Jackie Yates
INTERIM CHIEF EXECUTIVE

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

To: All Members of the Health and Wellbeing Board

Our Ref:
Your Ref:

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

29 September 2022

Your contact is: Nicky Simpson - Committee Services

NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 7 OCTOBER 2022

A meeting of the Health and Wellbeing Board will be held on **Friday, 7 October 2022 at 2.00 pm** in the **Council Chamber, Civic Offices, Bridge Street, Reading RG1 2LU**. The Agenda for the meeting is set out below.

AGENDA Page No

1. DECLARATIONS OF INTEREST

2. MINUTES OF THE MEETING HELD ON 15 JULY 2022 5 - 22

3. QUESTIONS

Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.

4. PETITIONS

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

5. COVID-19 AND INFLUENZA - UPDATES

(a) **Covid-19 Data Update** **23 - 30**

A presentation giving an update on the latest Covid-19 data.

(b) **Berkshire West Autumn COVID-19 Vaccination Plan Sept - Dec 2022** **31 - 52**

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

A presentation giving an update on the Berkshire West Autumn COVID-19 Vaccination Plan for September to December 2022.

(c) **Seasonal Berkshire Influenza Vaccination Campaign - 2022/23** **Verbal Report**

A verbal presentation will be given on the Berkshire Flu Vaccination Campaign for 2022/23.

6. READING COMMUNITY VACCINE CHAMPIONS PROGRAMME - UPDATE 53 - 70

A presentation giving an update on the Reading Community Vaccine Champions programme.

7. READING AREA SEND STRATEGY 2022-27 - UPDATE ON PROGRESS 71 - 178

A report giving an update on progress on the Reading Area Special Educational Needs and/or Disabilities Strategy 2022/27.

8. FIRE SERVICE WINTER PLANNING FOR VULNERABLE RESIDENTS 179 - 180

A report giving details of Berkshire Fire & Rescue Service's planning to offer support to residents through the winter in light of the challenges of rising prices of household items, food and energy, particularly to those on low incomes and who have other vulnerabilities.

9. UPDATE ON ACCESS TO GP SERVICES IN READING 181 - 196

A report giving an update on the current position regarding access to General Practice services in Reading and work being undertaken to improve telephone access and build resilience over the Winter period.

10. ICB AND ICP UPDATE 197 - 210

A presentation giving an update on the development of the Integrated Care Board and the Integrated Care Partnership in Buckinghamshire, Oxfordshire and Berkshire West.

11. BERKSHIRE WEST UNIFIED EXECUTIVE UPDATE 211 - 214

A report giving an update on key issues discussed at the Berkshire West Unified Executive from June to September 2022.

12. BETTER CARE FUND PLAN 2022/23 PLAN AND NARRATIVE 215 - 270

A report outlining the Better Care Fund (BCF) 2022/23 Plan submission for Reading Borough Council. The Reading BCF 2022-23 Plan, BCF Narrative and BCF Demand and Capacity Template are appended.

13. INTEGRATION PROGRAMME UPDATE 271 - 282

A report giving an update on the Integration Programme and performance of Reading against the national Better Care Fund (BCF) targets for April to June 2022 (Q1)

14. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE UPDATE REPORT 283 - 306

A report giving an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and, in Appendix A, narrative information updates on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and the locally agreed implementation plans.

<u>FOR INFORMATION ONLY:</u>

15. LOST FOR WORDS - HEALTHWATCH EVIDENCE ON HOW LANGUAGE BARRIERS CONTRIBUTE TO HEALTH INEQUALITIES 307 - 332

Healthwatch Reading were involved in research for a national campaign by Healthwatch England where Reading people with little or no English shared their communication struggles with the NHS. In the final report "Lost for Words", which was published on 23 March 2022, Healthwatch England call for the NHS to face a new legal duty on arranging interpreters for people who speak little or no English.

16. HEALTHWATCH ANNUAL REPORT 2021/22 - CHAMPIONING WHAT MATTERS TO YOU 333 - 350

Healthwatch Reading's Annual Report for 2021/22, giving details of the work carried out by Healthwatch Reading in 2021/22.

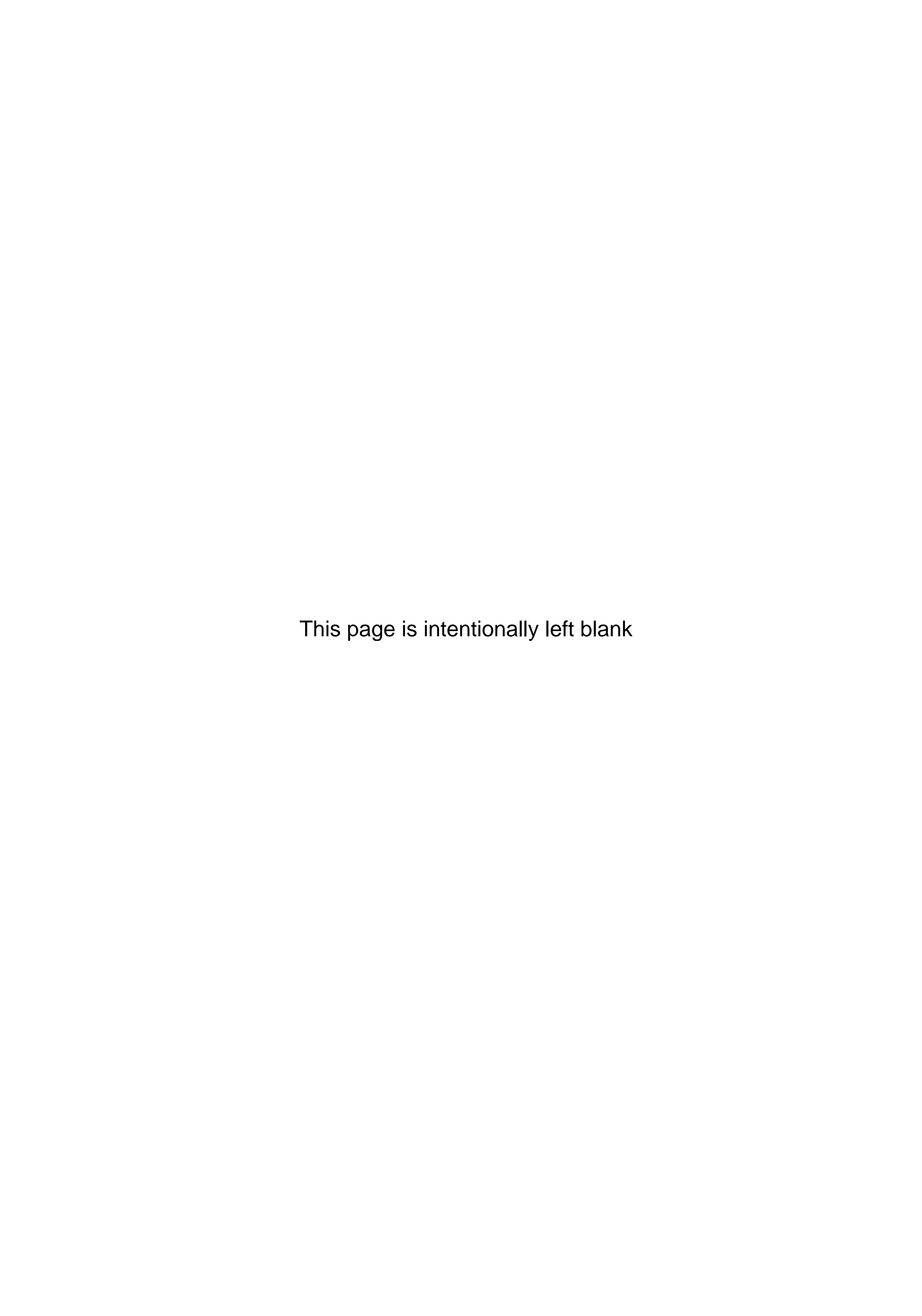
17. DATE OF NEXT HEALTH & WELLBEING BOARD MEETING - 20 JANUARY 2023

WEBCASTING NOTICE

Please note that this meeting may be filmed for live and/or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during a webcast will be retained in accordance with the Council's published policy.

Members of the public seated in the public gallery will not ordinarily be filmed by the automated camera system. However, please be aware that by moving forward of the pillar, or in the unlikely event of a technical malfunction or other unforeseen circumstances, your image may be captured. **Therefore, by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.**

Please speak to a member of staff if you have any queries or concerns.



This page is intentionally left blank

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

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 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.bucksoxonberksw.icb.nhs.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)

- 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.

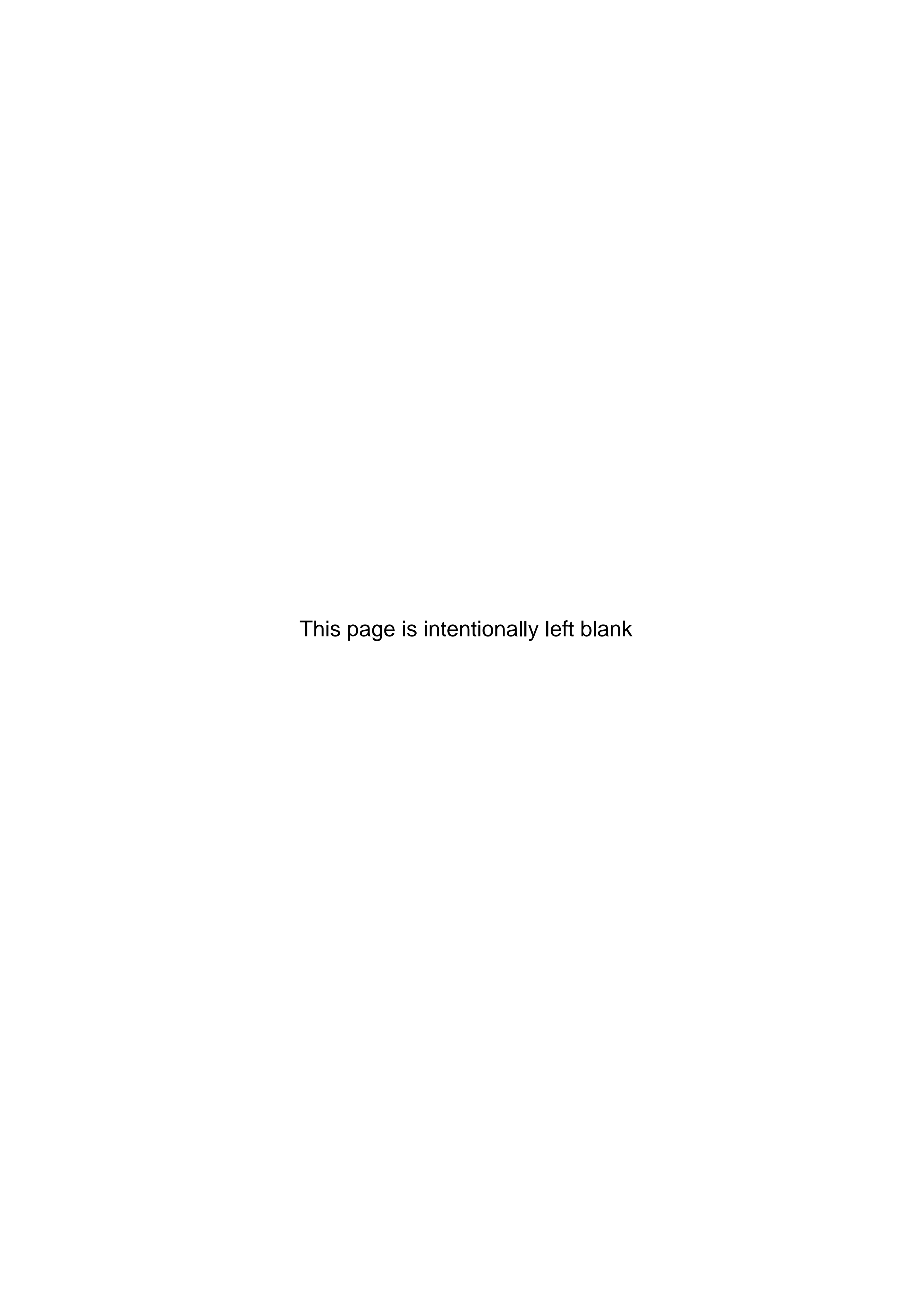
Paragraph 2.1 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

Resolved - That the report be noted.

17. DATE OF NEXT MEETING

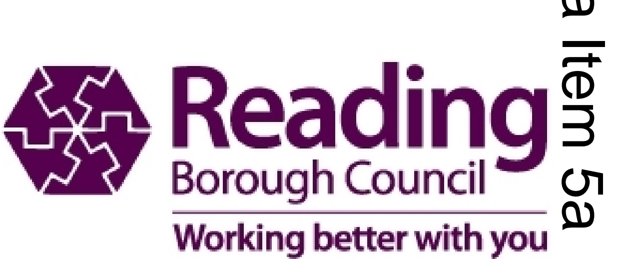
Resolved – That the next meeting be held at 2.00pm on Friday, 7 October 2022.

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


This page is intentionally left blank

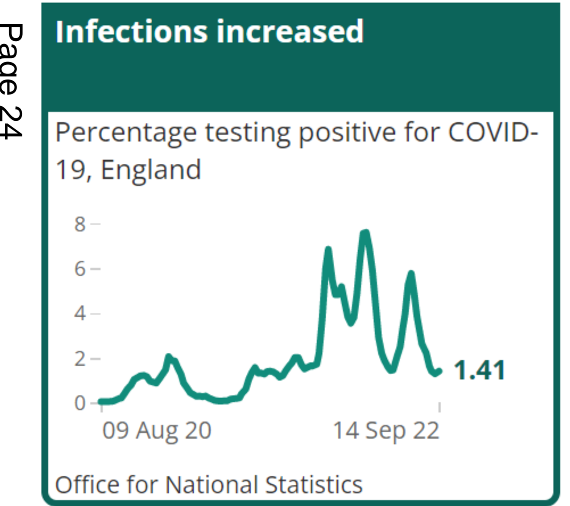
Covid-19
Data update

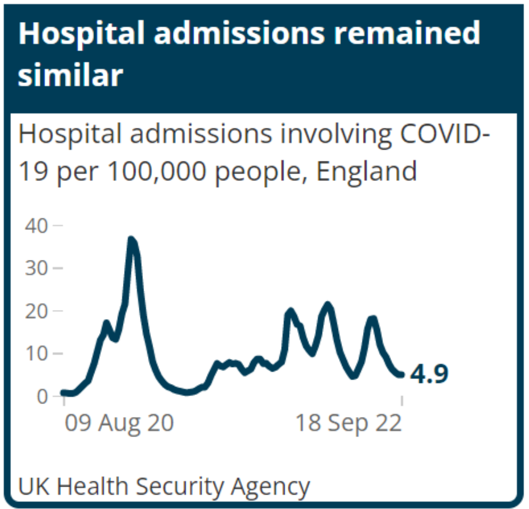
Reading Health and Wellbeing Board
7th October 2022

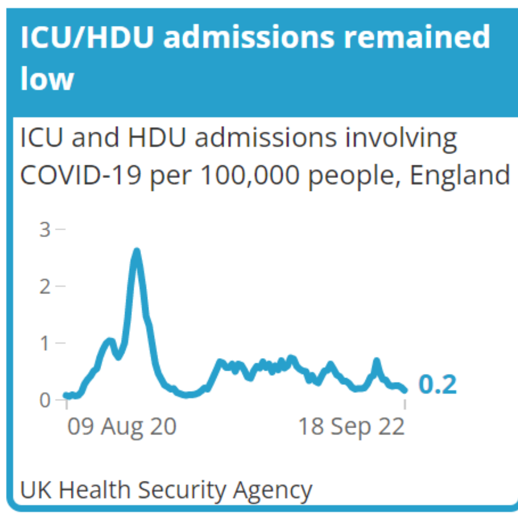


Latest national survey-based case estimates

- Estimated 1 in 70 people in England testing positive for COVID-19[1]
  - 1.41% of the population[1]
  - 1.2% in the South East[1]
- This is an increase on the previous week
  - Seen in those in school year 7 to 11 and those aged 25 to 34 years
- 1.4% estimated testing positive at a sub-regional level covering Reading[2]
- Hospital admission remain stable at 4.9 per 100,000
  - ICU admissions remain low
- 96.1% of people tested for antibodies had COVID-19 antibodies







ONS COVID-19 latest insights

1 Week ending 14th September
2 along with Wokingham Hart and Rushmoor, data for Week ending 5th September

Latest positive case rate per 100,000 population

People testing postive for COVID-19 rolling 7-day rate per 100,000 population

England · South East · Reading · West Berkshire · Wokingham

Rate per 100,000

2500
2000
1500
1000
500
0

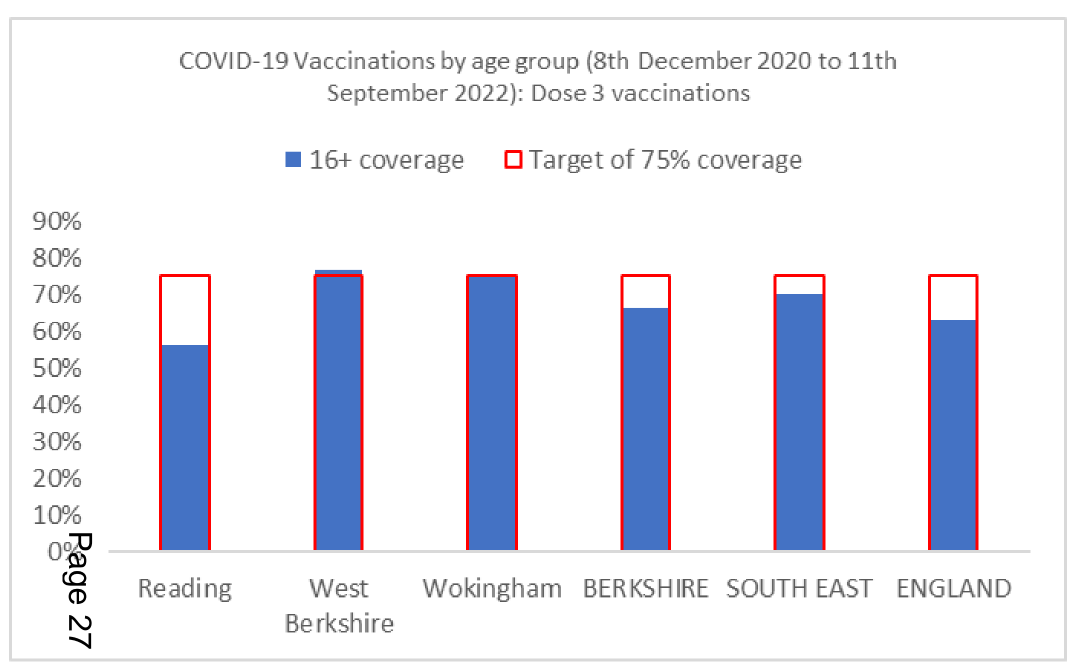
01/01/2022 01/02/2022 01/03/2022 01/04/2022 01/05/2022 01/06/2022 01/07/2022 01/08/2022 01/09/2022

GOV.UK COVID-19 in the UK

Royal Berkshire Hospital – new admissions with COVID-19

New admissions with Covid 19
20
15
10
5
0
Jul 2022
Aug 2022
Sep 2022
date

3 dose Vaccination coverage



COVID-19 Vaccinations by age group (8th December 2020 to 11th September 2022): Dose 3 vaccinations														
LA	16-17	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Reading	15%	38%	40%	43%	47%	52%	60%	69%	75%	79%	82%	87%	90%	92%
West Berkshire	24%	53%	56%	60%	66%	73%	80%	85%	88%	90%	93%	95%	97%	96%
Wokingham	27%	54%	57%	60%	67%	74%	78%	84%	87%	89%	90%	93%	96%	95%
BERKSHIRE	20%	44%	46%	50%	55%	63%	70%	78%	82%	85%	87%	91%	94%	94%
SOUTH EAST	19%	46%	48%	52%	58%	66%	73%	80%	84%	86%	90%	92%	95%	95%
ENGLAND	14%	39%	40%	44%	50%	57%	65%	74%	78%	82%	86%	90%	93%	93%

Key
>75%
55-75%
<55%

NHS England COVID-19 weekly announced vaccinations

3 dose Vaccination coverage - LSOA

Map showing count of LSOA population aged 16+ with no dose 3 vaccination as of 23rd September. Highlighted LSOAs lie within Whitley, Katesgrove and Church Wards

OHID SHAPE Place Atlas

Vaccination coverage - Autumn boosters

Autumn booster vaccination uptake, by vaccination date age demographics (65 and over)

Percentage of people who have received an autumn booster COVID-19 vaccination, by age group. The denominator is the number of people on the National Immunisation Management Service (NIMS) database, within the relevant age group.

Chart Data table About

all

20
15
10
5
0

5 Sep 2022 7 Sep 2022 9 Sep 2022 11 Sep 2022 13 Sep 2022 15 Sep 2022 17 Sep 2022 19 Sep 2022

65 to 69 (%) 70 to 74 (%) 75 to 79 (%) 80 to 84 (%) 85 to 89 (%) 90+ (%)

GOV.UK COVID-19 in the UK

This page is intentionally left blank

Berkshire West Autumn COVID-19 Vaccination Plan Sept – Dec 2022

Prepared by Eiliis McCarthy, Jo Reeves and Andrew Price

Adopted by the Berkshire West Vaccination Action Group on 25 August 2022

This live document was last updated on 27 September 2022

Headlines – Reading Health and Wellbeing Board

- The Autumn Covid Vaccination Programme commenced on 5th September with PCNs beginning to visit care homes and housebound residents.
- There are two strands to the programme: maintaining an ‘evergreen’ offer of a primary course of vaccination and delivery of the autumn booster to JCVI identified cohorts **(section 2)**
- In Reading the autumn booster is available at the Broad St Mall Mass Vaccination Centre, community pharmacies and most PCNs.
- The evergreen/ primary course is available at the Broad St Mall Mass Vaccination Centre and at selected community venues to be visited by Oxford Health’s Outreach and Health on the Move services. This links in with Reading’s successful Community Vaccine Champions Project and the Berkshire West Inequalities approach for Autumn 2022.

Key Updates w/c 26th September

- Most PCNs have received vaccine deliveries and have begun to visit care homes and housebound patients. The deadline for completions is end of October.
- PCNs have also begun inviting eligible patients in for their vaccination, often they plan to co-administer with the flu vaccine.
- The National Booking System has opened to over 65s, carers, frontline health and social workers and pregnant women. Texts and letters are being sent to eligible patients to encourage them to book.

Contents

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

1. Background
2. JCVI and NHS England Guidance
3. Expectations, Planning Assumptions and Challenges
4. Provider Mix
5. Locality Coverage
   a. West Berkshire
   b. Reading
   c. Wokingham
6. Inequalities
7. Communications Plan
8. Governance and Monitoring, including Data and Performance

Appendix 1 – Action Plan
Appendix 2 – Timeline
Appendix 3 – Programme Leads
Appendix 4 – Cohorts and Dose Eligibility

1. Background

- Delivery of the **National Covid Vaccination Programme** has been one of the biggest challenges faced by the NHS. It has required an immense amount of collaboration with local and system partners, armies of volunteers, and the tireless efforts of clinicians and admin staff throughout the many arms of the NHS. We should all be very proud of what we have achieved so far.
- In Berkshire West, we have largely enjoyed vaccination take-up at or above national and regional averages. Nonetheless we have variation in take-up across our Place. Throughout the Covid Vaccination Programme, we have continuously needed to **respond to the challenges** posed by logistics, workforce capacity, rurality and entrenched health inequalities.
- We have also witnessed the impacts of **low vaccine confidence**. A survey completed by the Reading and West Berkshire Healthwatches provided useful recommendations which form part of our emerging inequalities plan for Autumn 2022.
- For Autumn 2022 the aspiration in Berkshire West is to continue to build on our success. It is proposed that the Vaccination Action Group adopt the following core principles to guide our plan:
  - Continue to provide a **strong core offer** of covid vaccination with a **diverse provider mix**
  - Provide **agile support to communities at risk of health inequalities** to access a covid vaccination in a way that's right for them
  - Maximise opportunities to **improve efficiency** through collaboration and **Make Every Contact Count**

2. JCVI and NHS England Guidance

Evergreen Offer

- Systems need to continue to deliver a Covid-19 vaccination offer, with a focus on addressing inequalities and reducing variation, which as a minimum should ensure:

1. A vaccination offer to all children aged 5 – 11 years.
2. A continued vaccination offer to those who have recently become eligible, including: at risk 5-11s, 12-15s, and newly at risk groups such as those who are pregnant, eligible severely immunosuppressed and their families or households.
3. Continuous community engagement to improve confidence and promote uptake supported by appropriate access to vaccination.
4. Appropriate access to the overseas vaccine record validation service to meet local demand.

Autumn Boosters

- The government have accepted final JCVI advice which states the following people should be offered a COVID-19 booster vaccine this autumn:
  - residents in a care home for older adults and staff working in care homes for older adults
  - frontline health and social care workers
  - all adults aged 50 years and over
  - persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book
  - persons aged 5 to 49 years who are household contacts of people with immunosuppression
  - persons aged 16 to 49 years who are carers, as set out in the Green Book.
- JCVI advise that deployment of a **single type of vaccine** throughout the autumn booster programme promotes simplicity and is therefore desirable.

Co-administration with 'Flu Vaccine

- Systems *should* maximise opportunities to co-promote and co-administer vaccinations where possible and clinically advised (eg COVID-19, flu and pneumococcal), especially where this improves patient experience and uptake, but this should not unduly delay administration of either jab.
- We will work with the leads for flu planning to identify opportunities for coadministration and joint promotion of the vaccines.

3. Expectations, Planning Assumptions and Challenges

Expectation

- At least 75% of eligible patients should take up the offer of a covid vaccination (national target).
- Access to a covid vaccination should be within a 30 minute drive.
- Care home and housebound patients should receive their vaccines in the first seven weeks of the programme.

Planning Assumptions

- Patient demand is likely to be lower than in previous rounds of the programme.
- Vaccine supply and site capacity will meet patient demand.
- The aspiration to deliver the vaccine as locally as possible will need to be balanced with achieving value for money from the public purse.

3a. Expectations, Planning Assumptions and Challenges

Challenges

Children

- Not all sites are assured to provide vaccines to under 16s. This means that access for patients aged under 16 eligible for an Autumn booster (for example because they are a household contact of a patient with immunosuppression) need to be understood.
- Due to assurance process and cohorts, the location for whole family vaccination will be limited to the Broad St Mall.
- Positively, BOB is working with School Imms Teams to vaccinate CEV children in SEN settings.

Booking

- The majority of PCN sites are implementing local booking systems, meaning they will only be offering vaccine to their own patient lists. As a result, we will need to understand access for patients not covered offered a vaccine by their own practice. While the default option will be to book at a pharmacy or the mass vaccination centre using the National Booking System, we will need to identify and mitigate any access barriers in order to meet take-up targets, such as with outreach services.

Surge

- “Surge” means an operational response for the management of a rapid short-term increase in capacity as a consequence of a new variant or a specific instruction to vaccinate or revaccinate a defined population. It is a system change in line with JCVI Guidance to ensure the defined population in England is offered and has access to a Covid 19 vaccination.
- Where there is, in the reasonable view of the NHS England, a requirement to increase capacity at pace to respond to a Surge, providers shall agree with the Commissioner (NHSE) their role in the system wide response to the Surge, both in terms of increased volume and rapid timeframe.
- The BOB Operational Executive confirmed that the current surge plan is for existing sites to work at maximum capacity. The Berks West Vaccination Action Group will commence complementary planning should surveillance of covid rates indicate rising infection levels.

4. Provider Mix

In Berkshire West, and indeed nationally, a **diverse provider mix** continues to be essential in achieving good access to the covid vaccination.

- **PCN groupings**
  - Groups of practices, known as PCNs, remain essential in the Programme particularly to ensure that the most vulnerable, including care home residents, housebound patients and the immunosuppressed, are offered a vaccine ahead of other patient groups.
  - 16 out of 17 PCNs in Berkshire West have opted in to deliver Covid Vaccinations to these most vulnerable groups.
  - Alternative providers will need to be identified to cover care home and housebound patients for non-participating PCNs. This could be Oxford Health or PCNs can subcontract to pharmacies or other PCNs.

- **Community Pharmacy**
  - Pharmacies are at the heart of their communities and provide a range of primary care services. They have been an integral part of the flu vaccination campaign for some time.
  - 14 community pharmacies have opted in to deliver the Covid Vaccination in Berkshire West, enabling greater access to the vaccine closer to where people live.
- **NHS Trusts**
  - **All acute trusts** have been expected to deliver vaccinations to their staff as well as specific groups of the most vulnerable patients. **All non-acute trusts** must offer vaccination to their staff and should either vaccinate themselves or direct staff elsewhere.
  - RBFT are vaccinating their own staff and some vulnerable inpatients. BHFT are vaccinating their own staff.

4a. Provider Mix (continued)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

- **Oxford Health**
  - Oxford Health continues to operate a mass vaccination centre from **Broad St Mall in Reading**. It is open Thursday – Monday, 9am to 5pm. Appointments can be booked online via the National Booking System or by calling 119.
  - The Vaccination Centre is assured for all vaccine types, all vaccine cohorts, including children aged 5-11s and is accessible and convenient for the local population.
  - There is also access to the overseas vaccine record validation service.
  - Oxford Health continue to offer **outreach** in community venues to address geographical gaps in provision. These include Wokingham Library and The Croft Field Centre in Hungerford.
  - Oxford Health will also deliver vaccinations for 5-11s at community sites in Wokingham, Reading and West Berkshire.
  - The **Health on the Move Van** and **Pop-Ups** are also managed and staffed by Oxford Health. 50 days of staff time are available in Autumn/ Winter across Berkshire West. Deployment of this service will form part of our **Inequalities Plan**.

5. Locality Coverage

Buckinghamshire, Oxfordshire and Berkshire West

Board

Info Layers Access Indicators

STP: Buckinghamshire, Oxfordshire and

Travel times and distance Population

Travel times and distance

All sites
Selected sites
All sites of similar type

By distance radius
Walk: by time
Walk: by distance
Cycle
Car: by distance
Car: by time Rush hour
5 10 15 20 30 minutes
Public transport

© Targomo

Location Focus Interpretation

Buckinghamshire, Oxfordshire and Berkshire West
All
NHS Berkshire West CCG
NHS Buckinghamshire CCG
NHS Oxfordshire CCG

Category

Primary care
64 GP practice, branch practice
28 Health Centre, Clinic, Walk in Centre
75 Pharmacy
Secondary care
Other
NHS Trust
Urgent & Emergency Care
NHS Property Services & LIFT
Education
Infrastructure
Community Diagnostic Centres
Covid-19 Foundry vaccination sites
2 Hospital Hub
1 Vaccination Centre
3 Local Vacc. Service: PCN
11 Local Vacc. Service: Pharmacy
2 Ages 12-15: SAIS Delivery Points
1 Grab a Jab: Ages 5-11
4 Grab a Jab: Ages 12-15
3 Grab a Jab: Ages 16+
1 Inactive hibernating: Pharmacy
12 Inactive hibernating: PCN
1 NHSPS: vacant & available space

User added location
Add by search, drag or ///what3words
Search for town, postcode or ///w.3.w
Drag marker on to map
18 Added location

Attribute overlay
Covid-19
Vaccinations
Hospital Hub +

Get help from the SHAPE team

5 mi

© Crown copyright and database rights 2022 Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors

5a. Locality Coverage – West Berkshire

- All PCNs are covering older people's care home residents, housebound and immunosuppressed patients.
- There are three contracted pharmacies, two of which are high volume sites. There is also another pharmacy which has expressed interest in providing covid vaccines.
- There is a geographical gap in coverage around Hungerford. As mitigation, Oxford Health will continue to offer an outreach service in Hungerford one day per week.
- Oxford Health will continue to offer a service to 5-11 year olds one day per fortnight. A location has been identified and a timetable will be confirmed in due course.
- Appointments for primary doses (the 'evergreen' offer) are available at the Broad St Mall Mass Vaccination Centre. The Health on the Move service will be deployed to offer primary doses to targeted communities at risk of inequalities in the locality.
- Access to Autumn Boosters for eligible 12-17 year olds is available at the Broad St Mall Mass Vaccination Centre. Investigations are being made into any further provision needed in the locality.
- Nabbs Lane Pharmacy in the Kennet Centre (Newbury) have highlighted a risk that their ability to deliver might be impacted by increased estates costs. This has been escalated to SVOC. The situation is being monitored and no further action is required at this time.

5b. Locality Coverage - Reading

- All PCNs except for Reading West are covering older people's care homes, the housebound and the 18+ immunosuppressed. BOB is currently seeking a solution to cover Reading W care home residents and housebound patients.
- There are 7 contracted pharmacies and 2 who have applied but not yet been assured. There is good geographical coverage.
- Oxford Health will continue to offer a service to 5-11 year olds one day per fortnight. A location has been identified and a timetable will be confirmed in due course.
- Appointments for primary doses (the 'evergreen' offer) are available at the Broad St Mall Mass Vaccination Centre. The Health on the Move service will be deployed to offer primary doses to targeted communities at risk of inequalities in the locality.
- Access to Autumn Boosters for eligible 12-17 year olds is available at the Broad St Mall Mass Vaccination Centre. Investigations are being made into any further provision needed in the locality.
- Discussions are currently underway with Oxford Health regarding the vaccination to be held on the HOMV outreach offer which will determine whether only boosters can be given or evergreen vaccinations

5b. Locality Coverage - Wokingham

- All PCNs are covering older people's care home residents and housebound patients.
- There are three contracted pharmacies, either medium or low volume sites.
- As mitigation for the limited coverage by pharmacies, Oxford Health will continue to offer an outreach service from Wokingham Library (or similar) two days per week.
- Oxford Health will continue to offer a service to 5-11 year olds one day per week.
- Appointments for primary doses (the 'evergreen' offer) are available at the Broad St Mall Mass Vaccination Centre. The Health on the Move service will be deployed to offer primary doses to targeted communities at risk of inequalities in the locality.
- Access to Autumn Boosters for eligible 12-17 year olds is available at the Broad St Mall Mass Vaccination Centre. Investigations are being made into any further provision needed in the locality.

6. Inequalities Plan - Summary

Action	Evergreen	Autumn Booster
Identify priority groups using take-up data and feedback from community engagement services	Ethnically diverse communities Areas of Deprivation IMD 1-4 Younger people Asylum Seekers and Refugees	LD, SMI Further analysis to commence end October 2022
Identify usual routes to access a vaccine	Use NBS to book a Sunday appointment at Broad St Mall	Invite from GP or use NBS to book at Broad St Mall, outreach centre or community pharmacy
Produce tailored comms materials to support access to usual routes	The 'It's Never Too Late' campaign	National and System communications plan
Deploy Health on the Move service to identified communities	Sept – Dec 2022	Jan – March 2023

7. Communications Plan

- A **Communications Plan** has been developed across BOB which fulfils the following needs:
  - Clear information to be available for patients and professionals about who is eligible for an Autumn Covid booster, when and how they will be invited to book and where the locations for vaccination delivery are.
  - Clear information to be available for patients and professionals about how and where people who have never had a vaccine, or who have not had a complete course, may access further vaccine doses. (This is known as the evergreen offer.)
  - Information should be available in a number of languages and formats such as social media graphics, videos and flyers.
  - Opportunities to make use of partner organisations' communications channels, including social media and newsletters, are maximised.
  - Able to respond in an agile way to feedback arising from community engagement.

- The Plan has been drafted and is being reviewed by Place leads before onwards sharing.

8. Governance and Monitoring

BOB Vaccination Operational Executive

Berkshire West Vaccination Action Group

Berkshire West Vaccination Huddle

Berkshire West Vaccine Inequalities Meeting

BOB Vaccination Operational Executive

Provides system leadership for the Covid Vaccination Programme

Meets weekly

Is attended by programme leads and place leads for the ICB

Berkshire West Vaccination Action Group

Provides place leadership for the Covid Vaccination Programme

Meets fortnightly

Is attended by ICB officers, LA officers, provider reps and VCSE reps

Berkshire West Vaccination Huddle

Coordinates activity agreed by BWVAG and prepares reports back to BWVAG

Meets fortnightly

Is attended by ICB officers

Berkshire West Vaccine Inequalities Meeting

To be stood up if necessary to coordinate Health on the Move Van and other activities deployed to address inequalities in vaccine take up.

8a. Performance Monitoring and Reporting

We will monitor take up on a fortnightly basis as follows:

- By cohort
  - % total cohort uptake by Berkshire West, locality, ICB and nationally (if available)
  - % eligible cohort uptake by Berkshire West, locality, ICB and nationally (if available)
  - Number of vaccine doses administered above the baseline (5th September)

- By ethnic groups
  - By cohorts

- By deprivation (IMD 1&2 LSOAs)
  - By cohorts

- We will produce a fortnightly performance and insight report for Berkshire West Vaccination Action Group and the unitary authorities
- Other performance analysis will be undertaken as required

Appendix 1 – Action Plan

NHS
Buckinghamshire, Oxfordshire

#	Action	Owner	RAG	Date	Comment
1	Map provision and identify gaps	Jo/ Eiliis/ Andrew/ Will	Complete	From 31/8/22	Completed
2	Identify any issues and ensure offer to all care homes and housebound patients	Helen Clark	On track	Ongoing until 21/9/22	One Reading PCN has opted out – alternative provider being sought by BOB SVOC and NHSE
3	Confirm Oxford Health offer in respect of Outreach locations and 5-11 sites	Mark Chambers OH	On track	7/9/22	Outreach offer to include 2 days per week at Wokingham Library and 1 day per week at Hungerford Croft Field Centre 5-11s offer to include 1 day per week at Wokingham Library, 1 day per fortnight in Reading and 1 day per fortnight in West Berkshire
4	Confirm community pharmacy offer in respect of age groups	Lucy Stroud NHSE	Action requiredlucy	7/9/22	Update required.
5	Develop Inequalities Plan including agreed process for deployment of Health on the Move service and parallel MECC offer	BW Vaccine Inequalities Group	Complete	From 7/9	Group met for first time on 7/9/22. Plan has been drafted.
6	Identify opportunities to cascade communications through system partners and their networks	BOB Comms	On track	From 5/9/22	Draft Comms Plan has been produced and is being reviewed by Place Leads
7	Confirm availability of sites and vaccines for Evergreen offer	Jo/ Eillis	Complete	Ongoing	Broad St Mall MVC is main access point. Confirming use of HOTM to continue evergreen offer in localities.
8	Align activities with Flu Plan	Jane Thomson-Smith	Action required	By end Sept	Jane to present Flu Plan at a meeting of the Vaccine Action Group
9	Discuss opportunities for sharing use of physical resources ie. vaccine vans and buses	Charlotte Church BHFT	On hold	By 8/9/22	The Berkshire Healthcare bus should be launching next week but still has some teething issues. Once it is fully up and running we can share the dates we are using locally if other local services wish to come along and provide wider health promotion.
10	Confirm vaccine offer and access to groups of particular interest such as CEV children and LD patients	BOB Inequalities group	Action required	Ongoing	Discussing at BOB Inequalities Group
11	Develop forecast model of supply and capacity to ensure delivery is on track	Andrew Price	Complete	22/09/22	Data to develop model requested is not available. An alternative performance model has been developed and will be presented to the Vaccine Action Group.

Appendix 2 - Timeline

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

- **From 23 Aug**: Sites able to order vaccine
- **By 29 Aug**: Sites assured for bivalent vaccine
- **By 31 Aug**: Patient group directive (PGD) and the national protocol updated. Sites to confirm to local commissioner they wish to sign up to ES
- **From 5 Sept**: Start vaccinating residents and staff in care homes and arrange visits to housebound patients
- **12 Sept**: National Booking Service (NBS) to open to over 65s, health and social care workers, pregnant women, carers, househol d contacts of immunosuppressed people and those at increased risk of COVID-19
- **By 19 Sept**: All sites to be at full operational capacity
- **TBC**: NBS will extend to 50 – 65 year olds and any remaining groups
- **By 31 Oct**: All care home residents to have been offered a vaccination

Appendix 3 – Programme Leads

Topic	Lead
BOB ICB Covid Vaccination Programme Lead	Louise Smith
Berkshire West Covid Vaccination Programme SRO	Belinda Seston
Berkshire West Covid Vaccination Programme Manager/ Coordinator	TBC / Jo Reeves (interim)
Care Home and Housebound Patients	Helen Clark
Inequalities and Community Engagement (Berks West)	Eiliis McCarthy
Data and Performance (Berks West)	Andrew Price
Flu	Jane Thomson-Smith
Pregnancy	Carrie Grainger
Covid Outbreak Surveillance	Tracy Daszkiewicz
Communications	Tom Broadfoot

Appendix 4 – Cohorts and Dose Eligibility

	1st	2nd	3rd	Booster Au tumn 21	Booster Spring 22	Booster Autumn 22
Over 75s	Y	Y	N	Y	Y	Y
50-74	Y	Y	N	Y	N	Y
16-49	Y	Y	N	Y	N	N
5-15	Y	Y	N	N	N	N
Residents OP care home	Y	Y	N	Y	Y	Y
Front line H&SC Staff inc. OP care home	Y	Y	N	Y	N	Y
Self-declaring adult carers	Y	Y	N	Y	N	Y
12 and over Immunosuppressed	Y	Y	Y	Y	Y	Y
5 to 49 years in household contacts of people with immunosuppression	Y	Y	N	Y	N	Y
5 to 49 years in clinical risk group	Y	Y	N	Y	N	Y
Self-declaring pregnant women	Y	Y	N	N	N	Y

This page is intentionally left blank

Team
Reading
Community Vaccine Champions (CVC) Update
Health and Wellbeing Board
7th October 2022

CVC Programme Phase 2 plans and progress to date

Becky Pollard/Martin White – Public Health Consultants
Kausar Bibi – CVC Programme Manager

Workstream Name and Objective	Report Date:	RAG	Change from last report
Community Vaccine Champions (CVC)	**01/09/2022**		⇔

Workstream Lead:	Kausar Bibi	PMO Lead:	Kausar Bibi	Report Author:	Kausar Bibi

Progress Summary Narrative

The CVC programme Phase 2 Go live date was 1st August 2022. The programme is currently implementing its Phase 2 (extension of the programme). Contracts and KPIs have been agreed with partners for delivery and practicalities are being finalised with specific timelines. The RBC internal governance process has been approved. DLUHC has formally approved the extension and new reporting process. Project underspend from Phase 1 has been reallocated to cover costs for Phase 2. The RBC objective is to successfully close the programme at the end of October including all expenditure with only exceptional deliverables being carried over to the end of the fiscal year to 31st March 2022. The programme closure will produce an evaluation including case studies for the major programme workstreams. As part of concluding and evaluating Phase 1, the end of contract monitoring form and process were implemented – reporting forms from some VCS organisations have been received.

Project Name	Key Deliverables	Due Date	Activity Completed This Period	Activity Planned Next Period	Lead Officer	RAG
Programme Management	Programme Resourcing	31/09/22	Implementation of Phase 2 resource underway - renewal of contracts/roles and costs for team deliverables	Delivery Plan and resource management planning implemented for the extension period	KB	
Programme Management	Programme Governance	31/09/22	Programme governance and structure document produced is being implemented for the Phase 2 period	Project leads to update governance document weekly	KB	
Programme Management	Monitoring & Reporting Process	31/09/22	Meeting with DLUHC confirmed the new monitoring data reporting process taking place in Oct, Jan and April. New reporting process confirmed. Phase 1 reporting submitted to DLUHC. The Phase 2 reporting will capture outcomes of extension, including expenditure and data agreed in the Phase 2 delivery plan.	VCS providers to complete end of phase 1 evaluation form and submit to RBC. End of programme evaluation and workstream case studies will be completed by mid-November	KB	

Workstream Name and Objective	Report Date:	RAG	Change from last report
Community Vaccine Champions (CVC)	01/09/22		⇔

Workstream Lead:	Kausar Bibi	PMO Lead:	Kausar Bibi	Report Author:	Kausar Bibi

Project Name	Key Deliverables	Due Date	Activity Completed This Period	Activity Planned Next Period	Lead Officer	RAG
Programme Management	Project Workstreams Governance	31/09/22	Project leads concluded phase 1, VCS organisations contract delivery being evaluated. Completion of project plans commenced for phase 2, to reflect agreed deliverables and timeline. A new RAID log created for Phase 2.	Complete on evaluation of phase 1. Commence completion of project plan and raid log.	KB/ Project Leads	
Programme Management	Communications - VCS	31/09/22	Ongoing comms to VCS via ongoing communication via VIN, RVA mailing lists and wider VCS networks	Comms via VIN and Steering Group continues	KB / BP	
Programme Management	Communications - Internal/Other	31/09/22	Ongoing internal and external updates and reporting with established groups and boards Communications workshop on 26th Sept.	Ongoing attendance at fortnightly and monthly groups/board meetings to provide updates on CVC Programme	KB/ BP	
Programme Management	Finance	31/09/22	Budget planning for phase 2 completed. Completion on spend for phase 1 currently underway, will be concluded in early September, and report submitted to DLUHC. Allocation of fund for the relevant workstreams have been completed.	Complete on expenditure and spend on phase 1. Submit financial expenditure to DLUHC.	KB / ZC / EC /BP	

Workstream Name and Objective	Report Date:	RAG	Change from last report
Community Vaccine Champions (CVC)	**01/09/22**		⇔

Key Issues Description	Action	Due Date	Lead Officer	RAG
Ongoing challenges with accessing data from national portal	**Treat:** Working with the Informatics team to submit relevant documents to reactivate access. KB has raised this issue with BP	**01/09/22**	**JS/KM**	

Key Risks Description	Action	Due Date	Lead Officer	RAG
Delay in completing approval process within RBC may impact timeline for golive date for phase 2	**Reduce:** Working with relevant individuals to expedite the process for signing off on documents for approval.	**01/09/22**	**KB**	
Oxford Health may not be available to support Phase 2 of the programme	**Reduce:** Exploring other vaccination support options I.e St Johns Ambulance & pharmacies Berks West Autumn Vaccination Plan has been drafted and discussion underway through the BW Vaccine Action Group to ensure support for vaccinators to the Outreach/pop ups	**08/09/22**	**BP**	
Enough funding allocated for phase 2 of the programme	**Treat:** Mitigating through the underspend that is being allocated to projected cost for phase 2. Also, to include a contingency fund for other unforeseen expenditure.	**01/09/22**	**KB**	

Key performance indicators / measures	Update	Due Date	Lead Officer	RAG
10% increase in vaccination rates across Reading (specifically decreasing % of unvaccinated population and increasing booster uptake rates)	**Due to issue with population movement, focus to be on actual vaccination and on qualitative data.**	**31/07/22**	**JS**	
32 CVC's recruited	**32 Champions recruited**	**01/09/22**	**RM**	
30 Pop-up Vaccination opportunities delivered	**33 Pop-up vaccination delivered**	**01/09/22**	**NC**	
250 individuals transported to vaccination sites	**n/a**	**31/07/22**	**NC**	
7 Community Grants provided	**10 Community Grants awarded**	**31/07/22**	**SH**	
3 priority groups identified and engaged (to co-produce communications with Champions for targeted community)	**n/a**	**31/07/22**	**AM / RM**	

CVC Project Updates

Workstreams

Programme Updates - Project Leads

Data Analytics/surveillance	Behavioural Insights and Comms	Community Champions Network
Training	Community Grant Fund	Outreach – Pop Up Sites and Transport

Data Analytics/Surveillance

- Ongoing developments to KPI dashboards
- Working with NHS (CCG and ICS) 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

Behavioural Insights and Comms

Micro-level insight, understand the motivations and complexities of unvaccinated residents.

- Partnership working with RVA supporting pop-up vaccine clinics, eg Reading Buses advertising and adbikes - including route map work using local insight to target areas of high footfall and identifying the appropriate communication channels to complement community led events.
- Engaging with local community groups and other local authorities
- Amplify community communications across RBC channels; endorsing and increasing reach.
- Next steps
  - Focus group
  - Targeted digital and bus advertising
  - Print collateral – Champions and or residents

Community Champions Network

Phase 2
- Expanding the current pool of champions
-Recruiting new champions-Hongkong residents, Afghani/Ukrain refugees and homeless group, young pupils

CVC Activities planned Sep-Oct
- Ongoing Champions network meetings
-Training offer
-Introduce more health Information sessions
-link champions to participate/support community events
-Develop online toolkit for champions
- Exploring opportunities to work with Pharmacies
- Continue to use log-book to record conversations
-Build in evaluation

Training

Progress Update

- August training has been opened up to other frontline organization not specifically on the project but likely to support our efforts such as housing/launchpad.
- Session booked September – October - promotional flyer to be circulated widely:
  - Thursday 8th September 10am-12.30pm – Face to Face (ACRE Oxford Road, RG30 1AF)
  - Wednesday 21st September, 6pm-8.30pm, Online
  - Tuesday 4th October 6 – 8.30pm, Online
  - Wednesday 19th October 10 – 12.30pm – Face to Face @ ACRE
- Recruited support from two new Making Every Contact Count training facilitators via BOB Integrated Care Partnership. Will be used on an ad hoc basis.
- Exploring a large conference in mid-October – led by ACRE.

Table 1: Core Training outputs so far

	Mode of delivery	Champions Booked	Attended
5th May, 10 – noon	Online	6	5
23rd May, 10 – 12.30pm	Face to face	9	6
31st May	Face to face	11	9
28th June, 3.30 - 6pm	Online	TBC	7
14th July	Online	6	7
2nd August	Online (Grant Organisations)	6	6

Table 2: summary of Safeguarding and Lone working training

Training	Numbers	Completion rate
Lone working	10	36%
Safeguarding	12	43%

Forward view

- Certificates for attendees
- Q&A with GP on 7th September

Community Grant Fund

7 partners for Phase 2:

Working with RVA's inclusion worker to support the small grant partners

- 1 event was run on 21st August
- 1 event coming up on 10th September – GRNCA Football Tournament, Solutions 4 Health also attending
- Upcoming events from other partners – offering support with promotion and practicalities
- Phase 1 partners, PACT, WCDA and Autism Berks have extended their activities
- Weller has set up additional parent sessions which are including info on immunisations

Built on lessons learned from phase 1 to streamline communications to VCS organisations

Outreach and Pop-up sites/Transport

- RVA planning engagement events and working closely with small grant partners and ACRE to set up pop up events at community level – in progress
- Partnership Fund (RVA)
- Engagement with low uptake groups progressing well, i.e. homeless people
- RVA working on delivering 4 main events with additional pop-up clinics at various community locations – depending on the capacity of available vaccinators
- Planning events (still in progress):
  - Kennet Island on 15th October
  - Coley Park Community Association – during week of 24-28 October (TBC)
- Mini-health checks on offer
- Opportunity to utilise available spaces at Leisure Centres – connecting with GLL leisure provider
- Risk: Reduced level of support for Phase 2 vaccination clinics from Oxford Health. Need to explore other options to support vaccination clinics.

Programme Evaluation Proposal

This proposal presents an overview to the CVC Steering Group the proposed approach to evaluating the Reading CVC programme.

Purpose: The purpose of the proposed evaluation is to capture and celebrate the success and outcomes of the Reading CVC programme, acknowledge and learn from challenges, and capture insights unique to Reading. The evaluation will be utilised to report to and inform key stakeholders, including:

- Department for Local Levelling Up, Housing and Communities (DLUHC)
- Reading Borough Council Social Inclusion Board (SIB)
- Reading Voluntary Intelligence Network (VIN)
- Health and Wellbeing Board (HWBB)
- Berkshire West Vaccine Action Group
- Reading Primary Care Networks (PCNs)
- Reading Borough Council Lead Members

Aim: To undertake a comprehensive evaluation of the Department for Levelling Up, Housing and Communities funded Community Vaccine Champions (CVC) programme for Reading against national and local programme aims

Reading Borough Council
Working better with you

Programme Evaluation Proposal

Objectives:

•To evaluate the delivery and outcomes of the six key workstreams, and the overall programme management of the CVC programme through qualitative and quantitative methods, presented in a Public Health case study format

•Capture insights and lessons learnt unique to Reading to inform delivery of future programmes and practice.

•Produce a succinct and accessible evaluation report to communicate the outcomes, successes, and challenges to the DLUHC, key stakeholders and communities

Approach:

•The evaluation will take a Public Health Case Study approach, providing a narrative for each workstream, to include the story, challenges, actions, and outcomes informed by qualitative and quantitative methods.

•The proposal is that each of the project leads undertakes evaluation of their workstream and produces a case study with support of the evaluation group, to feed into the overall evaluation report

Who's Involved:

•Evaluation Group – *Becky Pollard, Kausar Bibi, Yasmine Illsley, Katie Badger*

•Project Leads – *Yasmine Illsley, Nina Crispin, Sarah Hunneman, Jon Sclare, Rojina Manandhar, Amanda McDonnell*

•CVC Steering Group members

•Health and CVS partners

•**Timeframe:**

•Evaluation to be completed by December 2022 for dissemination.

Reading Borough Council
Working better with you

Finance Update

Finance Update

Programme Management

- Budget review completed and underspend determined
- Underspend of 223k reallocated to fund phase 2 activities – approval received from DLUHC and RBC approval process signed off
- Contingency fund for phase 2 included to mitigate and support changes to budget

Providers

- Second round of small grants funding completed. Funding allocated to 3 new VCS providers
- Providers have submitted their cost for phase 2 activities. Funds have been allocated accordingly to Phase 2 Delivery Plan
- Confirmation received from VCS providers with underspend that there will be no double funding and clarity provided on how underspend will be spent on separate activities from the funding for activities received for phase 2 up until end of October 2022

This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**7 October 2022**		
REPORT TITLE:	**SEND STRATEGY 2022-2027 UPDATE**		
REPORT AUTHOR:	**Brian Grady**	**TEL:**	
JOB TITLE:	**Interim Executive Director of Children's Services, Education and Early Help**	**E-MAIL:**	brian.grady@brighterfuturesforchildren.org
ORGANISATION:	**Brighter Futures for Children**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report provides an update regarding the delivery of the Reading partnership SEND Strategy 2022-2027.

1.2 The SEND strategy is included in Appendix 1. A summary of HM Government March 2022 SEND Review: Right support, right place, right time Government consultation on SEND and Alternative Provision is included in Appendix 2.

2. RECOMMENDED ACTION

2.1 Board are asked to note the content of this update and endorse priority actions for the coming year.

3. POLICY CONTEXT

3.1 As reported to Health and Wellbeing Board in October 2021, the Reading partnership SEND Strategy 2022-2027 sets out how the local area partnership will deliver support and services in collaboration with children, young people, families and carers to meet local needs and national responsibilities.

3.2 Our strategy for SEND is rooted in our vision for Reading's children and young people:

All children and young people with SEND will be supported through the provision of the right support at the right time to be as independent as possible and have their emotional, social and physical health needs met. They will have choice and agency in adult life and be able to access and navigate services to lead rich and fulfilling lives and flourish in a healthy, thriving and inclusive borough.

3.3 Our strategy reflects the positive outcome of the June 2021 local area inspection and the key areas for development identified through that report. Our strategy is co-produced with local parents and children, is informed by related key national documents such as the SEND Code of Practice (2015), National Autism Strategy (2021), the National Disability Strategy (2021) and the NHS Long Term Plan and has been reviewed in line with the

national SEND Review and related consultation. It also takes account of national advocacy campaigns that promote the rights of disabled people.

3.4 In March 2022, HM Government launched the national SEND Review: Right support, right place, right time, and the Government consultation on SEND and Alternative Provision. The proposals in the consultation are in line with the agreed Reading partnership SEND Strategy 2022-2027. The consultation on Government proposals concluded on 22 July 2022. The Reading SEND Strategy will continue to be informed by any consultation results announced by HM Government.

4. THE PROPOSAL

4.1 Current Position

4.2 This report summarises progress on the 2022/2023 action plans set out in the strategy. The over-riding key performance indicator for the new strategy, as previously reported to Health and Wellbeing Board in October 2021 is that any local area inspection in the future rates Reading as one of the best local areas in the country for children and young people with SEND and their families.

4.3 The strategy 'went live' from January 2022 and work strands have driven priority actions, reporting to the monthly SEND strategy group, co-chaired by the interim Executive Director Children's Services and the Designated Clinical Officer for Special Educational Needs and Disabilities (0-25), Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

4.4 Examples of the further progress made for children with SEND, building on the strong partnership working recognised by Ofsted and CQC in their Local Area SEND inspection of June 2021, are set out in this report. Contributions to this report have been received from across the partnership delivering the work strands of the strategy.

Strand 1: Improving communication

4.5 The SEND guide for parents was co-produced with service users and their families in June 2021, a good example of the way in which Reading Families Forum and Special united are ensuring that service users and their families are routinely consulted and influence direction.

4.6 A range of new guides and information packs have been made available for parent/carers and children through partner websites and the local offer, which include; easy read short breaks information; the 'managing your wellbeing' web page; mental health support information and resources pages; the special needs Reading Services guide; the SEND local offer – Reading services guide; and the 'Parents Guide to Direct payments.' Regular updates on new SEND provision are provided through the SEND local offer newsletter.

4.7 Communication and engagement of parent/carers is proactive, with expansive social media communication of all guides and an ongoing advertising campaign on screens inside Reading buses. Parents and carers have directly influenced change and presentation of communications and branding, evidencing good progress in co-production.

4.8 Impact is tested out through parent/ carer and young people surveys, which are providing positive feedback. There is positive feedback from community groups in Reading regarding the improved SEND website, refreshed as of May 2022, with the latest guides and resources for parents, young people, and professionals.

4.9 The Special United youth group for children with SEND has recorded a new training video to help schoolteachers and other professionals better understand pupils with special

educational needs and/or disabilities (SEND). The stars of the short film explain in their own words what schools and other professionals could do to improve life for young people with additional needs. The video is a collaboration between Special United, Reading's SEND youth forum, which is part of Reading Families' Forum; Berkshire West Clinical Commissioning Group (CCG) and Brighter Futures for Children (BFfC). The development of the film is part of a growth approach to autism adopted in Reading in response to an increasing number of autistic children and young people in the borough. It aims to improve their experiences in education and with other public services.

4.10 A further example of how successful approaches to coproduction and communication are cutting across all areas of the SEND strategy can be seen in the coproduced 'Preparing for Adulthood' easy read information and the 'Becoming an Adult' information guides. The sharing of this updated information is having a positive impact for young adults with SEND, helping to reduce anxiety in our young people and to support well informed decision-making across key transition points.

Strand 2: Early intervention through to specialist provision; Strand 6: Capital and School places; Strand 7: Revenue and funding

4.11 A new commissioning strategy has been implemented for the development of more local Alternative Provision & Specialist Setting provision. The Brighter Futures for Children Commissioning Team is leading on bringing together a range of options to meet the needs of children who may benefit from being in an inclusive education environment but are unlikely to be able to be in a mainstream classroom for the full school day.

4.12 A market development day, hosted by BFfC Commissioning Team, was held in June 2022, to support the development of more local provision. A number of providers came forward with proposals, which are progressing at sufficient pace to secure an increased number of school places for Reading children this academic year. Plans for a new Special Free School, Oak Tree, are well progressed for a September 2023 opening. BFfC officers are working with RBC to submit an expression of interest for a further Special Free School in the DfE published national expression of interest round in October 2022.

