

To: Councillor Mpofu-Coles (Chair)
Councillors Gavin, Ballsdon, Cresswell,
Davies, C Dennis, Ennis, Hoskin, Keane,
Khan, Kitchingham, McEwan, O'Connell,
Robinson and Sultan

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11 October 2022

Your contact is: **Jemma Durkan - Committee Services**

**NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION
COMMITTEE 19 OCTOBER 2022**

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on Wednesday, 19 October 2022 at 6.30 pm in the Council Chambers, Civic Offices, Reading. The Agenda for the meeting is set out below.

	<u>WARDS AFFECTED</u>	<u>Page No</u>
1. DECLARATIONS OF INTEREST		
Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.		
2. MINUTES		5 - 12
3. MINUTES OF OTHER BODIES		13 - 44
Health and Wellbeing Board - 18 March 2022 and 15 July 2022		
4. PETITIONS		
Petitions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.		
5. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS		

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

6. DECISION BOOK REFERENCES

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

7. UPDATE - URGENT CARE CENTRE IN READING

**BOROUGH
WIDE**

The Committee will receive a presentation on the future plans of the Urgent Care Centre in Reading from Sarah Webster, Executive Director for Berkshire West Place, ICB.

8. READING COMMUNITY VACCINE CHAMPIONS PROGRAMME 2022/23

**ALL
WARDS**

45 - 112

To provide the Committee with an update on the Community Vaccine Champions (CVC) programme.

9. RBC SAFEGUARDING ADULTS BOARD ANNUAL REPORT

**BOROUGH
WIDE**

**113 -
142**

A report presenting the Committee with the Safeguarding Adults Board Annual Report 2021/22.

10. ADULT SOCIAL CARE COMPLAINTS REPORT

**BOROUGH
WIDE**

**143 -
156**

A report providing an overview of complaints, compliments activity and performance for Adult Social Care for the period from 1 April 2021 to 31 March 2022.

11. CHILDREN'S SOCIAL CARE COMPLAINTS REPORT

**BOROUGH
WIDE**

**157 -
176**

A report providing the Committee with an overview of complaints, compliments, SARs activity and performance for Children's Social Care for the period from 1 April 2021 to 31 March 2022.

12. EXCLUSION OF PUBLIC AND PRESS

The following motion will be moved by the Chair:

"That, pursuant to Section 100A of the Local Government Act 1972 (as amended) members of the press and public be excluded during consideration of the following item on the agenda, as it is likely that there would be disclosure of exempt information as defined in the relevant Paragraphs of Part 1 of Schedule 12A of that Act"

13.	ADULT SOCIAL CARE RESIDENTIAL DEMENTIA PROCUREMENT	ALL WARDS	177 - 186
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A report asking the Committee to approve a procurement process for Residential Dementia Block Contract.

14.	SUFFICIENCY OF CHILDCARE PLACEMENTS	BOROUGH WIDE	187 - 204
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A report providing information of the sufficiency of placements for children in Reading.

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Agenda Item 2

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING MINUTES - 13 JULY 2022

Present: Councillor Mpofu-Coles (Chair);
Councillors Gavin (Vice-Chair), Cresswell, Davies, C Dennis, Ennis,
Hoskin, Keane, Khan, Kitchingham, McEwan, O'Connell and
Robinson

Apologies: Councillors Ballsdon and Sultan

1. MINUTES

The Minutes of the meeting held on 31 March 2022 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS

A question on the following matter was submitted by Councillor Cresswell.

Question	Subject	Reply
Councillor Cresswell	Waiting Times for Mental Health Services	Councillor McEwan

The full text of the question and reply was made available on the Reading Borough Council website.

3. ROYAL BERKSHIRE NHS FOUNDATION TRUST - DRAFT STRATEGY "OUR STRATEGY - WORKING TOGETHER TO DELIVER OUTSTANDING CARE FOR OUR COMMUNITY"

Matthew Hayward, Head of Strategy and Planning at the Royal Berkshire NHS Foundation Trust, submitted a report presenting the draft text of a revised strategy for the Trust, for comment and feedback ahead of final professional design and publication. The draft strategy "Our Strategy - Working together to deliver outstanding care for our community" was attached at Appendix 1.

The report explained that in 2021 and 2022 the Trust had recognised the need to review and update its strategy and supporting strategies, originally set in 2018, in order to ensure that they remained stretching, achievable and relevant to the context, challenges and opportunities of the organisation, patients and staff. It stated that the purpose of the review was to:

- Reflect changing conditions at the local, regional and national level
- Adapt language to capture insight from engagement with staff and stakeholders, ensuring the strategy continues to resonate with the community
- Set the direction of travel towards the new hospital encompassing how the Trust worked and what services it provided, as well as the physical infrastructure

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- Increase the focus and clarity on the actions the Trust would take to achieve its objectives and how it would monitor progress
- Simplify the message and enhance the look and feel to aid communication and understanding and to keep the Trust ahead of the pack
- Acknowledge and celebrate successes to date and where it wanted to move on or course-correct

The report listed the six inputs used in developing the refreshed strategy and highlighted some key points, including:

- The Trust had decided to drop the Vision 2025 title to the strategy, instead giving emphasis to its vision statement “working together to deliver outstanding care for our community” as this provided greater clarity on how it wanted people to respond to the strategy.
- The Trust had not changed its vision statement or its CARE (Compassionate, Aspirational, Resourceful, Excellent) values as these resonated with staff and stakeholders
- A strong link had been set out from the strategy to the Trust’s continuous quality improvement journey
- The Trust expected to be able to set clear measures for each of the three goals across the five strategic objectives, which were currently being developed and agreed internally
- The strategy document would include an opening letter from the Chairman and CEO which would be drafted following a discussion to capture their views and would reflect feedback received during public engagement

The report stated that, as with the previous Vision 2025 Strategy, the Trust would be updating its supporting strategies (people, finance, Research & Development, estates, quality and improvement) throughout 2022/23 to set out in more detail how it would deliver on the main strategy.

The draft Strategy set out the following five strategic objectives, with three key aims within each objective:

1. Provide the highest quality care for all
 - enhance the patient experience
 - achieve optimal outcomes
 - minimise harm
2. Invest in our people and live out our values
 - Recruit, retain and develop our people to their highest potential
 - Foster an inclusive and supportive culture that connects all staff with our purpose and empowers them to live out our values every day
 - Prepare our workforce for tomorrow
3. Deliver in partnership
 - Promote wellbeing and prevention
 - Drive the development of integrated pathways of care
 - Improve access to care for all patients

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4. Cultivate innovation and improvement

- Improve care through insights that inform clinical and operational decision-making
- Unlock new and better ways for our staff to deliver care and for our patients to co-manage their health
- Transform the user experience of digitally-enabled care for both patients and staff

5. Achieve long-term sustainability

- Live within our means
- Minimise our impact on the environment
- Upgrade our infrastructure in line with our ambitions

Matthew Hayward gave a presentation on the Strategy's objectives and aims and answered questions from members of the Committee. In the following discussion, points made included:

- The Trust was working closely with local authorities on health and social care issues, including on how to decrease health inequalities. The Trust was using social and demographic data to predict and prevent people not attending appointments, health inequalities was one of the focuses for collaborative projects between the Trust and the University of Reading, supported by funding from the Innovation Fund, and there was a three year partnership with Public Health to identify and prevent inequalities. A new Clinical Services strategy had been launched which also looked at how to approach care at home, and the hospital redevelopment was an opportunity to look at how to bring care closer to people's homes in a number of ways.
- In the purpose of the review one objective was listed as to "Simplify the message and enhance the look and feel to aid communication and understanding and to keep us ahead of the pack" and concern was expressed that keeping ahead of the pack implied competition with partners rather than working together. It was reported that Clinical Directors from primary care partners had also been concerned at explanatory wording in objective two "We will recruit, support, motivate and develop our people to become the best and most inclusive place to work in the NHS" and so the wording of these sections of the strategy would be reviewed.
- It was noted that, whilst a lot in the strategy aligned with the Joint Health and Wellbeing Strategy (JHWBS), there was no reference to the JHWBS in the Trust's strategy and Matthew Hayward agreed that the JHWBS needed more explicit reference in the Trust's strategy.
- There was an inherent tension when trying to improve public access for outpatient services if the hospital redevelopment meant moving from the current site that, just because services might be provided nearer to people's homes, this did not necessarily improve access for all because, apart from in Reading, there were poor public transport links in most of Berkshire. This was understood by the Trust, and work was being done on establishing better models to identify the best locations

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for patients for all of their health pathways, both for clinical outcomes and for access purposes and to then define the most appropriate access targets.

- It was noted that the potential decentralising of outpatient services off the hospital site could be a problem for patients, particularly in areas of deprivation which already had high health inequalities, such as Whitley Ward. If services came to GP surgeries, there could be problems accessing GP appointments and if patients had to travel to other areas, this could be a challenge for them and would not help with achieving the Trust's zero carbon target. It was reported that data was being collected to help the Trust focus on health inequalities and it was suggested that it would be useful to have a further discussion around this topic at a future meeting.

Resolved -

- (1) That Matthew Hayward be thanked for his presentation;**
- (2) That the draft strategy be noted and the comments made be fed back to the Trust by Matthew Hayward.**

4. CARE QUALITY COMMISSION - ADULT SOCIAL CARE ASSURANCE FOR 2023

The Executive Director of Social Care and Health submitted a report on the introduction of a new assurance regime for Local Authority Adult Social Care Services which was due to be introduced from 2023. This would expand the remit of the Care Quality Commission (CQC) to oversee the quality and performance of both Local Authorities and Integrated Care Systems (ICS) alongside the existing inspection responsibilities they held for providers of regulated activity.

The report explained that, as part of the wider reforms to health and social care, the government had announced in February 2021 that a new duty would be introduced through the Health and Care Act, in which the CQC would become responsible for assessing the delivery of adult social care duties by Local Authorities. The new system would come into effect in April 2023 and would put Adult Social Care services on a similar basis to Children's Services, in which local authorities were subject to regular inspection by Ofsted and government intervention if they were deemed 'inadequate'.

CQC annual assessments of Local Authorities had been ceased in 2010, since which Councils had worked together to support their own performance through sector-led improvement programmes, in partnership with bodies such as the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

The report gave details of progress on developing the new system, noting that a period of detailed piloting of the methodologies was under way in pilot sites, the approaches and methodologies were expected to be agreed by CQC Executives in July 2022 and the Department for Health and Social Care was expected to agree the final approach in August 2022. It stated that there were also plans to introduce a new power for the Health and Social Care Secretary to intervene when it was considered that a local authority was failing to meet its duties.

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The new CQC framework would assess providers, local authorities and ICSs using the following themes:

- How local authorities work with people
- How local authorities provide support
- How local authorities ensure safety within the system
- Leadership capability within local authorities

The report gave details of the planning and preparation being carried out in adult social care for the new system.

Resolved -

- (1) That the new Adult Social Care Assurance system, which would come into effect in April 2023, be noted;**
- (2) That the planning and preparation under way for the new system be endorsed;**
- (3) That a further report on progress of the development of the new system be submitted to the Committee at its meeting on 19 January 2023, prior to the system coming into effect.**

5. ADULT SOCIAL CARE LIBERTY PROTECTION SAFEGUARDS

The Executive Director of Social Care and Health submitted a report on legislative changes which were due to be implemented in relation to people who lacked capacity to consent to their care needs being met.

The current arrangements under the Deprivation of Liberty Safeguards (Mental Capacity Act 2005) were due to be replaced by new legislation in the form of Liberty Protection Safeguards (LPS) which had been introduced by the Mental Capacity (Amendment) Act 2019. The implementation date had yet to be confirmed but the Code of Practice and Regulations had been laid before Parliament and were currently subject to consultation.

The report explained the current process, which provided safeguards so that deprivation of liberty was made lawfully through 'standard' and 'urgent' authorisation processes, designed to prevent arbitrary decisions to deprive a person of their liberty and a right to challenge authorisation decisions. A managing authority (a hospital or care home) had to seek authorisation from a supervisory body (local authority) in order to be able to lawfully deprive someone of their liberty. Before giving such an authorisation, the supervisory body had to be satisfied that the person had a mental disorder and lacked capacity to decide about their care and treatment.

The report explained that a 2014 Supreme Court judgement (the 'Cheshire West' judgement) had set a new 'acid test' which had led to many more people being found to be deprived of their liberty within the new definition, and this had had a significant impact on resources across the sector, particularly for local authorities in their role as Supervisory Body.

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The report explained that the intention of LPS was to provide a simplified process which was based more around usual care and support planning processes and only involved specialist assessment in particular circumstances. It summarised the key changes and set out the planning which had been carried out in preparation for the changes.

Resolved -

- (1) That the proposed legislative changes be noted;**
- (2) That the planning and preparation under way to ensure compliance with the new framework be endorsed.**

6. DELIVERING OUR 'HOME FIRST' APPROACH DURING COVID

The Executive Director of Social Care and Health submitted a report giving an update on the Council's offer around supporting residents back home from hospital, and support to local acute and community hospitals (excluding the Mental Health inpatient hospital), during the Covid pandemic. The report also provided assurance that Adult Social Care was working with health partners to ensure ongoing timely discharge from hospital post-pandemic. Appendix A to the report gave further information on the Huntley Place Discharge to Assess service.

The report explained that, from the outset of the Covid-19 crisis, it had been realised that the demand for acute hospital beds would be high and the optimisation of flow out of hospital would be a priority. It gave details of the changes made by Government to legislation, guidance and funding and set out the range of provisions and arrangements which had been stood up in Reading to deliver the new discharge requirements. These included:

- Four existing independent living flats at Charles Clore Court;
- Commissioning of additional bedded capacity at Riverview Nursing Home of ten beds, as well as short term urgent bed capacity at the Holiday Inn up to 20 beds;
- With the learning from the Holiday Inn model and 3-month interim funding, piloting of a future model of discharge to assess and admission avoidance for Reading. In January 2022, a temporary Discharge Service at Huntley Place had been opened as a new resource to support people who needed temporary access to care and support, with a reablement ethos and with the number of beds and associated level of care being scalable depending on the need;
- Adult Social Care had been able to increase capacity across the 'Home First' pathway ie Social Workers, Occupational Therapists, and Care Assessors working in the hospital, supporting the discharge to the patient's home or care home, and undertaking the assessment in the community, rather than in the hospital setting. Adult Social Care had been able to offer extended hours in the weekday evenings and weekends. All this had resulted in reduced length of stay in the hospital and hospital flow during very difficult covid and winter pressures.

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The report stated that Reading had succeeded in stepping up the additional capacity at pace to respond to the new guidance and had made significant improvements in the length of stay of patients who had previously been significantly delayed in hospital. However, delivering the Government expectations around Home First - which was that 95% of patients would go straight home from hospital had been challenging; in Reading the figure was 87%.

It gave further details of relevant statistics and concluded that, based on reviews of placements, placing patients in a temporary care home setting post discharge did not deliver good outcomes and in the majority of cases had resulted in the patient remaining in that setting, therefore the Council would continue to work with system partners to adopt a home first approach for discharge to assess services, further details of which were set out in the report.

Resolved - That the report be noted and the Committee's thanks to all the staff involved be recorded.

7. CONSULTATION PLAN FOR READING'S ALL AGE AUTISM STRATEGY

Further to Minute 34 of the meeting held on 31 March 2022, the Executive Director of Social Care and Health submitted a report seeking permission to consult on Reading's All Age Autism Strategy 2022-2026, which would aim to improve the lives of autistic children, adults and parent carers in Reading. The draft Strategy, consultation plan and Equality Impact Assessment were attached to the report.

The report explained how the draft strategy had been shaped, involving public and partner engagement from November 2021 to May 2022, resulting in seven selected priorities being used as the basis for the draft strategy:

- Improving awareness, understanding and acceptance of autism
- Improving support and access to early years, education and supporting positive transitions and preparing for adulthood
- Increasing employment, vocation and training opportunities for autistic people
- Better lives for autistic people - tackling health and care inequalities and building the right support in the community and supporting people in inpatient care
- Housing and supporting independent living
- Keeping safe and the criminal justice system
- Supporting families and carers of autistic people

The development of the strategy was being co-ordinated by Reading's Autism Partnership Board. With such a high level of engagement as part of the needs assessment development process, there was good reason to believe that autistic people's top priorities had been robustly identified and the draft strategy and supporting plans were in development on this basis. However, to have a thorough review of the work and content of the strategy and priorities to date, there would be a formal consultation, with the

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feedback being used to clarify aims and help with the finalisation of the strategy and the development of an action plan.

The proposal was therefore that there would be a formal public consultation on the proposed priorities and draft strategy for 60 days from 15 July to 15 September 2022. As previously, an online survey would be hosted by the Council.

The final strategy and action plan would be brought back to the Committee for approval and would also be submitted to the Health and Wellbeing Board. An autism action plan would be developed each year across the four years of the strategy, and this would be brought back to the Committee annually.

The Committee discussed the draft strategy and the points made included:

- The strategy mentioned that Autistic people were more likely to die early from suicide, but the suicide rate for people with autism was actually over nine times higher than for the general population and was one of the most concerning reasons for needing improvements in services, so this should be stated more strongly in the strategy.
- On page 20 of the strategy, it stated that there were already 644 autistic children in primary care, but on page 23, the predicted number of 5-19 year olds with autistic spectrum disorders in 2020-2025 was shown as fewer than 400. Such inconsistencies needed to be checked and corrected as necessary.
- The aims of the strategy were laudable but ambitious and there might be issues with needing to manage people's expectations. The action plans would need to be clear what would be expected to be delivered in each year.

Resolved -

- (1) That the draft of Reading's All Age Autism Strategy be noted and the comments made above be taken into account in its development;**
- (2) That the consultation plan for the development of Reading's All Age Autism Strategy be noted and endorsed.**

(The meeting commenced at 6.30 pm and closed at 8.53 pm)

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
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
Tracy Daszkiewicz	Director of Public Health, Berkshire West
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Ennis	Lead Councillor for Adult Social Care, RBC
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:

Rebecca Curtayne	Healthwatch Reading
Kathryn MacDermott	Director of Strategic Planning, BHFT
Kim McCall	Health and Wellbeing Intelligence Officer, RBC
Amanda McDonnell	Media & Communications Manager, RBC
Sally Moore	Communications & Public Engagement Officer, RBFT and Berkshire West CCG
Sam Mortimore	Community Safety Advisor - West, Royal Berkshire Fire & Rescue Service
Councillor Mpofu-Coles	RBC
Amanda Nyeke	Public Health and Wellbeing Manager, RBC
Bev Nicholson	Integration Programme Manager, RBC
Sarah Shildrick	Public Health Intelligence Manager, Berkshire West Public Health
Andy Statham	Director of Strategy, Transformation & Partnerships, RBFT
Catherine Williams	Healthwatch Reading
Melissa Wise	Deputy Director for Commissioning & Transformation, RBC

Apologies:

Mandeep Bains	Chief Executive, Healthwatch Reading (Substitute)
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Paul Illman	West Hub Group Manager, Royal Berkshire Fire and Rescue Service
James Kent	Accountable Officer & Executive Lead, Bucks, Ox & Berks West Integrated Care System
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Becky Pollard	Consultant in Public Health, RBC
Maria Young	Director for Children's Social Care, Brighter Futures for Children (BFfC)

45. MINUTES

The Minutes of the meeting held on 21 January 2022 were confirmed as a correct record.

46. QUESTION IN ACCORDANCE WITH STANDING ORDER 36

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

a) Children's Mental Health Services

Information from carers suggests that child mental health services are failing in a way that is different and more dangerous than those for adults.

Adult mental health services include the very extensive "Talking Therapies" services which range from advice lectures in person or online to intensive psychological treatment short of in-patient treatment. In this way a range of acuities from the mild to the highly acute are covered by a well organised and integrated service.

For children and adolescents the picture is more fragmented and evidence suggests that the standard is not uniformly high.

Because of the typical age of indication, ADHD and autistic spectrum conditions play a larger role for children. It is well known that waits for diagnosis can be over two years for these conditions.

Less acute difficulties are diagnosed and treated by in-school services, but evidence suggests that these do not reach the same standard as the adult services. In particular symptoms of anxiety and/or depression in children on the very long waiting lists for ADHD or autistic disorders can be dismissed as due to the very condition for which they have not yet been diagnosed, and they may not receive any support for these while they wait.

Even when acute anxiety is acknowledged, where children may be exhibiting suicidal actions, waits for treatment can be 12 months, leading to extensive suffering and loss of normal life opportunities. Children are missing the education to which they have a right.

My feeling is that primary mental health care services for children are more fragmented and of a lower standard than those available to adults on an easy access basis, such as Talking Therapies and those offered by practice-based practitioners. Services which are based in school are necessarily fragmented and cannot readily care for children who are not attending school.

It is appropriate to acknowledge the very good work done by charities such as No5 and Autism Berkshire in this area. But they cannot fully replace a well organised service.

Even if we acknowledge that the present situation is much heightened by the pandemic and its effects on children, should there not be an immediate

investigation into this dangerous situation and an urgent review of the commissioning of mental health services for children and young people?

REPLY by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

A review of Children and Young People's mental health and emotional wellbeing services was undertaken in 2020/2021, sponsored by the Berkshire West Integrated Care Partnership's Children and Young People's Board. The aim of the review was to

- Understand the strengths and limitations of our current service offer across all partners
- Explore alternative arrangements and solutions implemented elsewhere in the UK that have evidence of improvements in key areas
- Suggest ways of improving our services and where we need to focus our efforts in the next phases of work
- Understanding what service users, their carers and families, as well as staff, think about the services and their experience of them, to capture opportunities for improvement.

The full Local Transformation Plan describes in detail the outcomes from the review as well as the refreshed priorities moving forwards.

<https://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/the-local-transformation-plan/>.

Waiting times to access both assessment and treatment from specialist CAMH services remain higher than acceptable across the country and the situation in Berkshire is no different.

This has been recognised by NHS England, who have included a number of targets to improve access to NHS-funded mental health treatment for children and young people, with associated investment, in the NHS Long Term Plan.

One of the NHS Long Term Plan for Children and Young People Mental Health's ambition is to have 164,000 additional children and young people aged 0-25 accessing NHS funded services. In some cases funding is still only sufficient to improve access for a limited percentage; for example there are pilots around the country to try and reduce the waiting times for children and young people presenting to non-urgent, community-based mental health services; the new proposed standard is that children, young people and their families/carers should start to receive help within four weeks from request for service (referral). However Berkshire West is not covered by this pilot.

Berkshire West CCG (BW CCG) and Berkshire Healthcare Foundation Trust (BHFT) are working closely together alongside our local authority colleagues, schools and VCSE partners to achieve the ambition that more children and young people with emotional wellbeing and mental health needs can access evidence-based

services in a timely manner and this is described in detail in the Local Transformation Plan.

The local approach to improving access to support is twofold.

- Increasing/improving the system partnership ability to identify emerging emotional wellbeing and mental health needs and provide support at an earlier level.
- Investment to expand the clinical workforce needed to deliver evidenced based interventions to meet the needs of Children and Young People.

There are a number of actions in place to support early intervention.

The CCG, alongside our LA colleagues, commission youth counselling across Berkshire West. In Reading this is from No5 Young People. Young people can access these services directly through self referral, via their school, GP or any other professional. The CCG and LAs also co-commission Kooth, a digital service which is fully accessible online and has a multi-function platform that provides a full range of help from self-guided to professional counselling support available 24/7, 365 days a year, wherever the child or young person is located. It does not require a child to be in school. The CCG also funds early help activities by contributing to the Local Authorities budget for a number of initiatives aimed at supporting Children and Young People's Mental Health and Emotional Wellbeing. Given that children who are not in education are supported by the authority, we would expect some of the funding to be used to support children not in school.

The CCG also established three NHS-funded mental health support teams (MHST) in our three local authority settings which have built a school consultation model that is working well to enable schools to respond well first time as well as identify the children and young people that need MHST and wider provider support. Each MHST is set up in waves, centrally funded, and covers a cluster / patch, working to the outline of approximately 8,000 pupils per team. MHST are co-located or hosted within school clusters, depending on the infrastructure opportunities in each LA. Each MHST has three core functions-

- to deliver evidence-based interventions for mild-to-moderate mental health issues;
- support the senior mental health lead (programme being led by the DfE) in each school or college to introduce or develop their whole school or college approach;
- give timely advice to school and college staff and liaise with external specialist service to help children and young people to get the right support and stay in education.

The teams provide specialist evidence-based interventions that target vulnerable populations, such as Children in Care, and for the most frequently occurring referrals to CAMHS e.g. conduct disorder and anxiety and have to demonstrate routine outcome measures. There are two further teams (one in

West Berkshire and one in Reading) which are currently being mobilised and which will be operational from September 2022 and will cover approximately 8000 pupils each. Further waves have not been confirmed.

The CCG commissions Autism Berkshire to provide support and advice to children and young people up aged 0-25 and their families who may have autism and/or ADHD as well as those who have a diagnosis. Autism Berkshire work in partnership with Parenting Special Children and provide one to one support, training, advice and activities for children young people and their families. The CCG has recently provided additional funding to Autism Berkshire to provide additional support to families whose needs are escalating, a food avoidance course and additional family mental health and wellbeing support. A link to their website is here

<https://www.autismberkshire.org.uk/berkshire-west-autism-adhd-support-service/>

The CCG have also re-issued 'The Little Blue Book of Sunshine', to promote advice and help available in our area to children and young people who might be experiencing low mood or mental health issues. The new version is digitally accessible as an e-book with click-able links and is downloadable from the usual app stores, Apple Books and Google Play Books. Printed versions were delivered to schools via the local authorities.

Finally there is increased collaboration between providers facilitated by the CCG to work to meet rising needs as they emerge, share intelligence and practise to manage quickly changing parameters on existing offers within national rules due to lockdowns.

An example of this is the development of self-directed or online group parenting support for families of young people experiencing anxiety and depression.

To address waiting times for specialist CAMH services the CCG is developing an investment plan with BHFT for the next three years which will enable them to both expand the workforce in the core specialist CAMH service and develop new services to address changing needs. The NHS investment includes the expansion of crisis services for children and young people, the development of a specialist service for children and young people with mental disorder and a learning disability and the opportunity to jointly fund with our LA partners a mental health service for children in care.

Alongside this, Berkshire Healthcare Foundation Trust are transforming their service offer, utilising learning from digital provision through the pandemic, developing a new digital offer and building on a quality improvement programme to redesign clinical care pathways.

It is anticipated that this approach will result in improved waiting times for Children and Young People, and their families in accessing support.

However, our ambition is being challenged by two factors.

The first is the unprecedented level of increase in referrals to children and young people's emotional wellbeing and specialist mental health services over the past 2 years. Referrals to CAMH services across the Southeast region have increased

by 60% in the last 12 months and locally, Berkshire Healthcare CAMHS alone have seen an increase of 65%. The acuity, complexity and risk of referrals has also increased with 30% now urgent at the point of referral compared to 13% in the previous year, placing increasing demands on the CAMHS workforce.

The second challenge is that of workforce shortages. We are seeing higher turnover in the clinical workforce, with more staff leaving the clinical specialty altogether and the available staff pool diminishing.

The CCG and BHFT are reviewing the services commissioned in the coming year to understand what more can be done to improve efficiency, utilise digital technology, alternative workforce etc. to manage the growing demand and reduce waiting times.

b) Mental Health Support for Asylum Seekers (on behalf of Reading Refugee Support Group (RRSG))

We have concerns for the potential for radicalisation in the dispersal hotels and accommodation for refugees, especially as a result of the lack of mental health support for the dispersed asylum seekers in Berkshire.

The hotels for Afghans are better supported but concerns are not dissimilar in the context of frustrations that may build up at the length of time people have to stay there against what they were originally told. People's expectations are the key factor to be managed here.

In the other dispersal hotels, on top of the trauma people are dealing with resulting from experiences in their home country and their journey to the UK, there is the huge ongoing traumatic burden of their impending asylum application and decision, and potential deportation, ever-present on top of the complete lack of any meaningful support for people's mental health and wellbeing.

Our concerns are not evidenced as such but instinctively born out of experience leading RRSG through the Forbury Gardens tragedy.

A week after Forbury, an asylum seeker with mental health problems living in hotel accommodation in Glasgow killed 6 people before being killed himself by the police. Justice for Refugees is lobbying the government to investigate fully the conditions in the hotel and the lack of support, that may have led to this man losing control.

We suspect those conditions are not dissimilar to the conditions faced by people living in dispersed accommodation here in Berkshire.

The longer this situation continues, where hotels are used to accommodate people, which will possibly be exacerbated by the Ukraine crisis further stretching resources, the greater the potential is for something to go wrong. At the very least, wider interagency conversations need to be discussing this, in our opinion.

Mental Health support for this vulnerable group is key to the conversation.

Refugees and asylum seekers who have not received a final refusal of asylum are fully entitled to NHS services.

Who will take responsibility for adequate mental health services for these vulnerable people?

REPLY by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

BOB ICS is in the process of establishing a team that will lead and co-ordinate the NHS response to the Ukrainian refugees and our asylum seekers who are already living in our local communities.

With regard to access to Mental Health services, the CCG has funded a Mental Health worker post through the Reading Refugee Support Group which will provide an initial screening service and help to network across statutory services.

The CCG recognises the complexity of the mental health issues that people may be experiencing and that may be outside the experience of current Mental Health Services. We will be seeking to learn from other areas who have greater experience of this and developing an offer to meet these needs.

47. IMPACT OF COVID-19 IN READING

Tracy Daszciewicz, Katie Summers, Catherine Williams, Amanda Nyeke and Andy Statham gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded.

The presentations included the following information.

Public Health information with details of the latest data on COVID-19, which were updated verbally at the meeting and included:

- Data for Reading on confirmed cases of COVID-19 per 100,000 population compared to the South East and England, positive cases that were reinfections, mortality per 100,000 population, recent data on cases by age group and sex, cases in Royal Berkshire Hospital, and vaccination percentages.
- There had recently been a rise in cases, since the information in the slides had been produced, probably due to the removal of restrictions in February 2022, but this might now be levelling off again.

It was noted that, as free testing had been removed, testing in the general population had decreased, so the actual case rate was likely to be higher than reported, but other forms of surveillance were also being used and wherever testing was being carried out, such as healthcare settings, this would feed into the ongoing surveillance. Discussions were currently being held about how long tests would be available, and for whom, with guidance being expected soon.

Information on Vaccination Programmes:

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- Information on Covid vaccination in Reading, detailing delivery mechanisms, take-up and plans for Spring and Autumn vaccination programmes.
- Details of a recent Vaccine Confidence Survey commissioned by Berkshire West CCG and carried out by Healthwatch Reading to find out why eligible people in Reading had not taken up their Covid vaccinations.

Catherine Williams explained that the qualitative data from the survey was still being analysed, but gave details of the survey method, involving an online poll and social media dialogues, and of the preliminary results, noting that there had been up to 437 people who had contributed their views. She gave details of the demographics of the respondents and said that the initial qualitative data showed that the most common reason behind people's choice not to get vaccinated was concern about side effects, that belief that Covid was mild, and that people were 'covered' after infection. 70% of the respondents had said that nothing would change their mind.

Information on the Community Vaccine Champions (CVC) Programme in Reading:

- To promote vaccine uptake amongst seldom-heard communities in local authorities showing the lowest rates of Covid-19 vaccine uptake, funded by the Department for Levelling Up, Housing and Communities (DLUHC).
- A summary of the programme and details of the key tasks within its six projects
- Information on the CVC Steering Group
- A final submission had been sent to DLUHC on 28 February 2022 and positive feedback had been received on this on 10 March 2022.

Information on the latest situation at the Royal Berkshire NHS Foundation Trust in relation to:

- Seeing very few patients currently presenting with Covid-19
- Steering patients with minor ailments away from A&E to other sources of support and advice
- The current focus on patients who had been waiting for elective treatment delayed by the pandemic and the ability to assist other local NHS Trusts in certain specialities
- Making progress on long term plans and conditions

Resolved - That the presentations be noted.

48. BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY - IMPLEMENTATION PLANS

Amanda Nyeke submitted a report seeking approval for the Implementation Plans as the delivery tools for the five Priorities of the Berkshire West Health and Wellbeing Strategy 2021-2030. The report had the following appendices:

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- Appendix A - Berkshire West Health and Wellbeing Strategy 2021-2030
- Appendix B - Implementation Plans for the 5 Priorities of the Berkshire West Health and Wellbeing Strategy 2021-2030
- Appendix C - Berkshire West Health and Wellbeing Strategy 2021-2030: Equality Impact Assessment

The report explained that the Berkshire West Health and Wellbeing Strategy 2021-2030 had been endorsed by the Board on 8 October 2021 (Minute 21 refers) and approved by the Council on 19 October 2021 (Minute 20 refers). The implementation plans set out the actions to be taken to implement the priorities of the strategy, including monitoring arrangements. The report noted that the plans would be working documents to respond to local needs.

