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11 January 2024

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NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 19 JANUARY 2024

A meeting of the Health and Wellbeing Board will be held on **Friday, 19 January 2024 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

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 report presenting the Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report 2022/2023.

6. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT 51 - 74

A report giving an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and, in Appendix A, detailed information 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.

7. BETTER CARE FUND INTEGRATION UPDATE 75 - 92

A report giving an update on the Integration Programme and performance of Reading against the national Better Care Fund (BCF) targets at the end of Quarter 2, 2023/24 (July to September), and outlining spend against the BCF Plan, including the Discharge Fund to support hospital discharges in 2023/24. It also presents the Better Care Fund Quarterly return covering performance against the BCF Metrics for Quarter 1.

8. BERKSHIRE SUICIDE PREVENTION STRATEGY 2021 - 2026 PROGRESS REPORT 93 - 154

A report providing an update on the Berkshire Suicide Prevention Strategy 2021 – 2026, presenting a Pan-Berkshire Action Plan 2023/24 and a Reading Local Suicide Prevention Action Plan 2023/24.

9. READING'S ARMED FORCES COVENANT AND ACTION PLAN 155 - 168

A report giving an annual update on progress against the actions outlined in the Armed Forces Covenant Action Plan, in particular the health-related actions, and on the general development of the Armed Forces Covenant, including the introduction of new legislation and the development of the pan-Berks Civil Military Partnership.

10. BOB ICB UPDATE BRIEFING 169 - 174

A report giving an update on matters from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

11. BERKSHIRE WEST PRIMARY CARE ALLIANCE - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD 175 - 186

A report proposing that the Health and Wellbeing Board co-opt a representative from the Berkshire West Primary Care Alliance (BWPCA) as a non-voting additional member of the Health and Wellbeing Board and that Sarah Webster, the Integrated Care Board (ICB) representative on the Health and Wellbeing Board, be the Vice-Chair of the Board.

12. DATE OF NEXT HEALTH & WELLBEING BOARD MEETING - 15 MARCH 2024

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Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
John Ashton	Interim Director of Public Health for Reading and West Berkshire
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Gail Muirhead	Prevention Manager, Reading and West Berkshire, Royal Berkshire Fire and Rescue Service
Rachel Spencer	Chief Executive, Reading Voluntary Action
Sarah Webster	Executive Director for Berkshire West Place, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Melissa Wise	Executive Director – Community & Adult Social Care Services, RBC

Also in attendance:

Ramona Bridgman	Reading Families Forum
Andy Ciecierski	Clinical Director for Caversham Primary Care Network
Alison Foster	Programme Director, Building Berkshire Together – Hospital Redevelopment, Royal Berkshire NHS Foundation Trust (RBFT)
Emma Garside	Local Policing Commander, Oxfordshire, Thames Valley Police
Roxanna Glennon	Strategic Lead, SEND, Brighter Futures for Children
Brian Grady	Director of Education, Brighter Futures for Children
Chris Greenway	Assistant Director for Commissioning and Transformation, RBC
Pauline Hamilton	Reading Families Forum
Christine Harding	Director of Midwifery, RBFT
Claire Holloway	Fifi's Vision SEND Support Group
Councillor Alice Mpofu-Coles	Chair of the Adult Social Care, Children's Services and Education Committee, RBC
Bev Nicholson	Integration Programme Manager, RBC
Amanda Nyeke	Public Health & Wellbeing Manager, RBC
Katie Prichard-Thomas	Chief Nursing Officer, RBFT
Andy Statham	Director of Strategy Transformation and Partnerships, RBFT
Martin White	Consultant in Public Health, RBC

Apologies:

Tehmeena Ajmal	Chief Operating Officer, Berkshire Healthcare NHS Foundation Trust (BHFT)
Councillor Jason Brock	Leader of the Council, RBC
Councillor Graeme Hoskin	Lead Councillor for Children, RBC
Steve Leonard	West Hub Group Manager, Royal Berkshire Fire & Rescue Service
Nicky Lloyd	Chief Finance Officer, RBFT
Steve Raffield	LPA Commander for Reading, Thames Valley Police
Belinda Seston	Interim Director of Place Partnership Development, BOB ICB

11. MINUTES

The Minutes of the meeting held on 14 July 2023 were confirmed as a correct record and signed by the Chair.

12. READING AREA SEND STRATEGY 2022-27 – UPDATE ON PROGRESS

Brian Grady submitted a report giving an update on the delivery of the Reading partnership Special Educational Needs and Disabilities (SEND) Strategy 2022-2027.

The report summarised the further progress made in 2023 on the ambitions and actions 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 2022, was that any local area inspection in the future rated Reading as one of the best local areas in the country for children and young people with SEND and their families.

The strategy had gone 'live' from January 2022 and work strands had driven priority actions, reporting to the monthly SEND strategy group, co-chaired by the Brighter Futures for Children Director of Education, and the Designated Clinical Officer for SEND (0-25), Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).

The report explained that the Strategy was being delivered through the following work strands:

Strand 1: Improving communication
Strand 2: Early intervention through to specialist provision
Strand 3: Consistent approaches to emotional wellbeing
Strand 4: Preparing for adulthood
Strand 5: Support for families – short breaks

Each work strand was overseen by a steering group, with representation from Reading Borough Council, Brighter Futures for Children, NHS, and parents and carers. Examples of the further progress made for children with SEND in 2023 on each strand was set out in the report, building on the strong partnership working recognised by Ofsted and CQC in the Local Area SEND inspection of June 2021, and the report also identified next steps for 2024. The report stated that the updated action plan for 2024 would be presented to the Adult Social Care, Children's Services and Education Committee in January 2024.

Ramona Bridgman, Pauline Hamilton and Claire Holloway attended the meeting and addressed the Board, and some of the points made included:

- Whilst there were lots of good things happening, a recent survey had shown that families were still having difficulty accessing the right support for their children at the right time.
- There was a significant issue on transition at 18, 19 or 25, especially for more complex cases who needed 24/7 care and stimulation and activity, as demand far outstripped provision.
- Fifi's Vision Support Group for SEND, which was voluntarily-run by Claire Holloway, had no funding and had an open-door policy for any additional needs of any age. The Group had seen an increase in school avoidance, both emotional or due to needs not being met, as well as mental health signposting to the wrong areas, or people being told there was no provision for them because of an Autism diagnosis. The Group was currently supporting 525 families.

Roxanna Glennon gave a presentation on the 'RISE' programme – Reading Inclusion Support in Education, to help children with SEND to be better supported in mainstream schools. This had come out of the work done with the Department of Education on their Delivering Better Value (DBV) project to improve outcomes for children and young people with SEND. Reading had been successful in receiving a £1m grant from the DBV to improve the local offer by supporting the goals and aspirations of children and young people in mainstream education without an Education, Health and Care Plan (EHCP) or with an EHCP but preventing transfers into another provision type by improving school and parental confidence. She gave details of how the RISE programme would work to improve the quality of 'ordinarily available provision' for all children in Reading, and how it would support schools, families and children.

The meeting discussed the report and the points made included:

- The mental health crisis for young people was still both a local and national problem.
- CAMHS capacity, crisis response and support for children with Learning Disabilities and Autism was still a concern for parents and carers, but the new Specialist CAMHS service for Learning Disability and Autism was part of the partnership response and the partnership would continue to explore ways to support an improved CAMHS offer.
- It was suggested that a focused look at the work being carried out by the new Specialist CAMHS service for Learning Disability and Autism be brought to a future Board meeting, with Berkshire Healthcare NHS Foundation Trust.
- Due to the rising demand for SEND, there was insufficient money in the system for children with SEND, which is why the DBV programme had been commissioned.
- It was unclear what was causing the increase in demand for SEND and Public Health analysts had been asked to do some research on this, but it was not known how long this would take.

Resolved -

(1) That the report, the progress on delivering the partnership SEND Strategy for Reading 2022-2027 and the key challenges for the year ahead be noted;

(2) That the next steps to continue to deliver the 2022-2027 strategy through the end of 2023 and into 2024 be endorsed;

(3) That a report be submitted to a future meeting with Berkshire Healthcare NHS Foundation Trust taking a focused look at the work being carried out by the new Specialist CAMHS service for Learning Disability and Autism;

(4) That the Board's thanks to Reading Families Forum members for their work and for sharing their experiences be recorded.

13. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE 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 gave detailed information on performance and progress towards achieving 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 Update was attached at Appendix A and contained detailed narrative updates on the actions agreed for each of the implementation plans and included the most recent update of key information 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.

The report set out details of updates to the data and performance indicators which had been included since the last report.

Resolved – That the report be noted.

14. BETTER CARE FUN INTEGRATION UPDATE AND PLAN FOR 2023-25

Bev Nicholson submitted a report giving an update on the Integration Programme and its performance against the Better Care Fund (BCF) targets at the end of 2022/23 (Q4) and for April to June 2023 (Q1). The report also outlined the spend against the BCF Plan and the Adult Social Care (ASC) Discharge Fund Plan (2022/23), an additional fund provided by NHS England to be used to support hospital discharge over the Winter period, and the spend to date from the 2023/24 additional funding for discharge.

The report also gave an overview of the Better Care Fund End of Year return for 2022/23, which had met the four National Conditions and had been submitted by the deadline under delegated authority by the Executive Director of Adult Social Care, in consultation with the Lead Councillor for Education & Public Health. The full end of year return was attached at Appendix 1.