4.13 In early 2021 there was a comprehensive review of resourced provision in Reading's schools. There has been some capacity enhancement of provision but there remains an opportunity to explore further these enhanced provisions currently being managed by mainstream schools to meet the needs of their complex pupils. In July 2022, schools were approached and a number of primary schools agreed to explore options in relation to assessment provision, Additionally Resourced Provision and satellite provision (Specialist provision sited on a Mainstream school property). A number of Reading schools have expressed an interest in developing more specialist provision. Schools who have expressed an interest in the summer term are being supported to work up proposals which will be evaluated this term. Brighter Futures will be actively exploring capacity within schools to continue to expand the graduated offer of provision for Reading's children young people. One of the barriers to this expansion of provision has been a national challenge in recruitment both in the Special and mainstream sectors. Brighter Futures for Children are working with local schools to further develop a partnership approach to Workforce Strategy and recruitment to support schools in filling these roles.

4.14 Work has been done to ensure the targeting of resources to where they are most needed. For example, local community groups and charities have been invited to lead on projects aimed at culturally appropriate support and services for children and young people from ethnic minority backgrounds. An Inclusion Fund has also been established which provides additional funding to mainstream schools with a high percentage of pupils with EHCPs compared to our statistical neighbour average. Resources have been transferred from the DSG Schools Block to the High Needs block to fund this investment in local schools.

4.15 The DfE has introduced a new programme, called Delivering Better Value in SEND, to provide dedicated support and funding to help local authorities reform their high needs

systems. Brighter Futures for Children on behalf of Reading Borough Council have been invited to participate in this programme, with a planned commencement date of January 2023. The programme has made available immediate funding to employ a data analyst to help refine our understanding of demand data. Support available through the programme could also include SEND Advisors, workshops, ESFA engagement staff and potential further funding to invest in the local SEND system.

Strand 3: Consistent approaches to emotional wellbeing

4.16 The partnership commitment to the SEND Strategy is supported through the action led through the One Reading Partnership, to ensure consistent approaches to supporting Reading children's mental health. There are regular presentations from services or about projects focused on Mental Health and Emotional Well Being through the One Reading Partnership. Due to the vulnerability and risk of exploitation of the SEND population and to prevent replication of work it has been agreed to combine the SEND Preparing for Adulthood and One Reading Adolescent Risk Strategy Group strands.

4.17 The much-valued 'Therapeutic Thinking Schools' networks and training are continuing to be supported in the vast majority of Reading schools, with positive impact on inclusion and support for Reading children. The Schools Link Mental Health Project is being developed as part of the SEND Strategy's focus on promoting resilience, prevention, and early intervention. Educational Psychologists & the Primary Mental Health Team are offering mental health surgeries to all Reading schools as part of this approach. There is a comprehensive training offer to schools, early years settings and colleges and this supports schools in applying therapeutic thinking to reduce exclusions and promote mental wellbeing. There is in addition a new Trauma Informed Practitioner in place for the autumn term who will also provide additional support to Reading schools.

4.18 The Educational Psychology Service and Primary Mental Health Service have written and are delivering Early Years Mental Health Training: Little People Big Feelings to help ensure that the needs of vulnerable children under 2 are consistently identified by professionals.

4.19 Work is also continuing to develop local appropriate specialist provision and interventions which includes continuing to implement the crisis and home treatment model. Recurrent funding has been identified for a CAMHS (Child Adolescent Mental Health Services) liaison role within the Royal Berkshire Hospital to support their established Lead Mental Health Nurse to support children, young people, families and staff in the acute paediatric and adult wards.

4.20 In June 2021 the Royal Berkshire Foundation Trust joined the Hospital Navigators pilot project, funded by the Thames Valley Violence Reduction Unit. This offered young people 13 – 24 attending A+E the opportunity to have support from a matched Mentor, with the intention of starting support at a critical point in time. Research shows that change is most likely to be initiated in these reachable moments but this depends upon a person's available support.

4.21 Starting Point, who were commissioned to provide this service, have recruited and trained 24 volunteers and consistently cover Friday and Saturday night. In the first 12 months (June 2021-22): 120 young people were supported by the service, most of them Reading residents. Attendance reason or comorbid factors identified included injury, self-harm, risk taking behaviours (substance abuse) young people with learning disability, autism. 43% of young people referred engaged on positive pathways, highest number in Thames Valley out of the 5 sites. Of those who discussed their mental health with a Navigator, 90% said they struggled with it. Of those asked, 100% found it helpful having a

conversation with a Navigator in hospital and 100% were glad that they were able to have a conversation with a Navigator. RBH evaluation shows reduction in repeat attendance to the Emergency Department. Volunteer mentors demonstrated low levels of turn over and allowed for wide range of diversity. Qualitative data from case vignettes demonstrate impact upon individuals of meeting with the navigators and mentors.

4.22 There are regular meetings with relevant NHS acute and Brighter Futures for Children colleagues to coordinate the response for children with the highest needs and those in crisis, and the partnership are implementing the Thames Valley project for young people with more complex needs, using the Health and Justice Secure Stairs therapeutic model. We continue to develop early help and secondary mental health support, promoting the Thrive model and the specialist CAMHS Service for Children Looked After.

4.23 A new Task & Finish Group has been established with a focus on children and young people from ethnic minority backgrounds and cultures accessing mental health and emotional wellbeing support, information, and services. An Assistant Educational Psychologist is employed to lead on this work.

Strand 4: Preparing for adulthood

4.24 A panel for preparation for adulthood has been established to oversee improved transitions and preparation for adulthood work across the partnership. Transition work in Year 9 upwards is an area of focus and is being addressed through proposed joint working for children aged 14+ between Brighter Futures for Children and adult social care.

4.25 In August 2022, Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) commissioned a Quality Improvement Project - Transition to Adulthood - the Journey for young people/adults with Learning Disability or Autism (13 to 24). The Berkshire West stakeholder group for this project met on 14th September. Reading Adult Social Care and Brighter Futures for Children, BHFT and RBFT were well represented and will ensure active Reading participation and leadership of this work.

4.26 To support the BOB project and ensure we hear the voice of young people funding has been identified by the NHS England South-East Region for a SEND Improvement project: Improve transition planning through the lens of a CYP with autism, learning disability or both. This will include Reading young people and will involve special and mainstream schools.

4.27 A new Reading all-age Autism Strategy 2022-2026 is being developed which will enhance partnership support in preparing children for adulthood. Public and partner engagement has been a core element of developing Reading's Autism Strategy, including autistic people and their families and carers, third sector and voluntary organisations and professionals from across Reading. Engagement and coproduction took place via a mixture of interviews, workshops, surveys, forums, existing local groups, targeted outreach to groups and feedback sessions. This insight is being used to inform and shape the strategy, and to test emerging findings, recommendations, priorities, and vision development.

Strand 5: Support for families / short breaks

4.28 There is a dedicated area on the SEND Local Offer providing information, advice and guidance on short breaks, coproduced with Reading Families Forum, Special United and the wider SEND community-based services to ensure that information is accessible, meets the needs of local families CYP, and that the services commissioned are structured around the feedback provided. This area is widely used by parent carers, school SENCOs,

the wider Reading community and professionals working with families to help access and understand the short breaks offer.

4.29 In April 2022 the creation of shared care at Pinecroft diversified the offer of short breaks for families into established residential care that is regulated by OFSTED. The additionality and continued offer and delivery of services as planned at Cressingham overnight short breaks provision brings added value to the children and families of Reading.

4.30 The short breaks offer has improved significantly this year. Short breaks are mapped based on feedback, gaps analysis and needs based on young people with SEND in Reading, this has encouraged take up of the offer. The Family Information Service and SEND Local Offer team are also part of professional forums, supporting for example social workers to explore and secure a wider range of alternative service options for families. The Family Intervention Service also offer a brokerage service to vulnerable parent carers helping them to access short breaks. This support has enabled many families and children to access universal short breaks.

4.31 The Service has proved effective in helping the partnership better understand the feedback from commissioned providers and this is also an integral part of how local offer information is communicated to families. The Family Information Service capture feedback from parent carers and evidence of positive outcomes to further improve our offer. This coproductive approach to engagement has resulted in the creation of various short breaks, including the recent creation of the Lego club. The Service has provided families with a public face and direct connection to an individual who is responsive to local represented needs. Some of this work has informed ideas of bespoke short breaks including hydro-pool therapy and art therapy.

4.32 All targeted commissioned short break providers can share information about their services on the SEND Local Offer, which is updated and moderated by the Family Information Service, with the result being timely information on all offers being shared. Every commissioned short break provider also has a duty to ensure they promote and publicize their short breaks offer.

4.33 Priority areas for further action

4.34 The SEND Strategy 2022-2027 is a comprehensive strategy, with a wide range of actions set out in the work strand action plans. Below are listed key areas of priority which are points of focus to help secure improvements across our local SEND system over the coming year.

4.35 Recruiting specialist, trained staff across partner-delivered services to meet the needs of children and young people with SEND continues to be a key challenge, and the key challenge restricting the capacity in specialist services. Educational Psychology, CAMHS and specialist Teaching Assistants remain priority recruitment areas. A more joined up approach to workforce recruitment and retention is a top priority.

4.36 Data sharing remains challenging. Coproduction and communication with all partners are key drivers in the development of the new Local Transformation Plan which is currently being written.

4.37 Many parents continue to be concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD. The waiting list has reduced recently but this is an area of continued attention. Reading Families Forum report that families are not sure where to start when their child is put on the waiting list for an assessment of Autism or ADHD or has another diagnosis. Most of the concerns at Reading Families Forum’s Family Information and Fun Day related to this concern. The partnership will be taking action in

the autumn term 2022 to improve the sharing of relevant information and advice to parents, through the information guides available the Local Offer.

4.38 The joint working to successfully reduce exclusions has enabled children and young people with SEND to attend school for longer and achieve better results. Whilst the partnership continues to make impact with the Therapeutic Thinking in Schools approach, exclusions of young people with Autism (with and without LD) is a continued area of focus and there are continuing issues for young people with LD who have additional emotional regulation and wellbeing needs.

4.39 Reading Families Forum have seen a large increase in children presenting with Emotionally Based School Avoidance, which is further evidenced by feedback from young people. A new EBSA team for children in a Reading school has been established this academic year and a further Mental Health Support Team will also add further capacity to address the needs of identified children and young people at risk of EBSA. Work will continue this year to develop our partnership response to prevent children missing education, with more communication between services and a coproduced approach with families to help navigate the system of support for children, so that children can make progress in their learning.

4.40 Some families still experience services and pathways across the partnership of providers (BHFT, BOB ICB, RBH and BFfC) which don't work together seamlessly. Some pathways to health services are not clear enough and can be confusing. Work with families will take place in the coming year to clarify pathways and continue to streamline how services work together.

4.41 CAMHS capacity, crisis response and support for children with Learning Disabilities and Autism remain a concern for parents, related to the recruitment challenges set out above. A new Specialist CAMHS service for LDA is being commissioned and the partnership will continue to explore ways to support an improved CAMHS offer.

4.42 Parents tell us the Local Offer is helpful but with such a wide offer they find it hard to know always where to go. In response, the Berks West Local Transformation Executive Committee has commissioned SCW to scope a single front door for Mental Health and Emotional Well Being services. In the interim period, to have a comprehensive view of what is available locally, the group is developing a Local Directory of services for professionals to use and Ambassadors are creating a visual mapping of local services. Parents also want to see more day care and overnight respite for those young people whose needs prevent them from working, e.g. severe physical and learning disabilities.

4.43 Employment Education and Training for SEND young people remains a key priority. Developing more pathways to fulfilling destinations for all young people with SEND remains an important priority for the partnership. Increasing links with Reading's business community and expanding the offer of supported internships are key objectives for 2023.

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

5.1 The information contained in this report and its appendices are in line with the overall direction of the Reading Health and Wellbeing Strategy, contributing to the following strategy priorities:

Help children and families in early years
Promote good mental health and wellbeing for all children and young people

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 No environmental and climate implications have been identified in the writing of this report.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 The development and delivery of the SEND Strategy has been supported by the proactive work undertaken by Reading Families' Forum and Special United – young people's forum, as set out in this report.

8. EQUALITY IMPACT ASSESSMENT

8.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8.2 The SEND Strategy 2022-27 aims to ensure the changing diverse and special education needs of Reading children are met, to raise the education standards for all and address inequality due to social disadvantage, disability (including multiple complex needs) and/or other protected characteristics, and contributes to the delivery of the Council's equality duties. The strategy will be reviewed and updated regularly to reflect changing demographics and to ensure that the diverse and special education needs of Reading children continue to be effectively met.

9. LEGAL IMPLICATIONS

9.1 Not applicable for this report

10. FINANCIAL IMPLICATIONS

10.1 Not applicable for this report

11. BACKGROUND PAPERS

11.1 Not applicable for this report

Reading Area

Special Educational Needs and/or Disabilities (SEND) STRATEGY

2022-27

Contents

Vision 5
Developing the strategy 2022-2027 6
Alignment with other key strategies 6
Conclusion 9
Workstrand 1 Improving Communications 10
What does the data tell us? 10
What did the inspection say? 10
Key performance indicators – where will we be by 2027 12
Action Plan 2022-2023 13
SEND Communications Work Group Terms of Reference 16
Purpose 16
Scope 16
Core Functions 16
Features of the work group 17
Meetings 17
Membership 17
Quoracy 17
Workstrand 2: Early intervention through to specialist provision – 18
What does the data tell us? 18
Characteristics 19
Gender 19
Free school meal eligibility 20
Ethnicity 21
Types of school 22
Elective Home Education (EHE) and Alternative Arrangements 23
Early years 24
Early Years Children in Reading Subject to Children in Need (CiN), Child Protection (CP) and Children Looked After (CLA) at January 31st each year 25
Looked after children and children in need with SEND – prevalence and characteristics 25
Attainment of children and young people with SEND in Reading Schools 25
Attainment at Key Stage 2: Quartile Banding A (12-50%), National Rank 6 25
Progress Scores at Key Stage 2 for children with SEND 26
LAIT DATA: Quartile Banding D (up to -4.48%), National Rank 143 26

Progress Scores at KS2 by SEN pupils – Writing 26
LAIT DATA: Quartile Banding D (up to -5.38%), National Rank 120 27
Progress Scores at KS2 by SEN pupils – Maths 27
LAIT DATA: Quartile Banding D (up to -1.6%), National Rank 125 27
Progress Scores at KS2 by SEN support pupils -Reading 27
Progress Scores at KS2 by SEN support pupils –Writing 28
Progress Scores at KS2 by SEN support pupils – Maths 28
Attainment 8 Scores at KS4 by pupils with an EHCP 29
Attainment 8 Scores at Key Stage 4 for SEND support pupils 29
Progress 8 Scores at Key Stage 4 by pupils with an EHCP 30
Progress 8 Scores for Key Stage 4 for young people with SEND support 30
Post-16 – attainment by age 19 31
Statutory Assessments 31
What did the inspection say? 32
Key performance indicators – where will we be by 2027 36
Action Plan 2022-2023 37
Workstrand 3 – Consistent approaches to emotional well being 43
What does the data tell us? 43
What did the inspection say in the June 2021 Local Area SEND Inspection? 44
Key performance indicators – where will we be by 2027 (data) 46
Action Plan 2022/23 47
Workstrand: 4: Preparation for Adulthood (RBC lead Katie Laws) 58
What does the data tell us? 58
What did the inspection say? 60
Key performance indicators – where will we be by 2027 (data) 61
Action Plan 2022-2023 62
Workstrand 5: Short Breaks and related family support 65
What does the data tell us? 65
Reading data shows: 67
What did the inspection say? 68
Overview 68
Strengths - Support for families/Short Breaks 68
Areas of development 69
Key performance indicators – where will we be by 2027 (data) 70
Action Plan 2022-2023 71
Work strand: 6. Capital and school places 76

What does the data tell us? 76
What did the inspection say? 76
Key performance indicators – where will we be by 2027 (data) 77
Action Plan 2022-2023 78
Strand 7: Funding and finance 81
What does the data tell us? 81
What did the inspection say? 81
Key performance indicators – where will we be by 2027 (data) 81
Action Plan 2022-2023 82

Vision

Our strategy for SEND is rooted in our vision for Reading's children and young people, it reflects the outcome of the June 2021 local area inspection and the key areas for development identified through that report:

All children and young people with SEND will be supported through the provision of the right support at the right time to be as independent as possible and have their emotional, social and physical health needs met. They will have choice and agency in adult life and be able to access and navigate services to lead rich and fulfilling lives and flourish in a healthy, thriving and inclusive borough.

We will do this by ensuring:

- ***SEND is everybody's business**, embedded in the practice of all those that work with children, young people and families*
- *"**Co-production**" happens at every level -"working with" families not "doing to". Co-production at the heart of what we do: changing the way in which we work together with families operationally and strategically.*
- *We deliver **the right support in the right place at the right time**, ensuring the availability and development of high quality universal and specialist provision to meet needs locally.*
- *We **improve outcomes for children and young people.** We focus on working together to identify and assessing needs early, and through transparent and evidenced based decision making, ensuring equitable resource allocation to meet agreed outcomes and support aspirations.*

- *And unlocking all the resources in the borough of Reading*

The strategy is driven forward by the work of the workstrands. These operationalise the strategy and enable it to be embedded in our work. The strands are:

- **Strand 1: Improving communication (BFFC Lead Fiona Tarrant, Head of Corporate Communications and Marketing)**
- **Strand 2: Early intervention through to specialist provision (BFFC Lead Debs Hunter, Principal Child & Educational Psychologist and Mental Health Lead)**
- **Strand 3: Consistent approaches to emotional wellbeing (BFFC Lead Debs Hunter, Principal Child & Educational Psychologist and Mental Health Lead)**
- **Strand 4: Preparing for adulthood (RBC Adult Social Care to lead)**
- **Strand 5: Support for families / short breaks (BFFC Lead Claire Lewis, Service Manager – Childrens Disability Service)**
- **Strand 6: Capital and School Places (BFFC lead Mandie Barnes, Education and SEND commissioner with support from Paul Gresty, Education Strategic Lead and RBC assets)**
- **Strand 7: Funding and finance (BFFC Leads Nikki Stevens, Head of SEND and Steph Heaps, Schools & DSG Business Partner)**

As part of our commitment to ensuring families are at the heart of all we do, representatives of parent/carers forums are active participants in all the workstrands.

Our strategy is data driven and reflects our current performance and our ambition to be one of the best areas in the country for SEND. The strategy will be revised once the outcome of the Government's SEND review is known to ensure it meets governmental and local priorities.

Developing the strategy 2022-2027

Following a consultation exercise in the Spring 2021, the development of the strategy has ensured that it is both data driven and focused on Key Performance Indicators and that the lines of accountability for delivering on each strand are clear. It is hoped that each work strand will have a strategic performance indicator (where will we be by 2027) to sit alongside the annual action plans.

The SEND Strategy will be delivered through **7 Key Strands** set out in the strategic framework set out below. Each strand will be supported by a workstream which will set out specific yearly action plans to deliver the priorities identified through the Self Evaluation and data analysis, and include key performance indicators (KPIs), timescales and intended impact/outcomes. All workstreams will ensure that the work is coproduced and informs opportunities for joint commissioning. The delivery of the actions will be kept under regular review, reporting progress and recommendations to the SEND Strategy Group.

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

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

Alignment with other key strategies

The draft SEND strategy 2022-2027 has been developed with reference to:

1. **Joint local area SEND inspection in Reading – July 2021**
   (letter attached)
2. **The BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS) 2021- 2030 Health and Wellbeing Strategy:**

   (see separate item on the agenda)
3. **Brighter Futures for Children Year 3 Business Plan 2021-2022**

   https://brighterfuturesforchildren.org/wp-content/uploads/2021/08/Year-Three-BFfC-Business-Plan-Feb-2021-FINAL-.pdf

The alignment between these strategic documents is shown below:

Joint Local Area Inspection	HWBS 2021-2030	Brighter Futures for Children Business Plan -2021-2022
Areas of development- • The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. • Some pathways to health services are not clear enough and can be confusing • Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD. • Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, • and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. • The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups. Opportunities to use shared models of support and co-production are missed. • Quality of health and social care contributions to EHC plans require improvement • The number of adults with learning difficulties in meaningful activity or paid employment needs to	Priorities: 1. Reduce the differences in health between different groups of people 2. Support individuals at high risk of bad health outcomes to live healthy lives. 3. Help children and families in early years. 4. Promote good mental health and wellbeing for all children and young people 5. Promote good mental health and wellbeing for all adults.	• **Priority 4:** Implement and embed the Early Help approach securing active commitment of community partners • **Priority 5:** Support education providers to give our children and young people the best start and to promote excellent teaching and learning, especially for those with SEND.

Joint Local Area Inspection	HWBS 2021-2030	Brighter Futures for Children Business Plan -2021-2022
increase. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.		

Conclusion

The draft strategy is attached as appendices 1 to 7. The strategy will 'go live' from January 2022 and the responsibility for ensuring and monitoring progress will rest with strand leaders reporting to the monthly SEND strategy group. The action plans will form the basis for the annual SEF update and the annual reports to Schools Forum and the Health and Well Being Board. Our over-riding key performance indicator for the new strategy is that any local area inspection in the future rates Reading as 'outstanding' and **one of the best local areas in the country for children and young people with SEND and their families**.

Workstrand 1 Improving Communications

What does the data tell us?

Data on its own does not provide the key indicator for improved communications with parent carers of children and young people with SEND, professionals working in this field or, indeed, for young people with SEND.

The key indicator is feedback from parent carers and young people on whether they can find the right information, at the right time and in the right place.

Therefore, the key focus for SEND Strategy workstrand 1 has been to revisit the information and communication 'as is' and to make improvements working in partnership with parent carer representatives.

This workstream's responsibility is to ensure there is readily accessible information on services provided and that this is communicated in a clear and accessible way.

The better the information available and improvements in the way that information is communicated will improve confidence. That confidence can be measured by surveys but also in parental feedback (and feedback from children and young people) in SEND local area inspections. Feedback from the 2021 local area SEND inspection in Reading recognises improvements in communications in recent years but we recognise there is still much more to be done and the narrative provided gives scope for many further improvements, all of which need to be communicated to the children, young people and their families who access these services.

The reputation of the partner agencies involved in the provision of SEND in Reading will improve if there is better access to information and help for parent carers on where to go and how to find help at different stages of their child/ren's development.

This is where improved access to information and better communication of it will shine. The action plan for 2022/23, detailed below, may change as work is completed and further improvements identified during 2021/22 but the key aims are the same.

What did the inspection say?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND. This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been

waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

Strengths – Communication

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way.
- Improvements to services are planned and delivered in genuine partnership, with parents and young people included as standard
- Leaders have identified that some families do not take up the offer of free early years places for their two-year-old children. This is making it difficult to ensure that the needs of all children are identified early. Leaders identified this issue through their routine data analysis, finding that 12% of children had not attended provision before they started school, with the majority of this group having a black and minority ethnic background. As a result, there is now a coordinated plan to address this issue, with staff and volunteers in place, leaflets translated into the 11 most commonly used languages and a social media awareness campaign
- Schools and early years settings are well supported by professionals from both education and health services. This support, together with the good range of training available, is helping practitioners to more quickly spot children who may need some extra help.
- There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an existing programme of support for families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people
- Increasingly, working with families and young people is seen as an essential aspect of the development of services. For example, in the commissioning of an autism service, children and young people and their parents were involved from the start, from their involvement in tendering for a service to evaluating bids for a contract and setting key performance indicators that include 'I feel' statements, to measure successful outcomes.
- Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat
- EHC plans are produced in a timely fashion, with the vast majority being produced within the expected 20 week period. There is a consistent format that provides clear information about children and their needs. Practitioners say that these are useful documents. The views of children and young people and their parents are sought and plans are well informed by professional advice.

- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met.

Areas of Development- Communication

- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.

Key performance indicators – where will we be by 2027

It is anticipated that year-on-year improvements to information about SEND services and better communication about how to access them will mean that, by 2027, this will be – if there was a SEND inspection rating – 'outstanding' in Reading.

Commitment from all partner agencies involved to make improvements in the way services are communicated already exists. The expectation is that complaints about communication will reduce and that, as the partnerships in Reading strengthen, processes and channels set up will mean excellent communication will be the norm.

.

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Ongoing publicity campaign on 9 month and 2.5 year health checks by all agencies in Reading	Social media interaction stats, visits to websites, increase in booked appts (shared KPI with operational leads)	March 2023	Increased awareness of the checks, where to access them, why they're important	Health comms, with co-operation across the Work strand 1 Comms Group
Amend Terms of Reference for Work strand 1 to become a permanent working group		March 2022	Improved communication and information as ongoing	BFfC Head of Communications
Improved information and comms with parent carers while awaiting an ADHD or ASD assessment	Increased visibility of information on ADHD and ASD assessments. Website and social media data on engagements with information provided	March 2023	Less stress for parent carers, greater awareness of process, improved knowledge of conditions and/or future steps, fewer complaints during waiting time	Health comms, with co-operation across the Work strand 1 Comms Group
Increase in co-production of collateral and website information	Website and social media data on engagements with information provided. Increased and improved feedback from parent carers via Local Offer annual surveys	March 2023	More information, which is more accessible and informative for parent carers and young people. Increased parent carer confidence in services	BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
			provided and how to access them	
Increased publicity campaign on free early years places	Increase in applications (no starting data, so can't apply a KPI)	March 2023	Greater engagement with messaging and increased clicks to website to apply	BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group
Improve accessible information for parent carers and young people on preparing for adulthood and transition to adult services from children's services	Survey feedback via Local Offer/FIS surveys and quarterly reports	Sept 2022	Less anxiety about the transition process and future provision, greater awareness of key transition stages	Chair of Workstream 1 and Chair of Workstream 4, with co-operation and input across both workstreams
Improve readily available mental and physical wellbeing resources and information for parent carers and young people on Local offer, FIS, with stronger signposting from partner websites and strengthening of engagement with ReadingYoungPeople Instagram	Website and social media data on engagements with information provided.	March 2023	Reduction in escalation of mental health cases, earlier access to support, greater engagement with young people in Reading	FIS/Local Offer Manager and BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Rollout of EHCP comms strategy and engagement with all partner agencies, particularly schools	More appropriate referrals, better engagement with correct processes	Sept 2022	Better partnership working, clarity of roles and responsibilities	BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group
Update of SEND Comms strategy, in line with action plans for all other SEND Strategy workstreams	Hard to identify a KPI for this one, although this will form the majority of workstream 1's workload	April 2022	Better communication about improvements made by all workstreams. Greater parent carer confidence in actions being taken and progress made	BFfC Senior Communications Officer, with co-operation across the Work strand 1 Comms Group
Establish a SEND communications protocol across all relevant partners in Reading	Increase in visits to relevant FIS and Local Offer web pages and engagement with information provided	May 2022	Information streamlined so other partners' websites aren't updated. Establish single source for key information and others signpost their website visitors to it	BFfC Head of Communications, with co-operation across the Work strand 1 Comms Group
Ongoing communication with parent carers about new SEND school places in Reading	Website and social media data on engagements with information provided	March 2023	Fewer complaints, increase in early resolution of disputes taken to IASS. Greater parent carer confidence	BFfC Senior Communications Officer, with co-operation across the Work strand 1 Comms Group

SEND Communications Work Group Terms of Reference

Work strand 1 of the SEND Strategy Group

November 2020. Updated March 2021

Purpose

The primary purpose of the SEND Communications Working Group is to be a short-term group (no more than 12 months) to establish a good working partnership and clear communication channels to help promote and communicate the effective delivery of the SEND Strategy.

This group will ensure that SEND children, young people, parent carers and service providers have improved information to be able to access services and ensure their needs are met.

A key part of this will be co-production - ensuring that parents/carers and partner agencies develop the communication strategy together.

The Reading Families' Forum, the Local Offer team and IASS will feedback young people and parent carer views back to the working group, which will ensure collateral produced is objective reviewed and is right for the audiences it serves.

Scope

The working group will focus on collateral and communication methods outlined in the BFfC SEND Communications Strategy and associated action plan.

The working group will agree and sign off the strategy and action plan and will ensure the work is on track and on target, in terms of messaging and accessibility.

The working group will monitor the development and delivery of communication and marketing collateral and will encourage the exploration of innovative approaches to improve communication of SEND services.

The working group will not cross over into operational areas or the delivery of SEND services.

Core Functions

- View drafts and approve collateral
- Develop effective solutions to current barriers to communication in delivering the SEND Strategy.
- Approve approaches and innovative ideas on ways to communicate SEND services
- Suggest new approaches, offer ideas and contribute to the strategy
- Encourage and promote a culture of continuous improvement and a collegiate approach.

Features of the work group

Meetings

The work group will meet bi-monthly, initially for a year, after which it will be reviewed. Meetings will be via Teams, chaired by the Head of Communications & Marketing.

Membership

Invited membership of the work group is as follows:
Fiona Tarrant, BFfC Head of Communications & Marketing fiona.tarrant@brighterfuturesforchildren.org

David Millward, BFfC Senior Communications Officer david.millward@brighterfututesforchildren.org

Lesley Chamberlain, Reading IASS Manager lesley.chamberlain@brighterfuturesforchildren.org

Maryam Makki, Manager of Reading's Family Information Service and SEND Local Offer
Maryam.makki@reading.gov.uk

Ramona Bridgman, Reading Families Forum rgebridgman@aol.com

Claire Lewis, BFfC CYPD Service Manager claire.lewis@brighterfuturesforchildren.org

Ruth Pearce, Parenting Special Children ruth@parentingspecialchildren.co.uk

Jessica Langdon, RBH/CCG Comms jessica.langdon@royalberkshire.nhs.uk

Rachel Tetchner, Inclusion Leader/ The Ark Manager, Christ the King Primary School
resourcemanager@christtheking.reading.sch.uk

Nikki Stevens, BFfC SEND Manager nikki.stevens@brighterfuturesforchildren.org
nikki.stevens@brighterfuturesforchildren.org

TBC, SENCO representative

Quoracy

A quorum shall be at least 6 members.

The working group may invite any BFfC employees or agency to attend and/or provide information to support its work.

The working group will assess its own effectiveness, including its Terms of Reference, every year.

As part of the working group's assurance process, it will routinely report on its activity and progress to the BFfC Board, BFfC Senior Leadership Team and SEND Board, via reports from the Head of Communications & Marketing.

Workstrand 2: Early intervention through to specialist provision –

What does the data tell us?

The National context as outlined in key data sets (SEND2 return) June 2021 highlights key findings

- The total number of EHC plans has continued to increase
- The number of new EHC plans has increased each year since their introduction in 2014.
- Pupils with special educational needs (SEN) increased to 1.37 million pupils in 2020.

In Reading we know that in January 2020, the number and percentage of pupils with SEND in all Reading schools[1]was 15.3% and this has increased each year, since 2016.

	2014	2015	2016	2017	2018	2019	2020
Reading	4,237	3,819	3,229	3,368	3,499	3,766	4,025
Reading %	18.5	16.1	13.1	13.5	13.7	14.6	15.3
Statistical Neighbours %	19.0	16.5	15.2	15.0	15.3	15.4	15.4
England %	18.0	15.5	14.4	14.4	14.6	14.9	15.5
South East %	18.1	15.3	14.2	14.2	14.5	14.9	15.6

- Of these pupils, 19% with SEND had an EHC plan in Reading schools compared to 81% identified as receiving SEND support.
- At January 2020, the percentage of pupils with an EHC plans in Reading schools increased slightly from 2019. The same is true of our statistical neighbours, the South East and England. Reading schools have a higher proportion of pupils identified as requiring SEND support and a lower percentage of pupils with EHC plans however for the first time in January 2020, the South East had a higher proportion of funded EHC plans than Reading, England or statistical neighbours**.**

Type of need

In Reading**,** the majority of children and young people have a primary need of autism (roughly 50% ASD and/or speech language and communication needs) lower than some of our statistical neighbours and in line with the South East average. Boys are over-represented in this autism and SLCD primary need cohort with over 50% of boys with plans having this as their primary need (this is similar to the South East average). For girls, the comparison figure is 39%.

Figures show a likely over-representation of Asian pupils in the cohort with a primary need of ASD and SLCN (19% compared with a South East average of 7%).

[1] Source: School Census, School Level Annual School Census (SLASC) and General Hospital School Census 2011-2019 (at January each year). Percentage of pupils with SEND (SEND support and a statement or EHC plan), based on where the pupil attends school at January, and expressed as a percentage of the total number of pupils on roll. All schools includes all academies, including free schools, maintained and non-maintained special schools, middle schools as deemed, all through schools, city technology colleges, university technology colleges, studio schools and general hospital schools, and excludes nursery schools, independent schools and pupil referral units.

Breakdown of Maintained EHC Plans at 14th January 2021 by Primary Need Type/%													
	Social, Emotional and Mental Health	**Communication and Interaction Needs**		**Cognition and Learning Needs**				**Sensory and/ or Physical Needs**				**Other**	**Total**
		ASD	SLCN	SPLD	MLD	SLD	PMLD	PD	HI	VI	MSI		
Reading	19.60	35.80	14.60	0.60	14.30	2.80	4.00	4.8	2.0	1.9	0.0	0.0	1436
South East	18.30	32.80	16.80	2.90	14.20	5.10	1.80	4.3	1.7	1.1	0.2	1.0	56241

SEND Benchmarking Data 2021

On 1 July 2021, out of 1450 EHC plans with Reading named as the home LA:

- 522 had a primary need of ASD registered (36%).
- 275 had a primary need of SEMH registered (19%)
- 213 had a primary need of MLD registered (15%)
- 207 had a primary need of SLCN registered (14.2%)
- 70 had a primary need of PD registered (5%)
- 58 had a primary need of PMLD registered (4%)
- 41 had a primary need of SLD (2.8%)
- 28 had a primary need of VI (1.7%)
- 28 had a primary need of HI (1.7%)
- 8 had a primary need of SPLD (0.6%)

There are an additional 59 EHC plans, where Reading is the funding LA but the EHC plan is maintained by another LA; the majority of these children and young people are children looked after with a high number in specialist provision:

- 29 have a primary need of SEMH (49.9%)
- 9 have a primary need of ASD (16%)
- 7 have a primary need of MLD (12%)
- 6 have a primary need of SLCN (10.2%)
- 3 have a primary need of SLD (5.1)
- 2 have a primary need of PD (3.4%)
- 1 has a primary need of PMLD (1.7%)
- 1 has a primary need of SPLD (1.7%)

Breakdown of Maintained EHC Plans at 14th January 2021 by Primary Need Type/%													
	Social, Emotional and Mental Health	**Communication and Interaction Needs**		**Cognition and Learning Needs**				**Sensory and/ or Physical Needs**				**Other**	**Total**
		ASD	SLCN	SPLD	MLD	SLD	PMLD	PD	HI	VI	MSI		
Reading	19.60	35.80	14.60	0.60	14.30	2.80	4.00	4.8	2.0	1.9	0.0	0.0	1436
South East	18.30	32.80	16.80	2.90	14.20	5.10	1.80	4.3	1.7	1.1	0.2	1.0	56241

Characteristics

Gender

Reading has a higher ratio of boys to girls who have EHC plans in comparison to the South East and England.

Gender and SEN Support and EHC plans in Reading, SE and England							
		SEN Support			EHC Plan		
		2018-19	2019-20	2018-19	2019-20	2018-19	2019-20
Reading	Boys%	64.9	64.6	62.8	76	77.3	78
	Girls%	35.1	35.4	37.2	24	22.7	22
South East	Boys%	65	64.3	63.8	73.5	73.3	73.2
	Girls%	35	35.7	36.2	26.5	26.7	26.8
England	Boys%	64.9	64.6	64.2	73	73.1	73.1
	Girls%	35.1	35.4	35.8	27	26.9	26.9

Totals include state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent schools

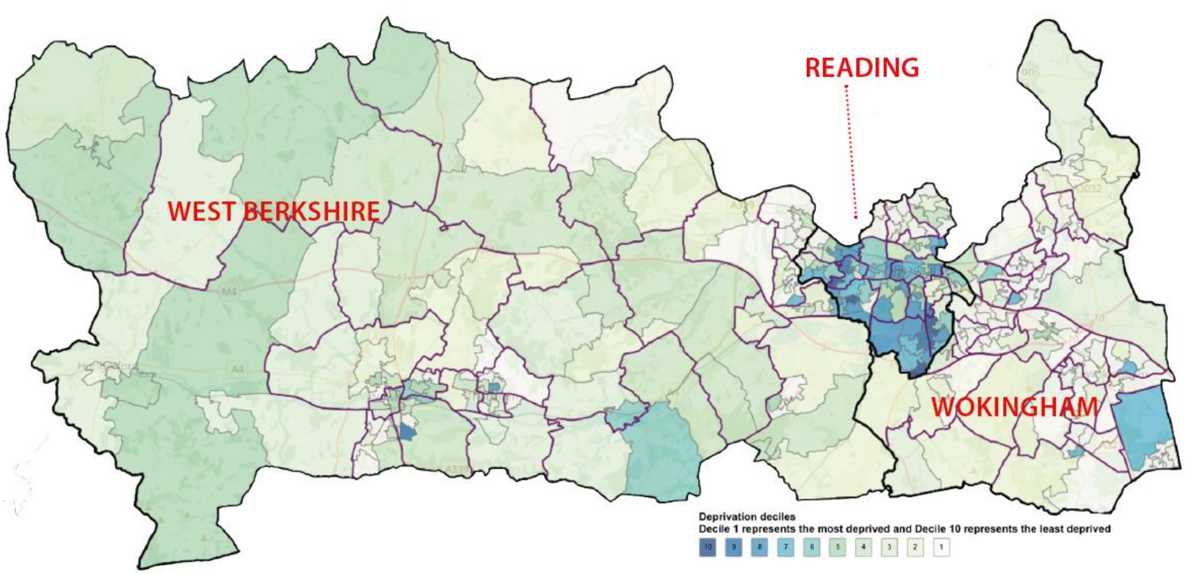
Free school meal eligibility

Nationally pupils with special educational needs are more likely to be eligible for free school meals. Reading is an outlier compared to geographical neighbours but in line with statistical neighbours.

Free School meal % eligibility and SEN Support and EHC plans in Reading, SE and England						
Area	SEN Support			EHC Plan		
% eligible for free school meals	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21
Reading	26.7	29.6	33.3	30.6	33.7	39.7
West Berkshire	15.6	17.9	22.7	21.6	21.9	27.5
Wokingham	13.8	15.7	17.6	20.5	20.4	21.1
South East	22	24.8	29.2	27	28.4	32.3
England	27.3	29.9	34.3	32.8	34.6	38
Sheffield	37.5	40.1	44.8	42.7	44.8	47.7
Milton Keynes	24.3	27.5	32.1	27.7	29.5	33.8
Bedford	23.1	25.4	29.3	29.9	32.4	34.8
Brighton and Hove	27.9	31.7	34.9	34.2	36.3	40.5
Bristol	32.4	35.5	39.8	42.4	44.8	47.9
Southampton	35.7	40.1	45.8	41.0	41.7	46.3
Derby	30.7	33.7	39.4	36.1	38.0	42.8

Totals include state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent school

This is reflected in the Index of Multiple Deprivation (IMD) of Berkshire West, below, with bluer areas showing the most deprived and green areas showing the least deprived areas.



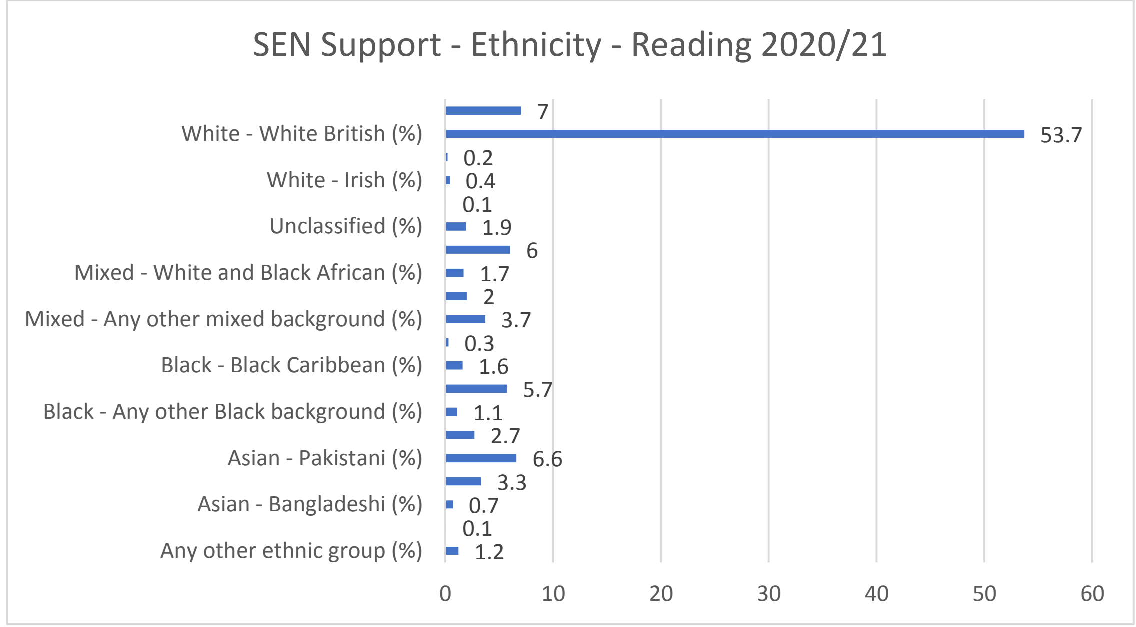
- **English as a first language**

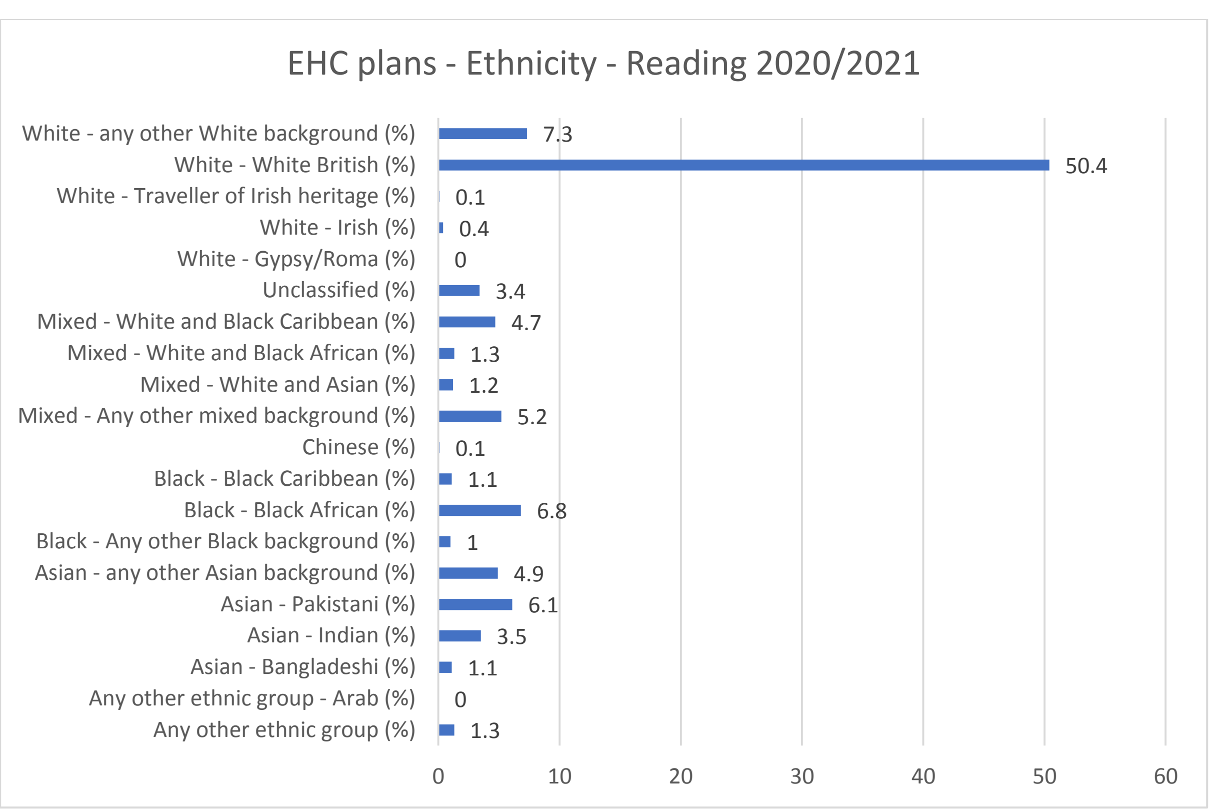
CYP with SEND and first language English/not English – Reading 2020-2021		
		2020/21
SEN Support	First language known or believed to be English %	77.9
	First Language known or believed to be not English %	21.4
EHC plans	First language known or believed to be English %	76.9
	First Language known or believed to be not English %	22.1

Totals include state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent schools

Ethnicity

The tables below show the ethnicity of CYP at SEN Support or with an EHCP.





Types of school

The majority of pupils in Reading, in January 2021 with EHC plans, attended a maintained mainstream school, academy or free school. The percentage attending resourced base provision, was 6.1%, significantly higher than compared to the South East or England**.**

In January 2021, 28.8% of pupils with EHC plans attended a special school. This is a slightly lower percentage compared to England or the South East. However, the percentage of children with EHC plans attending Independent Non-Maintained schools with a Reading EHC plan is significantly lower (2.9%) compared to England (4.1%) and the South East (5.5%). This will have a positive impact on the High Needs Block in relation to the total spend on high cost placements and has been the result of our SEND strategy to reduce out of borough placements and increasing mainstream resource units. A number of these placements have been awarded post tribunal.

% of CYP with an EHC Plan maintained at 14th January 2021, by Placement					
			Reading	**South East**	**England**
Non-maintained EY settings in the private and voluntary sector			0.4	0.4	0.5
Mainstream School	LA Maintained	School	20.6	16.1	17.3
		SEN Unit	0.0	1.4	0.9
		Resourced Provision	5.0	1.7	1.5
	Academy	School	11.2	13.8	16.2
		SEN Unit	0.0	1.5	1.0
		Resourced Provision	2.1	1.5	1.4

	Free School	3.8	0.8	0.7
	Independent School	0.0	1.2	1.1
Special School	LA Maintained/Foundation	13.5	21.0	19.5
	Academy/Free	15.3	9.1	11.2
	Non-maintained	0.4	1.6	0.9
	Independent	2.9	5.5	4.1
PRU AP	LA maintained	0.0	0.2	0.4
	Academy or Free School	1.7	0.2	0.3
Post- 16	General FE colleges/HE	17.4	14.4	13.2
	Other FE	0.0	0.6	1.2
	Sixth form college	0.0	1.3	0.6
	Special Institutions	0.0	1.6	1.6
Ot her	Other Arrangement LA	2.0	1.4	1.0
	Other Arrangement Parent	0.0	0.2	0.2
No Placeme	Excluded on Census day	0.1	0.0	0.3
	Awaiting Placement	2.8	1.7	1.3
	NEET	0.0	1.7	2.5
	Other	0.0	0.22	0.5

SEN Benchmarking data – 2021

% CYP with Maintained Statements/ EHC Plans at 14th January 2021 Placed in Independent/ Non-Maintained Special Placements*					
	2017	2018	2019	2020	2021
Reading	5.7	5.5	4.5	3.1	3.3
South East	8.5	7.8	8.7	9.3	9.9
England	7.4	7.2	7.4	7.6	7.7

*SEN Benchmarking data – 2021-*includes independent Mainstream Schools, Non-maintained Special Schools, Independent Special School and Independent post-16 provision.*

Reading's previous SEND strategy has focused on the right provision in the right place at the right time; meeting needs locally; building skills and confidence in mainstream schools for children with complex needs. The emphasis on securing appropriate provision continues in this strategy and forms part of Workstrand 6. The chart below shown the gap between demand and supply for places.

Elective Home Education (EHE) and Alternative Arrangements

Reading has a lower proportion of children and young people in elective home education in comparison to England and the South East. Reading saw an increase in demand for EHE in 2020 – Jan 2021, which reflects the national trend, but the total figure remains under the national percentage.

For children and young people with EHC plans awaiting provision/placement, Reading has increased the use of "other arrangements" (alternative provision) between 2020 and 2021.

Elective Home Education (EHE) and Alternative Arrangements		England		Reading		Wokingham		West Berks		South East		SN range
		2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	20- 21
Elective home education	Number of EHC plans	2,983	3,660	6	10	6	11	12	18	602	719	8-25
	Percentage of EHC plans	0.8%	0.8%	0.4%	0.7%	0.6%	0.9%	1.2%	1.7%	0.9%	1.0%	0-1.4 %
Alternative Provision / arrangements by LA	Number of EHC plans	3,984	4,284	11	29	3	7	0	0	662	1029	
	Percentage of EHC plans	1.0%	1.0%	0.8%	2.0%	0.3%	0.6%	0.0%	0.0%	1.0%	1.4%	0-1.6%

In Reading, Education Welfare Officers have active involvement with those children with EHCPs who are not attending (currently 26 pupils out of 350 active cases – May 2021).

Using our Young Carers Screening Tool, we have identified 15 young carers who are supporting a sibling with a physical or learning disability (and have an EHCP).

Early years

In Reading the percentage of children aged under 5 with an EHC plan has increased since 2017.

% EHC plans, under 5s Jan 2017-Jan2021					
	2017	**2018**	**2019**	**2020**	**2021**
Reading	2.8%	2.6%	3.7%	3.3%	3.7%
South East	4.1%	3.6%	3.9%	4.0%	3.7%
England	4.0%	3.9%	4.0%	3.9%	3.8%

In Reading, the early help service uses a multi-agency assessment to identify children in the early years sector. This assessment gathers information from a range of agencies who know the child and includes health needs including physical, emotional and social needs. The outcomes are then recorded in the mosaic system to enable those children with an EHCP to be supported. In April 2021, 9% of the active cases within Early Help had an EHCP (50 cases), the majority of these were being supported by family workers.

24 staff in the private, voluntary and independent sectors have completed a level 3 special needs co-ordinator course to support their settings in identifying need. This is complemented by 10 settings who have completed the early years SEND inclusion award. Children with emerging needs also receive 2year funded places.

The number of children who are children looked after or on Child Protection has remained steady over the last five years apart from 2018 when there was a spike (CP-36% and CLA- 40% increase) whereas the number of Early Years children registered as Child in Need has decreased significantly.

Early Years Children in Reading Subject to Children in Need (CiN), Child Protection (CP) and Children Looked After (CLA) at January 31st each year					
	2016	2017	2018	2019	2020
Children Looked After	49	47	59	51	48
Child Protection	69	83	94	68	66
Child in Need	360	347	309	260	227

Looked after children and children in need with SEND – prevalence and characteristics

In Reading – of the 71 children with an EHC plan who were CLA on 1 July 2021:

- 13% of children were in receipt of SEND support and 3% of children were undergoing statutory assessment (May/June 2021). Of the children who have an Education Health Care Plan 57.6% have a primary need of Social, Emotional Mental Health needs of which 16 are in an independent non maintained school, home or hospital. 17% of Cognition and Learning needs, 17% of Communication and Interaction needs and 8.4% of Physical and Sensory needs.
- The number of children looked after has fallen over the last three years by 19% and the number of children in need has fallen by 28% although the number of children designated as requiring protection has decreased by 30%. During this same time frame the overall under 5 population is estimated to have fallen by 5%.
- In Reading, the wards with the highest percentage of children with social care involvement are Whitley, Southcote and Minster.

Attainment of children and young people with SEND in Reading Schools

The data provides a mixed picture of attainment of children and young people with SEND across Reading:-

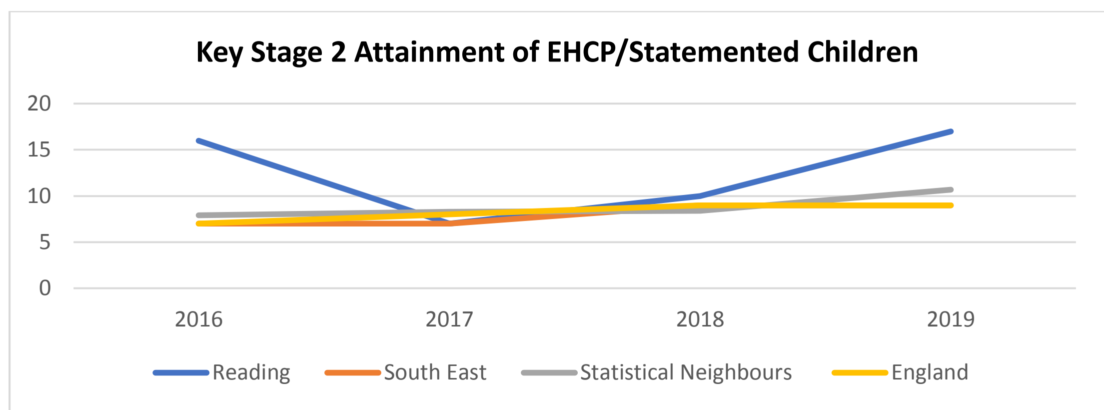
- Key stage 2 pupils have significantly improved in achieving expected level of attainment
- However, progress scores in reading, writing and maths in Key stage 2 for those with SEND have decreased
- In Key stage 4 progress and attainment for SEND pupils is good
- All School Standards work is focused on quality of curriculum & fully embedding principles of instruction, supporting shared model of learning.

Attainment at Key Stage 2: Quartile Banding A (12-50%), National Rank 6

The performance of children with SEND at Key Stage 2 is strong and some of the best performance of any local authority in the country.

Significant improvement since 2017 at KS2 for children supported with EHC Plans achieving the expected level, with 17% of children achieving this in 2019 (up from 7% in 2017), and against the South East average of 9% (2019), statistical neighbours average of 10.7% (2019) and England average of 9% (2019).

Between 2018 and 2019, school performance increased seven times above the South East average and more than three times the national average. The 2019 result ranks Reading as sixth and the top quartile nationally for performance in this metric.



Progress Scores at Key Stage 2 for children with SEND

Reading's performance for progress is not as strong as attainment at Key Stage 2. Reading is in the bottom quartile and ranks one of the lowest local authorities in the county.

LAIT DATA: Quartile Banding D (up to -4.48%), National Rank 143

A pupils' progress score is the difference between their actual KS2 result and the average result of those in their prior attainment group. If Emily, for example, received 102 in reading at KS2 and the average KS2 reading score for her prior attainment group was 101 - her progress score would be +1. Average scores for reading has fallen since 2017 and significantly since 2018 at KS2 for SEN pupils, with a drop of -0.5.1 in 2017, a drop of -4.6 in 2018, and a drop of -6 in 2019. This is against the South East average of -3.9 (2019), statistical neighbours average of -3.3 (2019) and England average of +0.2 (2019).
Between 2018 and 2019, in Reading schools, there was decreased performance of more than 1.5 times compared to the South East average and the national average. The 2019 result ranked Reading – 143, and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN pupils- Reading				
	2017	**2018**	**2019**	**Change from previous year**
Reading	-5.1	-4.6	-6	-1.4
South East	-3.9	-4.0	-3.9	-0.1
Statistical Neighbours	-4.13	-4.59	-3.3	1.29
England	-3.7	-3.8	-3.6	0.2

Progress Scores at KS2 by SEN pupils – Writing

LAIT DATA: Quartile Banding D (up to -5.38%), National Rank 120

Between 2018 and 2019, in Reading schools, there was a decrease in performance more than twice the South East average and more than four times the national average. The 2019 result ranks Reading 120 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN pupils- Writing				
	2017	**2018**	**2019**	**Change from previous year**
Reading	-4.3	-4.8	-5.7	-0.9
South East	-5.1	-4.4	-4.8	-4.0
Statistical Neighbours	-5.02	-4.28	-4.01	0.27
England	-4.3	-4.1	-4.3	-0.2

Progress Scores at KS2 by SEN pupils – Maths

LAIT DATA: Quartile Banding D (up to -1.6%), National Rank 125

Performance in Maths is in the bottom quartile and is some of the poorest in the country. Between 2018 and 2019, the performance in Reading schools was roughly in line with the South East, but nearly twice as poor as our statistical neighbours and the national average. Our 2019 result ranks Reading 125 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN pupils- Maths				
	2017	**2018**	**2019**	**Change from previous year**
Reading	-1.30	-2.50	-1.90	0.60
South East	-2.00	-1.60	-1.80	-0.20
Statistical Neighbours	-1.06	-1.04	-1.06	-0.02
England	-1.10	-1.00	-1.00	0.00

Progress Scores at KS2 by SEN support pupils -Reading

Average progress scores for reading at key stage 2 have fluctuated between 2017 and 2019, although 2019 performance is higher than in previous years (-1.5 average score). This is lower that the South East (average of -1.4 (2019), statistical neighbours (average of -0.84, 2019) and England average of -1 (2019).
Between 2018 and 2019, performance in Reading schools improved the average score by +0.6 which is significantly higher that its statistical neighbours (improvement of +0.1) and the South East and national average, both which did not change from the previous year. The 2019 result ranks Reading 107 and the third quartile nationally for performance in this metric.

Progress Scores KS2 by SEN SUPPORT pupils-Reading				
	2017	2018	2019	Change from previous year
Reading	-1.80	-2.10	1.50	0.60
South East	-1.50	-1.40	-1.40	0.00
Statistical Neighbours	-0.81	-0.94	-0.84	0.10
England	-1.20	-1.00	-1.00	0.00

Progress Scores at KS2 by SEN support pupils –Writing

Reading is in the bottom quartile for performance in writing. Average progress scores for writing at by pupils at Key Stage 2 have fluctuated between 2017 and 2019, although 2019 performance is higher than in previous years (-2.3 average score). This is equal to the South East (2019), but lower than both statistical neighbours (average of -1.94, 2019) and England average of -1.7 (2019).
In Reading, between 2018 and 2019, the average score improved by +1.4 which is significantly higher that its statistical neighbours (dropped -0.07) and the South East (+0.3) and national average (+0.1). The 2019 result ranks Reading 112 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN SUPPORT pupils-Writing				
	2017	2018	2019	Change from previous year
Reading	-2.60	-3.70	-2.30	1.40
South East	-3.20	-2.60	-2.30	0.30
Statistical Neighbours	-2.14	-1.87	-1.94	-0.07
England	-2.20	-1.80	-1.70	0.10

Progress Scores at KS2 by SEN support pupils – Maths

Reading is in the bottom quartile for progress and ranked 125 out of 152 local authorities. Average progress scores for maths at KS2 by pupils with SEN support have fluctuated between 2017 and 2019, with an average score of -1.9 in 2019. This is a little lower than the South East (-1.8, 2019), and lower than both statistical neighbours (average of -0.02, 2019) and England average of -1 (2019).

However, between 2017/18 and 2018/19, BFfC improved its average score by +0.6 which is significantly higher that its statistical neighbours (dropped -0.02) and the South East (-0.2) and national average (no change). The 2019 result ranks Reading - 125 and the bottom quartile nationally for performance in this metric.

Progress Scores KS2 by SEN SUPPORT pupils-Maths				
	2017	2018	2019	Change from previous year
Reading	-1.30	-2.50	-1.90	0.60
South East	-2.00	-1.60	-1.80	-0.20
Statistical Neighbours	-1.06	-1.04	-1.06	-0.02
England	-1.10	-1.00	-1.00	0,00

Attainment 8 Scores at KS4 by pupils with an EHCP

At Key Stage 4, Reading young people with SEND perform well with Reading ranked 25 out of 152 local authorities.

A student's Attainment 8 score is calculated by adding up their points for their eight subjects and dividing by 10 to get their Attainment 8 score. Students don't have to take eight subjects, but they score zero for any unfilled slots.
Attainment 8 scores at the end of KS4 for pupils with an EHCP trended downwards between 2016 and 2018, improving in 2019 and significantly improving in 2020, with an average score of 19. This is higher than the South East (16.3, 2019), statistical neighbours (15.8, 2019) and England (15.2, 2019). Between 2019 and 2020, BFfC improved its average attainment 8 score by 4.8 which is considerably higher than its statistical neighbours (increased by 2.66) and the South East (increased by 2.10) and more than three times the national average (increased by 1.5). Our 2019 result ranks us 25 and the top quartile nationally for performance in this metric.