The report gave details of the Reading delivery boards which had worked together to shape the implementation plans and explained that it would be their responsibility to monitor the progress of the implementation plans against agreed sets of metrics, some of which would form part of the Health and Wellbeing Dashboard that would be used to update the Health and Wellbeing Board on an ongoing basis over the life course of the strategy.

The delivery boards leading on actions within the Implementation Plans would provide updates on a quarterly basis and report back to the Implementation Plan Leads, who would meet and coordinate updates to be shared with the Health & Wellbeing Board. A detailed narrative report supported by the Health and Wellbeing Dashboard would be shared quarterly, while an update of the dashboard would take place twice a year. Milestones had been included in the Implementation plans, covering both review dates and target completion dates.

The implementation plans and the measuring outcomes were the result of collaborative work with local partners and key stakeholders and it was intended that this collaboration and conversation would continue to ensure the actions met local needs as they arose.

Resolved -

- (1) That, the Implementation Plans for the five priorities of the 2021-2030 Berkshire West Health and Wellbeing Strategy, as set out in Appendix B to the report, be endorsed;
- (2) That the monitoring arrangements for the plans, and the fact that the implementation plans would be working documents to respond to local needs, be noted.

49. UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Sarah Shildrick submitted a report giving an update on the Joint Strategic Needs Assessment (JSNA) model, which had been agreed on 12 October 2018 (Minute 7 refers), and an overview of enhancements that had been made to the Reading Observatory site since its launch in 2019. The report outlined a model of promotion and engagement using nominated Reading Observatory Super Users and Appendix 1 showed the new Reading Observatory website features in a series of screen shots. Sarah Shildrick also gave a demonstration of the website at the meeting.

The report explained that the new JSNA model had been implemented throughout 2019/20 and consisted of three strands:

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

The Reading Observatory had been established as the home of the digital data resource and had also been chosen to host the service-specific needs assessments. It contained information from a national data service and content developed locally by, and on behalf of, Reading Health & Wellbeing Board member organisations, creating a library of resources. The report gave details of the additions and amendments made to improve the site and additional content created.

The Observatory had been soft launched in 2019, but the pandemic had interrupted progress on promotion of the Board's vision for the JSNA and full launch of the site. The report explained that the aim was to ensure wide sharing of the vision for the JSNA and support for people to use the site. Partners would be encouraged to contribute to the library of resources and this would be done through nominated Super Users representing the Health & Wellbeing Board member organisations and departments.

It was noted that some of the Reading Ward boundaries and names would be changing in May 2022 and that these would be changed in the Observatory, but there would be no way to go back and change existing ward-based data retrospectively to link it to the new wards.

Resolved -

- (1) That the progress made on the JSNA and the Reading Observatory to date be noted;
- (2) That members of the Board nominate Observatory Super Users to represent their organisations;
- (3) That members of the Board actively promote awareness and use of the Reading Observatory and provide any feedback to Sarah Shildrick on the contents of the website, including any recommendations for additional content.

50. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST - MENTAL HEALTH STRATEGY 2016-21 - PROGRESS UPDATE

Kathryn MacDermott submitted a report giving an update on what had been achieved against the outcomes set out in the Berkshire Healthcare NHS Foundation Trust (BHFT) Mental Health strategy for Berkshire set in 2016 for the period to 2021. The report had appended slides giving details of the progress made.

Some of the key messages highlighted included:

- Significant progress on integrating mental health and physical health services with Primary Care Networks
- Dedicated work on reducing variations in outcomes for people with serious mental illness
- Extension of the wellbeing service for staff in BHFT and Royal Berkshire Hospital
- Significant extension in the digital service offer extending accessibility
- Inclusion of 'Lived Experience' in designing and delivering services
- Building key relationships with the voluntary and community sector
- Improved inpatient experience

The report explained that the NHS Long Term Plan set out an ongoing commitment to investment in Mental Health services and new models of care, all of which were relevant to mental health and the design of mental health services. It gave details of the expected changes and improvements.

It noted that progress on the urgent community response had been accelerated as part of the response to Covid-19, which had implications for mental health services, and that mental health transformation investment had been made available and Berkshire West had benefitted from this. The impact of Covid-19 had been felt in communities for over two years and mental health services were reflecting that pressure. Whilst inpatient and community mental health services were under significant pressure, BHFT had continued to be able to provide a service to those in need.

The report set out key messages in terms of the impact of Covid-19 and gave further details, noting particularly that mental health referrals and numbers had increased, as had the level of acuity.

The report also set out key priorities for 2022-25 and it was explained that BHFT would be working on developing a new strategy for that period. This would involve reviewing the old strategy and seeing what else needed to be included, as well as looking at relevant guidance. A series of engagement workshops would be carried out to gather high level ideas and further conversations would then be had to develop the strategy and to allocate timescales. Whilst everyone was keen for progress to be made, expectations would need to be managed because to deliver services required workforce and this was a challenge with ongoing recruitment and retention difficulties in the mental health area.

Resolved -

- (1) That the report be noted;
- (2) That a report be submitted to a future meeting of the Board presenting the new draft strategy to allow the Board to give input at the draft stage.

51. DEFINING THE BOB ICS DEVELOPMENT ROADMAP

Katie Summers submitted a report giving details of a roadmap setting out plans for the development of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System for the next 18 months.

The report stated that the transition to an Integrated Care Board (ICB) statutory organisation, with existing CCG staff and functions aligned to the new operating structure, was on track for delivery by 1 July 2022.

The transition activity was supported by a detailed System Delivery Plan (SDP), which would be updated by 31 March 2022 to reflect the three month extension to the original ICB statutory operating date. A high-level Integrated Care System (ICS) development roadmap, which outlined the key activity and outcomes through to 1 April 2023 had been developed, and a set of risks had been outlined, with mitigating actions.

The focus to date had been laying the groundwork for the ICB (“the architecture”) including the safe transition of the CCG functions into the ICB, shaping the ICS Strategy development effort and capturing early activity to support the development of Place-based Partnerships and Provider Collaboratives.

In the coming month there would be work with each of the Places to broaden the thinking on the Place-based Partnership Development, with each partnership working on their local development plans. There would also be focus on ICS Strategy Development, including agreeing Executive leadership (where required) and how thinking could be harnessed to accelerate the ICS priorities, to provide a level of confidence and detail well ahead of the formation of the ICB.

The aim was to use this as the basis for the updated System Development Plan (SDP) due to be sent to NHS England & Improvement by 31 March 2022. An updated Readiness to Operate Statement (ROS) would be submitted on 31 March 2022, which would complement the SDP, ahead of the legal ICB establishment on 1 July 2022.

The meeting discussed the importance of local authority involvement in the ICB, especially as Berkshire West “place” in the ICB involved three authorities, and Katie Summers said work was going on with colleagues to ensure that this was raised through the Berkshire West Integrated Care Partnership Unified Executive and that work was done with the Chairs of the Health & Wellbeing Boards to ensure a streamlined but inclusive approach to the governance structures involved.

Resolved - That the report be noted.

52. ICP UNIFIED EXECUTIVE - JANUARY AND FEBRUARY 2022 CHAIR'S REPORTS

Andy Ciecierski presented two reports giving an update from the Chair of the Integrated Care Partnership (ICP) Unified Executive on discussions and developments at the meetings of the Unified Executive that had been held on 13 January and 10 February 2022.

The reports addressed the following key points:

- Update from BOB System Leader’s Group x 2
- Connected Care
- Health 7 Wellbeing Strategy
- Better Care Fund update x 2
- GP representation in Berkshire West
- McKinsey discharge and flow project update
- Joint health and social care funding and nursing bed strategy

Resolved - That the reports be noted.

53. 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 as at the end of December 2021 (Quarter 3).

The report gave details of the five BCF metrics, explaining that they had been updated in the BCF Planning Guidance for 2021/22 and had been adopted for Quarter 3 and 4 reporting. The report stated that three out of the five metrics had been achieved by the end of Quarter 3, as set out below, whilst noting that there was an eight week delay with the data as it was published from national data sources.

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). (Achieved)
- Reduction in length of stay of inpatients who have been in hospital for longer than, 14 days and 21 days. (Not Achieved)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence. (Achieved)
- The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population. (Achieved)
- The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation). (Not achieved)

Further details were set out in the report, as well as updates on progress on the three key priorities in the Reading Integration Board's programme plan: Multi-Disciplinary Teams; Discharge to Assess future model for Reading and the Nepalese Diabetes project.

Resolved - That the report and progress be noted.

54. HEALTH AND WELLBEING DASHBOARD - MARCH 2022

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

The report explained that the strategy had now been superseded by the Berkshire West Health and Wellbeing Strategy 2021-2030 and a new dashboard report reflecting new priorities and actions had been developed to support them and would shortly replace this report (see Minute 55 below).

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.

Resolved - That the report be noted.

55. HEALTH AND WELLBEING DASHBOARD - STRATEGY 2021-2030

Kim McCall submitted a report on the development of a Health and Wellbeing Dashboard to present Reading's progress against achieving local goals as set out in the 2021-2030 Berkshire West Health and Wellbeing Strategy.

The report set out the five priorities in the new Strategy, gave examples of the measures and data that would be included in the new dashboard for each of the priorities and sought views on the proposal.

Resolved - That the report be noted and any comments on the proposed measures and data to be included in the new dashboard be submitted to Kim McCall.

56. ROYAL BERKSHIRE NHS FOUNDATION TRUST & BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

A report was submitted to the board recommending that the following changes be made to the membership and therefore terms of reference and powers and duties of the Reading Health & Wellbeing Board:

- To co-opt a representative from Royal Berkshire NHS Foundation Trust (RBFT) as a non-voting additional member of the Health and Wellbeing Board.
- To co-opt a representative from Berkshire Healthcare NHS Foundation Trust (BHFT) as a non-voting additional member of the Health and Wellbeing Board.

The proposed amended terms of reference and powers and duties and operational arrangements of the Board were set out at Appendix A to the report.

Resolved -

That the following amendments to the terms of reference and powers and duties of the Health and Wellbeing Board be agreed:

- (a) To co-opt a representative from Royal Berkshire NHS Foundation Trust (RBFT) as a non-voting additional member of the Health and Wellbeing Board.
- (b) To co-opt a representative from Berkshire Healthcare NHS Foundation Trust (BHFT) as a non-voting additional member of the Health and Wellbeing Board.

57. DATES OF FUTURE HEALTH & WELLBEING BOARD MEETINGS

Resolved - That the meetings for the Municipal Year 2022/23 be held at 2.00pm on the following dates:

- Friday 15 July 2022
- Friday 7 October 2022
- Friday 20 January 2023
- Friday 17 March 2023

(The meeting started at 2.00pm and closed at 5.08pm)

READING HEALTH & WELLBEING BOARD MINUTES - 15 JULY 2022

Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Tehmeena Ajmal	Chief Operating Officer, Berkshire Healthcare NHS Foundation Trust (BHFT)
Councillor Jason Brock	Leader of the Council, RBC
Andy Ciecierski (Vice-Chair)	Clinical Director for Caversham Primary Care Network
Tracy Daszkiewicz	Director of Public Health for Berkshire West
Sarah Deason	Healthwatch Reading
Councillor Collette Dennis (substituting for Councillor Hoskin)	RBC
Councillor John Ennis	Lead Councillor for Adult Social Care, RBC
Caroline Lynch (substituting for Eamonn Sullivan)	Trust Secretary & Data Protection Officer, Royal Berkshire NHS Foundation Trust (RBFT)
Eiliis McCarthy	Reading Locality Manager, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Councillor Alice Mpofu-Coles	RBC
Rachel Spencer	Chief Executive, Reading Voluntary Action
Belinda Seston	Interim Director of Place Partnerships, BOB ICB

Also in attendance:

Rob Bowen	Deputy Director of Strategy, BOB ICB
Amanda Lyons	Interim Director of Strategy Delivery & Partnerships, BOB ICB
Sally Moore	Head of Communications & Engagement, RBFT and BOB ICB
Ashlee Mulimba	Healthy Dialogues
Amanda Nyeke	Public Health and Wellbeing Manager, RBC
Bev Nicholson	Integration Programme Manager, RBC
Andy Statham	Director of Strategy, Transformation & Partnerships, RBFT
Lara Stavrinou	Compass Recovery College
Melissa Wise	Deputy Director for Commissioning & Transformation, RBC

Apologies:

Ramona Bridgman	Chair, Reading Families Forum
Seona Douglas	Director of Adult Care & Health Services, RBC
Brian Grady	Interim Executive Director of Children's Services (& Director of Education), Brighter Futures for Children (BFfC)
Councillor Graeme Hoskin	Lead Councillor for Children, RBC
Jo Lappin	Assistant Director for Safeguarding, Quality, Performance & Practice, RBC

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Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Becky Pollard	Consultant in Public Health, RBC
Eamonn Sullivan	Chief Nurse, RBFT

1. MINUTES

The Minutes of the meeting held on 18 March 2022 were confirmed as a correct record and signed by the Chair.

2. QUESTION IN ACCORDANCE WITH STANDING ORDER 36

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

a) Healthwatch Reading:

Healthwatch is now under new management.

What changes can residents and patient groups in Reading expect to see in the coming year?

How will Healthwatch demonstrate a greater effectiveness in discharging its statutory duties relating to the numerous facets of health care and social care in the Reading area?

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

The contract with The Advocacy People to deliver Healthwatch has been in place for 6 weeks and this time has been focussed on securing staff in place within a new structure and ensuring all transferred systems, such as the website, are functioning properly. The team are undertaking induction and training in The Advocacy People's systems, policies and procedures so they can continue to handle day to day queries and attend meetings where appropriate. The Advocacy People have welcomed onboard some of the previous Healthwatch Reading Advisory Board members and discussions on recruiting new Board members and Chair, plus other volunteers, are underway.

In terms of what people can expect over the coming year, a first draft workplan has been created using evidence collated over the last year from a range of sources as required by Healthwatch England such as:

- Engagement work within the community, including volunteer activity.
- Information from your Local Authority Joint Strategic Needs Assessment.
- Healthwatch led public meetings such as Annual Conferences.
- Surveys and questionnaires.
- Service user experience including that of staff and volunteers.
- Publicly available national and local data.
- Focus groups.
- Information from the Voluntary and Community Sector (VCS); including faith groups, community groups, charities, resident groups, patient groups etc.

- Views and experiences of local people.
- Providers of health and social care services.
- Commissioners of health and social care services.

Healthwatch are working to finalise this shortly and this will be presented at a future Health and Wellbeing Board.

In terms of greater effectiveness as part of The Advocacy People, the Healthwatch Reading team has access to the central support team of ICT, Finance, Business Development and HR. As part of a wider family of five Healthwatch's, Reading will benefit from the economies of scale this creates (for example, a centralised marketing function, sharing surveys on common topics), share expertise/good practice operationally and strategically and utilise standard policies/procedures. This is particularly important in the Berkshire West area where The Advocacy People are the host provider for West Berkshire and Wokingham Borough as well as Reading. This means that, where appropriate and without compromising local input, a single team member will be able to represent the 3 areas creating obvious efficiencies.

The Advocacy People is a large organisation delivering advocacy and Healthwatch contracts across the south of England, including Reading and Berkshire, for many years and bring a wealth of experience to the Reading team. A good working relationship is being formed to deliver Healthwatch Reading going forward.

3. IMPACT OF COVID-19 IN READING

a) Public Health

Tracy Daszkiewicz gave a presentation and answered questions on the latest impact of the COVID-19 pandemic on Reading. The presentation slides had been included in the agenda papers, but it was noted that the situation had changed since collation and publication.

The meeting was briefed on the increase in COVID-19 transmissions within local communities. It was noted that although the current variant of the virus was highly contagious, the impacts were slight, with the illness being mostly mild and quite short-lived. It was noted that few people were becoming severely unwell and that, although hospital admissions had increased, they had not done so to the scale seen previously. COVID mortality rates remained very low.

The meeting heard that there was no free community testing taking place, however the issue had been raised and was being discussed. It was noted that testing rates had declined rapidly since free testing ended on 1st April 2022. The meeting heard that mapping work was being done to understand in which workplace settings testing was still taking place.

It was noted that public health advice remained unchanged. Those with symptoms should stay at home. People who were clinically vulnerable should continue to protect themselves as they saw fit.

b) Vaccinations Update

Belinda Seston gave a presentation and answered questions on the vaccination programme in Reading. The presentation included the following points:

- It was explained that the JCVI had recommended an extra dose be administered in the Spring for certain target groups (over 75s, older people in care homes, and over 12s with weakened immune systems). The 'Spring Booster' programme had run from 22 March 2022 to 30 June 2022 but remained in place for those target groups to date.
- In Reading, the percentage of uptake of the Spring Booster for over 75s (74%) was below that of the BOB ICB area (81%) and the England average (78%). Compared to similar local authorities Reading placed joint 9th out of 14.
- In Reading, the percentage of uptake of the Spring Booster for people in older peoples' homes was 72%. Reassurance was given that all care homes had been visited and that work had been carried out to establish the reasons why the rate was not 100% (reasons included illness, being in hospital and issues around consent). Reassurance was given that work remained ongoing to provide the vaccine to unvaccinated patients in this group.
- In the Berkshire West area 42% of immunosuppressed people had received the Spring Booster vaccine. Primary care clinicians had been asked to identify and invite all eligible individuals by 27 June 2022.
- In Reading 14% of 5-11-year-olds had been vaccinated (compared to 16% for the BOB ICB area and 10% in England). Compared to other comparative local authorities Reading placed joint 1st out of 14.
- The plans for the Autumn vaccine programme were due at the end of July and that the details were still being worked on. However, it was expected that a further vaccine would be offered to residents and staff in care homes, frontline health and social care workers, over 65s and adults aged 16-64 in clinical risk groups. Where possible the Autumn vaccine would be co-administered with other vaccines, namely the annual flu vaccine programme.
- Detailed planning around implementation and arranging the necessary the infrastructure for the Autumn vaccination programme was still taking place and a further update would be provided in due course.

c) Covid Vaccine Refusal in Reading - final Healthwatch Reading report

Further to Minute 47 of the previous meeting, Belinda Seston presented a report on the findings of the Healthwatch Reading project commissioned to understand why Reading had lower Covid vaccination uptake rates than neighbouring areas and the national average.

The report detailed the results of an online survey which had been completed by 163 people, the majority of whom had not received a Covid vaccine. The survey had included facilitated online discussions and the ability to leave comments. The survey had found that:

- 79% of survey respondents had not had any dose of a Covid vaccine
- 68% said they hadn't come forward for a Covid vaccine booster
- 76% said concerns about vaccine side-effects had put them off coming forward
- 34% said they hadn't come forward because they considered Covid to be a mild disease

- 28% said they thought they were 'covered' by previously having been infected with Covid
- 71% said their mind was made up about not getting vaccinated
- Only 15% said more information about vaccine safety could change their mind

The meeting heard that the survey had highlighted the importance of communication and giving people the right information to allow them to make informed decisions. The findings of the survey had been shared with the Reading Community Vaccine Champion Steering Group and had been used to inform the Community Vaccine Champions' work programme and training.

Resolved - That the presentations and the report be noted.

4. READING COMMUNITY VACCINE CHAMPIONS PROGRAMME - STRUCTURE & PROGRESS UPDATE

Amanda Nyeke gave a presentation and answered questions on the Reading Community Vaccine Champions Programme.

Reading had been given funding of £485K by The Department for Levelling Up, Housing and Communities (DLUHC), to use between January to July 2022 to promote vaccine uptake amongst seldom-heard communities, particularly those with low Covid vaccine uptake rates.

The programme's key deliverables were identified as follows:

- Increased outreach and engagement (1:1/focused contact) to understand local barriers and needs and promote vaccine uptake and public health guidance.
- Recruitment and appointment of Community Champions networks and local grant schemes.
- Tackle misinformation around vaccine safety, minimise practical barriers to accessing vaccines, increase trust and vaccine uptake, with a particular focus on young people.
- Increase vaccination rates overall to get as many people vaccinated as possible.
- Improve the reach of official public health messaging on vaccine safety to seldom-heard communities through local trusted voices.

The presentation explained that the programme had also provided a good opportunity to look at wider health and inequalities issues, explore opportunities and build trust with the Voluntary and Community Sector, increase community resilience and learn what methods worked to inform similar work in the future.

A multi-agency steering group had been setup to improve public health communications and drive collective Covid recovery. The steering group had agreed to focus on specific target groups within the community, including:

- the Chinese population, Polish population, Black or Black African and Asian/Asian British Pakistani groups
- Younger adults
- Areas of deprivation (Central, Leighton Park, Battle and Caversham Bridge)
- Vulnerable groups (homeless people, substance misusers, refugees)

The programme would also aim to build on existing vaccine uptake work and strengthen the local infrastructure and partnership working with the CCG, PCNs and GPs.

The presentation outlined the programme's governance structure, key workstreams and data analysis methods. It explained how the programme used data and other sources to plan and develop engagement activities with specific target groups.

The presentation also covered the following areas:

- Community Champions Network;
- Community Grant Fund;
- Results of Work in Outreach and Pop-up Sites and
- Highlights and lowlights of the programme.

It was explained that consideration was being given to the possibility of extending the CVC programme by utilising the infrastructure, capacity and capabilities established to date to help deliver the Autumn vaccination booster programme and the annual flu vaccine programme.

Resolved -

- (1) That the presentation be noted and the good progress and outcomes achieved to date be acknowledged;
- (2) That members of the Board continue to encourage partners to support the delivery of the CVC programme;
- (3) That consideration of the extension of the CVC programme beyond July 2022 be endorsed;
- (4) That a further update on progress be provided at the next meeting;
- (5) That the plan to deploy the infrastructure, capacity and capabilities established to date for the planning and delivery of other vaccination programmes and activities (such as the Autumn booster programme and the annual flu vaccination programme) be endorsed.

5. BERKSHIRE SUICIDE PREVENTION STRATEGY

Tracy Daszkiewicz presented a report regarding the Berkshire Suicide Prevention Strategy. The report explained that a Suicide Prevention Strategy had been presented to and had been endorsed by the Board on 8 October 2021 (Minute 25 refers). However, since its adoption, new data profiles had become available and there was a new policy landscape that had led to the strategy being reviewed.

The report explained that the Suicide Prevention Partnership had been re-established to refresh the local strategy to reflect the significant policy changes and changes to data analysis methods.

A Ten Point Plan had been put in place to progress and monitor work whilst development of the refreshed strategy was under way, in order to progress priorities so there was no delay in delivery whilst the strategy was developed. The Ten Point Plan aimed to:

1. Introduce suicide prevention across all policy
2. Improve methods to tackle root cause vulnerability
3. Establish a trauma-informed approach
4. Assess and strengthen ways of tackling inequalities
5. Establish focus on debt and cost of living
6. Improve focus on children and young people
7. Establish means to address female suicide rates
8. Strengthen focus on links between mental health, self-harm and suicide
9. Continue to develop and establish support for people bereaved by suicide
10. Develop means for family support to ensure individual wellbeing

The report explained that a Suicide Prevention Summit was being arranged to take place in the Autumn to launch the consultation into suicide prevention to inform the strategy refresh. The meeting heard that the resulting draft strategy would be presented to the Health & Wellbeing Board in January 2023 with the final strategy and impact assessment to come to the Board in March 2023 for final agreement and endorsement.

Resolved -

- (1) That the report be noted;
- (2) That the recommendation to refresh the Suicide Prevention Strategy be endorsed;
- (3) That the plan for the Suicide Prevention Partnership to arrange a summit in the Autumn to launch a full consultation process into suicide prevention to further inform the strategy refresh be endorsed.

6. ROYAL BERKSHIRE NHS FOUNDATION TRUST - OUR STRATEGY

Andy Statham and Caroline Lynch submitted and answered questions on a report presenting the draft new strategy for the Royal Berkshire NHS Foundation Trust (RBFT) - "Our Strategy" (attached at Appendix 1), noting that the document was still under development and was yet to be formatted professionally.

The meeting heard that the strategy, originally launched in 2018 as the 'Vision 2025' strategy, had been refreshed for the following reasons:

- To reflect changes at local, regional and national level.
- To adapt language to capture insight from engagement with staff and stakeholders and to ensure that the strategy continued to resonate with the Trust's community.
- To set a direction of travel towards the new hospital encompassing how the Trust worked and the services it provided, alongside physical infrastructure.
- To increase the focus and clarity on the actions taken to achieve the Trust's objectives, including how the Trust would monitor progress.
- To simplify the Trust's message to aid communication and understanding and to keep the message relevant.
- To acknowledge the Trust's achievements over the last 5 years and to celebrate its successes to date.

The draft strategy outlined the RBFT's updated strategic framework, which was organised into five strategic objectives. Each objective was supported by three goals, a range of enabling activities and a set of metrics used to assess progress. The five Strategic Objectives were:

- Objective 1: Provide the highest quality care for all;
- Objective 2: Invest in our people and live out our values;
- Objective 3: Deliver in partnership;
- Objective 4: Cultivate innovation and improvement;
- Objective 5: Achieve long-term sustainability.

The meeting heard that the Trust's vision and value statements remained unchanged but that its strategic objectives, whilst broadly the same as before, had been updated to add an emphasis of inclusion and equality through strategic objectives 1 & 2, to expand the Trust's focus on partnerships beyond NHS partners in strategic objective 3, to focus on improvement rather than transformation in strategic objective 4 and to expand the Trust's sustainability objective (objective 5) to encompass its impact on the environment. The meeting also heard that the Trust, through its new clinical services strategy, would contribute towards achieving joint Health and Wellbeing strategic objectives by adopting a posture of prevention.

In response to a query about receiving updates on progress and how the Trust would meet the current and emerging local needs of the Reading population, Andy Statham said that there would be regular reporting on progress on the Strategy in the public domain, and the Health and Wellbeing Board now had co-opted members from RBFT on the Board and would be given regular reports on progress on achieving the objectives in the Strategy. The Trust was also planning to work on understanding more about what patients and residents wanted and how they thought the Trust could improve and would be looking at different ways of doing this.

Resolved -

- (1) That the report and draft strategy be noted;
- (2) That the Board receive regular updates on progress on the Strategy.

7. COMPASS RECOVERY COLLEGE UPDATE

Lara Stavrinou submitted a report giving an update on the work of the Compass Recovery College, its mental health and wellbeing activities, outcomes and impact during the pandemic, including an overview of performance, progress towards achieving goals and key successes to date. The report had appended:

- Appendix A - Indicators to which Compass contributes per Public Health Outcomes Framework and Care Act duties which Compass Recovery College supports
- Appendix B - Attendance figures for 2021-22
- Appendix C - Reflection tool feedback for 2021-22
- Appendix D - Clinically Extremely Vulnerable Fund (CEV) and Contain Outbreak Management Fund (COMF) delivery
- Appendix E - Quotes and case studies

The report detailed the work of Compass Recovery College, which took an education approach to improving mental health and provided free workshops and social groups to promote good mental health and improve personal wellbeing. The workshops had been designed and delivered by people with lived experience of mental health challenges, alongside clinical staff and other professionals. The workshops were aimed at people over 18 who had been directly and indirectly affected by mental ill health or wellbeing challenges and also included carers, family members and professionals. The workshops provided help and support to attendees to help them develop the skills and coping and self-management strategies needed to manage their mental health challenges.

It was explained that, since 2017, the number of people who had registered with Compass each year had increased. It was noted that since the pandemic the level of demand had increased significantly, but that Compass had also managed to grow its operation at the same time due to fixed term additional Covid funding. The report noted that Compass had worked to improve its feedback and evaluation processes and, in consultation with experts and service users, had developed a quick and simple reflection tool to gather feedback from participants at the beginning and end of each workshop. Data gathered using the new process had demonstrated very positive outcomes from the workshops, as scored by participants themselves.

Compass Recovery College had also been supporting RBC's Mental Health Reablement Programme pilot to equip health and social care professionals with skills and ways to provide compassionate and person-centred care to people who had recently been discharged from mental health hospitals. Feedback obtained from these workshop sessions had again been very positive.

The meeting heard about the CEV Programme workshops run by Compass for Reading's voluntary sector. These workshops were designed to support voluntary sector staff and volunteers who experienced additional mental health challenges with their clientele during their work. 52 individuals had participated across 36 unique organisations. The CEV Programme also provided support to develop bespoke mental health and wellbeing workshops for local grassroot community groups, particularly those groups that had been disproportionately affected by the Covid-19 pandemic.

Details were given of various programmes; including with Reading Community Learning Centre (RCLC), the Weller Centre, Sadaka, Reading Golders and the Alliance for Cohesion and Racial Equality (ACRE), which utilised money from Contain Outbreak Management Fund (COMF) to deliver mental health and wellbeing programmes and culturally tailored Mental Health Awareness and Suicide Awareness training and Suicide Prevention training for ethnic minority groups. Compass also ran a series of wellbeing workshops for refugees and asylum seekers living in bridging hotels.

The report concluded with several testimonies and positive feedback quotes provided by users of the service. The meeting also heard a good news story where a service user, who had attended a series of Compass workshops, had returned as a volunteer to develop and deliver a successful workshop and had then moved on to a specialist role in the NHS.

Resolved - That the report be noted.

8. BERKSHIRE DIRECTORS OF PUBLIC HEALTH ANNUAL REPORT 2021/2022 - HELPING TACKLE CLIMATE CHANGE ONE MEAL AT A TIME

Tracy Daszkiewicz submitted a report presenting the Berkshire Directors of Public Health Annual Report for 2021/22, attached at Appendix 1. The focus of the 2022 annual report was climate change and the importance of food sustainability from a public health perspective. For sustainability reasons the report had been published online, alongside video content highlighting some local food sustainability projects.

The annual report highlighted the link between public health issues and climate change issues by looking specifically at food; its production, distribution and consumption, and what could be done at each stage of the process to reduce environmental impacts, whilst also considering the importance of good food choices in improving health and wellbeing. The annual report highlighted the importance of sustainability, noting that the most sustainable foods were seasonal and were grown locally. The report explored how by doing things such as cutting down on the amount of meat, dairy and processed foods they ate, a person could live a healthier lifestyle and at the same time help to tackle climate change.

The report included examples of various community-based organisations, projects and initiatives within the Berkshire area which had embraced environmentally friendly and food sustainability practices. The report also included a list of practical examples of what individuals could do to eat both more sustainably and more healthily.

The report highlighted the issue of health inequality, noting that not everybody could afford or access healthy food and a balanced diet. The report noted that those on low incomes needed to spend a far higher proportion of their disposal income to eat healthily and sustainably. The meeting discussed the issue of health inequalities more generally, including that in some parts of the town and in within certain communities, such as Whitley, health and wellbeing indicators were not improving.

Resolved -

- (1) That the annual report be noted and members of the Board share the report with their respective networks.
- (2) That an update on progress be submitted to a future meeting of the Board.
- (3) That the Director of Public Health contact Councillor Mpofu-Coles to arrange a visit to Whitley Ward to discuss health inequalities within the community.

9. READING'S PHARMACEUTICAL NEEDS ASSESSMENT 2022-25

Ashlee Mulimba submitted a report and gave a presentation seeking approval from the Health & Wellbeing Board to sign off on the Reading Pharmaceutical Needs Assessment (PNA) 2022-2025, to enable publication of the final PNA document on the Reading Borough Council website. The Reading Pharmaceutical Needs Assessment 2022-2025 was appended to the report at Appendix A, along with the PNA Public Engagement Strategy at Appendix B.

The report explained that the Health and Wellbeing Board had a statutory responsibility to refresh the PNA and to publish it on the Council's website by 1 October 2022. It was

noted that the PNA needed to be made accessible for the duration of its lifespan and that if local pharmaceutical services changed during this time, the Council would need to publish supplementary statements to the website.

The report explained that the purpose of the PNA was to assess the need for pharmaceutical services in the Reading area, to publish a statement of that assessment and to establish whether there are any gaps in provision. The report explained that the PNA would be used to inform the decision-making process regarding applications for new pharmacies. It explained that PNAs could also be used to inform commissioning of services that may be provided within pharmacies such as those funded by the NHS and local authorities.

The report highlighted the PNA's findings that Reading was well served in relation to the number and location of pharmacies. It was noted that there were 29 community pharmacies, one dispensing appliance contractor and one distance selling pharmacy located within Reading, along with seven community pharmacies located within a mile of Reading's border. It was further noted that the PNA had identified no gaps in the provision of essential, advanced (NHSE-commissioned) and other NHS pharmacy (locally-commissioned) services in Reading.

Resolved -

- (1) That the report be noted;
- (2) That the final Reading Pharmaceutical Needs Assessment 2022-2025 be formally approved by the Health & Wellbeing Board for publication on the Council's website;
- (3) That the Board be notified of any significant changes that occurred during the lifespan of the PNA.

10. INTEGRATED CARE SYSTEM DEVELOPMENT UPDATE

Amanda Lyons gave a presentation updating the Board on the development of the Integrated Care System (ICS) following Royal Assent of the Health & Care Act 2022 in April 2022. The presentation gave an update on the system delivery plan and on preparation for the Integrated Care Partnership (ICP) strategy development.