The Better Care Fund Plan for 2023/25 had been submitted in line with the national timeframe as set out in the BCF Policy Framework 2023/25 and had been signed off through the delegated authority process due to submission deadlines falling outside the Health and Wellbeing Board schedule of meetings. Confirmation that the plans had met national conditions and had been approved had been received on 18 September 2023. An overview of the Plan was set out in the report and the full plan and supporting narrative was attached at Appendices 2 and 3.

The report stated that a Section 75 Framework Agreement would be drawn up and signed off by 31 October 2023, in relation to the BCF Plan for 2023-25.

The report noted that the BCF metrics had been updated in the planning guidance for 2023/25 and the targets against the revised metrics had been agreed with system partners during the BCF Planning process. The outcomes as at the end of March 2023 (Quarter 4 – year end) and the position in Quarter 1 as at the end of June 2023 were as follows:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (2022/23 Q4 Met, 2023/24 Q1 Met)

- The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. A new metric for 2023/24 (2023/24 Q1 Met)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence (2022/23 Q4 Met, 2023/24 Q1 Met)
- The number of older adults whose long-term care needs were met by admission to residential or nursing care per 100,000 population (2022/23 Q4 Met, 2023/24 Q1 Met)
- The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) (2022/23 Q4 Not Met, 2023/24 Q1 Met)

Further details of the delivery against each of the targets were set out in the report demonstrating the effectiveness of collaborative work with system partners. Spend against the BCF Plan and the ASC Discharge Fund was also outlined in the report.

Resolved -

(1) That the Quarter 4 (2022/23) and Quarter 1 (2023/24) performance and progress made in respect of the Better Care Fund (BCF) schemes as part of the Reading Integration Board's Programme of Work be noted;

(2) That the contents of the End of Year Return for Better Care Fund (BCF) 2022/23 and the compliance with the BCF National Conditions be noted;

(3) That the contents of the Better Care Fund (BCF) Plan and Narrative for 2023/25, including the National Conditions and Metrics against which BCF performance would be measured be noted;

(4) That it be noted that the final BCF Plan and Narrative for 2022/23 had been formally submitted by the due date of 28 June 2023, using the delegated authority of the Executive Director for Adult Social Care, in consultation with the Lead Councillor for Education & Public Health, in order to comply with the national deadlines which fell outside the cycle of Board meetings;

(5) That the Executive Director of Communities & Adult Social Care be authorised to enter into the Section 75 Framework Agreement in relation to the BCF Plan for 2023-25.

15. RIGHT CARE, RIGHT PERSON – PRESENTATION

Emma Garside gave a presentation on the roll out in Thames Valley of "Right Care, Right Person" (RCRP), a national initiative to ensure an appropriate response from the appropriate agency was given to incidents where there were concerns for welfare linked to mental health, medical or social care issues.

In many cases, the police were not the right agency to respond to calls related to mental health but were often the default first responder. There were many circumstances where partners in health or social care were best placed to offer the necessary help and support and people in need could feel stigmatised or criminalised by police involvement, and the presentation set out the changes in police responses in the new model. This did not mean that the police would stop attending incidents where there was a threat to life or of serious harm, as the police had a mission to protect communities and would continue to do so. RCRP was focused on situations where the skills and support needed were not

those of a police officer, and health or social care practitioners would be better suited to address the incident.

The Thames Valley was one of three early evaluation forces which were rolling out RCRP with Home Office support, for evaluation and shared learning, and they would value feedback on what was going well and what was not. There was a phased roll out which had started in May 2023; TVP had gone live with three of the six areas of the RCRP model but was not currently applying the model to under 18s in the Thames Valley. TVP had created ten dedicated mental health officer posts to support the implementation, two of which were in Berkshire West.

The presentation covered the following areas:

- What is RCRP?
- RCRP Principles
- RCRP Model
- RCRP in Thames Valley
- Call Handler Toolkit
- RCRP in Thames Valley – Strategic Engagement
- Next Steps – Thames Valley

The meeting discussed the RCRP and the points made included:

- There were some concerns being expressed by partners about the lack of prior engagement, the demand shift and the impact of RCRP and it would be helpful for partners to know how they could feed back about decisions or ask for a review if necessary. It was noted that one of the identified next steps was to introduce feedback loops and formal review processes with partners.
- It was acknowledged that the police had taken the lead on starting the project and there was a need to formalise the stakeholder engagement across all partners, both strategic and operational. Locally, multi-agency implementation teams were being set up and the Berkshire one would be meeting soon.
- It would be helpful if there were clear measures being monitored to be able to judge whether the initiative was working.

Resolved –

(1) That the presentation be noted;

(2) That Emma Garside circulate further information to members of the Board on Right Care, Right Person (RCRP), including on how partners could provide feedback on or ask for a review of decisions made in relation to RCRP;

(3) That Emma Garside bring back an update on the implementation and impact of the RCRP model to a future meeting of the Board.

16. INEQUALITIES AND PREVENTION: REDUCING PREMATURE PREVENTABLE MORTALITY PROJECT

Sarah Webster submitted a report on the developments to date on a Berkshire West joint project around a Community Wellness Outreach Programme, ultimately aiming to reduce premature mortality and improve residents' health and wellbeing, which was due to start

in October 2023. The report had appended draft Key Performance Indicators and draft Health and Wellbeing checks training requirements.

The report set out how ICB 'prevention and inequalities' funding allocated to Berkshire West (covering Reading, Wokingham, and West Berkshire) totalling £2.6m over two financial years (23/24 and 24/25) would be deployed, including elements that would be consistent across the patch and elements that were tailored to the needs of local residents in each borough.

The pilot Community Wellness Outreach model would have a consistent 'core' offering across the three Local Authority areas to focus on adult cardiovascular disease prevention, the leading cause of all preventable premature deaths in the UK, along with supplementary 'local' offerings reflecting local need.

The report stated that an element of the funding was top-sliced for Berkshire West-wide elements, and the remaining funding was allocated to the three partnership Locality Integration Boards (LIBs) for Wokingham, Reading and West Berkshire to determine the most appropriate local delivery vehicle, local offerings, and the local residents/communities most in need. The expectation was that the model would complement/enhance existing arrangements in place rather than be a reinvention/uncoordinated addition. Funding allocated to the LIBs had been based on an approximate split of 52% to Reading and 24% each to Wokingham and West Berkshire using NHSE's national health outcomes calculation.

For Reading, this had resulted in £811k of funding over the two years being allocated directly to the Reading Integration Board to determine the best vehicle for taking enhanced health checks into the hearts of the communities most in need.

The LIBs had each developed an approach for implementing the Community Wellness Outreach health check pilot and further details would be submitted to the Board at a future meeting.

A supporting project co-ordinated by the Directors of Public Health would use the remaining funding from the £2.6m allocation (£270K) to invest in live Population Health and Prevention intelligence to inform future programmes of work, including undertaking an impact evaluation of the pilot.

Resolved – That the report be noted.

17. ACCESS TO MATERNITY SERVICES

Further to Minutes 3 and 4 of the previous meeting, when the Board had received reports which had included concerns regarding the provision of maternal healthcare services, including for ethnic minority communities, Christine Harding gave a presentation on access to maternity services.

The presentation covered the following areas:

- Continuity of Care Teams - a work stream to improve antenatal and postnatal continuity of care
- Staffing
- New role of Equality, Diversity and Inclusion Midwife, with the aim to achieve equity of health outcomes for all social groups accessing the Maternity Service

- The Equality Delivery System - a tool to support active conversations between service users, the public, community groups and staff, used to review and develop an approach to address the inequalities in health access, experiences, impact and outcomes.
- The launch of 'Your Personalised Care and Support Plan' for women
- Cost and availability of classes
- Perinatal mental health referral pathway and next steps in maternal mental health support
- New role of Perinatal Equity Befriender

The meeting discussed the presentation and it was noted that, whilst it was positive that there was work going on to improve the situation, this needed to be better communicated to the public, especially those in the communities most affected by inequality, and it was also important that women's feedback was received. It was suggested that Healthwatch Reading could help with this and Christine Harding said that they would be happy to work with Healthwatch Reading on this large task, and with any organisation that could help reach women.

Resolved –

(1) That the presentation be noted;

(2) That Christine Harding bring back an update on the progress of the work on access to maternity services to a future meeting of the Board.

18. BUILDING BERKSHIRE TOGETHER - UPDATE

Further to Minute 42 of the meeting held on 20 January 2023, Alison Foster gave a presentation updating the Board on the Royal Berkshire NHS Foundation Trust's (RBFT) Building Berkshire Together (BBT) project for the redevelopment of the Royal Berkshire Hospital. A copy of the presentation slides had been circulated with the agenda papers.

The presentation explained that RBFT was in Cohort 4 of the national New Hospital Programme (NHP) which aimed to deliver 40 new hospitals across the country by 2030. This would mean that RBFT would be full adopters of the new approach to building new hospitals 'Hospital 2.0', with standardised designs, centralised processes and modern methods of construction, which should deliver economies of scale.

£20bn funding for the NHP had been announced in May 2023, of which £3.7bn had already been allocated, but five additional hospitals with Reinforced Autoclaved Aerated Concrete (RACC) had been added to the programme and some hospitals on the scheme would not be able to be delivered before 2030, due to funding allocation restraints and supply chain issues. RBFT did not have RACC and its scheduling had not yet been decided. This would depend on work with the NHP over the next five months to finalise the scheme and on the results of geotechnical surveys to understand the current site's suitability for a significant redevelopment using Hospital 2.0, with the final survey report expected in April 2024.