Attainment 8 Scores - KS4, pupils with an EHCP						
	2016	2017	2018	2019	2020	Change from previous year
Reading	17.50	15.60	13.60	14.20	19.00	4.80
South East	17.50	14.20	13.90	14.20	16.30	2.10
Statistical Neighbours	16.43	13.26	13.26	12.52	15.18	2.66
England	17.00	13.50	13.50	13.70	15.20	1.50

Attainment 8 Scores at Key Stage 4 for SEND support pupils

For young people with SEND support, Reading is also performing in the top quartile at Key Stage 4. A student's Attainment 8 score is calculated by adding up their points for their eight subjects and dividing by 10 to get their Attainment 8 score. Students don't have to take eight subjects, but they score zero for any unfilled slots.
Attainment 8 scores at the end of KS4 for pupils with SEN support have consistently improved in Reading since 2017, reaching 39.2 in 2019. This is higher than the South East (36.5, 2019), statistical neighbours (36.99, 2019) and England (36.40, 2019).
Between 2019 and 2020, BFfC improved its average attainment 8 score by 4.2 which is higher than its statistical neighbours (increased by 3.8) and the South East (increased by 3.7) and national average (increased by 3.8). Our 2019 result ranks us 35 and the top quartile nationally for performance in this metric.

Attainment 8 Scores - KS4, pupils with at SEN Support						
	2016	2017	2018	2019	2020	Change from previous year
Reading	35.00	31.70	32.00	35.00	39.20	4.20
South East	36.50	32.10	32.70	32.80	36.50	3.70
Statistical Neighbours	36.51	32.59	32.85	33.19	36.99	3.80
England	36.20	31.90	32.20	32.60	36.40	3.80

Progress 8 Scores at Key Stage 4 by pupils with an EHCP

Reading is in the third quartile for performance for young people with an EHCP at Key Stage 4 for Progress 8.

The Progress 8 score is based on pupil's performance score across 8 subjects – this performance score is known as the "Attainment 8" score. Attainment 8 is a measure of a pupil's average grade across a set suite of eight subjects.
Between 2016 and 2019, Progress 8 scores at the end of KS4 for pupils with an EHCP have fluctuated, with an average score of -1.31 in 2019. This is lower than South East -1.19, 2019), statistical neighbours (-1.24, 2019) and national averages (-1.17, 2019).
Between 2018 and 2019, BFfC improved its average progress 8 score by +0.17 which is higher than its statistical neighbours (decreased by -0.1), the South East (decreased by -0.12), and the national average (decreased by -0.08). Our 2019 result ranks us 102 and the third quartile nationally for performance in this metric.

Average Progress 8 score per pupil at end of Key Stage 4 for pupils with SEN Statement/EHCP					
	2016	2017	2018	2019	Change from previous year
Reading	-1.27	-0.76	-1.48	-1.31	0.17
South East	-1.02	-1.05	-1.07	-1.19	-0.12
Statistical Neighbours	-1.08	-1.15	-1.15	-1.24	-0.10
England	-1.03	-1.04	-1.09	-1.17	-0.08

Progress 8 Scores for Key Stage 4 for young people with SEND support

Performance against this metric has remained relatively static.

Between 2016 and 2018, Progress 8 scores at the end of KS4 for pupils with SEN support were fairly static and significantly lower than South East, statistical neighbours and national averages. The significantly improved in 2019, improving by +0.36 to reach -0.38. This is higher than the South East (-0.49, 2019), statistical neighbours (-0.41, 2019) and England (-0.43, 2019).
Between 2018 and 2019, BFfC improved its average progress 8 score by +0.36 which is significantly higher than its statistical neighbours (decreased by -0.03) and the South East (decreased by -0.02). The national average remained unchanged between 2017/18 and 2018/19. Our 2019 result ranks us 64 and the second quartile nationally for performance in this metric.

Average Progress 8 score per pupil at end of Key Stage 4 for pupils at SEN Support					
	2016	2017	2018	2019	Change from previous year
Reading	-0.75	-0.79	-0.74	-0.38	0.36
South East	-0.39	-0.49	-0.47	-0.49	-0.02
Statistical Neighbours	-0.35	-0.45	-0.38	-0.41	-0.03
England	-0.38	-0.43	-0.43	-0.43	0.00

Post-16 – attainment by age 19

National Data: 30.0% of pupils identified with SEND in year 11 achieved Level 2 (equivalent to 5+ A*-C/ 9-4 at GCSE) including English and mathematics (GCSEs only) by age 19 in 2019/20, which is 44.6 percentage points lower than pupils without SEN (74.6%).

Statutory Assessments

In Reading the percentage increase in new EHC plans is 56% since 2014 and a 5.2% increase in 2020 (10.4% in England and 10.11% South East).

	2014	2015	2016	2017	2018	2019	2020	Jan-21	Percentage increase 2014-Jan 2021
Reading	919	963	998	1071	1173	1282	1364	1436	56%
South East	38817	39843	42828	48883	54630	60860	67602	74438	91.77%
England	237,111	240,183	256,315	287,290	319,819	353,995	390,109	430,687	81.6%

In Reading there was a 9.2% decrease in requests for statutory assessment by December 2020 although there has been a 21% percentage increase in the academic year 2020-2021 overall.

	2016	2017	2018	2019	2020	Decrease on initial RSAs between 2019 and 2020
England	55,235	64,555	72,423	82,329	75,951	8.39%
Reading	176	226	262	296	271	9.2%
South East	9,628	12,304	12,860	14,265	13,869	2.85%

The percentage of initial requests for assessment for an EHC plan that were refused during the calendar year 2020, was below the South East percentage, at 24.4 %.

		2015	2016	2017	2018	2019	2020
England	Initial requests for an EHC plan	z	55,235	64,555	72,423	82,329	75,951
	Initial requests for assessment for an EHC plan that were refused	10,935	14,795	14,586	17,890	18,755	16,406
	Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	z	26.8%	22.6%	24.7%	22.8%	21.6%
Reading	Initial requests for an EHC plan	z	176	226	262	296	271
	Initial requests for assessment for an EHC plan that were refused	48	50	38	52	91	66
	Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	z	28.4%	16.8%	19.8%	30.7%	24.4%
South East	Initial requests for an EHC plan	z	9,628	12,304	12,860	14,265	13,869
	Initial requests for assessment for an EHC plan that were refused	1,722	2,738	2,835	3,742	3,826	3,554
	Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	z	28.4%	23.0%	29.1%	26.8%	25.6%

In Reading, the proportion of EHC plans issued within 20 weeks has significantly increased**.** In 2020, Reading was operating at 85.9% (excluding exceptions). This was also a significant improvement from 49.4% in 2019.

		2014	2015	2016	2017	2018	2019	2020
England	EHC plans excluding exceptions	1,177	19,712	30,942	36,702	45,145	49,519	54,175
	EHC plans excluding exceptions issued within 20 weeks	757	11,675	18,140	23,805	27,111	29,895	31,446
	EHC plans including exceptions	1,359	24,624	36,019	41,250	48,543	53,327	59,097
	EHC plans including exceptions issued within 20 weeks	836	13,451	20,045	25,302	28,178	31,313	32,863
	Rate of EHC plans excluding exceptions issued within 20 weeks	64.3%	59.2%	58.6%	64.9%	60.1%	60.4%	58.0%
	Rate of EHC plans including exceptions issued within 20 weeks	61.5%	54.6%	55.7%	61.3%	58.0%	58.7%	55.6%
Reading	EHC plans excluding exceptions	0	68	70	151	193	172	185
	EHC plans excluding exceptions issued within 20 weeks	0	62	67	142	143	85	159
	EHC plans including exceptions	0	79	91	159	201	174	190
	EHC plans including exceptions issued within 20 weeks	0	68	69	142	143	85	160
	Rate of EHC plans excluding exceptions issued within 20 weeks	z	91.2%	95.7%	94.0%	74.1%	49.4%	85.9%
	Rate of EHC plans including exceptions issued within 20 weeks	z	86.1%	75.8%	89.3%	71.1%	48.9%	84.2%
South East	EHC plans excluding exceptions	199	2,615	5,545	6,333	7,882	8,792	9,166
	EHC plans excluding exceptions issued within 20 weeks	65	1,485	2,390	3,344	4,021	4,164	4,465
	EHC plans including exceptions	235	3,779	6,168	7,047	8,324	9,281	9,614
	EHC plans including exceptions issued within 20 weeks	68	1,779	2,624	3,602	4,171	4,303	4,600
	Rate of EHC plans excluding exceptions issued within 20 weeks	32.7%	56.8%	43.1%	52.8%	51.0%	47.4%	48.7%
	Rate of EHC plans including exceptions issued within 20 weeks	28.9%	47.1%	42.5%	51.1%	50.1%	46.4%	47.8%

What did the inspection say?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND
  This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people

- Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

Strengths

- Many professionals work well together and this is leading to better and earlier identification of children with SEND.
- Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way e.g.

  - A well-established system in the neonatal unit ensures that babies who may have additional needs are referred promptly to the integrated therapy team
  - Each school has regular contact with a link speech and language therapist (SLT), enabling a quick response to requests for support.
  - A dedicated SLT and child and adolescent mental health services (CAMHS) provision in the youth offending service provide a specialist view at an early stage.

- Schools and early years settings are well supported by professionals from both education and health services
- Leaders have identified that some families do not take up the offer of free early years places for their two-year-old children. This is making it difficult to ensure that the needs of all children are identified early. Leaders identified this issue through their routine data analysis, finding that 12% of children had not attended provision before they started school, with the majority of this group having a black and minority ethnic background. As a result, there is now a coordinated plan to address this issue, with staff and volunteers in place, leaflets translated into the 11 most commonly used languages and a social media awareness campaign.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12 weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible
- EHC plans are produced in a timely fashion, with the vast majority being produced within the expected 20 week period. There is a consistent format that provides clear information about children and their needs. Practitioners say that these are useful documents. The views of children and young people and their parents are sought and plans are well informed by professional advice.

- The shared commitment of professionals in Reading is leading to improved support for children with less complex SEND. Staff in schools and early years settings appreciate the support and guidance they get from health professionals and the local authority. This is helping them to better support children and young people. For example, the early years SEND advisory service provided by Brighter Futures for Children has been strengthened and is leading work to further improve the support that young children receive. Almost all schools have participated in a free project to train staff in trauma-informed approaches, provide every school with a mental health worker and offer regular consultations on how best to support children and young people's emotional well-being. As a result, staff have a greater awareness of the emotional needs of children and young people who are upset and distressed. This is improving outcomes for children and young people and reducing the likelihood of those with SEND being excluded.
- A number of schools have collaborated to ensure that their curriculum supports all pupils to learn, including those with SEND. This work focuses on making it as easy as possible for pupils with SEND to learn, stressing the importance of sequencing learning, early reading and the development of language and communication. A wide range of curriculum support and training has been provided by local area partners to support this development. This is leading to pupils with SEND being able to learn more and remember more, and so make greater progress. Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat**.**
- The local area is improving outcomes for children and young people with SEND. This can be seen most clearly in the success of multi-agency efforts to improve behaviour and reduce the number of pupils being excluded from school. This success has been led by adoption of a therapeutic approach now being delivered in most schools. Not only is this work reducing the likelihood of exclusion but it is also increasing the quality and speed of support for children and young people with social and emotional difficulties. Good examples of this can be seen in the effectiveness of support in place to enable a pupil at risk of exclusion to succeed in school, often by supporting the school staff to know how to achieve this. Also that some health professionals measure the difference their work makes for children and young people to monitor how outcomes have improved for those they are working with.
- Children and young people do well in school in Reading. Outcomes for pupils with SEND in year six have improved over the past three years. In secondary school, pupils with SEND attain well, although not all pupils make as much progress as they could. The recent joint working to successfully reduce exclusions has enabled children and young people with SEND to attend school for longer and achieve better results. In many schools, the principles of this approach now successfully underpin aspects of their curriculum. The success of this work is informing the next stage, to develop a more consistent approach to supporting children and young people with ASD.
- Until recently, outcomes for some older young people were not as strong as for school-age pupils. This meant that too many 17-year-olds were not in education, employment or training. Also, too few young people with an EHC plan gained a level 2 or 3 qualification that included English and mathematics. Over the past few years, the options for school leavers have improved. Work has been carried out to ensure that the needs of young people with SEND can be met closer to home. Also, pre-work opportunities are given to students to enable greater success when they leave and take up work once they have completed their courses. Recent figures indicate that this work is leading to more young people staying in employment for longer.

- There is evidence in Reading of a wide range of options being developed to enable young people with SEND to be supported into work from the age of 16. The 'Ways into Work' project began in November 2020 and partnership with the Department for Work and Pensions at Reading Youth Hub is expanding opportunities for young people. This is aimed at increasing the number of young people with SEND who are in education, training or employment.

Areas of development

- **The needs of vulnerable young children are not being consistently identified by health professionals**. The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. For example:
    - the health check on offer to all two to two-and-a-half-year-old children is not always identifying speech, language and communication difficulties in a timely manner
    - health visitors are not always notified when families move into the area
    - too few pregnant women receive an antenatal contact and of those that do, many of them are seen in a group.

- **Some pathways to health services are not clear enough and can be confusing**. For example, health visitors are not able to directly refer to the paediatrician or occupational therapist but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- **Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD.**
- **Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs.** Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- **Some aspects of the EHC plan process could be strengthened**:
    - ▪ findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement
    - ▪ contributions from social care are too rare and often lack sufficient detail
    - ▪ plans do not routinely include consideration of preparation for adulthood outcomes
    - ▪ opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.
- **The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups**. Opportunities to use shared models of support and co-production are missed.
- **The number of adults with learning difficulties in meaningful activity or paid employment needs to increase**. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.

Key performance indicators – where will we be by 2027

By 2027, all key performance indicators will be in the top quartile and any local area inspection will rate Reading as one of the best areas in the country for children and young people with SEND.

CLASSIFICATION: ENTER HERE

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
1. Ensure the needs of vulnerable pre-school children are being consistently identified by health professionals. This work is being led by the One Reading Partnership EY strategic group (Corinne Dishington) Regular updates to Strand 2	• the health check on offer to all two to two-and-a-half-year-old children identifies speech, language and communication difficulties in a timely manner and improve the take up checks. • health visitors are notified when families move into the area clarify who should do this • pregnant women receive an antenatal contact • better take up of 2yr old funding – Corrine leading on this?	March 2023	identify additional needs and plan early	Corinne Dishington, Early Help
2. EY: Develop shared priorities, models of support and co-production for the very youngest children and their families in Reading The ORP EY strand is coproduced, with EY families represented. The transition workstream develops shared framework for supporting children moving into primary school – Aimee Trimmer	Shared models of support and co-production are clear and evidenced multi-agency working will be improved in EY	March 2023	The identification and meeting needs of EY children with SEND benefits from shared focused priorities across families and partners Children are better prepared for primary school	Corinne Dishington

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
SALT communication pathway development is in place				
3. Liaise with Berks West SEND JIG to produce clear pathways to health services for children with and without an EHCP (CCG funding currently determines the system – different providers). (Schools would like to refer to SALT/OT/Physio as well as Health Visitors. Education settings can with EHCPs but not SEND support.)	Clear pathways are in place. Health visitors and Education settings are able to directly refer to the paediatrician, physiotherapist & occupational therapist (in addition to existing agreement for referrals to SLT and the neurodevelopmental pathway).	March 2023	Reduce delay and inconsistency to accessing services. Parents/carers are confident in pathways and access to services.	Deb Hunter
4. Liaise with Berks West SEND JIG re reducing the wait for a diagnostic appointment for ADHD and ASD. Strand 2 has regular updates on waiting lists.	Waiting times decrease. Parents report satisfaction with needs led support services.	March 2023	Reduce waiting time for an efficient diagnostic service, whilst ensuring needs led services & support.	Deb Hunter
5. EY SCD Resources in Blagdon, Norcot & Snowflakes	Monitor costs, impact & demand for the SCD EY resource bases Produce reports & recommendations for the SEND Strategy Group	July 2022		Vikki Lawrence
6. Monitor and update the development of satellite classes;	Ensure clear communication of plans and vision			Debs Hunter

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
	Produce reports & recommendations for the SEND Strategy Group			
7. Implement the Alternative Provision procurement framework	The AP report gives recommendations to ensure there is sufficient AP to meet needs Children are offered AP if necessary to ensure as soon as possible if out of school.	January 2022	Children and young people's needs are met locally in appropriate settings	Warren Manning
8. Strengthen the health and social care aspects of the EHC plan process	▪ evidence of findings from the audit process result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement to Strand 2 report three times pa. ▪ contributions from social care are reliable and of good quality ▪ plans include consideration of preparation for adulthood outcomes ▪ develop SOPs on the coordination of statutory assessments with the EHC plan and annual review process for children looked with a pep and MHEW reviews.	July 2022	The complex needs of these children and young people are reviewed holistically.	Nikki Stevens
9. The number of adults with learning difficulties in meaningful activity if unable to work needs to increase.	Increased options and places within adult social care for meaningful activities for young people with very complex disabilities.	March 2023	Increased opportunities for young people with complex needs unable to work	Clare Martin

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Preparation for working life and other options are discussed as early as possible together with independence skills. Annual Review at Year 9 should focus on this but work should start asap. Link with Strand 4 for commissioning of day care options for those unable to work.	EHCP includes plans for after college are in place in a timely manner			
10. Tackle Persistent Absence by ensuring caring responsibilities are addressed in Annual Reviews SEND team in conjunction with young carers' manager EOTAS with EHCP being reviewed	Children with EHCPs are attending school/college and that they have the support they need with any caring responsibilities	July 2022		Education Welfare Service
11. Roll out and embed Autism Growth project.	Schools take up training; networks are established; parents & CYP involved		CYP with autism have a more positive experience of education; lower MH needs in CYP with autism; schools feel supported and knowledgeable about recognising and supporting needs	Alice Boon and Debs Hunter
12. Ensure girls with neurodiversity are identified early	Schools understanding of all CYP with neurodiversity will improve as a result of	July 2022	Ensure robust assessment processes	Debs Hunter and Alice Boon

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
	the Autism Growth Project, including girls & those without a diagnosis. Link more closely with the Autism Board, CAMHS pathway, PSC, & Autism Growth. Coproducing guidance with parents for schools on masking. Schools listening to parents.		are in place to support early identification of need to ensure that right children are accessing SEN support or statutory assessment if appropriate.	
13. Review all primary need for children and young people with plans.	All primary needs will have been reviewed and updated. Examine the updated data on primary needs	July 2022	Confidence in and understanding of primary needs informs placement planning & services	Nikki Stevens
14. School standards team to provide support and challenge to school leaders to help them improve the quality of their curriculum so that SEND children make better progress across each Key Stage. Support the SENDCO network to further develop and implement effective teaching and learning techniques that improve SEND progress in their schools	Improve progress for children with SEND and EHCPs at KS2 in reading, writing and maths within locally maintained schools	July 2022		Alice Boon
15. SEMH is identified as an area of need – continue TTS & Trauma Informed Approached Link to strand 3 & ORP Consistent approaches	Networks, champion schools, are established and lead with partners and parents	July 2022	Schools feel supported and skilled to help CYP with SEMH needs be successful in school, in a	Alice Boon

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
			holistic range of areas. CYP benefit and have a positive experience of educational settings.	
16. Review the workstrand once the Government's SEND Review is known and amend in line with Governmental priorities	Refreshed workstrand reflecting changed priorities	July 2022		Deb Hunter

Workstrand 3 – Consistent approaches to emotional well being

What does the data tell us?

Berkshire West Health and Wellbeing strategy (2021-2030) has a key focus on mental health and well being. This is highlighted in Priority 4: Promote good mental health and well being for all children and young people.

Their data shows:

- Mental health problems are a leading cause of disability in children and young people, and can have long-lasting effects; 50% of those with lifetime mental illness experiencing symptoms by age 14.

Mental health problems further widen health inequities with children from households in the poorest areas of Berkshire West four times more likely to experience severe mental health problems than those from the richest areas.

Besides social factors, other important contributors to mental health and wellbeing amongst children and young people include general health and physical activity. Inequalities in the rates of mental illness observed across ethnicities and sexual orientations of children and young people also warrant urgent attention. Mental health conditions that start at a young age often persist into later life and limit children and young people's opportunities to thrive in both education and in the job market. Closing the gap in mental health and wellbeing in Wokingham, Reading and West Berkshire will therefore be key to ensuring all children and young people have the best chance of making the most of the opportunities available to them and fulfilling their potential.

- The three key issues affecting the mental and emotional welfare for local children and young people are:
    1) Limited resources, service cuts and the closure of the community hub and cut in the services and community hub as a result of the lockdown;
    2) Limited access to mental health education and services to support children and young people and prevention services;
    3) The waiting time to access child and adolescent mental health services (CAMHS).

The results from Berkshire's survey on health and well being showed over 70% of people 45 years or younger and about 50% of all respondents considered good mental health and wellbeing for all children and young people an extremely important issue. However, the respondants raised concerns about insufficient support in schools and the struggles faced by many families.

What did the inspection say in the June 2021 Local Area SEND Inspection?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND
  This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people
- Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education
- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

Strengths

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way…a dedicated SLT and child and adolescent mental health services (CAMHS) provision in the youth offending service provide a specialist view at an early stage. This helps professionals to decide what further information will be needed and to prioritise the young person's needs in the system.
- Schools and early years settings are well supported by professionals from both education and health services. This support, together with the good range of training available, is helping practitioners to more quickly spot children who may need some extra help. This early identification of children and young people with less complex needs is, in turn, improving the recognition of children with more complex needs. The prompt detection and support provided by schools and early years settings frees up specialist practitioners to see pupils with more complex needs more quickly.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12 weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible. There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an

existing programme of support for families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.

- There is evidence of a commitment to co-production and joint working at a strategic level to meet the needs of children and young people with SEND. This is leading to some examples of very effective co-production, such as the approach to mental health support offered across the area.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people
- Senior leaders across health, education and care have worked together to agree what they want to achieve for children and young people with SEND. These shared priorities are ensuring the majority of the commissioning of services is strong. Groups who make decisions about the needs of children and young people with SEND include a range of professionals across education, health and care. This multi-agency approach allows for all aspects of a child's needs to be considered when making a decision. Increasingly, working with families and young people is seen as an essential aspect of the development of services. For example, in the commissioning of an autism service, children and young people and their parents were involved from the start, from their involvement in tendering for a service to evaluating bids for a contract and setting key performance indicators that include 'I feel' statements, to measure successful outcomes.
- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met. Children with the most complex needs benefit from effective multi-agency working. Community children's nursing and specialist school nursing teams are co-located and work regularly with school staff to ensure children's needs are identified and met effectively
- The shared commitment of professionals in Reading is leading to improved support for children with less complex SEND. Staff in schools and early years settings appreciate the support and guidance they get from health professionals and the local authority. This is helping them to better support children and young people. For example, the early years SEND advisory service provided by Brighter Futures for Children has been strengthened and is leading work to further improve the support that young children receive. Almost all schools have participated in a free project to train staff in trauma-informed approaches, provide every school with a mental health worker and offer regular consultations on how best to support children and young people's emotional well-being. As a result, staff have a greater awareness of the emotional needs of children and young people who are upset and distressed. This is improving outcomes for children and young people and reducing the likelihood of those with SEND being excluded
- Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat.
- The local area is improving outcomes for children and young people with SEND. This can be seen most clearly in the success of multi-agency efforts to improve behaviour and reduce the number

of pupils being excluded from school. This success has been led by adoption of a therapeutic approach now being delivered in most schools. Not only is this work reducing the likelihood of exclusion, but it is also increasing the quality and speed of support for children and young people with social and emotional difficulties. Good examples of this can be seen in the effectiveness of support in place to enable a pupil at risk of exclusion to succeed in school, often by supporting the school staff to know how to achieve this. Also, that some health professionals measure the difference their work makes for children and young people to monitor how outcomes have improved for those they are working with

Areas of development

- **The needs of vulnerable young children are not being consistently identified by health professionals**. The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. For example:
    - the health check on offer to all two to two-and-a-half-year-old children is not always identifying speech, language and communication difficulties in a timely manner
    - health visitors are not always notified when families move into the area
    - too few pregnant women receive an antenatal contact and of those that do, many of them are seen in a group.
- **Some pathways to health services are not clear enough and can be confusing**. For example, health visitors are not able to directly refer to the paediatrician or occupational therapist, but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- **Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD**
- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- Children and young people do well in school in Reading. Outcomes for pupils with SEND in year six have improved over the past three years. In secondary school, pupils with SEND attain well, although not all pupils make as much progress as they could. The recent joint working to successfully reduce exclusions has enabled children and young people with SEND to attend school for longer and achieve better results. In many schools, the principles of this approach now successfully underpin aspects of their curriculum. The success of this work is informing the next stage, to develop a more consistent approach to supporting children and young people with ASD

Key performance indicators – where will we be by 2027 (data)

See action plan below

Strand 3: Brighter Mental Health & Emotional Wellbeing.

Action Plan 2022/23

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
1: Promoting resilience, prevention and early intervention						
1.1 **Set up a 2nd MHST that covers 17 schools in the South & East of Reading**	Improving Children and Young People's Mental Health in Schools and Colleges	Staff full recruited and trained, delivering clinical activity, training and consultation - receiving referrals and delivering outcomes for CYP (Sept 2022)	By end of first quarter of activity - X referrals received, y consultation meetings held in schools and first MHSDS data flow indicates outputs and outcomes (Q3 22/23). •500 annual clinical contacts for CYP with mild to moderate mental health needs and their parents across the 16 project schools annually. •CYP report progress using ROMS. •Service user feedback shows positive impact. •Wait list of <12 weeks. •Schools report improvements in their recognition & interventions for MH. • Quarterly reports to NHS England and CCG. • Upload MHSDS minimum datasets monthly. • Annual feedback from parents, carers, CYP, schools. • Case audits & learning.	Deb Hunter	Sept 2022	

Strand 3: Mental Health & Emotional Wellbeing.

Action:		Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
1.2	**Develop MHST 1**	Improving Children and Young People's Mental Health in Schools and Colleges	MHST 1 offers comprehensive early intervention (Getting Support, Advice, and Getting Help in THRIVE model)	By end of first quarter of activity - X referrals received, y consultation meetings held in schools and first MHSDS data flow indicates outputs and outcomes (Q3 22/23). •500 annual clinical contacts for CYP with mild to moderate mental health needs and their parents across the 16 project schools annually. •CYP report progress using ROMS. •Service user feedback shows positive impact. •Wait list of <12 weeks. •Schools report improvements in their recognition & interventions for MH. • Quarterly reports to NHS England and CCG. • Upload MHSDS minimum datasets monthly. • Annual feedback from parents, carers, CYP, schools. Case audits & learning.	Deb Hunter	Review qtly & annually	Enter Qtly numbers here
1.3	**Continue Schools Link Mental Health project**	Offering training and support, school/college staff can recognise and support less severe mental health and emotional wellbeing	- Mental health training modules - Develop modules for schools on adaptation of environments for good self-esteem and mental health. - Overcoming your child's anxiety workshops for parents	• Training – no. of participants • No. Schools participating • Training evaluations		Training offer Sep 22	

Action:		Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
		issues in their pupils. A whole school approach to mental health.	- Parent workshops planning underway for January 2021 onwards - Active signposting for CYP for self-care and resources.	• A comprehensive and responsive training offer has been shared with all settings No. of school MH surgeries No. of CYP discussed in MH surgeries. MH Dash board Quarterly reports			
1.4	**Therapeutic Thinking Schools**	Schools respond compassionately to the emotional and mental health needs of children and staff.	Supporting schools in promoting wellbeing (Ofsted framework) Include training on trauma informed approach in the schools training on therapeutic thinking. Training modules to be recorded and circulated to participating schools. Beacon School identified	Exclusion KPIs are met and show below national average rates of exclusion for all children and vulnerable groups • TTS audit show that schools who received training have attempted to implement the approaches • Identify and establish mechanisms for capturing parent and pupil views in schools where the approach is embedding No. of Reflective Spaces & attendees. Included in Quarterly reports from data from the MH Dashboard	Alice Boon	Reviewed annually	
1.5	**Senior MH Lead training**						
1.6	**Parent workshops and signposting to mental health**			Parents will report good support and information			

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
resources and self-care / self-help resources						
Develop a Reading Wellbeing Charter Mark	Educational settings will achieve the Reading Wellbeing Charter Mark in recognition of their approach to MHEW. Combine with a Resilience or MHEW curriculum offer; workshops for CYP/P; Audits (incl Oxwell).			Deb Hunter		
Promote Kooth & Qwell	Provision of online tool for support and information on MHEW		Continued growth in use of Kooth & Qwell Kooth national survey & local usage suggest we are targeting right areas including vulnerable groups, BAME, self-harm, anxiety, suicidal ideation. Kooth usage nationally CYP increase 42% & 63% of CYP presented in the 'severe' category on CORE. Reading had 449 new registrants in Q4, 57% out of school hours in lockdown and 69% out of lockdown.	Deb Hunter		
Develop our pre-school MHEW offer	Improving pre-school children's emotional	Training modules are written and offered to pre-school settings.	No. staff 7 settings attending training	Deb Hunter		First training offered.

Action:		Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
		wellbeing, and the abilities of pre-sch staff and parent / carers to recognise and respond.					
2	**Support settings and communities in being trauma informed.**						
2.1	**Continue to work with schools to ensure trauma informed approach becomes better understood and embedded in thinking and responses**	Promote schools that have embraced the trauma informed approach. Set up a TIA Schools Network and Sharing Platform. The Trauma Informed approach is implemented across all strategies including Early Help and SEND, Health, partners, Families and communities.		Increase number of schools using TIA, undertaking training, and attending networks.	Deb Hunter	July 2022	
3.0	**Identify & provide services for targeted populations i.e. the most vulnerable children & young people**						
	Learning Disabilities (& autism)	Understand the MH needs of our vulnerable populations and commission/ provide targeted support accordingly based on identified need; to provide early intervention, management and Crisis	Learning Disabilities ~scope level of need not currently being met through existing services ~review other examples of targeted support. ~proposal for new/enhanced offers. Work with The Avenue special school with CYP with LDD and / or neurodiversity to develop offer of mental health support	Specialised training offered (3 modules) Advice & support for adaptations to curriculum. Invite The Avenue to offer training to schools on managing self-regulation.	Deb Hunter	July 2022	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
	offers which is fit for all CYP and which caters for all ages, including adolescents to young adults (16-25) and diversities, such as CYP from diverse ethnic backgrounds, learning disabilities and from the LGBTQ+ communities	Training for The Avenue being written & dates will be arranged shortly School link EP is offering training modules to the school staff March 21				
Autism	As above	Autism Growth Project: AET & Portsmouth ND Profile (see strand 2) CPD and links to universities Promote the voices of CYP with neurodiversity Support Special United with their blog/ Vlog on being autistic. Support the setting up of adult mentors/ role models for CYP with neurodiversity. Work with PSC & Autism Berkshire in their programme of support for CYP with autism and ADHD. Early intervention – work alongside CYP.	AET training quotas met for Year 1 Autism offer developed (S2) Universities contacted. Reading University have expressed interest in possibly offering awards (modular Masters degrees). AB & PSC joining with this offer.	Deb Hunter	July 2022	
LGBTQI+	As above	"LGBTQ+ ~co-produce action plan to raise profile and access arrangements to help and support. Models of interventions are compared and local data analysed in order to make strategic decisions.	Run minimum of 2 information events or workshops with local LGBTQI+ groups in the next 6 months.	Deb Hunter	July 2022	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
Diverse ethnicities	Asset-based community development involves working with communities and focusing on their strengths and the contributions they can make, rather than the problems they face. It is underpinned by theories and practices which focus on the roots of health and wellbeing, factors and resources (or 'assets') which enhance individual and community wellbeing, and community resilience, independence, involvement and empowerment (Rippon & Hopkins, 2015).	Ethnic minority groups ~review current access ~co-produce action plan to raise profile and access arrangements to help and support. Contact Alafia (Acre) and faith group leaders; Close contacts within the BAME communities are made and training and workshops are agreed.	Run minimum of 4 information events or workshops with our faith and community groups in the next year. Contact Birmingham City Council and Lewisham Council on how they developed their offer for young black men. Investigate Youth & Theatre Companies.	Deb Hunter	July 2022	DH sent further email to Shagufta in Acre March 21
Young men's group	As above	Group run at Reading College	• Restart Young Men's groups at Reading College in Autumn term 2021.	Deb Hunter	July 2022	
Develop the new CLA MHEW service	There is an improved service offer for CLA – either within BFfC or through a Berks West CLA service. CYP who are CLA feel supported and know how to access services,			Deb Hunter	July 2022	-Workshops with BFfC staff have been held to establish model of MH support for CLA. -Monthly EWB workshops for social workers are in place by EPS & PMHT

Action:		Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
		support and help when they need it.					
	IFA	Foster carers and social workers have a regular service offer to identify and support EWB and MH needs; they feel supported and know how to access services, support and help when they need it.		• Have therapeutic support in place for the IFA.	Deb Hunter	July 2022	-Focus groups held with staff in BFfC who work with CLA to illicit the model of support they feel is needed.
	Children on child protection plans and Children in Need.	As above	A systemic model of therapeutic support and advice is available to social care for CYP who are CiN or have CP plans		Deb Hunter	March 2023	
	Children not engaged in education						
4.0	**Data & performance monitoring for MHEW services in BFfC**						
4.1	Develop shared mental health dashboard for BFfC MHEW services	To have a tool that enables oversight of all MHEW provision & KPIs, in order to improve services for CYP/F.	MH Dashboard -Continue to develop accurate and robust data information and interrogation for informing outcomes and strategic developments	MH dashboard developed for: - EPs, PMHW; - IFA; - EH&P MH dashboard now shows 'live' data and is informing Qt reports. May: working on MH data from CLA and adding to the dashboard.	Deb Hunter	March 2023	Developed for EPS & PMHW; measures agreed for IFA but not yet collated.
5.0	**Coproduction and communication**						
	Clear system of communication of our local MHEW offer.	CYP/F know how to easily find advice & support	Clear pathways/ single point of access? Promote self-care, self-help for schools, CYP and parent/carers		Deb Hunter	March 2023	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
Start CYP and parent advisory groups	Provide mental health support that children and young people and their families want to access where and when they want it ie options for within schools and colleges, community, online, at home.	Contact Oxford Mind for support/ ideas.	•Meet regularly (at least 3 times over next 8 months) with Special United to see their views. 2 CYP reports being responded to. Regular meetings with RFF re mental health. You Said, We did responses to CYP/F's views. Help CYP in Reading have a louder voice on mental health. High positive user feedback for all MH services.	Deb Hunter	March 2023	
Purchase the Oxwell mental health survey for 2021. Put in place OxWell 2020 report recommendations (received Jan 2021):		1. Identifying the specific factors that contributed to lower wellbeing and happiness, increased loneliness and poorer sleep quality during lockdown for upper secondary age pupils 2. Encourage physical activity amongst school students, especially those in older year groups, the populations reporting the least amount of exercise 3. Provide online resources to promote the wellbeing of both primary and secondary school pupils		Deb Hunter	January 2022	
Local Transformation Plan						
Update Plan with the CCG, partners, schools and CYP and parent/carers.		- Schools attend the Health & Wellbeing Board - Schools know of the JSNA, LTP & commissioning plans - Papers and resources on mental health are widely shared and promoted		Deb Hunter	October 2021	

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
Develop MHEW services within BFfC & across partners						
Continue to develop good relationships between schools and other partners such as CAMHS, social care, voluntary organisations, to establish joint working arrangements, referral pathways, share skills, knowledge and expertise, and train and learn from each other.	THRIVE	Early identification work to reduce urgent cases: enable MHST, school nurses and other early intervention services to work with schools and families to seek help as appropriate. There are three layers to the work: - Whole school work for all pupils, - Targeted work in school for some children with extra needs and - Individual, therapeutic support. The therapeutic support can be in the form of staff consultations, group work, individual support or family consultations.		Deb Hunter	September 2022	
CYP MHEW Transformation Plan across Berkshire West						
9 priorities identified – see separate Action Plan.				Deb Hunter	Dates in line with plan	
Building a formal delivery partnership arrangement						
Create a single access and decision-making partnership arrangement						

Strand 3: Mental Health & Emotional Wellbeing.

Action:	Key performance indicator	Impact	Key performance indicator- what we count to demonstrate the deliverable	Lead / who will do it	Date of comple-tion (of action)	Progress update
Tackling the waiting times in both specialist/ Core CAMHs						
Meeting the Eating Disorder waiting times for response to referrals						
Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases						
Mobilising 2 further Mental Health Support Teams						
Meeting the COVID surge demand as it arises (tied to 3 &5)						
Addressing gaps in access and service offer due to inequalities						
Strengthening our adolescent to young adulthood offer (16 – 25)		Adolescent (16-25) pilot evaluated and recommendations made				

Page 135

Workstrand: 4: Preparation for Adulthood (RBC lead Katie Laws)

What does the data tell us?

Local Data in relation to National Data

Quality performance SEND 16-24 Data	Cohort	Proportion engaged in: Mainstream education and training	ISPs	Supported Internships	Total	NEET	Current activity not known	NEET and NK%
September 2020								
England	134,191	34.2%	0.7%	0.5%	35.4%	8.4%	54.9%	63.4%
South East	22,650	**29.3%**	0.2%	0.6%	30.1%	6.7%	62%	68.7%
Reading	393	**50.4% (198)**	0.0%	0.0%	50.4%	6.1% (24)	41.2% (162)	47.3% (186)
December 2020								
England	131,562	49.4%	1.3%	0.6%	51.3%	9.3%	38%	47.3%
South East	22,393	44.2%	0.5%	0.6%	45.3%	8.1%	45.3%	53.5%
Reading	397	**67.5% (268)**	1% (4)	0.0%	**68.5%** (272)	8.8% (35)	18.1% (72)	**27% (107)**
March 2021								
England	129,293	54.5%	1.5%	0.5%	56.5%	9.3%	32.7%	42%
South East	22,830	50.4%	0.6%	0.5%	51.4%	8.2%	39.1%	47%
Reading	396	69.9% (277)	1% (4)	0.0%	71% (281)	11.9% (47)	9.8% (39)	**21.7% (86)**

Data reporting for September 2020 demonstrates that:

a) Out of a cohort of 393, 16-24 young people with EHC plans in Reading, 50.4% were engaged in mainstream education and training in comparison to 29.3 % in the South East. However, with 24 registered as NEET, a key challenge identified was the high SEND unknown picture, highlighting that nearly half of the cohort's situation was not known.

b) A more robust tracking process was implemented, and closer working with the SEND Casework Team, has resulted in the reduction of unknowns by 31.4% (123 YP) by March 2021.

c) This tracking exercise has positively impacted on Reading's SEND participation rates, rising to 71% (281 YP) engaged in education or training however it has also caused a rise in the number of SEND NEET, the numbers increasing by 5.8% (23 YP) at the end of March 2021, with a total of 47 SEN YP registered as NEET.

d) However, SEND participation in education and training in Reading is higher compared to the South East and nationally. In Reading, a transition project has now been developed to ensure our work on transition to adulthood is robust and secure. The key aims for the project include:
   • Preparing for Adulthood Service evaluation and implementing key recommendations
   • Early identification of need through embedding the joint transitions process from 14+ for young people with SEND
   • Providing support and advice for providers participating in the co-commissioned accommodation and support pilot
   A Preparing for Adulthood policy covering young people from age 14 to 25 has now been implemented. As part of this, a Preparing for Adulthood panel has been established to deliver training, collate feedback and ensure the creation of 'safe spaces' across Reading for young

people with SEND. This panel has developed our Child Sexual Exploitation protocol (CSE) and a monthly meeting is held to assess those young people at risk of CSE.

e) At the end of March 2021 Reading's "Not Known" performance was nearly 30% lower than South East LAs and just over 20% lower nationally. Better identification and individual case management has allowed for earlier improved engagement with young people.

f) To ensure ongoing accuracy, a data cleansing activity in underway where the SEND EHCP open and closed data is cross referenced and updated on the DFE NCCIS database.

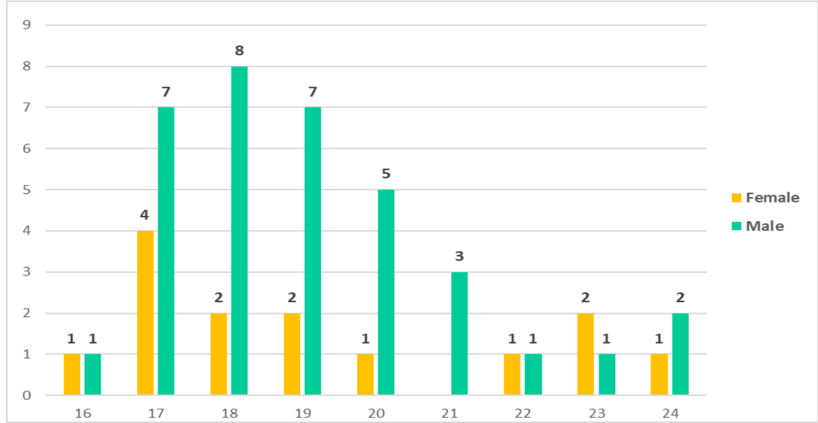
As of 10 May 2021, there were 389 young people with SEND, aged 16-25 years, with an open EHCP, living in Reading registered on the NCCIS database. Of these 79.9% - 311 young people with SEND are engaged in education, employment or training:

- 17.5% are attending sixth form School or Special School (Year12, 13, 14, 15)
- 1% are attending specialist post 16 education provision
- 47.3% are attending Further Education (encompasses various courses of study –i.e. BTECs, Foundation programmes, Traineeships, Supported Internships)
- 0.5% have progressed onto a Higher Education course
- 1% engaged in an Advanced or Intermediate Apprenticeship
- 3.3% are engaged on a Study/Work Programme
- 2.1% are participating in reengagement programmes
- 1.3% are engaged in Traineeships
- 0.5% are engaged in formal education through their custodial sentence
- 4.4% are in employment with no formal training
- 1% are engaged in work based-voluntary opportunities

As of 10 May 2021, there were 12.6% - 49 young people with SEND 16-24, registered as NEET with an open EHCP:

- 8% are NEET available to labour market
- 4.6% are NEET not available to labour market due to various reasons such as illness, disengaged, complex barriers, anxieties.

The age and gender breakdown of this cohort is shown below:



- An analysis of the previous provider/destination attended prior to becoming NEET shows that a significant majority (57%) of this cohort have previously been in further education.
- 80% of this cohort have Entry Level 1 or below qualifications.

What did the inspection say?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND
  This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

Strengths

- Many professionals work well together and this is leading to better and earlier identification of children with SEND.
- Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12 weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible
- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met.
- Until recently, outcomes for some older young people were not as strong as for school-age pupils. This meant that too many 17-year-olds were not in education, employment or training. Also, too few young people with an EHC plan gained a level 2 or 3 qualification that included English and mathematics. Over the past few years, the options for school leavers have improved. Work has been carried out to ensure that the needs of young people with SEND can be met closer to home. Also, pre-work opportunities are given to students to enable greater success when they leave and take up work once they have completed their courses. Recent figures indicate that this work is leading to more young people staying in employment for longer.

- There is evidence in Reading of a wide range of options being developed to enable young people with SEND to be supported into work from the age of 16. The 'Ways into Work' project began in November 2020 and partnership with the Department for Work and Pensions at Reading Youth Hub is expanding opportunities for young people. This is aimed at increasing the number of young people with SEND who are in education, training or employment.

Areas of development

- **Some pathways to health services are not clear enough and can be confusing**. For example, health visitors are not able to directly refer to the paediatrician or occupational therapist but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- **Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD.**
- **Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs.** Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- **Some aspects of the EHC plan process could be strengthened**:
  - ▪ findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement
  - ▪ contributions from social care are too rare and often lack sufficient detail
  - ▪ plans do not routinely include consideration of preparation for adulthood outcomes
  - ▪ opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.
- **The number of adults with learning disabilities** in **meaningful activity or paid employment needs to increase**. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities.
- **There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities**. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.
-

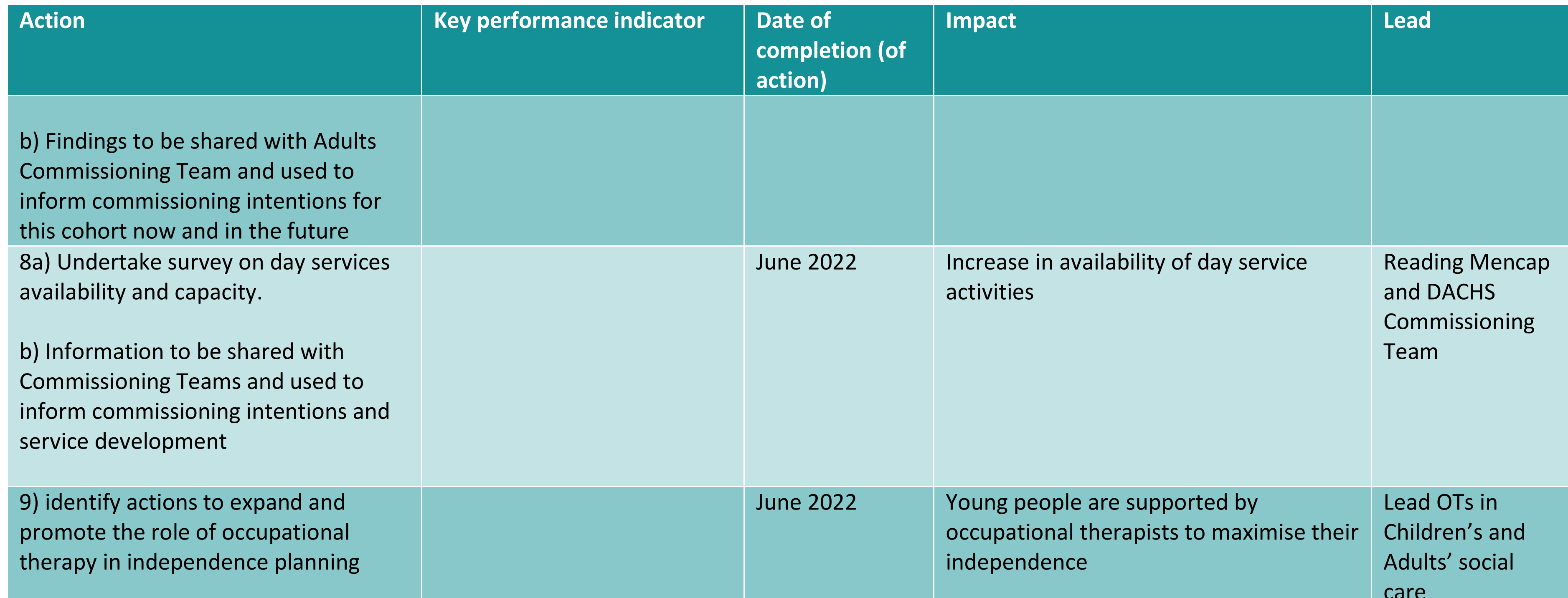
Key performance indicators – where will we be by 2027 (data)

To be developed.

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
1) Exploratory work to understand the needs of the 4.6% of NEET that are not available and identify what support the families would require	Target to improve outcome for 4.6% NEET	September 2022	Sufficient and appropriate support is provided for families	SEND Team Preparing for Adulthood Team Managers
2) Identify and engage with the remaining young people whose "current activity not known"	Target to reduce 9.8% to 0%	April 2022	Improve SEND participation rates engaged in education or training	SEND Team
3) Establish and promote pathways between the Preparing for Adulthood Team and Mental Health Social Care Team so that no young people with a disability and/or mental health need falls through the net and joint working is undertaken where appropriate	Produce and launch practice guidance document for staff Update the Preparing for Adulthood Policy	April 2022	The needs of young adults with disability and/or mental health needs are met by the appropriate team in adult social care	Assistant Director DACHS
4a) Identify local services that provide post-employment support for SEND, undertake gap analysis and take action to address gaps b) Share information about available support via FIS / RSG / voluntary sector/ IASS	Increase proportion of young adults in supported employment in line with national average (currently 0%)	June 2022	Increase in number of young adults with SEND in meaningful employment. Mechanisms to support for young adults is in place when the contract with Ways Into Work ends.	Assistant Director DACHS – supported by an Officer

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
5a) Information sharing and training to improve knowledge about the EHCP process and expectations on staff b) Actions to be identified to develop shared understanding and commitment across Children's and Adult Social Care and Health about attendance and participation at EHCP reviews	All staff to attend EHCP workshop led by SEND team All staff to attend EHCP workshop led by SEND team	April 2022	Improved contributions by Health and Social Care to the EHCP process so that young people's aspirations are captured and outcomes are tangible. This will inform commissioning intentions and help to scope and shape the market.	SEND Team
6a) Embed the Preparing for Adulthood policy and process to enable the Preparing for Adulthood Team to undertake much earlier planning for young people with complex needs b) Seek feedback from families to ensure planning is being undertaken from age 14	All young people with SEND will have Preparing for Adulthood outcomes identified on their EHCP's from Year 9 review	Jan 2022	Earlier planning for children with very complex needs. This will inform commissioning intentions.	Assistant Director DACHS
7a) Needs analysis to be undertaken for the current cohort of young people aged 18-25 years. Joint planning to be undertaken with the Commissioning Team to see ensure all information is captured that would help inform service development and commissioning	100% of 18 – 25 year olds with SEND will have a needs analysis undertaken	Jan 2022	The needs of people aged 18-25 years are understood, and used to inform service development and commissioning intentions for them now and in the future	Katie Laws on behalf of PFA Team, and DACHS Commissioning Team



Action	Key performance indicator	Date of completion (of action)	Impact	Lead
b) Findings to be shared with Adults Commissioning Team and used to inform commissioning intentions for this cohort now and in the future				
8a) Undertake survey on day services availability and capacity. b) Information to be shared with Commissioning Teams and used to inform commissioning intentions and service development		June 2022	Increase in availability of day service activities	Reading Mencap and DACHS Commissioning Team
9) identify actions to expand and promote the role of occupational therapy in independence planning		June 2022	Young people are supported by occupational therapists to maximise their independence	Lead OTs in Children's and Adults' social care

Workstrand 5: Short Breaks and related family support

What does the data tell us?

The national data published in August 2021 shows the following: https://www.gov.uk/government/publications/childrens-homes-providing-short-breaks/childrens-homes-providing-short-breaks -

- As at 31 March 2020, there were 167 short-break-only homes in England.
- A third of all local authorities (LAs) (51, 34%) had no short-break-only homes within their boundaries.
- Of the 100 LAs that had short-break-only homes within their boundaries: 64 had 1 home, 21 had 2 homes and 15 had 3 or more, including in some of the geographically largest LAs.
- Most short-break-only homes were LA- or voluntary-sector owned. This was different from children's homes, which were mostly privately owned.

Table 1: Regional breakdown of number of short-break-only homes and the number of places provided, as at 31 March 2020

Ofsted region	Number of short-break-only homes	% of short-break-only homes	Number of places	% of places
North East, Yorkshire and Humber	34	20	227	23
North West	27	16	135	13
South East	25	15	171	17
West Midlands	22	13	115	11
East of England	19	11	119	12
South West	19	11	99	10
London	11	7	72	7
East Midlands	10	6	70	7
Total	167	100	1,008	100

Around half of all short-break-only homes (87 homes, 52%) were located in predominantly urban areas. A further 39 homes (23%) were in areas defined as 'urban with significant rural' parts. A quarter of all short-break-only homes (41, 25%) were in predominantly rural areas.

As urban areas are more densely populated, homes in these areas are likely to be locally accessible to a greater number of children and their families. The majority of densely populated areas were well served by short-break-only homes, though there are exceptions. However, there were only 41 short-break-only homes in rural locations across the whole of England. It is possible that disabled children who live rurally may have to travel long distances to access short breaks, or go without them entirely.

Distribution of Short -break-only homes in comparison to statistical Neighbours:

Local authority in which the home is located	Local authority	Voluntary	Private	Health authority	Urban/rural classification	Number of short-break-only homes
Reading	0	1	0	0	Urban with city and town	1
Barnet	0	1	0	0	Urban with city and town	1
Bedford	1	0	0	0	Urban with significant rural	1
City of Bristol	2	0	0	0	Urban with city and town	2
Derby	1	0	0	0	Urban with city and town	1
Milton Keynes	1	0	0	0	Urban with city and town	1
Sheffield	3	0	0	0	Urban with minor conurbation	3
Southampton	0	1	0	0	Urban with city and town	1

Nationally the provision of short-break care for children in their early years (0 to 4 years) was the least extensive. Only 24 homes (14%) were able to provide care to this age group. However, the number of homes that can provide children aged 5 to 7 with short breaks increases substantially. As at 31 March 2020, just over two thirds (114 homes, 68%) of all short-break-only homes offered care to children within this age bracket. The number of homes increases even further for children aged 8 to 10. All short-break homes can accommodate this age group. There were 17 homes that did not indicate the youngest age group that they can accommodate.

There was a lot less variation in the upper age limit for short-break-only homes. Almost all homes (155 homes, 93%) were able to provide care for children up to the 16 to 18 years old range. An additional 9 homes offered care into early adulthood (19 years and above), subject to the majority of short breaks being taken by children under 18.

- In Reading we have Cressingham Short Breaks provision that provides overnight Short Breaks for children 8-18 years old. Cressingham is a 6-bed residential provision that is open all year round with the exception of Christmas and New year bank holidays. Cressingham is rated 'outstanding' following its inspection August 2021 and is registered with Ofsted to provide Short Breaks for children with learning disabilities, physical disabilities and sensory impairment

Reading data shows:

- 1,466 Children with an EHCP living in Reading
- 600 children named on the Reading Disabled Children's Register
- 1528 children aged 5 - 18 years receiving Disability Living Allowance (DLA) or Personal Independence Payments (PIP)living in Reading.
- 533 children with SEND open to Childrens Social Care
- 164 children open to CYPDT
- 42 children accessing a Direct Payment

Based on attendance figures for children attending short breaks in May/June 2021 we had 177 spaces taken up by Reading children, attending one or more sessions per week. Covid had a big impact, regarding capacity of provision and also the confidence of parent carers to access short breaks. Also, children with complex needs may be more likely to have been clinically extremely vulnerable and not accessing short breaks as a result.

Booking of short breaks in preparation for the school summer holidays started July 2021. Make sense theatre had already taken bookings for 216 spaces for the summer program by the end of July 2021, Reading Football Club were also having a great response to their multi-sports programme.

Based on attendance figures for children attending targeted short breaks funded by BFfC through the school summer holidays 2021;

- Reading football club provided sport-based activities for children aged 7-17 years old over 5 weeks. On average 16 children attended 15 sessions. Totalling 240 children. The sessions had catered for 20 children showing there were a further 60 spaces available.
- Chance to Dance provided dance/action-based activities for children aged 5-17 years old over 5 weeks. On average 14 children attended 10 sessions. Totalling 140 children. The sessions had catered for 15 children showing there were a further 10 spaces available.

- Make sense provided theatre-based activities for children aged 5-17 years old (awaiting data at time of writing)

There has been less provision offered for children with complex needs due to the closure of Mencap Saturday Club and Challengers.

We forecast going forward Post Covid, we could expect to fill 200-250 spaces per week across the groups.

Age groups have ranged from 7yrs to 17yrs across the groups. There is a demand for an increased provision for children 4-8yrs. This area is currently identified as a priority area of unmet need as is those with complex needs esp. those under 12.

CYPD Resource and Short Breaks panel is holding a waiting list for children assessed as requiring overnight Short Breaks Foster carers. The waiting list currently has 7 children who have been waiting between 3-6 months.

What did the inspection say?

Overview

- In Reading, the quality of care and help for children and young people with SEND is improving.

- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND

This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people

- Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education

- This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.

- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services.

Strengths - Support for families/Short Breaks

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way.

- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. Leaders have clear plans in place to deal with the backlog as quickly as possible. There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an existing programme of support for

families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.

• Improvements to services are planned and delivered in genuine partnership, with parents and young people included as standard. A good example of this can be seen in the redesign of the equipment policy to ensure that children and young people get the equipment they need promptly and that it is suitable for their needs.

• Senior leaders across health, education and care have worked together to agree what they want to achieve for children and young people with SEND. These shared priorities are ensuring the majority of the commissioning of services is strong. Groups who make decisions about the needs of children and young people with SEND include a range of professionals across education, health and care. This multi-agency approach allows for all aspects of a child's needs to be considered when making a decision. Increasingly, working with families and young people is seen as an essential aspect of the development of services.

• Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met. Children with the most complex needs benefit from effective multi-agency working. Community children's nursing and specialist school nursing teams are co-located and work regularly with school staff to ensure children's needs are identified and met effectively.

• Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first.

Areas of development

• Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.

• Some aspects of the EHC plan process could be strengthened:

▪ findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement

- contributions from social care are too rare and often lack sufficient detail

▪ plans do not routinely include consideration of preparation for adulthood outcomes

▪ opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.

• The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups. Opportunities to use shared models of support and co-production are missed

• The number of adults with learning difficulties in meaningful activity or paid employment needs to increase. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support

Key performance indicators – where will we be by 2027 (data)

What do we want to be measuring?

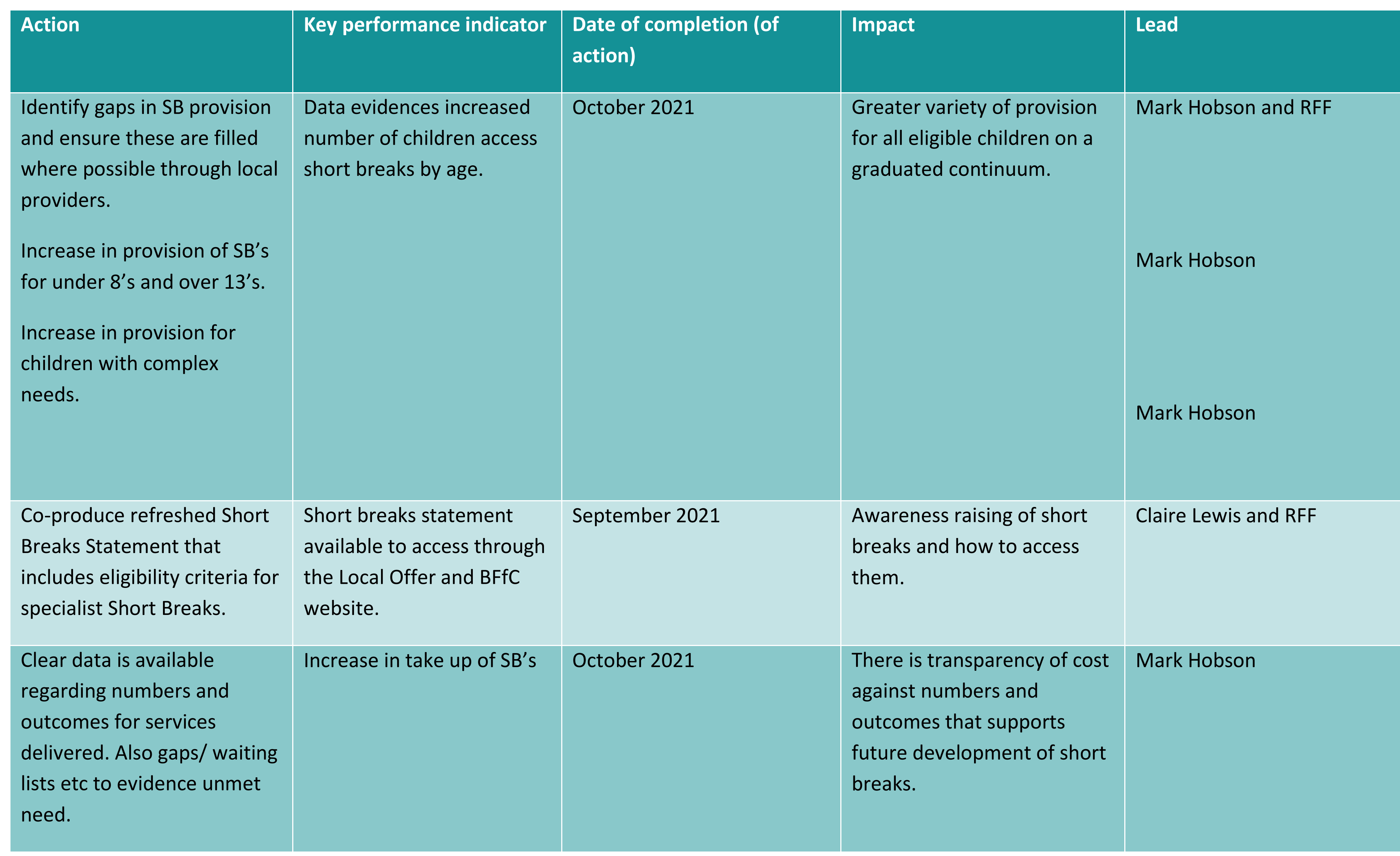
- Evidence of the positive impact co-production has made to Reading children accessing Short Breaks and parent carer and professionals understanding of Short Breaks.
- Readings ambition – for 60% of children with SEND to be able to access a Universal, targeted or Specialist eligible for Short breaks to be accessing a short break. This is above the national average of 47%
- An increasing offer for Reading children across all areas of need year on year until we can evidence needs are being met in line with legislative expectations.
- ensure that we have full data on numbers of children, including age, ethnicity and level of need in the next 12 months to inform commissioning.
- Diversity and inclusion – are short breaks accessible for all children with SEND across the diverse population in Reading? Use data regarding the demographic of Reading and compare to children accessing Short Break's.