The presentation detailed key ICS development activities completed between April and June 2022. This included:

- the transfer of the CCGs functions and staff into the newly established Integrated Care Board (ICB);
- assurance being given by Internal Audit and Regional Office that the CCG had completed all the required actions needed to ensure a smooth transition;
- approval of the ICB's Constitution by NHS England;
- the ICB being formally established (and CCGs dissolved) on 1 July 2022;
- the ICP working group working up proposals for the ICP for consideration by the Strategic Leaders Oversight Group.

The presentation outlined the relative roles within the ICS of the ICP, ICB, PBPs (Place Based Partnerships) and provider collaboratives, all of which involved local authorities who manage social care. The first Board Meeting of the ICB had been held on 1 July

2022, at which it had agreed governance arrangements and received the 2022/23 Operational and Finance Plan, the BOB Green Plan and the System Delivery Plan.

The ICB's website (www.bucksoxonberks.w.uk) was being developed and would contain information about the Board, board members, governance documents/arrangements and contact information.

The ICB were required to produce a 'Working with people and communities strategy' to embed effective engagement and partnership working principles at the heart of the ICB's work. It was reported at the meeting that detailed guidance had recently been circulated by NHS England which explained what the strategy should contain. Work to develop the draft strategy by the 31 December 2022 deadline remained ongoing and would include a public engagement element (such as Citizen Panels).

The presentation highlighted the importance of developing PBPs. A Berkshire West PBP had been established but that work remained ongoing to develop delegation, function and decision-making processes. It was noted that for PBPs to thrive, other organisations would need to delegate authority to allow for effective decision making to take place. Building on existing partnership arrangements would be important and further detailed guidance on legislative options available to the ICB was expected imminently.

The presentation highlighted the ICB's key aims and goals, as set out in the Health & Care Act 2022. It was noted that the goals would play a fundamental role in steering the ICB's strategic development and integration work. The ICBs goals were:

1. Tackle inequalities in outcomes, experience and access;
2. Enhance productivity and value for money;
3. To improve population health and healthcare;
4. Help the NHS to support broader social and economic development.

The presentation explained how the ICB would deliver its goals by setting system priorities with partners and the public, by allocating its finite funding in line with strategy, by orchestrating system working along whole-patient pathways and by earning a seat at the table by focusing on where the ICB could add value.

The presentation gave details of the ICS development programme and explained that development of an ICP strategy was in its preparatory stages. Initial meetings had taken place with Health and Wellbeing Board Chairs and ICS Directors of Public Health to look at the specific requirements of the Health & Care Act 2022 and look at each Health and Wellbeing Board's strategy and each local authority area's Joint Strategic Needs Assessments which would feed into the ICP's strategic direction.

The presentation explained that tackling healthcare inequalities was a key goal of the ICS which would embrace the NHS 'Core20Plus5' approach to reducing healthcare inequalities.

The Board noted that, given the pace of change, it was important to ensure that residents and stakeholders were kept up to date on how the ICS changes would affect them. Amanda Lyons reported that the ICB was working through how to improve all its engagement processes and, following recent discussions and feedback, the Interim Director of Communications and Engagement was working with local authority

Communications teams on how best to engage in meaningful communication with wider groups.

Resolved - That the presentation and latest position be noted.

11. BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP UNIFIED EXECUTIVE CHAIR'S REPORT - MARCH TO MAY 2022

Andy Ciecierski presented a report from the Chair of the Berkshire West Integrated Care Partnership Unified Executive on key issues discussed at meetings of the Unified Executive held between March and May 2022.

The report covered the following topics:

- Update from BOB System Leaders Group
- GP Representation in Berkshire West
- Ukrainian Crisis
- ICP Priorities
- Better Care Fund update
- Delivery Group
- Developing Place Based Partnerships
- Urgent & Emergency Care Strategy (UEC)

Andy Ciecierski also reported that his role had changed. He explained that he had resigned as Urgent Care Lead of the previous Berkshire West CCG (which had ceased to exist on 30 June 2022). He had no official role in the new BOB ICS but, in the transition period whilst the ICS was reorganising, he would continue as Vice-Chair of the Board pending clarification of future arrangements.

Resolved - That the report and position be noted.

12. BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP UNIFIED EXECUTIVE PRIORITIES

Belinda Seston presented a report setting out the Berkshire West 2022/23 Integrated Care Partnership (ICP) Unified Executive priorities, as agreed by the Unified Executive on 14 April 2022, along with intended benefits for both staff and residents. The report also provided an overview of the Berkshire West 2021-2030 Health & Wellbeing Strategy priorities and guiding principles which had framed and informed the priorities for 2022-23.

The report detailed the current year's priorities that had been decided by the Unified Executive and, at Appendix 1, provided a detailed overview, including explaining the context, ambition, scoping working and key deliverables for each of the four active programme areas and why two of the programme areas were currently on hold. The four flagship programmes and their aims were:

Integrated cardio-vascular pathway and service - this work programme sought to create an Integrated Service model for Heart Failure wrapped around the needs of patients and carers. The programme would look to prioritise the early detection, diagnosis and management of heart conditions, embracing proactive

personalised care and look at how digital/technological enablers could support self-management and education.

Multi-disciplinary Team (MDT) working focused on ‘low level’ mental health and health inequalities (locality driven) - this work programme aimed to deliver locally based MDTs within primary care networks. The MDTs included primary care, community nursing and community mental health professionals and would build on existing integration work with the aim of also including adult social care workers, occupational therapists, physiotherapists and care workers. Patients under the care of an MDT would have one point of contact for the majority of their out of hospital care needs. It was hoped that this would improve outcomes for patients and services, help to reduce hospital admissions and readmissions and help reduce health inequalities.

Children Young People and Emotional Wellbeing Transformation - this work programme sought to improve the resilience, emotional wellbeing and mental health of children and young people. The programme wanted to see fewer children and young people escalate into crisis, but, for those that did, for good quality care to be readily available and delivered in a safe place to enable a quick recovery. The programme aimed to see partnership agencies working more closely together so that vulnerable children could access the help that they needed quickly and easily.

Additional Roles Reimbursement Scheme (ARRS) Workforce - this work programme sought to increase staffing capacity within local primary care networks by better utilising available ARRS funding to recruit more staff to specialist roles (such as clinical pharmacists, paramedics, physiotherapists, physician’s associates and social prescribers). The programme sought to recruit most new ARRS staff (80%) from outside the local health system to prevent a detrimental impact on other local health services. It was hoped the programme would deliver a more sustainable staffing model for primary care networks and create more capacity to address key priorities.

Resolved - That the report be noted.

13. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and its performance against the national Better Care Fund (BCF) targets covering the period January to March 2022 (Quarter 4).

The report gave details of the five BCF metrics which had been updated in the BCF Planning Guidance for 2021/22 and had been adopted for Quarter 3 and 4 reporting. The metrics and outcomes were noted as follows:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). (Not Met)
- Reduction in length of stay of inpatients who have been in hospital for longer than: (i) 14 days (Not Met) and (ii) 21 days (Met)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence. (Met)

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- The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population. (Not Met)
- The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation). (Not Met)

Further details of delivery against the targets were set out in the report, which demonstrated how close the programme had come to meeting the targets that had not been met. The report also gave updates on progress on the three key priorities in the Reading Integration Board's programme plan: Multi-Disciplinary Teams; Discharge to Assess future model for Reading and the Nepalese Diabetes project.

Resolved -

- (1) That the report and progress be noted;
- (2) That future reports include information on work being carried out with local partners to improve the outcomes and also showing how Reading compared with other systems on the core metrics.

14. BETTER CARE FUND (BCF) 2021/22 END OF YEAR RETURN

Bev Nicholson submitted a report outlining the progress made and assurance of spend in respect of the Better Care Fund (BCF) 2021/22 in the form of an End of Year Return. The report provided assurance that the BCF National Conditions had been met in respect of the BCF funding and the return had been submitted by the deadline of 27 May 2022.

The report stated that the Executive Director of Adult Social Care and Health, Seona Douglas, in consultation with the Lead Member for Health, Wellbeing and Sport, Cllr Graeme Hoskin (the previous Chair of the Reading Health and Wellbeing Board) had approved the return on behalf of the Board and it had been submitted by the required deadline.

The Better Care Fund End of Year return for the period from 1 April 2021 to 31 March 2022 was attached to the report at Appendix 1.

Resolved -

- (1) That the contents of the End of Year Return for Better Care Fund 2021/22 and the compliance with the BCF National Conditions be noted;
- (2) That it be noted that the return had been formally signed off and submitted by the deadline of 27 May 2022.

15. LAUNCH EVENT - BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY 2021-2030 & READING IMPLEMENTATION PLANS 2021-2024

Amanda Nyeke submitted a report which set out a proposal to hold a half day event in September 2022 to launch the Berkshire West Health and Wellbeing Strategy 2021-2030 and the Reading Health and Wellbeing Strategy Implementation Plans 2021-2024. The aim of the event was to raise awareness of the contents of the plans to a wide audience and encourage a wide engagement in their delivery.

The report explained that the aim of the event was to engage with a wide range of key stakeholders, including both statutory and non-statutory organisations, to bring people together to celebrate successes to date, encourage networking and the sharing of ideas and to encourage participants to make pledges to further strengthen local work to achieve the goals set out in the implementation plans. Further communications would be made after the event to inform the wider public about the pledges and commitments made to deliver the strategy. A draft programme for the event was attached to the report at Appendix A.

The report also proposed that the Reading Health and Wellbeing Board host an annual standing conference following the launch to review the progress made in delivering the strategy and implementation plans each year. This would provide an opportunity to review implementation plans and activities in a cycle of continuous quality improvement.

Resolved -

- (1) That the Health & Wellbeing Board host a half day event in September 2022 and support the planning and running of the event;
- (2) That the Health & Wellbeing Board hold an annual standing conference to review plans and priorities and celebrate successes.

16. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN AND DASHBOARD REPORT

Amanda Nyeke submitted a report that provided an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and detailed information on performance and progress towards achieving the local goals and actions set out in both the overarching strategy and the locally agreed implementation plans.

The Health and Wellbeing Implementation Plans and Dashboard Report Update was attached to the report at Appendix A and contained a detailed update on actions agreed for each of the implementation plans and included the most recent update of key indicators in each of the five priority areas:

- Priority 1 - Reduce the differences in health between different groups of people;
- Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives.
- Priority 3 - Help families and children in early years;
- Priority 4 - Promote good mental health and wellbeing for all children and young people;
- Priority 5 - Promote good mental health and wellbeing for all adults.

Full data for key indicators for each priority was provided in the full Health and Wellbeing Dashboard Report attached to the report at Appendix B.

Paragraph 2.1 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

Resolved - That the report be noted.

17. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday, 7 October 2022.

(The meeting started at 2.00pm and closed at 5.26pm)

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READING BOROUGH COUNCIL

REPORT BY DIRECTOR of ADULT SOCIAL CARE AND HEALTH

TO:	ACE Committee		
DATE:	19 October 2022		
TITLE:	COMMUNITY VACCINE CHAMPIONS PROGRAMME - PROGRESS REPORT UPDATE		
LEAD COUNCILLOR:	COUNCILLOR McEWAN	PORTFOLIO:	Education & Public Health
SERVICE:	Public Health & Wellbeing	WARDS:	ALL
LEAD OFFICER:	Becky Pollard	TEL:	
JOB TITLE:	Interim Public Health Consultant	E-MAIL:	Becky.Pollard@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This document is a progress update report on the Community Vaccine Champions (CVC) programme. The Community Vaccine Champions (CVC) programme is a Department of Levelling Up, Housing and Communities (DLUHC) funded programme. 60 Local Authorities are in the national programme. The programme focuses on public health improvement and the collective recovery from Covid-19. Reading Borough Council (RBC) received £485,000 in January 2022 to implement this programme. Its overarching objective is to promote vaccine uptake amongst seldom heard communities in Local Authorities showing the lowest rates of COVID-19 vaccine uptake.

The CVC programme went live in Reading at the start of January 2022, with an initial end date for 31st July 2022. A memorandum of understanding was signed between DLUHC and RBC in February. However, an extension of the programme, from August to the end of October 2022, has now been approved by DLUHC. The extension is to utilise the underspend of £223,092 from the total funding received. This will further build on and sustain the momentum achieved to date within the community in addressing health inequalities and increasing the uptake of vaccination. As a result of the extension, the programme has now established a Phase 1 and 2 in its delivery plan see Appendix A.

PHASE 1

Phase 1 of the CVC programme ended on 31 July 2022. Some of the key highlights and achievements from Phase 1 are as follows -

- The effective use of data analysis has been a major driver in enabling improved programme outcomes. Vaccination and population group data is fed into our weekly local partners' engagement meetings with the Voluntary Community Services (VCS) organisations and health partners, thereby ensuring a structured approach in how we work with our local partners and communities in delivering our community engagement and community vaccination pop-up activities.

- The practical bottom-up micro-level behavioural insight approach in identifying and engaging with our local key influencers within our local priority areas - this has enabled a targeted co-production and consultative approach in understanding how to effectively engage with our priority area communities and determining suitable content production for our audiences.
- Successful award of small local community grants to the VCS to develop localised and tailored interventions to increase vaccine uptake.
- Excellent engagement and partnership working across the borough; use of process mapping and KPIs in how we are working with our key partners like Reading Voluntary Action (RVA), Action with Communities in Rural England (ACRE), Oxford Health and Clinical Commissioning Group/Integrated Care Partnership to deliver programme outputs and outcomes.
- The CVC programme has been an enabler in achieving a wider and more longer-term public health objective to reduce health inequalities by strengthening our local community engagements and building our community and voluntary sector infrastructure, with expected sustainability that will outlive the CVC programme's lifespan.
- Part of the quantitative and qualitative data outcomes reflected in the end of Phase 1 monitoring data shows a marked increase in vaccination uptake within the targeted hard-to-reach community groups, inclusive of the recruitment and training of target group focused Community Champions (to date 32 recruited and 27 trained).

Overall, the extent and level of community engagement and activities implemented and achieved in Phase 1 serves as a major conduit in deploying the community infrastructure achieved to date towards other health and wellbeing activities, inclusive of the planning and delivery of the COVID-19 Autumn vaccination booster programme starting in September.

PHASE 2

Phase 2 of the CVC programme has been established, with work undertaken to complete Reading Borough Council's formal approval process. A summary of activities to date to implement Phase 2 are as follows -

- Formal email approval from DLUHC to extend programme end date
-
- Decision book report completed to obtain the Council's formal approval for the programme extension.
- Officer Decision Form completed for the contract extension of the existing Voluntary, Community Services (VCS) organisations delivering CVC programme's activities.
- Submission of Phase 2 activities proposals by VCS organisations.
- Phase 2 delivery plan and costings produced, in co-production with our VCS organisations and health partners.

Phase 2 will continue to build on the positive outcomes achieved in Phase 1. It has been formally agreed with DLUHC that any underspend remaining shall be spent by the end of the fiscal year, 31st March 2023.

2. RECOMMENDED ACTION

2.1. That the good progress and outcomes achieved to date on the Community Vaccine Champions programme be recognised and acknowledged

2.2 That the Phase 2 delivery of the CVC programme be supported

2.3 That the infrastructure, capacity and capabilities established to date be deployed for the planning and delivery of other public health and vaccination programmes (e.g. Seasonal Influenza and Autumn COVID-19 Booster Programmes)

3. CONTRIBUTION TO STRATEGIC AIMS

3.1 This report on the CVC programme's progress to date also contributes to the Thriving Communities key priority set out in the RBC Corporate Plan (2022-23):

- Committed to tackling inequality in our society, to ensure everyone has an equal chance to thrive whatever their economic, social, cultural, ethnic, or religious background.
- Investing in voluntary and community organisations, building relationships, and strengthening the capacity and resilience of the sector.
- Prioritising the needs of the most marginalised groups and the most vulnerable adults and children in our communities.
- Tackling the effects of the pandemic, such as increased unemployment, long term health problems, mental health issues and social isolation.

4. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

4.1 There are no known implications.

5. COMMUNITY ENGAGEMENT AND INFORMATION

5.1 Community engagement and information is an overarching key objective of this programme. Scoping and delivery of the Phase and Phase 2 of the programme have been co-produced and implemented in conjunction with our key VCS organisations, health partners and a host of other strategic voluntary and community sector organisations across Reading. In addition, the programme's workstream leads work with our VCS and health partners on a weekly basis to feed through data analytics and behavioural insights as part of informing the scoping and pre-planning stages of the various community events, engagement activities and pop-up sites that are delivered within targeted community localities. The VCS community engagement delivery plan is updated on a weekly basis to reflect key outcomes and insights from past events, which then feeds into further shaping the effectiveness of the various community engagement activities. Monthly outcomes and outputs from the various engagement activities are captured as part of the monitoring and reporting of quantitative and qualitative data that are reported back to DLUHC, the funding body.

7. EQUALITY IMPACT ASSESSMENT

7.1 Attached as Appendix B

8. LEGAL IMPLICATIONS

8.1 None to note.

9. FINANCIAL IMPLICATIONS

- 9.1 This funding is provided by the DLUHC. Reading Borough Council has signed a Memorandum of Understanding (Appendix C) with the DLUHC which covers what is required of the council in order to meet the grant conditions. It provides regular monthly monitoring on the programme's expenditure to DLUHC. The funding is provided under Section 31 of the Local Government Act 2003 ('section 31 grant'), in the expectation that funding is used to deliver the agreed objectives of the Community Vaccine Champions programme.

The ring-fenced grant of £485,000 is the amount received from DLUHC to deliver the CVC programme. The below table provides a summary of the grant received, expenditure incurred in Phase 1 and the underspend left, which will be allocated to Phase 2 of the programme, see below:

ITEM	2022/23
Grant funding income from DLUHC:	485,000
Expenditure (at the end of Phase 1)	261,908
Underspend remaining (allocated to Phase 2)	223,092

10. PROCUREMENT GOVERNANCE

To ensure a seamless transition and minimum impact on service delivery continuity by the VCS organisations, we have also implemented an officer's decision process to authorise and approve the extension of the VCS organisations that are currently contracted to deliver services for the CVC programme. This process enables continuity in service delivery, without having to go through another procurement process. As the total value of the contracts are below £100,000, this is in line with the Constitution of Reading Borough Council - 23 May 2018 - Contract Procedure Rules (page 226 - 248) as a non-key decision.

- Section 18 - Tender Acceptance
- (4) Acceptance of quotes or tenders with a value less than £100,000 may be authorised by the relevant Head of Service or Director

The CVC Programme consulted with RBC's procurement and commissioning department to obtain the right level of information required to implement the process of extending the contracts of the VCS organisations currently contracted to deliver services for the CVC programme.

The currently contracted VCS organisations had their original contracts approved via the required RBC's procurement governance process and all contracts were evaluated against the required procurement measures and criteria. As such, the extension of the contracts will be building on the initial procurement process that has already been established with these VCS organisations.

11. BACKGROUND PAPERS

- 11.1 Included as an appendix is the CVC Programme's governance structure document (Appendix D), which provides a detailed outline of how the governance of the CVC Programme has been structured. Also included is the initial delivery plan that was submitted in January 2022 by RBC to secure the CVC programme's funding from DLUHC, the funding body (Appendix A). Phase 2 deliverables are an extension of the initial deliverables outlined in this document, which continues to be a relevant reference document that is applicable and required as part of the programme's management document for the extension period.

APPENDICES

Appendix A - Phase 1 & 2 Programme Deliverables and Costings

Appendix B - Equality Impact Assessment

Appendix C - DLUHC Memorandum of Understanding

Appendix D: CVC Programme Overview, Governance & Structure

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Delivery Plan: Community Vaccine Champions

A Fund to promote vaccine uptake amongst hard-to-reach communities in Local Authorities showing low rates of Covid-19 vaccine uptake.

Please email form to: Community.Champions@communities.gov.uk

Your initial draft of your detailed Delivery Plan must be received no later than 4 February 2022. You will then receive initial feedback from the Community Champions team on your draft Delivery Plan by 14 February 2022. You will then have until 28 February 2022 to revise your Delivery Plan based on the initial feedback provided by the team.

Please include “Community Vaccine Champions” and the name of your local authority in the subject line.

Organisation details

Area	Reading
Local Authority	Reading Borough Council
Address	Civic Offices Bridge Street Reading RG1 2LU
Name of contact	Tracy Daszkiewicz Becky Pollard Ashley Rogers
Job title of contact	Director of Public Health Interim Public Health Consultant Interim Programme Manager
Email address of contact	Tracy.Daszkiewicz@reading.gov.uk Becky.pollard@reading.gov.uk Ashley.rogers@reading.gov.uk
Telephone number of contact	07816 115690 07718 659995 07812 063461

Guidance notes

- Please refer to the prospectus when completing this form.
- Additional supporting material and diagrams are not required but can be submitted.
- Information in your plan may be shared with other Government colleagues for the purpose of developing our understanding and informing wider policy development and best practice.
- Use of black type, Arial font 12 is preferred.

1. Provide details of your authority's current outreach, engagement and communication activities with residents who may be disproportionately impacted by COVID-19 vaccine inequity as well as your authority's current solutions which address practical barriers to accessing the vaccine (Prior to any Community Vaccine Champions funding being received).

(750 words maximum)

Including, but not limited to current:

- Research and data to understand vaccine take up and hesitancy
- Relationships with specific target population groups
- Engagement and communication activities
- Outreach activities
- Community champions or similar schemes
- Partnerships with Voluntary and Community Sector Organisations

Research and data to understand vaccine take up and hesitancy

Covid-19 vaccinations dashboard using UKSHA vaccination data used to analyse coverage by LSOA, five-year age group and ethnicity and identify areas and demographics where vaccination take up is low. This information has been shared with neighbourhood and outreach teams, including the Health on the Move Van (HotMV).

Comparison of population denominators has also identified areas where there are high numbers of unvaccinated people and discrepancies between patient lists and population estimates, which may suggest that patients may no longer be contactable.

From June to September 2021 Vaccination Canvassers visited over 1,400 addresses of residents who were registered to one of four GP practices and who had not come forward for vaccination. 60% of addresses (more than 800) were successfully canvassed (for the remainder, either the address could not be accessed or there was no answer at the door). At around half of addresses the patient was reported to have moved away, around 10% of

patients reported hesitancy and 7% said they would refuse. Some were away, often with family in other countries and not able to return easily, including some who had been vaccinated overseas and others reported barriers including caring responsibilities or lack of transport.

Relationships with specific target population groups / Engagement and communication activities

The HotMV was deployed in low vaccine uptake areas offering health checks plus the vaccine, which proved successful. Seldom heard communities welcomed the van for general health purposes i.e. blood pressure checks as opposed to only offering the COVID vaccine. Leaflets advertising the van were co-produced with the communities and information shared by the community via word of mouth and community communication channels. Leaflets were distributed in person by trusted members of the community – providing the opportunity for conversation. The HotMV deployed to The Warehouse in East Reading targeted audiences including Chinese, Nepalese, Indian and Pakistani residents. Both faith and community groups including Reading Islamic Centre, Reading Cultural Centre, Ramgarhia Saba Sheikh temples, Reading Chinese Association, Greater Reading Nepalese Association, Wycliffe Church shared messaging and encouraged engagement instilling trust in what the HotMV was offering.

Local insight from face-to-face conversations told us:

- The most effective communication channel was word of mouth from local community groups and influencers, e.g.
 - Bernice - Kenyan Lead Nurse - Royal Berkshire Hospital - video views 12,213 <https://www.youtube.com/watch?v=Krj13p7VzIE&t=47s>
 - Jim - Irish Reading resident - video reached/views 1,344 <https://www.youtube.com/watch?v=uysVBxe4qvA&t=23s>
- Whilst Council advertising makes it clear ID and NHS numbers not required at pop up walk-in vaccine sites, in reality every person was asked for their ID and NHS number on at least four occasions (marshals and NHS). To build long term trust we should be mindful of relationship building at these points of access and adopt a person-centric relationship building approach
- Where English was not the first language the NHS strapline “Grab a Jab” *‘did not sit well with me as this is quite a slang and also just does not sound right.’*
- There is a general sense of mistrust from ethnic minorities due to the vaccination being pushed so hard and advertised everywhere
- Those who were getting vaccinated were motivated to do so to protect their family/parents/friends and concerned that they might lose their job if they weren’t vaccinated
- The approach to translated material needs to be carefully managed and planned

The Council’s current COVID campaign uses straightforward signposting to the mass vaccination centre in Reading town centre. Messaging based on Cabinet communications behavioural insight doesn’t try to pressure, convince or persuade allowing the resident to make their own choice. Channels used for messaging include; public transport, screens at

Reading FC, local press both print and online advertisements, local radio, social media, pubs, supermarkets and digital screens in and around Reading town centre.

Outreach activities / Community champions or similar schemes

Reading Voluntary Action (RVA) are delivering their 'No one left behind' project. Work so far has included:

- RVA VCS Vaccine support group and grants: RVA hosts a partnership of voluntary sector groups, working together to support people to access the vaccine. RVA provided participation grants until September 2021
- RVA Vaccine support helpline: A one-door helpline to answer queries from individuals, carers, family members and professionals
- RVA co-ordinates vaccine volunteers: To support PCN's to deliver the universal vaccine and booster roll out within neighbourhoods the VCS have supported with language skills, buddy support and a warm welcome. By the end of June 2021 over 150 volunteers had provided approximately 4,608 volunteer hours having helped support around 17,000 members of the local community to access their Covid-19 vaccination. Volunteers have continued to play a key role supporting PCN's during the Booster rollout
- Pop up health promotion activities: RVA has worked in partnership with the Council and health colleagues to engage communities at pop up health promotion events and the HotMV for specific ethnic groups and isolated neighbourhoods. These activities have been very successful where there has been sufficient notice to allow time to engage the community and ensure leaders, champions and volunteers are able to fully participate. On five separate occasions when community locations hosted the van, there were a total of 128 vaccines administered and over 50 blood pressure and BMI health checks carried out. The majority of vaccinations and healthcare checks given to people were from an ethnic minority background who also had an additional language to English

We are also working closely with the Berkshire West Clinical Commissioning Group to support the outreach work contained in their Berkshire, Oxford and Buckinghamshire (BOB) Integrated Care Partnership Vaccination Inequalities Plan.

Partnerships with Voluntary and Community Sector Organisations

The Council has provided £34k to RVA from a different funding stream for the work outlined above. Discussions have also been held with Alliance for Cohesion and Racial Equality (ACRE) and Healthwatch. Opportunities for further VCS working will be explored in this project.

Reading has a local network of Community Participatory Action Researchers (CPAR) supported by four local VCS partners and the Council. This group has been exploring local issues affecting ethnically diverse communities in Reading including:

- Women and accessibility of Health care services
- Impact of Covid-19 on the Nepalese community

The findings from this research will be shared shortly and any relevant learning used to support the work to address vaccine inequity. The CPAR network of local researchers will also be asked to contribute their insight and expertise.

2. Briefly set out proposals for additional activities your authority would like to deliver to increase outreach, engagement and communication with residents disproportionately impacted by COVID-19 vaccine inequity as well as to develop solutions which address practical barriers to accessing vaccines.

(750 words maximum)

Including, but not limited to:

- Recruitment and retention of Community Vaccine Champions
- Developing partnerships with Voluntary and Community Sector Organisations
- Engagement and communication plans with specific target populations
- Examples of planned activities
- Improvements to data and evidence around vaccine take up and hesitancy
- Relevant anti-fraud, due diligence and safeguarding policies

Recruitment and retention of Community Vaccine Champions

To recruit we will:

- Identify and make contact with existing community champions (including RVA/ACRE community champions, youth champions, social prescribers, faith groups), with a view to engaging them on our programme too
- Conduct a gap analysis in order to target the expansion of our Community Vaccine Champion (CVC) Programme
- Create role descriptions and work with VCS and other partners to recruit further community champions, including in Primary Care Networks and the homelessness service
- Identify existing websites/helplines and either use them/add to them or if we set up our own ensure they complement existing channels

To retain we will:

- Establish an appropriate remuneration system for champions (i.e. High Street vouchers, covering travel expenses)
- Ensure our champions are provided with suitable training:
 - Develop a training offer for champions to include 'Making Every Contact Count' with some champions to be trained to train the trainer to increase the network
 - CVC Vaccinator Training Programme to increase local capacity to administer vaccinations, involving people from the low uptake communities
- Co-ordinate a support network for local champions by facilitating regular meetings and communicating programme news, training opportunities and avenues for support

- Hold information evenings with health professionals to disseminate accurate and up to date information about Covid-19 and vaccines to champions, leaders and the wider community. Healthwatch held regular sessions during the pandemic which were designed to meet community needs with appropriately chosen professionals, which have been repeated recently, so we know this works well

Developing partnerships with Voluntary and Community Sector Organisations

The Council has well-established relationships with the Reading VCS. Partnership working has grown during the pandemic with the establishment of the One Reading Community Hub and close links with the Council's Public Health Team. In order to continue to build on these relationships we will:

- Invite RVA, Readibus, Healthwatch and ACRE to the monthly CVC Steering Group (first meeting held 7 February) – to inform the programme and link up across the Council, VCS and NHS
- Work with the VCS to establish existing community champions and assets (e.g. Voluntary Sector Vaccine helpline) and work with them to scale up where appropriate
- Provide the VCS with opportunities to deliver (funded) programme activity – where capacity, interest and organisational skill sets allow
- Work with and fund VCS transport groups to provide transport to vaccination sites
- Launch a Community Grants Fund (up to £5,000 per organisation) to promote innovation and creativity where uptake rates are particularly low. The funding is to support the infrastructure and/or additional capacity needed by smaller VCS organisations to expand existing services, deliver services in a different way or to develop new activities at a local level. Funding can be used towards running costs such as hall hire for events or additional staff capacity. The objectives of this fund are:
 - To increase or improve existing work with Reading residents disproportionately affected by barriers to vaccination
 - Deliver projects to address mis-information about vaccine safety and increase trust in / reach of official public health Covid-19 messaging
 - Deliver projects that will support Reading residents to access the Covid-19 vaccine and booster

Engagement and communication plans with specific target populations

We will, through micro-level insight, understand the motivations of each of our hard-to-reach audiences (and the nuances within those audiences) - to increase local vaccination rates for our:

- Chinese residents
- Black or Black African residents
- Asian residents
- Asian British Pakistani residents
- Younger adult residents
- Central Reading residents
- Leighton Park residents
- Battle residents

- Caversham Bridge residents
- Homeless residents
- Substance misuse residents
- Refugee residents

We will develop co-produced, bespoke, meaningful, engaging communication campaigns for each audience, mindful of local social sensitivities and delivered through trusted and relationship-centric channels, to support direct engagement, create awareness, provoke action and encourage sustained behaviour.

Examples of planned activities

Additional activity (not included above) includes:

- Undertaking an insight and social marketing exercise into barriers for individual groups with lower uptake. The intelligence gathered from this exercise, from the frontline from VCS partners and from the Healthwatch Vaccine Survey, translated into 6 different languages (results to be shared at 7 March Steering Group), will continue to inform our communications messaging and strategies for targeting different unvaccinated groups (e.g. due to medical, cultural, ethical, religious, misinformation, mobility, anxiety, societal). Emerging areas/strategies can be funded by the contingency fund, via work with VCS partners and the programme will be flexed to adapt accordingly
- Research via Community Researchers (CPAR) delivered by University of Reading, to inform communications and strategies for the unvaccinated
- Work with PCN's with lowest uptake rates to develop a payment incentive scheme to increase uptake in their non vaccinated eligible populations
- Engage with elected members to act as champions within their own wards
- Develop a six-month programme of outreach and pop-up vaccine sites in areas of low uptake, utilising the Health on the Move van, door knocking and identifying local community venues and workplaces to achieve higher uptake. We plan to significantly capacity build (fund) our umbrella VCS partners to deliver more and better pop up activity to scale up existing successful activity
- Look into 'Grab-a-jab' taxis to take people to vaccination sites
- Launch an online COVID Champions toolkit including downloadable posters (including translated versions) and information on vaccine safety

Improvements to data and evidence around vaccine take up and hesitancy

We will use population and vaccination data to identify small areas with high numbers of unvaccinated residents and work with GP practices in those areas to identify unvaccinated patients, audit and appraise communications and provision of information and risks that patients are non-contactable or may have moved away. We will then use GP demographic and patient-level data to target CVC outreach and other interventions for each key area.

Relevant anti-fraud, due diligence and safeguarding policies

We will ensure that all organisations we work with have appropriate safeguarding policies in place and that volunteers/champions are DBS checked and given safeguarding training.

Due diligence will be undertaken with organisations we fund, and we will ensure we adhere to anti-fraud legislation.

3. Deliverability of proposal

Please briefly set out how the proposals for activities in section 2 will increase support for residents not engaging with the COVID-19 vaccination programme, and meet the desired aims, outputs and outcomes of the Community Vaccine Champions Fund (see Section 2 of the Prospectus).