RBFT had received an initial funding allocation range in June 2023 which appeared to be aligned to a part redevelopment on the current site, and did not facilitate a move off site, but in June 2023 the RBFT Board had approved a proposal for the preferred way forward being a new hospital on a new site. Two possible sites – Thames Valley Science Park and Thames Valley Park – had been identified as most closely meeting criteria and further

due diligence work was being carried out to understand their suitability. Discussions were being held with Council planners to explore options within the Borough and the aim was to identify other possible sites in the area by the end of October 2023.

The presentation gave details of engagement on the BBT and Alison Foster noted that the responses to the previous survey had not been as diverse or representative of the population as wanted, so some more focussed and targeted engagement was being carried out with groups not represented in the survey. It was also noted that hospital site visits were being arranged for Councillors to walk around the hospital and see some of the issues for themselves. The presentation also summarised the next steps, which included working with local integrated care system partners on how the hospital would support transformation.

Resolved:

(1) That the presentation be noted;

(2) That the plan for site visits to RBFT to be arranged for Councillors be welcomed.

19. ROYAL BERKSHIRE NHS FOUNDATION TRUST – INTEGRATED PERFORMANCE REPORT

Andy Statham submitted a report summarising the Royal Berkshire NHS Foundation Trust's performance as at 31 July 2023 against the eight strategic metrics measured for its five strategic objectives, three breakthrough priorities and a range of watch metrics.

The report stated that during the reporting period, the Trust had continued to experience high levels of demand across non-elective pathways. For eight days in July 2023, the Trust had been affected by consultant and junior doctor industrial action which had resulted in the cancellation of over 600 outpatient appointments and almost 180 inpatient and day case procedures. Despite the sustained pressure, staff had continued to provide high quality, safe care and the highest quality of care indicators had remained at expected levels.

The Trust had remained challenged across the Deliver in Partnership objectives and performance against the diagnostic waiting standard and cancer waiting times standards had continued to fall below national standards. The former continued to deteriorate, driven by high levels of demand and capacity challenges and, whilst actions including contracting for insourcing capacity were in place to address these areas, performance would remain challenged during 2023/24.

The Trust continued to perform well on the national elective care standard with the number of patients who had waited over 52 weeks on RTT pathways remaining at very low levels. This would come under pressure during the remainder of the year as the impact of capacity lost to industrial action took effect.

The Trust's vacancy rate remained above target. However, the rate of turnover had fallen further still below target, reflecting the increased focus on this area from across the organisation - at its lowest for over a year.

Financial performance at Month 4 was £0.61m behind plan, driven by continued spend on workforce and supplies and challenges in unlocking efficiency savings. Additional

focus had been placed on this area by Trust senior management as indicated by a new breakthrough priority.

The report gave further details of performance against each of the metrics, also setting out actions and risks.

Resolved – That the report be noted.

20. ACCESS TO GP-LED SERVICES IN BERKSHIRE WEST – PROJECT SUMMARY

Alice Kunjappy-Clifton submitted a report on a Healthwatch Reading project being carried out to explore the public understanding of access to GP-led services in Berkshire West.

The report explained that GP access and quality of GP services had been found to be the top priorities for local people in a recent Healthwatch survey and that many people registered with local GPs were not aware of the new ways of working in GP practices and therefore their expectations did not match what they might experience when contacting their practice or seeking help.

The project would explore this further to understand what the public did know, where there were gaps and how communication could improve, in order to address the gaps.

The report explained what the new "GP-led services" way of working was and set out the project's aims, processes, methodology, communications and timescales, which involved publication of the final report in February 2024 and a follow up in August/September 2024 to re-request data and ascertain changes made as a result of the project.

Alice Kunjappy-Clifton asked Board members to help raise public awareness of the project so that the public could contact Healthwatch and contribute to the project.

Resolved – That the report be noted.

21. EXPLORING THE ORAL HEALTH OF UNDER 10S IN NORCOT, CHURCH AND SOUTHCOTE

Alice Kunjappy-Clifton submitted a report on a Healthwatch Reading project being developed to find out more about the oral health of children in the Norcot, Church and Southcote areas of Reading as part of the Community Connectors programme funded by NHS England.

The report explained that in Reading 31.6% of 5 year olds had one or more obvious untreated dentally decayed tooth (national prevalence 29.3%) and 2.5% had had one or more teeth extracted due to dental decay (2022 National Dental Epidemiology Programme Survey).

As part of Core20PLUS5 targeted action, Healthwatch Reading, in partnership with BOB ICB, Healthwatch Bucks and Healthwatch Oxfordshire were undertaking a project to find out more about the oral health of children in three of the most affected areas of Reading, as part of the Community Connectors programme funded by NHS England.

The project had the following aims and outcomes:

- To identify issues, including barriers and 'what worked', for parents, carers and children when: accessing oral health information; helping children with good dental hygiene and to develop good habits early; and experience of accessing regular dental checks.
- To understand what was/should be happening at Place and ICB-wide, mapping against NICE recommendations provided to NHSE on oral health promotion and disease prevention.
- To connect communities with decision-makers and make recommendations that would lead to change, for example in the way oral health advice and information was provided.
- To empower a group of Community Connectors to feel more able to speak up for themselves and others.

The report set out the project's processes, methodology and timescales, which involved publication of the final report in February 2024 and seeking updates on changes made following the report in August 2024. The report stated that Reading Borough Council did not currently have an oral health strategy but it was hoped that the project would provide information to go into a new strategy.

Further to Minute 4 of the previous meeting, Sarah Webster informed that Board that an update on dentistry was going to be submitted to the next Adult Social Care, Children's Services and Education Committee.

Resolved – That the report be noted.

22. COMMUNITY HEALTH CHAMPIONS PROGRAMME UPDATE

Martin White submitted a report providing an update on the Community Health Champions Programme (CHC), the next phase of the Reading Community Vaccines Champion programme (CVC) which had ended in October 2022. The CHC was a development of the previous CVC campaign which had been focussed on promoting the uptake of the Covid vaccination amongst disadvantaged communities; CHC would have a programme plan that included a wider range of health priorities in addition to the uptake of vaccines.

The report explained that, since the end of CVC, additional grant funding had been secured for the CHC programme. Planning for the next phase had progressed well, with increasing activity taking place in the second quarter of 2023-24 to recruit to the CHC support team, design programme branding and develop training for the network of champions. The intention was to have a fully-functioning supported network of around 50 champions by November 2023.

The report gave further details of current progress, noting that the CHC aimed to develop health knowledge of communities and to strengthen community action, self-help and engagement with health-promoting activities and interventions.

Resolved: That the report be noted.

23. SEASONAL BERKSHIRE INFLUENZA CAMPAIGN

Martin White submitted a report on the 2023-24 seasonal influenza (flu) campaign across Berkshire West and the arrangements for employees and frontline employees at Reading Borough Council.

The report explained that the seasonal flu and an accelerated Autumn Vaccination Programme had begun (accelerated as a precautionary measure due to the emergence of a new variant of Covid-19) and was supported by a communications campaign and equality projects that aimed to encourage uptake amongst eligible vulnerable groups. Further details of the programme were set out in the report.

The programme was supported in Reading through targeted projects, details of which were set out in Appendix 1 to the report, and a voucher reimbursement scheme available for Reading Borough Council frontline employees.

Resolved – That the report be noted.

24. BOB ICB UPDATE BRIEFING

Sarah Webster submitted a report presenting a briefing on the development of the BOB Integrated Care Board, its contribution to the delivery of the Integrated Care Strategy and the progress of place-based partnership structures. The report had appended the briefing and a summary of the ICB's Winter Communications Plan.

The report covered the following key areas:

- BOB NHS Joint Forward Plan
- Industrial Action
- Update on recent ICB executive appointments
- ICB Board Meeting
- Covid-19 and Flu Vaccination Campaign
- Berkshire West-focussed updates

Resolved – That the report be noted**.**

25. BOB ICB ANNUAL REPORT JULY 2022-MARCH 2023

Sarah Webster submitted a report presenting for information the final BOB ICB Annual Report covering the period July 2022 (when the ICB was formed) to March 2023.

The Annual Report incorporated the following key sections:

- Performance Report – consisting of a performance overview and a performance analysis and outlining the ICB's purpose and statutory duties, going on to describe how these duties had been executed. It looked at how the organisation had performed since its establishment in July 2022 and the key risks it faced.
- Accountability Report – incorporating Corporate Governance Report, Statement of Accountable Officer's responsibilities and Annual Governance Statement.
- Remuneration Report
- Staff Report

The report stated that a Parliamentary Accountability and Audit Report was not required, but the ICB had opted to include disclosures on remote contingent liabilities, losses and

special payments, gifts and feeds and charges (none recorded for this period). Appendix 1 included the ICB's financial accounts for the period ended 31 March 2023.

Resolved – That the report be noted**.**

26. DATE OF NEXT MEETING

Resolved – That it be noted that next meeting would be held at 2.00pm on Friday, 19 January 2024.

(The meeting started at 2.00 pm and closed at 4.57 pm)

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	19 January 2024
Title	Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report 2022/2023
Purpose of the report	To note the report for information
Report author	David Goosey
Job title	BWSCP Independent Chair
Organisation	Berkshire West Safeguarding Children Partnership
Recommendations	That the report be noted.

