didn't even know they were coming, to be truthful, until we got the call….it's all new to us…because who's what and who's who."

"You know I wasn't sure but it was to help me with food and get my health back together." [End-of-life patient]

"[We hoped mum] could just do more on her own and be safe around the home," [Relative]

"Because I was in a bit of a confused state, I didn't actually realise [beforehand] that she [the UCR staff member] could do more for me that just look at my knee."

"Just some help. I didn't know what was available, just some assistance with the scenario of the situation and my mum's care."

"Only some physio."

"Help at home."

"We just wanted to know if he was going to be okay."

"A thorough check-up."

Theme 3: Quality of care

The majority (18) of service users/relatives gave positive feedback about the care received during the visit.

People mostly described receiving explanations, exercises or equipment during the visit or on subsequent visits.

Some people commented on good communication, and especially appreciated being phoned about visits in advance and one person praised staff for wearing face masks.

A small number of negative comments suggested people felt care hadn't lived up to their expectations or people may have been referring to care from other services.

Service users/relatives' perception of who visited

- Physio (mentioned by 10 people)
- Nurses (8 people)
- 'Lady/'Two ladies' (6 people)
- OT (2 people)
- Paramedic (1 person)
- Adult social services (1 person)

Comments about type of care received

"[They were] making sure that I could go up the stairs if I wanted to go to the loo or anything, making sure that I did that correctly - you know - toes touching the back of the staircase".

"They asked a lot of questions about my mobility and things like that…the building…about safety."

"When they came to see me, a lady came in and said, 'I'm the community nurse. I'll be coming for a week and then the carers will just carry on until such times that we can sort out what's going on'. There was another lady as well and they sat in the chair, talked me through everything."

"The nurse we had today was very good, really knew her stuff, took bloods from Dad really well. Dad's really happy."

"They wanted to see [the service user] walk, how she handled the stairs, how she got to and from the toilet. They did a very thorough job…" [Relative]

"[The physio] helped me and explained things to me….She came back with something for me to roll so I can roll my fingers."

"They came to check my blood pressure, do bloods and to assess me to see what I would need after them."

Comments praising care received

"They got me the dream team straight away….absolutely marvellous. I think the NHS and Older Services are second to none."

"She was superb, she covered everything and more, she was very, very sympathetic. She was extremely caring and in fact she's the best person to send out because she does understand the situation, she takes time, she listens, she makes notes, she takes everything seriously and I felt so relieved."

"Very good."

"They showed me badges as well [as introducing themselves], they were very professional."

"In general, honestly, they're fantastic."

"Very nice…very polite. Did all the proper protection. They brought their masks and they did everything they should be doing. They were brilliant."

"[They] seemed to be doing a good job."

"I'd definitely give them 10 out of 10 at the moment, what they are doing for her." [Relative]

"He [the physio] is very professional…I can only say good things about him."

"I've no complaints at all. There were four nurses at different times and they were very good indeed….They're very polite…warm."

"Yeah, we were both happy….and they kindly arranged another appointment to see my mum for tomorrow." [Relative]

"I was really happy with the service. They were really quick and really helpful."

"They were helpful and caring."

"Anyone that comes is very good, very nice, helpful."

"They were excellent, very, very good, very impressed, very prompt, very courteous and clearly very professional."

"[They] were ever so nice."

"[The physio] was really brilliant."

Comments raising concerns

(Interviewees were unable to confirm for sure if the staff they were describing were from the UCR service or from a separately arranged service).

"It [my care notes] says that I am fully mobilised and I'm not – I've got a walking stick and a Zimmer frame. And also put my mood…things like I'm chatty and happy, which I'm not, I'm not well at all."

"It wasn't satisfactory, really. I thought I would get more help than I did, but apparently, the only help I was meant to get that night was food and drink…and I asked the lady to do more [personal care task] which was outside her remit probably."

"The lady we had the day before, my Dad doesn't really want her in the house, he finds her aggressive and not very caring." [Relative]

"They was nice enough…but they weren't my district nurses…They were like national district nurses, so I hadn't got a clue who they were."

"When the paramedics come, if you've got a head injury, they ask you to follow your finger and they do two or three basic tests to make sure that you haven't got concussion. Well they did none of that."

"It's a different person every day. The lady today was more thorough – she was here for longer. The lady yesterday was in and out like nobody's business. I asked her could she just make my bed and she said no. I know that's not what they're here for. But I just needed help making the bed, that's all."

Theme 4: Discharge from UCR & Integration

UCR, as a short-term intervention, lasts for a maximum of 14 days, but on average 4-5 days, according to BHFT.

Of those interviewees who could recall details, five people confirmed they had been given a leaflet by staff and five said they had been left a phone number to call if they needed more help. Four people said they knew how to contact other services, like their GP or 111. Other people could not remember.

Two people, both relatives, raised concerns that they didn't know what was happening next. Another person was distressed that she still didn't know what was medically wrong, while another expressed worries about having to pay for care in the future.

Some of the responses gave an impression that people could easily fall between the gaps of various services, especially where people had dementia and had lived alone.

Case study

A man in his mid-80s had a fall over the weekend. It is unclear if he spoke with or had any contact with 111 or ambulance emergency services.

His adult daughter arrived on Monday morning and contacted her father's GP surgery. They sent out a paramedic practitioner by lunchtime, and that professional referred him to UCR on the 2-hour pathway. The UCR team was very busy and arrived 4-5 hours later.

The daughter says the UCR team members were 'helpful and caring' during the visit, and checked his vitals, took blood, checked blood pressure and got him up and walking to see how mobile he was. They also said they would arrange some care but she is worried they had assessed him as being able to manage more than he can. "We see him at his worst…he's much worse at different times of the day."

The daughter said she felt very confused with the process.

"I remember saying, when they actually did leave, 'Well what will happen now?' I think I spoke to the nursing side of the two ladies. I'm sure she was saying, something like, 'he'll be under Rapid Response care'. I don't know if she said three or four days, or two to four days, 'and then after that he'll need some more care'.

"So I remember saying, 'Do I contact Social Services for that?' Because I'd already done that earlier in the day, because my GP had said you've got to get some equipment, start knocking on doors because he's got to have some care. I'd tried the adult social services people, and I'd not had any response. I remember saying to one of the girls as she was going out, and I think she said they will contact you. So, I just assumed that's what was going to happen. I didn't know how it was going to take place."

A few days later the daughter had a call from 'Rapid Response' stating they were 'finishing care'. She was worried her dad would be on his own but the caller reassured her that carers would come in. However, she had not been contacted about these arrangements and was worried there were going to be care charges. If they had told her dad about the carers, she didn't think he would remember, as he gets confused.

Case study

A man in his 90s received a visit from UCR but could not recall any details and asked the interviewer to speak with his adult daughter.

The adult daughter said her dad has dementia and he doesn't think he needs any help. She thought most services had her number so they could contact her to make sure she was there during any professional visits but she hadn't been told about an urgent visit.

When she found out a physio had been, she contacted them to find out what exercises had been given to her dad.

The daughter said she had the impression that physio and OT had now "closed off" and she didn't have any details of who to contact.

"We're in that funny position, he's getting much more needy, we're trying our best. We're not sure what we're doing at the moment and he doesn't ask for help, we can't give it. We're really not quite sure what we're dealing with. I'm feeling like, I need to get in touch with adult social care again, not sure who to get in touch with you know as things get more difficult."

These case studies raised the following questions:

- Do referrals to UCR contain sufficient information about people's level of needs (e.g., dementia) and support systems (how to contact a carer/relative)
- Can UCR access and immediately update shared records (e.g., Connected Care) so any subsequent health or social care professional knows if a recent visit has taken place, especially if the person can't remember?
- As well as leaflets, do UCR team members leave any physical record of the date and name of the person who visited to help remind people who live alone and may be confused?
- How does the advice, information and navigation function work within UCR? Is there a 'social prescriber' or 'coordinator' function/role holder? (There are many local organisations – Healthwatch Reading included – who can give free advice on how the care and health system works)
- Can UCR seamlessly refer people onto other services, are their recognised pathways in place or do people have to go back to square one (e.g., back to their GP?)

Theme 5: Vulnerability of service users and carers

Healthwatch Reading was struck by the vulnerability of many of the service users, especially those who lived alone. Where people lived with other family, the carer situations sometimes felt precarious. This information was often disclosed as an afterthought in the interviews.

Case study

A man in his 90s recently returned home from hospital after a fall. His wife, also in her 90s, said one of their adult children lives with them but has their own needs. She described what happened on the night of her husband's fall: "He laid on the floor for seven hours and then they [ambulance] managed to come and fetch him and they kept him in A&E, laying on a bed there all night. We didn't know how to locate him or anything and then in the morning [another relative who lives elsewhere] managed to contact them and they said 'come and fetch him'. We've had no discharge notes, nothing."

She described how she and her husband did their best to avoid too much disruption such as contact with services, due to the negative effective it has on the adult child who lives with them. The fall had "unhinged" this adult child.

She added that her husband was "all smiles" and telling "yarns" to health professionals who visited but once they left, he was "a different person" and it was physically hard on her going after him as he went up and down stairs. She's hardly had any sleep for three nights running. "I'm shattered."

Case study

A man in his late 70s had had a fall in the middle of the night. He had been diagnosed with a neurological condition and had had a fall 3-4 months before the latest accident.

In the most recent case, "I aimed for a chair and fell over, didn't get the edge of it. I thought ''all I've got to do now is get in my proper chair'. But I didn't have the strength to lift myself up on the chair properly. I was like that for an hour a half. My head was sort of buried in the cushion. In the end I managed to turn around but it was still in a very uncomfortable position."

He said the 'wheelies' left by UCR would be a 'back-up' rather than something to rely on all the time. He really wants to go out into his garden but he can't get any shoes on because his feet are swollen.

"I'm obviously not safe, especially now."

Other examples:

- A woman in her late 90s who lives on her own had tried to summon help after a fall by pressing her alarm button. The alarm call centre told her someone would come out but paramedics didn't come until four hours later. (The UCR visit was later).

- A woman who lives on her own couldn't remember why paramedics had come out to her. She became tearful about her situation. "I don't know how to explain things…I get so confused. Can you come out and see me? I'm going round and round and round." (The interviewer asked some safety questions before discontinuing the interview so as not to upset her further).

- The adult son of a man who had a fall, described how he lived with his parents at home. His father was losing his hearing and his mother was experiencing memory loss. He was getting confused as he tried to liaise with multiple professionals.

- Another adult son said various people were coming in for him and his father. "I've got a nurse coming tomorrow for my legs between 8.30am and 4pm and I've got one for Dad, 9.30 morning, 9.30 at night, but that can be an hour or two out."

- A woman who'd had a fall said her adult son lived with her but he would be unable to help her if she falls again because of his own health issues.

- The wife of a man who'd had a fall said she and her husband were both disabled and "more or less housebound".

- The adult son of a woman said he'd not slept due to assisting his mum and everything being very hectic.

- A woman with Parkinson's said she was trying to keep her balance but it's difficult to walk.

The evidence we heard raised questions for the wider system about how it can assure the safety of people living alone, whether their social care needs are being assessed in a timely way and whether unpaid carers are having their needs assessed and supported as well to help prevent crisis situations.

Discussion and recommendations

Healthwatch Reading believes this engagement project has given a valuable insight into the experiences of Reading people at very vulnerable moments in their life. It is clear from the interviews, that people greatly valued the care they received from the Urgent Community Response service run by Berkshire Healthcare NHS Foundation Trust.

People described UCR staff as kind and caring and appreciated the practical help they received, whether it was simply checking they were 'ok', arranging home safety equipment, and giving them exercises to help them stay mobile. These visits have potentially averted disruptive or upsetting hospital admissions.

However, some people gave the impression of being passive recipients of care, lost in a wider health and social care system. This can be partly explained in some cases by people's own frailty or dementia – but also in some cases because they weren't told what the UCR was for, how they might help, how this service fits with other health or social care they might be receiving or might need in the future.

The findings of this report are timely as Urgent Community Response becomes a mandated NHS England requirement for all NHS integrated care systems by 31 March 2022. NHSE Guidance published in July 2021 states this service should:

- provide a 2-hour response service to crisis health needs (excluding mental health) to all adults aged 18+, in their own homes or usual residence (e.g., care home), across the ICS geography
- be available, at a minimum, 8am-8pm, 7 days a week
- accept referrals from 'all appropriate sources', including 'self-referrals', care workers, 111, 999, GPs and local authorities
- be referred into via single point of access
- submit performance data to show its meeting the 2-hour standard.

As well as receiving UCR, vulnerable, frail people may also self-fund – or get council funding for - regular home care visits for personal care on an ongoing basis or to get them through certain periods of extra need.

Patient experience data about UCR or Rapid Response appears to be sparse. A literature search revealed only two local Healthwatch-led reports on the topic:

- A 2019 report of a one-day visit to a rapid response service in Waltham Forest, London, and phone calls to patients, showed high satisfaction with care, but recommended increasing awareness of the service among GPs to improve appropriate referrals and to 'identify how best to deliver a collaborative service';
- A 2019 report interviewing 10 people in Buckinghamshire about rapid response, reablement and intermediate care ahead of an alignment of all services, also rated the care they received. But people didn't understand what their service was for, felt sad when it came to an end, and some worried about their future care.

Healthwatch Reading recommendations

1. **BHFT should improve awareness of the Berkshire West Urgent Community Response service among the public and professionals in order to:**
    - Ensure patients understand its purpose and have correct expectations of what it can (and cannot) deliver
    - Patients and carers hear it described the same way by various agencies and professionals, to avoid their own confusion, to know how to contact the service if there is an issue, and to know how to give feedback or raise concerns with the correct service
    - Be assured that GPs and other referrers are aware of the service's scope, hours of operation and how it differs or complements similar but separate services, so they can help explain the service to patients

    Awareness raising is particularly important for self-referrals and in educating the public before crisis situations arise and could be undertaken via talks at community forums and local charities.

    Leaflets about the service should include pictorial representations of the various professionals and any standard uniform, or examples of equipment, and be available in other languages and Easy read formats.

    BHFT should explore what support on awareness raising it can receive from the BOB ICS and/or NHSE in light of the NHSE mandated standard coming in for 2022.
2. **BHFT should review communication methods and access for very vulnerable service users in order to:**
    - Ensure referrers pass on, where possible, carer/next-of-kin details for people who live alone with diagnosed dementia or memory loss/confusion so they can be involved in helping the person to communicate, giving background information and planning future care needs
    - Leave confused patients who live alone with a record of the UCR visit that has taken place
    - Ascertain if shared records are adequate in giving an up-to-date picture of the patient's journey and most recent interaction with services.
3. **BHFT should review how people are discharged from UCR in order to:**
    - Ensure patients and carers/relatives understand the next steps if they need further care from other teams or services and how to contact those service
    - Identify whether there is a need to improve information and advice or navigation functions within UCR, either from each professional, as a distinct role, or as a routine signposting to a trusted, responsive I&A service.
4. **BHFT should share the positive feedback received from patients with UCR staff**

Response from Berkshire Healthcare

General

Berkshire Healthcare welcome this positive report as UCR is a new service delivery model, the report contains some valuable learning points and insights from the service user perspective that will feed into current and future service developments.

We are in agreement with the challenges that Healthwatch experienced when completing this survey given the cohort of service users and the trust will adopt the recommendations made when undertaking future surveys.

We recognise there are specific focus areas that require further improvements in relation to networking, signposting to a range of community and voluntary sector services and the need to review communication with our service users as appropriate to meet their individual needs.

Answers to specific questions raised on page 15 of this report:

Do referrals to UCR contain sufficient information about people's level of needs (e.g., dementia) and support systems (how to contact a carer/relative)?

BHFT: *There can be variation in the information received on referrals and as part of the triage & assessment process additional information will be sought from a variety of sources in order to gain insight into the individual's level of needs and support systems.*

Can UCR access and immediately update shared records (e.g. Connected Care) so any subsequent health or social care professional knows if a recent visit has taken place, especially if the person can't remember?

BHFT: *UCR Teams are able to access Connected Care and other clinical systems for shared records, however Connected Care provides a summary and does not give details of recent visits.*

Within internal Berkshire Healthcare clinical records, services are able to access up to date information on visits from other Berkshire Healthcare services.

As well as leaflets, do UCR team members leave any physical record of the date and name of the person who visited to help remind people who live alone and may be confused?

BHFT: *Currently this is not routine practice as services are paper light and is an area of improvement to be developed.*

How does the advice, information and navigation function work within UCR? Is there a 'social prescriber' or 'coordinator' function/role holder? (There are many local organisations – Healthwatch Reading included – who can free advice on how the care and health system works)

BHFT: *The service does not provide a social prescriber role or function within the team, however staff are aware and able to signpost individuals for this support. The services acknowledge that there is more work to do in relation to networking and signposting to a broad range of community and voluntary sector services.*

Can UCR seamlessly refer people onto other services, are their recognised pathways in place or do people have to go back to square one (e.g., back to their GP?)

BHFT: *Yes the UCR team can refer into a number of other services within health and social care without the need to refer back to the GP, unless there is a requirement that the referral is made by the GP.*

Response to Healthwatch Reading recommendations

1. BHFT should improve awareness of the Berkshire West Urgent Community Response service among the public and professionals

BHFT: *Awareness raising will increase and use of language will be communicated to all partners and stakeholders to ensure universal language*

BHFT understand the need for informative leaflets and currently the directory of services is being updated. Berkshire Healthcare will work with our communication lead to ensure that we have a comprehensive communication strategy that clearly defines the Urgent Community Response service for the public and professionals.

2. BHFT should review communication methods and access for very vulnerable service users

BHFT: *Berkshire Healthcare will review current communication methods to address the issues identified in the report. The service are currently implementing the use of fridge magnets which can be left behind in the patient's home after a visit from the UCR services allowing them to know that the team has visited, who did their care and which locality they were seen by. We will audit the patients' journey and interaction in 2022 to ensure the service have made improvements.*

3. BHFT should review how people are discharged from UCR

BHFT: *Berkshire Healthcare have a plan to review discharge pathways from the services and will work with partners to ensure service users understand the next steps.*

4. BHFT should share the positive feedback received from patients with UCR staff

BHFT: *The Healthwatch report in its entirety will be shared with staff.*

Contact Us

If you have any questions about this report, please contact the Healthwatch Reading team:

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You can find out more about Healthwatch Reading and our latest projects via our:

Website: https://healthwatchreading.co.uk

Twitter: http://twitter.com/HealthwatchRdg

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

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS

Developing our Integrated Care System

Discussion with Reading Health and Wellbeing Board

January 2022

Contents

Before we start: context

Bill currently going through parliament

- Significant guidance coming down based on draft legislation

Aim is to put this on a statutory footing for April 2022

- But it will take 12-18 months to evolve to fully functioning

That evolution needs to occur in dialogue with system partners

- Along with developing the system strategy with partners, broader stakeholders and the public

Today is the start of the conversation…

Purpose of an ICS

Four goals:

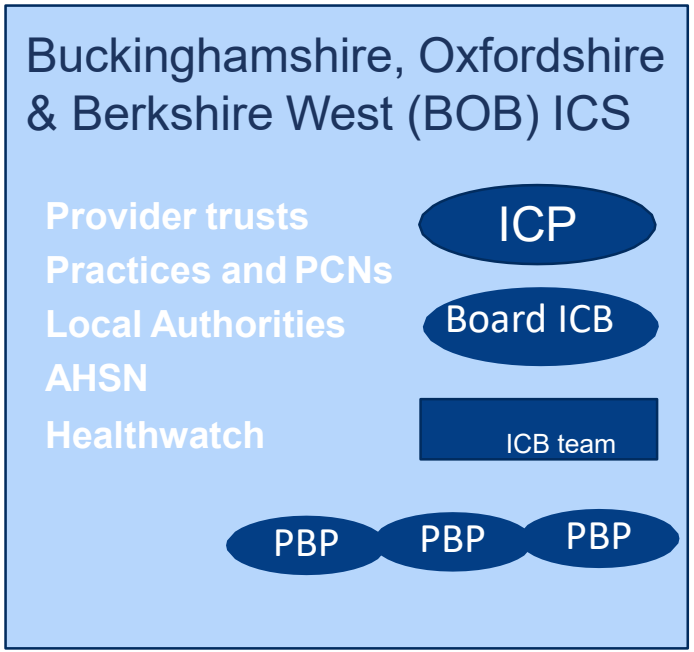
- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**

…these were all goals set out in the Long Term Plan…

…it is how we organise to deliver that is changing

Key components and terminology

- **Integrated Care System (ICS)**
- **Integrated Care Partnership (ICP)**
- **Integrated Care Board (ICB)**
- **Board of the ICB**
- **Place-based Partnerships (PBP)**



From April 2022, Clinical Commissioning Groups will no longer exist
All CCG staff will transfer into the ICB

Three recent national changes to terminology

Health and Care Partnership -> Integrated Care Partnership

- So ICP is now a system level acronym!

Integrated Care Partnership -> Place-based Partnership

- So PBP replaces ICP at Place level

Integrated Care System Body -> Integrated Care Board

- Teams and resources in the ICB will support system and Place

System and Place

We are a system made of three Places

- We do not have the single focal point of other SE ICSs

Most care delivery will be managed at Place

- System orchestrate overall strategy and delegations
- Place manages pooled budgets and delivers on Urgent and Emergency Care (UEC), Long Term Conditions (LTC) and integrated care
- Localities deliver on inequalities
- Provider collaboratives deliver services beyond a Place

We need to work together to evolve system and Place

- Signed off by the Integrated Care Partnership

Places

Today's ICP / Unified Exec -> Place-based partnership (PBP)

- Sub-committee of the Integrated Care Board

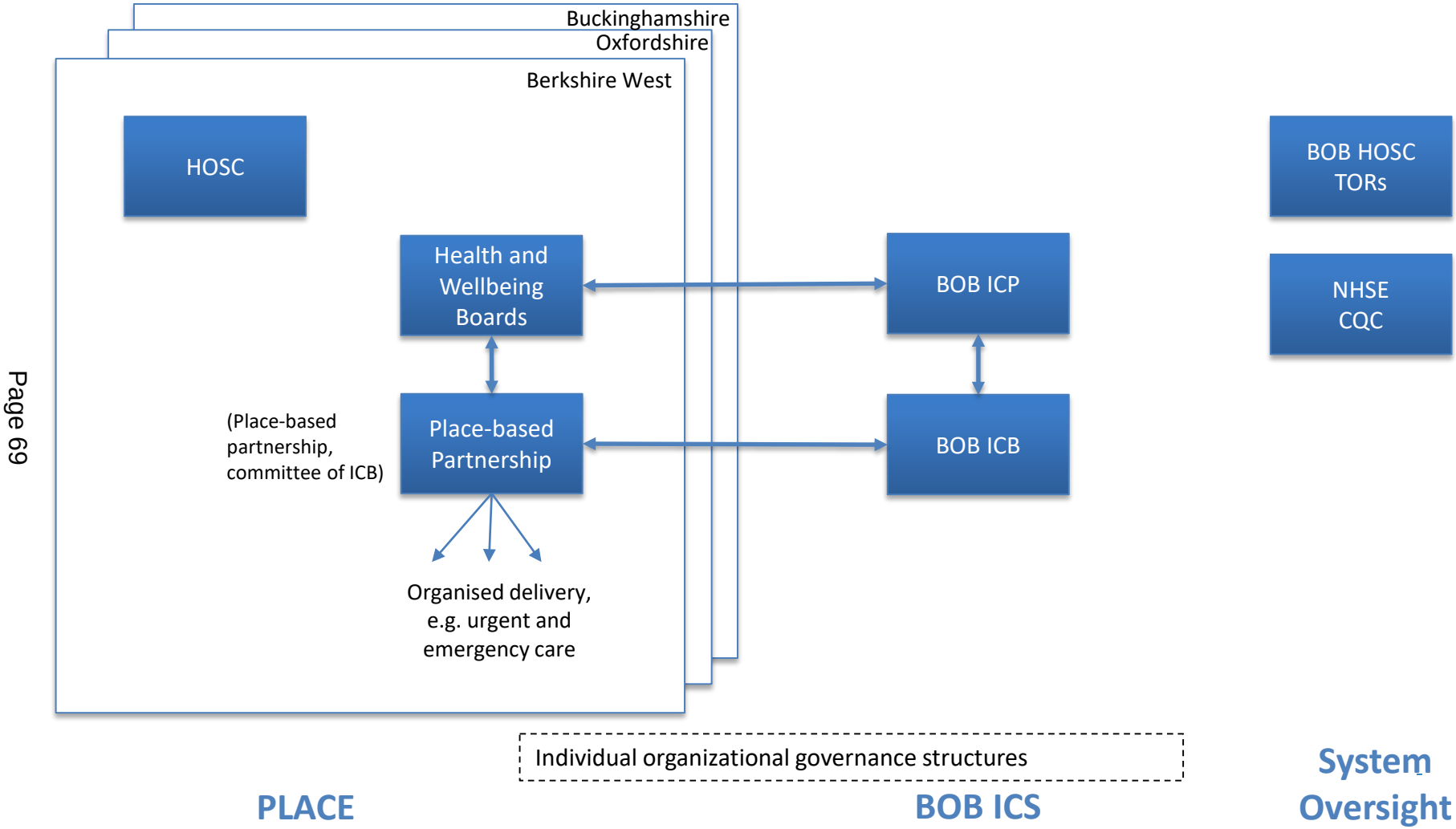
PBP will take many of the decisions that lie in CCGs today

- Eg, resources / capacities across UEC and LTC pathways

They will also drive the changes to enable integrated care

- Eg cardiology, MSK pathways

ICB Place teams will support the PBP – as they do for CCGs today


Buckinghamshire
Oxfordshire
Berkshire West
HOSC
Health and Wellbeing Boards
(Place-based partnership, committee of ICB)
Place-based Partnership
Organised delivery, e.g. urgent and emergency care
BOB ICP
BOB ICB
BOB HOSC TORs
NHSE CQC
Individual organizational governance structures
PLACE
BOB ICS
System Oversight

Governance: ICB Board membership

- Proposing statutory/mandatory membership and review when ICB established
- Membership of 10
  - 1 x Chair
  - 2 x Independent Non-Executive Directors
  - 1 x Chief Executive of Integrated Care Board
  - 3 x Partner Members
    - 1 x Local Authority Officer
    - 1 x Primary Care
    - 1 x NHS Provider
  - 1 x Finance Director
  - 1 x Medical Director
  - 1 x Nursing Director

Discussion

Appendix – detail on elements of ICS

1. What is an ICS?

- **Integrated Care System (ICS):** Partnerships of health and care organisations that come together...

…to plan and deliver more joined up services and improve the health of people who live in their area

There is no change to the system partners we have today.

Buckinghamshire, Oxfordshire & Berkshire West (BOB) ICS

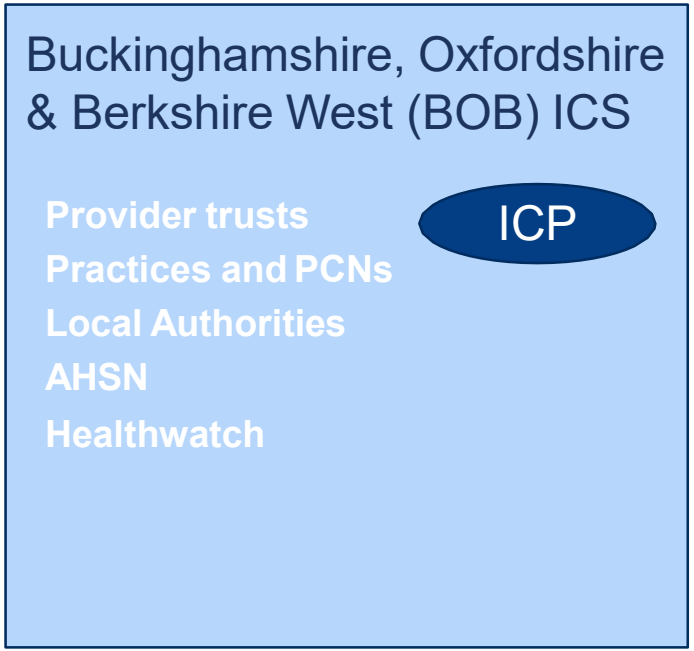
Provider trusts
Practices and PCNs
Local Authorities
AHSN
Healthwatch

1. Components of an ICS?

- Integrated Care System (ICS)

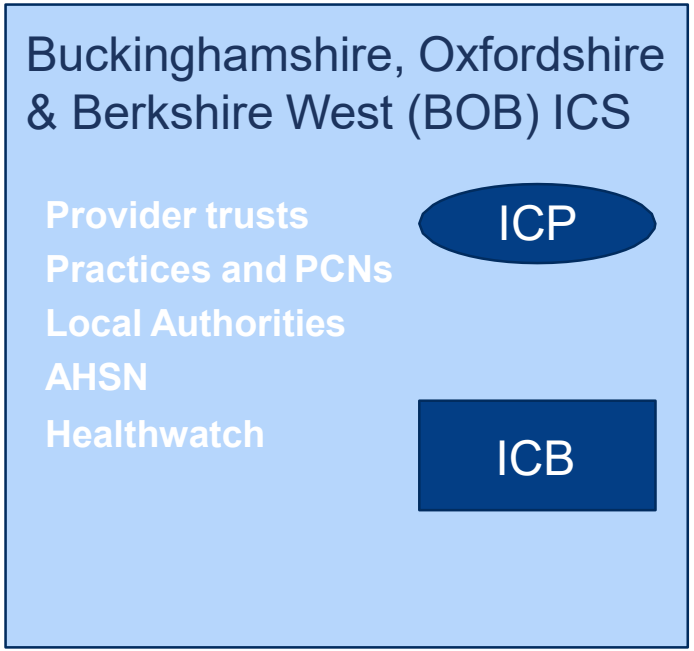
- **Integrated Care Partnership (ICP):** Broad alliance of organisations concerned with improving the care, health and wellbeing of the population, jointly convened by the ICB and local authorities in the area

  Role to develop an integrated care strategy for its whole population



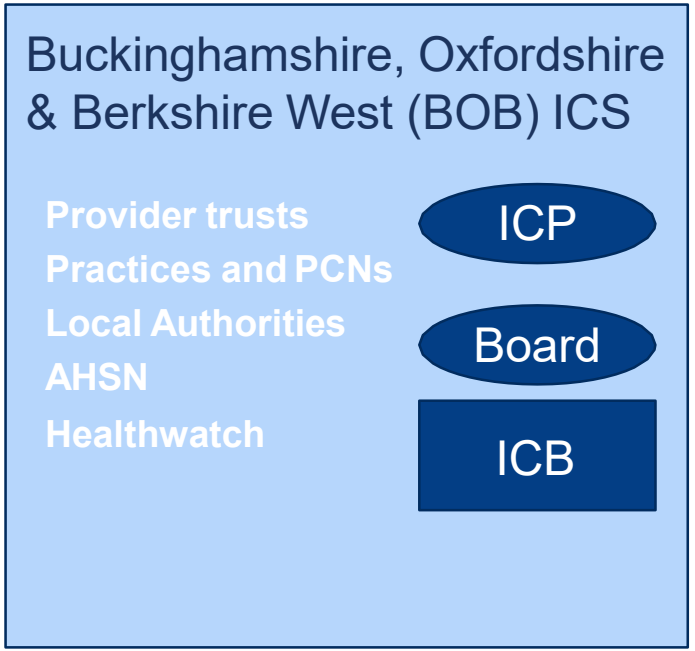
1. What is an ICS?

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- **Integrated Care Board (ICB):** Team that develops the plan, allocate resources, establishes joint working and governance arrangements to ensure health provision for the population. Lead system-wide action on data, digital, workforce and estates as well as EPPR for major incidents



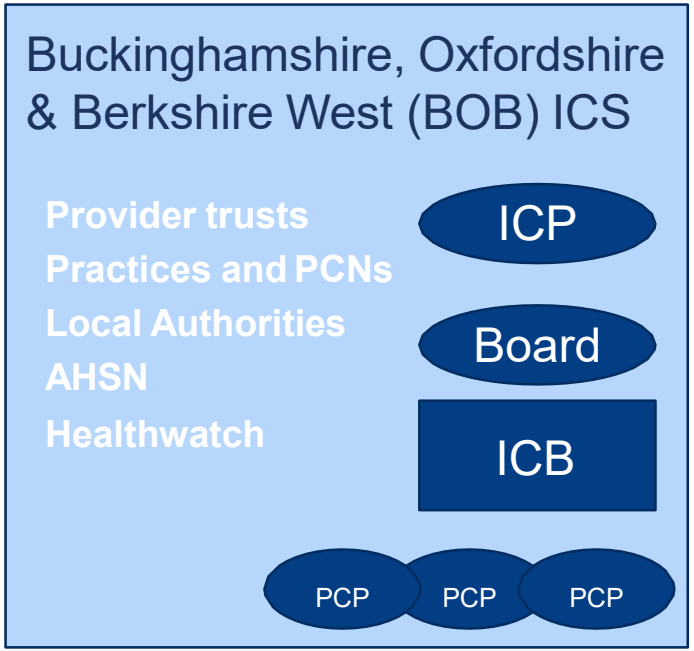
1. What is an ICS?

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- Integrated Care Board (ICB)
- **Board of the ICB**: a unitary board that includes Chair, Chief Exec, CFO, CNO, CMO, and at a minimum one member each from Trusts, PC and LA and minimum two NEDs



1. What is an ICS?

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- Integrated Care Board (ICB)
- Board of the ICB
- **Place-based Partnerships (PBP):** partnerships in each Place that will take on local delegation and replace the current ICPs in Place



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READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**21st January 2022**		
REPORT TITLE:	**SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2020/21**		
REPORT AUTHOR:	**Lynne Mason**	**TEL:**	**07718 120601**
JOB TITLE:	**Business Manager**	**E-MAIL:**	**Lynne.Mason@Reading.gov.uk**
ORGANISATION:	**West of Berkshire Safeguarding Adults Partnership Board**		

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 2020-21 presents what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2020-21. 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

1.4 Appendices to West of Berkshire SAB Annual Report 2020-2021:

- Appendix A - Board member organisations
- Appendix B - West of Berkshire SAB Structure Chart December 2021
- Appendix C Achievements by partner agencies 2020-21
- Appendix D - Business Plan 20 -21
- Appendix E - SAB Business Plan 21-24 Published July 21
- Appendix F - RBFT Safeguarding Mental Health LD Annual Report - 2020-21
- Appendix F - West Berkshire Council Safeguarding Adults Annual Report 2020-21
- Appendix F - Wokingham Council Safeguarding Adults Annual Report 2020-21
- Appendix F - BHFT Safeguarding Annual Report 2020-2021
- Appendix F – Reading Borough Council Safeguarding Annual Report 20-21

2. RECOMMENDED ACTION

2.1 ***That the Health and Wellbeing Board note the report.***

3. POLICY CONTEXT

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

3.2 The priorities for 2020/21 were that:

- The SAB 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.
- The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.
- The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

3.3 The priorities for 2021/22 are that the SAB will focus on priorities that have been identified through Safeguarding Adult Reviews:

- To consider SAB learning in regard to self-neglect; to understand what more we need to do to ensure that our ways of working with people who are self-neglecting are consistent and effective in mitigating and preventing risks.
- To consider SAB learning in regard to pressure care management and understand what the partnership need to do to ensure that our way of working with people at risk of pressure sores is consistently of best practice standard.
- To consider SAB learning in regard to organisational safeguarding and identify what the partnership need to do to transform our way of working with provider agencies to promote and ensure good quality, safe and consistent standards of care.
- The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

4. THE PROPOSAL

N/A

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

5.1 The SAB is a statutory function and has set priorities for 21/22 as detailed in section 3 of this report.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

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

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 The SAB have a dedicated subgroup with representation from the voluntary care sector and HealthWatch across Reading, West Berkshire and Wokingham.

8. EQUALITY IMPACT ASSESSMENT

8.1 Not applicable

9. LEGAL IMPLICATIONS

9.1. Not applicable

10. FINANCIAL IMPLICATIONS

10.1 Not applicable

11. BACKGROUND PAPERS

11.1 West of Berkshire Safeguarding Adult Report 2020/2021
11.2 Care Act 2014

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

West of Berkshire Safeguarding Adults Partnership Board

Annual Report 2020-21

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

Message from the Independent Chair

I am pleased to introduce the Annual Report for the West of Berkshire Safeguarding Adults Board 2020/21. This last year has been unlike any other as we have all experienced the impact of the pandemic in our working and personal lives. On behalf of the SAB, I would like to take this opportunity to mourn the deaths of residents who have died, acknowledge the grief of their families and friends, as well as commending the hard work, dedication, and commitment of health, social care staff, volunteers, carers and all the key workers who kept everything going during this difficult period. There has been close working across agencies to meet the demands of the pandemic and lockdowns, providing assurance that they continued to meet their safeguarding responsibilities despite the additional and extreme pressures on services.

This annual report shows what the Board aimed to achieve during 2020/21 and what we have been able to achieve. The annual report provides a summary of who is safeguarded in Reading, West Berkshire and Wokingham, in what circumstances and why. This helps us to know what we should be focussing on for the future, in terms of who might be most at risk of abuse and neglect and how we might work together to support people who are most vulnerable to those risks.

There continues to be significant pressures on partners in terms of resources and capacity, especially during the Covid-19 pandemic. There is no doubt that the combined impact of the pandemic and growing demand has put huge strain on services as well as the ability to deliver all of our ambitions as a partnership. We have had to reprioritise and remain flexible, in order to respond to those issues which, require the most urgent attention. As a consequence, our Business Plan is shorter and more focussed, with a designated senior lead from the partnership for each priority to oversee progress, to ensure that we are able to make the changes and improvements we are seeking.

I want to thank all partners and those who have engaged in the work of the Board, for their time and effort and for their continued support. I feel privileged to work alongside such skilled and dedicated people in our shared aims to prevent and protect adults at risk of neglect and abuse.

Teresa Bell
Independent Chair, West of Berkshire Safeguarding Adults Board

Concerned about an adult?

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

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

- Reading – 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, regardless of whether or not they are receiving support for these needs. There are many different forms of abuse, including but not exclusively:

- Disability hate crime,
- Discriminatory,
- Domestic,
- Female genital mutilation (FGM),
- Financial or material,
- Forced marriage,
- Hate crime,
- Honour based violence,
- Human trafficking,
- Mate crime,
- Modern slavery,
- Neglect and acts of omission,
- Organisational,
- Physical,
- Psychological,
- Restraint,
- Self-neglect,
- Sexual,
- Sexual Exploitation,

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. Mandatory partners on the SAB are the Local Authorities, Berkshire West Clinical Commissioning Group and Thames Valley 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 and the SAB structure in Appendix B.***

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 there 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 2020-21

- Compared with 2019-20 there has been a 50% increase in the number of safeguarding concerns across the partnership.

- The number of safeguarding concerns per 100,000 of the population has increased by 30%, this is lower than the number of safeguarding concerns reported above as the number per 100,000 will only count individuals with multiple safeguarding concerns in the reporting year once.

- The level of increased of safeguarding concerns per 100,000 of the population across the three Local Authorities differs: Wokingham 40% increase, Reading 33% increase and West Berkshire 13% increase. A Business Plan action has been set for the SAB to *'review safeguarding concern numbers with Local Authority comparator groups and report findings to SAB for consideration'*, the deadline for this action is December 2021.

- It is understood that changing in recording processes for each Local Authority alongside the anxieties felt by professionals and members of the public during the pandemic during this year has contributed to this increase.

- The number of safeguarding concerns that went on to a safeguarding enquiry reduced by 39% compared with 2019-20 (47% in 2019-20 to 30% in 2020-21) so whilst there has been a significant increase in the number of safeguarding concerns recorded when comparing with previous years this has not impacted on the number of safeguarding enquires, which actually saw a 8% reduction (1517 in 2019-20 to 1395 in 2020-21).

Trends across the area in 2020/21

- 58% of enquires were in relation to women, this is consistent with 2019/20.
- 62% of enquiries relate to people over 65 years in age, this again is consistent with 2019/20.
- 80% of enquires were for individuals whose ethnicity is White, this is consistent with 2019/20. The ethnicity of the remaining 20% of individuals is as follows: Not Known 11%, Asian 4%, Black 4%, Mixed 1%.
- Neglect and acts of omission was the most frequent abuse type, equating to 31% of enquiries. This was followed by physical, psychological or emotional abuse and financial abuse. There has been no change in abuse type when comparing with 2019/20.
- For the majority of enquiries (43%), the individual primary support reason was physical support. This was following by no support reason (20%), there is no change from 2019/20.
- The Performance and Quality Subgroup investigated the increase in no support reason in 2019/20, which was attributed to West Berkshire Council and confirmed that the increase was correct. Reading Borough Council and Wokingham Council reviewed their recording practices to ensure that it was consistent with NHS digital guidance.
- 69% of enquiries completed were where the alleged abuse took place in the persons own home. Whilst this is not different when comparing with 2019/20 there has been an increase of 20%. Enquiries where the alleged abuse took place in care homes has dropped by 27%, this is thought to be due to the impact of the pandemic.
- 21/22 Business Plan action has been set to *'review safeguarding concern numbers with Local Authority comparator groups and report findings to SAB for consideration'*.

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:

- As in 19/20 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.
- Service user engagement, there is not the capacity within the partnership to fully implement the 'user engagement strategy' the Voluntary and Healthwatch Subgroup, chaired by the SAB Independent Chair continues to be held, where service user experience is considered. The SAB have been challenged on feedback received from agencies have agreed to consider feedback received and take necessary action.

- It is important to the SAB that people who raise safeguarding concerns receive feedback, the SAB dashboard now includes performance data from local authorities.

- The use of advocacy continues to be monitored by the SAB, through the dashboard. In 20/21 91% of individuals, who were part of a safeguarding intervention, who were assessed as lacking capacity were recorded as having an advocate, this is a decrease from 19/20 where it was 94%. Performance is higher than the national average which was recorded as 87% in 19/20.

- 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 material provided by the SAB.

- The SAB understands that there are capacity issues within the supervisory bodies to obtain timely Depravation 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. Through the SAB statutory partners safeguarding leads the SAB is sighted on the implementation of Liberty Protection Safeguards (LPS).

- The SAB is not complying with its Quality Assurance Framework, as the SAB do not have the capacity in the partnership to deliver the frameworks requirements. The SAB priorities for 21/24 will focus on key learning topics from SARs and the quality assurance around those topics.

- As a result of the pandemic the following risks were identified by the SAB:
    - 'Safeguarding People at risk of multiple exclusion, due to not meeting safeguarding or care management pathways.' This is not a new issue but has been exacerbated as a result of lockdown, as people have been brought to the attention of services that wouldn't have previously been before. The SAB launched the Supporting Individuals to Manage Risk and Multi Agency Framework (MARM) in July 2020 and a review of this framework schedule for 2021/22 as part of meeting the SAB priority around self-neglect.
    - The SAB are not assured that individuals within closed environments are safeguarded due to restrictions around visiting during the pandemic. The SAB asked statutory partners to respond to a set of assurance questions and responses were considered by the SAB in September 2020, December 2020 and March 2021.
    - Increase of inappropriate Safeguarding Referrals, capacity in the Local Authority Safeguarding Teams will be impacted on resulting in there being less time be available to spend on appropriate safeguarding concerns. An analysis identified that the main increase can be attributed to Thames Valley Police, the Local Authority safeguarding leads and Thames Valley Police are working together to identify a solution.
    - Hospital Discharge pathways were amended in response to the pandemic, assurance was sought from the SAB that safeguarding is appropriately considered in the revised pathways.

- The increase on carers stress as a result of the pandemic, a paper was discussed at SAB where members were required to consider and implement appropriate changes within their organisations.
- Staff wellbeing as a result of the pandemic, was asked as part of a set of assurance questions and responses were considered by the SAB in September 2020, December 2020 and March 2021.
- People are more at risk of domestic abuse as a result of the measures put in place as a result of the pandemic, the partnership will need to consider how its approach will need to be adapted. Safeguarding data suggests that there has not been a significant increase in Domestic Abuse resulting in safeguarding concerns during the pandemic. The SAB continues to promote Domestic Abuse awareness and ways in which to identify and respond to during and after the pandemic.

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

Impact of Covid-19

The SAB was responsive to the pandemic and were flexible in its approach to adult safeguarding. Full Board meetings were postponed from March 20 – June 20 however three weekly statutory partner meetings were held to understand the impact Covid had on safeguarding and to seek assurance how partners were mitigating identified risks. Regular meetings continued with the Voluntary Care Sector and Healthwatch with the SAB Independent Chair and Business Manager so the impact of the SABs response could be monitored.

The statutory partners safeguarding leads set up weekly meetings, the meetings were attended by the SAB Business Manager who was able to escalate concerns regarding safeguarding practice immediately to the SAB. The meeting agreed and published a *'*Covid-19 Safeguarding Partnership Response, Escalation of safeguarding system issues in services responding to safeguarding activity during the Covid outbreak' .

A Covid information page was added to the SAB website and national and local guidance around safeguarding and Covid was added.

In December 2020 the Safeguarding Adult Review (SAR) Panel identified that there may be a potential increase in self-neglect as a result of the pandemic, in response the SAB created and published 'Self-neglect a five minute update', to raise awareness around self-neglect and the resources available.

A priority dedicated to the impact of Covid was added to the SAB's 2020/21 business plan: 'Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally'. The outcomes achieved are detailed in the next section 'Achievements of working together'.

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 **20/21** and outcomes to those priorities were:

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.**

Regular meetings with the Voluntary Care Sector and Healthwatch, took place, to gather feedback from the sector on the effectiveness of statutory organisations response to safeguarding during the pandemic. Discussions based on this feedback were had at SAB meetings.

A Pan Berkshire Policy and Procedure Best Practice Guide for Decision-making: S42 Safeguarding Adults Enquiries, in response to learning from a safeguarding adult review, was published.

Reviewed the quality of Tissue Viability Management training and promotion in response to learning from SARs.

Produced a Self-Neglect 5 minute awareness document that was distributed across the SAB partnership in December 2020.

Considered a paper produced by the Performance and Quality Subgroup on the risks of targeted exploitation nationally and locally.

Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.

The Learning and Development Subgroup sought assurance from partners regarding the delivery of safeguarding training during the pandemic and feed the findings back the SAB. The SAB partnership focused on virtual training during the national lockdowns, however successful virtual training has been

the SAB recognise there is still a need for classroom based training in some key areas of training when government Covid restrictions are eased.

The SAB reviewed the findings from the LGA[1] Insight Project, which was developed to create a national picture regarding safeguarding adults' activity during the COVID-19 pandemic.

A set of assurance questions were asked of the SAB statutory partners and responses were considered by the SAB in September 2020, December 2020 and March 2021.

A paper was considered by the SAB in December 2020 analysing the impact the pandemic has had on carers, for partners to consider and implement actions within their organisations.

Assurance was sought that safeguarding was being appropriately considered in the revised hospital discharge pathways in response to the pandemic.

Priority 3 – The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

The SAB published briefing notes in response to Board meetings held in September 2020, December 2020 and March 2021.

The SAB Annual Report for 2019/20 was published.

A total of seven SARs were endorsed by the SAB. Further details can be found further on in this report.

A database of recommendations and progress made from SARs and audits commissioned by the SAB has been maintained and progress update provided at each SAB.

The SAB's Terms of Reference, Constitution, Induction Pack and Structure was reviewed and relaunched.

The SAB Dashboard used to monitor safeguarding activity across the partnership remains in place and is considered in detail by the Performance and Quality Subgroup on a regular basis.

The SAB spent time considering the Quality Assurance Framework and agreed that a different approach to quality monitoring for 21/22 is required.

Due to the pandemic the Learning and Development Subgroup meetings were not held from March 2020 through to September 2020 so therefore quarterly bitesize learning events did not take place. However, the SAB did deliver:

- A virtual session on Financial Abuse in November 2020 with over 80 delegates attending.
- In response to the risk about increase in Hoarding due to the pandemic Hoarding training was commissioned for care workers and volunteers. The training was delivered in October 2020.

Feedback for this training was positive and the Learning and Development Subgroup will continue with the delivery of virtual bitesize training sessions in 2021/22.

[1] Local Government Association

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

- Additional achievements by partner agencies are presented in Appendix C.
- The completed Business Plan 2020-21 is provided in Appendix D.

Safeguarding Adults Reviews (SARs)

The SAB has a legal duty to carry out a 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 seven were endorsed by the SAB and six were published alongside a practice learning note. Practice learning notes are two-page documents that summarises the case, the learning and summarises best practice in key learning 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 four safeguarding adult's reviews in 2021/22 Valuable learning has emerged from the all SARs and has fed into the SABs priorities and Business Plan for 2021/24. The SAB continues to recognise the large workload for the SAR Panel and meetings continue to be held monthly.

The SAR Panel continues to adapt its approach to SARs and after reflecting on individuals and family involvement have produced an information leaflet to support individuals and family through this process.

The case summaries and the learning from the six SARs that have been published are as follows:

Ben – published September 2020

Full report
Practice learning note

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

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

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

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

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 shared with the commissioning Local Authority.
- There was no safeguarding concern raised by a Nurse who visited Ben and noted that Ben had unexplained bruising. An assumption was made that the bruising was due to a general decline in Ben's health.
- There were delays in supporting Ben with his pressure care needs due to confusion around the referral process.
- Once initiated the Provider Concerns Framework was a success and a cross agency coordinated response supported the Nursing Home to improve.
- Previous safeguarding concerns raised about other residents at the Nursing Home, did not lead to further investigation, which may have identified the failings in the home sooner.
- The workforce within the SAB Partnership are not clear on the SAR process or the functions of the SAB.

Henry – published February 2021

Practice learning note

Henry was the main carer for his mother and sister, both had passed away. Henry was not in contact with any other family members and lived alone. Henry was known to a number of services. In January 2017 Henry's neighbour Iris, contacted these agencies to share her concerns about Henry's ability to look after himself. A Social Worker when visiting Henry's home identified several risks, the Social Worker assessed Henry as lacking capacity in regard to his hoarding behaviour and the disrepair of his property. However, the case was closed by the Local Authority, with no further action. Five months later Henry was referred to the Older People's Mental Health Team, Henry was discharged due to lack of engagement. Henry passed away in September 2017.

Lessons Learnt

- Henry's case was closed by Social Care practitioners incorrectly, as risks were not addressed, their actions did not comply with statutory regulations.
- A Multi-agency approach to supporting Henry to manage risks to was not considered.
- The risk of fire identified at Henry's home was not considered as a risk to others (neighbours, emergency services) and appropriate action was not taken.
- There was no consistency with the professionals who were visiting Henry (which is known to support improved engagement), or consideration of advocacy.
- The risks around possible financial abuse were not identified by the professionals visiting Henry and therefore not investigated further

Carol – published November 2020

Full report

Practice learning note

Carol's life changed significantly as Carol fell and broke her shoulder and her husband died of a cardiac arrest whilst Carol was present. Carol had moved to England to be with her husband and had no other support network. Carol started drinking alcohol and stopped taking her medication for schizophrenia. Carol was supported by a number of agencies over the next 3 months, including hospital stays, community mental health support and a package of care from a home care agency. Safeguarding concerns were raised by a number of agencies in regard to self-neglect but the local authority did not follow the Safeguarding Pan Berkshire Policies and Procedures. There were also missed opportunities for professionals to raise further safeguarding concerns. After a stay at hospital the home care agency was not informed to restart Carol's package of care, when she was discharged. When the package of care was restarted a few days after discharge from hospital, Carol did not answer the door. The following day, after Carol didn't answer the door again, the carer called the police where it was discovered that Carol had passed away.

Lessons Learnt

- That there is an emphasis on 'normal' behaviour when making decisions and that these decisions on 'normal' behaviour may not necessarily consider current circumstances. For example, being discharged from hospital without support, as Carol appeared to be coping in hospital.
- Carol's voice did not appear to be heard, Carol had to speak to a number of different professionals at a time of crisis, and advocacy was not considered.
- There was limited partnership working in this case. Agencies were working in silos, meaning Carol's situation was not fully understood.
- Self-neglect: it appears that agencies recognised self-neglect but were not clear on the most effective way to support Carol. A Strategy meeting was required.
- Bereavement: Carol was grieving and appeared to have very little support.
- Mental capacity: whilst it has been considered in chronologies it appears that capacity has been assumed and not tested further with reliance on: A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- Access of the Health Hub: Better understanding is required across the partnership about who can access the hub and when referrals should be made.
- There were a number of staff at the Emergency Duty Service (EDS) who did not follow their internal procedures.
- There was a failure to recognise on discharge that further communication was required with Carol's social worker.
- Within the local authority there were two different teams and therefore two different allocated workers and managers overseeing Carol's case, resulting in assessments not being completed at all or in a timely manner.
- Intelligence from this SAR and others along with SAR Panel member feedback evidences that safeguarding policies and procedures are not being followed

Graham – published February 2021

Full report
Practice learning note

Graham was an 86 year old man diagnosed with vascular dementia and other comorbidities. Graham lived with Ava, his wife and main carer. Graham and Ava had daughters from previous marriages who lived locally. Graham was dependent on his wife Ava to provide support for all activities of daily living. He required the assistance of two people and the use of mobility equipment for all transfers. Because of his cognitive impairment, it was difficult for Graham to communicate his own views and wishes. Graham was dependent on Ava to maintain communication with the different agencies involved in his life. However, the SAR identified that professionals did not agree that the decisions Ava was making, were in Graham's best interests and there were concerns about Ava's ability to cope. Opportunities to raise safeguarding concerns were missed and Graham continued to be supported under the care management pathway. During a six month period, Graham's health deteriorated, and a safeguarding enquiry began as the concerns regarding Ava's ability to manage and decision making around supporting Graham continued to escalate. Graham was admitted to hospital after a home visit from his GP and Graham was diagnosed with pneumonia, sepsis and severe pressure ulcers. Concerns had been previously raised in regard to pressure care and visits had been undertaken by District Nurses. Graham passed away 2 days later. A safeguarding concern was raised, this did not go on to and enquiry as it was the opinion of a manager that: Ava had not intentionally neglected Graham and that it would appear that Ava needed an assessment in her own right.

Lesson Learnt

Learning was identified in:

- Making Safeguarding Personal
- Advocacy
- Safeguarding Procedures
- Mental Capacity
- Professional Curiosity/Challenge

Through the practice learning note professionals were asked to consider the following questions:
Questions for future practice Please consider and discuss with your line manager

- Are you confident in your practice, to effectively challenge family members, who may not be making decisions that are in the best interests for the individual you are working with?
- How do you ensure that advocacy is considered and implemented, as per the Care Act requirements in your work?
- Are you clear on how to escalate concerns, if in your professional opinion, risks have not been dealt with adequately?
- Are you confident in the application of the Mental Capacity Act in your practice?
- Are you clear on your responsibilities, in regard to, individuals that are assessed as self-funders?
- Do you apply Making Safeguarding Personal Principals in your practice?
- Is there anyone you are working with at the moment, who may be in a similar situation to Graham and Ava, where you think a different approach can be taken in light of this SAR?

P – published December 2020

Full report

P was a white British woman, in her sixties. P had living with secondary progressive Multiple Sclerosis (MS) for nearly 20 years. Following the death of P's husband P was in receipt of five home care visits a day. As P's MS progressed, she developed contractures in her arms and legs that made her increasingly unable to position herself. She also experienced pain when others moved her. These worsened considerably over time.

P moved to extra care sheltered housing, following an admission to hospital. P's family were concerned that P was neglecting herself and felt unsupported by care services and made a number of complaints regarding the quality of care P was receiving. P developed pressure ulcers. A number of professionals raised safeguarding concerns that were not followed up correctly. The Local Authority failed to achieve an overall improvement in the quality of care delivered by the home care agency.

P moved to a care home, at first P's pressure ulcers began to improve, however a few months later there was a marked deterioration. 9 months after her move to the care home P was admitted to hospital, P died six weeks after admission. P's death certificate states the cause of death as 1a) sepsis 1b) infected pressure ulcers and 1c) Multiple Sclerosis. 12.

The author of this SAR concluded that P's quality of life could have been substantially improved if various aspects of her care had been managed differently and that this situation long pre-dated but was not reversed by her admission to residential care.

Lessons Learnt

- Person-centred practice – P's voice was rarely heard.
- Care management – P would have benefited from a named individual to bring together the understanding and expertise required to support P.
- Professional practice – professionals felt constrained by the pressure to "solve" immediate problems and move on.
- Mental Capacity - P's situation raises serious questions for all agencies about professionals' and carers' understanding and implementation of the Mental Capacity Act. Despite having previously been adamant that she did not want to move into a nursing home, P did not receive independent support when the decision was made.
- Safeguarding - there were a number of safeguarding alerts that were not dealt with thoroughly and recording was often poor in relation to what action either was or needed to be taken.
- Implementation of inter-agency protocols - there were examples across all the community agencies of gaps in this area.

Michelle – published July 2020

Full report
Learning brief

Michelle is described by her family as a funny, loving, affectionate young woman. She had a good sense of humour, was charismatic, engaging and caring with an optimistic outlook. Michelle also had long standing mental ill health and had had social work involvement in her life from an early age. When she was a teenager, she was diagnosed with depression and paranoid schizophrenia and she spent some time in adolescent mental health units. She became a looked after child in July 2017 and then moved into semi-independent provision. Michelle died in February 2019, aged 19.

The review looked at:

- The multi-agency support provided to Michelle
- How young people are supported and safeguarded through their transition into adulthood
- The effectiveness of the commissioned care provided to Michelle
- The effectiveness of Michelle's support plan/s
- Understanding how Michelle's medication was monitored in her placement.

The review was carried out by Royal Borough of Windsor & Maidenhead on behalf of the West of Berkshire Safeguarding Adults Partnership Board.

Learning Points

- The importance of commissioning suitable accommodation for young people, how young people are prepared for semi independence and the ongoing suitability of accommodation over time.
- Recognition of the complexity of supporting a young person who reaches their 18th birthday (and therefore becomes an adult) living out of area and in receipt of multiple services.
- Effective use of risk assessments and prevention plans.
- How children and adult local authority and health services work together to safeguard young adults, the role of the lead professional and balancing risk and safety in young adults.
- Ensuring that the young person is at the centre of the care planning, commissioning of places and that their views are listened to, even if they are not present at meetings with professionals.

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 seven SARs endorsed and previously endorsed SARs the SAB has agreed that its approach for the next two and a half years will be to focus at any one time on three key themes that have been identified from learning from Safeguarding Adult Reviews (SARs). The first three key themes from 2021 onwards have been agreed as:

- Self-Neglect
- Pressure Care Management
- Organisational Safeguarding

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 2021/2022

The SAB acknowledges that there are reoccurring themes from local and national learning from SARs that must be addressed. We will consider what the obstacles are in implementing recommendations and sustaining improvement and there will be a focus on good practice to promote learning, alongside an emphasis on good quality care principles and the role of effective support and supervision of the workforce to embed learning and inform future practice.

It is possible that changes to priorities will be made throughout the duration of this year in light of national and local learning in order to ensure that there is capacity within the partnership to deliver on the most pressing priorities for the West of Berkshire. Any change in priorities will be approved by the SAB.

Through its reflective learning practice the SAB have identified the following priorities, it is the expectation within each of the priorities that the following key frameworks/principles are considered: Mental Capacity, Making Safeguarding Personal, Professional Curiosity, Care Act, Equality Act. The SAB will also consider and make and implement recommendations regarding race, culture, ethnicity, local and national context and how this may impact on safeguarding.

- Priority 1: To consider SAB learning in regard to self-neglect; to understand what more we need to do to ensure that our ways of working with people who are self-neglecting are consistent and effective in mitigating and preventing risks.
- Priority 2: To consider SAB learning in regard to pressure care management and understand what the partnership need to do to ensure that our way of working with people at risk of pressure sores is consistently of best practice standard.
- Priority 3: To consider SAB learning in regard to organisational safeguarding and identify what the partnership need to do to transform our way of working with provider agencies to promote and ensure good quality, safe and consistent standards of care.
- Priority 4: The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

The Business Plan for 2021-24 is attached as **Appendix E.**

Appendices

Appendix A - SAB Member Organisations

Appendix B - SAB Structure

Appendix C - Achievements by partner agencies

Appendix D - Completed 2019-20 Business Plan

Appendix E - 2020-21 Business Plan

Appendix F - Partners' Safeguarding Performance Annual Reports:

- Berkshire Healthcare Foundation Trust

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

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

Annual Report 2020/21

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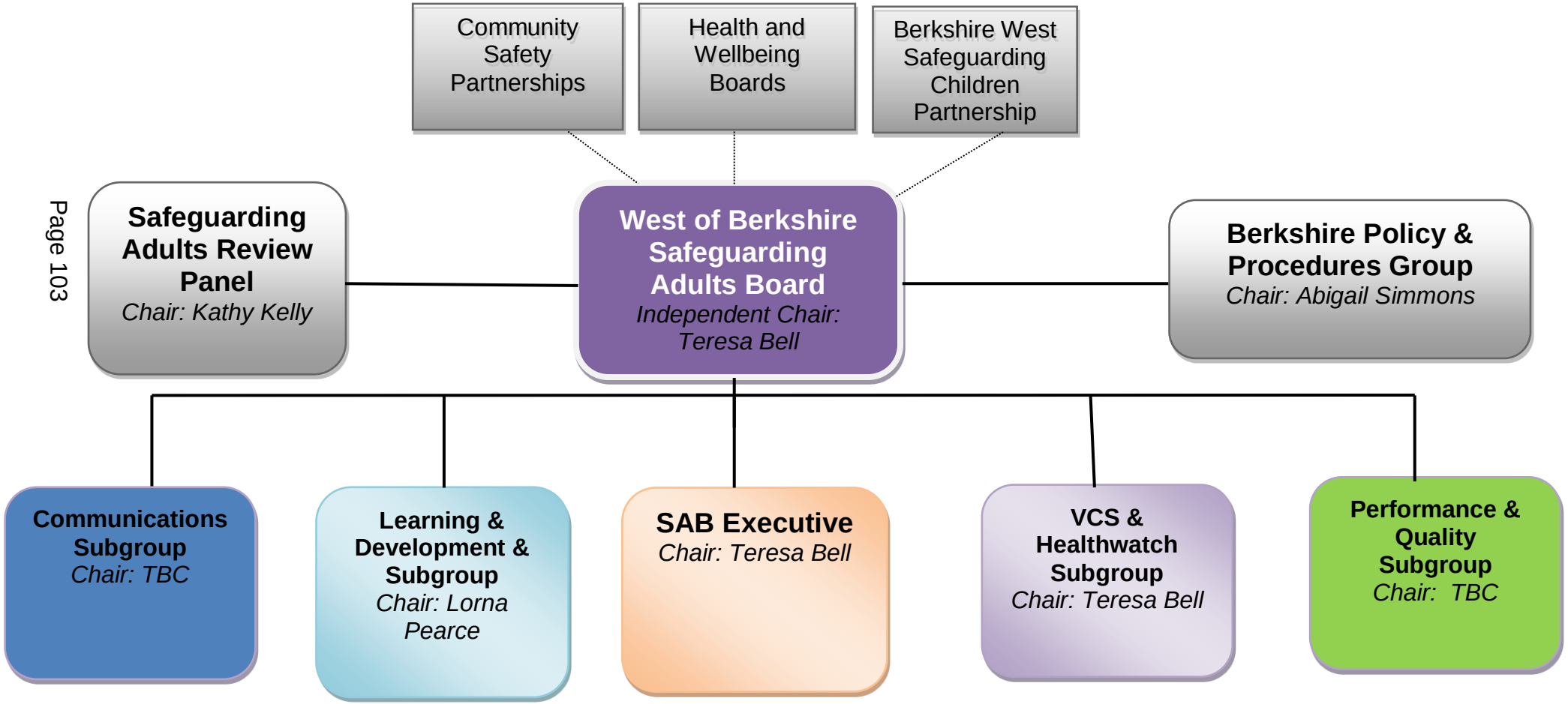
West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Structure Chart

The West of Berkshire Safeguarding Adults Board covers the Local Authority areas of Reading, West Berkshire and Wokingham. It consists of the strategic Board, a Safeguarding Adults Review Panel and four subgroups, all of which have their own terms of reference – see website for more information:
http://www.sabberkshirewest.co.uk/



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

Appendix B

Achievements by partner agencies 2020-21

Berkshire Healthcare NHS Foundation Trust (BHFT)

Berkshire Healthcare NHS Foundation Trust have continued to work closely throughout the year with partner 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. There have been additional multi-agency meetings across the partnership for support and information sharing around Covid -19 including sharing information about working policies during the pandemic, changes to services, highlighting additional risks and promoting wellbeing and support for staff. The Trust continued to be represented by named safeguarding professionals at all relevant Safeguarding Adult Board (SAB) subgroups, with senior management representation provided at the SAB.

The safeguarding children and adult teams remain fully integrated to facilitate a more joined-up 'think family' approach to safeguarding. During 2020/21, 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. During the first lockdown period the safeguarding adult's advice line was extended to the weekend to give extra support to staff. The trust recognised the importance of strong safeguarding support for staff during the pandemic and no safeguarding staff were relocated to other teams.

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. The safeguarding team operated remotely using virtual technology and all safeguarding supervision was offered on the virtual platform. An audit of supervision in December 2020 found that staff found virtual supervision easier to access and equally useful and this has led to a new model for supervision going forward. Regular briefings were given to staff through the online staff team brief and screen savers were used to highlight some important safeguarding messages such as domestic abuse, modern slavery and female genital mutilation. The trust online journal learning curve featured learning from adult and child safeguarding reviews in quarter four. A video was developed by the safeguarding team to promote safely asking the question about domestic abuse when seeing patients using virtual technology. This was shared across the partnership.

During the lockdown periods in quarter one and quarter four, all training for staff was suspended to prioritise patient care and changes to services. This led to a lower compliance level for safeguarding adult training at the end of the year:- 75% for safeguarding adults training at level one and 60% at level two. Safeguarding training on the virtual platform was developed during the year and a catch-up programme is scheduled with extra courses planned going forward at levels one, two and three. For Safeguarding children, the trust achieved 79% for level one and 87% for level 2 and 85% for level three. Training compliance for PREVENT training remains above 97%. MCA training was 80% compliant and DoLS training 81%.

Improvement in staff understanding of and application of the Mental Capacity Act (MCA) 2005 continues to be a priority for the Trust. A MCA audit was carried out which identified very good

compliance to the Act for the inpatient wards at Prospect Park Hospital but identified the need for further training on the community wards. A project has started to introduce a template for use when admitting patients, to ensure compliance to the Act around consent is achieved. Work continued within the trust around the implementation of the Liberty Protection Safeguards (LPS). Implementation has been delayed nationally until October 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.

Our key achievement during a challenging unprecedented time have been that we have continued to maintain a good effective engagement with primary care teams (PCTs) and the partnership. During the challenges of the last year our safeguarding leads have worked virtually with our PCTs providing training and consultations. In addition to this they have shared information on support services, reviews and mental capacity within primary care and across the CCG as key priority areas of the board. The Designated leads for the CCG during the pandemic reviewed the training making it more accessible with a focus on remote assessment and responses to domestic abuse, during a time when it was difficult for people to access services. We have achieved an excellent attendance rate and the training was reviewed in line with national guidance. The training and safeguarding practice leads meetings have continued to raise the profile of adult safeguarding and includes practice discussion from serious adults' reviews, domestic homicide reviews, and domestic abuse. The CCG has supported a landing page for primary care for safeguarding and within this created helpful guides for GP on domestic abuse which are located on the board website.

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 have a good established partnership, and this was demonstrated as a strength in the last year where health and key partners worked together to reduce risk of harm in various setting. Our health services and our Local authority leads have refreshed the safeguarding templates for health reporting on enquiries and continue to make changes to respond to improving the quality of information and recording. 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 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. During the pandemic this group supported key communication for our care sector and working together in task groups with our partner agencies. The CCG safeguarding team were part of the provision and interface with primary care and support for infection control in the care home sector across the partnership including safeguarding support to asylum seeker provision in our area.

The designate head of adult safeguarding remains a proactive and consistent member of the SAB, chairing a newly formed safeguarding leads group, 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 mobility and movement as a preventative approach to pressure ulcers and the designate has provided material for the SAB website for families and professional to use. As a safeguarding team we are committed to providing information shared learning across our services in health and see this promotional work to raise awareness as a strength in the partnership. The CCG will continue to be working toward our Integrated Care System for Buckinghamshire, Oxfordshire and Berkshire West building on and developing or safeguarding governance that support and promotes leadership in safeguarding across the wider system. This work already includes an ICS approach to commissioning a level 4 safeguarding training events for GPs' and project work to reach people and raise awareness in key areas of abuse in a range of languages. The CCG look forward to being an active member working together within the partnership.

Reading Borough Council (RBC)

Operational Teams

The Adult Safeguarding Team continues 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.

There remains in place a robust oversight of all section 42 enquiries by managers.

There have been bite size learning events with managers regarding key aspects of the safeguarding process where it has been identified through consultation with managers that they felt the necessity for greater clarity.

Service Development

Hoarding and Self Neglect

Adult Social Care (ASC) during the COVID Pandemic noted that individuals who needed help to address their hoarding and self-neglect were reported when their situation had often become acute. The challenges for all professionals during the pandemic were that because of reduced interaction in the community these cases were not identified until a later stage. The impact of hoarding and self-neglect can be significant and risks which are associated with the condition may include:

- Delays in hospital discharge and associated additional costs of 'bed-blocking'.
- Fire hazards.
- Poor physical and mental health.
- The potential for safeguarding concerns to be raised.
- The potential for individuals presenting on multiple occasions to services – the revolving door scenario.

This created ongoing challenges for all agencies working alongside ASC, which resulted in reaching an agreement to produce a hoarding and self-neglect local procedure and pathway for the residents of RBC.

ASC identified that there were opportunities to apply for a hoarding grant and were successful in securing funding of £58,030 from the Social Impact Voluntary and Community Grant. The grant which RBC have been awarded will be used to develop a multi-agency hoarding and self-neglect procedure and pathway.

Aims of the Project:

- Provide practical and emotional support to people who hoard/self-neglect.
- Research to identify how best to support people with self-neglect or hoarding tendencies in the community and ensure interventions and support meet longer term needs.
- Establish a multi-agency network to provide a joint and joined-up approach
- Establish integrated pathways and a multiagency "panel" with safeguarding leads to support with risk management and interventions.
- Set up a framework in collaboration with participating agencies and using service users views and experiences of service users involved.
- Educate statutory and voluntary agencies on hoarding and self-neglect, raise awareness and impact on wellbeing.

Expected benefits for the target group

- Promoted independence and support for a group of people who often refuse support and are hard to engage.
- Increase access to services to support mental wellbeing, reduce social isolation and stigma.
- Increased access to community and health services
- Prevent crisis and hospital admissions through preventative work
- Enabling people to stay healthy and active in their community and at home

Research aims

To use qualitative research methods to gain an understanding of the service users experience of our service. This will guide future service development for this group.

The funding identified will include:

- Lead Practitioner for 9 months to run the project .
- Specialist training and service development support will be offered from Hoarding UK.
- Development of "Train the Trainer" in order to ensure a consistent high level of expertise in this area of work.
- Workshops to review the existing Hoarding pathways and services with all agencies across Reading.
- Development of a Reading hoarding and self-neglect procedure/pathway for all partner agencies involved in delivering services in Reading.
- Focus groups with service users to understand how RBC can support them through the process, what worked well and changes they feel would be beneficial in their journey.

Section 42 provider enquiry template

There was in existence a section 42 provider enquiry template that was primarily being used for GP's to respond to ASC with information to assist in the section 42 enquiry. A staff survey highlighted that it was not being consistently used across the service and feedback demonstrated the need for clarity regarding the content of the document and which external professionals should be completing the form.

A review of the safeguarding process highlighted the need for consistency of approach to gathering information from providers as part of the section 42 enquiry. The inconsistency of approach resulted in lack of accountability by some providers, difficulties in identifying the feedback by providers in Mosaic with defined outcomes and the learning. Unclear timeframes for the enquiry to be completed which resulted in some drift. All of this resulted in the need to ensure that a coherent and consistent approach to all section 42 enquiries was adopted across all provider organisations.

The decision about how best to approach an enquiry is made by the Local Authority. Under Section 45 of the Care Act, any professional or organisation asked to co-operate in the enquiry has a duty to do so.

Where the approach involves another professional or organisation making enquiries, the Local Authority remains the lead agency, with responsibility for monitoring progress of enquiries made by others and coordinating the safeguarding process.

- The specific enquiries to be made
- Who has been allocated which enquiry?
- The timeframe within which the enquiry must be made

A group of Safeguarding Leads worked together to update the template, and this culminated in the relaunch in November 2020 of the Section 42 enquiry provider template.

A review took place in the Spring of 2021 regarding the implementation and use of the template. Feedback from staff and providers was positive and the template is now consistently used.

Safeguarding Concerns – working alongside partners

An audit of Safeguarding Concerns being sent to the Safeguarding Team was undertaken by the Safeguarding Senior Manager. It identified several themes in respect of the interpretation of Care and Support needs, what constitutes a safeguarding concern and appropriate pathways for individuals who are experiencing a mental health episode. This work sat alongside the launch of the West Berkshire Safeguarding Threshold document which supports professionals in making decisions to refer a safeguarding concern to the appropriate Safeguarding Team.

A programme of work was identified to address these issues with external partners, and this resulted in working alongside Thames Valley Police to address the emerging themes.

Over a 2-day period auditing of TVP safeguarding concerns took place which identified a total of 15 safeguarding concerns that Thames Valley Police had sent to the team which clearly demonstrated that the two agencies needed to work closely together to ensure that the right professionals received the right information at the right time. It was a collaborative approach and has resulted in the development of a Power Point presentation by the police for police officers to enhance their knowledge and skills in respect of adult safeguarding. This will be implemented over the coming months with input from the managers within the Safeguarding Team.

It is the intention of the managers involved with this collaboration to undertake further audits at the end of the year examine what differences there have been with the quality of the safeguarding concern post the workshops, and to continue to support police officers to understand their role in referring a safeguarding concern to RBC.

Mental Capacity Act (MCA) Training

A review of the MCA Training took place, which included the themes that had arisen from Safeguarding Adult Reviews across West Berkshire. In addition, feedback from staff and managers identified the necessity to implement further training to support their professional practice. It was identified as level 2 and level 3 training.

The learning outcomes for level 2 training were as follows:

- Demonstrate knowledge and understanding of the concept of capacity and incapacity
- Understand the importance of the key concepts in the context of the relevant safeguards of the MCA
- Understand and apply the key principles of supporting individuals to make decisions
- Understand the requirement for undertaking formal assessments

Level 3 training leads on from level 2 training and is an opportunity for staff to come together and discuss in detail how they have applied the learning from level 2 training by using case studies.
The learning outcomes for level 3 training is as follows:

Demonstrate through case studies the learning from the level 2 training including the following aspects

- Who the MCA concerns?
- The MCA code of practice
- The five core principles of the MCA
- When and how to assess mental capacity
- How to make decisions in a person's best interests
- The importance of keeping good records
- What can be done within the law?
- When and how to use restraint

MCA Champions

It was also identified that in order to maintain a good level of knowledge and skills within the service it was helpful to identify staff who would be willing to become MCA champions and apply the principles of the MCA. Only staff who attended the training would be asked if they would be willing to undertake the role of an MCA champion.

The objective of the MCA champion role is to promote the correct and effective application of the Mental Capacity Act (MCA) across ASC.

The intention is that there will be at least one MCA Champion for each team .

MCA champions would be asked to undertake the following:

- Providing a source of basic advice of MCA to colleaugues within Adult Social care
- The Champions are not expected to provide legal expertise or to advise on complex matters but would be able to support colleagues in relation to matters such as:
    - The general issues relating to MCA
    - Promoting awareness of MCA in their team
    - How to locate the MCA resources on the intranet
    - Discuss in teams meeting any MCA updates
    - Support other staff with guidnace on completion of the MCA assessment
    - Who to contact for more detailed advice (ie DoLS lead, Legal Services Team.

Safeguarding Consultation document

The safeguarding consultation process and document was launched at the beginning of 2021. The document is completed by a manager within the Safeguarding Team. It is an internal recording tool and has been developed in order to ensure there is consistency in the approach to recording safeguarding consultations with staff across the service. In such situations it is a crucial recording tool which is well structured in order to ensure readability, to allow analysis and the practitioner's overview of the safeguarding concern and to follow the principles of evidence-based

content. The safeguarding consultation document is recorded in accordance with the following recording principles:

- Completeness: all information relevant to the consultation and the adult's circumstances is documented.
- Openness: any adult may request access to their file at any time
- Accuracy: all content is accurate - facts are distinguished from opinion

The safeguarding consultation document once completed is placed within Mosaic and as a stand-alone document is useful to all practitioners who are involved with the service user.

Safeguarding Adult Reviews (SAR)

There have been no SARs for Reading Borough Council over the past 12 months.

ASC have reviewed their internal processes regarding SAR's and have developed robust SAR actions plans which meet internal quality assurance standards. Reading Borough Council existing SAR action plans are continually reviewed through the ASC Quality Board.

Safeguarding training plans are reviewed to ensure mandatory training encompasses the priorities of the SAB and remain responsive to emerging findings from SARs.
Internal briefings have taken place with all staff regarding the learning from SARs across West Berkshire.

Unexpected/Suspicious death process

Significant work has been undertaken across RBC to produce procedures and templates to support all staff in implementing a robust approach to Unexpected/Suspicious deaths. It was identified as an area of work that could be challenging with what was lack of clarity regarding what constitutes an Unexpected/Suspicious death. This lack of clarity resulted in limited adherence to the Local Authorities statutory responsibilities within the Safeguarding process to consider transferrable risks. It also highlighted a risk regarding the Local Authorities statutory responsibility regarding the criteria for SARs which can arise from deaths of this nature. The clarity offered is as follows:
When an adult has died in unexpected/suspicious circumstances the following criteria must be applied:

- There is a suspicion, or it is known, that abuse, or neglect was a contributory factor in their death, and
- The abuse or neglect was caused by a third party.

Several workshops took place with managers to launch the procedures and templates and to facilitate an opportunity to discuss in detail the practical aspects of the process and to allow them time to understand their responsibilities as a manager.

RBC have implemented an action log of all Unexpected/Suspicious deaths which is overseen by the Safeguarding Locality Manager. Its function is to capture all the vital information and actions taken. It also highlights emerging themes which are addressed through task and finish groups. The action log is brought to the ASC Quality Board to be reviewed and identify any action required.

ASC Case recording system

Mosaic is an online digital case management system which is easy for practitioners to use and quickly takes you to where you need to be in the person's journey. It simplifies how you record and monitor pathways and aligns your data with data from other services to save time and minimise risks. It has all the workflows and forms you need to adopt proven practices and meet statutory requirements.

An internal review of RBC Mosaic system identified the need to update the safeguarding pathway to support the work of all staff who undertake this statutory safeguarding work. The review also incorporated the themes from SARs specifically linked to working alongside commissioning colleagues and providers. The review included the views of managers and staff not only from ASC but from colleagues within the Performance Team and identified key areas to be addressed. There have been significant changes made to the safeguarding pathway and this work remains ongoing.

Royal Berkshire Hospital NHS Foundation Trust (RBFT)

Key achievements

- Safeguarding Adults Clinical Governance continued throughout 2020/21
- The NCG safeguarding team medical clinical lead and matron have worked with the NCG Board to embed safeguarding governance and accountability.
- UCG and PCG safeguarding matrons' leads are members of the Safeguarding Adults Clinical Governance group and have provided valuable connections into their care groups
- 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 20/21 saw a 20% rise in concerns reported
- 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 and other subgroups.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

- Staff knowledge of the MCA has improved. While this is a good assessment of the status of the Trust, work is still required to embed the knowledge, skills and consistency of staff in application of the MCA.
- Face to face Training for induction and core mandatory training was discontinued due to Covid restrictions
- Enhanced mental capacity training was recommenced in September2020 via MS teams' sessions held on alternate months. Mental Capacity training also forms part of the managing 1:1 day
- A ward level point prevalence audit was undertaken in December2020. The findings were similar to previous audits and highlighted limited documentation of MCA assessments and best interest discussions and meeting. However, there was good documentation of clinical discussions with families
- There was an increase in the number of DoLS applications made in 2020/21 where 136 application were made compared to 102 applications in 2019/20 an increase of 33%
- Of the 136 DoLS applications made only 8(6%) were granted compared to 2019/20 where 11(11%) of the 102 applications were granted. The majority of patients were discharged or unfortunately died prior to the DoLS assessments being undertaken and completed.

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
- During 2020/21 411 adult safeguarding concerns were raised to the local authorities compared to 341 in 2019/20 a 20% increase
- For externally raised safeguarding concerns about care 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.

Prevent (anti-terrorism)
One Prevent concerns was discussed with outside agencies in 2020/21. Two members of the Safeguarding team regularly attend West Berkshire Prevent steering group.

Domestic Abuse
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 Safeguarding Practitioner 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 the risk discussion. The Domestic Abuse Working Group will be relaunched in 2021

Key areas of work for 2021/22
- Support the multi-disciplinary safeguarding champions and care group safeguarding adult medical leads and matrons to embed safeguarding across the Trust
- Relaunch the domestic abuse working group
- Promote the importance of clear documentation of mental capacity; this can be by either use of paper or electronic documentation of Mental Capacity assessments
- Work with Capsticks the Trust's legal firm for them to design and deliver Advanced Mental Capacity Act and Best Interest training for senior clinicians to be part of our new Level 3 adult safeguarding training programme
- Launch Level 3 adult safeguarding training, work with the team that manage 'Learning Matters' the electronic platform used to record and report safeguarding training to accurately recording this training
- Work with other members of the safeguarding team to 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 SAB work on safeguarding and pressure ulcer prevention and financial abuse
- Prepare for the implementation of Mental Capacity (Amendment) Act May 2019, new Liberty Protection Safeguards, originally planned by the government from April 2021 delayed until April 2022.

<u>South Central Ambulance Service NHS Foundation Trust (SCAS)</u>
The safeguarding team have had a difficult year with a continued increase in safeguarding activity from the previous year. We continue to improve the way we work with our partner agencies but due to Covid and the restrictions surrounding, differently but in positive way. SCAS has continued our involvement in a number of projects like modern slavery, violent crime, child and adult exploitation, county lines and missing children and young persons to name some of these standalone projects. I have no doubt that the safeguarding world will have changed following the Covid 19 pandemic and will produced its own set of safeguarding issues that have not been seen before. SCAS are set to take on these challenges alongside our internal and external partners in safeguarding.
- Safeguarding level 3 training to be delivered face to face to all clinical staff.

- The development of a new safeguarding referrals system and implementation of new safeguarding servers to expand the use of technology to safeguard our patients.
- The development of a number of new electronic referral safeguarding forms to include a national Prevent referral form, a new domestic abuse, stalking and honour based violence (DASH) referral form, a new hoarding referrals form (including a clutter score), a separate adult and child safeguarding referral form and a standalone welfare referral form.
- 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.

Thames Valley Police (TVP)

COVID 19 has changed life for everyone, and during the pandemic TVP implemented various strategies to identify those at risk of 'hidden harm' and enhance our response to those suffering from domestic abuse. In relation to 20 – 21 the Deputy Chief Constable reported that whilst the number of reports was stable, there was an 8% increase in the number that were recorded as crimes. There has been an increase in the volume of domestic abuse (DA) arrests (for urgent and immediate attended crimes) resulting in an arrest rate of 52%, an increase from 45% in the previous year. The volume of DA incidents attended within 4 hours was over 21,000, an increase of nearly 400 from last year which is a tremendous effort. This has resulted in almost 1000 more offences being resolved with a positive outcome. The use of DVPNs and DVPOs (Domestic Violence Protection Notice / Order) to protect victims has subsequently increased this year.

As well as there being an increase in the use of DVPN's and DVPO's there has also been an increase in arrests and positive outcomes for the stalking cases that have been reported. This is an indication of the success of the work that is being completed by TVP to strengthen the knowledge and understanding of our staff in respect of stalking offences.

DA Matters Training and the Specialist Domestic Abuse Investigators Courses have continued to deliver face to face training over 20 – 21 ensuring that the bespoke training of our staff has continued despite the logistical difficulties the pandemic has forced upon us all.

Following a review by our Service and Improvement Team, this year the MATAC and MARAC process has been standardised across the force so that there is consistency for all of those involved in each of the meetings. Berkshire are currently leading a trial which will see the whole MARAC process being managed via MS Teams, removing the need for a second system (MODUS) for the administration. If the trials are success in Berkshire this will be adopted by all of the other TVP MARAC's.

Following on from last year's success of the West Berkshire Domestic Abuse Investigation Unit (WBDAIU) obtaining the Forces first Violent Offender Order (VOO) under Part 7 of the Criminal Justice and Immigration Act 2008, last month staff from WBDAIU successfully prosecuted the offender for breaching the order, having obtained sufficient evidence to prove that he had breached the VOO on four occasions. There was no evidence to suggest that the offender had caused harm to the females he was identified as being with, however due to the risk that he poses, by being with these females and not informing the police, he breached the order. The offender was imprisoned for three years for the four breaches. This case has proved what an effective tool the VOO is when it comes to protecting victims from harm, and TVP will seek further opportunities to apply for the order when managing other dangerous offenders. Further information can be found by following this link:

https://www.thamesvalley.police.uk/news/thames-valley/news/2021/august/09-08-2021/man-sentenced-for-breaching-a-violent-offender-order--reading-crown-court/

Involve Community Services, Bracknell Forest and Wokingham Borough

Provided 12 level safeguarding training sessions for volunteers across Bracknell Forest and Wokingham. Will be expanding the training offer in 21/22 by offering enhanced safeguarding training for supervisors and managers.

Issue a voluntary care sector newsletter on a fortnightly basis, where critical safeguarding messages are routinely communicated.

Volunteer Centre West Berkshire

Throughout the Pandemic and continuing The Volunteers Centre continued to share safeguarding training events and relevant information.

The charity delivered the following :

- VCWB Safeguarding Training - 17 March 2020
- Stop Loan Sharks training - community safety, safeguarding
- Safeguarding & Protecting Children - Online Classroom
- Get Berkshire Active
- NSPCC - Safeguarding and child protection free training
- Safeguarding Webinar for trustees of Village Halls and Community Buildings via our Training Alliance with CCB
- West of Berkshire Safeguarding Adults Board – Monthly Briefing Documents shared in newsletter.
- Childrens Safeguarding training session aimed at charities arranged for October 21
- August 21 drafted an adult safeguarding policy for a new charity Models for Heroes
- August we are delivering a scams awareness session to safeguard older people at Fair Close Centre
- Continue to share safeguarding bulletins

West Berkshire District Council (WBC)

20/21 has been an unprecedent year. The pandemic brought challenges to the service unparalleled with any previous years or event in our lifetimes. The staff stepped up magnificently and supported all effort of the Council to provide the necessary support and practical help the residents of West Berkshire needed.

It seems fitting to recognise the extraoridinary efforts made by all staff in ASC, including those in the Safeguarding and DoLS team, during this reporting period and acknowledge all of those people in West Berkshire who lost their lives to COVID-19.

2020/21 has been a very busy year for the Safeguarding Adults Service in West Berkshire Council. Delivery of the safeguarding function is shared between the operational social care teams, in particular the Locality 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 and out of county placements. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

Periods of lockdown brought their own unique challenges to investigating safeguarding concerns and supporting those facing abuse and neglect during this year. All of ASC services worked hard to ensure that those most vulnerable and at risk received a safeguarding response where required and those most at risk due to restrictions were still able to access appropriate support where possible. April through to June were quiet for the team in comparison to previous years. However, as restrictions were relaxed in the summer of 2020 the service noted increased volumes of concerns and enquiries.