(750 words maximum)

Including, but not limited to:

- Detailed plans as to *how* barriers to accessing vaccines will be overcome
- Outcomes and outputs aimed to achieve (written in a SMART format)
- Timescales to deliver proposals within the timeframe set out in the prospectus
- Details on how planned activities will deliver the programme's desired aims and outcomes

Detailed plans as to *how* barriers to accessing vaccines will be overcome

All the activities planned in section 2 above are designed to overcome barriers to accessing vaccines. In addition, we will:

- Use learning from what has worked locally and in other Council's to tailor our approach to communication and the vaccine offer, truly understanding the various medical, cultural, ethical, religious, misinformation, mobility, anxiety, societal barriers holding people back from getting vaccinated
- Listen to our communities and adapt our approach accordingly
- Use multiple data sources and analysis to ensure we target the unvaccinated in an efficient and targeted manner
- Use local people to have local conversations at a person by person level
- Take the vaccine to residents (HotMV) and residents to the vaccine (Pop-up sites) by providing transport to enable target populations to get to vaccination sites
- Overcome language barriers by ensuring messaging comes from trusted champions and influencers
- Harness the strengths of our VCS partners who know our communities best, equipping them to deliver

Outcomes and outputs aimed to achieve (written in a SMART format)

- Monthly increase in CVC communications 'impressions' throughout programme from March 2022
- 20 CVC's recruited, trained and delivering by end of June 2022
- 30 Pop-up Vaccination opportunities delivered by July 2022
- 250 individuals transported to vaccination sites by July 2022

- 7 Community Grants provided by end of April 2022
- 10% increase in vaccination rates across Reading by end of July 2022 (specifically decreasing % of unvaccinated population and increasing booster uptake rates)

Timescales to deliver proposals within the timeframe set out in the prospectus

See broad timeline below:

January:

- Programme initiation and set up
- Programme resourcing
- Launch of Steering Group (7 February)

February:

- Detailed programme and project planning phase
- Strong engagement with VCS partners (inc. workshop with VCS 16 February)
- Some delivery to begin (data work, comms insight, review of existing assets, development of training package, CVC role descriptions/recruitment documentation)
- Existing Outreach activity continues / scaled up
- Regular data / dashboard sharing commences

March:

- Commissioning of various work packages
- Continued outreach activity and full outreach offer commences
- Launch Community Grant Fund
- Recruitment of CVC's to begin
- Comms/marketing campaign to begin
- CPAR research to begin

April:

- Continued outreach activity
- CVC training launched
- Champions Toolkit launched
- CVC Network / communication to begin
- Outreach work via CVC's to begin
- Information evenings commence
- Community Grant Fund awarded – local work begins

May:

- Continued outreach activity
- CVC Network / Information evenings continue

June:

- Continued outreach activity
- CVC Network / Information evenings continue

July:

- Continued outreach activity
- CVC Network / Information evenings continue
- Programme to move into BAU stage
- Programme evaluation and long term / sustainability planning

Details on how planned activities will deliver the programme's desired aims and outcomes

The planned activity in section 2 is focused largely on the short and medium term aims of the programme. Delivering this programme of work in the way we intend to should also meet the long term aims of the programme in the following ways:

- More people will be vaccinated which will reduce transmission and once vaccinated at least once will also increase the likelihood of getting future boosters
- We expect to find new mechanisms for working with and communicating with our communities that we can build into future public health messaging
- By working at a macro level with local communities, groups and leaders we will build local relationships and understanding that can inform our public health planning and infrastructure to further inform our work to reduce health inequalities

Here is a summary of the 6 key projects that form our CVC Programme:

- **Data analytics/surveillance:**
We will use population and vaccination data to identify small areas with high numbers of unvaccinated residents and work with GP practices in those areas to identify unvaccinated patients, audit and appraise communications and provision of information and risks that patients are non-contactable or may have moved away. We will then use GP demographic and patient-level data to target CVC outreach and other interventions for each key area
- **Behavioural Insights and Comms:**
Through micro-level insight, understand the motivations of each of our seldom heard audiences (and the nuances within those audiences) - to increase local vaccination rates. Developing co-produced, bespoke, meaningful, engaging communication campaigns for each audience, mindful of local social sensitives and delivered through trusted and relationship-centric channels, to support direct engagement, create awareness, provoke action and encourage sustained behaviour
- **Community Champions Network:**
Through partnership working with community leaders, faith groups and voluntary sector organisation, establish an active network of community champions. Support recruited champions with resources to share accurate and up to date Covid-19 related information with local residents. Recruited champions to be provided with the opportunity to attend training and regular meetings where they can learn about the latest guidance and share their feedback
- **Training:**
Through partnership working with health care professionals, community leaders, and the community champions and discussion with local communities, develop a robust evidence- based Community Champions vaccinator training programme. Enabling recruited champions to feel confident and empowered to have meaningful and helpful conversation with peers/community around COVID vaccination, increasing local capacity
- **Community Grant Fund:**

(i) Launch a Community Grants Fund to promote innovation and creativity in increasing vaccine uptake amongst seldom heard communities and groups disproportionately affected by barriers to the vaccine. Empowering local communities to utilise their expertise and insight and develop their existing assets to remove barriers to vaccination, tackle the misinformation around vaccine safety and increase trust in public health messaging

(ii) Work with local PCN's with the lowest uptake rates to develop a payment incentive scheme that recognises and responds to the needs of local residents and increase vaccine uptake in eligible populations

- Outreach - Pop Up sites and transport:

Through partnership working with key local organisations and the community champions and discussion with local communities, develop a community asset-based programme of outreach and engagement that builds on existing local programmes to increase awareness of local support and guidance and increase uptake of the vaccine, removing barriers such as transport and access to localised vaccination sites

4. Financial Viability

Set out all costings and total amount required to implement the proposal outlined at Section 2 of this form.

Please note the funding period is from **January 2022 to 31 March 2022, with delivery to 30 July 2022.**

Including, but not limited to:

- Detailed cost breakdown of all planned programme activities, including unit cost breakdown for all staff, activity, admin etc.
- Details of assessment of costs and basis on which cost estimates have been made, including details and evidence (where possible) of local benchmarks
- Funding to be provided to Voluntary and Community Sector Organisations (VCSO), with clear rationale
- Assessment of how value for money will be achieved

Detailed cost breakdown / funding to be provided to VCS

Area	Activity	£
Understanding needs and barriers	<ul style="list-style-type: none"> • Undertake an insight and social marketing exercise into barriers for individual groups with lower uptake • Research via University of Reading Community Researchers (CPAR) to inform communications and strategies for the unvaccinated 	30,000
Develop and deliver practical solutions such as	<ul style="list-style-type: none"> • Expand the pool of community champions via Primary Care Networks and homelessness service and add capacity to existing community 	75,000

recruiting Community Champions, as well as provision of funding to local organisations	<p>champions (including RVA/ACRE community champions, youth champions, social prescribers, faith groups)</p> <ul style="list-style-type: none"> Advertising costs, equipment, uniform etc 	
Develop and deliver practical solutions such as recruiting Community Champions, as well as provision of funding to local organisations	<ul style="list-style-type: none"> Establish an appropriate remuneration system for champions (i.e. High Street vouchers, travel expenses etc). The full offer for champions is currently being scoped 	70,000
Develop and deliver practical solutions such as recruiting Community Champions, as well as provision of funding to local organisations	<ul style="list-style-type: none"> Set up a Community Grants Fund (up to £5,000 each) to promote innovation and creativity in the sectors where the uptake rates are particularly low. Bids for top end of bid range must evidence scalability/size of impact <p>VCS opportunity: Detail included earlier in report – aimed at supporting smaller VCS organisations to drive up vaccine uptake at local level</p>	50,000
Develop vaccine delivery capacity	<ul style="list-style-type: none"> Set up a Community Vaccine Champion vaccinator training programme to increase local capacity, involving people from the low uptake communities 	6,000
Build on the existing infrastructure or develop new networks of champions to promote COVID-19 vaccine take up	<ul style="list-style-type: none"> Set up a support network for local champions by offering regular meetings, communications, training and support Hold information evenings with health professionals to disseminate accurate and up to date information about Covid-19 and vaccines to Leaders, Champions and the wider community Room hire, refreshments, etc <p>VCS Opportunity: VCS organisations will be able to bid for this funding to lead on developing and delivering the network and information evenings, informed by local knowledge and insights from our communication and insight work</p>	25,000
Build on the existing infrastructure or develop new networks of champions to promote COVID-19 vaccine take up	<ul style="list-style-type: none"> Develop a training offer for community vaccine champions – linking to 'Making Every Contact Count' <p>VCS opportunity: VCS organisations will be able to bid for this funding to develop and deliver the CVC training on behalf of the Council</p>	25,000

	<ul style="list-style-type: none"> Work with PCNs with lowest uptake rates to develop a payment incentive scheme to increase uptake in their non vaccinated eligible populations. The detail of how this might work is currently being scoped in discussion with PCN's 	29,000
Increase access – outreach and pop-ups	<ul style="list-style-type: none"> Develop a six-month programme of outreach and pop-up vaccine sites in areas of low uptake, utilising Health on the Move van, preceded by outreach teams, door knocking, identifying local community venues and workplaces to achieve higher uptake <p>VCS opportunity: This will likely be a direct award to Reading VCS umbrella groups (RVA and ACRE) who will scale up existing pop up provision and deliver in areas / to cohorts identified through our data team as highest priority</p>	95,000
	<ul style="list-style-type: none"> Develop a community transport to support access to vaccination sites/pop-ups (working with existing local community and considering 'Grab a Jab' taxis) <p>VCS opportunity: This will likely be a direct award to Readibus (Reading's VCS Community Transport operator) to provide additional transport for people who may be unable to access vaccination sites (e.g. due to mobility issues) / where pop up sites are not provided in their area</p>	30,000
Resources and publicity	<ul style="list-style-type: none"> Promote the local Voluntary Sector Vaccine helpline Set up an online COVID Champions tool kit and offer as downloadable resources, posters that can be use in translated versions and information on vaccine safety. Increase vaccine confidence through list of community leader's spokes people willing to speak out 	10,000
Programme Management	<p>A Programme Manager will be appointed to take over from the interim Programme Manager, focused on the following areas:</p> <ul style="list-style-type: none"> Work with the Interim Public health Consultant to oversee the delivery of the Programme Matrix manage Project Manager Oversee Project Working Groups 	35,000

	<ul style="list-style-type: none"> • Oversight of Programme Plan and advise project plans • Management and oversight of the budget and expenditure • Draft progress reports for key stakeholders both internally and externally • Higher level negotiations with Voluntary & Community Sector • Oversee funding arrangements and negotiations with partners • Plan Steering Group meetings • Coordinate communication between Programme Team, Working Groups and key stakeholders – SharePoint, Huddle meetings etc • Manage overall RAID Log 	
Contingency	Programme Management costs have been reduced so the remaining £5k will be held in a contingency fund to be diverted to high priority areas that may transpire as the programme progresses and in fast changing pandemic times. If new areas do not emerge funding to be used for possible second round of Community Grants Fund, more comms work, more outreach work	5,000
TOTAL		485,000

Value for money

We are going through an iterative process of adapting the budget to fit the activity we want to deliver. As the project areas are developing we are finding that we are needing to shift funding around. We have very few local benchmarks other than where there is existing activity, e.g. the cost of running a pop-up or the cost of a local taxi or community transport. Where we do know those costs we are budgeting accordingly. Before we commission anyone to deliver anything for the Council we will expect bidders to provide a proposal that clearly lays out the costs and provides us with the information we need to be confident that we are receiving good value for money. We will also draw upon local knowledge within the Council, e.g. with officers who have been involved with the MECC training, when commissioning the training element of the plan. The budget and funding proposals will receive scrutiny through both the CVC Steering Group and the Deputy Cex-led Social Impact and VCS Board.

5. If applicable, set out how this detailed delivery plan differs from your high-level delivery plan for the Community Vaccine Champions programme submitted in December 2021. (750 words maximum)

Including, but not limited to:

- Activities in the initial high-level plan that will no longer be going ahead
- Additional activities to be run, not previously mentioned
- Changes to delivery method
- New or changed VCSE partners

Activities in the initial high-level plan that will no longer be going ahead

n/a

Additional activities to be run, not previously mentioned

Research via Community Researchers (CPAR) to inform communications and strategies for the unvaccinated.

Changes to delivery method

- Understanding needs and barriers increased from £20k to £30k, with addition of research via Community Researchers (CPAR) to inform communications and strategies for the unvaccinated
- Expand the pool of community champions via Primary Care Networks and homelessness service and add capacity to existing community champions (including RVA/ACRE community champions, youth champions, social prescribers, faith groups) – funding reduced from £155k to £75k as more value to be had from VCS pop-up sites being scaled up, and will now focus on working with most active PCN's with capacity to deliver, with remaining budget to include funding for CVC equipment, advertising, uniform etc
- Develop a six-month programme of outreach and pop-up vaccine sites in areas of low uptake, utilising Health on the Move van, preceded by outreach teams, door knocking, identifying local community venues and workplaces to achieve higher uptake – increased from £15k to £95k in recognition of the need to scale up existing provision and enable benefits to be realised sooner
- Re-instated Programme Management costs as limited Council resource to deliver - £35k
- Programme Management costs have been reduced so the remaining £5k will be held in a contingency fund to be diverted to high priority areas that may transpire as the programme progresses and in fast changing pandemic times. If new areas do not emerge funding to be used for possible second round of Community Grants Fund, more comms work, more outreach work

New or changed VCSE partners

Healthwatch are now more heavily involved and part of the Steering Group.

This section does not form part of the Delivery Plan.

Please use this space to provide feedback on the content of webinars, national resources, communications, guides and/or assistance which would best support local delivery of Community Vaccine Champions, or similar schemes.

CVC Programme - PHASE 2 Delivery Plan

The proposed deliverables outlined below is building and extending on the delivery plan document submitted to DLUHC in January 2022. These proposed deliverables have been co-produced with our VCS organisations and health partners.

The below are indicative amounts which may be subject to additional changes. As such, fund allocation requires the flexibility to enable repurposing of any further identified underspend to new or existing activities and deliverables, that are in line with the programme's objectives. DLUHC, the funding body, has agreed to the extension period, with the caveat that underspend be committed and spent by March 2023. The Social Inclusion Board oversees the governance of this grant fund.

	Workstream	Proposed Deliverables	Budget
1	Data Analytics & Surveillance	<ul style="list-style-type: none"> Ongoing developments to Key Performance Indicator dashboards and reporting on data Working with NHS to understand differences in registered patients and estimated population and include in dashboard reported to steering group Collaborative work for detailed analysis on targeted areas and supporting leads and partners to use local vaccination data 	£11,000
	Workstream 1 Total Cost		£11,000
2	Behavioural Insights & Comms	<ul style="list-style-type: none"> Reading Buses advertise internal screens on every bus route – all routes will pass through areas we need to target i.e., areas of deprivation etc. Broad Street Mall digital screens internal and external, three month's campaign, ideal shopping centre for the demographic we're aiming to reach. Adbikes to support/advertise vaccine pop up/wellbeing sessions within hard-to-reach communities August-October 2022. Community Champions (z-card) outreach reference material, design and print Focus group to inform messaging, catering Comms & Outreach lead to support delivery of activities 	<p>£30,000 – comms activities</p> <p>£15,000</p>
	Workstream 2 Total Cost		£45,000
3	Community Champions Network	ACRE (VCS Organisation) <ul style="list-style-type: none"> Recruiting further champions from local communities and getting the champions active to promote health activities. Develop retention and sustainability of community champions Improved and more stringent recruitment process 	£27,096 - ACRE

		<ul style="list-style-type: none"> • Further training to support champions to develop the skills to reach out beyond their service area • Work with champions and voluntary sector regarding key health messages that need to be promoted within their communities <p>RBC Workstream lead activities –</p> <ul style="list-style-type: none"> • Remuneration voucher scheme for Community Champions • Centralised on-line recruitment process for Community Champions 	<p>£5,000 - vouchers</p> <p>£5,000 - online page</p>
		Workstream 3 Total Cost	£37,096
4	Training	<ul style="list-style-type: none"> • Continue core training package for Community Champions • Resources for Making Every Contact Count (MECC) – booklet of topics on health issues • Development of a more robust feedback process to get a sense of what material would support champions going forward • Explore development of an online platform where all information could be accessible. • GP/Pharmacy training to counteract misinformation and myths • Events to share learning and celebrate the work of the Community Champions • MECC Co-ordinator recruitment and deliverables 	<p>(£13,350 - Training)</p> <p>(£15,000 - MECC Co-ordinator role)</p>
		Workstream 4 Total Cost	£28,350
5	Community Grants Fund	<ul style="list-style-type: none"> • Delivery of second phase of Community Grants fund • Extend timeline/funding for VCS providers from first phase of Community grants fund who will be delivering activities in the extension phase. 	<p>£14,500 - 1st round extension cost</p> <p>£12,131 - underspend for 2nd round</p> <p>£2000 – additional cost projection for 2nd round funding)</p>
		Workstream total 5 Total Cost	£28,631
6	Outreach – Pop Up Site & Transport	<p>RVA (Reading Voluntary Action)</p> <p>To provide a minimum of four Wellbeing Pop Ups across Aug/Sept/Oct co-produced with community groups at high risk to include:</p>	

	<ul style="list-style-type: none"> Information about all vaccines and other key messages relevant for the time. Health checks - capturing data and following up on information Wellbeing activities in the area - Social Prescribers Diet and exercise information and taster sessions. Volunteers supporting wellbeing activities Information on relevant Long-Term Conditions for specific audiences (e.g., diabetes, self-checks etc) Provision of refreshments Key VCS partners - e.g., carers support, money advice. To ensure additional Champions are working with VCS groups Champions are responsible for sharing health information and engaging with particular communities at risk. Interventions for Champions to be supported through the VCS groups and use their communication methods/networks. Planning and coordinating Champions activities to spread around town and focus on health inequalities data as well as vaccine take up - e.g., LD, SMI as well as particular ethnic groups 	£16,748
	Workstream 6 Total Cost	£16,748
Programme Management	<ul style="list-style-type: none"> Programme Resource and management cost Budget management Programme governance and control Monitoring, Reporting & Evaluation Workstreams support 	£30,000
	Programme Management Total Cost	£30,000
Contingency	<ul style="list-style-type: none"> Flexibility for additional staff costs Other Programme or business as usual legacy building projects which align to CVC Programme's objectives (flexibility to fund additional projects, within the specified timeline of the programme) 	£26267.08
	Contingency Total Cost	£26267.08
TOTAL COST		£223,092.08

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Equality Impact Assessment (EIA)

For advice on this document please contact Clare Muir on 72119 or email Claire.Muir@reading.gov.uk.

Please contact the Project Management Office at pmo@reading.gov.uk for advice and/or support to complete this form from a project perspective.

Name of proposal/activity/policy to be assessed: Community Vaccine Champions
Directorate: Corporate
Service: Public Health and Wellbeing Team

Name: Becky Pollard
Job Title: Public Health Consultant
Date of assessment: 16/02/2022

Version History

Version	Reason	Author	Date	Approved By
1.	Decision Book CVC	Nina Crispin	16/02/2022	Becky Pollard

Scope your proposal

- **What is the aim of your policy or new service/what changes are you proposing?**
-

The Community Vaccine Champions scheme will provide targeted help to those areas and communities facing the greatest challenges in relation to vaccine uptake. Recognising that local authorities, their partners and local people are best placed to decide the right approach for their communities, it is intended to be designed locally, to respond to the needs of a specific place. Participating areas will be able to increase resources for both existing and new activities. Local authorities can utilise champions to build connectivity and trust in those groups who need it most, including those from inclusion health groups, young people and ethnic minority communities; empowering individuals to protect both themselves and those around them.

This is a government programme aimed at reducing inequalities in vaccine take up within the local communities in Reading and was driven by evidence-based data.

-
- **Who will benefit from this proposal and how?**
-

Populations at risk of contracting Covid 19 due to vaccine hesitancy or resistance will be offered free vaccination (1st, 2nd and booster).

Evidence-based analysis confirms that the following population will be the target of this intervention:

Chinese population, Black or Black African and Asian / Asian British Pakistani groups

Vulnerable groups: Homeless, substance misusers, refugees

Younger adults

And in the identified low uptake areas:

Central, Leighton Park, Battle and Caversham Bridge

-
- **What outcomes does the change aim to achieve and for whom?**
-

- Tackle misinformation around vaccine safety, develop initiatives to minimise practical barriers to accessing vaccine, increase trust and vaccine uptake, with a particular focus on young people

- Increase vaccination rates overall to get as many people vaccinated as possible
- Improve the reach of official public health messaging on vaccine safety to seldom heard communities through local trusted voices

Other longer-term aims of this programme include:

- To reduce disparity and inequalities in health outcomes
- To increase trust and engagement with government and public health messaging, building bridges between communities, community organisations and local government
- Increase community resilience and build local networks and infrastructure to enable local areas to better respond to future crises
- Learn from what works through increased community engagement and evidenced two-way-dialogue and build this into future messaging and engagement with disproportionately impacted people and places.

For the identified target populations as described in previous question.

-
- **Who are the main stakeholders and what do they want?**
-

Voluntary sector partners - Reading Voluntary Action; ACRE; Healthwatch Reading; Community leaders

Clinical Commissioning Group (CCG); Primary Care Networks (PCNs)

Reading Borough Council

Assess whether an EqlA is Relevant

How does your proposal relate to eliminating discrimination; advancing equality of opportunity; promoting good community relations?

- **Do you have evidence or reason to believe that some (racial, disability, sex, gender, sexuality, age and religious belief) groups may be affected differently than others? Make reference to the known demographic profile of the service user group, your monitoring information, research, national data/reports etc.**

Yes

Data confirms that particular sets of the population are more likely affected by low vaccine uptake depending on their race, disability, age or religious beliefs, including:-

- Chinese residents
 - Black or Black African residents
 - Asian residents
 - Asian British Pakistani residents
 - Younger adult residents
 - Central Reading residents
 - Leighton Park residents
 - Battle residents
 - Caversham Bridge residents
 - Homeless residents
 - Substance misuse residents
 - Refugee residents
-

- **Is there already public concern about potentially discriminatory practices/impact or could there be? Make reference to your complaints, consultation, feedback, media reports locally/nationally.**

Yes

Anti-vaccination activities and propaganda affect the perception that vaccination against Covid is unsafe and potentially increases vaccine hesitancy and resistance amongst vulnerable groups.

If the answer is **Yes** to any of the above, you need to do an Equality Impact Assessment.

If **No** you **MUST** complete this statement.

An Equality Impact Assessment is not relevant because:

X

Completing Officer

X

Lead Officer

Assess the Impact of the Proposal

- Collection and Assessment of Data

(Ashley, need to add table here about data for this project)

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

- **Describe how this proposal could impact on racial groups**
 - **Is there a negative impact?** No
-

Language barriers affect how people understand and interpret information about vaccine safety and access and health protection messages. Community peer pressure can disrupt the confidence level of those who would want to have the vaccine but fear of being ostracised.

The Community Vaccine Champions will be trusted channels to communicate effectively with those in diverse communities who have language barriers to influence a change in their perception and increase confidence within communities for individuals to come forward for the vaccine. The champions will be recruited from within diverse communities and will be able to communicate with population in their mother tongues and translated materials and resources will be made available.

-
- **Describe how this proposal could impact on Sex and Gender identity (include pregnancy and maternity, marriage, gender re-assignment)**
 - **Is there a negative impact?** No
-

Not applicable.

-
- **Describe how this proposal could impact on Disability**
 - **Is there a negative impact?** No
-

Access to vaccination sites need to be facilitated for people with disabilities, both in terms of those who need physical assistance but also with communication support needs.

The project aims at providing transportation (including specialist transport where needed) to vaccine sites for vulnerable groups and people with a disability.

- Describe how this proposal could impact on Sexual orientation (cover civil partnership)
- Is there a negative impact? Yes / No / Not sure

Not applicable.

- Describe how this proposal could impact on age
- Is there a negative impact? No

Data confirms that there is a low uptake in younger populations. This proposal will target messages on social media to reassure younger people about vaccine safety and the benefits long term.

- Describe how this proposal could impact on Religious belief
- Is there a negative impact? No

We are working with religious leaders to reach out to populations within diverse communities to increase vaccination rates and reduce inequalities.

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you **MUST** assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

1. No negative impact identified - Go to sign off

-
- How will you monitor for adverse impact in the future?
-

The process we are using won't have a negative impact because we are putting processes in place to reduce the barriers in vaccine uptakes. If this work is not undertaken there will be more negative impact with increased cases of people contracting Covid and increased health inequalities in populations most at risk. Monitoring will happen through the data evidence and community feedback or complaints that will give us insights on how the Community Champion work.

X

Completing Officer

X

Lead Officer

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COMMUNITY VACCINE CHAMPIONS

MEMORANDUM OF UNDERSTANDING

Purpose

1. This Memorandum of Understanding (MOU) is entered into between Reading Council and the Department for Levelling Up, Housing and Communities ('DLUHC'). The MOU provides a framework for Reading Council and DLUHC to collaborate on the Community Vaccine Champions programme and sets out the expectations of both parties.
2. **While this is not a legally enforceable agreement**, this MOU sets out:
 - funding arrangements from DLUHC to Reading Council to deliver the agreed activity and outcomes; and
 - the agreed principles for monitoring and evaluating the delivery and outcomes of the project, including the respective responsibilities of Reading Council and DLUHC.
3. This Memorandum of Understanding should be considered in conjunction with the Community Vaccine Champions Prospectus.

Duration

4. The MOU relates to the Community Vaccine Champions programme 2021/2022. All funding is to be committed in the period from 01 Jan 2022 to 31 March 2022. Delivery of activities can extend beyond 31 March 2022, with the expectation that all funded activities will have had a reasonable level of implementation by 30 July 2022.

DLUHC will be expected to:

Provide funding

5. DLUHC will provide **£485,000** funding to Reading Council via powers given under Section 31 of the Local Government Act 2003 ('section 31 grant'), in the expectation that funding is used to deliver the agreed objectives of the Community Vaccine Champions programme.
6. £485,000 funding will be provided in the week commencing 17 January.

Maintain a relationship as grant funder

7. DLUHC as grant funder will:
 - Provide constructive and practical support and challenge to the grant-holding local authority.
 - Monitor progress on the delivery of the agreed outputs and outcomes.
 - Provide steer to grant-holding local authorities on data collection and monitoring and evaluation activities.
 - Work with grant-holding local authorities and partner organisations to facilitate the sharing of good practice and collaborative problem solving.

Reading Council will be expected to:

8. Deliver the aims and objectives of the programme

The 'Community Vaccine Champions' scheme, administered by the Department for Levelling Up, Housing and Communities, provides up to £22.5M funding to promote vaccine uptake amongst hard-to-reach communities in Local Authorities showing the lowest rates of Covid-19 vaccine uptake.

Recognising that local authorities, their partners and local people are best placed to decide the right approach for their communities, it is intended to be designed locally, to respond to the needs of a specific place. Participating areas will be able to increase resources for both existing and new activities. Local authorities can utilise Champions to build connectivity and trust in those groups who need it most, including those from inclusion health groups, young people and ethnic minority communities; empowering individuals to protect both themselves and those around them.

The Government is keen to fund practical solutions, communication and engagement activities, tailored to meet the needs of local communities, to make a real difference to the promotion and uptake of vaccines. Local areas will be able to build upon, increase or improve existing activities to work with residents who are most at risk of Covid-19 - helping to build trust and empower at-risk groups to protect themselves and their families. The broader aim is to reduce the impact of the virus on all communities, beyond just the target areas that we will work with through this scheme.

Project outputs

9. Reading Council will provide a more detailed delivery plan within 30 days of receiving the signed MOU from DLUHC. The detailed delivery plan will need to be agreed with DLUHC and must include:
 - ☐ Outcomes and outputs that are measurable
 - ☐ Detailed costs for the project
 - ☐ Additionality of proposal
10. Once the delivery plan is agreed with DLUHC, the outcomes and outputs will form part of this Memorandum of Understanding.

Project outcomes

11. Activities will aim to address the following outcomes within the duration of the project:

Short-term:

- Increased vaccine uptake rates in target communities.
- Increased visibility / activity of Community Vaccine Champions within local areas and on social media, with target groups.
- Increased awareness of Community Vaccine Champions within the local area.
- Increased interaction with Community Vaccine Champions or local authority by disproportionately impacted groups.

Medium-term:

- Increased reach of, and reported trust in, official public health messaging amongst target communities.
- Increased reported confidence in challenging misinformation around vaccine safety amongst target communities.
- Evidence of behaviour change, within the targeted groups, especially with regards to protective health behaviour such as vaccine uptake and challenging misinformation around vaccine uptake.

Long-term:

- Reduced COVID-19 transmission in the long-term.
- Increased access to guidance and awareness of local services through outreach and practical tools which could lead to improved health and wellbeing of target cohorts and their families.
- Increased coordination and dialogue with public health providers by participating local authorities with the aim to create cohesive and trusted local messaging.
- Reduced inequality and disparity in health outcomes between different groups.

Coronavirus (Covid -19)

12. Reading Council will be expected to promote and adhere to Government recommendations, messaging and Public Health England guidance provided to them directly from Government and/or through their Local Resilience Forum on and about Covid-19 when providing any activities funded by the Community Vaccine Champions programme.

Monitoring and evaluation

13. Reading Council will be expected to provide short monthly progress reports during the funding period starting from using a template provided by DLUHC. Further information and forms will be provided separately. Progress reports should be submitted on the first Friday of each month, commencing February 2022, outlining the previous month's activities.
14. Further information and a template regarding the submitting of a final report at the end of the programme will be provided by DLUHC.

Process evaluation

15. Participating local authorities may be asked by DLUHC to participate in an in-house evaluation process to help DLUHC better understand whether the programme was able to achieve its stated aims. This would involve programme managers, stakeholders and project delivery partners participating in qualitative interviews and focus groups with DLUHC staff. Any consent documentation required, including data sharing agreements, will be undertaken separate to this MOU.
16. It is expected that any local evaluation conducted by participating authorities, or any linked organisations, regarding Community Vaccine Champion funded projects and activities will be shared with DLUHC. This will be for the purpose of understanding the impact of the pandemic on communities and the identification of any best practice or learning to inform future policy making.

Shared learning

17. We will work with a smaller number of local authorities to gather additional best practice examples and case studies which we will share more widely across central and local Government. This will involve attending meetings and other feedback sessions – most likely all virtual/online – to discuss and share what we are learning through the scheme, to apply this to future work.
18. Participating local authorities will be encouraged to share knowledge, resources and practical solutions with non-funded local authorities to ensure other areas and their local communities benefit indirectly from the Fund.

Data Protection

19. Reading Council will be responsible for establishing secure data control of any resident information between Community Vaccine Champions and/or partnership organisations and themselves.
20. Reading Council will be responsible for ensuring requirements under the General Data Protection Regulation and Data Protection Act 2018, including the need for a Data Protection Impact Assessment, are adhered to for any quantitative and qualitative data collected as part of the or Community Vaccine Champion activities.
21. Reading Council may be asked by DLUHC to share details of programme activities with other local authorities, government departments or relevant organisations. Any

consent documentation required for these activities, including data sharing agreements, will be undertaken separate to this MOU.

22. Reading Council may be asked by DLUHC to participate in activities through an in-house evaluator to help DLUHC better understand whether the programme was able to achieve its stated aims. Consent documentation for these activities, including data sharing agreements, will be undertaken separate to this MOU.

Communications

23. DLUHC request the following in relation to communications:

- Areas inform DLUHC ahead of time about significant events or announcements (at least 24-hours) related to the programme that you plan to publicise.
- Local Authorities support occasional national government communication opportunities, for example by hosting ministerial visits and providing information, case studies and images where appropriate about your work for the Community Vaccine Champions Programme.

Use of capital assets

24. Any Capital purchases e.g. laptops or digital tools must be for direct benefit of the Community Vaccine Champions programme and after completion of the programme must be used for the longer-term benefit of the community.

Safeguarding requirements

25. Reading Council shall be responsible for ensuring all activities involving groups or individual's under-16 are overseen in full adherence with safeguarding requirements including where appropriate full DBS checks.
26. Reading Council shall be responsible for ensuring that all recruitment of volunteers is done in full adherence with existing safeguarding requirements, including where appropriate, full DBS checks.

Community funding/micro-grants

27. Reading Council will be responsible for procedure, contract management and undertaking due diligence processes (including but not limited to the prevention of financial crime and protection from extremism), on all organisations in receipt of financial support, which will be used in the delivery of the Community Vaccine Champions programme. All activities funded as part of the Community Vaccine Champions programme by the local authority, delivery partners or community organisations are expected to clearly meet the aims of the Community Vaccine Champions programme as set out on page two.