1. Executive Summary

1.1. Working Together to Safeguard Children 2018 (WTSC18) provides the statutory guidance for all safeguarding children partnerships in England. From March 2019, the safeguarding partners across the west of Berkshire (Reading, West Berkshire and Wokingham) joined to become the Berkshire West Safeguarding Children Partnership (BWSCP). BWSCP is the key statutory partnership whose role is to co-ordinate the partners safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.

1.2. This Annual Report, required by WTSC18, is being presented to the Health and Wellbeing Board to ensure members are informed about the work and achievements of the BWSCP for the 2022/2023 financial year.

2. Policy Context

2.1. As required by Working Together to Safeguard Children 2018, the BWSCP is required to publish an annual report on the effectiveness of child safeguarding arrangements and promotion of the welfare of children in Berkshire West, detailing the work and progress undertaken within the year, giving an account of how it has discharged its duties against statutory guidance. This is a Berkshire West report, but information in relation to Reading is included within it. Generally, the current policy position will set the parameters of the options available to consider.

2.2. For information on the published safeguarding arrangements and links to previous annual reports, follow this link:

https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/about-the-scp/berkshire-west-multi-agency-safeguarding-arrangements.

3. The Proposal

3.1. A priority area identified for the Partnership was safeguarding children and young people from the risk of significant harm from outside the home, referred to as **extra familial harm**. A Thematic Review of services to young people in relation to serious youth violence was published during the year. The review was initiated following several serious incidents in early 2021, including the murder of a teenage boy and the murder of an adult in an incident that involved three young men. Both incidents were fatal stabbings. Following these incidents, and in line with the statutory guidance, BWSCP carried out rapid reviews of the circumstances of the young people concerned and of the services provided to them and

their families. The reviews considered the victim of one fatal stabbing and six young people who had been charged with offences in relation to the two incidents. At the time of the reviews all the young people were between the ages of 13 and 17.

3.2. There are regular multi-agency meetings in each of the three areas that discuss individual cases and separate strategic meetings to agree a joint agency response. These are routinely reviewed and changes to approach taken where necessary. In Reading, an Independent Reviewer was appointed to review the Child Exploitation Missing Triage and Review (CETAR) and Child Exploitation and Missing Operational Group (CEMOG) Meetings following a recommendation in the Thematic Child Safeguarding Practice Review.

3.3. In each area there is a continued drive to ensure processes and strategic direction are improving through evaluation and review. Whilst changes have been implemented, the Child Safeguarding Practice Reviews have highlighted that more is required. These recommendations need to be acted upon quickly, and the learning shared widely. The Safeguarding Executive should collaborate to improve aligned responses and understanding across our Berkshire West footprint. This strategic aim is a key goal for the Partnership and endorsed by the Chief Executives in the three local authorities although achieving it may take some time, given the complexities of the different governance arrangements in each place.

3.4. Another priority area was to align the threshold guidance across the three local authorities. In Berkshire West we had three locality-based **Threshold Guidance** documents, due to differences in relation to referral routes and service provision for each Local Authority Children's Services. However, a project was initiated towards the end of 2021/22 to fully align and standardise these three documents, which successfully concluded in the autumn of 2022.

3.5. There remains some awareness raising work to be considered with regards to the Threshold Guidance and support to be considered for education settings to enable them to feel more confident in working with some of their more challenging pupils recognising when referral to different agencies is required.

3.6. The BWSCP published six **LCSPRs** in the 2022/2023 year. These relate to two cases of known or suspected non-accidental injury of a young child (Reading 'Aiden' and West Berkshire 'Bobby'), one case of sexual abuse (Wokingham 'Aisha and Ciara'), two individual LCSPRs for two perpetrators of serious youth violence (Wokingham 'Harry' and 'David' and a Thematic Review into the same topic for Reading).

3.7. Some of the key areas of learning from the cases include:

• The need for improved Assessments

• Recognising and understanding patterns of behaviour through the use of chronologies.

• Ensuring safe step down of intervention.

• Improved information sharing at different stages in safeguarding processes

• It is important to find out and understand if family members have any learning needs or borderline learning difficulties

• The importance of Child Focused Practice - professionals should always try to understand and record children's views where possible

3.8 Recommendations and action plans are in place for these reviews; they are being actively monitored and acted upon through the Berkshire West Case Review Group and the locality based Independent Scrutiny and Impact Groups.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. The work of the BWSCP aligns with the Health and Wellbeing Strategy by contributing to the Strategy's priorities of 'Help children and families in early years' and 'Promote positive mental health and wellbeing in children and young people'.

5. Environmental and Climate Implications

5.1. Not applicable

6. Community Engagement

6.1. The Annual report has been written with contributions from all BWSCP partners and circulated to and agreed by the Statutory Safeguarding Partners. It was disseminated to all partners and published on the Berkshire West Safeguarding Children Partnership website in November 2023.

7. Equality Implications

7.1. An Equality Impact Assessment (EIA) is not applicable; however, equality and diversity continue to be a key theme for the safeguarding partnership arrangements.

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1. Not applicable.

10. Financial Implications

10.1. Not applicable.

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. There are none.

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Reading | West Berkshire | Wokingham

Berkshire West Safeguarding Children Partnership Annual Report 2022/2023

Contents:

SECTION 1: INTRODUCTION

Foreword/Executive Summary from the Berkshire West Safeguarding Executive

Welcome to the Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report for 2022/2023, which provides an account of the work and progress undertaken by the multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire, and Wokingham.

Our unique tri-borough partnership provides us with opportunities for collaborative working over a wider footprint. This can be challenging, and takes time, but throughout this document you will see examples of our progress. These include but are not limited to the alignment of Threshold Guidance to support continuity for practitioners working across Berkshire West, provision of support and training for schools (Alter Ego Productions) and clear and specific updated procedures and practice changes as a result of case reviews.

During this reporting year we have published an unprecedented six Local Child Safeguarding Practice Reviews. The Child Safeguarding Practice Review process requires significant resource from all our partner agencies, and it is a huge strength of our local safeguarding leads that they have, and continue, to commit to each review with openness, fully prepared to identify and respond to immediate learning. Please see section 3 for further information on these reviews and the learning identified.

We continue to reflect and scrutinise our multi-agency safeguarding arrangements to gain the benefits from working over a three local authority area footprint. Our new Independent Scrutineer, David Goosey, has been a huge help in enabling us to think more collaboratively and identify where our endeavours to work together are best focused. Please see the Governance and Accountability page below for more information. In addition, throughout the report you will see 'Scrutiny and Challenge' boxes that highlight where we need to focus our attention.

We would like to take this opportunity to acknowledge and say thank you to every member of the Partnership, our Subgroup Members, practitioners from all our partner agencies, education colleagues, volunteers, and those people out in the community, for their commitment and the work they continue to do to help keep children in Berkshire West safe and to improve their life chances. We would also like to thank our Partnership Business Unit, who manage all the partnership meetings, support the Chairs, and keep in communication with colleagues across the whole of Berkshire West. This is no mean feat, and we all appreciate the positive nature of the team, the high calibre of work produced, and their ability to keep the partnership on track.

Governance and Accountability – review and future arrangements

Our multi-agency safeguarding arrangements were created as a result of revised statutory guidance (Working Together to Safeguard Children 2018) and have been in existence as the Berkshire West Safeguarding Children Partnership (BWSCP) since June 2019. The Statutory Safeguarding Partners hold the oversight, governance, and responsibility of the partnership arrangements, with delegated responsibility to the BWSCP Safeguarding Executive.

The composition of the Safeguarding Executive from June 2022 is:

- Directors of Children's Services - Reading, West Berkshire, and Wokingham
- Chief Nursing Officer – Integrated Care Board (Buckinghamshire, Oxfordshire, and Berkshire West)
- Head Protecting Vulnerable People - Thames Valley Police
- Chief Superintendent, Local Policing Berkshire – Thames Valley Police
- Independent Scrutineer (Chair)

From the outset our multi-agency arrangements have been designed to be flexible, with the Safeguarding Executive acknowledging the need to review the structure and responsibilities if required. As such, we recognised there were some challenges and improvements required in our high-level accountability and governance, communication between subgroups, and our scrutiny model.

The statutory responsibility for the partnership arrangements sits at the Chief Executive level of the safeguarding partners, who delegate this duty to the BWSCP Safeguarding Executive. It is vital that the Chief Executives remain informed of progress and are themselves curious about risks or improvements made, plus the potential or realised benefits of a tri-borough shared arrangement. We recognised that this link needed to be stronger, therefore we initiated regular joint meetings between the three Local Authority Chief Executive Officers and the three Directors for Children's Services. These meetings are being broadened to include the equivalent roles within Thames Valley Police and the ICB, and a new scheme of delegation is in the process of being agreed to ensure clear governance and line of sight for the statutory partners.

This year we have benefitted from the challenge, support, and advice of our new Independent Scrutineer. This role has been a critical part of our Safeguarding Executive discussions, enabling us to consider different viewpoints and think critically. David has also provided a consistent approach to the Chairing arrangements of the Executive Group and the three locality Independent Scrutiny and Impact Groups. We are clear that this role does not hold responsibility for the partnership, which firmly remains with the Safeguarding Executive, but Chairing these particular groups allows a vital communication link between them and provides a helicopter view across Berkshire West. Further links between the Safeguarding Executive and the wider subgroup structure will continue as we plan to invite Subgroup Chairs to periodically join the Executive meeting to discuss how the work of the groups can be better understood and shared.