As reported in the 2019/20 Annual Report, work progressed to review our safeguarding processes to ensure our recording was efficient and best suited the needs of the service user and teams. New recording forms were developed and launched in April 2020. The forms incorporate clarification on the safeguarding criteria[1], 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 new recording format has given the option for the safeguarding team to set a review date for the protection plan. The review is used in certain cases where it is considered the risk is likely to continue beyond the initial safeguarding intervention.

Organisational Safeguarding has not presented the same pressures during 2020/21 as it did during previous reporting periods. This was welcomed.

In 2020/21 1563 concerns were opened. This is significantly higher than the 925 opened in 2019/20. The increase is directly attributable to changes in data collection applied in April 2020 ensuring all relevant concerns were captured and statutorily reported, rather than a significant increase in concerns received into the service.

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 Achievements

- Introduced new, more effective safeguarding recording forms that encourages greater focus on a risk assessment approach to safeguarding
- Those new forms highlight the need for the use of the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment tool.
- Achieved 10% audit target of concluded safeguarding enquiries.
- Managed demand on services whilst supporting the Council's wider COVID 19 support strategies and delivering practical help to the community.
- Found creative ways to investigate safeguarding concerns and maintained a service in very challenging circumstances.
- Maintained a training offer to staff on relevant topics and learning from SARs and reviews delivered via in-house webinar's and other virtual media.
- Ongoing review of performance data across West Berkshire.

Wokingham Borough Council

- The number of safeguarding concerns raised in 2020/21 totalled 1,758. This was a 37.5% increase on the previous year. Despite this, the service maintained an average of 87% of concerns having a decision assigned within 48 hours of receipt.
- Despite the limitations of the pandemic and several periods of lockdown, the service maintained face-to-face contact with adults at risk throughout, where this was proportionate in line with individual risk assessments. Whilst creative practice was adopted to increase the use of virtual meetings and internet calling, home visits were undertaken for those for whom this was the safest way of assuring their immediate wellbeing and assessing risk and required interventions or if communication needs required it. The service worked hard to ensure the principle of 'Making Safeguarding Personal', whilst disrupted by the pandemic, was not lost from practice or service delivery.
- In relation to practice with self-neglect, the service worked in conjunction with the Principal Social Worker, the Learning & Development team, and a local specialist organisation to develop a bespoke package of training on hoarding. The training was provided across three modules, which were competency based. 28 people attended the Level 1 training, 21 the Level 2 and 6 the Level 3. Feedback from delegates was overwhelmingly positive with all feeling it contributed to their confidence and capability in this complex area of work. Additional sessions have been added for the next financial year.
- Also, in relation to working with self-neglect (as well as more generic areas of practice), the service identified a learning need across the workforce around the Duties under section 11 of the Care Act 2014 and the requirements when there is a 'refusal' of assessment by an adult at risk of abuse or neglect. This has been incorporated into legal update training for ASC staff and is being reinforced in relation to self-neglect cases through case work.
- The Adult Safeguarding service has continued to develop strong links with Children's Services and with the Community Safety Partnership. Head of Adult Safeguarding & Care Governance has become Deputy Chair of Chanel, which strengthens the interface between Adult Social Care and the work under Prevent.
- The service supported the work around the tender processes for both the new Drug & Alcohol Service and the specialist Domestic Abuse support service, which ensured the profile and needs of Adult Safeguarding was embedded in both of those contracts and has set the scene for more integrated working with both of those services in the coming year.
- The service worked with the WBC Domestic Abuse Coordinator to develop and source bespoke training in relation to working with Domestic Abuse in Older People and Adult Social Care is looking forward to this being delivered during 2021/22.
- Joint work was undertaken with Children's Services and the Community Safety Partnership to roll out DARE (Domestic Abuse Routine Enquiry) to several key staff, including across Adult Social Care to support them in being able to identify and engage domestic abuse perpetrators. This complements the other training already provided and will be rolled out further in due course.
- A regular and consistent presence was maintained at MARAC and MATAC to ensure a joined-up approach to repeat or high-risk cases of domestic abuse and there was a focus on strengthening the working relationship with the TVP LPA safeguarding team, resulting in evidence of good joint work around some high-risk cases.
- The service participated in Berkshire wide Domestic Abuse partnership meetings throughout the year, to monitor the impact of the pandemic on prevalence of domestic abuse and to discuss and plan around any implications for service delivery. The service also ensured representation on the Domestic Abuse Operational Group to ensure the objectives of Adult Safeguarding are embedded within the work of that group.
- A Senior Social Worker within the ASH was identified to become a subject matter expert within Domestic Abuse and the objectives around this will be progressed during the next financial year, including in relation to developing expertise in relation to stalking, Forced Marriage and Honour Based Abuse.

- Effective links were established with the Forced Marriage Unit at the Home Office to support work within this area. There is evidence of strengthening interventions, including effective involvement of them in strategy meetings.
- The service has continued to be very active participants in the Safeguarding Adults Review panel of the SAB, which has endured throughout the pandemic, including both strategic and operational input.
- Alongside other partners, WBC launched the revised MARM (Multi-agency Risk Management) framework in July 2020 to consolidate effective multiagency working.
- The safeguarding service established the ASC Covid-19 Taskforce to support care providers during the pandemic and this has been the largest single piece of work throughout the year. This was initially set up in April 2020 to provide wrap around support to care homes but was later expanded to include all Adult Social Care providers. The Task Force structure and methodology used existing safeguarding networks and relationships to rapidly put in place a cohesive protocol that could be immediately implemented to ensure providers were effectively supported to mitigate the risks of Covid-19 in their settings, and to respond to and manage outbreaks where they occurred. This innovation not only ensured Providers were well supported, but enabled enduring relationships and partnerships to develop, and also enabled statutory oversight into care settings to be maintained during a time where other means of access were limited, and at a time where the overarching circumstances risked causing harm to some of our most vulnerable population.
- Towards the end of the year, a decision was made to transfer the Care Governance and Quality Assurance (of providers) framework across from strategic commissioning, to sit under the Adult Safeguarding umbrella. This will enable a seamless interface between the two teams, improve the ability to manage thresholds around quality and safeguarding issues and make responses to concerns of organisational abuse more cohesive. Embedding the new interface will be a key focus of work during 2021/22.

Healthwatch West Berks

Healthwatch West Berkshire (The Advocacy People) ensure all staff have received the appropriate adult safeguarding training and it is up to date. This forms a key part of both staff and volunteer induction for anyone joining Healthwatch West Berkshire. We also ensure Safeguarding policies are in place, so all staff and volunteers understand either the escalation process within the organisation and the referral process in the local council adult safeguarding team. We regularly take part in joint meetings with the Berkshire West team to aid improvements to the process and collect feedback, where it is given from the public and other organisations. We also empower our team to highlight the importance of safeguarding in all meetings we attend where we feel an issue may arise.
We attend and support the Safeguarding Adults board as often as our resources allow.

Healthwatch Wokingham

Healthwatch Wokingham Borough staff have refreshed their adult safeguarding training over the past year. Volunteers where necessary receive adult safeguarding training. Safeguarding policies are in place and staff are aware of the internal escalation process within the organisation to the designated lead whose responsibility it is to raise safeguarding issues with the local council. Part of our work is to hear Wokingham Borough residents' experiences of health and social care services. All insight received, either face to face or digitally, is reviewed, one purpose of which is to identify any safeguarding concerns. As such we raised two safeguarding concerns in 2020-2021. After review by the local council the two concerns were deemed not to be safeguarding issues. We attend and support the West of Berkshire Safeguarding Adults Partnership.

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

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
To continue to implement a Service User Involvement Strategy for the SAB.	People who use services are able to influence the work of the SAB	VSC Subgroup	March 2021	**PART MET** The strategy was approved by the SAB in June 2019. Parts of the strategy have been implemented, but full implementation is required. Due to the pandemic Community Questionnaires will be put on hold. Agreed at VCS & Healthwatch Subgroup that the discussions and information sharing that occurs at this meeting provides a service user voice, as there are limitations around engagement at this time due to the pandemic.

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

Business Plan September 2020 – March 2021

				SAB Agreed December 2020, that RAG status of this action is Amber.
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	**Completed** A best practice SAM function document has been created, titled Pan Berkshire Policy and Procedure Best Practice Guide for Decision-making: S42 Safeguarding Adults Enquiries. Which was endorsed and published by the Pan Berkshire Policy and Procedure subgroup in May 21.
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, recommendations from report have been added to the Learning from SAR/Audit Implementation Plan.
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	**Completed** Identified through the review of Tissue Viability training that pressure care awareness is required. Information on the worldwide stop the pressure day was shared with the partnership via the October 2020 SAB Newsletter and by email signature. Learning from P SAR has identified opportunities to develop information on pressure care for service users and their families. Self-Neglect 5 minute awareness document distributed to SAB partnership in December 2020, covered pressure care. In early 21, Safeguarding Leads meeting reviewed the figures in regard to pressure care during the pandemic, it was agreed that there had not be any spike in concerns and that individual agencies will promote pressure care.

Business Plan September 2020 – March 2021

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	Decemb er 2020	**Completed** Report endorsed by SAB in September 2020, recommendations from report have been added to the Learning from SAR/Audit Implementation Plan.
Understand the risks facing provider services that relate to safeguarding and ensure that there are adequate plans in place to mitigate these risks	• Organisational safeguarding policies and procedures are correct and followed • Contract and quality monitoring is consistent and effective across the partnership • Relationship with providers are establish 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	Task and Finish Group led by SAB Independent Chair	March 2021	**RED** Not completed in 20/21, the SAB will consider as a priority for 21 onwards.

Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.				
Action	**Outcome**	**Who**	**Target Date**	**RAG and Progress Update**

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

Business Plan September 2020 – March 2021

Oversee the delivery of safeguarding training across the partnership to ensure that it 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	**Completed** Report to SAB in June 2021.
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	Decemb er 2020	**Completed** Discussed at December 2020 SAB.
SAB Meeting to focus on *Safeguarding people at risk of multiple exclusion.* 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	Decemb er 2020	**RED** Not completed in 20/21, the SAB will consider as a priority for 21 onwards
SAB will monitor safeguarding processes during the pandemic with regular questions answered by statutory partners safeguarding leads.	The SAB have assurance from statutory partners that Safeguarding practices have been effective during the pandemic. So that the SAB know: • 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.	Safeguarding Leads Subgroup	Ongoing	**Completed** Reported to September 20, December 20 and March 21 SAB.

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

Business Plan September 2020 – March 2021

	• How partners are supporting staff with their wellbeing.			
Understand the impact 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	**Completed** Report presented to SAB in December 2020 for consideration.
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	**Completed** December SAB 2020 confirmed that KPI's are in place to monitor safeguarding in hospital discharge. Safeguarding Leads update Feb 21: Hospital discharge – meeting took place with representatives from RBFT, BHFT and the CCG to look at how hospital discharge concerns are monitored.
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	**RED** Not completed in 20/21, the SAB will consider as a priority for 21 onwards

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	**Completed** Newsletter published in October 2020 and January 2021.

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

Business Plan September 2020 – March 2021

				Practice learning notes from SARS 6 have been published in 20/21. Self-Neglect 5 minute awareness document distributed to SAB partnership in December 2020.
Publish SAB Annual Report for 2019/20	SAB Annual report is published as per its statutory requirements.	SAB	January 2021	**Completed** Report published Jan 2021.
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	**RED** Not completed in 20/21, the SAB will consider as a priority for 21 onwards
Complete SARS as per statutory requirements.	SARS are completed as per Care Act requirements that promotes learning.	SAR Panel	Ongoing	**Completed** SARs are being completed as required by the Care Act, however SARS are not being completed in the six month timescale specified in our policies and procedures.
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	**RED** Not completed in 20/21, the SAB will consider as a priority for 21 onwards
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	**Completed** 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	**Completed** Endorsed by SAB and published on SAB Website December 2020.
Dashboard in place to understand safeguarding activity across the partnership.	Dashboard presented to the SAB in a quarterly basis.	Performance & Quality Subgroup	Ongoing	**Completed**

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

Business Plan September 2020 – March 2021

SAB Quality Assurance Framework to be reviewed and changes implemented.	The SAB has an effective quality assurance process in place that provides assurance to the SAB in regard to safeguarding across the partnership.	Business Manager/ Performance & Quality Subgroup	Decemb er 2020	**Part Met** Focus QAF Meeting held with SAB in December 20 to review QAF and consider capacity to deliver, the SAB will consider as a priority for 21 onwards
Maintain and improve SAB Website	The SAB has an up to date and useful website.	Business Manager	Ongoing	**Completed** Website regularly updated and a Covid specific page created.
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	**Part Met** L&D Subgroup postponed due to pandemic so bitesize sessions could not be delivered on a quarterly basis. • Held a virtual session on Financial Abuse in November 2020 with over 80 delegates. • Hoarding training for care workers took place in October 2020 Delays to future subgroups as L&D subgroup meeting in February 21 did not take place due to the pandemic.
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	Decemb er 2020	**Not Met** NFA taken at this time due to the Pandemic. Paper on concerns raised by the VCS and Healthwatch Subgroup on SAB agenda for March 21.

RAG Criteria	RAG Status	Scenario	Boards Responsibility
	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.

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

Business Plan September 2020 – March 2021

Progress against Business Plan	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.

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 identify and resolve inconstancies.	The SAB will understand why safeguarding data is inconsistent across the partnership and why local trends differ from national trends.	Performance and Quality Subgroup	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 be reflective of everyday practice and therefore it has been agreed that this piece of work would be undertaken after the pandemic.

Business Plan September 2020 – March 2021

To review Website hosting arrangements.	To ensure that the SAB have a useful and cost effective website.	TBC	TBC	Agreed a SAB in December 2020, that the hosting arrangements will be reviewed when capacity allows.

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Business Plan June 2021 – March 24

The West of Berkshire Safeguarding Adults Partnership Board (SAB) have agreed that its approach for the next two and a half years will be to focus at any one time on three key themes that have been identified from learning from Safeguarding Adult Reviews (SARs).

The SAB acknowledge that there are reoccurring themes from local and national learning from SARs that must be addressed. We will consider what the obstacles are in implementing recommendations and sustaining improvement and there will be a focus on good practice to promote learning, alongside an emphasis on good quality care principles and the role of effective support and supervision of the workforce to embed learning and inform future practice

It is possible that changes to priorities will be made throughout the duration of this plan in light of national and local learning in order to ensure that there is capacity within the partnership to deliver on the most pressing priorities for the West of Berkshire. Any change in priorities will be approved by the Board.

Through its reflective learning practice the SAB have identified the following priorities, it is the expectation within each of the priorities that the following key frameworks/principles are considered: Mental Capacity, Making Safeguarding Personal, Professional Curiosity, Care Act, Equality Act. The SAB will also consider and make and implement recommendations regarding race, culture, ethnicity, local and national context and how this may impact on safeguarding.

Priority 1	**To consider Board learning in regard to self-neglect; to understand what more we need to do to ensure that our ways of working with people who are self-neglecting are consistent and effective in mitigating and preventing risks.**			
Relevant SAB Learning	**Henry, Carol, Paul, Aubrey, Margaret/Graham/CC– in regard to management of risk Self-Neglect Audit December 2018**			
Actions Required from Partnership				
Action	**Who**	**Progress Update**	**Deadline**	**Status**
Partners to reflect on their practice regarding self-neglect and the changes that have been and	SAB		December 21	

are required to address the learning from SARs. To consider how Covid has impacted on this. To provide a case study to the SAB on a positive outcome on working with a complex self-neglect case.				
Development of KPI's to monitor performance in the safeguarding response to Self-Neglect.	Performance and Quality Subgroup		December 21	
Assurance obtained from SAB Statutory partners on practice in regard to self-neglect.	Performance and Quality Subgroup		December 21	
Bitesize learning session on self-neglect	Learning and Development Subgroup		December 21	
Assurance obtained from SAB Statutory partners on training around self-neglect.	Learning and Development Subgroup		December 21	
Gather and share feedback on self-neglect from stakeholders.	Voluntary Care and Healthwatch Subgroup		December 21	
Create information source for volunteers on self-neglect which includes details on relevant pathways and escalation.	Voluntary Care and Healthwatch Subgroup		December 21	
To consider any updates to the Self-Neglect Policies and Procedures (updated December 19) based on the learning from this SAB Priority.	Pan Berkshire Policy and Procedure Subgroup		March 22	
Promote SAB learning in regard to self-neglect	Berkshire West Communication Subgroup		December 21	
Review and relaunch the Multi-Agency Risk Management Framework	Task and Finish Group		December 21	

Priority 2	**To consider Board learning in regard to pressure care management and understand what the partnership need to do to ensure that our way of working with people at risk of pressure sores is consistently of best practice standard.**
Relevant SAB Learning	**Aubrey, Gemma, Ben, P, Graham** **Review Quality of Tissue Viability Management training across the partnership**

Actions Required from Partnership

Action	Who	Progress Update	Deadline	Status
Partners to reflect on their practice regarding pressure care management and the changes that have been and are required to address the learning from SARs. To consider how Covid has impacted on this. To provide a case study to the SAB on a positive outcome on working with a complex case involving pressure care management.	SAB		March 22	
Development of KPI's to monitor performance in the safeguarding response to pressure care.	Performance and Quality Subgroup		March 22	
Assurance obtained from SAB Statutory partners on practice in regard to pressure care.	Performance and Quality Subgroup		March 22	
Bitesize learning session on pressure care.	Learning and Development Subgroup		March 22	
Gather and share feedback on pressure care from stakeholders.	Voluntary Care and Healthwatch Subgroup		March 22	
Create information source for volunteers on pressure care which includes details on pathways.	Voluntary Care and Healthwatch Subgroup		March 22	
To consider any updates to the Pressure Care Policies and Procedures based on the learning from this SAB Priority.	Pan Berkshire Policy and Procedure Subgroup		December 21	

Promote SAB learning in pressure care.	Berkshire West Communication Subgroup		March 21	

Priority 3	**To consider Board learning in regard to organisational safeguarding and identify what the partnership need to do to transform our way of working with provider agencies to promote and ensure good quality, safe and consistent standards of care.**			
Relevant SAB Learning	**Graham, Ben, Michelle, Atlas,**			
Actions Required from Partnership				
Action	**Who**	**Progress Update**	**Deadline**	**Status**
Partners to reflect on their processes in regards to quality management of the provider market paying particular attention sustainability and the impact of Covid. To provide a case study to the SAB on a positive outcome on working with a complex case involving pressure care management.	SAB		June 22	
Development of KPI's to monitor performance in the safeguarding response to quality monitoring.	Performance and Quality Subgroup		June 22	
Assurance obtained from SAB Statutory partners on practice in regard quality monitoring of service provision.	Performance and Quality Subgroup		June 22	
Bitesize learning session on identifying and responding to concerns over quality of service provision.	Learning and Development Subgroup		June 22	
Gather and share feedback on quality of service provision and monitoring from stakeholders.	Voluntary Care and Healthwatch Subgroup		June 22	
Create information source for volunteers on quality of service provision which includes details on pathways.	Voluntary Care and Healthwatch Subgroup		June 22	

To consider any updates to the organisational safeguarding policy and procedure in light of SAB learning.	Pan Berkshire Policy and Procedure Subgroup		June 22	
Promote SAB learning in quality of service provision.	Berkshire West Communication Subgroup		June 22	

Priority 4	**The Board will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.**			
Actions Required from Partnership				
Action	**Who**	**Progress Update**	**Deadline**	**Status**
Publish a SAB newsletter on a 3-monthly basis.	SAB Business Manager		Ongoing	
Review and present a focused dashboard for the SAB.	Performance and Quality Subgroup		December 2021/ongoing	
To review safeguarding concern numbers with Local Authority comparator groups and report findings to SAB for consideration.	Business Manager		December 2021	
Publish SAB Annual Report for 2020/21	SAB		January 2022	
Complete SARS as per statutory requirements, including publication of SAR Practice Notes.	SAR Panel		Ongoing	
Bitesize session on endorsed SARS, within 3 months of endorsement.	Learning and Development Subgroup		Ongoing	
Maintain and improve SAB Website	Business Manager		Ongoing	
Agree and publish safeguarding escalation plan for the partnership	Safeguarding Leads			
Maintain Pan Berkshire Safeguarding Adults Policies and Procedures	Pan Berkshire Policy and Procedure Subgroup		Ongoing	
Manage SAB Budget	SAB Business Manager		Ongoing	

Development and management of SAR Action Plans	PSW's – for host LA		Ongoing	

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

Royal Berkshire NHS Foundation Trust

Safeguarding, Mental Health & Learning Disability Annual Report 2020/21

The Safeguarding Mental Health & Learning Disability Team

Compassionate | Aspirational | Resourceful | Excellent

join the dots

Treat me well

CONTENTS

Executive summary

Welcome to the Royal Berkshire NHS Foundation Trust Annual Report for 2020/21. I am pleased and proud to present another report that demonstrates our commitment to safeguarding vulnerable people. As anticipated during the Covid19 pandemic we have faced unprecedented challenges to support and safeguard the vulnerable. We have seen reductions in activity followed by surges and a significant increase in complexity and intensity of cases from a clinical, safeguarding and a psycho-social context in relation to specific patient groups:

- pregnant women, unborn babies and babies under six months
- children and young people from troubled families
- children, young people and adults with complex mental health presentations particularly eating disorders, disordered eating and neurodiversity
- children, young people and adults with a learning and complex neurodisability
- adolescents (13 – 24) presenting and admitted with risk taking behaviours, including injury due to violence
- drug and alcohol presentations and cases involving domestic abuse
- older people presenting due to Covid19 infection and those who lack mental capacity
- older people with their mental health who were more unwell

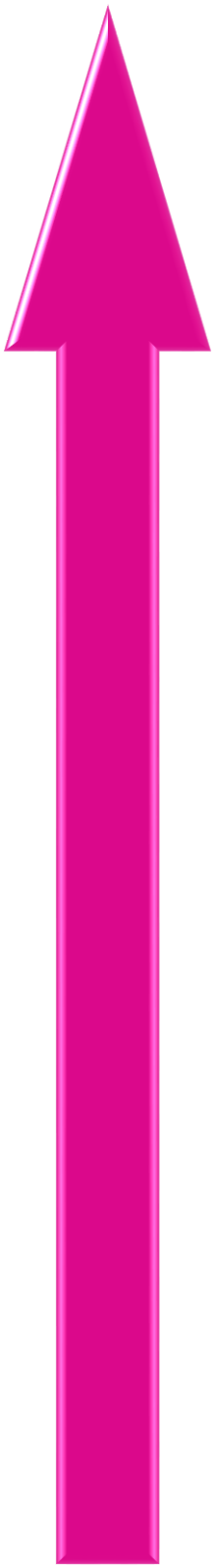
Key achievements:

- Our experienced safeguarding, mental health and learning disability team, who provide an integrated and consistent approach to supporting staff to meet the needs of vulnerable people have remained on site and provided face to face support for patients and staff in both hot and cold Covid19 wards and departments
- Key safeguarding functions have continued utilising digital technologies including the investigation of safeguarding allegations, management of Deprivation of Liberty Safeguards (DoLS), training, supervision, audit, incident investigation and response.
- We maintained our Safeguarding Training compliance with the exception of level 1 child protection training, where we achieved more than 90% against a target of 95%.
- The Safeguarding Team has increased capacity for children protection and learning disability.
- The Safeguarding Team is fully recruited.
- There has been a significant amount of daily interagency partnership working to safeguard children, young people and adults of all ages with cognitive problems due to mental ill health, learning disability, autism and dementia.
- We have supported key Berkshire West Safeguarding Children's Partnership and West of Berkshire Safeguarding Adult Board functions and participated in multiagency 'Operational Safeguarding in Covid' meetings for both children and adults which have allowed us to be agile and responsive to emerging trends.
- We have engaged with multiagency partners to ensure key strategic priorities were progressed including the LeDeR mortality review programme; the Berkshire West All Age Mental Health Crisis Review; ONE Reading Prevention and Early Intervention Partnership Board and work streams and Ofsted/CQC SEND inspections
- We have developed a dedicated safeguarding section and screening for perinatal mental health in our new Maternity Electronic Patient Record (EPR) and progressed work to develop the electronic child safeguarding referrals to support information sharing and a single record.
- Our Risk Based Priorities for 2021/22 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 and the support of our senior leaders, managers, executive and board. I would like to take this opportunity to thank them all for their continued support and dedication to safeguarding our patients.

Patricia Pease, Associate Chief Nurse, Safeguarding, Mental Health and Learning Disability, July 2021

2020/21 Safeguarding, Mental Health and Learning Disability Quick Facts:



Adult Safeguarding

- 20% increase in adult safeguarding concerns raised
- 33% increase in DoLS applications

Child Protection and Safeguarding

- 10.6% increase in child protection referrals
- March 2021 - highest month on record for
  - child protection referrals 191
  - referrals to Dingley from local authorities for child protection medicals 28

Maternity Safeguarding

- 10% increase in unborn child protection referrals
- 15% increase in invitations to child protection conferences

Learning Disability

- 12% increase in referrals to Learning Disability Liaison Nurses
- 34% increase in referrals to the LDLN team in the first 3 months of 2021 compared with 2020

Mental Health – Children & Young People

- 5% increase in ED attendance children and young people
- 25% increase in ED attendance 16/17 year olds
- March 2021 - highest month on record for
  - under 16 year olds attended ED 71

Mental Health Act – detentions to RBH

- 18% increase in Section 2 and 3 detentions
- 68% increase in presentations to ED all ages detained on Section 136

1. 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.

1.1. Safeguarding, Mental Health and Learning Disability Structure

The safeguarding, mental health and learning disability structure (nursing and administration) and lines of responsibility and accountability for the RBFT are shown in the diagram below:

Adult Safeguarding Medical Leads:	• Urgent Care Group: recruitment underway • Planned Care Group: recruitment underway • Dr Hannah Johnson: Networked Care Group
Adult Safeguarding Matron Leads:	• Georgie Brown: Urgent Care Group • Erin Jarvis: Planned Care Group • Ali Drew: Network Care Group
Child Protection Medical Leads:	• Dr Ann Gordon: Named Doctor for Child Protection • Dr Andrea Lomp: Designated Doctor Child Protection, Berkshire West, CCG • Dr Aziz Siddiqui: Locality Paediatrician, Children's Safeguarding • Dr Niraj Vashist: Medical Advisor to Fostering and Adoption Panel
Child Death	• Patricia Pease: Designated Healthcare Professional Child Death Berkshire West, CCG
Sexual Health	• Julia Tassano-Edgecombe: Nurse Consultant
Human Resources	• Suzanne Emerson-Dam: Deputy Director Workforce & OD, Designated HR Officer Safe Recruitment & Allegations Management
Legal	• Sarah Pearson: Head of Legal Affiars

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 (BWSCP), Berkshire West Safeguarding Adult Board (SAB) and participates in Berkshire West and Pan Berkshire Mental Health, Suicide Prevention, Learning Disability, Transition and Mortality strategic partnership meetings.

1.2. Safeguarding and Mental Health Governance Committee Structure

The Strategic Safeguarding and Mental Health Committee, chaired by the Chief Nurse, 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 team meets monthly to discuss operational issues and prepare performance reports; agendas and minutes are kept for these meetings. Safeguarding, mental health and learning disability quality indicators are reported monthly to the Board. A bi-monthly safeguarding, mental health and learning disability governance report including key performance indicators is submitted to the Board as part of the QALC report, this report is shared with the Berkshire West CCG Health Partners Strategic Safeguarding Committee. 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 every six months, co-chaired by the Head of Legal Services and the Associate Chief Nurse Safeguarding, MH & LD reporting to Adult Safeguarding & Child Protection Committees and to the Strategic Safeguarding Committee. The Associate Chief Nurse, Safeguarding MH & LD chairs a Zero Tolerance, Challenging Behaviour, V&A, Self-Harm, Suicide Steering Group and oversees working groups which reports to the Joint Royal Berkshire NHS Foundation Trust & Berkshire Healthcare NHS Foundation Trust Mental Health & Learning Disability Governance & Partnership Meeting 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 Associate Director for Children & Young People, Kate Egginton has led on developing a strategy and children and young person's plan that aligns with the work of the Berkshire West ICP Children's Programme Board and through that with the relevant strategic partnership arrangements for 0-24years Special Educational Needs and Disability (SEND) and Children's Trust arrangements in the three local authorities of Berkshire West, Buckinghamshire, Oxfordshire (BOB) Berkshire East, North East Hampshire and Farnham and Surrey Heath (Frimley Health & Care) Integrated Care Systems (ICSs). The Children and Young People Strategy and Delivery Group monitors work streams to benchmark and improve the quality and safety of Trust services for children.

2. STATISTICS/ACTIVITY:

An overall picture of a decrease in patient activity in 2020/21 has been due the impact of Covid19 lockdowns and government guidelines. There were significant reductions in attendance to our emergency department in April – June 2020 followed by a surge and resumption of normal activity. In January – March 2021, during the second lockdown and as elective activity resumed we saw some of the busiest months ever for safeguarding, mental health and learning disability. The decrease in the numbers of adults and particularly those >65 years presenting to ED was most likely due to Covid19 primarily effecting older people and those patients being referred to and managed on the virtual ambulatory covid ward. The Covid virtual ward managed up to 200 patients at the beginning of 2021. The reduction in attendances was primarily through the minor injury pathway due to lockdown. However the number of over 75 years with cognitive issues staying more than 72 hours increased slightly. During the Covid19 pandemic we increased our Intensive Care beds by 300% the largest increase from funded bed base in England. Digital and virtual changes were made to access arrangements for outpatients and our sexual health clinics.

Appendix 1 Indicative Statistics for the RBFT for Information & Background

3. TRAINING

3.1.

Training	Target	Trust
Safeguarding Adults Level 1	90%	91.5%
Child Protection Level 1	95%	90.7%
Child Protection Level 2	85%	93.3%
Child Protection Level 3	85%	85.6%
Enhanced MCA & DoLS	80%	79.7%
Prevent WRAP or equivalent	85%	94.3%

Training is reported monthly to the Board as part of the integrated board report, exception reports are provided to care groups and corporate directorates and automated reminders are sent for all training due to expire, including safeguarding.

During 2020-21 after the suspension of all face to face training as part of our Covid 19 pandemic response, the Safeguarding Team continued to provide face to face case support and learning opportunities in the clinical setting. Child and adult levels 1 and 2 safeguarding training and Level 3 child update sessions were offered on TEAMS and available as e-learning. A Trust annual training plan for child and adult safeguarding, mental health and learning disability for 2021/22 has been agreed a summary can be found in Appendix 1. All Face to face level 3 child safeguarding full days and Maybo pilot training was re-arranged following Executive approval to mix staff from different parts of the organisation and invite external trainers, this was subject to reduced or small numbers in

rooms big enough to allow for social distancing and all other COVID infection prevention and control precautions e.g. temperature check, masks, hand sanitiser. A safeguarding, mental health and learning disability section was developed for the revised Medical Staff Induction Handbook (New Doctors) and other staff.

All training programmes are regularly reviewed to ensure they include learning from serious case reviews and changes to national policy and guidelines.

In 2021/22 there will be a focus on:

- The Emergency and Paediatric Services safeguarding, mental health and LD training
- The application in practice of the MCA, DoLS and best interest decisions
- The training we provide to prevent, minimise and respond to challenging behaviour, violence and aggression
- The training we provide to support our staff emotional health and well-being including REACT® Mental Health Conversation and TRiM training
- 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 as part of the RBFT becoming a trauma informed organisation
- Professional curiosity, risk assessment, professional challenge and escalation will continue to be included in all of our safeguarding, mental health and LD training

Appendix 2 Summary of Training Activity 2020/21 and Plans for 2021/22

Ongoing training challenges / risks:

- The flexibility and functionality of the electronic platform used to record and report safeguarding training
- Reduction in face to face training opportunities due to Covid19 restrictions
- Reduced capacity in full level 3 child protection training full day due to Covid19 restrictions, leading to a risk of not achieving the Trust standard for new starters of completing within 6 months.
- 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, DoLS and best interest assessment 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 and system complexity
- Availability and consistency of transition to adulthood training
- Availability of specific domestic abuse training outside of maternity services.
- The need for our staff to have knowledge of and understand Contextual Safeguarding, Trauma Informed Care, Adverse Child Hood Experiences and Think Family.

4. AUDIT AND QUALITY ASSURANCE

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 monitored, 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 March 2021 we submitted data and information to NHSE & NHSI - Learning Disability Standards Benchmark Review.

Key Areas of Work for 2021/22

In September we will complete and submit our Bi -Annual Safeguarding (children and adults) self- assessment which includes our Section 11 of the Children Act 2004 audit to BWCCG.

Ongoing audit and quality assurance challenges / risks:

- Capacity of the safeguarding team to respond to new multiagency audits.
- Capacity of the safeguarding team to write new policies and procedures
- Capacity of the safeguarding team to complete new NICE/NCPOD assessments in a timely manner.

5. SAFER RECRUITMENT AND ALLEGATIONS MANAGEMENT

Key Achievements

- Responding to/managing/progressing safeguarding concerns and allegations during the Covid-19 pandemic.
- Identification of key themes from safeguarding concerns and allegations in order to communicate lessons learnt from safeguarding cases.

Summary of Cases

In the financial year 2020/21 a total of 20 cases were referred to the Safeguarding Team; 16 cases relating to vulnerable adults and 4 cases relating to children. Of the 20 cases referred 12 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 an NHSP worker, a volunteer, a contractor and an agency worker. The safeguarding concerns/allegations were mainly in Urgent and Networked Care. Two concerns/allegations were within the Estates and Facilities Directorate and one in Planned Care, with Volunteers and Other. The main categorisation of concerns/allegations were physical e.g. rough handling of patients and transferrable risk. The outcome of cases was evenly split between no-case to answer; lessons to be learnt and case to answer; to be dealt with as a HR matter. There has been a small increase in the number of cases compared with previous years 18 in 2019/20 and 19 in 2018/19.

Key Areas of Work for 2021/22

To resume normal activity for safer recruitment and the management of safeguarding concerns/allegations following Covid-19 pandemic. This includes:

- To re-instate the Monthly Safeguarding Review Meetings to go through all “live” cases to ensure timely conclusion.
- To re-instate 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 increase safeguarding awareness amongst Employee Relations Team and other teams as appropriate.
- To further develop relationships with partners e.g. the LADO’s and Thames Valley Police.

- To review our internal processes and training for investigators in light of lessons learnt during the Covid- 19 pandemic

6. CHILD PROTECTION AND SAFEGUARDING

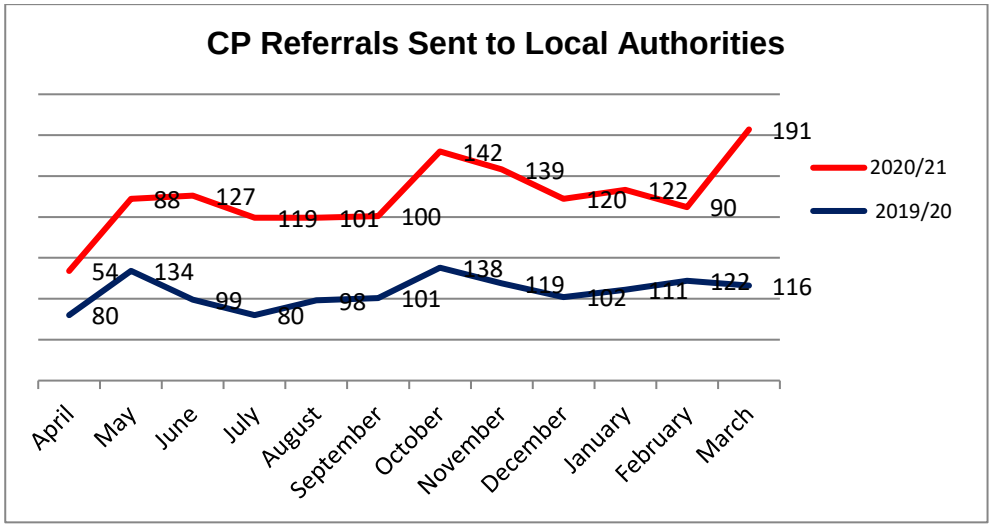
Key achievements

- Child protection has been busy with more complex cases presenting. The Named Nurse Child Protection (NNCP) works closely with frontline practitioners and partner agencies to ensure that the child remains the focus, is safely managed and discharged from our wards and other services.
- The Named Nurse and Midwife have worked closely with partner agencies, meeting them monthly to discuss cases and operational issues. Having liaison meetings builds relationships with the local authority (LA) teams for joint working. The meetings for unitaries in Berkshire West are established, consistent and they have proven invaluable during Covid19.
- Referrals to our three key LAs 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. Where issues are identified, reflection with practitioners enhances practice.
- Child protection level 3 training has continued, despite Covid19. All 1 hourly updates are now virtual. The full day was delivered face to face in October 2020 and will be delivered three times in 2021/22.
- A Paediatric Associate Specialist and the NNCP launched safeguarding debrief sessions for the multidisciplinary team to provide a safe space to reflect on complex cases and learn.
- 1:1 supervision continues for staff who work with highly vulnerable children and families, these include, the paediatric diabetes team, poppy team and sexual health advisors.
- Peer review is offered to Radiology and the Emergency Department. The NNCP will be offering supervision to senior nurses within Paediatrics in 2021/22.
- Child protection Clinical Governance meets bi-monthly, reviews all areas of safeguarding children and is well attended.
- 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.
- The NNCP attends the Reading Independent Scrutiny group and the Case Review sub group of the Berkshire West Safeguarding Children Partnership.
- 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 Record to support a single record and enable staff to have a better understanding of individual children's safeguarding issues.
- The NNCP has worked 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 NNCP to strengthen safeguarding practice.
- The Named Nurse and Named Midwife for Child Protection 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.
- Capacity within Child Protection team had been highlighted as a risk due to the high numbers and complex cases presenting. Funding was secured for 1 WTE band 7 Child Safeguarding Clinical Nurse Specialist. An experienced applicant was recruited and appointed, start date May 2021.
- Brighter Futures for Children have secured funding for 1 year for a Hospital Early Help Worker 0.6 WTE to work within the safeguarding team and alongside frontline practitioners, primarily with maternity, paediatrics and paediatric ED. The post was recruited to and started in Q1 2021/22.

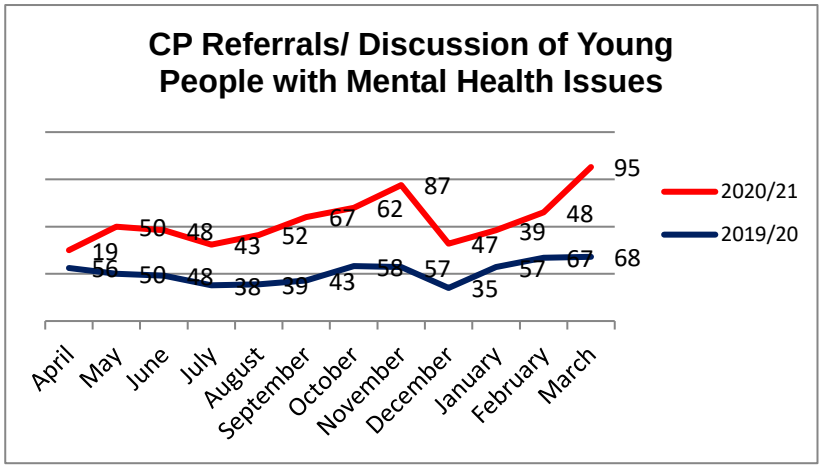
- A Volunteer Navigator Service developed during 2020/21 has started in to our Emergency Department (ED). This has been funded through Thames Valley Police Violence Reduction Unit. Starting Point, a third sector organisation has been commissioned to provide and co-ordinator the service. The aim of the Navigator Service is to provide mentoring to supporting young people aged 13–24 who attend ED journeying with them to access support within the wider community.

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, unborn babies and babies under six months
  - children and young people from troubled families
  - children and young people with complex mental health presentations particularly eating disorders, disordered eating and neurodiversity
  - children and young people with a learning disability and autism
  - adolescents presenting and admitted with risk taking behaviours, including injury due to violence
  - drug and alcohol presentations and cases involving domestic abuse
- 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 Safeguarding Team
- On-going work with frontline practitioners around the interface liaison and discussion with children's social care and CAMHS remain a challenge, especially for 14 – 17 year-old inpatients.
- Covid19 has and will continue to have a huge impact on children and families socially and economically. The impact for RBH has and will be seen in the complexity and vulnerability of child protection cases presenting to practitioners at the frontline and the safeguarding team
- The capacity of the NNCP and child safeguarding team 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 and safeguarding of children & young people
- The increase in the number of requests from the Local Authority Joint legal Team for notes or statements for family court proceedings and the increase in children on child protection plans in Berkshire West has and will continue to result in significant pressure on the capacity of the Safeguarding Administration Team.



2018/19 – 1045 referrals, 42% increase
2019/20 – 1300 referrals, 24% increase
2020/21 – 1438 referrals, 10.6% increase
COVID impact - April/May 2020 44% reduction compared to same period 2019



2018/19 – 573 referrals/discussions, 12% increase
2019/20 – 616 referrals/ discussions, 7.5% increase
2020/21 – 657 referrals/ disccusions, 6.65% increase
COVID impact April/May 2020 35% reduction compared to same period 2019

Key Areas of Work 2021/22

- 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
- NNCP 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.
- Utilising a dashboard developed from the Emergency Department electronic patient record the NNCP will progress a weekly review and liaison group that will include a Consultant Paediatrician, Senior Paediatric ED Nurses and an ED Consultant to retrospectively scrutinise the admission notes of babies under 6 months presenting with an injury. The group will ensure that all safeguarding processes were followed and that the explanation for the mechanism of injury was credible. This is in response to learning from incidents.
- Review all competencies for band 5 and 6 paediatric nurses against, The Royal College of Intercollegiate Document and identify training needs.
- Review the pathway of safeguarding processes and communication from paediatric ED to paediatric wards
- Work with BHFT to establish a Band 7 Health Visitor to work with Buscot to support improved discharge planning for vulnerable babies and families.

On-going child protection and safeguarding 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 consistently support aged 14-18 years who are either admitted to a paediatric or adult ward
- Capacity of the NNCP and child safeguarding team 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 and external 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.

7. MATERNITY CHILD PROTECTION

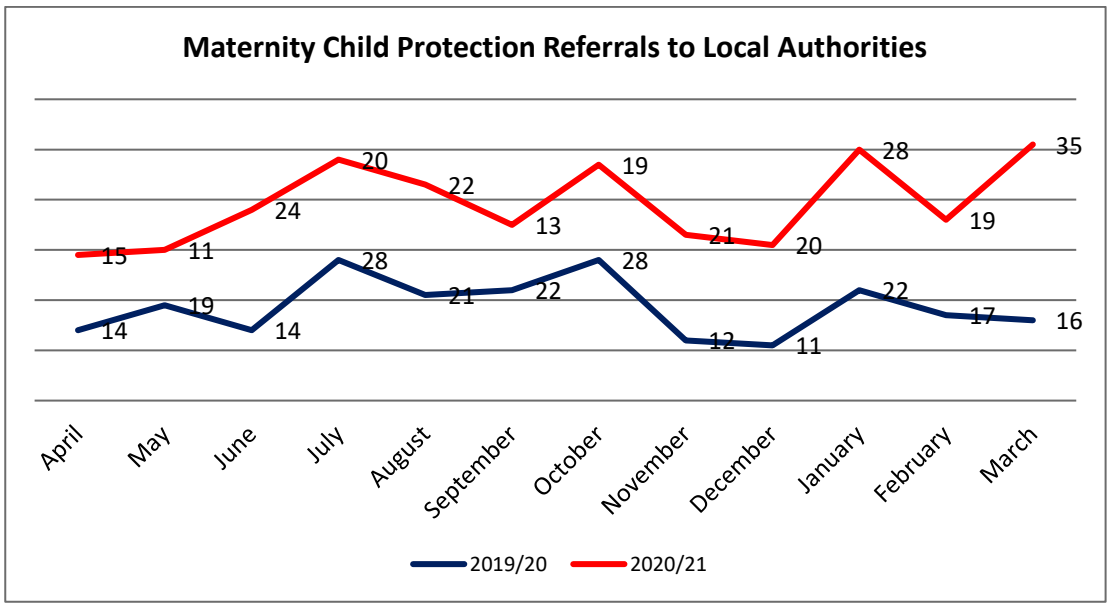
Key achievements

- In response to the rise in non-accidental injury during lockdown the NMCP, NNCP the Director of Midwifery, the Head of Safeguarding Children BWCCG and Lead for Community Children's Services, BHFT worked together to monitor midwifery to health visitor notifications and develop a joint flow chart for antenatal and post-natal midwifery and health visiting face to face and virtual contacts. This was shared with local authority partners. In Reading the established pre-birth team partnership model quickly incorporated a case discussion 'panel' with midwifery input.
- Additionally our midwifery team introduced a telephone contact call to partners on day 7 to explore challenges and stresses they may be experiencing as new parents, isolated from extended families using the icon material https://iconcope.org/ and included a discussion about safe sleeping. This is still in place and used as another opportunity to explore vulnerabilities and work with families to improve outcomes for children.
- Liaison meetings with Reading's Pre-birth Team became well established during 2020/21, working 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 and Safeguarding teams worked very closely with the Pre-birth Team.
- The NMCP and NNCP, the Poppy Team and Director of Midwifery worked closely with each other and with the Head of Safeguarding Children BWSCP to ensure appropriate safeguarding supervision for midwives working with vulnerable women and families to respond to emerging safeguarding issues during lock down.
- Midwives continued to provide a RAG rated face to face antenatal and postnatal visits with appropriate PPE
- NMCP has been involved in identifying opportunities to talk to women face to face and alone about domestic abuse during pregnancy and providing additional training for staff
- NMCP has been involved in reviewing practice in the cases of the death of one baby and serious injuries to three babies referred to the National Child Safeguarding Practice Review Panel requiring a Rapid Review

- Child protection for the unborn, new born babies and vulnerable parents have been 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 and 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, West Berkshire and Reading local authorities these are usually bi-monthly.
- Vulnerable women's meetings are held monthly with representatives from Health Visiting, Perinatal Mental Health, Sexual Health and Poppy teams and Reading Multiagency Safeguarding Hub (MASH).
- The Poppy Team supports our most vulnerable families; the NMCP works closely with the Poppy team and supports them in their practice. 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 Domestic Abuse Policy has been reviewed and updated.
- Maternity Services went live with EPR November 2020; there was a smooth transition from paper records to electronic records. The Named Midwife spent a significant amount of time prior to going live to make sure all aspects of safeguarding were mapped and considered. Since introduction there have been no significant incidents where information was not shared or a new born on Child Protection Plans was discharged without the necessary discharge planning meetings taking place. The implementation of EPR into maternity services has been a positive change and a good example of staff working together to improve communication and safety.
- 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
  - 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
  - Provides supervision for the Poppy team.
  - 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.

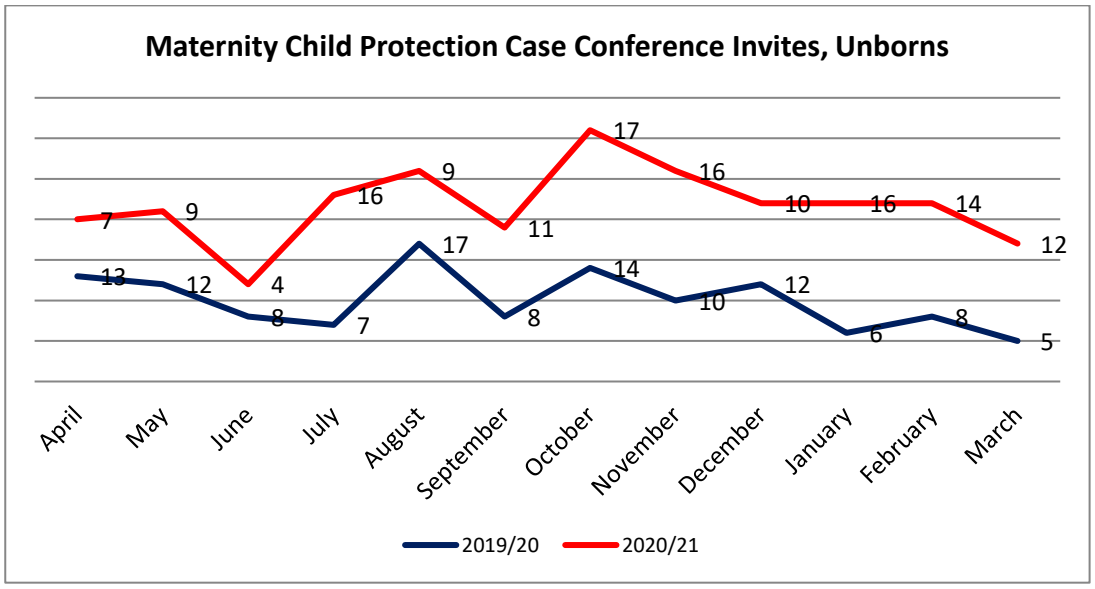
Key concerns

- 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
- Increased demand for level 3 training in maternity services and the Rapid Review and learning process when a baby has suffered significant harm.
- Capacity to support the NNCP in delivering Trustwide level 2 and 3 child safeguarding training and level 3 up dates
- 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. The NMCP attends the study day for new community starters at each rotation change.



2018/19 – 219 referrals 1% increase from 2017-2018
2019/20 – 224 referrals 2% increase
2020/21 - 247 referrals 10% increase
Of the 247 referrals made by Midwives to the three Local Authorities in 2020/21:

- 60% were to Reading, Brighter Futures for Children compared to 50% in 2019/20
- 20% were to West Berkshire CSC, compared to 30% in 2019/20
- 15% were to Wokingham CSC, compared to 18% in 2019/20
- 5% were to our neighbouring local authorities which remained the same as 2019/20



2017/18 – invitations 130
2018/19 – invitations 146, 12% increase
2019/20 – invitations 120, 18% decrease
2020/21 – invitations 141, 15% increase

We were able to attend 126 (89%) this is 11% increase on 2019/20. 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 126 of the conferences this is 90% this is a decrease from 98% in 2019/2020, but consistent with 92% in 2018/19.

- 50% were in Reading compared with 51% in 2019/20
- 28% were in West Berkshire compared with 26% in 2019/20
- 16% were in in Wokingham this is consistent with 16% in 2019/20
- 6% were for neighbouring authorities this is down slightly from 7% in 2019/20,

7.1. Local Authority Vulnerable Person figures for 2020/21

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'.

Due to the changes in data collection with the implementation of Maternity EPR during the 2020/21, collecting these figures in total and by local authority has not been possible they will be included in the 2021/22 report.

Forward planning 2021/22

- In 2021/22 additional data will be collected and reported monthly through the Integrated Board Report to capture the complexity within Maternity services this will include:
  - Child Safeguarding concerns raised by maternity
  - Unborn on CP/CIN plans
  - Number of women reaching poppy team criteria (referrals)Babies born with CP/CIN plans
- Brighter Futures for Children have employed an Early Help worker to work within the Trust, with the aim to reduce referrals into their Children's Single Point of Access (CSPOA) by 40%. The worker is supported by the Safeguarding team and will initially work within Maternity Services and then provide support for Paediatric and Accident and Emergency units.
- 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. Although lockdowns are being lifted the long term impact on Mental Health of parents will potentially have a significant impact on Maternity services for several years.
- Continue to provide newly qualified midwives with on the job support concerning their safeguarding practice. Teaching on the preceptorship day and the new community Midwives starters' day.

Ongoing maternity child protection 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 qualified midwives throughout their rotation.
- 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.
- Ensure that EPR continues to capture the appropriate safeguarding information that can be easily accessed by staff.

8. MATERNITY MENTAL HEALTH

Perinatal mental health continues to be a focus for service development and staff education in line with the recommendations of national drivers such as Better Births and the Long Term Plan:

Key achievements:

- The provision of Perinatal Mental Health training for the multi-disciplinary team has continued to be a challenge this year. Traditionally the Berkshire Perinatal Mental Health Team (BPMH) provide training, however due to resource issues BPMH have not been able to offer their usual support. Face to face training has remained 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. This has been well evaluated by midwives.
- There is a new screening specialist midwife in post, 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.
- The joint perinatal mental health and obstetric clinic continues with the Berkshire Perinatal Mental Health Team. The clinic is due to be expanded, with agreement for additional Consultant Obstetric time for an extra two clinics per month (from 2 to 4 clinics). We are currently scoping and banding additional midwifery time to support this clinic, as a joint integrated role with the Poppy team. The aspiration to commence the expanded clinic in summer 2021 has been on-hold due to staffing issues from the BPMH service. It continues to be a shared aim of both Trusts to support this service. Thanks to Consultant Obstetrician Anna Ashcroft who has been leading this clinic for Sunetra Sengupta during her leave of absence.
- The Birth Reflections Pilot has finished and agreement reached for it to become an established part of our service offer. Demand has been exceptional, with waiting times up to 4 months in 2021. 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. We are addressing the long waiting times and the demand for the service by advertising for a Band 6 Birth Reflections midwife, to work alongside our existing Band 7 Birth Reflections lead midwife. This will increase capacity from 4 to 12 appointments per week.
- Screening for perinatal mental health has been included in digital work relating to antenatal and postnatal care in the Maternity Services Electronic Patient Record move to Cerner.

Forward planning for 2021/2022:

- Continue to respond to the emerging evidence of the impact of Covid19 on the perinatal mental health of parents. We have worked very closely with the Maternity Voices Partnership user group to plan, communicate and adapt our Covid-19 restrictions on partner/birth partner support, to facilitate the maximum support for families within what is safe from an infection control. Individualised plans for additional birth support/overnight stays have been made on a case by case basis, especially for women with mental illness.
- Continued work with Maudsley Learning to achieve accreditation for our Perinatal Mental Health Training remains paused due to Covid-19.
- Expansion of continuity of midwifery care teams continues to encompass women with significant mental illness. The Poppy Team on-call model has been paused/restricted during Covid-19 but with additional midwives to the team, this is looking to be reinstated soon. The Blossom midwifery team also picks up women from postcodes with higher complexity in their physical, social and psychological needs.

9. 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.
- During Covid:
- The internal RBFT pathway for women with referrals to a to a Specialist Obs/Gynae Registrar has continued
- It was not possible to maintain the face to face element of the Reading Rose Centre, however a virtual service was offered by other women's charitable organisations 'Utulivu' and 'Women with Vision'
- Additionally a specialist midwife Jammie Korama has offered a service to women

Activity

- Maternity – 25 cases identified, which is up 8 from last year. All of those had appropriate referrals to children's social care.
- 22 cases were identified antenatally with the remaining 3 cases being identified at delivery. Two women did not disclose FGM and continued to not acknowledge they had had FGM performed as they had not been informed by their families, with the remaining woman it is not clear why it was not identified antenatally, however once identified appropriate referrals were sent to the relevant Children's services. 17 were reported to Reading, 7 to Wokingham and 0 to West Berkshire. One referral was made to a neighbouring local authority.
- There were 12 further referrals to local authorities at delivery when the infants were female. 9 referrals were made to Reading, 3 to Wokingham, 0 to West Berkshire or neighbouring Local Authorities.
- 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 2021/22

- Partners involved in the Rose Centre will meet to plan to reopen a face to face service

10. CHILD PROTECTION AND SAFEGUARDING CHILDREN AT DINGLEY CHILD DEVELOPMENT CENTRE (CDC)

10.1. Child Protection Medicals

Dingley provides a service for child protection medicals (CPM), referrals come from social services this has continued during Covid19 and has been kept under review by the Clinical Lead and the Named Doctor for Child Protection. Initially during lock down there were no referrals that trend has reversed.

Key Achievements

Following concerns raised by children's social care about delays in medical assessments and the challenge of an unpredictable referral pattern across the week, the CPM process was reviewed.

- Introduction of a Child Protection bleep and telephone for direct referrals
- Introduction of 2 administrative coordinators for child protection referrals, to provide consistency
- Introduction of an online referral form that is completed by the social worker
- Introduction of a full- time day cover by a Registrar who does not have clinic commitments
- These improvements have led to a more robust referral system and eliminated avoidable delays by :
  - Increasing the quality of referral information
  - Providing the paediatrician with more accurate information and history.
  - Facilitating a fuller discussion and more accurate understanding of the social context and history of the family
  - Improving the relation between the Dingley Team and referring social worker

10.2. Child Protection (CP) Peer Review Meeting

During 2020/21 Dingley established a monthly Child Protection Peer Review Meeting. This was in response concerns around safeguarding practise in the department which triggered a review by the Trust`s Safeguarding Team. Establishment of a Peer Review Meeting was one of the recommendations. The meeting is now well established and provides assurance that the case findings and reports meet national standards. The meeting is attended by all Community Paediatricians, Registrars and the Named Doctor and /or Nurse for Child Protection. Cases during the previous month are discussed. The peer review meeting provides a proactive culture of learning, and professional development that comply with new RCPCH 'Good practice service delivery standards for the management of children referred for child protection medical assessments' published in October 2020.

10.3. Child Protection Network Meeting

Bimonthly meeting via TEAMS for Clinicians, Therapists, Chaperones, Social Workers and CP coordinators to discuss cases, obtain feedback on outcomes, escalate concerns and discuss process.

Challenges/risks

- Non urgent child protection medicals being provided at a site remote from the RBH
- Covering child protection medical rota which is dependent on paediatric registrar provision from the deanery
- An increase in the number of child protection medicals after the Covid19 lockdown lifted and children returned to school, with 28 referrals in March 2021.

Forward planning 2021/22

- Complete and embed a Child Protection Medical audit to evaluate the reviewed service

10.4. Locality Paediatrician

Dr Aziz Siddiqui, Consultant Community Paediatrician has taken on the role of locality paediatrician for Children's Safeguarding this includes:

- Providing medical input in West Berkshire Independent Scrutiny & Impact Group meetings
- Supporting Child Protection teaching and training
- Participation in Rapid Reviews
- Working with the Child Protection and Safeguarding teams to ensure key messages are communicated

10.5. 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 the Fostering and Adoption Panel are provided by Dr Niraj Vashisht, Community Paediatrician.

Forward planning 2021/22

Complete a case audit to evaluate the service

11. CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND)

Key Achievements

Maintaining the service and developing new ways of working during Covid19 pandemic.

11.1. Education and Health Care (EHC) plans

- Early notification to local authorities (LAs) of possible child with SEND
- As a result of close working with LAs to improve SEND provisions across Berkshire West to improve the timeliness of Education and Health Care (EHC) plans a new process is embedded and we have increased our compliance from 30% to 100%
- Time for Clinical contribution to complex EHC discussion are now featured in consultant job plans

- Improving the quality of our targeted contribution to EHC process by establishing a EHC contribution template

Forward planning 2021/22

More work to strengthen quality of targeted contribution to the EHC process

11.2. Epilepsy Service

- **E-QIP 2019-2020**
  - The RBH epilepsy team were one of 11 teams from across the whole of the UK selected for an RCPCH project looking at developing Quality Improvement Projects for Children and Young People with Epilepsy.
  - This involved 6 members of the team attending a weekend course November 2019 followed by the development of a project, which was presented at National Level.
  - We have set up a 'First Fit' phone call service for CYP attending ED with their first fit, with the Epilepsy Nurses.
  - This has confirmed the need for reinforcement of safety information to families, as it is difficult for them to take the information in when in ED.
  - It has also flagged the need for some of these young people to fast track to Paediatric Epilepsy Clinic.
  - Following on from this, the team have employed similar strategies to work on better surveillance and support of the mental health needs of those with Epilepsy.
- **NICE Epilepsy 2019-2022**
  - Dr Sarah Hughes, Paediatric Consultant Neurologist is a committee member on the NICE panel looking at Epilepsy management in Children, Young people and Adults.
  - This is due for publication in Feb 2022.

11.3. Transition of Young People with Neurodisability and/or Epilepsy to Adult Services

- Young people with Neurodisability and Epilepsy have a robust service transitioning through to adult services that is stable, with regular clinics running.
- Information sheets were produced this in 2020/21 to ensure that is equity of information shared by the team.
- This has been shared with BHFT teams and with Reading and Wokingham Local Authorities. Representation was made to the Wokingham transition working group during 2020.

11.4. Multiagency Level 3 Training run for BWSCP – Safeguarding Disabled Children

- In 2020 Dr Sarah Hughes, Paediatric Consultant in Neurodisability arranged and led a multiagency Level 3 Safeguarding Disabled Children training day for BWSCP.
- This one-off single day training course was run by a multiagency group of presenters including a Senior Manager in the Disabled Children's team at Brighter Futures for Children, Reading the Designated Professional for Child Death, BWCCG and Reading LADO (Local Area Designated Officer)
- We had around 50 attendees, from a wide variety of backgrounds to consider safeguarding in its broadest context for our most vulnerable children and young people.

11.5. Thames Valley Network Hospital Communication Passport 2020/21

- Members of Dingley CDC and Oxford Community teams worked together on a project with families to develop a communication passport for use across Royal Berkshire and John Radcliffe Hospitals.
- This is available on the RBFT website and can be completed by families to ensure that their young people's needs are well recognised within the hospital and outpatient settings.
- By working together, children can use the same documentation across a number of different settings, to reduce the difficulties that can arise with communicating a child/young person's needs.
- This has been rolled out across the paediatric wards at the Royal Berkshire and John Radcliffe Hospitals.

11.6. Downs Syndrome Clinics

- During 2020/21 we have reviewed the Downs Syndrome Clinical Pathway and Guidelines.
- This has been In collaboration with the Neonatal team, GP`s, Community Paediatricians and the Neurodisability Nurse
- The aim is an early involvement of the specialist multidisciplinary teams including as Speech and Language Therapists and Physiotherapists

Forward planning 2021/22

- A unique pathway and guideline is being developed that carries through the patient`s life span (from neonate to adulthood)
- Joint Down's Syndrome clinics led by a Consultant Paediatrician and a Neurodisability Nurse planned at Dingley CDC from August 2021
- The Neurodisability Nurse will work closely with the community and general paediatricians and therapists to run the Nurse Led Downs Syndrome Clinic.
- The Neurodisability Nurse role includes:
  - Medical and developmental assessment of all < 5-year-old children with Down's Syndrome referred to the Downs Syndrome Clinic
  - Arranging investigations and making referrals to different therapies and departments.
  - Giving information and providing support to the family

Ongoing challenges / risks child protection and safeguarding at Dingley Child Protection Centre:

- Covering of the Child protection rota
- Increase in the number of child protection medicals after the covid lockdown and children returned to school - 28 referrals in March 2021
- More work needs to be done to strengthen quality of our targeted contribution to the EHC process

12. CHILD DEATH

Thirty three children and young people < 18 years' resident in Berkshire West died 01/04/20 -31/03/21

Seventeen of those deaths were unexpected requiring a joint agency response (JAR)

A joint agency response was triggered following the death of a care leaver who was 18 years and 6 months old.

1. **Twenty two of the deaths were in the neonatal period.**
   - Seven of the deaths were unexpected and reviewed through the Joint Agency Review process
   - Awaiting confirmation concerning one neonatal death/stillbirth
   - In response to the balance of neonatal deaths among the overall numbers of child deaths reviewed, the Pan-Berkshire Child Death Overview Panel (CDOP) has established a specialist panel
   - Neonatal deaths are reviewed annually for the calendar year and thematic learning and actions reported to CDOP
   - The panel met for the fourth time in June 2020 to review all neonatal deaths in the period 01/01/2019 – 31/12/2019 and share the learning. This meeting was originally scheduled for March 2020 but due to Covid-19 was rescheduled to later in the year
   - For the first time colleagues from the John Radcliffe Hospital, Oxford and the Child Mortality Team from OUH (Oxford University Hospitals) joined the panel
   - Clinical learning for these highly complex cases has been shared in detail with clinical staff
   - The panel noted the following points of good practice whilst carrying out their review:
     - Extensive reviews were undertaken with good clinical representation

- There was good antenatal planning with detailed plans for different possible outcomes when abnormalities were possible
- A Key Worker was identified early on and involved throughout when needed
- Excellent nursing care noted
- Parents' views were listened to and there was involvement in all care choices
- Good use of multi-disciplinary teams

- The panel met in in April 2021 to review neonatal deaths in 01/01/20 – 31/12/20

2. Twelve of the deaths were in children (infants, children and young people)

- Two child deaths were expected, both died in hospital
- Ten of the child deaths were unexpected and reviewed through the Joint Agency Review process
- Clinical learning for all cases has been shared in detail with clinical staff and shared through CDOP
- JAR process for all unexpected child deaths in 2020/21 was triggered
- When a child dies: A guide for parents and carers available
- Key workers appointed for all child deaths

Context	Keyworker
Home Office Post Mortem/RTI	TVP Family Liaison Officer
Neonatal < 28 days	RBH Bereavement Midwife
CYP with life limiting illness, already known to service	Children's Community Nurse
Child or sibling < 5 years	Health Visitor
Otherwise	Decided in JAR

Key Achievements:

- Berkshire West and the RBFT are essentially compliant with October 2018 – Child Death Review (CDR) Statutory and Operational Guidance
  - Berkshire West Child Death Review meetings are established
  - Berkshire Oxfordshire Buckinghamshire (BOB) thematic review panels are established
  - SUDEP April 2021
  - BOB thematic CDOP working group safe sleeping established 2021- 22
- Pan Berkshire Suicide Audit 2015 – 2020 for 0-25 year olds led by NHS England completed, presented to the Pan Berkshire Suicide Prevention Steering Group. Thematic findings will contribute to the 2021/22 refresh of the all age Berkshire suicide prevention strategy.
- Berkshire West Child Death Review (CDR), SUDI/SUDIC and Covid-19 - interim arrangements were agreed
- Dr Sarah Hughes Paediatric Consultant in Neurodisability has had 0.5 PA to support Child Death Review (CDR) process since August 2020
- Pan Berkshire key worker audit completed by Dr Hughes findings and recommendations presented to CDOP, demonstrates training and support needed
- Additional capacity in the RBFT Child Safeguarding Team will support the appointment of keyworker for unexpected medical death in child > 5 years
- RBFT Lead Mortality Nurse has familiarised herself with the CDR process by shadowing the Designated Professional and attending meetings to better understand the case management need.
- Training - Saving Young Lives Child Death – Overview and Learning sessions has been provided at all face to face full day level 3 child safeguarding days.
- Deaths of children and young people in Berkshire with LD are notified to LeDeR following a full review at CDOP.

Key Challenges:

- Eighteen JARs the highest number since the Child Death Overview Panel (CDOP) was established in 2008
- Complexity of cases
- Appointment of keyworkers with knowledge and capacity
- Appointment of keyworker for unexpected medical death in child > 5 years
- Capacity within the RBFT to case manage unexpected child deaths
- First Covid lockdown delayed the Coronial process
- Covid lockdown impacted on availability of face to face bereavement support for parents, carers, siblings and families
- Covid lockdown has delayed training of BHFT Rapid Response nursing team to provide a joint home visit
- Medical examiner for < 18 years not yet in place
- JAR process for unexpected neonatal deaths in the neonatal unit and maternity services not being triggered consistently

Key Areas of Work for 2021/22

- Work with partner agencies in Berkshire West ICP to develop a robust strategic approach and plan to adolescent risk reduction and contextual safeguarding, including safeguarding and welfare at Reading Festival
- Work with CDOP colleagues across BOB ICS through a Safe Sleeping task and finish group. The project will include an audit of cases and collaboration with public health colleagues and University of Reading to explore behavioural research
- Work with the Lead Mortality Nurse to develop a business case for child mortality nursing capacity
- Align and streamline RBFT neonatal and paediatric mortality review and Berkshire West Child Death Review processes
- Build the Morbidity and Mortality (M&M) Procedure for Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network (TVWPCCODN) adopted in February 2021 into the RBFT serious incident response to a child death in our care.
- Review the process when there is a neonatal death in the Neonatal Intensive Care or Maternity Services reaching the criteria for a JAR to be reviewed to ensure it is consistently triggered and there is a consistent multiagency response
- Support a Half Day TEAMS multiagency training for Berkshire Health Care Rapid Response nursing team to provide a joint home visit
- Succession planning – from 01/04/2021, Dr Ravi Kumar, Consultant Paediatrian is shadowing and supporting the Designated Professional for Child Death and will take on the responsibility and accountability on the 31/12/21
- Work with Lead Medical Examiner to explore ME model for < 18 years

Ongoing child death review 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.
- 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.

13. SEXUAL HEALTH

Key achievements – service delivery and safeguarding

- Clinical delivery in the hub at 21a Craven Road continued throughout the Pandemic
- Services changes to adhere to pandemic guidance whilst still maintaining accessibility for vulnerable patient groups
- 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. These were able to continue to be provided throughout the pandemic for the majority of the time
- Designated outreach posts dealt clinically with 390 vulnerable cases that would not otherwise have accessed mainstream delivery. Service delivery continued throughout the Pandemic with guidelines for modified practice within patient's homes.
- 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 Child Sexual Exploitation and/or Criminal Exploitation (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.
- Sexual Health delivers child safeguarding training sessions for at least 1 hour every other month to all staff in clinic.
- 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.
- Recruitment of an experienced Outreach Nurse to serve the under 19 age group.

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 the CSE/CCE operational group meetings in three unitary authorities.
- 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.
- Sessions to share good practice between similar clinics in the neighbouring areas have encouraged enhanced ways of working.

Information sharing – change in practice

In addition to children who are considered to be LAC and/or on CP plans we are now able to alert practitioners to those young people (YP) who are also discussed at exploitation committees by using a prefix for their entry into the patient database. This has been devised with guidance from Information Governance and considered to be good practice by Public Health England. We are able to include those YP not already known to the service should

they become known at a later date. This continues for at least 12 months (depending on continuing risk) after the young person's 18th Birthday to ensure any pre-existing or pre-involved services can be considered.

Key areas of work 2021/22

- Ensuring safeguarding protocols continue to be upheld during any ongoing pandemic situation. 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).
- Continued participation in Pan-Berkshire Exploitation sub group.
- Review of clinic/outreach staff members safeguarding supervision in line with new National Guidance and existing local policies.
- Development of enhanced safeguarding discussion training sessions in newly formed MDT (in addition to all staff receiving up to 6 sessions annually)
- Review of safeguarding supervision against new British Association of Sexual Health and HIV guidance, 2021

Ongoing sexual health challenges / risks:

- Management of all safeguarding circumstances continues to be a challenge in relation to capacity within sexual health services with the ever changing safeguarding agenda.
- Recruitment in progress to replace 2 members of the Outreach Team
- Capacity to attend meetings if they are extended to include more young people will become more challenging.
- Time out of service delivery, for the Specialist Youth Nurse to attends/contribute 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 pathways as they find different ways of working to consider Contextual Safeguarding.

14. SAFEGUARDING ADULTS

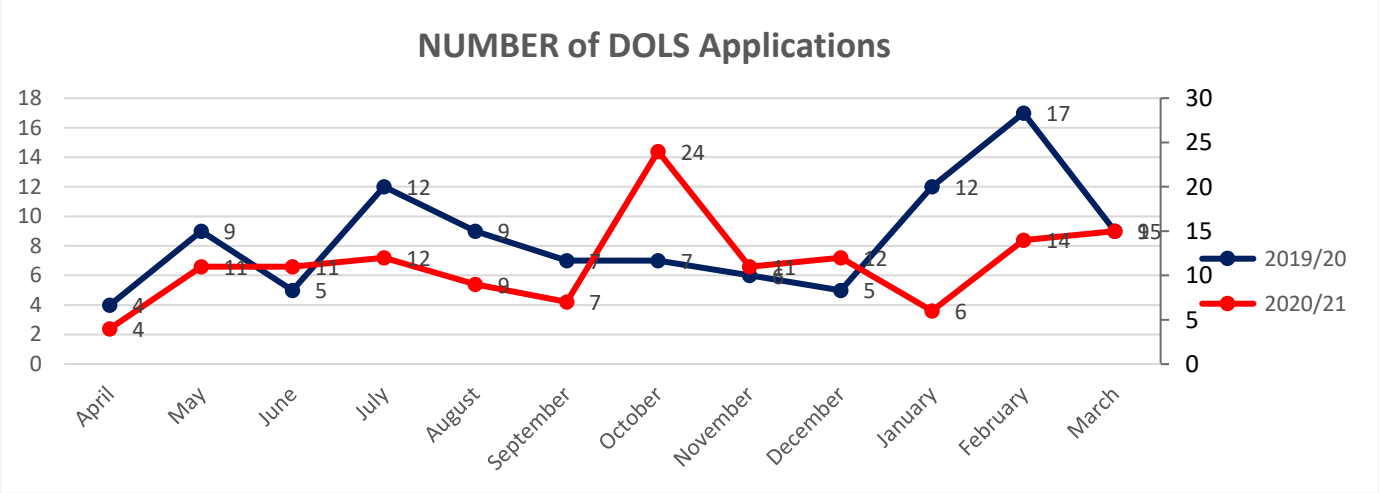
Key achievements

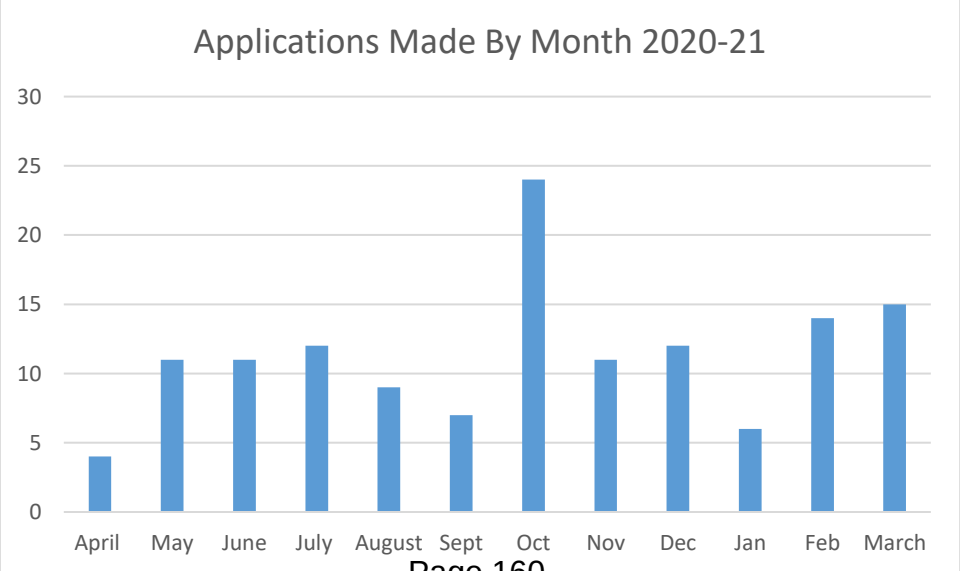
- During Covid19 the Safeguarding Team remained on the RBH site and provided face to face assessments and support for patients and staff in both hot and cold Covid wards and departments
- All safeguarding allegations raised against staff by patients and others have been investigated.
- The Safeguarding Team were part of the Family Liaison Service C19 that had good feedback from frontline staff and the families we worked with. That service was stepped down in August as it is no longer needed. It was recognised as filling a gap and very real need while visiting was suspended with some exceptions.
- The RBFT contribution to the Covid 19 care homes work in Berkshire West included drawing up the visit 'check list' and 19 visits in 3 weeks made by the Lead Nurse Adult Safeguarding, the Practice Development Team and Associate Chief Nurse for Workforce and Education
- Safeguarding Adults Clinical Governance continued throughout 2020/21
- The NCG safeguarding team medical clinical lead and matron have worked with the NCG Board to embed safeguarding governance and accountability
- UCG and PCG safeguarding matrons leads are members of the Safeguarding Adults Clinical Governance group and have provided valuable connections into their care groups

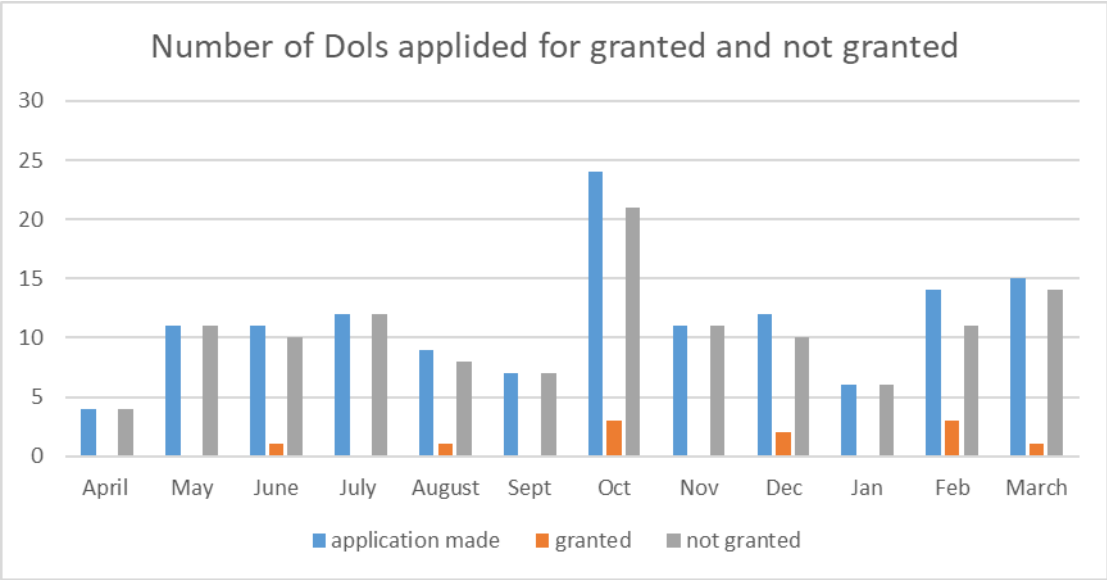
- Safeguarding concerns continue to be raised via the Datix incident reporting system 2020/21 saw a 20% rise in concerns reported
- Learning from Safeguarding Adult Reviews (SAR's) continues to be included in Safeguarding training
- The Lead Nurse Adult Safeguarding continues to be part of the SAR panel and other SAB subgroups

14.1. 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, skills and consistency of staff in application of the MCA
- Face to face Training for induction and core mandatory training was discontinued due to Covid restrictions
- Enhanced mental capacity training was recommenced in September2020 via MS teams sessions held on alternate months. Mental Capacity training also forms part of the managing 1:1 day
- A ward level point prevalence audit was undertaken in December2020 The finding were similar to previous audits and highlighted limited documentation of MC assessments and best interest discussions and meeting. However there was good documentation of clinical discussions with families
- There was an increase in the number of DoLS applications made in 2020/21 where 136 application were made compared to 102 applications in 2019/20 an increase of 33%
- Of the 136 DoLS applications made only 8(6%) were granted compared to 2019/20 where 11(11%) of the 102 applications were granted. The majority of patients were discharged or unfortunately died prior to the DoLS assessments being undertaken and completed.





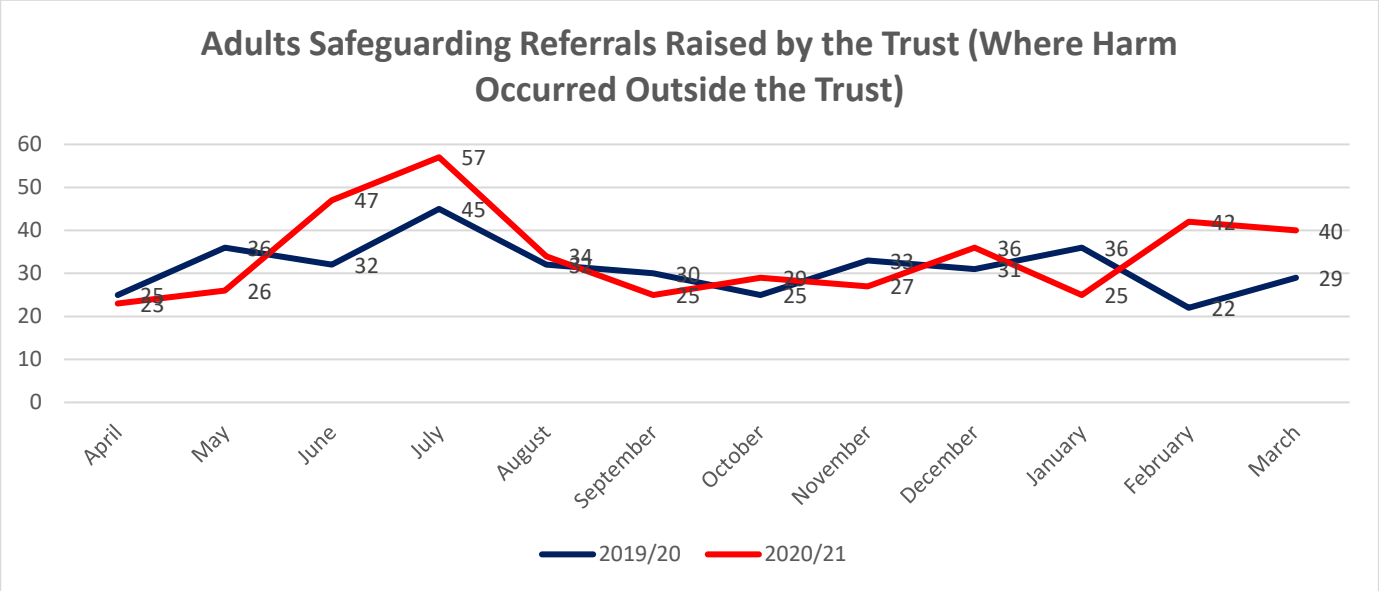


14.2 Adult safeguarding concerns

- 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
- During 2020/21 411 adult safeguarding concerns were raised to the local authorities compared to 341 in 2019/20 a 20% increase
- For externally raised safeguarding concerns about care 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 2020/2021

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	23	2	1
May	26	0	0
June	47	3	0
July	57	6	3
August	34	3	0
September	25	1	1
October	29	1	0
November	27	6	0
December	36	6	2
January	25	5	0
February	42	1	0
March	40	3	1



14.3. Prevent (anti-terrorism)

One Prevent concerns was discussed with outside agencies in 2020/21. Two members of the Safeguarding team regularly attend West Berkshire Prevent steering group.

14.4. Domestic Abuse

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 Safeguarding Practitioner 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 the risk discussion. The Domestic Abuse Working Group will be relaunched in 2021

Key areas of work for 2021/22

- Support the multi-disciplinary safeguarding champions and care group safeguarding adult medical leads and matrons to embed safeguarding across the Trust
- Relaunch the domestic abuse working group
- Promote the importance of clear documentation of mental capacity; this can be by either use of paper or electronic documentation of Mental Capacity assessments
- Work with Capsticks the Trust's legal firm for them to design and deliver Advanced Mental Capacity Act and Best Interest training for senior clinicians to be part of our new Level 3 adult safeguarding training programme
- Launch Level 3 adult safeguarding training, work with the team that manage 'Learning Matters' the electronic platform used to record and report safeguarding training to accurately recording this training
- Work with other members of the safeguarding team to 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 and financial abuse
- Prepare for the 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 safeguarding adults' 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.
- Supporting patients and the staff caring for them where there are complex health, safeguarding and a psycho-social needs leading to delayed discharge from hospital due to system intricacies
- Supporting patients and the staff caring for them where there is homelessness or other external service or resource issues beyond our control
- Vulnerable patients who don't reach thresholds for statutory or voluntary services and the differences between local authorities.
- Increasing and maintaining workforce knowledge of the Mental Capacity Act, DoLS, Best Interest Decisions and application in practice.
- Consistency of documentation on EPR especially in relation to Mental Capacity Assessments
- Increasing and maintaining workforce knowledge of domestic abuse and application in practice
- Capacity to implement the 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

15. MENTAL HEALTH SERVICE PROVISIONS

In addition to the participating in the Berkshire West ICP Mental Health and Learning Disability Programme Board the Trust has worked in partnership with Future in Mind - a group responsible for developing and monitoring the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing and the Pan Berkshire Suicide Prevention Group. Caring for people who have mental health problems is probably more important than ever as health and social care agencies tackle the long term consequences of Covid-19. Following lengthy consultation with service users, their families and key agencies, the Berkshire West Mental Health and Learning Disability Programme Board drew up a 14 point plan of action to improve mental health crisis pathways. In line with the Government's Long Term Plan for the NHS, the Board is committed to a rapid expansion of its mental health services, improving and widening access to care for children and adults. Berkshire West population is 570 000 with average of 20.9% BAME composition. About 70 000 people have a diagnosis of anxiety and/or low/moderate depression across Berkshire West. Only 12% are from a BAME background, possibly underrepresented compared to white communities. The average age of people with a diagnosis is 48 which implies anxiety more prevalent amongst the younger population and 63% were females. This project will support in improving on our data reporting - fewer BAME males accessing mainstream mental health services, understanding BAME experiences of accessing early help and improving access to culturally appropriate psychological support (IAPT). People from BAME group with anxiety and or low, moderate depression make up 51% living in Reading, 25% in West Berkshire and 24% in Wokingham (Population Health Management dataset October 2020).