Procurement

28. Reading Council will be responsible for ensuring that any third-party partnership arrangements or procurement activities related to delivering activities for the Community Vaccine Champions programme comply with Procurement Law and Reading Council's own procurement procedures.

"**Procurement Law**" includes, but is not restricted to the Public Contracts Regulations 2015, Concession Contracts Regulations 2016, Defence Security Public Contracts Regulations 2011 and the Utilities and Contracts Regulations 2016 together with their amendments, updates and replacements from time to time

Compliance with the UK's international obligations on subsidies

29. Reading Council will be responsible for ensuring that it does not put itself and/or DLUHC in breach of the UK's international obligations in respect of subsidies (as amended from time to time) for the full term of the Community Vaccine Champions programme.

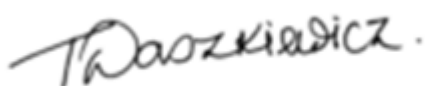
Due Diligence

30. Reading Council will be responsible for undertaking due diligence checks on all third-party organisations (including but not limited to checks to protect from the harm of extremism) receiving funding and/or involved in delivery of their Community Vaccine Champions programme.

Amendment of this Memorandum of Understanding

31. The arrangements under this MOU will be kept under review by DLUHC and Reading Council and can be amended at any time upon securing written agreement between both parties.

Signed by:



Name: Tracy Daszkiewicz
Duly authorised to sign for
Reading Council

Dated: 11/01/2022

Signed by:



Name: Elizabeth
Hawkins

Duly authorised to sign
for the Secretary of
State for Levelling Up,
Housing and
Communities

Dated: 11 January 2022

CVC Programme (Phase 1)

Programme Overview, Governance & Structure



Reading
Borough Council
Working better with you

Programme Overview

The CVC Programme is a community vaccine champions programme that is funded by the Department for Levelling Up, Housing & Communities. The Public Health & Wellbeing section of Reading Borough Council is managing the delivery of this programme.

The focus of the programme is to promote vaccine uptake amongst hard-to-reach communities and vulnerable groups that show a low rate of Covid-19 vaccine uptake.

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Programme initiation took place in January 2022 and it included the production of a delivery plan that was agreed with DLUHC.

The delivery plan includes measurable programme outcomes and outputs and detailed costs for the project. The outcomes and outputs detailed in the delivery plan formed part of the MoU agreed and signed with DLUHC.

A copy of the delivery plan and the MoU is located in the Bid Documents folder within the CVC programme section in SharePoint.

Key Deliverables

Short term objectives

- Increased outreach and engagement (1:1/focused contact) to understand local barriers and needs
- Promote vaccine uptake and public health guidance
- Recruitment and appointment of Community Champions networks and local grant schemes
- Tackle misinformation around vaccine safety, minimise practical barriers to accessing vaccine, increase trust and vaccine uptake, with a particular focus on young people
- Improve the reach of official public health messaging on vaccine safety to hard-to-reach communities through local trusted voices

Long term objectives

- Reduce health inequalities
- Build trust between RBC, health, VCS and communities
- Increase community resilience
- Learn what works to inform future work

National Context

- Department for Levelling Up, Housing and Communities funding (£485k for Reading)
- Programme delivery timeline - January 2022 to July 2022 (with the possibility of extension)
- To promote vaccine uptake amongst seldom heard communities in Local Authorities showing the lowest rates of COVID-19 vaccine uptake
- 60 Local Authorities in the national programme
- Key deliverables:
 - Increased outreach and engagement (1:1/focused contact) to understand local barriers and needs and promote vaccine uptake and public health guidance
 - Recruitment and appointment of Community Champions networks and local grant schemes



National Context - key aims

- Tackle misinformation around vaccine safety, minimise practical barriers to accessing vaccine, increase trust and vaccine uptake, with a particular focus on young people
- Increase vaccination rates overall to get as many people vaccinated as possible
- Improve the reach of official public health messaging on vaccine safety to seldom heard communities through local trusted voices

Longer-term:

- Reduce health inequalities
- Build trust between GPs, VCS and communities
- Increase community resilience
- Learn what works to inform future work

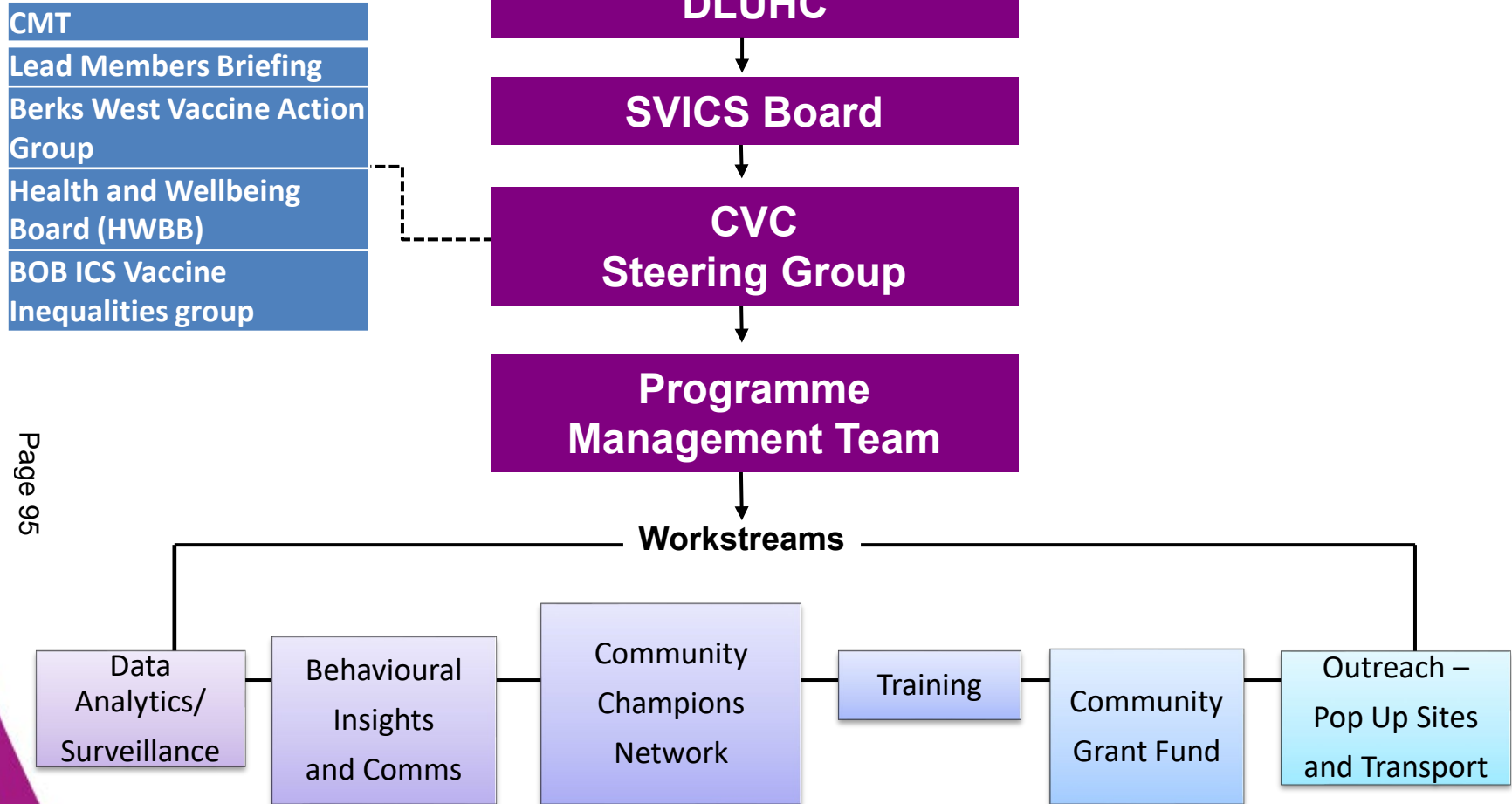


Reading Programme Summary

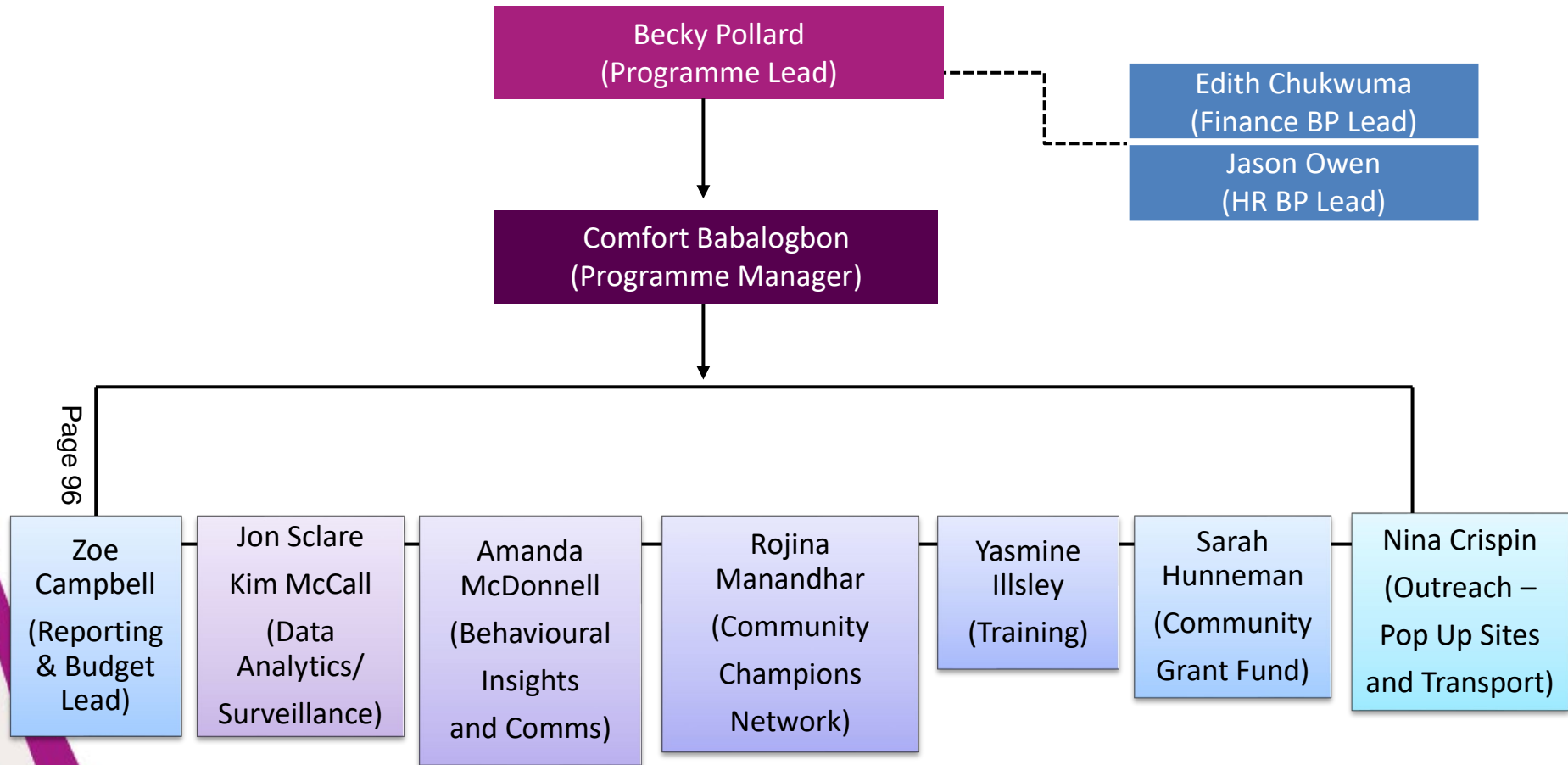
- A communication and advocacy programme to drive public health improvement and our collective recovery from Covid-19
- Targeting:
 - Chinese population, Polish population, Black or Black African and Asian / Asian British Pakistani groups
 - Younger adults
 - Areas of deprivation IMD 3 and 4 and MSOA areas of Reading (Central, Leighton Park, Battle and Caversham Bridge)
 - Vulnerable groups: Homeless, substance misusers, refugees
- Build on existing vaccine uptake work (e.g. RVA project)
- Strengthen the local infrastructure and partnership with our CCG/PCN and GP's



Programme Governance Structure



Programme Management Structure



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Steering Group Members

Name & Organisation	Name & Organisation
Becky Pollard (RBC)	Isabel Edgar (RBC)
Comfort Babalogbon (RBC)	Mandeep Kaur (Healthwatch Reading)
Edith Chukwura (RBC)	Kate Green (NHS Berkshire West CCG)
Zoe Campbell (RBC)	Eiliis McCarthy (NHS Berkshire West CCG)
Rojina Manandhar (RBC)	George Matthew (ACRE)
Sarah Hunneman (RBC)	Rachel Spencer (RVA)
Nina Crispin (RBC)	Azra Raja (RVA)
Yasmine Illsley (RBC)	Victor Koroma (ACRE)
Jon Sclare (RBC)	Sarah O'Donnell (ACRE)
Kim McCall (RBC)	Lesley Crosby (Oxford Health)
Amanda McDonnell (RBC)	Peter Absolon (Reading Bus)
Amanda Nyeke (RBC)	Sally Moore (Royal Berkshire NHS)
Katie Badger (RBC)	Tracy Daszkiewicz (RBC)
Dayna White (RBC)	

Programme Management Team

Name	Organisation	Programme Role
Becky Pollard	RBC	Programme Lead
Comfort Babalogbon	RBC	Programme Manager
Edith Chukwura	RBC	Finance BP Lead
Jason Owen	RBC	HR BP Lead
Zoe Campbell	RBC	Reporting & Budget Management Lead
Rojina Manandhar	RBC	Project Lead - Community Champions Network
Sarah Hunneman	RBC	Project Lead - Community Grant Fund/ PCN Incentives
Nina Crispin	RBC	Project Lead – Outreach Pop up sites & Transport
Yasmine Illsley	RBC	Project Lead - Training
Jon Sclare	RBC	Project Lead - Data analytics/surveillance
Kim McCall	RBC	Project Lead - Data analytics/surveillance
Amanda McDonnell	RBC	Project Lead - Behavioural Insights and Comms

Programme Workstreams

**Data
Analytics/surveillance**

**Behavioural Insights
and Comms**

**Community
Champions Network**

Training

**Community Grant
Fund**

**Outreach – Pop Up
Sites and Transport**



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Data Analytics/Surveillance Workstream

Overview

- We will use population and vaccination data to identify small areas with high numbers of unvaccinated residents.
- We will work with GP practices in those areas to identify unvaccinated patients, audit and appraise communications and provision of information and risks that patients are non-contactable or may have moved away.
- We will then use GP demographic and patient-level data to target CVC outreach and other interventions for each key area

Data Analytics/Surveillance Working Group

Name	Organisation	Programme Role
Kim McCall	RBC	Project Lead
Jon Sclare	RBC	CVC Programme Performance and Analysis PowerBI Developer
Andrew Price	BW CCG	GP Practice Data (EMIS), Wokingham Locality Manager and PHM Intelligence Lead
Christopher McGee	Frimley ICS	ICS Data Consultant (Connected Care)
Azra Raja	RVA	Inclusion Lead
Eiliis McCarthy	BW CCG	Reading Locality Manager
Lesley Crosby	Oxford Health	Clinical and Operations Lead
George Mathew	ACRE	Community Development

Behavioural Insights & Comms Workstream

Overview

Through micro-level insight, understand the motivations of each of our seldom heard audiences (and the nuances within those audiences) - to increase local vaccination rates for our:

- Chinese residents
- Black or Black African residents
- Asian residents
- Asian British Pakistani residents
- Younger adult residents
- Central Reading residents
- Leighton Park residents
- Battle residents
- Caversham Bridge residents
- Homeless residents
- Substance misuse residents
- Refugee residents

Developing co-produced, bespoke, meaningful, engaging communication campaigns for each audience, mindful of local social sensitivities and delivered through trusted and relationship-centric channels, to support direct engagement, create awareness, provoke action and encourage sustained behaviour.



Behavioural Insights & Comms Working Group

Name	Organisation	Programme Role
Becky Pollard	RBC	Interim Public Health Consultant
Nina Crispin		Information & Engagement Officer Wellbeing
Sarah Hunneman	RBC	Neighbourhood Facilitator
Yasmine Illsley	RBC	Public Health Programme Officer
Jon Sclare	RBC	Data
Kim McCall	RBC	Data
Rojina Manandhar	RBC	Wellbeing Programme Officer
Comfort Babalogbon	RBC	CVC Project Manager
Azra Raja	RVA	Inclusion Development Worker
Kasia Tatys	NA	Community Champion
Zara Mansur	NA	Community Champion
Warda Mansur	NA	Community Champion
Thandiwe Mwanza	NA	Community Champion

Community Champions Network Workstream

Overview

- Through partnership working with community leaders, faith groups and voluntary sector organisation, establish an active network of community champions.
- Support recruited champions with resources to share accurate and up to date Covid-19 related information with local residents.
- Recruited champions to be provided with the opportunity to attend training and regular meetings where they can learn about the latest guidance and share their feedback

Community Champions Network Working Group

Name	Organisation	Programme Role
Rojina Manandhar	RBC	Project Lead
George Mathews	ACRE	Project Lead for ACRE
Sarah Odonnell	ACRE	Pop up Events Coordinator
Azra Raja	RVA	RVA Pop-Up Activity Lead
Catherine Williams	Healthwatch Reading	

Training Workstream

Overview

- Through partnership working with health care professionals, community leaders, and the community champions and discussion with local communities, develop a robust evidence- based Community Champions vaccinator training programme.
- Enabling recruited champions to feel confident and empowered to have meaningful and helpful conversation with peers/community around COVID vaccination, increasing local capacity.
- This group will scope out the need for training, take learning from other regions and ensure it is suitably tailored for various community groups. Ongoing evaluation to ensure that both access to and content of the training package continues to meet the need of champions though evaluation feedback loop will also be priority of this group to ensure a high-quality champion programme

Training Working Group

Name	Organisation	Programme Role
Yasmine Illsley	RBC	Project Lead
Olga Zilberberg	Training consultant	Health Champion training facilitator
Catherine Williams	HealthWatch	Peer review of training and co facilitator
Rojina Manandhar	RBC	Lead for recruitment and support network
Amanda McDonnell	RBC	Lead for publicity around training
Ritu Shanks	ACRE	Venue host liaison at ACRE
George Mathews	ACRE	Lead Health Champions Support Network
Ida Osei	NHS	Guest Speaker – sharing lived experience as a vaccinator
Aprana Balaji	NHS	Guest Speaker – sharing lived experience as a vaccinator
Lara Stavrinou	Compass Recovery RBC	Mental Health Training

Community Grant Fund Workstream

Overview

- Launch a Community Grants Fund to promote innovation and creativity in increasing vaccine uptake amongst seldom heard communities and groups disproportionately affected by barriers to the vaccine.
- Empowering local communities to utilise their expertise and insight and develop their existing assets to remove barriers to vaccination, tackle the misinformation around vaccine safety and increase trust in public health messaging
- Work with local PCN's with the lowest uptake rates to develop a payment incentive scheme that recognises and responds to the needs of local residents and increase vaccine uptake in eligible populations

Community small grants and PCN incentives

Name	Organisation	Programme Role
Sarah Hunneman	RBC	Project Lead
Azra Raja	RVA	RVA Grant Panel member & liaison lead with successful VCS partners
Asha Mehboob	RVA	RVA lead for grant governance and grant panel member
Edith Chukwura	RBC	Lead for completing grants payments
Webcontent team	RBC	Lead for making application documents live
Amanda McDonnell	RBC	Lead for grant communication wording
Victor Koroma	ACRE	Lead for ACRE links – community groups and staff members and Lead for successful funding grant
Eva Wangui	Utulivu (ACRE)	Lead for communication to Let's Talk group and contacts
Ritu Shanks	ACRE	Lead for community communications for small grants
Aisha Mailik	RCLC (Thriving Communities)	Lead for community communications for small grants
Matthew Thomas	Reading Association for the Blind	Lead for potential funding grant
Constance Gooding	Reading Golders	Lead for successful funding grant
Hazel Bingham	Weller Centre	Lead for successful funding grant
Trisha Bennet	Whitley community development association	Lead for successful funding grant
Rachel Crawford Jones	PACT / Alana House	Lead for successful funding grant
William Crossley	Autism Berkshire	Lead for successful funding grant
Martina Platts	New Beginnings	Lead for successful funding grant
Lisa Trimble	Circuit Lane and Western Elms Surgeries	Lead for potential financial incentive
Natasha Roxborough	Milman Road Surgery	Lead for potential financial incentive
Eiliis McCarthy	CCG	Advising on PCN engagement

Outreach – Pop Up Sites & Transport Workstream

Overview

- Develop and implement partnership working with key local organisations and the community champions.
- Establish engagement process with local communities and develop a community asset-based programme.
- Implement a programme of outreach and engagement that builds on existing local programmes
- Increase awareness of local support and guidance
- increase uptake of the vaccine, removing barriers such as transport and access to localised vaccination sites



Outreach and Pop up sites / Transport

Name	Organisation	Programme Role
Nina Crispin	RBC	Project Lead
Azra Raja	RVA	Outreach/Pop up sites lead
Sarah O'Donnell	ACRE	Outreach/Pop up sites coordinator
Rachel Spencer	RVA	Outreach/Pop up sites Contract sponsor
Victor Koroma	RVA	Outreach/Pop up sites Sub-contractor lead
George Matthews	RVA	Sub-contractor (Health Champions Network lead)
Mark Dibben	Compass	Pop up sites/Town events support lead
Eiliis McCarthy	CCG	CCG contact
Lesley Crosby	Oxford Health	Vaccine Teams Lead/HOTMV
Jon Sclare	RBC	Data lead
Gemma Redson	Reading Buses	Bus vouchers
Peter Absalom	ReadiBus	PD/LD/Older People
Sarah Hunneman	RBC	Community Grants lead
Rojina Manandhar	RBC	Community Champions lead
Yasmine Illsley	RBC	CVC Training lead

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READING BOROUGH COUNCIL

REPORT BY (EXECUTIVE DIRECTOR FOR SOCIAL CARE AND HEALTH)

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:			
TITLE:	SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2021/22 UPDATE		
LEAD COUNCILLOR:	CLLR ENNIS	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGH WIDE
LEAD OFFICER:	JO LAPPIN	TEL:	
JOB TITLE:	ASSISTANT DIRECTOR	E-MAIL:	Joanne.lappin@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The Safeguarding Adults Board (SAB) is responsible for leading strategic adult safeguarding arrangements and overseeing the effectiveness of the safeguarding work of member and partner agencies.

1.2. The overarching purpose of a SAB is to ensure agencies safeguard adults with care and support needs. It does this by assuring itself that local safeguarding arrangements are in place, as defined by the Care Act 2014. Alongside partners, local authorities must demonstrate that:

- Safeguarding practice is person-centred and outcome focused.
- Partners are working collaboratively to prevent abuse and neglect where possible.
- Agencies and individuals give timely and proportionate responses when abuse or neglect has occurred.
- Safeguarding practice is continuously improving.
- The quality of life of adults in its area is enhanced.

1.3. The approach taken by Reading Borough Council to discharge its duty is threefold:

- 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 is chaired by an Independent Chair, newly appointed this year.

- In July 2022 Reading Borough Council moved to the Contact Centre being the single point of contact for receiving safeguarding concerns from partner agencies. This now means that initial screening is undertaken through one route and any concerns about adults with care and support needs who may be at risk of or experiencing abuse or neglect are then signposted to the most appropriate team.
- Reading Borough Council has a dedicated operational Safeguarding Adults Team (SAT) who undertake the role of initial screening of concerns and referrals for people who are not known to the Council; decision making as to whether the Care Act 2014 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.

1.4. The Berkshire West Annual Report 2021/22 is due for publication by the Safeguarding Adult Board. The final published report is an overarching partnership report, appended by individual organisational reports from participating partner agencies.

1.5. The Reading Borough Council's submission to the Berkshire West Annual Report 2021/22 is attached for information.

2. RECOMMENDED ACTION

2.1 Adults Social Care, Children's Services and Education Committee to note the Report as Reading Borough Council's contribution to the Berkshire West Safeguarding Board Annual Report.

3. CONTEXT

As outlined in the report 2021/22 continued to be a challenging year for safeguarding services in Reading, in line with the national picture. The impact of the Covid-19 pandemic is yet to be fully realised, but the data is showing a significant increase in safeguarding concerns raised.

To manage the demand and target resources, the SAB has also taken a role in attempting to reduce the volume of referrals and concerns received which do not meet the criteria for a safeguarding response as they do not relate to any allegations of abuse or neglect. These often concern adults with care and support needs who may be in need of services or support due to poor health or vulnerability.

4. THE CURRENT POSITION

4.1 Current Position:

A summary of the RBC Safeguarding Performance Data is:

The number of safeguarding concerns started in year has risen significantly from 1589 in 1920/21 to 2989 in 2021/22.

The number of concerns which convert into a safeguarding enquiry has fallen to 13%, compared with 31% last year. The national average is 33.9%.

The higher number of out-of-scope concerns are particularly received from the Police and South Central Ambulance Service.

The Police have seen numbers increase as a proportion of all concerns started (up by 9%) along with those in the 'other' category (up 4%) which includes sources such as the Fire Service, Department for Work and Pensions, Berkshire Women's Aid and Age UK. It is positive that more agencies are now referring safeguarding concerns.

Concluded S42 enquiries overall have fallen by a further 19% this year, meaning that a larger number did not progress any further than the original concern.

Neglect and Acts of Omission is still the largest abuse type in the year and has risen by 2.9% (abuse type in 39.9% of cases).

There has also been a slight increase in 'Self-Neglect' cases (up 1.3%).

Even though 'Financial or Material' abuse is still one of the largest groups making up 21.4% it has seen a larger than average drop in numbers (down 3.7%).

There has been a decrease in those cases in their 'Own Home' (down 2.8%) although it still makes up 69% of all cases.

There have however been increases in alleged abuse or neglect in residential homes (up 3.8%) and acute hospital settings (up 4%) although the numbers are smaller.

Compared to Wokingham and West Berkshire we still have more cases in people's own homes and in a hospital environment (due to the proximity of the Royal Berkshire Hospital in our area) and far less in a care home setting.

4.2 Improving the Future of Safeguarding Adults in Reading

The aspiration for 2022/2023 are to:

- We will seek to manage safeguarding referrals through a single point of contact and will utilise the Council's 'front door'.
- We will engage with wider preventative programmes and link with other workstreams such as those being led by Public Health to ensure any harm from abuse and neglect is prevented.
- We will progress the interface between quality assurance and safeguarding to provide a proactive response to quality concerns. Through a restructure the team will become a Quality & Safeguarding Team, responsible for the continuum of quality and safeguarding, with an emphasis on preventing harm.

- We will continue to support partners with their understanding of the thresholds for safeguarding referrals and the appropriate pathways and routes for addressing the care and support needs of adults.
- We will ensure that the voices of adults at risk are sought, heard, listened to, and acted upon and our approach to making safeguarding personal will be developed and enhanced along with partners.
- We will revisit the safeguarding training pathway for staff employed by Reading Borough Council, particularly decision makers and we will audit compliance with safeguarding training.
- We will introduce an audit programme to ensure continuous professional practice.
- 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 direction of our Principal Social Worker.
- We will seek to undertake a programme of audits to evaluate our practice and ensure continuous improvements.
- We will review the census data to better understand and reduce any inequalities in accessing safeguarding services.
- We will ensure SAB priority areas are fully embedded.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The SAB has set priorities for 2022/2023 to ensure adults at risk of abuse or neglect are safeguarded and has an underpinning business plan.
- 5.2 RBC will support the SAB priorities fully and these will also be reflected in the Corporate and Service Plans where relevant.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

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

7. COMMUNITY ENGAGEMENT AND INFORMATION

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

8. EQUALITY IMPACT ASSESSMENT

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

9. LEGAL IMPLICATIONS

- 9.1 The Safeguarding Adults Board has a duty under the Care Act 2014 to publish an Annual Report, detailing how effective its work has been. The attached submission to the overall report reflects Reading Borough Council's contribution to this legal duty.

10. FINANCIAL IMPLICATIONS

- 10.1 The Care Act 2014 provides a power for members of the SAB to contribute towards the expenditure incurred for the purposes of its work. The work undertaken by social care and health staff for delivering a safeguarding service is provided through their core responsibilities and incorporated into the day-to-day responsibilities of all staff.

11. BACKGROUND PAPERS

- 11.1 Reading Borough Council Safeguarding Adults Annual Report 2021/2022.

12. APPENDIX

Safeguarding Annual Report Delivery Plan

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



Safeguarding Adults Annual Report

2021 - 2022

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EXECUTIVE SUMMARY

Safeguarding adults at risk of or experiencing abuse or neglect remains as a strategic priority for Reading Borough Council and a core activity for adult social care, alongside other teams in the Council and across all partner agencies.

The year has been challenging with the prolonged impact of Covid-19, but joint working across the partnership throughout the pandemic has been very positive and partners have adapted to new ways of operating during this time.

Safeguarding adults at risk of abuse or neglect is clearly **everyone's business**. Work has continued across the partnership to ensure that Reading Borough Council's role and responsibilities are understood and that concerns about people with care and support needs are responded to quickly and signposted to the most appropriate support service in a timely way. Safeguarding duties require a broad approach, and it is vital that we all act to safeguard people in our society who may be at risk of abuse or neglect.

Our priorities for the coming year are to continue to address the priorities of the West Berkshire Safeguarding Adults Board and to work on our collective approach to ensure people are at the centre of all decision making, abuse and neglect is prevented, and we take proactive steps to stop abuse or neglect if it does happen.

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 threefold:

- 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 screening 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.

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 which needs to be brought to the attention of the local authority. 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 people who may have needs of care and support. There is work underway to move to a single point of contact in early July 2022 so that there is one 'front door' of the Council for all referrals concerning adults with care and support needs.

This should hopefully 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 – OUR DATA

The 2021-22 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.

Concerns and Enquiries

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of concerns raised, Section 42 Enquiries opened and the conversion rates over the same period.

There were 2,969 safeguarding referrals received in 2021/22 which is a considerable increase since last year (up 1380 over the previous year).

400 Section 42 Enquiries were opened this year, with a conversion rate from Concern to Section 42 Enquiry of 13% which is lower than both the national average (Approx. 33.9%) and the South-East average (Approx. 34.2%) for 2020/21. This makes Reading much lower as compared to the other West Berkshire authorities and with other current comparator averages such as the South East ADASS Q4 benchmarking (Approx. 28%).

More robust recording and triaging at referral stage coupled with increase in 'out of scope' concerns over year has led to a significant change in this conversion ratio.

There were 335 individuals who had a Section 42 Enquiry opened during 2021/22 which is a decrease of 100 over the year. It shows that whilst Concerns have risen sharply this year the number of individuals starting a Section 42 Enquiry has decreased over the previous year.

Table 1 – Safeguarding Activity for the past 3 Years since 2019/20

Year	Safeguarding Concerns received	Safeguarding Section 42 Enquiries Started	Individuals who had Safeguarding Section 42 Enquiry Started	Conversion rate of Concern to Section 42 Enquiry
2019/20	960	543	462	57%
2020/21	1589	493	435	31%
2021/22	2969	400	335	13%

The 13% figure is affected by a large number of referrals which did not require a safeguarding response. The figure may also be affected by the lockdowns in 2021 where both residents and referring partners had less access to community resources.

Source of Safeguarding Concerns

As Figure 1 shows the largest percentage of safeguarding concerns for 2021/22 were referred from 'Health' staff (38.6%) although those have fallen by 3.1% over the year.

The 'Police' (31.6%) were the next largest source of Concerns received and in contrast to Health have risen by 9.9%.

'Social Care Staff' are the next biggest source and make up 14.6% of the total.

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 - 2021/22

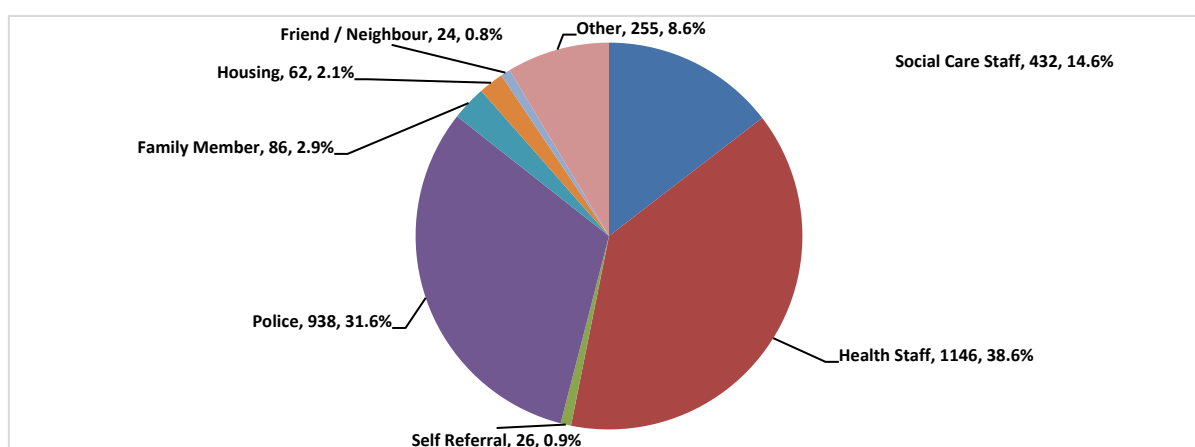


Table 2 shows a more detailed breakdown of the number of safeguarding concerns by Referral Source over the past 2 years since 2020/21. There has been a rise in numbers across all areas as Concerns overall have risen by a large amount in the year.