How will BFFC ensure engagement with diverse groups who are currently considered 'Hard to reach groups' (English not first language/ non computer users)

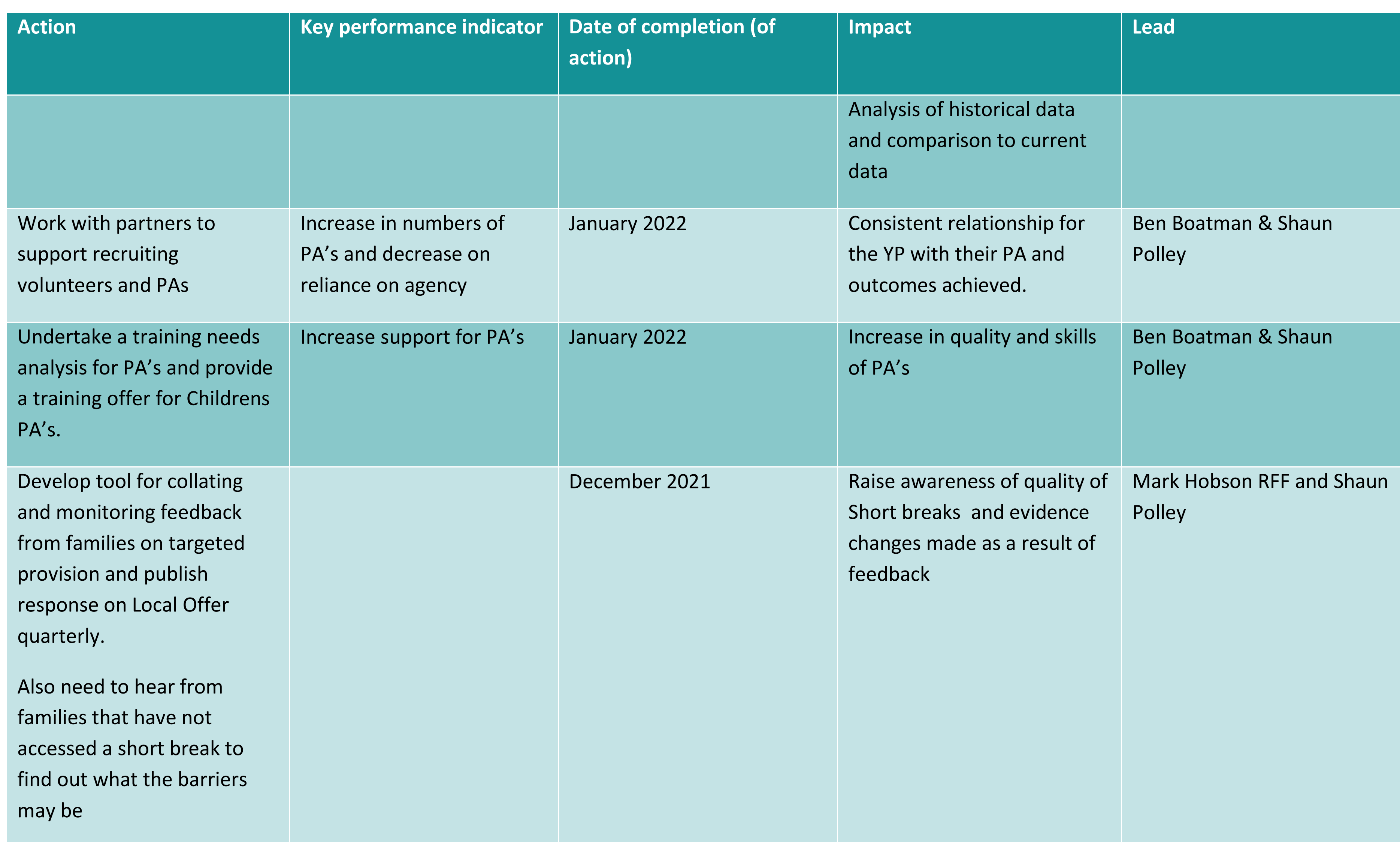
- Satisfaction indicator – are families aware of SB's, and satisfied with the provision available

Action Plan 2022-2023

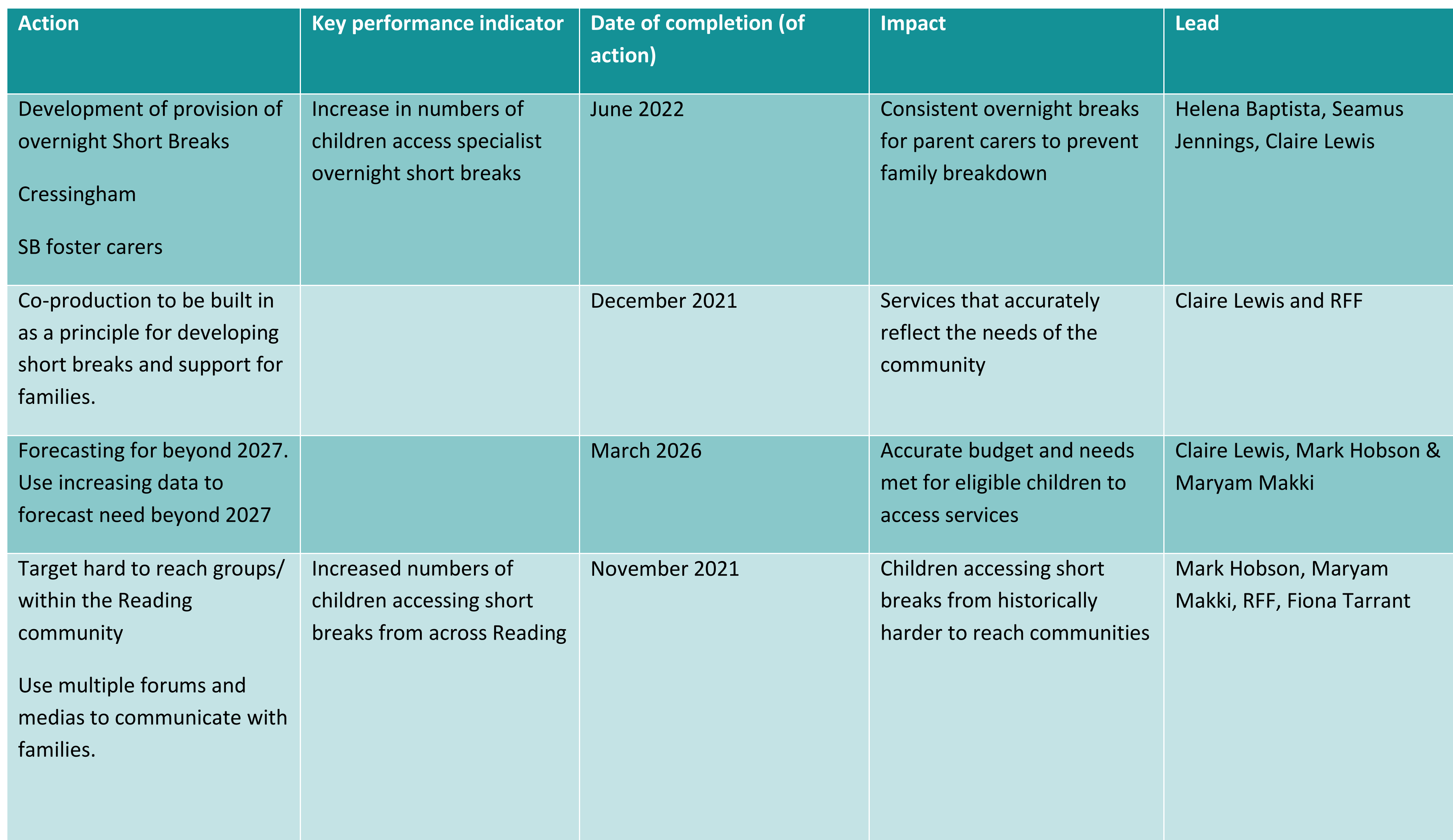
Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Progress from spot purchasing to multi provider contract model for targeted short breaks. Ensure contracts are value for money This will require: Equality Impact assessment; eligibility criteria; Short Break strategy; Service model and specification; finance model.	Increase in number of children with SEND accessing short breaks to 40% Increase number of providers offering targeted short breaks Target gaps in short breaks rather than	April 2022	Improved regulation of all commissioned short breaks	Claire Lewis/ Warren Manning/ Mandie Barnes
Progress from multi provider contract model to lone provider contract model for targeted short breaks. Ensure contracts are value for money	Increase in number of children with SEND accessing short breaks to 50% Increase commissioning outcomes achieved – 80%? Added value to contracts	April 2023	Improved regulation of all commissioned short breaks	Claire Lewis/ Warren Manning



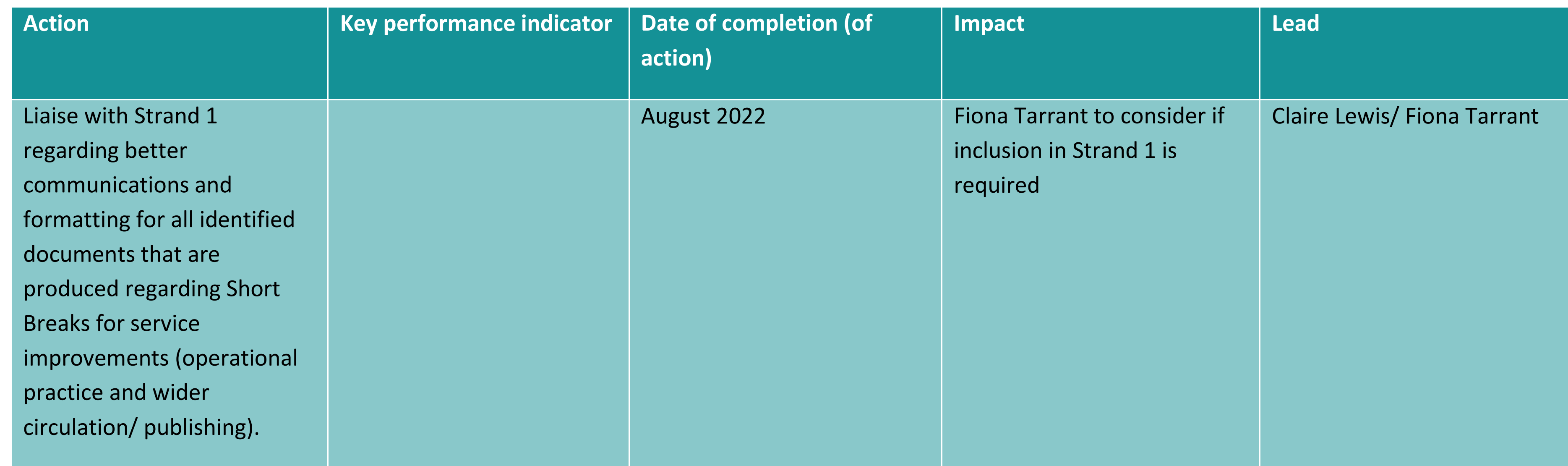
Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Identify gaps in SB provision and ensure these are filled where possible through local providers. Increase in provision of SB's for under 8's and over 13's. Increase in provision for children with complex needs.	Data evidences increased number of children access short breaks by age.	October 2021	Greater variety of provision for all eligible children on a graduated continuum.	Mark Hobson and RFF Mark Hobson Mark Hobson
Co-produce refreshed Short Breaks Statement that includes eligibility criteria for specialist Short Breaks.	Short breaks statement available to access through the Local Offer and BFfC website.	September 2021	Awareness raising of short breaks and how to access them.	Claire Lewis and RFF
Clear data is available regarding numbers and outcomes for services delivered. Also gaps/ waiting lists etc to evidence unmet need.	Increase in take up of SB's	October 2021	There is transparency of cost against numbers and outcomes that supports future development of short breaks.	Mark Hobson



Action	Key performance indicator	Date of completion (of action)	Impact	Lead
			Analysis of historical data and comparison to current data	
Work with partners to support recruiting volunteers and PAs	Increase in numbers of PA's and decrease on reliance on agency	January 2022	Consistent relationship for the YP with their PA and outcomes achieved.	Ben Boatman & Shaun Polley
Undertake a training needs analysis for PA's and provide a training offer for Childrens PA's.	Increase support for PA's	January 2022	Increase in quality and skills of PA's	Ben Boatman & Shaun Polley
Develop tool for collating and monitoring feedback from families on targeted provision and publish response on Local Offer quarterly. Also need to hear from families that have not accessed a short break to find out what the barriers may be		December 2021	Raise awareness of quality of Short breaks and evidence changes made as a result of feedback	Mark Hobson RFF and Shaun Polley



Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Development of provision of overnight Short Breaks Cressingham SB foster carers	Increase in numbers of children access specialist overnight short breaks	June 2022	Consistent overnight breaks for parent carers to prevent family breakdown	Helena Baptista, Seamus Jennings, Claire Lewis
Co-production to be built in as a principle for developing short breaks and support for families.		December 2021	Services that accurately reflect the needs of the community	Claire Lewis and RFF
Forecasting for beyond 2027. Use increasing data to forecast need beyond 2027		March 2026	Accurate budget and needs met for eligible children to access services	Claire Lewis, Mark Hobson & Maryam Makki
Target hard to reach groups/ within the Reading community Use multiple forums and medias to communicate with families.	Increased numbers of children accessing short breaks from across Reading	November 2021	Children accessing short breaks from historically harder to reach communities	Mark Hobson, Maryam Makki, RFF, Fiona Tarrant



Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Liaise with Strand 1 regarding better communications and formatting for all identified documents that are produced regarding Short Breaks for service improvements (operational practice and wider circulation/ publishing).		August 2022	Fiona Tarrant to consider if inclusion in Strand 1 is required	Claire Lewis/ Fiona Tarrant

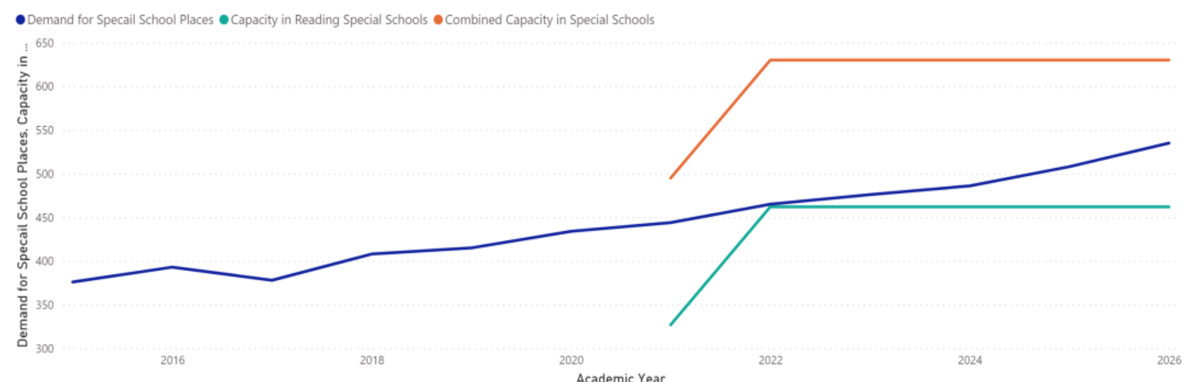
Work strand: 6. Capital and school places

What does the data tell us?

- Increasing numbers of children with EHCPs – rising at 7.6% per annum on average – current numbers 1500. Assuming the average increase continues, we would see an additional 827 pupils with plans by 2027. The majority of these children and young people would continue to be educated in mainstream schools.
- The additional 179 places to be delivered from September 2022 may not be sufficient to meet ongoing demand.
- Majority of needs are speech, language and communications difficulties/autism followed by SEMH (50% and 20% of all plans respectively)
- So roughly 1164 places are needed for SLCD/autism and 465 for SEMH if the current increase continues. Not all of these would require specialist provision and our mainstream schools should be able to offer places for the majority of children in line with our commitment to supporting schools in local provision
- Need for capital investment in short breaks to meet the needs of children and young people and their families

The chart below show the demand and supply of special school places. The orange line represents supply in the Greater Reading area (which sits outside of the Reading local area). The demand line shows only the demand within the Reading local area.

Capacity of Reading & Combined Schools vs Overall Demand for Special School Places



This graph shows historical and projected demand for special school places in Reading. The combined capacity shows the capacity of Reading schools plus the yearly average of places sent to near by special schools in Greater Reading. It is being assumed that these schools will be able to accommodate similar numbers of Reading pupils in the future. The new special school in Wokingham is included in these capacity projections assuming the it opens as scheduled.

Note: The capacity doesn't account for the number of places that are occupied by children from other LAs.

What did the inspection say?

The local area inspection highlighted the increasing investment in specialist places and the need to continue the good progress made to date.

Key performance indicators – where will we be by 2027 (data)

By 2027, we will:

- Have increased places in for pupils with SLCD/autism and SEMH to meet demand with the majority of needs being met within mainstream schools.
- As a result, have decreased the placement of children out-borough and in independent settings and thereby reduced the deficit in the high needs block.

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Interrogate the data to ensure robust assumptions on likely demand for next five years.	JNSA accurately reflects likely demand	December 2021	Effective use of capital investment funding	Performance and Data team
Identify specific need and locality	Need is broken down into planning areas	March 2022	Effective meeting of need at a local level	DoE
Amend capital programme to reflect 'new' need	Capital programme has strand of SEND school places	March 2022	Effective meeting of need	DoE and RBC
Roll out of programme of capital investment	XX places created (number to be confirmed)	From March 2022 with view to opening from September 2022 onwards	Additional local places funded from DfE capital (£955k)	RBC
Those purchasing SEND placements to use the funding that is available to support children and young people with SEND to enable the provision of personalised, integrated, high quality support that delivers positive outcomes	Clear processes in place to secure individual placements.	March 2022	Effective use of funding	BFFC finance and DoE

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
from early childhood through to adult life.				
Harnessing the views of children and young people, their families and carers	Placements are based on evidence about which services provide the best support and which interventions are effective.	On-going	Improved outcomes	Education commissioner
Exploring integrated approaches towards key SEND pathways.	Identifying scope for working more efficiently together across these areas.	March 2022	Effective use of funding	BFFC finance and SEND team
Developing processes for joint review of SEND services.	Closer monitoring (including reviewing EHCPs) of changing needs of the local population of children and young people with SEND in order to identify demand; Feedback from service users and families used to identify gaps in provision, and shape and change our	March 2022	Sufficiency of the appropriate type of places	Education commissioner

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
	commissioning priorities accordingly.			

Strand 7: Funding and finance

What does the data tell us?

- Increasing number of EHCPs which will need to be funded.
- Need to increase provision locally and reduce spending on out borough independent expensive placements
- Recovery plan in place for High Needs Block deficit - need to continue to monitor and ensure delivery
- Schools 'feel' underfunded for pupils with plans

What did the inspection say?

- Building confidence in 'the system'
- Confidence in BFfC's willingness to meet needs
- Improvements to quality of plans
- Sufficiency of specialist placements
- Transitions to adulthood / adult services
- Support for complex needs

Key performance indicators – where will we be by 2027 (data)

By 2027, we will:

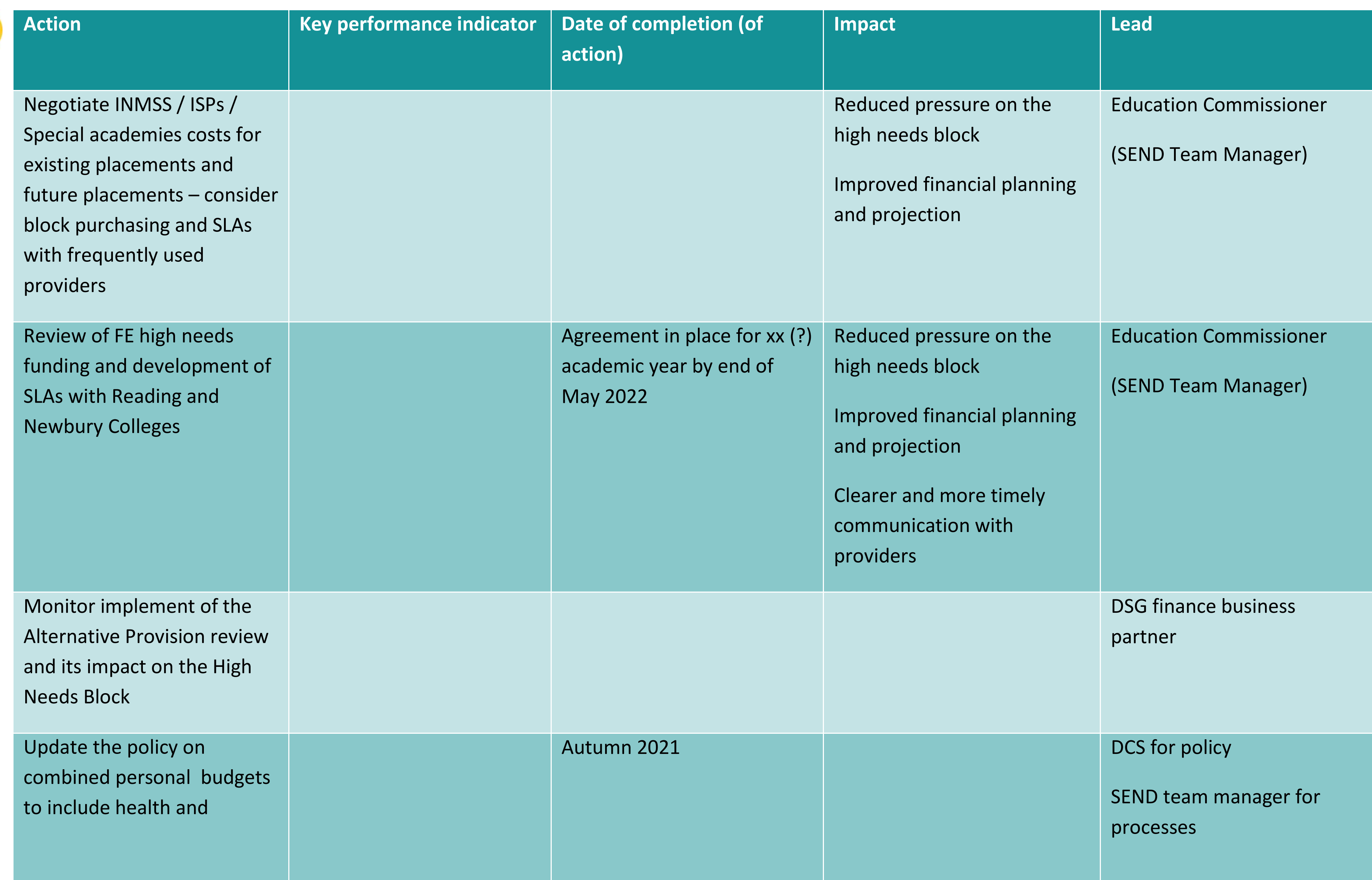
- Have a funding regime that appropriately supports children and young people with plans
- A consistent approach to funding academy and independent special schools with robust frameworks in place that are reviewed on an annual basis
- Responded to the Government's SEND review and realigned our funding regime if appropriate

Action Plan 2022-2023

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Bid for additional funding to support review of systems and processes	Review of systems completed	Autumn 2021	Greater capacity to review and implement positive and sustainable change, and measure impact	Richard Harbord
Briefing on Schools Funding to SENDCO Forum SENDCO Forum workshop on SEND Provision Mapping		Annually Spring Term 2022	Increased understanding of funding system, high needs funding guidance and pressures Increased understanding of what 'efficient use of resources' means and how this is determined and evidenced across the whole of Reading, not just in individual settings Improved transparency improves schools and parental confidence in the system	SEND Team Manager Finance Business Partner

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Establish regular SENDCO and Headteacher attendance at EHC Panel		Jan 2022	Increased understanding, partnership working, transparency and accountability re decision making Building confidence in the system School confidence will impact on parental confidence	SEND Team Manager
Review mainstream bandings – uplift costs for 21-22 pending outcome of Government's SEND review, publication date unknown. Include benchmarking nationally and with stat neighbours. Ensure funding level is reviewed at every annual review	School have greater understanding of the banding system	Uplift from Sept 2021 Review completed by XX? Decision taken on funding bandings from 2022 onwards XX?	Schools will be funded at a level that reflects rising costs and is in line with benchmarked national arrangements School confidence will impact on parental confidence Improved monitoring of provision and spend and improved analysis of impact on outcomes for CYP	DSG Finance Business Partner SEND Team Manager

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Frequent monitoring of High Needs Block		Report to Schools Forum 5 times per year, with monthly oversight to Strand 7 meeting		DSG Finance Business Partner
Review Health contributions to high cost placements and provision for children with EHCPs CHC / CCG referrals training for social care and education officers – annual Attendance at CHC panel – social care and SEND Team Manager			Reduced pressure on the high needs block	Led by Shenis Hassan / Deborah Glassbrook Adult Social Care Childrens Social Care SEND Team Manager
Develop process and mechanism for consideration of, and, agreement to joint/tripartite funding			Reduced pressure on the high needs block Clearer and more timely communication	Led by Shenis Hassan Adult Social Care Childrens Social Care SEND Team Manager



Action	Key performance indicator	Date of completion (of action)	Impact	Lead
Negotiate INMSS / ISPs / Special academies costs for existing placements and future placements – consider block purchasing and SLAs with frequently used providers			Reduced pressure on the high needs block Improved financial planning and projection	Education Commissioner (SEND Team Manager)
Review of FE high needs funding and development of SLAs with Reading and Newbury Colleges		Agreement in place for xx (?) academic year by end of May 2022	Reduced pressure on the high needs block Improved financial planning and projection Clearer and more timely communication with providers	Education Commissioner (SEND Team Manager)
Monitor implement of the Alternative Provision review and its impact on the High Needs Block				DSG finance business partner
Update the policy on combined personal budgets to include health and		Autumn 2021		DCS for policy SEND team manager for processes

Action	Key performance indicator	Date of completion (of action)	Impact	Lead
processes sitting underneath policy Co-produce Education Personal Budget information for parents/carers and young people and publish on Local Offer		End March 2022	Improved communication and confidence in the SEND system Greater choice and control for families Potential for more efficient use of resources	
Review financial systems used for accounting and payments and SEND Case Management System			More sustainable, efficient and robust systems Avoidance of increased staffing costs in SEND Team as EHCP numbers are projected to rise by around 30% over 5 years	DSG Finance Business Partner

SEND Review:

Right support, right place, right time
Government consultation on the SEND and alternative provision system in England

Presented to Parliament
by the Secretary of State for Education
by Command of Her Majesty

March 2022

CP 624

Executive summary 1

1. The reforms to the SEND system introduced in 2014 had the right aspirations: an integrated 0-25 system spanning education, health and care, driven by high ambition and preparation for adulthood.
2. But despite examples of good practice in implementing the 2014 reforms, this is not the norm and too often the experiences and outcomes of children and young people are poor. There are growing pressures across the system that is increasingly characterised by delays in accessing support for children and young people, frustration for parents, carers, and providers alike, and increasing financial pressure for local government.
3. The government commissioned the SEND Review in September 2019 as a response to the widespread recognition that the system was failing to deliver improved outcomes for children and young people, that parental and provider confidence was in decline, and, that despite substantial additional investment, the system had become financially unsustainable.

Executive summary 2

4. As the Review progressed it became clear that alternative provision is increasingly being used to supplement the SEND system; to provide SEN Support; as a temporary placement while children and young people wait for their Education, Health and Care Plan (EHCP) assessment; or because there is insufficient capacity in special schools. We have therefore looked at the specific challenges facing the alternative provision sector as part of this Review.

5. We have also considered how this Review can be best implemented alongside reforms to health and social care –overlap between the cohort with SEND and those who interact with the care system.

Key Facts: the SEND and alternative provision system in numbers

15.8% of all school pupils – 1.4 million – were identified with Special Educational Needs (SEN)

12.2% of pupils were identified as requiring SEN Support

A further 3.7% of all pupils had an Education, Health and Care Plan (EHCP), receiving more support than available through SEN Support

82.7% of children and young people in alternative provision were identified with SEN

The high needs budget has risen by more than 40% over three years

Of the 141 local area inspections published by 21 March 2022, 76 resulted in a written statement of action, which indicates significant weaknesses in SEND arrangements

3 Challenges

Challenge 1: outcomes for children and young people with SEN or in alternative provision are poor

Challenge 2: navigating the SEND system and alternative provision is not a positive experience for children, young people and their families

Challenge 3: despite unprecedented investment, the system is not delivering value for money for children, young people and families

A vicious cycle of late intervention, low confidence and inefficient resource allocation is driving these challenges

We need to turn this vicious cycle into a virtuous one

- We are clear that in an effective and sustainable SEND system that delivers great outcomes for children and young people, the vast majority of children and young people should be able to access the support they need to thrive without the need for an EHCP or a specialist or alternative provision place.
- We are setting out proposals for an inclusive system, starting with improved mainstream provision that is built on early and accurate identification of needs, high-quality teaching of a knowledge-rich curriculum, and prompt access to targeted support where it is needed. Alongside that, we need a strong specialist sector that has a clear purpose to support those children and young people with more complex needs who require specialist or alternative provision.
- Greater national consistency in the support that should be made available, how it should be accessed and how it should be funded. We need a system where decision-making is based on the needs of children and young people, not on location. This must be underpinned by strong co-production and accountability at every level, and improved data collection to give a timely picture of how the system is performing so that issues can be addressed promptly.

Summary delivering change for children and families through

- a single national SEND and alternative provision system
- excellent provision from early years to adulthood
- a reformed and integrated role for alternative provision
- system roles, accountabilities and funding reform

Chapter 1 The case for Change

- The current SEND system means that too many children and young people with SEND are achieving poor outcomes. Parents and carers are facing difficulty and delay in accessing support for their child. Providers have to navigate a complex system where it is not clear what support should be provided or who should pay for it. Despite a more than 40% increase in high needs funding between 2019-2020 and 2022- 202335, local government spending is outstripping funding and the system is financially unsustainable.
- 2. In this chapter, we set out the key findings from the SEND Review and what is driving these challenges. We set out our vision for what needs to change to ensure that more children and young people are set up to succeed in a sustainable, less bureaucratic system. And finally, we set out our plan for action for how we propose to deliver the improvements the system needs.

Chapter 2: A single national SEND and alternative provision system

- establish a new national SEND and alternative provision system setting nationally consistent standards for how needs are identified and met at every stage of a child's journey across education, health and care.
- review and update the SEND Code of Practice to ensure it reflects the new national standards to promote nationally consistent systems, processes and provision
- establish new local SEND partnerships, bringing together education (including alternative provision), health and care partners with local government and other partners to produce a local inclusion plan setting out how each local area will meet the national standards

Chapter 2: A single national SEND and alternative provision system

- introduce a standardised and digitised EHCP process and template to minimise bureaucracy and deliver consistency
- support parents and carers to express an informed preference for a suitable placement by providing a tailored list of settings, drawn from the local inclusion plan, including mainstream, specialist and independent, that are appropriate to meet the child or young person's needs
- streamline the redress process, making it easier to resolve disputes earlier, including through mandatory mediation, whilst retaining the tribunal for the most challenging cases

Chapter 3: Excellent provision from early years to adulthood

- increase our total investment in schools' budgets by £7 billion by 2024-25, compared to 2021-22, including an additional £1 billion in 2022-23 alone for children and young people with complex needs
- consult on the introduction of a new SENCo National Professional Qualification (NPQ) for school SENCos, and increase the number of staff with an accredited Level 3 SENCo qualification in early years settings to improve SEND expertise
- commission analysis to better understand the support that children and young people with SEND need from the health workforce so that there is a clear focus on SEND in health workforce planning
- improve mainstream provision, building on the ambitious Schools White Paper, through excellent teacher training and development and a 'what works' evidence programme to identify and share best practice, including in early intervention
- fund more than 10,000 additional respite placements through an investment of £30 million, alongside £82 million to create a network of family hubs, so more children, young people and their families can access wraparound support

Chapter 3: Excellent provision from early years to adulthood

- invest £2.6 billion, over the next three years, to deliver new places and improve existing provision for children and young people with SEND or who require alternative provision. We will deliver more new special and alternative provision free schools in addition to more than 60 already in the pipeline
- set out a clear timeline that, by 2030, all children will benefit from being taught in a family of schools, with their school, including special and alternative provision, in a strong multi-academy trust (MAT), or with plans to join or form one, sharing expertise and resources to improve outcomes
- invest £18 million over the next three years to build capacity in the Supported Internships Programme, and improve transitions at further education by introducing Common Transfer Files alongside piloting the roll out of adjustment passports to ensure young people with SEND are prepared for employment and higher education

Chapter 4: A reformed and integrated role for alternative provision

- make alternative provision an integral part of local SEND systems by requiring the new local SEND partnerships to plan and deliver an alternative provision service focused on early intervention
- give alternative provision schools the funding stability to deliver a service focused on early intervention by requiring local authorities to create and distribute an alternative provision-specific budget
- build system capacity to deliver the vision through plans for all alternative provision schools to be in a strong multi-academy trust, or have plans to join or form one, to deliver evidence-led services based on best practice, and open new alternative provision free schools where they are most needed

Chapter 4: A reformed and integrated role for alternative provision

- develop a bespoke performance framework for alternative provision which sets robust standards focused on progress, re-integration into mainstream education or sustainable post-16 destinations
- deliver greater oversight and transparency of pupil movements including placements into and out of alternative provision 16
- launch a call for evidence, before the summer, on the use of unregistered provision to investigate existing practice

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**7th Oct 2022**		
REPORT TITLE:	**Fire Service Winter Planning for Vulnerable Residents**		
REPORT AUTHOR:	**Gail Muirhead and Paul Illman**	**TEL:**	
JOB TITLE:	**Prevention Manager and Hub Manager**	**E-MAIL:**	**muirheadg@RBFRS.co.uk illmanp@RBFRS.co.uk**
ORGANISATION:	**Royal Berkshire Fire and Rescue Service**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 With rising prices of household items, food and energy comes challenges particularly to those on low incomes and who have other vulnerabilities. Both statutory and non-statutory services are planning what support they can offer over the winter period. The Fire Service is also looking at what support can be offered to residents through the winter, and how we can join with other partner organisations to plan to meet the needs of the community.

2. RECOMMENDED ACTION

2.1 That partner agencies support the Fire Service to promote the activities set out in Paragraph 4 below and add to their existing pathways and processes where possible.

3. POLICY CONTEXT

With regards to fire safety winter brings different risks which we need households to be aware of and be educated on managing safely such as:

- In England there are an average of 65 fires a year caused by electric blankets which may rise with increased use this winter due to the energy prices rises. There are safety messages around safe use which we need to get out to the public.

- On Average there are two fires a day caused by heaters and 7700 chimney fires per year in England. There is a possibility more people may start using chimneys and different forms of heating this winter in a bid to save money. So its important people are reminded how to use heaters safely, for example getting chimneys swept each year prior to using.

- It's typical for people to increase candle use in the winter and as such this increases the risk of domestic fires caused by candles. Frequency increases also around festivals where candles and fireworks are used.

- Carbon Monoxide risks are present at all times of year but increase over winter with increased use of heaters. Risks may rise if people skip servicing of boilers. Many of the public are unaware of what CO is, don't have detectors and don't know the symptoms of CO poisoning. More info, training and support can be found here

4. THE PROPOSAL

We request the support of partner agencies to promote the below and add to their existing pathways and processes where possible:

- We would like the support of other partner agencies to share safety messages via their social media. They can do this by following us and sharing winter safety messages.

- We request partners to advertise and promote our Safe and Well visits. Partners can refer directly or residents can self-refer info on how can be found here

- Joint working on making every contact count and for others to share their winter plans with us so we can signpost appropriately to others when we are doing our home visits.

- We have Winter Safety leaflets online and also printed copies for partner agencies to share the safety messages. Contact safeandwellwesthub@RBFRS.co.uk for printed or find online here

- We have our Adults at Risk Training which is a free lives online or in person session on fire safety in the home aimed at professionals who work in the community. We need as many people to attend these so they can identify fire hazards in homes and take appropriate mitigations to keep people safe. Information can be found here

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

5.1 The Berkshire West Health and Wellbeing Strategy has the following five priorities:

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

5.2 The above proposal will support all the above by keeping people safe and healthy in their homes over this winter period.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Not applicable

7. EQUALITY IMPACT ASSESSMENT

7.1 Not applicable

8. LEGAL IMPLICATIONS

8.1 Not applicable

9. FINANCIAL IMPLICATIONS

9.1 Not applicable

10. BACKGROUND PAPERS

10.1 Not applicable

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**7th October 2022**		
REPORT TITLE:	**Primary Care Access Update**		
REPORT AUTHOR:	**Helen Clark**	**TEL:**	
JOB TITLE:	**Associate Director of Primary Care**	**E-MAIL:**	**Helen.clark23@nhs.net**
ORGANISATION:	**Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To provide an update to members on the current position regarding access to general practice services in Reading and work being undertaken to improve telephone access and build resilience over the Winter period. The report sets out the latest data on access, provides an update on progress on the Improving Access Workplan that was put in place with the Urgent and Emergency Care Programme Board and briefs members on the intention to commission a pilot Urgent Care Centre to operate in Reading over the next 18 months.

2. RECOMMENDED ACTION

2.1 Members are asked to note the content of the report.

3. POLICY CONTEXT

3.1 The ICB is responsible for commissioning primary medical services under delegated arrangements from NHS England.

4. THE PROPOSAL

4.1 The attached slide deck sets out the current position and approach.

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

5.1 Effective and accessible primary care services support delivery of all of the following strategic aims.

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

5. Promote good mental health and wellbeing for all adults

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

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

6.2 There are no specific environment or climate implications. Provision of care by remote consultation modes may reduce travel in some instances.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 Not applicable however the ICB continues to work with Healthwatch Reading on this matter.

8. EQUALITY IMPACT ASSESSMENT

8.1 Not applicable.

9. LEGAL IMPLICATIONS

9.1 Not applicable.

10. FINANCIAL IMPLICATIONS

10.1 Not applicable.

11. BACKGROUND PAPERS

11.1 None.

Update on access to GP services in Reading

October 2022

Background

- Demand for primary care services remains high across Berkshire West with an average of 806,560 contacts per month over the last year compared to 771,582 in 2019. At the same time ED attendances by patients with a minor illness requiring minimal or no investigation or treatment have been increasing much faster than other attendances and Westcall are reporting an 11-13% increase in activity compared to last year. Patient satisfaction as reported by the National Patient Survey has declined in line with national trends.

- Following changes to access arrangements during the Covid-19 pandemic and in response to the findings of a Healthwatch Reading report on telephone access, an access improvement plan was put in place last year overseen by the Urgent and Emergency Care Programme Board. Actions from this plan are now feeding into the same day access workstream within the wider UEC strategy.

- This paper aims to provide an update on the current position and progress on the improvement plan and to brief members on plans to build capacity and sustain services over the Winter period.

Current position

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

NHS Digital appointments data for Berkshire West to July 2022

1000000
900000
800000
700000
600000
500000
400000
300000
200000
100000
0

Dec-18 Feb-19 Apr-19 Jun-19 Aug-19 Oct-19 Dec-19 Feb-20 Apr-20 Jun-20 Aug-20 Oct-20 Dec-20 Feb-21 Apr-21 Jun-21 Aug-21 Oct-21 Dec-21 Feb-22 Apr-22 Jun-22

Count of all appts
Face-to-Face
Home Visit
Telephone
Video/Online
Unknown
Linear(Count of all appts)

NHS Digital data shows overall increase in activity (note early data may be incomplete).

58% appointments currently provided face-to-face compared to 73% immediately prior to pandemic.

Average 412 contacts per 1000 registered patients per month over last year (national figure for July 2022 is 420)

Note data remains experimental and is only provided at a Berkshire West level. We are also working directly with practices to understand activity as reported by Connected Care.

Buckinghamshire, Oxfordshire and Berkshire West

% reporting ‘very easy’ or ‘fairly easy’ to get through on telephone 2019 and 2022

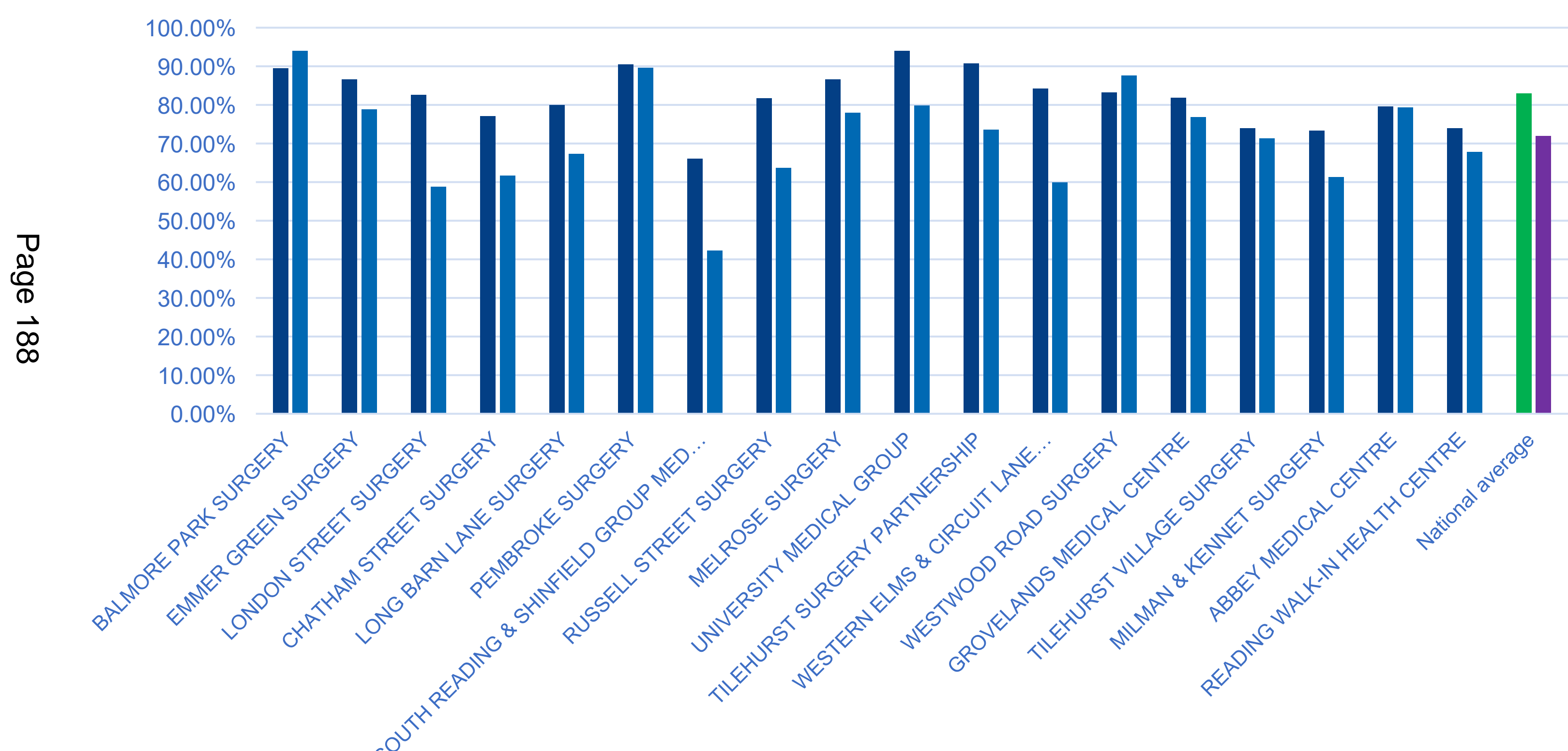
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%

BALMORE PARK SURGERY
EMMER GREEN SURGERY
LONDON STREET SURGERY
CHATHAM STREET SURGERY
LONG BARN LANE SURGERY
PEMBROKE SURGERY
SOUTH READING & SHINFIELD GROUP ...
RUSSELL STREET SURGERY
MELROSE SURGERY
UNIVERSITY MEDICAL GROUP
TILEHURST SURGERY PARTNERSHIP
WESTERN ELMS & CIRCUIT LANE...
WESTWOOD ROAD SURGERY
GROVELANDS MEDICAL CENTRE
TILEHURST VILLAGE SURGERY
MILMAN & KENNET SURGERY
ABBEY MEDICAL CENTRE
READING WALK-IN HEALTH CENTRE
National average

GP Patient Survey data for 2022 shows as decline in satisfaction with telephone access for most practices, mirroring national trend.

Outlying practices being followed up, including by sharing best practices from higher achieving practices.

% reporting overall experience of practice ‘good’ or ‘very good’ in 2019 and 2022



GP Patient Survey data for 2022 also shows as decline in overall satisfaction, again mirroring national trend. Follow-up discussions underway.

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

NHS
Health Education England

GP Registered Population

Region Select

South East

The table below details the April 2022 GP registered population/FTE for Staff Group in each ICS alongside the South East and England data for comparison. Many GPs view this metric as a comparator of workload.

Source. NHS Digital April 2022

	Population	GP		Nurses		Direct Patient Care		Admin/Non-Clinical	
		FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE
England	61,636,921	35,855	1,719	16,641	3,704	15,342	4,017	72,727	848

	Population	GP		Nurses		Direct Patient Care		Admin/Non-Clinical	
		FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE
Buckinghamshire, Oxfordshire and Berkshire West	1,943,210	1,089	1,785	428	4,540	555	3,498	2,088	930
Frimley	812,332	419	1,940	174	4,670	146	5,563	854	951
Hampshire and the Isle of Wight	1,920,990	1,009	1,903	568	3,383	456	4,212	2,311	831
Kent and Medway	1,966,305	889	2,212	515	3,815	559	3,519	2,369	830
Surrey Heartlands Health and Care Partnership	1,125,028	611	1,842	216	5,197	180	6,242	1,149	979
Sussex	1,820,394	921	1,977	489	3,723	532	3,423	2,224	819
Region Total	**9,588,259**	**4,937**	**1,942**	**2,391**	**4,011**	**2,429**	**3,948**	**10,995**	**872**

The table below shows that the BOB ICB area compares favourably with other systems in the South East region in terms of GPs per head of population. There will however be significant variation between practices in part due to some now having a more diverse workforce e.g. including clinical pharmacists, paramedics etc.

We also compare favourably (bettered only by Sussex) in terms of DPC staff per patient, which is an indicator of successful use of the ARRS funding available to Primary Care Networks.

GP Headcount and FTE in Berkshire West

Staff Group Trend | Age Profiles by Age/Job Role | Participation Rate | Summary of Primary Care (table) | Regional Slide Cover | Regional User guide | Regional insights | Staff C

GP Workforce Dashboard

Staff Group Trend

NHS Health Education England

Clear All

Region Name	ICS Name	CCG Name	Staff Group	Staff Role
South East	Buckinghamshire, Oxfordshire and B...	NHS Berkshire West CCG	GP (excl Registrars)	(All)

FTE - GP (excl Registrars) - All - April 2022

FTE

270, 260, 250

254, 263, 265, 269, 267, 268, 266, 262, 254, 251, 251, 255, 255, 255, 250, 250, 252, 251, 255, 257, 251, 246, 249, 245, 245, 243, 244, 245, 245

Sep 15, Mar 16, Sep 16, Mar 17, Sep 17, Mar 18, Sep 18, Mar 19, Sep 19, Mar 20, Sep 20, Mar 21, Sep 21, Mar 22

Headcount - GP (excl Registrars) - All - April 2022

Head Count

330, 320, 310

309, 320, 321, 327, 331, 329, 328, 327, 315, 314, 313, 318, 318, 327, 320, 321, 326, 323, 332, 336, 327, 325, 318, 318, 317, 315, 317, 317

Sep 15, Mar 16, Sep 16, Mar 17, Sep 17, Mar 18, Sep 18, Mar 19, Sep 19, Mar 20, Sep 20, Mar 21, Sep 21, Mar 22

These graphs show that the number of qualified GPs working across BW (both headcount and FTE) has been broadly stable since September 2021.

GP retention and recruitment schemes such as

- New to GP Fellowships
- Mid career GP Fellowships
- GP Careers Advice Service
- GP Wellbeing Mentoring service
- Supporting Mentors Scheme
- Locum Chambers

have been supporting recruitment and retention of GPs

Data including all ARRS roles

GP Workforce Dashboard

Staff Group Trend

Clear All

Region Name	ICS Name	CCG Name	Staff Group	Staff Role
South East	Buckinghamshire, Oxfordshire and B...	NHS Berkshire West CCG	Direct Patient Care	(All)

FTE - Direct Patient Care - All - April 2022

Headcount - Direct Patient Care - All - April 2022

Change in colour denotes move from quarterly to monthly publications by NHS Digital
Please note that selecting all Staff Group options will result in an incomplete time series due to NHS Digital limiting historic publications for some Staff Groups before September 2017

This graph provides an illustration of the success that the PCNs have had in recruiting staff through the ARRS scheme, which went live in March 2019.

At March 2022 there were 50.99 WTE ARRS staff in Reading with plans to recruit a further 16.9 WTE this year. Approximately 30% ARRS staff are clinical pharmacists, 13% are physicians associates and 12% are social prescribers and paramedics. Next largest groups are care co-ordinators and pharmacy technicians.

Key workstreams

Access Improvement Plan – progress to date

- Completed phone message recommendations and audit, including callback options
- Implemented NHS 111 call handler booking
- Worked with practices to reinstate online appointment booking
- Predictive modelling piloted but agreed to continue through Connected Care
- Implemented 'Everyone Welcome' campaign to increase GP registrations
- Worked with practices to build referrals to Community Pharmacy Consultation Service
- All practices supported to provide online consultation offer as alternative to telephone access
- PCNs engaged in 2021/22 Winter Communications campaign
- Advanced telephony project underway offering improved call handling and reporting functionality
- Practices supported to access national training programmes on managing demand/capacity and support/training offered to reception staff

Additional capacity

- From November – June, 135-250 additional appointments were been commissioned per day across Berkshire West practices (higher level in Winter) of which 50% face-to-face.

- The 2021-22 Winter Access Fund for primary care was also used to pilot two overflow hubs in Reading between September and June providing up to 29 appointments per day of which at least 16 were face-to-face with arrangements for referrals from ED.

- Consideration is being given to any additional capacity requirement for this Winter however no funding has yet been received for this purpose.

Urgent Care Centre

- Building on above pilot, ICB has decided to commission an Urgent Care Centre for minor illness to run for 18 months from October 2022.

- Key elements:
  - Based in Central Reading, open 8am-8pm, 7 days a week
  - GP-led but staffed by multidisciplinary team
  - Capacity to see up to 100 patients per day: 50 walk-ins, 50 referred from ED or primary care
  - Aims to reduce unnecessary ED attendances and support primary by providing overflow
  - Full access to patient record enabling completion of episodes of care

- Previous walk-in service will remain suspended with future need assessed as part of evaluation of pilot and further consultation undertaken as appropriate. Intention is to re-procure registered list element over next six months.

Other current focus areas

- Ongoing monitoring of all access indicators (including reinstated Friends and Family Test) - feedback and follow-up as appropriate. Work with Healthwatch Reading and others to consider how can support intelligence gathering.
- Working with PCNs to use Connected Care data to understand demand and patient utilisation of other services to inform capacity planning. Exploring stratification of on-the-day demand.
- Further increase referrals to Community Pharmacy Consultation Service
- Complete advanced telephony roll-out – further 12 Reading practices due to go-live by end of financial year
- Contribute to 2022/23 Winter Communications campaign
- Implement revised delivery arrangements for Enhanced Access with interoperable IT solutions also having potential to support wider PCN resilience
- New registration campaign focusing on young males
- Build peer support approaches to improving access alongside promotion of national training programmes
- Digital literacy programme to support use of online access methods

ICB and ICP Update

Reading Health Wellbeing Board

October 2022

Update Topics

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

- ICP/ICB Governance
- ICP interim strategy development update on progress
- ICB engagement strategy update

ICP/ICB governance update

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

Key definitions

Integrated care systems (ICSs)

Are a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

Integrated care partnerships (ICP)

A statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area

Integrated Care Boards (ICB)

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

ICP/ICB governance update

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

- ICP founder members agreed ICP Committee membership and first meeting of ICP planned for early October
- Founder member roles for ICP strategy development and ICP secretariat being confirmed.
- ICB Establishment Board 1 July, next meeting in public 27 September 2022
- ICB Board Assurance Sub-Committees first meetings in August- October
- Place Based Partnerships

ICB Establishment 1 July 2022

- Board meeting held
  - Governance arrangements agreed
  - 2022/23 Operational and Finance Plan, BOB Green Plan and System Delivery Plan received
- Papers for the ICB meeting on 27 September will be available here
- Website for the ICB (www.bucksoxonberksw.icb.nhs.uk) in development, currently contains core information including
  - Information about the Board and board members
  - Board members
  - Governance documents/arrangements
  - Contact information

ICB Board Members

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

Role	Post holder
Chair	Javed Khan OBE
Chief Executive	Dr James Kent
Partner Member – NHS Trusts	Steve McManus
Partner Member – Primary Care	Dr Shaheen Jinah
Partner Member – Local Authorities	Stephen Chandler
Non-executives (minimum two)	Saqhib Ali Margaret Batty Tim Nolan Aidan Rave Sim Scavazza
Chief Finance Officer	Richard Eley (interim)
Chief Medical Officer	Dr Rachael De Caux
Chief Nursing Officer	Rachael Corser
Member for Mental Health	Dr Nick Broughton
Associate NED (Digital)	Haider Hussain

Development of Place Based Partnerships

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

- The ICS made up of three smaller areas known as places
- Place arrangements will evolve and develop over time, with all three of the Place Directors starting by first week October.
- Councils and Trusts asked to devolve decision making to their representatives on Place-Based Partnerships
- Update paper will be presented to ICB Board on 27 September
- Place role in operational oversight and strategic development for:
  - Urgent and Emergency Care
  - Primary medical care and community services integration
  - Adult mental health, learning disability and autism
  - Child and adolescent mental health, learning disability and autism
- Pooled funding arrangements incorporated and/or continued where appropriate

Interim ICP strategy development update

- ICS strategy working group continues to meet with a broad executive representation from across BOB
- Guidance issued on ICP strategy content by Department of Health and Social Care in late July
- Thematic review completed and agreed task and finish groups
- Task and Finish Groups will to identify a smaller number of areas which would benefit from all ICP partners working together to achieve better outcomes for our population.
- Project plan developed so ICP strategy can go to NHS England, the ICB and Local Authorities no later than 31 December 2022

Working with people and communities strategy

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

- ICB wants effective engagement and partnership at the heart of its thinking, planning and delivery
- First draft developed in consultation with range of groups
- Feedback indicated support for principles
- Draft submitted to NHSE and presented to ICB Board on 1 July
- ICB working with partners to create framework for practical actions for proposal to ICB Board in September

ICP strategy – Guidance

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Guidance published from Department of Health and Social Care 25 July
- Recognises a year of transition so allows for initial strategy in December 2022 to be updated in 2023
- ICP to consider Population Joint strategic needs assessment, HWB strategies and NHS Mandate and involve Healthwatch to prepare ICP strategy
- ICP to consider whether needs can be met more effectively under s75 arrangements and a statement on better integration

ICP Strategy working groups

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

The review of the HWB strategies and LTP identified 6 thematic pan ICS working groups

1. start well
2. live well
3. age well
4. promoting healthy lifestyles
5. health protection
6. demand management

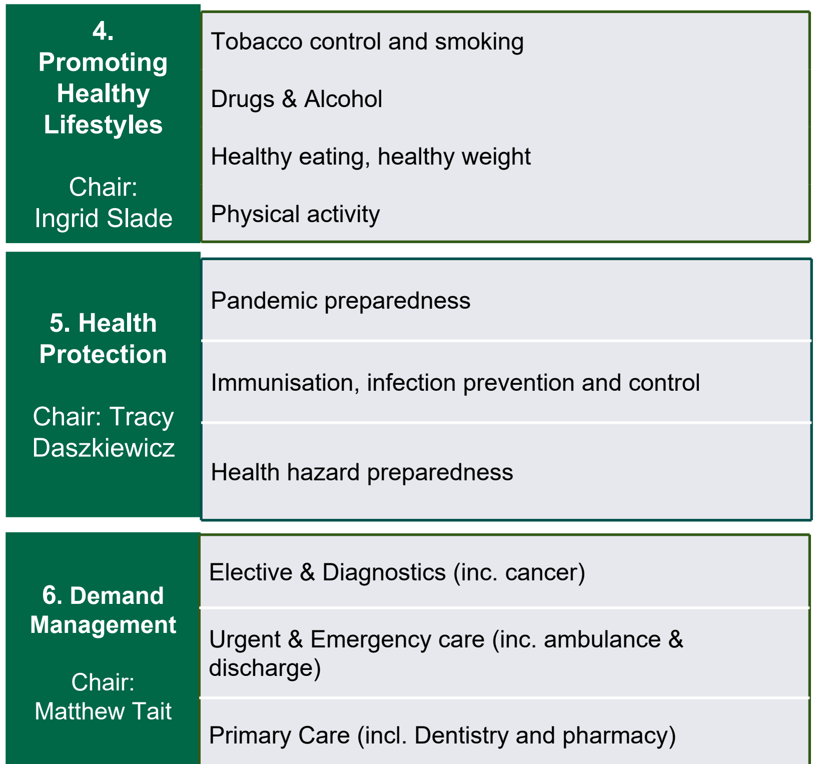
The working groups will recommend priorities to the ICP Board and describe how these priorities can be driven forward taking into consideration:

- Research and innovation
- Health inequalities
- Workforce
- Data and information sharing
- Opportunities for s75 pooled budgets and further integration

Proposed strategy working groups and proposed leads

The working groups will be chaired with executives from across the ICS and the initial themes for consideration have been arrived at from the review of the HWB strategies, NHS local strategies and the NHS mandate as required in the national guidance.