Aims of the mental health crisis plan:

- Improve access to mental health services and make them readily available in a timely manner
- Expand the mental health liaison service through the Royal Berkshire Hospital's Emergency Department
- Improve 24/7 mental health crisis provision
- Provide alternative crisis provision like sanctuaries/crisis café
- Establish a new Ambulance Mental Health response pathway with trained mental health staff

Key achievements of the multi-agency partnership during 2020/21:

- A single point of access for Mental Health Crisis that is consistent and available 24/7 for all ages
  - Single point of access available via NHS 111

  - A new Mental Health Crisis Line since April 2020 for all ages; children and young people, adults and older people with access 24/7, 365 days a year. Supports people with Learning Disabilities
- Psychological Medicine Services (PMS- Mental Health Liaison Team at RBH) Core24 compliant
- Successfully recruited two Drug and Alcohol specialist practitioners collocated with PMS on the RBH site to support people in need, frontline clinical teams and link with the community substance abuse services
- Review of the secure ambulance use criteria and contract
- Launch of Kooth young people online support service a free, safe and confidential online space to share experiences and gain support from the managed online community and qualified professionals. Young people access Kooth can do so without the waiting lists or thresholds often associated with traditional services. They can join online peer support communities, access self-help materials or engage in drop-in or booked one-to-one online chat sessions with experienced counsellors.
- Mental Health Support Teams (MHST) to support children and young people with emerging, mild or moderate mental health difficulties launched in Reading and Wokingham.
- Funding identified for a Band 7 CAMHS practioner within the RBH
- In December 2020 The Berkshire West CCG Joint Commissioning Team was awarded £20,000 by NHS England for Mental Health Winter Pressures to increase capacity within our local Voluntary and Community Sector Advocacy Organisations (VCS) in improving engagement with vulnerable communities. The Black, Asian and Minority Ethnics groups, Refugees and Traveller communities (BAMER*) was chosen to meet this criteria of vulnerable communities. The VCS organisations provided support to people from BAMER communities in navigating and accessing mental health support to prevent mental health crisis. This project operated from beginning of January to the end of March 2021.
- Participated in a Pan- Berkshire Suicide Audit 0-25 years organised by NHSE Specialist Advisor, CYP Mental Health, South East and a Pan-Berkshire Suicide Audit in females. The findings will contribute to a 'life course' renewed suicide prevention strategy and plan in Berkshire in 2021/22

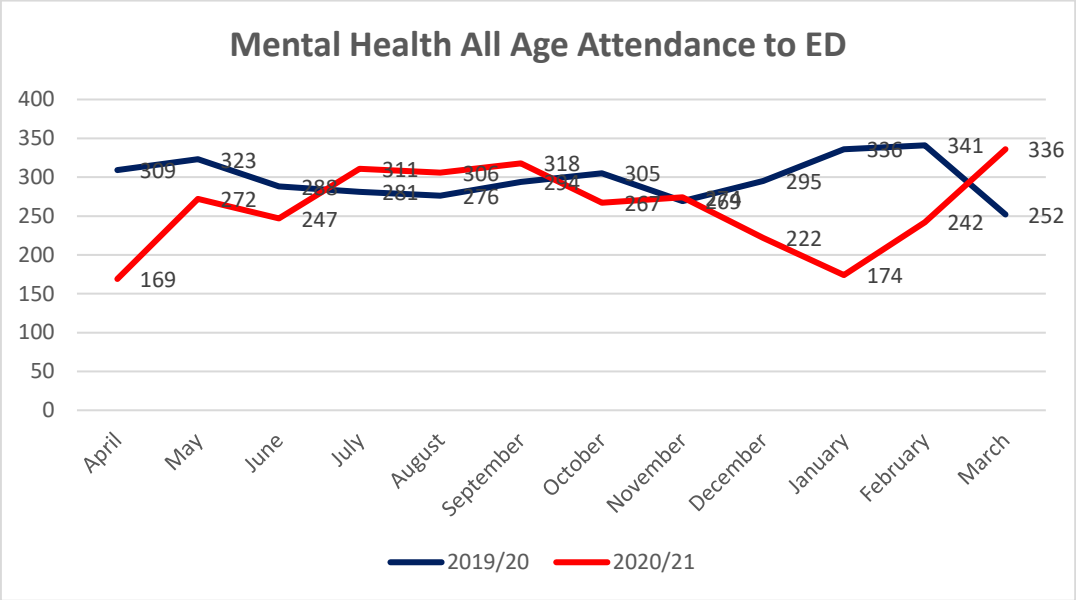
Key Areas of multi-agency partnership working looking forward to 2021/22 and beyond

- The RBFT will participate in a working group and sub groups of the Pan Berkshire Suicide Prevention Group commissioned to agree priorities for the life span refresh of the Pan Berkshire Suicide Prevention Strategy
- Procurement of an alternative to Crisis provision for the first Crisis Café location in Reading accessible to all Berkshire West residents
- Improving Primary and Community Mental Health services by embedding services in Primary Care and by working collaboratively with Voluntary sector organisations.
- Building an integrated mental health crisis offer for children and young people 0-18 years (17 and 364 days):
  - Single point of access including through 111 to crisis support, advice and triage
  - Crisis assessment within the emergency department and in community settings
  - Crisis assessment and brief response within the emergency department and in community settings, with CYP offered brief interventions
  - Intensive Home Treatment service aimed at CYP who might otherwise require inpatient care, or intensive support that exceeds the normal capability of a generic children and young people's mental health community team
  - Develop a new Tier 4 out of hospital service using evidence from intensive community models that are demonstrating success elsewhere in the country
  - Willow House Tier 4 inpatient provision closed on April 30th 2021 with transition to the new service model commencing from March 2021.
  - The new local clinical service will meet the needs of young people who would have been admitted to a general adolescent unit or specialist unit such as an eating disorder unit they will at remain at home
  - The service will have capacity to support 16 young people at any one point in time, more than the 9 supported at Willow House.

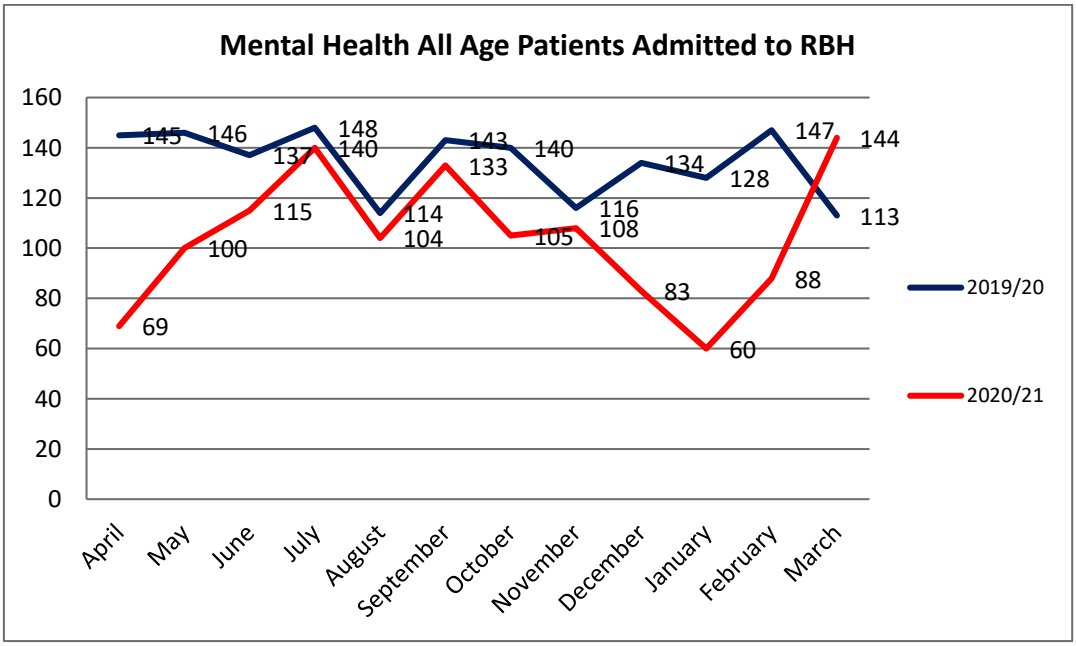
- Young people who need an in-patient response will mostly go to units in the region e.g. Huntercombe in Maidenhead or Highfield in Oxford.
- This will continue to be organised through our Thames Valley Provider Collaborative, with the Berkshire Service remaining as the Access Assessors.

15.1 Activity

Activity data provided by the Trust's Emergency Department (ED) shows that on average, 262 people per month primary mental health presentation in 2020/21. However, this is not representative of monthly figures for 2020/21 due to the COVID-19 impacts. 2020/21 has seen the lowest attendance in recent years in April 2020 and January 2021 and the highest attendance in March 2021 coinciding with national lockdowns and subsequent easing of restrictions.



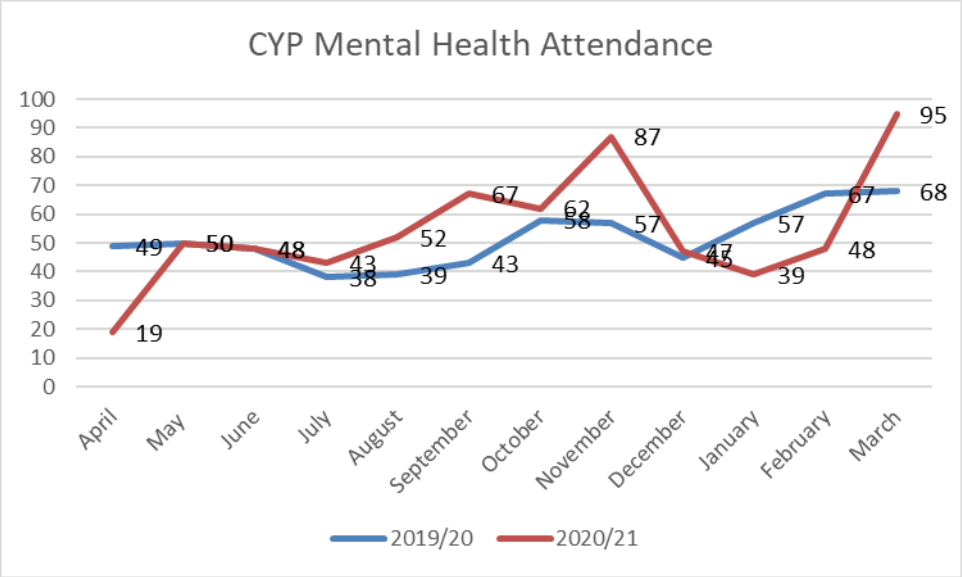
Annual attendance: 2017/18 – 3111
2018/19 – 3728
2019/20 – 3569
2020/21 – 3138



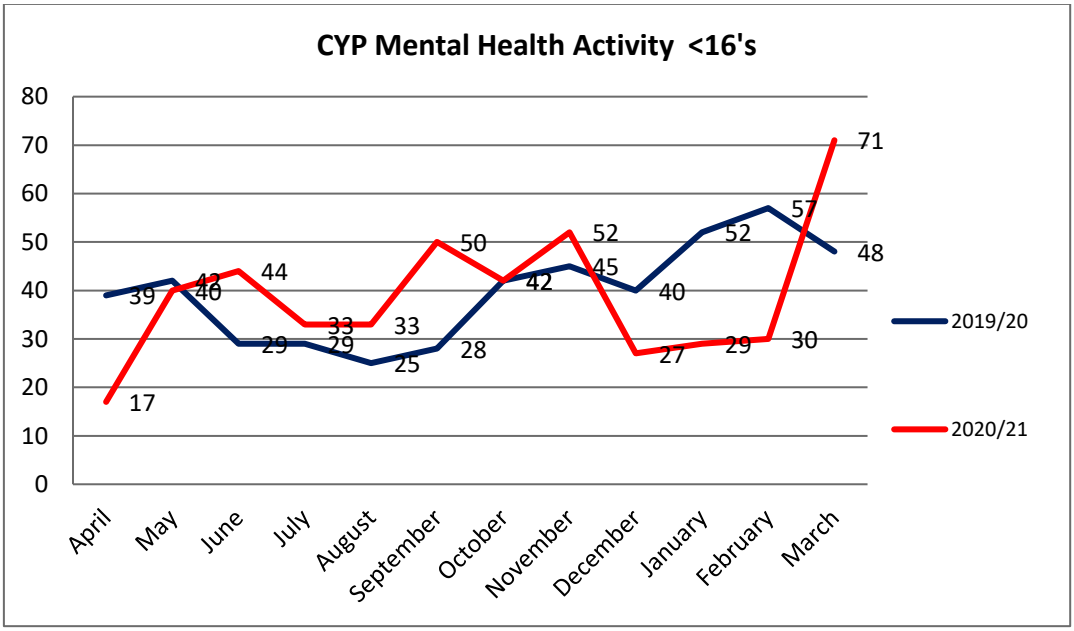
Annual admission rates to attendance: 2017/18 – 1710 55%
2018/19 – 1841 49%
2019/20 – 1611 44%
2020/21 – 1249 40%

The percentage of admission of those attending has reduced however the length of stay of the most complex patients has increased.

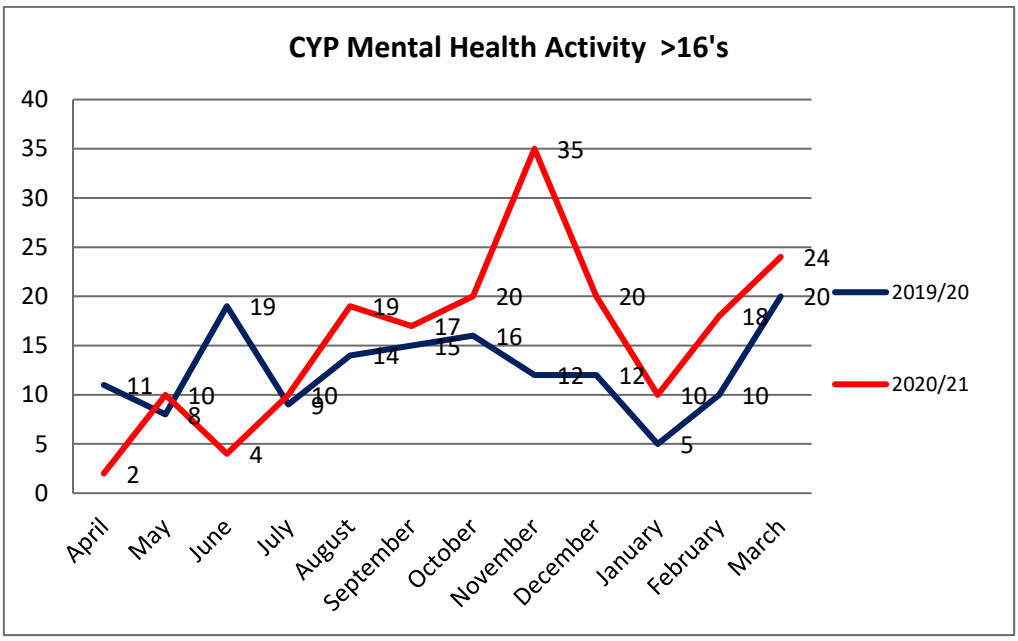
Attendance of Children and Young People through ED has seen a year on year increase over the past 4 years. The age profile of these attendees had changed with the overall increase due to a higher number of under 16 year olds presenting with mental health issues. However from 2019/20 to 2020/21 there was a 5% increase in attendance for all children and young people, 2% decrease for under 16's and a 25% increase for 16/17 year olds.



Annual attendance under 18's: 2017/18 – 508
2018/19 – 566
2019/20 – 626
2020/21 – 657



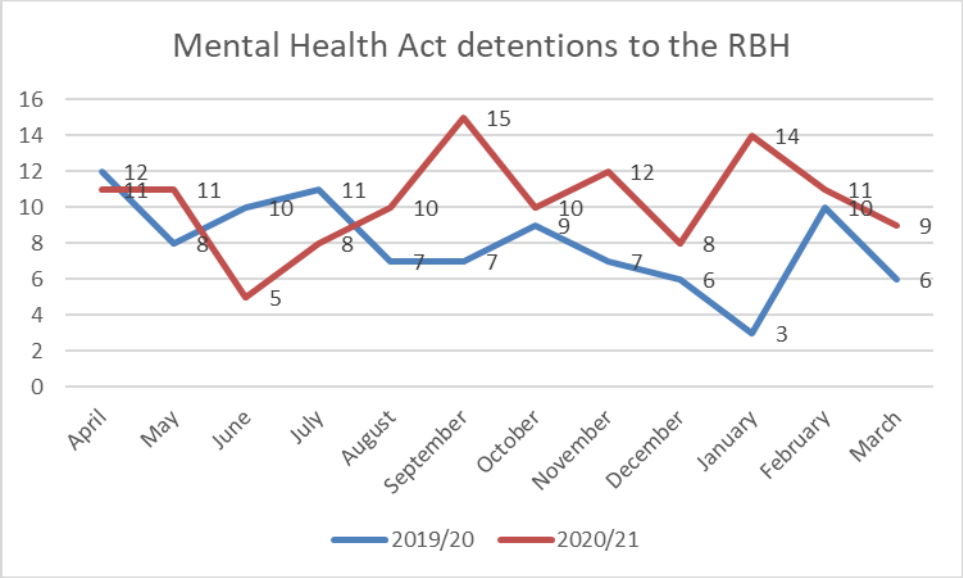
Annual attendance under 16's: 2017/18 – 316
2018/19 – 420
2019/20 – 476
2020/21 – 468

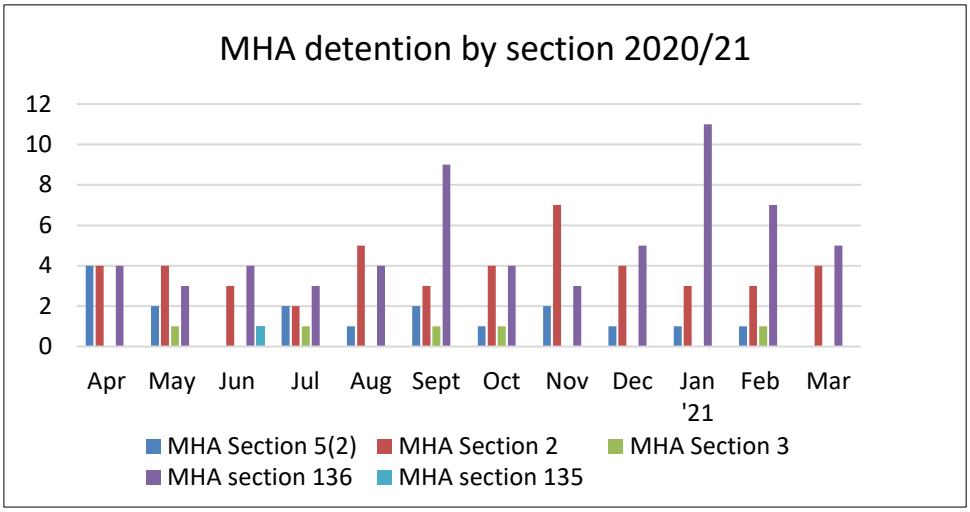


Annual Attendance of Over 16' s 2017/18 - 192
2018/19 – 146
2019/20 – 151
2020/21 – 189

15.2. Mental Health Act 1983 (as amended in 2007) Detentions to RBH (including S136)

- Detentions under the Act to the Royal Berkshire Hospital have been section 2, section 3, section 5(2) and section 136 (police powers).
- There were 52 Section 2 and 3 detentions to the RBH in 2020/21 compared to 44 in 2019/20.
- An annual increase of 18%.
- Use of Section 5(2) was 17 in 2020/21 compared to 15 in 2019/20.
- An annual increase of 13%.
- There were a total of 62 presentations of patients detained on Section 136 (including 1 S135) at the RBH Emergency Department (ED) in 2020/21, including 9 children/young people compared to 37 in 2019/20
- This is an annual increase of 68% from 2019/20, an increase of 226% over the past 4 years from 19 in 2017/18.





Please refer to Annual Mental Health Act 2020 Report for more detailed information.

NB: while the majority of these patients were detained to the wards in the Royal Berkshire Hospital due to requiring treatment for their mental and physical disorders, 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 over 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.
- Increase in behavioural issues, self-harming and reports of suicidality amongst young people presenting with Autistic Spectrum disorder or awaiting ASD assessments.
- Lack of availability of Specialist Eating Disorder inpatient beds and CAMHS inpatient beds nationally
- Covid - 19 pandemic has affected attendance to ED of adults significantly with the lowest and the highest attendance during lockdown and easing of restrictions
- 2020/21 has seen the highest annual attendance of young people to the RBH with mental health presentations.

Key achievements

- Second Mental Health Tier 1 Tribunal held successfully in November 2020 and conducted virtually.
- Pilot training sessions from Maybo for personal safety and conflict management training completed across care groups.
- ED Frequent Attenders initiative re-established.
- Suicide and Self-Harm Working Group has achieved its targets for reviewing and completing the Self-Harm and Suicide Reduction audit in September 2020
- BHFT has introduced new role of Practice Development Practitioner to work across RBH and WPH – good links made already
- Good liaison between Clinical Site team and MH Lead Nurse to support patient flow between Prospect Park and Royal Berkshire Hospitals and around Mental Health Act administration.
- Review of MHA Service Level Agreement between RBFT and BHFT completed for 2021
- Managing Illicit substances on Trust Property and Misuse of substances in an Acute setting Policy approved.
- 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
- Transport provision for mental health patients between hospitals for Berkshire West patients has been developed and implemented and will be continued to be reviewed for effectiveness and efficiency.

- The RBFT Occupational Health Manager worked with BHFT to develop an offer to support the emotional and mental health of our staff, with three elements: Intranet content, including training for managers about implement basic support structures. Access to a confidential listening and support line manned by psychological therapists. Wellbeing Support Hubs for teams facilitated by psychological therapists.
- The TOR for the Joint RBFT & BHFT Mental Health & Learning Disability Governance & Partnership Meeting were reviewed and agreed as a forum for joint discussions, partnership working and shared learning between the Royal Berkshire NHS Foundation Trust (RBFT) and the Berkshire Healthcare NHS Foundation Trust (BHFT) on all issues pertaining to the governance of mental health and learning disability patients. The group identifies initiatives to improve pathways and the quality of care provision and experience for patients with mental health disorders, learning disability and ASD who also have physical health disorders and require the services of both the RBFT and BHFT.

15.3. 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 2020/21 Report for more detailed information.

15.4. 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. CAMHS, paediatric and ED staff have developed a regular operational meetings in order to achieve a collaborative way of working.

CAMHS Rapid Response Service has extended its operational hours. Operates from 8am-10pm Mon-Fri; 10am-6pm Sat, Sun 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.

Willow House is due to change its provision in 2021/22 to increase their caseload and support young people with an extended and specialist day and community service.

15.5 Challenging Behaviour Self-Harm and Suicide Prevention

Zero Tolerance - Safeguarding, challenging behaviour, self-harm & suicide prevention steering group became established 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.

- Quarterly meetings are well attended, there is good engagement from care groups including People & Change Partners.
- October 2020 saw the launch of Trust-wide zero tolerance to challenging behaviour, violence and aggression campaign, and the 'I'm here to help, not to be hurt' posters
- Working groups have been set up: Improving reporting on Datix; Training; Violent Patient Marker Policy implementation – ED pilot; LD/ASD reasonable adjustments
- Datix reporting in ED has been improved through simplifying the form and developing a response to reporting of 'wilful' violence and aggression by capacitous patients.
- ED Zero tolerance pilot was launch in December, this involves warning cards, yellow, amber and red cards can be shown to visitors and patients who are wilfully displaying unacceptable behaviour.

- Prompts on the back of each card assist staff in communicating the significance and potential consequences of the person's actions clearly and calmly.
- The pilot excludes patients who lack mental capacity including those with severe mental illness, dementia and learning disability and under 18 years.
- Since the pilot started we have revised and agreed the template for amber and red letters, established a process for amber and red letters to be sent out, flags applied to EPR and letters to be sent to GPs
- Working with our Patient Information Manager the ED team have developed leaflets to be given to patients who are shown yellow, red and amber cards and sent letters.
- Conflict management training and training in physical restraint and holding are an important part of the pilot details can be found in the training section of this report
- Self-Harm and suicide reduction (incl. ligature) environmental audit 2020 final figures NCG 100%; PCG 100%; UCG 66% (all red RAG areas audited); overall 85%
- Lead Nurse for MH monitors and responds to all self-harm/suicide related incidents and provides monthly reports for thematic learning/action and supports teams to complete risk assessments for individual patients through training and case support

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 2021/22

- Incorporate revised Responsible Clinician guidance generally and specifically for CAMHS into revised MHA policy
- Review of MHA policy
- 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.
- Recruitment and induction of Specialist CAMHS Practitioner into the Safeguarding team at RBH
- Oversee the annual self-harm and ligature audit
- The Lead Nurse for Mental Health will relaunch the Self-Harm and Suicide Working Group and review the membership

Ongoing mental health service provisions challenges / risks:

- The number of mental health patients of all ages presenting to ED and being admitted.
- Increase in number of children and young with eating disorders being admitted for re-feeding and discharge delayed due to lack of specialist in patient services or their safeguarding or social needs
- 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

16. LEARNING AND COMPLEX DISABILITIES – ADULTS

Key achievements

- Learning Disability Liaison Nurse (LDLN) team increased to 1.4 WTE from 01/04/21
- The Learning Disability Liaison Nurses (LDLNs) remained on the RBH site and provided face to face assessments and support for patients, families and staff in both hot and cold Covid wards and departments.
- 296 in-patient referrals in 2020/21 to LDLN team compared to 264 in 2019/20 a 12% increase
- Additionally there were 230 out-patient referrals
- Referrals to the LDLN team come from health care staff within the Trust, family carers and outside agencies.
- There was a 34% increase in referrals to the LDLN team in the first 3 months of 2021 compared with 2020
- There was a picture of increased LD patient activity, case complexity and intensity
- During the peak of the pandemic the LDLN team were particularly busy supporting an increase in intensity in LD patients admitted to acute medical wards, critical care areas and needing palliative care
- The focus changed to supporting patients with complex needs, families and clinical teams as elective activity resumed.
- The LDLNs maintained a log of the most complex and vulnerable patients whose elective procedures were delay and worked to coordinate access once services resumed
- Planned Care Group professionals and the LDLN team participated in BWCCG Covid swabbing and vaccine group led by BHFT LD Lead.
- Swabbing for elective patients was managed on the RBH site through the drive through ‘tent’, with planning and preparation most LD/ASD patients were able to access this.
- Where necessary swabbing for LD/ASD patients was risk assessed on a case by case basis and carried out in the home setting
- Familiar carer, supporter, personal assistants allowed during Covid and not counted as additional visitors.
- The support for carers was reviewed and we offered swabbing to those who needed carers on site to ensure safety in the elective areas. Easy read ‘Coming into hospital with Coronavirus’ leaflet published on RBFT website in April 2020
- The LDLNs aim to ensure that patients with a learning disability and their carers are effectively prepared before planned surgery and other interventions so that patients aren’t cancelled. The pre-operative teams, the CATs and the LDLNs have worked in partnership to make sure that patients and carers are ready and reassured prior to admission.

- During 2020/2021 there have been several patients who have found even basic medical interventions extremely difficult, have been diagnosed with malignant disease and subsequently supported through treatment. The LDLNs provide support and confidence to carers and other RBFT health professionals when meeting the needs of the patient can be challenging.
- The LDLNs are part of the multi-disciplinary team caring for several people who have a learning disability or autism in the community and who require health input but may not meet the criteria for the community learning disability teams. This group of people change as health and social care needs for individuals stabilise or worsen.
- The LDLNs attend the weekly multi-disciplinary case meetings of the Reading Community Learning Disability Health Team to discuss individuals and develop joint plans for those who need to access care at RBFT. During the Covid pandemic these have been on-line Teams meetings
- The LDLNs attend the West Berkshire Learning Disability Partnership Board meetings when there are issues related to health and RBFT on the agenda and health sub- group meetings of that partnership board. All meetings have been virtual since the start of the Covid pandemic. The focus of the health sub group in West Berkshire LD Partnership Board is the up take up of annual health checks and health screening.
- There has been some notable team working between BHFT and RBFT health care professionals to ensure that patients with a learning disability are receiving equitable care and treatment. The LDLNs are key in supporting health care staff within the Trust to ensure that this happens.
- Attendance at Dingley transition clinics where the LDLNs have the opportunity to meet young people who reside in Berkshire West and are moving from RBFT Children's services to Adult services, and their families. Phone contact is made after clinics when there has been no face to face meeting with the LDLNs.
- Attendance at Reading SEND meetings.
- Contacts have been maintained with parents in Reading Family Forum. The forum raised concerns around DNACPR which had been raised in the national media and caused concern to families. The LDLNs were able to reassure parents concerning practice within RBFT around DNACPR, ReSPECT and how best interest decisions are made in practice when adults and young people present to the hospital and are very ill.
- The nurses have received very positive feedback regarding their input from colleagues within the RBFT and other agencies.

The value of the LDLN role as a central point of communication within the Trust for patients with a learning disability cannot be overstated.

16.1. Deaths of Patients with a Learning Disability

- 20 adults identified as having a learning disability died in the Royal Berkshire Hospital April 2020 – March 2021 compared to 14 April 2019 – 2020
- 7 of those deaths were associated with Covid-19, 5 in March/April 2020 during the first pandemic wave and 2 in January 2021 during the second pandemic wave
- A review of LD Covid deaths in January 2021 showed that since February 2020 we had 6 deaths related to covid, 4 of those had completed SJRs, all graded as a 0 with no learning points identified but evidence of timely intervention and good/excellent care
- There was a high percentage of LD death in first 3 months of 2021 (50% of usual annual expected in January)
- 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, two cases met the criteria in 2020/21
- 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 include recognition of the deteriorating patient, especially with reference to sepsis, mental capacity assessments being completed in a timely manner, easy read and accessible information being available to LD patients, and the importance and benefit of family and familiar carers
- 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 continued to be very positive.

- The LDLN and RBFT Palliative care team have developed strong and consistent working links in 2020/21. A LDLN attends all palliative care MDT's for patients with a learning disability. This has helped to facilitate more people with learning disabilities going home to die

16.2. LeDeR Programme

- Learning from Lives and Deaths- People with a learning disability (LeDer).
- All deaths of people with learning disabilities are reviewed under this process. It aims to improve health and social care, reduce health inequalities and prevent premature death of people with learning disabilities.
- Berkshire West CCG had 52 LeDeR cases outstanding on 31st of June 2020 this accounts for patients with learning disabilities who had died across all settings in community and acute.
- RBFT contribute information about the person's care and treatment in the 6 months leading up to a person's death.
- Regular meetings with the Learning Disability colleagues in BHFT and RBFT were arranged to assist a smooth flow of information needed to complete these reviews.
- From October 2020 to December 2020 0.2 WTE LDLN from RBFT was seconded to BWCCG to support the RBFT information gathering for LeDeR reviews.
- All the outstanding reviews were completed by 31st of December, 2020- the LDLN contributed to 44 of these cases.
- The LDLN service allocate up to a day a week to ensure that there is no delay from RBFT contributing to these reviews.

Key findings and learning from the LeDeR Annual Report for Berkshire West CCG 2020/21

- Support workers and families being listened to by health professionals and their views being a key part of any decision making
- Communications between hospital staff and support workers being formalised to ensure they are updated and able to prepare for supporting the individual when they return to their home
- Supporting care providers, families and support workers to stay if support is felt to be beneficial to reduce anxiety, maintaining continuity and promote greater understanding of the individual's needs.
- Good practice was seen in all the cases reviewed and these need to become more consistently seen. They included:
    - Appropriate specialist consultations and expertise were identified in a number of cases, ensuring care and treatment was comprehensive, enabled adjustments to be made to care and best interest decisions to be made by multidisciplinary teams
    - Examples of good proactive holistic care in which social and spiritual needs were recognised and supported
    - Resources and toolkits appeared to assist in promoting continuity of care, such as the epilepsy assessment tool and a care planning template
    - Several examples were identified of GPs working with individuals to ensure they got their health care, visiting them in alternative locations and working with support workers to reduce anxiety and stress related to physical interventions such as examinations and blood tests.

Key areas identified as requiring further improvement in 2021/22 are:

- Annual Health Checks (AHCs) and Health Action Plans (HAPs) / Education and Health Care Plans (EHCPs) need to be more closely aligned and linked

- Transition from child to adult services needs to start with earlier discussions across teams and service, including primary care. This needs to include hearing the voice of the individual, their views and choices more consistently

- Anticipatory care plans, and preparing for lifestyle changes needs to be more proactively supported cross the system, including end of life choices, best interest decisions, advocacy and family roles.

16.3. Implementing Treat Me Well Campaign in the RBFT

Key achievements

- Trust Quality Account Priority 2020/21 – delay due to COVID pandemic carried over to 2021/22 to implement the 'Treat Me Well Campaign'
- The national "Treat Me Well" Campaign aims to improve the treatment patients with learning disabilities (LD) and Autism (ASD) 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
- An LD/ASD multi-professional working group established to support the ongoing improving of care for patients with a learning disability who attend the hospital
- LD/Autism training project underway to create videos for staff training, also to adapt to use as social story for patients with additional needs attending RBFT services
- Good links and pathways developed with hospital palliative care team and oncology services
- Dental pathway agreed for community patients with learning disability developed
- Building links with Florey clinic to identify and support people with learning disability accessing sexual health service
- LD nutrition pathway (including enteral nutrition and PEG insertion) reviewed
- NHSE & NHSI LD benchmarking audit submitted by the end of March 2021

Key Challenge

- Flagging adults with LD known to Berkshire West GPs and BHFT services on RBFT EPR

16.4. Patient Experience

- Positive feedback received from the families and carers of patients with learning and complex disability regarding their experience of accessing RBFT services. The overall message is that the planning for individuals which enables in-patient stays and out-patient visits to proceed smoothly is highly valued and appreciated.
- Families and carers feel confident in raising concerns with the LDLNs when they occur.

16.5. 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.
- Work continues on streamlining the payment process and taking it out of the job role of the LDLN team to improve timeliness and governance of payments. The LDLN service now have administrative support to improve this process.
- In the early part of the pandemic in 2020 we saw a considerable drop in familiar carers supporting patients on the ward on the advice of their employers and the local authorities. This gave rise to some challenges, but during this time, many staff were redeployed across the trust and additional staff were often able to provide some reassurance.

Key area of work for 2021/22

- To continue to progress Trust Quality Account Priority 2021/22 to implement the "Treat Me Well" campaign to support patients with learning disabilities in hospital
- To implement and facilitate training for the Oliver McGowan learning disability and autism training, and video training material for staff.
- Purchase a licence for Photo Symbols an IT package to be used by Patient Information Manager to support Easy Read information development for LD patients
- Consistent LD flagging, to ensure correct identification of patients with a learning disability and appropriate engagement from LDLN
- To improve transition arrangements through RBFT provision by:
  - Relaunching RBFT Transitions Steering Group to review current transitions, pathways, policies and protocols
  - Identifying the 'top ten' critical pathways in RBFT services
  - Map the journey of children and young people aged 14-25 in the 'top ten' pathways through the hospital and associated tertiary centres as pre-work for reconfiguration of services including shared care services

On-going Learning and complex disabilities – adults' 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 to adult hood
- Increase in the number and complexity of young people transitioning to adult services.
- Consistent LD Flagging

17. Risk Based Priorities for 2021/2022

17.1 Workforce capacity:

- Recruit Adult Medical Safeguarding Leads for UCG and PCG and review their capacity
- Review the capacity of the Named and Designated Doctors for Child Protection and Dingley medical team to manage a significant increase in demand for child protection medicals and the support needed for three local authorities by a locality paediatrician
- Review and 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 including Child Death Review (CDR) Statutory and Operational Guidance 2018
- Work with Berkshire West ICP to identify additional investment in the LDLN team to support our Trust Quality Account Priority 2021/22 "Treat Me Well" campaign and the LeDeR mortality review programme

17.2 Workforce knowledge and capability:

- 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, understand DoLS/LPS and make best interest decisions
  - 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 arrangement
- Close monitoring of the impact of Covid on staff resilience and support where needed
- Succession planning across the system, consideration of peer mentoring to expand and diversify the experiences of safeguarding colleagues

17.3 Work with IG, IT informatics and EPR:

- To develop a plan to ensure safeguarding, mental health and learning disability is a priority in the development of the Digital Hospital.
- Progress integrated data and information sharing with 'Thames Valley Together' and Community Safety Partnerships to identify and tackle early factors that can lead to crime and put in place plans to prevent and reduce serious violence.

17.4 Address Health Inequalities through partnership working – including patient, family, staff and community engagement:

- To prepare for and implement the Liberty Protection Safeguards
- Participate in the ONE Reading Prevention and Early Intervention Partnership Board and work streams and support the development of their Adolescent Risk and Early Years Strategies and transformation work to better utilise Early Help services
- Support development and implementation of Berkshire West Safeguarding Children Partnership (BWSCP) priorities
- Support development and implementation of West of Berkshire Safeguarding Adult Board (SAB) priorities
- Engage with the Berkshire West LeDeR mortality review programme.
- Engage with Pan-Berkshire Suicide Steering Group to refresh the Pan Berkshire self-harm and suicide strategy with an early intervention and prevent across lifespan approach
- Engage with Reading Borough Councils Domestic Abuse Strategic Partnership Board

Integrated Care (ICP) and Integrated System (ICS) partnership working to:

- Influence and deliver the priorities of the Berkshire West ICP Mental Health and Learning Disability Programme Board including rough sleepers/homelessness and carers strategy
- Influence and deliver the priorities of the Berkshire West ICP Children and Young Peoples Programme Board including SEND, becoming Trauma Informed and Adolescent Risk

Appendices

Appendix 1 Indicative Statistics for the RBFT for Information & Background

	2016/17	2017/18	2018/19	2019/20	2020/21	Comments
Population number served	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	
% of population under 18 years	24%	25%	25%	25%	25%	
Number of adult attendances to ED	94,348	100,324	104,759	111,556	79,326	↓ 29%
Number of attendances by under 18s to ED	29,427	28,818	30,495	32,163	17,593	↓45%
No of over 65s attending ED	27,159	31,133	31,468	35,019	24,701	↓30%
No of mental health attendances at ED all ages	2778	3111	3728	3569	3138	↓ 12% CYP ↑ 5%
Number of adult admissions	92,791	99,737	102,228	103,730	89,018	↓ 14%
Number of admissions to paediatric wards	8589	8159	8197	7746	5252	↓32%
No over 65s admitted	86,410	83,954	85,686	87,779	71,915	↓18%
No over 75s admitted for >72 hrs	6449	5792	5865	5828	5,888	↑1%
No over 75s admitted for >72 hrs with cognitive issues	1582	553	672	812	831	↑2%
Number of in-patients referred to LDLNs	278	263	226	264	296	↑12%
No of patients admitted because of mental health issues	1610	1710	1841	1611	1249	↓23%
Number of babies born	5391	5183	4936	4858	4677	↓14%
Number of under 18s attending out-patient clinics	72,539	73,196	73,861	76,207	55,053	↓28%
Number of under 18s attending clinics providing sexual health services	2059	2032	1663	1622	482	↓70% *
Number of 18s admitted to adult wards	594	661	1059	1552	1275	↑ 214% since 16/17 ↓ 18% in 20/21
Dingley child protection medicals	112	114	143	147	143	↓3%
Number of employees	5470	5531	5431	5014	5511	↑10%
*The number of young people < 18 attending sexual health clinics dropped significantly. Walk-in services ceased in line with COVID guidelines, changes were made to access arrangements that included safeguarding assessments.						

Appendix 2 Summary of Training Activity 2020/21 and Plans for 2021/22

3.2 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. Level 3 adult safeguarding training programme will commence in 2021. Staff that make clinical and discharge decisions with patients need to be trained in the mental capacity act (MCA) and its application.

3.3 Safeguarding Children Training

All staff are required to undertake child protection to the level that their job role requires. Our child protection training is compliant with 'Intercollegiate Document: Child Protection Roles and Competencies for Health Staff, 2019'. In 2021/22 a gap analysis against new RCPCH 'Good practice service delivery standards for the management of children referred for child protection medical assessments' published in October 2020 will be completed. Due to the number of children and young people seen within the services of the Planned Care Group in 2020/21 a review of the number senior nurses trained in level 3 child safeguarding will be undertaken.

3.4 Child Sexual Exploitation/Child Criminal Exploitation (CSE/CCE) Training

CSE/CCE is embedded into safeguarding children training at all levels. All staff can access E-Learning via the CSE intranet pages. In 2021/22 there will be a BWSCP multiagency review and relaunch of contextual and complex safeguarding training that will include thematic learning from national and local reviews and address the understanding of our workforce in relation to weapon crime and the role of social media in the exploitation of children and young people. BWSCP training forums

3.5 Domestic Abuse

Domestic abuse is raised in adult and all levels of child safeguarding training; specific enhanced domestic abuse training is available for maternity staff, this has been reviewed and dynamically updated during 2020/21. 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, 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. In 2021/22 our Domestic Abuse Working Group will be relaunched and complete a gap analysis against the revised Code of Practice for Victims of Crime which came into operation on 1 April 2021, brought in by the Domestic Violence, Crime and Victims Act 2004 (Victims' Code of Practice) Order 2020.

3.6 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.

3.7 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 2020/21. The majority of MCA and DoLS training has been undertake as e learning during 2020/2. Enhanced MCA has been provided via MS teams virtually. Simple suggestions prompts and reminders for very busy people to 'Think MCA/DoLS/BIA' have been emailed periodically to all Consultants, Matrons, DoNs and safeguarding champions. In 2021/22 an advanced MCA, DoLS, BIA, LPA and consent training for medical workforce and nurses that take consent will be developed, arranged with and delivered by Capsticks. This will be a level 3 adult safeguarding training update.

3.8 Mental Health Training

The Lead Nurse Mental Health provides training to staff on the Mental Health Act (MHA), mental health disorders, stigma, and the processes in place within the hospital to support good patient care. This is delivered through the induction training programme for Registered Nurses (RNs), Allied Healthcare Professionals (AHPs) and Clinical Support Workers (CSWs). 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 and risk assessment. Topics include mental health disorders, a basic understanding of the Mental Health Act, Mental Capacity Act, and has input from speakers from BHFT, the Samaritans and addictions services. In 2020/21 all days were face to face, numbers of staff attending were limited due to Covid-19 restrictions. The clinical team from the Gastroenterology ward attended one session prior to restrictions and requested places going forward. Other specialities have expressed an interest in attending or developing their own study day. A Mental Health Act Quick Guide is available on the intranet as part of the Safeguarding Tool Kit. A mental health session features in the 1:1 care training day for RNs and CSWs and includes the need for 1:1 mental health observations and how staff respond to, interact with and assess risk in patients. During 2020/21 in collaboration with Elderly Care, PMS and the Trust Lead Nurse for Mental Health a number of short mental health teaching videos have been developed and are available on the intranet. In collaboration with BHFT the "We Can Talk" training programme, commissioned by Health Education England and designed to improve the experience of children and young people in mental health crisis is being rolled out in Paediatrics. Perinatal Mental Health training for the multidisciplinary team in maternity services has continued using a virtual national training package and maternal mental health in house scenario sessions. Speciality specific face to face Mental Health Act training by the PMS Psychiatrists which has been offered and taken up in previous years, was suspended during 2020/21, this will be reviewed and offered again in 2021/22.

3.9 Allegations and Safer Recruitment training

Safeguarding concerns and allegations awareness is delivered as part of child and adult safeguarding core mandatory training. In 2021/22 we will increase safeguarding awareness amongst Employee Relations Team and other teams as appropriate and review our training for investigators in light of lessons learnt during the Covid- 19 pandemic.

3.10 Conflict Management Training and Training in Physical Restraint and Holding

Security staff are trained in physical restraint; and qualified in Caring Intervention level 3 Control and Restraint.

Established conflict resolution training provided by our Local Security Management Specialist (LSMS) continues with a focus on frontline staff. This includes breakaway techniques and understanding of the application of the Mental Capacity Act, the 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.

A Zero Tolerance steering group was established in October 2020 and we launched a Trust-wide zero tolerance to challenging behaviour, violence and aggression campaign, with 'I'm here to help, not to be hurt' posters. In December 2020 an Emergency Department (ED) zero tolerance pilot was started using yellow, amber and red cards that can be shown to visitors and patients who are wilfully displaying unacceptable behaviour. Prompts on the back of each card assist staff in communicating the significance and potential consequences of the person's actions clearly, calmly and with confidence. In 2020 funding was identified and pilots of full day training for frontline clinical staff that comply with Restraint Reduction Network (RRN) Training Standards delivered by an external company were commissioned. The training includes Positive Approaches to Behaviour, Introduction to De-escalation Strategies, Personal Safety & Disengagement, Redirection and Guiding, Clinical Holding. The training is aimed at clinical staff working with patients' with cognitive impairment where better anticipation, understanding of triggers and making reasonable adjustments improves personal safety for staff and reduces unnecessary or unlawful restriction or restraint for patients. 12 full introductory days for frontline clinical staff were commissioned from October 2020 – July 2021, sufficient for 144 staff. Additionally a 5-day train the trainer course for 4 people and a 3-day course for speciality coaches for 8 people have been arranged. In 2021/22 following the training pilots, there

will be a full evaluation and comprehensive training needs analysis to allow for the development of a business case to provide a sustainable and affordable training model that includes a consistent approach to debriefs and staff support post incidents. A bespoke training programme covering clinical and therapeutic holding and low-level restraint techniques for paediatrics has been commissioned from BHFT. This will cover 8 days of training, sufficient for 64 staff.

3.11. Transition Training

During 2020/21 specialties' have generally 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. Dingley Child Development Centre multiagency team are knowledgeable, skilled in transitioning young people with Neurodisability and Epilepsy through to adult services. In 2020/21 the Paediatric Consultant in Neurodisability provided transition to adulthood training sessions for Adult Respiratory colleagues. Audiology Services have 'Guidelines for transition from paediatric to adult hearing services' GL586 and the Paediatric Diabetes team have 'Transition to adult services for young people with diabetes' - GL658 both specialities are knowledgeable and skilled and provide a robust service for transitioning young people to adult hood. In 2021/22 we will participate in the NHSE/I CYP Transformation Programme Team, Core Capabilities Framework for the Transition of Young People into Adult Services in England-national consultation. The Framework describes the core knowledge, skills and behaviours required by all healthcare staff working with young people who are transitioning to adult services. Currently there is no national framework that addresses this need. Additionally we will re-launch the RBFT Transition to Adulthood Steering Group to complete a training needs gap analysis as part of our review of 'Transition from Paediatric to Adult Services Policy and Guidelines CG562'.

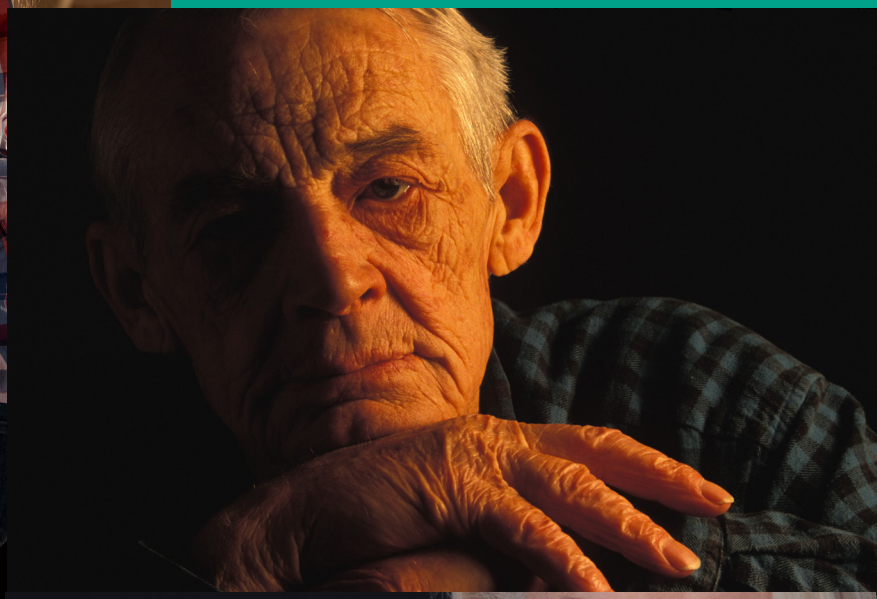
3.12 Learning Disabilities (LD) And Autism (ASD)

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. In 2020 Dr Sarah Hughes, Paediatric Consultant in Neurodisability arranged and led a multiagency Level 3 Safeguarding Disabled Children training day for BWSCP.

This one-off single day training course was run by a multiagency group of presenters. We had around 50 attendees, from a wide variety of backgrounds to consider safeguarding in its broadest context for our most vulnerable children and young people. Improving learning disability and ASD training is an important element of the Trust Quality Account Priority 2020/21, delayed due to the COVID pandemic and carried over to 2021/22 to implement the "Treat Me Well" campaign to support patients with learning disabilities in hospital. A multidisciplinary LD/ ASD working group was established in 2020/21 to support the ongoing improving of care for patients with a learning disability who attend the hospital and oversee the implementation of the "Treat me Well" campaign. Funding has been identified to review our training offer for LD/ASD and a project is underway to create videos for staff training, which can be adapted to use as social stories to prepare patients with additional needs attending RBFT services.

In 2020/21 Berkshire West CCG developed a 15 min video about GP Annual Health Checks: Covid and Beyond for young people over the age of 14 and adults with LD this can be used as CPD for our staff and is helpful for families. Additionally in 2021/22 we will provide LD & autism awareness presentations through our speciality clinical governance meetings; we have been accepted by the National Autistic Society as a pilot site for Oliver McGowan Mandatory training tier 1 (29th October & 11th November) tier 2 (27th September) and we will explore commissioning targeted training from Autism Berkshire.

Safeguarding Adults
Annual Report
2020 / 21



West Berkshire COUNCIL

Contents

Executive Summary

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care.

2020/2021 has been an unprecedented year. The pandemic brought challenges to the service unparalleled with any previous year or event in our lifetimes. The staff stepped up magnificently and supported all efforts of the Council to provide the necessary support and practical help the residents of West Berkshire needed.

It seems fitting to recognise the extraordinary efforts made by all staff in Adult Social Care, including those in the Safeguarding and DoLS team, during this reporting period and to acknowledge all of those people in West Berkshire who lost their lives to COVID-19.

2020/21 has been a very busy year for the Safeguarding Adults Service in West Berkshire Council. Delivery of the safeguarding function is shared between the operational social care teams, (such as the Locality teams and Hospital Discharge team) and 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).

Periods of lockdown brought their own unique challenges to investigating safeguarding concerns and supporting those facing abuse and neglect during this year. All of Adult Social Care services worked hard to ensure that those most vulnerable and at risk received a safeguarding response and those most at risk due to restrictions were still able to access appropriate support where possible. April through to June were quiet for the team in comparison to previous years. However, as restrictions were relaxed in the summer of 2020 the service noted increased volumes of concerns and enquiries.

Personnel changes during the 2020/21 period have now resulted in a fully staffed team. A new Service Manager took up post in September 2020, a new DoLS Officer took up post in the summer 2020 and a new fixed term post was successfully created during this year to support the DoLS team. This post becomes operational in April 2021 and a successful recruitment campaign in March 2021 ensures the post will be filled mid-April 2021.

As reported in the 2019/20 Annual Report, work progressed to review our safeguarding processes to ensure our recording was efficient and best suited the needs of the service user and teams. New recording forms were developed and launched in April 2020. The forms incorporate clarification on the safeguarding criteria[1], 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

[1] ADASS guidance Nov 19: Making decisions on the duty to carry out Safeguarding Adults enquiries - Suggested framework to support practice, reporting and recording

violence (DASH) risk assessment in domestic abuse cases. Making Safeguarding Personal (MSP) remains key and the new recording format has given the option for the safeguarding team to set a review date for the protection plan. The review is used in certain cases where it is considered the risk is likely to continue beyond the initial safeguarding intervention.

Organisational Safeguarding has not presented the same pressures during 2020/21 as it did during previous reporting periods. This was welcomed.

Introduction

Safeguarding is a statutory responsibility for all Local Authorities, 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 2020/21, 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 (SAR) 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 borough 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 outlines priorities that shapes its work. Those priorities were last reviewed and updated in September 2020. Priorities from 2019/20 were carried over to 2020/21 as there were delays in completion due to the pandemic.

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.

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 2020/21 Business Plan is published on the SAB website:
http://www.sabberkshirewest.co.uk/media/1472/business-plan-20-21-v10.pdf

The Safeguarding Adults Board are developing the business plan for 2021/22,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

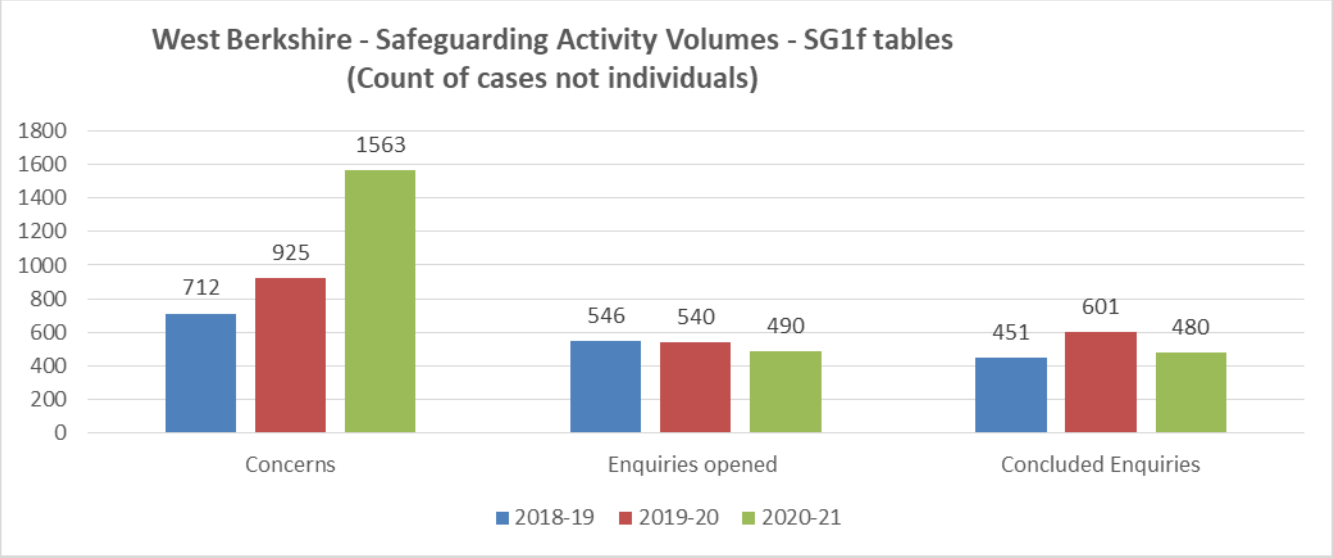
Safeguarding activity

Concerns and S42 Enquiries

As noted above we had undertaken a review of our safeguarding processes to ensure our recording was efficient and best suited the needs of the service user and teams. As part of that review we considered the recording of safeguarding cases. Historically concern documents that ended at triage stage were not reported statutorily. However a decision was made to include these in the volumes reported on a statutory basis to better reflect the volume of those concerns received that met the threshold. This means our reported concerns appear to be significantly higher in 2020/21 than in previous reporting years. They are however more representative of volumes received than previously.

Table 1 – Safeguarding activity for the reporting period 2018/19 – 2020/21

	Concerns	Enquiries opened	Concluded Enquiries	Concern to Enquiry Rate
2018-19	**712**	**546**	**451**	77%
2019-20	**925**	**540**	**601**	58%
2020-21	**1563**	**490**	**480**	31%



For 2020/21:

- 1563 concerns were opened. This is significantly higher than the 925 opened in 2019/20. The increase is directly attributable to the decisions and actions noted above.

- 490 S42 enquiries opened, this represents a 9% decrease compared with 2019/20. The decrease is partly attributable to the fact that organisational safeguarding has not presented any substantive issues in 2020/21.

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 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. In 2020/21 there were 1083 additional notifications received. Therefore a total of 2646 notifications were received and reviewed during the 2020/21 reporting period.

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 monitor the % of concerns that subsequently require a S42 enquiry. This is known as the conversion rate. During 2020/21 the conversion rate was calculated to be 31%. This appears on the surface to be a significant drop from 2019/20. However the conversion rate is directly related to the number of concerns, the capture of which for statutory reporting purposes has changed in this reporting year resulting in higher numbers of concerns reported. In addition the reduction in organisational safeguarding concerns during 2020/21 has also had an impact on the conversion rate. Notwithstanding the conversion rate of 31% is more in line with the England average for 2019/20 of 37%.

Concluded Enquiries decreased by 20%, this decrease is attributed to the number of organisational enquiries that were concluded in the 2019/20 reporting 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 67% of enquiries in 2020/21. This is a very slight increase of 4% on the previous year.

- The proportion of cases opened for those aged 85+ is broadly in line with the previous year with 26% of cases opened in 2020/21 as compared to 28% opened in 2019/20.

- In line with the national average a greater proportion of safeguarding concerns are received for females. (60%). This is the same % as the 2019/20 year.

Table 2 – Age group of individuals with safeguarding enquiries opened, 2018/19 – 2020/21

Table SG1a Opened s42 Enquiries	Number of individuals by age					
	18-64	65-74	75-84	85+	95+	Total
2018/19 Total	138	57	115	151	35	496
2019/20 Total	163	57	94	105	23	442
2020/21 Total	136	61	106	92	19	414

Table 3 – Gender of individuals with safeguarding enquiries opened, 2018/19– 2020/21

Table SG1b Opened S42 Enquiries	Number of Individuals by gender		
Classification	Male	Female	Total
2018/19	167	329	496
2019/20	178	264	443
2020/21	165	249	414

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
2018/19	43%	1%	11%	9%	3%	1%	32%	0%
2019/20	36%	1%	11%	11%	3%	1%	37%	0%
2020/21	42%	0%	14%	12%	5%	1%	25%	0%

2020/21 - S42 enquiries opened for 'No support reason' continues to be relatively high despite a marked drop from the 2019/20 reporting year. Guidance 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.

The reduction in the WBC figure of No support reason, means that other PSR reasons have increased, with a most notable increase in those with physical support needs bringing the % back in line with 2018/19 % figure recorded.

Case details for <u>concluded enquiries</u>

Type of alleged abuse

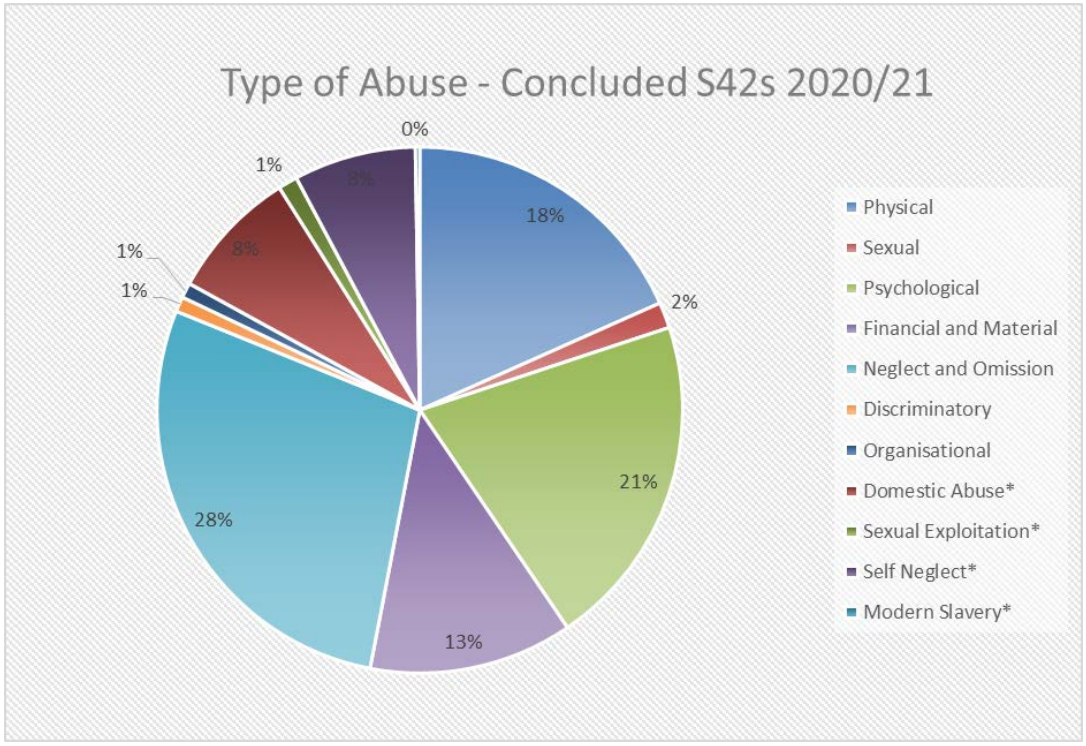
Table 5 shows concluded enquiries by type of alleged abuse in the last three years.

The most common types of abuse for 2020/21 remains neglect and acts of omission at 28% which is entirely consistent with previous reporting years. Organisational abuse has reduced to 1% from 9% in 2019/20 as expected following the conclusion of organisational abuse enquiries ongoing during the previous reporting years

Table 5 – Concluded enquiries by type of abuse

Type of Abuse	2018/19		2019/20		2020/21	
Physical	122	18%	147	16%	139	18%
Sexual	15	2%	24	3%	12	2%
Psychological	131	20%	152	17%	156	21%
Financial and Material	93	14%	119	13%	95	13%
Neglect and Omission	154	23%	252	28%	213	28%
Discriminatory	2	0%	3	0%	7	1%
Organisational	66	10%	83	9%	7	1%
Domestic Abuse*	37	6%	67	7%	61	8%
Sexual Exploitation*	1	0%	5	1%	9	1%
Self Neglect*	39	6%	52	6%	57	8%
Modern Slavery*	2	0%	2	0%	2	0%

Graph 1 - Type of abuse 2020/21 by concluded enquiries



Location of alleged abuse

This year has seen a significant increase in the location of abuse being a person's own home. This may be directly attributable to the pandemic that saw periods of national lockdown which confined people to their homes with the most vulnerable shielding in their homes for much of the year.

A decrease in the percentage of cases located in care homes may also be attributable to the pandemic. Care homes closed their doors to non-essential visitors reducing the number of people able to observe activities and practice and were focused on managing the immediate health needs of their residents.

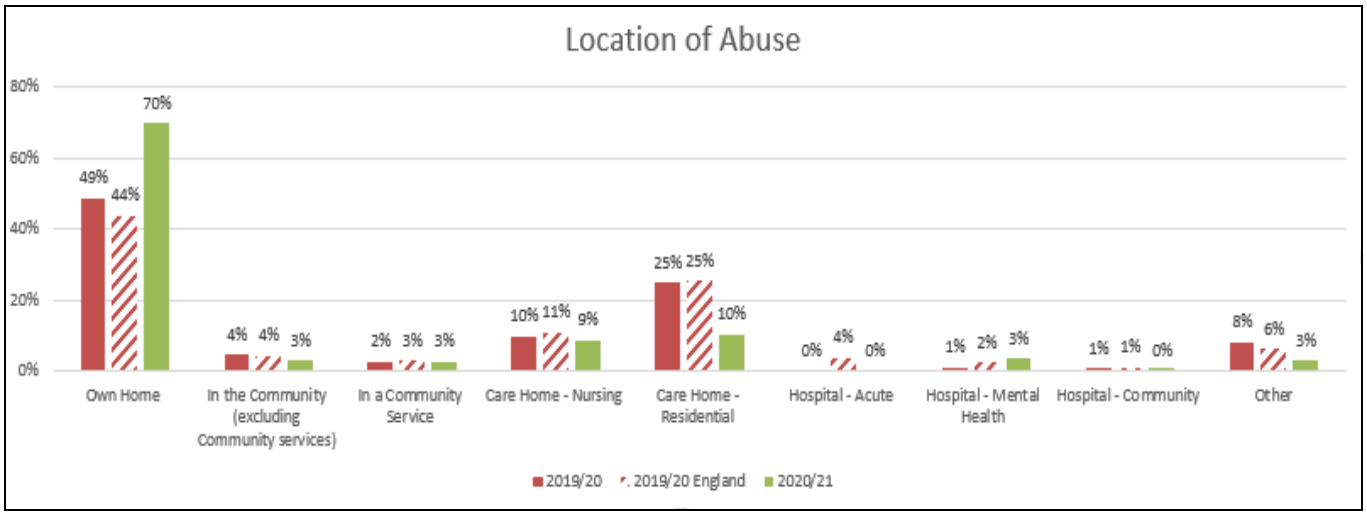
However, it is notable that percentages of location of abuse in 2020/21 are more closely aligned to the percentages recorded in 2018/19 when changes to the locations of abuse in 2019/20 were attributed to the opening of multiple organisational abuse enquiries in a care home.

It will be interesting to see if the shift in location of abuse is reflected in the England average data for 2020/21, expected sometime in the autumn of 2021.

Table 6 – Location of abuse by concluded enquiries

Location of Abuse	2018/19	2019/20	2019/20 England	2020/21
Own Home	67%	49%	44%	70%
In the Community (excluding Community services)	3%	4%	4%	3%
In a Community Service	7%	2%	3%	3%
Care Home - Nursing	6%	10%	11%	9%
Care Home - Residential	9%	25%	25%	10%
Hospital - Acute	0%	0%	4%	0%
Hospital - Mental Health	2%	1%	2%	3%
Hospital - Community	0%	1%	1%	0%
Other	7%	8%	6%	3%

2020-21 by concluded enquiries



A person's own home consistently remains the place in which an abusive incident is more likely to occur. This demonstrates the continued need to raise awareness of safeguarding amongst all sectors of society and improving mechanisms to report those incidents.

Source of risk

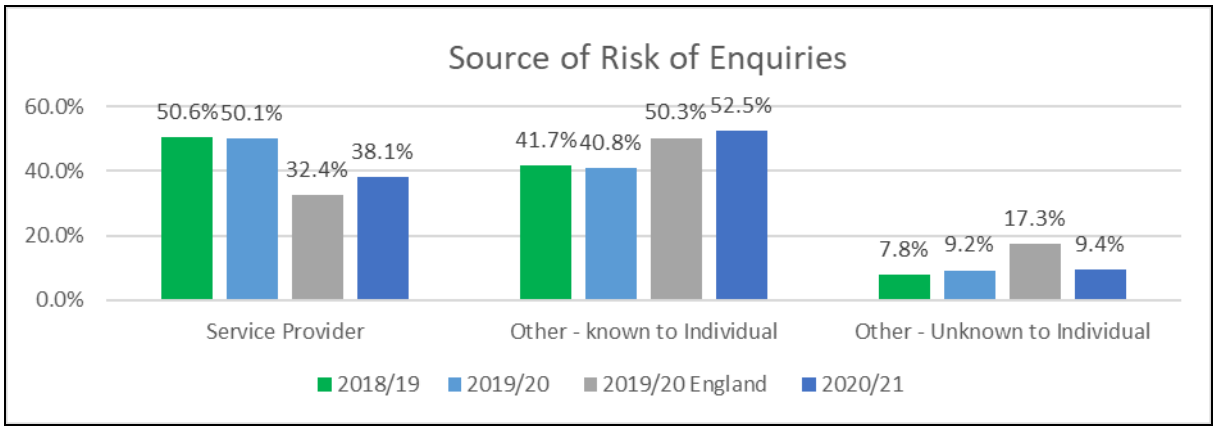
Graph 3 relates to the source of risk for concluded enquiries.

The majority of concluded Safeguarding enquiries involved a source of risk known to the individual, only 9% were 'unknown' and this mirrors the 2019/20 % reported source of risk. It is noted however that it is lower than the England average of 17%.

In 38% 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 is a decrease from previous years and more closely aligned to the England average of 32%.

In West Berkshire we have previously had a high proportion of safeguarding referrals that are self-reported by the providers. It is likely the pandemic has significantly contributed to the decline in self-reporting where the focus within services was directed to delivering services in a COVID secure way during the most testing times of the pandemic. Self-reporting links into a wider intelligence matrix for the providers across our area and is directly linked to the training offered and working with providers around transparency and accountability. The higher than England average during 2019/20 can also be attributed as above to the organisational safeguarding enquiries during this timeframe which have not been replicated in the 20/21 reporting year. We will be monitoring the source of risk during 2021/22 to establish any shift back to previous reporting patterns.

Graph 3 – Concluded enquiries by source of risk



Risk Assessment Outcomes, Action taken and result

Graph 4 indicates risk outcomes in concluded enquiries.

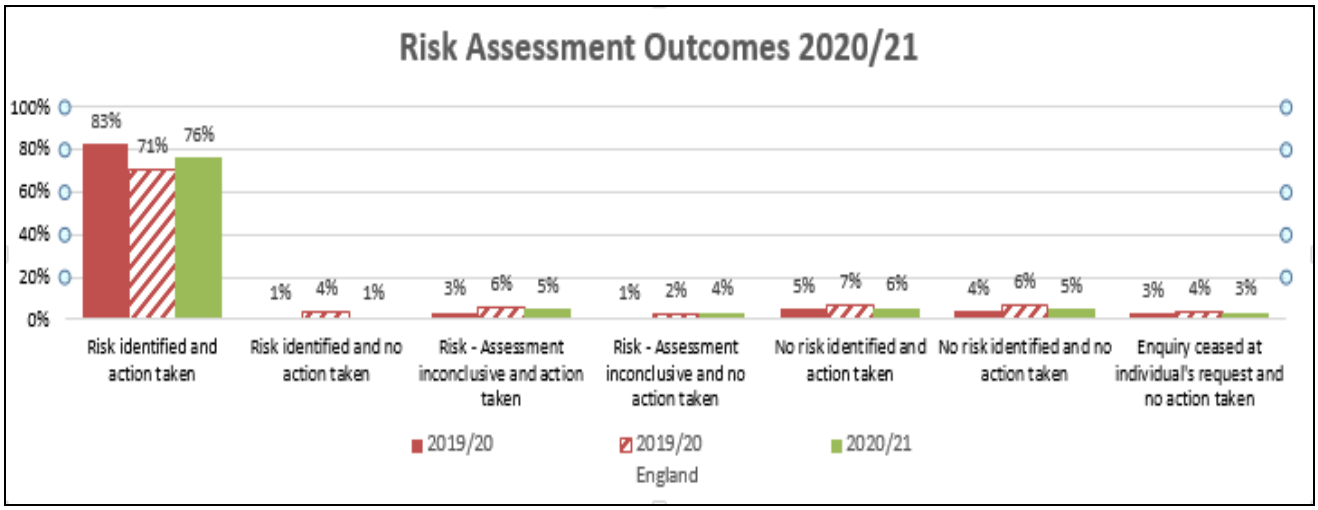
Management of risk data is drawn from the 480 concluded enquiries.

Positively, where a risk was identified, action was taken in the majority of cases (76%), this is slightly higher than the England average 2019/20 at 71% but remains lower than the 2019/20 % of 83%. It should be noted that 11% of cases closed, where either the risk was inconclusive or no risk was identified, actions were taken to better support the person at the centre of the safeguarding enquiry.

Risk identified but no action taken accounts for just 1% 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.

Graph 4 – Concluded enquiries by risk outcomes

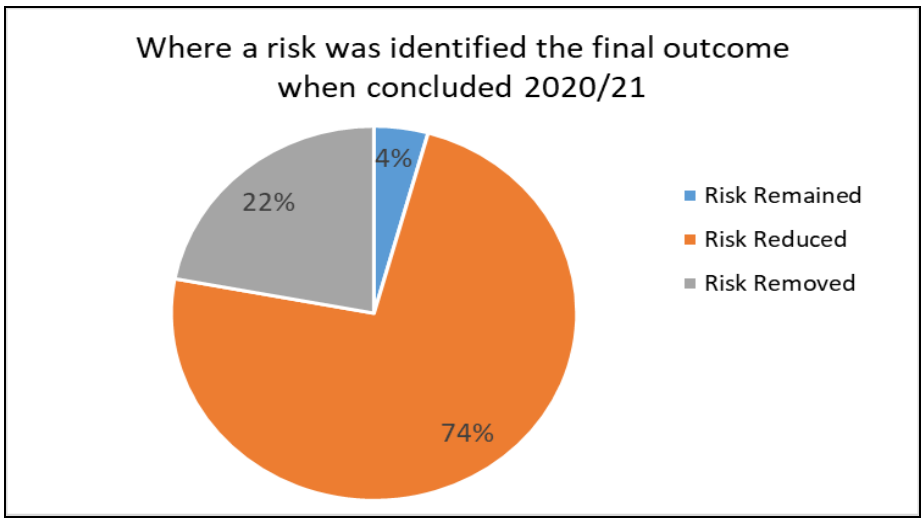


Outcome of concluded case where a risk was identified

Graph 5 shows the final outcome where a risk was identified. (Relates to 372 concluded enquiries)

Positively, risk was removed for 22% of cases and reduced for a further 74% of cases. Risk remains for only 4% 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 remains comparable with previous years.

Graph 5 – Concluded enquiries by result, 2020/21

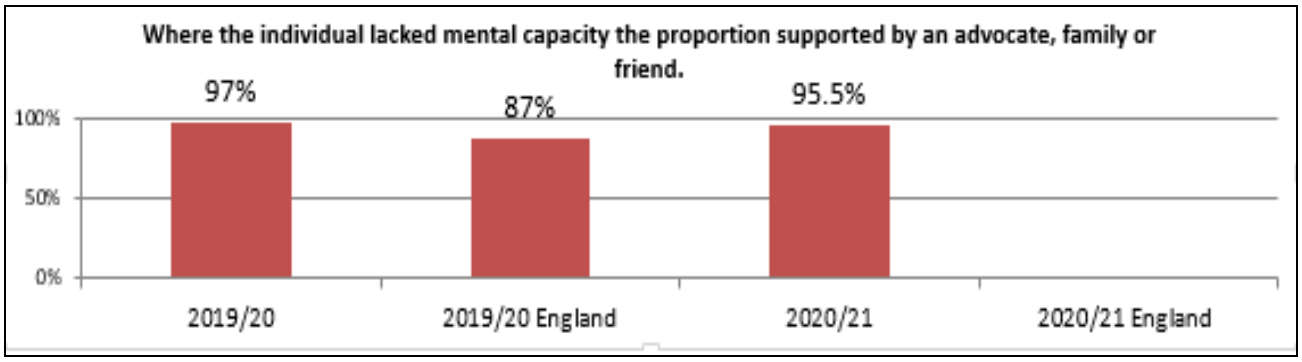


Mental Capacity and Advocacy

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 2020/21, where the individual lacked mental capacity, **95.5%** were supported by an advocate, family or friend. It should be noted the national average for providing advocates in England, recorded for 2019/20, was 87%. The national average for England in 2020/21 is not yet available.

This represents a slight drop on the 2019/20 year of 97%. Each of the cases for whom an advocate should have been provided was rigorously reviewed. Advocacy services were impacted by the pandemic with a noted reduction in capacity and ability to undertake face to face visits. Amongst the 4.5% of cases who required an independent advocate but did not receive an advocacy service, a small proportion were affected by the impact on advocacy services with some unable to engage in advocacy provided through media other than face to face.



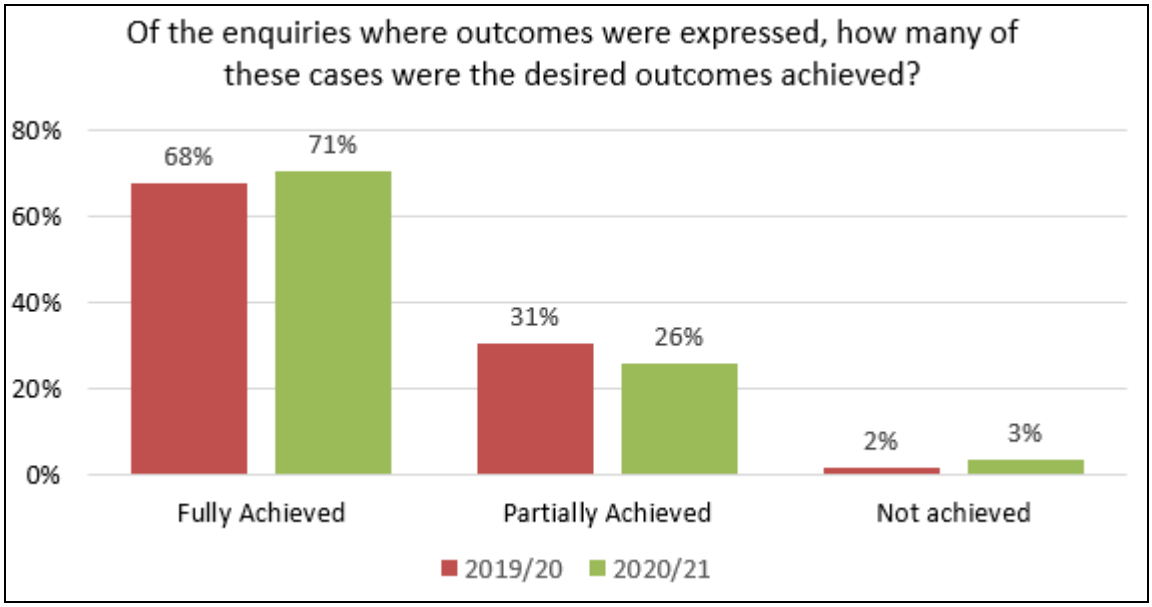
Making Safeguarding Personal

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 will always present challenges. In 2020/21, 87% 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, 71% were able to achieve those outcomes fully, with a further 26% partially achieved. This is comparable to the 2019/20 year.

Graph 7 – Concluded enquiries by expressed outcomes achieved.



Deprivation of Liberty Safeguards

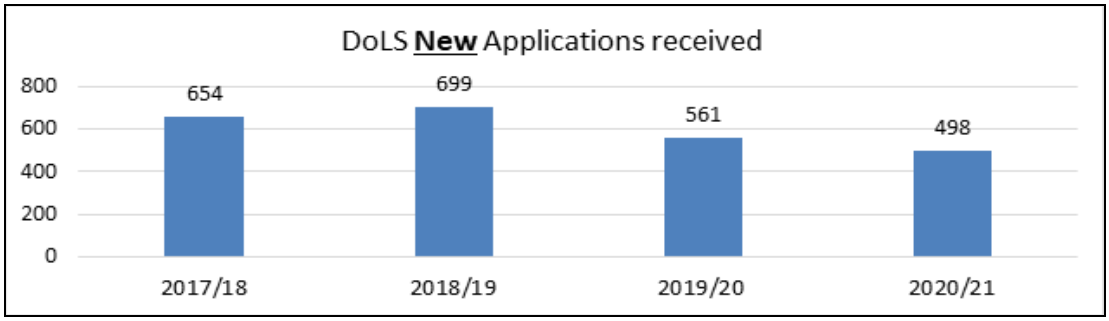
The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

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.

498 new applications in the 2020/21, represents a decrease of 11% (561 applications in 19/20). The decrease can be accounted for by the carry forward of a backlog of applications pending assessment and authorisation from the 2019/20 reporting year and an increase in the number of care home vacant bed spaces (predominantly as a result of the pandemic) across the District.

Graph 8 – Total number of new DoLS applications received in 2020/21



As at the 31.03.21, the status of applications is reported.
The number of 'pending' applications that we are reporting for 2020/21 is lower than in the 2019/20 reporting year. Of the 498 new applications received in 2020/21:-

- 49%, 245 applications are Pending
- 34%, 168 application are Not Granted
- 17%, 85 applications have been Granted

This is an improvement on the status of new applications received during the reporting year 2019/20 when, as at 31.03.2020, 529 total applications were reported of which 382 were still pending assessment and decision.

Only 36 cases from the 2019/20 backlog were carried forward into the 2021/22 reporting year. It should be noted all 36 were in the process of assessment and authorisation as at 31.03.21.

Alongside a number of other local authorities we continue to use an adapted version of the ADASS prioritisation 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.

From March 2020, measures were being taken by homes and hospitals in relation to the Covid-19 pandemic. Visits were significantly restricted and this meant assessments were undertaken virtually in most cases. This had an impact on the ability of the service to properly arrange assessments and ultimately authorisations throughout the year as restrictions were lifted then imposed again as the infection rates increased. Homes were able to be more flexible with visits from professionals as the vaccination programme took effect and they had been able to create safer visiting spaces that were COVID compliant. Notwithstanding all the challenges, the size of the backlog carried through into 2021/22 was lower than the backlog previously carried over in 2020/21.

The Future

The Safeguarding Service is working closely with our colleagues across Adult Social Care and with the Care Quality team to meet the needs of the population and their safeguarding responsibilities.

We will continue to respond to the Covid-19 pandemic, working with our colleagues across the service and wider community to ensure we protect the most vulnerable and at risk of abuse. We will also work closely with colleagues in recovery from the pandemic.

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.

It is hoped that the introduction of a more formal approach to risk management in 2020/21 with our partners and the members of the Safeguarding Adults Board will enable us to prevent more safeguarding incidents from occurring. The impact of this has been less evident in the 2020/21 reporting year as a result of the pandemic which created the most extraordinary working environment for health and social care professionals.

Going forward the service is planning to work more closely with the Building Communities Together team and our Police colleagues particularly supporting the implementation of the Violence Reduction programme and the Domestic Abuse Act 2021. We will also work with our colleagues in Public Protection, Trading Standards, Blue Light Services and other agencies to enable the service to continue to concentrate on prevention as well as completing reactive work. This will include continuing to work alongside our Care Quality Team to support providers prior to them being found to be having safeguarding and care quality issues.

The safeguarding team signed up to the 'Safe Places' scheme in 2019/20 and had planned to launch 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. The launch was put on hold as a result of the pandemic and whilst the Safe Places scheme was in place it had little impact, as many of those places designated as 'safe' were forced to close for much of the reporting year. The launch will be revisited in 2021/22.

WOKINGHAM BOROUGH COUNCIL

Safeguarding Adults Annual Report

2020/21

CONTENTS

EXECUTIVE SUMMARY

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

The year 2020/21 was planned to be the year in which WBC would embed its new way of working with safeguarding, following the creation of the Adult Safeguarding Hub. As with the whole of Public Service however, the service was faced with the unprecedented challenges created by the coronavirus pandemic and had to flex and adapt dynamically to ensure service delivery was maintained, and the increased risk of hidden harm during periods of extensive isolation and lockdown was identified and managed effectively.

The year has been a challenging one. Referral rates have increased significantly on previous years, with a 37.5% increase on the previous year alone. Not all these referrals have been appropriate ones, with some of the inappropriate ones perhaps being symptomatic of the stress and anxiety within the community and the system, created by the pressure people have been living under. Other referrals though have been increasingly complex and have required extended interventions of a multiagency nature.

Joint working across the partnership throughout the pandemic has been very effective, we look forward to taking this forward over the next year, alongside focusing on the other strategic objectives

A key success for the service has been the rapid development and implementation of the ASC Covid-19 Taskforce, however, in formulating this report, it is also clear that the service has been able to not only maintain, but improve on, performance and service delivery across a range of areas, despite the challenging circumstances.

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 Context

Within Wokingham Borough Council, Adult Safeguarding work takes places across all operational teams.

A single point of access for all safeguarding referrals is provided via the Adult Safeguarding Hub (ASH). This is a small team consisting of six practitioner staff, a manager and an administrator.

The ASH triages all safeguarding referrals. Wherein they meet the criteria for statutory intervention, the ASH staff undertake initial enquiries and interventions. A decision is then made as to whether ongoing work is required under the Sec 42 framework, in which case it is progressed to either a Level 1 Enquiry (delegated to another agency but overseen from the ASH), Level 2 Enquiry (allocated to another operational team) or Level 3 (most complex safeguarding work retained in the ASH). Practitioners in the ASH also work to agreed objectives aligned to local priorities and in line with the prevention agenda.

Respective Heads of Service are responsible for the operational activity within their home services. Head of Adult Safeguarding & Care Governance has the strategic lead on safeguarding related matters and provides advice and guidance as a subject matter expert across other services.

Local activity in the context of the SAB priorities

The SAB Business Plan for 2020/21 set the priorities for the partnership.

These were:

Priority 1 – we will continue to work on outstanding actions from the 2019/20 business plan:

- Provide the partnership with the tools and framework to work effectively with people who self-neglect.

- Work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health & Wellbeing Board to provide the workforce with the frameworks and tools to work with vulnerable adults who are at risk of Domestic Abuse.

- Understand the main risks to our local population regarding Targeted Exploitation and agree how best to equip the partnership to safeguarding vulnerable people against these risks.

- Understand why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place.

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 business as usual tasks in order to comply with its statutory obligations, including re-establishing S42 Audits across the Local Authorities and completing SARs as per statutory requirements.

Without doubt, the Coronavirus Pandemic has had a significant impact on the nature of the work undertaken during year 2020/21 and has impacted on the strategic progression that has been possible.

Key achievements for the year are detailed below.

- The number of safeguarding concerns raised in 2020/21 totalled 1,758. This was a 37.5% increase on the previous year. Despite this, the service maintained an average of 87% of concerns having a decision assigned within 48 hours of receipt.

- Despite the limitations of the pandemic and several periods of lockdown, the service maintained face-to-face contact with adults at risk throughout, where this was proportionate in line with individual risk assessments. Whilst creative practice was adopted to increase the use of virtual meetings and internet calling, home visits were undertaken for those for whom this was the safest way of assuring their immediate wellbeing and assessing risk and required interventions or if communication needs required it. The service worked hard to ensure the principle of 'Making Safeguarding Personal', whilst disrupted by the pandemic, was not lost from practice or service delivery.

- In relation to practice with self-neglect, the service worked in conjunction with the Principal Social Worker, the Learning & Development team, and a local specialist organisation to develop a bespoke package of training on hoarding. The training was provided across three modules, which were competency based. 28 people attended the Level 1 training, 21 the Level 2 and 6 the Level 3. Feedback from delegates was overwhelmingly positive with all feeling it contributed to their confidence and capability in this complex area of work. Additional sessions have been added for the next financial year.

- Also, in relation to working with self-neglect (as well as more generic areas of practice), the service identified a learning need across the workforce around the Duties under section 11 of the Care Act 2014 and the requirements when there is a 'refusal' of assessment by an adult at risk of abuse or neglect. This has been incorporated into legal update training for Adult Social Care staff and is being reinforced in relation to self-neglect cases through case work.

- The Adult Safeguarding service has continued to develop strong links with Children's Services and with the Community Safety Partnership. Head of Adult Safeguarding & Care Governance has become Deputy Chair of Chanel, which strengthens the interface between Adult Social Care and the work under Prevent.

- The service supported the work around the tender processes for both the new Drug & Alcohol Service and the specialist Domestic Abuse support service, which ensured the profile and needs of Adult Safeguarding was embedded in both of those contracts and has set the scene for more integrated working with both of those services in the coming year.

- The service worked with the WBC Domestic Abuse Coordinator to develop and source bespoke training in relation to working with Domestic Abuse in Older People and Adult Social Care is looking forward to this being delivered during 2021/22.

- Joint work was undertaken with Children's Services and the Community Safety Partnership to roll out DARE (Domestic Abuse Routine Enquiry) to several key staff, including across Adult Social Care to support them in being able to identify and engage domestic abuse perpetrators. This complements the other training already provided and will be rolled out further in due course.

- A regular and consistent presence was maintained at MARAC and MATAC to ensure a joined-up approach to repeat or high-risk cases of domestic abuse and there was a focus on strengthening the working relationship with the TVP LPA safeguarding team, resulting in evidence of good joint work around some high-risk cases.

- The service participated in Berkshire wide Domestic Abuse partnership meetings throughout the year, to monitor the impact of the pandemic on prevalence of domestic abuse and to discuss and plan around any implications for service delivery. The service also ensured representation on the Domestic Abuse Operational Group to ensure the objectives of Adult Safeguarding are embedded within the work of that group.

- A Senior Social Worker within the ASH was identified to become a subject matter expert within Domestic Abuse and the objectives around this will be progressed during the next financial year, including in relation to developing expertise in relation to stalking, Forced Marriage and Honour Based Abuse.

- Effective links were established with the Forced Marriage Unit at the Home Office to support work within this area. There is evidence of strengthening interventions, including effective involvement of them in strategy meetings.

- The service has continued to be very active participants in the Safeguarding Adults Review panel of the SAB, which has endured throughout the pandemic, including both strategic and operational input.

- Alongside other partners, WBC launched the revised MARM (Multi-agency Risk Management) framework in July 2020 to consolidate effective multiagency working.

- The safeguarding service established the ASC Covid-19 Taskforce to support care providers during the pandemic and this has been the largest single piece of work throughout the year. This was initially set up in April 2020 to provide wrap around support to care homes but was later expanded to include all Adult Social Care providers. The Task Force structure and methodology used existing safeguarding networks and relationships to rapidly put in place a cohesive protocol that could be immediately implemented to ensure providers were effectively supported to mitigate the risks of Covid-19 in their settings, and to respond to and manage outbreaks where they occurred. This innovation not only ensured Providers were well supported, but enabled enduring relationships and partnerships to develop, and also enabled statutory oversight into care settings to be maintained during a time where other means of access were limited, and at a time where the overarching circumstances risked causing harm to some of our most vulnerable population.

- Towards the end of the year, a decision was made to transfer the Care Governance and Quality Assurance (of providers) framework across from strategic commissioning, to sit under the Adult Safeguarding umbrella. This will enable a seamless interface between the two teams, improve the ability to manage thresholds around quality and safeguarding issues and make responses to concerns of organisational abuse more cohesive. Embedding the new interface will be a key focus of work during 2021/22.