In 'Social Care' the actual numbers coming in have increased over the year by 138, but as mentioned above; this proportionately now makes this group only 14.6% of the overall total (down from 18.5% in 2020/21). Most of this proportionate decrease has been due to less referrals being made from 'Domiciliary Staff' and 'Other Social Care Staff' where numbers have fallen by around 5.6% for both. In contrast a larger proportion of these types of referrals have come via Residential / Nursing Care Staff (up 9.8% of the total 'Social Care Staff' referral source).

Numbers of referrals coming in from 'Health Staff' have increased sharply from 663 to 1146 since 2020/21. Proportionately it now makes up 38.6% of the overall total (down from 41.7% in 2020/21).

The biggest rise in numbers in this group has come from 'Secondary Health Staff' where referrals have risen over the year by 8.6% when looking at the proportion. 'Mental Health Staff' referrals have also risen by about 1.3% of the 'Health' total. 'Primary / Community Health' group referrals meanwhile have fallen over the year by 8.8% when looking at the 'Health' proportion overall.

'Other Sources of Referral' over the year have increased by 3.1% this year and now make up 38.3% of the overall total. As a proportion of those in this category by far the biggest rise has been in the 'Police' where it has risen by nearly 21% of the proportion of 'Other Sources of Referral'. The overall total (up 9.9%) is due to a lot of more 'Out of Scope' referrals being received during and post Covid over the last year from this source. As per safeguarding responsibilities these referrals were investigated as Concerns in the interim.

Table 2 - Safeguarding Concerns by Referral Source over past 2 Years since 2020/21

	Referrals	2020/21	2021/22
Social Care Staff	Social Care Staff total (CASSR & Independent)	294	432
	Domiciliary Staff	75	86
	Residential/ Nursing Care Staff	86	169
	Day Care Staff	0	0
	Social Worker/ Care Manager	49	75
	Self-Directed Care Staff	1	4
	Other	83	98
Health Staff	Health Staff - Total	663	1146
	Primary/ Community Health Staff	358	506
	Secondary Health Staff	226	489
	Mental Health Staff	79	151
Other sources of referral	Other Sources of Referral - Total	559	1136
	Self-Referral	37	26
	Family member	85	86
	Friend/ Neighbour	24	24
	Other service user	0	5
	Care Quality Commission	4	11
	Housing	68	62
	Education/ Training/ Workplace Establishment	1	4
	Police	345	938
	Other	68	235
	Total	1589	2969

Individuals with Safeguarding Enquiries

Age Group and Gender

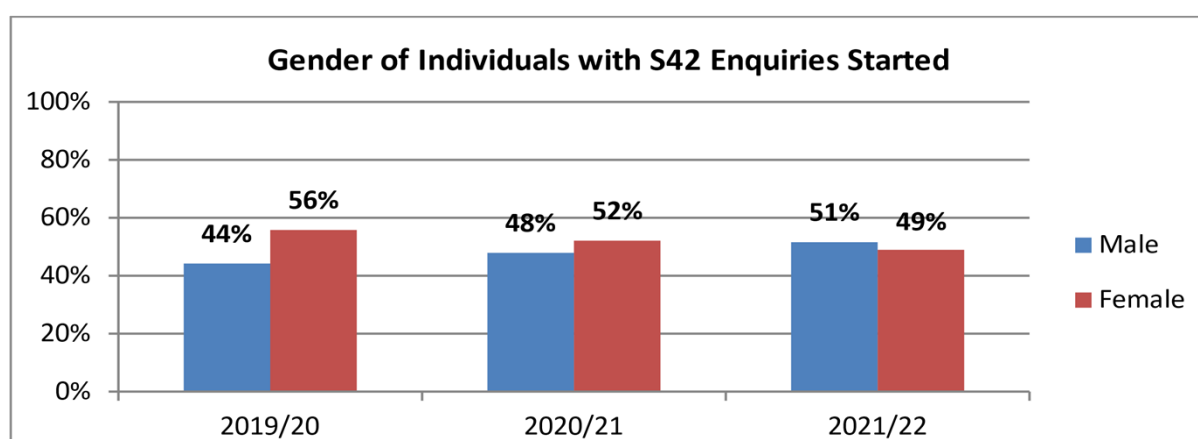
Table 3 displays the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. Most enquiries continue to relate to the 65 and over age group which accounted for 61% of enquiries in 2021/22 which is higher than last year (was at 56% for 2020/21). Between the ages of 75 and 94 more enquiries have been raised as compared to last year where there has been an 8% overall rise in the proportion in these groups (75-84 was up 3% and 85-94 was up 5%).

Table 3 – Age Group of Individuals with Safeguarding Section 42 Enquiries over past 3 Years since 2019/20

Age band	2019/20	% of total	2020/21	% of total	2021/22	% of total
18-64	194	42%	191	44%	132	39%
65-74	67	15%	68	16%	43	13%
75-84	99	21%	82	19%	72	22%
85-94	86	19%	76	17%	75	22%
95+	16	3%	18	4%	13	4%
Age unknown	0	0%	0	0%	0	0%
Grand total	462		435		335	

In terms of the gender breakdown there are now more males with enquiries than females (males up 3% to 51% of the total for 2021/22).

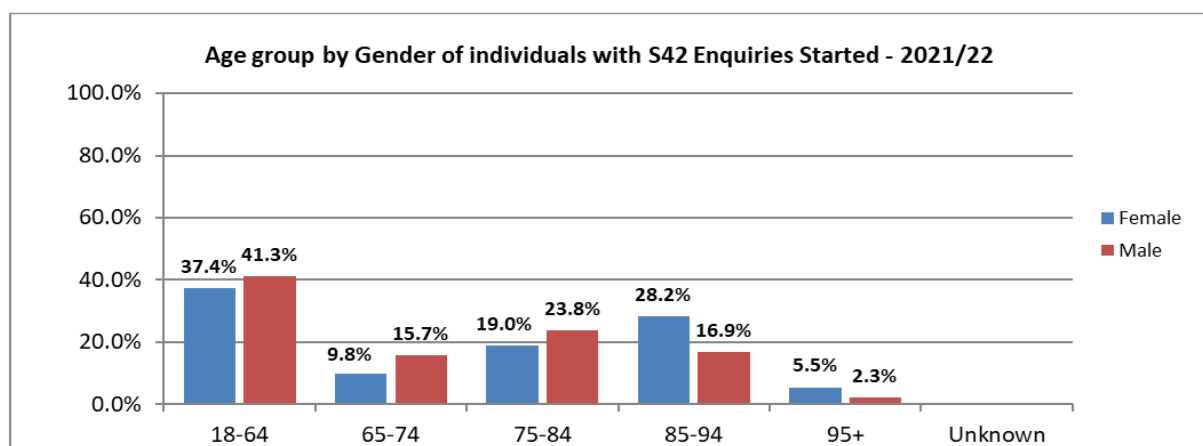
Figure 2 – Gender of Individuals with Safeguarding Section 42 Enquiries over past 3 Years since 2019/20



When looking at age and gender together for 2021/22 the number of males with enquiries is larger in comparison to females in every age group from 18 until 84. The largest proportion of enquiries is still in the 18-64 age group for both genders although males make up 41.3% compared to females 37.4% in that group. For females there is a larger proportion in the over

85 age groups which makes up 33.7% of that total whereas the proportion is only 19.2% for the females in that group. This is shown below in Figure 3.

Figure 3 – Age Group and Gender of Individuals with Safeguarding Section 42 Enquiries – 2021/22



Ethnicity

80% of individuals involved in Section 42 Enquiries for 2021/22 were of a 'White' ethnicity with the next biggest groups being 'Black or Black British' (6.9%) and 'Asian or Asian British' (5.1%). The 'White' group has stayed the same this year whereas the 'Black British' and 'Asian or Asian British' groups have fallen by 1.1% and 1.6% respectively. Those 'Not Stated' have risen by 2% over the year (up to 4.8% of the total). This Ethnicity breakdown is shown in Figure 4 below.

Figure 4 – Ethnicity of Individuals involved in Started Safeguarding Section 42 Enquiries - 2021/22

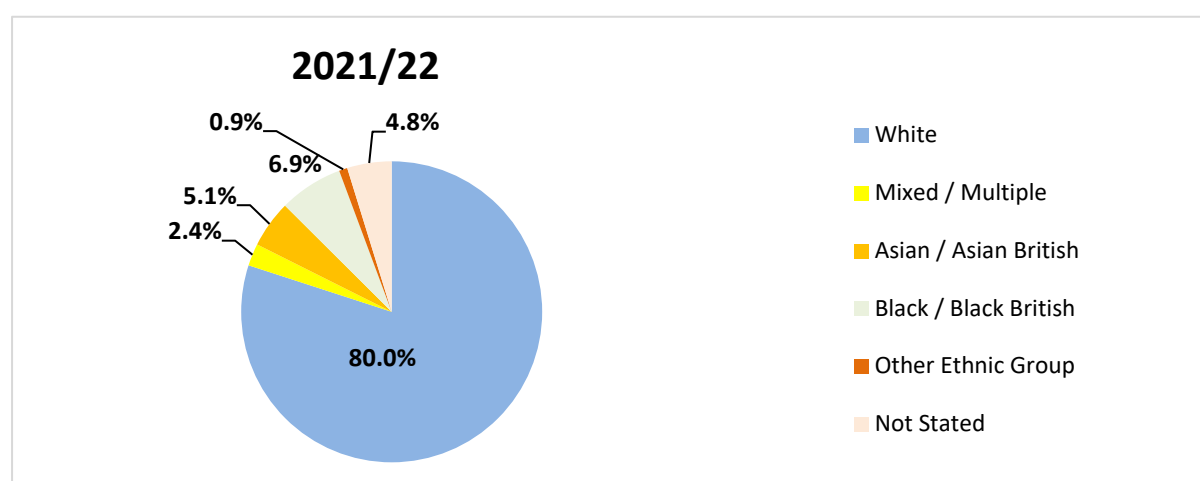


Table 4 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2020/21 compared to 2021/22. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

Table 4 – Ethnicity of Reading Population / Safeguarding Section 42 Enquiries over 2 Years since 2020/21

Ethnic group	% of whole Reading population (ONS Census 2011 data) *	% of whole England population (ONS Census 2011 data) *	% of Safeguarding s42 Enquiries 2020/21	% of Safeguarding s42 Enquiries 2021/22
White	74.8%	85.4%	82.3%	84.1%
Mixed	3.9%	2.3%	1.6%	2.5%
Asian or Asian British	12.6%	7.8%	6.9%	5.3%
Black or Black British	7.7%	3.5%	8.3%	7.2%
Other Ethnic group	1.0%	1.0%	0.9%	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 marginally 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. Once again, the 'Black or Black British' ethnic group is more comparable to the local picture and is higher than that at a national level. The 'Mixed' group has risen this year by 0.9% locally and is more comparable to the national levels.

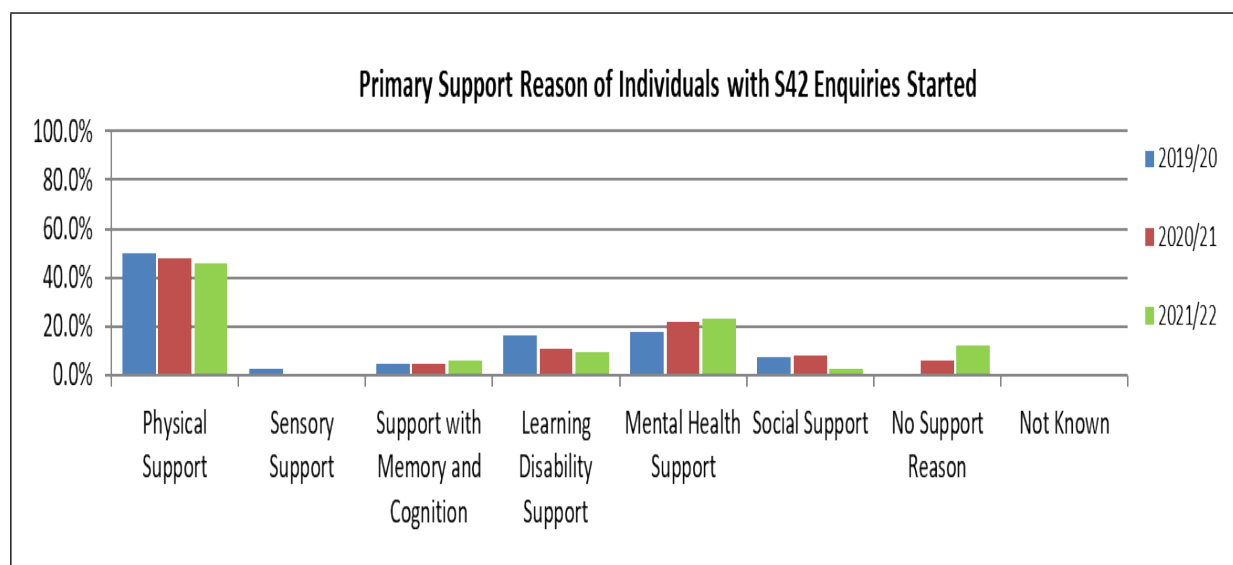
Primary Support Reason

Figure 5 shows the breakdown of individuals who had a safeguarding enquiry started by Primary Support Reason (PSR). The largest number of individuals in 2021/22 had a PSR of 'Physical Support' (46.3%) which has seen a decrease in its proportion of 2% over the year.

The 'Learning Disability Support' one has fallen again for the second year running (from 16.2% in 2019/20 to 10.6% in 2020/21 and now to 9.3% in 2021/22) whereas the 'Mental Health Support' group has risen by 1.7% (up from 21.6% in 2020/21 to 23.3% in 2021/22).

For 2021/22 the number of those individuals with 'No Support Reason' has increased by 5.7% (up to 11.9% of the total) due to more robust and accurate recording within the authority. The reason for having an enquiry when there is no support reason is because we need to assess the care and support need and this data is captured at the point of contact, rather than enquiry completion.

Figure 5 – Primary Support Reason for Individuals with Safeguarding Section 42 Enquiry over past 3 years



Case Details for Concluded Section 42 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.

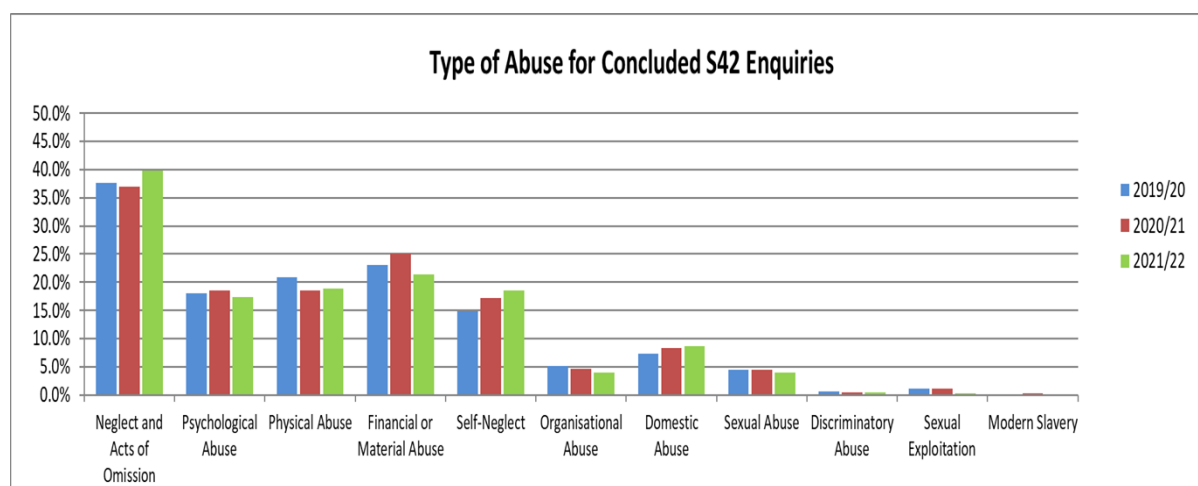
The most common types of abuse for 2021/22 were for ‘Neglect and Acts of Omission’ (39.9%), ‘Financial or Material Abuse’ (21.4%) and ‘Physical Abuse’ (18.9%).

‘Neglect and Acts of Omission’ and ‘Self-Neglect’ saw the largest proportionate increases (up 2.9% and 1.3% respectively) with ‘Financial or Material Abuse’ falling the most (down 3.7%).

Table 5 – Concluded Safeguarding Section 42 Enquiries by Type of Abuse over past 3 Years since 2019/20

Concluded enquiries	2019/20	%	2020/21	%	2021/22	%
Neglect and Acts of Omission	202	37.6%	177	37.0%	179	39.9%
Psychological Abuse	97	18.1%	89	18.6%	78	17.4%
Physical Abuse	112	20.9%	89	18.6%	85	18.9%
Financial or Material Abuse	124	23.1%	120	25.1%	96	21.4%
Self-Neglect *	80	14.9%	82	17.2%	83	18.5%
Organisational Abuse	28	5.2%	22	4.6%	18	4.0%
Domestic Abuse *	39	7.3%	40	8.4%	39	8.7%
Sexual Abuse	24	4.5%	21	4.4%	18	4.0%
Discriminatory Abuse	3	0.6%	2	0.4%	2	0.4%
Sexual Exploitation *	6	1.1%	5	1.0%	1	0.2%
Modern Slavery *	1	0.2%	1	0.2%	0	0.0%

Figure 6 – Type of Alleged Abuse over past 3 Years since 2019/20



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 clients has been the individuals 'Own Home' (69% in 2021/22) which has seen a 2.8% decrease proportionately compared to last year. Those in 'Care Homes' have seen a rise of 2.2% overall (a fall of 1.6% in the 'Care Home – Nursing' location and a rise of 3.8% in the 'Care Home – Residential' location). Those in a 'Hospital' location have risen 4.2% over the year. For those 'In a Community Service' there has also been a 3.6% fall in the numbers.

Table 6 – Concluded Section 42 Enquiries by Abuse Location Type over past 2 Years since 2020/21

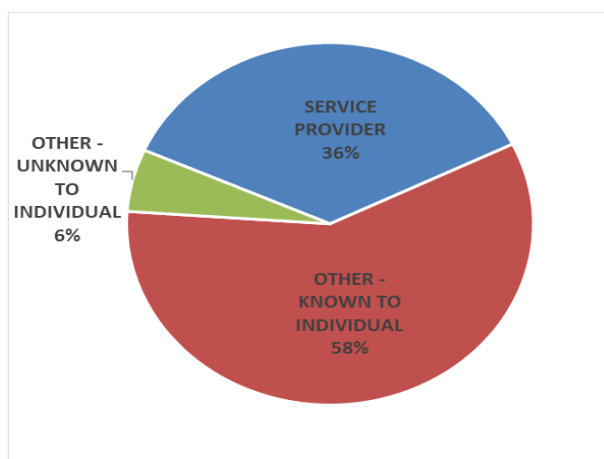
Location of abuse	2020/21	% of total	2021/22	% of total
Care Home - Nursing	31	6.5%	22	4.9%
Care Home - Residential	18	3.8%	34	7.6%
Own Home	343	71.8%	310	69%
Hospital - Acute	15	3.1%	32	7.1%
Hospital – Mental Health	12	2.5%	14	3.1%
Hospital - Community	4	0.8%	2	0.4%
In a Community Service	2	0.4%	3	0.7%
In Community (exc Comm Svs)	38	7.9%	18	4.0%
Other	15	3.1%	14	3.1%

Source of Risk

58% of concluded enquiries (down 1% on 2020/21) involved a source of risk 'Known to the Individual' whereas those that were 'Unknown to the Individual' only make up 6.0% (no change since 2020/21). 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 36% of the total (up 1% on 2020/21). This is shown below in Figure 7.

Figure 7 – Concluded Enquiries by Source of Risk 2021/22



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.

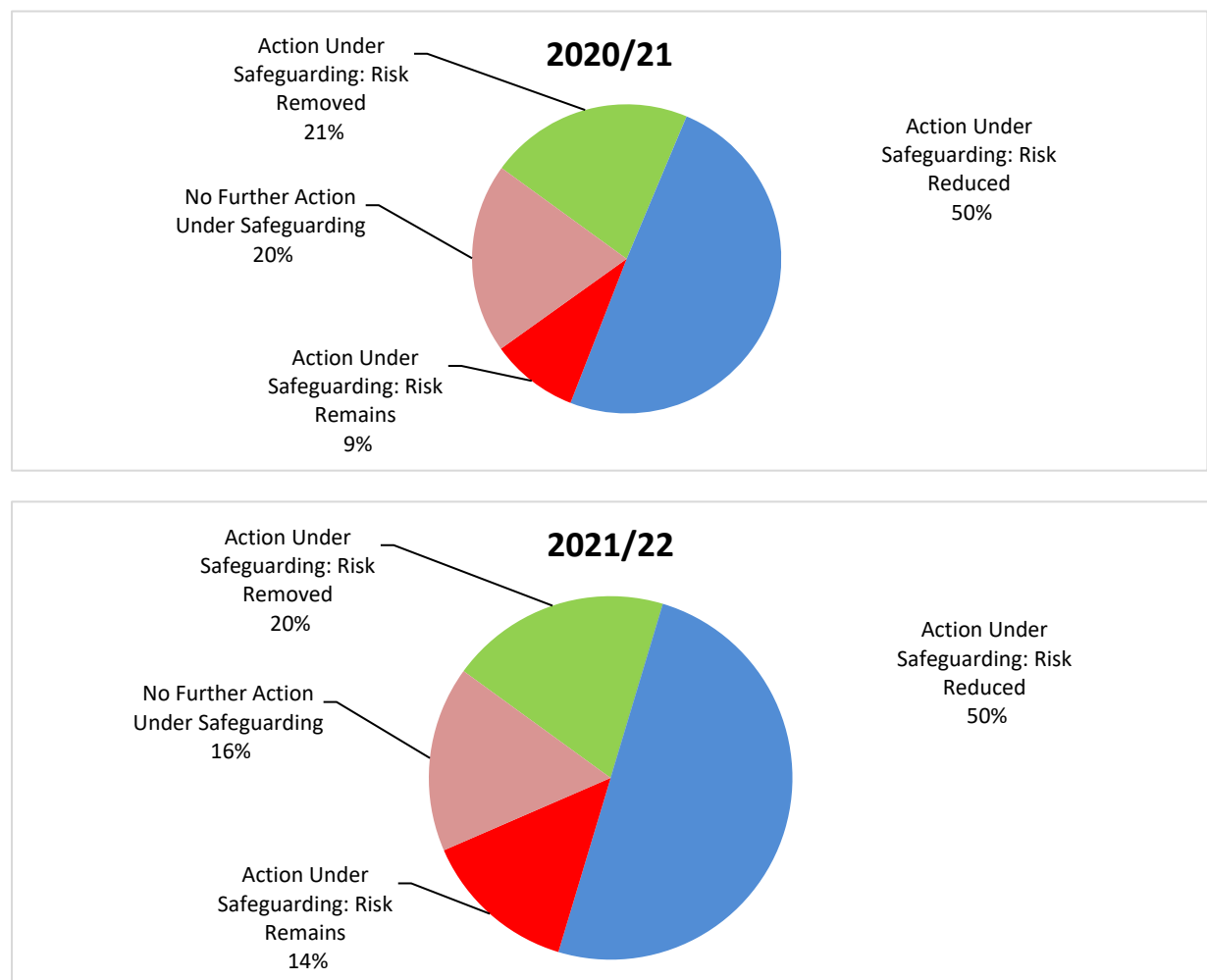
In 2021/22 the data has changed again due to the rise in 'Out of Scope' concerns although less came through because of more robust recording and initial investigation processes. Those with 'No Further Action' have decreased back down to 16% of all concluded enquiries (was 20% of the total in 2020/21).

The risk was 'Reduced' or 'Removed' in 71% of concluded enquiries in 2020/21 whereas this has decreased to 70% of the total in 2021/22. Those where a 'Risk Remains' has increased by 5%. These situations often involve circumstances where people have mental capacity in relation to decision making and it is therefore important that their rights and choices are respected, even if this means they are at risk of continued harm.

Table 7 – Concluded Enquiries by Action Taken and Result over past 3 Years since 2019/20

Result	2019/20	% of total	2020/21	% of total	2021/22	% of total
Action Under Safeguarding: Risk Removed	137	25%	102	21%	88	20%
Action Under Safeguarding: Risk Reduced	266	50%	237	50%	224	50%
Action Under Safeguarding: Risk Remains	55	10%	44	9%	62	14%
No Further Action Under Safeguarding	79	15%	95	20%	74	16%
Total Concluded Enquiries	537	100%	478	100%	449	100%

Figure 8 – Concluded Enquiries by Result, 2020/21 and 2021/22

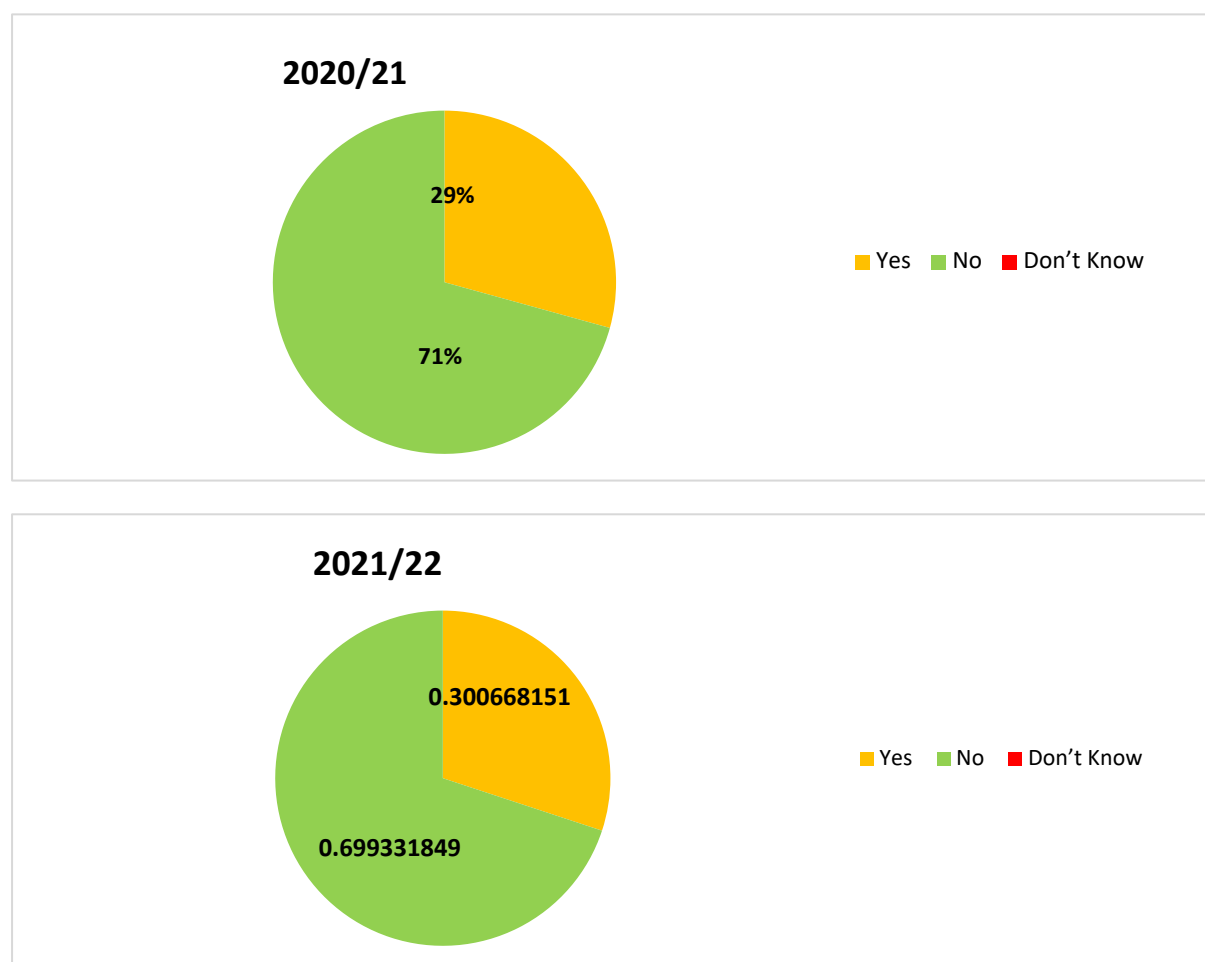


Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2020/21 and shows if they lacked capacity at the time of the enquiry.

The data shows that over this year those that lacked capacity has increased by 1%. Over the past 2 years those concluded enquiries where the mental capacity was not fully identified have been reduced to zero as work has been completed to make sure capacity is always considered during the enquiry process.

Figure 9 – Concluded Section 42 Enquiries by Mental Capacity over past 2 years since 2020/21

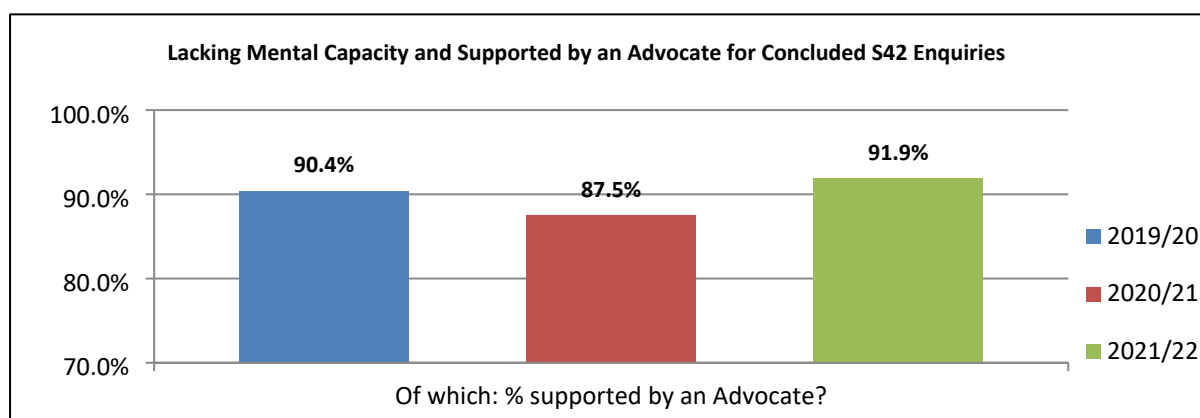


Of those 135 concluded enquiries where the person involved was identified as lacking capacity during 2021/22 there has been a 4.4% rise in those supported by an advocate, family, or friend than in the previous years (up to 91.9%). Table 8 and Figure 10 show how the numbers and proportion fell last year but had risen again up to a higher level than was seen in 2019/20.

Table 8 – Concluded Section 42 Enquiries by Mental Capacity over past 3 years since 2019/20

Lacking Capacity to make Decisions?	2019/20	2020/21	2021/22
Yes	198	136	135
<i>Of which: how many supported by an Advocate?</i>	179	119	124
<i>Of which: % supported by an Advocate?</i>	90.4%	87.5%	91.9%

Figure 10 – Concluded Section 42 Enquiries by Mental Capacity over past 3 Years since 2019/20



Making Safeguarding Personal

As at year end, 76.2% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 11.4% of those did not express an opinion on what they wanted their outcome to be (in 2020/21 this figure was 84.5% of which 10% did not express what they wanted their outcomes to be when asked).

Approximately 85% of all those asked also expressed an opinion in 2021/22 which is a positive outcome although this figure has reduced by 3% since 2020/21 (down from 88.1%).

This is shown below in Figure 11.