Group	Themes
1.Start Well Chair: Kevin Gordon	Maternity & Neonatal
	Early years development
	Children and Young People Mental Well being (inc CAMHS)
	Enhancing healthy lifestyles (e.g. Nutrition and healthy weight)
2. Live Well Chair: Ansaf Azhar	Cancer
	Screening
	Adult Mental Health & Loneliness
	Cardiovascular Disease
3. Age Well Chair: DASS to be confirmed	Long term conditions (inc. carers, out of hospital care & frailty)
	Adult Mental Health, Dementia & Loneliness
	End of Life care



Our approach to outlining the system-wide opportunities

We are not starting from a blank sheet - the opportunities have been derived from strategy documentation and priorities (national and local) and thinking that currently exists across the system (see Phase1).

Phase 2: Cross system working groups mobilised:

- Current state - What are the challenges, population needs, Inequalities?
- Future demand and target outcomes
- What are the opportunities - How can integrated working accelerate or improve outcomes?
- Propose system-wide priorities

Phase 1: Identifying shared priorities *(complete)*

- ✓ *Review of **input documentation** and **base data***
- ✓ *Working with **Strategy Steering Group & stakeholders***
- ✓ *Creation of a **"starter for 10" of the opportunities for the system***

System-wide Priorities

Strategic system opportunities *Unlocking additional / accelerated benefit in focussed areas through improved consistency and integration*

Shared Priorities

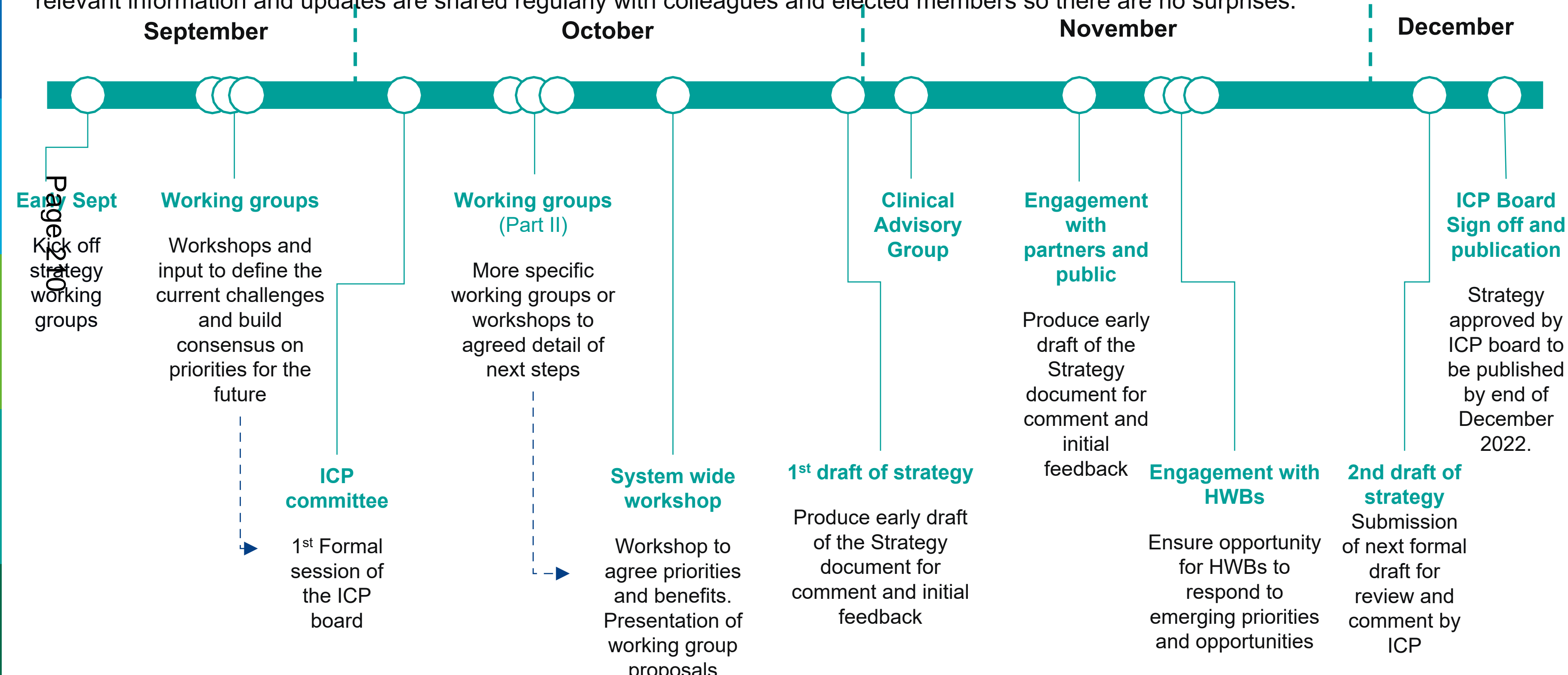
Key shared priorities identified by our partners *captured in existing strategy and vision statements*

All Priorities

All system priorities *spread across our system partners including national requirements*

Proposed timelines and suggested approach – to be confirmed by ICP

The 2022 Health & Care Act requires the ICP to prepare an ICP strategy. The DHSC guidance issued in July sets out further details on requirements including publication dates. Steering group members have been tasked with working closely with their organisations to ensure relevant information and updates are shared regularly with colleagues and elected members so there are no surprises.



Page 210

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

ICP Unified Executive Chair's Report – June to September 2022

Title:	ICP Unified Executive update
Programme / Project Sponsor (SRO):	Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust
Author(s):	Emma Gaudreau, ICP Programme Team Officer
Purpose:	*To brief the Health and Wellbeing Boards on key issues discussed at the Berkshire West ICP Unified Executive from June to September 2022*
Previously considered by:	N/A

The key points to note from the ICP Unified Executive from the recent quarter are as follows:

Please note the August meeting was cancelled.

Unified Executive Priorities

Berkshire West ICP has the following priorities:

In September members were informed that 3 of them are RAG rated green and 2 of them amber.

MDT – Mental Health
In September Belinda Seston – Interim Place Berkshire West MD advised members that the next step is to have a full discussion at the next Delivery Group around what we think the recommendations could be for taking this program forward from its original ask of identifying people with low level mental health needs are receiving the appropriate intervention. The recommendations and options for next steps will be taken to a future Unified Executive.

Additional Roles Reimburselemt Scheme (ARRS)
The program continues building a multi disciplinary workforce within the PCN's, ensure future sustainability and resilience. Funding post 2024 poses some risks to the programme although the programme is committed to spending this years allocation. This priority is awaiting a new UE Sponsor to take forward the programme.

Heart Failure -
Shairoz Claridge - Berkshire West ICB and lead for LTC, joined the September meeting to discuss with stakeholders the future model of the integrated Heart Failure service for Berkshire West.

Shairoz added the vision is a proactive anticipatory approach for earlier detection, diagnosis and improving management, including the optimization of treatment, proactive personalized care,

recognizing that patients live with comorbidities, use of digital and technology as an enabler, including self-management and education.

Shairoz agreed with the Unified Executive Chair to bring a further detailed plan to the meeting in November, with the model considered by the Delivery Group and the inclusion of social care.

Emotional Health & Wellbeing - Children & Young People
In September members were informed the strategy is being updated to make it more outcome focussed and this will be reflected in an updated programme plan due for future presentation at the Unified Executive.

Immediate Care Review (formally Rehab & Reablement)
In September, the Unified Executive agreed to support a strategic review of intermediate care. This remains in the early stages of scoping and data analysis with further findings due to be reported back to the UE on next steps early Autumn.

ICB Development

A presentation on ICB development took place in September's meeting with the following notes for consideration:

- The ICB became an organisation from 1st July 2022
- Steve McManus (RBFT CEO) is the appointed panel member on the ICB Board
- Over the last quarter the UE members have been updated with the progress of ICB recruitment, into the statutory and non-exec posts
- The three Place Exec Directors appointments have been announced:
  - Sarah Webster – Berkshire West
  - Philippa Baker – Buckinghamshire
  - Dan Leveson – Oxfordshire
- Development of Place the Place Based Partnership requires development to become a decision making meeting and meet proposed delegation responsibilities.

Delivery Group

The Delivery Group nows meets monthly and has a reporting line into the Unified Executive. The Programme Boards and Integration Boards feed into the Delivery Group.

Community Nursing Service

Reva Stewart – Divisional Director – Adult Community Health Services West and Bernadine Blease - Divisional Director – Adult Community Health Services BHFT presented to the Unified Exec in June and September sharing their vision of community nursing.

There is scope for greater integrated working on how the Community Nursing service integrates and interfaces with primary care. The proposal included recruiting a Project Manager to undertake a more fundamental review of the interface between Primary Care and Community Nursing which the Unified Exec approved in September from their Transformation Fund.

Joint Commissioning

Niki Cartwright – Director of Joint Commissioning Berkshire West ICP updated members on a Joint Funding Protocol in June. They've now reached a point where they are piloting a number of cases from each authority and will report back on findings early Autumn.

GP Representation

Dr Amit Sharma - GP, Primary Care Network Chair, updated members in June to advise that there is now confirmation of the level of support that each 'Place' will receive to allow and enable GP representation and the associated management support. Dr Sharma confirmed clinical time will be covered and there will be enough to provide representation on the different programme boards and initiatives and confirmed there will be a Project Manager allocated to each Place, and one admin to support these three localities.

Dr Sharma added that work is continuing formalising the relationships between the PCN's to have greater integration with the system partners to work more effectively in Primary Care and advised they are currently working on who to elect for the Leadership boards in each Place.

Adult Social Care

In July Matt Pope – Director of Adult Services, Wokingham Borough Council updated members of the proposed Adult Services changes. Matt discussed funding, timescales and operational durability. Matt advised the government is proposing that the reforms largely come in in October 2023 and to do everything at once. This will also require new IT systems that do not exist yet and require Local Authority's to deliver when recruitment is an issue.

The Unified Exec members were advised by Matt that research suggests 39% additional resource would be required to deal with the changes adequately. Matt advised Local Authorities are feeding into the consultation and working with their elected members to raise the issue.

The Unified Executive Chair requested regular updates on this.

Physical Activity

Guest speakers joined the Unified Executive in September to discuss and highlight Physical Activity:

- Brett Nicholls – CEO, Get Berkshire Active
- Professor Harry Rutter – Professor of Global Public Health, Bath University
- Dr Nick Cavill – Public Health Director

Brett advised members that presentations had already been to the Delivery Group and Prevention Group.

Professor Harry Rutter and Dr Nick Cavill who are international experts in this area of work advised Unified Executive members of the variety of workshops and consultative stakeholder engagement exercises that have taken place to try and map the complexity of Physical Activity and how we might add a strategic level with suggestions on how we can take this forward.

The Unified Executive Chair agreed the support of creating cross departmental working groups to take the 4 identified themes forward which will continue through Professor Tracy Daszkiewicz – Public Health Director.

Recommendation

The Health and Wellbeing Boards to note feedback from ICP Unified Executive Group.

DATE OF MEETING:	**7TH OCTOBER 2022**		
REPORT TITLE:	**Better Care Fund 2022/23 Plan and Narrative**		
REPORT AUTHOR:	**BEV NICHOLSON**	**TEL:**	**07812 461464**
JOB TITLE:	**INTEGRATION PROGRAMME MANAGER**	**E-MAIL:**	**Beverley.nicholson@reading.gov.uk**
ORGANISATION:	**READING BOROUGH COUNCIL**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report outlines the Better Care Fund (BCF) 2022/23 Plan submission for Reading Borough Council. The planning guidance[1] was released late, in mid-July 2022, for this financial year, however whilst this was awaited the BCF funded schemes have continued and are planned to continue for the remainder of this financial year.

1.2 The report sets out the National Conditions, as set in the BCF Planning Guidance and our plan to provide assurance in how we will meet the conditions. Our BCF Plan and Narrative are required to be submitted to NHS England by 26th September and this will be completed using the delegation granted to the Executive Director of Adult Social Care, Seona Douglas in consultation with Lead Councillor, Ruth McEwan (Chair of the Reading Health and Wellbeing Board). The plan will also be ratified at the Health & Wellbeing Board.

1.3 The Reading BCF 2022-23 Plan, BCF Narrative and BCF Demand and Capacity Template are attached as Appendices 1, 2 and 3.

1.4 The Section 75 Framework Partnership Agreement, to pool funds from the Integrated Care Board (ICB) and the Council will be drafted for submission in line with the BCF timeline, once approval of our plans have been received. This document is required to meet the National Conditions as set out in the Better Care Fund Policy and Guidance for 2022/23.

2. RECOMMENDED ACTION

2.1 For the Health & Wellbeing Board to note the contents of the Better Care Fund (BCF) Plan and Narrative for 2022/23, including the National Conditions and Metrics against which the BCF performance will be measured.

2.2 The Health & Wellbeing Board to note the final BCF Plan and Narrative for 2022/23 has been formally submitted by the due date of 26th September 2022 to NHS England utilising delegated authority of the Executive Director for Adult Social Care in consultation with the Lead Member for Public Health in order to comply with national deadlines outside of the Board meeting cycle.

[1] NHS England » Better Care Fund planning requirements 2022-23

3. POLICY CONTEXT

3.1 The Better Care Fund (BCF) acts as a vehicle to facilitate system integration of health and social care by providing targeted funding to promote joint working to achieving shared outcomes. It requires Integrated Care Boards, ICBs (formerly Clinical Commissioning Groups-CCG's) and Local Authorities (LA's) to pool budgets, under a Section 75 Framework Partnership Agreement, and to agree an integrated spending plan for how they will use their Better Care Fund allocation to promote/deliver on integration ambitions. The objectives of the Better Care Fund for 2022/23 are:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

4. THE PROPOSAL

4.1 Requirements for submission

- BCF Plan Template (2022/23)
- BCF Narrative
- Capacity & Demand Plan Template (which does not form part of the NHSE Assurance process)

4.2 Timetable for submission

The timeline for the submission of BCF Plans and Assurance are set out below:

BCF planning requirements published	19th July 2022
Optional draft BCF planning submission submitted to regional Better Care Manager (BCM)	By 18th August 2022
Review and feedback to areas from BCMs	By 1st September 2022
Internal scrutiny and review (Local Authority [LA] and Integrated Care Board [ICB])	Between 1st September and 14th September
BCF planning submission from local HWB areas (agreed by ICBs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercarefundteam@nhs.net ***Note**: Delegated Authority from Health & Wellbeing Board to sign off the final BCF Plan and Narrative.*	By 26th September 2022
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	26th September to 24th October 2022
Regionally moderated assurance outcomes sent to BCF team	24th October 2022
Cross-regional calibration	1st November 2022
Approval letters issued giving formal permission to spend (CCG minimum)	30th November 2022
All section 75 agreements to be signed and in place	31st December 2022

4.3 National Conditions

The Better Care Fund (BCF) National conditions are an assurance framework to ensure the Better Care Fund is managed appropriately.

The Better Care Fund (BCF) National Conditions for 2022-23 are as follows:

a) A jointly agreed plan between local health and social care commissioners and signed off by the health and wellbeing board.
   (For 2022/23 this consists of a BCF Plan for metrics and finance, a supporting BCF Narrative and a Capacity & Demand Plan)
b) NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution.
   (For 2022/23 the uplift was 5.66%)
c) Invest in NHS commissioned out-of-hospital services.
   (Incl. Discharge to Assess and Intermediate Care)
d) Implementing the BCF policy objectives.
   - Enable people to stay well, safe and independent at home for longer.
   - Provide the right care in the right place at the right time.

The BCF Plan and Narrative provide confirmation of how these conditions are being met and will continue to be met for the period covered by the fund (April 2022 to March 2023).

4.4 Better Care Fund Metrics

The BCF Policy Framework sets national metrics that must be included in BCF plans in 2022-23. The ambitions for each area and how to meet the metrics are agreed between the Local Authority and the Integrated Care Board (ICB) and other local system partners who influence the outcomes (e.g. Royal Berkshire Foundation Trust in respect of hospital discharge targets)

The BCF Metrics for 2022/23 are as follows:

4.4.1 The framework retains four metrics from the previous years *(listed below in the order they appear on the BCF Planning Template, Metrics page, see Appendix 1)*:

Metric 1: Admission Avoidance - Unplanned hospitalisation per 100,000 population.
Note: *NHS England have changed the method of measuring metric in 2022/23 to using the "Indirectly Standardised Rate (ISR) of Admissions, as opposed to the previous method used in 2021/22 of "Unplanned hospitalisation for chronic ambulatory care sensitive conditions".*

Metric 2: Discharge to usual place of residence - Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence

Metric 3: Residential Admissions - Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

Metric 4: Reablement - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services

These national metrics are aligned with local targets which have been reached based on previous performance, and in agreement with system partners across Berkshire West.

Whilst not a metric for 2022/23, Systems have been asked to continue to monitor Length of Stay, in an acute hospital bed, over 14 days and 21 days. This metric was introduced as a new metric in 2021/22 but has not been included in the plan for 2022/23.

4.4.2 The agreed targets for 2022/23 are set out below, together with an outline of the initiatives to meet them. More detail can be found in Appendices 1 and 2:

Metric 1: Admission Avoidance

The overall annual target is 810 (per 100k population), broken down by each quarter in this table.

2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan	Local plan to meet ambition
206	200	206	198	The overall annual target is 810 (per 100k population). Multi-Disciplinary Team (MDT) reviews at Primary Care Network (PCN) level to ensure people with long term conditions are supported to manage their conditions effectively. Intermediate Care and Rapid Response teams to support people in the community. Support to the Health Checks programme and in particular, a focus on communities where there is deprivation, using a Population Health Management (PHM) approach).

(Per 100,000 population)

Metric 2: Discharge to usual place of residence

2022-23 Q4 Plan	Local plan to meet ambition
92.0%	We have continued to adopt a "Home First" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, which has been successful. We also work closely with the Voluntary Care Sector to enable support to be in place, where needed, and included in the discharge plan. In the small number of cases where a person cannot return directly home, there is a plan to support them to get back home, wherever possible, as quickly as possible, through our D2A Step-down therapy led service. Our Priority for introducing a "Self-Neglect Pathway" will support us to get more people home quickly but the first phase for hoarding will likely not show an impact until the first quarter of 2023/24. There is a Berkshire West wide review of reablement and intermediate care services to support timely discharge and support at home where needed. The use of Technology Enabled Care (TEC) has been very successful in Reading, and work in this area to further develop the TEC available to people is underway. Numbers of people using TEC has increased significantly and we expect this to be a key factor in enabling people to return home and remain safe in that environment.

(As a percentage of the number of people discharged from Acute hospital)

Metric 3: Residential Admissions

2022-23 Plan	Local plan to meet ambition
469	Implementation of the use of Technology Enabled Care and continued collaboration with system partners providing community rapid response and intermediate care to avoid admission to care homes where possible.

(Per 100,000 population)

Metric 4: Reablement

2022-23 Plan	Local plan to meet ambition
85.0%	We are in the process of a local (Reading) review of our Reablement services and are also involved in a review of Intermediate Care service delivery at Berkshire West "Place" level. We believe the target is realistic based on previous performance and is a stretch, in consideration of the likely impact of the winter Flu season and cost of living. Public Health are predicting an increase in death rates 3 to 5 times worse than in previous years, due to the impact of 'cost of living' increases, potentially leading to neglect, cutting back and leaving elderly frail people susceptible and less resilient. We continue to work closely with our voluntary care sector partners to support people who are vulnerable, and we are currently in the process of commissioning a "Home from Hospital" service, that will complement our reablement and intermediate care services in Reading.

(As a percentage of the number of people discharged from hospital into reablement)

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Better Care Fund is utilised by Reading Borough Council and the Integrated Care Board for Buckinghamshire, Oxfordshire and Berkshire West (BOB) to support a variety of Health and Social Care schemes that are aligned with both the Reading Health and Wellbeing Board strategic priorities and those of the Integrated Care Partnership (ICP) for Berkshire West.

5.2 The Better Care Fund schemes contribute to the Corporate Plan Priorities as follows:

Healthy environment – supporting people on hospital discharge pathways, ensuring that they have the appropriate equipment (where necessary) and that they are able to return to their normal place of residence as quickly as possible.

Thriving Communities – BCF funded schemes such as Carers Funding - Grants, Voluntary Sector, Information and Advice, Community Reablement services and many more, aimed at supporting members of our community to remain healthy and active, and avoid unplanned hospital admissions.

Inclusive economy – The integration programme of work for Reading has a focus on reducing health inequalities in the borough through a range of projects. Some of the schemes supported by the BCF such as Street Triage and the Carer's schemes aim to address issues that impact on people who may be vulnerable or disadvantaged.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 This report summarises the Better Care Fund plan for 2022/23. No new services are being proposed or implemented that would impact on the climate or environment.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 The Better Care Fund Plan for 2022/23 will be submitted to the Reading Integration Board (RIB). Voluntary Care Sector services are represented at RIB, along with representatives from a range of health service providers, who have had opportunity to

view, comment and contribute to the plan. Healthwatch Reading are also system partners, represented at RIB, and they bring the service users' voice when considering projects and initiatives.

8. EQUALITY IMPACT ASSESSMENT

8.1 There are no new proposals or decisions recommended / requested that will or could have a differential impact on: racial groups, gender, age, sexual orientation, religious belief or people with disabilities and therefore an Equality Impact Assessment is not required for this report.

9. LEGAL IMPLICATIONS

9.1 **Compliance with BCF 2022/23 National Conditions:** The report sets out in sections 4.3 and 4.4 how the Better Care Fund plans to meet the National Conditions. If we do not meet these conditions, we may forfeit some of the funding and our risk pool and contingency funding is a mandatory component of the BCF Plan in relation to delivery against these conditions and the metrics. If we meet our agreed metrics and the National Conditions then, in agreement with the Integrated Care Board (ICB), we will be able to access the risk pool (£522k) and contingency funding (£129k) to support further initiatives. Appendix 1 provides more detail in relation to meeting these conditions.

9.2 **Section 75 Framework Partnership Agreement:** An agreement will be drawn up between the Integrated Care Board (ICB) and Reading Borough Council (RBC) for the pooled funds, as required under Better Care Fund Policy and Guidance for 2022/23 and is subject to scrutiny and formal sign-off.

10. FINANCIAL IMPLICATIONS

Table 1 below provides a summary of Better Care Fund budget for 2022/23:

Running Balances	Income	Planned Expenditure
DFG	£1,197,341	£1,197,341
Minimum NHS Contribution	£11,781,757	£11,781,757
iBCF	£2,692,624	£2,692,624
Additional LA Contribution	£270,400	£270,400
Additional NHS Contribution	£0	£0
Total	**£15,942,122**	**£15,942,122**

11. BACKGROUND PAPERS

11.1 **Appendices:**

Appendix 1- Reading BCF Narrative (2022/23)
Appendix 2- Reading BCF 2022-23 Plan (PDF Version)
Appendix 3- Reading HWB - Capacity & Demand BCF (2022-23) (PDF Version)

Note: *The Capacity and Demand template is required with our formal submission of the BCF but will not be considered during the Assurance and Approval process for the 2022/23 plans.*

Reading BCF narrative plan-2022-23

Health and Wellbeing Board(s)

Reading Health and Wellbeing Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

- Reading Borough Council (RBC) including the following services:
    - Adult Social Care Services
    - Public Health and Wellbeing Team
    - Adult Social Care Commissioning & Transformation Services
    - Housing Services
- Reading Integration Board (RIB)
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB
- Berkshire West Integrated Care Partnership (ICP)
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Service (BOB ICS)
- South-East Commissioning Support Unit (CSU) and RBC Data & Performance Teams
- Royal Berkshire NHS Foundation Trust (RBFT)
- Reading Primary Care Network representatives
- Berkshire Mental Health Foundation Trust (BHFT) and Berkshire West Community Nursing
- Reading Voluntary Action (RVA), Alliance for Cohesion and Racial Equality (ACRE) and other Voluntary Care Sector partners
- Ageing Well Programme representatives
- Healthwatch Reading and neighbouring Local Authorities in West Berkshire and Wokingham (covering the Berkshire West "Place")
- Urgent & Emergency Care Board
- Rapid Community Discharge (RCD) delivery group

Engagement and involvement of Stakeholders:

Consultation through the Reading Integration Board (RIB), programme delivery groups and voluntary care sector forums, as well as close liaison with neighbouring Local Authorities through weekly review and progress meetings at a Place based level, Berkshire West.

Our system partners are regularly engaged through our monthly Integration Board and were jointly responsible for developing the Reading Integration Board (RIB) Programme Plan for 2022/23, identifying a range of projects, including health inequalities focussed schemes. The Integration Board is also responsible for delivery of the Joint Health and Wellbeing Strategy Action Plans for Priorities 1: Reduce the differences in health between different groups of people, and 2: Support individuals at high risk of bad health outcomes to live healthy lives.

To ensure alignment with Integrated Care Partnerships (ICP) and Integrated Care Services (ICS)/Integration Care Boards (ICB) – which cover Buckinghamshire, Oxfordshire and Berkshire West (BOB) areas, representatives from the Integration Board also attend key meetings at ICP and ICS level, and share local priorities with other 'place based' integration boards.

Executive summary

The Reading Health and Wellbeing Board, Better Care Fund (BCF) Plan for 2022-23 shows a continuation of the schemes that were funded in 2021-22. This is primarily due to the delayed release of the BCF Planning Guidance for 2022-23. In collaboration and agreement with the Integrated Care Board (ICB), we have created a Project Fund to support the Reading Integration Board (RIB) priority projects in this financial year, that were agreed with system partners representing health (Acute and Community), social care and voluntary sector services across Reading.

Priorities for 2022-23 – Reading Integration Board (RIB)

1. Tackling Health Inequalities

To identify and deliver projects that result in improved outcomes for the most disadvantaged communities in Reading. The new projects are supporting and promoting health checks and developing a Self-Neglect pathway, and we are continuing with our Multi-Disciplinary Team programme within the Primary Care Networks, which has seen significant successes, such as reducing Acute attendances by 82%. We are continuing delivery against the Joint Health and Wellbeing Board Strategic Priorities for reducing the differences in health and supporting people at high risk of bad health outcomes.

2. Creative Solutions to meet emerging need

To identify and deliver integrated projects to, more effectively, meet the emerging needs of Reading. This will include continued further development of our Discharge to Assess service, building on learning from the temporary service, implemented in the winter period of 2021/22, moving to a therapy led model, and our review of reablement services also continues with a view to meet the demand in the most effective and efficient way.

3. Service User Engagement and Feedback

To ensure the voice of Reading residents drives the continuous improvement of integrated ways of working. We will engage with our service user groups and forums as well as our system partners, learning from what methods are working well, identifying what engagement and feedback methods we already have across the system and to draw together a multi-disciplinary Service User Strategic Framework for engagement and feedback.

4. Care Navigation and Education

To facilitate improved access to information and services for Reading residents that ensures the right support is accessible and resources are used effectively. This will include a focus on digital inclusion, enabling disadvantaged people within our communities to learn how to use digital devises and gain access to them within community settings, with appropriate support and training to enable people to access services to support their health and wellbeing needs.

The existing support available to the people of Reading, through our Disabled Facilities Grants, Social Prescribing, Adult Social Care services, Voluntary Care Sector, Primary Care Networks and acute and community health care providers offers a solid foundation to continue building a safer and more inclusive support network. Some of the great work being undertaken by our services across Reading is outlined in this supporting narrative for our BCF Plan, such as the increased use of Technology Enabled Care (TEC) to enable people to stay safe and well at home and prevent crisis, by providing the right care, in the right place, at the right time. We are engaged in supporting the wider health and social care initiatives that are aligned with the Berkshire West Integrated Care Partnership (ICP) and Integrated Care Board (ICB) across Buckinghamshire, Oxfordshire and Berkshire West (BOB) and continue to develop joint commissioning opportunities where this offers the best value and improved care for our residents.

Governance

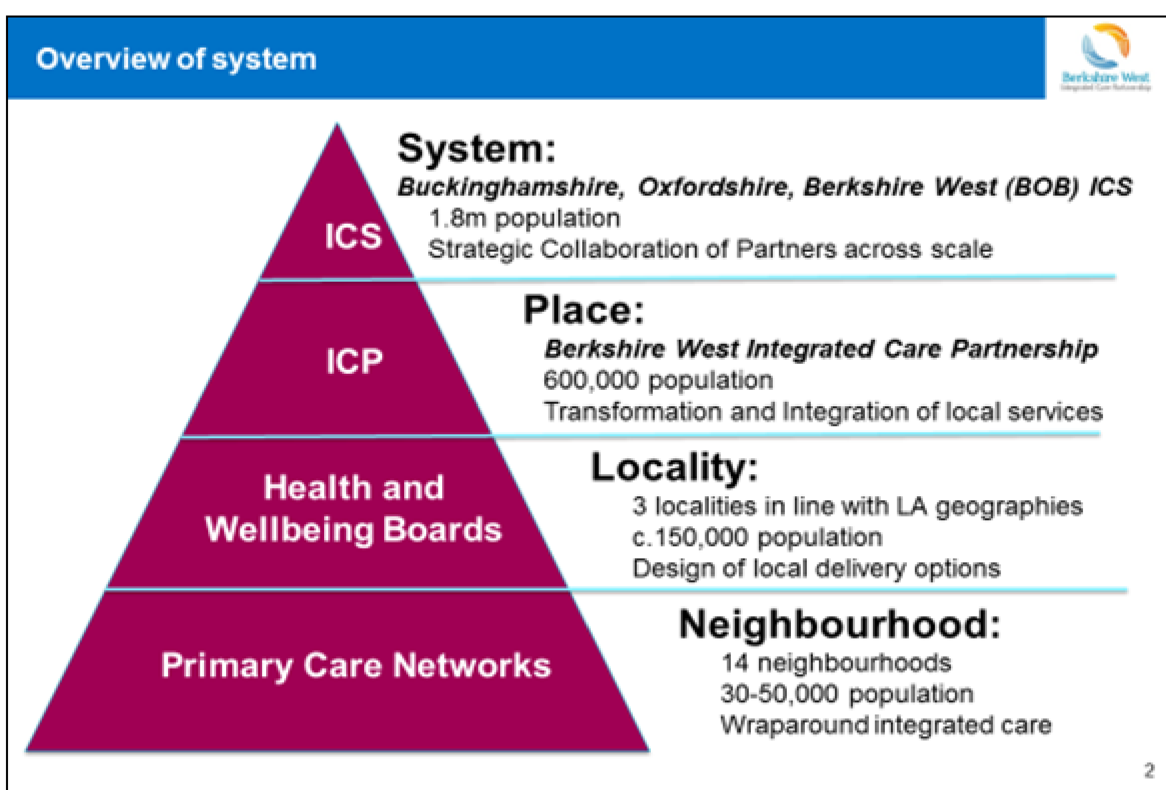
The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Service (BOB ICS) takes strategic decisions at scale for the benefit of its 1.8 million population, and the newly formed Integrated Care Board (ICB) at BOB level is responsible for commissioning system wide services.

The Berkshire West Integrated Care Partnership (ICP) brings together the CCG, NHS foundation trusts, ambulance service and Local Authorities which serve the 600,000 residents of Reading, West Berkshire and Wokingham. The partnership works on a '**Place'** basis to transform and integrate local services, so patients receive the best possible care.

While the ICS, ICB and ICP are committed to strong joint working at place level, they recognise that there remains a need to design local delivery options to meet the local strategic objectives.

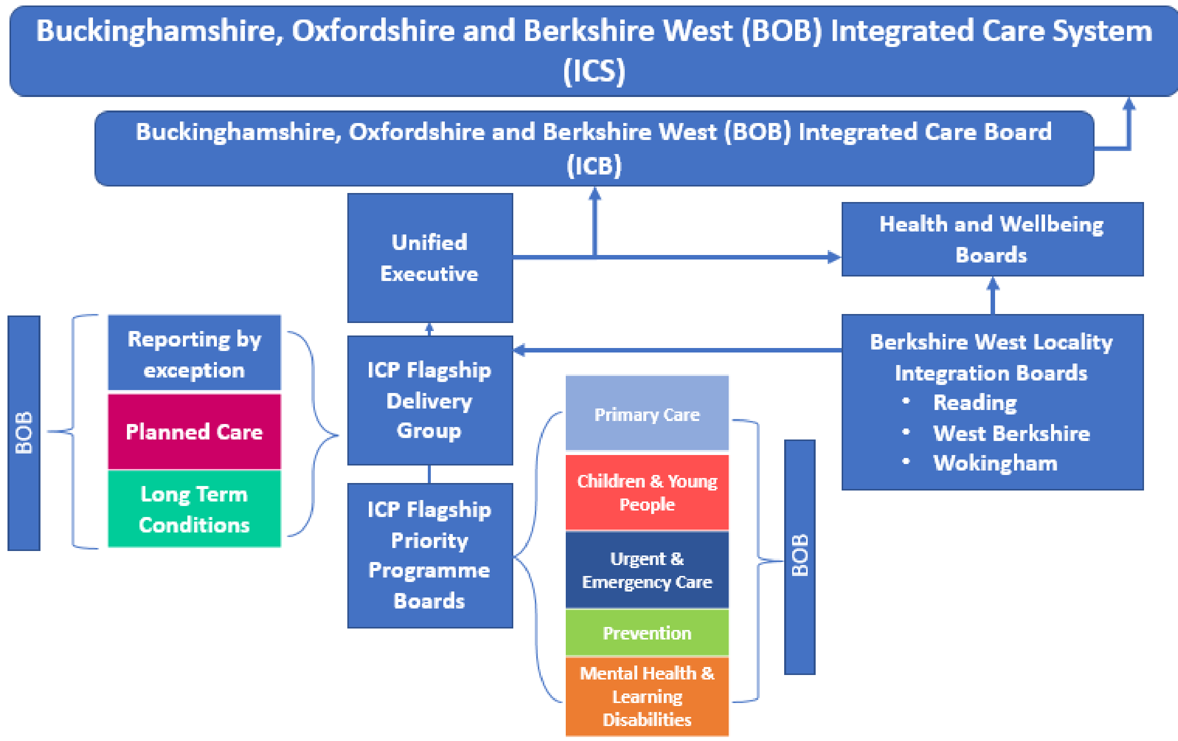
The Reading **Locality** Integration Board (RIB) fulfils this function for the circa 161,000 residents of Reading *(Population data source: ONS 2020 mid-year estimates – which were used by NHSE in developing the BCF Plan Template).*

Primary Care Networks (PCNs) are clusters of GP practices who serve **neighbourhoods** of up to 50,000 patients. We have 7 PCNs in Reading: Tilehurst, Whitley, Reading Central, University, Caversham, Reading West and New Reading. Community services will wrap around these networks to deliver care closer to patients and representatives of the PCNs sit on the Reading Integration Board.



The Reading Integration Board (RIB) is an operational delivery group that reports to the Reading Health and Wellbeing Board. Its main responsibility is overseeing the Better Care Fund Plan and implementing a programme of work to develop integrated Health and Social Care Services for Reading at a locality and neighbourhood level. The Reading Integration Board also provides regular updates to the Integrated Care Partnership Delivery Group and the Integrated Care Board.

The graphic below shows the reporting lines of the Local Integration Boards into the Health and Wellbeing Boards and the Integrated Care Partnership Delivery Group up to Integrated Care Boards.



Updated graphic agreed with ICS / ICB / Local Authority leads (Aug 2022)

Overall BCF plan and approach to integration

To determine the Joint Priorities for Reading for 22/23 a reflection and associated learning was undertaken from the previous year to ensure continuous improvement. The priorities outlined below were reached in agreement with system partners represented at the Integration Board.

To ensure input from a range of partners we have opened up the membership of the Integration Board to include representatives from Housing and the wider voluntary care sector with particular focus on ethnically diverse and disadvantaged community groups, to ensure we also have a focus on priority groups and those most at risk of poor social and health outcomes. The representatives from our system partners at Reading Integration Board have opportunities to contribute to the Programme Plan and update on progress, as well as comment on activities and engage in supporting integrated working, e.g. the Multi-Disciplinary Team project to prevent crisis / admission.

Other than the support of projects through the Better Care Fund, in relation to the Reading Integration Board (RIB) priorities, we have been unable to make any significant changes to the BCF funded schemes within Reading and contributions to the Berkshire West commissioned schemes. This is because the BCF planning guidance was released late, and we have therefore maintained the schemes being provided in 2021/22 in 2022/23,

The providers that are funded through our BCF Plan, providing commissioned services, are aware of our plan and we continue to work with them to capture key priorities across our area, engaging in local and Berkshire West wide projects. Provider forums, such as the Dementia Friendly Reading Group, Voluntary Care Sector and Carers are made aware of the BCF Plan and offered the opportunity for engagement with RIB Projects and Priorities.

Providers have been given an opportunity to bid for funding from the Reading Integration Board (RIB) BCF Project Fund, to deliver projects that support us to meet our priorities for 2022/23.

The Reading Integration Board (RIB) Priorities are outlines in the table below and are aligned with the wider priorities for:

- The Joint Health and Wellbeing Strategy (Berkshire West)
- The Integrated Care Board (ICB), Buckinghamshire, Oxfordshire, Berkshire West (BOB)
- The Integrated Care Partnership (ICP), Berkshire West System partner priorities that could be influenced or supported by the Integration Board

RIB Priority	Key Projects (2022/23)
1. Tackling Health Inequalities *To identify and deliver projects that result in improved outcomes for the most disadvantaged communities in Reading.* ***H&WB Priority 1:*** *Reduce the differences in health between different groups of people* ***H&WB Priority 2****: Support individuals at high risk of bad health outcomes to live healthy live*	1.1 Multi-Disciplinary Teams (MDT) within Primary Care Network (PCN) Clusters **(Continuing)**
	1.2 Develop Self-Neglect Pathway **(New)**
	1.3 Support Programmes of preventative Health Checks for vulnerable groups **(New)**
2. Creative Solutions to meet emerging need *To identify and deliver integrated projects to, more effectively, meet the emerging needs of Reading.*	2.1 Discharge to Assess (D2A) / Admission Avoidance **(Continuing)**
	2.2 Strengthening support for those with low level mental health needs **(New)**
3. Service User Engagement and Feedback *To ensure the voice of Reading residents drives the continuous improvement of integrated ways of working.*	3.1 Develop a Multi-Disciplinary Service User Engagement Strategic Framework and deliver a method of gaining system wide feedback from Service Users **(New)**
4. Care Navigation and Education *To facilitate improved access to information and services for Reading residents that ensures the right support is accessible and resources are used effectively.*	4.1 Improve access to and awareness of services available **(New)**
	4.2 Co-ordinate the Making Every Contact Count (MECC) Programme in Reading **(New)**
	4.3 Digital Inclusion – Ensuring people are enabled to use digital technologies **(New)**

We remain committed to delivering against the national BCF metrics (outlined below), and the proposed targets for 2022/23. The 91 Day reablement target has been agreed at Berkshire West “Place” level for 2022/23. We have also allocated funding for increased staffing for Discharge to Assess stepdown, and local projects to support delivery against the Better Care Objectives and our Integration Priorities for 2022/23. Of the £400k project fund we will use:

- £80k on 2 OT's (Discharge to Assess posts to ensure a continued Therapy Led service)
- £200k per annum to fund the front door VCS project
- £120k to support project bids from voluntary care sector, community and council providers. The project bid fund will be topped up to £150k using part of the underspend from 2021/22.

Reportable performance	Key Metrics	Performance 2021/22	Proposed Target 2022/23
BCF Monitoring	Admission Avoidance (per 100,000 pop)	775.4*	810
	Discharge to Normal Place of Residence	92%	92%
	Reduce number of long-term admissions to Residential / Nursing Homes (65+), (per 100,000 pop)	507	469
	Effective Reablement Service *(Increase the number of people still at home 91 days after being discharged from hospital into reablement services)*	80%	85%**

*NHS England method of measuring changed from using "crude rate" to "Indirectly Standardised Rate (ISR) of admissions (per 100,000 population), which adjusted the previously reported totals for 2021/22.
** Berkshire West wide target agreed at Place level with Acute Hospital provider and Integrated Care Board.

The BCF plan metrics have been developed in consultation with system partners, including key representatives from our acute hospital trust and Urgent & Emergency Care Board. Targets were set based on a combination of forecast data and agreed Berkshire West performance metrics. The Admission Avoidance target has increased because of a variety of factors, and an actual increase in our Q1 admissions compared to Q1 in 2021/22 of 21%. It is of note that 30% of the admissions in Q1 were for the 65+ age group and due to COPD. Historically admissions in Q3 and Q4 have been higher than the admission rates in the first two quarters of the year, and we have therefore not applied any reduction percentage to the remaining three quarters in our plan and have maintained these at the same level as 2021/22, which will be a stretch given the potential impact of the cost of living crisis, energy price increases and the winter flu (Public Health England predicting death rates 3 to 5 times higher than in previous years related to Flu). These targets have been shared in a series of meetings with colleagues from across the West of Berkshire (including the Royal Berkshire Hospital and the Integrated Care Board (ICB).

We are supporting the Health and Wellbeing Board, the Integrated Care Partnership and the BOB Integrated Care Board to deliver priorities for a number of local and national initiatives through the ICP flagship priority programmes:

- Heart Failure Integrated Service **(Continuing)**
  Integrated Service model for Heart Failure wrapped around the need of the patient and carers. This will embrace proactive, anticipatory approaches for:
  - Earlier detection, diagnosis and improved management (including optimisation of treatments)
  - Proactive personalised care, recognising that patients live with co-morbidities
  - Use of digital/technology as enablers including supporting self-management, education

- MDT working focused on 'low level' Mental Health and reducing Health Inequalities **(New)**
  - Improved outcomes for patients/ service users
  - Reduced admission and readmissions

- Reducing health inequalities measure

  NB: Case finding for people with low level mental health issues can be incorporated into our existing structure of MDT meetings across the Reading Primary Care Networks, as there is a mental health professional assigned to each MDT.

- The Additional Roles Reimbursement Scheme (ARRS) Workforce **(Continuing)**
  ARRS funding is made available to PCNs to diversify the primary care workforce by employing clinical pharmacists, paramedics, physician's associates, first contact physiotherapists, social prescribers and others

- Children & Young People (CYP) Mental Health and Emotional Wellbeing Transformation **(Continuing)**
  - CYP mental health is efficiently and effectively met by agreeing options for aligning commissioning strategies to facilitate easier access and improve the experience of CYP, families and professionals who have identified a need for help and support.
  - Reduce stigma and promote CYP mental health is everybody's business and skilling up the wider CYP workforce
  - Improved waiting times for both core CAMHs and early intervention services as well as even better support whilst CYP are waiting for their intervention to start.

Joint/Collaborative Commissioning

System Level:
The Integrated Care Board (ICB) for Buckinghamshire, Oxfordshire and Berkshire West, alongside the Local Authority jointly commission services, some locally for Reading and others across the Berkshire West footprint, which neighbouring Local Authorities also contribute to (e.g. Intermediate Care Services). A Section 75 Framework Agreement is signed off each year that outlines how the pooled funds will be managed, both for local and jointly commissioned services. Please see examples of the cross Berkshire West commissioned services, to which contributions are made through Reading's Better Care Fund:

BHFT Reablement Contract	Reablement & Rehabilitation Services.
SCAS Falls Service & Frailty	Partnership with SCAS to reduce NEAs due to falls.
Carers Funding CCG	Support for Young People with Dementia (YPWD), Alzheimers Dementia Advisor & Stroke Association.
Connected Care	Data Integration between Health & Social Care
Care Homes / RRaT	Intermediate Care Services
Out Of Hospital Speech & Language Therapy	Eating & drinking referral service.
Out of Hospital Care Home in-reach	HICM for Managing Transfer of Care
Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen within 2 days.

Out Of Hospital - Intermediate Care (including integrated discharge, discharge to assess service)	Rapid response services delivered for patients discharged from A&E or AMU, preventing a hospital admission.
Out Of Hospital Health Hub	Acute Single Point of Access to Community Health Services.
Out Of Hospital - Intermediate Care night sitting, rapid response, reablement and falls	Rapid response services delivered to patients in their own homes, avoiding hospital admission within 2hours.
Street Triage	To reduce the number of S136's applied by Thames Valley Police (TVP) across Berkshire West.

At Integrated Care Service level across Buckinghamshire, Oxfordshire and Berkshire West (BOB), a gap analysis was carried out in June 2022, of the new national Hospital Discharge Policy, to help shape the direction of travel and joint working between Health and Social Care. A key priority identified was to support the avoidance of admissions and increase bed capacity through, Anticipatory Care, Virtual Wards and Virtual Care, and we are working with system partners at a Berkshire West "Place" level to improve capacity. We have recently been advised that the funding has been awarded through the "Discharge Front Runner" programme to the BOB Integrated Care System (ICS) and we are in the planning stage of implementing the required services to support winter pressures and enable timely hospital discharge, as well as admission avoidance, which will support the Better Care Fund metrics for 2022/23.

Place Level:

Reading Borough Council (RBC) have commissioned services, including services that support vulnerable people such as those who are homeless, or are unpaid carers. We have locally commissioned services with place based Local Authority partners to deliver carers breaks (respite) and information, advice and guidance to support carers on behalf of place partners.

Within Reading Borough Council (RBC), Adult Social Care (ASC) Advice and Wellbeing Hub and Housing are working together to narrow the gap with rough sleepers and create a joint approach to address health, wellbeing and housing needs. Our Housing Service is a member of the Reading Homelessness Partnership (HoP). This is a partnership of charities and statutory organisations working together to end rough sleeping and homelessness in Reading. The Reading HoP is facilitated by the charity Street Support Network and meet every two months to plan and action projects and strategies for preventing and relieving homelessness in the borough. This includes developing a delivery plan and providing governance for Reading's Rough Sleeping Strategy 2019 – 2024. A proportion of our Better Care Fund continues to support the Street Triage services.

Working with the Rough Sleeping Interventions Team we have a jointly funded post for an experienced social worker to support our residents who have experience of rough sleeping, rough sleeping lifestyles and homelessness, and will enable us to support the government's Rough Sleeping Strategy to end rough sleeping by 2027.

There are a range of commissioned services across Reading to support rough sleepers, and here is a list of the "Rough Sleeping Interventions" funded projects:

- A Rough Sleeping Interventions Co-ordinator within RBC to facilitate all rough sleeping interventions
- Additional outreach capacity within the St Mungo's Team to respond to increased numbers and enable more flexible and assertive work patterns
- A Housing Led model managed by St Mungo's to quickly accommodate up to 15 people verified rough sleeping, within paid nightly accommodation, for up to six months providing intensive support whilst suitable housing options are explored and facilitated
- Extension of Reading's winter shelter in partnership with Faith Christian Group; a winter month only night shelter (Jan-Mar) that operated with RSI funding contributions in 2018 and 2019 prior to Covid restrictions and subsequent best practice guidance regarding communal night shelters
- An additional move-on worker role with Launchpad to work intensively with a small group of individuals who are finding their move-on options particularly limited or challenging
- An out of hours tenancy sustainment service provided by the Salvation Army for those with rough sleeping histories moving into independent living
- Funds to provide an off the streets offer into emergency, paid nightly accommodation

The Disabled Facilities Grants (DFG) team are also working closely with other Housing providers in our locality to ensure that they are involved in funding adaptations to their own housing stock.

Implementing the BCF Policy Objectives (national condition four)

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to enable people to stay well, safe and independent at home for longer and to provide the right care in the right place at the right time. Our plans to support these objectives are set out below:

Objective 1: Enable people to stay well, safe and independent at home for longer

A Berkshire West interactive "Inequalities Report" has been developed, to enable population health analysis within the Reading locality and the wider Berkshire West place. There is more detail about this project within the Health Inequalities section of this narrative.

We are using a Population Health Management Approach to support the delivery of anticipatory care, through our Multi-Disciplinary Team meetings, identifying people who are at risk of poor health outcomes and who are frequent users of primary and secondary care services. The case finding process, using Connected Care (single care record system) for our Multi-Disciplinary Team meetings, at Primary Care Network (PCN) level using criteria agreed with the PCN Clinical Leads, is also highlighting where there is a greater need for people within areas of deprivation and has led to an initiative to set up "pop-up" health check clinics in one of those localities as a trial.

Our Multi-Disciplinary Teams project is continuing into 2022/23, and is delivered through the Primary Care Networks (PCNs) each month across 3 clusters of PCN's to make the best use of resources across the Reading, and wider Berkshire West region. They include input from GPs, District Nursing, Social Work, Therapy services, Voluntary Care Sector, Mental Health Services, Ambulance Services and other key partners (on a 'case by case' basis) in relation to the care of that person. A Care Plan is either reviewed, or put in place and a further review, where needed, is scheduled to ensure expected outcomes are being achieved. There were 78 people whose cases were reviewed by an MDT between April and June 2022.

Anticipatory Care is an NHS Long Term Plan commitment that aims to provide proactive and personalised health and care for individuals living with multiple long-term conditions (MLTC), delivered through multidisciplinary teams in local communities. The care model aims to optimise use of the health and care system for individuals with MLTC by intervening earlier, proactively and more holistically while the patient is at home. The model will initially target individuals with MLTC who are at greatest risk of using unplanned care, including people living with frailty, populations experiencing health inequalities, and people reliant on unplanned care for routine care needs. We are already following this model in Reading as our case finding is based on conditions that are most prevalent within each cluster of Primary Care Networks, where there is a greater risk or evident increased use of primary and secondary care services.

A review of the outcomes for the cohorts that had been discussed by an MDT within the previous 6 month period showed the following positive impacts (see Table 1) on both primary and secondary care services:

Contacts	Month 3	Month 6	Estimated Cost saving
Mental Health referrals	7% decrease	25% increase	
Acute Admissions	86% decrease	82% decrease	£8.8K
A&E attendances	64% decrease	42% decrease	£5.6K
SCAS	72% decrease	55% decrease	£7.9K
111	60% decrease	50% decrease	
GP	60% decrease	25% decrease	£5.9K

Table 1

MDT Case Studies:

Patient A *Housebound patient is very frail and stays in bed most of the day. Lives with 2 sons and it is not clear how much care they provide. This has been raised as a safeguarding issue. The patient is on daily Insulin which is administered by a DN. Adult social care are now involved and have completed an assessment. An increased care package is now in place. The community Diabetes nurse is now involved in the patient's diabetes management.*

Patient B *This patient has a Learning Disability with complex needs. The focus of the meeting was to discuss bringing other professionals together as to how his needs can be managed in the community. The learning and disability team are now involved along with an OT. Adult social care have been able to sort some respite out for his family who care for the patient.*

Patient C *is struggling with depression and alcohol misuse and has reduced mobility. English is not their first language and it is not clear if she understands her treatment as she has little translation support. The patient has financial issues and is not able to afford to buy food. She has been referred to the MHT which have made contact to assess her cognitive ability and decisions around care. A Social worker will support her with care, shopping, cleaning and filling out forms. Another MDT meeting has been set up due to her complexities for further support and to put a care plan In place.*

We have the following initiatives in place to support better outcomes and enable people to remain safe and well in their homes for longer:

- **Technology Enabled Care (TEC)**

We have a TEC Service which continues to have high usage, with 114 assessments between April and June 2022, and increasing the number of users from 184 in May 2021 to 455 in June 2022, which

provide cost savings and more flexible person-centred care for individuals. The number of GPS users has increased from 0 to 47 in March 2022. GPS being used to support positive risk taking with dementia and LD pathways.

- **Independent Living Pilots**

Having successfully completed a procurement exercise we are now awarding two contracts with Providers who have successfully demonstrated that they have strengths and experience to work with different cohorts of service users to help them live independently with the use of TEC. These two Providers will work with 2 service user groups each and will test with around 10 service users in the following categories:

  - Sheltered Housing (non-emergency cord pulls and check-in calls)
  - Young People In Transition
  - Discharge to Assess
  - Mental Health
  - Community Reablement (2 cohorts one with each supplier)

What next: Having completed engagement with Adult Social Care colleagues we will now be completing planning workshops, where we will need to identify service users to take part with the selected Providers. Identifying service users, obtaining consent and arranging installations of the sensors are our next steps.

- **Front Door Voluntary Care Services (VCS) project**

This project is in very early stages, working towards the VCS being our front door to ensure that people are connected to the VCS – taking an asset-based approach. Where appropriate people will then be passed to the social care teams for further assessment. Our early research of other systems has demonstrated that successful transformation of front door services must happen in collaboration with the community and the local support organisations and health. With the introduction of the Social Care Reform taking effect October 2023, we estimate a 30% increase in assessments (200) within the first year. A substantial proportion of the current referrals are requests for support that is available in the community, which the Hub signposts out, so there is a clear need to:

  - Bring in the Voluntary Community Sector at a much earlier point on the customer journey
  - Ensure outcomes are met in a timelier manner
  - Ensuring best use of care co-ordinator and social workers skills by removing the current high need for signposting
  - Ensuring best use of the skills and expertise available in the VCS by involving them more closely in triaging

- **Personal Assistant Market**

Personal Assistants (PA) Market: We are supporting development of a Personal Assistants market, to enable people to employ their own PAs. This allows people to have greater choice and control over their care needs and how they are met.

Objective 2: Provide the right care in the right place at the right time

Funding was agreed in August, following a bid submitted for Expansion of the Transfer of Care hub and Discharge improvement, via the Integrated Care Board (Buckinghamshire, Oxfordshire and Berkshire West – BOB):

Developing the current discharge infrastructure to create a fully functioning discharge hub - expanding both the capacity and capability within the hub and widening the focus to include admission avoidance. The enhanced offer will enable triaging at the front door signposting patients onto the most appropriate pathway and support a reduction in LOS across all pathways (including P0). Services will operate extended hours and 7 days a week supporting an increase in weekend discharge rates. Scheme to include: streaming practitioner and social worker in ED to support admission avoidance (signposting into alternative pathways both NHS and social care), opening the Discharge Lounge 7 days a week supporting both week-end discharges and promoting earlier on the day discharges, support to SFs who have an above average length of wait particularly for P3, P0 safety net team supporting a reduction in re-admissions, enhanced Early Supported Discharge Team providing a bridging role for those needing support at home, additional Patient Flow Co-ordinators to support P0 which make up 60% of the bed days and Care Home liaison practitioner. Costings based on 14 Band 4, 10 Bands 6-8 and social workers at locum rates with extended hours and 7 day coverage. Expected bed occupancy across medical and elderly care wards 94% for this winter. Scheme aims to reduce this to 90% releasing 2,800 bed days over 6 months.

D2A bedded facility to support Pathway 1 discharges: Discharge improvement
Building on the successful pilot run by Reading Borough Council during covid and winter pressures period, commissioning a D2A bedded facility to move patients promptly out of hospital. A team approach with strong therapy leadership enabled over 80% of patients after a short stay to return home independently, commissioning 10-11 beds for a 6 month period for use by any Berkshire West patient.

We have created a new Physiotherapy post, funded through the Better Care Fund, to work alongside Community Reablement (CRT) and Discharge to Assess (D2A) service, to support with fast-track access to services for people being discharged from hospital and to prevent readmission / admission.

The remit of the role is to provide fast track physiotherapy input within the D2A and wider Adult Social Care (ASC) reablement services. To be responsible for the clinical diagnosis, assessment, and ongoing physiotherapeutic management of adults with varied physical rehabilitative needs in their own homes or D2A Step down/Step up flats at Charles Clore Court. Working with deterioration and deconditioning associated with ageing and dementia, hospital acquired functional decline, frailty, and other long-term conditions within Adult Social Care.

Outcomes to be achieved to support individuals who use services, and their carers', to maintain their health, wellbeing, and independence and reduce reliance on funded care. Types of interventions to include:

- Undertake home assessment and set up reablement goals and treatment plans to improve such areas as mobility, posture, trunk control, balance and transfers
- Contribute to Care Act assessments for future need
- Right size packages of care on discharge
- Work alongside OT/ ASC / CRT staff with complex manual handling, falls prevention
- Support with a positive risk-taking approach
- Work closely with D2A OTs on complex discharges home to prevent admission to care homes

- Work closely with D2A OTS on discharge pathways and reablement gaols setting for plus size individuals with care and support needs

Technology to support people to remain at home
We are working with the voluntary care sector to bring about digital inclusion and address social isolation and the TEC team are now able to refer Service Users to 'AbilityNet' for support with online shopping, e-mails and video calls with family and friends using their computer, laptop, tablet or smartphones.

Options are being explored for BCF funding for additional TEC to trial further innovative TEC solutions (e.g. 'AutonoMe' to aid with life skills and independence and 'YourMeds' to support medication adherence).

Mental Health Reablement

We are piloting a Mental Health Rehabilitation Service with a dedicated workforce of Enablers that have received reablement specific training to provide the most effective reablement for service users. Some examples of reablement activities are listed below, however this list is not exhaustive and the Enablement work will focus on the goals set by the service-user according to what is meaningful to them:

Self-Care	Productivity	Leisure
Encouraging good **daily routine** to establish structure in their lives **Personal care** Planning and organising e.g: • Dressing / undressing (upper/lower) • Washing; • Brushing teeth; • Grooming (combing hair/shaving). **Medication** Encouraging medication compliance via: • Prompting; • Checking dosette boxes; • Attending clinic for depot or clozapine; • Use of TEC to prompt. **Eating/Drinking** Supporting adequate and heathy dietary intake. Dressing for the weather. Access to clothing - support to access charities etc.	**Developing independent living skills** e.g. Teaching task skills, role modelling, encouraging/motivating, supporting task performance by providing verbal assistance or doing together. Tasks may include: • Hoovering • Cleaning • Laundry • Shopping - determining what items are required, essential items shopping lists, budgeting, access to local shop and shopping; online shopping • Meal preparation - simple preparation and cooking heating • Correspondence - dealing with letters and other correspondence appropriately	**Supporting contact** with friends and family. **Referrals** to, and connecting with, community groups/organisations. **Providing support to access** community activities. **Developing confidence** with social skills and communication.

Routine	Environment	Motivation for Occupation
Sleep hygiene. **Developing full and productive routine** Considering weekly	**Maintaining a safe and appropriate environment** • Supporting people to liaise with housing	**Support to identify and pursue interests** Interest checklists, trying new activities, finding out

planners, identifying what needs to be done (domestic etc.), organising appointments. **Balancing activities** e.g. Self-care, productivity, leisure. **Supporting people to engage** with organisations to find employment /engage in productive occupations. **Developing regular patterns** of activities (e.g. brushing teeth twice daily, washing (not everyone showers/baths every day), eating, cleaning etc).	providers for maintenance issues etc; • Support with decluttering (if hoarding an issue); • Minor adaptation and equipment practice; • Safe use of the home.	what activities are available locally. **Grading support** as people become more engaged in doing tasks.

Supporting people at Discharge to go home

There is joint system wide membership of the Rapid Community Discharge group, which has a focus on acute hospital discharge into the community. The current projects being handled by the group are:

- Promotion of Single-handed Care (SHC): project coming to an end in August, and plans for Early Supported Discharge (ESD) and SHC assistant to continue to work together. A bid has been submitted for further development of this programme through Community Hospitals.
- Transport - complex booking guidance: rolled out to all wards now leading to fewer errors, which are demonstrated by the Medically Optimised for Discharge (MofD) data collection. Updated guidelines being cascaded.
- Improving Communication with care Homes: dedicated phone helpline for Care Homes to contact the acute hospital following a hospital discharge if there are any concerns or queries. Designated number to a single point of contact to support the communication if the wards aren't able to respond. A list of e-mail addresses for Care Homes is being compiled for sharing information about the contact details.
- Patient information: rewriting patient information leaflets and discharge letters in line with guidance. Pathway information for Pathways 1 and 3 is being reviewed and amended to share with the RCD group, and then wider dissemination.
- Bariatric/Plus Size Forum and systemwide approach: developing pathways and a Standard Operating Procedure
- Enhanced care Needs: reviewed referral forms to capture this additional information to improve discharge planning and ensure people have the right care in place on discharge.