Annual Performance data and analysis 2020-21

Safeguarding activity - Concerns and enquiries

The information in this report comes from the Safeguarding Adults Collection (SAC) for the period 1 April 2020 to 31 March 2021. The figures below relate to adults at risk for whom safeguarding concerns were raised and where enquiries were started during the year. A safeguarding *concern* is where a local authority's Adult Social Care service is notified by someone (i.e. a professional, family member or carer) who is worried about the adult at risk being neglected or abused.

In 2020-21 a total of 1758 safeguarding concerns were raised which is an increase of 38% from the previous year.

An *enquiry* is where a *concern* is progressed to a formal investigation stage. In 2020-21 517 enquiries were started during the year. The 'conversion rate' is the ratio of enquiries to concerns. The conversion rate for Wokingham during 2020-21 was 29% which means for every 100 concerns that were raised there were 29 s42 enquiries that were started. Table 1 shows Safeguarding activity for Wokingham in the past 4 years.

Table 1 – Safeguarding activity, 2018-21

	Concerns	S42 enquiries	Individuals who had a S42 enquiry	Conversion rate of concern to S42 enquiry
2017-18	1232	478	415	39%
2018-19	1057	412	344	39%
2019-20	1279	471	400	37%
2020-21	1758	517	439	29%

Table 2 – Safeguarding activity benchmarking data, 2019-20

2019-20	Concerns	s42 enquiries	Other safeguarding enquiries	Conversion rate of concern to all safeguarding enquiries
Wokingham	1280	470	10	38%
West Berkshire	925	540	*	58%
Reading	960	545	*	57%
Slough	1985	230	45	14%
Bracknell	700	100	10	16%
Windsor and Maidenhead	1535	575	*	38%
England	475560	161910	15655	37%
South East	75060	26895	2245	39%

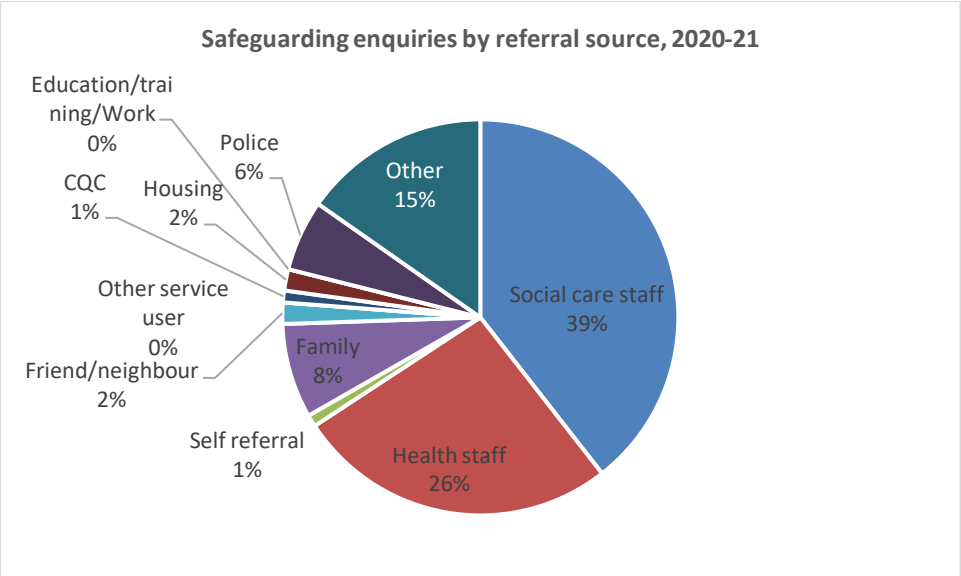
The variances in conversion rate may be due to differing approaches to how concerns are recorded by 'front door' in different local authorities. In some LA's concerns are filtered out before they get to the safeguarding team. Also, enquiry 'threshold' vary across authorities and some apply higher threshold at which investigations are classed as an enquiry than others. During the Coronavirus pandemic there have been patterns in spikes of inappropriate referrals being made to safeguarding, which have impacted on the conversion rate during this period.

Source of safeguarding enquiries

As with previous years most enquiries in 2020-21 came from social care and health care staff. Social care staff category includes LA and independent sector staff from domiciliary, day care and residential care staff.

In 2020-21, 39% of enquiries came from social care staff which is a decrease from 45% last year and 26% came from health staff which is an increase from 20% last year. However, this might not be a true representation of the categories as the number of enquiries from category 'Other' has gone up from 6% last year to 15% this year. The percentage of self-referrals and referrals from family members, friends or neighbours in 2020-21 was 10% which is a decrease from 18% in 2019-20.

Figure 1 – Safeguarding enquiries by referral source, 2020-21



The table below shows comparison of source of referrals for safeguarding enquiries over the past 4 years.

Table 3 – Safeguarding enquiries by referral source, 2018-21

	Referrals	2017-18	2018-19	2019-20	2020-21
Social Care Staff	Social Care Staff total (CASSR & Independent)	277	223	211	204
	Of which: Domiciliary Staff	34	42	36	44
	Residential/ Nursing Care Staff	159	109	105	82
	Day Care Staff	10	12	15	2
	Social Worker/ Care Manager	42	37	30	49
	Self-Directed Care Staff	2	0	8	1
	Other	30	23	17	26
Health Staff	Health Staff - Total	64	57	93	136
	Of which: Primary/ Community Health Staff	45	39	59	113
	Secondary Health Staff	13	8	25	12
	Mental Health Staff	6	10	9	11
Other sources of referral	Self-Referral	19	9	11	5
	Family member	46	61	68	40
	Friend/ Neighbour	11	7	11	9
	Other service user	1	1	1	0
	Care Quality Commission	4	4	12	5
	Housing	6	7	11	9
	Education/ Training/ Workplace Establishment	1	1	1	0
	Police	29	18	26	30
	Other	20	24	26	79
	Total	**478**	**412**	**471**	**517**

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. The majority of enquiries (62%) were for individuals aged 65 and over.

Table 4 – Age group of individuals with safeguarding enquiries, 2018-21

Age band	2017-18	% of total	2018-19	% of total	2019-20	% of total	2020-21	% of total
18-64	132	32%	103	30%	146	36%	163	37%
65-74	43	10%	38	11%	43	11%	36	8%
75-84	101	24%	92	27%	92	23%	88	20%
85-94	111	27%	88	26%	95	24%	120	27%
95+	26	6%	22	6%	22	5%	26	6%
Age unknown	2	1%	1	0%	2	1%	6	1%
Grand total	415		344		400		439	

As with previous years, more women were the subject of a Section 42 safeguarding enquiry than males. 62% of safeguarding enquiries started in 2020-21 were for females which is an increase from 55% last year. The largest increase in the number of enquiries for females was in the 85-94 age band which was an increase of 12 percentage points from 66% in 2019-20 to 78% in 2020-21.

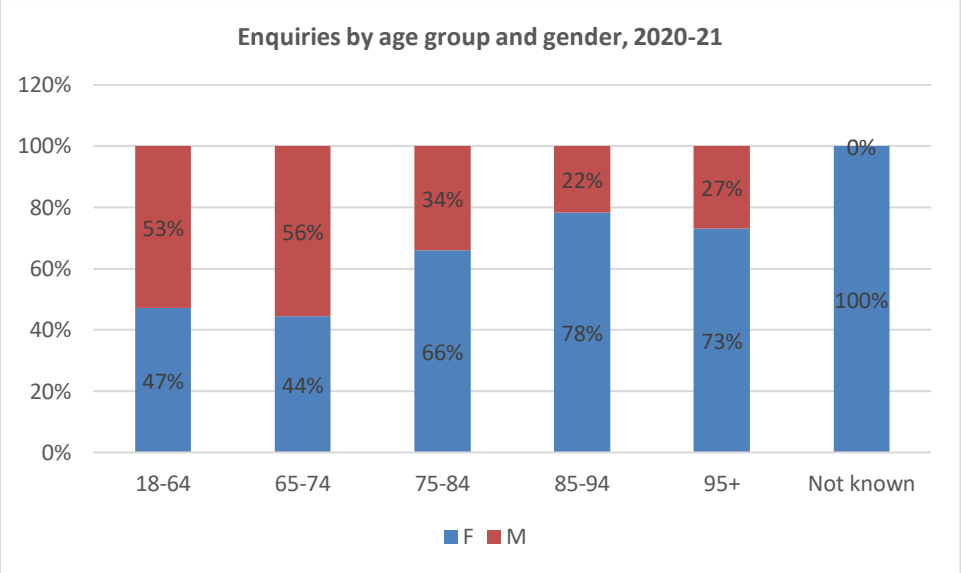
Table 5 – Age group and gender of individuals with safeguarding enquiry, 2020-21

Age group	Female	Male
18-64	77	86

65-74	16	20
75-84	58	30
85-94	94	26
95+	19	7
Unknown	6	0

The chart below indicates that likelihood of abuse increases with age for women.

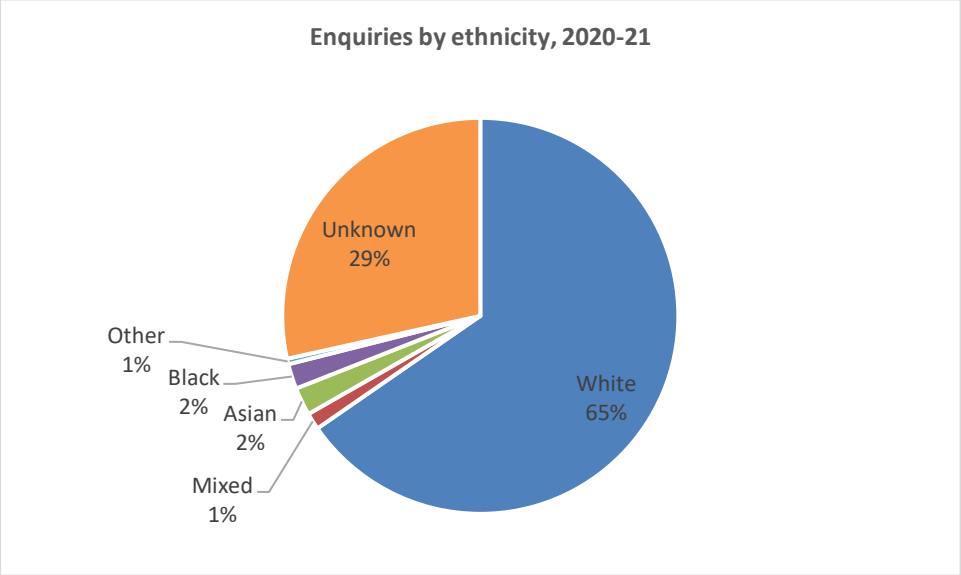
Figure 2 – Safeguarding enquiries by age group and gender, 2020-21



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, 2020-21



Primary support reason

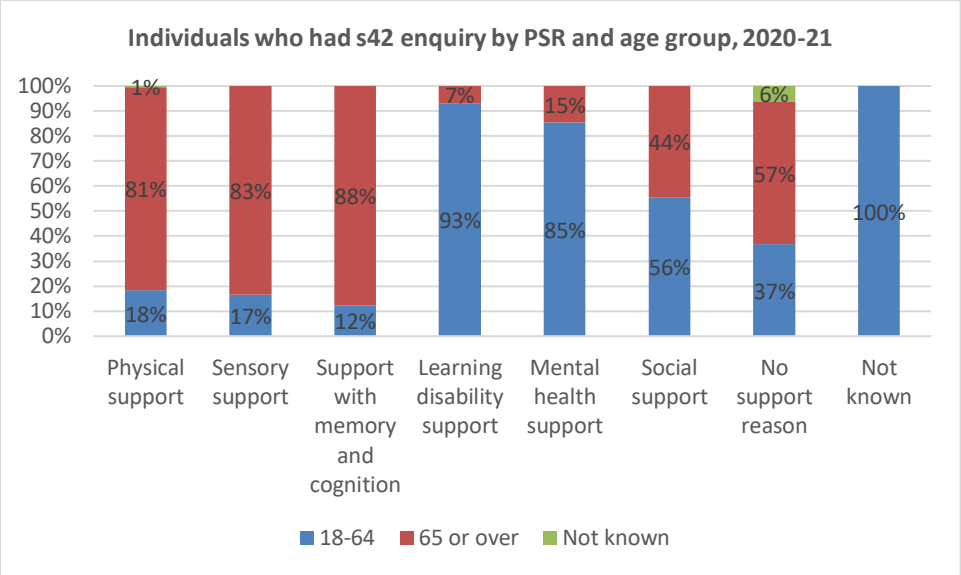
Table 6 below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. As with previous years for most cases the primary support reason was physical support (45%) followed by learning disability support (13%) and support for memory and cognition (11%). 18% of cases did 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, 2018-21

Primary support reason	2017-18	% of total	2018-19	% of total	2019-20	% of total	2020-21	% of total
Physical support	187	45%	149	43%	166	42%	196	45%
Sensory support	8	2%	7	2%	10	3%	12	3%
Support with memory and cognition	60	14%	44	13%	38	10%	49	11%
Learning disability support	92	22%	73	21%	69	17%	59	13%
Mental health support	19	5%	14	4%	27	7%	34	8%
Social support	4	1%	5	2%	8	2%	9	2%
No support reason	45	11%	52	15%	81	20%	79	18%
Not known	0	0%	0	0%	1	0%	1	0%
	415		344		400		439	

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 mostly in the 18-64 age group. 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, 2020-21



Case details for concluded enquiries

Type of alleged abuse

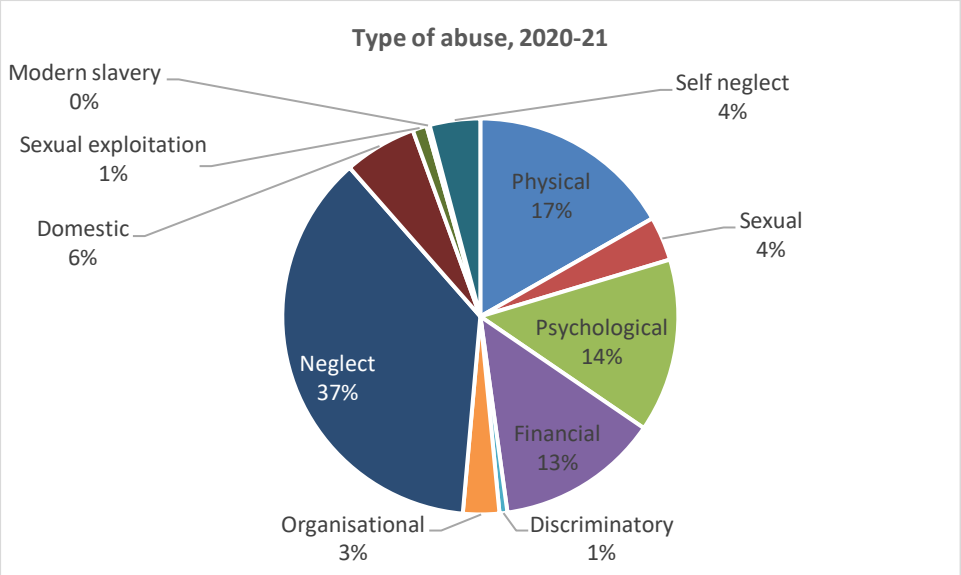
The table below shows enquiries by type of alleged abuse in the last four years.

As with previous year's most of the allegations were for neglect accounting for 37% of all recorded risks followed by physical abuse at 17% and emotional abuse at 14%. While the shifts in abuse categories from year to year remain mostly insignificant there are a couple of notable exceptions. Neglect has risen from 27% last year to 37% in 2020-21 and this is now higher than the national figure of 32% in 2019-20. Physical abuse has fallen from 20% last year to 17% in 2020-21. Emotional abuse has also fallen this year to 14% from 17% last year bringing us in line with England figures for 2019-20.

Table 7 – Type of abuse, 2018-21

Concluded enquiries	2017-18		2018-19		2019-20		2020-21		% England 2019-20
Physical	180	20%	109	19%	116	20%	130	17%	21%
Sexual	42	5%	18	3%	22	4%	28	4%	4%
Emotional/Psychological	170	19%	91	16%	98	17%	110	14%	14%
Financial	117	13%	75	13%	93	16%	103	13%	14%
Neglect	268	30%	182	31%	156	27%	288	37%	32%
Discriminatory	13	1%	1	0%	3	1%	5	1%	1%
Institutional	15	2%	18	3%	12	2%	23	3%	4%
Domestic abuse	29	3%	30	5%	43	7%	46	6%	5%
Sexual exploitation	6	1%	8	1%	4	1%	9	1%	1%
Modern slavery	0	0%	2	0%	1	0%	2	0%	0%
Self-neglect	58	6%	44	8%	36	6%	32	4%	5%

Figure 5 – Type of abuse, 2020-21



Location of alleged abuse

The home of the adult at risk accounted for 66% of the risk locations. This is higher than the national figure for 2019-20 when 44% of alleged abuse took place in the individuals home. Residential and nursing care homes accounted for 27% between them. Wokingham had a lower percentage (15%) concerning abuse in residential care than nationally (25%).

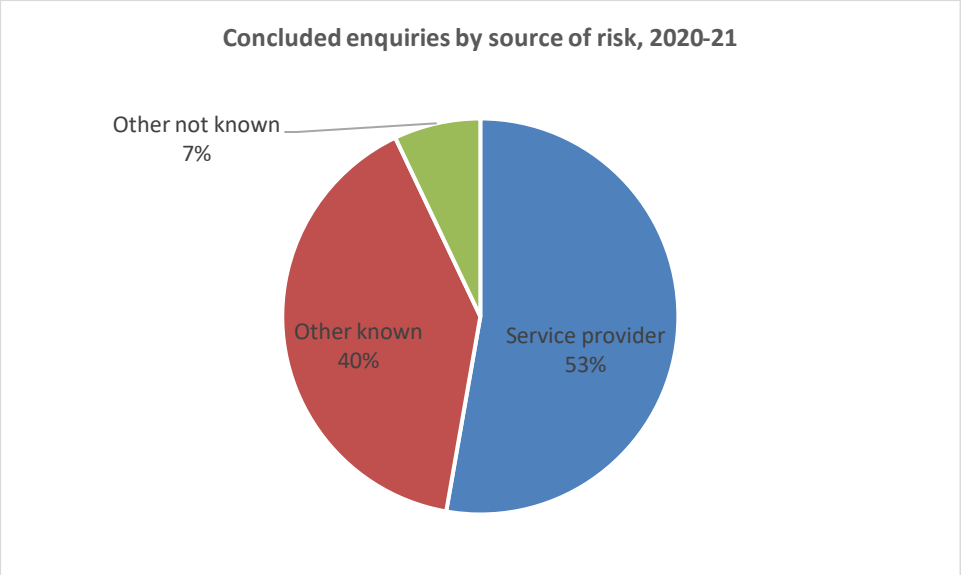
Table 8 – Location of alleged abuse, 2020-21

Location of abuse	2020-21	%	England 2019-20
Own Home	381	66%	44%
In the community (excluding community services)	25	4%	4%
In a community service	4	1%	3%
Care Home - Nursing	69	12%	11%
Care Home – Residential	89	15%	25%
Hospital - Acute	1	0%	4%
Hospital – Mental Health	0	0%	2%
Hospital - Community	3	1%	1%
Other	8	1%	6%

Source of risk

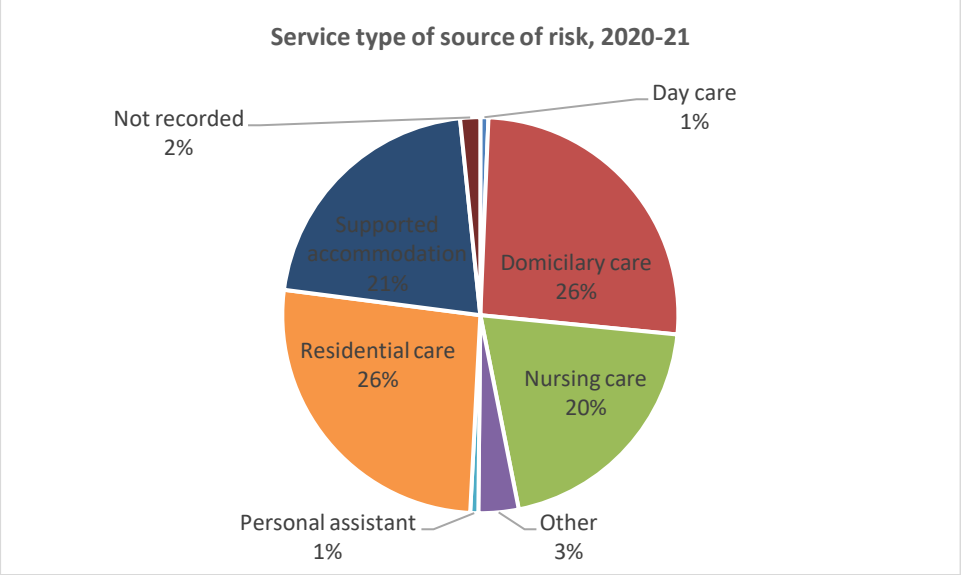
In 53% of cases, the source of risk was a service provider. Service provider refers to any individual or organisation paid, contracted, or commissioned to provide social care services regardless of funding source and includes services organised by the council and residential or nursing homes that offer 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, 2020-21



The chart below shows a breakdown of service provider category. Where the source of risk was a service provider, 46% of residential and nursing care staff reported as the alleged abuser. Domiciliary care staff accounted for 26% of this category.

Figure 7 – Breakdown of source of risk service provider by service type, 2020-21



Action taken and result

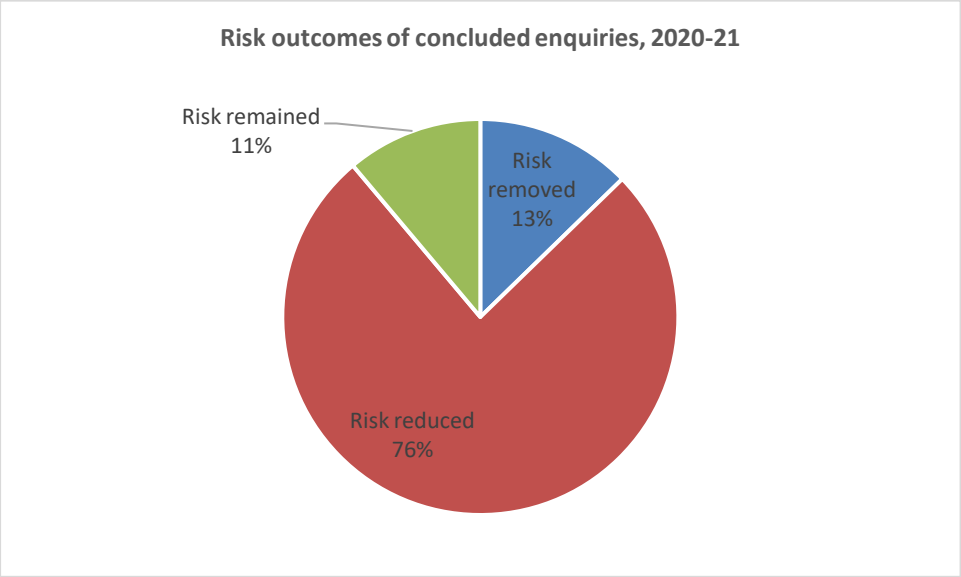
The table below shows risk assessment outcomes for concluded enquiries. In 89% of cases, a risk was identified, and action taken.

Table 9 – Concluded enquiries by risk assessment outcomes, 2020-21

Risk assessment outcome	Total
Risk identified and action taken	499
Risk identified and no action taken	4
Risk - Assessment inconclusive and action taken	3
Risk - Assessment inconclusive and no action taken	1
No risk identified and action taken	24
No risk identified and no action taken	20
Enquiry ceased at individual's request and no action taken	8

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 11% of cases the circumstances causing the risk was unchanged and the risk remained.

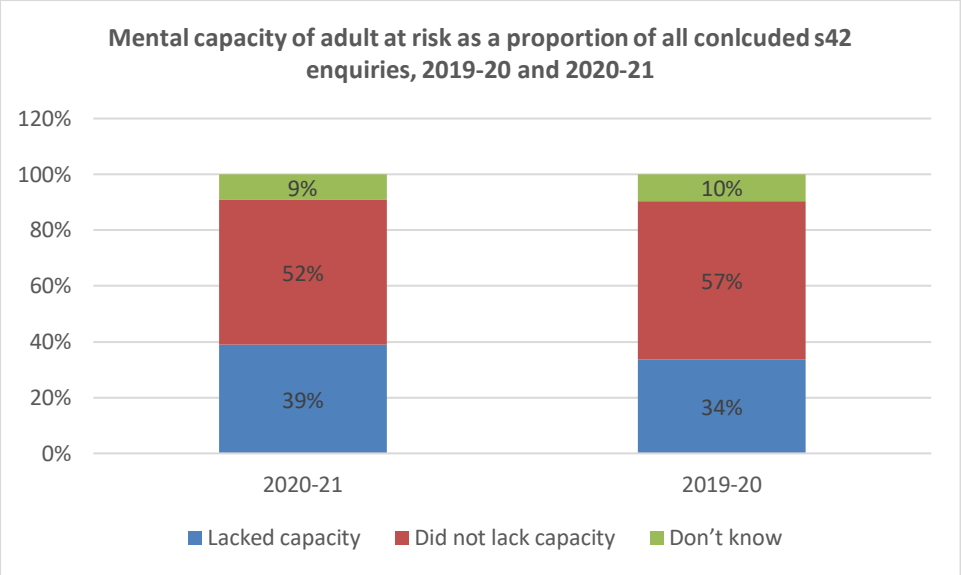
Figure 8 – Risk outcomes of concluded enquiries, 2020-21



Mental Capacity and Advocacy

The chart below shows mental capacity of individuals involved in concluded enquiries. 39% of individuals who had an enquiry concluded in the year lacked capacity.

Figure 9 – Mental capacity, 2019-21

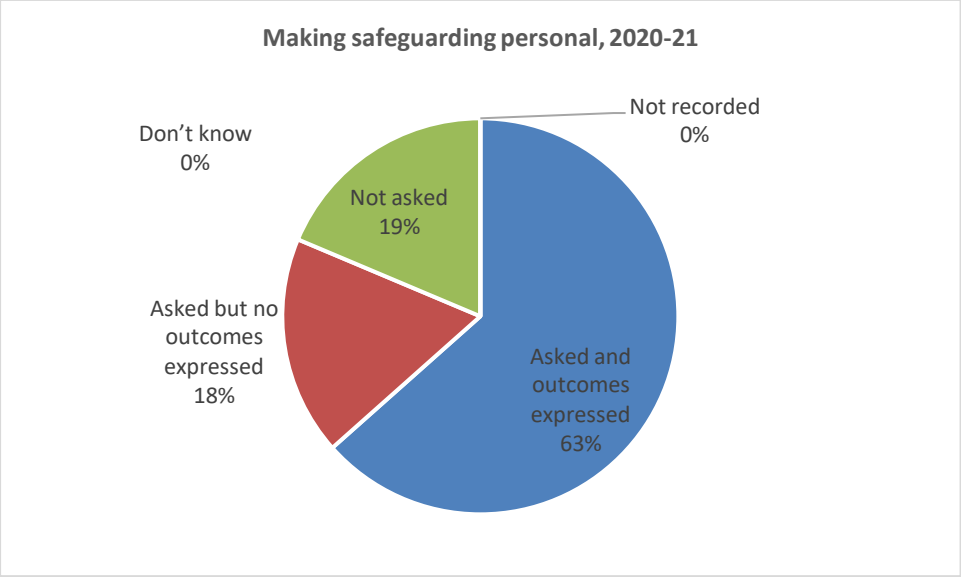


Where the adult at risk lacked capacity, in 89% of cases they were supported by an advocate, family or friend which is above the national figure for England in 2019-20 which was 87%.

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 2020-21, 81% of people or their representatives were asked what their desired outcomes were and in 63% of these cases, outcomes were expressed.

Figure 10 – Making safeguarding personal, 2020-21



Where outcomes were expressed, in 75% of those cases the desired outcomes were fully achieved, in 20%, the desired outcomes were partially achieved and in 5% of the cases none of the expressed outcomes were achieved.

The Future – year 2021/22

Previous issues around recruitment of staff have now been overcome and the ASH is shortly to be staffed fully substantively. This is encouraging in terms of providing a solid foundation for developing the service further.

Key objectives for the next year will focus on:

- Working with referrers to educate them on thresholds for safeguarding, to reduce the volume of inappropriate referrals, which impact on capacity for service delivery.
- Developing the interface between Quality and Safeguarding both in the context of proactive and preventative work, but also in response to concerns or organisational abuse.
- To revise and relaunch the Care Governance protocol, including how customers can meaningfully be involved in Quality Assurance of care provision.
- Further develop and enhance the culture of 'Making Safeguarding Personal' throughout safeguarding work, including through strengths-based working.
- Revise and implement the Adult Safeguarding training provision, in line with the SAB learning objectives, lessons from SARs and new ways of working under the ASH.
- Develop workforce competency and confidence on working with self-neglect and hoarding and work with Commissioning and other stakeholders to explore development of more specialist provision for those most at risk.
- To review and relaunch the PiPoT process.
- To undertake further work around targeted exploitations, including to develop a network of key contacts (including areas such as hate & mate crime, modern day slavery, cuckooing, scamming and financial abuse). Also, to develop bite sized learning events; with Police and other stakeholders both about vulnerable adults more generally, but also about financial exploitation including civil and criminal remedies.
- To develop subject matter expertise in relation to cuckooing, in order that work across Adult Social Care can be supported in this context.
- To explore with the Performance Team what we can understand from our current data about the types of 'targeted exploitation' being reported and the strengths and gaps around this data to support our strategic vision.
- To improve our understanding about context and risk of sexual exploitation in vulnerable adults, particularly the 18-25 age group. To develop our knowledge of resources available locally and nationally to work with this group.
- To ensure all staff are conversant with the content of the new Domestic Abuse Bill and that staff are working in accordance with it.
- To develop additional accredited DASH Trainers so that courses can be regularly delivered in-house.
- To develop effective relationships with relevant agencies around Domestic Abuse including DAIU, LPA Safeguarding Team, Thames Valley Partnership/ Victims First, Cranstoun, WBC DA Coordinator, Victim Support, Probation, Children's Services, Here4u, Housing and CSP.
- To develop knowledge and skills of the workforce around identifying and risk assessing incidences of Stalking.
- To review, maintain and improve the current Safer Places Scheme which operates within Wokingham Borough.

- To work with the Protecting Vulnerable Persons Unit at TVP to train ASH staff in Joint Interviewing and then embed this in practice.
- To work with Learning Disability provider(s) to develop safeguarding awareness training for people with learning disabilities, which can potentially then be rolled out wider.
- To establish a small safeguarding service user forum, with the membership consisting of adults who have experienced a safeguarding intervention, and/or their carers to move towards more effective co-production.

Berkshire Healthcare NHS
NHS Foundation Trust

Safeguarding Annual Report

April 2020 – March 2021

Author: Jane Fowler – Head of Safeguarding

Contents

1. Introduction

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

Berkshire Healthcare have a joint safeguarding children and adult work team and work under the principle of a 'Think Family' approach to safeguarding.

Covid-19 Pandemic

This report is written in the context of safeguarding during the Covid-19 pandemic. During the pandemic the trust recognised the risk of the impact of the pandemic on the most vulnerable in our communities and the importance of prioritising safeguarding. Although large numbers of staff were redeployed in phases during the year, no staff were redeployed from the safeguarding team. Despite the additional pressures of the pandemic, partnership working remained strong and additional meetings were convened with multi-agency partners to ensure close partnership working and sharing of ideas and experiences. Named and designated meetings were convened more regularly. Governmentance guidance recommended health visiting staff to conduct visits remotely using technology during the pandemic but following an increase in the number of child safeguarding incidents in Berkshire the trust responded by rag-rating all health visiting caseloads and returned health visitors to face to face visits. An additional contact was added to the universal visiting programme at four weeks. The safeguarding team extended their on-call advice lines to the weekend to ensure staff had easy access to advice. The safeguarding team continues to develop its understanding of the new safeguarding environment as a result of the Covid-19.

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 BHFT and meet quarterly. The board also receives a monthly update on safeguarding cases and issues of concern.

The Head of Safeguarding works as manager for the safeguarding team. The Head of Safeguarding is supported by two Assistant Heads of Safeguarding (one for adults and one for children) who holds enhanced responsibilities as part of their named professional role. The Head of Safeguarding chairs daily meetings with her two assistants. Monthly safeguarding team meetings are chaired by the Assistant Heads of Safeguarding 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). There are currently 3.8 whole-time equivalent (WTE) safeguarding adult named professionals. 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. During the pandemic the safeguarding team have worked remotely, and daily meetings have been convened to support staff and share cases. 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. Extra meetings have been convened during the pandemic for wider learning and support.

Safeguarding representation is also provided monthly at patient safety and quality groups (PPSQ) 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.' The section 11 is presented to the panel every three years and is next due to be presented in March 2022.

This document is available for submission during Local Authority Ofsted/CQC inspections.

Self-assessment Safeguarding Audit

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. Three internal safeguarding audits were undertaken during 2020/21 (see table below) and named professionals participated in multi-agency audits across the localities. Audits were suspended at the beginning of the year due to the pandemic but reinstated in the second part of the year.

Audit	Completion
Child Protection Supervision Survey	January 2021
Audit of Child Protection Record Keeping	March 2021
Audit of Compliance to Mental Capacity Act 2005	March 2021

<u>Child Protection Supervision Survey</u>

During 2020- 2021, due to the pandemic, individual and group child protection supervision was moved from face to face supervision to virtual supervision via Microsoft teams. A survey was held with staff in January to understand whether this method of supervision was as useful and or indeed preferred, in order to plan the service going forward. There was a very good response rate to the survey with 83% of those contacted responding. Feedback given said that most practitioners found child protection supervision via the virtual platform to be effective and many found it easier to fit into a busy schedule particularly with the difficulty of finding an available confidential space to conduct the supervision. 35% of respondents preferred virtual supervision with 57% saying that going forward they would like a mixture of virtual and face to face. Supervision via the virtual platform was found to be efficient, time saving, convenient and accessible.

Going forward child protection supervision will be offered as a mixture of virtual and face to face supervision with a minimum of one face to face session per year. New staff will be offered face to face supervision initially.

Audit of Child Protection Record Keeping

The aim of this re-audit was to establish if the actions relating to the previous 2018 audit were being adhered to and that there is good compliance of the use of the Safeguarding Form.

A systematically selected sample of children that were subject to a child protection case conference and subject to a child protection plan or, in two cases, a child in need plan between December 2019 and November 2020 were selected from community children's services across all six localities within Berkshire. Children, young people and family team (CYPIT) cases were selected using a 'dip' sampling method. Health visitors working for the Royal Borough of Windsor and Maidenhead (RBWM) were also audited. This service receives child protection supervision from BHFT safeguarding team. The relevant information was accessed from the secure electronic record keeping system, RIO and RBWM PARIS.

KEY FINDINGS

1. Two of the sample group were on a child protection plan following a primary referral from child and adolescent mental health services (CAMHS)
2. There has been no improvement since the 2018 audit in the uploading of core group minutes
3. The majority of the demographics pages are completed correctly
4. The safeguarding form is well used and easy to access
5. Improvement is required in the sharing of reports with parents prior to a child protection conference
6. There was no evidence of challenge, and no evidence in the audited cases that challenge was required

RECOMMENDATIONS:

RECOMMENDATION ONE: The uploading of core group minutes remains low. It is reported by staff that where children's social care (CSC) take the responsibility for taking the minutes, they are not always received and therefore cannot be uploaded. All BHFT and RBWM practitioners will be reminded to request core group minutes & record the request in the child's records. Where no records are supplied, to ensure they record any actions for health which emerge from the core group. Named professionals will contact Children's Social Care Managers in each locality to discuss whether the system can be improved in the process for receiving Core Group meeting minutes.

RECOMMENDATION TWO: In 29 % of cases open to a BHFT Health Visitor, 100% of cases open to RBWM Health Visitor and 70% of cases open to CAMHS, there is no record that the practitioner had attempted to share the report with the parent/s prior to conference Audit results to be reported to service managers. Service managers to take QI approach to identify what countermeasures would make a positive impact.

RECOMMENDATION THREE: In 71% of BHFT School Nurse records there is no evidence of the Social Worker details recorded on the Safeguarding Form. School nurse managers to identify countermeasures to implement to improve this outcome.

RECOMMENDATION FOUR: Audit template to be reviewed to identify whether the current template requires changes to ensure it reflects current School Nurse role.

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

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).
- 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, 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 delayed from 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.

Domestic Abuse Bill January 2019: to become law June 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

Nice Guidelines NG189 Safeguarding Adults in Care Homes

A gap analysis was undertaken of the Nice Guidelines NG 189. The Gap analysis showed BHFT to be 100% compliant to the domains which apply to provider trusts.

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 2020/21 there has been an increase in the number of significant safeguarding incidents across the partnership leading to twenty-one rapid reviews into cases of concern across the 6 Berkshire localities. This is a large increase in workload and has led to eight safeguarding practice reviews which are currently being conducted across the partnership. With pandemic guidelines and social distancing in place the partnership took on some work to lobby the Government to allow support to young families who have a baby under the age of one as this is a very stressful time for parents and family and friends support is vital. The service offered by health visiting was reviewed as already mentioned in this report. The safeguarding team have also participated in seven safeguarding adult reviews and a Domestic Homicide Review (DHR).

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 deputies attend all child safeguarding practice review and safeguarding adult review sub-groups across Berkshire and safeguarding 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) patient safety and quality group. All and Adult and Community Patient Safety and Quality Groups (PS&Q) all PS&Q groups are attended by a member of the safeguarding team. The Assistant Head of Safeguarding attends the Children and Adolescent Mental Health (CAMHS) leadership groups. Learning has also been cascaded through the internal trust magazine 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, safeguarding partnership sub-groups and CQC.

6. Safeguarding Policies/Protocols

The following policies and procedures have been reviewed and implemented during 2020/21: in accordance with the policy scrutiny group and the safety and clinical effectiveness group –

- Child Protection Supervision policy CCR 123
- Mental Capacity Act and Deprivation of Liberty Safeguards Policy

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

[*] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

- multi-agency safeguarding arrangements
- local and national safeguarding practice reviews
- child death reviews.

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 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

There were no safeguarding inspections in Berkshire during 2020-21.

9. Domestic Abuse

The Covid-19 Pandemic has been a very challenging time for most, but for victims of domestic abuse, home is not a safe place and the 'Stay at Home' message has played right into the hands of perpetrators.

Practitioners have faced additional difficulties around safe enquiry as their services had to offer more contact remotely via video or phone calls. It has been harder to ask whether their client's feel safe when it is unknown if they are alone and could potentially be increasing the risk to them. To help with this the Safeguarding Team produced MS Teams backgrounds for each locality which had local authority safeguarding numbers for adults and children and the local domestic abuse service helpline. This could be used without the client or the client's family thinking it was specifically targeted at them. The safeguarding team also produced a video on how to use the 'Over the shoulder' poster which has the National Domestic Abuse helpline number on. This could be held up to the screen as a non-verbal way of offering help.

Training.

Domestic Abuse affects 1 in 4 women and 1 in 6 men and it is estimated that the number of incidents has increased significantly during the pandemic. Staff members are not immune and recognising this the Staff Wellbeing Service were able to signpost staff who may be affected by domestic abuse to the Specialist

[†] https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england

Practitioner for Domestic Abuse to risk assess and receive support. Domestic abuse helpline posters were displayed at the Trust's vaccination centres.

The Trust has signed up to the Employers initiative on Domestic Abuse (EIDA) to further enhance support to its staff and raise awareness so that employees feel they can request help safely and their colleagues can respond in a way they need them to.

'*When employers demonstrate that they are aware of domestic abuse and make staff aware of the services that are available, this can help to reduce the wall of silence about domestic abuse that prevents many from seeking help.'* Elizabeth Filkin, EIDA founder.

Domestic Abuse Training has moved to MS Teams due to the pandemic and along with other training, will remain on Teams for the foreseeable future with just a few sessions offered face to face. This has allowed for an expansion of the training on offer. Once practitioners have attended '*What is Domestic Abuse?*' training they will be able to access further training including *Domestic abuse and Mental Health*; *The Impact of Domestic Abuse on Children and Parenting;* and *Honour Based abuse and forced Marriage*.

The training is available to all staff not just those who are clinical, and this supports the EIDA ethos on raising all staff awareness.

Domestic Abuse Act.

The New Domestic Abuse Bill received Royal Assessment in June 2021 and is now an Act of Law. It is designed to provide further protection to victims and strengthen measure to tackle perpetrators. Importantly, it recognises children as victims of domestic abuse in their own right and not just 'witnesses' to it.

The Act also requires all local authorities to have a Domestic Abuse Partnership Board and BHFT are represented at these. The purpose of the Boards is to ensure the obligations of the Domestic Abuse Act are achieved and health have contributed and will continue to contribute to the local needs analysis that is required.

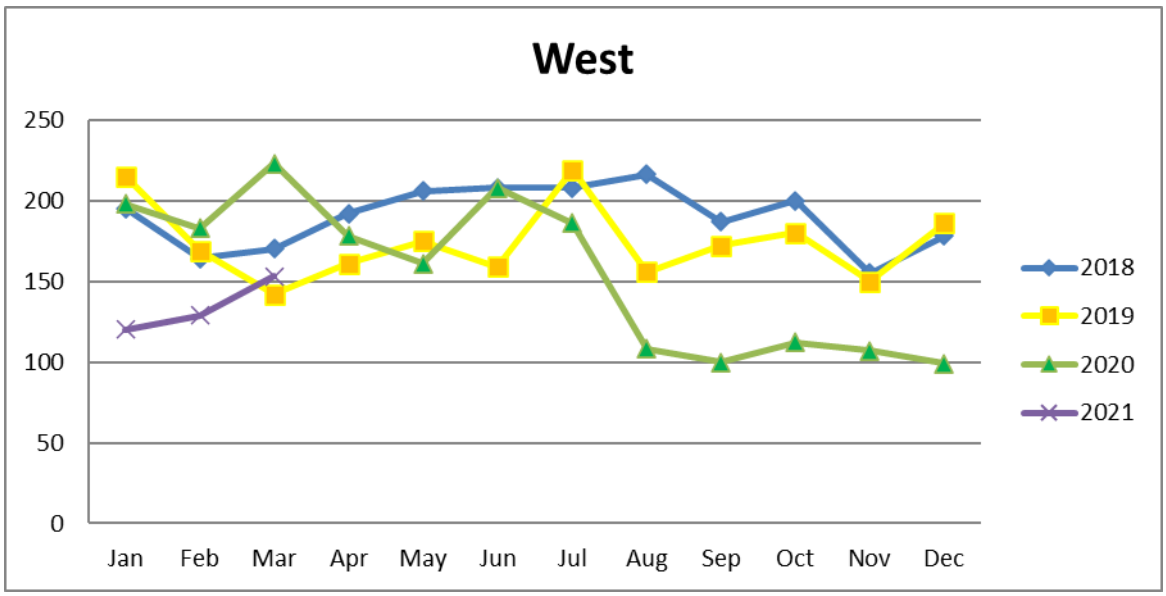
Looking to the future.

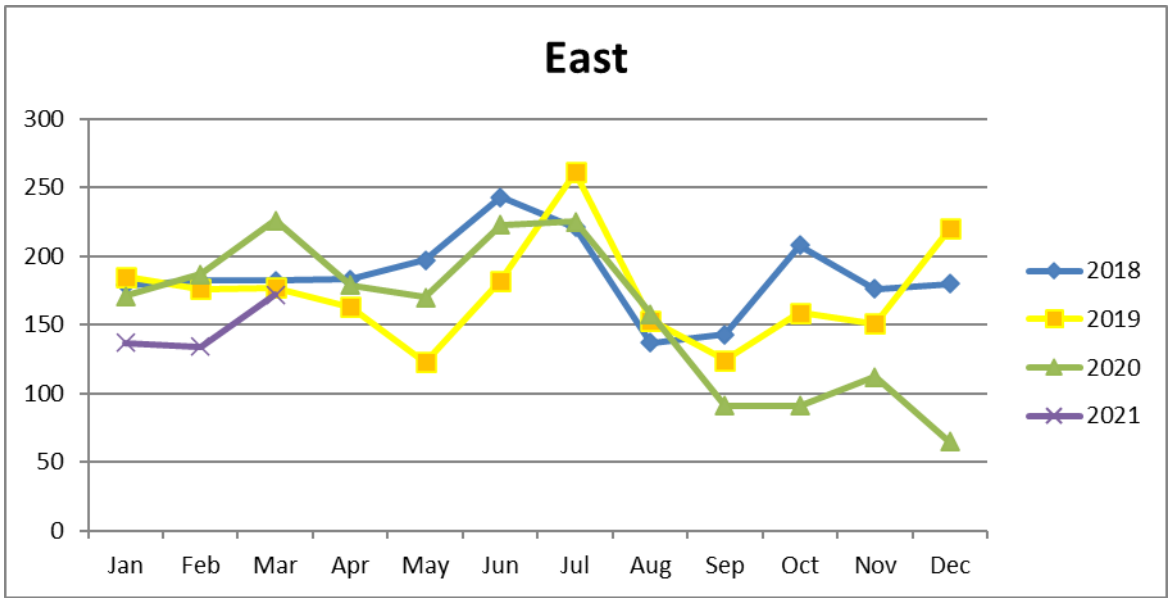
Training will continue to be a priority for the Trust and moving to MSTeams has improved accessibility and led to an increase in attendance.

With the support of being a member of the EIDA, the Trust plan to have more communications about domestic abuse tying it in with relevant national days.

Figures

For 2020 – 2021 the total number of reports received for the West area (Newbury, Reading and Wokingham), were 1661. Total number for the East area (Bracknell, Slough & WAM), were 1757. A total of 3418 for Berkshire. This is a reduction on the previous years and it is unclear why this might be when nationally there is reported to have been an increase in domestic abuse incidents during the past year. Slough continues to receive the highest number of domestic incidents.





10. Safeguarding Training

Safeguarding training compliancy in 2020/21 was as follows:

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	94.29%	98.30%	94.07%	78.79%	90%
Safeguarding Children	Two	90.84%	91.08%	90.61%	87.51%	90%
Safeguarding Children	Three	64.35%	73.95%	86.43%	84.87%	90%
Safeguarding Adults	One	93.38%	94.00%	93.99%	75.00%	90%
Safeguarding Adults	Two	86.52%	83.08%	83.33%	60.00%	90%
Prevent	Wrap	97.52%	97.09%	97.07%	92.36%	85%
Prevent	Channel	97.96%	97.69%	97.42%	93.69%	85%
MCA		93.14%	92.10%	91.48%	79.61%	85%
DoLS		86.52%	80.10%	78.66%	81.70%	85%

Safeguarding training is provided to all staff internally by the safeguarding team. Safeguarding training is firmly embedded in the induction programme and the team offer monthly induction courses to all new staff. During the pandemic this has been offered via online learning and the team are currently developing virtual online training for induction. All clinical staff receive safeguarding children training at levels one and two and safeguarding adult training at levels one and two at induction followed by level three according to role requirements within six months of induction. PREVENT, MCA and DoLS training is also provided at induction. A programme of refresher training is provided and staff are also able to access external training through the safeguarding partnership boards although this is reduced compared to previous levels. 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. Small group training and seminars are also provided where required for example on the community wards regarding DoLS.

Due to the Covid-19 pandemic all training was cancelled during the first three months of the year and also during the last three months in order to support the staffing of clinical areas. All face to face training was cancelled and training was moved initially to online courses. The safeguarding team have developed virtual face to face training during the year and most training has now moved to this platform to allow for local learning from child safeguarding practice reviews, safeguarding adult reviews and domestic homicide reviews. Due to the cancellation of training compliance to training targets dropped in the last quarter and training compliance is being carefully monitored as we go forward.

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 with the safeguarding partnership trainers in Slough.

A safeguarding children forum at level three was facilitated using external facilitators on the topic of adverse childhood experiences (ACE's) and this was very well evaluated. Safeguarding children training at level three was developed to specifically target mental health teams.

All named professionals receive external safeguarding training at level four.

11. Developments in Mental Capacity Act Practice

The Mental Capacity Act (MCA) 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 Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) policy was updated and endorsed by the Policy Scrutiny group in March 2021.

The Safeguarding team are in the process of moving the MCA training from e-learning to a virtual platform. The training will be split into 3 levels; General Awareness, MCA in practice (for registered and qualified staff) and MCA in 16-18-year olds for staff who work predominantly with children. The training will be available generally via the Learning and Development platform and will also be offered to targeted teams.

The Adult Safeguarding team continue to support the Trust with identifying and applying for a Derivation of Liberty when the criteria is met. The team have full oversight of all the trust applications and support ward staff to complete the process, ensuring applications are of a good quality. The team have been offering DOLS drop-in clinics for inpatient staff to support them with any queries they have. Training on DOLS is available for staff on a virtual platform.

The Safeguarding adult advice line continues to support staff in practice with advice from named professionals for safeguarding adults on matters of adherence to the Mental Capacity Act, complex cases and challenges in practice.

Mental Capacity Act Audit 2020 Consent to Admission

The audit was undertaken in November 2020 to provide the Trust with an overview as to whether patients who lack capacity to consent to their admission are identified; and if the person is found to lack capacity to consent, the appropriate processes, as defined by the Mental Capacity Act, are followed.

The audit confirmed that in services where the MHA 1983 framework is the primary legal framework, the process for consent to admission is fulfilled in line with local and national policy.

Records audited from the learning disability inpatient service, Campion unit, demonstrated a high standard of MCA application and Principle 2 of the act is embedded in the consent to admission processes.

The audit demonstrated that the admission processes in physical health inpatient units is not sufficiently robust to protect vulnerable patients who are unable to consent to care and treatment arrangements. Patients who are unable to consent to these arrangements are at risk of being unlawfully deprived of their liberty. They may not have the appropriate representation that is required and for patients who have no one to represent them, the best interest pathway needs to be developed and recorded in line with the framework. Staff feedback highlighted that the prevailing assumption of practitioners was that patients had already consented to admission to the community wards and where patients lacked capacity to consent, discussions with patient's family members had already been completed, who consented on their behalf.

Following discussions held with trust directors, a Quality Improvement (QI) ticket has been raised and standard work plans are being developed with the support of the Safeguarding team. There will be a re-audit of processes in the autumn 2021 to measure compliance following the QI work.

Deprivation of Liberty Safeguards - referrals for authorisations 2020-21

Ward	Q1	Q2	Q3	Q4	Total applied for	Total DOLS granted	Total DOLS not granted
Campion unit							
Application made to Local Authority	**2**	**1**	**2**	**0**	**5**		
Authorisation granted	**2**	**1**	**1**	**0**		**4**	
Authorisation not granted	**0**	**0**	**1**	**0**			**1**

Orchid Ward							
Application made to Local Authority	**1**	**0**	**3**	**0**	**4**		
Authorisations granted	**0**	**0**	**0**	**0**		**0**	
authorisations not granted	**1**	**0**	**3**	**0**			**4**
Rowan Ward							
applications to the local Authority	**6**	**1**	**4**	**3**	**14**		
authorisations granted	**0**	**1**	**1**	**1**		**3**	
authorisations not granted	**6**	**0**	**3**	**2**			**11**
Ascot Ward							
applications made to Local Authority	**1**	**4**	**0**	**5**	**10**		
authorisations granted	**0**	**0**	**0**	**0**		**0**	
authorisations not granted	**1**	**4**	**0**	**5**			**10**
Windsor Ward							
applications made to local authority	**0**	**1**	**2**	**2**	**5**		
Authorisations granted	**0**	**0**	**0**	**0**		**0**	
Authorisations not granted	**0**	**1**	**2**	**2**			**5**
Donnington Ward							
Applications made to local authority	**17**	**11**	**10**	**14**	**52**		
Authorisations granted	**0**	**0**	**0**	**1**		**1**	
Authorisations not granted	**17**	**11**	**10**	**13**			**51**
Highclere Ward							
Applications made to Local authority	**9**	**3**	**3**	**5**	**20**		
Authorisations granted	**0**	**0**	**0**	**0**		**0**	
Authorisations not granted	**9**	**3**	**3**	**5**			**20**
Henry Tudor Ward	**0**	**0**	**0**	**12**			
Applications made to Local authority	**0**	**0**	**0**	**0**	**12**		
Authorisations granted	**0**	**0**	**0**	**0**		**0**	

Authorisations not granted	**0**	**0**	**0**	**12**			**12**
Jubilee Ward							
Applications made to Local authority	**0**	**5**	**4**	**1**	**10**		
Authorisations granted						**0**	
authorisations not granted	**0**	**5**	**4**	**1**			**10**
Oakwood Ward							
Applications made to local Authority	**2**	**5**	**3**	**4**	**14**		
Authorisations granted	**0**	**0**	**0**	**0**		**0**	
Authorisations not granted	**2**	**5**	**3**	**4**			**14**
Totals	**76**	**62**	**62**	**92**	**146**	**8**	**138**

The vast majority of the authorisations not granted were due to the DoLS application not being assessed by the local authority prior to the patient being discharged from the ward. To ensure compliance with the law the safeguarding team request that ward staff review the care and treatment plans for the patient weekly and ensure that any restrictions or restraint used in their care delivery continues to be necessary and proportionate to the level of need and risk. The trust continue to deprive the person of their liberty in their best interests using the least restrictive approach while waiting for a DOLS assessment from the Local Authority. Staff apply for an extension to the urgent DoLS as appropriate and when the DOLS is about to expire the safeguarding team send an email to the local authority informing them of the date that the DoLS will expire and informing them that the patient continues to require care and treatment arrangements that meet the acid test for a Standard Authorisation and asking them to advise us of the DOLS assessment arrangements'

Move to Liberty Protection Safeguards from DoLS

As described earlier in the report, following the Mental Capacity Act Amendment Bill 2018 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 April 2022.

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. During 2020/21 all supervision was moved to virtual supervision via Microsoft teams as discussed in the audit section of this report. All

health visitors and school nurses received a minimum of three sessions of child protection supervision during 2020/21, 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.

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 2020/21 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.

The Prevent Lead for the Trust is assisted by three Named Professionals for Safeguarding Children and Adults. The team represent BHFT on all six Channel panels monthly and Prevent management meetings quarterly across the six Localities within Berkshire. Police Led Panels were launched in March 2021 and will be rolled out across all six localities. The PREVENT Team have received updates regarding this process and the team will provide Health representation at these panels if attendance is required. This new panel is to discuss those identified individuals who either decline Channel or are not suitable for panel.

The New Channel Duty Guidance was launched this year and the team attended training updates on this document which underpins the Channel process.

PREVENT training is part of induction and is delivered through E-learning due to COVID-19. Compliance to training this year has increased to over 97% of staff for both Wrap and basic awareness training. This is a significant achievement due to COVID-19 with staff accessing the E-Learning training successfully. The Safeguarding Team have continued to deliver refresher knowledge of PREVENT through all the Safeguarding training courses offered within BHFT.

Relevant updates on PREVENT are shared with staff within the quarterly Safeguarding newsletter and on the Safeguarding page within NEXUS on the Trusts intranet platform.

The safeguarding team are available to all BHFT staff for telephone advice Monday-Friday 9am-5pm. BHFT staff have demonstrated an awareness of Prevent and its purpose with an increase in staff discussing concerns with the Prevent Team. These concerns are assessed and some of these concerns have been

formally referred to PREVENT meeting the threshold for Channel Panel and adoption by the panel. The PREVENT Team have re-established the PREVENT email for external enquiries from Counter Terrorism Police and Channel colleagues. This is monitored by the Safeguarding Team twice daily and has improved our commination with our partner agencies.

14. Modern Slavery

Modern Slavery is the term used to describe the severe exploitation of others for personal or commercial gain. Worldwide 40 million people are estimated to be subject to slavery, 1 in 4 of these are children, almost three quarters of the total are women and girls (Anti-Slavery, 2021). Within the UK in 2019 10,000 individuals were identified as potential victims of slavery (Anti-Slavery, 2021). There are many different types of slavery ranging from forced labour to debt bondage and forced early marriage.

Within Slough and Bracknell exist multi-agency Modern Slavery groups, BHFT is represented by a Named Professional from the Safeguarding Team. RBWM have an Adult Exploitation sub-group where again BHFT is represented by a Named Professional.

Safeguarding training is delivered to BHFT staff via the virtual platform since Covid-19 and awareness of the signs and presentations of victims of Modern Slavery form part of this training.

Prior to the Covid-19 pandemic, 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. 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 in the form of a post training support booklet which is sent to all delegates.

On World Anti-Slavery Day, screensavers were developed for use across the trust to increase awareness across all Teams within BHFT.

15. Multi-Agency Safeguarding Hubs (MASH)

During this year the 6 hubs continued in each locality, all of the MASH hubs worked remotely because of the pandemic. The main difference during the pandemic was the increased number of demographic requests. This is thought to be because more referrals were coming in from members of the public. 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.

West of Berkshire Annual MASH figures 20/21

Mash Figures

Month	Red (4hours)	Amber (12 hours)	Green (72 hours)	Totals	Out of timescale
April 20	32	218	43	293	3
May 20	25	156	27	208	6
June 20	5	227	27	259	0
July 20	21	205	20	246	0
August 20	21	116	14	151	0
Sept 20	25	161	6	192	0
Oct 20	16	152	20	188	0
Nov 20	3	156	3	162	4
Dec 20	14	136	10	160	2
Jan 21	10	128	43	181	0
Feb 21	5	118	12	135	0
March 21	0	160	4	164	0
Total	177	1933	229	**2339**	**15** (<1%)

Other Enquires:

Month	Police requests	Section 47 requests	Demographics	Section 17 health requests	Basic Health information	Screening tools (Unborn, Newborn and under 1's)	**Totals**
April 20	0	0	83	0	18	0	101
May 20	0	10	64	0	9	0	83
June 20	0	0	63	0	7	0	70
July 20	0	0	96	0	17	0	113
August 20	0	1	115		11	0	127
Sept 20	0	0	112	0	48	0	160
Oct 20	0	0	142	0	43	12	197
Nov 20	0	0	94	25	80	2	202
Dec 20	3	9	128	51	53	4	248
Jan 21	0	0	92	32	41	4	169
Feb 21	2	1	144	22	32	9	210
March 21	0	4	192	4	22	17	239
Total	5	15	1325	134	381	48	**1908**

East of Berkshire Annual Mash Figures

EAST BERKSHIRE MASH - Total APRIL 2020 to MARCH 2021	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual
Green MASH enquiries	5	2	6	6	19
No in timeframe	4	1	4	2	11
% completed in time	80%	50%	67%	33%	58%
Amber MASH Enquires	119	125	136	87	467
No in timeframe	37	39	39	32	147
% completed in time	31%	31%	29%	37%	31%
Red MASH enquires	5	6	1	4	16
No in timeframe	4	1	1	1	7
% completed in time	80%	17%	100%	25%	44%
Total MASH Enquires	129	133	143	97	502
Total completed in timeframe	45	41	44	35	165
% completed in time	35%	31%	31%	36%	33%
Total Children MASH enquiries	246	251	269	171	937

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Reasons for Late Responses				
RBWM	**Qtr 1**	**Qtr 2**	**Qtr 3**	**Qtr 4**
CAMHS ADHD	8%		8%	
CMHT	15%		8%	
CPE		17%	17%	
Crisis	8%	33%		
GP	23%		33%	33%
Midwives	15%		17%	33%
OOA GP	31%	33%	8%	11%
Other		17%	8%	22%
BRACKNELL	**Qtr 1**	**Qtr 2**	**Qtr 3**	**Qtr 4**
A&E FPH	5%			
A&E RBH		12%		18%
A&E WPH	11%			
CAMHS	5%	9%	5%	5%
CAMHS ADHD			3%	
CAMHS CPE			3%	
CJLD		5%		
CMHT			3%	
CPE		2%	11%	
Crisis Team	11%	2%		
GP	26%	30%	32%	38%
OOA GP	16%	9%	32%	10%
Other	26%	30%	16%	25%
SLOUGH	**Qtr 1**	**Qtr 2**	**Qtr 3**	**Qtr 4**
A&E WPH	3%			4%
CAMHS	3%	1%		
CJLD	3%		4%	11%
CMHT	4%		1%	4%
CPE	1%	3%	2%	4%
Crisis	3%		4%	4%
CYPIT				4%
GP	53%	49%	44%	18%
Midwives	16%	6%	10%	14%
OOA GP	10%	21%	15%	21%
Other	3%	21%	20%	18%

GP's both local and out of area (OOA) remain one of the key reasons that information is not provided on time. This has been escalated to the Director of Safeguarding in the CCG. The reason for lateness by the

midwives at Wexham Park Hospital, is because the individual midwives are responding to the request rather than the named midwives. A&E responses are usually only been late when there are staff shortages.

16. Summary and Future Plans

2020/21 has been another busy year of continuous development of safeguarding practice and joint team working on adult and child safeguarding matters. The Covid-19 pandemic has led to extra challenges for our services but the safeguarding team have worked hard to keep safeguarding adults and children at the forefront of our services.

Team Achievements 2020 – 2021 have included the following:

- Daily virtual meetings to ensure support to named professionals and case discussion
- Production of safeguarding videos to support staff shared across partnership
- Development of use of Microsoft teams and virtual working.
- 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
- Development of virtual training packages to allow training to continue during the pandemic.
- On-call advice line highly valued by staff. The adult advice line was extended to weekend cover to support staff during the first phase of the pandemic
- Contributed to planning for Liberty protection safeguards to be introduced in April 2022
- Support to practitioners to complete court reports in a timely manner to support our local authority colleagues to take cases to court.
- Further 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 through staff wellbeing programme.
- Active participation in multi-agency safeguarding adult reviews child safeguarding practice reviews and rapid reviews and work to influence change in systems and embed learning.
- Virtual safeguarding children forums at level three with theme of adverse childhood experiences (ACE's) 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 partnership boards and safeguarding adult boards and their corresponding sub-groups.
- Three safeguarding audits including monitoring and implementation of action plans.
- Sexual safety work at Prospect Park Hospital.
- Safeguarding addition of Learning Curve

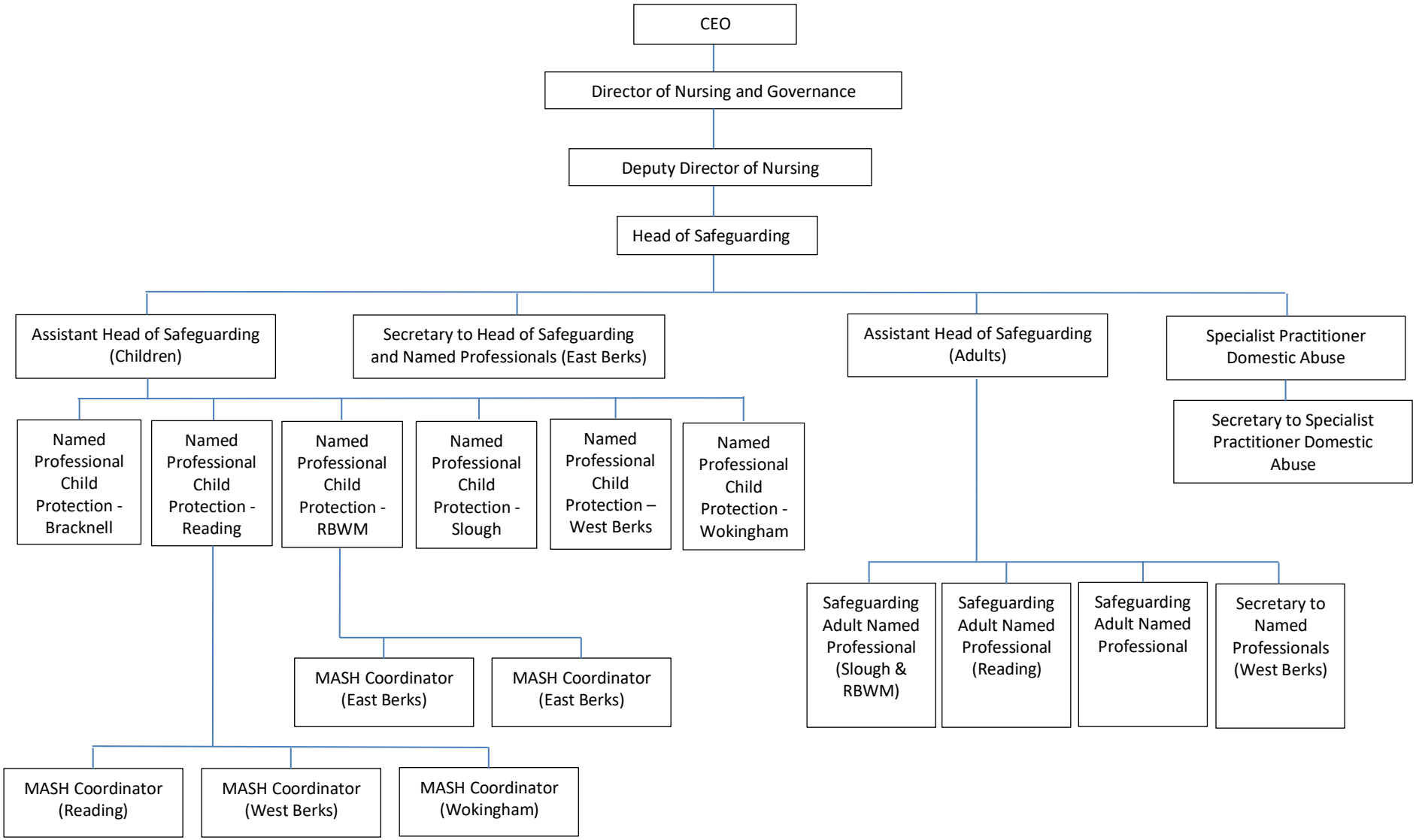
Future Plans

- Develop understanding of the new safeguarding environment as a result of the Covid-19. This includes the potentially new safeguarding risks and new effective ways of working, such as the impact of online/remote work.
- Continue to develop use of virtual platforms for more efficient working
- Continue to embed good practice in safeguarding
- Provide responsive safeguarding advice to all Trust staff via the on-call advice line.

- Development of liberty protection safeguard (LPS) role in the trust. Strategic and operational planning for implementation of LPS in 2022
- All safeguarding training to be minimum 90% compliant across the Trust.
- Support development of new Willow House service
- Ensure CAMHS child protection supervision compliance to three sessions annually is minimum 85% by March 2022.
- 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.
- Support improvement of mental capacity Act on physical wards using QI improvement approach

APPENDIX ONE

SAFEGUARDING TEAM



APPENDIX TWO

BHFT Safeguarding Team

Annual Plan on a page 2020/21

Berkshire Healthcare NHS Foundation Trust

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 by eliminating avoidable harm**

We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear and to facilitate learning from incidents

- The Safeguarding Adult and Children's teams will use opportunities to raise practice learning through PSQ and Serious incident learning summits.
- The Safeguarding adult team will support the review of new guidance on Pressure area care, and support staff in understanding the safeguarding aspects of pressure area breakdown and how to report these to the Local Authority.

With our health and care partners: We will actively work with partners to reduce all avoidable harm and improve the health and wellbeing of the population.

True North goal 2: Supporting our staff

✓ **To support our people and be a great place to work**

We will improve the health and wellbeing of our staff, and reduce sickness absence

- The Safeguarding team will actively commit to the wellbeing programme.
- The team will explore the use of Analytics and how it can benefit our team.
- Safeguarding children team will change the way the supervision is delivered to individuals.
- Safeguarding children team to set up the rota for children's cover to the wards at Prospect Park
- Set up administrators meeting quarterly to work on supporting each other with the work as they support the team.
- The team will work towards creating passports for training.

With our health and care partners: We will enhance career development opportunities, including learning and development, and improve our workforce planning.

True North goal 3: Good patient experience

✓ **To provide good outcomes from treatment and care**

We will use patient and carer feedback to drive improvements in our services

- To use the data collected at training to review the training
- Explore ways of receiving feedback to all members of the team e.g. The advice line.

With our health and care partners: We will redesign and integrate services to improve patient experience and outcomes.

True North goal 4: Money matters

✓ **To deliver services that are efficient and financially sustainable**

We will make all of our services more efficient and reduce waste

- A working group to look at alternative ways to train staff; looking at the possibility of pod casts / bite size training to enhance practitioners safeguarding knowledge.
- Explore better use of Microsoft teams and technology to make the team more efficient and reduce waste.

With our health and care partners: We will improve efficiency and reduce waste through collaboration.

Safeguarding Adults Annual Report

2020 - 2021

Contents

EXECUTIVE SUMMARY

Safeguarding adults at risk of or experiencing abuse or neglect is a strategic priority for Reading Borough Council and a core activity of adult social care.

As with many services, the safeguarding service was faced with unprecedented challenges as a result of the Covid-19 pandemic and had to adapt to ensure safeguarding delivery was maintained, and the increased risk of hidden harm during periods of extensive isolation and lockdown was addressed.

The year has been challenging with an increase in referral rates, many of which on screening do not concern a safeguarding issue but nonetheless often involve individuals with care and support needs.

Joint working across the partnership throughout the pandemic has been very positive and partners have adapted to new ways of operating during this time.

Our priorities for the coming year are to build on the successes and achievements of 2020/21 and to continue to address the priorities of the West Berkshire Safeguarding Adults Board.

INTRODUCTION

Adult safeguarding is a core duty of all local authorities, as set out by the Care Act 2014 (sections 42 - 47 and section 68). This includes the duty on local authorities to co-ordinate safeguarding responses and lead a multi-agency local adult safeguarding system that seeks to prevent the abuse and neglect of adults at risk and to deal with it effectively when it does happen. As the legal framework does not dictate how this is achieved safeguarding arrangements vary across local authority areas.

The approach taken by Reading Borough Council (RBC) is twofold:

- RBC hosts the strategic partnership arrangement between Reading, West Berkshire and Wokingham and operates as the lead organisation, hosting the joint Safeguarding Adult Board across the 3 areas. The Board team consists of one administrator, a Board Manager and an Independent Chair.

- RBC also has a dedicated operational Safeguarding Adults Team (SAT) who undertake the role of initial triage of concerns and referrals; decision making as to whether the Care Act duties are engaged; signposting where relevant and commencement of safeguarding enquiries where these are indicated. They do not hold cases long term and where service users are already known these are signposted to the relevant teams. The team comprises social workers, senior social workers, administrative staff and a team manager (social worker).

For some time, the safeguarding service has been experiencing significant challenges as referrals and concerns shared with the team have increased over time. This largely relates to the perception of the public and partner agencies as to what constitutes a safeguarding issue. A high volume of information is shared informally with the team which does not relate to a safeguarding concern (in Care Act 2014 terms) but nonetheless often does concern vulnerable adults who may have needs of care and support.

Work will continue to support partners and the wider public to ensure anyone who is vulnerable or in need of services is signposted to the most appropriate agency or pathway as appropriate.

SAFEGUARDING ACTIVITY

The 2020-21 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 and has been collected since 2015/16.

A summary of the data is:

- In 2020/21 31% of safeguarding concerns (493) received by Reading Borough Council led to a section 42 enquiry – this has reduced compared with 2019/20 data. This data is comparable with our colleagues across West Berkshire.
- In 2020/21 56% (244) of section 42 enquiries reported relate to older people over 65 years – this has shown a slight decrease compared with 2019/20 data.
- More women were the subject of a safeguarding enquiry than males as in previous years; however, however the gap has narrowed to only 4%.
- 80% of section 42 enquires were for individuals whose ethnicity is White. There has been an increase to 20% 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 ethnicity of the individuals involved was known.
- As in previous years the most common type of abuse for concluded section 42 enquires were for Neglect and Acts of Omission. This was followed by Financial or Material abuse, Physical abuse and Psychological abuse
- For most section 42 enquiries the primary support reason was physical support.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.
- 84% 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 is similar to the previous year.

Concerns and Enquiries

Table 1 shows the safeguarding activity within Reading over the previous 3 years in terms of concerns raised, enquiries opened and the conversion rates over the same period.

There were 1,589 Safeguarding Concerns received in 2020/21 which is a considerable increase since last year (up 629 over the previous year).

493 safeguarding enquiries (section 42) were opened this year, with a conversion rate from concern to enquiry of 31% which is lower than both the national average (approx. 37%) and the South East average (approx. 39%) for 2019/20. This brings Reading more into line with other West Berkshire authorities and with other current comparator averages such as the South East ADASS Q4 benchmarking (Approx. 30%).

There were 435 individuals who had a s42 enquiry opened during 2020/21 which is a decrease of 27 over the year. It shows that whilst Concerns have risen sharply this year the number of individuals starting an enquiry has decreased by a smaller proportion over the previous year.

Table 1 – Safeguarding Activity for the past 3 Years since 2018/19

Year	Safeguarding Concerns received	Safeguarding s42 Enquiries Started	Individuals who had Safeguarding s42 Enquiry Started	Conversion rate of Concern to s42 Enquiry
2018/19	1109	549	458	50%
2019/20	960	543	462	57%
2020/21	1589	493	435	31%

Source of Safeguarding Concerns

As Figure 1 shows the largest percentage of safeguarding concerns for 2020/21 were referred from Health staff (41.7%) and the Police (21.7%). Social Care Staff whilst still making up 18.5% of the total has fallen over the 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 - 2020/21

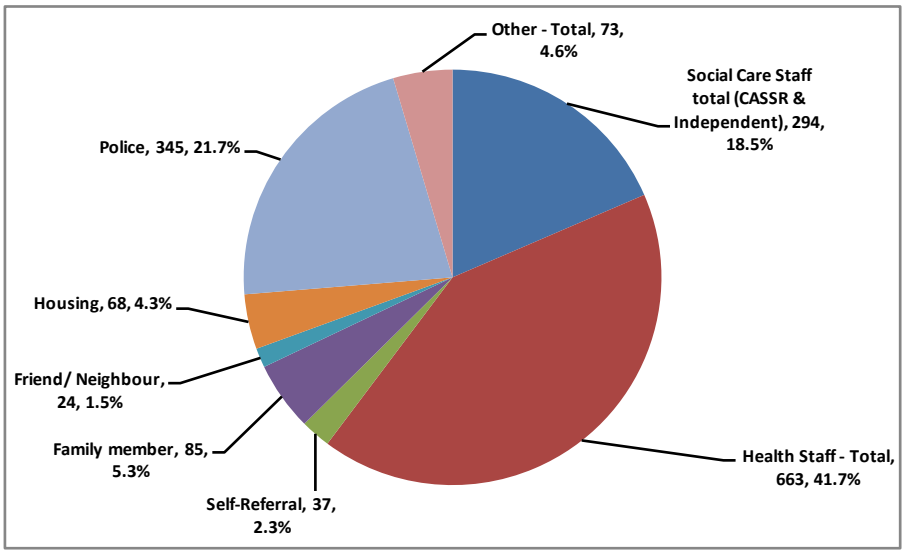


Table 2 shows the breakdown of the number of safeguarding concerns by referral source over the past 2 years since 2019/20.

The biggest decrease as mentioned earlier can be found in Social Care where whilst actual numbers coming in have only decreased over the year by 16, this proportionately now makes this group 18.5% of the overall total (down from 32.3% in 2019/20). Most of this decrease has been due to less referrals being made from Social Worker / Care Managers where numbers have fallen from 84 to 49 which is a 5.7% fall overall.

The numbers of referrals coming in from Health Staff have increased sharply from 287 to 663 since 2019/20. Proportionately it now makes up 41.7% of the overall total (up from 29.9% in

2019/20). The biggest rise in numbers has come in the 'Primary / Community Health' group where referrals have risen over the year by 13.9% when looking at the proportion overall.

Other Sources of Referral over the year have increased by 3.2% this year and now make up 35.2% of the overall total. As a proportion of those in this category by far the biggest rise has been in the Police where the overall proportion has risen by 13% to now make up 21.7% of the overall total (up from 8.8%) which is due to a lot more referrals being received during the Covid-19 pandemic over the last year.

Also due to the lockdowns the numbers of referrals from out in the community have fallen by about 9% with the biggest drop being seen in those referrals from family members (down 6.7%) since 2019/20.

Table 2 - Safeguarding Concerns by Referral Source over past 2 Years since 2019/20

	Referrals	2019/20	2020/21
Social Care Staff	**Social Care Staff total (CASSR & Independent)**	**310**	**294**
	Domiciliary Staff	81	75
	Residential/ Nursing Care Staff	68	86
	Day Care Staff	0	0
	Social Worker/ Care Manager	84	49
	Self-Directed Care Staff	0	1
	Other	77	83
Health Staff	**Health Staff - Total**	**287**	**663**
	Primary/ Community Health Staff	83	358
	Secondary Health Staff	159	226
	Mental Health Staff	45	79
Other sources of referral	**Other Sources of Referral - Total**	**363**	**559**
	Self-Referral	41	37
	Family member	115	85
	Friend/ Neighbour	22	24
	Other service user	0	0
	Care Quality Commission	3	4
	Housing	45	68
	Education/ Training/ Workplace Establishment	3	1
	Police	84	345
	Other	50	68
	Total	**960**	**1589**

Individuals with Safeguarding Enquiries

Age Group and Gender

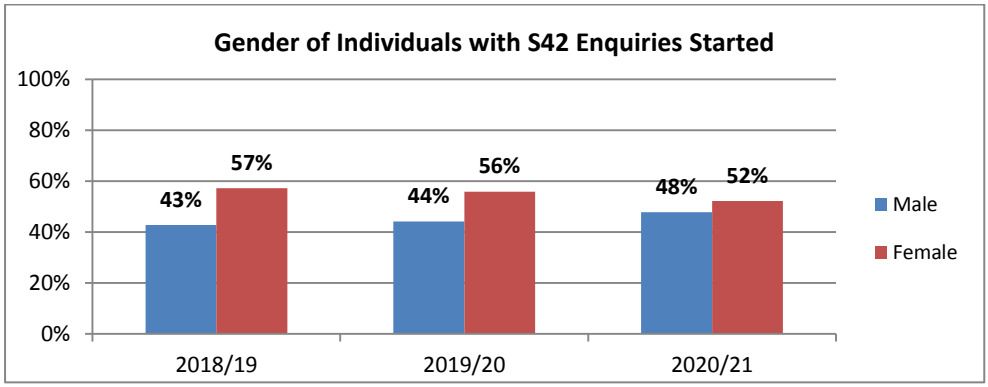
Table 3 shows the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. Most enquiries continue to relate to the 65 and over age group which accounted for 56% of enquiries in 2020/21 which is slightly lower than last year (was at 58% for 2019/20). Between 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 2018/19

Age band	2018-19	% of total	2019-20	% of total	2020-21	% of total
18-64	191	42%	194	42%	191	44%
65-74	66	14%	67	15%	68	16%
75-84	91	20%	99	21%	82	19%
85-94	93	20%	86	19%	76	17%
95+	17	4%	16	3%	18	4%
Age unknown	0	0%	0	0%	0	0%
Grand total	458		462		435	

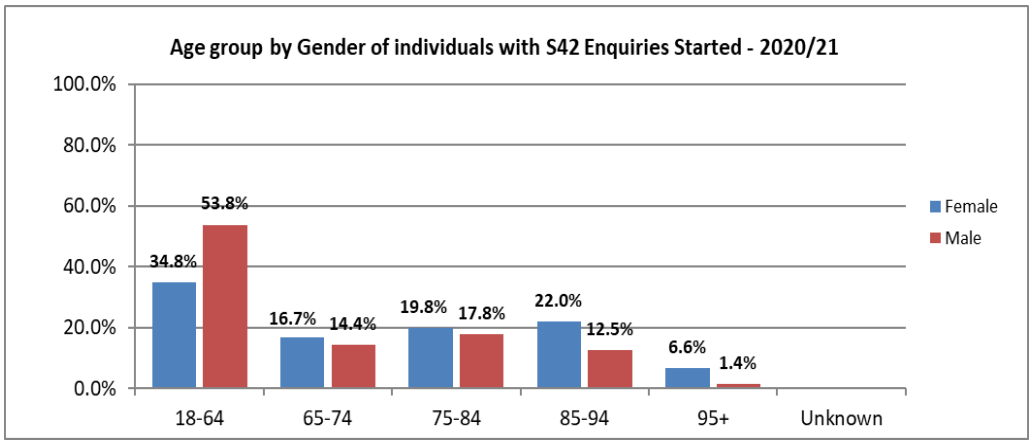
In terms of the gender breakdown there are still more females with enquiries than males (52% compared to 48% for 2020/21) although the gap between the two has narrowed significantly over the past 3 years.

Figure 2 – Gender of individuals with safeguarding enquiries over past 3 years



When looking at age and gender together for 2020/21 the number of females with enquiries is larger and increases in comparison to Males in every age group over the age of 65. It is especially high comparatively in the 85-94 (Females – 22% and Males – 12.5%) and the 95+ age groups (Females – 6.6% and Males – 1.4%). For Males there is a larger proportion in the 18-64 group which makes up 53.8% of that total whereas the proportion is only 34.8% for the females in that group. This is shown below in Figure 3.

Figure 3 – Age group and gender of individuals with safeguarding s42 enquiries



Ethnicity

80% of individuals involved in s42 enquiries for 2020/21 who identified themselves as of a white ethnicity with the next biggest groups being those who identified themselves as black or black British (8%) and Asian or asian british (ethnicity 6.7%).

Figure 4 shows the ethnicity breakdown.

Figure 4 – Ethnicity of individuals involved in started safeguarding enquiries

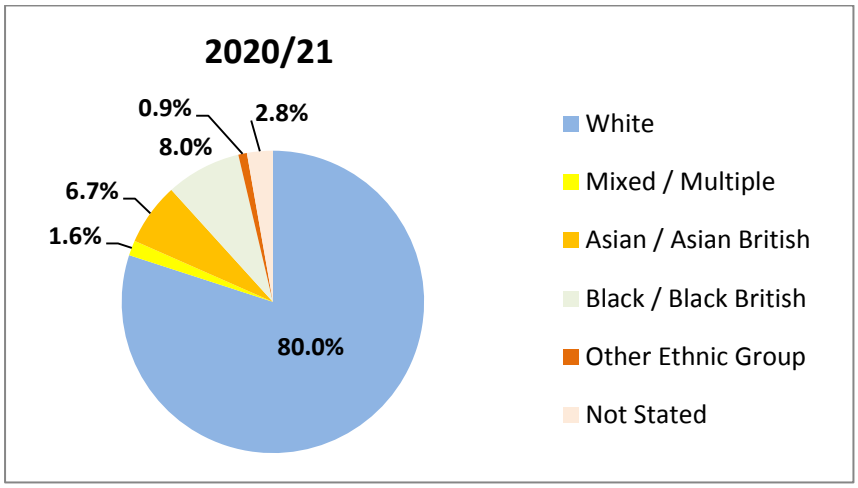


Table 4 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2019/20 compared to 2020/21. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

Table 4 – Ethnicity of Reading Population / Safeguarding s42 Enquiries over 2 Years since 2019/20

Ethnic group	% of whole Reading population (ONS Census 2011 data) *	% of whole England population (ONS Census 2011 data) *	% of Safeguarding s42 Enquiries 2019/20	% of Safeguarding s42 Enquiries 2020/21
White	74.8%	85.6%	85.2%	82.3%
Mixed	3.9%	2.3%	2.2%	1.7%
Asian or Asian	12.6%	7.0%	4.7%	6.9%
Black or Black	7.7%	3.4%	7.2%	8.3%
Other Ethnic group	1.0%	1.7%	0.7%	0.9%

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 they are now lower than 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 even though the proportion for this group has risen for this year and is more in line with the national census figure. Once again, the 'Black or Black British' ethnicity group is more comparable to the local picture and is higher than that at a national level.

Primary Support Reason

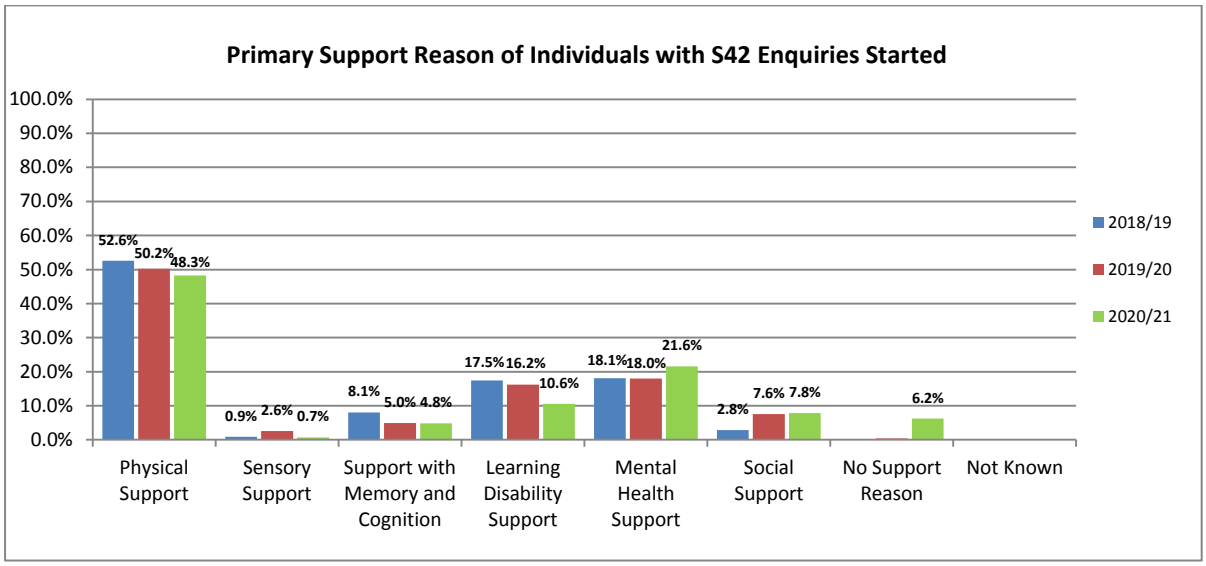
This is the classification that is helps understand the reasons why people need support from a Local Authority. Data collection at a national level uses these categories.

Figure 5 shows the breakdown of individuals who had a safeguarding enquiry started by Primary Support Reason (PSR). The largest number of individuals in 2020/21 had a PSR of 'Physical Support' (48.3%) which has seen a decrease in its proportion of 1.9% over the year.

Learning Disability Support has fallen sharply this year by 5.6% (from 16.2% in 2019/20 to 10.6% in 2020/21) whereas the Mental Health Support group has risen by 3.6% (up from 18% in 2019/20 to 21.6% in 2020/21.

For 2020/21 the number of those individuals with No Support Reason has increased by 6.2% due to more robust and accurate recording within the authority.

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



Case Details for Concluded S42 Enquiries

Type of Alleged Abuse

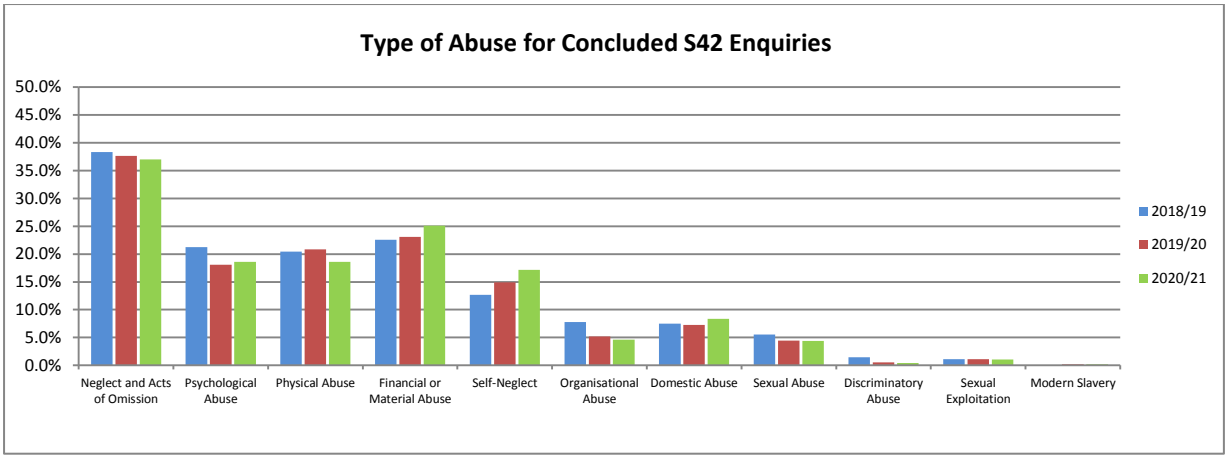
Table 5 and Figure 6 show concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types (*) were added in the 2015/16 return.