For this reporting year the Safeguarding Executive met monthly to enable conversations and decisions to move quickly while our Independent Scrutineer settled into post. We have now agreed to return to a quarterly meeting timetable to enable work to progress in between meetings. Likewise, we have moved the Independent Scrutiny and Impact Groups to be quarterly and in line with the data availability, to support partnership colleagues to be able to complete work and auditing in between meetings and enable actions to be progressed and completed.

An area of focus for us going forward is the need to improve our multi-agency audit planning and delivery. This year, multi-agency auditing has continued to be driven on a locality basis through case review recommendations or inspection preparation. While the audits have been useful and learning is shared across the partnership, this still lacks clear coordination with no formally agreed multi-agency auditing process and is an area of development for the Independent Scrutiny and Impact Groups. We have, however, implemented a new Quality Assurance Framework, with the considerable help of our Independent Scrutineer. This provides clear purpose and focus for the partnership, detailing the safeguarding assurance processes we expect to follow (See section 4).

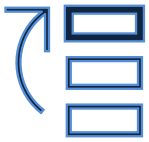
Our partnership structure allows us to promote partnership collaboration, which has enabled constructive independent scrutiny from partner agency colleagues. This has been evident locally in our subgroups but is also replicated in our pan-Berkshire work. Further details can be found in the following sections.

Scrutiny and Challenge:

Working over a Berkshire West footprint is complicated, and it requires continued engagement, ownership, discussion, and willingness for it to work at all levels and to be successful and provide added value. Our tri-borough partnership provides us with the opportunity to think more creatively, for example, the opportunity of cross boundary working allows us to identify common safeguarding issues and consider the strengths of joint discussion and co-working with partners. The examples above provide some evidence of the positive impact for our workforce of working in this coordinated way. However, much more could be done and should be done at pace to benefit from cross boundary working. This has to be a major part of the progress achieved in the coming year.

SECTION 2: PRIORITY AREAS OF WORK

During the 2021/22 year the BWSCP focused on some key themes identified by Local Child Safeguarding Practice Reviews and feedback from colleagues within our multi-agency safeguarding arrangements. This was undertaken in subgroups across our localities, Berkshire West, and Pan Berkshire. The BWSCP subgroup structure chart can be found in Appendix 1.



Whilst individual organisations respond to emerging and existing safeguarding concerns, the information below represents the partnership approach, work, and outcomes in relation to these themes.

OUR APPROACH TO EXTRA-FAMILIAL RISK – CONTEXTUAL SAFEGUARDING, EXPLOITATION, AND SERIOUS YOUTH VIOLENCE

We recognise the importance of practitioners understanding the local approach to 'contextual and complex' safeguarding and how this work needs a response often outside of our usual safeguarding frameworks.

There are regular multi-agency meetings in each of the three areas that discuss individual cases and separate strategic meetings to agree a joint agency response. These are routinely reviewed and changes to approach taken where necessary.

In Reading, an Independent Reviewer was appointed to review the Child Exploitation Missing Triage and Review (CETAR) and Child Exploitation and Missing Operational Group (CEMOG) Meetings following a recommendation in the Thematic Child Safeguarding Practice Review. There were a number of positive reflections including clear information sharing within the meetings, trauma informed compassion around the young person's experience, great relationship among colleagues attending the meetings and exploitation mapping was deemed important, and practitioners were pleased with the mapping work done.

There were recommendations for improvement also and these include better involvement with the young people and their parents, increasing the timeliness of referrals into these meetings, more effective meeting actions and timeframes (with an escalation route identified), introduction of a risk and issues log and more regular multiagency audits, where all agencies look at the arrangements for the young person. Including Adult Services to enable better transition planning is important, all 'red' raged cases should have a social worker and a problem profile is required. The review was completed in March 2023, and a multi-agency group is putting in place an action plan to support these recommendations.

In West Berkshire our Independent Scrutineer attended an Exploitation & Missing Risk Assessment Conference (EMRAC) and provided some useful feedback for development in the 2023/24 reporting year for the incoming chairs of the group. The feedback was mostly positive, noting that the meeting was well managed, the purpose was clear and understood by those present and the Child Exploitation/Child Sexual Exploitation criteria being used to good effect. There were close working relations between several different professionals and agencies which facilitated information sharing. A recommendation was to explore contexts further, including that of the impact of significant harm and ensuring that the young person's ethnicity is discussed and understood, as these will have an impact on the young person's identity.

Indicator Tool: To support our vulnerable young people, it is crucial that practitioners have the right tools and knowledge. Colleagues across Berkshire West continue to receive contextual safeguarding or similar training from their respective organisations. Colleagues are also supported to use the Pan Berkshire Exploitation Indicator Tool, which is regularly reviewed by the Pan Berkshire Exploitation Subgroup to ensure it is fit for purpose, ensuring a county wide approach. Locally, audits have shown the tool is well used and subsequent referrals are appropriate.

Audit: West Berkshire colleagues conducted an audit of indicator tools to establish if the relevant EMRAC thresholds were applied on a consistent basis, this concluded that in the vast majority of cases thresholds were

correctly applied. The type of factors that are most prevalent would commonly be present in young people working with children's social care. There has been a considerable increase in the number of young people identified at risk of exploitation where there is family relationship breakdown or conflict in comparison to the previous year.

Local Child Safeguarding Practice Review (LCSPR) Response:

In Reading, following the Thematic LCSPR into Serious Youth Violence, weapon crime continues to be a priority; Thames Valley Police Officers have a process in place to stop and search "habitual" knife carriers in the community. Thames Valley Police continue to provide safety arches in Secondary Schools when needed and the Neighbourhood Police Team have offered to support and undertake work with primary schools. Funding was secured by Thames Valley Police to provide assemblies from St Giles Trust in Reading schools. St Giles Trust helps vulnerable young people who are criminally exploited through gangs, serious violence, and offending. More than 20 assemblies were delivered to year groups seven, eight and nine across a number of Reading Schools and focused on debunking the myths and stereotypes around crime, weapons, gang involvement, county lines, exploitation, and violence.

Impact of LCSPR learning:

In Wokingham, following a LCSPR featuring serious youth violence, a pilot Exclusion Prevention Programme was initiated in September 2022 involving 5 schools in the area which had the highest exclusions rates. This programme is focused on exclusions related to offending type behaviour and works with the individual children and their schools to support the pupil to remain in school. In May 2023 the programme was working with 9 children and had evidence of success for a child who had been planned to move education settings but will now be staying at their current school given the noted improvements after they started working with the Prevention and Youth Justice Service.

Impact of Partnership working:

Adolescent Risk – Reading Festival – Concerns were raised by local services about the safeguarding and welfare of young people who attend large scale events such as festivals. Festival Republic alongside colleagues across the Partnership footprint undertake work in preparation for Reading Festival on an annual basis. The safeguarding practice at Reading Festival 2022 was effective and a Safeguarding Coordinator is always on site alongside welfare teams; there are key safeguarding partners in the welfare teams. There are also links with local hospitals, Thames Valley Police, and South-Central Ambulance Service.

Planning for 2023 will include a review of the visibility of services for young people and signage at the festival so any concerns can be responded to effectively. Festival Republic and local partners will be facilitating a project looking at the development of Help Hubs that will operate 24 hours a day throughout the festival period. These Hubs will be staffed by local safeguarding professionals and will be a one-stop hub where young people can come to talk, seek advice, and offer support.

Attending any large event, such as Reading Festival can be anxiety inducing; the Mental Health Support Team are considering hosting webinars and assemblies for the parents of Festival Goers to outline the range of safeguarding officers available at the festival.

Impact of Partnership working:

Starting Point – Navigator Programme - The Starting Point Navigator programme launched in June 2021. Based within the Royal Berkshire Hospital over the weekend it supports young people who come to the Emergency Department due to violence or risk-taking behaviours with the aim of reaching young people at a moment of crisis and to try to connect/divert them to other opportunities.

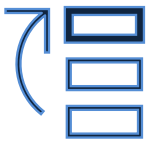
This programme format has been introduced in schools to engage with young people that are struggling in and need additional support. They offer support both in the education setting, but also ensure the young person is connected with a mentor in the community. So far, the programme has connected with 47 young people. Once they have made a connection, they work to understand their interests, what they want to achieve and explain to them the opportunities available via the Navigator Programme. Young People have an allocated mentor to accompany then throughout their journey and provide support as and when required.

STRATEGIC RESPONSE TO EXTRA-FAMILIAL RISK

We recognise the importance of practitioners understanding the local approach to 'contextual and complex' safeguarding and how this work needs a response often outside of our usual safeguarding frameworks. Locally, high profile incidents of serious youth violence have reminded us that a coordinated and consistent approach and response is crucial to support our families and practitioners.

In recent years, each locality area has produced a multi-agency strategy that relates to extra-familial Harm (using the terminology of either Adolescent Risk, Exploitation or Harm Outside the Home). While the detail and governance of these strategies is different for each locality, the BWSCP expectation is that there is general consistency in strategic approach and response, while recognising that the scale and breadth across local service delivery may differ. For example, we know that the Thames Valley Police response will be consistent across Berkshire West, but the preventative services provided by other agencies will vary, dependent on need.