Confirmation that our area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

A review of hospital discharge process was undertaken locally in Reading and expanded into the Berkshire West system review, mapping the 100 Day Challenge review outcomes to the HICM Action Plan template as outlined below:

Impact change	Where are you now?	What do you need to do?
Change 1: Early discharge planning	High intense cases are flagged early by the OT, in the acute hospital for early discussion and allocation of a social worker. Weekly discharge operational meeting to discuss length of stays and any patients on the ward where early discharge planning may be required.	Expected Date of Discharge, set at date of admission, to be shared with wider hospital discharge team, including Adult Social Care. (COMPLETED) Review of Multi-Disciplinary Triage process for CRT. Co-located members of the Triage team.
Change 2: Monitoring and responding to system demand and capacity	Daily sitrep calls twice a day (reduced to once a day for whole system, twice a day for community hospitals) with the trust to look at discharge detail, to have an overview of the demand on the system. Weekly Directors meeting to discuss barriers and capacity within the system. All Trusts have modelling capability, but this is limited in its scope. Across the ICB we are working to develop a more consistent approach using the Lightfoot model (Consultancy recommended model)	Undertake a review of capacity for Rapid Response and Reablement. (Intermediate Care Review) – IN PROGRESS Manage workforce capacity in Community and Social Care settings to better match predicted patterns in demand in care and any surges. (RECRUITMENT ISSUES REPORTED)
Change 3: Multi-disciplinary working	Rapid Community Discharge Working Project Group to address barriers and to promote a collaborative approach to improving system flow. MDT working is in place across all our Trusts and embedded in local policies. All out Trusts have elements of the transfer of care hubs and plans to expand both the operating time of these and the functional areas. Most of these plans are dependent on the demand and capacity bids and/or internal business cases to resource.	Further improvement in documentation and reporting planned alongside reviews of Ward Round Etiquette in some areas.
Change 4: Home first	We have 48-hour OT follow up, Review within 2 weeks post discharge for people on Pathway 1. We have 4 assessment flats for discharge to assess with a reablement focus, All system partners are committed to a Home First approach. Clear processes in place and pathways mapped at a LA level. Technology Enhanced Care (TEC) and equipment available to enable people to be at home with support where needed.	Voluntary Care Sector - Home from Hospital service to be extended (tendering process currently underway) (IN PROGRESS) Potential to implement Huntley Place model across Berkshire West – or similar model based on feedback from Local Authorities. (IN PROGRESS)
Change 5: Flexible working patterns	RBC have agreement for 6 days working (Mon to Sat). All Acute Trusts have teams focusing on discharge 7 day a week with some having explicit improvement plans focusing on P0 discharges at the weekend. Partners operate more	Financial investment required to enable RBC Hospital Discharge Team to provide a 7 day a week service. (IN PROGRESS)

	restricted services and general staffing levels within Trusts are lower at the present time.	
Change 6: Trusted assessment	We have a trusted assessor policy in place for Pathway 1's and Pathway 3 from the trust. The Trusted Assessor will send a referral to Adult Social Care for Pathway 3.	Issues with over prescription of care at ward level. Promote attendance at OT delivered training for care package prescription. (IN PROGRESS)
Change 7: Engagement and choice	Majority of discharges to a care home would be via the Discharge to Assess pathway. Choice is considered for long-term care wherever possible. New leaflets available at ward level to share with patients/service users about discharge planning and choice.	New Discharge leaflets introduced following Covid funding coming to an end. (COMPLETED)
Change 8: Improved discharge to care homes	We have provision of block contract within care homes. Care Home single point of contact with the Acute hospital to ensure any queries or issues can be resolved for hospital discharges to a Care Home. We run a care home forum for a small group of professionals close to the discharge program and a Care Home Clinic – where anyone running or working in a care Home can join. Both are very successful	Increased capacity in the care market, particularly for complex care (e.g. Dementia, challenging behaviours). – Dedicated Care Home Practitioner / Admin support – recruitment supported by the Winter funding. (IN PROGRESS) Joint working/funding between Health and Social Care. CHC – dedicated worker (through Winter funding - tbc).
Change 9: Housing and related services	We have connections in housing and there is a housing pathway for hospital discharges – Duty to refer.	We do not have an agreed pathway for people who have no recourse to public funds, particularly if they do not have a care need. Link with homeless services to ensure regular contact with people who prefer not to reside in a settled habitat. (COMPLETED) Raise discussion in Rapid Community Discharge group about support for homeless people on discharge. (COMPLETED)

The following baselines (see graphic below) were identified through the '100 day' challenge and actions are identified in the HICM Action Plan above.

System Baseline Assessment

		BOB	Frimley	HIOW	K&M	Surrey Heartlands	Sussex
1.	Identify patients needing complex discharge support early						
2.	Ensure multi-disciplinary engagement in early discharge plan						
3.	Set Expected Date of Discharge (EDD), and discharge within 48 hours of admission						
4.	Ensuring consistency of process, personnel and documentation in ward rounds						
5.	Apply 7 day working to enable discharge of patients during weekends						
6.	Treat delayed discharge as a potential harm event						
7.	Streamline operation of Transfer of Care Hubs						
8.	Develop demand/capacity modelling for local and community systems						
9.	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges						
10.	Revise intermediate care strategies to optimise recovery and rehabilitation						

Key:

Green	Intervention routinely happening across all providers, all the time
Amber	Intervention routinely happening some but not all of the time in all providers or all of the time in some providers
Red	Intervention not routinely happening across all providers all of the time

A System Flow Improvement Plan was drawn up across Buckinghamshire, Oxfordshire and Berkshire West (BOB) in May 2022, to improve hospital discharge flow. Berkshire West "Place" had the lowest average length of stay across the three "Places" within the Integrated Care Service (ICS). The key areas of focus identified were in relation to discharges to Care Homes. We have referenced the Rapid Community Discharge (RCD) project group initiatives in the previous section and expand on these further here, taken from the System Flow Improvement Plan to address this:

1. The predominant issue to address is the delay in discharges to Care Homes.
2. RCD Project -aims to improve liaison and communication with Care Homes in order to streamline transfers and repatriation.
3. Care Home Forum -A monthly forum in which concerns and processes needing improvement can be raised. This has recently been expanded to include key Nursing leads in Berkshire West who are linked to Care Homes. Community Hospital leads are also included in the expansion.
4. Transfer documentation revised -In response to Care Homes concerns around the level (lack of) of information being transferred with the patient to a care Home, the transfer documentation has been revised and simplified -from a 5 page document to a 2 page document. More work is needed to roll this out across the Trust.
5. Format of 72 hour 'diaries' review -The current 72 hour diary is old and not well formatted –a new format has been produced and is being trialled in Elderly Care
6. Care Home Help-Line -In January a dedicated telephone line was introduced to enable any Care Home to call should they be unable to get through to a ward to discuss a patient. The qualified nurse at the end of the help-line will facilitate the ward liaison or will use EPR to answer the query directly
7. Revitalise the Red Bag Project-The initial Red Bag project was seen as a success but has fallen down during Covid times. Plans are in progress to revitalise it.
8. Business Case for a dedicated Care Home Liaison Practitioner -The success of the Care Home Help-line has demonstrated the benefits of dedicated liaison. A dedicated practitioner would support Care Home Assessment, placement of self-funders and set up of meetings such as 'Best Interest Meetings' as well as general liaison on a day to day basis.
9. Introduction of care Home 'Clinic' in May 2022 -A new concept in which key Care Homes are invited to join the Care Home Forum attendees to share concerns, good news stories and learning in general. It is felt that any unmet training needs can be picked up and addressed in this forum.

10. Training Sessions instigated for Care Homes -In order to facilitate transfer to a care Home RBFT has set up simulated training in the Sim Lab in order for Care Home staff to be trained when training is vital for the transfer. This has been provided by acute clinical experts free of charge. Further training will be provided as required
11. Visits to key care Homes -The System Lead Co-ordinator and Lead for Complex DC have a series of visits underway to key Care Homes to build a system of trust and liaison. This includes follow-up of complex patients who are accepted into Care Homes and where the care Home wishes to develop admission-avoidance plans for the future.

We are investing in a direction of travel to enable people to live as independently as possible. We are in the process of a local (Reading) review of our Reablement services and are also involved in a review of Intermediate Care service delivery at Berkshire West "Place" level. We believe the reablement target is realistic based on previous performance and is a stretch, in consideration of the context. We continue to work closely with our voluntary care sector partners to support people who are vulnerable, and we are currently in the process of commissioning a "Home from Hospital" service, that will complement our reablement and intermediate care services in Reading.

Ensuring the availability of specialist accommodation for adults with additional needs, who are unable to remain in the own home, continues to be a priority for the Council and specifically Adult Social Care. There is no one option that fits all residents with a disability or those requiring additional support; the options required within the town include, but are not limited to, the following:

- Nursing Care – high level support including medical interventions.
- Residential Care – 24 hours support, including personal care, without individual tenancies.
- Extra Care Housing – Residents have individual properties and tenancies, support provided on site.
- Supported Living - residents live independently with support purchased separately.
- Shared Lives – Individuals live with approved carers.

In order to ensure that the right provision is available for the residents of Reading when they require it, a detailed needs analysis, gap analysis and market review is currently underway.

Our 'Demand and Capacity' template has been populated with data from our community reablement and intermediate care services, the acute hospital and limited voluntary care sector information. We have not been able to break the data down by age group and pathway for hospital discharge, and therefore cannot map this to our planning template in relation to long term care needs met by residential/nursing care for people aged 65 and over. This exercise has been useful in terms of identifying where our data gaps are and we will work towards improving on this model to better inform our planning for our winter period and for the BCF plan in 2023/24. It should also be noted that the BCF template is based on population estimates that are not matched to the 2021 Census data and targets are per 100,000 population, whereas the Capacity and Demand template shows actual numbers. We are also conscious that the Ageing Well programme funds intermediate care services but we do not have the breakdown of that budget at Local Authority/Health and Wellbeing Board level, so an estimated proportion of that total cost is factored into the "total spend" BCF and non-BCF on the template.

Supporting unpaid carers.

We are currently in the process of commissioning a new Carers support offer under two separate procurements; Carers Information, Advice and Guidance (IAG), for Reading and West Berks together, and Carers Breaks.

The specification for the Information, advice and guidance service is:

User group: People who are providing unpaid/informal care to friends, relatives or neighbours with support needs because of a disability or long-term health condition.
Service: The service will promote or protect carer wellbeing across the wellbeing domains specified in the Care Act (2014) statutory guidance, i.e:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal life
- suitability of living accommodationthe individual's contribution to society

The specification for the Carers Breaks service is:

User group: This service will focus on Reading residents who are providing unpaid/informal care to friends, relatives or neighbours with support needs because of a disability or long-term health condition.
Service*:* The aim of this service is to ease the strain of unpaid caring by enabling carers to take breaks and to participate in activities which may ordinarily be difficult because of their caring role. The service is intended to complement and not to take the place of replacement care (respite) services which may be arranged as part of a support package for people eligible for Adult Social Care.

-

The new contracts will be in place from 1st November 2022.

Initial work is ongoing in relation to the development of a Carers Strategy for Reading as the Carers Steering Group (CSG) is really keen to see this developed, and we are pulling together a subgroup from CSG to undertake a deep dive into the data and the provision for Carers in Reading as a building block towards developing a strategy.

Consideration is being given for support from the Better Care Fund for a "Dementia Friendly Reading Coordinator" that would sit within the voluntary sector, a service which is currently funded by our neighbouring Local Authorities in Wokingham and West Berkshire, to coordinate the Dementia Friendly Reading (DFR) programme bringing together all the partners currently on the DFR Steering Group and look at things like non-clinical pathways, supporting those suffering with Dementia and their carers. Carer's grants are provided to Carer's in the form of Direct Payments to help them maintain their caring role. In 2021/22 48 Direct Payments were granted, representing 9% of our overall number of Carers.

Disabled Facilities Grant (DFG) and wider services

Within Reading Borough Council (RBC), Adult Social Care (ASC) Advice and Wellbeing Hub, Hospital Discharge Services and Housing are working together to ensure a joined-up approach to address health, wellbeing and housing needs. Schemes funded through the Better Care Fund to support the BCF priorities include Disabled Facilities Grants, Housing, Minor Adaptions, and Equipment and Wellbeing Grants to enable individuals to return home after a hospital admission and ongoing enablement to maximise independence and stay safe in their own homes. Our Housing Department manage the Disabled Facilities Grant and this is supported by an Occupational Therapy led assessment of needs.

In line with recent guidance [Disabled Facilities Grant (DFG) delivery: Guidance for local authorities in England - GOV.UK (www.gov.uk)] Reading Adult Social Care (ASC), Housing and DFG Teams are working closely to ensure the Reading adaptations offer is in line with the outcomes and expectations laid down in the new guidance. Outcomes enabling individuals to sustain their independence, remain at home, avoid hospital admission and long hospital stays are met through these services. The Disabled Facilities Grant (DFG) Team are now based in RBC Housing and are leading a review of all our adaptation policies and procedures in line with this guidance. The Housing Occupational Therapists (OTs), DFG Team, Principle Occupational Therapist and Brighter Futures for Children OTs have been meeting to scrutinise the new guidance and review existing policies and procedures to ensure compliance. This is an ongoing piece of work and a number of areas have been identified for review some of which are outlined below:

- Broadening the criteria for the Wellbeing Grant to enable more people to remain at home under 5K adaptations and repairs
- Reviewing the upper limit of the minor works grant to enable more flexible use and fast track of minor adaptations to reduce risks of falls and increased independent use of environments.
- Ensure the outcomes are compliant with Better Care Fund outcomes.
- Improve information on the RBC website with regards to DFGs and new discretionary grants.
- Review time scales for assessment and implementation of the grant and completion of the work in line with the new guidance.

All DFG referrals are RAG rated, all referrals are triaged within five working days of receiving the referral, urgent cases are accessed within four weeks or sooner. The longest wait for assessment is 10 weeks. Once the person has been assessed the recommendations and specifications are usually completed within two weeks. There have been 36 accepted DFG referrals since April with an average number of 10 new referrals a month, 19 DFG have been completed providing such solutions as level access showers, stairlifts, wheelchair access, washer dryer toilet, environmental controls. An analysis of 7 of those DFGs has led to a yearly cost avoidance of £33,280 or an average weekly cost saving of £640.

The average amount of time taken to complete low cost DFG works, those under 5k, is a week, and from grant approval to completion of the work is 3 weeks.

There has been an improvement in completion time for complex DFGs over £15K which has moved from 73 weeks in 2021 to 29 weeks in 2022. Demonstrating the impact that COVID had on the ability to deliver DFGs during the pandemic. There has been an increase in the use of discretionary grants, with three DFG top up grants and two accommodation grants to support completion of complex adaptations.

***Case Study**: Provision of a level access shower through a DFG. Following her stroke Mrs M found she was losing her independence and confidence, and she is now carrying out her personal care tasks independently and the time to carry out these tasks has reduced by more than half the time it originally took, and with much less effort and level of anxiety due to risk of injury. "The change to my bathroom has been life changing, this has made life a lot easier, my daughter does not have to come and support me, I live on my own and can shower independently and without worry. I cannot fault Reading Borough Council"*

The Discharge To Assess OTs work very closely with the DFG Team and RBC Minor Works team to jointly ensure safe discharge from hospital. There have been 6 Wellbeing Grants to ensure the property is safe to return to providing services such as: managing deep clears, removal of waste, moving furniture to enable equipment such as hoisted and profiling beds to be delivered, creating downstairs living, removing hoarded environments and cleaning unsanitary properties so that care agencies can deliver care. These services are essential in enabling early return from hospital and preventing long stays and a home first ethos.

Over 364 individuals have been supported by our RBC Minor Works Teams in private and rented accommodation, of these 203 where to enable safe discharge home from hospital through the provision of rail, keys safes and small adaptations. The NRS equipment service has supported 322 individuals with equipment since April 22, with 9 ceiling track hoists installed, 32 hospital discharges, 69 for falls prevention, 18 to support carers, 105 to maintain independence at home, 55 to promote client safety, 105 Assistive Technology Assessments.

The Discharge To Assess In Reach OTs have supported 86 individuals with their discharge from hospital and carried out a follow up home visit within 24 hours in their own homes this enable the service to manage complex needs on discharge and manage family anxiety. Some examples of input, training family to use equipment, ensuring property is safe for discharge, complex manual handling, specialist seating assessments, setting up the environment for discharge, TEC to prevent wandering and referring for Wellbeing Grants to manage hoarded properties

Our Brighter Futures for Children (BFfC) Service completes all of our assessments holistically, looking at the impact of the young person's disability not only on them but the whole family unit. We have monthly meetings with Health colleagues and bi-monthly meeting with housing, as well as 6 weekly meetings with the Social worker, parent/ guardian and education provider as part of the Child in need process. This ensures that any recommendations we make for intervention is an inclusive approach, taking into account current and predictive future needs whilst still keeping the young person at the centre of all discussion.

Equality and health inequalities

The Reading Integration Board (RIB) is responsible for delivery against two strategic action plans within the Joint Health and Wellbeing Strategy for 2021-2031.

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

Progress against these plans is reported quarterly through the Reading Health and Wellbeing Board.

Analysis of data based on the Core20Plus5 conditions being monitored across the Berkshire West region in partnership with our Health Colleagues, e.g. Cardiovascular Disease, Diabetes, Respiratory conditions (COPD), indicated that in Reading there are no particular outliers within areas of deprivation (Deciles 1 to 4) compared to National data. However, the area identified as highest risk was in relation to low level Mental Health, particularly in areas of deprivation where there are larger populations of ethnic minorities, which were more adversely affected by COVID, not just physically but mentally, due to isolation. This led to the priority project around Low-Level Mental Health. We are engaged in a Berkshire West project, developing an Inequalities Report to identify further areas and groups who have been adversely affected. Our Priority 1 and 2 of the Health and Wellbeing Strategy is focusing on at risk groups such as people with dementia, learning difficulties, at risk of domestic abuse and those who are unpaid carers or homeless.

The BCF Plan supports projects and continuing services funded through the BCF, to support carers and other 'at risk' groups, particularly where exacerbated by the COVID 19 Pandemic, such as low level mental health, which is a priority for the Integration Board. We work with our Voluntary Care Sector to provide social prescribing services and support to all our residents, and to develop and strengthen community connections in those most deprived areas, where vaccine hesitancy was high. Our Public Health team are represented on the Integration Board and provide regular updates in relation to Covid and the vaccine programme, including the introduction of Covid champions. The Covid Vaccine Champion (CVC) programme is in the delivery phase, with 16 Community Champions recruited and training being delivered. Contracts have been awarded to Reading Voluntary Action (RVA), Alliance for Cohesion and Racial Equality (ACRE) and 7 other providers, to support vaccine promotion, and particularly within harder to reach communities,

We are supporting PCN projects to reduce inequalities by improving the take up of LD and SMI health checks. People living with a learning disability (LD) and or serious mental illness (SMI) often have poorer physical health and a shorter life expectancy than other people. Annual health checks offer general practice an opportunity to provide appropriate health and lifestyle advice to patients and to help identify preventable illnesses early (this is also sits in the HWB action plan).

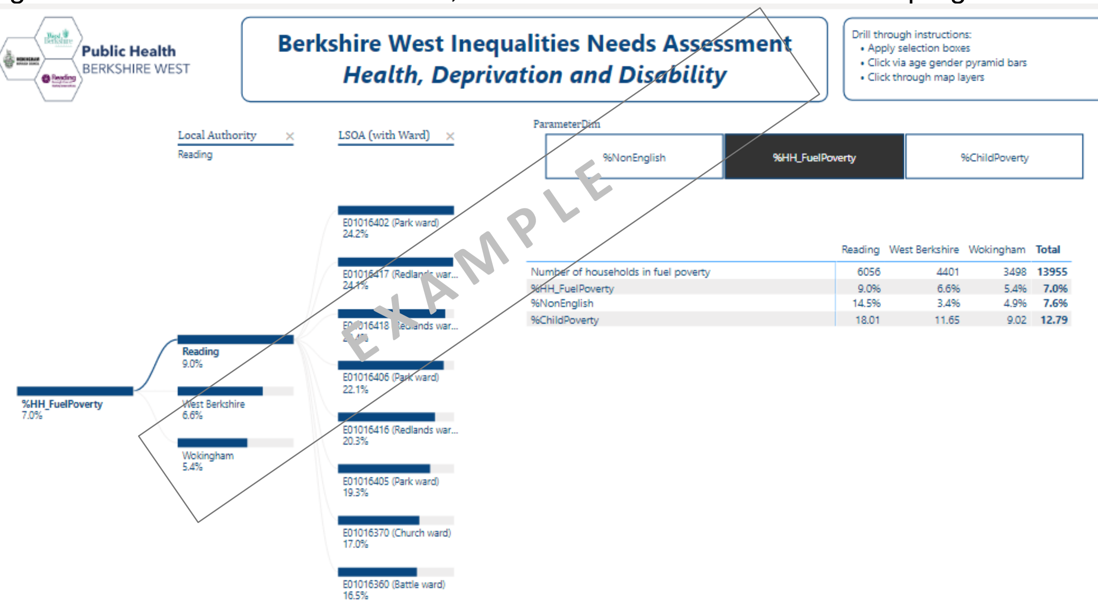
The covid pandemic effected many clinical work areas and health checks have been no exception. The system wide and, indeed, local emphasis on inequalities, plus the requirement of the network contract have converged to renew efforts to ensure high levels of take up of health checks. This focus on health checks has also been drawn through to our Health and Wellbeing Strategic Priority action plans to ensure a cohesive and collaborative approach.

The Berkshire West Inequalities Report includes data in such areas as Population composition, in order to identify particular inequalities by protected characteristics, Access to Healthy Assets & Hazards (AHAH) Deciles, Environment, Transport, Life Expectancy & Mortality, Housing, Crime, Digital Exclusion and Health, Deprivation & Disability.

Each chapter of the Equalities Report will address each domain in turn, looking at how they impact on the health and wellbeing of people living in Reading in relation to:

- The wider determinants of health (e.g., quality of housing)
- Behavioural risks to health (e.g., alcohol use)
- Life expectancy
- Health status (physical and mental)
- Access and experience of care (including digital accessibility)
- The impact of COVID-19

This report is in the developmental stage (see one example below) and the plan is to access this report to show baseline needs, broken down by a number of protected characteristics within the Reading and wider Berkshire West areas, and use this data to drive the RIB programme of work.



The **Public Mental Health Dashboard** has recently been developed by OHID for use by local authority Public Health teams and others to prepare mental health needs assessments. It complements the mental health and wellbeing Joint Strategic Needs Assessment (JSNA) toolkit. We plan to access this data and use this to inform our service developments for people with low level mental health support needs within Reading.

One of the key Integration Board Priorities is tackling health inequalities, and one of the new projects within that priority is to develop a Self-Neglect pathway. This project was identified as a result of analysis of the Safeguarding Adult data over two years from 2020 to 2022.

Self-neglect (as a percentage of all safeguarding figures) for Reading April 2020 – March 2022	
	April – June 20 15.3%
	July – Sep 20 16.4%
	Oct - Dec 20 19.4 %
	Jan - March 21 17.0%
	April – June 21 23.9%
	Jul - Sep 21 13.7%
	Oct - Dec 21 9.8%
	Jan – March 22 20.0%

Further analysis of the safeguarding concerns that were related to Self-Neglect, indicated that just over 26% were related to hoarding. Phase 1 of the Self-Neglect Pathway project will build on work that has already been undertaken during a pilot to manage hoarding within the Reading area:

The Overall aim of the pilot project:

To understand the extent and impact of hoarding on individuals and on the agencies working with those individuals.

- To establish how best to support people with self-neglect or hoarding tendencies in Reading and to make recommendations on prevention and future support.
- Raise awareness of Hoarding Disorder and the impact on wellbeing
- To work with multi-agency partners to provide a collaborative approach.
- To establish an integrated pathway to support with risk management interventions
- Provide training and support to statutory and voluntary agencies on hoarding and self-neglect

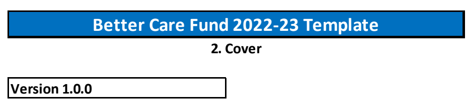
Main actions completed as part of the Project:

- Raised awareness, the Project has met with colleagues in many roles across Reading (i.e., Housing, Environmental Health, Mental Health Teams) Berkshire Health Foundation Trust (MH and Intermediate Care Services), Integrated Care Board (formerly Berkshire West CCG), fire service, police, ambulance, voluntary sector colleagues, Public Health and other LA areas.
- Delivered updates and awareness presentations to a number of groups including the Adult Care and Education (ACE) Committee Lead Councillors, West Berkshire Safeguarding Board, Team meetings, Learning Lunches, Reading Integration Board
- Investigated other Local Authority approaches to Hoarding and self-neglect.
- Commissioned ongoing Understanding Hoarding training sessions open to all sectors within Reading who work or who may in their work come across people who hoard. 14 sessions commissioned more to be delivered in the Autumn.
- Commissioned Level 2 and 3 Hoarding training for staff whose roles involve direct work with individuals with a Hoarding Disorder.
- Draft Hoarding Protocol shared for feedback
- Gathered new and scrutinised existing data, including safeguarding figures for self-neglect Jan 21-Dec 21, data from commissioned 'blitz cleans' from April 2020- March 22, individuals using D2A beds at Huntley Place (Jan 2022 – April 2022) and anecdotal case studies from colleagues in Adult Social Care.

Outcomes: we now have a better understanding of the health and wellbeing for those people who Hoard and lack of impact from existing services who only respond to crisis. Further work is being done to review existing services and a grant application is being made for additional resources to create an early intervention Hoarding Service.

BCF Template Cover

Explanatory Notes for sections that are incomplete (red rated): The Metrics for Admission Avoidance are not automatically pulling through to the Summary page and the template does not enable this to be manually entered – NHS England are aware of this glitch.



2. Cover

Version 1.0.0

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

		Checklist Complete:
Health and Wellbeing Board:	Reading	Yes
Completed by:	Beverley Nicholson	Yes
E-mail:	beverley.nicholson@reading.gov.uk	Yes
Contact number:	07812 461464	Yes
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	Yes	Yes
If no please indicate when the HWB is expected to sign off the plan:		Yes
If using a delegated authority, please state who is signing off the BCF plan:		

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Executive Director of Adult Social Care	Yes
Name:	Seona Douglas	Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Ruth	McKewan	ruth.mcewan@reading.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Dr	James	Kent	jameskent99@nhs.net	Yes
	Additional ICB(s) contacts if relevant		Belinda	Seston	belinda.seston@nhs.net	Yes
	Local Authority Chief Executive		Jackie	Yates	jackie.yates@reading.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Seona	Douglas	seona.douglas@reading.gov.uk	Yes
	Better Care Fund Lead Official		Melissa	Wise	melissa.wise@reading.gov.uk	Yes
	LA Section 151 Officer		Darren	Carter	darren.carter@reading.gov.uk	Yes
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the						Yes
						Yes
						Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

Summary

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Reading

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£1,197,341	£1,197,341	£0
Minimum NHS Contribution	£11,781,757	£11,781,757	£0
iBCF	£2,692,624	£2,692,624	£0
Additional LA Contribution	£270,400	£270,400	£0
Additional ICB Contribution	£0	£0	£0
Total	**£15,942,122**	**£15,942,122**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£3,106,841
Planned spend	£5,171,316

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£5,934,130
Planned spend	£6,520,440

Scheme Types		
Assistive Technologies and Equipment	£184,500	(1.2%)
Care Act Implementation Related Duties	£2,079,046	(13.0%)
Carers Services	£529,423	(3.3%)
Community Based Schemes	£421,324	(2.6%)
DFG Related Schemes	£1,197,341	(7.5%)
Enablers for Integration	£970,808	(6.1%)
High Impact Change Model for Managing Transfe	£173,640	(1.1%)
Home Care or Domiciliary Care	£0	(0.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£1,118,623	(7.0%)
Bed based intermediate Care Services	£1,761,265	(11.0%)
Reablement in a persons own home	£6,181,661	(38.8%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£1,279,491	(8.0%)
Prevention / Early Intervention	£45,000	(0.3%)
Residential Placements	£0	(0.0%)
Other	£0	(0.0%)
Total	**£15,942,122**	

Summary (Cont…)

Note: The Avoidable Admissions Metrics are not automatically pulling through. They are:

2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
170	195	204	195

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)				

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.0%	91.0%	91.0%	91.0%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	487	497

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Income:

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Reading

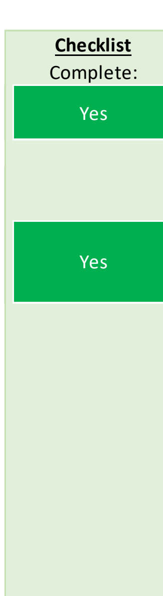
Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Reading	£1,197,341
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£1,197,341**

iBCF Contribution	Contribution
Reading	£2,692,624
Total iBCF Contribution	**£2,692,624**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Reading	£211,000	Carer's respite and assessment service £75k
Reading	£59,400	Underspend from 2021/22 c/fwd in
Total Additional Local Authority Contribution	**£270,400**	

NHS Minimum Contribution	Contribution
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£11,781,757
Total NHS Minimum Contribution	**£11,781,757**



Income (Cont...)

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£11,781,757**	

	2021-22
Total BCF Pooled Budget	**£15,942,122**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
Local Authority Contribution is for: Carer's respite and assessment service £75k, Carer's Information Advice & Support Service £100k (£30k ringfenced for BFfC), Social Prescribing Service £36k. Total £211k. The underspend in the project management office of £59.4k was carried forward and the post has been recruited to in 2022/23 financial year.

Yes

Yes

Expenditure

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Reading

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£1,197,341	£1,197,341	£0
Minimum NHS Contribution	£11,781,757	£11,781,757	£0
iBCF	£2,692,624	£2,692,624	£0
Additional LA Contribution	£270,400	£270,400	£0
Additional NHS Contribution	£0	£0	£0
Total	**£15,942,122**	**£15,942,122**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£3,106,841	£5,171,316	£0
Adult Social Care services spend from the minimum ICB allocations	£5,934,130	£6,520,440	£0

Expenditure (Cont...)

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Short Term/Hospital Discharge Team	Local Authority Social Work and Occupational Therapy	Care Act Implementation Related Duties	Other	Hospital Discharge Support Team	Social Care		LA			Local Authority	Minimum NHS Contribution	£1,680,339	Existing
2	Reablement care packages	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge -step		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,845,996	Existing
3	Step Down Beds - Discharge to Assess	Intermediate Care Services	Bed based intermediate Care Services	Step down (discharge to assess pathway-		Social Care		LA			Local Authority	Minimum NHS Contribution	£297,591	Existing
4	Step Down Beds Physiotherapy	Intermediate Care Services	Bed based intermediate Care Services	Step down (discharge to assess pathway-		Social Care		LA			Local Authority	Minimum NHS Contribution	£82,744	Existing
5	Care Packages - Mental Health	Personalised Care at Home	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Private Sector	Minimum NHS Contribution	£116,494	Existing
6	Care Packages - Physical Support	Personalised Care at Home	Personalised Care at Home	Physical health/wellbein g		Social Care		LA			Private Sector	Minimum NHS Contribution	£710,493	Existing
7	Care Packages - Memory and Cognition	Personalised Care at Home	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Private Sector	Minimum NHS Contribution	£452,504	Existing
8	Equipment (e.g. Wearable TEC, walking and	Assistive equipment to support rehabilitation	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Minimum NHS Contribution	£184,500	Existing
9	Care Act Funding	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum NHS Contribution	£398,707	Existing
10	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£146,000	Existing

Expenditure (Cont…)

11	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£270,400	Existing
12	IMHA	Prevention / Early Intervention	Prevention / Early Intervention	Other	Advocacy	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£35,000	Existing
13	Extended Settlng In Services	Post hospital discharge settling in service at home	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£10,000	Existing
14	ICB PMO (BOB)	Share of cross Berkshire West Programme	Enablers for Integration	Programme management		Other	Risk Share	LA			Local Authority	Minimum NHS Contribution	£28,000	Existing
15	BCF Reading Locality Project Management	RIB Programme management and analytics team	Enablers for Integration	Programme management		Social Care		LA			Local Authority	Minimum NHS Contribution	£160,073	Existing
16	RIB Integration Projects to support	Integration Board Projects supporting integration, health	Enablers for Integration	Integrated models of provision		Social Care		LA			Local Authority	Minimum NHS Contribution	£400,000	Existing
17	iBCF	Community Reablement services	Reablement in a persons own home	Preventing admissions to acute setting		Social Care		LA			Private Sector	iBCF	£2,692,624	Existing
18	DFG	Supporting people with disability	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Private Sector	DFG	£1,197,341	Existing
19	CCG Contingency	Share of cross Berkshire West Contingency Funding	Integrated Care Planning and Navigation	Other	Contingency	Community Health	CCG Staff Cost	CCG			CCG	Minimum NHS Contribution	£129,773	Existing
20	ICP PMO	Share of cross Berkshire West Programme	Enablers for Integration	Programme management		Other	Risk Share	CCG			CCG	Minimum NHS Contribution	£82,735	Existing
21	Risk share-LA	Other	Integrated Care Planning and Navigation	Other	Risk share	Other	Risk Share	CCG			CCG	Minimum NHS Contribution	£138,127	Existing
22	BHFT Re-ablement Contract	Reablement & Rehabilitation Services.	Reablement in a persons own home	Preventing admissions to acute setting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£998,687	Existing
23	SCAS Falls Service & Frailty	Partnership with SCAS to reduce NEAs due to falls.	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£266,000	Existing
24	Carers Funding CCG	Support for Young People with Dementia (YPWD), Alzheimers	Carers Services	Other	Support Young People with Dementia /	Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£113,023	Existing

Expenditure (Cont…)

25	Connected Care	Data Integration between Health & Social Care	Enablers for Integration	System IT Interoperability		Community Health		CCG			Private Sector	Minimum NHS Contribution	£300,000	Existing
26	Care Homes / RRaT	Intermediate Care Services	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£587,320	Existing
27	Out Of Hospital Speech & Language	Eating & drinking referral service.	Reablement in a persons own home	Reablement service accepting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£57,034	Existing
28	Out of Hospital Care Home in-reach	HICM for Managing Transfer of Care	High Impact Change Model for Managing	Improved discharge to Care Homes		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£111,640	Existing
29	Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£117,707	Existing
30	Out Of Hospital - Intermediate Care (including	Rapid response services delivered for patients discharged	Bed based intermediate Care Services	Step up		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£950,148	Existing
31	Out Of Hospital Health Hub	Acute Single Point of Access to Community Health Services.	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£436,850	Existing
32	Out Of Hospital - Intermediate Care night	Rapid response services delivered to patients in their own	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£313,075	Existing
33	Street Triage	To reduce the number of S136's applied by Thames Valley Police	Community Based Schemes	Integrated neighbourhood services		Mental Health		CCG			NHS Community Provider	Minimum NHS Contribution	£155,324	Existing
34	Risk share Performance - Care Home	Risk Share	Integrated Care Planning and Navigation	Other	Risk share	Community Health		CCG			CCG	Minimum NHS Contribution	£413,873	Existing
35	Care Home Selection (CHS)	Supporting hospital discharge	High Impact Change Model for Managing	Home First/Discharge to Assess -		Acute		LA			Local Authority	Minimum NHS Contribution	£62,000	Existing

Metrics:

Better Care Fund 2022-23 Template

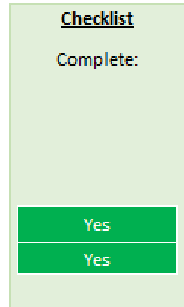
6. Metrics

Selected Health and Wellbeing Board: Reading

8.1 Avoidable admissions

		2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	171.3	199.9	206.4	197.8	Note: There is a discrepancy between the end of year reported position (using SUS data published by BCF team), which shows a total actual rate of 680.6, and the data shown in this template from the BCF team (775.4). This is because the method of	Multi Disciplinary Team (MDT) reviews at Primary Care Network (PCN) level to ensure people with long term conditions are supported to manage their conditions effectively. Intermediate Care and Rapid Response teams to support people in the
	Denominator	160,300	160,300	160,300	160,300		
		2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4		
	Indicator value	206	200	206	198		
	Denominator	160,300	160,300	160,300	160,300		

>> link to NHS Digital webpage (for more detailed guidance)



Narrative sections expanded:

Rationale for how ambition was set	Local plan to meet ambition
Note: There is a discrepancy between the end of year reported position (using SUS data published by BCF team), which shows a total actual rate of 680.6, and the data shown in this template from the BCF team (775.4). This is because the method of measuring this data has been changed by NHSE to the Indirectly Standardised Rate (SIR). Our plan for 2022/23 is based on the actual data reported for 2021/22 and the forecast for 2022/23 using the ISR data and planning tool, provided by the BCF data team and Clinical Support Unit (CSU). As our Q1 2022/23 figure is the actual rate reported and is 21% higher than Q1 in 2021/22, we believe there is no further capacity for reduction and have used a 0% improvement rate for the remaining three quarters. Historically Q3 and Q4 intakes have been higher than Q1 and Q2, and as the system remains under pressure this is a realistic stretch target. Whilst we realise that this in effect shows an increase in admissions compared to the previous year, we have to be realistic and are bearing in mind the impact of "Cost of Living" and Energy Crisis, which can lead to people being hungry/cold and potentially more susceptible to falls and respiratory infections. We have also been advised by PH England that the strain of Winter Flu this year (predicated on the occurrences in Australia, giving an indication of what will happen in other parts of the world) is likely to lead to 3 to 5 times more deaths in the UK, and likely to lead to an increase in respiratory ill health and potential admissions. **It is of note that 30% of admissions in the older age group 65+ for Q1 2022/23 were in relation to COPD.**	Multi Disciplinary Team (MDT) reviews at Primary Care Network (PCN) level to ensure people with long term conditions are supported to manage their conditions effectively. Intermediate Care and Rapid Response teams to support people in the community. Support to the Health Checks programme and in particular, a focus on communities where there is deprivation, using a Population Health Management (PHM) approach).

Metrics (Cont…)

Explanatory note: Metric 8.2 is missing because that was the previous Length of Stay measure which has been removed from the template, however the metric numbering has remained the same within the template.

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	92.0%	91.9%	92.3%	92.0%	This year we are aligning with our Local Authority partners at a Berkshire West Place level and we have agreed a minimum Berkshire West target of 91%, based on forecast data from our Commissioning Support Unit (CSU). This has been agreed with our system partners within the Acute Trust and Urgent and Emergency Care Board.	We have continued to adopt a "Home First" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, which has been successful. We also work closely with the Voluntary Care Sector to enable support to be in place, where needed, and included in the discharge plan. In	Yes
	Numerator	2,598	2,624	2,667	2,472			
	Denominator	2,825	2,856	2,890	2,688			
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan			
	Quarter (%)	91.0%	91.0%	91.0%	91.0%			
	Numerator	2,639	2,588	2,609	2,448			Yes
	Denominator	2,900	2,845	2,868	2,691			Yes

Narrative sections expanded:

Rationale for how ambition was set	Local plan to meet ambition
This year we are aligning with our Local Authority partners at a Berkshire West Place level and we have agreed a minimum Berkshire West target of 91%, based on forecast data from our Commissioning Support Unit (CSU). This has been agreed with our system partners within the Acute Trust and Urgent and Emergency Care Board. Whilst the Berkshire West target has been agreed at Place level, we expect to improve on performance against this target.	We have continued to adopt a "Home First" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, which has been successful. We also work closely with the Voluntary Care Sector to enable support to be in place, where needed, and included in the discharge plan. In the small number of cases where a person cannot return directly home, there is a plan to support them to get back home, wherever possible, as quickly as possible. Our Priority for introducing a "Self-Neglect Pathway" will support us to get more people home, as well as improved reablement and intermediate care services to support timely discharge and support at home where needed. The use of Technology Enabled Care (TEC) has been very successful in Reading, and work in this area to further develop the TEC available to people is underway. Numbers of people using TEC has increased significantly and we expect this to be a key factor in enabling people to return home and remain safe in that environment.

Metrics (Cont…)

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	486.8	439.1	505.9	469.0	We have set our target as a reduction on the Actual number of admissions (507) in 2021/22, by reducing the intake (numerator) to 100, and feel this is realistic stretch, based on the population (automated in this	In 2021/22 the Target rate was 439 and actual rate 507 (this template does not enable entry of this figure). We are aiming for a reduction on actual intake in 2022/23: Implementation of the use of Technology Enabled Care and	Yes
	Numerator	99	92	106	100			Yes
	Denominator	20,335	20,953	20,953	21,324			

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

Narrative sections expanded:

Rationale for how ambition was set	Local plan to meet ambition
We have set our target as a reduction on the Actual number of admissions (507) in 2021/22, by reducing the intake (numerator) to 100, and feel this is a realistic stretch, based on the population (automated in this template) of people over the age of 65 in 2022/23, which would reduce the overall rate of admission to residential/nursing homes by 7.5% to 469, from actual performance in 2021/22. The population figures being used by NHSE for this measure are the 2020 mid-year estimates. According to the 2021 Census data, the population of Reading has increased to 174k, and the proportion of people 65+ is 20,900, however reporting from BCF will continue to be based on the population figures automated in this template, which we are not able to change.	In 2021/22 the Target rate was 439 and actual rate 507 (this template does not enable entry of this figure). We are aiming for a reduction on actual intake in 2022/23: Implementation of the use of Technology Enabled Care and continued collaboration with system partners providing community rapid response and intermediate care to avoid admission to care homes where possible.

Metrics (Cont...)

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	79.4%	87.0%	80.0%	85.0%	2021/22 Target was 87%, this was an unrealistic target, and never achieved due to inclusion of people that passed away, as set out in NHS guidance for this metric. We are proposing a stretch target of 85% for 2022/23 which has	We are in the process of a local (Reading) review of our Reablement services and are also involved in a review of Intermediate Care service delivery at Berkshire West "Place" level. We believe the target is realistic	Yes
	Numerator	100	456	387	409			Yes
	Denominator	126	524	484	481			Yes

Narrative sections expanded:

Rationale for how ambition was set	Local plan to meet ambition
2021/22 Target was 87%, this was an unrealistic target, and never achieved due to inclusion of people that passed away, as set out in NHS guidance for this metric. We are proposing a stretch target of 85% for 2022/23 which has been aligned and agreed across Berkshire West. Note: Error in 2020/21 dataset: Denominator should be 423, and numerator should be 336 (79.4%). This cannot be amended in this template.	We are in the process of a local (Reading) review of our Reablement services and are also involved in a review of Intermediate Care service delivery at Berkshire West "Place" level. We believe the target is realistic based on previous performance and is a stretch, in consideration of the likely impact of the winter Flu season and cost of living. Public Health are predicting an increase in death rates 3 to 5 times worse than in previous years, due to the impact of ‘cost of living’ increases, potentially leading to neglect, cutting back and leaving elderly frail people susceptible and less resilient. We continue to work closely with our voluntary care sector partners to support people who are vulnerable, and we are currently in the process of commissioning a "Home from Hospital" service, that will complement our reablement and intermediate care services in Reading.

Planning Requirements

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Reading

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Checklist Complete:
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes				Yes
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes				Yes
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes				Yes
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				Yes
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				Yes

Planning requirements (Cont...)

NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				Yes
NC4: Implementing the BCF policy objectives	**PR6**	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes				Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes				Yes
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes				Yes

This page is intentionally left blank

Better Care Fund: Capacity and Demand Template (2022-23)

Cover

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Reading
Completed by:	Beverley Nicholson
E-mail:	beverley.nicholson@reading.gov.uk
Contact number:	07812 461464
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Executive Director for Adult Social Care
Name:	Seona Douglas

How could this template be improved?	Setting all text fields to "Wrap" - we found a workaround, which we shared. A clearer definition of expected methodology / data as it is quite generic and does not map to the BCF Plan metrics.

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

<< Link to the Guidance sheet

Demand – Hospital Discharge

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: Reading

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	887	859	891	891	805	891
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	107	119	124	126	98	82
2: Step down beds (D2A pathway 2)	54	52	46	43	56	49
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	19	31	27	29	25	12

Any assumptions made:	The majority of this data is based on the Acute hospital discharge data by pathway, and is not broken down by age group, and therfore cannot be mapped to the BCF planning template in respect of admissions to long term care for people aged 65+. The VCS data has been added, based on one commissioned provider for hospital discharge support and is based on their monthly monitoring reports. We

!!Click on the filter box below to select Trust first!!

Demand - Discharge

Trust Referral Source (Select as many as you need)	Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
ROYAL BERKSHIRE NHS FOUNDATION TRUST	0: Low level support for simple hospital discharges - e.g. Voluntary or Community	887	859	891	891	805	891
ROYAL BERKSHIRE NHS FOUNDATION TRUST	1: Reablement in a persons own home to support discharge (D2A Pathway 1)	107	119	124	126	98	82
ROYAL BERKSHIRE NHS FOUNDATION TRUST	2: Step down beds (D2A pathway 2)	54	52	46	43	56	49
ROYAL BERKSHIRE NHS FOUNDATION TRUST	3: Discharge from hospital (with reablement) to long term residential care	19	31	27	29	25	12

Expanded narrative – Demand Hospital Discharge:

Any assumptions made:	The majority of this data is based on the Acute hospital discharge data by pathway, and is not broken down by age group and, therefore, cannot be mapped to the BCF planning template in respect of admissions to long term care for people aged 65+. The VCS data has been added, based on one commissioned provider for hospital discharge support and is based on their monthly monitoring reports. We have included all Pathway 0 discharges, as the demand for support varies and we do not have a breakdown at age group level. The 'Step down' beds are calculated based on the additional facility set up over the Winter period at Huntley Place in 2021/22 for a 10 week period - with an average of 15 referrals per month and the D2A beds at Charles Clore Court. These were primarily Pathway 1 and some Pathway 3 patients but there is no place on this template to record Pathway 1 Step Down (where people would ordinarily go home but there is a delay in arranging reablement or there are environmental issues or intermediate therapy led care required before returning home).

Demand – Community

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: Reading

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:

VCS Capacity and Demand data is not readily available. Data entered is in relation to one provider number of new referrals. The community hospital capacity 'Bed-based intermediate care (step down) pathway 2 is a figure for Berkshire West "Place" provided by BHFT. It is not possible to break this down further to Local Authority area within Berkshire West. Bed based care, also incorporates the four D2A Flats we

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	0	0	1	1	1	2
Urgent community response	86	86	86	96	96	96
Reablement/support someone to remain at home	122	143	120	136	115	131
Bed based intermediate care (Step up)	17	16	17	16	17	16

Expanded narrative – Demand Community:

Any assumptions made:	VCS Capacity and Demand data is not readily available. Data entered is in relation to one provider number of new referrals. The community hospital capacity 'Bed-based intermediate care (step down) pathway 2 is a figure for Berkshire West "Place" provided by BHFT. It is not possible to break this down further to Local Authority area within Berkshire West. Bed based care, also incorporates the four D2A Flats we have at Charles Clore Court. The average length of stay in our 4 flats at CCC has improved significantly, dropping to 2.5 weeks following the implementation of a Therapy Led service in this setting.

Capacity – Discharge

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Reading

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Capacity – Discharge (Cont…)

Any assumptions made:	There continue to be delays in discharge from an acute hospital bed, but Reading have made significant in-roads in relation to this and at the end of June Reading's performance in both Pathways 1 and 3 was rated green, with length of wait at 2.7 days for Pathway 1 and 1.7 days for Pathway 3, a significant reduction on previous months, where it had been as high as 32 days for Pathway 3, with an average of 10.3 days over the year. The data is not broken down by age group, and therefore cannot be mapped to targets in relation to people aged 65+. The estimate of capacity was based on activity delivered and was always going to be a crude estimate of capacity. BHFT, from whom intermediate care services are commissioned, have a single team in each locality delivering multiple pathways and so it really challenging to estimate capacity in any single pathway. There may also be variation in demand across the different pathways in each locality as potentially differences in staff availability due to sickness, vacancies etc., Capacity 4.1 Urgent Community Response isn't supporting pathway 0. We have put all the Urgent Community Response activity into 4.2 Capacity - Community. In the Bed based capacity (Step-Down) we have included the Four Discharge to Assess flats at Charles Clore Court, which are available for both Step-Down and Step-up services, so have split the capacity between Discharge and Community. Care that is expected to be "Long-term" on discharge are Pathway 3 discharges.

Capacity - Hospital Discharge							
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
VCS services to support discharge	Monthly capacity. Number of new clients.	19	19	19	19	19	19
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	83	75	100	102	74	58
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	39	37	31	28	41	34
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	15	26	24	27	24	12

NB: Pathway 0 is home with no further care – therefore the Urgent Community Response shows 0, although if there were a need, this would be met.

Capacity – Community

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board: Reading

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Capacity – Community (Cont…)

Any assumptions made:	VCS Capacity and Demand data is not readily available. Data entered is in relation to one provider and the number of spaces they can provide, based on their contract. The bed based intermediate (step-up) care is based on the Discharge to Assess / Admission Avoidance. Urgent Community Response figures are an average of referrals coming through the service, over the same period in the year before. flats at Charles Clore Court. There are 4 flats available and referrals can be made from both Acute Hospital (for Step-Down) and Community (for Step-Up). We have split the capacity between the 4.1 Discharge and 4.2 Community sheets. We expect to have more capacity in Step up care once the winter seasonal planning has been concluded, which will aim to include a Step down/step up facility at Huntley Place, in Reading, that is a therapy led model, leading to a 439 reduction in acute hospital bed days over 10 weeks.

Capacity - Community							
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	20	20	20	20	20	20
Urgent Community Response	Monthly capacity. Number of new clients.	76	76	76	76	76	76
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	103	103	103	103	103	103
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	1	2	1	2	1	2

Spend

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board: Reading

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	10,447,396
BCF related spend	8,859,989

Comments if applicable	The BCF related spend is for hospital discharge reablement and community based intermediate care services, bed-based care, reablement, carer's respite and prevention/early intervention, as well as a contribution to the "Non-BCF" spend and a proportion of the overall Ageing Well costs across Berkshire West - all making up our approach to intermediate care services across Reading.

This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**7th OCTOBER 2022**		
REPORT TITLE:	**INTEGRATION PROGRAMME UPDATE**		
REPORT AUTHOR:	**BEV NICHOLSON**	**TEL:**	**07812 461464**
JOB TITLE:	**INTEGRATION PROGRAMME MANAGER**	**E-MAIL:**	Beverley.nicholson@reading.gov.uk
ORGANISATION:	**READING BOROUGH COUNCIL / INTEGRATED CARE BOARD (ICB)**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the Integration Programme and performance of Reading, against the national Better Care Fund (BCF) targets covering the period April to June 2022 (Quarter 1 of 2022/23 reporting period).

1.2 The BCF metrics were updated in the planning guidance for 2022/23 and the targets against the revised metrics were agreed with system partners during the BCF Planning process. The Length of Stay target, related to length of stay in an acute hospital bed, was removed for 2022/23. Outcomes as at the end of June 2022 for the remaining metrics are outlined below:

a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (**Met)**
b) An increase in the proportion of people discharged home using data on discharge to their usual place of residence **(Met)**
c) The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population **(Met)**
d) The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) **(Not Met).**

Detailed delivery against each of these targets is outlined in Section 4 of this report alongside the performance of the local schemes and demonstrates the effectiveness of the collaborative work with system partners.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board note the Quarter 1 (2022/23) performance and progress made in respect of the Better Care Fund (BCF) schemes as part of the Reading Integration Board's Programme of Work.

3. POLICY CONTEXT

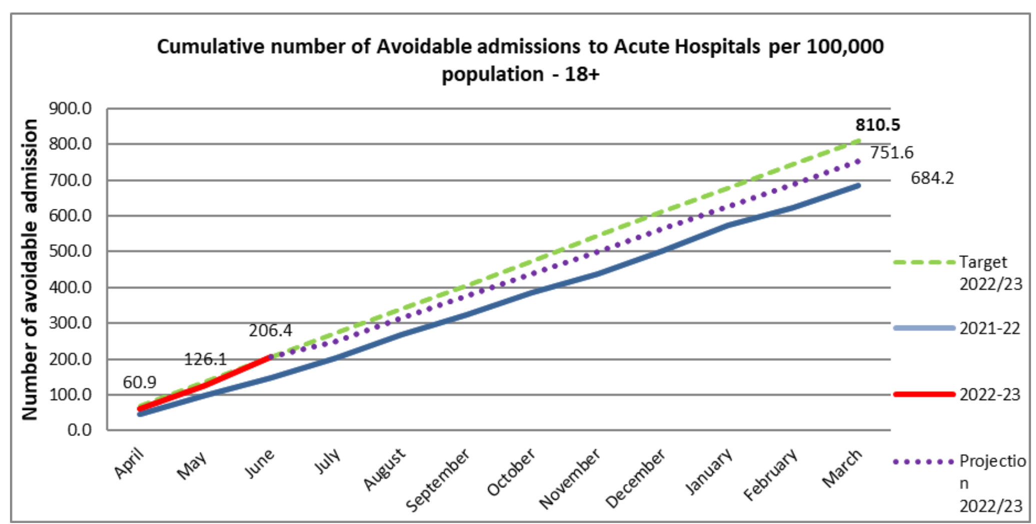
3.1 The Reading Integration Board (RIB) is responsible for leading and overseeing system working with Local Authority Adult Social Care and Housing, Acute and Community health providers, Primary Care, Integrated Care Board (ICB) Commissioners, Voluntary Sector partners and Healthwatch, across Reading. The aim of the board is to facilitate partners and other interested stakeholders to agree a programme of work that promotes integrated working to achieve the national Better Care Fund (BCF) performance targets, as set out in sections 1.2 and 4.0 of this paper alongside local priorities.

4. PERFORMANCE UPDATE FOR BETTER CARE FUND AND INTEGRATION PROGRAMME *(aligned with metrics set out in planning guidance 2022/23)*

4.1 **Admission Avoidance:** Reduction in avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions), no more than 810, per 100,000 population, for the year. This metric was adjusted to a more realistic target based on previous performance and projections for 2022/23. It measures how many people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure.

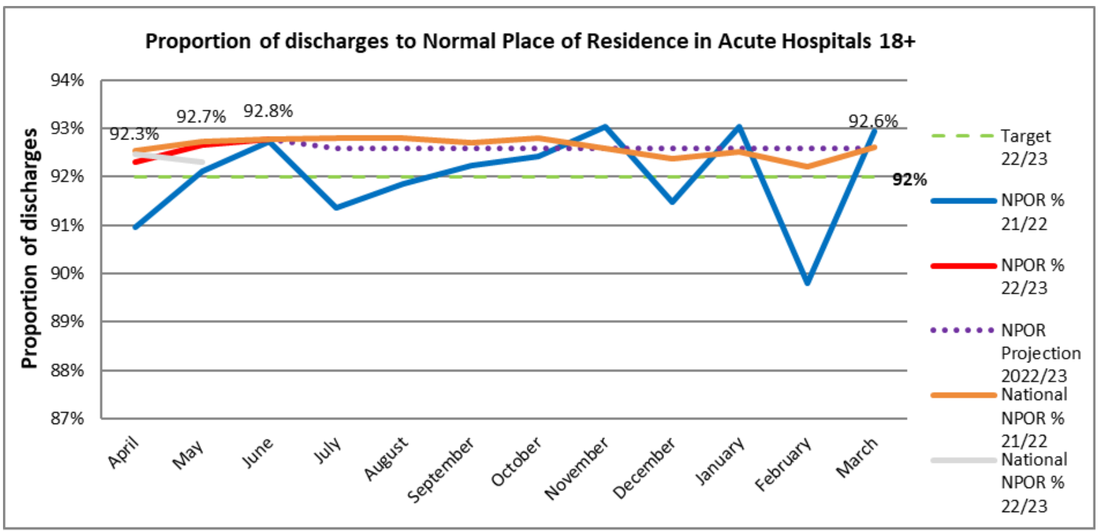
We are currently on track to achieve this target by the end of the year and have additional planned support to avoid hospital admissions, such as having a Social Worker based at A&E front door to signpost and enable alternative intermediate care to be arranged, where appropriate. The Reading Integration Board have a priority project to support the delivery of Health Checks, working with our partners in health to promote and enable people to receive these important checks to flag any issues at an early stage. **NB:** NHS England have changed the method of measuring against this target from a previously "crude" rate to an "Indirectly Standardised Rate" (ISR) and when the new method was applied, this adjusted all the rates up by approx. 20%. This does not indicate poorer performance, but just the improved method of reporting.

Cumulative number of Unplanned hospitalisations for chronic ambulatory care sensitive conditions per 100,000 population - 18+, Acute hospitals	
Target performance per annum (no more than)	810
Actual performance to date	206
Average projected performance for the current period	751



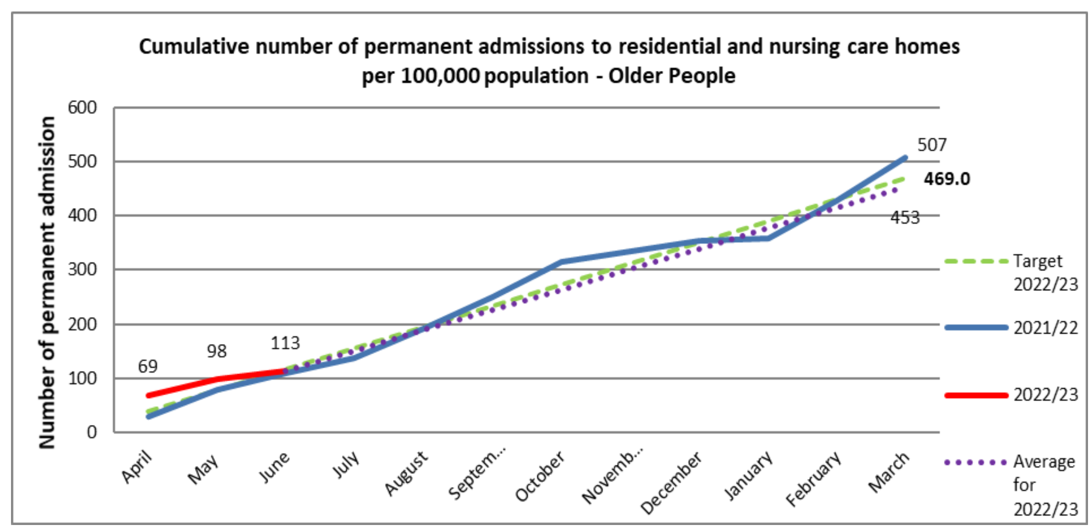
4.2 **Discharge to Normal Place of Residence:** An increase in the proportion of people who are discharged directly home, from acute hospitals is the aim of this measure, with a target of not less than 92%. This is based on hospital data for people "discharged to their normal place of residence". We exceeded the minimum target for quarter 1, due to effective discharge processes, working with the multi-disciplinary team in the hospital and following the ethos of "Home First", in line with the Hospital Discharge Policy, with support if needed through the use of TEC / equipment that can be installed to support independent living, and reablement.

Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Target performance per month (not less than)	92.0%
Actual performance this month	92.8%
Average performance for the current period	92.6%
Status	Green



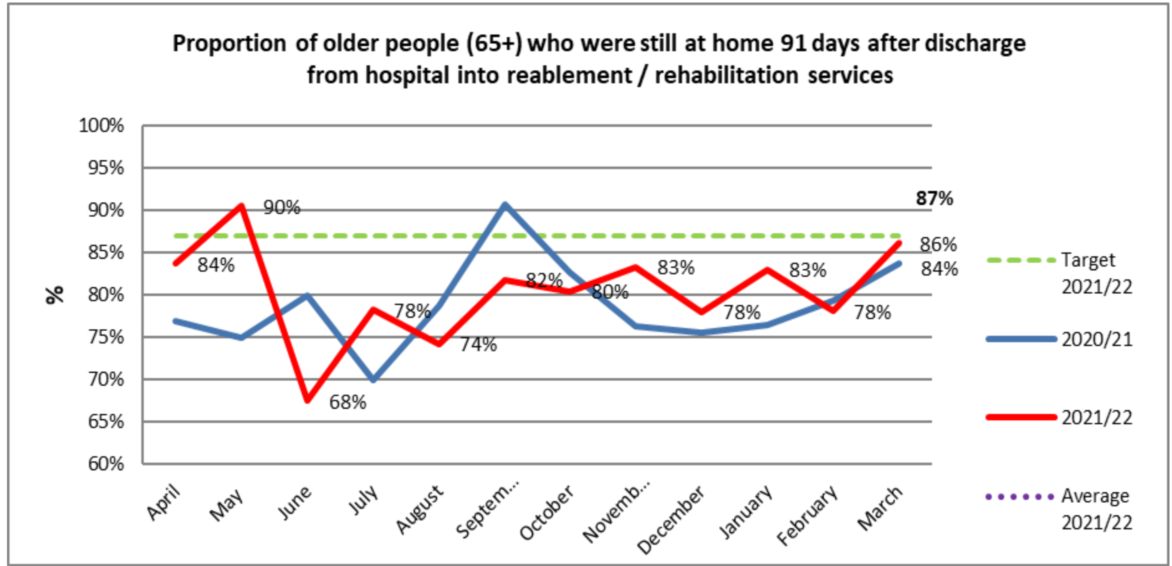
4.3 **Permanent Admissions to Residential/Care Homes:** The number of older adults (65+) whose long-term care needs are met by admission to residential or nursing care per 100,000 population, the maximum target of 469 for 2022/23. Whilst we are meeting the target we remain mindful of the current limited capacity in the care market for complex cases, such as people with dementia or extreme behaviours and we continue to work with our system partners to address these gaps.

Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Target performance per annum (no more than)	469
Actual performance to date	113
Average projected performance for the current period (based on performance to date)	453
Status	Green



4.4 **91 Day Rehabilitation:** The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation). The target was adjusted for 2022/23 from 87%, which was not consistently achievable due to the requirement from NHS England to include the number of people who had been referred into reablement but had passed away within that 91 day period. The target of 85% has been agreed at Place level across the Berkshire West region for 2022/23, however the data reported here is for the March 2022 cohort of people discharged, and therefore still falls under the 2021/22 target of 87%, which we just missed by 1%. The report in the next quarter will show the new target of 85%.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Target performance	87%
Total no. of people departing reablement 91 days ago (numerical)	36
Of those, no. at home 91 days later (numerical) this month	31
Actual performance (%) this month	86%
Status of Monthly performance	Amber



(based on people discharged in March 2022, who were still at home in June 2022 - the March cohort)

4.5 **Length of Wait for Discharge from Acute Hospital:** Whilst the Length of Stay metric for Acute hospital stays of longer than 14 and 21 days has been removed from the BCF reporting, we continue to monitor the position. The Rapid Community Discharge dashboard, developed by the Royal Berkshire Hospital, captures data on the Length of Wait (LoW) for discharge after a person has been declared Medically Optimised for Discharge on Pathway 1 (home with some support) and Pathway 3 (complex care needs requiring 24/7 nursing/care). We are just above the 2 day target for Pathway 1 discharges at 3.1 days, having reduced this wait down from 4 days in April. Whilst Pathway 3 discharges often take a longer period to arrange appropriate levels of care, we have significantly reduced the length of wait from 32.9 days in April to 8.2 days as at the end of June 2022. This is as a result of good relationships with providers and effective early discharge planning and acknowledgement of some extremely complex case management. We are continuing to work with our care market to ensure the most appropriate care is provided based on need.

LA / Pathway	LOW Target	202204	202205	202206
Wokingham P1	2.0	3.0	2.8	2.4
Wokingham P3	6.5	9.4	11.1	13.1
Reading P1	2.0	4.0	3.3	3.1
Reading P3	6.5	32.9	12.0	8.2
West Berks P1	2.0	5.1	4.9	4.0
West Berks P3	6.5	19.3	16.8	19.0
Berkshire West P2	1.7	3.1	2.4	1.8

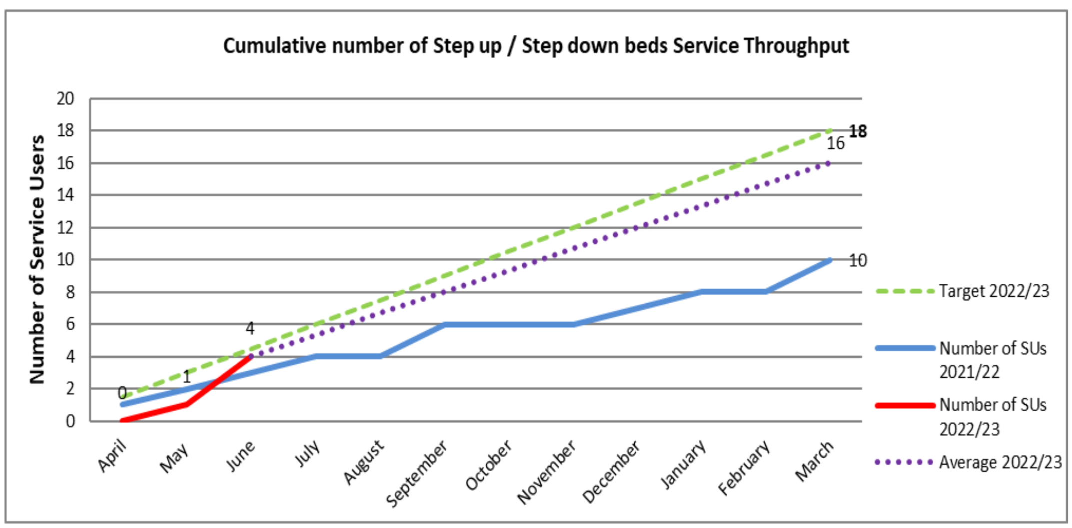
4.6 Local Schemes funded through BCF

4.6.1 <u>**Discharge to Assess (D2A) Step-down/step-up beds at Charles Clore Court**</u>

There are four independent living D2A flats, within a wider complex of extra care flats. These D2A flats have carer support for people who are not able to return directly home after a period in hospital (Step down), or for people who require some additional support to avoid a hospital admission (Step up). The minimum number of people placed in the commissioned Discharge to Assess beds at Charles Clore Court was met, due to improvements in reducing the length of stay, moving on more complex cases to appropriate care settings or directly home with package of care, where required.

A key factor in the improved performance is the introduction of a therapy led service, following the positive learning from the Huntley Place model that was implemented during the winter pressures period (2021/22).

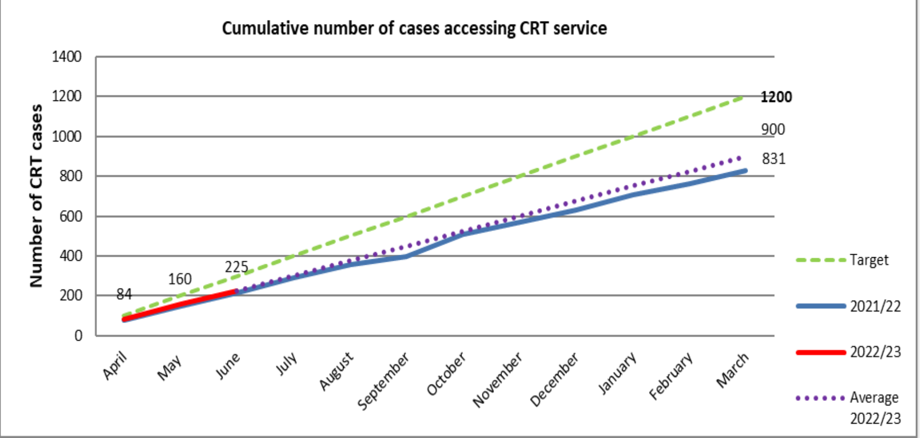
Cumulative number of Step up / Step down beds Throughput	
Target performance per year (not less than)	18
Actual performance this month	3
Status of Monthly performance	Green
Cumulative cases financial year to date	4



4.6.2 **Impact of Community Reablement Service**

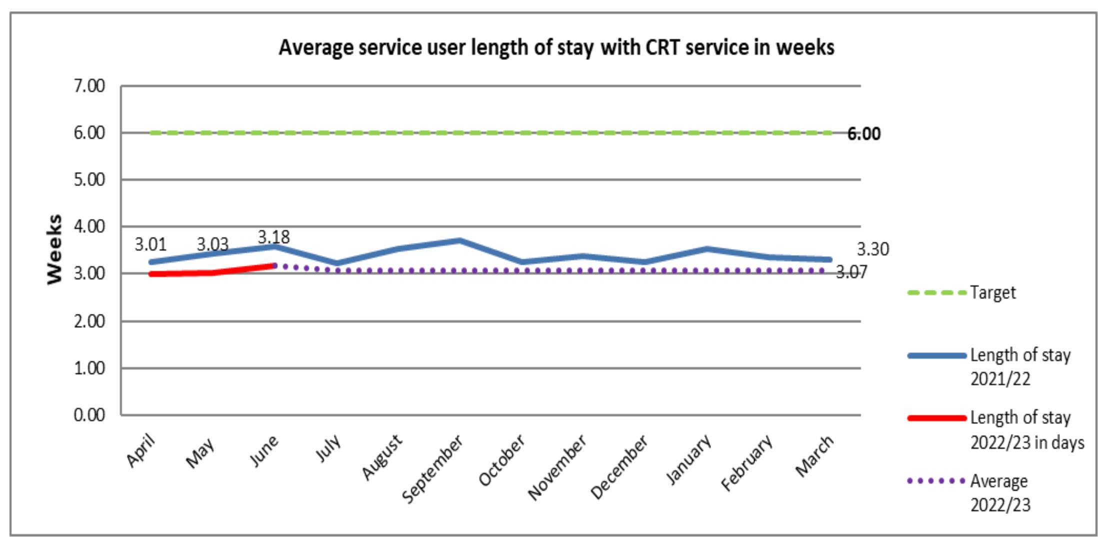
Numbers accessing the service: The number of people accessing support through the Community Reablement Team (CRT) service continues to be significantly below the expected level to achieve the target of 1,200 per year, with an intake of 225 as at the end of quarter 1. The majority of referrals are made following discharge from hospital but not all of these people have reablement potential. People entering the service are sometimes not well enough to start reablement, which can impact on numbers, or in some cases refuse reablement although capacity was allocated for the referral. Reviews of the reablement services both locally, and in the wider Berkshire West area, with system partners across intermediate care, are ongoing. Reporting has also been significantly affected by a system outage in relation to the Advanced Healthcare - Staff Plan Roster Provider. Work is ongoing to address the issues and we have been advised that due to the complexity of the issues this may take several months. In the meantime, our reablement team have been managing rostering manually and are able to meet the needs of all our existing referrals. Due to the additional time taken in relation to allocating referrals manually, this also has an impact on the length of wait for hospital discharges on Pathway 1.

Cumulative number of cases accessing CRT service	
Target performance per year (not less than)	1200
Actual performance this month	65
Cumulative number of cases FY to date	225
Projected number of cases based on performance to date	900
Status of Monthly performance	Red



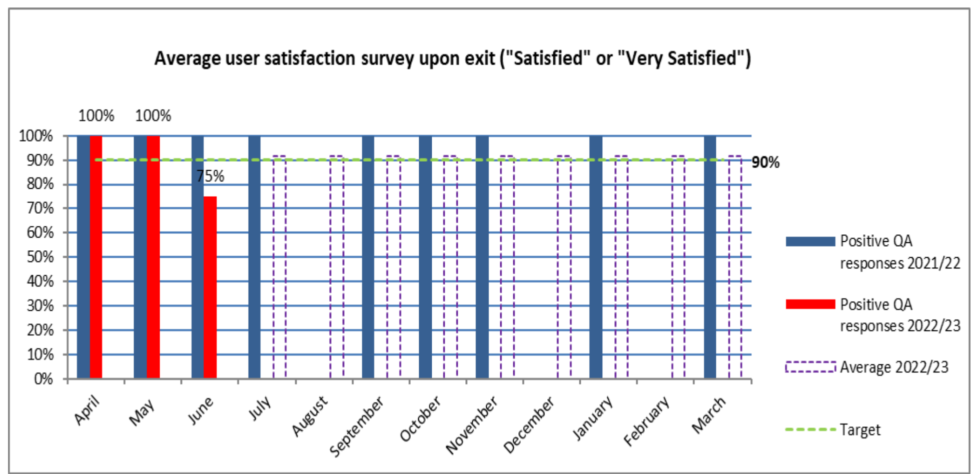
Average length of stay: The average length of stay with the reablement service continues to be well below the 6 week maximum target, at 3.18 weeks, as at the end of June 2022. This indicates that people receiving reablement services are being effectively supported and enabled to regain their independence.

Average service user length of stay with CRT service in weeks	
Target performance per month (no more than)	6.00
Actual performance this month	3.18
Status of Monthly performance	Green



Level of satisfaction: The satisfaction levels of service users with the reablement service has dipped below the target of 90% in June but has remained just above the target for the quarter, at 91%. The service lead is looking into the reasons for the drop in customer satisfaction in the last month of the quarter to address any areas of concern.

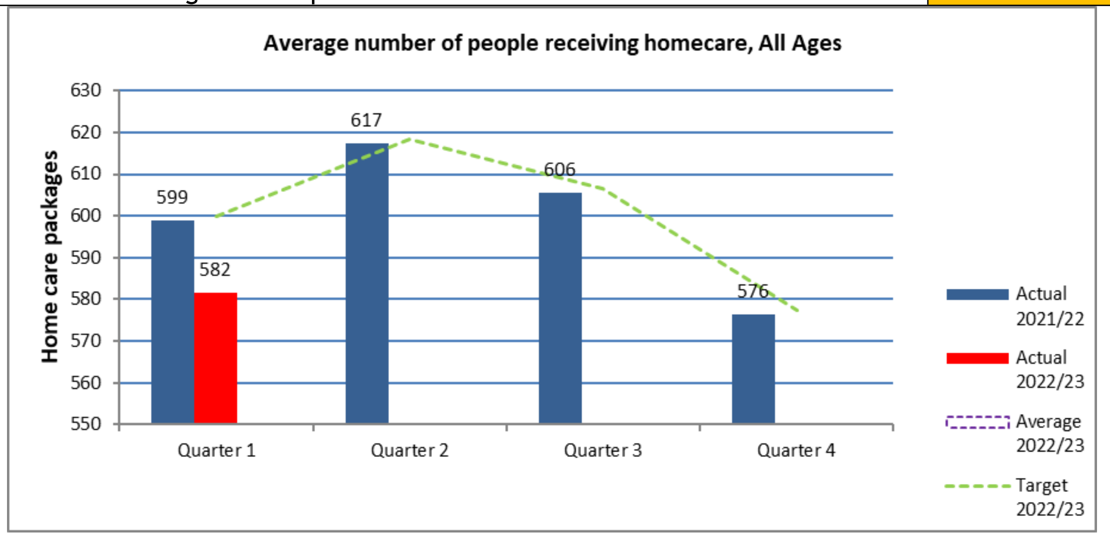
Average user satisfaction survey upon exit ("Satisfied" or "Very Satisfied")	
Target performance (not less than)	90%
Actual performance in Quarter 1 (April to June)	91%
Status of Monthly performance	Green



4.7 Additional BCF Funding for accelerated Integration (iBCF)

The target reflects the impact of the iBCF funding's investment in reablement services, to support people's independence at home. It is noted that there has been a slight reduction (17) of the number of care packages in Quarter 1 2022/23 compared to last year. We are seeing a higher level of complexity in this quarter with our hospital discharges, and therefore their needs are higher and cannot be met through reablement.

Marginal increase in home care packages	
Average Annual Target performance	600
Average Annual performance (based on performance FY to date)	582
Status of Average Annual performance	Amber



4.8 Reading Integration Board (RIB) - Programme Update

The Reading Integration Board Programme Plan was developed in collaboration with system partners from Health, Social Care and Voluntary Care Sectors. The priorities and key projects for 2022/23 have been identified as:

RIB Priority	Key Projects (2022/23)
1. Tackling Health Inequalities *To identify and deliver projects that result in improved outcomes for the most disadvantaged communities in Reading.* ***H&WB Priority 1:*** *Reduce the differences in health between different groups of people* ***H&WB Priority 2****: Support individuals at high risk of bad health outcomes to live healthy lives*	1.1 Multi-Disciplinary Teams (MDT) within Primary Care Network (PCN) Clusters **(Continuing)**
	1.2 Develop Self-Neglect Pathway **(New)**
	1.3 Support Programmes of preventative Health Checks for vulnerable groups **(New)**
2. Creative Solutions to meet emerging need *To identify and deliver integrated projects to, more effectively, meet the emerging needs of Reading.*	2.1 Discharge to Assess (D2A) / Admission Avoidance **(Continuing)**
	2.2 Strengthening support for those with low level mental health needs **(New)**

RIB Priority	Key Projects (2022/23)
3. Service User Engagement and Feedback *To ensure the voice of Reading residents drives the continuous improvement of integrated ways of working.*	3.1 Develop a Multi-Disciplinary Service User Engagement Strategic Framework and deliver a method of gaining system wide feedback from Service Users **(New)**
4. Care Navigation and Education *To facilitate improved access to information and services for Reading residents that ensures the right support is accessible and resources are used effectively.*	4.1 Improve access to and awareness of services available **(New)**
	4.2 Co-ordinate the Making Every Contact Count (MECC) Programme in Reading **(New)**
	4.3 Digital Inclusion – Ensuring people are enabled to use digital technologies

4.8.1 Multi-Disciplinary Teams (MDT)

An MDT is a meeting that is held within the Primary Care Networks (PCNs) -a group of GP surgeries comprise a PCN. There are several members of the health and care services in attendance at a Multi-Disciplinary Team meeting that can review cases from all aspects of the care required to support that person to stay well. The Board have continued with this project due to the positive outcomes achieved towards the end of 2021/22. There are three MDT Clusters established:

Cluster	PCN
1	Tilehurst
	Reading West
2	Caversham
	Whitley
3	Reading Central
	University

Case finding for the MDT meetings is through the use of a Population Health Management approach, using our Shared Care Record "Connected Care" to identify those most at risk and using criteria agreed with the PCN Clinical Leads. There were 78 people whose cases were reviewed by an MDT between April and June 2022. We will be able to show the outcomes for each of the cohorts at 6 monthly intervals, and the next update will be shared at the January Health and Wellbeing Board.

The case finding process is also highlighting where there is a greater need for people within areas of deprivation and has led to an initiative to set up "pop-up" health check clinics in one of those localities as a trial.

An outcomes review of the cohorts that had been discussed by an MDT within the previous 6 month period showed the following positive impacts (see Table 1) on both primary and secondary services:-

Contacts	Month 3	Month 6
Mental Health referrals	7% decrease	25% increase
Acute Admissions	86% decrease	82% decrease
A&E attendances	64% decrease	42% decrease
SCAS	72% decrease	55% decrease
111	60% decrease	50% decrease
GP	60% decrease	25% decrease

(Table 1)

MDT Case Studies:

Patient A *Housebound patient is very frail and stays in bed most of the day. Lives with 2 sons and it is not clear how much care they provide. This has been raised as a safeguarding issue. The patient is on daily Insulin which is administered by a DN. Adult social care are now involved and have completed an assessment. An increased care package is now in place. The community Diabetes nurse is now involved in the patient's diabetes management.*
Patient B *This patient has a Learning Disability with complex needs. The focus of the meeting was to discuss bringing other professionals together as to how his needs can be managed in the community. The learning and disability team are now involved along with an OT. Adult social care have been able to sort some respite out for his family who care for the patient.*
Patient C *is struggling with depression and alcohol misuse and has reduced mobility. English is not their first language and it is not clear if she understands her treatment as she has little translation support. The patient has financial issues and is not able to afford to buy food. She has been referred to the MHT which have made contact to assess her cognitive ability and decisions around care. A Social worker will support her with care, shopping, cleaning and filling out forms. Another MDT meeting has been set up due to her complexities for further support and to put a care plan In place.*

Regular outcome reports are submitted monthly to the Reading Locality Manager, with updates to the Reading Integration Board (RIB).

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

5.1 The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Berkshire West Health and Wellbeing Strategy by contributing to at least one of the Strategy's five priorities, listed below.

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

The Reading Integration Board (RIB) are leading on delivery against priorities 1 and 2 for Reading and draft action plans have been developed in collaboration with the members of RIB, which involves representation from system partners, including Acute hospital, Community care providers, Primary Care and Voluntary Care Sector. RIB will be supported by a number of groups, such as the Long-Term Conditions Board and Voluntary Care Sector groups, in order to achieve the expected outcomes of the delivery plans and will focus on up to 3 actions in the short-term, against this 10 year delivery plan.

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

The Reading Integration Board (RIB) Programme Plan objectives are mapped to both the Health and Wellbeing Board strategic priorities, as listed in 5.1 above, and the Berkshire West Integrated Care Partnership (ICP) priorities, listed below, to ensure alignment and effective reporting:

Berkshire West Integrated Care Partnership (ICP) Strategic Objectives

- Promote and improve health and wellbeing for Berkshire West residents

- Create a financially sustainable health and social care system
- Create partnerships and integrate services that deliver high quality and accessible Health and Social Care
- Create a sustainable workforce that supports new ways of working

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

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

6.2 Not applicable as this report summarises the performance of the Better Care Fund and Integration Programme. No new services are being proposed or implemented that would impact on the climate or environment, however climate implications are being considered in relation to the Health and Wellbeing Board Strategic Priority Action Plans.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

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

7.2 Engagement in relation to specific services takes place as referenced in the Reablement service above. Stakeholder engagement continues to be a key factor to effective integrated models of care, and engagement with all system partners is important to the Reading Integration Board. One of the key priorities of the Board is Project 3.1 Develop a Multi-Disciplinary Service User Engagement Strategic Framework and deliver a method of gaining system wide feedback from Service Users. We are aware of multiple sources of receiving information from service users/people of Reading and this project will look for ways of aligning that feedback for a system wide strategic overview and a driver for change.

8. EQUALITY IMPACT ASSESSMENT

8.1 Not applicable as there are no new proposals or services recommended or requested.

9. LEGAL IMPLICATIONS

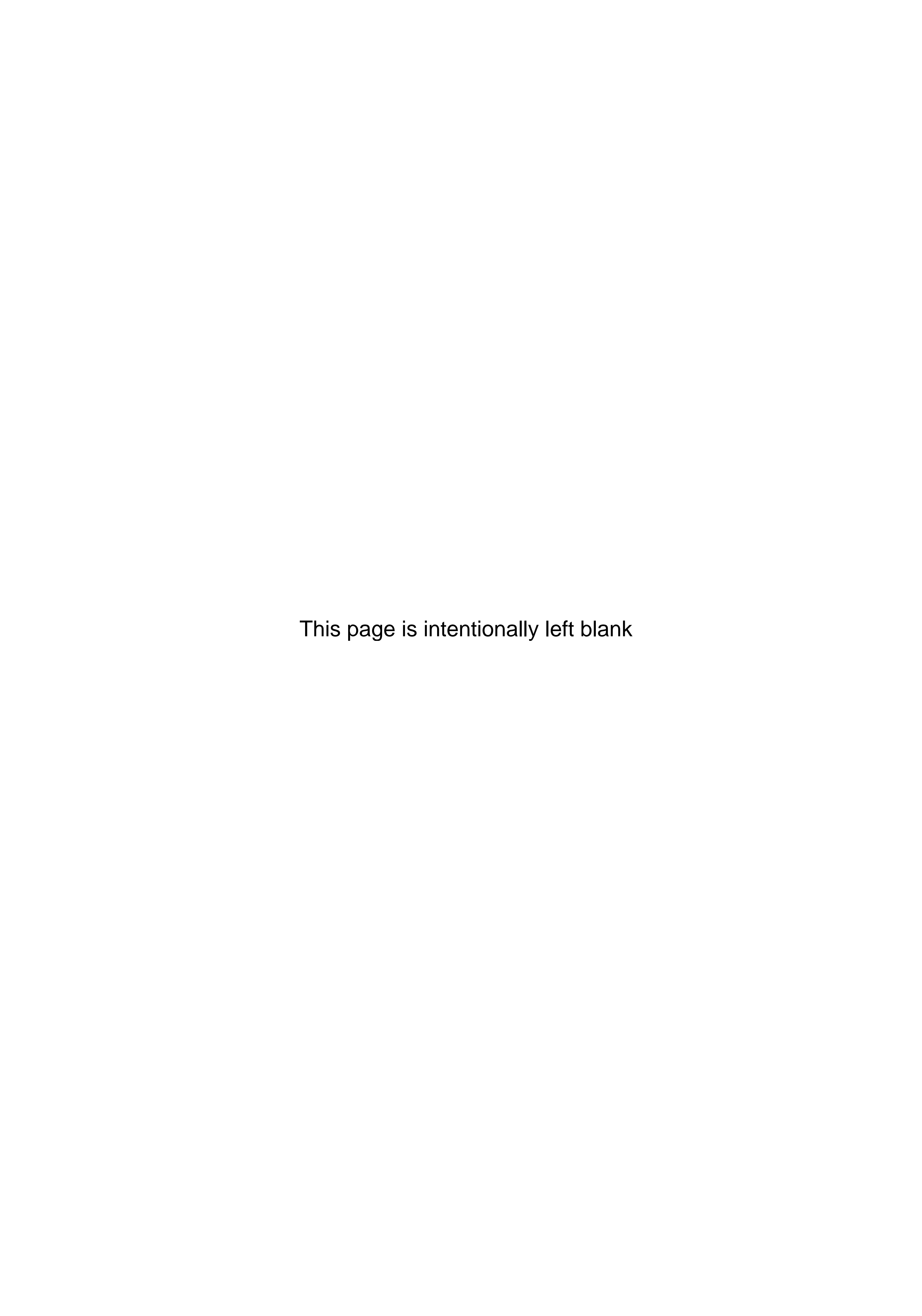
9.1 A Section 75 document will be agreed between Reading Borough Council and the Integrated Care Board (ICB) for the management of the Better Care Fund pooled and non-pooled funds.

10. FINANCIAL IMPLICATIONS

10.1 The Better Care Fund (BCF) plan for 2022/23 was submitted by 26th September 2022 and approval is awaited from NHS England, at the time of writing this report. The BCF policy and guidance was released late for 2022/23 (due for release in February and released at the end of July 2022). The budgets have been agreed with Integrated Care Board (ICB) and Adult Social Care service and finance leads.

11. BACKGROUND PAPERS

11.1 The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard –July 2022(Reporting up to 30th June 2022)*


This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**7th October 2022**		
REPORT TITLE:	**Health and Wellbeing Strategy Quarterly Implementation Plan Narrative Update Report**		
REPORT AUTHOR:	**Amanda Nyeke**	**TEL:**	
JOB TITLE:	**Public Health & Wellbeing Manager**	**E-MAIL:**	**amanda.nyeke@reading.gov.uk**
ORGANISATION:	**Reading Borough Council**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents an overview on the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and, in Appendix A, narrative information updates on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and the locally agreed implementation plans.

1.2 The Health and Wellbeing Implementation Plans narrative update report (appendix A) contain an update on actions agreed for each of the implementation plans and the most recent update of key information in each of the priority areas.

2. RECOMMENDED ACTION

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

- **Priority 1 - Tasks supporting Priority Items relating to developing decision-making processes and use of information and intelligence data, have been updated.**
- **Priority 2 - Tasks supporting Priority Items, focusing on identifying individuals at risk of poor outcomes and actions for developing support to people diagnosed with dementia and people who sleep rough, have been updated.**
- **Priority 3 - Tasks in Priority Items, focusing on the development of evidence-based parenting programmes, rollout of trauma informed practice to early years settings, a parent volunteer scheme and increasing uptake of free two-year-old funding.**
- **Priority 4 - Update on all Implementation Plan Priority Items, especially focusing on the work of the Mental Health Support Teams (MHSTs).**
- **Priority 5 - Update on all Implementation Plan Priority Items, describing activity carried out in task and finish groups and updating on the Mental Health Needs Assessment.**

3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:

- improve the health and wellbeing of the people in their area;

- reduce health inequalities; and
- promote the integration of services.

3.2 In 2021 The Berkshire West Health and Wellbeing Strategy for 2021-2030 was jointly developed and published on behalf of Health and Wellbeing Boards in Reading, West Berkshire and Wokingham. The strategy contains five priority areas:

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

3.3 In Reading the strategy was supplemented by the development of implementation plans for each priority area. These were presented to the Health and Wellbeing Board and approved in March 2022.

3.4 In 2016 the board had previously agreed to introduce regular performance updates, including a Health and Wellbeing Dashboard Report, at each meeting to ensure that members of the board are kept informed about the Partnership's performance in its priority areas. The current Health and Wellbeing Dashboard Report has been developed to reflect the new priorities set out in the Berkshire West Health and Wellbeing Strategy 2021-2030 and the associated implementation plans.

3.5 The Health and Wellbeing Dashboard provides the latest data available to support the Board to scrutinise and evaluate the performance of the Partnership against the agreed priorities set out in the Health and Wellbeing Strategy. Some of the national data used to measure public health outcomes, particularly for those indicators based on annual national survey and hospital data, goes through a process of checking and validation before publication, which can mean that it is published some time after it was collected. Other data contained in this report is reported directly from local health service providers, including primary care providers, and, as these data are not validated or processed before publication, there may therefore be some minor discrepancies and corrections between reports.

3.6 At each Health and Wellbeing Board meeting Health and Wellbeing Strategy Priority Leads for Reading Borough Council will provide a narrative update against selected tasks and priority items that have been actioned during that period. Statistical data will be refreshed every six months. The schedule for reporting for 2022/23 is therefore as follows:

Health and Wellbeing Board	**Narrative updates – selected tasks and priorities**	**Data refresh**
July 2022	✓	✓
October 2022	✓	✗
January 2023	✓	✓
March 2023	✓	✗

4. THE PROPOSAL

4.1 Current Position

<u>Priority 1 – Reduce the differences in health between different groups of people</u>

The Reading Integration Board (RIB) is leading this priority implementation plan and we are focusing on the work funded through the Better Care Fund and through our voluntary care sector partners, to collaborate on integration projects which support the Integration Board Priorities, which in turn are aligned to support the H&WB Strategic Priority Implementation Plans. A Berkshire West wide Inequalities Dashboard has been developed and is in the stage of data checking and testing. Once finalised, expected in October 2022, this will form the basis for a robust Population Health Management approach, enabling us to identify disparities and work with our partners in health and the voluntary sector to address these. There are a range of services provided through our system partners to support people to stay healthy and well and we are working with colleagues in health, to promote health checks, and particularly focussed on groups who may be at higher risk e.g., those with a learning difficulty, the homeless, with dementia, or their carers.

Priority 2 – Support individuals at high risk of bad health outcomes to live healthy lives

We are using Connected Care, our shared care records system across health and social care, to effectively identify people at higher risk of poor health outcomes and making referrals for a review via the Primary Care Network (PCN) Multi-Disciplinary Teams (MDT) meetings to ensure all care needs are identified and addressed, and thereby reducing pressure on primary and secondary care services by keeping people well at home. We also have a priority project focussed on improved access to information and services through digital access, particularly in areas of deprivation; enabling supported access within community settings to support the health and wellbeing of people at risk. Through the 'Closing the Gap' initiative, contracts have been awarded that include Carers Advice and Respite and a range of voluntary care sector services to support the wellbeing of Reading residents, in particular those at risk of poor health outcomes. The Better Care Fund (BCF) supports a range of mental and physical support services, including adaptations to homes through the Disabled Facilities Grant element of the BCF, to enable people to remain in their homes safely, and reablement services to support people to regain independence and confidence after a stay in hospital.

Priority 3 – Help families and children in early years

The Under 5s workstream of the One Reading Partnership is leading on the priority implementation plan with representatives from maternity service health visiting, education including SEND and the voluntary sector. Our priority project areas are to increase the take up of the free two-year-old entitlement especially in disadvantaged communities. We have relaunched a parent volunteer scheme to reach parents and families who have not accessed their entitlement. The Department for Education have also extended the entitlement to include families from Ukraine and asylum seekers so they will be added to the target groups across Reading. A project to rollout trauma informed practice to early years settings continues with positive response and good take up.

Priority 4 - Promote good mental health and wellbeing for all children and young people

Our second Mental Health Support Team is live from September, with an official launch on September 14th. These two teams offer interventions and training for mild to moderate needs, in schools across two thirds of Reading. NHS England is continuing to roll out further waves of MHSTs and we hope to secure our third team in the future, as part of Berks, Oxfordshire & Buckinghamshire's mental health provision. Our Primary Mental Health Teamwork with Children and Young People (CYP) with more complex mental health and emotional wellbeing (MHEWB) needs and have reflected on the increasingly complexity of need over the last year. They also support with training and support other professionals through consultations around MHEWB. The newly jointly commissioned Specialist Child and Adolescent Mental Health Services (CAMHS) Service for Children Looked After (CLA) is recruiting staff. We have a Task & Finish group in place to work with an Assistant Psychologist on developing culturally appropriate services and information and will work closely with local community groups and CYP to develop this. Partnership working continues with a focus on understanding the local MHEWB offer and having a consistent approach to mental health. Trauma informed work in schools continues through our Therapeutic Thinking approach, with a focus on neurodiversity and vulnerable populations.

Priority 5 – Promote good mental health for all adults

The task and finish groups attached to the Mental Wellbeing Group are launching at the end of September to focus specifically on developing culturally appropriate resources and signposting; development of data collection and sharing across the system; and developing training and workforce development programmes across the system. Partnership working continues to grow with the development of a partnership project tackling specific actions around linking physical activity and mental health to training and workforce development. The first draft of the Mental Health Needs Assessment will be complete by early October and the piloting of a mental health referral resource for frontline workers will be completed by January 2023. The procurement of services through the Closing the Gap funding has also resulted in further services supporting mental health and wellbeing for the community from 1st November, alongside increased joint working.

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

5.1 This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The recommended action will have no impact on the Council's ability to respond to the Climate Emergency.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

8. EQUALITY IMPACT ASSESSMENT

8.1 An Equality Impact Assessment is not required in relation to the specific proposal to present an update to the Board in this format.

9. LEGAL IMPLICATIONS

9.1 Not applicable

10. FINANCIAL IMPLICATIONS

10.1 The proposal to update the board on performance and progress in implementing the Berkshire West Health and Wellbeing Strategy in Reading offers improved efficiency and value for money by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially on behalf of the local community.

11. BACKGROUND PAPERS

11.1 APPENDIX A – HEALTH AND WELLBEING IMPLEMENTATION PLANS UPDATE

APPENDIX A - HEALTH AND WELLBEING IMPLEMENTATION PLANS UPDATE

PRIORITY 1: Reduce the differences in health between different groups of people (Implementation Plan narrative update)

Action name	Status	Commentary (100 word max)

Action name	Status	Commentary (100 word max)
1. Take a 'Health in All Policies' approach that embeds health and wellbeing across policies and services.	Green	At the time of policy development or review and update, a health and wellbeing approach is taken to assess how the policy will impact on the health and wellbeing of our residents and our staff.
2. Address the challenge of funding in all areas and ensure that decisions on changing services, to improve outcomes, does not adversely affect people with poorer health.	Green	The Reading Integration Board will focus on groups of people who have been identified as being at a higher risk of poor health outcomes. The board is comprised of system partners from adult social care, voluntary care sector, acute hospital, primary care and community care as well as Healthwatch Reading, who represent the voice of the service users. The Better Care Fund (BCF) is reviewed annually and plans are submitted in line with the Planning Guidance for each year. The BCF Planning Guidance for 2022/23 was released late and the BCF Plans are due for submission on 21st September. At the time of writing this report the Draft Plans are awaiting approval. We work closely with our commissioning colleagues to ensure effective services are commissioned to support the needs of our Reading residents in the most effective and efficient way.
3. Use information and intelligence to identify the communities and groups who experience poorer outcomes and ensure the right services and support are available to them while measuring the impact of our work.	Amber	A Population Health Management Approach is being used to inform priority areas of work. The aim of the Better Care Fund, and as such the board, is to enable integrated working for the best use of resources and to enable care that is tailored to the needs of individuals, that is informed by population health management data. Reducing pressure on acute hospitals by implementing intermediate care to enable people to remain at home, living as independently as possible for healthy and active lives. Data packs at a Primary Care Network (PCN) level have been produced from the Connected Care platform (a shared care records system) that shows the prevalence of conditions in their respective areas and can inform focussed pieces of work with those patients to improve outcomes.
4. Ensure an effective programme of NHS Health Checks and follow up support services that are designed to meet the needs of all people in the community, ensuring appropriate communication and engagement methods that are culturally sensitive.	Amber	The Reading Integration Board (RIB) has a focus on health inequalities, and in particular those affecting people in areas of deprivation within Reading. The programme of work for 2022/23 is agreed with four overarching priorities and 9 projects. The new projects are supporting and promoting health checks and developing a Self-Neglect pathway, and we are continuing with our Multi-Disciplinary Team programme within the Primary Care Networks, which has seen significant successes, such as reducing Acute attendances by 82%. We recognise that there is more work to be done in respect of supporting people with Learning Disabilities to receive their Health Checks and this has been flagged as a priority area.
5. Continue to develop the ways we work with ethnically diverse community leaders, voluntary sector, unpaid carers, and self-help groups that sit within Local Authorities.	Green	The Community Participatory Action Research group created connections within our communities and this is being build on by the Covid Vaccine Champions programme. There are a number of forums at which our Voluntary Care Sector are engaged, along with Carers and community service leads.
1. Ensure fairer access to services and support for those in most need through effective signposting, targeted health education and promoting digital inclusion, all in a way that empowers communities to take ownership of their own health.	Green	The social prescriber model that is in place within Reading is working well, ensuring people are referred in a timely way to the most appropriate services to support their health and wellbeing needs. One of the Reading Integration Board (RIB) Priorities is to support effective Care Navigation and Education, to facilitate improved access to information and services for Reading residents that ensures the right support is accessible and resources are used effectively. This will include a focus on digital inclusion, enabling disadvantaged people within our communities to learn how to use digital devises and gain access to them within community settings, with appropriate support and training to enable people to access services to support their health and wellbeing needs.

Action name	Status	Commentary (100 word max)
2. Increase the visibility and signposting of existing services and improve access to services for people at higher risk of bad health outcomes, whilst also providing pastoral support through faith-based organisations linked to health and social care services.	Green	The three main projects within Priority 4: Care Navigation and Education, for the Reading Integration Board are: 1. Improve access to and awareness of services available (New) 2. Co-ordinate the Making Every Contact Count (MECC) Programme in Reading (New) 3. Digital Inclusion – Ensuring people are enabled to use digital technologies (New) Reading is investing in voluntary care sector engagement to support their Front Door services to ensure effective referral and signposting.
3. Monitor and assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. Ensure health inequalities exacerbated by COVID-19 are addressed as we recover and ensure access to services.	Green	There are regular updates on Covid at the Reading Integration Board and the activity in progress to address any areas of low vaccine uptake and support recovery within communities following the impact of Covid, particularly in relation to isolation and 'low level' mental health issues, which are having a significant impact on GP surgeries. The Covid Vaccine Champion programme also supports this work. The Multi-Disciplinary Team meetings that are taking place at Primary Care Network (PCN) level have regular membership from mental health services to ensure appropriate referrals and support for people with low level mental health needs.

PRIORITY 2: Support individuals at high risk of bad health outcomes to live healthy lives (Implementation Plan narrative update)

Action name	Status	Commentary (100 word max)
1. Identify people at risk of poor health outcomes, using Population Health Management data and local data sources, as well as increase visibility of existing services, and signposting to those services, as well as improving access for people at risk of poor health outcomes.	Amber	The Reading Integration Board is using a Population Health Management (PHM) approach to identify areas and groups as a focus for activity, producing appropriate datasets to inform the work we are doing and engaging with 'at risk' groups. The shared care records system, Connected Care, is used for case finding based on specific conditions that we know are more prevalent, and particularly in areas of deprivation within the Reading area. These cases, with consent of the service user, are then discussed at the Multi-Disciplinary Team review panels to ensure a holistic approach to supporting those individuals to stay well and avoid hospital admissions. All access to data is in line with General Data Protection Regulations (GDPR). A Berkshire West Inequalities report has been developed and is currently in the process of testing. This report will provide a range of data that highlights areas of inequality and will be used to support commissioning and planning of initiatives to address areas of need.
2. To raise awareness and understanding of dementia. Working in partnership with other sectors, we can introduce an integrated programme ensuring the Dementia Pathway is robust and extended to include pre diagnosis support, and improve early diagnosis rates, rehabilitation and support for people affected by dementia and their unpaid carers.	Amber	Reading Borough Council Public Health and Wellbeing Team are engaged in the wider discussions about dementia pathways with commissioning teams, to ensure alignment of approach and working towards early diagnosis. The Reading Dementia Friendly Group has participating members from voluntary care sector and commissioning services. There is a clinical pathway in place for people with dementia and the non-clinical supporting pathway will be developed with our system partners once resources are in place, together with a programme of awareness and information to support both people with dementia and their carers.
3. Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers by giving them a break from their caring responsibilities, whilst allowing them to fulfil their caring role.	Green	Our Carer's Information, Advice & Guidance Service is part of a consortium commission with West Berkshire Council, the NHS Integrated Care Board, DACHs and Brighter Futures for Children. The commissioning of this service is in line with our statutory duties under the Care Act 2014.
4. We will work together to reduce the number of rough sleepers and improve their mental and physical health through improved access to local services.	Green	Within Reading Borough Council (RBC), Adult Social Care (ASC) Advice and Wellbeing Hub and Housing are working together to narrow the gap with rough sleepers and create a joint approach to address health, wellbeing and housing needs. Working with the Rough Sleeping Interventions Team a jointly funded post for an experienced social worker to support our residents who have experience of rough sleeping, rough sleeping lifestyles and homelessness, and will enable us to support the government's Rough Sleeping Strategy to end rough sleeping by 2027. There are a range of commissioned services across Reading to support rough sleepers.
5. Prevent, promote awareness, and provide support to people affected by domestic abuse in line with proposals outlined in the Domestic Abuse Bill.	Green	We work closely with our Voluntary Care Sector Partners, Thames Valley Police to ensure safeguarding concerns are reported to enable action to be taken to support people at risk of domestic abuse.
6. Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.	Green	We are working with our Voluntary Care Sector partners, some of whom are specialists in supporting people with Learning Disabilities, who are involved in a range of forums to enable engagement and feedback to support commissioning and priorities across Reading and the wider Berkshire West "Place"

PRIORITY 3: Help families and children in early years (Implementation Plan narrative update)

Action name	Status	Commentary (100 word max)
1. Explore a more integrated universal approach that combines children's centres, midwifery, health visiting as outlined in the Best Start for Life report. This will aim to improve the health, wellbeing, development, and educational outcomes of children in Reading	Choose an item.	Work continues through the under 5s workstream to collate services already delivered and identify gaps to develop a cohesive offer for parents and families Hospital link worker to support new parents in maternity unit at RBH with low level information/guidance/signposting. To support midwives accessing services for parents and families below threshold.
2. Work to provide evidence-based support for mothers, fathers, and other carers to help prepare them for parenthood and improve their personal and collective resilience during pregnancy and throughout the early years.	Choose an item.	Rollout of new suite of parenting support- Mellow parenting from April 2022. Training has been provided to 16 children's centre workers to facilitate the programme. Mellow bumps- delivered to 15 pregnant women. Mellow babies- delivered to 8 parents Mellow Toddlers-course started September 2022-6 parents A new course has been developed and co-facilitated BFfC and Maternity for new dada called "Dads to be". Three course have been run April-September attended by 18 participants.
3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	Choose an item.	Increase of 1.25% from Spring term (76.62%) to Summer term take-up (77.87%) Parents champion scheme relaunched September 2022. Marketing campaign over Summer in town centre, parks, libraries
4. We will ensure that early year's settings staff are trained in trauma-informed practice and care, know where to find information or help, and can signpost families	Choose an item.	Over 100 Early Years staff have now started the training courses. A trauma informed network has been developed to share good practice.
5. We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.	Choose an item.	Two DWP advisors have been seconded to BFfC to provide information/advice and guidance for parents on benefits/employment. Work continues on developing clear guidelines that will be available via FiS.

Action name	Status	Commentary (100 word max)
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	Choose an item.	A multi-agency group has been established to focus on creating a clear pathway for professional and parents to understand the options to support children with SLC difficulties. A roadmap has been created and published for parents and professionals. The group are now being supported by national charity ICAN to provide insight in reframing the culture and expectations of speech, language and communications being everyone's responsibility. The aim is to reduce the waiting time for children to be assessed for therapy and to develop low level support to avoid escalation to higher level services.
7. Explore the systems for identification of need for ante natal and post-natal care of pregnant women and unborn/new-born babies to reduce non-accidental injuries	Choose an item.	There are three multi-agency meetings held monthly for vulnerable pregnant women/new parents/unborns and newborns. Multi-agency meetings are held in children's centres between midwives, health visitors and children's centre managers to discuss families of concern and to offer packages of support. This is informed by maternity pathway referrals from maternity to children's centres for low level support below threshold. A new infant family worker has been employed to support the further integration of services for pregnandt women/new parents/unborns and newborns including breastfeeding, safer sleeping and coping with crying.

PRIORITY 4: Promote good mental health and wellbeing for all children and young people (Implementation Plan narrative update)

Action name	Status	Commentary (100 word max)
1. Provide early intervention for children and young people with the right help and support at the right time	Choose an item.	Q2 update: MHST 1: POSITIVES: 85 new referrals; outcome data shows 75-100% improvement in symptoms/goals. 70 parents attended parent sessions; RISKS: staff leaving for career progression. MH ambassadors. MHST 2: Launch date 14th Sept. PMHST: Working with 50 CYP; outcomes 90-95% improvement in symptoms/goals. 155 professional consultations; Waitlist 6-8 weeks; Kooth: July 2022: 174 service users EPS: 90% schools buy in EP service; 31 parent/carers attended Overcoming Your Child's Anxiety workshops. MHEWB training to schools;
2. Support settings & communities in being trauma informed and using a restorative approach	Choose an item.	New Trauma Informed Practitioner started in September. Schools have rolling training programme of Therapeutic Thinking Schools; This is supported with TTS Network s and new offer to schools from September is schools can book for EP support in implementing TI practice in a particular area of difficulty or concern that the school has.
3. Coproduction and collaboration with children and young people, families, communities and faith groups to shape future mental health services and in delivering transformation of mental health and emotional wellbeing services	Choose an item.	Assistant Psychologist working with local community and faith groups to shape local services for CYP who are black or from an ethnic minority. Multi agency/ partners Task & Finish group has been set up to support and inform this work. The Consistent Approaches to Mental Health is a 6- weekly meeting with partners across Reading who offer a service or project for CYP's MHEWB and parent/carer reps; it is working to ensure close partnership working, and an understanding of what support is available to CYP/F. We are producing a MHEWB offer directory which will be live and updated 6-weekly. This is in its infancy but very promising. The group aims to ensure we are up to date with projects and teams and what the offer is, so we can support each other's work, consider any gaps and look at commissioning new or different projects and services.
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners	Choose an item.	The local place-based commissioners have employed a charity to develop this work. Berkshire MIND has made recommendations after scoping. Work continues.
5. Identify and provide services for targeted populations i.e. the most vulnerable children and young people to ensure equality of access to support and services	Choose an item.	New Specialist CAMHS Child and Adolescent Mental Health Services (CAMHS) Service for Children Looked After (CLA) is recruiting staff. IFA is supported by the PMHT & the TI Practitioners. All Children Looked After (CLA) are supported by a Specialist EP for CLA. Early Years mental health training programme offered by EPs & PMHT. BFfC has a Growth Approach to Autism, to focus on CYP having a positive experience of schools and to achieve their aspirations; Reading is a training hub for the Autism Education Trust. Schools have been trained as trainers to roll out the training. Intensive Interaction training is offered to schools. See above for CYP from minority backgrounds, and TTS for reducing exclusions.
6. Recovery after Covid-19/ adolescent mental health	Choose an item.	EBSA team is in place and working with CYP, families and schools.
7. Local transformation plan	Choose an item.	The draft update will go to the HWB Board in October.

PRIORITY 5: Promote good mental health and wellbeing for all adults (Implementation Plan narrative update)

Action name	Status	Commentary (100 word max)
1. Raise mental health awareness and promote wellbeing	Choose an item.	The responsible task and finish group will be meeting on 4th October for the first time. Work has already been completed around this via the funding Compass Recovery College received, working in partnership with voluntary sector partners including ACRE, Weller Centre, Reading Community Learning Centre and Sadaka to co-produce culturally appropriate workshops and resources around mental health and wellbeing. A pilot will also be launched in September to trial a mental health referral resource for frontline workers, partners involved include Department for Work and Pensions, Reading Borough Council's debt advice team and income recovery team along with Berkshire Healthcare Foundation Trust's wellbeing leads.
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Choose an item.	The Reading Borough Council debt advice team and homelessness prevention and pathways teams are working to develop data collection methods around mental health and wellbeing to evidence the scale of mental health support required for their clients. A pilot referral pathway is also being developed across these teams into the Talking Therapies service, alongside their involvement in the pilot project to trial a frontline worker mental health resource.
3. Focus targeted support on groups at greater risk of experiencing mental health challenges, loneliness and social isolation and health inequalities to support early identification & intervention	Choose an item.	The responsible task and finish group will be meeting on 27th September to assess current targeting and data collection to further understand the current situation in order to develop this support. This targeted support will also be increased through the Closing the Gap funded services due to launch on 1st November. Under this action, the work of the Suicide Prevention group is also mentioned – this strategy is currently being refreshed by the DPH.
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Choose an item.	A partnership project is currently being developed with partners across the Mental Wellbeing Group with a specific focus on training and workforce development with a strong emphasis on a community of learning approach. This will work to foster more collaborative working across the system and build relationships across health, care and third sector services. The task and finish groups will also work to nurture partnerships across health, care and third sector.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Choose an item.	A Ready Friends review has taken place and will be presented on 19th September at the Mental Wellbeing Group. There is also a campaign running currently, led by Reading Voluntary Action, around recruitment of volunteers called Chat, Connect, Befriend. The Befriending Forum and Social Prescribing Forum continue and the Loneliness and Social Isolation Group are due to meet on 29th September.
6. Build the capacity and capability across the health and social care workforce to prevent mental health problems and promote good mental health	Choose an item.	The Mental Wellbeing Group are working with Get Berkshire Active and a range of partners from the group to co-design a programme of training for partners across the system, specifically focusing on upskilling the workforce with Mental Health First Aider courses, Suicide Prevention and First Aid along with relevant training around physical activity delivery in the form of coaching qualifications, walk leader training and the active medicine training. This project will create a community of learning for partners to share knowledge and experience and will act as an opportunity to work with partners to design a longer-term training programme around mental health and wellbeing.
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Choose an item.	This priority focuses on upskilling voluntary sector partners to feel confident in supporting members of the community where their mental wellbeing has been affected by Covid-19 – this will be supported by the project outlined in the update above.
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Choose an item.	The responsible task and finish group are meeting to discuss this action on 27th September to assess what local metrics are currently in place and how we could work towards one set of local metrics that is used across partners, feeding back in to the JSNA and commissioning decisions. Already conversations are taking place to look at how we collect data within Reading Borough Council across departments and how we could introduce a set of metrics that can be used across teams, and similar conversations are happening with partners including Department of Work and Pensions, commissioned services such as Change Grow Learn, Berkshire Healthcare Foundation Trust and primary care.

Berkshire West
Joint Health and Wellbeing Strategy & Implementation Plans

07/10/2022

Health & Wellbeing Board– Amanda Nyeke
Public Health & Wellbeing Manager

A Happier and Healthier Berkshire

Reading West Berkshire Wokingham

Reading snapshot

At the start of developing the strategy

161,780
Total Resident Population

100%
Urban population

25.3%
Ethnically diverse population

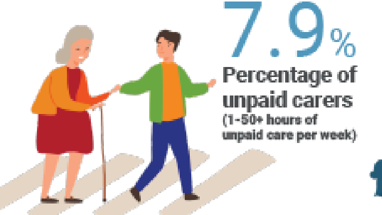
69%
Children achieving a good level of development at early years

12.5%
Population aged 65+

7,090
Total number of businesses

9.6%
Full time students age 18+

Unemployment rate
3.6%



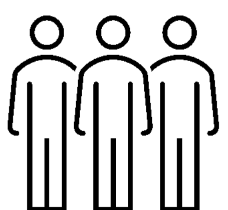
7.9%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

50.2%
People with very good health

Data collected from multiple sources. Sources found in Appendix A.

Reading snapshot

More recent demographics

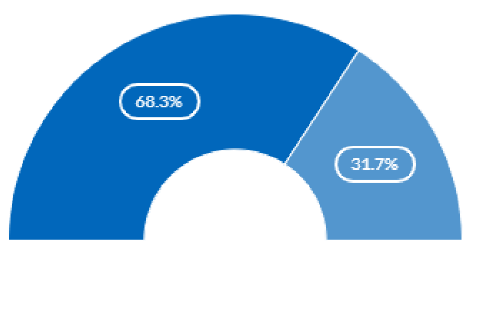


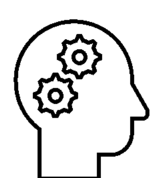
Population of 174, 000 people, this up 11% from 2011.

Reading is the fourth most densely populated of the South East's 64 local authority areas, with around 31 people living on each football pitch-sized area of land.

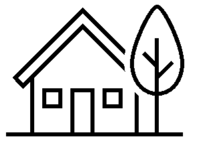
16% of children are living in low income families

31.7% of Reading resident are from various ethnic minority groups



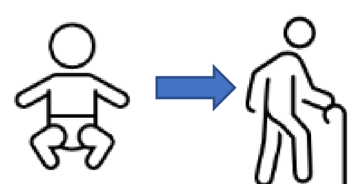


18% of Resident experience common mental health disorders (depression/anxiety), which is higher than national average



£454 increase in average annual grocery bills within the UK

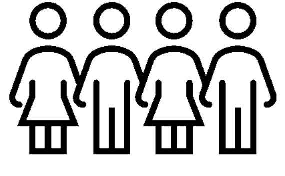
In **2021** ReadiFood delivered an average of **178 parcels every week**



Life expectancy: Men can expect to live for as long as any other male regionally or nationally (79yrs). However, women in Reading, can expect a shorter life expectancy compared to other women both nationally and regionally (82years vs 84 regionally)

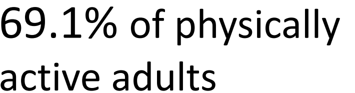
Smoking rates are much high in deprived areas. 29.3% of routine and manual occupations smoke

63% of adult are overweight or obese



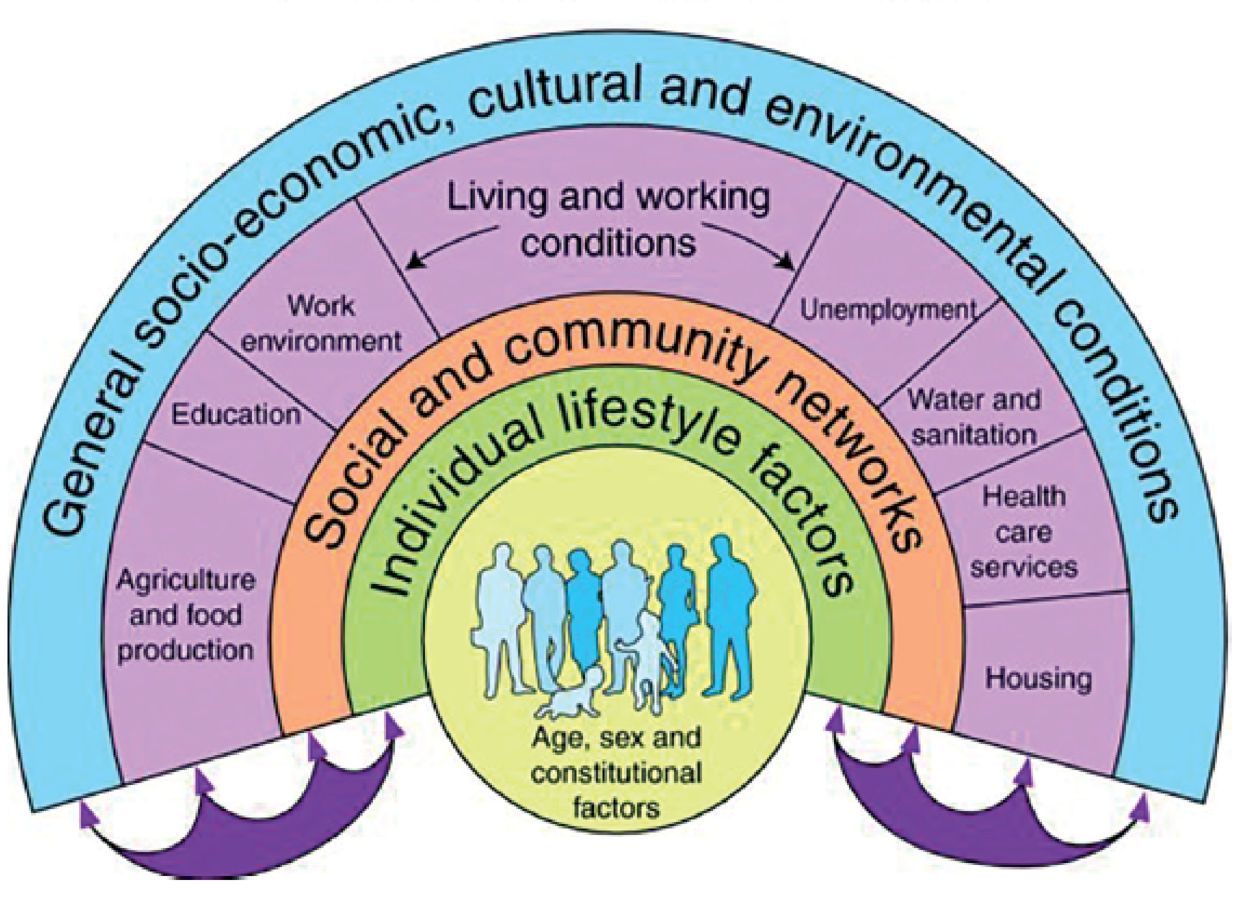
36.4% of Reading 10 and 11 years olds are carrying excess weight – higher than the national and south east areas.

69.1% of physically active adults



Reading are outliers for not successfully completing drug and alcohol treatment

Wider determinants of health



Model of social determinants of health [9]

Strategy Priorities

1. REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE.
2. SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES.
3. HELP CHILDREN AND FAMILIES IN EARLY YEARS.
4. PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE.
5. PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS.

Strategy Priorities 1 & 2

The Reading Integration Board is leading these priority implementation plans

1 REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE.

- The Reading Integration Board (RIB) is focusing on the work funded through the **Better Care Fund** and through our voluntary care sector partners, to collaborate on integration projects which support the Integration Board Priorities, which in turn are aligned to support the H&WB Strategic Priority Implementation Plans.

- A Berkshire West wide **Inequalities Dashboard** has been developed and is in the stage of data checking and testing. Once finalised, expected in October 2022, this will form the basis for a robust **Population Health Management approach**, enabling us to identify disparities and work with our partners in health and the voluntary sector to address these.

- There are a range of services provided through our system partners to support people to stay healthy and well and we are working with colleagues in health, to promote health checks, and particularly focussed on groups who may be at higher risk e.g. those with a learning difficulty, the homeless, those with dementia, or their carers.