The most common types of abuse for 2020/21 were for Neglect and Acts of Omission (37.0%), Financial or Material Abuse (25.1%) and Physical Abuse and Psychological Abuse (both 18.6%). Self-Neglect and Financial or Material Abuse saw the largest proportionate increases (up 2.3% and 2.0% respectively) with 'Domestic Abuse' slightly rising also (up 1.1%).

Table 5 – Concluded Safeguarding s42 Enquiries by Type of Abuse over past 3 Years since 2018/19

Concluded enquiries	2018/19	%	2019/20	%	2020/21	%
Neglect and Acts of Omission	236	38.3%	202	37.6%	177	37.0%
Psychological Abuse	131	21.3%	97	18.1%	89	18.6%
Physical Abuse	126	20.5%	112	20.9%	89	18.6%
Financial or Material Abuse	139	22.6%	124	23.1%	120	25.1%
Self-Neglect *	78	12.7%	80	14.9%	82	17.2%
Organisational Abuse	48	7.8%	28	5.2%	22	4.6%
Domestic Abuse *	46	7.5%	39	7.3%	40	8.4%
Sexual Abuse	34	5.5%	24	4.5%	21	4.4%
Discriminatory Abuse	9	1.5%	3	0.6%	2	0.4%
Sexual Exploitation *	7	1.1%	6	1.1%	5	1.0%
Modern Slavery *	0	0%	1	0.2%	1	0.2%

Figure 6 – Type of Alleged Abuse over past 3 Years since 2018/19



Location of Alleged Abuse

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

Still by far the most common location where the alleged abuse took place for Reading residents has been the individuals own home (71.8% in 2020/21) which has seen a 4.2% increase proportionately compared to last year. Those in care homes have seen a fall by 2.2% overall (a fall of 4% in the Care Home – Residential location but a rise of 1.8% in the Care Home – Nursing location). Those in a Hospital location have also fallen 1.3% over the year. For those in a Community Service there has also been a 1.8% fall in the numbers.

Table 6 – Concluded S42 Enquiries by Abuse Location Type over past 2 Years since 2019/20

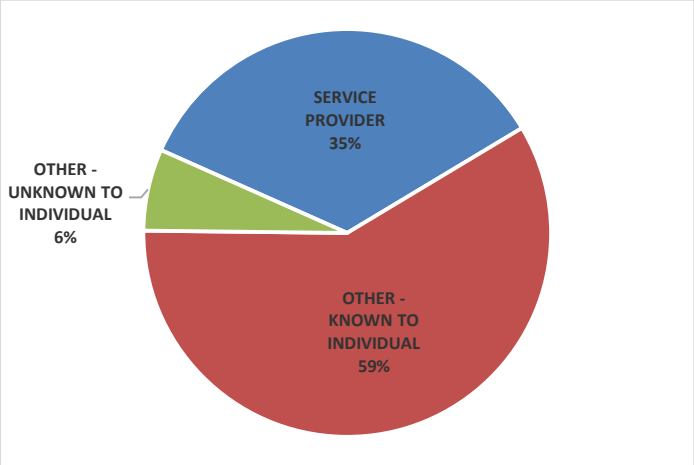
Location of abuse	2019-20	% of total	2020-21	% of total
Care Home – Nursing	25	4.7%	31	6.5%
Care Home – Residential	42	7.8%	18	3.8%
Own Home	363	67.6%	343	71.8%
Hospital – Acute	21	3.9%	15	3.1%
Hospital – Mental Health	18	3.4%	12	2.5%
Hospital – Community	2	0.4%	4	0.8%
In a Community Service	12	2.2%	2	0.4%
In Community (exc Comm Svs)	40	7.4%	38	7.9%
Other	14	2.6%	15	3.1%

Source of Risk

59% of concluded enquiries (up 1% on 2019/20) involved a source of risk 'Known to the Individual' whereas those that were 'Unknown to the Individual' only make up 6.0% (up 1% on 2019/20). 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 35% of the total (down 2% on 2019/20). This is shown below in Figure 7.

Figure 7 – Concluded Enquiries by Source of Risk 2020/21



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.

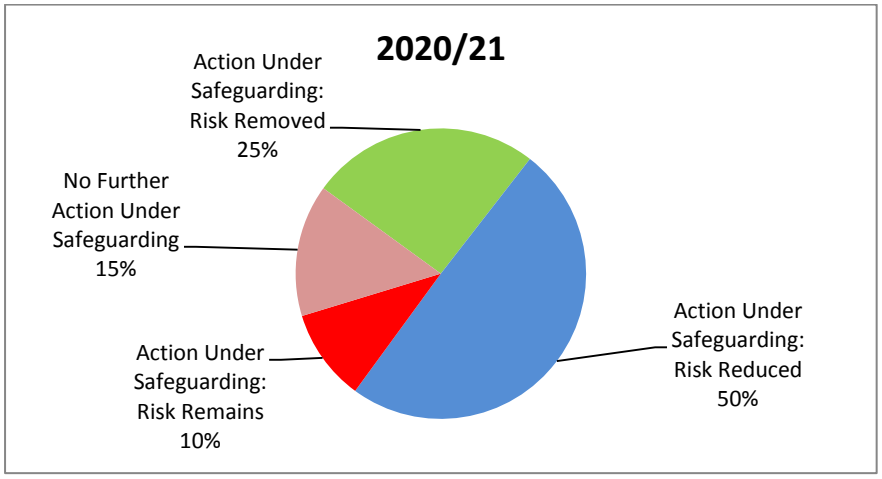
In 2020/21 the data has changed significantly again due to the outcomes of concluded enquiries being looked at closely for the current year and the rise in inappropriate concerns. As a result, those with 'No Further Action' have increased back up to 20% of all concluded enquiries (was 15% of the total in 2019/20).

The risk was 'Reduced' or 'Removed' in 75% of concluded enquiries in 2019/20 whereas this has decreased to 71% of the total in 2020/21. Of those there was an 4% fall in those where a 'Risk Removed' outcome was recorded. There are occasions when we will have mitigated the risks as far as possible and that we remain engaged with the individual, however the risk has not been eradicated but they are still living in the community. We will continue to work in partnership with the individual and other agencies to manage these risks where was are able to.

Table 7 – Concluded Enquiries by Action Taken and Result over past 3 Years since 2018/19

Result	2018-19	% of total	2019-20	% of total	2020-21	% of total
Action Under Safeguarding: Risk Removed	113	18%	137	25%	102	21%
Action Under Safeguarding: Risk Reduced	336	55%	266	50%	237	50%
Action Under Safeguarding: Risk Remains	43	7%	55	10%	44	9%
No Further Action Under Safeguarding	124	20%	79	15%	95	20%
Total Concluded Enquiries	616	100%	537	100%	478	100 %

Figure 8 – Concluded Enquiries by Result

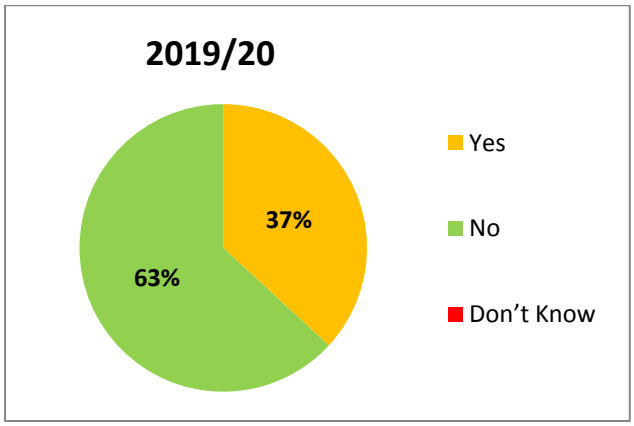


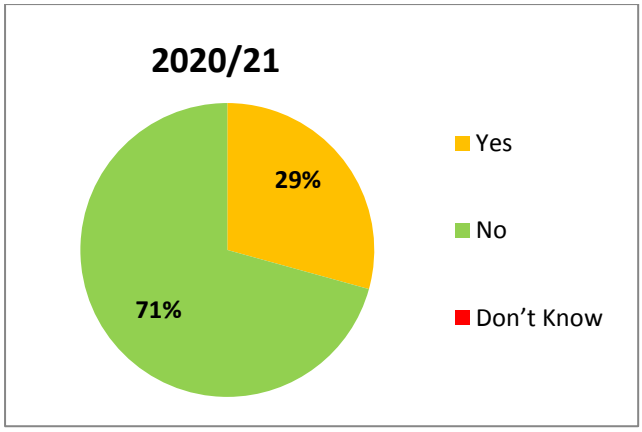
Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2019/20 and shows if they lacked capacity at the time of the enquiry.

The data shows that over this year those that lacked capacity has decreased by 8%. Over the past 2 years those concluded enquiries where mental capacity was not fully identified have been reduced to zero as work has been completed to ensure capacity is always considered during the enquiry process.

Figure 9 – Concluded S42 Enquiries by Mental Capacity over past 2 Years since 2019/20



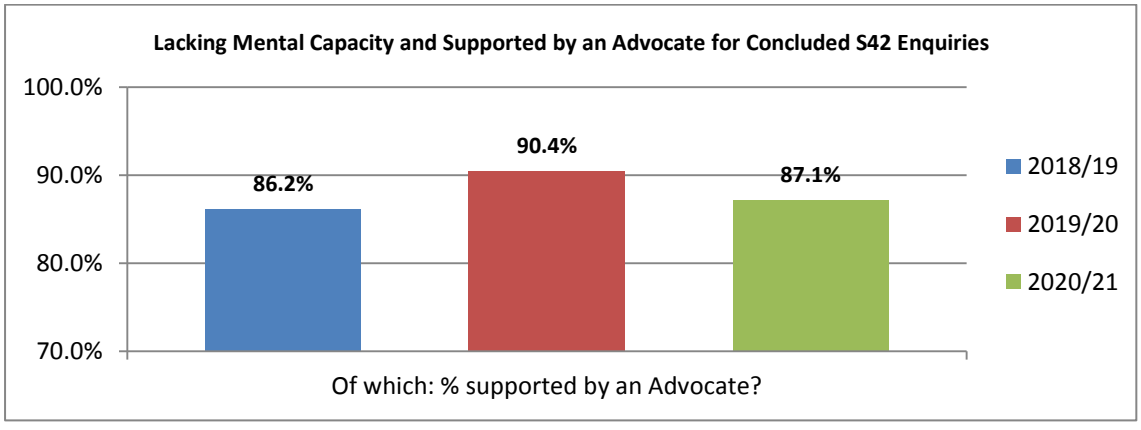


Of those 140 concluded enquiries where the person involved was identified as lacking capacity during 2020/21 there has been a 3.3% drop in those supported by an advocate, family or friend than in the previous years (down to 87.1%). Table 8 and Figure 10 show how the numbers and proportion had risen last year but had fallen again down to a slightly higher level than was seen in 2018/19.

Table 8 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2018/19

Lacking Capacity to make Decisions?	2018-19	2019-20	2020-21
Yes	195	198	140
Of which: how many supported by an Advocate?	168	179	122
Of which: % supported by an Advocate?	86.2%	90.4%	87.1%

Figure 10 – Concluded S42 Enquiries by mental capacity over past 3 years



Making Safeguarding Personal

As at year end, 84% of all service users 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 2019/20 this figure was 86% of which 10% did not express what they wanted their outcomes to be when asked). This is shown below in Figure 11.

Figure 11 – Concluded Enquiries by Expression of Outcome over past 3 Years since 2018/19

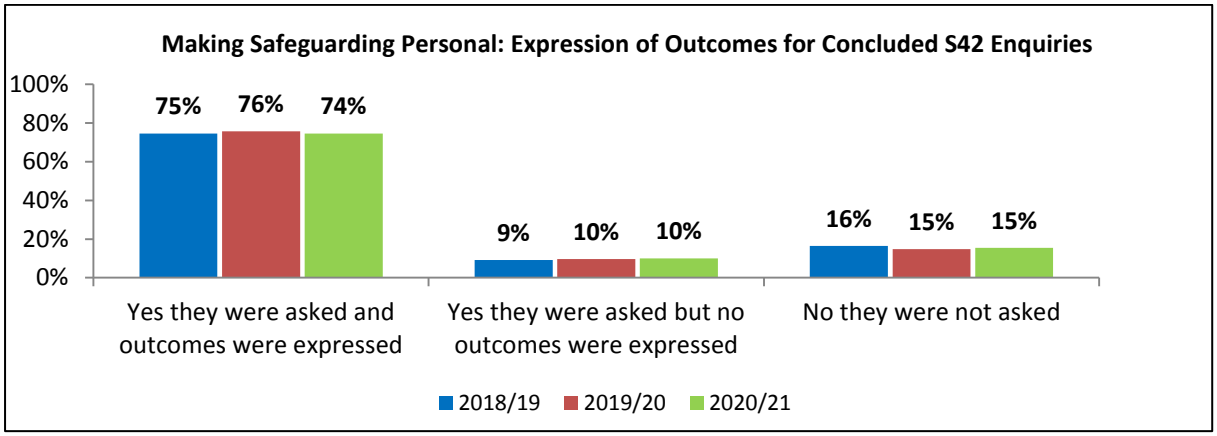
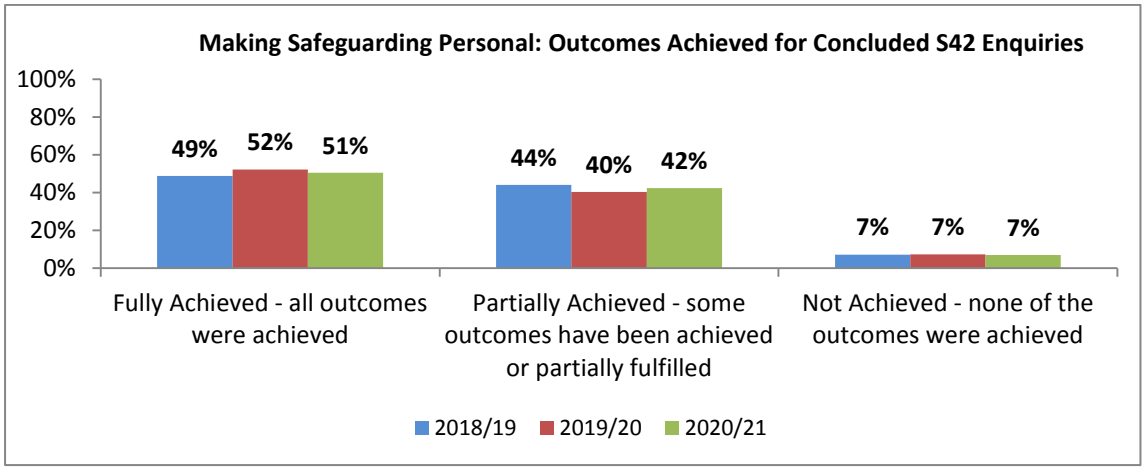


Figure 12 – Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2018/19



Of those who were asked and expressed a desired outcome, there has been a slight decrease of 1% (from 52% in 2019/20 to 51% in 2020/21) for those who were able to achieve those outcomes fully, as a result of intervention by safeguarding workers.

However, a further 42% in 2020/21 (up 2% since 2019/20) managed to partially achieve their stated outcomes meaning 7% did not achieve their outcomes during the year which was on a par with the figures in both of the last 2 years. This is shown above in Figure 12.

ACHIEVEMENTS

The SAB Business Plan for 2020/21 set the priorities for the partnership.

These were:

Priority 1 – we will continue to work on outstanding actions from the 2019/20 business plan:

- Provide the partnership with the tools and framework to work effectively with people who self-neglect.
- Work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health & Wellbeing Board to provide the workforce with the frameworks and tools to work with vulnerable adults who are at risk of Domestic Abuse.
- Understand the main risks to our local population regarding Targeted Exploitation and agree how best to equip the partnership to safeguarding vulnerable people against these risks.
- Understand why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place.

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 business as usual tasks in order to comply with its statutory obligations, including re-establishing S42 Audits across the Local Authorities and completing SARs as per statutory requirements.

Without doubt, the Covid-19 pandemic has had a significant impact on the nature of the work undertaken during year 2020/21 and has impacted on the strategic progression that has been possible with the priorities.

However, the service has continued to support all SAB activity and maintained the safeguarding response throughout the pandemic, redeploying staff from other teams as necessary.

Operational Teams

The Adult Safeguarding Team continues 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.

There remains in place a robust oversight of all section 42 enquiries by managers.

There have been bite size learning events with managers regarding key aspects of the safeguarding process where it has been identified through consultation with managers that they felt the necessity for greater clarity.

Service Development

Hoarding and Self Neglect

Adult Social Care during the Covid-19 Pandemic noted that individuals who needed help to address their hoarding and self-neglect were reported when their situation had often become acute. The challenges for all professionals during the pandemic were that because of reduced interaction in the community these cases were not identified until a later stage. The impact of hoarding and self-neglect can be significant and risks which are associated with the condition may include:

- Delays in hospital discharge and associated additional costs of 'bed-blocking'.
- Fire hazards.
- Poor physical and mental health.
- The potential for safeguarding concerns to be raised.
- The potential for individuals presenting on multiple occasions to services – the revolving door scenario.

This created ongoing challenges for all agencies working alongside Adult Social Care, which resulted in reaching an agreement to produce a hoarding and self-neglect local procedure and pathway for the residents of Reading Borough Council.

Adult Social Care identified that there were opportunities to apply for a hoarding grant and were successful in securing funding of £58,030 from the Social Impact Voluntary and Community Grant. The grant which Reading Borough Council have been awarded will be used to develop a multi-agency hoarding and self-neglect procedure and pathway.

Aims of the Project

- Provide practical and emotional support to people who hoard/self-neglect.
- Research to identify how best to support people with self-neglect or hoarding tendencies in the community and ensure interventions and support meet longer term needs.
- Establish a multi-agency network to provide a joint and joined-up approach
- Establish integrated pathways and a multiagency "panel" with safeguarding leads to support with risk management and interventions.
- Set up a framework in collaboration with participating agencies and using service users views and experiences of service users involved.
- Educate statutory and voluntary agencies on hoarding and self-neglect, raise awareness and impact on wellbeing.

Expected benefits for the target group

- Promoted independence and support for a group of people who often refuse support and are hard to engage.
- Increase access to services to support mental wellbeing, reduce social isolation and stigma.
- Increased access to community and health services
- Prevent crisis and hospital admissions through preventative work

- Enabling people to stay healthy and active in their community and at home

Research aims

To use qualitative research methods to gain an understanding of the service users experience of our service. This will guide future service development for this group.

The funding identified will include:

- Lead Practitioner for 9 months to run the project .
- Specialist training and service development support will be offered from Hoarding UK.
- Development of “Train the Trainer” in order to ensure a consistent high level of expertise in this area of work.
- Workshops to review the existing Hoarding pathways and services with all agencies across Reading.
- Development of a Reading hoarding and self-neglect procedure/pathway for all partner agencies involved in delivering services in Reading.
- Focus groups with service users to understand how Reading Borough Council can support them through the process, what worked well and changes they feel would be beneficial in their journey.

Section 42 provider enquiry template

There was in existence a section 42 provider enquiry template that was primarily being used for GP’s to respond to Adult Social Care with information to assist in the section 42 enquiry. A staff survey highlighted that it was not being consistently used across the service and feedback demonstrated the need for clarity regarding the content of the document and which external professionals should be completing the form.

A review of the safeguarding process highlighted the need for consistency of approach to gathering information from providers as part of the section 42 enquiry. The inconsistency of approach resulted in lack of accountability by some providers, difficulties in identifying the feedback by providers in Mosaic with defined outcomes and the learning. Unclear timeframes for the enquiry to be completed which resulted in some drift. All of this resulted in the need to ensure that a coherent and consistent approach to all section 42 enquiries was adopted across all provider organisations.

The decision about how best to approach an enquiry is made by the Local Authority. Under Section 45 of the Care Act, any professional or organisation asked to co-operate in the enquiry has a duty to do so.

Where the approach involves another professional or organisation making enquiries, the Local Authority remains the lead agency, with responsibility for monitoring progress of enquiries made by others and coordinating the safeguarding process.

- The specific enquiries to be made
- Who has been allocated which enquiry?
- The timeframe within which the enquiry must be made

A group of Safeguarding Leads worked together to update the template, and this culminated in the relaunch in November 2020 of the Section 42 enquiry provider template.

A review took place in the Spring of 2021 regarding the implementation and use of the template. Feedback from staff and providers was positive and the template is now consistently used.

Safeguarding Concerns – working alongside partners

An audit of Safeguarding Concerns being sent to the Safeguarding Team was undertaken by the Safeguarding Senior Manager. It identified several themes in respect of the interpretation of Care and Support needs, what constitutes a safeguarding concern and appropriate pathways for individuals who are experiencing a mental health episode. This work sat alongside the launch of the West Berkshire Safeguarding Guidance document which supports professionals in making decisions to refer a safeguarding concern to the appropriate Safeguarding Team.

A programme of work was identified to address these issues with external partners, and this resulted in working alongside Thames Valley Police to address the emerging themes.

Over a 2-day period auditing of TVP safeguarding concerns took place which identified a total of 15 safeguarding concerns that Thames Valley Police had sent to the team which clearly demonstrated that the two agencies needed to work closely together to ensure that the right professionals received the right information at the right time. It was a collaborative approach and has resulted in the development of a Power Point presentation by the police for police officers to enhance their knowledge and skills in respect of adult safeguarding. This will be implemented over the coming months with input from the managers within the Safeguarding Team.

It is the intention of the managers involved with this collaboration to undertake further audits at the end of the year examine what differences there have been with the quality of the safeguarding concern post the workshops, and to continue to support police officers to understand their role in referring a safeguarding concern to Reading Borough Council.

Mental Capacity Act Training

A review of the Mental Capacity Act Training took place, which included the themes that had arisen from Safeguarding Adult Reviews across West Berkshire. In addition, feedback from staff and managers identified the necessity to implement further training to support their professional practice. It was identified as level 2 and level 3 training.

The learning outcomes for level 2 training were as follows:

- Demonstrate knowledge and understanding of the concept of capacity and incapacity
- Understand the importance of the key concepts in the context of the relevant safeguards of the mental capacity act
- Understand and apply the key principles of supporting individuals to make decisions
- Understand the requirement for undertaking formal assessments

Level 3 training leads on from level 2 training and is an opportunity for staff to come together and discuss in detail how they have applied the learning from level 2 training by using case studies.

The learning outcomes for level 3 training is as follows:

Demonstrate through case studies the learning from the level 2 training including the following aspects

- Who the Mental Capacity Act concerns?
- The Mental Capacity Act code of practice
- The five core principles of the Mental Capacity Act
- When and how to assess mental capacity
- How to make decisions in a person's best interests
- The importance of keeping good records
- What can be done within the law?
- When and how to use restraint

Mental Capacity Act Champions (MCA)

It was also identified that in order to maintain a good level of knowledge and skills within the service it was helpful to identify staff who would be willing to become MCA champions and and apply the principles of the Mental Capacity Act. Only staff who attended the training would be asked if they would be willing to undertake the role of an MCA champion.

The objective of the MCA champion role is to promote the correct and effective application of the Mental Capacity Act (MCA) across Adult Social Care

The intention is that there will be at least one MCA Champion for each team .

MCA champions would be asked to undertake the following:

- Providing a source of basic advice of MCA to colleaugues within Adult Social care

The Champions are not expected to provide legal expertise or to advise on complex matters but would be able to support colleagues in relation to matters such as:

- The general issues relating to MCA
- Promoting awareness of MCA in their team
- How to locate the MCA resources on the intranet
- Discuss in teams meeting any MCA updates
- Support other staff with guidnace on completion of the MCA assessment
- Who to contact for more detailed advice (ie DoLS lead, Legal Services Team.

Safeguarding Consultation document

The safeguarding consultation process and document was launched at the beginning of 2021. The document is completed by a manager within the Safeguarding Team. It is an internal recording tool and has been developed in order to ensure there is consistency in the approach to recording safeguarding consultations with staff across the service. In such situations it is a crucial recording tool which is well structured in order to ensure readability, to allow analysis and the practitioner's overview of the safeguarding concern and to follow the principles of evidence-based content. The safeguarding consultation document is recorded in accordance with the following recording principles:

- Completeness: all information relevant to the consultation and the adult's circumstances is documented.
- Openness: any adult may request access to their file at any time
- Accuracy: all content is accurate - facts are distinguished from opinion

The safeguarding consultation document once completed is placed within the IT system and as a stand-alone document is useful to all practitioners who are involved with the service user and will assist in feedback to referrers and evidence of actions that may need to be taken to support the individual.

Safeguarding Adult Reviews

There have been no Safeguarding Adult Reviews (SAR's) for Reading Borough Council over the past 12 months.

Adult Social Care have reviewed their internal processes regarding SAR's and have developed robust SAR actions plans which meet internal quality assurance standards. Reading Borough Council existing SAR action plans are continually reviewed through the Adult Social Care Quality Board to ensure continued improvement in any learning.

Safeguarding training plans are reviewed to ensure mandatory training encompasses the priorities of the Safeguarding Adult Board and remain responsive to emerging findings from SARs.

Internal briefings have taken place with all staff regarding the learning from SARs across West Berkshire which not only raise awareness.

Unexpected/Suspicious death process

Significant work has been undertaken across Reading Borough Council to produce procedures and support tools for all staff in implementing a robust approach to Unexpected/Suspicious deaths. It was identified as an area of work that could be challenging with what was lack of clarity regarding what constitutes an Unexpected/Suspicious death. This lack of clarity resulted in limited adherence to the Local Authorities statutory responsibilities within the Safeguarding process to consider transferrable risks. It also highlighted a risk regarding the Local Authorities statutory responsibility regarding the criteria for Adult Safeguarding Reviews which can arise from deaths of this nature. The clarity offered is as follows:

When an adult has died in unexpected/suspicious circumstances the following criteria must be applied:

- There is a suspicion, or it is known, that abuse, or neglect was a contributory factor in their death, and
- The abuse or neglect was caused by a third party.

Several workshops took place with managers to launch the procedures and templates and to facilitate an opportunity to discuss in detail the practical aspects of the process and to allow them time to understand their responsibilities as a manager.

Reading Borough Council have implemented an action log of all Unexpected/Suspicious deaths which is overseen by the Safeguarding Locality Manager. Its function is to capture all the vital information and actions taken. It also highlights emerging themes which are addressed through task and finish groups. The action log is brought to the Adult Social Care Quality Board to be reviewed and identify any action required.

IMPROVING THE FUTURE OF SAFEGUARDING ADULTS IN READING

The aspiration for 2021/2022 will be to:

We will continue to support partners with their understanding of the thresholds for safeguarding referrals to our dedicated team and the appropriate pathways and routes for addressing support needs of vulnerable adults, who may have care and support needs.

This will enable us to seek assurance that all agencies are clear about their obligations to deliver adult safeguarding activity which prevents abuse, crime, neglect, self-neglect and exploitation.

We will continue to seek assurance that agency obligations are supported by clear processes which directly support the West Berkshire Multi- Agency Adult Safeguarding Policy & Procedures, as a model of good practice.

We will work with each other and collaborate, to maximise our multi-agency practice to reduce risk and improve lives.

We will raise public awareness about and for adults at risk; what can be done to help; how communities can raise concerns and how the work of the Board is vital for planning; assurance, oversight, transparency and accountability.

We will ensure that the voices of adults at risk are sought, heard, listened to and acted upon, and that we engage with local communities ensuring we are transparent about what we are saying we are going to do and how we will measure it.

We will seek to manage safeguarding referrals through a single point of contact.

We will progress the interface between quality assurance and safeguarding to provide a proactive response to quality concerns.

Our approach to safeguarding personal will be developed and enhanced along with partners.

We will revisit the safeguarding training pathway for staff employed by Reading Borough Council.

Our intention is to develop lead roles around specialist areas.

We will pay particular attention to understanding the context of risks for young people and introduce a transition protocol.

We will ensure all staff are conversant with any new or emerging legislation and policy in relation to safeguarding, through the appointment of a Principal Social Worker.

We will ensure SAB learning regarding self-neglect and other priority areas is fully embedded.

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**21 January 2022**	**AGENDA ITEM:**	
REPORT TITLE:	**Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report 2020/2021**		
REPORT AUTHOR:	**Esther Blake**	**TEL:**	**X73269**
JOB TITLE:	**BWSCP Partnership Manager**	**E-MAIL:**	**Esther.blake@brighterfuturesforchildren.org**
ORGANISATION:	**Berkshire West Safeguarding Children Partnership**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Working Together to Safeguard Children 2018 statutory guidance requires that a flexible equitable safeguarding partnership is established in each local authority area. From March 2019, the safeguarding partners across the west of Berkshire (Reading, West Berkshire and Wokingham) joined to become the Berkshire West Safeguarding Children Partnership (BWSCP). BWSCP is the key statutory partnership whose role is to oversee how the relevant organisations co-operate to safeguard and promote the welfare of children in Reading (and across Berkshire West) and to ensure the effectiveness of the arrangements.

1.2 This Annual Report is being presented to the Health and Wellbeing Board to ensure members are informed about the work of and achievements of the BWSCP for the 2020/2021 financial year.

2. RECOMMENDED ACTION

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

3. POLICY CONTEXT

3.1 As required by Working Together to Safeguard Children 2018, the BWSCP is required to publish an annual report on the effectiveness of child safeguarding arrangements and promotion of the welfare of children in Berkshire West, detailing the work and progress undertaken within the year, giving an account of how it has discharged its duties against statutory guidance. This is a Berkshire West report, but information in relation to Reading is included within it.

3.2 In July 2018, a revised Working Together to Safeguard Children was published, which required that the three Local Safeguarding Partners (the Local Authority, Clinical Commissioning Group and Police) must take a shared and equitable responsibility to agreeing, funding, operating and publicising their local safeguarding partnership arrangements. In recognition of the benefits of working collaboratively with our neighbours, the statutory safeguarding partners within the three local authority areas of Reading, Wokingham and West Berkshire agreed to become a tri-borough partnership.

3.3 For information on the published safeguarding arrangements and links to previous annual reports, follow this link: https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/about-the-scp/berkshire-west-multi-agency-safeguarding-arrangements .

4. CONTENT OF THE REPORT

4.1 Partnership working and scrutiny underpin an effective safeguarding partnership and this report contains information on some of the activities and achievements which have taken place that demonstrate this locally and the impact this has on practice. BWSCP members have championed and led the safeguarding agenda within their agency, plus brought to partnership meetings issues regarding safeguarding that relate primarily to their own agency, but which have implications for the co-operation between agencies and the monitoring role of the statutory partners.

4.2 The report provides information regarding our second year formally operating on a Berkshire West footprint, the work and progress made against the BWSCP priorities, our case review work, plus updates from various sub groups which are either local, pan Berkshire West or pan Berkshire.

4.3 This report focusses on the work we have undertaken together as a partnership rather than as single agencies or areas. We have continued to build on the achievements and strong relationships formed during our first year, faced some considerable challenges as the pandemic progressed, however used this to strengthen our tri-borough arrangement. This includes:

- A clear and effective Rapid Review process that provides detailed and comprehensive learning for cases at an early stage, which has been recognised by the national Child Safeguarding Practice Review Panel as best practice.
- A committed Strategic Partnership ensured proactive plans were in place to identify and respond to risk, to help protect vulnerable children and support practitioners during the Covid-19 pandemic, and directly influenced changes to services provision and the way front line practitioners worked with families. For example, the joint project between Berkshire Healthcare Foundation Trust and the three Children's Services ensured vulnerable families continued to be seen face-to-face via a coordinated response.
- Production of the #Be Brave Speak up social media campaign, which encouraged communities to report any suspicion of abuse or neglect they may have concerns about in their neighbourhoods during lockdown. This covered children and adults safeguarding and was rolled out across all agencies in both domains. It was also shared as part of a targeted Facebook campaign with over 80,000 views and was shared hundreds of times.
- A Covid-19 specific BWSCP web page created to share a multitude of resources for families, young people and communities. There were nearly 10,000 views from 01.04.2020 to 21.03.2021.
- Concerns around serious youth violence have led to:
    - the funding of a Navigator Programme within the Emergency Department at the Royal Berkshire Hospital where volunteers are available for young people to talk to and they can signpost them to other support at critical moments.
    - revision of the Pan Berkshire Exploitation Screening Tool to include identifiers of serious violence and changes language to be trauma informed.
    - initiation of a large independent Thematic Child Safeguarding Practice Review in Reading into serious youth violence, which should conclude in early 2022.
- Joint funding by Berkshire West Clinical Commissioning Group, Brighter Futures for Children, Wokingham Council and West Berkshire Council for Kooth, an online counselling service for young people and adults offering information, blogs and interactive sessions with trained therapists. In the first 9 months of availability (to April 2020) over 2200 children and young people have registered to use Kooth and 82% have returned to use the offer.
- Alignment of the threshold guidance documents across the three local authorities supports and provides continuity for practitioners and schools who work across the area to make informed decisions when assessing the needs of the child.

4.4 Each section within the report provides an overview of key achievements and the impact of partnership working. There are also boxes for 'Scrutiny and Challenge' that identifies where further work is required or progress has not been as quick as expected.

4.5 It is important to realise that bringing three different areas together in one partnership has great benefits but does come with significant challenges. Page 2 of the annual report reflects the constant evaluation and scrutiny that the Statutory Partners (as the Executive Safeguarding Group) undertake to ensure our multi-agency arrangements are flexible and adapt to become more effective. This year, in particular, we recognise the need for increased Independent Scrutiny, and plans are in place to address this gap.

4.6 Governance – page 18 of the report is the current structure chart for the BWSCP arrangements. Although not explicit in this chart, there are and will continue to be links to other multi-agency partnerships such as the Safeguarding Adult Board, Health and Wellbeing Boards, the Community Safety Partnerships, and the newly formed Domestic Abuse Partnership Boards in all three areas. In Reading in particular, there is a strong link to the One Reading Children's and Young People's Partnership. The statutory safeguarding partners are key members of these groups and will ensure that priority areas of work are not duplicated, and that good practice or areas of concern are shared.

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

5.1 The work of the BWSCP aligns with the Health and Wellbeing Strategy by contributing to the Strategy's priority to 'Promoting positive mental health and wellbeing in children and young people'.

5.2 The report also supports the fact that Reading's 2017-20 Health and Wellbeing Strategy is built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 There are no environmental or climate implications arising from this report.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 The Annual report has been written with contributions from all BWSCP partners and circulated to and agreed by the Statutory Safeguarding Partners. It was disseminated to all partners and published on the Berkshire West Safeguarding Children Partnership website in November 2021.

8. EQUALITY IMPACT ASSESSMENT

8.1 An Equality Impact Assessment (EIA) is not applicable, however, equality and diversity continue to be a key theme for the safeguarding partnership arrangements.

9. LEGAL IMPLICATIONS

9.1 Not applicable

10. FINANCIAL IMPLICATIONS

10.1 Not applicable

11. BACKGROUND PAPERS

11.1 None

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Berkshire West Safeguarding Children Partnership

Reading | West Berkshire | Wokingham

Annual Report 2020/2021

WOKINGHAM BOROUGH COUNCIL

Brighter Futures for Children

West Berkshire Council

NHS Berkshire West Clinical Commissioning Group

Thames Valley Police

Foreword/Executive Summary from the Berkshire West Statutory Safeguarding Executive

Welcome to the Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report for 2020/2021, which provides an account of the work and progress undertaken by the multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire and Wokingham.

Less than one year into our new tri-borough multi-agency partnership arrangements we were all tested in a situation never faced before, with the ramifications of the pandemic likely with us for a number of years. We are proud to say that our cross-border approach enabled us to acknowledge, accept and work quickly together against a rapidly changing situation. We would like to recognise the exceptional hard work and dedication of all our staff, but also our thoughts are with all those who have been affected by Covid-19.

As an ambitious tri-borough partnership, we recognise that working across local authority borders can be difficult and effective partnership arrangements take time to embed. Throughout this document you will see examples of our positive progress and where working in partnership has made a difference. These include, but are not limited to, the jointly funded provision of Kooth (an online counselling service for young people to support their emotional health and wellbeing), the alignment of Threshold Guidance to support continuity for practitioners working across Berkshire West, provision of support and training for schools, joint identification of vulnerable families during Covid-19 lockdowns to ensure face-to-face visits, and improved information and guidance via the BWSCP website which receives hundreds of visits every day.

Contents:

We would also like to recognise the significant impact that Covid-19 has had on our case review work since March 2020. As you will read on page 15, the number of notifications of serious child safeguarding incidents since March 2020, far exceeded anything we could have realistically predicted. The Rapid Review process requires significant resource from all our partner agencies, and it is a huge strength of our local safeguarding leads that they have, and continue, to commit to each review with openness, fully prepared to identify and respond to immediate learning. We have been recognised as an area with a strong process that delivers robust review reports, and this is a credit to all involved.

We are clear that there is some way to go in embedding our arrangements and maximise the benefits from working over the wider footprint. Throughout the report you will see 'Scrutiny and Challenge' boxes that highlight to us where we need to focus our attention. This information comes from our own analysis, what we have learnt in audit and case reviews, but also from scrutiny via Independent Reviewers and our Independent Scrutineer.

We would like to take this opportunity to acknowledge and say thank you to each and every member of the Partnership, our Subgroup Members, practitioners from all our partner agencies, education colleagues, volunteers and those people out in the community for their commitment and the work they continue to do to help keep children in Berkshire West safe and to improve their life chances.

Carol Cammiss
Director Children's Services
Wokingham Borough Council

Deborah Glassbrook
Executive Director Children's Services
Brighter Futures for Children

Andy Sharp
Executive Director - People
West Berkshire Council

Debbie Simmonds
Nurse Director, Berkshire West
Clinical Commissioning Group

Rebecca Mears
Head of Protecting Vulnerable
People, Thames Valley Police

Governance and Accountability – review and future arrangements

Our multi-agency safeguarding arrangements were created as a result of revised statutory guidance (Working Together to Safeguard Children 2018) and have been in existence as the Berkshire West Safeguarding Children Partnership (BWSCP) since June 2019. The Statutory Safeguarding Partners hold the oversight, governance and responsibility of the partnership arrangements, with delegated responsibility to the BWSCP Safeguarding Executive. The composition of the Safeguarding Executive is:

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

From the outset our multi-agency arrangements have been designed to be flexible, with the Safeguarding Executive acknowledging the need to review the structure if required. As such, it was recognised in 2020 that an Operational Partners Group (Assistant Director level, with a wider membership) was needed to enable work to be progressed at pace. This operational group is still developing but senior level engagement across Berkshire West is strong, and this was typified by the effective response to Covid-19 (see below).

A key element in the requirements for multi-agency safeguarding arrangements is to ensure that independent scrutiny is applied and acted upon. The BWSCP took the decision not to recreate the role of the previous LSCB Chair and have instead taken a flexible approach which is still being tested and can be adapted. Our current arrangement has utilised the skills and knowledge of a colleague within the CCG to become our Independent Scrutineer. This has provided positive progress at a practice level, particularly through the continued development of the localised Independent Scrutiny and Impact Groups, where data and auditing are reviewed and initiated, and the consistency in Chairing and provision of a helicopter view across Berkshire West has been a clear benefit. The oversight and management provided by this post to the numerous case reviews undertaken over the past 18 months has ensured a timely, fully multi-agency engaged process, with positive feedback from the national Child Safeguarding Practice Review Panel. The use of independent review authors in full case reviews has provided additional scrutiny.

The current BWSCP structure promotes partnership collaboration, which has enabled positive and constructive independent scrutiny from partner agency colleagues. This has been evident locally in our sub groups, notably the Independent Scrutiny and Impact Groups and the Operational Partners Group but is also replicated in our pan-Berkshire work in relation to the Berkshire Child Safeguarding Procedures, and Section 11 arrangements, which are well regarded across the county.

Scrutiny and Challenge:

We recognise there are some challenges and improvements required in our high-level accountability and governance and our scrutiny model. The statutory responsibility for the partnership arrangements sits with the Chief Executives of the safeguarding partners, who delegate this duty to the BWSCP Safeguarding Executive, but it is vital that the Chief Executives remain informed of progress and are themselves curious about risks or improvements made, plus the potential or realised benefits of a tri-borough shared arrangement. This link could be stronger, therefore in the autumn, the Safeguarding Executive will be presenting a report to the Chief Executives to initiate and promote these key discussions. The BWSCP Safeguarding Executive also recognise that the extent of independent scrutiny over the past year has been limited due to capacity and have agreed that a review is required to develop a revised scrutiny model that will provide the full range of assurance required and evidence that local leaders have been held to account. This will take place in November 2021, with any agreed changes to the arrangement to be in place by the end of the financial year.

Response to Covid-19

In March 2020 the Berkshire West Safeguarding Children Partnership convened initially twice weekly meetings of senior leaders to discuss emerging risks and business continuity plans. This was a period of heightened challenge and vulnerability, but these strategic partnership meetings enabled information to be shared, challenges to be made to the approaches being taken by different organisations and timely, responsive joint work to be commissioned to support the most vulnerable families.

With lockdown came the identification of some areas of concern including an increase in younger children and babies experiencing both accidental and non-accidental injuries. In some of these cases, the injuries were serious and catastrophic, and in several cases, the children were in families that were previously unknown to specialist services or those that would not normally be considered as vulnerable. This indicated that families who would usually manage stress and pressure of parenting with the support of family and friends no longer had these to offset their pressures.

This Covid-19 response group stood down in May 2021 to allow other established groups to take over their business as usual, but on the understanding that meetings would be reconvened if further lockdown restrictions applied or if there was a particular service need. Below is more detail of the partnership response:

Issue	Key Achievements/Response
Service Continuity and changes in working practices.	Each agency developed and shared Business Continuity Plans to promote synergy and consistency.
	Covid-19 meetings facilitated the opportunity for services to report their experiences, and to challenge colleagues on their individual responses. Plus, a Covid-19 WhatsApp Group for colleagues to be able share 'live' information when required (e.g. out of hours).
	Multi-agency mapping of resources that may be affected by the pandemic and included discussion on staffing resource, sickness, redeployment to assess and problem solve where there was risk and need.
	Partners have embraced the emerging use of technology to allow front line practitioners to attend and facilitate strategy discussions and child protection conferences remotely. There has been a notable increase in engagement with meetings.
	Service preparation and risk identification post 'Lockdown'.
Responding to risk	Partnership meetings enabled the comparison of multi-agency data, discuss emerging risks and determining what the impact of lockdown, and its relaxation, will be on our families. These discussions resulted in many of the following actions.
	Berkshire Healthcare Foundation Trust (BHFT) who provide Health Visiting and Mental Health Services, worked with Children's Services across Berkshire West to identify particularly vulnerable families to ensure that both services work together to ensure these families were seen face-to-face by a practitioner.
	Working with fathers: Royal Berkshire Hospital Maternity Unit staff actively engaged fathers/partners in conversation when they arrived to collect mother and new baby, including safe baby handling, safe sleeping and crying baby information. The Maternity Service also introduced an additional phone call specifically to fathers/partners at day 9 to talk about any needs and caring issues.
	Support for new parents: BHFT introduced an additional Health Visiting triage at time of booking, for risk factors to identify vulnerable families. An additional visit at 4 weeks was introduced alongside the new birth visit and 6-8-week visits.
	BHFT video raised awareness of Domestic Abuse for their services who were using video consultation methods. This approach was to display a 'notice' behind the clinician on the call, with Domestic Abuse helpline details, in a discreet format.
	Thames Valley Police video campaign specifically aimed at children to explain what Domestic Abuse is, and to encourage children to reach out if they were worried about themselves or another person.

	Partnership oversight and agreement of key communications to families and staff in response to the wider impact of 'lock-down' e.g. emotional health.
	BWSCP issued an agreed Berkshire West Wide statement, in support of families being able to access their regular support mechanisms such as family and friends, if it is safe to do so, with the reassurance that they will not be prosecuted or fined to help keep children safe.
Communication and agreement of swift production of communication materials for practitioners and communities	Production of #Be Brave Speak up social media campaign, which encouraged communities to report any suspicion of abuse or neglect they may have concerns about in their neighbourhoods. This covered children and adults safeguarding and was rolled out across all agencies in both domains. It was also shared as part of a targeted Facebook campaign with over 80,000 views and was shared hundreds of times.
	Clinical Commissioning Group: #Coping; Family life during the Lockdown was widely promoted via social media and to children and families via schools.
	Thames Valley Police initiated a campaign in Berkshire (that was then shared cross the force area) to provide training to staff in Pharmacists and Supermarkets to support them to identify potential victims of domestic abuse and know how to react if they were asked for help and offer help. A large communications campaign continued as other shops opened, which included how to access help and support, plus it reinvigorated briefings and internal communications for officers and police staff on identifying hidden harm. The scheme is now recommended nationally as good practise.
	BWSCP issued an agreed Berkshire West Wide statement, in support of families being able to access their regular support mechanisms such as family and friends, if it is safe to do so, with the reassurance that they will not be prosecuted or fined to help keep children safe
	Covid-19 specific BWSCP web page created to share a multitude of resources for families, young people and communities. There were nearly 10,000 views from 01.04.2020 to 21.03.2021.
	ICON (crying baby) resources have been widely shared among partner agencies, to share with new parents

Impact of Partnership Working:

- The partnership Covid-19 response, as described above, directly influenced changes to services provision and the way front line practitioners worked with families, for example, the joint project between Berkshire Healthcare Foundation Trust and the three Children's Services ensured vulnerable families continued to be seen face-to-face via a coordinated response The sharing of useful and supportive information also led to nearly 10,000 views of the specific Covid-19 page on the BWSCP website.
- Concerns were raised at the Education Safeguarding Engagement Group meeting in Reading in regard to vulnerable children transitioning to secondary schools after the first lockdown period. This was raised with wider partners and a Primary Year 6 project was established. A transition plan was put in place and contact made with Year 7 transition leads at all secondary schools. Identified children received light touch support over the summer and support was on offer to all secondary schools from September through to December 2020.
- Recent inspections by Ofsted in all three areas agreed that strong partnership arrangements supported a joined-up service delivery approach to meet community needs during the COVID 19 pandemic.

Scrutiny and Challenge:

Since the onset of the pandemic, it is significant to note the increased levels of complexity and severity of cases coming to services and to the attention of the partnership. This includes increased levels of eating disorders (and 'disordered eating'), child and adult mental health, complex domestic abuse and adolescent risk issues. This includes 2 very serious incidents of fatal stabbings, and a total of 19 notifications made to the National Case Review Panel during the period 1st April 2020 and 31st March 2021.

The unprecedented circumstances created by the pandemic mean that our usual interpretation of risk needs continued review and discussion. The close working relationships in the partnership encourage this flexibility, however resources are stretched beyond anything we have experienced. It is critical that the collaborative efforts to manage services continues. The partnership has responded robustly to this challenge while under pressure and we need to use this learning when the next challenge occurs, with support and clear governance from all partners.

Our Key Priorities

The BWSCP priorities are based on the areas of concern faced by our children, young people, their families and our practitioners, which were backed up by evidence from data, auditing and inspection findings, and themes identified in our local case reviews and multi-agency safeguarding arrangements. Following the onset of the Covid-19 pandemic, we re-evaluated our overarching priorities, which remained relevant, but our outcomes and activities were adapted to reflect the change in need and risk.

Work to meet the priorities set out in the Business Plan has been carried out across the local, Berkshire West and Pan Berkshire Sub Groups. The BWSCP sub group structure chart can be found in Appendix 1. Whilst individual organisations respond to emerging and existing safeguarding concerns, the information below represents the joint partnership approach, work and outcomes in relation to these priorities. We are working towards a consistent Berkshire West approach to enable the sharing of skills and identify best practice across a wider footprint, to help improve the life chances for all our children. Under each priority are sub-headings which relate to specific areas of action identified in the business plan.

Priority 1 – Emerging Safeguarding risks to young people in today's society

Practitioners understand the approach to Extra-familial risk – contextual safeguarding and exploitation

We recognise the importance of practitioners understanding the local approach to 'contextual and complex' safeguarding and how this work needs a response often outside of our usual safeguarding frameworks. There are regular multi-agency meetings in each of the three areas that discuss individual cases and separate strategic meetings to agree a joint agency response.

In the past year each area has reviewed its processes and meetings in relation to this risk and have made changes if required. For example, in Reading, where numbers are higher, the existing Exploitation and Missing Risk Assessment Conference (EMRAC) meeting was split into two meetings with separate remits to allow a focus on specific cases and reviewing newly identified vulnerable young people, with a separate meeting focussed on multi-agency problem solving and the sharing of wider information such as persons of concern or local hotspots. This new approach was reviewed in May 2020 with positive feedback from practitioners who found it more productive and focussed. West Berkshire already had a similar approach in place and the annual audit has shown continued positive multi-agency engagement with clear, early identification of young people. In Wokingham, the EMRAC was evaluated in early 2021 with the aim of becoming more child focused and gaining an understanding of what disruption activities were required. The meeting discussed children rated as High, Medium and Low risk with a second part looking at themes, areas and people of concern, allowing for more meaningful dialogue between partners. In all three areas, numbers of identified cases have reduced over the Covid-19 period, most likely relating to the national lockdowns. This was and is recognised as an area of concern, and that exploitation may have become 'hidden'. Colleagues are continuing to work together across the partnership to raise awareness and support practitioners to identify potentially at risk and vulnerable young people (see below).

Each area continues to review the effectiveness of their strategic approach, with changes made in Wokingham and Reading over the past year to strengthen the partnership ownership and engagement at the highest levels. In Wokingham there will be a new coordinated approach towards serious violence and exploitation, creating a new collaborative board that looks at both issues with strategic direction and oversight from the Community Safety Parentship. In Reading, the existing Safeguarding Exploitation Group has merged with the Adolescent Risk Group of the One Reading Partnership (Children and Young People Partnership) to now cover a broader range of risk concerns and drawing on a wider breadth of partner organisations. In West Berkshire, the existing group remains well represented, with strong links with Building

Communities Together (Community Safety Partnership). These approaches in all three areas has strengthened the governance arrangements, bringing the front line and strategic processes closer, and learning and responding together.

Impact of Partnership working:

Adolescent Risk – Concerns were raised by local services about the safeguarding and welfare of young people who attend large scale events such as Festival's. Schools across Berkshire West were invited to participate in a project aimed at reducing risk and staying safe ahead of Reading Festival; funding was secured by Festival Republic. A survey was sent young people in years 10, 11 & 12 in local Schools in order to gain the views of young people on the safety and safeguarding arrangements in place at events they attend. Following on from the completion of the survey a series of webinars were arranged to cover the areas of concern covering: sex, bodies, consent and assault, substances, alcohol, risk and choices. These webinars were delivered to pupils in the participating Schools and following the summer break will be evaluated further.

Identification and support offered to children and young people who are vulnerable to exploitation

To support our vulnerable young people, it is crucial that practitioners have the right tools and knowledge. In the past year across Berkshire West hundreds of staff have received contextual safeguarding or similar training.

Colleagues are also supported to use the Pan Berkshire Exploitation Screening Tool, which is regularly revised to ensure it is fit for purpose. As a result of ongoing case reviews and a rise in serious youth violence locally, the tool is currently being adjusted to include identifiers of serious violence. It is also being updated to reflect changing terminology and phraseology to support a trauma informed approach, which is becoming a more standard practice model across the county. This work is undertaken by the Pan Berkshire Exploitation Sub Group, and therefore brings together a county wide approach and knowledge base. Locally, our audits have shown the tool is well used and subsequent referrals are appropriate.

Following specific incidents locally over the past year, case review activity has focussed on incidents of adolescent risk and serious youth violence. In Wokingham, a child safeguarding practice review (CSPR) has been underway (due to be published in October 2021), and the learning from it has already prompted many of the positive changes to local approach described above. In Reading a Thematic CSPR is underway focussed on a cohort of young people involved in serious youth violence. Learning from this review will be shared across the partnership to support a Berkshire West response.

Impact of Partnership working:

A Navigator Programme funded by the Violence Reduction Unit and delivered by trained volunteers from the local community recruited by Starting Point, has been working in the Emergency Department at the Royal Berkshire Hospital; the volunteers are a listening ear for young people who present to the Emergency Department; so, they have someone they can talk to and signpost them to other support at critical moments.

The rise in serious youth violence prompted school colleagues in the Reading Education safeguarding Engagement Group to discuss their significant concerns about weapon crime and in response Brighter Futures for Children identified some specific funding to enable Paul Hannaford to facilitate 60 sessions for pupils in years 7/8/9.

Scrutiny and Impact:
It is positive that in each area there is a continued drive to ensure processes and strategic direction are strong or improving, through evaluation and review. Changes have been implemented where appropriate, and these need time to embed. Due to the severity and breadth of this area of risk, the responsibility sits under multiple partnerships, and this can cause duplication or dilution of ownership in the system. The Statutory Partners, via the Safeguarding Executive and Operational Partners Groups, must ensure that lines of responsibility are clear and links with the Community Safety Partnerships and newly formed Domestic Abuse Partnership Boards are robust.

BWSCP is assured that pupils in Berkshire West receive appropriate information and advice in relation to Online Safety:

Just as the pandemic started the Independent Scrutiny and Impact Groups in each locality discussed Online Safety as part of their themed agenda's, from this discussion assurance was provided that:

- Schools have an education PHSE programme of online safety along with assemblies to discuss online safety.
- Schools have robust filtering, so it isn't possible to access inappropriate material when using school devices.
- Parents are informed of issues and sent communications/support as well as being invited to sessions in schools.

As the lockdown progressed, online access was regularly discussed at meetings and resources sent out to schools regarding E-safety due to the increased risk to pupils. To further support schools, parents and young people, we developed an Online Safety Page on the BWSCP website. It contains information relating to various types of online abuse that our young people can experience with links to guidance and agencies that can provide further information or support. There are also links to some useful articles for parents and carers about how to keep young people safe online. Online Safety features regularly in the BWSCP Facebook and Twitter posts.

More recently, a local Online Safety Forum has been organised as part of our Learning Forum Programme, this will take place in October 2021; it will be a Multi-agency forum exploring children & young people's use of the internet, and safety measures that need to be considered by professionals. This forum will be recorded and made available as a resource on the BWSCP YouTube channel.

Priority 2 - Intervening Earlier to safeguard effectively

This priority is crucial to preventing escalating risk by supporting all partners to be able to respond to concerns and confidently hold responsibility for risk at an appropriate level. This should prevent our children and their families from having to access high level support or not be subjected to Children's Social Care involvement if not required.

Effective understanding of child protection thresholds to ensure appropriate safeguarding referrals - Aligned Threshold Guidance

Following evidence from Rapid Reviews, data and audit, it was agreed that there would be value in reviewing and aligning the local Threshold Guidance in all three areas in order to support practitioners who work across Berkshire West. This work was undertaken with colleagues across the partnership and was supported by an Independent Consultant who tested our local guidance against best practice examples. The resulting updated Threshold Guidance now looks similar for each area but ensures that local differences in service provision and referral routes information remain. There is a separate document for each area but the wording, levels of need diagrams and the risk factors and protective factors are almost identical. It is positive that recent focused visit inspections by Ofsted in two of the areas did not raise any issues with regards to the application and use of thresholds. Details and links to the documents can be found here: BWSCP website - threshold guidance

Early Emotional Health and Wellbeing Intervention

This is clearly an area of high concern for all partners. The pandemic has been particularly impactful on the emotional health and wellbeing of our children and their families. This has been evident through the serious child safeguarding incident notifications made locally and reported by health staff and particularly education settings. After lockdown periods, schools have reported a general level of raised aggression in young people which has made managing behaviour in schools particularly difficult. The overall disruption to schooling, routine, learning and willingness to learn, is likely to have a significant impact on outcomes that are not only educational, but also impacting on emotional and mental health. However, positively, education colleagues in all three areas have maintained or reduced levels of fixed-term and permanent exclusions. For example, Reading schools reported 29 primary fixed term exclusions and 112 secondary fixed term exclusions in March 2020, and in March 2021 this was 21 for primary and 96 for secondary.

During 2019 and 2020 our Education Safeguarding and Engagement Groups lobbied for support for children's mental health and have influenced the commissioning of Kooth in Berkshire West from July 2020. Kooth is an online counselling service for young people and adults offering information, blogs and interactive session with trained therapists. It has been jointly funded by Berkshire West Clinical Commissioning Group, Wokingham Council, West Berkshire Council and Brighter Futures for Children. After a successful first year, it has been recommissioned for a second year with a longer-term arrangement being explored.

Impact of Partnership Working: In the first 9 months of availability (to April 2020) over 2200 children and young people have registered to use Kooth and 82% have returned to use the offer. Anxiety and stress were the main reason why children and young people came for help, and we are pleased to see that our Schools have really promoted and encouraged access, being the significant place were children and young people were introduced or heard of Kooth (60% of the 2200). Many of these children and young people (64%) are using the service out of hours, which has shown the value for weekend and evening access. Nearly all (98%) would recommend the service to a friend and other outcome data is encouraging, e.g. 93% of children and young people got what wanted on using the service.

BWSCP are assured that Child in Need processes are seen as equally robust, secure and important as the Child Protection process

Previous and more recent local case reviews had identified that there was a misunderstanding around Child in Need (CIN) processes, including the multiagency involvement, how it is communicated and how we effectively engage with families. To fully understand the changes required, alongside specific recommendations by Independent Reviewers, we have initiated a multi-agency Child in Need audit across Berkshire West. Our tri-borough partnership allows us to undertake one audit, but each area can focus attention on a particular area of concern for them, as agreed in the separate Independent Scrutiny and Impact Groups. For example, in Reading the audit will focus the CIN project in Early Help, including the families and practitioner response to a Family Worker providing support to the Child in Need rather than a social worker. In West Berkshire the focus is on parental and staff engagement, the eligibility of being a CIN and the multiagency participation; with Wokingham focussing on engagement from parents, consent issues and information sharing. All will look at key aspects of time on a CIN plan, the step up and down process and appropriate case closure.

Scrutiny and Impact:
Locally we have recognised that there is differing understanding both by practitioners across the network and families of the Child in Need status and processes. Specifically, in one recent case review the Independent Reviewer states in the report that 'there was professional agreement that the child in need process was not well understood by parents and that they often felt out of their depth and isolated in these meetings. This was in comparison to child protection processes where the clear role of the chair to explain to adults and children what the meeting was about, what was going to happen and to explain the information that would be shared. A similar approach is needed within child in need meetings with a leaflet for families (and children) about child in need meetings, including an outline of the purpose and process, their right to bring a report, in what circumstances advocacy or a buddy would be provided and how to feel comfortable as often the only non-professional in the meeting'. These comments, and learning from the multi-agency audit, needs to be acted upon and implemented swiftly, coherently and consistently across Berkshire West.

Practitioners understand the impact of domestic abuse on children and young people, with appropriate support in place to mitigate the risk
Domestic Abuse has been a significant feature in recent reviews, therefore a multi-agency audit was undertaken in West Berkshire to test processes and practitioner understanding and identification of risk. We also wanted to know that the child's voice or lived experience was 'heard'.

Overall, the results were positive, with swift responses to concerns, positive engagement with family members including children, and recognition if cases were repeat incidents. However, there was learning identified which included:

- An automatic process (known as Op Encompass) is triggered if a child experiences a Domestic Abuse incident which notifies key partners such as schools. It was found that the full recording process was not widely understood by Police Officers and, in some cases, it caused delays in reporting the issue to the schools. Officers thought that they had triggered the Encompass process when in fact they had not. **Response**: Thames Valley Police immediately put processes in place to rectify this issue, including Officer training and team briefings locally, but have also raised the issues with the Protecting Vulnerable People unit as a finding for the whole Force. Subsequently, robotic automated processes have been introduced to the Op Encompass process which has drastically improved the notification rate - in October 2021, 47% of potential Encompass notifications were successfully shared with schools, compared to 14% in October 2020.
- Voice of the Child – Clarity and training for Police Officers was required to avoid confusion in relation to safeguarding duties and ensuring children in the household are seen and spoken to. **Response**: A force-wide briefing was presented to operational officers in relation to these concerns.
- It was noted that victims and families can refuse the support offered by consent-based services, which can leave universal services such as schools frustrated and concerned for the welfare of the children. **Response**: The audit group agreed that a supplementary plan should be considered for these situations.

The full audit is to be shared with the newly formed Domestic Abuse Partnership Board in West Berkshire, for discussion and decision making on further actions.

Impact of Partnership Working: As detailed above, learning from the domestic abuse audit was immediately responded to, with additional training to Police Officers. It is extremely positive that this learning was not only shared locally but has been taken across the whole Thames Valley Police force area.

Scrutiny and Impact:
Domestic Abuse is another example of a high-risk concern where the responsibility for a coordinated response lies with multiple partnership arrangements. It is vital that BWSCP members engage fully with the three new Domestic Abuse Partnership Boards to ensure the risk to children is appropriately included in their agendas and remains a robust challenge within the safeguarding partnership.

Priority 3 - Engagement of Children, Families and Practitioners

Our initial multi-safeguarding arrangements were clear that we wanted to improve our partnership engagement with children and families, ensuring that their voice and experiences were part of our discussions and decision making. As the pandemic progressed, and the first lockdown eased, our local Independent Scrutiny and Impact Group were keen to understand to the impact of Covid-19 on our children and young people. Survey results, particularly the survey in West Berkshire, included the statements and information from children and young people, some of whom had found the time at home beneficial, whereas others had struggled. This closely mirrored national surveys that were also undertaken around that time.

Additional surveys have been undertaken in the localities, for example the Youth Offending Service in Reading wanted to capture thoughts from young people around Covid-19, Black Lives Matter and following on from the fatal stabbing attack at the Forbury Gardens earlier in the year. The evidence suggested that many of the recent events had not massively impacted on this group, which may partly be due to this being a cohort who have less regard to authority or the restrictions in place. Covid-19 had made a difference to crime patterns however. They did not report anxiety or stress and continued to see their friends if they wanted to. It seemed that these issues were just 'noise' around them.

Auditing is another area where we expect to see evidence of gathering and reflecting on the views of service users.

Impact of partnership working: Following a rise in care leavers becoming NEET and/or pregnant a specific audit was undertaken in Reading in relation to this cohort. This included directly asking the young people their views on the support they received. Comments included:

- 'I know what a bad parent looks like but not how a good a parent is like and that worries me, we want the best for our baby girl.'
- 'I receive whatever support I need from [Leaving Care Advisor] and she'll help me in any way she can she's been amazing over the past four years of working with her.'
- 'I could have benefitted with further support when baby was born in the very early stages of his life. I was struggling with flash backs of my previous bad experiences and could have done with extra support with someone that knows my history.'

The findings re-enforced the work already being initiated to support looked after children at a younger age to ensure they are prepared to move to independence both emotionally and physically. As part of this, a workshop took place with the workers involved and they came up with an action plan that they will personally own in relation to the young people they support. Better working arrangements are now place, with the Leaving Care Team taking ownership, and NEET figures have already reduced.

Our engagement with practitioners has predominantly continued through auditing and case review work. We have ensured that all our Child Safeguarding Practice Reviews (CSPRs) have included a practitioner event, where the independent reviewer has had a chance to ask questions and hear directly from those involved about their experiences and what they feel is the key learning. This has been particularly challenging in an environment of online meetings, and these sessions would always be preferable as face-to-face, however we have endeavoured to make sure practitioners are supported through the process and feel comfortable to speak. Given the number of cases that have progressed to CSPR in the past 18 months, we have heard more from practitioners this way than we would in a normal year, and this has strengthened the review process.

Auditing is also a key area where practitioners are able to reflect and feedback on areas of work or practice. Multi-agency and single agency audit (where there is a safeguarding element) findings are reported back to the Independent Scrutiny and Impact Groups with audit topics including (but not limited to) domestic abuse referrals into the three Children's Services, GP involvement in safeguarding processes, referrals from the Royal Berkshire Hospital Foundation Trust to the three Children's Services, exploitation risk thresholds, effectiveness of safety planning, neglect, prevalence of NEET and pregnancy in Care Leavers, plus other audits which have been referenced throughout the report. A Berkshire West wide audit of Child in Need plans is currently underway and is involving practitioners from a range of agencies. This is a significant piece of work and we expect results towards the end of 2021.

Scrutiny and Challenge:

This continues to be an area of challenge for the BWSCP. It is positive to receive comments, feedback and the results of surveys from our children and young people, but there is not enough direct evidence of subsequent decision making by the partnership as a result. We recognise this is not an easy problem to solve, and do not want to inadvertently take a tokenistic approach to involving children in our arrangements. This will continue to be discussed at key meetings such as the Executive Group and Independent Scrutiny and Impact Groups to ensure a meaningful proposal and action both at a governance level and at a practice level.

The involvement with practitioners is evidently stronger, through their involvement in multi-agency auditing processes and practitioner events linked to Child Safeguarding Practice Reviews. It has been very positive, over the past 18 months, to see how open and honest local practitioners can be in both the Rapid Review and CSPR processes. Although practitioners are included in auditing work, evidence of their voice, feedback and resulting improvements in practice need to be better evidenced.

Priority 4 - Effectiveness of the new Partnership Arrangements

We are acutely aware that we have challenged ourselves locally by forming a tri-borough safeguarding partnership arrangement – we actively decided not to rebrand the previous Local Safeguarding Children Boards but aim to build on the positive aspects of those local boards, share good practice and take the opportunity to work more coherently and collaboratively across the three borough boundaries.

Improving Education Sector Engagement

A key element of our arrangements was further developing our links and engagement with the Education Sector; we had pockets of excellent work that we have now replicated across the three areas. This includes three locality-based Education Safeguarding Engagement Groups, with Headteacher and Local Authority Safeguarding Leads/representatives, which provides a mechanism for education leaders to identify and inform the development of safeguarding and improvement across schools and ensure that issues specific to the school/education community have a voice and can be escalated for discussion to the Statutory Safeguarding Partners. Particularly over the past 18 months, these conversations have been beneficial in supporting our education community with the difficulties they have faced with lockdowns and home learning and direct examples have been provided earlier in this report. Alongside these meetings are locality-based learning sessions for Designated Safeguarding Leads where we are able to share consistent but tailored safeguarding messages.

A particular success has been the alignment of the Section 175/157 (school safeguarding audit) process across the three authority areas. Previously each area operated a different process, but this has now been aligned, with schools only being asked once a year to submit a return (using the NSPCC tool). The return rate in each area is either 100% or very close to it, which demonstrates that schools also find this process useful and supportive. It is positive that all schools felt that they met most of the criteria

(85% or above). We require that schools confirm that they have completed the audit with their Safeguarding Governor and that it is seen by the Local Governing Body, to promote awareness and responsibility for safeguarding within the school governance structure. The returns are analysed by safeguarding leads locally to identify any areas for concern. The results are shared between the local authority leads to enable the learning to be shared across the three areas, but also with the Education Safeguarding Engagement Group in each locality. This process enables school safeguarding leads to raise concerns and receive support directly from Local Authority leads, with the local authority colleagues also proactively approaching schools if an issue has arisen. Examples include:

- Across Berkshire West, the criteria on work experience remained a concern, although this had improved from the previous year. In one area an email was sent to all DSLs explaining how to meet this criteria, even if work experience wasn't applicable for their establishment. A model policy has also been developed and disseminated.
- A model Physical Intervention Policy and an Intimate Care Policy have been shared with all establishments in one area and with safeguarding leads across Berkshire West, as this was an area where not all schools could meet the criteria.

Communications across Berkshire West - Improving the visibility of the BWSCP

The BWSCP has the opportunity to promote the wider safeguarding agenda, to increase safeguarding awareness, understanding and knowledge to children, young people, and general public, practitioners across multi agencies, communities, and voluntary sector and faith groups. Our main mechanism to achieve this is via our newly merged website. This website contains a wide range of information for different cohorts and provides safeguarding information, signposting links to help and support, training and learning opportunities. There have been nearly 155,000 views on 81 pages over the past 12 months. In March 2020, we developed Covid-19 specific help and support pages for children, parents/carers and multi-agency practitioners. We were able to link and coordinate local resources, and this was well received by practitioners. There have been nearly 10,000 views since setting this page up. We have also recently launched our own YouTube channel where we have linked recordings of our virtual online training forums.

In addition, we use social media to promote safeguarding campaigns in response to local and national learning from serious case reviews, Child Death Overview Panels, emerging risks and sharing the wider partnership campaigns. Via Facebook and Twitter, we post regularly, with Local Authorities and other safeguarding partnerships sharing our communications. Key campaigns in 2020/21 included:

- 'Be Brave – Speak up' campaign reached over 80,000 (with a total number of impressions being 522,445 being watched an average 6.3 times) and shared nearly 500 times on Facebook
- Covid-19 sharing multi-agency information
- Lift the Baby Campaign to support safe sleeping – almost 14,000 views of the video since June 2019
- Summer campaigns on water safety and the danger of open windows as a result of themes identified by the Pan Berkshire Child Death Overview Panel.

Online Universal Safeguarding Training

Across Berkshire West we have, for many years, provided a free online level 1 universal safeguarding training module, available to anyone working with children and young people. After the original provider closed, with the module moved to systems hosted by the local authorities, however this soon became administratively prohibitive. In 2019, we were able to fund and utilise a section of the new BWSCP website and move the training module to be a completely open and free resource, easily accessed through the website. It has always been our aim to retain this element of training for our workforce as free to access, and it is hugely positive that during the 2020/21 year, 2871 practitioners completed the module. The main users are education/school colleagues (41%), local authority colleagues (36%) and Early Years providers (10%).

Pan Berkshire Arrangements

BWSCP has continued to support the Pan Berkshire safeguarding arrangements through the Section 11 Panel, Pan Berkshire Policy and Procedures Sub Group and Pan Berkshire Exploitation Sub Group. These groups are well respected by colleagues from across the county and are crucial to effective partnership arrangements.

The Section 11 Panel requests that representatives from key agencies who work across two or more Berkshire local authority areas attend the panel to present their Section 11 self-assessment return. A tool is provided to enable agencies to demonstrate and provide evidence that they are fulfilling their safeguarding duties under the Children Act 2004. Panel members scrutinise the return, ask questions of the presenter and provide feedback on areas for improvement. After a period of time (approximately a year) agencies are then asked to provide an update on progress against the improvements/ actions identified by the panel. This is seen as a highly effective process, which agencies value.

Impact of Partnership Working: At their full S11 return the Emergency Duty Service were recommended that they complete a training needs analysis to determine and evidence what training staff have or need and provide confirmation of the take-up and evaluation of the training programme. At the mid-term review the service was able to evidence that a training needs analysis for both substantive and sessional senior social workers, as well as the screening officers had taken place with a training matrix developed to identify training undertaken and training needs for staff. In addition, the service worked with their host local authority (Bracknell Forest) Principal Social Worker to work on the training programme which resulted in additional training on topics such as Family Safeguarding Model, plus training from other local colleagues on topics such as the child death response process, and legal update training from the Joint Legal Team, to support their staff knowledge base.

The Pan Berkshire Policy and Procedures subgroup is also a multi-agency group with representatives from agencies across the county. The meetings scrutinise chapter amendments suggested by the procedure's provider, but also has a timetable of chapters for local review. This cross border and multi-disciplinary approach enable all Berkshire Safeguarding Partnerships to maintain up-to-date localised procedures that are easily accessed by all practitioners.

Impact of Partnership Working: This group reacts to findings from local reviews, an example being the complete review of the chapter on dangerous dogs following a Child Safeguarding Practice Review in one area. The chapter now reflects that all dogs (and other pets) can be dangerous if not supervised appropriately and has moved away from focusing on the danger of certain dog breeds.

BWSCP local datasets support focussed discussion on key topics

Our three areas have very different demographics, and as such are never in the same group of statistical neighbours. However, our children and families regularly cross the borders and as a Berkshire West area we obviously share many safeguarding risks. The Independent Scrutiny and Impact Groups (ISIGs) therefore took the decision to reduce the huge bureaucracy of the large, all-encompassing datasets that we previously had in each locality to produce a document that focusses the discussion on key safeguarding data. The dataset includes the same information from all three Children's Services to provide a comparison, as well as data from other key partners. There is also an expectation that other subgroups, for example the Exploitation based subgroups, review their specific data in more detail and escalate any concerns.

The comparison of local data has led to several discussions regarding specific topics over the year, such as referral numbers. In West Berkshire, referral numbers had not returned to usual levels by the end of 2020, however assurance was provided that a local recovery meeting takes place where there is scrutiny on referrals. Referral numbers have since returned to pre-pandemic levels. In light of the increased number of non-accidental injuries in under 1-year olds seen in Berkshire West, the West

Berkshire Children and Family Contact Advice and Assessment Service, confirmed they had an enhanced screening protocol for unborns and children up to 1 year old which is completed with the parent/carer and health services and covers a range of issues. Additionally, in early 2021 a review of all pre-birth assessments for children born in 2020 was underway to ensure families had the support they needed. ISIG members agreed to strengthen this very positive approach by taking forward a joint response between Children and Family Services and Berkshire Healthcare Foundation Trust.by meeting and colleagues at the ISIG agreed to meet after the meeting to strengthen this joint response.

To support this streamlined approach, we also encourage thematic discussions at the ISIGs which can lead to better multi-agency involvement. For example, there is a recognised national increase in Elective Home Education (EHE). All localities in Berkshire West reported an increase in EHE over the year with the concern that these children become less visible when not seen regularly at school. All three areas were concerned that children removed from school during the Covid-19 period might not have a place in school if they decide to return from EHE after the pandemic eases. Colleagues from each area reported the clear and supportive processes they have in place for families who decide to electively home educate but agreed that considering multi-agency approaches to supporting pupils, assisting practitioners to be alerted to safeguarding risks and contribute to wider consultation on EHE practice and improvement would be beneficial. The South East Sector Led Improvement Programme (SESLIP) is currently undertaking work on this area and colleagues agreed to wait for these results, and to establish if numbers remain raised at the beginning of the school year.

A selection of the data included in the dataset can be found in Appendix 2.

Scrutiny and Challenge:

We recognise that working over a Berkshire West footprint is complicated and it requires continued engagement, ownership, discussion and willingness for it to work at all levels and to be successful and provide added value. Our three local authority wide partnership enables us to think more creatively, for example, the opportunity of cross boundary working allows us to identify common safeguarding issues and consider the strengths of joint discussion and co-working with partners. The examples above provide good evidence of the positive impact for our workforce of working in this coordinated way. There is still far to go, and the all the sub groups recognise that improvements can be made. The Independent Impact and Scrutiny Groups are continuing to develop and the large-scale multi-agency audit currently in progress in for Child in Need cases will further embed the cross-border approach. Over the next year, these groups need to demonstrate strong scrutiny and challenge to ensure local leaders are aware of emerging concerns and risks, and that we can demonstrate positive impact for children and families.

Case Review Activity

From the first lockdown period in March 2020 up until the end March 2021 the Berkshire West Safeguarding Children Partnership completed 19 Rapid Reviews across Reading, West Berkshire and Wokingham; these reviews related to:

- Injuries in non-mobile babies
- Non accidental injuries to young children
- Adolescents who were well known to services
- Sexual Abuse
- Alleged perpetrators of serious youth violence

This unprecedented number of notifications of serious child safeguarding incidents partly reflected the strain that families countrywide were facing as a result of the pandemic. The significant rise in non-accidental injuries was not only seen locally and a national review by the Child safeguarding Practice Review Panel is underway to explore this further, particularly with regards to male perpetrators. Locally, we have also seen a rise in serious youth violence, which tragically resulted in two fatal stabbing incidents in Reading, which directly lead to seven of the notifications as we sought to understand the role of multi-agency support to the alleged perpetrators in their lives before the incident, as well as that of the victim. In addition, the Safeguarding Partnership undertook a Rapid Review in relation to a young person who had turned 18, but there had been considerable involvement with a number of children's services over several years and was in receipt of services as a care leaver at the time he passed away. Although this did not fall within the statutory responsibility to submit a notification and carry out the Rapid Review, we agreed that it was still important to identify and respond to the learning in his case.

Of the 19 Rapid Reviews, five have progressed to individual Child safeguarding Practice Reviews, plus a thematic Child Safeguarding Practice Review focussing on serious youth violence which will directly include three of the young people where there was a Rapid Review, plus the learning from three others.

All the Rapid Reviews identified specific points of learning for agencies, which are taken forward. Some examples of operational or practice changes as a direct result of Rapid Reviews include:

- Young people discussed at operational exploitation meetings and not known to the sexual health clinic at RBH will have a ## along-side their name, so that sexual health practitioners know this young person is at risk of exploitation.
- All Royal Berkshire Hospital Foundation Trust Child Protection and Adult safeguarding training to include better understanding in practice concerning young people the difference in child/adult safeguarding thresholds, the law and young people who are care leavers.
- Reading Borough Council Housing Service has provided funding for detached youth workers. This team meet young people in the community to engage with those distrustful of statutory services. Funding is confirmed until March 2022.
- A new pathway between Reading Adults Services and Children Services, linked to SEND work, with the transition process starting at age 14.
- Berkshire Healthcare Foundation Trust introduced an additional Health Visiting triage at time of booking, for risk factors to identify vulnerable families. An additional visit at 4 weeks has been introduced alongside the new birth visit and 6-8-week visits.

- Guidance for practitioners will be disseminated to enable practitioners to understand that the immigration status of parents affects whether children born in England are entitled to free healthcare. This will form part of standardised questioning for health practitioners and will also be shared with the wider workforce.
- A draft Education Health and Care Plan was not routinely shared with all those who had contributed, the SEND Team are reviewing and updating processes.

Additional outputs from case reviews that will have an impact across Berkshire West include the large-scale multi-agency Child in Need audit which is currently being undertaken. The understanding of Child in Need processes and differences in application between the three local authorities has been raised in a number of reviews, therefore the audit seeks to identify effective partner involvement and understanding, effectiveness of family engagement and effective multi-agency decision making. The alignment of the threshold guidance detailed in priority 2 is also partly as a result of case review findings.

As part of the rapid review process we also identify and highlight the positive work undertaken by practitioners. Numerous examples of this was found from completing the Rapid Reviews and related to:

- Practitioners going above and beyond to support families, especially during the lockdown period.
- Clear identification of vulnerabilities in families and multi-disciplinary discussions being undertaken.
- Colleagues regularly inviting pregnant women and new mums to tell them if they are suffering from domestic abuse.
- Early referrals when concerns identified, and examples of quality assessments.
- Swift responses after an incident to safeguard children and their siblings.
- Practitioners effectively sharing information and communicating, and examples of cultural sensitivity.

In addition, the national Child Safeguarding Practice Review Panel have commended our rapid review process and the quality of reports submitted to them, noting that the Rapid Reviews contain a good level of analysis that clearly set out key issues and identify learning and actions.

The Case Review Group continues to promote active discussion about any cases that colleagues may feel meet criteria for a level of multi-agency review. Colleagues from any agency can submit a case for consideration document, and the group will then coordinate receipt and review of multi-agency information in relation to the case. If, on consideration, it is then felt that the case meets the criteria for a notification of significant child safeguarding incident, then the relevant local authority is instructed to do so as a retrospective notification. This is an open, honest but challenging group, where individuals actively scrutinise safeguarding practice.

Local Learning from previous Case Reviews

The purpose of a Child Safeguarding Practice Review is to look at the multi-agency response of organisations working alongside children and families, to identify any improvements that can be made to the services they provide; and as a partnership for us to understand and share good practice and learning to improve and promote the wellbeing of our children and young people.

The common themes and learning from previous case reviews was an opportunity for practitioners to come together just before lockdown, to reflect on the case learning and think about what we can do differently. The Learning event slides, published reports and 7-minute briefings can be found here: https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/professionals/child-safeguarding-practice-reviews-formerly-scrs

In addition, we have shared learning from Rapid Reviews with colleagues via our Children's Leaders forum, both virtually and at an open online meeting, providing an opportunity for questions discussion and reflection.

Impact of Partnership Working: The immediate learning and resulting actions from the Rapid Reviews have been beneficial for all our partners, with specific examples given above. In addition, we have recognised that issues with regards to the effective escalation of cases where there is a difference of opinion in case management is a regular finding in our case reviews. To support practitioners, we have written some additional guidance to sit alongside the main Pan Berkshire Procedure. Our aim is that this guidance:

- explains that a difference of opinion between practitioners/agencies on how to work towards the best outcome for a child is part of our day-to-day practice, particularly in complex cases. Escalation should not be seen as trying to resolve a dispute, but a way to collectively find the most appropriate solution for the child. To support this approach, we have endeavoured to move the language used away from terms like 'dispute' and 'disagreement' to be more solution focussed. This change in language is also being suggested to the pan Berkshires Policy and Procedures sub group to consider making similar changes to the overarching procedure.
- provides specific detail about who to contact when an escalation reached stage 3. This is often the stage when an escalation fails to find a solution, so we were keen for all agencies to name the appropriate senior manager who would be able to take the discussion forward constructively.
- provides a briefing note template to enable practitioners to articulate the concern, the discussions already taken and describe the solution they are looking for. This allows the senior manager to understand the issue and be able to work towards an agreed resolution.

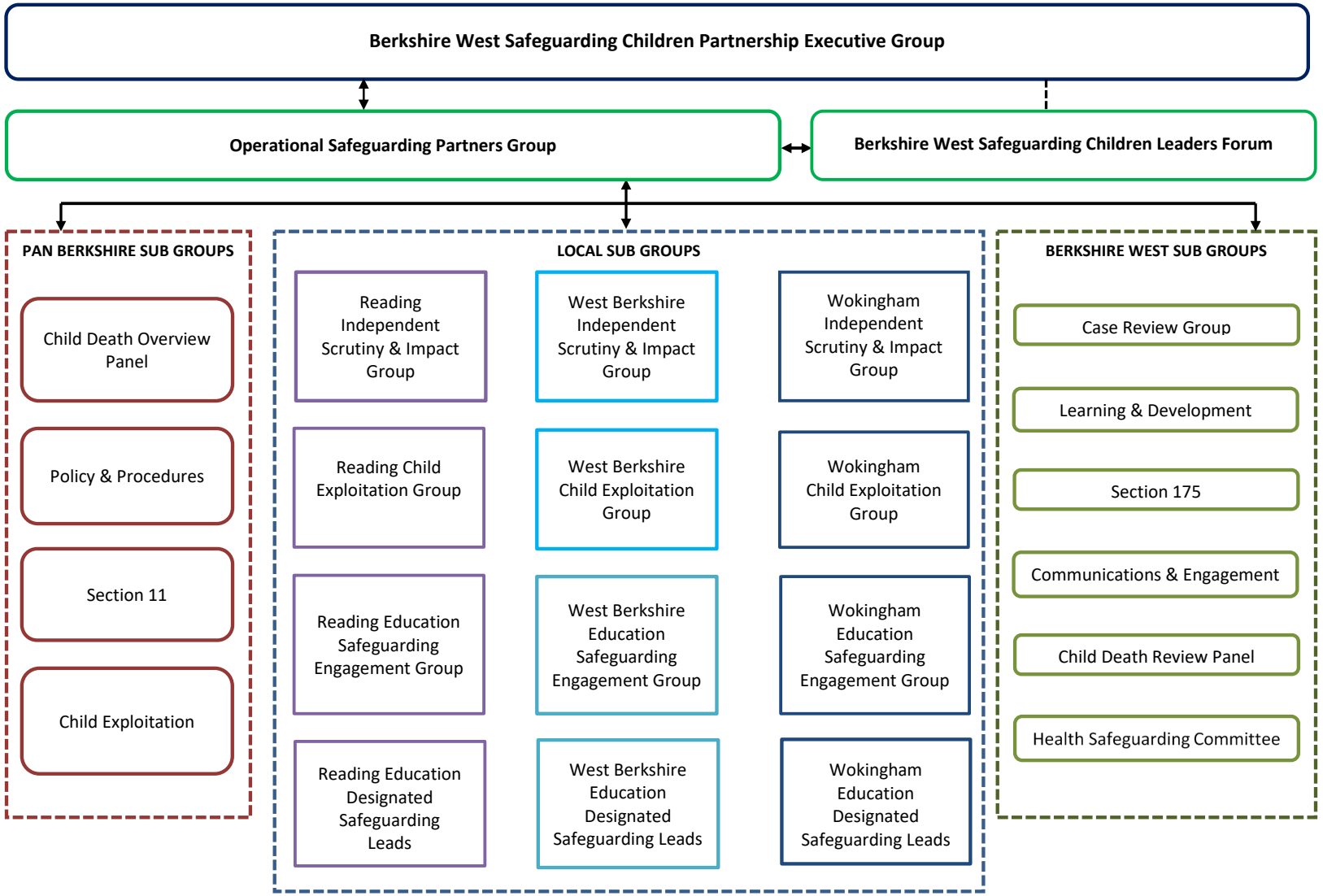
Scrutiny and Challenge:

There is considerable independent scrutiny built into the case review process, with multi-agency partners scrutinising information at the Rapid Review stage (often Chaired by the Independent Scrutineer) and Independent Reviewers bought in for Child Safeguarding Practice Reviews. Over the past year there has been an unprecedented increase in the identification of cases that were notified to the national Child Safeguarding Practice Review Panel, and with the benefit of hindsight, not all of these were necessary, however the open and honest conversation had as a result strengthened our local approach and relationships between colleagues. The Independent Scrutineer and Partnership Manager met with a colleague at the Department of Education to discuss the significant rise and to identify if we were an area of concern. Once some cases were excluded (for various reasons including those focussed on alleged perpetrators of crime) then the local rise was not dissimilar to that seen nationally during the pandemic. We are hopeful that the number of notifiable incidents will reduce this year to allow us to focus on the Child safeguarding Practice Reviews that are ongoing, and embedding the learning identified.

The partnership has a proven successful process for Rapid Reviews and supporting Child Safeguarding Practice Reviews. There is a need now, to establish how best to action learning across a tri-borough arrangement, ensure there is clear responsibility for plans and a method of effectively monitoring and tracking impact.