While the three locality-based strategic groups have been continuing to provide direction within their locality, the BWSCP Safeguarding Executive have agreed that greater alignment of strategies is a key priority for 2023/2024.



Our Strategic Intent: *To work towards locality-based strategies for Extra-Familial Harm that are more aligned, supporting a more combined and collaborative approach across Berkshire West.*

A task and finish group will be set up in in July 2023 to progress this work. For more information see the BWSCP Delivery Plan: BWSCP Website - Assurance Documents

Exploitation (Yellow YoYo) Project: To support the strategic intent for 2023/24, Thames Valley Police were able to offer additional funding to commission an organisation to review at the customer journey for all organisations that should either signpost or offer direct support in relation to exploitation. We want to ensure that, as far as possible, the public receive a consistent and user-friendly experience when they are looking for help – from the language used through to appropriate signposting and support. This work was commissioned at the end of the reporting year, and results will therefore be discussed and incorporated into the strategic work during 2023/24.

Scrutiny and Impact:

In each area there is a continued drive to ensure processes and strategic direction are improving through evaluation and review. Whilst changes have been implemented, the Child Safeguarding Practice Reviews have highlighted that more is required. These recommendations need to be acted upon quickly, and the learning shared widely. The Safeguarding Executive must work together to improve aligned responses and understanding across our Berkshire West footprint.

OUR APPROACH TO EXTRA-FAMILIAL RISK – ONLINE SAFETY AND SOCIAL MEDIA

To support schools, parents, and young people, we developed an Online Safety Page on the BWSCP website. It contains information relating to various types of online abuse that our young people can experience with links to guidance and agencies that can provide further information or support. There are also links to some useful articles for parents and carers about how to keep young people safe online. Online Safety features regularly in the BWSCP Facebook and Twitter posts.

We recognise that social media has been highlighted as a significant concern within the Local Child Safeguarding Practice Reviews focussing on serious youth violence. Whilst the scope of the reviews could not evidence social media as harmful contributory factor, the criminal processes and a subsequent documentary did highlight the influential effects of pushed content and how social media can be used to organise and incite violence. As a result, our reviews have included recommendations for our local Partnership to both support practitioners and schools with current knowledge and information, whilst recognising that this is a national, if not global, issue.

Crest Advisory Report: The Dawes Trust commissioned Crest Advisory in 2019 to run a multi-year programme of work examining the underlying causes and drivers of serious youth violence including the use of technology, specifically social media. As part of the process, Crest Advisory interviewed a number of Reading Headteachers', Thames Valley Police and Metropolitan Police colleagues; Thames Valley Police Project Alpha has been created to assist with the disruption of harmful media content that could be seen to incite violence, specifically gang related content.

The report published in 2022 identified that online conflict is happening much younger than the current preventative work is aimed at and whilst primary schools are aware of the issues, other services do not engage until secondary school age. One of the key findings of the report outlines that violence is seen as an accepted response when it is not challenged; if a large group of individuals accept conflict escalating online it increases the expectation that it will be resolved physically. Crest Advisory are recommending that there is a roll out of "online active bystander" training for children and young people, delivered through PSHE lessons from key stage 3 to enable children and young people to understand that their actions online have real world consequences.

Effective reduction of the risk of violence from online activity cannot be achieved through any single group or organisation through a single solution, instead a wide range of mitigation strategies need to be deployed at varying scales: parents, public services, schools, technology companies and Ofcom.

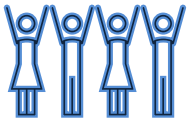
Local Child Safeguarding Practice Review (LCSPR) Response:

Learning from our Child Safeguarding Practice Reviews has challenged us to understand how confident practitioners are in speaking to young people about their social media usage and online safety and understand how they use this information in their work with young people and any assessment of risk. We therefore undertook a practitioner survey in early 2023 to explore this further.

78% of respondents knew where to find their organisations online safety policy, and 79% did feel confident to speak to children about social media and how they use it. Respondents raised a number of barriers they felt they encountered to them regularly being able to have these discussions, and half reported that no clear training was available to them on this subject. While respondents were able to list a range of negative influences the social media can have, it did raise some questions about practitioners using a trauma informed approach. The results of this survey are due to be shared with the Learning and Development Subgroup in the first instance.

Theatre Productions in Schools:

To support our school community, in the Autumn of 2022, the Safeguarding Partnership funded Alter Ego's productions 'In the Net' and 'Unacceptable' for Primary and Secondary Schools across the Berkshire West footprint; these performances were well received and a positive experience for the schools involved.



30 performances of the In the Net production were delivered to 43 Primary Schools (schools shared sessions), reaching approximately 3,500 pupils in Years 4-6.
Performances of the Unacceptable production were delivered to 29 Secondary Schools, reaching approximately 5,800 pupils in Years 9-11.

Following these performances, a survey with all participating Schools was undertaken in order to gain feedback on how engaging the sessions were and whether there was an increase and staff and student knowledge in relation to the subject matter.

Primary Schools reported that:

- children were able to list and give examples of how to stay safe online and use the internet responsibly
- children were able to talk confidently about what they learnt and understood that they should speak out if they see something scary, or someone says something unkind
- children were able to understand the importance of being kind and the repercussions of their actions

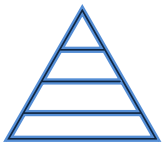
Secondary Schools reported that:

- the performances increased pupil's awareness of sexism, sexual harassment, and sexual violence and gave them the space to reflect on their views
- the performance promoted good 1:1 discussions
- the performance is being used as a tool as part of their restorative measures
- the real-life stories were very useful, and it sparked a discussion about sexism; and how to challenge the behaviours of the minority of students

EFFECTIVE UNDERSTANDING OF CHILD PROTECTION THRESHOLDS

Aligned threshold guidance

It is crucial to prevent escalating risk by supporting all partners to be able to respond to concerns and confidently hold responsibility for risk at an appropriate level. This should prevent our children and their families from having to access high level support or not be subjected to Children's Social Care involvement if not required.



In Berkshire West we have three locality-based Threshold Guidance documents, due to differences in relation to referral routes and service provision for each Local Authority Children's Services. However, a project was initiated towards the end of 2021/22 to fully align and standardise these three documents, which successfully concluded in the autumn of 2022.

The content and layout of the documents was updated to include:

- The issues highlighted by a local Domestic Homicide Review to ensure the content adequately reflected information in relation to the risks associated with domestic abuse, and the new Domestic Abuse Act.
- Improve the risk and protective factors in relation to exploitation, special educational needs and disabilities and sexual harassment in schools
- Alignment of the document detail across the three areas, with the only differences being referral information and some specific service detail
- An improved layout to enable practitioners to more easily access the important information
- Improved information and detail about consent requirements at each level of need.

These revised documents mean that whichever document a practitioner refers to they know that the detail within the levels of need is the same in each local authority area. In addition, we have uploaded the document detail

into a webpage. Practitioners can now easily review threshold guidance online, as well as download a pdf version is preferred. Details and links to the webpages and documents can be found here: BWSCP website - threshold guidance

Holding and managing risk for cases that don't meet the criteria for statutory intervention

Following an independent review of the 18 rapid reviews undertaken across Berkshire West from the beginning of 2020 until June 2021, a theme arose relating to professionals' confidence in holding risk for cases that fall below the statutory level. Education colleagues were asked to complete a short survey to coordinate a response to the findings.

The survey was sent out in early 2022/23 to Designated Safeguarding Leads across West Berkshire and Wokingham and 132 responses were received. The results of the survey have not yet been discussed at the Education Safeguarding Engagement Groups, but initial results indicate that 24% of respondents in Wokingham and 34% of respondents in West Berkshire were 'somewhat not confident in holding risk'. In addition, 43% of respondents in Wokingham were not aware of either the Threshold or Escalation Guidance documentation, compared to 22% in West Berkshire. However, most responders do feel confident to escalate safeguarding concerns within the multi-agency environment with only 6% and 11% not feeling confident in Wokingham and West Berkshire respectively.

Scrutiny and Impact:

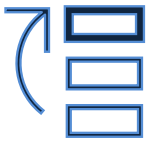
There is clearly some awareness raising work to be considered with regards to the Threshold Guidance and support to be considered for education settings to enable them to feel more confident in working with some of their more challenging pupils.

Local Child Safeguarding Practice Review (LCSPR) Response:

In response to learning from our local Safeguarding Practice Reviews the Partnership produced guidance to support Professionals, Parents and Carers to understand the Child in Need process and the expectations when attending meeting. This guidance is easily accessible on our website and the links have been widely shared across the workforce.

- Guidance for Practitioners: BWSCP Website - Professionals: Child in Need meeting and plan
- Information for Parents and Carers: BWSCP Website: Parents and carers: Child in need meeting information

PRIORITY REVIEW FOR 2023/2024

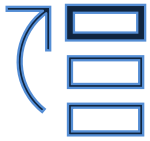


Through the support of our Independent Scrutineer, the BWSCP Safeguarding Executive have reviewed and agreed some clear priorities for the year ahead. In addition to the 'Strategic Response to Extra-Familial Harm' (noted above) we have also specifically agreed the need for clarity and guidance in relation to our combined response to Neglect. This is also in response to one of our Local Child Safeguarding Practice Reviews. Neglect is a persistent safeguarding risk for children, and it can be difficult for professionals with safeguarding responsibilities to identify indicators of neglect, to assess whether what they have observed is sufficiently serious for them to take action, and to decide on the most appropriate course of action.