Figure 11 – Concluded Enquiries by Expression of Outcome over past 3 years since 2019/20

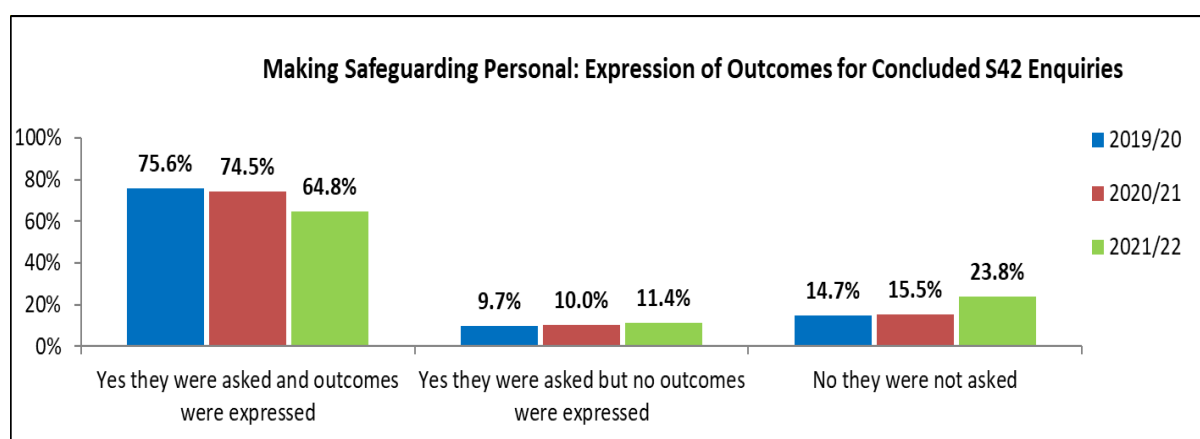
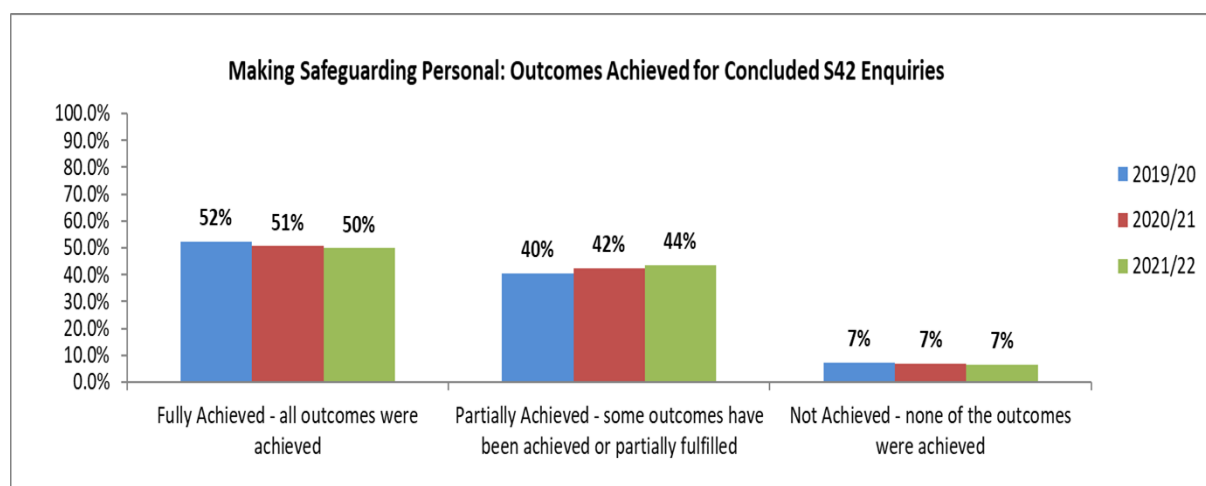


Figure 12 – Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2019/20



Of those who were asked and expressed a desired outcome, there has been another slight decrease of 1% (from 51% in 2020/21 to 50% in 2021/22) for those who were able to achieve those outcomes fully, because of the intervention by safeguarding workers.

However, a further 44% in 2021/22 (up 2% since 2020/21) 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 2021/22 set the priorities for the partnership.

These were:

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.

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.

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.

Priority 4 - The Board will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

Without doubt, the Covid-19 pandemic has had a significant impact on the nature of the development work undertaken during year 2020/21. 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 and prioritising all safeguarding work.

In addition, Reading Borough Council has introduced a Safeguarding Improvement Programme to further develop its safeguarding response and ensure consistency of practice across all key areas of safeguarding.

This has included a focus on:

- **Addressing of outstanding concerns** – concerns are now managed in much more real time with improved processes for workflow management and screening of concerns.
- **Development of an operating framework** – to ensure clarity of roles and responsibilities across the Adult Social Care Teams.
- **Communication of a safeguarding advice line** – to provide advice and guidance to professionals with a query.
- **Whole system safeguarding approach** – including a focus on prevention and early intervention and use of processes such as the Multi-Agency Risk Management Framework.

Operational Teams

The Adult Safeguarding Team continues to undertake the screening process for all the safeguarding concerns for Reading Borough Council and the Operational Teams undertake most of the Section 42 enquiries.

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

Safeguarding Leadership

We have appointed a Principal Social Worker, who alongside our Principal Occupational Therapist will provide leadership and direction to support our safeguarding responses.

Hoarding and Self Neglect

During the Covid-19 pandemic Adult Social Care has noted an increase in referrals for individuals who needed help to address their hoarding and self-neglect, and many situations had become acute. The challenges for all professionals during the pandemic were that, because of reduced interaction in the community, people in these circumstances 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
- Fire hazards
- Poor physical and mental health
- People may not receive the support they need
- The potential for individuals presenting on multiple occasions to several services

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 was awarded has been used to develop a multi-agency hoarding and self-neglect procedure and pathway.

Benefits of the project

- Promoted independence and support for a group of people who often find it difficult to access support and require a specialist and skilled approach over a long period of time.
- Increased 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.
- Specialist training and service development support offered from Hoarding UK.
- Development of a Reading Hoarding and Self Neglect pathway.

Mental Capacity Act Training

An intensive programme of mental capacity training has taken place, which includes equipping staff with a detailed understanding of the Mental Capacity Act principles and its application as well as enhanced preparedness for the Liberty Protection Safeguards, new legislation due to come into effect soon which will replace the Deprivation of Liberty Safeguards.

IMPROVING THE FUTURE OF SAFEGUARDING ADULTS IN READING

The aspirations for 2022/2023 are:

- We will ensure that the voices of adults at risk are sought, heard, listened to and acted upon and our approach to making safeguarding personal will be developed and enhanced along with partners.
- We will engage with wider preventative programmes and link with other workstreams such as those being led by Public Health to ensure any harm from abuse and neglect is prevented
- We will continue to support partners with their understanding of the guidance for safeguarding referrals and the appropriate pathways and routes for addressing the care and support needs of adults.
- We will seek to manage safeguarding referrals through a single point of contact and will utilise the Council's 'front door'.
- Using the national and local data to better understand any inequalities in accessing safeguarding services, we will meet with groups and partners in the black, Asian and minority ethnic communities to raise awareness and understand the barriers and reasons for the inequalities.
- We will progress the interface between quality assurance and safeguarding to provide a proactive response to quality concerns. Through a restructure the team will become a Quality & Safeguarding Team, responsible for the continuum of quality and safeguarding, with an emphasis on preventing harm.
- We will revisit the safeguarding training pathway for staff employed by Reading Borough Council, particularly decision makers and we will audit compliance with safeguarding training.
- We will introduce an audit programme to ensure continuous professional practice.
- 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 direction of our Principal Social Worker.
- We will seek to undertake a programme of audits to evaluate our practice and ensure continuous improvements.
- We will ensure SAB priority areas are fully embedded.

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APPENDIX 1 – Adult Children’s Education REPORT

Reading Borough Council

Safeguarding Annual Report Delivery Plan

No.	Action	What we will do	Outcome/Impact	By who	By When	Date completed
1	Management of safeguarding referrals	We will manage referrals through a single point of contact using the Council’s front door	Improved pathways and referral routes for partners, individuals and carers	Contact Centre	July 22	July 22 Service Level Agreement in place
2	Prevention of harm	Engage with Public Health prevention programmes and provide information and advice on support available	Harm from abuse or neglect is prevented or minimised	Assistant Director Team Manager	December 22	
3	Equity of access	Engage with community groups and representatives from seldom heard groups through community safety, healthwatch and the advocacy people Work with NHS colleagues to approach GPs	Improved awareness and understanding of the barriers and reasons for inequalities in the black, Asian and minority ethnic communities	Team Manager	October 22	
4	Interface between quality and safeguarding	Appoint dedicated Quality Officers and oversee quality assurance of providers in the Quality & Safeguarding Team	Address the continuum of quality and safeguarding with an emphasis on preventing harm	Team Manager	November 22	
5	Understanding of safeguarding thresholds	Address the volume of concerns received from partner agencies which are out of scope through action planning with agencies, particularly the Police and South-Central Ambulance Service	Improved targeting of service and proportionate use of resources	Assistant Director Team Manager Principal Social Worker	July 22	Initial meetings have taken place, actions agreed.

		Regular meetings with safeguarding leads in NHS to address themes and trends				
6	Making safeguarding personal	Ensure all safeguarding activity is focused around the person	Improved feedback and involvement of people accessing safeguarding	Safeguarding Development Group	November 22	
7	Safeguarding training	Revisit the safeguarding training pathway for RBC staff, particularly decision makers and audit compliance	Compliant with requirements	Workforce Board	December 22	
8	Audit	Confirm a programme of audits safeguarding contact	Ensure continuous professional practice	Principal Social Worker to lead	December 22	
9	Risks for young people transitioning to adults	Introduce a transition protocol	Smooth transition between child and adult services	Team Manager (with Preparing for Adulthood Team Manager)	March 23	
10	Implement any new policy and guidance	Network nationally and regionally to keep up to date with best practice and any new or emerging legislation	Ensure staff are conversant with new or emerging legislation and policy in relation to safeguarding	Principal Social Worker	Ongoing	
11	Embed Safeguarding Adult Board priorities	SAB priorities reflected in Directorate strategies, policies and guidance	Ensure SAB priorities are fully embedded	Directorate Management Team	March 23	

FINAL

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	19 October 2022	AGENDA ITEM:	
TITLE:	ANNUAL COMPLAINTS AND COMPLIMENTS REPORT 2021/22 FOR ADULT SOCIAL CARE		
LEAD COUNCILLOR:	COUNCILLOR ENNIS	PORTFOLIO:	ADULT SERVICES
SERVICE:	ADULT SOCIAL CARE & HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	NAYANA GEORGE	TEL:	0118 937 3748
JOB TITLE:	Customer Relations & Information Governance Manager	E-MAIL:	Nayana.george@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1.1 Adult Social Care recognises that there will be occasions when complaints are made. This short report tells you how many complaints were received in 2021/22 and were dealt with using either the Council's Corporate Complaints Procedure or the Statutory Complaints Procedure for Adult Social Care. It also summarises the main types of complaints we have received and provides some examples where we have improved as a result of learning from these complaints.
- 1.2 The purpose of this report is to provide an overview of complaints and compliments activity and performance for Adult Social Care for the period from 1 April 2021 to 31 March 2022.
- 1.3 During this period the service received 20 corporate complaints, which is a 17.6% increase over the 17 received in 2020/21, and 93 statutory complaints, which is a 31% increase over the 71 received in 2020/21.
- 1.4 The main themes for the period 2021/22 for both corporate and statutory complaints are:
 - Quality of Service Provided
 - Financial Issues
 - Staff Conduct
 - Communication
- 1.5 A summary of Adult Social Care Complaints and Compliments 2021/22 is at Appendix A. This will also be made publicly available through the Council's website from 25 October 2022.

2. RECOMMENDED ACTION

- 2.1 That the Committee notes the contents of the report.**

3. POLICY CONTEXT

- 3.1** Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require that Local Authorities operate the procedure. In September 2009, the Department of Health introduced a complaint procedure to cover both adult social care and health services. This meant a 3 stage complaints procedure became a 1 stage complaints procedure. Following investigation of the complaint by the Council, if the complainant is not satisfied with the outcome the complainant is advised to contact the Customer Relations & Information Governance Service Manager, to share their concerns with a view to possibly reviewing them with a senior manager or proceed to the Local Government & Social Care Ombudsman.
- 3.2** Complaints relating to Adult Social Care that fall outside of the scope of the statutory process are investigated in accordance with the Council's Corporate Complaints Procedure.
- 3.2.** Compliments can be an indicator of when the Council has performed well and can highlight the positive outcomes for the public who are in contact with us or that we provide a service to.

4. ACTIVITY

- 4.1** The Council operates a 1 stage complaints procedure in respect of statutory complaints about Adult Social Care made by 'qualifying individuals', as specified in the legislation. Qualifying individuals are defined in national guidance as the Service User or their appointed representative which can be a family member, friend, or Advocate. The timescale for responding to complaints is between 15 working days and 3 months, depending on the seriousness and complexity of the complaint. The guidance provides a risk matrix to assist the Customer Relations & Information Governance Service Manager, who is the designated Complaints Manager for the Council, to assess the complaint.

Reading Borough Council's Corporate Complaints Procedure gives an opportunity for those who are not 'qualifying individuals' under the social services legislation, to still be able to complain about Adult Social Care.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1** The Complaints Service provided by the Customer Relations Team contributes to the Service's aims to enhance emotional wellbeing and deliver outstanding services for service users who may be dissatisfied with the Adult Social Care service and those needing protection through Adult Safeguarding. It does this by providing an impartial and supportive service to service users and their families who wish to complain or raise a concern and ensuring that there is learning from complaints.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Information about the complaints or compliments process is provided verbally to service users via the Social Care Teams as well as the Customer Relations Team. Leaflets on the procedures are also widely distributed by the Social Care Teams and available in a variety of formats and languages on request.
- 6.2 Service Users are reminded of their right to complain or make a compliment and a leaflet is given out when the social worker first meets with them. Service users and/or their representative can also register a complaint via the web, email direct to the Customer Relations Team, in person, by phone, in writing or via an advocate.
- 6.3 Translation services are provided for complainants whose first language is not English and advocacy support is available for service users who wish to make a complaint.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 The Customer Relations & Information Governance Service Manager will ensure that the statutory complaints/compliments process is accessible to all customers regardless of their race, gender, disabilities, sexual orientation, age or religious belief.
- 7.2 The statutory complaints process is designed to ensure that any concern or issue faced by the service user, or their representative is addressed in a timely and impartial manner.

8. LEGAL IMPLICATIONS

- 8.1 The Statutory foundations for the Adult Social Care Services Complaints Procedures are The Local Authority Social Services Act (1970), The Human Rights Act (1998), Statutory Instruments 2009 No.309 National Health Service, England Social Care, England, the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

9. FINANCIAL IMPLICATIONS

- 9.1 There are no Capital or Revenue implications arising from this report.

The Council's Customer Relations Team provides value for money in effectively discharging the complaints process for the Council by attempting informal resolution of complaints.

There are no specific financial risks arising from this report.

10. BACKGROUND PAPERS

- 10.1 Department of Health, Advice Sheet for Investigating Complaints - Listening, Responding, Learning.

ADULT SOCIAL CARE COMPLAINTS & COMPLIMENTS 2020/21 SUMMARY REPORT

Introduction

This is a summary report of the data for complaints/compliments received by Adult Social Care for the financial year 2021/22.

The Council welcomes feedback through the complaints/compliments process which, as well as providing the opportunity to identify where services have not been provided as they should be, also provides customer insight and helps identify any deficiency in practice, policies, and procedures. It is from these that the Service and those who work in it can continue to learn and improve practice and service delivery.

Statutory Complaints Procedure

General complaints about Adult Social Care received from service users or their approved representatives (Family Member, Advocate or Power of Attorney) are dealt with through the statutory procedure. This will be one investigation by a senior officer in the relevant service area (Team Manager) and then signed off by either a Service Manager or Assistant Director.

At the Complainant's, or their representative's, request, an external, independent investigator can be appointed to investigate if the Customer Relations & Information Governance Service Manager deems the complaints to be at medium or high risk. The following Risk Matrix is used to assess the complaint.

Risk Matrix

The matrix below is used by the Customer Relations & Information Governance Manager in confirming the level of risk once an expression of concern has been considered within the formal complaints procedure.

		LIKELIHOOD OF RECURRENCE				
	RISK	Rare	Unlikely	Possible	Likely	Almost certain
SERIOUSNESS	Low	Low	Low	Low	Moderate	Moderate
		Low	Moderate	Moderate	High	High
	Moderate	Low	Moderate	High	High	Extreme
		Moderate	Moderate	High	High	Extreme
	High	Moderate	High	High	Extreme	Extreme
		Moderate	High	Extreme	Extreme	Extreme

Time Limits

Level of Risk	Maximum Time Limit for Completion
Immediate resolution	1 working day - confirm outcome
All accepted as formal	Acknowledge within 3 working days

complaints	
Low	15 working days
Moderate	25 working days
High	65 working days
Extreme	Up to 6 months

If the complainant feels that the issues they have raised remain unresolved, they have the right to request a meeting with the Locality Manager/Assistant Director and the Customer Relations & Information Governance Service Manager or refer their complaint to the Local Government & Social Care Ombudsman.

The Statutory Complaints process encourages the complainant and the Local Authority to consider resolving a complaint or concern informally through a face to face meeting or telephone discussion. It is the complainant's right to request the presence of the Customer Relations & Information Governance Service Manager at any face-to-face meeting.

Some complaints may require immediate action including whether the matter should be considered as a safeguarding issue. If it is a safeguarding issue, the relevant procedures would take precedence over the complaints procedure.

Corporate Complaints Procedure

The Corporate Complaints Procedure deals with complaints which do not meet the criteria for investigation through the Statutory Procedure (for example the complaint is made by a Provider or a family member who does not have consent from the service user to make the complaint) and is a 2-stage process. The first stage provides an opportunity for a local resolution of any problems which may arise, and it is expected that the majority of complaints will be resolved at this level, usually within 20 working days or less. Where the problems cannot be resolved to the complainant's satisfaction at a local level, Stage 2 of the process involves the investigation of the complaint by a more senior member of staff, usually within 30 working days or less and with a formal sign off by an Assistant Director.

Where the complainant feels that the issues they have raised remain unresolved, they have the right to refer their complaint to the Local Government & Social Care Ombudsman.

Summary of Compliments and Complaints Activity, Quality Assurance & Learning

This report details information for the past year together with analysis of the data, quality assurance and information on service developments as a result of learning from complaints. Under the current monitoring system, information about complaints received directly by teams is reported to the Customer Relations & Information Governance Service Manager upon receipt. This is to ensure that the Customer Relations & Information Governance Service Manager is aware of all current complaints in order to monitor their progress and highlight cases that can be resolved through Alternate Dispute Resolution (ADR) to Team Managers and senior staff.

Part 1 - Corporate Complaints

Please Note: The following tables include information for those complaints received and investigated at Stages 0 and 1 only, as complaints which go on to Stage 2 would count as being a duplicate complaint received for reporting purposes.

For information, the service did not receive any requests for a complaint to be investigated further at Stage 2 during this reporting period.

Total Number of Corporate Complaints Received

	Total No. Received	Stage 0	Stage 1
2017/18	7	3	4
2018/19	9	1	8
2019/20	13	3	10
2020/21	17 (+30.8%)	2	15
2021/22	20 (+17.6%)	6	14

Outcomes for complaints investigated formally

Outcome	2021/22	% of Total	2020/21	% of Total
Upheld	5	27.8%	7	41.2%
Partially Upheld	5	27.8%	1	5.9%
Not Upheld	8	44.4%	4	23.5%
No Outcome	0	0	2	11.8%
Multiple Outcomes	0	0	3	17.6%
Total No. Sent Out	18	100%	17	100%

Timescales for those investigated

	2021/22	%	2020/21	%
Total No. Sent Out In Timescale	12	66.7%	8	47.1%
Total No. Sent Out Over Timescale	6	33.3%	9	52.9%

Spread of Complaints Received across Teams

Team	2021/22	% of Total	2020/21	% of Total
CMHT	2	10%	0	0
Commissioning	2	10%	6	35.3%
Deputy's Office	0	0	1	5.9%
FAB Team	1	5%	0	0
Finance	1	5%	0	0
Localities Team	3	15%	3	17.6%
PBST	3	15%	1	5.9%
Safeguarding	5	25%	0	0
Short-Term Team	3	15%	4	23.5%
Transformation	0	0	1	5.9%

Programme Team				
Wellbeing	0	0	1	5.9%
Total	20	100%	17	100%

Themes of Complaints Received

Theme	2021/22	% of Total	2020/21	% of Total
Communication	1	5%	0	0
Financial Issue	7	35%	5	29.4%
Health & Safety Issue	0	0	1	5.9%
Lack of Support	2	10%	0	0
Policy Issue/Procedure	4	20%	1	5.9%
Quality of Service Provided	3	15%	6	35.3%
Staff Conduct	3	15%	4	23.5%
Total	20	100%	17	100%

How Complaint was Received

Method	2021/22	% of Total	2020/21	% of Total
E-mail	8	40%	11	64.6%
Letter	2	10%	2	11.8%
Telephone	8	40%	2	11.8%
Webform	2	10%	2	11.8%
Total	20	100%	17	100%

Part 2 - Statutory Complaints

Total Number of Statutory Complaints Received

	Total No. Received	% Change over previous year	Stage 0	% Of total received	Stage 1	% Of total received
2017/18	79	+27.4%	22	27.8%	57	72.2%
2018/19	72	-8.9%	21	29.2%	51	70.8%
2019/20	84	+16.7%	30	35.7%	54	64.3%
2020/21	71	-15.5%	33	46.5%	38	53.5%
2021/22	93	+31%	50	53.8%	43	46.2%

Outcomes of statutory complaints investigated formally

Outcome	2021/22	% of Total	2020/21	% of Total
Upheld	12	27.9%	10	26.3%
Partially Upheld	9	20.9%	2	5.3%

Not Upheld	10	23.3%	14	36.8%
No Outcome	1	2.3%	2	5.3%
Multiple Outcomes	11	25.6%	10	26.3%
Total	43	100%	38	100%

Timescales for responding to statutory complaints

	2021/22	%	2020/21	%
Total No. Sent Out in Timescale	24	55.8%	18	47.4%
Total No. Sent Out Over Timescale	19	44.2%	20	52.6%

Note: The statutory complaints above, we worked to an initial 15 working day response date extending to no more than 25 working days.

Spread of Complaints across Teams (All Complaints)

Team	2021/22	% of Total	2020/21	% of Total
Advice & Wellbeing Hub	4	4.3%	0	0
Community Mental Health	7	7.5%	5	7.0%
Commissioning	7	7.5%	5	7.0%
Community Reablement	0	0	2	2.8%
Deputy's Office	2	2.2%	3	4.2%
Finance	1	1.1%	0	0
Financial Assessments & Benefits	1	1.1%	7	9.9%
Localities	44	47.2%	14	19.7%
Long-Term Team	1	1.1%	0	0
Occupational Therapists	1	1.1%	0	0
Personal Budget Support	6	6.4%	4	5.8%
Public Health	1	1.1%	0	0
Safeguarding Adults	2	2.2%	1	1.4%
Short-Term Team	16	17.2%	29	40.8%
Wellbeing	0	0	1	1.4%
Total	93	100%	71	100%

Themes (All Complaints)

Theme	2021/22	% of Total	2020/21	% of Total
--------------	----------------	-------------------	----------------	-------------------

Communication	19	20.4%	9	12.7%
Financial Issue	7	7.5%	23	32.4%
Health & Safety Issue	0	0	1	1.4%
Lack of Support	5	5.4%	1	1.4%
Policy Issue/Procedure	6	6.5%	0	0
Quality of Service Provided	49	52.7%	29	40.8%
Staff Conduct	7	7.5%	8	11.3%
Total	93	100%	71	100%

How Complaint was Received (All Complaints)

Method	2021/22	% of Total	2020/21	% of Total
E-mail	48	51.6%	53	74.6%
Letter	9	9.7%	11	15.5%
Telephone	24	25.8%	7	9.9%
Webform	12	12.9%	0	0
Total	93	100%	71	100%

Learning & Service Improvements following Complaints received

Complaints and concerns provide essential and valuable feedback from our clients and customers. Listening to customers and reflecting on examples of where we have not got it right can reveal or highlight opportunities for improvement (for example, a deficiency in practice, communication or service delivery). Even if a complaint is not upheld, lessons can be learnt from that complaint with service developments and improvements as a result. The complaints process and the feedback gained is an integral part of the quality assurance process, which feeds into the development and monitoring of services. Learning from complaints should be reviewed by Social Care teams regularly at their team meetings. Below are some examples of learning from complaints in the past year along with key service improvements as a result of complaints received.

Examples of complaints and learning

Complaint:

Concerns raised by the family about the conduct of care company staff, not arriving on time and not providing the care needs as set out by the service users care plan - Complaint partially upheld

Learning:

Apology to the family and service user. Management of the care company provided with feedback all parties have agreed going forward, that they will ensure that the next of kin/representative is aware of the contracted start and end times of carer visits to avoid confusion. The management are further reminded of the importance of ensuring that the service user and relatives (where appropriate) are kept informed of lateness or any issues that prevent care from starting in a timely fashion.

Complaint:

Mother was discharged from the Royal Berkshire Hospital with no care in place, mother should have had an assessment before she was discharged. That mother

should have received up to 6 weeks of care when discharged from hospital. Complainant had to care for mother until care was put in place, this took 18 days and is unacceptable. - Upheld

Learning:

Apologised for the considerable distress this had caused. There were delays in providing care, partially due to a lack of care capacity in the care provider market in August but also because the tender was cancelled in error by the Advice and Wellbeing Hub staff. Reading Borough Council Commissioning Team worked with new providers to increase market capacity to meet increasing demand and to ensure care capacity. further work to be undertaken by the Team Manager of the Advice and Wellbeing Hub to improved communication between the Advice and Wellbeing Hub and Personal Budget Support Team. To ensure all staff are aware that tenders are not cancelled when a “holding care package is in place”.

Complaint:

Regarding the continuing health care (CHC) application/process for funding for father, D whilst at B House following discharge from hospital - Not Upheld.

Funded Nursing Care and Continuing Health Care are both health led and not within the remit of the local authority to apply for and, that the Service User had been financially assessed as a full contributor. Case records were updated, advice will be documented, and copy sent to families, especially when it is about funding of care.

Service Improvements - in 2021/22:

- ASC have been working closely with the Corporate Contact Centre regarding the initial screening of safeguarding concerns. Analysis of the safeguarding referrals and the conversation to full enquiry indicated that the majority of safeguarding concerns could be closed, referred for community support or diverted to the Adult Social Care front door
- As part of the ASC restructure, the directorate will have Direct Payment officers that support front line social workers, service users and families in the Direct Payment process. The Officers will ensure that all information is gathered, and Direct Payments are set up smoothly.
- All managers will be attending training in investigating and responding to complaints. In addition, the service is looking to commission training for all staff on customer care and what good customer care looks like.
- The department has now reformed the ASC Care and Quality Board. This Board will now review all elements of care quality in the service, review lessons learnt from complaints, and implement any agreed service improvements.

Quality Assurance

The Customer Relations Team carries out checks of all complaint responses to ensure the quality of the response and that the language and terminology used is made easy for the complainant to understand, particularly if the complainant has a disability. We have on occasion asked the investigating officer to translate reports and responses into Easyread.

Statistics indicate 100% of responses were checked by the Customer Relations Team before being sent out. The Customer Relations & Information Governance Service

Manager and the Team are also available to the complainant and the investigator for advice on best practice during the complaint investigation but remain impartial.

The Customer Relations & Information Governance Service Manager will deliver training on investigating and responding to complaints on request. The Corporate Complaints Procedure is available on-line. The Adult Social Care statutory procedure is available on-line also. The Customer Relations & Information Governance Service Manager attends Team Meetings to provide training and advice to Teams and Senior Managers when required. The Customer Relations Team has also improved processes to ensure upcoming responses are discussed and monitored at weekly meetings. The Social Care staff are in more regular contact with the Customer Relations & Information Governance Service Manager and her team and are aware of their processes which has led to improved joint working for the benefit of the complainant.

Support Network

The Customer Relations & Information Governance Service Manager is the Vice Chair and participates in the Southern Region Complaints Managers' Group and the National Complaints Managers' Group, which continues to support Customer Relations and Complaints Managers in sharing good practice, both nationally and locally. Where cases are complex the Customer Relations & Information Governance Service Manager often seeks advice and guidance from Legal Services and the Local Government & Social Care Ombudsman's advice line.

Local Government & Social Care Ombudsman (LGSCO)

The Local Government & Social Care Ombudsman's role is to investigate complaints about maladministration or administrative fault that lead to injustice for the complainant. In some complaints the LGSCO may find evidence of administrative fault but no resultant injustice. The LGSCO should not investigate complaints about policy changes where the decision has been properly made.

Between 1 April 2021 and 31 March 2022, the Local Government & Social Care Ombudsman received 7 representations from dissatisfied service users for issues relating to Adult Care & Health Services, which is 2 more than the previous year. Of these 7 cases, 3 cases were investigated and upheld, 2 cases were referred to the Council as premature, and 2 case were assessed and not investigated.

The LGSCO did not issue any formal reports finding maladministration by the Council.

Compliments

The Customer Relations Team owns the logging of compliments for the Council as a whole. Staff are reminded and encouraged to pass on all compliments to the Customer Relations Team's generic mailbox.

In the year 2021/22, 10 compliments were received by the following Adult Social Care Teams:

Community Reablement Team - 1
Hospital Discharge Team - 1
Locality Team - 6
Safeguarding - 1
Short Term Team - 1

The following are some examples of compliments received:

Community Reablement Team

- Carers were absolutely excellent, absolutely brilliant and were such a comfort whilst looking after her late husband, 2 staff were mentioned.

Hospital Discharge Team

- A huge thank you to the wonderful worker for his ongoing support and engagement with the therapy team. We really appreciate all his support and guidance, and how well he works with our team. Thank you!

Locality Teams

- Thanks for your assistance too - your email which clearly set out the position of ASC and the Team really helped. I'm very pleased to let you know that the Team has been selected as one of the winners from the nominations for the People's Choice award. Your team was selected as a winner for demonstrating values associated with the "Making a difference to our customers" in the Team Category.
- Thank you so much for everything you have done for me, I can't thank you enough you have been my rock through all my bad times. I appreciate everything you have done to help me and get me in the right life I deserve I wish you all the best and thank you again.
- Just wanted to alert you to some really good work done by one of your team. His client has struggled with hoarding and spent all her time in her riser recliner chair, refusing to go to bed and had not been paying her care charges. She can be quite challenging. Through fantastic relationship-based practice Mamo has convinced her to self-fund a clearance of her main living room and to accept a hospital bed to be installed. He has organised the clearance (with a lot of hard work and perseverance). He has also convinced her to start paying her care charges and a direct debit has been set up to clear the debt.

Safeguarding

- I would like to say thank you, I had immediate reassurance that my email had been received and not only did it provide me with a timeframe that I can expect someone to reply, it provided friendly invite to send a reminder if delayed. And then to include the definition of the act was refreshing. It made me think about the screening process and to double check the concern I was raising.

Short-Term Team

- Son wanted to pass on his gratitude and thanks for the kind assistance they received from a team member for all of the assistance with his late mother.

Contact Information: How to make a complaint

Some complaints can be sorted out by discussing your problem with your Social Worker or a manager. If you want to make a complaint, you can contact the Council by telephone, letter, in person or by e-mail. Telephone the Customer Relations & Information Governance Service Manager on 0118 937 2905 or e-mail: Socialcare.Complaints@reading.gov.uk. If you wish to make your complaint to us in writing, our address is: The Customer Relations Team, Reading Borough Council, Floor 2 South Rear, Civic Offices, Bridge Street, Reading, RG1 2LU. Your complaint will be recorded and if we cannot sort out the problem immediately it will be passed for further investigation and action. The Customer Relations Team can take your complaint over the telephone and explain the complaints procedure in more detail or send you a leaflet explaining how to complain. The leaflet is also available in Council buildings or via the Council's website. You can also use these contact details to tell us if you have a concern (but do not want to make a complaint) or if you want to make a compliment about a service.

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Complaints & Compliments Annual Report 2021-22

SUMMARY

An overview of complaints, compliments, SARs activity and performance for the period from 1 April 2021 to 31 March 2022.

AUTHORS

Nayana George, RBC's Customer Relations & Information Governance Manager and Fiona Tarrant BFFC Head of Communications & Marketing

VERSION

1.1

DATE

30 August 2022

© Brighter Futures for Children

Brighter Futures for Children
Civic Offices, Bridge Street,
Reading RG1 2LU

Company number 11293709

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TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	19 October 2022	AGENDA ITEM:	
TITLE:	BFFC ANNUAL COMPLAINTS & COMPLIMENTS REPORT 2021-22		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	CHILDREN'S SERVICES
SERVICE:	BRIGHTER FUTURES FOR CHILDREN (CHILDREN'S SERVICES)	WARDS:	BOROUGHWIDE
LEAD RBC MANAGER (as per the SLA with BFFC):	NAYANA GEORGE	TEL:	0118 937 3748
JOB TITLE:	Customer Relations & Information Governance Service Manager	E-MAIL:	Nayana.george@reading.gov.uk
LEAD BFFC SENIOR MANAGER (BFFC Lead for the SLA)	FIONA TARRANT	TEL:	0118 937 4356
JOB TITLE	Head of Communications & Marketing	E-MAIL	Fiona.tarrant@brighterfuturesforchildren.org

Purpose of report

The purpose of this report is to provide an overview of complaints, compliments, SARs activity and performance for the period from 1 April 2021 to 31 March 2022.