Appendices

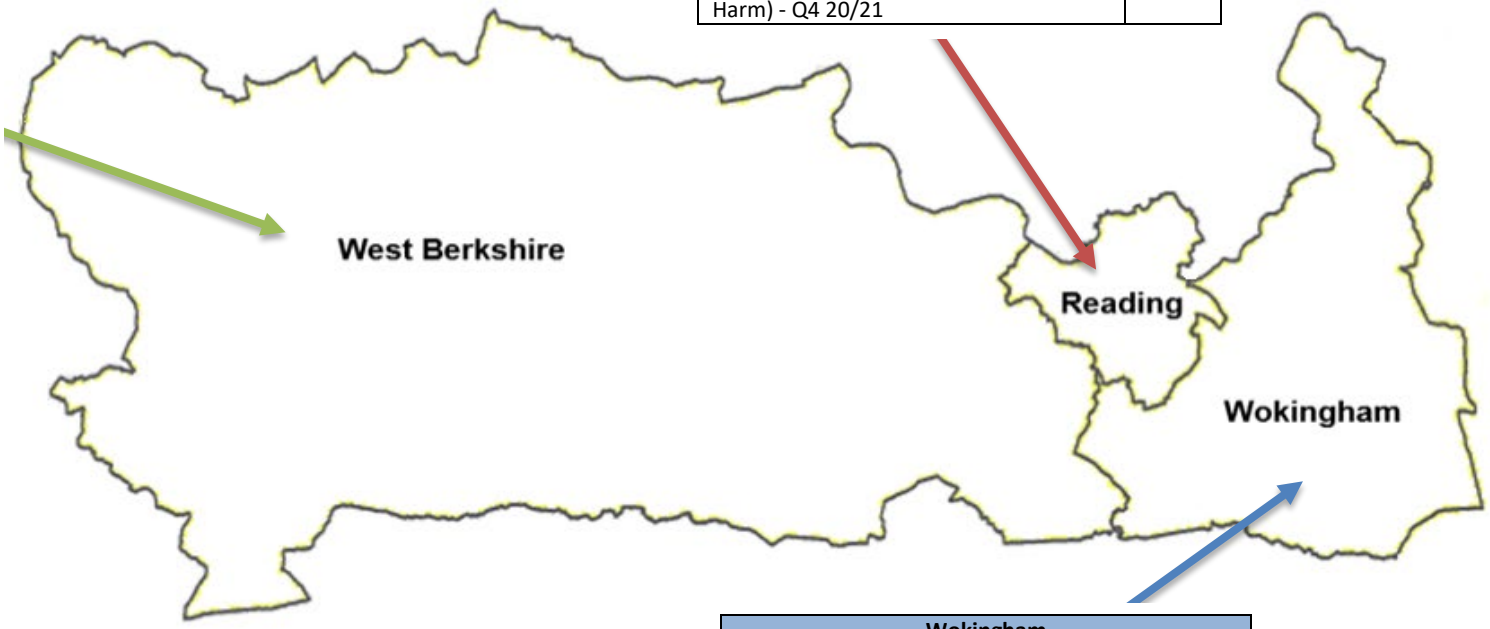
Appendix 1 – Berkshire West Safeguarding Children Partnership Sub group structure chart



Appendix 2 – Knowing our children

West Berks	
West Berks Under 18 Population	35,500
Children Subject to Child Protection Plan (Rate per 10,000) March 21	40
Number of Children in Need (Rate per 10,000) March 21	245
Children in Care (Rate per 10,000) March 21	41
Domestic Incidents involving Children Q4 20/21	335
Total number of children 0-18-year olds admitted to RBFT (including MH & Self-Harm) - Q4 20/21	41

Reading	
Reading Under 18 Population	37,000
Children Subject to Child Protection Plan (Rate per 10,000) March 21	61
Number of Children in Need (Rate per 10,000) March 21	422
Children in Care (Rate per 10,000) March 21	73
Domestic Incidents involving Children Q4 20/21	540
Total number of children 0-18-year olds admitted to RBFT (including MH & Self-Harm) - Q4 20/21	79



Wokingham	
Wokingham Under 18 Population	40,400
Children Subject to Child Protection Plan (Rate per 10,000) March 21	38
Number of Children in Need (Rate per 10,000) March 21	128
Children in Care (Rate per 10,000) March 21	25
Domestic Incidents involving Children Q4 20/21	250
Total number of children 0-18-year olds admitted to RBFT (including MH & Self-Harm) - Q4 20/21	36

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**21 January 2022**		
REPORT TITLE:	**The NHS Health Check Programme**		
REPORT AUTHOR:	**Christine Stannard**	**TEL:**	**07813 405072**
JOB TITLE:	**Public Health Programme Officer**	**E-MAIL:**	**Christine.stannard@reading.gov.uk**
ORGANISATION:	**Reading Borough Council**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to share the findings from a health equity audit of the NHS Health Check (NHSHC) programme in Reading and the latest national and regional evidence for the programme. The report will also describe work to improve uptake of the Check in Reading, focussing on those at highest risk of cardiovascular disease and also most disproportionately affected by the impact of COVID-19.

1.3 Appendices:
A. NHSHC Programme in Reading Health Equity Audit
B. Climate Impact Assessment

2. RECOMMENDED ACTION

2.1 ***To NOTE the Health Equity Audit of the Reading NHS Health Check Programme and the update of the evidence-base and endorse work to help improve uptake of the NHSHC in high risk groups in Reading.***

3. POLICY CONTEXT

3.1 The NHS Health Check programme has been a statutory public health function for local authorities since 2013. Local authorities are responsible for offering an NHS Health Check to individuals aged 40 – 74 years without existing cardiovascular disease, every five years. The NHS Health Check itself consists of three components: risk assessment, communication of risk and risk management.

3.2 The NHS Health Check programme in Reading is currently provided by general practices which is the most common and preferred method across Berkshire, regionally and nationally.

3.3 The NHS Health Check programme supports the ambitions of the NHS Long Term Plan, with its focus on prevention and reducing health inequalities[1] and the requirements in the service specification for primary care networks to tackle inequalities and improve the diagnosis and prevention of CVD [2]

[1] https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/
[2] https://www.england.nhs.uk/publication/network-contract-des-specification-2021-22/

4. THE PROPOSAL

4.1 Current Position

4.1.1 Health Equity Audit (HEA)

A Health Equity Audit (HEA) is a process that examines how health determinants, access to services and associated outcomes are distributed in relation to the needs of different groups.

HEAs provide local evidence that can be used to assess whether resources, opportunities and access are being distributed equitably, and by the principles of proportionate universalism.[3]

A health equity audit of the NHSHC programme within Reading GP surgeries covering the five years from 2015/16 – 2019/20 was carried out during August/September 2021.

Method

NHS Health Check data was extracted from electronic patient record systems (EMIS) from 18 GP surgeries and analysed by age, gender, ethnicity, deprivation and GP surgery. Data cleansing was undertaken for all categories in order to analyse results. It was not possible to access data from one practice that uses a different patient record system - VISION.

Analysis was undertaken within these categories and subcategories to establish the proportions of patients who had been invited and declined, invited and completed, and completed a Health Check where there was no record of an invite. Where possible, confidence intervals at 95% were produced to determine statistical significance between the subcategories.

Findings were then compared to the latest, most robust, national evidence to inform next steps;

- A rapid review update (PHE, 2020).[4]
- A cross-sectional study of over 9.5 million patient records (Patel, et al, 2020)[5]

Key Findings

There were several limitations to the data arising from invalid or absent coding, particularly affecting ethnicity data. Ages below 40 and 74 were removed for the age analysis, however, it was not possible for them to be removed for the rest of the analysis.

The way in which data is extracted from the GP systems does not allow for the cross-tabulation of data (i.e. it is not possible to analyse Health Check uptake by two variables at once such as by age and gender). Rather it only allows for analysis by a single variable at a time (e.g. age).

Age
The youngest age group (40-49) were significantly less likely to take up the offer of a health check, at 32%.
The age group 70-74 were the most likely to take up the offer of a health check, at 52%.
This trend is broadly in line with national evidence.

[3] NHS Health Check Programme: Health Equity Audit Guidance – PHE. Available Health equity audit guidance published for NHS screening providers and commissioners - PHE Screening (blog.gov.uk) Last accessed 20/08/21
[4] https://www.healthcheck.nhs.uk/commissioners-and-providers/evidence/

[5] Evaluation of the uptake and delivery of the NHS Health Check programme in England, using primary care data from 9.5 million people: a cross-sectional study https://bmjopen.bmj.com/content/10/11/e042963. Last accessed 26/11/21

Sex
Females were significantly more likely to take up the offer of a health check, with males significantly less likely to do so. [NA1]
This trend is broadly in line with national evidence.

Ethnicity
Of all Health Checks completed, 55.21% of ethnicities were coded as "", or were invalid entries, and for those invited for Health Checks, 40.39% of ethnicities were coded as "unknown", or were invalid entries.

The remaining data suggests that Asian/Asian British, Black/African/Caribbean and Mixed/Multiple ethnic groups were all significantly more likely than White British ethnic groups to take up the offer of a check, at 46%, 52% and 52% again respectively.

Despite limitations, our local data is broadly in line with national evidence as regards ethnicity.

Deprivation - uptake of Health Checks by Lower Super Output Area
The percentage uptake of Health Checks varies across Reading by LSOA. Compared to the rest of Reading, LSOAs largely contained in the north, more affluent parts, have a significantly lower uptake. However, the overall reach and uptake of the Programme in Reading is significantly lower than the regional and England averages, so comparisons between Reading LSOAs are less useful.

Randomised controlled trial research data reported in the Rapid Review Update (PHE 2020), shows that people from deprived backgrounds are significantly less likely to have an NHS Health Check than those from more affluent backgrounds.

4.1.2 Other recent evidence for the NHS Health Check Programme

Patel et al (2020) also found that NHS Health Check attendees were considerably more likely than non-attendees to have certain cardiovascular risk factors checked and/or recorded. For example, 79.7% of attendees had been given a CVD risk score, compared to 30.4% of non-attendees. A greater proportion of attendees compared with non-attendees also had other critical risk factors checked such as physical activity levels, smoking status, alcohol consumption, BMI and cholesterol levels.

The majority of NHSHC programmes offered by local authorities across the South East have adopted or are considering adopting, the principle of proportionate universalism as recommended by PHE. This includes making an enhanced payment for target groups (such as those least likely to take up the offer of a Check, those living in areas of deprivation, people who smoke and those with a high BMI). There is a range of different models based on the available budget, with payments for a universal Check ranging from £10 to £28 and for a targeted Check, up to £40.

4.1.3 The impact of COVID-19

An umbrella review of systematic reviews[6] of cardiovascular risk factors, CVD and COVID-19 found evidence that CVD, high blood pressure, diabetes, kidney disease and smoking history are associated with a higher likelihood of severe COVID-19 and mortality from COVID-19. The review added to existing evidence about the disproportionate impact of COVID-19 on Black, Asian and

[6] Harrison et al 'Cardiovascular risk factors, cardiovascular disease, and COVID-19: an umbrella review of systematic reviews' *European Heart Journal - Quality of Care and Clinical Outcomes*, Volume 7, Issue 4, October 2021. Accessed 17 November 2021

minority ethnic groups and those living in more deprived communities[7] and the greater prevalence of cardiovascular disease and risk factors, such as obesity and smoking in these groups.

This suggests that improving the prevention and early identification of CVD risk factors via the NHS Health Check programme, in a more targeted manner, is likely to improve outcomes of COVID-19, especially amongst people most at risk.

4.1.4 Summary and Conclusions

Taking into account the findings from 4.1.1 – 4.1.3, we concluded that our local NHS Health Check Programme needs to not only invite more of the eligible population but also to target those groups in our community who are at highest risk of cardiovascular disease and the impacts of COVID-19.

Therefore, the priority groups identified were:

1. Males, aged 40-49
2. People from Black, Asian and minority ethnic backgrounds
3. People living in our most deprived communities (IMD 1 and 2)
4. Current smokers (or within the last 10 years)
5. BMI ≥30 (or ≥27.5 for Black Asian and minority groups)

4.1.5 Impact of Covid Funding

The sum of £55,766 has been allocated from the above fund to set up a pilot, targeted programme in some practices in Reading this financial year. The pilot aims to secure an additional 2,500 Checks, primarily from priority groups 2 and 3, however, there will be some cross-over between groups.

An invitation for practices to participate was sent to all Primary Care Network (PCN) clinical directors on 21st October. As at 26 November, one GP practice (Melrose & Eldon) has confirmed their participation and we are working with Tilehurst PCN (comprising 3 practices) pending their confirmation. We offered all practices an enhanced payment of £28 for a targeted check (compared to £20 for a universal check), plus an additional £2 for a targeted invite that results in the patient declining or not attending, following 3 attempts.[NA2]

We are working closely with these practices, providing support and advice around data management, recognising the constraints within practice systems (for example, different ways of recording deprivation and potential data gaps, especially ethnicity recording)

We recognise this is a particularly challenging time for general practice and this may explain the low uptake of the targeted programme. Winter pressures may also yet prove to be a barrier to participating practices.

4.1.6 The NHS Health Check Programme in Reading 2022-23

The pilot targeted programme is due to finish in March 2022 and will be evaluated by public health and participating practices (including seeking patients' views where possible). This evaluation will inform the refresh of the service specification for the next year.

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7 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

4.2 Options Proposed

N/A

4.3 Other Options Considered

N/A

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

5.1 The NHS Health Check Programme directly contributes to Reading's Health and Wellbeing Strategy priority 1: Reduce the differences in health between different groups of people and priority 2: Support individuals at high risk of bad health outcomes to live healthy lives.

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

6.1 Safeguarding vulnerable adults and children.

GPs have responsibilities outlined by the GMC to take action via established channels to protect patients, taking prompt action if patient safety is or may be seriously comprised and treating patients as individuals, respecting their dignity and privacy. GPs and all practice staff should also be familiar with local multi-agency safeguarding policies and procedures.

6.2 Recognising and supporting all carers

Patients who are carers can ask to go on the practice's carer register. This will enable the GP to be aware of any physical or mental health needs arising from their caring responsibilities and may enable the practice to provide appointments at convenient times that suit their needs.

6.3 High quality co-ordinated information to support wellbeing

Through the HEA, we identified some gaps in data quality, particularly around the recording of ethnicity. Improving the recording of ethnicity in general practice is a key indicator within the PCN contract. Other data management and extraction tools, such as Frimley Analytics System Insights, are currently being investigated to help improve the quality of NHS Health Check data available to us and the effectiveness of actions to target particular groups.

7. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

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

6.2 Climate Impact Assessment Tool outcome was Net Low Negative *(E)*. Overall, an expansion of the NHS Health Check Programme in Reading is likely to bring significant health benefits to individuals and the wider society, by identifying and preventing the development of cardiovascular disease. The impact on the climate is assessed to be Net Low Negative; primarily due to a small increase in the number of people travelling by car and the potential for further disruption to the supply chain for blood tubes.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 Not applicable.

8. EQUALITY IMPACT ASSESSMENT

8.1 Not applicable.

The NHS Health Check Programme is a universal programme, offered to all eligible adults aged between 40 and 74 years, and as such does not discriminate against a particular group. By expanding the Programme to incorporate a targeted element, we anticipate that more people from Black Asian and minority ethnic backgrounds will take up the offer of a Check.

Data available to us at practice level, does not currently enable us to assess the full impact of the NHS Health Check Programme on all the protected characteristics.

9. LEGAL IMPLICATIONS

9.1 Not applicable.

Since 2017, there has been an ongoing, open-ended contractual arrangement with general practices in Reading who sign up to deliver the NHS Health Check Programme. This arrangement is reviewed on an annual basis and a contract can be terminated by either party with 60 days notice.

10. FINANCIAL IMPLICATIONS

10.1 Not applicable.

11. BACKGROUND PAPERS

11.1 A. Health Equity Audit
B. Climate Impact Assessment

NHS Health Checks Health Equity Audit - Reading 2015/16 – 2019/20

Contents

Introduction

This paper presents a Health Equity Audit of GP Surgeries within Reading from 2015/16 – 2019/20. Analysis of available data is presented, alongside the national picture of NHS Health Checks, and recommendations for action.

Background

The NHS Long Term Plan reaffirms the commitment by the NHS to take stronger action on prevention and health inequalities[1]. Health Equity Audit's (HEA's) are a process that examines how health determinants, access to services and associated outcomes are distributed in relation to the needs of different groups. This process is undertaken following a programme or policy being implemented, and generally follow the cycle demonstrated in the diagram produced by PHE below:

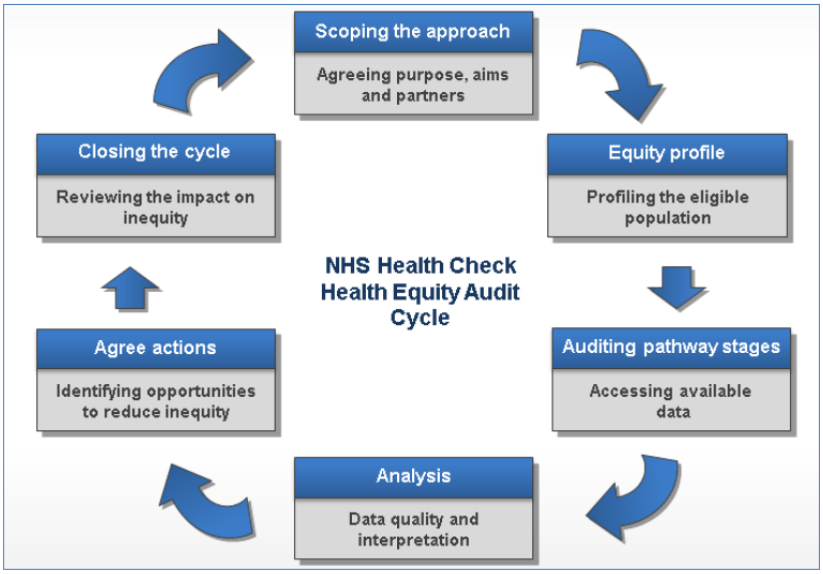


Figure 1: NHS Health Check Health Equity Audit Cycle - PHE NHS Health Check Programme: Health Equity Audit Guidance

HEA's provide local evidence that can be used to assess whether resources, opportunities and access are being distributed equitably, and by the principles of proportionate universalism[2] They can focus on the whole programme, or at specific points within the pathway; the scope of the HEA can be determined locally based on need.

Overview of Cardio-vascular Disease

Cardio-vascular disease (CVD) is an umbrella terms that encompasses conditions that affect the heart, the blood vessels or both. This includes stroke, heart disease, peripheral arterial disease and aortic disease. CVD is one of the leading causes of disability and death in the UK, with 168,000 of all deaths caused by CVD (2019/20). It is estimated that 46,000 of these deaths are premature[3].

[1] Stronger NHS action on health inequalities: NHS Long Term Plan. Available NHS Long Term Plan » Stronger NHS action on health inequalities. Last accessed 31/08/21

[2] NHS Health Check Programme: Health Equity Audit Guidance – PHE. Available Health equity audit guidance published for NHS screening providers and commissioners - PHE Screening (blog.gov.uk) Last accessed 20/08/21

[3] British Heart Foundation UK Fact Sheet – July 2021. Available bhf-cvd-statistics-uk-factsheet.pdf. Last accessed 20/08/21

Between 50% and 80% of CVD cases are caused by preventable risk factors, including smoking, obesity, hypertension, high cholesterol, harmful drinking, poor diet and physical inactivity[4]

Overview of NHS Health Checks Programme

The NHS Health Check programme is a CVD preventative programme delivered across England. It is estimated that the programme is preventing approximately 300 premature deaths (before 80 years) and resulting in an additional 1,000 people at age 80 years being free of cardiovascular diseases, dementia and lung cancer each year in England[5]

NHS Health Checks are offered to adults aged 40-74 who do not have pre-existing CVD. The population for those eligible for a health check might differ from that of the age group within the general population. Following a check, cardiovascular risk is calculated, and evidence-based risk reduction interventions put in place. The evidence suggests that the national average of attendance is 43.9% (2016/17), with variation across regions[6]. A proportionate universalism approach is recommended, in order to prioritise groups at the highest risk.

Aims

The aim of this health equity audit is to assess and describe the access to and uptake of NHS Health Checks in Reading from 2015/16 to 2019/20.

Objectives

- To assess uptake to the NHS health checks service in Reading
- Undertake analysis of the service by age, gender, LSOA and GP surgery from 2015/16 – 2019/20 in Reading
- Make recommendations to improve uptake of the NHS health checks service

Methods

NHS Health Checks data was extracted from electronic patient record systems (EMIS) from 18 GP surgeries across Reading within the period 2015/16 – 2019/20 inclusive. Data was analysed by age, gender, ethnicity, LSOA and GP surgery. Data cleansing was undertaken for all categories in order to analyse results.

Analysis was undertaken within these categories and subcategories to establish the proportions of patients who had been invited and declined, invited and completed, and completed a health check, but had not been invited. Confidence intervals at 95% were produced to determine statistical significance between the subcategories.

Results and Discussion

This section will discuss findings of analysis of EMIS NHS Health Check data in Reading from the period 2015/16 – 2019/20 inclusive. The following have been analysed; age, sex, ethnicity, LSOA and GP Surgery. 41% of the total population invited to a health check attended. All differences described

[4] Health Matters: NHS Health Check – A world leading CVD prevention programme – 2018. Available Health Matters: NHS Health Check - A world leading CVD prevention programme - Public health matters (blog.gov.uk). Last accessed 20/08/21

[5] NHS Health Checks: LTP Menu – NHS. Available NHS England » NHS Health Checks. Last accessed 20/08/21

[6] NHS Health Check Programme Patients Recorded as Attending and Not Attending, 2012 – 13 to 2017/18. Available at NHS Health Check - Evidence. Last accessed 20/08/21

in the analysis below are statistically significant at 95% certainty unless otherwise stated. Tables of analysis can be found as an appendix to this report.

Limitations

There are limitations to this data analysis, as noted below:

- Ethnicity was not available or unknown for a large proportion of the health checks data. 55.21% (6274/11364) of ethnicities were coded as unknown, or were not a valid ethnic group, and for those invited for health checks, 40.39% (6274/15536) of ethnicities were coded as unknown, or were not a valid ethnic group.
- Ages below 40 and above 74 were removed for the age analysis, however it was not possible for them to be removed for the rest of the analysis. 416 people coded as receiving a health check were outside of the 40 to 74-year age bracket, and 779 people coded as invited for a health check were outside of the 40 to 74 year age bracket.
- For health checks coded as completed without an invitation, it is not possible to discern whether the GP practice has not coded the invitation, or if the health check was opportunistic. 44% of completed health checks fall into this category.
- The way in which data is extracted from the GP systems does not allow for the cross-tabulation of data (i.e. it is not possible to analyse health check uptake by two variables at once such as by age and gender). Rather it only allows for analysis of health check uptake by a single variable at a time (e.g. age).
- It was not possible to analyse data provided on invitation method due to the lack of consistent coding within the data.
- Data from Pembroke Surgery is not included in this analysis as it was not possible to access the required information from the surgery's electronic patient record system.

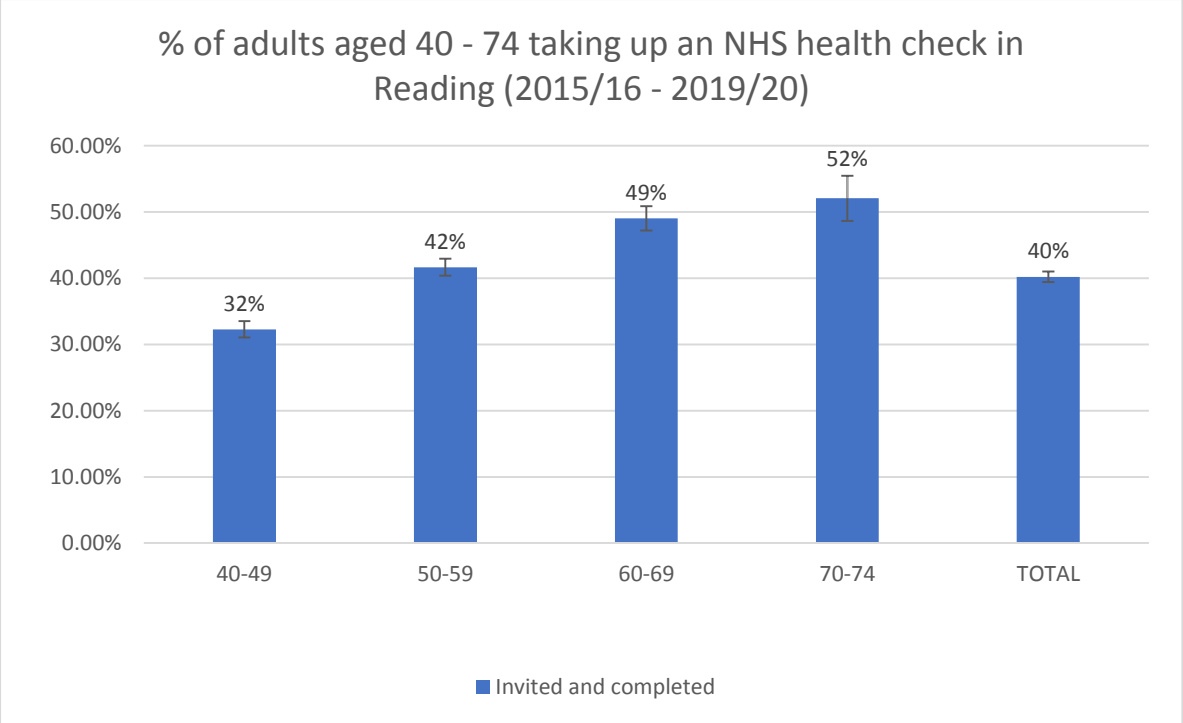
Age

For the purposes of analysis, the 40-74 age bracket has been broken down into the following categories: 40-49, 50-59, 60-69 and 70-74. Ages below 40 and above 74 have been excluded. 416 people coded as receiving a health check were outside of the 40 to 74-year age bracket, and 779 people coded as invited for a health check were outside of the 40 to 74-year age bracket. A total of 14,757 in the age bracket were coded as invited to a health check.

Analysis shows that few people who are invited for a health check, actively decline the check, with 0.63% (range: 0.51% - 0.77%) of the 40-74 age group coded as declining. No age group was found to be more likely to decline a health check. Although this number is low, it does not accurately reflect a lack of uptake of health checks, as this number only captures those who have actively declined a check, and not those who do not attend.

Of all 40-74-year olds who were invited to a health check, 40% (range: 39% - 41%) took up the offer and received a check. Those in the youngest age group (40-49) were significantly less likely to take up the offer of a health check. 32% (range: 31% - 34%) of this age group who were invited, received a check. As the age bands increase, as does the percentage of those taking up the offer of a health check, as depicted in the chart below, with the 70-74 age bracket at the highest at 52% (range: 49% - 55%).

Figure 2: % of adults aged 40 - 74 taking up an NHS health check in Reading (2015/16 - 2019/20)



National data published in 2019 on the demographics of patients attending and not attending an NHS Health Check between April 2012 and March 2018 provides context to the findings above. In 2017/18, 65-69-year olds had the highest attendance rate for their checks, at 54.5%. In the same period, 40-44-year olds had the lowest attendance record, at 35.9% of those invited attending their checks[7]. These findings are supported by the NHS health check programme review update 2020, that indicates that adults aged 60 and over are more likely to receive an NHS health check[8].

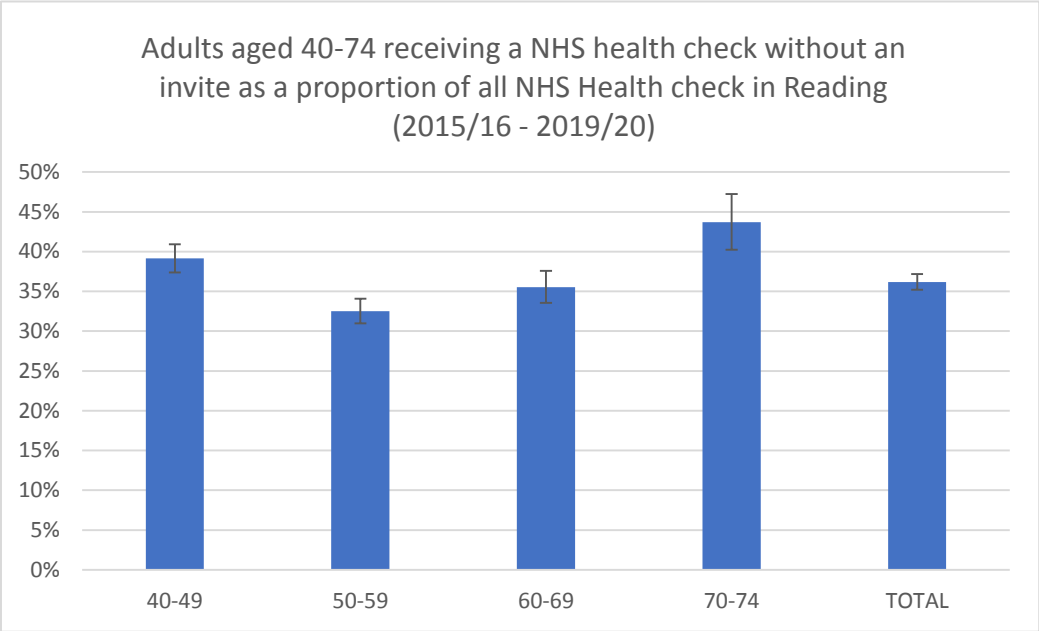
This suggests that the attendance of those aged 40-74 who were invited to a health check within Reading is broadly in line with national trends.

In addition to completion of a health check following an invitation, analysis has also been carried out on health checks that have been completed, but not coded as having received a formal invitation. This is the case where the invite has not been coded by a practice or where the check has been completed opportunistically. 36% of all completed checks within the 40-74 age group were for people who were not coded as being invited. As shown in the chart below, the age groups 40-49 and 70-74 are significantly more likely than average to have had received a check without an invite. The age group 50-59 was significantly less likely to have received a check without an invite. However, caution must be taken when interpreting these statistics as it cannot be discerned if the invitation hasn't been coded by the practice, or if the check took place opportunistically.

Figure 3: Adults aged 40-74 receiving a NHS health check without an invite as a proportion of all NHS Health check in Reading (2015/16 - 2019/20)

NHS Health Checks programme, patients recorded as attending and not attending 2012/13 – 2017/18. Available at NHS Health Check programme, Patients Recorded as Attending and Not Attending, 2012-13 to 2017-18 - NHS Digital[7] Last accessed 20/08/21

[8] NHS Health Check Programme Rapid Review Update 2020. Available at NHS Health Check - Evidence Last accessed 20/08/21

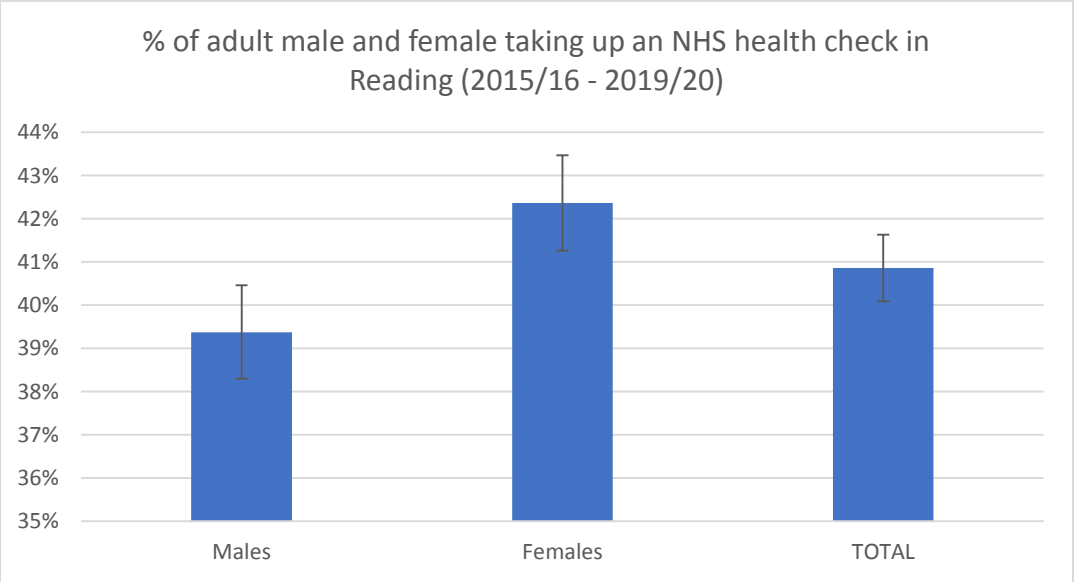


Sex

Analysis has been conducted on the sex of patients invited to a health check. From those invited, 50.34% were coded as male, and 49.76% coded as female, with a total of 15,536 invited. This total includes all ages outside of the 40-74 cohort that were coded as being invited to a health check.

Of those invited to and declining a health check, for both males and females 1% were coded as declining, with no statistical difference between them. For those who were invited to and completed a health check, 39% of males completed their health check, and 42% of females. As depicted in the chart below, females are significantly more likely to take up the offer of a health check, with males significantly less likely to do so.

Figure 4: % of adult male and female taking up an NHS health check in Reading (2015/16 - 2019/20)



The NHS health check programme review update 2020 provides a rapid review of evidence indexed up until the end of December 2019 and evidence from the original review conducted in 2017. The

review found that most of the evidence suggests that females are more likely than males to complete an NHS health check; in line with the local picture in Reading.

For those who had completed a health check but had not been invited, a total of 44% of completed checks fall into this category. Males were significantly more likely than average to have received a health check without an invite (45%).

Ethnicity

From the EMIS extracts provided by GP surgeries for this equity audit, data cleansing was undertaken. Ethnicities have been coded using the 2011 census for England and Wales recommended ethnic groups, as follows:

- White
- Mixed/multiple ethnic groups
- Asian/Asian British
- Asian/Asian British: Chinese
- Black/African/Caribbean/Black British
- Other ethnic group
- Unknown

Any fields not fitting this ethnic group coding from the EMIS extracts have been coded as unknown. Out of the grand total of completed health checks, 55.21% (6274/11364) of ethnicities were coded as unknown, or were invalid entries, and for those invited for health checks, 40.39% (6274/15536) of ethnicities were coded as unknown, or were invalid entries. Therefore, caution must be taken when interpreting these results. The unknown group is included within this analysis. The breakdown of ethnicities for those invited to a health check within Reading (2015/16 – 2019/20) are depicted in the table below. The second largest ethnic group invited to a health check after those coded as unknown was white, with 36.84% of all invitations.

Figure 5: Number of people invited to an NHS Health Check in Reading (2015/16 – 2019/20) by ethnicity

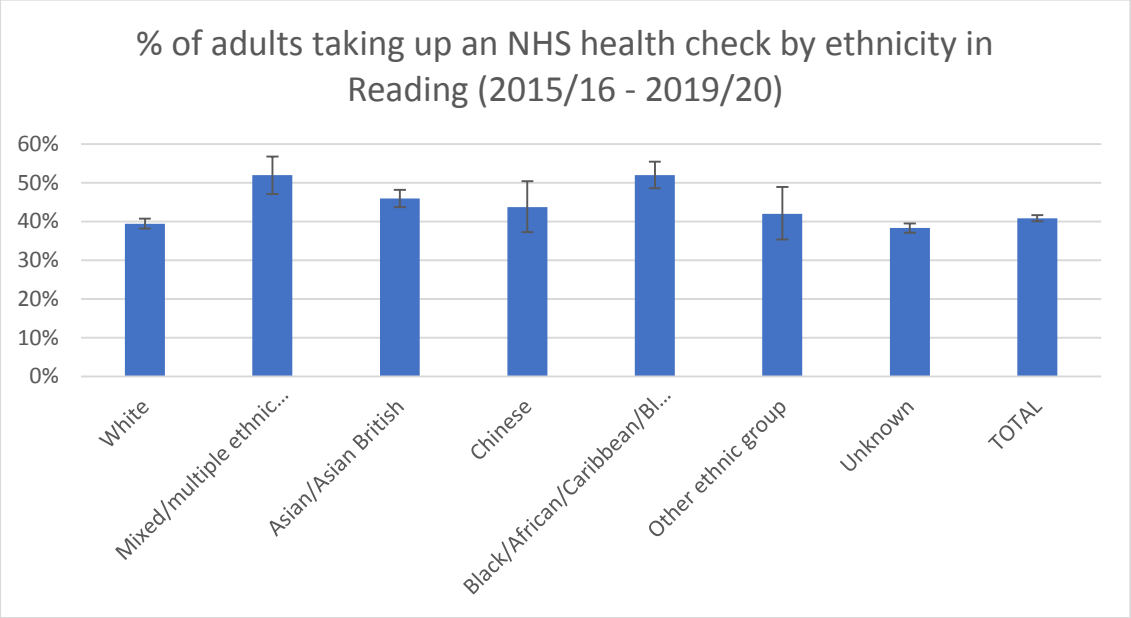
Ethnicity	Number of people invited to an NHS Health Check (2015/16 – 2019/20	Percentage invited to an NHS Health Check (2015/16 – 2019/20
White	5724	36.84%
Mixed/multiple ethnic groups	406	2.61%
Asian/Asian British	1906	12.27%
Asian/Asian British: Chinese	215	1.38%
Black/African/Caribbean/Black British	811	5.22%
Other ethnic group	200	1.29%
Unknown	6274	40.39%
TOTAL	15536	100%

Of those who were invited and declined a health check, the range varied between 0% to 1%, with the Asian/Asian British group being significantly lower. For those within the category of completing a health check without an invitation, there was no significance between ethnicities.

The chart below depicts the take up of the offer of a health check. The results of analysis showed that the ethnic groups Asian/Asian British, Black/African/Caribbean and Mixed/Multiple ethnic groups were all significantly more likely to take up the offer of a check, at 46%, 52% and 52% again respectively. The White and Unknown ethnic groups were found to be significantly less likely to take up the offer of a check, at 39% and 38% respectively.

Nationally, NHS Digital data from 2012 – 2018 shows that a lower percentage of Non-White British persons (62.3 - 67.9%) attend a health check when compared to White British individuals (77.8 – 81.5%). However, the NHS Health Checks rapid evidence review (2020) notes that there is variation across studies that report on attendance rates for ethnicities, and that there is little evidence around which ethnicities are more likely to attend. Due to the large proportion of unknown ethnicities and lack of evidence nationally, the analysis presented is unlikely to give an entirely accurate picture as to which ethnicities are more likely to attend a health check.

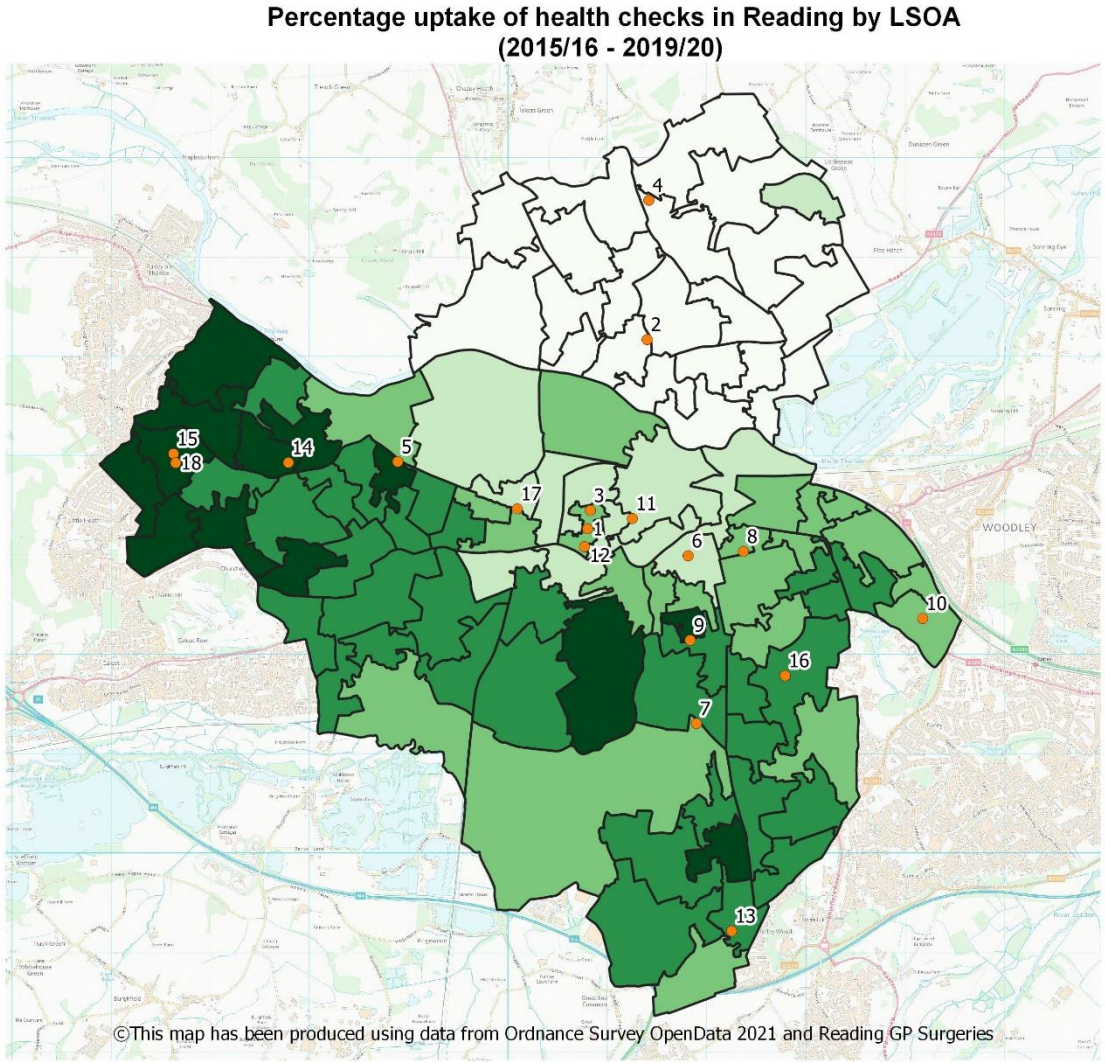
Figure 6: % of adults taking up an NHS health check by ethnicity in Reading (2015/16 - 2019/20)



LSOA

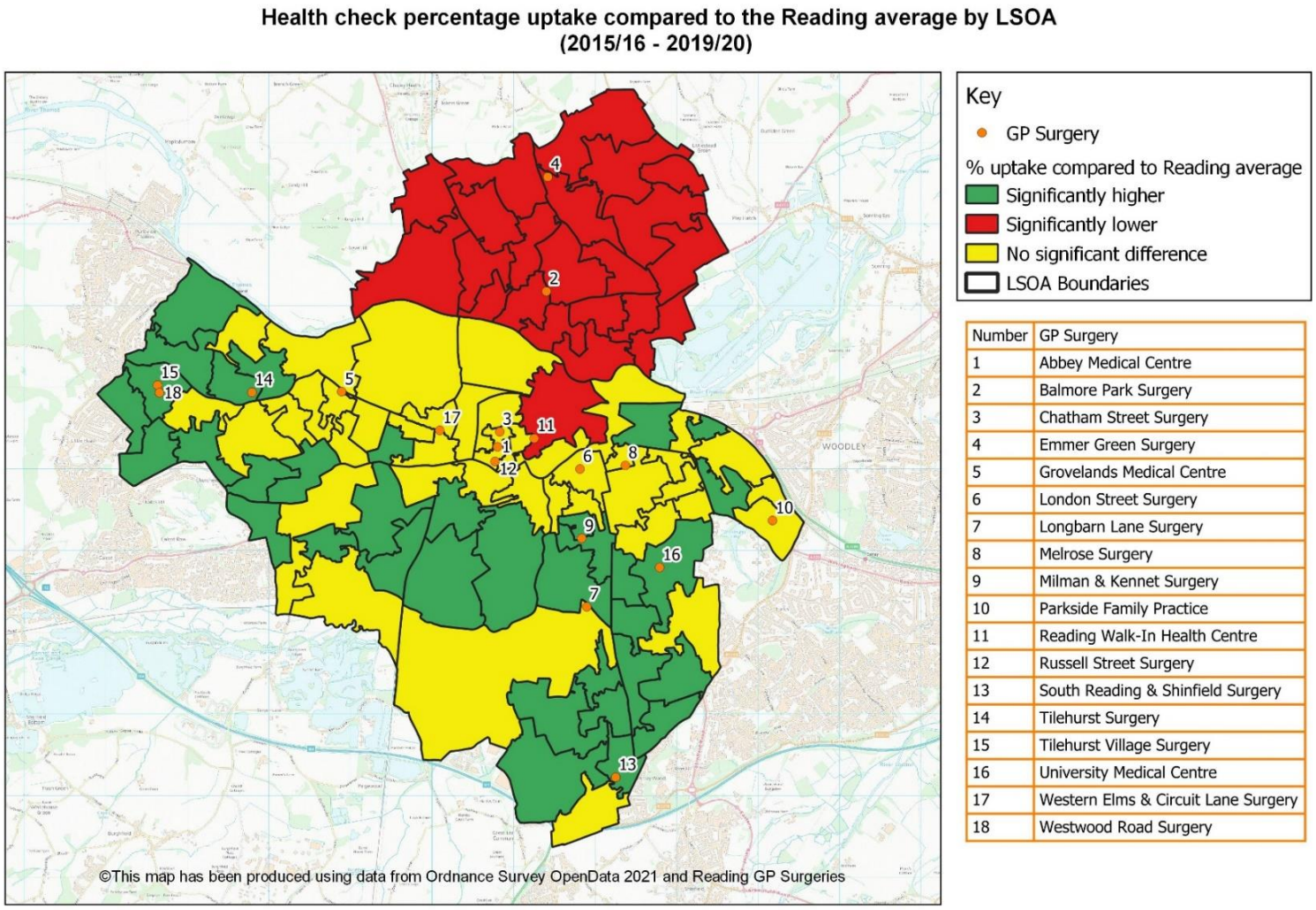
Health checks data on attendance has been analysed according to lower super output areas. As depicted in figure 7 below, the percentage uptake of health checks varies across Reading by LSOA. There are 35 LSOA's that are significantly higher than the Reading average uptake, as shown in figure 5. LSOA's that are significantly lower than the Reading average in terms of uptake are also shown in figure 5 (21 LSOA's) and are largely contained within the North of Reading.

Figure 7: Percentage uptake of health checks in Reading by LSOA (2015/16 – 2019/20)



Number	GP Surgery
1	Abbey Medical Centre
2	Balmore Park Surgery
3	Chatham Street Surgery
4	Emmer Green Surgery
5	Grovelands Medical Centre
6	London Street Surgery
7	Longbarn Lane Surgery
8	Melrose Surgery
9	Milman & Kennet Surgery
10	Parkside Family Practice
11	Reading Walk-In Health Centre
12	Russell Street Surgery
13	South Reading & Shinfield Surgery
14	Tilehurst Surgery
15	Tilehurst Village Surgery
16	University Medical Centre
17	Western Elms & Circuit Lane Surgery
18	Westwood Road Surgery

Figure 8: Health check percentage uptake compared to Reading average by LSOA (2015/16 – 2019/20)

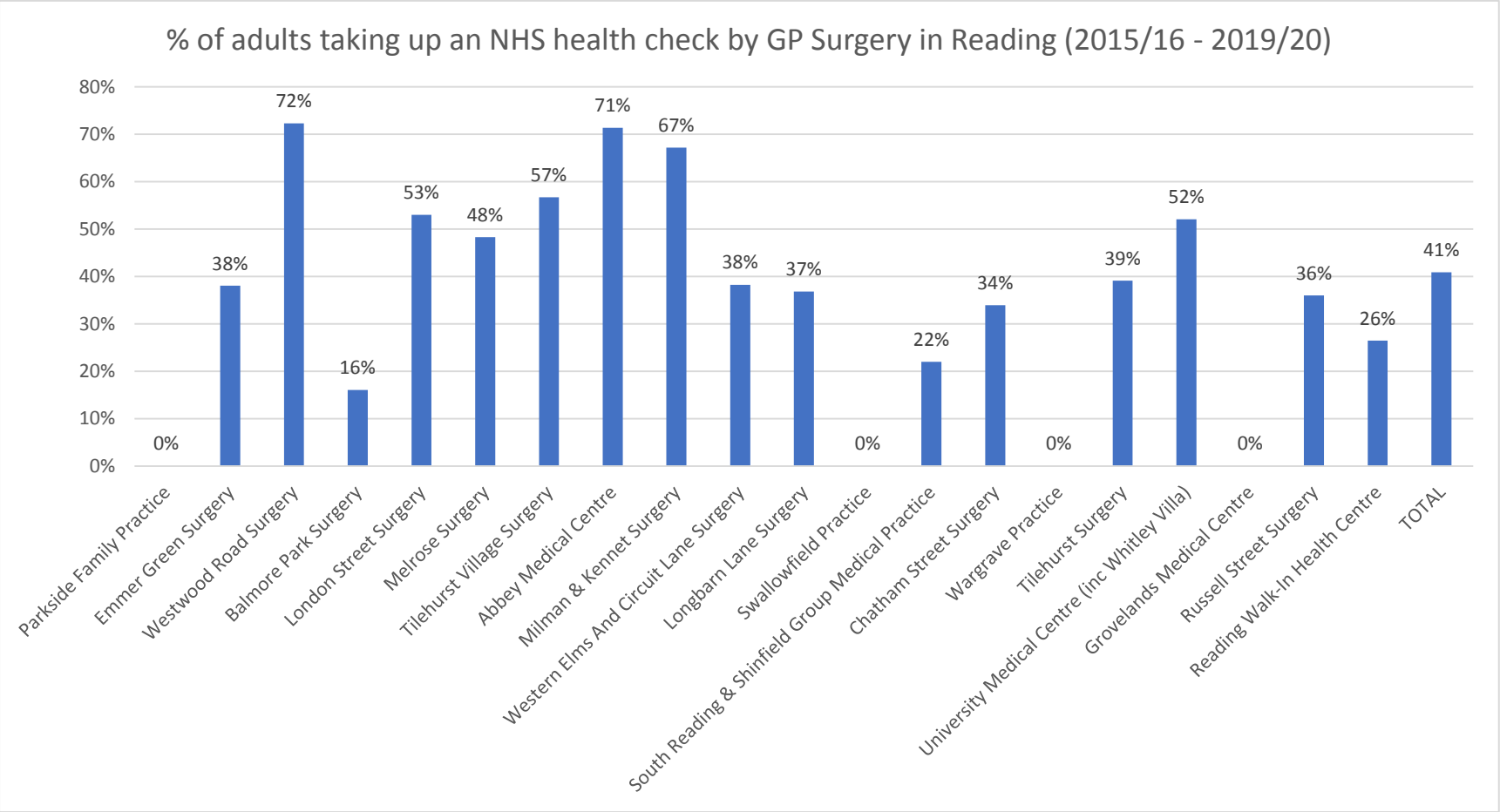


Number	GP Surgery
1	Abbey Medical Centre
2	Balmore Park Surgery
3	Chatham Street Surgery
4	Emmer Green Surgery
5	Grovelands Medical Centre
6	London Street Surgery
7	Longbarn Lane Surgery
8	Melrose Surgery
9	Milman & Kennet Surgery
10	Parkside Family Practice
11	Reading Walk-In Health Centre
12	Russell Street Surgery
13	South Reading & Shinfield Surgery
14	Tilehurst Surgery
15	Tilehurst Village Surgery
16	University Medical Centre
17	Western Elms & Circuit Lane Surgery
18	Westwood Road Surgery

GP Surgeries

GP surgeries within Reading that use the EMIS system (total 18 surgeries) have provided health checks data. The uptake of health checks following an invitation is shown in figure 9 below.

Figure 9: % of adults taking up an NHS health check by GP Surgery in Reading (2015/16 - 2019/20)



Analysis shows that the GP surgeries with a significantly higher uptake of health checks following an invitation are as follows:

- Westwood Road Surgery
- London Street Surgery
- Melrose Surgery
- Tilehurst Surgery
- Abbey Medical Centre
- Milman and Kennet Surgery
- University Medical Centre (including Whitley Villa Surgery)

Conversely the GP surgeries that had a significantly lower uptake within the period following invitation were as follows:

- Longbarn Lane Surgery
- Chatham Street Surgery
- Reading Walk-In Health Centre
- South Reading and Shinfield Group Medical Practice

The location of these surgeries is depicted in figures 7 and 8 of this report.

Invitation method

Invitation method was not possible to discern from the EMIS data extract. Nationally, there is evidence around invitation methods that are effective in improving attendance rates, which can be used locally whilst planning prioritisation for groups. Below provides a summary of findings around invitation methods from the NHS Health Check Programme Rapid Review Update 2020[9]:

- Recent evidence supports the notion that opportunistic invites improve uptake regardless of setting. The number of those completed but not invited suggests that opportunistic methods within Reading may improve uptake in line with national research, particularly for males and those aged 40-49 and 70-74.
- Evidence shows that sending text messages pre- and post-invitational letters can increase uptake particularly if the letter is time limited. This evidence is supported by two high quality randomised control trials (RTC).
- Further evidence of telephone invites increasing uptake has been identified, including a high-quality RCT. The cost analysis suggested this would provide an additional 180 NHS Health Checks per 1,000 patients, at an extra cost of £240 (£0.24/patient).
- Evidence from the same study indicates that a personalised letter containing CVD risk information would also increase uptake (extra 40 NHS Health Checks per 1,000 patients) with no extra costs incurred
- Endorsement of the NHS Health Checks by a community ambassador or engagement worker appears to be important for ethnic minority groups.

[9] NHS Health Check Programme Rapid Review Update 2020. Available at NHS Health Check - Evidence Last accessed 20/08/21

Recommendations

1. Ethnicity coding throughout GP practices requires improvement, using a uniform system to code ethnicities.
2. Resources should be prioritised towards the age bracket 40-49 as this is the age bracket that is significantly less likely to attend a health check.
3. Resources should be prioritised towards males as they are significantly less likely to attend a health check.
4. Support GP surgeries in LSOA's where uptake is significantly lower than the Reading average to improve uptake.
5. Support GP surgeries that have a significantly lower uptake of health checks.
6. Further analysis should be undertaken on the invitation method used by GP Surgeries once this data is made available, in particular the use of opportunistic methods.

Appendices:

Appendix 1 ; % of adults aged 40 - 74 taking up an NHS health check in Reading (2015/16 - 2019/20)

	Invited and completed	Invited	%	LCI	UCI	LW	UW	Sig.
40-49	1753	5432	32%	31%	34%	1%	1%	L
50-59	2363	5672	42%	40%	43%	1%	1%	H
60-69	1387	2829	49%	47%	51%	2%	2%	H
70-74	429	824	52%	49%	55%	3%	3%	H
TOTAL	5932	14757	40%	39%	41%	1%	1%	

Appendix 2; % of adult male and female taking up an NHS health check in Reading (2015/16 - 2019/20)

	Invited and completed	Invited	%	LCI	UCI	LW	UW	Sig.
Males	3073	7805	39%	38%	40%	1%	1%	L
Females	3275	7731	42%	41%	43%	1%	1%	H
TOTAL	6348	15536	41%	40%	42%	1%	1%	

Appendix 3: % of adults taking up an NHS health check by ethnicity in Reading (2015/16 - 2019/20)

	Invited and completed	Invited	%	LCI	UCI	LW	UW	Sig.
White	2259	5724	39%	38%	41%	1%	1%	L
Mixed/multiple ethnic groups	211	406	52%	47%	57%	5%	5%	H
Asian/Asian British	876	1906	46%	44%	48%	2%	2%	H
Chinese	94	215	44%	37%	50%	6%	7%	
Black/African/Caribbean/Black British	422	811	52%	49%	55%	3%	3%	H
Other ethnic group	84	200	42%	35%	49%	7%	7%	
Unknown	2404	6274	38%	37%	40%	1%	1%	L
TOTAL	6350	15536	41%	40%	42%	1%	1%	

Your Name:Chris Stannard

Date: 26.11.21

Project / Proposal Name or Reference: Smokefree Berkshire					
1. IMPACT ON CARBON EMISSIONS					
HOW WILL THIS PROJECT/PROPOSAL AFFECT:		**CONSIDERATIONS** ***See guidance below on determining whether negative or positive impacts are High, Medium or Low***	**IMPACT?** ***Use drop down list***	**GUIDANCE IF NEGATIVE/NIL RATING HAS BEEN AWARDED**	**SUMMARISE HOW YOU PLAN TO MANAGE AND REDUCE ANY NEGATIVE IMPACTS**
1	**ENERGY USE**	* More energy will be consumed or emissions generated (by RBC or others) = Negative Impact * No extra energy use is involved or any additional energy use will be met from renewable sources = Nil Impact * Energy use will be reduced or renewable energy sources will replace existing fossil fuel energy = Positive Impact	**Nil**	**Consider:** ▫ Energy efficiency measures ▫ Renewable energy ▫ Reducing demand for energy	N/A to this project
2	**WASTE GENERATION**	* More waste will be generated (by RBC or others) = Negative Impact * No waste will be generated = Nil Impact * Less waste will be generated OR amount of waste that is reused/ recycled will be increased = Positive Impact	**Low Negative**	**Consider**: ▫ Re-usable/recycled goods ▫ Recycling facilities ▫ Reducing/reusing resources	The NHS Health Check requires the use of sharps and wipes. More checks will result in more of these products needing to be used and safely discarded.
3	**USE OF TRANSPORT**	* RBC or others will need to travel more OR transport goods/people more often/further = Negative Impact * No extra transport will be necessary = Nil Impact * The need to travel, the use of transport and/or of fossil fuel-based transport will be reduced = Positive Impact	**Nil**	**Consider:** ▫ Use of public transport ▫ Reducing need to travel or transport goods ▫ Alternative fuels/electric vehicles/walking and cycling	If more NHS Health Checks are delivered there will be an overall increase in the numbers of patients attending their practice. However, a proportion will travel on foot or by bus. In additional a proportion of Health Checks are likely to be offered opportunistically, meaning that patients were already visiting the practice for another reason.
2. IMPACT ON RESILIENCE TO THE EFFECTS OF CLIMATE CHANGE					
HOW WILL THIS PROJECT/PROPOSAL AFFECT THE ABILITY OF READING TO WITHSTAND:		**CONSIDERATIONS** ***See guidance below on determining whether negative or positive impacts are High, Medium or Low***	**IMPACT?** ***Use drop down list***	**GUIDANCE IF NEGATIVE/NIL RATING HAS BEEN AWARDED**	**SUMMARISE HOW YOU PLAN TO MANAGE AND REDUCE ANY NEGATIVE IMPACTS**
4	**HEATWAVES**	* Increased exposure of vulnerabe people and/or infrastructure to heat stress = Negative Impact * No increase in exposure to heat stress = Nil Impact * Reduced exposure of vulnerable people and/or infrastructure to heat stress = Positive Impact	**Nil**	Greater need for cooling, ventilation, shading and hydration methods	N/A to this project
5	**DROUGHT**	* Water use will increase and/or no provision made for water management = Negative Impact * Levels of water use will not be changed = Nil Impact * Provision made for water management, water resources will be protected = Positive Impact	**Nil**	Greater need for water management and perhaps reserve supplies	N/A to this project
6	**FLOODING**	* Levels of surface water run-off will increase, no management of flood risk = Negative Impact * Levels of surface water run-off & flood risk are not affected = Nil Impact * Sustainable drainage measures incorporated, positive steps to reduce & manage flood risk = Positive Impact	**Nil**	Consider flood defence mechanisms or alternative arrangements (business continuity)	N/A to this project
7	**HIGH WINDS / STORMS**	* Exposure to higher wind speeds is increased or is not managed = Negative Impact * No change to existing level of exposure to higher wind speeds = Nil Impact * Exposure to higher wind speeds is being actively managed & reduced = Positive Impact	**Nil**	Greater need for stabilisation measures, robust structures resilient to high winds	N/A to this project
8	**DISRUPTION TO SUPPLY CHAINS**	* Exposure to supply chain disruption for key goods and services is increased = Negative Impact * No change in exposure to supply chain disruption for key goods and services = Nil Impact * Exposure to supply chain disruption for key goods and services is reduced = Positive Impact	**Low Negative**	Source key goods and services locally as it reduces exposure to supply chain disruption and boosts the local economy	There has been some disruption to the national supply of Becton Dickenson blood tubes, commonly used as part of some NHS Health Checks. The situation has improved, however, further disruption cannot be totally ruled out.

Weighing up the negative and positive impacts of your project, what is the overall rating you are assigning to your project?: ***Net Low Negative***

This overall rating is what you need to include in your report/ budget proposal, together with your explanation given below.

Guidance on Assessing the Degree of Negative and Positive Impacts:

Note: Not all of the considerations/ criteria listed below will necessarily be relevant to your project

Low Impact (L)	* No publicity
	* Relevant risks to the Council or community are Low or none
	* No impact on service or corporate performance
	* No impact on capital assets; or relates to minor capital assets (minor works)
Medium Impact (M)	* Local publicity (good or bad)
	* Relevant risks to the Council or community are Medium
	* Affects delivery of corporate commitments
	* Affects service performance (e.g.: energy use; waste generation, transport use) by more than c.10%
	* Relates to medium-sized capital assets (individual buildings or small projects)
High Impact (H)	* National publicity (good or bad)
	* Relevant risks to the Council or community are Significant or High
	* Affects delivery of regulatory commitments
	* Affects corporate performance (e.g.: energy; waste; transport use) by more than c.10%
	* Relates to major capital assets (larger buildings and infrastructure projects)

In the box below please summarise any relevant policy context, explain how the overall rating has been derived, highlight significant impacts (positive and negative) and explain actions being taken to mitigate negatives and increase positives. This text can be replicated in the 'Environment and Climate Impacts' section of your Committee Report, though

Overall, an expansion of the NHS Health Check Programme in Reading is likely to bring significant health benefits to individuals and wider society, by identifying and preventing the development of cardiovascular disease. The impact on the climate is assessed to be Net Low Negative; primarily due to a small increase in the number of people travelling by car and the potential for further disruption to the supply chain for blood tubes.

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READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	xxx Jan 2021	AGENDA ITEM:	
REPORT TITLE:	READING'S ARMED FORCES COVENANT AND ACTION PLAN		
REPORT AUTHOR:	Jill Marston	TEL:	72699
JOB TITLE:	Senior Policy Officer	E-MAIL:	Jill.marston@reading.gov.uk
ORGANISATION:	Reading Borough Council		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.2 This report presents an annual update on progress against the actions outlined in the Armed Forces Covenant Action Plan, in particular the heath related actions, and on the general development of the Armed Forces Covenant, including national proposals to enshrine the Covenant in law, and development of the pan-Berks Civil Military Partnership.

1.3 Appendix A – Armed Forces Covenant Action Plan.

2. RECOMMENDED ACTION

2.1 To note the new legislation relating to the Armed Forces Covenant and duty to pay 'due regard' to the Armed Forces community

2.2 To note the development of the pan-Berks Civil Military Partnership

2.3 To note the progress against the actions set out in the Reading Armed Forces Covenant Action Plan (appendix A), in particular the section on Health and Wellbeing.

3. POLICY CONTEXT

3.1 In 2011, the Government published the Armed Forces Covenant, as a tri-Service document which expresses the enduring, general principles that should govern the relationship between the Nation, the Government and the Armed Forces community.

3.2 The 'Covenant for Communities' complements the Armed Forces Covenant and enables service providers to go beyond the national commitments. It allows for measures to be put in place at a local level to support the Armed Forces and encourages local communities to develop a relationship with the Service community in their area.

4. THE PROPOSAL

Background

4.1 The aims of the Armed Forces 'Covenant in the Community' are to:

- encourage local communities to support the Armed Forces community in their areas

- nurture public understanding and awareness amongst the public of issues affecting the Armed Forces community
- recognise and remember the sacrifices faced by the Armed Forces community
- encourage activities which help to integrate the Armed Forces community into local life
- to encourage the Armed Forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

4.2 The Reading Armed Forces Community Covenant was launched in July 2012 and has been signed by 7 Rifles on behalf of the Armed Forces, and a range of other key partners.

4.4 Reading doesn't have a large military 'footprint', with no regular forces stationed in the town. However, Brock Barracks is the headquarters for the Territorial Army unit 7th Battalion The Rifles, and Reading is home to a large ex-Gurkha community. Reading's Armed Forces Covenant therefore focuses on Veterans and Reservists and aims to be proportionate in its scope to the size of the Armed Forces community in Reading.

New legislation

4.5 The Government is in the process of introducing legislation to further strengthen the statutory basis of the Covenant, as part of the Armed Forces Bill, currently going through Parliament. The legislation introduces a new duty on public service providers to take due regard of the Armed Forces community when writing policy and making decisions in implementing that policy in relation to healthcare, education, and housing.

4.6 Over the course of the last year, the MOD Covenant Team have run a series of regional focus groups to help develop the proposed Covenant legislation and guidance, which Reading Borough Council contributed to.

4.7 In response to the new duty, the Council is proposing to demonstrate 'due regard' by adding the Armed Forces community to those considered as part of the standard committee report paragraph on 'equality impact assessment', so that the impact on this community is considered as a matter of course. This will need to be accompanied by awareness raising and training of front-line staff to respond to the potential increase in enquires from veterans and their families.

Pan-Berks Civil Military Partnership

4.8 Following the Berks CEX Group and Berkshire Local Authority Leaders' support, a new pan-Berks Civil Military Partnership is being developed, with the first meeting held on 25th November this year. The meeting considered the proposed terms of reference for the group and action plan, with an official launch for the group to be planned for spring 2022.

4.9 The aim of the partnership is to bring about economies of scale, with shared action plans and joint initiatives, such as joint events for Armed Forces Week, joint MoD Covenant Grants, as well as wider but more focused support from the Military.

4.10 The Reading Armed Forces Partnership Board discussed the proposal at their meeting in November 2020 and are keen to continue meeting at the local level for information exchange and networking.

Update on the Covenant Action Plan

4.11 The Reading Armed Forces Covenant partnership meets on a six monthly basis, the most recent held in July 2021. Partners continue to report that the meeting is valuable.

4.12 Progress to date against the actions in the Action Plan is shown in Appendix A.

4.13 The Action Plan includes a section on health and wellbeing with the following actions:

- Feedback and input to the Health and Wellbeing Board
- Devise protocol for GPs to register Veteran status
- Raise awareness of and signpost to Veteran's Mental Health Service for the South Central region
- Development of a leaflet on accessing health services to be translated into Nepalese
- Develop and promote a discount scheme for serving personnel for arts and leisure facilities in Reading
- Consolidation of appropriate contact/ support lists in order to provide better signposting

4.14 In particular, re GPs recording Veteran status, both Berkshire Healthcare and Royal Berkshire NHS trust are working towards 'Veteran Aware' accreditation, including:

- provide leaflets and posters to veterans and their families explaining what to expect
- train relevant staff to be aware of veterans' needs and the commitments of the NHS under the Armed Forces Covenant
- inform staff if a veteran or their GP has told the trust they have served in the armed forces
- ensure that members of the armed forces community do not face disadvantage compared to other citizens when accessing NHS services
- signpost to extra services that might be provided to the armed forces community by a charity or service organisation in the trust
- look into what services are available in their locality, which patients would benefit from being referred to.

Covenant Grant Fund Trust

4.15 The national Covenant grant fund was launched in 2015 by the Ministry for Defence, with £10 million available every year. Since April 2018, the fund has become the independent Armed Forces Covenant Fund Trust and makes grants to support members of the Armed Forces community.

4.16 In 2020/21, the 'Force for Change' programme awarded individual grants of up to £10,000 for community projects designed to reduce isolation and promote integration and to support post-Covid recovery in local Armed Forces communities affected by isolation.

5.0 CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The work on the Armed Forces covenant is in line with the overall direction of the Reading Health and Wellbeing Strategy and contributes to a number of the Strategy's eight priorities, including the following as they relate to the Veteran community, through strengthening the support provided to Veterans and service leavers:

1. Supporting people to make healthy lifestyle choices
2. Reducing loneliness and social isolation
3. Reducing deaths by suicide
4. Reducing the amount of alcohol people drink to safe levels

5.2 The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal addresses these by providing support to the Armed Forces community and their families, including Veterans.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Two of the key aims of the Armed Forces Community Covenant are to:

- encourage local communities to support the armed forces community in their areas
- encourage the armed forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

7. EQUALITY IMPACT ASSESSMENT

7.1 The covenant is intended as a vehicle for partners across Reading to help enable Veterans or Reservists to access health services, particularly mental health services, training and employment opportunities.

8. LEGAL IMPLICATIONS

8.1 The general power of competence, introduced as part of the Localism Act 2011, replaces the well-being power from February 2012. The Act gives local authorities the power to do anything which an individual generally may do, which they consider is likely to be of benefit (directly or indirectly) to the whole or any part of their area. It therefore gives local authorities the power to do anything they want, so long as it is not prohibited by other legislation.

8.2 The new legal duty to be due regard to the Armed Forces community is discussed at 4.5.

9. FINANCIAL IMPLICATIONS

9.1 £30m of central government funding was allocated over four years to 2014/15 to financially support Community Covenant projects at the local level which strengthen the ties or the mutual understanding between members of the armed forces community and the wider community in which they live. Reading submitted bids in three bidding rounds. £10m per annum was made available in perpetuity from 2015/16 onwards through the new Armed Forces Covenant Trust Fund.

10. BACKGROUND PAPERS

10.1 Armed Forces Covenant Fund https://www.gov.uk/government/collections/covenant-fund

READING ARMED FORCES COMMUNITY COVENANT
ACTION PLAN JAN 2022

The Armed Forces Community Covenant's key objectives:
Recognise, Remember, Integrate and Support

Armed Forces community comprises serving personnel (regular and reserves) and their dependants; and veterans and their dependants.

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 22
HEALTH AND WELLBEING - *To ensure that the wellbeing of the Armed Forces community is not undermined by the nature of service life*				
Recognise: *Map and identify veterans status and represent special requirements of Armed Forces community in order to allow NHS to meet needs*				
1	Feedback and input to Health and Wellbeing Board	ROSO 7 Rifles	ongoing	• Last report on health related actions to Health & Wellbeing Board in Jan 2021 (July 2020 meeting cancelled due to Covid)
3	Devise protocol for GPs to register Veteran status	Clinical Commissioning Groups	ongoing	Both Berkshire Healthcare and Royal Berkshire NHS trust are working towards 'Veteran Aware' accreditation, including: • provide leaflets and posters to veterans and their families explaining what to expect • train relevant staff to be aware of veterans' needs and the commitments of the NHS under the Armed Forces Covenant • inform staff if a veteran or their GP has told the trust they have served in the armed forces • ensure that members of the armed forces community do not face disadvantage compared to other citizens when accessing NHS services • signpost to extra services that might be provided to the armed forces community by a charity or service organisation in the trust • look into what services are available in their locality, which patients would benefit from being referred to.
4	Raise awareness of and	Covenant	ongoing	• JCP, SSAFA, RBL promote the service

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 22
	signpost to Veteran's Mental Health Service for the South Central region	partnership/ Armed Forces charities/other partners		• SSAFA and RBL working with South Central Veterans Mental Health Service within current casework • CCGs have been raising awareness at council of practice meetings, on CCG websites, and on social media • Hotline number included on Council's web page for support for Veterans https://www.reading.gov.uk/leisure/funding/reading-armed-forces-covenant/ • Transition, Intervention and Liaison Service (TILS) and Complex Treatment Service (CTS) now rebranded as Op Courage
5	Development of a leaflet on accessing health services to be translated into Nepalese	Clinical Commissioning Groups/SSAFA/RBC	Spring 2014	**ACHIEVED** • SSAFA runs classes with ex-Gurkha community using leaflet • Funding gained from covenant fund to develop the booklet further and to print and translate into Nepalese; revision version now complete and printed • Royal Berks Hospital were running 6 weekly meetings with ex-Gurkha community on diabetes, blood pressure etc, using the booklet • Booklet used as basis for Kent health toolkit • Covid advice leaflets also produced for ex-Gurkha community
6	Develop and promote a discount scheme for serving personnel (both full time and reservists) for arts and leisure facilities in Reading	RBC/ ROSO 7 Rifles	Promotion summer 2013	**ACHIEVED** • Scheme developed and in place for leisure centres • Use of 'tickets for troops' by Hexagon
7	Consolidation of appropriate contact/ support lists in order to provide better signposting	ROSO 7 Rifles/ RBC	2014	**ACHIEVED** Reading Borough Council website includes key support contacts at: http://www.reading.gov.uk/reading-armed-forces-community-covenant
ECONOMY AND SKILLS - *Enhance the economic prosperity of Service personnel (including reservists), their families, and Veterans whilst benefitting the local economy wherever possible*				
Integrate: *Ensure Armed Forces benefit from ongoing economic development in county*				

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 22
Support: *Facilitate a sustainable pathway for Service leavers into civilian employment*				
8	Keep local authorities and business updated on re-structuring of Defence	ROSO 7 Rifles	ongoing half yearly	• Briefing provided at Nov 2020 at partnership meeting; recruiting is going well
9	Work with local businesses to encourage employment of Service leavers and Reservists	Reading UK CIC/ Jobcentre Plus/	ongoing	• MOD employer engagement strategy to promote to employers the value of employing Reservists • Ongoing briefing sessions between 7 Rifles and JCP (including Back to Work Programme and Armed Forces Employment Pathways Scheme) (prior to covid) • 7 Rifles work with Gravity Personnel to promote the benefits of recruiting Reservists • UK CIC and Business Improvement District newsletters promotion of benefits of employing Reservists • 7 Rifles presence at job fairs (prior to covid)
10	Encourage Jobcentre Plus to register Veterans	Jobcentre Plus	ongoing	• Universal Credit claim process doesn't now record Veteran status
11	Promote the Armed Forces (Regular and Reserve) as a career for the residents of Reading, particularly young people Not in Education, Training or Employment	Reading UK CIC/ 7 Rifles/ Jobcentre Plus	ongoing	• Regular recruiting activities in Oxon, Bucks and Berks in support of Operation Fortify recruiting initiative • JCP advisors kept up to date with Armed Forces vacancies, and promote Army Reserve generally • MOD employer engagement strategy • Ongoing briefing sessions between 7 Rifles and JCP • 7 Rifles presence at job fairs
12	Support Service leavers, former Armed Forces personnel and reservists to access careers guidance, CV support and interview preparation courses	Jobcentre Plus / New Directions/ other partners	ongoing	• SERFCA have set up jobs4reservists website, promoted via Reading UK CIC e-news • New Directions offer an employability course in partnership with JCP, covering employability and essential IT skills - for Universal Jobmatch, CV creation, job applications and interview preparation • Advice and support contacts promoted via RBC Armed Forces Covenant web page: https://www.reading.gov.uk/leisure/funding/reading-armed-forces-covenant/ and new Armed Forces Covenant website: (www.armedforcescovenant.gov.uk)

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 22
				• NHS guaranteed interview scheme for service leavers •
13	Defence discount service/ card	Reading UK CIC	2014/15	• Awareness raised with Business Improvement District businesses • A number of large companies with Reading branches already signed up to scheme
14	Promotion of relevant events to businesses/ employers	Reading UK CIC/ROSO 7 Rifles/Jobcentre Plus	ongoing	• JCP and Reading UK CIC general promotion of relevant events • Sandhurst Leadership Challenge (employers) • Job fairs at Hexagon, Reading College and University of Reading
15a	Development of Reading Borough Council protocol for employment of Reserve Forces personnel	RBC	March 2014	**ACHIEVED** Agreed at Personnel Committee March 2014
15b	Promotion of Armed Forces Covenant to employers	RBC/ Reading UK CIC/ Covenant partnership	ongoing	• Article in Reading UK CIC e-News • Ongoing work with MOD Defence Relationship Management to engage employers • RBC awarded Employer Recognition Scheme bronze award July 2017
EDUCATION, CHILDREN AND YOUNG PEOPLE - *Develop a comprehensive understanding of the needs of Service children; remove and negate disadvantage which results from the mobility of Service life. Develop youth opportunities across the community, supporting the Cadet Forces.*				
Integrate: *Promote an understanding of the needs of Service children so that they are not disadvantaged in the state education system*				
Support: *Enable optimal educational opportunity for Service children within the context of the state education system*				
16	Survey schools to determine numbers of Service family pupils and ensure schools maximise the value of the Service Pupil Premium by encouraging registration and promoting best practice in utilisation of	RBC/ Schools in Reading Borough area/ 7 Rifles	annual survey (next due Jan 15)	• 5 service children in Reading schools (Jan 20, School Census) • Best practice examples of how service pupil premium spent in other areas circulated to schools

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 22
	funding			
17	Being sensitive and supportive to the possible emotional and psychological needs of some Service children	RBC/ Schools in Reading Borough area/ 7 Rifles	ongoing	Reminders to encourage parents to inform school of Armed Forces status
ENVIRONMENT AND INFRASTRUCTURE - *Ensure that the wider Armed Forces' infrastructure requirements (inc Housing) are met in synchronisation with the Defence Infrastructure Organisation (DIO) and cognisant of the requirements of the local community. Where possible, create efficiencies with the local community*				
Support: *Develop a common understanding of infrastructure needs of the Armed Forces community, in order to inform Local Authority planners to optimise provision. This incorporates a common, equitable housing protocol for Veterans within the local area.*				
18	Develop and implement a plan for the identification of Veterans locating to the Reading area in order to ensure that they are informed and included in relevant initiatives	ROSO 7 Rifles / RBC/ charities	ongoing	• Some Veterans claiming benefits can be identified and support offered • Support, initiatives and opportunities disseminated via charities' existing mechanisms (e.g. SSAFA, RBL, Reading Ex-British Gurkha Association, Forgotten British Gurkhas) • Total number of veterans in Reading difficult to ascertain; around 380 residents are in receipt of Armed Forces pension (a proxy measure for Veteran numbers). • Armed Forces question included in 2021 Census; results available from March 2022
19	Ensure Veterans receive equitable treatment in allocation of social housing	RBC	ongoing	**ACHIEVED** • Incorporated into Reading Borough Council's Housing Allocations Scheme • 69 households have been given additional priority for housing via the Housing Register since 2011; to date, 12 have been re-housed and 10 applications are currently live on the register (July 2019)
20	Explore options for facility sharing in line with local needs and Defence Infrastructure Organisation plans	PSAO HQ Coy 7 Rifles/ RBC	ongoing	• Greater use of Brock Barracks for community purposes agreed and promoted via alternativevenues.org • Promoted to community groups via Reading Voluntary Action newsletter and Reading Borough Council website

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 22
SAFER AND STRONGER COMMUNITIES - *Develop a stable and robust Armed Forces community which integrates into the wider society, whilst retaining a sense of itself*				
Integrate: *Promote common understanding and closer integration between military and civil communities*				
21	Ensure that appropriate links are in place between the Local Authority and Armed Forces in order to allow the effective activation of Military Aid to the Civil Community (MACC) in the event of a civil emergency (e.g. severe weather event) and/ or community projects where manpower is required	RBC/ X0 7 Rifles	ongoing	• Civil emergency liaison in place, and protocol for civil emergency funding has been improved • Armed Forces assistance during flooding events in 2014 • During COVID-19 80 7 Rifles soldiers have supported the NHS through mobile testing under Op Rescript across the SE.
Support: *Support civil agencies in their dealings with members of the Armed Forces community, in order to optimise outcomes and use resource more efficiently*				
22	Establish and implement domestic violence protocol between Service and Civil Police, agencies and charities to recognise military needs and ensure equitable service	ROSO 7 Rifles	ROSO to advise	**ACHIEVED** Protocol in place
23	Identify key areas for application of Community Covenant grant funding which will benefit both the civil and Armed Forces communities	RBC/Covenant partnership/ ROSO 7 Rifles	Ongoing	• Grant fund promoted on RBC website and via Reading Voluntary Action • Successful bid for £21,730 for 'health weeks' project aimed at raising awareness of health and social care services amongst the ex-Gurkha community, December 2012 • Successful bid for £10,000 for museum centenary project, December

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 22
				2013 • New Covenant grant fund launched Aug 2015 • Successful bid from REBGA for two Nepalese community development workers (£14,500) • Successful bid from SSAFA for funding to update, develop and print copies of a health booklet translated into Nepalese (£1,000)
24	Encourage organisations and communities to sign up to the Armed Forces Community Covenant	RBC/ Covenant partnership/ ROSO 7 Rifles	Ongoing	• Signatories include Thames Valley Chamber of Commerce, Reading College and University of Reading • Ongoing work with MOD Defence Relationship Management to engage employers
RECOGNISE AND REMEMBER - *Encourage recognition and remembrance of the unique sacrifices made by Armed Forces personnel in defence of society*				
***Recognise**: Support civil events that allow the community to recognise the Armed Forces*				
25	Support the annual Armed Forces Day	PSOA HQ Coy 7 Rifles/RBC	Annual (June)	• Armed Forces Day June 2021; flag raising at the Civic Offices • Reserves Day June 2021
26	Armed forces participation in public events as appropriate	RBC/ PSAO HQ Coy 7 Rifles (PSOA HQ Coy)	ongoing	• Numerous recruiting and other community events throughout the year, although reduced in 2020/21 due to Covid-19
***Remember:** Commemorate those members of the Armed Forces who have made the ultimate sacrifice*				
27	Plan and conduct remembrance event at Brock Barracks as focal point for annual armistice event in Reading	PSAO HQ Coy 7 Rifles	ongoing	Event held Nov 2021 in Forbury Gardens
28	Plan and conduct appropriate event(s) in support of the centenary anniversary of the outbreak of the First World War	RBC/ Adjt 7 Rifles/ communities	Aug 2014 - 2018	• Successful bid submitted to Community Covenant Grant Fund by Museum service for funding to support the 'Reading at War' exhibition' in to mark the centenary of the beginning of the First World War • Royal British Legion commemoration services on 6th July and 4th Aug 2014 at Reading Minster • Operation Reflect activities including 7 Rifles visits to 5 primary schools

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 22
				• Commemorative paving slabs for home towns of Victoria Cross winners, placed with Trooper Potts VC Memorial • Trooper Potts VC Memorial unveiled in October 2015 outside the Crown Courts in Reading

List of abbreviations

SSAFA – Soldiers, Sailors and Airmen Families Association
SERFCA – South East Reserve Forces and Cadets Association
ROSO – Regimental Operations Support Officer
RBC – Reading borough Council
NHS – National Health Service
GPs – General practitioners
JCP – Jobcentre Plus
CCGs – Clinical Commissioning Groups
MOD – Ministry of Defence
JSA – Job Seekers Allowance
TBC – to be confirmed
AF – Armed Forces
BID – Business Improvement District
PSAO HQ Coy – Permanent Staff Admin Office HQ Company
TM or TM(V) – Training Major
CCRF- Civil Contingency Reaction Force
CIMIC – Civil Military Corporation
Adjt - Adjutant

Berkshire West
Integrated Care Partnership

ICP Unified Executive Chair's Report – December 2021

Title:	ICP Unified Executive update
Programme / Project Sponsor (SRO):	Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust
Author(s):	Emma Gaudreau, ICP Programme Team Officer
Purpose:	*To brief the Health and Wellbeing Boards on key issues discussed at the Berkshire West ICP Unified Executive on 9th December 2021.*
Previously considered by:	N/A

The key points to note from the ICP Unified Executive on 9th December are as follows:

Update from BOB System Leaders Group

The Board was informed James Kent has been appointed as the Chief Executive Officer Designate. James can now commence his recruitment for the ICB key posts, including the Managing Director of Place.

The SLG Group contained discussion on the following:

- The System Operating Centre has been stood up again.
- On finances, BOB is predicting an £11 million deficit, although this may improve.

Rapid Community Discharge Business Case

The Chair of the Urgent and Emergency Care Programme Board and COO at the Royal Berkshire Foundation Trust (RBFT) led the discussion on the Rapid Community Discharge Business Case. The paper circulated to the Unified Executive members detailed the options and outlined the additional benefits identified to date. It was asked of the Unified Executive Board to review these benefits and give a series of options for April 2022 onwards.

The message from the Chair of the Urgent and Emergency Care Programme Board was to still push ourselves. The challenge on Pathway One is capacity in the care market. Compared across other systems local and regionally we in Berkshire West are collectively doing really well but still need to aspire to really minimise the length of wait across the board.

It was discussed that we need to be aware of budget, time and vaccination compliance. As people are leaving hospital with heavy packages we need to work together as a system to support the hospitals with discharges but to also personalise the care packages where we can.

Wokingham Council have been working on workforce for Pathway Once for home care. It was reported the turnover rate in the local market is about 31%, and that 24% of that workforce are over 55. Wokingham are keen for Option 2 to be considered, which is for the RCD funding to continue, otherwise there will be a huge burden on Local Authorities and the good progress and developed infrastructure already made.

It was discussed that as a system we support the management of the care market more strategically in the long term and as UE we seek to do this collectively across health and care.

The Unified Executive Chair requested a paper to set out the wider strategic implications to be brought to a later Unified Executive meeting along with a view of the recurrent money currently going into the RCD.

Update from UEC Workshop and Winter Plan

The Chair of the Urgent and Emergency Care Programme Board and COO at the Royal Berkshire Foundation Trust (RBFT) also led the discussion on the update following on from the UEC Workshop and Winter Plan meeting held on Thursday 11th November 2021.

It was noted that further development has taken place for each of the objectives presented, to help us get to a defined model for Berkshire West and to refocus and reshape where this strategy goes next. Consideration of these objectives has been taken from a number of streams including workshop feedback and looking at the approach of the original McKinsey recommendation.

Further scoping of these objectives will take place and be brought back to the Unified Executive around February 2022.

ICP Priorities

The Director of System Partnerships from Royal Berkshire Foundation Trust led the ICP Priority discussion. It was discussed that the aim is to set priorities for 2022/23 with a reflection from Chairs, Elected members, Chief Execs, and others that have contributed, the governance and changes to architecture with the formation of the ICS.

A piece of work is currently happening within Wokingham Council to map the architecture and work of the ICP and the priorities to that which is happening out of the Health & Wellbeing Boards under the overall Berkshire West Health and Wellbeing strategy. This work is ongoing and will come back to UE.

It was discussed whether the UE were in broad agreement of the six priorities, their scope and ambition, where they could be stretched and understand the outcome value and to include inequalities.

1. MDT – Multi-disciplinary team
2. Primary Care Workforce including ARRS – Additional roles reimbursement scheme
3. Same Day Urgent Demand
4. RCD - Rapid Community Discharge
5. CVD – Cardiovascular Disease
6. Children and Young People Mental Health and Emotional Wellbeing

The workstream leads for these priorities will bring their work back to the Delivery Group in February.

The Unified Executive Chair requested to see the costing work in terms of return on investment which will come back to a future Unified Executive meeting.

Recommendation

The Health and Wellbeing Boards to note feedback from ICP Unified Executive Group in December 2021.

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READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**21st JANUARY 2022**		
REPORT TITLE:	**Better Care Fund 2021/22 Plan and Narrative**		
REPORT AUTHOR:	**BEV NICHOLSON**	**TEL:**	**07812 461464**
JOB TITLE:	**INTEGRATION PROJECT MANAGER**	**E-MAIL:**	**Beverley.nicholson@reading.gov.uk**
ORGANISATION:	**READING BOROUGH COUNCIL / BERKSHIRE WEST CCG**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report outlines the Better Care Fund (BCF) 2021/22 Plan. The planning guidance[1] was released late, in October, for this financial year, and whilst this was awaited the BCF funded schemes have continued and are planned to continue for the remainder of this financial year.

1.2 The report sets out the National Conditions, as set in the BCF Planning Guidance, against which we are required to provide assurance. Our BCF Plan and Narrative has been submitted for sign off on behalf of the Reading Health and Wellbeing Board, by the Director of Adult Social Care, Seona Douglas, and Lead Councillor, Graeme Hoskin (Chair of the Reading Health and Wellbeing Board).

1.3 The Reading - BCF 2021-22 Plan and the BCF Narrative is attached at Appendices 1 and 2.

1.4 The Section 75 Framework Partnership Agreement, to pool funds from CCG and the Council has been drafted and has been submitted to the Legal team and the CCG for scrutiny. This document is required to meet the National Conditions as set out in the Better Care Fund Policy and Guidance for 2021/22.