While each locality is working with a significant number of cases of neglect, with a variety of tools and approaches, there is currently no strategic strategy to tackle neglect either at a locality or Berkshire West level. This is where our tri-borough partnership can provide consistent strategic guidance, which will particularly benefit practitioners who work across Berkshire West.

Our Strategic Intent: *To develop an agreed Berkshire West approach to neglect in relation to principles, training, and evaluation of service provision, enabling consistency but flexible enough to allow each area to deal with the issues relevant to their population.*

A task and finish group will be set up in in July 2023 to progress this work, building on the BWSCP Practitioner Guidance for Neglect that was agreed in 2023 (BWSCP Website - Neglect) to produce a Berkshire West Strategy.



Other areas of focused work identified include the development of a Berkshire West MASH Oversight Group (more information in Section 3), actively respond to the Social Care Review and Working Together to Safeguard Children 2023 consultation when published, develop a comprehensive BWSCP Learning and Development offer (more information in Section 5) and embed the Quality Assurance Framework, providing assurance and evidence of progress and impact (more information in Section 4).

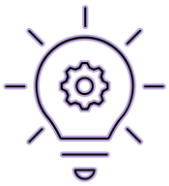
For more information see the BWSCP Delivery Plan: BWSCP Website - Assurance Documents

SECTION 3: CASE REVIEW ACTIVITY

RAPID REVIEW ACTIVITY AND LEARNING

During the 2022-2023 year, only one Rapid Review was undertaken at the beginning of the reporting year. This was a case in Reading of an unborn child who died unexpectedly in utero at 36 weeks gestation. This was initially notified to the National Child Safeguarding Practice Review Panel as both parents were well known to Children's Services. However, one outcome of the Rapid Review meeting was to agree that the death was not as a result of parental abuse or neglect, although there were co-morbidity factors recognised. This was reported to the National Child Safeguarding Practice Review Panel, who agreed that a formal Rapid Review Report was no longer required, however we decided to complete the Rapid Review and submit a report as there was learning identified. This included:

- The documentation of case history needs to be evident in records and considered in meetings and in planning. As a result Children's Social care reported that quality of practice was externally audited, to consider the use of history in assessments as part of accelerated improvement work. This practice would remain in place.
- Thames Valley Police information could have been shared and documented better, plus, the recording of requests for strategy meetings and conferences for all the children in the family concerned could be streamlined to make it more easily followed. This learning was shared with the MASH Manager and included in training across the area.



Scrutiny and Challenge:

It is notable that between March 2020 to June 2021, an unprecedented total of 22 Rapid Reviews were undertaken across Berkshire West. The case described above was the only case notified from July 2021 until March 2023. While there is no indication that cases have been missed, colleagues across the partnership must remain alert and ready to discuss cases which may meet notification threshold.

It is positive that there have been cases of potential concern brought to the Case Review Group for discussion throughout this period, and examples of cases that may meet notification threshold being discussed between statutory partners. However, this discussion process did not have a clear escalation or sign off route, which has been rectified through revisions to the BWSCP Case Review Process document described below.

CASE REVIEW GROUP ACTIVITY

The Case Review Group continues to promote active discussion about any cases that colleagues may feel meet criteria for a level of multi-agency review. This was particularly important considering the significant drop in cases being identified that met the criteria for making a notification of a serious child safeguarding incident. Due to the reduction, consideration was given to the process in place and challenging discussions took place to review whether any cases may have been missed. During this period the Case Review Group continued to review cases of concern, that didn't meet the criteria for notification, to ensure that there was a multi-agency view and to consider if any further local-based work was required.

An outcome of the case review process discussion and the Independent Review report referenced in the previous Annual Report, was that the Safeguarding Executive had not been fully sighted on all the Rapid Reviews from across Berkshire West, at the different stages of review. This inadvertently meant a lack of clear ownership and direction at the Executive level which subsequently impacted on the ability of the Safeguarding Executive to be fully assured about the process, learning identified and the impact. A thorough review of the process has been undertaken, to ensure that appropriate Safeguarding Executive members are informed or involved at key stages of decision making. The latest version of the BWSCP Case Review Process document can be found here: BWSCP Website - Child Safeguarding Practice Reviews

LOCAL CHILD SAFEGUARDING PRACTICE REVIEWS

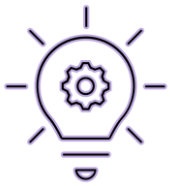
The purpose of a Child Safeguarding Practice Review (LCSPR) is to look at the multi-agency response of organisations working alongside children and families, to identify any improvements that can be made to the services they provide; and as a partnership for us to understand and share good practice and learning to improve and promote the wellbeing of our children and young people.

Published LCSPRs:

The BWSCP have published six LCSPRs in the 2022/2023 year. These relate to two cases of known or suspected non-accidental injury of a young child (Reading 'Aiden' and West Berkshire 'Bobby'), one case of sexual abuse (Wokingham 'Aisha and Ciara'), two individual CSPRs for two perpetrators of serious youth violence (Wokingham 'Harry' and 'David' and a Thematic Review into the same topic for Reading). All our LCSPR reports are published on this page: BWSCP Website - Safeguarding Practice Reviews.

Some of the key areas of learning from the cases include:

- Assessments should recognise and take account of the multiple risk factors, analyse statements of fact about a parent/adult with what impact the issue may have on a child's safety and welfare, ensure records reflect this thinking process, management oversight promotes clear rationale for decisions.
- Recognising and understanding patterns of behaviour through the use of chronologies (single or multi-agency) to support assessment and risk management work.



- Ensuring safe step down of intervention - to include a clear, multi-agency process to support these cases once higher level of intervention is removed and re-assessment of risk if the family circumstances change, or parental disengagement is a cause for concern.
- All cases reiterate areas for improved information sharing at different stages in safeguarding processes, plus the need for empowering practitioners to escalate if they have a concern or difference of opinion.
- It is important to find out and understand if family members have any learning needs or borderline learning difficulties - professionals must make sure that family members understand what meetings they are asked to attend, why the meeting is happening, and what is expected of them.
- The importance of Child Focused Practice - professionals should always try to understand and record children's views where possible, even if they are young with limited verbal skills, with due consideration of different communication styles, including issues of disability, age, and language.

Learning specifically in relation to serious youth violence:

- Recognition that this cohort are likely to have a range of complex needs and are at risk of school exclusion.
- Improve information sharing with schools about pupils at risk of exploitation.
- The need for appropriate alternative education provision to support a multi-agency response.
- Earlier referral and engagement with CAMHS for children at risk of exclusion and understanding the role of speech and language services.
- Development of diversionary support to avoid entry into the criminal justice system.
- The need to reduce the number of professionals involved, whilst enabling consistency and continuity of workers to build relationships with the young people and their family.

- Improving data to understand the problem profile more accurately.
- Ensure that the needs of children and young people with special educational needs and disabilities are really understood by all professional working with them.

As part of the Child safeguarding Practice Review process, we also identify and highlight the positive work undertaken by practitioners. Many examples of this were identified, including:

- Clear identification of vulnerabilities in families and multi-disciplinary discussions being undertaken.
- Early referrals when concerns identified, and examples of quality assessments.
- Swift responses after an incident to safeguard children and their siblings.
- Practitioners effectively sharing information and communicating, and examples of cultural sensitivity.
- Positive examples of practitioners being child focussed and challenging decisions when they felt it was appropriate.
- Significant support was initially put in place for a family, which was appropriately reduced when good progress was made.
- Examples where the multi-agency response when some new information was received was timely and coordinated.

Recommendations and action plans are in place for these reviews; they are being actively monitored and acted upon through the Berkshire West Case Review Group and the locality based Independent Scrutiny and Impact Groups. A number of partnership actions have been completed which include:

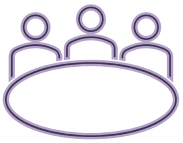
- A BWSCP webpage has been created using the best practice resources developed by the Centre of Expertise on Child Sexual Abuse. These resources, and other guidance, have been shared widely across the safeguarding network
- Review and update of the Threshold Guidance (noted above)
- Review and update of the Escalation Guidance and procedures
- Produce and share Child in Need Meeting Guidance for practitioners, and parents/carers (noted above)
- A range of locality and agency specific, plus Berkshire Wide procedures and processes have been reviewed and updated as a direct result of CSPR learning.

Local Child Safeguarding Practice Review (LCSPR) Response:

There are examples of our response to LCSPR recommendations throughout this report, but in addition:

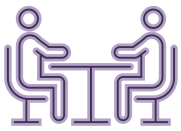
- In Wokingham Children's Services, following CSPR recommendations, there has been significant improvement in process, practice and information sharing when a child with an Education, Health, and Care Plan (EHCP) moves into the area. Multi-disciplinary meetings are arranged to share any relevant information between new professionals and those formerly involved, providing continuity for the children/young people moving between Local Authorities and mitigates the risk of important information being missed, or the family 'repeating their story'. Social Workers are now routinely invited to annual reviews of children/young people with an EHCP, and if there is no Social Worker involvement, consideration is given to whether a referral to Children's Social Care or Early Help would be beneficial to the family.