Executive summary

This report outlines the work that Brighter Futures for Children (BFFC) and Reading Borough Council (RBC) have carried out to improve customer relations. The report's main focus is on complaints and compliments, also covered are Subject Access Requests (SARs).

Children's Social Care, Early Help, Education and Special Educational Needs and Disabilities (SEND) services in Reading are delivered by Brighter Futures for Children (BFFC), a not-for-profit company wholly owned by, but independent of, Reading Borough Council. Through a Service Level Agreement, Reading Borough Council's Customer Relations Team handles the administration of complaints, compliments and SARs.

This report details information for the year 2021/22, analysis of the data, quality assurance and information on service developments as a result of learning from complaints.

Under the current monitoring system, information about complaints received directly by teams is reported to the Customer Relations Team upon receipt. This is to ensure that the Customer Relations & Information Governance Service Manager is aware of all current complaints in order to monitor their progress and highlight cases that can be resolved through alternate dispute resolution (ADR) to team managers and senior staff.

This SLA is led by the Customer Relations & Information Governance Service Manager for the Council and overseen by BFFC's Head of Communications & Marketing.

Complaints, particularly in the emotive arena of children's services, are inevitable. The way that they are handled, however, can help reduce the number of escalating complaints and can improve parental and family understanding of the need for intervention by children's services and the positive outcomes for children and young people.

BFFC recognises complaints are an important source of information to help the company understand where and why changes need to be made to improve the service provided.

During this the financial year 2021/22 the service received 65 statutory complaints, which is a decrease of 5 (7.14%) against the 70 received in 2020/21.

Of the 65 complaints received:

- 9 were resolved through alternative dispute resolution (ADR) by the social care teams.
- The remaining 56 progressed to a formal investigation, although six of these were subsequently withdrawn by the complainant once the investigation had commenced.

During this reporting period, 11 complaints progressed to a Stage 2 investigation. Some of these related to Stage 1 complaints received in this reporting year, and some to Stage 1 complaints received in the previous reporting year (2020/21). Of these 11, five then progressed to a Stage 3 investigation. We also received a further four requests for a Stage 3 investigation, although these were progressions of Stage 2 complaints received in the previous reporting year (2020/21).

Both the Customer Relations Team, on BFFC's behalf, and BFFC's Communications & Marketing and HR/Training Teams have continued to raise awareness of the complaints process with both staff and the public.

The 'Children's Social Care Complaints 2021/22 – Summary Report' attached at **Appendix A** provides an analysis of the data for statutory complaints; it explains how complaints are managed and how the learning is used to improve services. This will be made public through both Reading Borough Council's and Brighter Futures for Children's websites.

The Council and BFFC have worked closely to drive improvements in the services offered to children and young people and to signpost to information on advocacy, early resolution and the complaints procedures.

The 2021/22 report shows a marked improvement in the number of complaints received.

Nevertheless, BFFC recognises there is much room for improvement and is actively working to better the services offered to its customers.

Recommendations

Both BFFC's Board and the Adult Social Care, Children & Education Committee is asked to:

- Note the contents of the report and intended actions to further improve service delivery and the management of representations, particularly complaints, in children's services in Reading.
- Note the continuing work to raise awareness of all conflict resolution processes, including the statutory complaints process and encourage appropriate use by children, young people and their families.

Context

The NHS & Community Care Act 1990, Children Act 1989, Children Act 2004, Department of Health and Department for Education Guidance & Regulations require that the children's social care service sets up and maintains a complaints procedure. They also require that local authorities operate the procedure within specified timescales and that methods of investigation, a summary of statistical information on complaints and a review of the complaints process are included in an annual report.

Activity

Brighter Futures for Children operates a 3-stage procedure in respect of statutory complaints about children's social care made by 'qualifying individuals', as specified in the legislation. Qualifying individuals are defined in national guidance as a child or young person, their parent, carer or foster carer or 'anyone who could be seen to be acting in the best interests of the child'.

The timescale for responding to complaints at Stage 1 is 10 working days, which can be extended to 20 working days in certain circumstances. The RBC Customer Relations & Information Governance Service Manager, who is the designated complaints manager for BFfC, also has to be aware of all complaints as they are being dealt with.

The corporate complaints procedure gives an opportunity for those who are not 'qualifying individuals' under the social services legislation, to still be able to complain about children's services and this route is used for all corporate and education (incl. SEND) complaints.

Contribution to strategic aims

Customer relations contribute to both BFfC and RBC's aims to enhance emotional wellbeing and deliver outstanding services for children in need and those needing protection in Reading. It does this by providing an impartial and supportive service to children and families who wish to complain or raise a concern and ensuring that there is learning from complaints.

RBC's Customer Relations Team and the Customer Relations & Information Governance Service Manager administer this service on behalf of Brighter Futures for Children, under a Service Level Agreement. The BFfC Board has oversight of service delivery and on actions relating to lessons learned, as part of the company's strategic aim to improve children's services in Reading.

Community engagement and information

Information about the complaints process is provided verbally to service users via BFfC's Children's Social Care teams and Independent Reviewing Officers, as well as by the Customer Relations Team. Full information is also on the website www.brighterfuturesforchildren.org. Leaflets on the procedures are widely distributed and available in a variety of formats and languages on request to the Customer Relations Team or through the use of ReachDeck on BFfC's website.

In all children looked after reviews and all child protection conferences, the chair always mentions the complaints process so that our most vulnerable children are reminded of their right to complain and a leaflet is provided. Service users are also able to register a complaint via the web, text, email directly to the Customer Relations Team, in person, by phone, in writing or via an advocate.

The Brighter Futures for Children website has a direct link to the complaints service and the Customer Relations Team has published the details of the Customer Relations & Information Governance Service Manager and the BFfC advocacy provider, Reconstruct. The Customer Relations Team also works closely with Healthwatch Reading and other organisations that offer free help line support to children in care and carers who may wish to complain and require assistance.

Translation services are provided for complainants whose first language is not English and advocacy support is available for young people who wish to make a complaint.

Equality impact assessment

The Customer Relations & Information Governance Service Manager will ensure that the statutory complaints process is accessible to all customers regardless of their race, gender, disabilities, sexual orientation, age or religious belief.

The statutory complaints process is designed to ensure that any concern or issue faced by vulnerable children and their carers is addressed in a timely and impartial manner.

Legal implications

The statutory foundation of the children's social care services complaints procedures are the Local Authority Social Services Act (1970), The Children Act (1989), The Children Act (2004), The Human Rights Act (1998), The Adoption and Children Act (2002) and The Children Act 1989 Representations Procedure (2006).

It is a requirement of the Department of Health's standards and criteria for complaints management for children's social care that an annual report including complaints is presented to a public meeting.

Financial implications

There are no capital or revenue implications arising from this report. However, BFfC has an obligation to ensure the service provided by RBC's Customer Relations Team is value for money, that the SLA is regularly monitored and that all complaints are handled in a trauma informed, restorative and timely manner to minimise the likelihood of legal costs associated with escalation of complaints that could have been better resolved earlier.

Value for money

The overriding aim of both BFfC and RBC is to work towards informal resolution wherever possible. BFfC works to the principle of a restorative and trauma informed approach and is keen for complaints to be resolved to the complainant's satisfaction, at the earliest possible stage. The Customer Relations Team works to this aim and ensures that most statutory complaints are resolved within the Stage 1 process so that expensive Stage 2 investigations and Stage 3 panels are minimised.

Risk assessment

There are no specific financial risks arising from this report.

Background papers

['Getting the Best from Complaints'](#) Government Publication, August 2006

Appendix A

Children's Social Care complaints for Brighter Futures for Children 2021/22

Summary report

Introduction

This is a summary report of the data for statutory complaints received by Brighter Futures for Children (BFfC) for the financial year 2021/22. The report shows there were 65 complaints, a decrease of 5 (7.14%) on the 70 received in 2020-21. This reduction is steady and continuous, reducing from the 96 received in 2018/19, when BFfC began the delivery of children's services in Reading.

This report will be made available to the public through the Reading Borough Council (RBC) and BFfC websites.

In addition to the quality of service provided, there are many factors that can affect the number of complaints received such as satisfaction, customer expectations, awareness of the complaints process, and the extent of promotional activity.

A high number of complaints should not be interpreted simply as meaning that Brighter Futures for Children is providing a poor service, while at the same time a low number of complaints should not be interpreted as meaning people are satisfied with the service.

When interpreting the statutory complaints statistics, it is important to take into account not just the number received but the number and proportion that are upheld.

Brighter Futures for Children welcomes feedback through the complaints process. As well as providing opportunity to identify where services have not been provided as they should be, feedback can also provide customer insight and help identify any deficiency in practice, policies and procedures. It is from these that the service and those who work within it can continue to learn and improve practice and service delivery.

Statutory complaints procedure

Complaints dealt with through the statutory procedure involve three stages.

At Stage 1 complaints are investigated and responded to by a manager in the relevant service area.

If the complainant feels that the issues they have raised remain unresolved, they have the right to progress their complaint to Stage 2. Consideration of complaints at Stage 2 is normally achieved through an investigation conducted by an investigating officer and an independent person. The independent person is involved in all aspects of consideration of the complaint including any discussions in the authority about the action to be taken in relation to the child. At the conclusion of their investigation, the independent person and the investigating officer prepare independent reports for adjudication by a senior manager (usually the Director of Children's Social Care).

When Stage 2 of the complaints procedure has been concluded and the complainant is still dissatisfied, they can request a review of the stage 2 investigation, by a review panel at Stage 3. The Panel must consist of three independent people.

The statutory children's social care complaints process encourages the complainant and BFfC to consider Alternate Dispute Resolution (ADR) at every stage of the complaints process. This means

resolving a complaint or concern informally through a face to face meeting or telephone discussion. Entering into ADR does not restrict the complainant's right to request a formal investigation at any stage. It is the complainant's right to request the presence of a customer relations manager at any face-to-face meeting.

Summary of compliments and complaints activity, quality assurance & learning

There has been a 7.14% decrease in the number of complaints received compared to the previous year. This means there were 5 fewer complaints (65) compared to 70 last year. Of these, 50 went to formal investigation, with 44% responded to within timescale and 56% outside the agreed timescales. A further six were withdrawn by complainants.

The top three themes for 2021/22 were as follows:

- Quality of Service provided or received – 23 (35.4%).
- Staff conduct – 14 (21.5%); and
- Procedure – 13 (20%)

Examples of complaints recorded as **Quality of service provided or received** include: the parent or carer disagreeing with the content of an assessment or care plan proposed for a child or young person, concerns from parents or carers about contact arrangements with their child looked after and the child or young person being unhappy about the move to a different placement.

Staff conduct complaints are recorded as such when complaints are received about specific individual members of social work staff.

Procedure complaints are mainly about the actions, or lack of, taken by a team or individual relating to a specific case.

Quality assurance

The Customer Relations Team carries out checks of all complaint responses to ensure the quality of the response and that the language and terminology used is easy for the complainant to understand, particularly if the complaint is from a child or young person.

All responses made during the year (100%) were checked by the Customer Relations Team before being sent out. The findings and recommendations arising from complaints are shared regularly with BFFC's Board, Senior Leadership Team and operational managers. The Customer Relations & Information Governance Manager and the Customer Relations Team are also available to the complainant and the investigator for advice on best practice during the complaint investigation but remain impartial.

The Customer Relations & Information Governance Manager delivers training on investigating and responding to statutory Stage 1 complaints and also on the corporate complaints procedure to BFFC staff. The Customer Relations & Information Governance Manager also attends team meetings to provide training and advice to front line staff.

Training is available online and can be accessed by all social care staff through BFFC's training department and via BFFC's training portal. Take up of this on-line training has been very low. However, two face-to-face training sessions for operational managers were delivered in 21/22. A training session was also commissioned via the Local Government & Social Care Ombudsman, specifically for the Service Managers who investigate complaints at Stage 2.

The complaints procedure is promoted to external groups and publicity material is available to staff, children and young people on both RBC and BfFC's websites. Parents or carers with learning difficulties or other needs can access the information using the ReachDeck accessibility tool on the BfFC website, or they can be signposted to local, impartial organisations, such as Reading's Information Advice and Support Service (IASS).

Processes have been improved to ensure responses due are discussed and monitored regularly. BfFC's senior managers get regular updates on all complaints which are live and under investigation. BfFC staff are in more regular contact with the Customer Relations Manager and the Team and are aware of the process, which has led to improved joint working for the benefit of complainants.

Monthly reports of the Service Level Agreement are provided to the BfFC Contract Manager. Quarterly reports are prepared for the BfFC Board and Senior Leadership Team (SLT) and for the Council's Corporate Management Team (CMT).

Support network

The Customer Relations & Information Governance Manager participates in the Southern Region Complaints Managers' Group and is the current vice chair of the group and also attends the National Complaints Managers' Group. Both groups continue to support customer relations and complaints managers in sharing good practice, both nationally and locally. Where cases are complex the Customer Relations & Information Governance Manager often seeks advice and guidance from the Council's Legal Services Team, and the Local Government & Social Care Ombudsman's advice line.

Complaints activity statistics

In the year 2021/22, children's social care received 65 statutory complaints, which is a decrease of 5 (7.14%) compared to the 70 received in 2020/21.

To give this some context, in 2021/22, 2,479 children in total were referred to children's social care, so the number of statutory complaints represents 2.6%. These referrals were regarding a mix of both new and existing children and young people.

During this reporting period, 11 complaints progressed to a Stage 2 investigation. Some of these related to Stage 1 complaints received in this reporting year, and some to Stage 1 complaints received in the previous reporting year (2020/21). Of these 11, five then progressed to a Stage 3 investigation. We also received a further four requests for a Stage 3 investigation, although these were progressions of Stage 2 complaints received in the previous reporting year (2020/21).

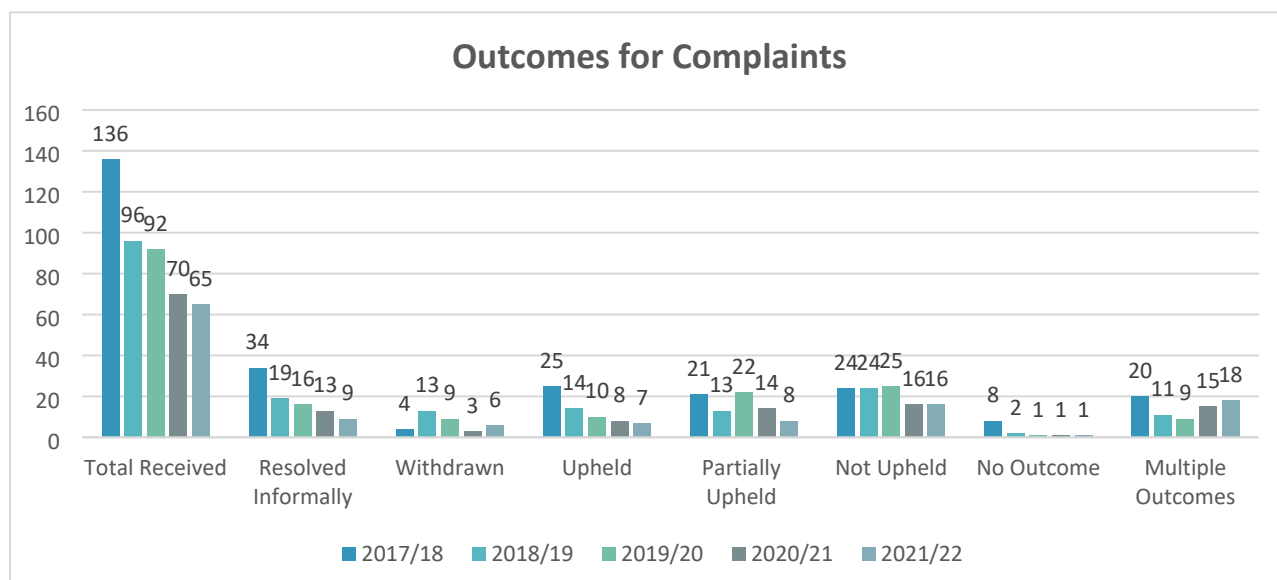
Of the 65 complaints received:

- 9 (13.8%) were resolved as representations informally through alternative dispute resolution (ADR) (Stage 0) by the social care teams.
- 6 (10.7%) of the remaining 56 complaints were withdrawn by the complainant following a resolution with the service after the investigation had commenced, leaving 50 (89.3%) which were investigated at Stage 1 to an outcome.

Of the 50, 22 (44%) were responded to within timescale, with the remaining 28 (56%) complaints responded to over timescale.

Of the 50 complaints investigated to an outcome, 7 (14%) were recorded as fully upheld, 8 (16%) as partially upheld, 16 (32%) as not upheld, and 1 (2%) as having no recordable outcome. The remaining 18 (36%) were complaints with multiple strands to the complaint, where several

outcomes were recorded. A complaint is recorded as partially upheld when the issues the complainant is raising are accepted, but where it is either out of BFFC's hands or remit to resolve the matter to the complainant's satisfaction.



Total number of Stage 1 complaints (including those resolved by alternative dispute resolution (ADR) and eventually withdrawn) received in the last five years.

Year	Number of complaints received	% Increase against previous year	Number of cases referred to Children's Services	% of complaints against referrals
*2017/18	136	3.03%	2,717	5.01%
**2018/19	96	-29.4%	2,765	3.47%
2019/20	92	-4.17%	2,564	3.6%
2020/21	70	-23.9%	2,384	2.9%
2021/22	65	-7.14%	2,479	2.6%

* Pre-Brighter Futures for Children

** Mostly pre-Brighter Futures for Children, which became operational on 3 December 2018.

Outcomes for those investigated to a completion (excluding those resolved via ADR and those eventually withdrawn)

Outcome	Number	% of Total
Upheld	7	14%
Partially upheld	8	16%
Not upheld	16	32%
No outcome	1	2%
Multiple outcomes	18	36%
Total	50	100%

Timescales

Total Investigated to an Outcome	In Timescale	% of Total	Over Timescale	% of Total
50	22	44%	28	56%

Total Resolved Informally	In timescale	% of Total	Over Timescale	% of Total
9	6	66.7%	3	33.3%

Main theme of all complaints received during 2021/22

(NOTE: This includes all complaints received and resolved informally, withdrawn, and investigated to an outcome at Stage 1, but does not include complaints investigated at Stages 2 & 3, as these themes are duplicates of Stage 1)

Theme of complaint	Number	% of Total
Communication	7	10.8%
Lack of Support	8	12.3%
Procedure	13	20.0%
Quality of service provided	23	35.4%
Staff conduct	14	21.5%
Total	65	100%

Who the complaint was received from

Who made the complaint	Number	% of Total
Advocate	5	7.7%
Child *	1	1.5%
Friend	1	1.5%
Landlord	1	1.5%
Parent (Incl. Adopted or Foster Parents)	42	64.6%
Professional (Care Worker, Social Worker, etc)	3	4.6%
Self **	12	18.6%
Total	65	100%

* These are complaints received directly from a child, usually under the age of 12, sometimes via an advocate.

** These are complaints received from young people who are clients in their own right, usually care leavers around the age of 17 or 18.

The majority of complaints are from the birth parents who disagree with social care involvement and outcomes from assessments, care plans and wish to challenge a professional decision. Of the 42 complaints received from parents, 19 of them were from fathers who felt excluded from the processes. Complaints of this nature are inevitable, however high-quality record keeping, clear communication with a clear distinction between fact and opinion reduces the opportunity for dispute.

Complaints received by team

Team	No. of Complaints	%
Access & Assessment Team	19	29.2%
Children in Need Team	2	3.1%
Children Looked After Team	6	9.2%
Children & Young Persons' Disability Team	5	7.7%
Early Help Team	1	1.5%
Family Intervention Team	21	32.3%
Leaving Care Team	10	15.5%
Special Educational Needs & Disabilities Team	1	1.5%
Total	65	100%

The three areas which received the highest number of complaints were the Family Intervention Team with 21 (32.3%), the Access & Assessment Team with 19 (29.2%) and the Leaving Care Team with 10 (15.5%). This can mainly be attributed to the challenging circumstances in which these particular services work in and the volume of their direct contact with service users.

Methods used to make a complaint

Method	Number	% of Total
E-mail	45	69.2%
Letter	3	4.6%
Telephone	10	15.4%
Webform	7	10.8%
Total	65	100%

The above demonstrates that the complainants have a number of methods they can use to contact the Customer Relations Team with their complaints.

Demographic Information

Ethnicity	Number of complaints received	% of Total
Asian/Asian British	2	3.1%
Black Caribbean	1	1.5%
Black/Black British	1	1.5%
Mixed/Mixed Other	1	1.5%
Not Stated	43	66.2%
White British	16	24.7%
White/White Mixed	1	1.5%
Total	65	100%

For equality monitoring purposes, staff have been encouraged to seek personal demographic information from people who make a complaint to help assess if there are groups of people who are proportionally complaining more or less and to explore the possible reasons. We have found that people who complain do not always wish to state their ethnicity.

The offer of the translation service and easy read versions of complaint responses are made available by the Customer Relations & Information Governance Service Manager to those complainants who need these.

Complaints from young people involving advocates

Between 1 April 2021 and 31 March 2022 three complaints were recorded as coming from young people, two directly, and one via an advocate.

The Customer Relations Information Governance Service Manager also meets BfFC teams and managers to reinforce the importance of capturing verbal complaints. Staff are encouraged to record and analyse comments or concerns, as many children's and young people's issues are resolved this way rather than using the complaints process. If the young person is unhappy but does not wish to make a formal complaint, the Customer Relations Team also offers to try to resolve matters informally.

Local Government & Social Care Ombudsman

Between 1 April 2021 and 31 March 2022, the Local Government & Social Care Ombudsman (LG&SCO) received 16 representations from dissatisfied service users for issues relating to BfFC. This is an increase of 11 from the previous year. Of the 16 cases, the LGSCO assessed and investigated 4 cases. 3 cases were upheld and 1 case was not upheld. 6 cases had either not progressed through the complaints procedures and were referred back to BfFC. The remaining 6 cases were not within the LGSCO's jurisdiction to investigate or was closed after initial enquiry/assessment.

In respect of the upheld complaints, the LGSCO asked the Council/BfFC to apologise and provided financial redress. They also recommend some service improvements, all of which have been completed and evidence provided to the LGSCO. The LGSCO was satisfied that 100% of the remedies they recommended were actioned within timescales.

The LGSCO did not issue any formal reports finding maladministration by BfFC.

Learning from complaints

BfFC welcomes feedback from service users to inform the improvement of services. All compliments and complaints are logged and disseminated to managers. Issues arising from complaints, how the specific service has addressed them, and emerging themes are then reported to the senior leadership team and the Company Board and relevant committees. Where appropriate, learning events are held with key practitioners to draw out issues and learning, with findings disseminated to relevant services and teams. Two such learning events were held as part of the response to complaints – one centred on learning from a placement move for a child, and the other on a specific accommodation setting where three young people were placed together. Brief reports summarising the learning were disseminated across the children's social care teams, and incorporated in practice improvement meetings.

Key activities regarding learning from complaints as part of our improvement work in 2021/22 included:

- Practice expectations confirmed to staff to ensure complainants are spoken with and not only responded to in writing. This enables potential early resolution but also a deeper understanding of the complainant's issues raised.
- Team level training delivered to children's social care team around complaints – both how to avoid them in the first place, and how to respond when they are raised.
- Embedding the BfFC Quality Strategy, which includes how we engage with children and families and ensure their participation in planning and reviewing the support and services they receive
- The aligned BfFC Quality Assurance Operational Framework was also agreed and implemented, which sets out among its activities how we will collect the views of children and families (for example, our quarterly quality audits and success reviews include direct feedback and views from young people and families)
- A revised BfFC Engagement and Participation Strategy, which includes how we use these views to shape provision and will evidence how service delivery is impactful and makes a sustainable difference to the lives of children and families
- Using language that is trauma informed, empathic, evidence-based and naming the source of information when assessments or written reports are produced
- Adapting online forms on Mosaic records to demonstrate a trauma-informed approach.
- Areas of focus regarding practice improvement included ensuring
 - Assessments are co-produced with families; to reflect a parent and child's views and to be shared with them in a timely manner
 - Accurate, unambiguous and timely recordings on a child's records
 - Improving communication and clarity of information with parent carers on the PCNA pathway.

In 2021/22 these were the learning improvements BfFC focused on in the early help service:

- Data breaches are reported more swiftly and accurately as the Company's data breach procedures are used more effectively
- A range of improvements have been implemented in both practice and processes to mitigate potential complaints, including all-team retraining in information security and data protection when any breach -however minor - occurs
- Although the majority of internal learning opportunities have been virtual, a number of staff in managerial roles have completed HR core skills training which included: Challenging Conversation & Managing Team Dynamics/Conflict. Diversity & Cultural Competence. They have also attended the Managers' Communications Toolkit training.

In 2021/22 these were the learning improvements BfFC focused on in the SEND Service:

- Continuation of the communications working group as part of the SEND strategy helps identify and remedy poor communication and information for parent carers on the SEND processes and services available (led by the BfFC Head of Communications & Marketing)
- All improvements in SEND communications are published on the Reading Local Offer or BfFC website and a page on the [BfFC website](#) is dedicated to letting parent carers and young people know about these updates.
- Regular meetings are held between the BfFC Special Education Needs and/or Disabilities (SEND) team and Reading Information, Advice and Support Service (IASS) to understand each other's processes and roles/responsibilities (maintaining independence and impartiality in doing so)

The DfE guidance asks for the Council or its representative - in this case BfFC - to ensure that we report the learning and service improvements implemented as a result of complaints. Some learning was pertinent to individual workers and led to bespoke advice and training. Some learning was shared in reminder to all staff regarding good practice and some learning led to review of services and processes.

Some individual and staff learning included:

1. Complaint (upheld)

The Education, Health and Care (EHC) Needs Assessment – Brighter Futures for Children applied local policy instead of legislation despite knowing a child was not accessing education and had been out of school for 5 months. This resulted in an 8-9 month delay and the child not receiving appropriate support.

BfFC failed to seek alternative provision. The parents made a formal request on three separate occasions for advice from a specially trained occupational therapist, physiotherapist and speech and language therapist but the LA did not follow this up.

Action

- The SEND team manager met with the family to agree and progress matters with regards to the individual case.
- An apology was issued on behalf of Brighter Futures for Children.

Learning

- Awareness was raised across the organisation of the Children Missing Education policy and how it should inform practice.
- Team discussions took place on how teams could improve joint working - internally and externally - around the challenge of persistent absence.
- Individual learning was addressed in relation to actions taken in response to parental requests

2. Complaint (upheld)

Complaint is in respect of an education placement not being identified for a young person in care. Complaint also referred to a lack of response to a request for a multi-agency meeting.

Action

- A multi-agency meeting was arranged and held in March 2022 with SEND, Children's Social Care and the Virtual School.
- An apology was given to the young person for the failure to identify a permanent school placement.
- The SEND team agreed additional funding for weekly package of education to be increase and the Virtual School agreed to fund activities not covered by other funding

Learning

- BfFC's has written a document outlining processes to be followed when placing a Child Looked After with an Education Health Care Plan (EHCP)
Escalation procedures have been reviewed where there are concerns about educational placement, to ensure these are up to date and clear.

3. Complaint (upheld)

Concerns were raised that letterbox contact had not been set up since an adoption was approved. Poor communication from BfFC regarding this matter.

Action

- The team manager in the Children Looked After team drafted letters to the children to set out, sensitively, the circumstances of their birth family, the efforts made to enable contact to take place and the reasons why they were unsuccessful in doing so. These letters also apologised for the failure to set up letterbox contact in a timely manner.

Learning

- The real need for a dedicated post to support the timely arrangement of letterbox contact. This post has now been created and recruited to, providing long-term reassurances of improved practice.

Complaints and concerns provide essential and valuable feedback from our service users. Listening and reflecting on examples of where we have not got it right can reveal or highlight opportunities for improvement (for example, a deficiency in practice, communication or service delivery).

Even if a complaint is not upheld, lessons can be learnt from that complaint with service developments and improvements as a result. The complaints process and the feedback gained is an integral part of the quality assurance process, which feeds into the development and monitoring of services.

BfFC recognises the need to improve the timescales for responding to complaints. The above table on timescales sets out the relevant data. Fortnightly reports have been provided to the senior leadership team, who shares this with service and team managers and highlights deadlines and responses needed. This has allowed for better tracking of the timeliness of complaints. This remains a priority area to be improved.

Subject Access Requests (SARs)

The Customer Relations Team processes all SARs requests for BfFC. These are open and closed children's social care cases (historical cases where paper and microfiche files are held at the records centre) and Special Education Needs (SEN) cases.

In 2021/22, the Customer Relations Team received 38 requests for records, 26 fewer than the 64 requests received in 2020/21 relating to BfFC.

Of the 38 requests received 28 requests were completed. The remaining 10 are waiting to be processed.

In total, a further 35 requests received between 2020-2022 are outstanding and waiting to be processed at the time of writing this report.

The main reasons for the backlog are as a result of the Customer Relations Team's functions being suspended between March 2020 and July 2020 which caused a backlog of requests being processed, along with the following:

- Restrictions posed by the pandemic meant records could not be retrieved from the archive for scanning.
- The move of paper records from Darwin Close to Bennet Road in early 2021 restricted access to the storage area.
- The lack of resource to redact files which range from a few hundred pages to over 3500 pages per file.
- Paper files need to be copied from microfiche and scanned before redactions can be completed. In SEND cases, information is held on the EMS (Education) system as well as shared files and emails. These have to be searched, converted to PDF and redacted before the file can be shared with the requestor.
- In all cases the Customer Relations Team and the Information Governance Team has kept in regular contact with requestors to ensure they were kept up to date on the progress of their requests.

Extra BFfC resource was deployed to help the Customer Relations team to clear backlogs. The Council is working on tendering a contract for the supply of new technology for redaction work and has also employed temporary staff to help address the backlog issue.

Compliments

In the year 2021/22, 64 compliments were received and logged for BFfC. These were received by the following teams:

- Children in Need – 1
- Children Looked After – 1
- CYPDT – 2
- Contact Service – 1
- Contracts & Commissioning – 1
- Early Help – 5
- Educational Psychologists – 1
- Family Intervention Teams – 1
- Family Workers – 6
- Fostering Team – 3
- Foster Carers – 2
- Multiple Teams within BFfC – 34
- Operations & Support Teams – 1
- Safeguarding – 1
- South-East Children's Action Team – 2
- Targeted Youth Support Workers – 1
- West Area Team – 1

The following are some examples of compliments received:

Safeguarding

- I really appreciate that the amazing work you done for supporting my son to have better life being and great advice to me to how to keep good relationship with Y and how to dealing with some situations with my son and the father of my son. I always feel very comfortable to share information with you and always have good advice from you as well.

South-East Children's Action Team

- You helped me be more confident in my decision making and what it was that I was already achieving but not seeing myself. Having a friend as such to pick me up when I wasn't feeling quite myself but also someone with great ideas to help bring our family unit back together. Having someone there when I felt like I had no one who took the time and patience to understand me and my family's needs.

CYPDT

- " [REDACTED] and you (J) are the best social workers I have known, I feel like you both really care. It's not just a job to you."

Family Workers

- I just wanted to highlight that S's contribution to the programme and a particular young person was amazing!! Without S's commitment to this young person it would have been difficult to have been able to fully support her needs, however S did and the young person had an amazing time. This would not have been achieved without S's input and dedication. The young person attended all 4 days and it was just so evident as to how important this was for her.

West Area Team

- I want to send you a message to say thank you for being my social worker. I can't remember how long you have been my social worker for but it has been a long time. I have enjoyed my time with you. I am looking forward to looking for a job when I am 18. I am looking forward to working with L. I have grown up a lot since I first met you. I think you have done a great job being my social worker. Thank you so much.

Appendix B

Contact information: How to make a complaint

Some complaints can be sorted out by discussing your problem with your social worker or a manager. If you want to make a complaint, you can contact the Customer Relations Team by telephone, letter, in person, or by e-mail. Telephone the Customer Relations Team on 0118 937 2905 or e-mail: socialcare.complaints@reading.gov.uk.

If you wish to make your complaint to us in writing, our address is:

Customer Relations Team
Reading Borough Council
Floor 2 South Rear

Civic Offices
Bridge Street
Reading
RG1 2LU

You can also text us with your complaint, type SPKUP & your message to 81722. Your complaint will be recorded and if we can't sort out the problem immediately it will be passed for further investigation and action.

The Customer Relations Team can take your complaint over the telephone and explain the complaints procedure in more detail or send you a leaflet explaining how to complain. The leaflet is also available in council buildings or via the Brighter Futures for Children website (www.brighterfuturesforchildren.org). You can also use these contact details to tell us if you have a concern (but do not want to make a complaint) or if you want to make a compliment about a service.

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