2. RECOMMENDED ACTION

2.1 To note the contents of the Better Care Fund (BCF) Plan and Narrative for 2021/22, including the National Conditions and Metrics against which the BCF performance will be measured.

2.2 To note the return has been formally submitted by the deadline of 16th November 2021, and has received South East regional assurance on 9th December 2021, and formal delegated sign-off on behalf of the Health and Wellbeing board, by 16th December 2021, in order to comply with national deadlines outside of the Board meeting cycle.

3. POLICY CONTEXT

[1] B0898-300921-Better-Care-Fund-Planning-Requirements.pdf (england.nhs.uk)

3.1 The Better Care Fund (BCF) acts as a vehicle to facilitate system integration of health and social care by providing targeted funding to promote joint working to achieving shared outcomes. It requires Clinical Commissioning Groups (CCG's) and Local Authorities (LA's) to pool budgets, under a Section 75 Framework Partnership Agreement, and to agree an integrated spending plan for how they will use their Better Care Fund allocation to promote/deliver on integration ambitions.

4. THE PROPOSAL

The timeline for the submission of BCF Plans and assurance are set out below and approval was received from NHS England on 11th January 2022, following receipt of regional assurance on 7th December 2021.

BCF planning requirements published	30 September 2021
Optional draft BCF planning submission submitted to BCM	By 19 October 2021
Review and feedback to areas from BCMs	By 2 November 2021
BCF planning submission from local HWB areas (agreed by CCGs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercarefundteam@nhs.net	16 November 2021
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	16 November to 7 December 2021
Regionally moderated assurance outcomes sent to BCF team	7 December 2021
Cross-regional calibration	9 December 2021
Approval letters issued giving formal permission to spend (CCG minimum)	From 11 January 2022
All section 75 agreements to be signed and in place	31 January 2022

The Better Care Fund (BCF) National Conditions for 2021-22 are as follows:

4.1 National Conditions

a) Jointly agreed plan

A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.

b) NHS contribution to adult social care

This has been maintained in line with the uplift to CCG minimum contribution. This refers to the "CCG Minimum Contribution" and will be referenced in the Section 75 Framework Partnership Agreement that has been drafted and undergoing scrutiny before being signed off by the end of January 2022, in line with the BCF timeline.

c) Invest in NHS commissioned out-of-hospital services.

These services are commissioned by Berkshire West Clinical Commissioning Group to support people in the community and avoid hospital admissions.

d) Plan for improving outcomes for people being discharged from hospital.

BCF funding supports settling in services via the Voluntary Care Sector, as well as the hospital discharge team, to enable timely discharge, and, where required, community reablement to support people using a strengths-based approach.

The BCF Plan and Narrative provide confirmation of how these conditions are being met and will continue to be met for the period covered by the fund (April 2021 to March 2022).

4.2 Better Care Fund Metrics

The BCF Metrics for 2021/22 are as follows:

4.2.1 The framework retains two existing metrics from previous years:

- effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)
- older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

4.2.3 The previous measure on non-elective admissions has been replaced with:

- a measure of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). Agreement of targets has been reached in collaboration with our system partners

Note: The Local Government Association (LGA) recently published a high impact change model for reducing preventable admissions to hospital[2] and long-term care which may support local systems in considering these issues. Members of the Reading Integration Board, and our neighbouring Local Authorities, will be engaging in a self-assessment workshop against the 5 changes set out in the High Impact Change Model, and identify opportunities to improve outcomes.

4.2.4 The previous measure on Delayed Transfers of Care (DToC) had been replaced in-year with hospital discharge metrics, in line with the updated hospital discharge service policy[3], which sets out revised processes for hospital discharges in all areas, including implementing a 'home first' approach. The BCF hospital discharge metrics for 2021/22 are:

- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 or 21 days
- improving the proportion of people discharged home using data on discharge to their usual place of residence.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Better Care Fund is utilised by Reading Borough Council and the Berkshire West CCG to support a variety of Health and Social Care schemes that are aligned with both the Reading Health and Wellbeing Board strategic priorities and those of the Integrated Care Partnership (ICP) for Berkshire West.

5.2 The Better Care Fund schemes contribute to the Corporate Plan Priorities as follows:

[2] Reducing preventable admissions to hospital and long-term care – A High Impact Change Model | Local Government Association

[3] Hospital discharge and community support: policy and operating model - GOV.UK (www.gov.uk)

Healthy environment – supporting people on hospital discharge pathways, ensuring that they have the appropriate equipment (where necessary) and that they are able to return to their normal place of residence as quickly as possible.

Thriving Communities – BCF funded schemes such as Carers Funding - Grants, Voluntary Sector, Information and Advice, Community Reablement services and many more, aimed at supporting members of our community to remain healthy and active, and avoid unplanned hospital admissions.

Inclusive economy – The integration programme of work for Reading has a focus on reducing health inequalities in the borough through a range of projects. Some of the schemes supported by the BCF such as Street Triage and the Narrowing the Gap Carer's schemes aim to address issues that impact on people who may be vulnerable or disadvantaged.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

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

6.2 This report summarises the Better Care Fund plan for 2021/22. No new services are being proposed or implemented that would impact on the climate or environment.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 The Better Care Fund Plan for 2021/22 has been considered at the Reading Integration Board (RIB). Voluntary Care Sector services are represented at RIB, along with representatives from a range of health service providers, who have had opportunity to view, comment and contribute to the plan. Healthwatch Reading are also system partners, represented at RIB, and they bring the service users' voice when considering projects and initiatives.

8. EQUALITY IMPACT ASSESSMENT

8.1 There are no new proposals or decisions recommended / requested that will or could have a differential impact on: racial groups, gender, age, sexual orientation, religious belief or people with disabilities and therefore an Equality Impact Assessment is not required for this report.

9. LEGAL IMPLICATIONS

9.1 **Compliance with BCF 2021/22 National Conditions:** The report sets out in section 4.1 how the Better Care Fund plans to meet the National Conditions.

9.2 **Section 75 Framework Partnership Agreement:** An agreement has been drawn up between the Berkshire West Clinical Commissioning Group (CCG) and Reading Borough Council for the pooled funds, as required under Better Care Fund Policy and Guidance for 2021/22 and is subject to scrutiny and formal sign-off.

10. FINANCIAL IMPLICATIONS

Table 1 below provides a summary of Better Care Fund budget for 2021/22:

Running Balances	Income
DFG	£1,197,341
Minimum CCG Contribution	£11,150,631
iBCF	£2,613,472
Additional LA Contribution	£771,000
Total	**£15,732,444**

11. BACKGROUND PAPERS

11.1 Appendices:

Appendix 1a - Reading - BCF 2021-22 Plan (Updated Final)
Appendix 1b – Expanded text for the BCF Metrics
Appendix 2 - Reading BCF Narrative (2021-22) (Updated Final)

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Better Care Fund 2021-22 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.

2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.

4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2021-22:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.
The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.

1. Unplanned admissions for chronic ambulatory sensitive conditions:

- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:
https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf

2. Length of Stay.
- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.

- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.

- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the healthand wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:
- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.
1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

Version 1.0

HM Government

NHS

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Reading
Completed by:	Beverley Nicholson
E-mail:	beverley.nicholson@reading.gov.uk
Contact number:	07812 461464

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Director of Adult Social Care
Name:	Seona Douglas

Has this plan been signed off by the HWB at the time of submission?	Delegated authority pending full HWB meeting	
If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Tue 14/12/2021	<< Please enter using the format, DD/MM/YYYY Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair		Graeme	Hoskin	Graeme.Hoskin@reading.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		James	Kent	jameskent99@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Noreen	Kanyangarara	noreen.kanyangarara@nhs.net
	Local Authority Chief Executive		Peter	Sloman	Peter.Sloman@reading.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Seona	Douglas	Seona.Douglas@reading.gov.uk
	Better Care Fund Lead Official		Melissa	Wise	Melissa.Wise@readinggov.uk
	LA Section 151 Officer		Darren	Carter	Darren.Carter@reading.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->					

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: Reading

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£1,197,341	£1,197,341	£0
Minimum CCG Contribution	£11,150,631	£11,150,631	£0
iBCF	£2,613,472	£2,613,472	£0
Additional LA Contribution	£771,000	£771,000	£0
Additional CCG Contribution	£0	£0	£0
Total	**£15,732,444**	**£15,732,444**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£2,940,414
Planned spend	£4,890,975

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£5,616,251
Planned spend	£6,123,602

Scheme Types

Assistive Technologies and Equipment	£184,500	(1.2%)
Care Act Implementation Related Duties	£1,902,582	(12.1%)
Carers Services	£564,023	(3.6%)
Community Based Schemes	£413,004	(2.6%)
DFG Related Schemes	£1,197,341	(7.6%)
Enablers for Integration	£970,811	(6.2%)
High Impact Change Model for Managing Transfer of C	£167,658	(1.1%)
Home Care or Domiciliary Care	£0	(0.0%)
Housing Related Schemes	£466,000	(3.0%)
Integrated Care Planning and Navigation	£1,014,574	(6.4%)
Bed based intermediate Care Services	£1,647,346	(10.5%)
Reablement in a persons own home	£6,014,493	(38.2%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£1,145,112	(7.3%)
Prevention / Early Intervention	£45,000	(0.3%)
Residential Placements	£0	(0.0%)
Other	£0	(0.0%)
Total	**£15,732,444**	

Metrics >>

Avoidable admissions

20-21 Actual	21-22 Plan

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	535.0	635.0

Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SLIS data - available on the Better Care Exchange)	LOS 14+	8.5%	9.6%
	LOS 21+	4.5%	5.5%

Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SLIS data - available on the Better Care Exchange)	0.0%	91.0%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	472	439

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	87.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Yes

Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board: Reading

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Reading	£1,197,341
DFG breakerdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£1,197,341**

iBCF Contribution	Contribution
Reading	£2,613,472
Total iBCF Contribution	**£2,613,472**

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Reading	£305,000	£70k – Carers Information and Advice Service
Reading	£466,000	Carried forward underspend from 2020/21.
Total Additional Local Authority Contribution	**£771,000**	

CCG Minimum Contribution	Contribution
NHS Berkshire West CCG	£11,150,631
Total Minimum CCG Contribution	**£11,150,631**

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	No

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional CCG Contribution	**£0**	
Total CCG Contribution	**£11,150,631**	

	2021-22
Total BCF Pooled Budget	**£15,732,444**

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

An underspend was carried forward from 2020/21 and has been included as an Additional LA contribution, in line with the planning guidance. This occurred within the LA commissioned services area of spend, due to vacancies within the integration and project officer posts. Also, as a result of the pandemic, spend had slowed down on supporting housing and adaptations through DFG. Whilst most of the grant had been committed against projects it had not been spent to the end of 20/2021, so carried forward for the completion of the projects that had been started, as agreed beween system partners.

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: Reading

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£1,197,341	£1,197,341	£0
Minimum CCG Contribution	£11,150,631	£11,150,631	£0
iBCF	£2,613,472	£2,613,472	£0
Additional LA Contribution	£771,000	£771,000	£0
Additional CCG Contribution	£0	£0	£0
Total	**£15,732,444**	**£15,732,444**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£2,940,414	£4,890,975	£0
Adult Social Care services spend from the minimum CCG allocations	£5,616,251	£6,123,602	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Short Term/Hospital Discharge Team	Local Authority Social Work and Occupational Therapy Posts to enable	Care Act Implementation Related Duties	Other	Hospital Discharge Support Team	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,503,875	Existing
2	Reablement care packages	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,845,996	Existing
3	Step Down Beds - Discharge to Assess	Intermediate Care Services	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	Minimum CCG Contribution	£266,336	Existing
4	Step Down Beds - Physio Service	Physiotherapy support for Step Down	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		LA			NHS Community Provider	Minimum CCG Contribution	£74,054	Existing
5	Care Packages - Mental Health	Personalised Care at Home	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Private Sector	Minimum CCG Contribution	£104,259	Existing
6	Care Packages - Physical Support	Personalised Care at Home	Personalised Care at Home	Physical health/wellbeing		Social Care		LA			Private Sector	Minimum CCG Contribution	£635,873	Existing

7	Care Packages - Memory and Cognition	Personalised Care at Home	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Private Sector	Minimum CCG Contribution	£404,980	Existing
8	Equipment (e.g. Wearable TEC, walking and	Assistive equipment to support rehabilitation	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Minimum CCG Contribution	£184,500	Existing
9	Care Act Funding	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum CCG Contribution	£398,707	Existing
10	Carers Funding - Grants, Voluntary Sector,	Carers Services	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£146,000	Existing
11	Carers Funding - Grants, Voluntary Sector,	Carers Services	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£305,000	Existing
12	IMHA	Prevention / Early Intervention	Prevention / Early Intervention	Other	Advocacy	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£35,000	Existing
13	Extended Settlng In Services	Post hospital discharge settling in service at home	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£10,000	New
14	Carried forward underspend for commissioned	Supporting Housing and adaptations.	Housing Related Schemes			Social Care		LA			Local Authority	Additional LA Contribution	£466,000	Existing
15	BCF Reading Locality Project Management	RIB Programme management and analytics team	Enablers for Integration	Programme management		Social Care		LA			Local Authority	Minimum CCG Contribution	£160,076	Existing
16	RIB Integration Projects to support Discharge	PCN & VCS Engagement projects supporting integration, health	Enablers for Integration	Integrated models of provision		Social Care		LA			Local Authority	Minimum CCG Contribution	£428,000	New
17	iBCF	Community Reablement services	Reablement in a persons own home	Preventing admissions to acute setting		Social Care		LA			Private Sector	iBCF	£2,613,472	Existing
18	DFG	Supporting people with disability	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Private Sector	DFG	£1,197,341	Existing
19	CCG Contingency	Share of cross Berkshire West Contigency Funding.	Integrated Care Planning and Navigation	Other	Contingency	Community Health		CCG			CCG	Minimum CCG Contribution	£49,125	Existing
20	ICP PMO	Share of cross Berkshire West Programme Management.	Enablers for Integration	Programme management		Other	CCG Staff Cost	CCG			CCG	Minimum CCG Contribution	£82,735	Existing
21	Risk share-LA	Other	Integrated Care Planning and Navigation	Other	Risk share	Other	Risk Share	CCG			CCG	Minimum CCG Contribution	£138,000	Existing
22	BHFT Re-ablement Contract	Reablement & Rehabilitation Services.	Reablement in a persons own home	Preventing admissions to acute setting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£945,189	Existing
23	SCAS Falls Service & Frailty	Patnership with SCAS to reduce NEAs due to falls.	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£266,000	Existing
24	Carers Funding CCG	Support for Young People with Dementia (YPWD), Alzheimers	Carers Services	Other	Support Young People with Dementia /	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£113,023	Existing
25	Connected Care	Data Integration between Health & Social Care	Enablers for Integration	System IT Interoperability		Community Health		CCG			Private Sector	Minimum CCG Contribution	£300,000	Existing

26	Care Homes / RRaT	Intermediate Care Services	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£555,858	Existing
27	Out Of Hospital Speech & Language Therapy	Eating & drinking referral service.	Reablement in a persons own home	Reablement service accepting community and		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£53,978	Existing
28	Care Home in-reach	HICM for Managing Transfer of Care	High Impact Change Model for Managing	Improved discharge to Care Homes		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£105,658	Existing
29	Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£111,402	Existing
30	Out Of Hospital - Intemediate Care (including	Rapid response services delivered for patients discharged from A&E or	Bed based intermediate Care Services	Step up		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£899,250	Existing
31	Out Of Hopsital Health Hub	Acute Single Point of Access to Community Health Services.	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£413,449	Existing
32	Out Of Hospital - Intermediate Care night sitting, rapid	Rapid response services delivered to patients in their own homes,	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£296,304	Existing
33	Street Triage	To reduce the number of S136's applied by Thames Valley Police	Community Based Schemes	Integrated neighbourhood services		Mental Health		CCG			NHS Community Provider	Minimum CCG Contribution	£147,004	Existing
34	Risk share Performance - Care Home	Risk Share	Integrated Care Planning and Navigation	Other	Risk share	Community Health		CCG			CCG	Minimum CCG Contribution	£414,000	Existing
35	Continuing Health Services	Supporting hospital discharge	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Acute		CCG			NHS Community Provider	Minimum CCG Contribution	£62,000	Existing

2021-22 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
3	Carers Services	1. Respite services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services shoukld be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.

7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.

12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
17	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board: Reading

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	535.0	635.0	Target Setting- Currently, we and our colleagues across the Berkshire West system, are operating well below the national average (896.53, per 100k). Last year, due to the pandemic, there were an abnormally low number of NELs, this has led to a very strong performance against this metric. Looking at previous years, and the current

>> link to NHS Digital webpage

Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	8.5%	9.6%	Target Setting- Reading are currently performing better than the national average at both the 14 and 21 day measure. We have noticed a pattern in our data that shows an increase between Q3 and Q4 for both 14 and 21 day datasets. We believe that we have included a realistic stretching target for 14 days. The 21 day target will be to maintain the average performance achieved across both 2019/20 and 2020/21 for Q3 and Q4, particularly as we are about to enter the difficult Winter
	Proportion of inpatients resident for 21 days or more	4.5%	5.5%	

Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.3 Discharge to normal place of residence

	21-22 Plan	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.0%	Target Setting- Following consultation with the Berkshire West Rapid Community Discharge Group (Consisting of senior management staff from the Royal Berkshire Hospital and the Hospital Discharge Team, Community Nursing, the BW CCG and Social Workers). We have compared data over 3 years and in 2019/20 there was

Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	567	419	472	439	Target Setting- The Reading System are currently on track to reduce the number of admissions against the actual for 2020/21 and have aimed for a 7% reduction. We are mindful of the impact of Covid and have set what we believe to be a realistic, but stretching target for 2021/22. Reading has an increasing number of older
	Numerator	116	85	96	92	
	Denominator	20,461	20,270	20,335	20,953	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	92.9%	77.1%	87.0%	Target Setting: When looking at the performance of our reablement teams this year and last, we believe that it is an appropriate target, and is a 10% improvement from actual in 2019/20. We have increased the number of referrals into reablement, and the target is considered a stretch, especially when taking into account the
	Numerator	367	81	456	
	Denominator	395	105	524	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Reading

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes			
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:** • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these	Narrative plan assurance	Yes			
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes			
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Plan for improving outcomes for people being discharged from hospital	**PR6**	**Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?**	• Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?	Narrative plan assurance Expenditure tab Narrative plan	Yes			

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes			
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?	Metrics tab	Yes			

The following excerpts are from the BCF Plan for 2021/22 – as the template is a fixed document and not all the content could be viewed in Appendix 1. Only those sections that could not be expanded on Appendix 1 have been included here:

From the Income Tab 4:

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Reading	£305,000	£70k – Carers Information and Advice Service (total service costs £95k and CCG provided £25k) £75k – Carers grants and respite (total service budget is £150k and CCG provided £75k) £160,119k – Narrowing the Gap services: Peer support for families affected by long term conditions, and Carers Breaks service.

From the Metrics Tab 6:

8.1 Admission Avoidance

	19-20 Actual	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	535.0	635.0

Target Setting- Currently, we and our colleagues across the Berkshire West system, are operating well below the national average (896.53, per 100k). Last year, due to the pandemic, there were an abnormally low number of NELs, this has led to a very strong performance against this metric. Looking at previous years, and the current pressures on health services it would be appropriate for our stretch target to be based on the percentage decreases between our 18/19 (756) and 19/20 (707), data, especially as we have noted a 29% increase in expected cases in the first quarter of 2021/22, compared to 2020/21, where figures were skewed due to the pandemic. The stretch metric proposed represents a 10% reduction on 2019/20 actuals. Enabling Actions: The Berkshire West CCG has several groups set up to look at specific conditions that sit within this list of conditions. Currently, the system is supporting work with Diabetes and Cardiovascular Disease (including pilots for blood pressure monitoring).

8.2 Length of Stay		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	8.5%	9.6%
	Proportion of inpatients resident for 21 days or more	4.5%	5.5%

Target Setting- Reading are currently performing better than the national average at both the 14 and 21 day measure. We have noticed a pattern in our data that shows an increase between Q3 and Q4 for both 14 and 21 day datasets. We believe that we have included a realistic stretching target for 14 days. The 21 day target will be to maintain the average performance achieved across both 2019/20 and 2020/21 for Q3 and Q4, particularly as we are about to enter the difficult Winter period, with Influenza, Norovirus and Covid still in circulation. This target has been agreed with our Acute hospital system partners and shared with the Berkshire West Rapid Community Discharge Steering Group (including Hospital, Community Nursing, CCG and Social Services management teams).
Enabling Activity- The Better Care Fund is used to commission Reablement Services. These include bed based reablement, Step Up/Down beds in the local community and community reablement (from community nursing, as well as social care providers). This wide array of services support people with a variety of needs to leave the hospital. As a part of our Rapid Community Discharge governance, regular conference calls take place to keep people moving from ward to the community. The Better Care Fund has also funded extra social workers and occupational therapy to support an increase in the flow of patients leaving hospital.

8.3 Discharge to Normal Place of Residence	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.0%

Target Setting- Following consultation with the Berkshire West Rapid Community Discharge Group (Consisting of senior management staff from the Royal Berkshire Hospital and the Hospital Discharge Team, Community Nursing, the BW CCG and Social Workers). We have compared data over 3 years and in 2019/20 there was an average 5% decrease in performance, compared to the previous year. In order to improve but remaining mindful of the challenges, we have set what we feel is a realistic target, which represents an average 1% increase on 2020/21 data. Enabling Activities such as strong local governance is key here. The Rapid Community Discharge Steering Group meet monthly to understand trends and issues, moving blockers to increase performance. The Rapid Community Discharge Working Group meet weekly to look at details, review lengths of stay and reasons, as well as assess risks, taking a "Home First" approach. Other enabling factors are the use of wearable TEC,

such as fall sensors and alarms as well as other equipment to support people to return home with some assistance, where needed.

8.4 Residential Admissions		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	567	419	472	439
	Numerator	116	85	96	92
	Denominator	20,461	20,270	20,335	20,953

Target Setting- The Reading System are currently on track to reduce the number of admissions against the actual for 2020/21 and have aimed for a 9% reduction. We are mindful of the impact of Covid and have set what we believe to be a realistic but stretching target for 2021/22. Reading has an increasing number of older people. Reducing the target below this figure, with an increased older peoples population, alongside an increase in the need of people that have been through hospital with Covid will be challenging. Enabling Actions: RBC commission reablement services (including health and social care) and have increased the amount of care packages, for care at home, that are available from providers, together with support through the use of wearable TEC (Technology Enhanced Care) and other equipment to support people to remain at home.

8.5 Reablement		19-20 Plan	19-20 Actual	*20/21 not included due to skewed data from pandemic*	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	92.9%	77.1%		87.0%
	Numerator	367	81		456
	Denominator	395	105		524

Target Setting: When looking at the performance of our reablement teams this year and last, we believe that it is an appropriate target, and is a 10% improvement from actual in 2019/20. We have increased the number of referrals into reablement, and the target is considered a stretch, especially when taking into account the pressures of Covid. Enabling Actions: We have specialist reablement services in place for social care and nursing support. BCF has supported an extension of OT services and also physiotherapy in the borough. We are working towards an admission avoidance model and there is a current review of our reablement service underway, with a view to providing a model that is able to support more people in the community and increasing the number of people that remain at home 91 days after they are discharged from hospital. It has been a challenge to meet targets as a result of the inclusion of people within reablement referrals who are actually on end of life pathways, which is then identified by our Reablement Team and referred onto CHC. However, it is noted that these referrals to reablement are still included in the statistics as per NHSEI guidance.

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BCF Narrative 2021/22 - Reading Health and Wellbeing Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

- Reading Borough Council (RBC), Adult Social Care Services, Integration Board
- Berkshire West Clinical Commissioning Group (BW CCG)
- RBC Public Health and Wellbeing Team
- RBC Commissioning & Transformation Services
- RBC Housing Services
- Berkshire West CCG and South East CSU and RBC Data & Performance Teams
- RBC Digital Transformation Project Team
- Royal Berkshire NHS Foundation Trust (RBFT)
- Reading Primary Care Network representatives
- Berkshire Mental Health Foundation Trust (BHFT) and Berkshire West Community Nursing
- Reading Voluntary Action (RVA), Alliance for Cohesion and Racial Equality (ACRE) and other Voluntary Care Sector partners
- Ageing Well Programme representatives
- Healthwatch Reading and neighbouring Local Authorities in West Berkshire and Wokingham (covering the Berkshire West "Place")
- Urgent & Emergency Care Board
- Rapid Community Discharge (RCD) delivery group

How have you gone about involving these stakeholders?
Consultation through the Integration Board, programme delivery groups and voluntary care sector forums, as well as close liaison with neighbouring Local Authorities through weekly review and progress meetings at a Place based level, Berkshire West. Our system partners are regularly engaged through our monthly Integration Board and were jointly responsible for developing the Reading Integration Board (RIB) Programme Plan for 2021/22, identifying a range of projects, including health inequalities focussed schemes. The Integration Board is also responsible for delivery of the Joint Health and Wellbeing Strategy Action Plans for Priorities 1: Reduce the differences in health between different groups of people, and 2: Support individuals at high risk of bad health outcomes to live healthy lives.

Priorities are set based on review and feedback from the previous year, and reference to national guidance as well as local system pressures, and are agreed by the Reading Integration Board members and signed off by the Health and Wellbeing Board, who agree and sign off the Better Care Fund (BCF) and Integration Programme each year. Whilst there is a mix of projects within the Programme Plan to support hospital discharge and admission avoidance, these will run alongside and be supported by existing schemes funded through the Better Care Fund and the addition of some new BCF schemes outlined in this paper. The Reading Integration Board have been keen to take an innovative approach, and it should be noted that the awaited BCF Planning Guidance and budget sign off has delayed some of these ambitions, but members of the Reading Integration Board are hopeful that we can start to deliver against these ambitions now and implement them using a phased approach.

To ensure alignment with Integrated Care Partnerships (ICP) and Integrated Care Services (ICS) – which cover Berkshire West, Oxfordshire and Buckinghamshire (BOB) areas, representatives from the Integration Board also attend key meetings at ICP and ICS level, and share priorities with the local integration boards.

Executive Summary

The Reading Integration Board (RIB) determines and oversees the local priorities for Reading and supports the wider Berkshire West integration projects through an agreed Programme Plan. This has been developed in collaboration with the membership of the board, which encompasses representatives from Acute and Community Hospital services, Primary Care, Voluntary Sector, Healthwatch Reading, Housing, Adult Social Care and Berkshire West Clinical Commissioning Group. Key priorities identified for 2021/22 are:-

- **Multi-Disciplinary Teams (MDTs):** Using a Population Health Management approach towards maximising independence and wellbeing, through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs. Working through Multi-Disciplinary Teams (MDTs), wrapped around Primary Care Networks, to enable the best use of resources for community nursing, housing and mental health professionals as members of the MDTs. The aims are to reduce hospital admissions and ensure effective care plans are in place for people where needed for people with multiple long-term conditions.

- **Future Model of Discharge to Assess/Admission Avoidance:** An Enhanced Discharge model to ensure timely hospital discharges, avoid hospital admissions and potentially reduce the number of admissions to Residential/ Nursing Homes. The aim is to ensure both hospital discharge and community services are working collaboratively to effect timely discharges and also to support people in their own homes. A review of reablement demand and capacity is underway, which will also focus on skills development and knowledge sharing within the team and with partner organisations. Implementation of a new software system to better support the reablement team and improve visibility of care visits, as well as providing readily accessible information for family members who are carers, moving away from paper files. Some pilot funding will be provided through the RIB Projects Scheme, once budgets are authorised, and work will be aligned with the gap analysis from the recent paper *"Implementing D2A: What can we do now and in next 6 months"*. Some areas of work identified in that document have already commenced, such as widening the delivery of Multi-Disciplinary Teams, wrapped around PCNs and communities to prevent crisis/admission avoidance, and ensuring the reablement capacity is aligned with demand.

The Better Care Fund also continues to support schemes that continued from the previous year, such as the Dementia Friendly Working Group. The population of elderly people is increasing (20,953 per 100,00 population in 2021 compared to 20,335 in 2020, *ONS data 2018*[1]), as is the population of young people with mental health needs, including young onset dementia and there is even more need for further development and support for Dementia Services. We are engaged with our local voluntary sector partners with expertise in this area to ensure we can meet the needs of our local population, especially those most impacted by Covid, both now and in the future.

The Reading BCF plan for 2021-22 has been developed as a progression of previous plans but also builds on:

- what worked well during the height of the pandemic
- supporting our partners to recovery from the pandemic
- using a population health management approach to assess how Covid has differentially impacted our local population
- developing actions to mitigate the long-term impact of Covid from increasing existing health and social inequities
- planning for increased demand during the winter pressures period

[1] Subnational population projections for England: 2018-based - Office for National Statistics

Wider integration board projects – not directly funded through BCF but supporting Admission Avoidance and addressing Health and Social Inequalities:

- **South Reading Nepalese Diabetic Project**: The Nepalese community is known to have poor diabetic outcomes. Full diabetic reviews and group consultations as interventions will give the community better insight into personal management of their condition resulting in better health outcomes. Project commencing in June 2021 and completion 31 March 2022. Key aims are to reduce the average HbA1c score by 5% for the selected cohort and that Patients will have greater awareness of self-management by 31/03/2022. The aim is to reduce the likelihood of hospital admission to a deterioration in health due to diabetes.
- **Production of a PHM dataset for Reading Locality:** To demonstrate key Health Inequalities across Community Groups and areas of deprivation e.g. CVD/ Diabetes/ COPD, and working with Local Authority partners, ICP and ICS to inform the dataset structure for consistency, although it is noted that each area will have populations with different needs and focussing on areas of deprivation. These datasets will also be shared with our Primary Care Networks to enable informed development of services.
- **Develop PHM Analyst Capacity & Capability in Reading:** Training and developing staff and utilising Connected Care (Shared record system) to support risk stratification, and service gap analysis, particularly in relation to people in areas of deprivation, and ethnic minority groups, adversely impacted as a result of Covid.
- **Address Covid Vaccine Hesitancy:** Engage with and inform communities of the importance of taking up the opportunity of a Covid vaccine. By understanding specific community needs, enable a more equal access of communities to the vaccine and being informed by the Community Action and Participatory Research (CPAR) Project, through the Social Inclusion and Steering Group.
- **Engaging Voluntary Care Sector**: To support the needs of people in Reading, post Covid, based on a Population Health Management (PHM) data driven approach. We have set up a Voluntary Care Sector Working Group to support RIB in developing a VCS Strategy with the aim of supporting Reading residents (e.g. to address debt management issues or develop post Covid activities such as enabling people to re-engage with communities.
- **Service User Experience:** Healthwatch Reading are leading a project to collect the experiences of Service Users in relation to the Hospital Discharge Pathways. We are also aiming to develop a Working Group involving Service Users/Carers and other key stakeholders, drawing from their experience to inform and shape discharge services.
- **Data and Digital Solutions:** We are looking at how we can make better use of Connected Care (the shared care record system) to improve the usage level for Social Care professionals. The records are primarily accessed by health care services and to drive the integration agenda we are looking at ways that we can bring data together to better support the residents of Reading as a result of a more holistic view of a person to enable real person-centred care.

We remain committed to delivering against the national metrics as well as supporting both the Health and Wellbeing Board, the Integrated Care Partnership and the BOB ICS to deliver priorities through a number of local and national initiatives through the ICP flagship priority programme boards, for health inequalities, planned care and long-term conditions.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

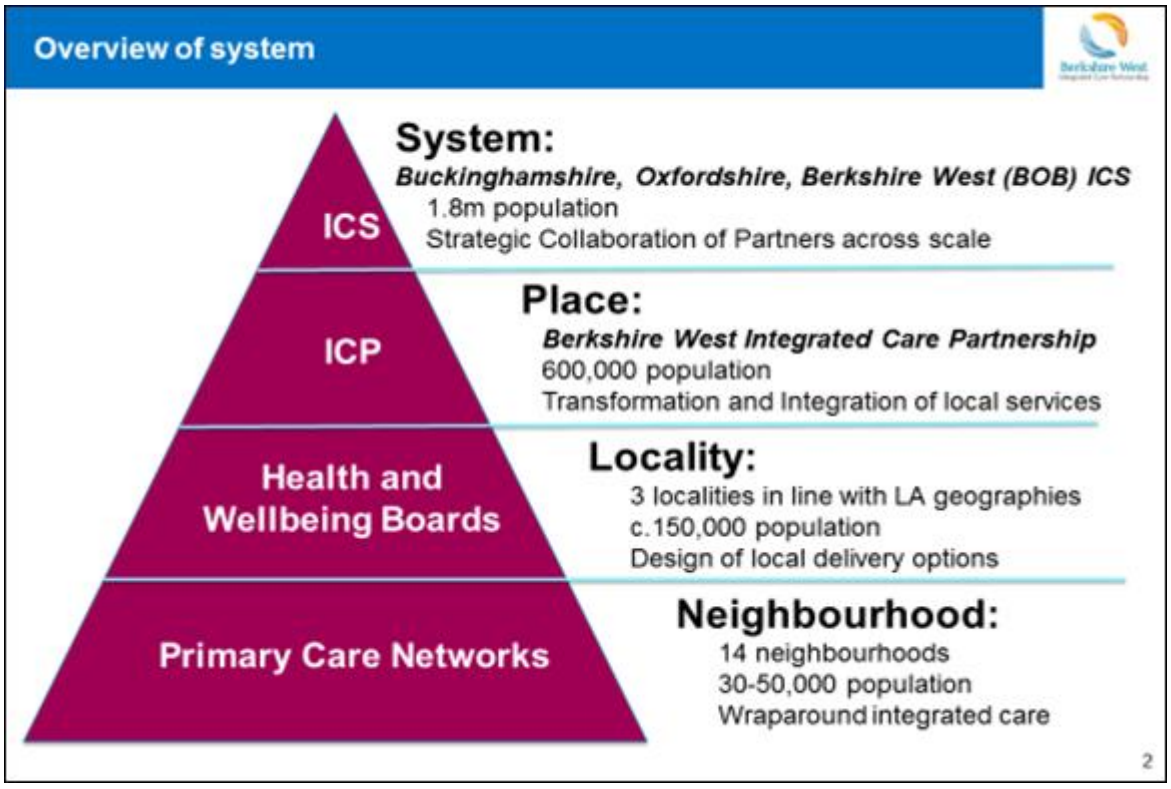
The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care **System** (BOB ICS) takes strategic decisions at scale for the benefit of its 1.8 million population.

The Berkshire West Integrated Care Partnership (ICP) brings together the CCG, NHS foundation trusts, ambulance service and Local Authorities which serve the 600,000 residents of Reading, West Berkshire and Wokingham. The partnership works on a '**Place'** basis to transform and integrate local services, so patients receive the best possible care.

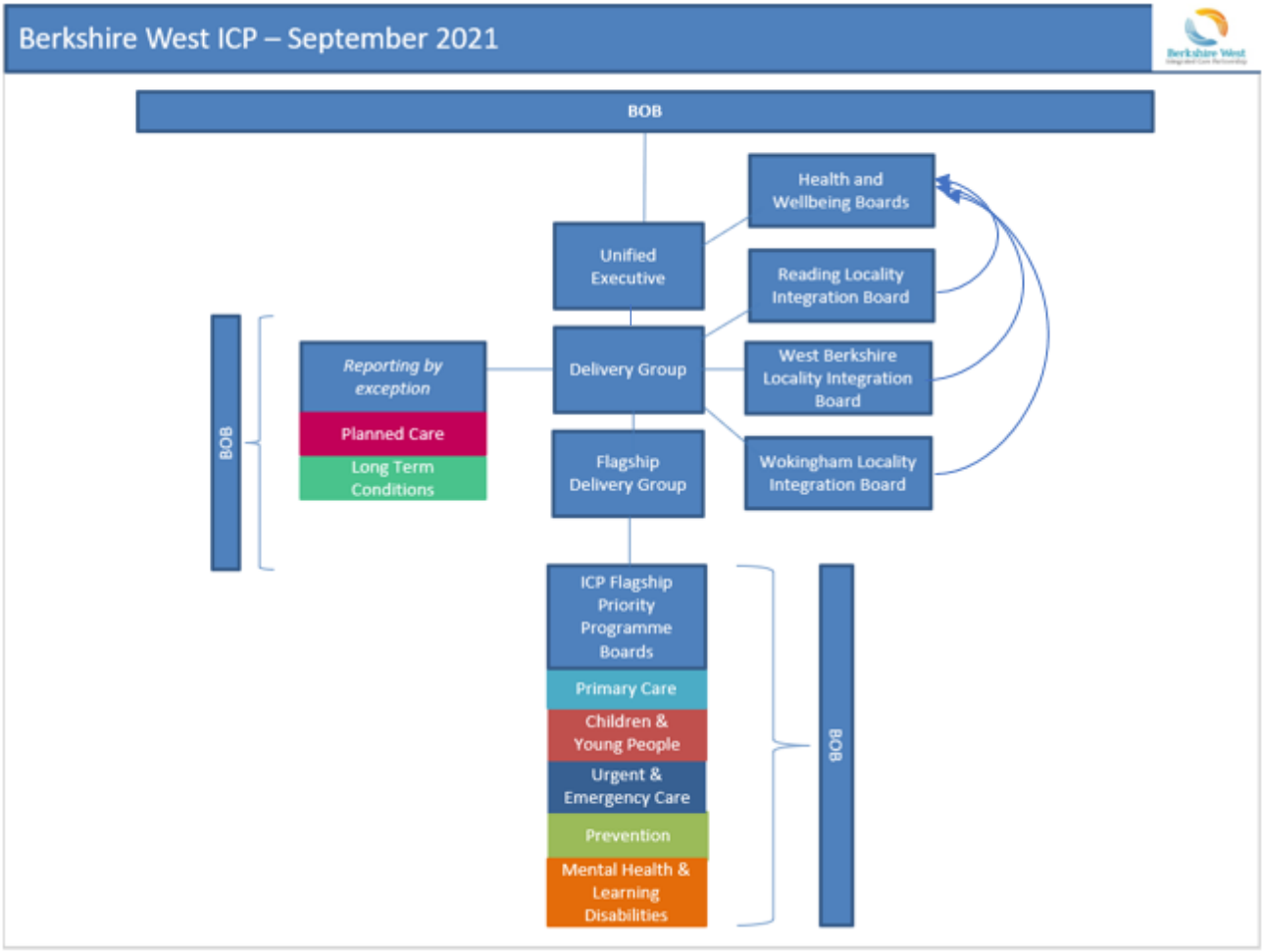
While the ICS and ICP are committed to strong joint working at place level, they recognise that there remains a need to design local delivery options to meet the local strategic objectives.

The Reading **Locality** Integration Board (RIB) fulfils this function for the circa 161,000 residents of Reading.

Primary Care Networks (PCNs) are clusters of GP practices who serve **neighbourhoods** of up to 50,000 patients. Community services will wrap around these networks to deliver care closer to patients and representatives of the PCNs sit on the Reading Integration Board.



The Reading Integration Board (RIB) is an operational delivery group that reports to the Reading Health and Wellbeing board. Its main responsibility is overseeing the Better Care Fund Plan and implementing a programme of work to develop integrated Health and Social Care Services for Reading at a locality and neighbourhood level. The Reading Integration Board also provides regular updates to the Integrated Care Partnership Delivery Group.


Berkshire West ICP – September 2021
BOB
Health and Wellbeing Boards
Unified Executive
Reading Locality Integration Board
Delivery Group
West Berkshire Locality Integration Board
Flagship Delivery Group
Wokingham Locality Integration Board
BOB
Reporting by exception
Planned Care
Long Term Conditions
ICP Flagship Priority Programme Boards
Primary Care
Children & Young People
Urgent & Emergency Care
Prevention
Mental Health & Learning Disabilities
BOB

Overall approach to integration

Brief outline of approach to embedding integrated, person centred health, social care and housing services including:

- Joint priorities for 2021-22
- Approaches to joint/collaborative commissioning
- Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.

How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21

Joint priorities:

Development of joint priorities is through the Reading Integration Board (RIB), which has developed a Programme Plan which focuses on addressing a range of Health and Social Inequalities, alongside developing a future model for Discharge to Assess and Admission Avoidance in Reading, to ensure a multi-disciplinary approach to provide person-centred care and support both for hospital discharge and support in the community. A review of the Community Reablement service is also underway to align with the future model of discharge to assess, with the aim of ensuring capacity meets demand and that processes are jointly agreed to provide timely hospital discharge with appropriate support, where necessary, and support people to stay well at home and prevent admission, in line with the High Impact Change Model – Admission avoidance (July 2021).

The Integration Board programme plan was codesigned and developed through a range of forums and workshops, involving a wide range of system partners including members of the voluntary care sector, and the resulting health and social inequalities focused schemes are also linked in with the strategic priorities set out in the Health and Wellbeing Board Joint Strategy for Berkshire West. (2021-2031) and the Integrated Care Partnership priorities for 2021/22.

To ensure input from a range of partners we have opened up the membership of the Integration Board to include representatives from Housing and the wider voluntary care sector with particular focus on ethnically diverse and disadvantaged community groups, to ensure we also have a focus on priority groups and those most at risk of poor social and health outcomes. The representatives from our system partners at Reading Integration Board have opportunities to contribute to the Programme Plan and update on progress, as well as comment on activities and engage in supporting integrated working, e.g. the Multi-Disciplinary Team project to prevent crisis / admission.

The joint Berkshire West funded schemes that have been included or changed since last year's plan are:

Scheme Name	Brief Description of Scheme	Scheme Type
Extended 'Settling In' Services	Post hospital discharge settling in service at home for people on Pathway 0, and some pathway 1 discharges to support them and signpost to other appropriate services, where necessary, reducing risk of readmission. Referrals are received through the Royal Berkshire NHS Foundation Trust hospital discharge "Safety Net Team".	Prevention / Early Intervention

Scheme Name	Brief Description of Scheme	Scheme Type
RIB Integration Projects to support Discharge & Admission Avoidance	PCN & VCS Engagement projects supporting integration, health inequalities, discharge to assess and admission avoidance	Enablers for Integration
Carers Funding CCG	Support for Younger People with Dementia (YPWD) & Stroke Association – providing specialist support to vulnerable people and their carers who were most affected in lockdown.	Carers Services

The Street Triage programme continues to deliver a service during the pandemic and has made reasonable adjustment for delivery.

- Service operates 5pm-3am 7 days of the week for Reading, Wokingham & West Berkshire.
- Total number of Section 136 avoided on the increase each year & no S136 in Policy Custody
- Significant reduction to cases requiring A&E
- There's an opportunity to extend PST hours by 3-4 hrs a day with funding support in place for the following year

Total cases seen	FY2019-20 1065 cases FY2020-21 667 cases FY2021-22* 524 cases *Q1&Q2
Number of Section 136	FY2019-20 26 cases FY2020-21 24 cases FY2021-22* 39 cases
Section 136 avoided	FY2019-20 169 cases FY2020-21 89 cases FY2021-22* 51 cases

Approaches to joint commissioning:

The Berkshire West Clinical Commissioning Group, alongside the Local Authority jointly commission services, some locally and others across the Berkshire West footprint. These take into account Integrated Care Partnership and Integrated Care Services across Berkshire West, Oxfordshire and Buckinghamshire (BOB) priorities.

The Integration board members have all been invited to contribute to the BCF Plan and narrative and we have held a forum with our Voluntary Care Sector partners, as well as working with our commissioning teams and VCS on the Narrowing the Gap projects that are continuing. This is a vehicle for joint commissioning where the Council as the Lead Commissioner will offer contracts of 3 years; acknowledging the positive impact of stability and certainty of funding for providers. The new approach to procurement will recognise the knowledge, experience and creativity of the VCS and empower the sector to define solutions to respond to the priorities set out by the Council and demonstrate how they will achieve the outcomes. This will predominantly mean moving away from detailed specifications to an

increasingly outcome focused approach, with VCS providers submitting proposals describing the services they will provide, the difference they will make and how this will be measured. The Council seeks to recommission the Narrowing the Gap II Framework contracts and services, some of which are funded through BCF; building on the work that has been achieved, considering the need to address growing levels of inequality and deprivation and the emerging impact of the pandemic. The VCS Commissioning programme represents only one aspect of the Council's work with the VCS but it is important in supporting the Council (and CCG) to deliver on strategic priorities.

Services delivering integrated services:

There are a range of Public Health and Wellbeing initiatives being delivered that are supported through the Better Care Fund, to support an integrated approach across systems, such as the 'Younger People with Dementia' (YPWD) scheme, which continued throughout Covid 19 and went virtual. Such a valuable service for people living with dementia and their carers who were most affected in lockdown. New courses were developed, and the team worked creatively to stimulate YPWD and their carers throughout. Including delivering activities to client's doors and linking them with critical services. The service was also providing telephone support and befriending to their service users. YPWD have continued to be a strong partner in Reading, regularly attending the Dementia Friendly Reading steering group and the Berkshire West Dementia Steering Group. As soon as safe to do so, face to face services were restarted, new service users were engaged across Berkshire West, including in Reading. The provider has continued to offer a blended service, with a mix of both virtual and in person sessions, to allow for those who are still too vulnerable or worried to leave home. The providers of this scheme offer a unique service and are heavily engaged with the Council and the wider Voluntary Care Sector, to share knowledge and experience and to shape services, deliver sessions and provide support to a client group that do not fit elsewhere.

The Dementia Care Advisory (DCA) service, provided by Alzheimer's Society redirected all staff to befriending calls, throughout the Covid period, and became part of a national response team to offer telephone support and guidance to people living with dementia or awaiting diagnosis. This group continues to be linked in with the Reading Dementia Friendly Steering Group and providing a specialist advice service. Face to face social activities for people, including those living with dementia, are being offered through Age UK Berkshire, who are doing a fantastic job of offering social, emotional and practical support.

"I don't know what we'd do without YPWD - they are a lifeline." - A carer of someone with YOD

We support people who are diagnosed with young onset dementia (YOD—also known as working age dementia) at 65 years of age or under, along with their families and carers, helping them to get the most from their lives. Our specialist and professional team provide activity workshops, smaller groups (micro-groups) and one-to-one support to those with YOD. The support provided gives participants opportunities to socialise, and take part in meaningful activities which have been shown to enhance mood, reduce stress, build confidence and maintain skills.


Walking group taking a break

At the same time families and carers benefit from respite while their loved one attends our support sessions. There are proven therapeutic benefits for people living with young onset dementia and a reduction in stress for family members/carers which has led to significantly reduced GP and specialist visits.

Living Better with Dementia

www.ypwd.info

The Carers Hub, is operated by Tuvida, who have a representative in attendance at the Carer's Steering Group. The Hub delivered some virtual sessions for carers across Berkshire during the pandemic. The Reading Public Health and Wellbeing team supported MENCAP, through the carer's funding, to provide a Carers Priority ID Card, and worked collaboratively with the Carers Hub to redesign the cards, which Carers could show in stores to get access to priority shopping hours.

Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.

As Reading is part of Berkshire West, and therefore part of the Berkshire West, Oxfordshire and Buckinghamshire Integrated Care Service (BOB ICS), which is an Ageing Well 'Accelerator Site', we are also working closely with our colleagues in neighbouring local authority areas to take an integrated approach to admission avoidance, through 2 hour rapid response and 2 day urgent care responses. A two-hour response is typically required when a person is at risk of admission (or re-admission) to hospital due to a 'crisis' and they are likely to attend hospital within the following 2-to-24 hr period, without intervention to prevent further deterioration and to keep them safe at home. The BCF also funds a Geriatrician to support the primary care teams, intermediate care teams, care homes and community hospitals within their area and provide easily accessible and speedy advice with the intention of reducing admissions to secondary care.

We are working closely with our voluntary care sector, our GPs and other referral sources, such as Social Prescribing Link Workers, funded through the Better Care Fund via the Narrowing the Gap contract, to ensure referrals are appropriately signposted for ongoing support.

We run a twice weekly Eligibility Risk and Review Group (ERRG) which provides the space and time to bring together staff to discuss individual cases, looking at how practitioners

assessed or reviewed a person's needs, and the outcome this has had on the care plan for the individual. First and foremost, this is about the quality and consistency of practice. ERRG encourages shared decision making and accountability, supporting strength based and person-centred practice that improves practitioner confidence. Secondly, giving assurance that the care planning has met the assessed need and has done so with due regard to the outcomes identified by the adult and / or their carers, as well as the equitable distribution of resources for all of those who access adult social care.

To ensure the flow of the hospital discharge, the hospital discharge team will have delegated authority to approve packages of care or placements outside of ERRG. The Royal Berkshire NHS Foundation Trust also have a "hospital discharge checklist" built into their Electronic Patient Record (EPR) system to support conversations and assessments to support an effective and timely discharge.

The Social Care Institute for Excellence defines 'outcomes' as 'the impact, or end-results, of services on a person's life; therefore outcomes-focused services are those that aim to achieve the priorities that service users themselves identify as important.'

Advice and Wellbeing Health Hub

This is the Council's Adult Social Care Front Door and the team adopts a Strength based approach to working with service users.

- 91% of people referred in the front door of ASC Advice and Wellbeing Hub have their needs met without need for a long-term package of care through:
    - Use of positive risk taking
    - Use of preventative early intervention, Technology Enhanced Care (TEC) , equipment and minor adaptations
    - Disabled Facilities Grants
    - Advice and sign posting
    - Connecting to voluntary organisations and wider community

- Stream lined duty systems to prevent long waits for services such as assistive technology, simple adaptations and equipment
- Trained Case Coordinators as Trusted Assessors for equipment, assistive technology and minor adaptations was completed – reducing waiting lists and avoiding crisis leading to carer break downs, admissions to care home or falls and hospital admission
- Plan for next 6 months to train Case Coordinators who are Occupational Therapy apprentices undertaking their degrees, to assess for simple stairlifts and level access showers to enable fast track access to urgent adaptions to keep people in their own homes, develop existing work force and address the shortage of Occupational Therapists
- Additional project work has started to enable RBC Sheltered Housing Wardens in RBC Housing to train as Trusted Assessors for equipment, assistive technology and minor works
- Piloted a Kickstart assistant case coordinator apprentice
- Hub has seen at times a 20% increase in referrals, with increased numbers of self-neglect, hoarding and deconditioning due to Covid restrictions, 2 lockdowns and closure of many services. This has led to increased numbers of carers in crisis and impacted very negatively on those people suffering with dementia. Which makes the continued excellent performance of the Hub even more impressive. The Hub continues to embed the 3 conversations model with empowerment and prevention at the core, working with voluntary agencies and faith groups to grow community support
- Plan to work closely with NHS Ageing Well project looking at joined up work to support with 2 day rapid responses, to support our "Admission Avoidance" aims.
- Continue to support carers and work with Carers groups

Technology Enhanced Care (TEC)
A TEC service is essential in enabling us to meet the challenges of the new Care and Health Bill and the impact of the pandemic on our community. Reading Borough Council had consistently low usage of TEC prior to the new TEC service, supported through the BCF. The main focus is to ensure that all residents with care and support needs are able to benefit from TEC. Over 400 residents have been supported with low cost TEC including falls sensors, pendant alarms, fire alarms, sensors to prevent wandering, light sensors. This enables people to remain in their own homes for longer and prevents hospital admissions e.g. reduction risk of a long lie after a fall or prevents a fall by alerting the carer.

Outcomes of the TEC service:

- Falls prevention (identified in 35% of referrals)
- Promoting client safety (23%)
- Maintaining independence (14%)
- Average spend per person - £434
- Increase in usage of TEC by over 100% compared to the same period in 2020
- Efficiencies for RBC staff and outcomes for service users
- Insight into a sustainable, long-term model for Reading, enabling people to remain in their own homes and avoid admission to a care home
- Health OTs also have access to this service to enable a more integrated approach

Supporting Discharge (national condition four)

What is the approach in your area to improving outcomes for people being discharged from hospital?

The Berkshire West ICP hold a weekly Directors call to discuss hospital discharges with partners including: Local Authorities, RBH, BHFT, BW CCG and South Central Ambulance Service (SCAS) to problem solve, facilitate and expedite hospital discharges as necessary.

In order to help with Winter planning all of the above continues but with some enhancement to the Reablement Service, capacity in the care market and encouragement for providers to support hospital discharges at weekends. We have recently introduced a dashboard, which is shared with our partners at the Acute Trust and provides the following information in order for us to have a shared understanding of the pressures within the Care Market and manage the capacity: -

- No. of people waiting for Care
- Total hours waiting to be sourced
- No. of care hours waiting to be sourced
- Intensity of Care Being Sourced
- Length of time waiting for Care
- Care Hours to be sourced by location

In the event that the Berkshire West ICP need to implement its escalation system whereby the Acute Trust is at full capacity this meeting is stood up as many times as needed in order to expedite hospital discharges. Berkshire West ICP follows the South East Regional OPEL framework.

From March 2020, in response to the pandemic, the Hospital Discharge Service requirement suspended previous performance standards on delayed transfers of care (DToC) and set out revised processes for hospital discharges in all areas, including the requirement that people should be discharged the same day that they no longer need to be in an acute hospital; and implementation of a "home first" approach.

Our BCF Plan already includes a significant amount of activity and expenditure to support hospital discharge and improving outcomes for people being discharged from hospital as explained above but the "home first" approach is also supported by additional funding in 2021-22 for health and social care activity to support recovery outside hospital and implement a discharge to assess model. This additional funding is drawn down by CCG's separately to the BCF, based on incurred spend on eligible services. Reading will have spent around £2.2 million extra in funding to support hospital discharge in 2021/22.

Following the publication of the new Hospital Discharge Service: Policy and Operation Model in August 2020 Berkshire West set up 2 groups: -

1. Rapid Community Discharge (RCD) Steering Group – this group retains the strategic oversight of the development of the RCD pathway and reports to the Urgent and Emergency Programme Board.

2. Rapid Community Discharge Development Group – this group oversees the ongoing development and improvement of the policy and feeds into the Steering Group. Membership includes representatives from the Hospital Discharge Team and Reading Integration Board. An escalation process is in place in respect of "stranded" patients (i.e. those with stays over 7, and 21 days). The National BCF metrics for Length of Stay have been shared with the group for inclusion in their KPIs.

The membership for both groups is drawn from across all system partners including the Berkshire West CCG, Royal Berkshire Foundation Trust, Berkshire Healthcare Foundation

Trust, Reading Borough Council, West Berkshire Council, Wokingham Borough Council and practitioners from across the NHS. The responsibilities for these groups include: -

- Working collaboratively, taking appropriate action to address the issues and opportunities identified through process mapping the discharge pathway both pre and post Covid.
- Identifying additional opportunities to improve the flow of patients through the Rapid Community Discharge Pathway.
- Taking responsibility for facilitating identified task and finish groups to progress key pieces of work
- Ensuring communication of agreed actions and service changes takes place with relevant staff members with all organisations

From May 2021, revised metrics to track the implementation of the discharge policy are being collected via the Acute Daily Situation Report. This data is not collected at a Local Authority footprint in national reporting. Therefore, the discharge metrics for the BCF are based on information available through hospital patient administration systems, available through the Secondary Users Service (SUS) database, which is available on a Local Authority footprint.

We have implemented a "Settling in Service" provided by Age UK Berkshire for people being discharged on Pathway 0. Referrals are made by the "Safety Net Team" at the hospital, to ensure that any need for services or support is picked up at an early stage to support people to remain well and at home, reducing the risk or readmission. British Red Cross provide a follow-up service for people over the age of 65, who live alone, and this is picked up through our BCF funded Narrowing the Gap commissioning of the voluntary sector which seeks to address areas of inequality, providing welfare checks. Referrals to this service are made by the hospital ward staff.

After up to 6 weeks, residents are discharged from reablement services, either with long term care or no ongoing care. Residents who received rehabilitation through our BCF funded reablement service are again followed up 91 days after discharge to ensure the package received meets requirements, we are improving outcomes for residents and helps us to meet the national requirement: proportion of older people (65 and over, as) who were still at home 91 days after discharge form hospital into reablement services. After 6 weeks of reablement we continue to positively re-able, where needed, for either a short or longer period, as part of a care package/direct payment, to optimise independence and utilise Technology Enhanced Care (TEC), e.g. wearable alarms etc., where this can benefit the individual.

Minor Adaptations

BCF also contributes to a fast track service to enable access to minor adaptations, essential in hospital discharges and provided through RBC Housing.

The majority of minor adaptations are rails to prevent falls and enable independent transfers e.g. on and off a toilet reducing the need for carers. Enabling people to remain at home with less care, return home from hospital safely and reduced risk of falls. Hospital and BHFT Occupational Therapists all have access to this service.

2021-22 April to September completed so far 683 private sector minor works:

- 241 through Hospital Discharge OTs
- 67 through Discharge to Assess OTs and Community Reablement Teams
- Over 421 were under £100

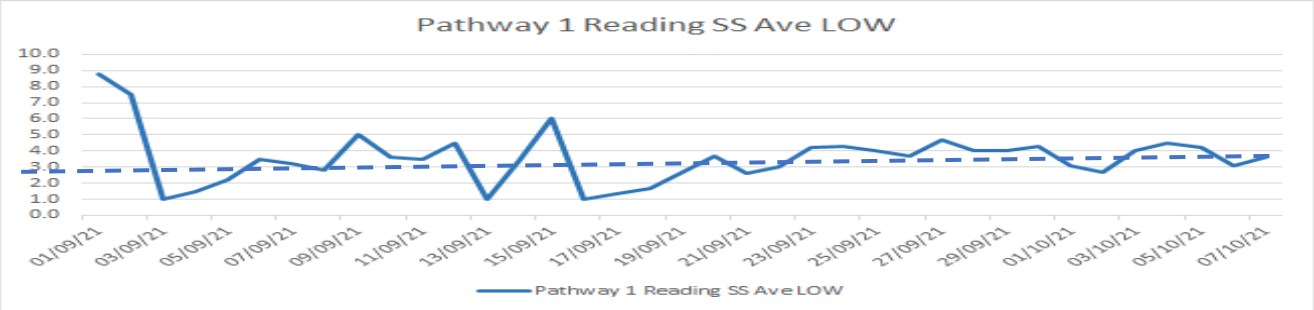
How is BCF funded activity supporting safe, timely and effective discharge?

The hospital discharge team for Reading Adult Social Care Services, work in a multi-disciplinary way to support rapid community discharges and the service works on a "home first" approach. The average length of wait for discharge, once people are declared Medically Optimised for Discharge, on Pathways 1 to 3, is shown in the table below:

Pathway	Ave LoW (days)	Ave Number of Discharges per wk
1	2.70	22
2	1.31	8
3	4.30	3

(Source: RCD Dashboard)

The Rapid Community Discharge Group have developed a reporting dashboard to monitor the average length of stay, and the average length of wait once a patient is medically optimised for discharge. A chart showing the dataset for September 2021 on Pathway 1 is included below:



Whilst we have seen progress in terms of improving timely hospital discharges, particularly for people on pathway 3, which are generally the more complex cases, we recognise that we are now moving into the winter period, and a number of other viruses are becoming more prevalent alongside the pandemic, such as Influenza and Norovirus, which will create additional pressures. Reading Adult Social Care Services have commissioned additional short-term capacity to be phased in as demand increases. We will continue to work closely with our colleagues in the Rapid Community Discharge services and provider market.

Our Rapid Community Discharge (RCD) programme in 2021/22 is working towards the following aims:

- Timely discharge of patients who no longer need to be in an acute or community bed and optimum desired outcome achieved for individual patients, with discharge plans being discussed and agreed with them. Achieving 47% pathway 1, and 19% of pathway 3 discharges within 24 hours of discharge referral being received (Apr – Aug 2021). Aims to reduce Length of Stay are supported through the Rapid Community Discharge governance process, where regular conference calls take place to keep people moving from ward to the community. The Better Care Fund has also funded extra social workers and occupational therapy to support an increase in the flow of patients leaving hospital.
- Length of Stay targets have been discussed and agreed with our Acute hospital partners – Royal Berkshire NHS Foundation Trust (RBFT).
- The RCD programme has maximised patient's independence by supporting 91% of Reading patients to return to their normal place of residence (data for Pathways 0 and 1: Apr – Aug 2021). As we are approaching the winter period, we expect to be able to maintain this level against the new "Discharge to Normal Place of Residence" metric.

- Patient feedback was sought in relation to follow up care, via the Settling in Service, provided by Voluntary Care Sector partners: "*I was feeling lonely and unwell when I got home. It made a real difference to me having a call over a couple of days*".

Our Community reablement team support people discharged on Pathway 1 to remain at home, using a 'strengths based' approach to rehabilitation. A current review of the reablement capacity and demand is underway, to ensure the service is able to continue effectively supporting hospital discharges, as well as admission avoidance initiatives such as responding to referrals for 2 hour (rapid) and 2 day urgent care referrals through the Ageing Well programme.

Berkshire West CCG and the 3 Local Authorities in Berkshire West jointly commission a number of services through the BCF to support avoidable admissions and hospital discharge. These services include: -

- Rapid Response and Treatment Service for Care Homes – this is a joined-up health and Social Care service reducing avoidable admissions, carrying out medication reviews and provide support and training to care home staff.
- Connected Care – an integrated IT system sharing information across Health and Social care to improve patient care. Primary care partners have been engaged in developing "Frailty tiles" within Connected Care, to identify people at risk, and access these lists to flag for discussion at themed MDT meetings at Primary Care Network (PCN) level.
- Integrated Discharge Service – this service operates using a multi-disciplinary team across Health and Social Care focussing on a home first approach. It is co-located in RBFT and continues to look to develop as a system wide service. The aim is to reduce the time people spend in an acute, community or mental health bed at the point they no longer need clinical care and prevent avoidable admissions.
- Routinely
- Mental Health Street Triage – this service operates from Reading and Newbury Police station with the aim to reduce use of police custody and use of section 136 of the Mental Health Act, allowing the police to take the person to a place of safety from a public place. Enabling the right support at times of potential crisis and reduce avoidable hospital admissions and A&E attendances.
- SCAS Falls and Frailty – this service aims to improve the user experience of emergency care by providing an acute, blue light multi-disciplinary response to the frail elderly who have fallen in their own homes to reduce A&E Attendances

Healthwatch Reading are undertaking a survey with people discharged from hospital to provide feedback to system partners via the Integration Board and Urgent and Emergency Care Board. It is expected that this piece of work will be completed by the end of March 2022.

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, care and housing services to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The aims for the disabled facilities grant are to:

- Reduce avoidable emergency admissions
- Assist disabled adults and children to remain in their own homes
- Prevent admissions to care and to assist with delayed transfers where possible.
- Falls prevention
- Support for Carers and families

During the financial year 2021/22 we anticipate that we will assist approximately 700 residents within the Borough through a mix of major adaptations (DFGs), minor adaptations, hospital discharge and prevention and installation of hoists. These works are funded through the ringfenced DFG budget that sits within the Better Care Fund.

- There are 2 dedicated DFG Occupational Therapists based within the Private Sector Housing Team, who came into post at the beginning of this year, and they carry out assessments for DFGs
- We have reduced the waiting list from 47 to 26 since January, through the use of a triage system, and having dedicated bathing assessment days
- As at September, 15 hospital discharge grants have been completed since 1st April 2021

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (The "Order) came into effect in July 2003. In 2008-09 the Government extended the scope of the Regulatory Reform Order to include the use of Disabled Facilities Grants funding. This allows Local Authorities to use specific DFG funding for wider purposes. This includes help with the cost of moving and adapting or improving another property where it is deemed to be a more cost-effective option.

This policy will enable the Council to deliver Housing Assistance and Disabled Adaptations in a person centred and outcome focused way. This updated policy meets the objectives of the Better Care Fund, to increase the uptake of DFGs and work collaboratively with health and social care colleagues. This policy will enable a more proportionate and responsive service, delaying hospital admissions, falls or moves to residential or nursing homes. The measures in the policy will further support care and support services to actively promote well-being and independence, and enables early intervention avoiding crisis intervention.

In Reading there is close working across Housing, Health and Social Care to deliver these objectives which can be demonstrated by the 700 residents in the private sector who will be assisted through a mix of major adaptations (DFGs), minor adaptations, hospital discharge and installation of hoists in the current financial year.

This joint working has a significant impact on care package avoidance/reduction for example before a stairlift is installed a care worker or family member is visiting 2 or 3 times a day to empty the commode, after the stairlift has been fitted the service user regains their independence and can access their bathroom upstairs. The family member is no longer required to provide high levels of care, avoiding carer break down and future reliance on social care provision. It further avoids falls and hospital admission.

In Reading in addition to the mandatory DFG the BCF funding for DFGs is also used to fund two additional grants:

Health & Well Being at Home Grant - the purpose of this grant is to enable:

- An applicant to manage their health and wellbeing in their own home;
- Make a property suitable to facilitate safe hospital discharge;
- Prevent hospital admissions or readmissions and
- Reduce admission to long term care.

This grant enables Hospital OTs and social care staff to respond to unsafe housing to ensure safe and more responsive discharges from hospital in many cases with low cost input to resolve imminent risks. This grant has been invaluable throughout the pandemic in enabling timely discharge to ensure bed spaces are available to COVID patients and eases the pressure on the NHS. 15 hospital discharge grants have been completed since 1st April 2021

Top up funding for a DFG - The mandatory DFG grant limit is £30,000 which no longer meets the cost of providing extensions such as a wheelchair accessible downstairs bathroom or bedrooms. The current costs can range from £45k to £60k+. This grant enables a discretionary maximum grant of an additional £30,000 to top up a mandatory DFG, where the cost of work has exceeded the grant maximum. This enables extensions and complex adaptations to go ahead, to support families to continue to care for disabled adults and children in their own homes, reduces the amount of care packages required and long-term care in nursing or residential environments

Case Studies

Case Study 1

Client X was in hospital but could not be discharged due to the condition of the property. We were able to arrange the works for the next day due to the smooth teamwork between the hospital team, contractors and RBC which meant the property became ready for discharge almost immediately and support was put in place to ensure the client managed his needs going forward and received appropriate support.

Case Study 2

Client x was living and sleeping downstairs as was no longer able to manage the stairs in his home. We were able to approve the installation of a stairlift within a few weeks of the referral. Also during a visit to complete paperwork, we identified unclaimed benefits and as a result of helping with this increased his income by over £100 per week.

Case Study 3

Client X was referred as someone with complex needs where there had been great difficulty finding suitable accommodation due to a tendency to destroy items in the immediate environment. Significant work across Housing, Health, and Social Care resulted in a safe living environment being designed and works completed, reducing the likelihood of injury and falls.

Case Study 4

Client X is registered blind and has a has a guide dog to assist him. His wife works full time. He was finding it difficult to safely make drinks, prepare lunch and feed his guide dog due to the kitchen being too small. This was having a detrimental effect on his health and well-being. Adaptations were carried out to extend the kitchen into the outhouse area, which has meant client X can now safely and independently carry out cooking tasks and care for his dog. He wrote "*we just wanted to let you know the new kitchen is in, painted and ready to use. Thank you for your help and everything that you have done for us. It will make such a difference. You have made the process very easy, the guys that you used were very helpful, polite and tidy. We are overwhelmed and will be forever grateful."*

Equality and health inequalities.

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics.

The Berkshire West Health and Wellbeing Strategy (2021–2030) consists of five priorities: -

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help Children and Families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

The Reading Integration Board is leading on the Strategic Action Plans for the Reading Health and Wellbeing Board on priorities **1) Reduce the differences in health between different groups of people**. Health is not just about medicine and accessing health services, but also about the wider social and environmental factors that can influence a person's health and wellbeing, and **2) Support individuals at high risk of bad health outcomes to live healthy lives.** Reducing health inequalities means focussing on reducing gaps between' life expectancy' and 'healthy life expectancy' amongst those who have the worst outcomes.

The strategy is accompanied by a local delivery plan for each of the three Local Authority areas within Berkshire West, describing how the strategy will be implemented in each area.

The Reading Integration Board will be an enabler to support a number of the other actions within the plan and the groups that have been identified as a focus in the early stages of forming the action plans are:

- people affected by domestic abuse
- people with Dementia
- people with Learning Disabilities
- rough sleepers
- unpaid carers

We acknowledge that there is an increasing number of people, particularly post Covid, that are impacted by low level mental health issues. Support for those affected is being addressed through the Health and Wellbeing Board Strategic Priority 5: Promote good mental health and wellbeing for all adults. The Integration Board are engaged with the Berkshire Health Foundation Trust, and a number of Mental Health professionals have been recruited to be based within the Primary Care Networks and work with the Multi-Disciplinary teams to address low level mental health with the aim of preventing crisis.

The aims of the Priority 1 and 2 Action Plans will be to ensure people are well informed, in ways that meet their cultural and physical needs, to support them to stay well and avoid crisis or hospital admission as well as supporting them to live healthy lives and reduce the gap between live expectancy and healthy life expectancy.

The Joint Health and Wellbeing strategy was subject to an extensive public engagement process and the following eight principles were agreed as important: -

1. Recovery from Covid-19 – The Covid-19 pandemic has presented unprecedented challenge to Berkshire West's Health and Care services and the way residents live their lives on a daily basis.

As we move towards a recovery phase, we now have an opportunity to "build back fairer", taking account of the widening health inequalities that have been highlighted by Covid-19 and working together to ensure that equality is at the heart of local decision making to create healthier lives for all.

2. Engagement – Public engagement has been at the core of the development of this Strategy and will be essential to how it is delivered. We will work towards creating more permanent engagement structures and processes to ensure residents' voices are heard as we roll out this plan over the next ten years. This may include the creation of citizen panels, specialist groups and committed champions in our communities who can lead with both their specialist knowledge and local commitment.

3. Prevention and early intervention – prevention and early intervention are key to reducing long term poor health and wellbeing. By shifting our approach away from treating ill health to preventing it from happening in the first place, we can contribute significantly to reducing physical and mental ill health.

4. Empowerment and self-care – we want to support our local people to become more actively involved in their own care and to feel empowered and informed enough to make decision about their own lives, helping them to be happy, healthy and to achieve their potential in the process.

5. Digital enablement – The Covid-19 pandemic has led to many opportunities in digital transformation for health, social care, both at work and at home. But for those who are unable to participate in online services, it has resulted in greater social isolation and exclusion. We want to embrace the opportunities that digital enablement presents; improving digital literacy and access across the whole of Berkshire West whilst at the same time ensuring services and support are available for those who prefer not to or who are unable to access the digitally.

6. Social cohesion – The diversity of our areas is an asset that we will aim to develop and leverage going forwards. There is already a wealth of community activity taking place across each region and we will work collaboratively with community members, service providers and statutory bodies to help eliminate community specific health inequalities.

7. Integration – Whole system integrated care is about ensuring every person in Berkshire West can have their needs placed at the centre – this is done through joining up the range of health, social care services and relevant community partners. The aim is to increase access to quality and timely care, supporting people to be more independent in managing their conditions and becoming less likely to require emergency care. To achieve this, we also need to build on existing relationships in the broader BOB ICS, linking policies, strategies and programmes with those at the ICP, Local Authority and Neighbourhood levels.

8. Continuous learning – the actions that will be delivered through this strategy will be reviewed and adapted in a timely manner as the world around us changes. We need to accumulate experience, share best practices and learn from one another.

Research was undertaken to assess the impact of Covid on the Black, Asian and Ethnic minority groups. The pandemic magnified health inequalities in these communities. The Integration Board is looking to identify specific projects that could be funded by the Better Care Fund, within the RIB Integration Projects scheme, using learning from the Community Participatory Action Research (CPAR) project. e.g. Establishing barriers to accessing health care services for women from black and ethnic minorities and migrant women. It was discovered that Language is a significant barrier to this group of people and the reason that they are not getting access to health care services. Suggestions and recommendations to improve health care access are being drawn up and will be shared with the Reading Integration Board to take forward and include in Health and Inequalities action plans.

With reducing gaps in health inequalities and supporting recovery from Covid-19 at its very heart, the Berkshire West Health and Wellbeing Strategy 2021-2030 establishes our priorities for the system and aims to enable all of our residents to live happier and healthier lives.

The Health and Social Inequalities activity will provide data split by ethnicity and by areas of deprivation, using trusted community leaders and influencers to engage communities. We

are working collaboratively with our public health and wellbeing team to identify the best methods of reaching people to promote health checks and vaccinations to reduce the likelihood of severe illness, and a health check equity audit has been undertaken, with the results to be presented at the Integration Board, which will inform the action plans.

Members of the Reading Integration Board, including Carer representatives and Voluntary Care Sector, are working together to develop a leaflet for all of those impacted by long Covid in a bid to ensure all communities are contacted. They are working with the Community Participatory Action Research (CPAR) team to better understand the barriers to reaching people within typically hard to reach communities. This has involved working with community leaders and advocates who are trusted by the communities to help develop effective communications and encourage engagement. We have worked with local voluntary care services and a health check hub has been set up in a local community centre, used mainly by people from ethnic minority groups who were most affected by Covid, and also at higher risk of cardiovascular disease, based on local population health management data.

Reading is one area in the South East conducting research with a focus on health inequalities. 5 partners; Reading Borough Council; Reading Voluntary action (1 researcher); Reading Community Learning Centre (2 researchers); Alliance for Cohesion and Racial Equality (2 researchers) and the University of Reading Participation Lab.

We have a "Health on the Move" programme running to provide a pop-up vaccination and health advice service within local community groups.

We will undertake further analysis of hospital discharge data to ascertain whether there are differences between groups of people who have extended lengths of stay in hospital, or for those that are not discharged to their normal place of residence, so that we can provide appropriate support to address any inequalities that are discovered through the use of population health management approaches to the data.

Reading continue to fund the Narrowing the Gap services from the Better Care Fund, providing Carer's services such as:

- Berkshire West Your Way: Facilitating peer support and reducing social isolation for adults who have experienced mental ill-health
- Carers information advice and support: Provided by the Berkshire Carers Hub for people who are providing unpaid/informal care to friends, relatives or neighbours with support needs because of a disability or long-term health condition. The service promotes or protects carer wellbeing across the wellbeing domains specified in the Care Act (2014).
- Social Prescribers: supporting people with a wide range of social, emotional and practical needs, preventing the escalation of those needs, particularly where this is likely to lead to inappropriate or unnecessary use of statutory care services. The service is intended to improve emotional and physical wellbeing as well as supporting individuals to take greater control of their own health and social care needs, reducing the likelihood of crisis.
- Jointly funded, by Reading and the Berkshire West CCG, support for young carers, through the Carers Information and Advice Service and Carers grants and respite.

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**21st JANUARY 2022**		
REPORT TITLE:	**INTEGRATION PROGRAMME UPDATE**		
REPORT AUTHOR:	**BEV NICHOLSON**	**TEL:**	**07812 461464**
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ORGANISATION:	**READING BOROUGH COUNCIL / BERKSHIRE WEST CCG**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the Integration Programme as well as performance against the national Better Care Fund (BCF) targets as at the end of October 2021.

1.2 The BCF metrics were updated in the recent planning guidance for 2021/22 and will be adopted for Quarters 3 and 4 reporting (i.e. October 2021 to March 2022). Two of the measures were retained (Reablement – 91 days and Residential/Nursing home admissions). The new metrics to be measured for this financial year are as follows:

a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions).
b) Reduction in length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence.
d) The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
e) The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).

Where new metrics have been added, the year to date progress is shown below, based on national data reported via the Better Care Exchange. For existing targets, the performance is based on data reported in the Reading Integration Board (RIB) Dashboard for November 2021. The November dashboard contains October data. There will always be a lag of up to 8 weeks with the data, which is aligned with national data reporting schedules. Further details are provided in Section 4 of this report.

1.3 The Health Inequalities focused projects, identified in the Reading Integration Board (RIB) Programme Plan, are being aligned with the Health and Wellbeing Board Strategy Action Plans, where appropriate, as well as working with system partners at Integrated Care Partnership (ICP) and Integrated Care Services (ICS) levels to support the wider priorities.

1.4 Voluntary Care Sector Forums have commenced, to enable our voluntary care sector to engage with the ongoing development and delivery of the Reading Integration Programme and the Health Inequalities focussed projects.

2.	**RECOMMENDED ACTION**
2.1	**The Health and Wellbeing Board note the progress made in respect of the Better Care Fund (BCF) schemes and the Integration Board Programme of Work.**

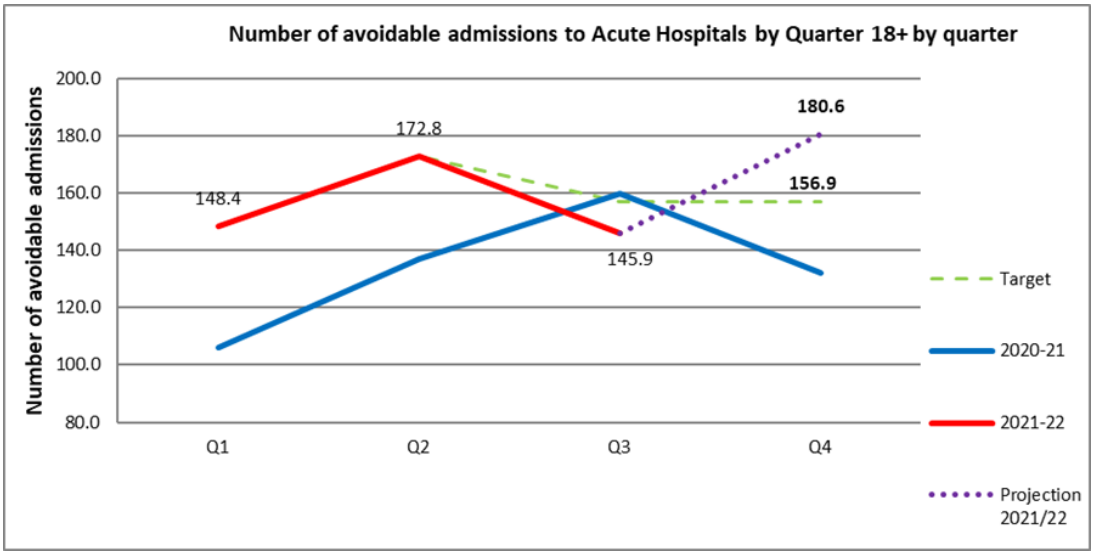
3. POLICY CONTEXT

3.1 The Integration Board is responsible for engaging in system working with Local Authority, Commissioning and Voluntary Sector partners across Reading and the Berkshire West area, enabling partners and other interested stakeholders to discuss progress towards integrating services and in meeting the Better Care Fund (BCF) performance targets, as set out in sections 1.2 and 4.0 of this paper. The mandatory minimum amounts from the Better Care Fund will go into a pooled budget for 2021/22, which will be governed by an agreement under Section 75 of the NHS Act 2006 as in previous years, for which there is a delegated authority for sign-off. The Better Care Fund Plan for 2021/22 was approved by NHS England on 11th January 2022.

4. PERFORMANCE UPDATE FOR BETTER CARE FUND AND INTEGRATION PROGRAMME *(aligned with metrics set out in planning guidance 2021/22)*

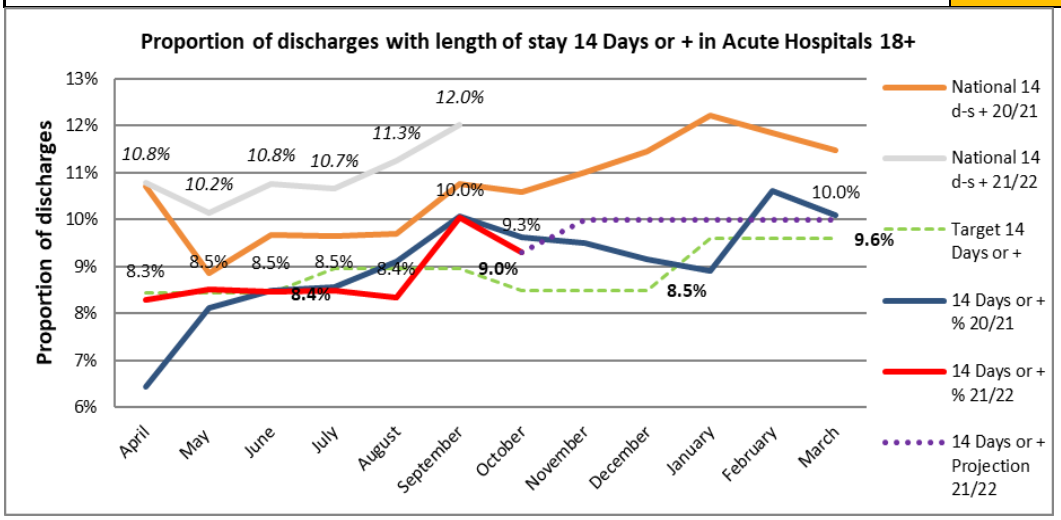
4.1 Reduction in avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions), no more than 635 per 100,000 for the year.

Number of Unplanned hospitalisations for chronic ambulatory care sensitive conditions per 100,000 population - 18+, Acute hospitals, per quarter	
Target performance for quarter 3 (no more than)	157
Actual performance for quarter 3	146
Average performance to date	172
Status	Green
Status change since last quarter	↑



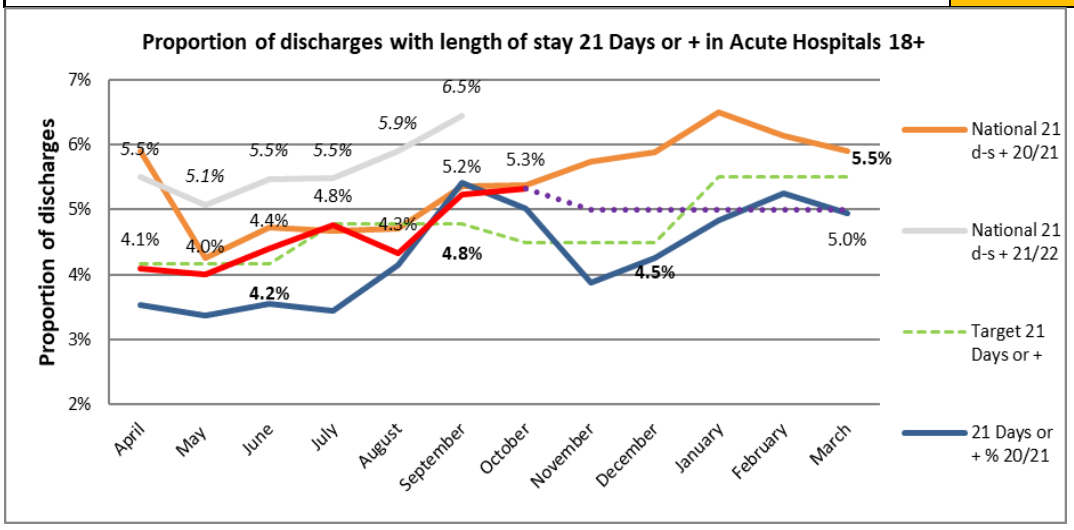
4.2 Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days. The National ambition for reducing Length of Stay is to be no more than 12% of people over 14 days. Reading are performing well against this target at almost 3% below that national aim but is just under 1% higher than our Quarter 3 stretch target.

Proportion of inpatients resident for 14 days or more, per month	
Target performance per month (no more than)	8.5%
Actual performance this month	9.3%
Average performance for the current period	10.0%
Status	Amber



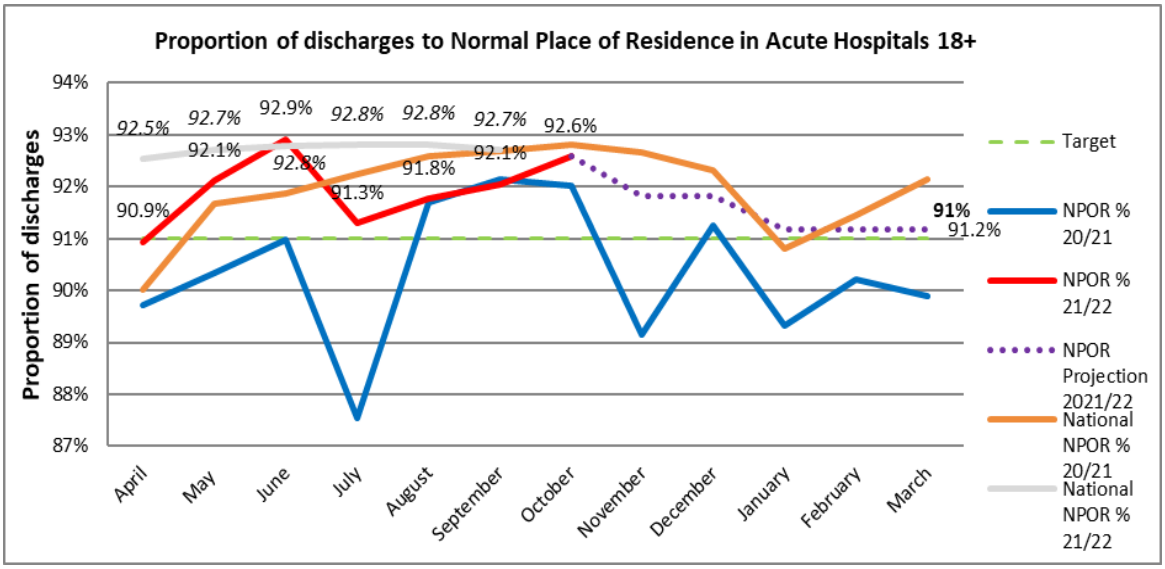
Whilst Reading performance is currently slightly above the locally set target, which has been agreed with acute hospital system partners, we are performing significantly better than the National average for both the 14 and 21 day Length of Stay (LoS) indicators.

Proportion of inpatients resident for 21 days or more, per month	
Target performance per month (no more than)	4.5%
Actual performance this month	5.3%
Average performance for the current period	5.0%
Status	Amber



4.3 An increase in the proportion of people discharged home, from acute hospitals, using data on discharge to their usual place of residence.

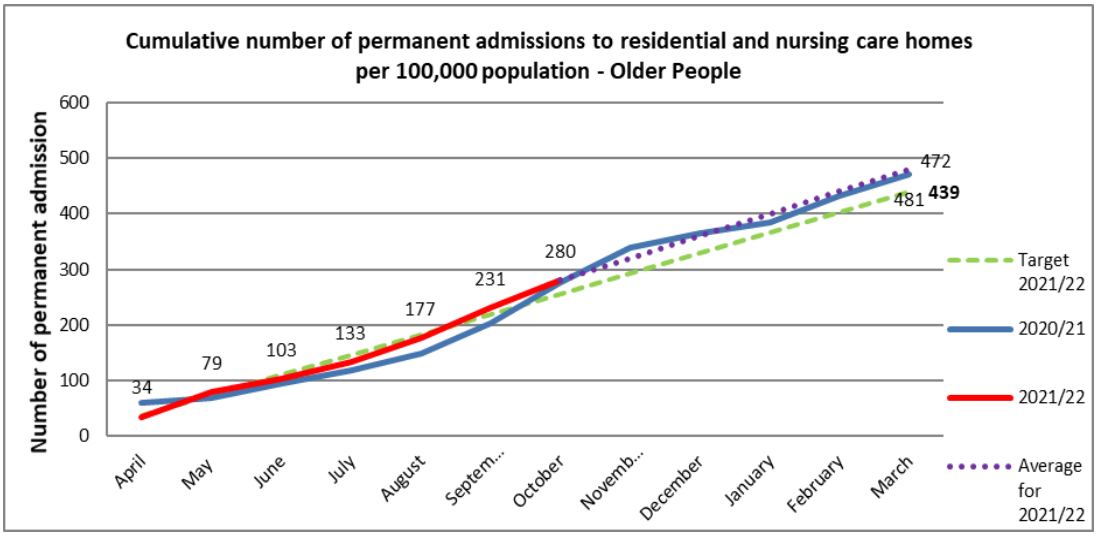
Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Target performance per month (not less than)	91.0%
Actual performance this month	92.6%
Average performance for the current period	91.2%



Performance against this metric is showing an improvement compared to the previous year and is within range of the National position for 2021/22.