Strategy Priority 2

The Reading Integration Board is leading these priority action plans

2 SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES.

- **Connected Care** (shared care records system across health and social care) - being used to effectively identify people at higher risk of poor health outcomes and making referrals for a review via the Primary Care Network (PCN) Multi-Disciplinary Teams (MDT) meetings to ensure all care needs are identified and addressed, thereby reducing pressure on primary and secondary care services by keeping people well at home.

- Priority project focussed on improved access to information and services through digital access, particularly in areas of deprivation; enabling supported access within community settings to support the health & wellbeing of people at risk.

- '**Closing the Gap**' initiative - contracts have been awarded including Carers Advice and Respite and various voluntary care sector services to support the wellbeing of Reading residents, in particular those at risk of poor health outcomes.

- The **Better Care Fund (BCF)** supports a range of mental and physical support services, including adaptations to homes through the Disabled Facilities Grant element of the BCF, to enable people to remain in their homes safely, and reablememt services to support people to regain independence and confidence after a stay in hospital.

Strategy Priority 3

The One Reading Partnership Under 5s Workstream leads this priority (including representatives from maternity, health visiting, paediatric services, education and voluntary sector

3 HELP CHILDREN AND FAMILIES IN EARLY YEARS.

- The Under 5s workstream of the One Reading Partnership is leading on the priority action plan with representatives from maternity service health visiting, education including SEND and the voluntary sector.
- Our priority project areas are to increase the take up of the free 2-year-old entitlement especially in disadvantaged communities.
- We have relaunched a parent volunteer scheme to reach parents and families who have not accessed their entitlement. The DfE have also extended the entitlement to include families from Ukraine and asylum seekers so they will be added to the target groups across Reading.
- A project to rollout trauma informed practice to early years settings continues with positive response and good take up.

Strategy Priority 4

Brighter Futures for Children is leading this action plan

4 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE.

- Second Mental Health Support Team (MHST) is live from September - official launch on Sept 14th. These two teams offer interventions and training for mild to moderate needs, in schools across two thirds of Reading. NHS England is continuing to roll out further waves of MHSTs and we hope to secure our third team in the future, as part of Berkshire, Oxfordshire & Buckinghamshire's mental health provision.

- Our Primary Mental Health Teamwork with children and young people with more complex mental health and emotional wellbeing (MHEW) needs and have reflected on the increasing complexity of need over the last year. They also support with training, and support other professionals through consultations around MHEWB.
- Newly jointly commissioned Specialist Child and Adolescent Mental Health Services (CAMHS) Service for Children Looked After (CLA) is recruiting staff. We have a Task & Finish group in place to work with an Assistant Psychologist on developing culturally appropriate services and information and will work closely with local community groups and children and young people to develop this.
- Partnership working continues with a focus on understanding the local MHEWB offer and having a consistent approach to mental health. Trauma informed work in schools continues through our Therapeutic Thinking approach, with a focus on neurodiversity and vulnerable populations.

Strategy Priority 5

The Adult Mental Wellbeing Group is leading this priority action plan

5 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS.

- The task and finish groups attached to the Mental Wellbeing Group are launching at the end of September to focus specifically on developing culturally appropriate resources and signposting; development of data collection and sharing across the system; and developing training and workforce development programmes across the system.
- **Partnership working** continues to grow with the development of a partnership project tackling specific actions around linking physical activity and mental health to training and workforce development.
- The first draft of the **Mental Health Needs Assessment** will be complete by early October and the piloting of a mental health referral resource for frontline workers will be completed by January 2023.
- The procurement of services through the **Closing the Gap** funding has also resulted in further services supporting mental health and wellbeing for the community from 1st November, alongside increased joint working.

Lost for words

Healthwatch Evidence on how language barriers contribute to health inequalities

March 2022

Contents

Executive Summary 3

Background to our research 4

When do language barriers affect access? 4

What type of barriers do people face? 6

System related barriers: access to interpreters 6

Lack of awareness about professional interpreters 6

It's not always easy to access an interpreter 7

System-related barriers: quality of interpretation 8

Language and dialects 8

Other issues about the quality of interpretation 9

System-related barriers: lack of translated information 9

System related barriers: not talking to each other 10

Staff-related barriers: people's language needs 11

Staff-related barriers: support from GP practices 11

Impact on other services 13

Staff-related barriers: technology 13

Staff-related barriers: funding and costs 14

Patient-related barriers: personal preferences 15

Using family or friends 15

Concerns about asking family/friends for help 16

Cultural and privacy concerns 16

Some prefer using technology, others don't 17

Patient-related barriers: impact of staff attitude 17

Practical improvements people want to see 19

Recommendations based on our evidence 20

Research methodology 20

What we did 20

What local Healthwatch did 21

Working together ... 21

Data collection and analysis ... 21

Our research participants ... 22

Patients ... 22

Staff ... 22

Executive Summary

The Accessible Information Standard (AIS) ensures people with a learning or sensory disability can understand and communicate with healthcare providers. However, it does not currently cover the needs of people who have limited or no English.

Our research delves into the experiences of people from minority ethnic communities who live in England and find it challenging to communicate with the NHS because they don't speak English well or at all. We also look into the issues faced by healthcare staff when caring for such people.

With the help of six local Healthwatch, we interviewed 109 people and 38 members of staff between October and November 2021. We produced our interview guide following discussions with the local Healthwatch and a panel of "experts by experience" from Doctors of the World - an independent humanitarian movement that aims to empower excluded people to access healthcare.

Our evidence concluded that people who experience language barriers struggle at all points of their healthcare journey. They find it difficult to register with a GP, access urgent care, navigate large healthcare premises, explain their problems, or understand what the doctor says.

Lack of interpretation support further compounds their issues. They may not be aware of professional interpreters, find it difficult to access one when needed, or even understand them if interpreters don't speak their dialect. As a result, they don't get the healthcare that they need.

Some people preferred to use family or friends to translate for them, but others felt uncomfortable doing so. We also heard that cultural and privacy concerns can affect someone's preferences, for example women wanting same sex interpreters. Whilst staff were keen to use technology to translate, some people with language barriers didn't have confidence in it.

Staff told us that there were no common systems for recording people's language requirements or sharing this information with other parts of the healthcare system. Staff wanted more training and support to help people with language barriers. Staff also felt constrained by ever-reducing budgets for interpreting. The consequences of not having these in place included people missing appointments or experiencing delays to their care.

Staff, patients and family members made suggestions for change which would improve their experience, including automatic alert systems to flag people's language needs, easier access to translated resources, and flexible support based on individual needs.

We recommend that the existing guidance for commissioning interpreter services in primary care becomes a statutory obligation for all healthcare providers. We also recommend providing more coordinated interpreting and translation services at the new Integrated Care System levels.

Background to our research

NHS England (NHSE) implemented the Accessible Information Standard (AIS) in 2016. It makes it mandatory for all health and social care providers to ensure that people with a disability or sensory loss can access and understand information and communicate effectively.

NHSE is currently undertaking a review of the AIS and will publish a report in spring this year. They have also acknowledged the need to address the issues of people who have limited or no English and will investigate them separately.

To feed into their review, we examined our network's evidence to determine how people's experiences had changed due to the AIS. We also looked at how the pandemic impacted their communication support. While some providers had taken significant measures to support people with communication needs, we found that many were still falling short.

Our report also highlighted that the AIS does not cover all people who find it challenging to communicate with healthcare providers. One of the groups that stood out the most were people who had limited or no English. These are often some of the most vulnerable in our society, for example, refugees and asylum seekers. Lack of English puts them at a more significant disadvantage and contributes to health inequality.

Therefore, we focused our research on people who experience language barriers in accessing care and treatment to understand how it impacts their healthcare experiences and outcomes. Additionally, this research allows us to explore an important issue many people from ethnic minority communities in England face when they contact healthcare services - the services' failure to communicate with them in an accessible way. This research strongly aligns with our organisational strategy, which aims to amplify the voices of communities whose views often go unheard, overlooked, or ignored.

We grant funded six local Healthwatch who interviewed **109 people**, all from minority ethnic communities, to share their experiences of accessing healthcare services. All our research participants were people who had limited or no English.[1] Local Healthwatch also spoke with **38 staff members** working in different healthcare settings. See the section at the end of this report for more details about our research methodology.

When do language barriers affect access?

We found that people faced problems at all points of their healthcare journey.

[1] Note: Language translators helped local Healthwatch carry out most of the interviews. Hence, there may be interpretation bias in the evidence.

People with limited or no English face significant difficulties registering themselves and family members with a GP without appropriate language support. One research participant couldn't register their child and had to seek healthcare privately. Another had to change their surgery as they couldn't communicate with the receptionist to request an appointment. As a result, they faced delays in getting help.

When people finally see the doctor, they have difficulty explaining themselves without interpretation. The individual might not understand what the doctor said, such as why their medication was changed or discontinued. As a result, they feel anxious about their health.

> "I have regular consultations every three months, and the conversation is very short and usually the same: what's my medication, how do I feel? Do I have bleeding etc.? I usually respond with yes or no. Sometimes I feel like they treat you as you are in a slaughterhouse. One comes, one goes. I don't feel that I am in safe hands, but I have no other options from the other side. Although the appointments are routine, sometimes I may have questions that I want to ask, but I can't because I wouldn't know how to say it in English. So, I keep quiet." Russian woman who spoke to Healthwatch Norfolk

Access to urgent care services can be challenging if there is no way to recognise people's language needs and provide adequate support. For example, calls to NHS111 can be much longer. Several participants said they often do not understand the information they hear when calling NHS 111. Some end up in A&E, where they struggle again to express their concerns. In one case, a mother had to resort to writing the issues about her autistic son when he needed urgent help.

> "Her son has got autism; he needs emergency help. And the second time, she said she had to write what she wanted to say to the doctor because of the language problem. In an emergency, she had to write it, and she's very upset about that, that she can't explain it to the doctor." Tamil translator for Healthwatch Croydon's focus group

Getting to a hospital appointment is challenging when people don't understand the appointment letter. They find it difficult to navigate large hospital premises or know which department they need to attend. Our evidence indicates that hospitals don't often send location details in the patient's language, probably because their records don't highlight their language needs.

Our evidence review related to the AIS found that the pandemic had exacerbated access to interpreting services.[2] People with limited or no English faced particularly acute problems. Some struggled to book appointments over the phone as they didn't understand pre-recorded messages or which buttons to press.

---

[2] The Accessible Information Standard, Healthwatch England, February 2022

Patients couldn't explain their exact symptoms without support for their language needs due to their limited English. In turn, this worsened their condition.

> "During the pandemic [participant's] eczema got worse, and she tried explaining her symptoms to a doctor and interpreters were never used. He repeatedly gave her creams. She could not explain herself, and the condition got worse, and this resulted in the area becoming infected and worsening the condition." Bangladeshi translator for Healthwatch Liverpool's focus group

The NHS Race and Health Observatory has also reported that people from ethnic minority communities are less satisfied with telephone triage systems in GP surgeries compared to white people.[3] It is very likely the dissatisfaction stems from the lack of understanding of the systems due to language barriers.

What type of barriers do people face?

System related barriers: access to interpreters

System-related barriers are the most common type of barriers people face. It is possibly the easiest type to address as well. People who don't speak English well enough to communicate with healthcare services need help from interpreters. However, they are either unaware of interpretation services or have difficulty accessing them.

Lack of awareness about professional interpreters

People with limited or no English may not be aware of interpretation services because of a lack of accessible information. Several of our participants didn't know they could ask for help for their communication needs. As a result, they had never used NHS interpreting services. Moreover, those who were aware knew of such services at hospitals but not at GP surgeries.

> "I wasn't aware that I can request support around interpreting. I only thought that this is available through the hospital and only if they think it is necessary. I thought it's only for midwifery because the only one who brought me an interpreter was the midwife. Often my husband had to skip college to come with me to appointments." Arabic woman who spoke to Healthwatch Hackney

[3] Ethnic Inequalities in healthcare: a rapid review, the NHS Race Observatory, February 2022

There are other reasons why some people do not ask for help from interpreters. For example:

- Some patients may be aware of services but may not know how to book an interpreter in advance.
- Some people, especially women, feel too shy to ask for help. Others may not feel confident in their English to ask for an interpreter or feel the providers will refuse any help if they do so.
- Others think it'll be a waste of time because they won't understand what the interpreter says.

Our evidence clearly shows that when people do not seek help due to a lack of awareness, they struggle through their appointments.

> "I would never even imagine that such services like interpreter can be possible at the hospital, so I was always relying just on myself struggling through all that appointment to explain and to understand properly how the treatment should be taken, prescription, and what to do next, so difficult." Ukrainian man who spoke to Healthwatch Croydon

It's not always easy to access an interpreter

Lack of access to official interpreters can deter people from accessing different healthcare services. During their conversations with the research participants, Healthwatch Liverpool found that often people didn't get an interpreter because staff refused to book one or they weren't available. Even when staff had booked an interpreter, there was no guarantee that they would provide support. We heard that sometimes interpreters didn't turn up or speak the same language or dialect as the patient.

Access to an interpreter can be more difficult for a face-to-face appointment than a phone appointment because staff need to book the interpreter in advance. Several participants pointed out that the pandemic has made accessing an interpreter for remote and in-person appointments more difficult. People found it more challenging to get an interpreter for GP than for hospital appointments.

> "At the GP surgery, we never received an interpreter, but at the hospital, we do manage to have one all the time. Even over the phone to get an interpreter." Romanian man who spoke to Healthwatch Norfolk

As a result, some made their own arrangements. We heard this could take time and may not be free of charge - one participant asked someone from their community to help and paid them for their time.

When people cannot make arrangements, they might be put off seeking help from the NHS. We heard about alternative solutions, such as asking relatives from their home country to send them medicines.

"The two main problems I always meet, the first one is that I always need to find somebody who speaks English before I contact the NHS or before I look for any help from doctors, and it creates lots of discomfort because I have to find somebody who speaks English, who has time, who is ready to help. People are mainly busy with their own duties, work, and I have always relied on somebody, and it creates a big discomfort. Also, sometimes I don't even call NHS at all, I ask my relatives from Ukraine to pass me some medication from Ukraine, so I don't call the NHS at all." Ukrainian man who spoke to Healthwatch Croydon

System-related barriers: quality of interpretation

Our participants reported mixed experiences of using an interpreter during healthcare appointments. Some felt they could not explain anything without an interpreter. They felt better understood when an interpreter was present. One person thought that they received better treatment when they had an interpreter. Others weren't sure if their presence significantly affected the quality of communication with healthcare staff. Poor quality interpretation has meant that a person left their appointment without knowing what was said.

"There was a Turkish Cypriot interpreter over the phone, and I understood nothing but was only saying OK. I left the session without a clue. I went there because I wasn't feeling well. I guess it was my blood pressure. But I didn't say anything to the doctors because there was no point." Turkish speaker from Hackney

Language and dialects

Some languages have a variety of dialects. Interpreters who do not speak the same dialect aren't very useful. Several research participants said their communication problems weren't solved when the interpreter spoke another dialect.

"It is common for Bangladeshis to be booked interpreters from different parts of India. [Participant] explained how some interpreters were from Calcutta, which is in India, not Bangladesh and therefore spoken completely differently. Sylheti dialect is a different language to the language spoken in Calcutta." Bangladeshi translator for Healthwatch Liverpool's focus group

"I don't know if they actually understand me because I'm Syrian. They bring an Iraqi, a Moroccan, Tunisian [interpreter]. The dialects are different, and that's a struggle." Syrian woman who spoke to Healthwatch Reading

When people can't rely on getting an interpreter who speaks the same dialect, they might not even ask for help.

Healthcare services might not differentiate between dialects if the patient record systems that they use don't have fields to collect this information. For example, one trust reported not having anywhere to store information about a person's primary language, only their country of birth. Even if the system does have fields to collect people's language needs, staff may not remember to complete them.

Other issues about the quality of interpretation

We heard about other situations when the quality of support from interpreters wasn't as people had expected:

- Some of our participants felt rushed by the interpreter to finish their appointment as quickly as possible because their agency had booked them to support several people on the same day at different practices.
- Interpreters may be fluent in the language, but they may not understand medical terminology well. As a result, people feel unsure if the interpreter has correctly interpreted what the medical professional has said.
- Some participants felt that interpreters didn't understand the gist of what the doctor said. For example, an interpreter told an individual that they might die when the doctor had said their condition was severe but not fatal.
- On occasions, some interpreters respond to the doctor without even asking the patient, making people question their reliability.

System-related barriers: lack of translated information in other languages

People who cannot read English aren't given written information about their conditions or medication or access information online about health-related queries and appointments in their language.

We have also heard that translated information that includes complex terms without explanation may not help people understand what action to take. For example, a Yemeni woman mentioned that the information she received had Arabic terms that were difficult to understand.

When people don't have access to information in the language they can understand, they create their own solutions. One participant asked the doctor to write their advice in English and then looked for someone to read it and translate it. People take risks by acting late on medical advice, if they don't get healthcare information translated quickly.

Without access to translated information, people also take risks by self-diagnosing or self-medicating without consulting their doctors. One of the participants from Healthwatch Liverpool's focus group said that she often uses the internet to search for answers about her health condition in her native language. She said she does this because her GP doesn't provide any information in her native language.

Access to information in other languages was particularly challenging during the pandemic. Some of our participants said they used social media to search for information.

> "(...) when I don't understand what the doctor is trying to tell me, I will ask them to write me a letter and then I can take that letter to someone to explain to me exactly what the doctor is saying. Yes, it has actually had a negative effect on my health. Because sometimes I get a letter in my hand. By the time I look for a suitable person to explain to me, because I don't want to give it to anybody, so by the time I look for the person that I trust the most to explain, sometimes it's too long and then the doctor will write to say that I have to re-start everything from scratch, and that is the consequence. Or sometimes, by the time I get somebody, it can actually cause me some problem as well." **French-African speaker who spoke to Healthwatch Croydon**

System related barriers: different systems not talking to each other

Our evidence tells us that there is no coherent process or system for all services to help people with limited or no English. Different trusts and care services use different operating systems and software, and they don't seem to work well together. For instance, staff couldn't copy patient information between Cerner and InfoFlex systems, so they had to record information separately in each.

Staff told us that there are different ways of recording patient language needs. As a result, information is not always communicated effectively between the various systems and services, often leading to patients' needs being missed or overlooked.

Further examples:

- Some trusts don't have a flagging or alert system to make them aware of patient language needs before appointments, leaving them unprepared.
- Staff often record language needs in the notes within electronic records. But there is no guarantee that clinicians, who don't routinely scroll through the notes, will read this.
- Some departments or services keep their own notes separately and may not always share them with others. It becomes an issue when the individual has to visit multiple departments for their healthcare needs.
- GP surgeries often record a person's language needs; however, some services have limited access to GP records.

> "The issue we have is that there is nothing, no alerts on the system, that will tell us that this patient needs an advocate. We have to go into a particular area within the system to see the information. So, you may put it on the system as an additional note that their first language is

> Portuguese, but there’s no alert.” Booking Service Manager, Hospital in Hackney

Staff-related barriers: lack of clarity around people’s language needs due to inadequate support for staff

Staff recognise that the support for people with no or limited English could be much better. However, they aren't always sure how to provide it. Several said they needed better support to help people in this situation communicate. We heard that there is no clear and consistent approach to identifying and recording a person's language support needs. Some felt that they do not have the right tools and processes to deliver a consistent service:

> "I think it [language needs] should really [be covered by the AIS] because I think in the long-term, if you don't support people with these needs, then often, you know, they may not understand what's going on. If they don't understand, they might not attend examinations. They might not attend investigations like MRI scans. And they will end up bouncing back into the health service at some point, either because they're in a more acute situation or their GP's referred them back." Admin Team Lead for pain services in Reading

Staff from all services emphasised the importance of identifying language needs at the first point of contact. However, processes aren't always in place to allow them to do so. Consequently, they don't have time to prepare, impacting their ability to provide support. Staff attitudes towards people with limited or no English may also be affected.

> "So we've got a guy who can't speak English standing in the foyer, and all he wants to do is speak to somebody who can explain things to him, but he can't … he wants to come in to talk face-to-face, so we've got to try to explain to him, in the meantime, the receptionist in the front is dealing with about five other things, now if you're dealing with somebody who can't speak English, then it's frustrating for both people, it's hard for everybody … you have to be a welcoming face, that's not looking and going '[exasperated sigh] ah I haven't got time for this." GP Practice Reception Manager from Liverpool

Staff-related barriers: issues around support from GP practices

GP services are the initial point of contact for patients. Feedback from GP practice staff emphasises their essential role in making sure people with little or no English receive the proper support. When people visit a GP surgery, they interact with reception staff first. Receptionists, therefore, play a crucial role at the very start of people's healthcare journey. However, it is not clear from our evidence whether they receive any training to identify and support people with limited or no English.

In our patient interviews, we encountered several instances where people have found GP receptionists particularly unhelpful. A few have even felt their attitude discriminatory. Lack of awareness and adequate training can impact staff attitudes.

> We need proper training. You get training for people who've [got] disabilities, you're told, 'don't speak to the parents, speak to the person with the disability.' You just know these things, but you don't with people who don't speak English, and there are a lot of people here now who [don't receive] the kind of treatment they need. Former Reception Manager, currently Patient Liaison Officer for a GP Practice in Liverpool

GP practice staff reported several different ways to identify and support people with limited or no English. For example,

- In some cases, it is up to the person to provide details about their first language and whether they need support.
- Some practices encourage online registration or direct patients with limited or no English to the website to complete a form about language support requirements. Yet, these websites are only available in English.
- One GP staff member told us that there are different ways of flagging language support needs even within their own practice. While some can record the information on a "list of problems" page, others can place a flag on the system. Some even ask the patient every time they visit and note it on their record. Others mentioned that reception staff could rely on physical cues to indicate that the patient may need language support services, e.g., noting if a person uses translation apps on their phone or has a family member accompanying them.
- Another GP staff member said they deal with patient language needs on an "as and when" basis.

Consequently, they may not record at all or misrecord a patient's language needs at the beginning of their healthcare journey. As a result, the person's needs can be overlooked, which can have a knock-on effect on access to treatment and other services.

Relying on patients to be proactive and ask for help can be unreasonable when they may not even be aware of interpretation support. They might not access or complete online forms that aren't available in their own language. During the pandemic, the lack of face-to-face contact exacerbated those issues as staff could not identify language support needs as easily.

Staff mentioned challenges for walk-ins and urgent appointments, as there is little time to prepare. They feel they 'muddle through' on such occasions. Some said that interpretation services must be booked at least a week or two in advance, so it is impossible to support people in urgent situations.

> "Usually, if they [patients] are booked in, we keep an eye on our clinics to see who is coming, and we can pre-warn them [interpreter services] that I am going to be calling you later, but it doesn't always work like that because if it is an urgent thing, you do not always have time to

> pre-sort it all." – Primary care clinical staff who spoke to Healthwatch Norfolk

Impact on other services

We heard from staff working in various referral services who relied on GPs to flag language needs ahead of appointments. Staff told us that information is often auto generated from GP systems and may not always contain the needed details. Also, GPs may record languages but not specific dialects. Sometimes language needs are not recorded at all.

Consequently, this impacts other services' ability to support communication needs. For example, referral services can't ensure that patients are sent information in their own language about appointments. As a result, patients miss appointments or do not receive any language support during the appointment. We heard from staff that appointments get cancelled, and they have to rebook them to make sure an interpreter can be present. It can lead to delays in accessing care and treatment.

Staff-related barriers: staff are willing to use technology, but it may not work for all

There was enthusiasm amongst staff about using technology to support language needs and a sense that technology has made communication more accessible and reliable. We heard that there had been a shift towards using digital services, such as LanguageLine, BigWord, and Google translate. There was also greater use of tablets and iPads to support communication, especially since the pandemic.

> "We were blessed to have iPads and things to do FaceTime, not only for the family, but if we needed to use language interpreters, we could use it. It's never the same, like face-to-face, but at least we had a mechanism put in place." Nurse who spoke to Healthwatch Croydon

Staff felt that technology ensured that people could access help and interpreting services quickly, particularly in emergency settings, but it wouldn't work for everyone. Some felt that face to face appointments work better for people with limited or no English. Staff want the emphasis to be on individual choice.

> "If you perhaps look at the Bengali community, maybe even the Turkish speaking community who perhaps tend to be slightly older women who perhaps aren't even well educated in their own mother tongue and it was a little bit more challenging, but we did find ways around it, and we did manage as best we could. Yeah, I think for some people they quite liked the video, but for many, they would have preferred face to face." Bilingual Health Advocacy Manager who spoke to Healthwatch Hackney

It is essential to highlight that although most staff were aware of the limitations of remote interactions with people who experience language barriers, some weren't. It raises the

question of whether there is a disconnect between patients and providers about using digital platforms for consultations. Several participants said they find it more challenging to communicate digitally.

Staff-related barriers: funding and costs

Many healthcare staff recognise the importance of language support and want to help patients but feel constrained by ever-reducing budgets for support.

Consultations for those who require language support are typically longer, more complex, and more costly. Trusts are often charged by the hour for interpreters, which can be expensive when there is no clear indication of how long appointments will last. It can discourage them from allocating funds towards interpretation services.

Some staff mentioned they could come under pressure if trusts feel they "over-use" interpretation services. On these occasions, departments can be flagged for using interpreters too frequently or asked to make sure they only use interpreters "if they really need to".

> "In the past, there was budget for non-English speaking appointments which recognised they were more complex and needed longer consultations. But that seems to have disappeared. We would all advocate for longer consultations and more resources, but there's not enough doctors and not enough time." GP from Camden

It puts a strain on practitioners – especially during the pandemic – and means they cannot advocate for interpretation and language support, even if they would like to. It may also lead to greater reliance on technology for interpretation as this is typically a cheaper alternative to face-to-face services.

An analysis of responses from 115 NHS trusts to our Freedom of Information (FoI) requests found that there has been a 22% reduction in actual spending on interpreting and translation into non-English languages over the past three years.

Much of this decline in spending is likely to result from the impact of the pandemic. Fewer patients were attending hospitals, and there was a shift to online or video interpreting, which costs less. However, it is unclear whether patients can choose between online and face-to-face interpreting as the NHS returns to pre-pandemic service levels.

There is a risk that some trusts are switching to or maintaining online or remote interpreting as a cost-saving measure, which may not always work best for patients. We know that online interpreting does not always work for everyone, and some people can experience additional problems with booking interpreters online or over the phone.

In the future, it will be necessary for trusts to benchmark the number of interpreting requests against pre-pandemic demand and to take steps to ensure everyone is aware of their right to interpreting support when they attend appointments. NHS England should also provide clarity for providers around minimum standards of interpreting provision and the patient's right to choose between remote and face-to-face interpreting where appropriate.

Patient-related barriers: personal preferences

People might have personal preferences about getting help for their language needs. We have come across various examples highlighting that people think differently about getting assistance with interpretation. While some prefer friends/family to support them during their healthcare appointments, others prefer a professional interpreter. Some might have no preference, while they don't like either in some cases.

Below we discuss the personal barriers the research participants told us about. Although this may not be an exhaustive list, we feel they indicate some of the issues providers must consider when supporting people with limited or no English.

Using family or friends

Some people said that they feel more comfortable asking a friend or a family member to interpret for them than using a professional interpreter. People trust their family/friends, think they are supportive, have an emotional connection with them, and are more aware of their symptoms. As a result, people feel confident about their treatment and feel more optimistic.

Other reasons for preferring a family/friend as translators include:

- It can be easier to coordinate logistics with them than a formal translator.
- Family and friends can provide transport for people with mobility issues.
- People felt more comfortable talking about health issues, including mental health, in front of a familiar face than a stranger.
- People felt that the family member/friend would translate more accurately.
- In cases where the patient was elderly or had complex issues, the family member could be a source of memory and help explain the situation to the doctor.

> "I would prefer my husband as I feel more comfortable with him. Even if there was an interpreter, I would still want him to come with me just in case." Kurdish Iranian woman who spoke to Healthwatch Hackney

It is interesting to note that all four family members who took part in our research said they preferred not to act as 'interpreters'. They mentioned various reasons, such as:

- Feeling they have an additional responsibility for their relative's health.
- Lacking the medical knowledge to provide the proper support.
- Not wanting to know about their relatives' health issues or tell them how to live their lives.
- Needing to take time off work to accompany their relative leading to loss of income. It isn't always easy to get an appointment outside their working hours.

> "People continuously struggle to find someone to assist them; their children often get fed up with having to translate everything for their

parents and other relatives. They lose interest in helping after a while. Sometimes one child says they do not want to do it; their sibling should translate instead. But generally, it is neighbours who are lumbered with helping." Family member of a patient participant

Some patients have concerns about asking family/friends for help

Some patients, however, told us they feel uncomfortable asking their family/friends for help with interpretation. Relying on them can make people feel guilty, embarrassed and inconvenienced, impacting their relationships. They may also not be available when needed, e.g. when urgent care is required.

Some participants pointed out that even when family and friends interpret for them, they may not know medical terms to interpret fully. Second-generation immigrant children may be more fluent in English than the language their parent speaks. As a result, they cannot support their parents with their language needs.

"A few months ago, suddenly I lost balance because I felt pain in my leg, so I fell off. I called the GP, who said I should go to the hospital, and she is sending them my information. My son called a taxi and took me there. When we arrived, I was asked to give a urine sample. But I was too stressed and scared. I was worried about what was happening with my body; I was nervous and wasn't able to give the sample. My son was talking to them, but I don't think he told them the right information. He has very good English but not that great Chinese. I, on my side, wasn't able to communicate with them due to my poor English. They then just assumed I was fine and sent me home without doing any checks." Chinese man who spoke to Healthwatch Hackney

Asking for help may not be an option for people who don't have a suitable friend or a family member. Some participants felt their family/friend could compromise their privacy if they accompanied them to their doctor's appointment. They could pass their private health information to others in their community. Others said they might not want their family to know about their health concerns.

"I would prefer an interpreter than my daughter as I don't want my health condition worrying her, and the interpreter will tell me everything." Chinese woman who spoke to Healthwatch Liverpool

Cultural and privacy concerns can impact on an individual's preferences

Our research participants belong to various ethnic minority communities, many of whom have cultural influences on their lifestyle and choices. This might influence the type of interpreters that they want to use. For example, people, especially women from South Asian, Middle-Eastern and some African communities, prefer an interpreter of the same gender. It could be a relative or a professional interpreter, if they are from the same gender.

Talking about mental health is unacceptable in some cultures. Some participants have mentioned that they are less likely to seek help for their mental health issues even with interpretation support. Healthcare staff, therefore, need to be aware of cultural stigmas around mental health, as well as provide interpretation.

We heard that some people feel uncomfortable having an interpreter as they could compromise their privacy. They prefer to rely on their limited knowledge of English than asking a friend/family or even a professional interpreter for help.

> "I try my best not to share my medical secrets with anybody, even if it means I will do all the gestures in the world so that the doctor can understand what I'm trying to say. I would because, you know, I'm a big man, I'm a grown-up man, I want to integrate, even with the very little English that I have. So, I don't use an interpreter because, you know, I want to keep my medical story to myself, my private medical illness to myself." French speaker from Africa who spoke to Healthwatch Croydon

Some prefer using technology, others don't

Technology can help bridge the communication gap for some individuals with limited or no English, but not for all. Quite a few participants found translation phone apps, such as Google Translate, particularly useful. In one case, an individual uses their phone to record what the doctor said as an audio file and finds someone later to translate it for them.

In contrast, others felt technology was unreliable, as there is less dialogue between them and the healthcare professional. Using technology isn't feasible for people who aren't literate in their own language. Moreover, such applications may not be accurate and can cause further confusion.

> "Once I had vertigo, I was throwing up and all these symptoms. The doctor gave me medication for my ear. I asked, 'can you explain more?' He went on and on, and I didn't understand. He printed me the pamphlet and said, 'read this at home'. I read it and can't understand it. I am not a scientist. I use Google translate for the printed materials, but sometimes it's not accurate." South Sudanese woman who spoke to Healthwatch Camden

It is also worth noting that most of our participants did not find telephone appointments helpful, even when they had the support of a remote interpreter. This became a more significant issue during the pandemic when there was an increase in remote care provision.

Patient-related barriers: impact of staff attitude

People with limited or no English are more likely to feel satisfied with the healthcare services when they are well-supported with their communication needs. When they feel understood, they are more comfortable and willing to engage with healthcare staff. For example, Healthwatch Reading found that language support helped Syrian refugees speak to people and access healthcare during their resettlement programme.

We have come across evidence suggesting some staff go out of their way to help people who do not speak English. For example, some were kind and easy-going and made every effort to understand the person, and others helped find an alternative solution when they couldn't arrange an interpreter. We heard of staff helping with the interpretation or providing a healthcare professional who speaks the same language as the patient. Supportive staff attitude encouraged people to seek timely care and made them feel safe.

Some providers also ensured continuity of interpreters so they could develop a trusting relationship with them during their healthcare journey, such as during pregnancy.

> “She was very happy with her interpreter. She said she was lucky that the interpreter was continuous, the same lady through her pregnancy till birth. A good relationship with the patient, so she was very, very happy, anything she would tell her she would translate and get the message.” Interpreter for Syrian woman who spoke to Healthwatch Reading

In contrast, unsupportive staff attitudes can prevent people from seeking timely help. Several of our research participants have indicated feeling withdrawn, sad and unable to express themselves due to how staff treated them. Some also mentioned going back to their country of origin to get medical help because they could not communicate and access healthcare in England. Worryingly, we have also come across evidence that suggests some staff are unwilling to help people access interpreters despite them asking for one.

> "We stopped asking for an interpreter, and they never offered us one. I used to ask, but the receptionist told me a couple of times, "Your English is good; you don't need an interpreter"." Kurdish-Iranian woman who spoke to Healthwatch Hackney

Negative staff behaviours and attitudes can discourage people from seeking support. It contributes to people from minority ethnic communities feeling 'othered', unwelcome and poorly cared for.[4]

[4] https://www.nhsrho.org/publications/ethnic-inequalities-in-healthcare-a-rapid-evidence-review/

Practical improvements patients, family, and staff want to see

At the end of each interview, participants were asked for suggestions for improving support for people who have limited or no English in healthcare.

Below is a list of recommendations from patients who experienced language barriers, their friends and family, and staff who supported them.

- **Implement an automatic alert system** – nearly every member of staff interviewed, and many patients told us they wanted an alert system that automatically flagged people who needed additional language support.
- **Make sure digital systems are consistent** - The difficulty of using multiple systems to record language needs was raised by many staff members, from clinicians to reception staff. Having different systems creates gaps where a patient’s language information can get lost. Implementing a single, coherent system to record information and referrals that will work between services was suggested by many staff. This would reduce the time spent on administration and reduce gaps in systems where patients' language information can get lost.
- **Easier access to translated written resources** – staff told us they would like basic information leaflets and template letters available in languages other than English.
- **Ensure that healthcare staff take the initiative to ensure that communication needs are being met** – many people we heard from were unaware of the language support available. Staff should proactively offer language support to people who may need it.
- **Ensure support is flexible and based on individual needs** – people told us that staff should have the flexibility and confidence to offer targeted support that works for each patient. Patients also wanted more choice of interpreters and for this choice to be discreet.
- **Consider cultural differences and dialects when offering support** - We heard from many people that interpreters speaking their dialect were unavailable, or staff were not aware that different languages and cultures have different dialects. Patients told us they would like staff to be more aware of dialects and cultural differences.
- **Offer NHS staff training on how best to work with interpreters and patients with language barriers** – Patients told us they felt staff should have the training to ensure respectful and kind attitudes towards people with language barriers. Staff told us they wanted more practical support on working with interpreters in appointments.
- **As well as training for interpreters** – people felt that interpreters should be familiar with medical terminology.

Ultimately, we heard that people want better access to interpretation services. Offering interpretation and translation is still not seen as routine, despite improving patient outcomes and experience.[5]

Many of these practical improvements are mentioned explicitly in the NHS England guidance for commissioners. Our evidence shows that these best practice principles are not being followed by staff. Ensuring that services have a statutory duty to provide language support to those who need it, and coordinating delivery both within and between systems, will address the issues discussed in this report.

Recommendations based on our evidence

We have set out three recommendations for Department of Health and Social Care, NHSE and leaders across Integrated Care Systems (ICS):

1. Guidance for commissioning interpreting services should go beyond commissioning and primary care. The guidance needs to be on a statutory footing for all healthcare services. Services must have a duty to ensure that interpreting services are provided when required.
2. A review of standards surrounding interpreting and translation should deal with all major areas for improvement identified in our recommendations for the review of the Accessible Information Standard. This should include improved frameworks for accountability, improvements in IT systems to support patient flags and sharing of information, involving patients in designing services and improving staff training.
3. Use the transition to Integrated Care Systems to clarify the duties of ICSs in the provision of interpreting and translation services, including considering how interpreting and translation services can best be delivered in a coordinated way through a single ICS-level contract where possible.

Research methodology

What we did

We grant funded six local Healthwatch who were able to reach people who speak little or no English:

- Healthwatch Camden
- Healthwatch Croydon
- Healthwatch Hackney

[5] British Journal of General Practice: Interpreters: why should the NHS provide them?

- Healthwatch Liverpool
- Healthwatch Norfolk
- Healthwatch Reading

They carried out one-to-one interviews with at least eight people. They also conducted separate focus groups with five to 10 members of a community who generally find it difficult to interact with healthcare services due to their limited English.

In addition, local Healthwatch interviewed at least five professionals working in a healthcare setting to understand people's experiences from their perspective.

What local Healthwatch did

Local Healthwatch engaged with local organisations working closely with or supporting non-English speakers with various activities. Some even offered supermarket vouchers to participants to participate or a donation to the charities who organised the interviewees.

Local Healthwatch used different engagement methods depending on what worked best for the participants – they used face-to-face meetings, online calls and the telephone to carry out the interviews. To help with the discussions, they worked with professional interpreters or individuals working with the communities who also spoke the participants' languages. Some used Language Line, a telephone interpreting service for the telephone interviews.

They recruited staff members using their pre-existing contacts with local physicians, dentists, pharmacies and staff who work in a hospital setting. Some also recruited people who work in translation services.

Local Healthwatch carried out the interviews and the focus group discussions in October and November 2021.

Working together

We worked with the six local Healthwatch and a panel of "experts by experience" from Doctors of the World to produce an interview guide. The guide ensured that the evidence collected during the interviews was comparable.

Data collection and analysis

All research participants consented to the interviews. Local Healthwatch captured the discussion using live translation services or made notes and shared them with us via secured email accounts. Our researchers coded and analysed the discussion notes using dedicated qualitative analysis software.

Our research participants

Patients

We spoke to **109 people** who speak very little or no English. They either rely on their family members or professional interpreters to help them communicate. In some cases, they use their limited English to interact with healthcare providers. **Four family members** in this group were fluent in English and generally supported their relatives during healthcare appointments.

All our research participants belong to ethnic minority communities – nearly three quarters (74%) are from Asian and African heritages. The remaining 26% are from Europe and the Americas. The details of their ancestries are as follows:

- **Asia** – Arab, Bangladeshi, Chinese/Cantonese, Iranian, Iraqi, Kurdish, Nepalese/Gurkha, Pakistani, South Asian, Syrian, Tamilian, Turkish, Yemeni
- **Africa** - the Central Africa Republic, Eritrean, French-African, Somalian, South Sudanese, Zambian
- **Europe** - Greek-Cypriot, Latvian, Lithuanian, Polish, Portuguese, Roma, Romanian, Russian, Spanish, Ukrainian
- **Americas** - South American, Honduran

At least 67 participants (61%) identified themselves as a woman and 17 as a man (16%). The remaining participants did not share their gender information. Most participants were in their 40s to 70s; however, a few were in their 20s to 30s, and three were 80+ years old.

Staff

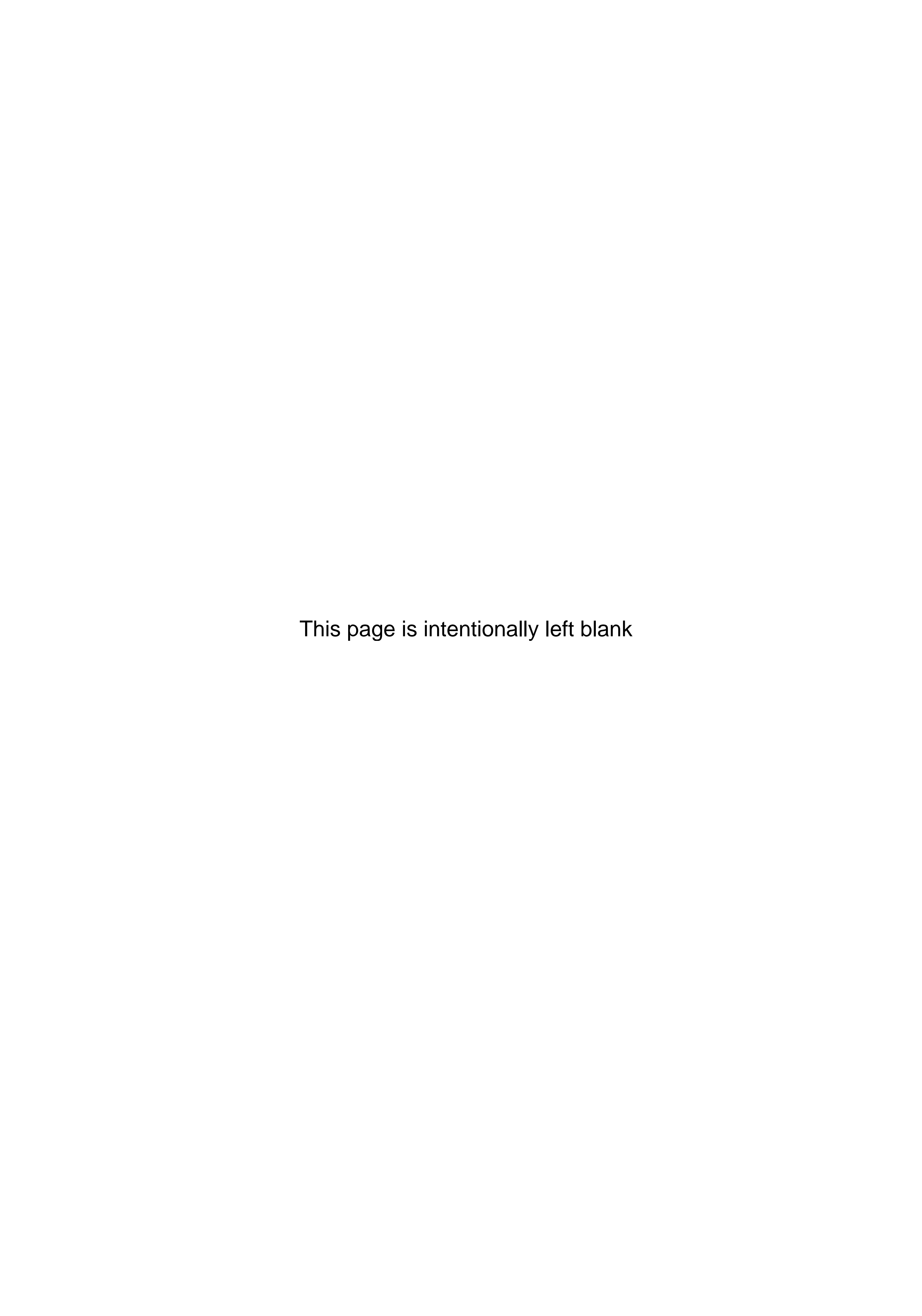
We also spoke to **38 healthcare staff members**, including a few professional interpreters. The details of their roles are as follows:

- **Primary care** (10) – General Practitioner (GP), GP receptionist, NHS dentist
- **Hospital-based** (20) – Associate Director of Nursing, Head of Nursing (Surgery), Head of the patient experience, Head of Business Support, Central Booking Service Manager, Hospital booking staff, Senior Charge Nurse, A&E nurse, Ophthalmology nurse, Ward Manager, Physiotherapist, GP patient liaison officer, Speech and language therapist, Admin Team Lead for Pain Service, Patient Services and Resource Manager, Complaints Officer for NHS trust
- **Community-based** (three) - Community pharmacist, Community nurse, Midwife
- **Other** (five) - Occupational Therapist, Commissioning interpretation services, staff of the organisation that provides care packages to Chinese families, Arabic-speaking interpreter who works in hospitals, Practice Educator

healthwatch

Healthwatch England
National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.healthwatch.co.uk
t: 03000 683 000
e: enquiries@healthwatch.co.uk
@HealthwatchE
Facebook.com/HealthwatchE


This page is intentionally left blank

Championing what matters to you

Healthwatch Reading
Annual Report 2021-22

Contents

Message from our chair	3
About us	4
Highlights from our year	5
Listening to your experiences	7
Advice and information	10
Advocacy	12
Statutory statements	14
Finances and future priorities	16

Message from our chair

It is with great pride that we deliver our 9th Annual Report to the people of Reading. This has been a year of great achievements from winning another prestigious national award for our work with some of the most vulnerable in our community to tackling some of the difficult issues faced by those whose voices go unheard and suffer the greatest inequalities.

During 2021-22, we were the only local Healthwatch in England to directly engage with refugees and asylum seekers placed in hotels during the pandemic. We also spoke with our community who cannot speak English about accessing health services, we interviewed older, frail members of our community about rapid response services and we called out to our community to share their struggles about accessing GP services and dentists. All resulting in providers and commissioners having to make changes to how services are delivered - it has been an outstanding year for the whole team at Healthwatch Reading and I am grateful as always to the staff, trustees and board members for the support we have received.

Therefore, it is with great sadness that this is the last annual report that Healthwatch Reading in its current form will produce. Our commissioners, Reading Borough Council, recently retendered the local Healthwatch contract and decided near the end of April to award this to another provider, commencing on 1 June 2022. This has meant that there has been very little time to reach out to all our friends and stakeholders to thank them for their continued support and belief in the work of Healthwatch Reading. But most importantly, we would like to say thank you to our local community who have always trusted our charity with their views and experiences to bring about change for all those who use health and social care services.

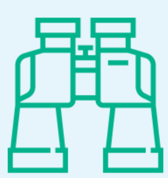
Thank you.

David Shepherd
Healthwatch Reading Chair

About us

Your health and social care champion

Healthwatch Reading is your local health and social care champion. From Whitley to Emmer Green and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

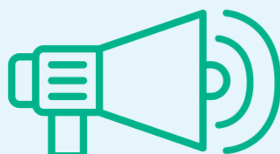
Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how we have engaged and supported people.

Reaching out



1,000+ people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

292 people

came to us for clear advice and information about topics such as finding an NHS dentist or Covid vaccines.

Making a difference to care

We undertook

4 major projects

engaging with Reading people on specific health and care topics.

Our most popular report was

'Hanging On'

which highlighted the struggles people had phoning GP surgeries.

Health and care that works for you

We were lucky to have

10 outstanding volunteers

from the community to act as our trustees and board members.

We were proud to win the

Top Award

at the annual Healthwatch Network Awards in 2021, for our team's engagement with asylum seekers in 2020. We were also Highly Commended in the Covid Response category.

Our team dealt with a

52% increase in queries

from the public, within existing resources.

An award winning team

We were proud to be recognised for our 'bold and innovative' approach to engagement at a national awards event in November 2021.

Healthwatch Reading won the 'Engagement' category in the national Healthwatch Awards 2021, for a project exposing the difficulty asylum seekers faced in accessing healthcare.

Around 30 organisations were shortlisted from a network of 152 local Healthwatch across England. The awards were presented by Healthwatch England on 11 November 2021 in a virtual ceremony

Judges praised our "innovative and bold" approach in interviewing more than 40 asylum seekers who'd been placed in a Reading hotel by the Home Office from other parts of the UK. We discovered they had experienced unsafe breaks in medication and care.

The team celebrate wining the award, from left to right: Rebecca Curtayne, Shahanaz Uddin, Mandeep Kaur Bains, Pat Bunch and Catherine Williams

Making a difference

Healthwatch Reading chief executive Mandeep Kaur Bains says: "As a result of our project, more asylum seekers who've been placed in Reading by the Home Office, have been registered much more quickly with GPs and wellbeing services. We have continued to support this group of people to access healthcare, working with other, trusted local charities." At the awards we were also Highly Commended in the Covid Response category for our prescription delivery scheme for vulnerable residents.

Healthwatch England chair, Sir Robert Francis QC, said our 'tireless work' made a difference to people's lives.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and give feedback to services to help them improve.

Improving access to GP services

As a result of more than 330 local people sharing their frustrations with us, work began to improve GP phone systems and increase the number of face-to-face appointments.

Reading people who answered an online survey we ran in March and April of 2021, expressed frustration that it was getting more difficult to get through to their local doctor's surgery, even though restrictions were easing on wider society.

The strength of people's responses prompted us to lobby for action and to share evidence with our national body, Healthwatch England. People told us their care and medication had been delayed and some had given up seeking GP help altogether.

54% of local people

told us they found it difficult to get through to their GP surgery by phone, up from 34% the previous year

Making a difference

By speaking up, you persuaded NHS commissioners and surgeries to act and contributed to a national change of direction:

- A large, local surgery put on more staff at peak times to reduce long phone queues
- NHS commissioners asked surgeries with the worst access issues to take action
- More up-to-date information about making appointments was put on websites
- Surgery answerphone messages were shortened and caller options made clearer
- Patients started to again receive a choice of phone or face-to-face appointments
- A scrutiny committee of local councillors started a hearing on GP access
- The government published an improvement plan for GP access after receiving evidence from Healthwatch England and the Care Quality Commission

How primary care commissioners responded

"Following the report and the more detailed information provided when you met with my team to discuss early findings, individual practices' survey outcomes have been shared anonymously with practice managers and we have asked that they discuss them with their Patient Participation Group. Eight practices with reports of particular concern have been asked to review these and formally respond to us."

Other ways we've made a difference for the community

Our other engagement projects ensured we amplified the views of people whose experiences are not often heard.

Creating empathy about health inequalities

By amplifying people's personal experiences, we help services gain a deeper understanding, than just by using data alone.

When we gathered stories from Reading people who speak little or no English, we helped to influence a national campaign.
People from Africa, Iraq, Nepal, Pakistan and Syria described to us how they'd had to rely on their children to translate for them when they saw doctors, didn't get enough time to fully explain their health issues, or often didn't understand written test results.
Using our evidence, Healthwatch England is now pressing for language needs to be made part of the statutory Accessible Information Standard, which already covers people with sight, hearing or learning disabilities.

Continuing to inform the pandemic response

We help services understand public views so they can develop the most effective strategies for combating Covid-19.

New community health champions, being created by Reading council through special government funding, will be better equipped to tackle vaccine hesitancy after we carried out research into the top reasons for some Reading people avoiding vaccination. Our engagement found some working aged people were concerned about side-effects or believed Covid was now 'a mild disease'.

Helping the public evaluate new services

Thanks to constructive relationships, commissioners and providers regularly ask us to independently collect patient feedback.

We were appointed by Berkshire Healthcare NHS Foundation Trust (BHFT) to independently interview people who'd received care from its Berkshire West Urgent Community Response (UCR) team. UCR involves nurses and other professionals visiting people at home within two hours or two days, to help them avoid hospital admission. People praised the 'kind and caring' UCR staff but also wanted more information at the end of visits. BHFT have agreed to make changes.

Advice and information

If you feel lost and don't know where to turn, Healthwatch Reading is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped 293 people who contacted our helpline for information and advice, a 52% increase in enquiries from the previous year.

We also kept the community informed via social media and our website, reaching 166,311 people in 2021-22, up from 131,725 in 2020-21. Our team also attended 208 stakeholder meetings, to help us understand latest developments to share with you and to feed back your experiences.

Information and advice queries

Below is a breakdown of the top services people contacted us about.

Covid tests & jabs

28% of queries

We helped local people to find out:

- Local PCR test venues
- Local vaccination venues
- How to get lateral flow tests
- Age and clinical eligibility
- Details of vaccine pop-ups
- Safety information
- Fit-to-Fly test providers

GP services

15% of queries

Our staff gave out information on:

- Changes to appointment booking processes such as telephone triage
- The role of other clinicians, such as practice-based pharmacists
- How to get medical advice during evenings and weekends
- How to raise concerns about medication or care delays

NHS dentists

14% of queries

Our team:

- Regularly rang around local dentists to see who was seeing new patients
- Sent out advice sheets to callers
- Advised people how to request urgent NHS dental treatment
- Took part in media interviews to explain access problems

Hospitals

9% of queries

We informed the community about:

- How and when to access A&E
- Changes to visiting times and rules due to the pandemic
- Opportunities to have a say about the Royal Berkshire Hospital's future
- New local specialist clinics, such as the Long Covid service at the RBH

Reading Voice Advocacy

As well as providing the local Healthwatch contract, our charity delivered the Reading contract to provide statutory advocacy.

We call this service, Reading Voice, and it helps residents make formal complaints about health or social care or assists vulnerable people to know their rights and options and be heard when services make decisions about their daily lives or treatment.

In 2021-22, we received 523 contacts from local people or health and care staff seeking advocacy for themselves or clients.

About our advocacy service

This was our fourth year of delivering the Single Reading Advocacy Service, commissioned by Reading Borough Council..

In August 2021, we welcomed a new advocacy manager, Maria Falzetti, a former mental health care home manager. She deals with advocacy referrals and coordinates the work of six, part-time advocates, including two from the learning disability charity Talkback.

Our advocacy workload increased compared with the year before, when the pandemic saw a national drop-off in requests.

Our trained staff deliver:

- Care Act Advocacy
- Independent Mental Health Advocacy
- NHS Complaints Advocacy
- Social Care Complaints Advocacy

On request we may also be able to provide:

- Parent Advocacy in Child Protection cases
- Appropriate Adult
- Litigation Friend

Our service is:

- Free for clients
- Independent
- Confidential

'Empowering clients gives me great job satisfaction'

A Reading Voice advocate describes their role

"The training and on-the-job experience I have gained has enabled me to take a skilled approach with clients, giving them a voice of their own to have a say in their care planning and also assuring that their rights are upheld and achieving quality of life. This front-line role can be tough, emotional and frustrating at times, but overall the outcomes make up for this, in particular feeling the empowerment given to my clients, knowing they had my support and through hard work, improve their wellbeing and outcomes whatever their situation - giving me great job satisfaction."

Statutory statements

About us

Healthwatch Reading, PO Box 387 TW16 9DN. Charity number: 1151346

Healthwatch Reading uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people

Our Healthwatch board consists of seven members who work on a voluntary basis to provide direction and oversight of our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met monthly and made decisions on matters such as requesting the team look into GP phone access for Reading people,

We are governed by trustees who are also volunteers drawn from the local community to ensure we comply with our statutory, charity and employer obligations Our chair of trustees, David Shepherd, and our chief executive, Mandeep Kaur Bains, represented Healthwatch Reading on the Reading Health and Wellbeing Board.

Methods and systems to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by decision makers. This year we have done this by, for example, by arranging professional interpreters to assist people who do not speak English as a first language, to share their views about the type of support, if any, they get from the health service to communicate when booking or attending appointments. We also worked with local charities to reach people.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and promote it via our monthly newsletter, social media and a presentation to the Reading Health and Wellbeing Board.

Responses to recommendations and requests

We received responses to all recommendations we made to providers or commissioners.

Due to the ongoing pandemic, we did not make use of our Enter and View powers.

We shared evidence with Healthwatch England (HWE) about GP and dental access and people's experience of the Accessible Information Standard, which helped to inform its national campaign work. We did not formally escalate any issues to HWE or the Care Quality Commission.

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income	
Funding received from local authority	£100,000
Additional funding	£42,998
Total income	£142,998

Income	
Staff costs	£103,055
Operational costs	£15,482
Support and administration	£9,925
Total expenditure	£128,462

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, the goal of local Healthwatch is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.

Contacting us from 1 June 2022

A new provider will take over Healthwatch Reading from 1 June 2022. The website, main email address, helpline number and social media channels, will remain the same.

healthwatch Reading

Healthwatch Reading
PO Box 387 TW16 9DN

Charity number: 1151346

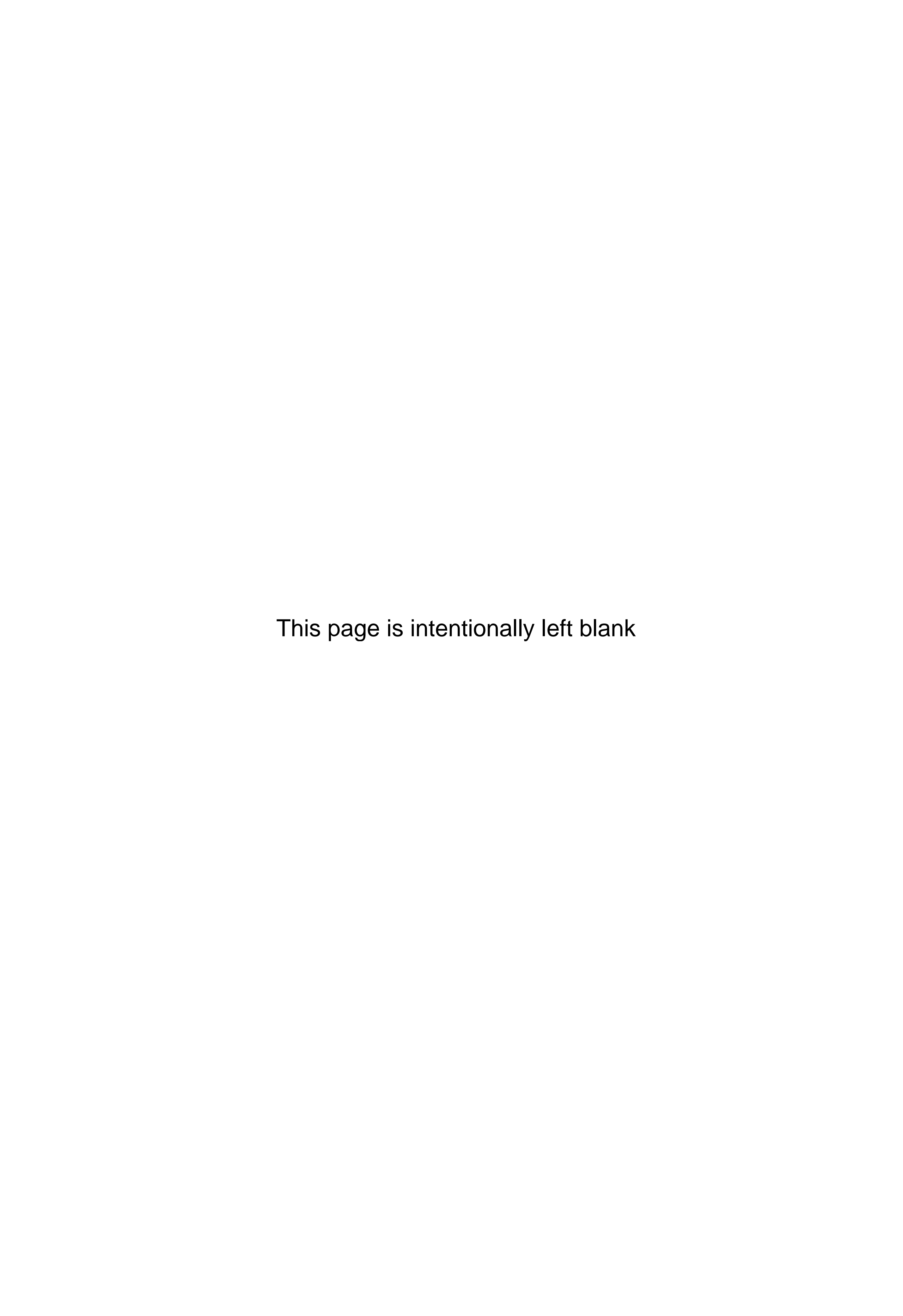
www.healthwatchreading.co.uk

t: 07786 476 257

e: info@healthwatchreading.co.uk

@HealthwatchRdg

Facebook.com/HWReading


This page is intentionally left blank