4.4 The number of older adults (65+) whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

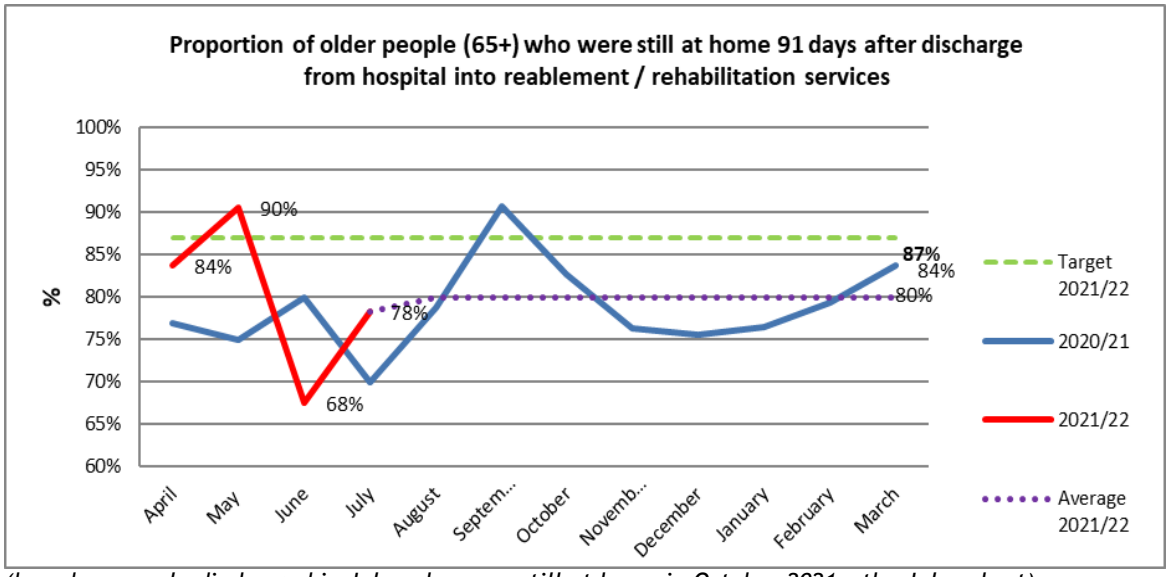
Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Target performance per annum (no more than)	439
Actual performance to date	280
Projected performance based on the average performance to date	481
Status	Amber



Current performance remains below the overall cumulative target, which was significantly reduced from 571 to 439 which was agreed as realistic stretch, as required within the BCF Planning guidance, at the time of developing the metrics. However, the projection to the end of the year is in excess of the target currently.

4.5 The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Target performance (not less than)	87%
Total number of people departing reablement 91 days ago (numerical)	46
Of those at home 91 days later (numerical) this month	36
Actual performance (%) this month	78%
Status of Monthly performance	Amber
Average annual performance (based on performance to date)	80%
Status of Average performance	Amber



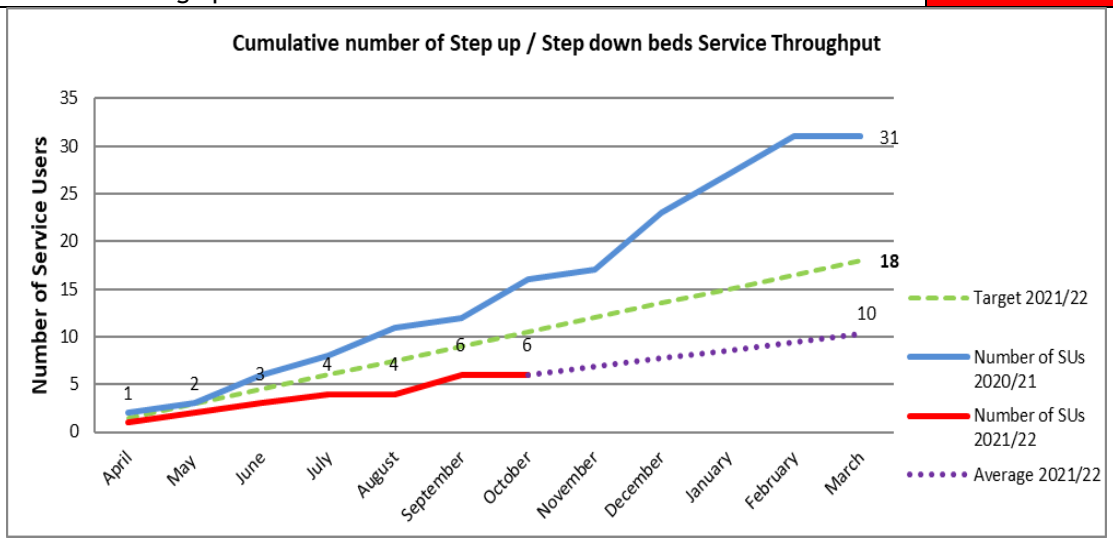
(based on people discharged in July, who were still at home in October 2021 - the July cohort)

Performance against this target has improved slightly but is 12% below the target of 87%. Sadly 7 of the 10 people, who did not remain at home, had passed away. Performance rates without those service users being included would have met the target. We are working with system partners to try and ensure those people who would be on an end of life pathway are not referred into Reablement but into appropriate end of life care.

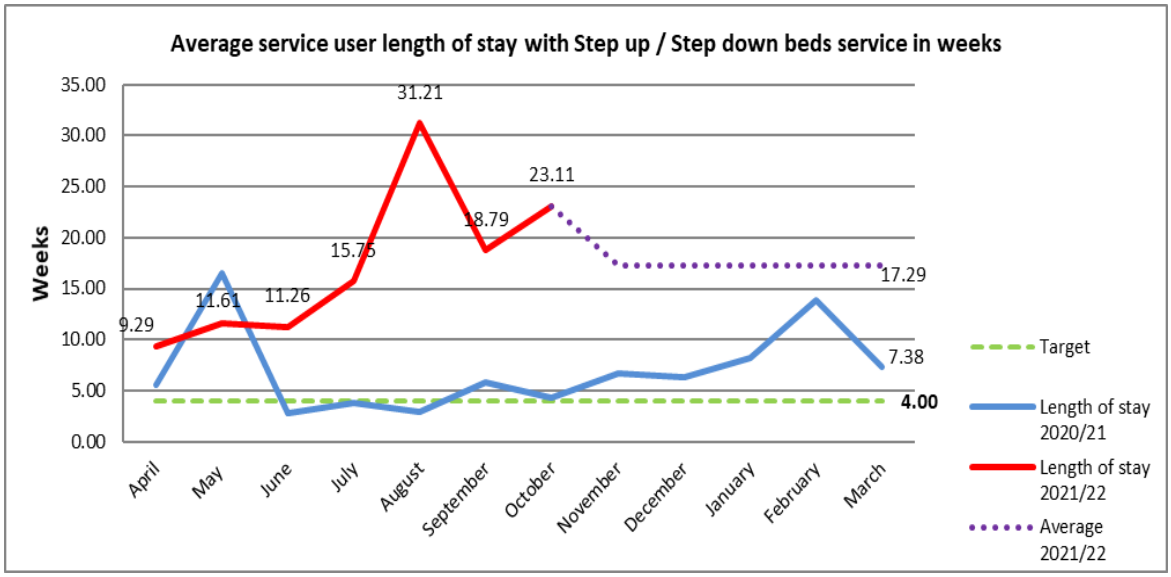
4.6 Local Schemes funded through BCF

4.6.1 Discharge to Assess (D2A) Step-down/step-up beds at Charles Clore Court. There are four independent living flats with carer support for people who are not able to return directly home after a period in hospital (Step down), or for people who require some additional support to avoid a hospital admission (Step up). The minimum number of people placed in the commissioned Discharge to Assess beds at Charles Clore Court has not been met, due to the impact of some long stayers, and the impact of a Covid outbreak, affecting both vulnerable service users and staff.

Cumulative number of Step up / Step down beds Throughput	
Target performance per year (not less than)	18
Actual performance this month	0
Status of Monthly performance	Red
Cumulative number of cases FY to date	6
Average annual performance (based on performance to date)	10
Status of Average performance	Red



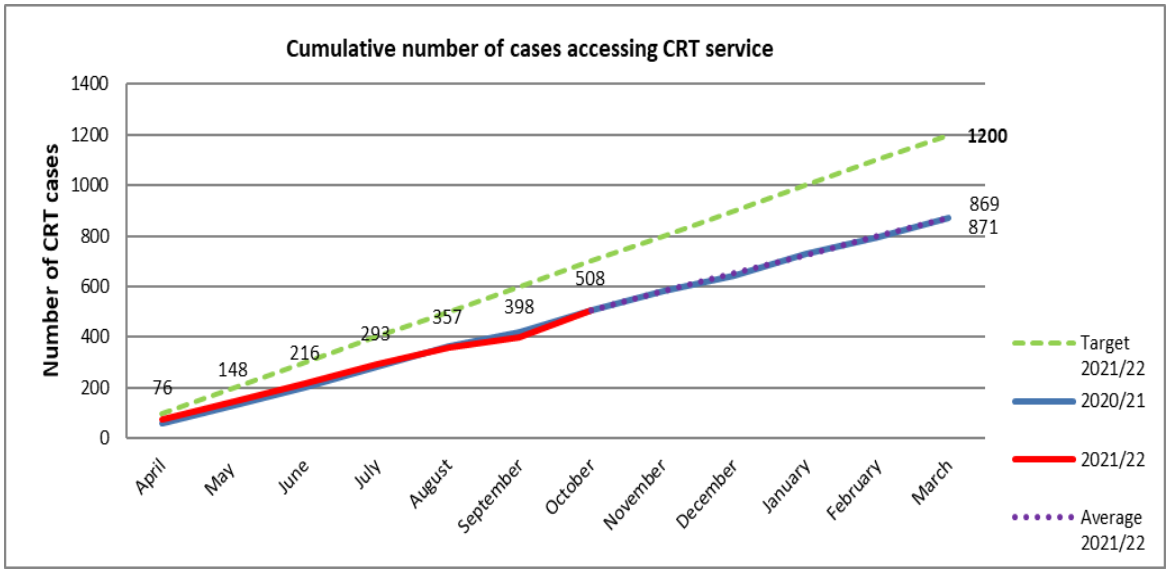
The average length of stay has increased further due to some continuing complex cases for self-funders that have yet to be resolved. We have commissioned additional discharge to assess beds at Parkside and have also negotiated with Berkshire West CCG for funding to commission a further 10 Extra Care Discharge to Assess flats in order to meet the demands on hospital discharge pathways and support acute services in meeting a challenging target of reducing the number of people still in hospital, after they are medically optimised for discharge by 50% by the end of January 2022.



4.6.2 Impact of Community Reablement Service

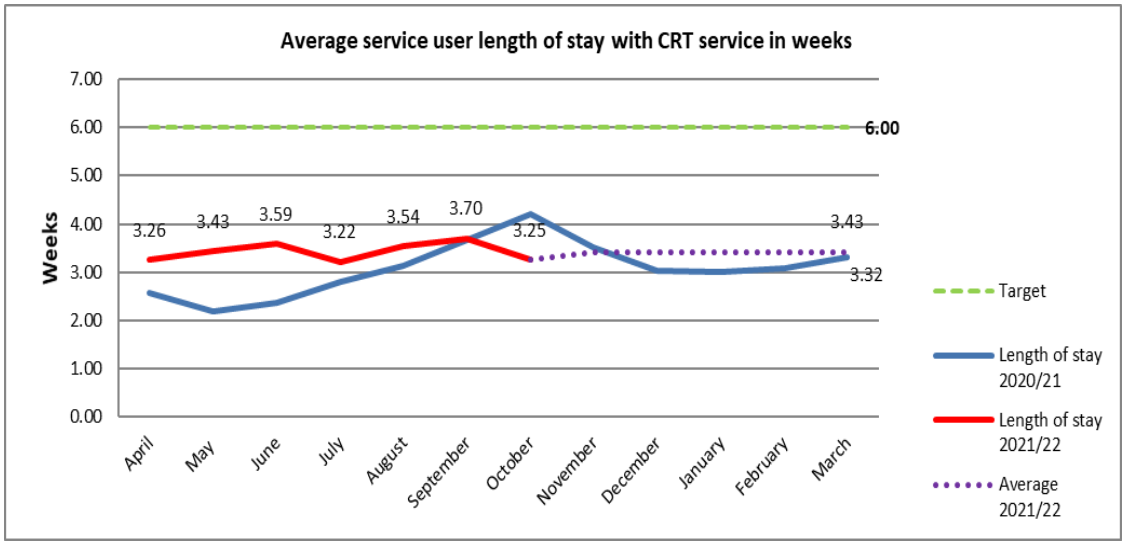
The number of people accessing support through the Community Reablement Team (CRT) service is currently significantly below the expected level of not less than 1,200 per year, with projections showing an intake of 871. A review of the CRT service is underway, which will look at capacity and service delivery and a review of the target as the service is delivered in hours, which may vary for each service user based on their care needs.

Cumulative number of cases accessing CRT service	
Target performance per year (not less than)	1200
Actual performance this month	110
Status of Monthly performance	Green
Cumulative number of cases FY to date	508
Average performance (based on performance to date)	871
Status of Average performance	Red



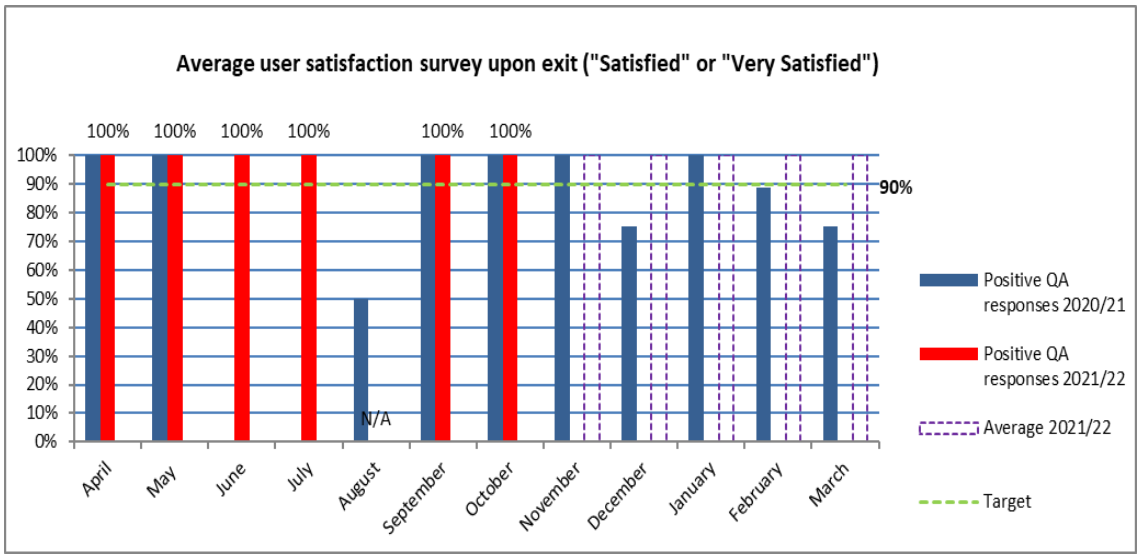
The average length of stay with the reablement services as at October 2021 continues to be positive at 3.25 weeks, against a maximum of 6 weeks, ensuring people are enabled to become as independent as possible through the support of the Community Reablement Team (CRT) service.

Average service user length of stay with CRT service in weeks	
Target performance per month (no more than)	6.00
Actual performance this month	3.25
Status of Monthly performance	Green
Projected average performance (based on performance to date)	3.43
Status of Projected performance	Green



The satisfaction levels of service users with the reablement service has remained strong, with response rates of 50% and overall satisfaction rates of 100%, against a target of 90%.

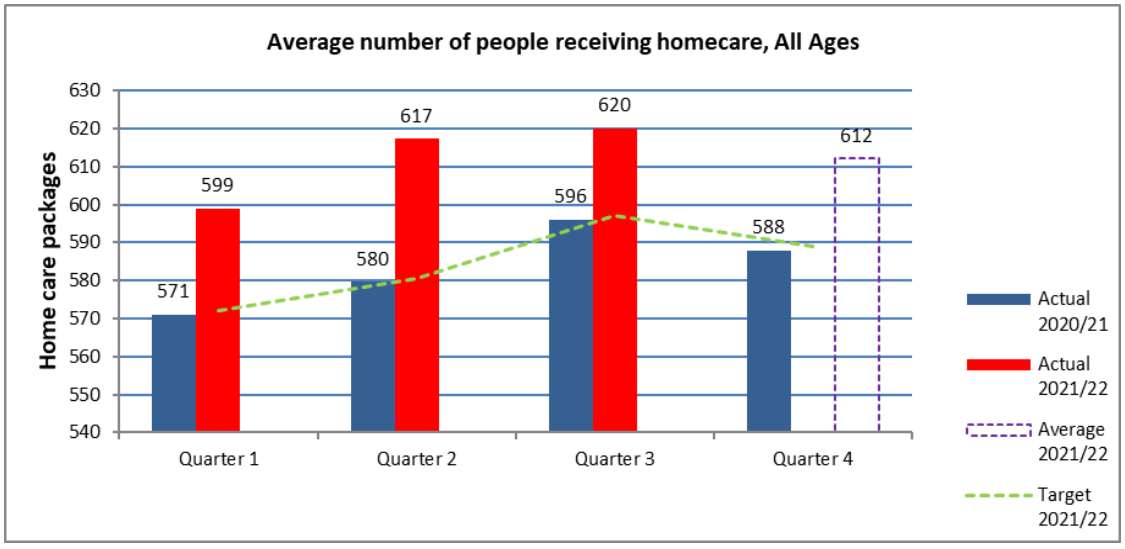
Average user satisfaction survey upon exit ("Satisfied" or "Very Satisfied")	
Target performance (not less than)	90%
Actual performance this month	100%
Status of Monthly performance	Green



4.7 Additional BCF Funding for accelerated Integration (iBCF)

The targets were designed to reflect the impact of the iBCF funding's investment in reablement services. The position at the end of Q3 (*October to September*) has shown continued growth in the number of people receiving home care support, compared to the previous year.

Marginal increase in home care packages	
Target performance per month for this quarter (not less than)	581
Actual performance this month	620
Status of Monthly performance	Green



4.8 Reading Integration Board (RIB) – Programme Update

The Reading Integration Board Programme Plan was developed in collaboration with system partners from Health, Social Care and Voluntary Care Sectors. The programme encompasses three key priorities:

4.8.1 Multi-Disciplinary Teams (MDT)

Meetings were held with Primary Care Network (PCNs) representatives in November and December to agree the clusters and themes for the MDT meetings in January 2022.

There are three MDT Clusters established and there will be a theme for each meeting that will address high areas of need based on population health management data through the shared care records system, Connected Care. Cases are submitted for MDT review where there is a high risk of poor health outcomes.

Cluster	PCN	Date of MDT	Theme
1	Tilehurst	WB 24/1/22	High Users/Complex pts
	Reading West		
2	Caversham	18/1/22	Diabetes
	Whitley		
3	Reading Central	13/1/22	Diabetes
	University		

Outcome reports will be submitted to the Reading Locality Manager monthly, with updates to the Integration Board.

4.8.2 Discharge to Assess future model for Reading

The processes are being mapped to ensure a smooth flow between the acute hospital and the community to support people on discharge from hospital who require additional care. There are also links with the voluntary care sector to provide settling in services to enable people, particularly those who live alone, to return home safely and have any immediate needs met such as some basic shopping and checking that utilities are functioning, with referral onto other services that the person may need to remain well at home. The aim of this service would also be to support people in the community to avoid hospital admission, where possible.

4.8.3 Nepalese Diabetes project

This project started in June 2021. Supported by funding from the Academic Health Science Network (AHSN). There have been three group consultations with Nepalese patients from Melrose surgery- two virtual and one face to face with Lateral Flow Tests being done before hand. The aim is to expand this project to other surgeries in the PCN in the next few months, once funding is finalised.

The first cohort of Nepalese patients has now finished following a third group consultation which was face to face. The eligible list of patients for other practices in the PCN will be drawn from Connected Care (the shared care records system) so that those practices can refer onto the programme. Feedback from the patients who have participated in the project so far has been positive, and outcomes against the agreed metrics will be measured at the 6 month point in December/January.

There is also a focus on reducing health inequalities, particularly within areas of deprivation, using a Population Heath Management approach to sharing data to provide insights for planning and commissioning, working closely with colleagues in Public Health and the wider Integrated Care Services across Berkshire, Oxfordshire and Buckinghamshire (BOB).

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

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

The Reading Integration Board (RIB) Programme Plan objectives are mapped to both the Berkshire West Integrated Care Partnership (ICP) priorities and the Health and Wellbeing Board proposed strategic priorities for 2021/22 to ensure alignment and effective reporting:

Integrated Care Partnership Strategic Objectives

- Promote and improve health and wellbeing for Berkshire West residents
- Create a financially sustainable health and social care system
- Create partnerships and integrate services that deliver high quality and accessible Health and Social Care
- Create a sustainable workforce that supports new ways of working

Joint Health and Wellbeing Strategic Priorities

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of negative outcomes to live healthy lives
3. Help families and young children in early years
4. Good mental health and wellbeing for all children and young people
5. Good mental health and wellbeing for all adults

The Reading Integration Board has responsibility for developing and monitoring the strategic action plans for Reading to support the Joint Health and Wellbeing priorities 1 and 2. The Action Plans are in development, engaging key stakeholders and identifying appropriate metrics. It is expected that the final plans will be submitted to the Health and Wellbeing Board in March 2022.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

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

6.2 This report summarises the performance of the Better Care Fund and Integration Programme. No new services are being proposed or implemented that would impact on the climate or environment, however input is being sought in relation to the development of the Health and Wellbeing Strategic Priority Action Plans for priorities 1 and 2, as well as cross referencing with the other workstreams for priorities 3 to 5.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

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

7.2 In accordance with this duty it is the intention of Reading Integration Board to engage with stakeholders to ensure they are included in guiding integration in the locality, through feedback surveys and through the local and national voluntary sector organisations with which we work. Stakeholder engagement continues to be a key factor to effective integrated models of care, and engagement with all system partners is important to the Reading Integration Board.

7.3 Healthwatch are undertaking a review focussed on people being discharged from hospital on pathways 1 to 3. This review was due to start in June 2021, however it was delayed due to the requirement for additional data sharing agreements to be processed. We are advised that a report will be submitted to the Integration Board once complete. It is expected, due to the delays with agreeing data sharing with the acute hospital, that this will be at the end of the financial year, March 2022, and a full report will be submitted to the Health and Wellbeing Board in due course. The Integration Board will incorporate the service user feedback in the design of the future discharge to assess and admission avoidance service model.

8. EQUALITY IMPACT ASSESSMENT

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

9. LEGAL IMPLICATIONS

9.1 A draft Section 75 document has been drawn up to agree the pooled funds for the Better Care Fund between the Berkshire West Clinical Commissioning Group (CCG) and Reading Borough Council. This document will require sign-off, following NHS England approval of the BCF Plan and the draft has been submitted for legal scrutiny and shared with Berkshire West CCG for comment prior to final sign-off and sealing.

10. FINANCIAL IMPLICATIONS

10.1 The Better Care Fund (BCF) plan for 2021/22 has been approved at regional level, and we are awaiting approval at National level at the time of writing this report. There were no significant changes in funding, although there were some changes in relation to the BCF metrics, against which we will be monitored. We are working with the commissioners for the schemes funded through the BCF and with our finance colleagues to continue to deliver appropriate schemes within budget and arranging early review and preparation meetings in readiness for the 2022-23 planning process.

11. BACKGROUND PAPERS

11.1 The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard - November 2021(Reporting up to October 2021)*

11.2 Reading Integration Board (RIB) Programme Plan (Dec) 2021-22 (Q3)

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READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**21st January 2022**	**AGENDA ITEM:**	
REPORT TITLE:	**Health and Wellbeing Dashboard – January 2022**		
REPORT AUTHOR:	**Kim McCall**	**TEL:**	**0118 937 3245**
JOB TITLE:	**Health and Wellbeing Intelligence Officer**	**E-MAIL:**	**kim.mccall@reading.gov.uk**
ORGANISATION:	**Reading Borough Council**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents an update on the Health and Wellbeing Dashboard (Appendix A), which sets out local trends in a format previously agreed by the Board to provide the Board with an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy for Reading. This strategy has now been superseded by the Berkshire West Health and Wellbeing Strategy 2021-2030 and a new dashboard report reflecting new priorities and actions has been developed to support them and will shortly replace this standing report.

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

2. RECOMMENDED ACTION

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

- **Estimated dementia diagnosis rate (aged 65+) has been updated with monthly snapshots.**
- **The following NHS Healthcheck indicators are updated each quarter**
  - **People invited for a healthcheck**
  - **People taking up a healthcheck**
  - **People receiving a healthcheck**
- **Successful completion of alcohol treatment updated each quarter**
- **Incidence of TB (three year average)**

2.2 That the Health and Wellbeing Board notes the updates that have been included in this report.

2.3 That the Health and Wellbeing Board notes that this HWB dashboard will be reviewed to reflect the priorities in the 2021-2030 Health and Wellbeing Strategy and replaced by a new dashboard report.

3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:

- improve the health and wellbeing of the people in their area;
- reduce health inequalities; and
- promote the integration of services.

3.2 Reading's 2017-20 Health and Wellbeing Strategy sets out local plans as required under the Health and Social Care Act, and also addresses the local authority's obligations under the Care Act 2014 to promote the wellbeing of individuals and to provide or arrange services that reduce needs for support among people and their (unpaid/family) carers in the local area.

3.3 The current strategy is founded on three 'building blocks' – issues which underpin and are expected to be considered as part of the implementation plans to achieve all of the strategic priorities. These are:

- Developing an integrated approach to recognising and supporting all carers
- High quality co-ordinated information to support wellbeing
- Safeguarding vulnerable adults and children

3.4 The Strategy then sets out eight priorities:

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

3.5 In July 2016, Reading's Health and Wellbeing Board agreed to introduce a regular Health and Wellbeing Dashboard report – at each meeting - to ensure that members of the board are kept informed about the Partnership's performance in its priority areas, compared to the national average and other similar local authority areas. The updated Health and Wellbeing Action Plan has also been presented to the Board in full twice a year.

3.6 The new Berkshire West Health and Wellbeing Strategy has now been agreed and the Health and Wellbeing Dashboard will be revised to reflect the updated strategy.

4. CURRENT POSITION

The Health and Wellbeing Dashboard provides the latest published and validated data available to support the Board to scrutinise and evaluate the performance of the Partnership against the agreed priorities set out in the Health and Wellbeing Strategy. Some of the data used to measure public health outcomes, particularly for those indicators based on annual national survey and hospital data, goes through a process of checking and validation before publication, which can mean that it is published some time after it was collected. As changes to population health usually happen gradually this is usually adequate and appropriate, but in 2020 and 2021 in the

wake of the COVID-19 pandemic and lockdown has been rapid and it is possible that the outcomes reflected in the most recent data do not reflect the current picture.

Public Health England's 'Wider Impacts of Coronavirus' tool (WICH) is a collection of metrics that measure changes over time in key areas of health and wellbeing that may have been affected by the pandemic.

Priority 1

4.1 The percentage of adults in Reading who are overweight or obese increased in 2019 and 2020 and is now similar to the national average. In 2019, the percentage of adults who meet criteria for being physically active remains similar to the England average. Smoking increased slightly in both the general population and amongst those in routine and maintenance professions, although the year-on-year change was too small to be considered reliable.

4.2 As in previous periods, Reading is unlikely to meet local or national targets for the delivering NHS health checks to eligible residents (those aged 40-74 without certain specified diagnoses). The NHS health check assesses people's risk of stroke, heart disease, kidney disease, diabetes and dementia, and leads to targeted advice. The position is of particular concern given the emerging evidence that those who have diabetes and contracted COVID19 appear to have worse clinical outcomes. The NHS Health Check programme is thus an invaluable way to identify people across Reading at increased risk of having undiagnosed comorbidities, and further benefiting from a conversation with a healthcare professional about healthy weight, physical activity and smoking cessation to reduce the impacts of COVID19. The immediate impacts of national lockdown that programmes such as NHS Health Checks were paused, further hampering efforts to reach national targets. Arrangements to reinstate NHS Checks and improve take up are now in place.

Priority 2

4.3 As described in previous reports, the results from the 2018/19 Adult Social Care survey were published in November 2019 and tell us that a higher proportion of respondents to the survey than previously have reported that they have as much social contact than they would like (47.1% compared to 41.4% the previous year). Furthermore, a larger proportion of respondents in Reading reported as much social contact as they would like compared with elsewhere in England.

Priority 3

4.4 The number and proportion of school children with social, emotional or mental health need increased in 2019 and 2020, with Reading now significantly above the England average. The increase appears to be concentrated in primary school children, while the proportion of secondary school children with social, emotional or mental health needs fell during the same period and is now it in line with the national average.

Priority 4

4.5 While the mortality rate for suicide and undetermined intent in Reading continues to be in line with the national average and average for local authority areas with similar levels of deprivation there have now been non-significant increases in the last two periods. The rate is now above the national average, although the difference is not statistically significant. 45 deaths were recorded between 2018 and 2020, compared to 38 between 2017 and 2019 and 28 between 2016 and 2018.

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

Priority 5

4.7 The proportion of people receiving alcohol treatment who successfully completed treatment began to decrease rapidly in the second half of 2019 and throughout 2020. Although the rate continues to be well below the England average there was an increase in successful completions in the most recent quarter, with more than 19% of those in treatment becoming free of dependence. The rate of hospital admissions where the primary diagnosis is an alcohol-related condition increased slightly in 2018/19, both in Reading and in England. The rate in Reading continues to be below the English average.

4.8 As reported in the previous period, Reading's commissioned drug and alcohol treatment provider has focused on keeping the people who use their services safe during the COVID outbreak. Change Grow Live (CGL) has seen an increase in referrals and people starting treatment. While low numbers of successful completions were expected for this period as they retained people in treatment to provide ongoing support through a period of increased social isolation and other pressures of lockdown, demand for support from both new and existing service users has increased.

Priority 6

4.9 The rate of diagnosis of dementia amongst those aged 65 and older has remained in line with the England average. Both rates fell slightly during the second quarter of 2020 and have not yet returned to the previous level. This seems likely to be related to the COVID-19 lockdown.

Priority 7

4.10 Locally set targets for breast and bowel cancer screening, which have been set at minimum coverage standards, have been met. More than 10,000 people were screened for bowel cancer and 9,773 screened for breast cancer during 2019.

Priority 8

4.11 Although incidence of tuberculosis (TB) continues to be higher in Reading than elsewhere, the latest published data confirms further improvement in line with targets. As a result, cases of TB in Reading have reduced significantly since reaching a peak in 2008-10 of 38.4 cases per 100,000 population (176 cases) to 15.4 cases per 100,000 in 2018-20 (75 cases).

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

5.1 This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The recommended action will have no impact on the Council's ability to respond to the Climate Emergency.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy and, as described above, a draft of the proposed Strategy was made available for consultation between 10th October and 11th December 2016. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

8. EQUALITY IMPACT ASSESSMENT

8.1 An Equality Impact Assessment is not required in relation to the specific proposal to present the dashboard in this format. However, it is anticipated that this will be one of the tools which Board members can use to monitor the success of the Health and Wellbeing strategy as a vehicle for tackling inequalities.

9. LEGAL IMPLICATIONS

9.1 There are no legal implications.

10. FINANCIAL IMPLICATIONS

10.1 The proposal to note the report in Appendix A offers value for money by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially in advance of the full Health and Wellbeing Dashboard.

11. BACKGROUND PAPERS

APPENDIX A – Health and Wellbeing Dashboard – January 2022

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Priority	Indicator	Target Met/Not Met	Direction of Travel
1. Supporting people to make healthy lifestyle choices	% adults overweight or obese	Met	Worse
	% of adults physically active	Met	No change
	% 4-5 year olds classified as overweight/obese	Met	No change
	% 10-11 year olds classified as overweight/obese	Not Met	No change
	Smoking status at the time of delivery	Met	No change
	Age 15 smoking prevalence placeholder	*NA*	*NA*
	Smoking prevalence - all adults - current smokers	Met	No change
	Smoking prevalance - routine and manual - current smokers	Not Met	No change
	People invited for an NHS Healthcheck	Not Met	No change
	People taking up an NHS Healthcheck invite	Met	No change
	People receiving an NHS Healthcheck	Not Met	No change
2. Reducing loneliness and social isolation	% of adult social care users with as much social contact as they would like	Met	No change
	% of adult carers with as much social contact as they would like	Not Met	No change
	Placeholder - Loneliness and Social Isolation	*NA*	*NA*
3.Promoting positive mental health and wellbeing in children and young people	Pupils with social, emotional and mental health needs (primary school age)	Not Met	No change
	Pupils with social, emotional and mental health needs (secondary school age)	Met	No change
	Pupils with social, emotional and mental health needs (all school age)	Not Met	No change
4. Reducing deaths by suicide	Age-standardised mortality rate from suicide and injury of undetermined intent	Not met	No change
5.Reducing the amount of alcohol people drink to safer levels	Successful treatment of alcohol treatment	Not Met	Better
	Admission episodes for alcohol related conditions (DSR per 100,000)	Met	No change
6.Living well with dementia	Estimated diagnosis rate for people with dementia	Not Met	No change
	No. Dementia Friends (Local Indicator)	NA	NA
	Placeholder - ASCOF measure of post-diagnosis care	*NA*	*NA*
7.Increasing take up of breast and bowel screening and prevention services	Cancer screening coverage - bowel cancer	Met	Better
	Cancer screening coverage - breast cancer	Met	No change
8.Reducing the number of people with tuberculosis	Incidence of TB (three year average)	Met	No change

PRIORITY 1: Supporting people to make healthy lifestyle choices

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
% adults overweight or obese	Public Health Outcomes Framework	Active Lives Survey	Annual	Low	2019-20	62.0	63.4	Met	Worse	62.8	Not available
% of adults physically active	Public Health Outcomes Framework	Active Lives Survey	Annual	High	2019-20	66.6	64.0	Met	No change	66.4	Not available
% 4-5 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2019-20	21.7	22.0	Met	No change	23.0	Not available
% 10-11 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2019-20	36.4	36	Not Met	No change	35.2	Not available
Smoking status at the time of delivery	Public Health Outcomes Framework	Smoking Status At Time of Delivery (SSATOD) HSCIC	Annual	Low	2019-20	5.8	8.0	Met	No change	10.4	11.2
Smoking prevalence - all adults - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	13.9	14.8	Met	No change	13.9	Not available
Age 15 smoking prevalence placeholder	Public Health Outcomes Framework										
Smoking prevalance - routine and manual - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	29.3	28.9	Not Met	No change	23.2	Not available
People invited for an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2017/18 Q1 - 2021/22 Q1	24.9%	90%	Not Met	No change	56.3%	60.7%
People taking up an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2017/18 Q1 - 2021/22 Q1	57.6%	50%	Met	No change	44.2%	45.3%
People receiving an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2017/18 Q1 - 2021/22 Q1	14.3%	43%	Not Met	No change	25.5%	26.9%

Back to HWB Dashboard

PRIORITY 2: Reducing Loneliness and Social Isolation

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
% of adult social care users with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Adult Social Care Survey - England	Annual	High	2019-20	48.6	45.4	Met	No change	45.9	46.1
% of adult carers with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Carers Survey	Bi-Annual	High	2018-19	32.0	38.5	Not Met	No change	32.5	29.9
Placeholder - Loneliness and Social Isolation	NA	TBC	Annual							NA	NA

Back to HWB Dashboard

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

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
Pupils with social, emotional and mental health needs (primary school age)	Children and Young People's Mental Health and Wellbeing	DFE Special Needs Education Statistics	Annual	Low	2020	2.9%	2.3%	Not Met	No change	2.5%	
Pupils with social, emotional and mental health needs (secondary school age)	Children and Young People's Mental Health and Wellbeing	DFE Special Needs Education Statistics	Annual	Low	2020	2.9%	3.3%	Met	No change	2.3%	
Pupils with social, emotional and mental health needs (all school age)	Children and Young People's Mental Health and Wellbeing	DFE Special Needs Education Statistics	Annual	Low	2020	3.1%	3.0%	Not Met	No change	2.7%	

Back to HWB Dashboard

Priority 4: Reducing deaths by suicide

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
Age-standardised mortality rate from suicide and injury of undetermined intent	Public Health Outcomes Framework	Public Health England (based on ONS)	Annual	Low	2017-19	11.5	8.25	Not met	No change	10.4	Not available

Back to HWB Dashboard

PRIORITY 5:Reducing the amount of alcohol people drink to safer levels

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
Successful treatment of alcohol treatment	Public Health Outcomes Framework	National Drug Treatment Monitoring System	Quarterly	High	Q1 2021-22	19.3%	38.3%	Not Met	Better	35.3%	Not available
Admission episodes for alcohol related conditions (DSR per 100,000)	Public Health Outcomes Framework	Local Alcohol Profiles for England (based on HSCIC HES)	Annual	Low	2018-2019	567	599	Met	Worse	664	Not available

Back to HWB Dashboard

Priority 6: Living well with dementia

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
Estimated diagnosis rate for people with dementia	Public Health Outcomes Framework/NHS Outcomes Framework	NHS Digital	Monthly	High	Oct-21	62.1	66.7	Not Met	No change	61.9	
No. of Dementia friends	NA (Local only)	Local Report	Quarterly	High				NA	NA	Not available	Not available

PLACEHOLDER - Post diagnosis care

Back to HWB Dashboard

Priority 7: Increasing take up of breast and bowel screening and prevention services

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
Cancer screening coverage - bowel cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2020	60.5%	52.0%	Met	Better	63.8%	NA
Cancer screening coverage - breast cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2019	70.5%	70.0%	Met	No change	74.1%	NA

Back to HWB Dashboard

Priority 8: Reducing the number of people with tuberculosis

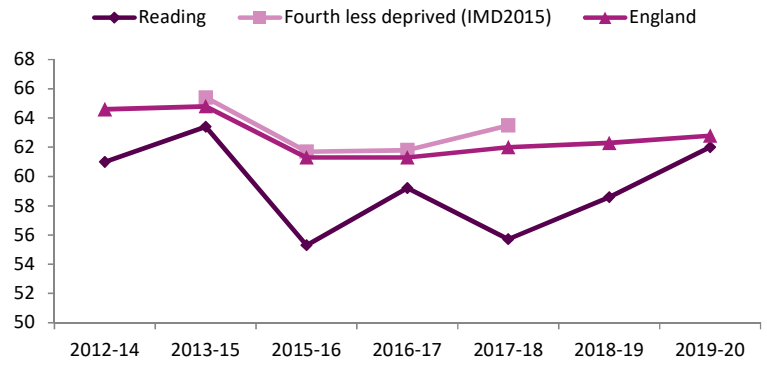
Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
Incidence of TB (three year average)	Public Health Outcomes Framework	Public Health England.	Annual	Low	2018-20	15.4	30	Met	No change	8.6	6.0

Back to HWB Dashboard

Indicator number	**93088**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Excess weight in adults**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

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

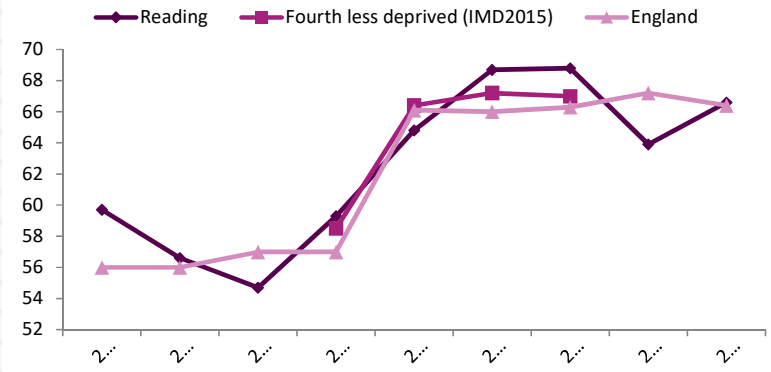


Period	Reading	Fourth less deprived (IMD2015)	England
2012-14	61		64.6
2013-15	63.4	*65.4*	64.8
2015-16	55.3	*61.7*	61.3
2016-17	59.2	*61.8*	61.3
2017-18	55.7	*63.5*	62
2018-19	58.6		62.3
2019-20	62		62.8

Indicator number	**93014**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% Physically Active Adults**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

Data source	Until 2015 - Active People Survey, Sport England 2015-16 onwards - Active Lives, Sport England
	* Note change in methodology in 2015-16
Denominator	Weighted number of respondents aged 19 and older with valid responses to questions on physical activity
Numerator	Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.



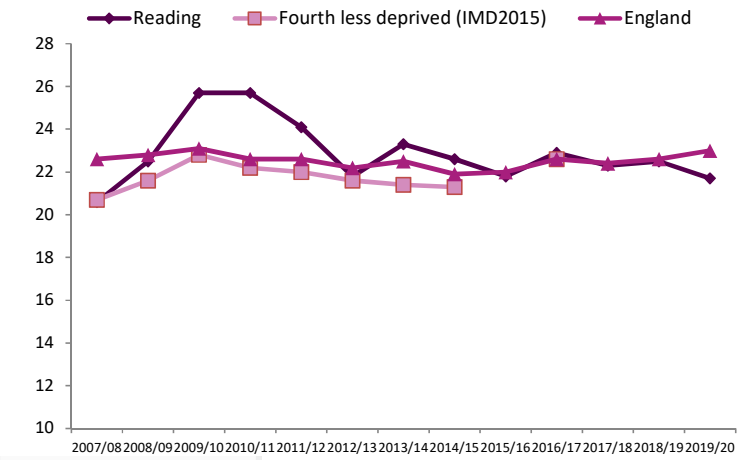
Period	Reading	Fourth less deprived (IMD2015)	England
2012	59.7		56
2013	56.6		56
2014	54.7		57
2015	59.3	*58.5*	57
2015-16*	64.8	*66.4*	66.1
2016-17	68.7	*67.2*	66
2017-18	68.8	*67*	66.3
2018-19	63.9		67.2
2019-20	66.6		66.4

Indicator number	**20601**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Child excess weight in 4-5 year olds**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

Data source	National Child Measurement Programme
Denominator	Number of children in Reception (aged 4-5 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.
Numerator	Number of children in Reception (aged 4-5 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Period	Reading	Fourth less deprived (IMD2015)	England
2007/08	20.6	*20.7*	22.6
2008/09	22.5	*21.6*	22.8
2009/10	25.7	*22.8*	23.1
2010/11	25.7	*22.2*	22.6
2011/12	24.1	*22*	22.6
2012/13	21.8	*21.6*	22.2
2013/14	23.3	*21.4*	22.5
2014/15	22.6	*21.3*	21.9
2015/16	21.8		22
2016/17	22.9	*22.6*	22.6
2017/18	22.3		22.4
2018/19	22.5		22.6
2019/20	21.7		23

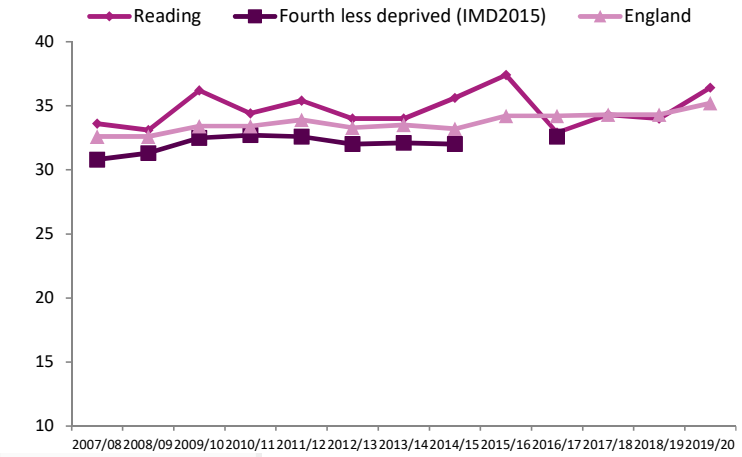


Indicator number	**20602**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Child excess weight in 10-11 year olds**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

Data source	National Child Measurement Programme
Denominator	Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.
Numerator	Number of children in Year 6 (aged 10-11 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

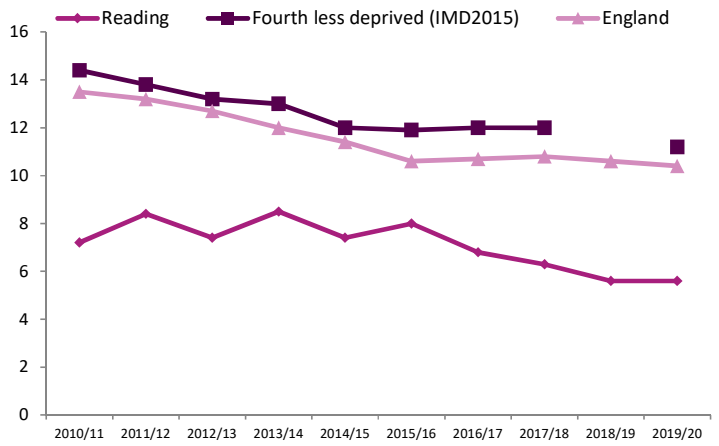
Period	Reading	Fourth less deprived (IMD2015)	England
2007/08	33.6	*30.8*	32.6
2008/09	33.1	*31.3*	32.6
2009/10	36.2	*32.5*	33.4
2010/11	34.4	*32.7*	33.4
2011/12	35.4	*32.6*	33.9
2012/13	34	*32*	33.3
2013/14	34	*32.1*	33.5
2014/15	35.6	*32*	33.2
2015/16	37.4	-	34.2
2016/17	32.9	*32.6*	34.2
2017/18	34.3		34.3
2018/19	34		34.3
2019/20	36.4		35.2



Indicator number	**93085**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% of women who smoke at the time of delivery**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

Data source	Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
Denominator	Number of maternities (estimated based on counts for CCGs)
Numerator	Number of women known to smoke at time of delivery (estimated based on counts for CCGs)



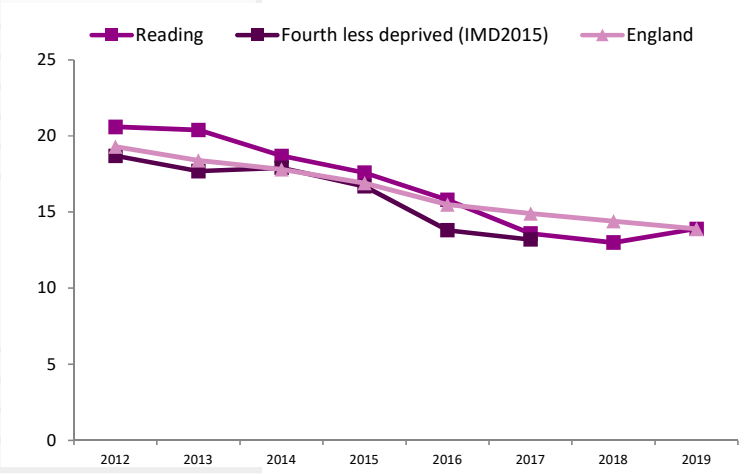
Period	Reading	Fourth less deprived (IMD2015)	England
2010/11	7.2	*14.4*	13.5
2011/12	8.4	*13.8*	13.2
2012/13	7.4	*13.2*	12.7
2013/14	8.5	*13*	12
2014/15	7.4	*12*	11.4
2015/16	8	*11.9*	10.6
2016/17	6.8	*12*	10.7
2017/18	6.3	*12*	10.8
2018/19	5.6		10.6
2019/20	5.6	*11.2*	10.4

Indicator number	**92443**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Smoking Prevalence in Adults - Current Smokers**

Back to Priority 1
Back to HWB Dashboard

Data source	Annual Population Survey
Denominator	Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Numerator	The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

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

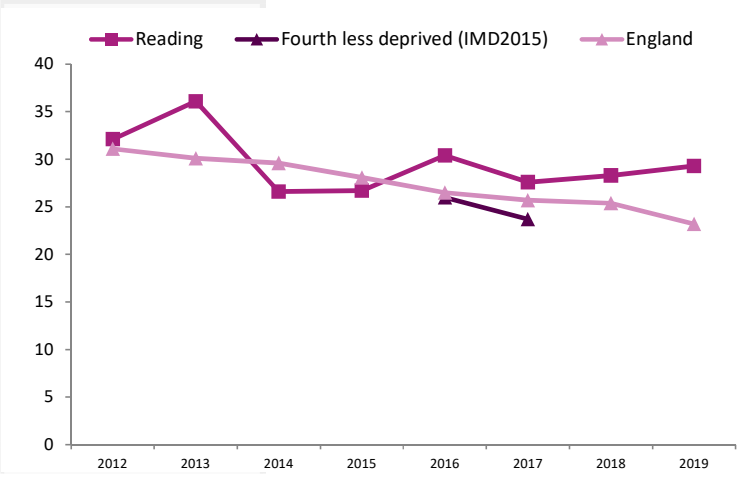


Indicator number	**92445**
Outcomes Framework	**Local Tobacco Control Profiles**
Indicator full name	**Smoking prevalence in routine and manual occupations - Current smokers**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

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

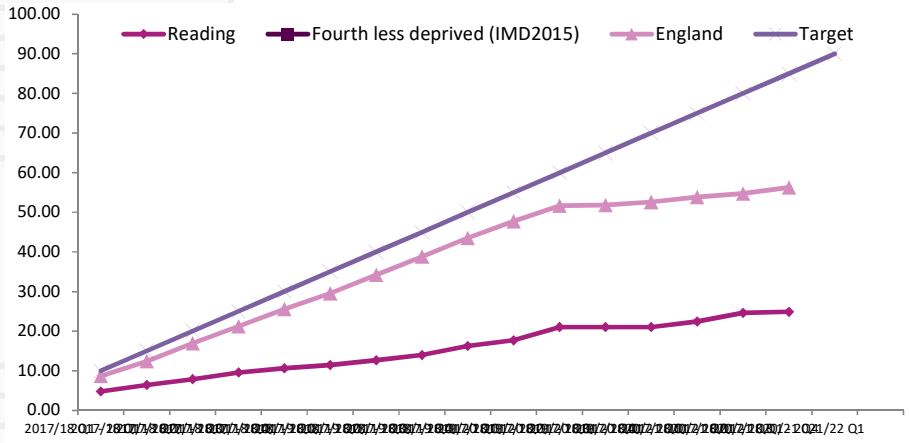
Data source	Annual Population Survey
Denominator	Total respondents with a self-reported smoking status aged 18-64 in the R&M group. Weighted to improve representativeness.
Numerator	Respondents who are self-reported smokers in the R&M group. Weighted to improve representativeness



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

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

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

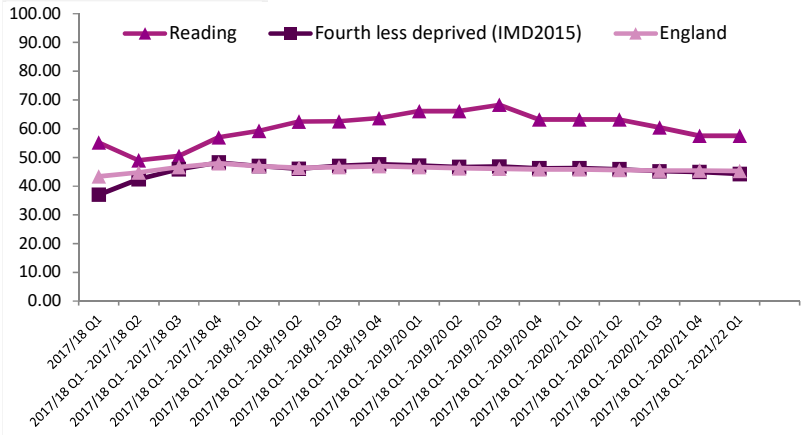


Period	Reading	Fourth less deprived (IMD2015)	England	Target
2017/18 Q1	2.39	5.50	4.35	5.00
2017/18 Q1 - 2017/18 Q2	4.77	10.50	8.68	10.00
2017/18 Q1 - 2017/18 Q3	6.41	14.20	12.42	15.00
2017/18 Q1 - 2017/18 Q4	7.84	18.00	16.91	20.00
2017/18 Q1 - 2018/19 Q1	9.55	22.30	21.23	25.00
2017/18 Q1 - 2018/19 Q2	10.65	27.00	25.58	30.00
2017/18 Q1 - 2018/19 Q3	11.42	30.90	29.53	35.00
2017/18 Q1 - 2018/19 Q4	12.67	35.50	34.20	40.00
2017/18 Q1 - 2019/20 Q1	13.99	40.70	38.82	45.00
2017/18 Q1 - 2019/20 Q2	16.26	46.00	43.50	50.00
2017/18 Q1 - 2019/20 Q3	17.69	50.20	47.72	55.00
2017/18 Q1 - 2019/20 Q4	21.00	54.50	51.67	60.00
2017/18 Q1 - 2020/21 Q1	21.01	54.60	51.87	65.00
2017/18 Q1 - 2020/21 Q2	21.01	55.40	52.63	70.00
2017/18 Q1 - 2020/21 Q3	22.40	57.20	53.87	75.00
2017/18 Q1 - 2020/21 Q4	24.63	58.40	54.75	80.00
2017/18 Q1 - 2021/22 Q1	24.89	60.70	56.26	85.00
				90.00

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

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

Data source	PHE Fingertips - NHS Healthchecks
Denominator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check up to the current quarter from quarter 1 2015.

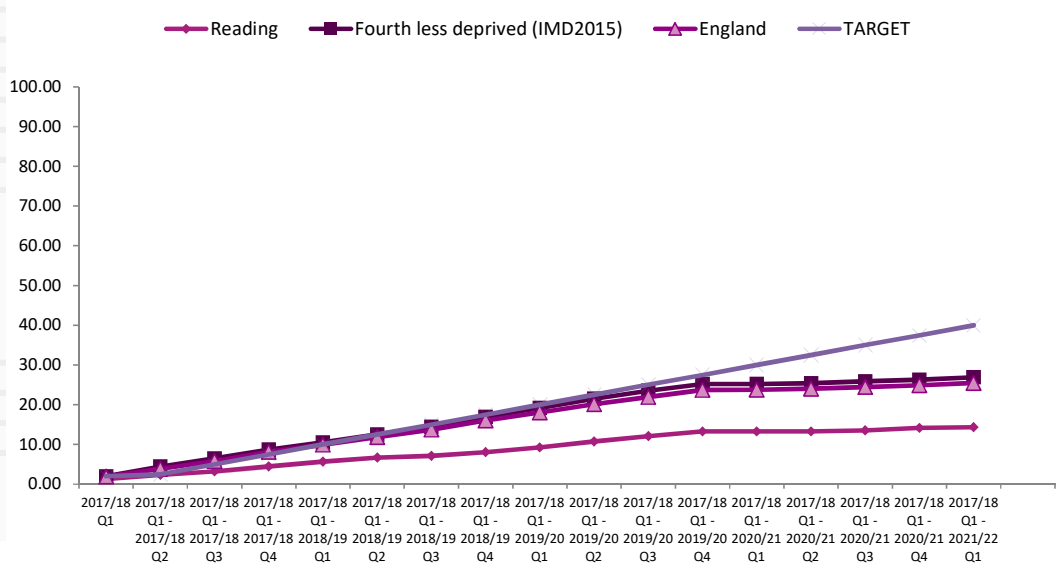


Period	Reading	Fourth less deprived (IMD2015)	England
2017/18 Q1	55.16	37.00	43.37
2017/18 Q1 - 2017/18 Q2	48.98	42.40	44.78
2017/18 Q1 - 2017/18 Q3	50.53	45.90	46.71
2017/18 Q1 - 2017/18 Q4	56.99	48.20	47.94
2017/18 Q1 - 2018/19 Q1	59.25	47.00	46.89
2017/18 Q1 - 2018/19 Q2	62.50	46.10	46.37
2017/18 Q1 - 2018/19 Q3	62.53	47.10	46.57
2017/18 Q1 - 2018/19 Q4	63.65	47.60	46.92
2017/18 Q1 - 2019/20 Q1	66.11	47.20	46.55
2017/18 Q1 - 2019/20 Q2	66.11	46.70	46.21
2017/18 Q1 - 2019/20 Q3	68.29	46.80	46.03
2017/18 Q1 - 2019/20 Q4	63.18	46.20	45.84
2017/18 Q1 - 2020/21 Q1	63.19	46.20	45.78
2017/18 Q1 - 2020/21 Q2	63.20	45.90	45.64
2017/18 Q1 - 2020/21 Q3	60.41	45.20	45.42
2017/18 Q1 - 2020/21 Q4	57.56	44.90	45.46
2017/18 Q1 - 2021/22 Q1	57.55	44.20	45.27

Indicator number	**91112**
Outcomes Framework	
Indicator full name	**People receiving an NHS Healthcheck**

[Back to Priority 1](#)
[Back to HWB Dashboard](#)

Data source	PHE Fingertips - NHS Healthchecks
Denominator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check up to the current quarter from quarter 1 2015.

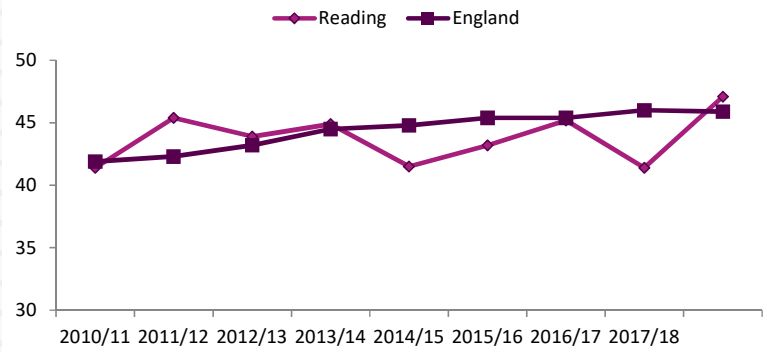


Period	Reading	Fourth less deprived (IMD2015)	England	TARGET
2017/18 Q1	1.32	2.00	1.89	2.00
2017/18 Q1 - 2017/18 Q2	2.33	4.40	3.89	2.50
2017/18 Q1 - 2017/18 Q3	3.24	6.50	5.80	5.00
2017/18 Q1 - 2017/18 Q4	4.47	8.70	8.10	7.50
2017/18 Q1 - 2018/19 Q1	5.66	10.50	9.96	10.00
2017/18 Q1 - 2018/19 Q2	6.65	12.50	11.86	12.50
2017/18 Q1 - 2018/19 Q3	7.14	14.50	13.75	15.00
2017/18 Q1 - 2018/19 Q4	8.07	16.90	16.05	17.50
2017/18 Q1 - 2019/20 Q1	9.25	19.20	18.07	20.00
2017/18 Q1 - 2019/20 Q2	10.75	21.50	20.10	22.50
2017/18 Q1 - 2019/20 Q3	12.08	23.50	21.97	25.00
2017/18 Q1 - 2019/20 Q4	13.27	25.20	23.68	27.50
2017/18 Q1 - 2020/21 Q1	13.28	25.20	23.74	30.00
2017/18 Q1 - 2020/21 Q2	13.28	25.40	24.02	32.50
2017/18 Q1 - 2020/21 Q3	13.53	25.90	24.47	35.00
2017/18 Q1 - 2020/21 Q4	14.18	26.30	24.89	37.50
2017/18 Q1 - 2021/22 Q1	14.32	26.90	25.47	40.00

Indicator number	**90280**
Outcomes Framework	**Public Health Outcomes Framework/Adult Social Care Outcome Framework**
Indicator full name	**% of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey**

Back to Priority 2
Back to HWB Dashboard

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



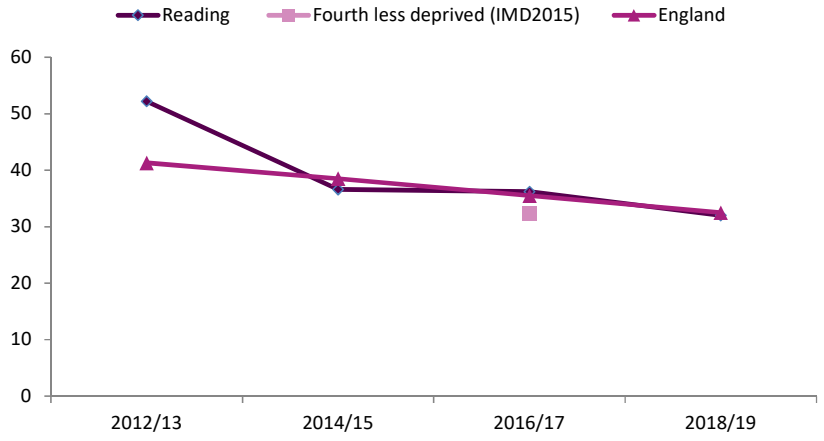
Period	Reading	Fourth less deprived (IMD2015)	England
2010/11	41.4	-	41.9
2011/12	45.4	-	42.3
2012/13	43.9	-	43.2
2013/14	44.9	-	44.5
2014/15	41.5	-	44.8
2015/16	43.2	-	45.4
2016/17	45.2	-	45.4
2017/18	41.4		46
2018/19	47.1	*46.9*	45.9
2019/20	48.6	*46.1*	45.9

Indicator number	**90638**
Outcomes Framework	**Public Health Outcomes Framework/Adult Social Care Outcome Framework**
Indicator full name	**% of adult carers who have as much social contact as they would like according to the Adult Social Care Users Survey**

[Back to Priority 2](#)
[Back to HWB Dashboard](#)

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

Data source	Carers Survey
Denominator	The number of people responding to the question "Thinking about how much contact you've had with people that you like, which of the following statements best describes your social situation?", with the answer "I have as much social contact as I want with people I like" divided by the total number of responses to the same question.
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England

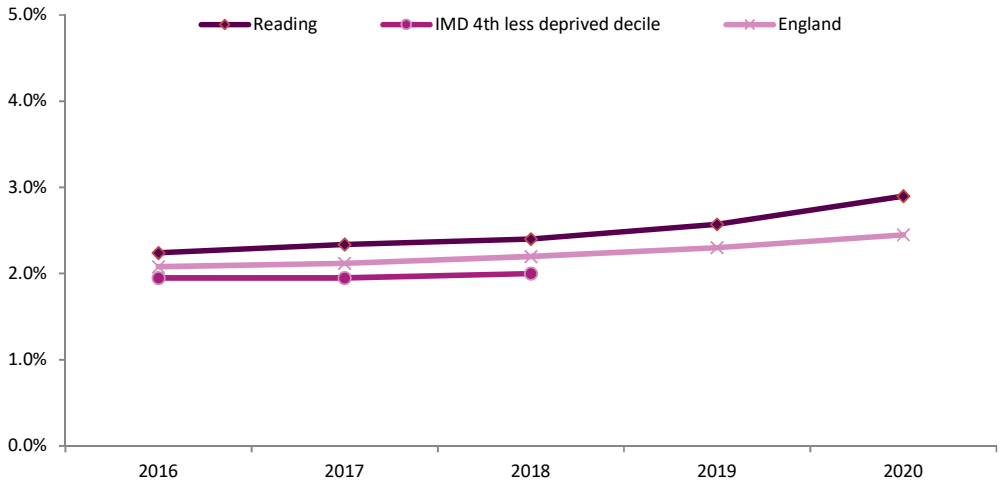


Indicator number	**91871**
Outcomes Framework	**Children and Young People's Mental Health and Wellbeing**
Indicator full name	**Pupils with social, emotional and mental health needs (primary school age)**

[Back to Priority 3](#)
[Back to HWB Dashboard](#)

Period	Reading	IMD 4th less deprived decile	England
2016	2.2%	2.0%	2.1%
2017	2.3%	2.0%	2.1%
2018	2.4%	2.0%	2.2%
2019	2.6%		2.3%
2020	2.9%		2.5%

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

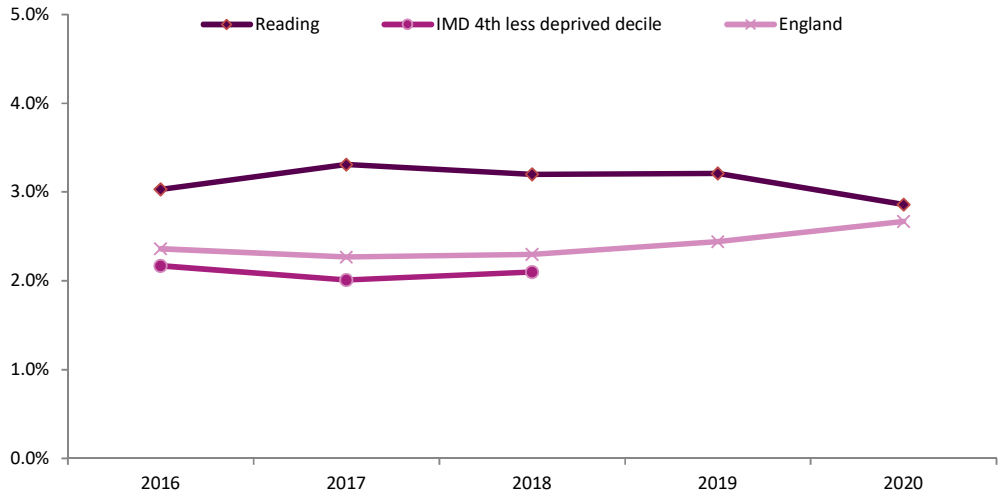


Indicator number	**91871**
Outcomes Framework	**Children and Young People's Mental Health and Wellbeing**
Indicator full name	**Pupils with social, emotional and mental health needs (secondary school age)**

Back to Priority 3
Back to HWB Dashboard

Period	Reading	IMD 4th less deprived decile	England
2016	3.0%	2.2%	2.4%
2017	3.3%	2.0%	2.3%
2018	3.2%	2.1%	2.3%
2019	3.2%		2.4%
2020	2.9%		2.7%

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

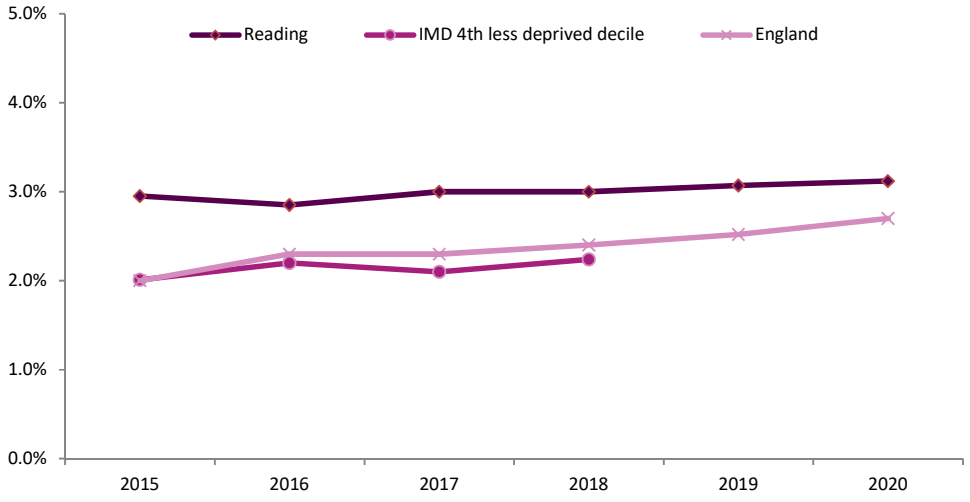


Indicator number	**91871**
Outcomes Framework	**Children and Young People's Mental Health and Wellbeing**
Indicator full name	**Pupils with social, emotional and mental health needs (all school age)**

[Back to Priority 3](#)
[Back to HWB Dashboard](#)

Period	Reading	IMD 4th less deprived decile	England
2015	3.0%	2.0%	2.0%
2016	2.9%	2.2%	2.3%
2017	3.0%	2.1%	2.3%
2018	3.0%	2.2%	2.4%
2019	3.1%		2.5%
2020	3.1%		2.7%

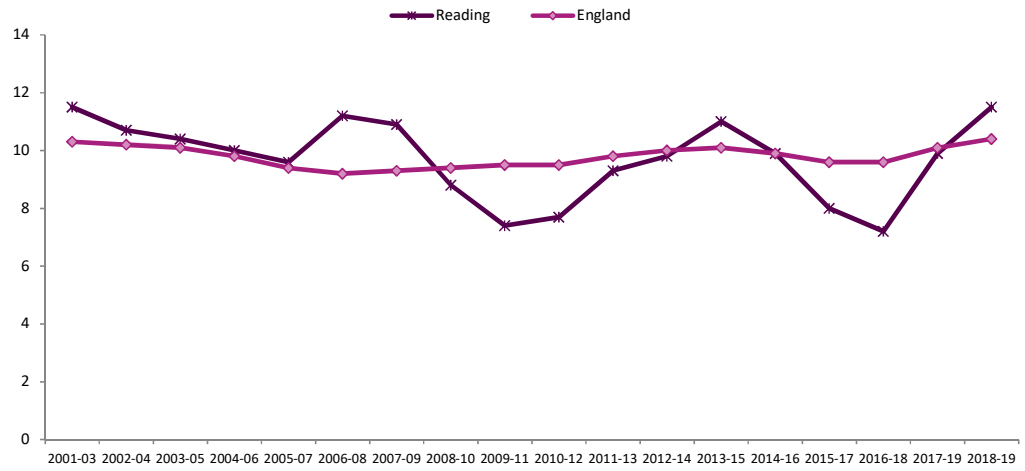
Data Source	DFE Special Needs Education Statistics
Denominator	Total pupils (LA tabulations)
Numerator	Number of pupils with statements of SEN where primary need is social, emotional and mental health https://www.gov.uk/government/collections/statistics-special-educational-needs-sen



Indicator number	**41001.00**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population**

Back to Priority 4
Back to HWB Dashboard

Data Source	Public Health England (based on ONS)
Denominator	ONS 2011 census based mid-year population estimates
Numerator	Number of deaths from suicide and injury from undetermined intent ICD10 codes X60-X84 (age 10+), Y10-34 (age 15+).

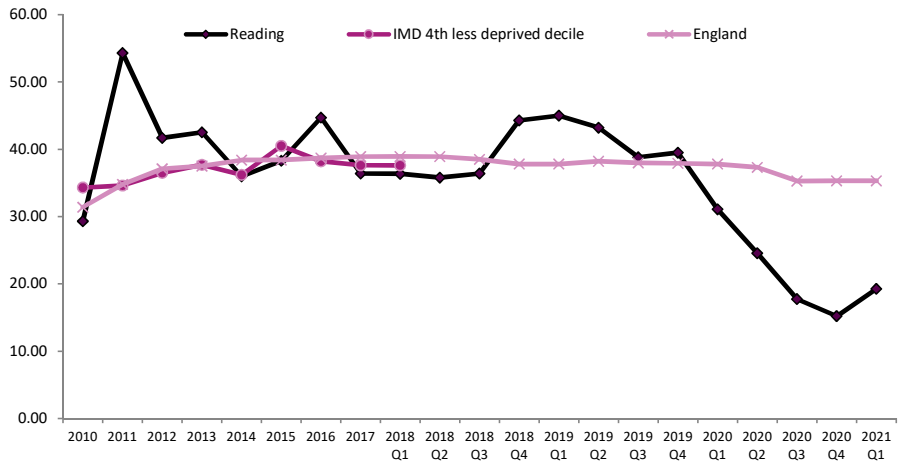


Period	Reading	4th less deprived IMD 2015	England
2001-03	11.5	-	10.3
2002-04	10.7	-	10.2
2003-05	10.4	-	10.1
2004-06	10	-	9.8
2005-07	9.6	-	9.4
2006-08	11.2	-	9.2
2007-09	10.9	-	9.3
2008-10	8.8	-	9.4
2009-11	7.4	-	9.5
2010-12	7.7	-	9.5
2011-13	9.3	-	9.8
2012-14	9.8	-	10
2013-15	11	10.5	10.1
2014-16	9.9	10.2	9.9
2015-17	8	9.6	9.6
2016-18	7.2		9.6
2017-19	9.9		10.1
2018-19	11.5		10.4

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

[Back to Priority 5](#)
[Back to HWB Dashboard](#)

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



Period	Reading	IMD 4th less deprived decile	England
2010	29.30	34.30	31.40
2011	54.30	34.60	34.80
2012	41.70	36.50	37.10
2013	42.50	37.70	37.50
2014	36.00	36.20	38.40
2015	38.30	40.50	38.40
2016	44.70	38.20	38.70
2017	36.40	37.60	38.90
2018 Q1	36.36	37.60	38.92
2018 Q2	35.80		38.90
2018 Q3	36.40		38.50
2018 Q4	44.30		37.80
2019 Q1	45.00		37.80
2019 Q2	43.20		38.20
2019 Q3	38.80		38.00
2019 Q4	39.50		37.90
2020 Q1	31.10		37.80
2020 Q2	24.54		37.30
2020 Q3	17.75		35.29
2020 Q4	15.20		35.30
2021 Q1	19.25		35.33

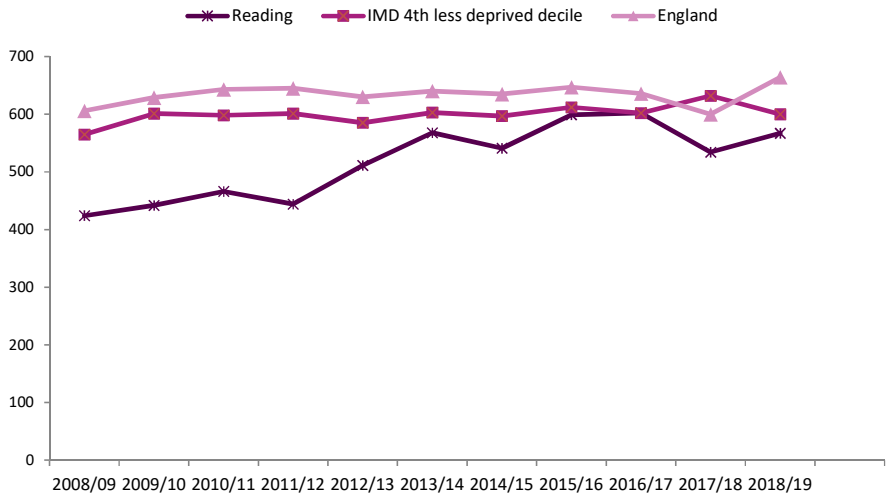
(NDTMS DOMES)

Indicator number	**91414**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Admission episodes for alcohol-related conditions per 100,000 people**

[Back to Priority 5](#)
[Back to HWB Dashboard](#)

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

Period	Reading	IMD 4th less deprived decile	England
2008/09	424	565	606
2009/10	442	601	629
2010/11	466	598	643
2011/12	444	601	645
2012/13	511	585	630
2013/14	568	603	640
2014/15	541	597	635
2015/16	599	612	647
2016/17	602	602	636
2017/18	534	632	600
2018/19	567	600	664



Indicator number	**92949**
Outcomes Framework	**Public Health Outcomes Framework / NHS Outcomes Framework**
Indicator full name	**Estimated diagnosis rate for people with dementia**

[Back to Priority 6](#)
[Back to HWB Dashboard](#)

Data Source NHS Digital

Denominator

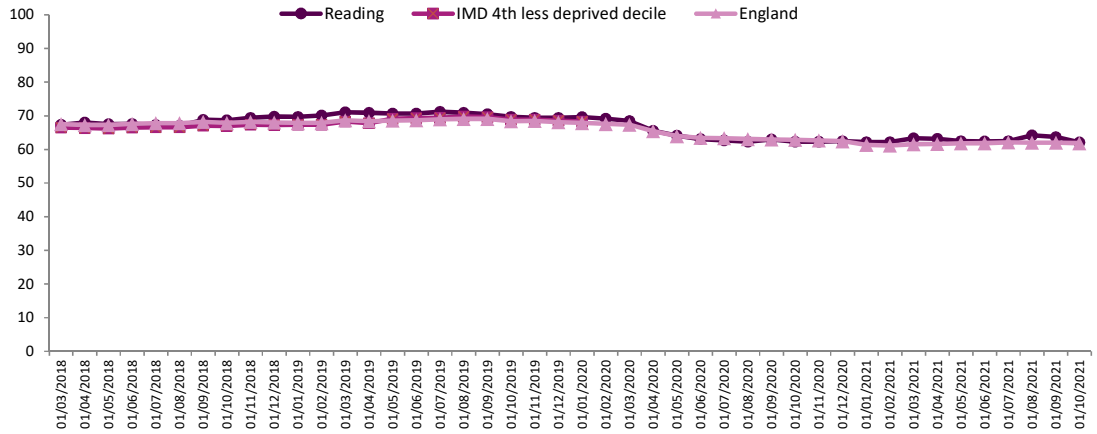
Applying the reference rates to the registered population yields the number of people aged 65+ one would expect to have dementia within the subject population where:

Numerator

Registered population

Patients aged 65+ registered for General Medical Services, counts by 5-year age and sex band from the National Health Application and Infrastructure Services (NHAIS / Exeter) system; extracted on the first day of each month following the reporting period end date of the numerator.

Reference rates: sampled dementia prevalence



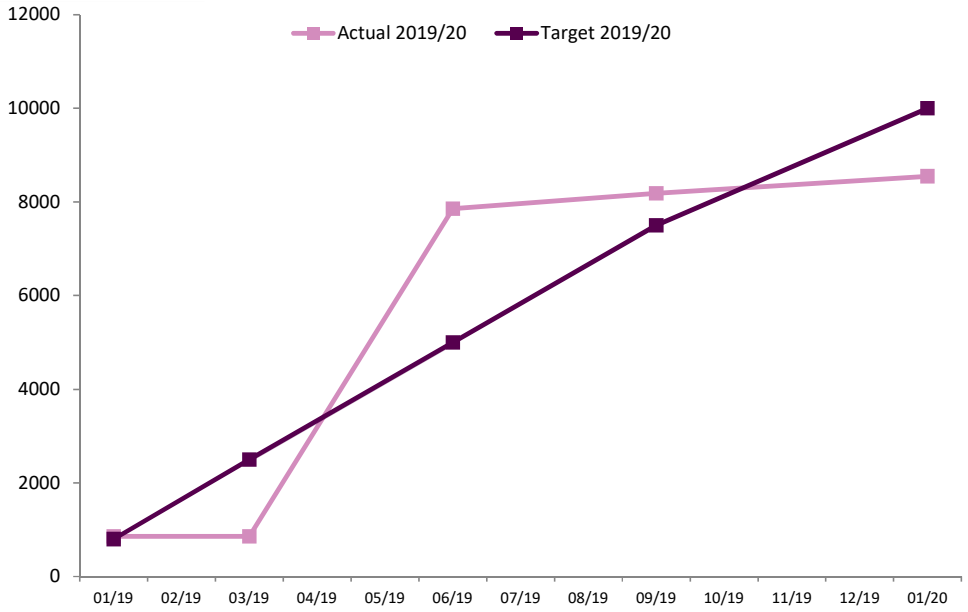
Period	Reading	IMD 4th less deprived decile	England
31/03/2018	67.4	66.5	67.5
30/04/2018	68	66.4	67.3
31/05/2018	67.5	66.2	67.3
30/06/2018	67.6	66.5	67.6
31/07/2018	67.3	66.6	67.8
31/08/2018	67.1	66.6	67.8
30/09/2018	68.8	67.1	68.2
31/10/2018	68.7	67	67.9
30/11/2018	69.4	67.4	68.2
31/12/2018	69.8	67.3	68
31/01/2019	69.7	67.4	67.9
28/02/2019	70.1	67.4	67.9
31/03/2019	71.1	68.3	68.7
30/04/2019	70.9	67.8	68.4
31/05/2019	70.7	69.1	68.6
30/06/2019	70.7	69.3	68.7
31/07/2019	71.2	69.4	69
31/08/2019	70.9	69.8	69.1
30/09/2019	70.5	69.6	69.1
31/10/2019	69.7	68.9	68.4
30/11/2019	69.4	68.9	68.5
31/12/2019	69.4	68.6	68.1
31/01/2020	69.6	68.3	67.9
29/02/2020	69.2		67.6
31/03/2020	68.5		67.4
30/04/2020	65.6		65.4
31/05/2020	64.1		64
30/06/2020	63.1		63.5
31/07/2020	62.7		63.3
31/08/2020	62.3		63.1
30/09/2020	63		63
31/10/2020	62.3		62.9
30/11/2020	62.3		62.7
31/12/2020	62.5		62.5
31/01/2021	62.2		61.4
28/02/2021	62.2		61.2
31/03/2021	63.3		61.6
30/04/2021	63.2		61.7
31/05/2021	62.5		61.8
30/06/2021	62.4		61.9

31/07/2021	62.5	62.1
31/08/2021	64.2	62
30/09/2021	63.7	62
31/10/2021	62.1	61.9

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

[Back to Priority 6](#)
[Back to HWB Dashboard](#)

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



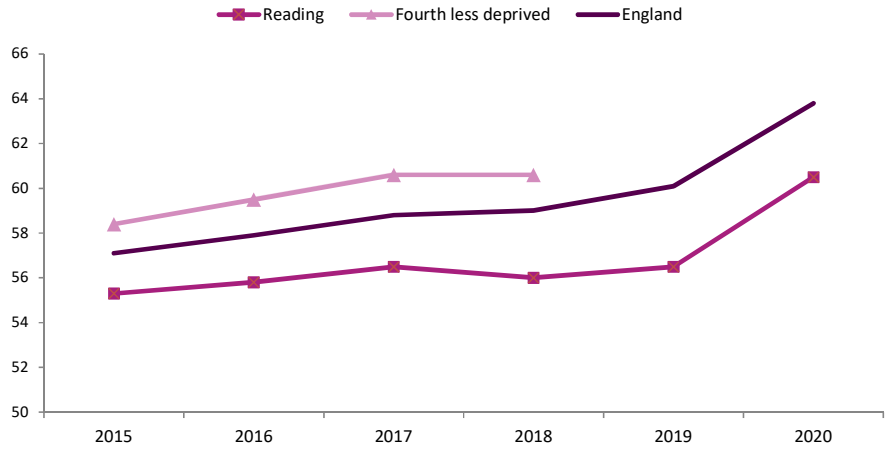
Period	Actual 2019/20	Target 2019/20
Jan-19	857	800
Mar-19	857	2,500
Jun-19	7859	5,000
Sep-19	8,182	7500
Jan-20	8,548	10,000

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

[Back to Priority 7](#)
[Back to HWB Dashboard](#)

Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of people aged 60-74 resident in the area (determined by postcode of residence) who are eligible for bowel screening at a given point in time (excluding those with no functioning colon (e,g, after surgery) or have made an informed decision to opt out.
Numerator	Number of people aged 60-74 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous 2½ years
	Target is the NHS England minimum coverage standard https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-26.pdf

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

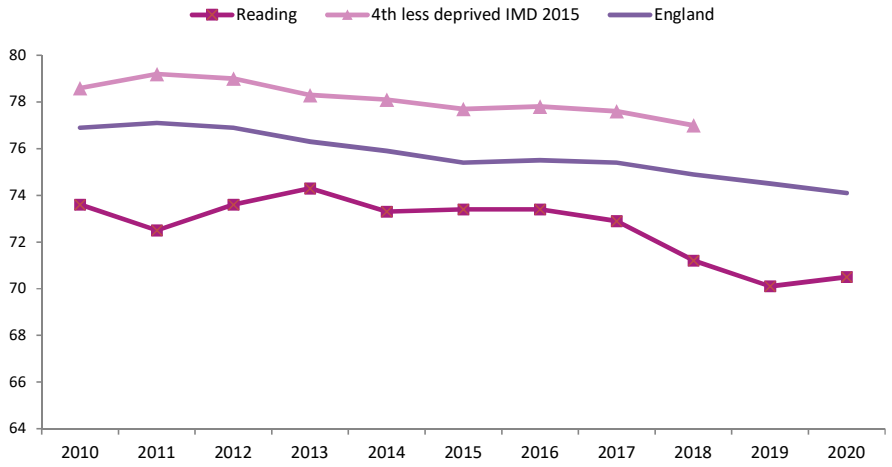


Indicator number	**22001**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cancer screening coverage - breast cancer**

[Back to Priority 7](#)
[Back to HWB Dashboard](#)

Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of women aged 53-70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time.
Numerator	Number of women aged 53-70 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous three years Target is the NHS England minimum coverage standard https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-24.pdf

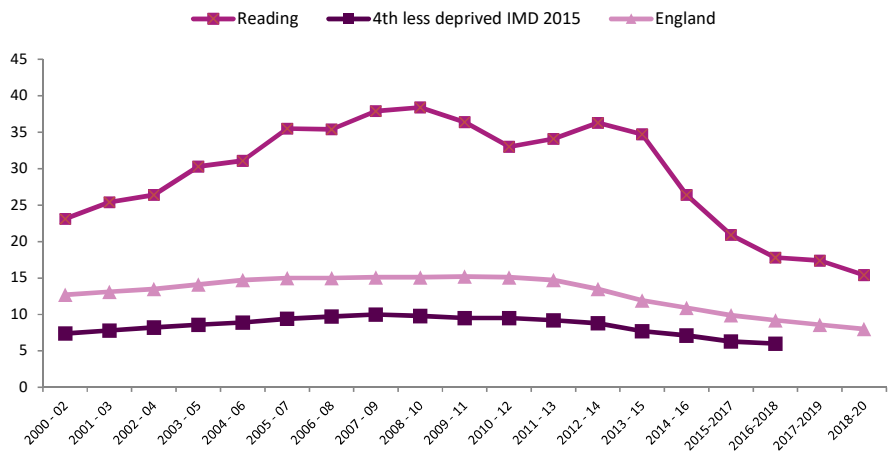
Period	Reading	4th less deprived IMD 2015	England
2010	73.6	78.6	76.9
2011	72.5	79.2	77.1
2012	73.6	79	76.9
2013	74.3	78.3	76.3
2014	73.3	78.1	75.9
2015	73.4	77.7	75.4
2016	73.4	77.8	75.5
2017	72.9	77.6	75.4
2018	71.2	77	74.9
2019	70.1		74.5
2020	70.5		74.1



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

[Back to Priority 8](#)
[Back to HWB Dashboard](#)

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



Period	Reading	4th less deprived IMD 2015	England
2000 - 02	23.1	7.4	12.7
2001 - 03	25.4	7.8	13.1
2002 - 04	26.4	8.2	13.5
2003 - 05	30.3	8.6	14.1
2004 - 06	31.1	8.9	14.7
2005 - 07	35.5	9.4	15
2006 - 08	35.4	9.7	15
2007 - 09	37.9	10	15.1
2008 - 10	38.4	9.8	15.1
2009 - 11	36.4	9.5	15.2
2010 - 12	33	9.5	15.1
2011 - 13	34.1	9.2	14.7
2012 - 14	36.3	8.8	13.5
2013 - 15	34.7	7.7	11.9
2014 - 16	26.4	*7.1*	10.9
2015-2017	20.9	*6.3*	9.9
2016-2018	17.8	*6*	9.2
2017-2019	17.4		8.6
2018-20	15.4		8