- Thames Valley Police has a vulnerability and risk annual programme and, as a result of LCSPRs, child criminality, and the appropriate trauma informed and partnership approach to children suspected of crime, was covered in the 2022 training delivered to Incident Crime Response and Neighbourhood teams. A Vodcast has also been developed with family members involved in a serious youth violence incident that triggered two of our LCSPRs. The Vodcast will be mandatory training for all front-line officers, student officers, PCSO's, Child abuse and MASH staff.



- In West Berkshire Children and Family Services, Conferences Chairs received refresher training to ensure that 'respectful curiosity' is maintained, and self-reporting is regarded with due weight. The Service Manager has carried out observations and confirmed that the issues which arose within the case review are considered as part of this process and that reflective discussions occur where these factors are considered. The Service Manager reads all feedback provided by attendees of conferences and where necessary these are acted upon and used to inform service development.

- Brighter Futures for Children initiated a review of the Pupil Referral Unit (PRU) and alternative provision, focusing on their potential contribution to work to combat extra-familial harm and exploitation. The review has concluded, and actions are being implemented. The report commented that there had been a recent change in leadership at the PRU, and interviewers were encouraged with their level of planning and training around areas of safeguarding concern. Relationships need to be strengthened with the borough's alternative provision and they need to be considered by all professionals as a key partner in the safeguarding network around a child. Priorities include ensuring consistent information for schools and internal Local Authority staff to ensure monitoring, quality and review is in place, Alternative Provision safeguarding policies need to be developed more in respect of Extra-Familial Risk and Harm through training, engagement, and local offers of Continual Professional Development.



Audit:

In response to LCSPR learning Wokingham Children's Services have undertaken an audit of cases where the Early Help service has been tasked to support young people with special educational needs and disabilities. This included feedback from parents and identified that a better understanding of what constitutes 'Early Help' in Wokingham - including thresholds and the full range of early help activity on offer is required; reiterated the need for shared knowledge, co-ordination, and oversight for the group of children who have SEN support needs and EHCPs, but also that when a family receives an appropriate Early Help service that feedback is positive and the family find the support beneficial.

Sharing learning:

Along with ensuring processes and procedures are effective, once of the key outputs from any case review is to share learning to improve practice. Whilst there is much learning for practitioners involved in a case review, while the process in ongoing, we also produce a two-page learning brief for each case published. This focusses on the learning identified, the recommendations, and information and guidance for practitioners. Along with the full report, we share these widely with the expectation that these are used and discussed within agencies and teams.

In addition, details of the learning and recommendations from the Rapid Reviews and recently published CSPRs have been collated and shared widely, particularly at sessions with School Designated Safeguarding Leads and nearly 100 GPs across Berkshire West. Along with common themes and learning from previous case reviews the presentation slides, published reports, learning briefs and 7-minute briefings can be found here: BWSCP Website - Safeguarding Practice Reviews

Local Case Review Process:

While previous feedback from the National Child Safeguarding Practice Review Panel and the independent review conducted in February 2022 concluded that the local process for Rapid Reviews has been effective, one LCSPR (not yet published) identified some weaknesses in our LCSPR panel process and another. As a result, a review of our Case Review Process Guidance and Documentation has been undertaken, with key areas regarding the expectation of the LCSPR Chair and Panel, and escalation processes strengthened. The revised document can be found on our website: BWSCP Website - Safeguarding Practice Reviews

Review of National Cases of Local Interest

The Berkshire West Case Review group regularly reviews recently published national cases. Information is collated and shared with regards to learning and recommendations that would benefit from further consideration locally.

As an example, following the tragic death of Arthur Labinjo-Hughes and subsequent National Child safeguarding Practice Review and Joint Targeted Area Inspection, colleagues across Berkshire West initiated a project to review local services against the report findings. The project focused on the different approaches and multi-agency support into the MASH arrangements in the three local authority areas. Some of the key findings were:

- Multi-agency input into the MASH varies between the three areas.
- MASH processes are not consistent across the three areas.
- While there are good examples of strong multi-agency response and decision making, this is not consistent and in one area there were significant concerns regarding decision making resting solely with Children's Social Care.

The results of this work identified how different the MASH approaches are in each area, which was surprising considering the three areas share the same police and health partners. This has directly led to the Safeguarding Executive agreeing that this is a priority area of work and the need to establish a Berkshire West MASH Oversight Group with the remit to provide scrutiny, advice, and challenge on how the MASH arrangements are working in each locality and identify improvements.

Impact of Partnership Working:

Learning from local and national safeguarding case reviews highlighted the need for a clear escalation policy that all practitioners felt confident to use. To support our local practitioner's additional escalation guidance was produced to explain how to work towards the best outcome for a child, particularly in complex cases, local contact information for each agency was included so that contact can be made should an escalation reach a stage where formal resolution is required. A briefing note template was also included for practitioners to complete, to allow them to outline their concerns and describe the solution they are looking to achieve. Our solution focused approach to the escalation process has been replicated in the Pan Berkshire Policy.

Scrutiny and Challenge:

There is considerable independent scrutiny built into the case review process, with multi-agency partners scrutinising information at the Rapid Review stage and Independent Reviewers brought in for Child Safeguarding Practice Reviews. The Case Review Group continues to scrutinise any cases of concern to ensure the appropriate decision has been made. In addition, as Independent Scrutineer, I now have a significant involvement with the subgroup bringing an independent perspective.

The partnership has recognised that improvements needed to be made to the LCSPR process, to increase oversight and management. The revised documentation should support this. It is important that colleagues involved in LCSPRs understand the remit and their responsibility to achieve a proportionate and effective review.

There also remains a need to establish the sharing of learning across a tri-borough arrangement, utilising the new Quality Assurance Framework, and to ensure there is clear responsibility for plans and a method of identifying impact.

SECTION 4: WIDER EFFECTIVENESS/WORK OF OUR PARTNERSHIP

SAFEGUARDING EXECUTIVE: ESCALATIONS, CHALLENGES AND RESPONSES

We are aware that we have challenged ourselves locally by forming a tri-borough safeguarding partnership arrangement but recognise that we can work more coherently and collaboratively across the three borough boundaries. Throughout the document are examples of decisions taken and topics discussed by the Safeguarding Executive, but some other examples include:

Looked After Children Initial Health Assessments (IHA): The Safeguarding Executive were alerted to the local challenges around completion of LAC Health Assessments within the statutory timeframe. Timeliness of health checks is critical because any delay results in the child's care plan not being able to include the child's health needs at the first looked after child review.

Health colleagues were invited to the Safeguarding Executive Meeting to discuss and consider the steps to resolve the issue. A subsequent report from the Integrated Care Board with the provider agency provided assurance that there had been no specific safeguarding concerns resulting from an IHA not being completed within the 20-day period. There were either legitimate reasons for the delay, which enabled a more effective assessment, or process issues were identified which colleagues agreed to resolve. The local Independent Scrutiny and Impact Groups continued to received data and no further issues have been escalated.

Health Visiting Provision: In early 2023, it was identified locally that the unprecedented number of vacancies within the Health Visiting Service led to the need to implement a business continuity plan and develop a remedial action plan with adjustments to the service provision. It was highlighted that even with a full complement of staff there would still be insufficient numbers of HV's to provide a comprehensive service.

Mitigating actions included (but were not limited to) prioritising targeted contacts for vulnerable families, all antenatal notifications being triaged to ensure that targeted face to face antenatal appointments are offered when needed, in the family home, and continued attendance at safeguarding meetings.

There is an LGA review underway into Public Health in Berkshire so hopefully this will provide a clearer picture moving forward in relation to the commissioning position. The Safeguarding Executive agreed that they will wait until the Public Health review has concluded and, in the meantime, regular updates of assurance will be provided to the ISIGs. In recent months the position has improved considerably.

Arrival of families from Ukraine: During 2022 the Safeguarding Executive regularly discussed this situation to ensure organisations were working together and in alignment across Berkshire West. A particular issue relating to accompanied minors was identified as the messaging from Government to Local Authorities seemed not to be complaint with the suggested framework. The Safeguarding Executive agreed that there was merit in aligning the processes across the 3 areas so that practice across Berkshire West was consistent.

QUALITY ASSURANCE FRAMEWORK

In 2022 our Independent Scrutineer highlighted that the partnership was lacking a Quality Assurance Framework to support the understanding of the quality of practice to safeguard children and young people. The Independent Scrutineer has provided us with a framework that combines various data sources (qualitative and quantitative) and is designed to help generate a culture where the best standards of practice are expected, by providing high challenge and high support. The challenge comes via rigorous scrutiny of practice and delivered using skilled feedback across the professional system, which is informed by strong values of openness, transparency, honesty and of never setting out to harm others, whether fellow professionals or children and families. The new Quality Assurance Framework is published on our website: BWSCP Website - Quality Assurance

BWSCP Dataset Improvements: Reviewing our local data is a key element of the Quality Assurance Framework. Our three areas have very different demographics, and as such are never in the same group of statistical neighbours. However, our children and families regularly cross the borders and as a Berkshire West area we obviously share many safeguarding risks. When we came together as a partnership, we produced a combined Berkshire West dataset that included the same information from all three Children's Services to provide a comparison, as well as data from other key partners. This dataset has been discussed at each Independent Scrutiny and Impact Group (ISIG) meeting during the reporting year. A selection of the data included in the dataset can be found in Appendix 2.

The combined dataset provided some interesting points of comparison between the three local authority areas, but more frequently the natural differences between the data (due largely to demographics, economics, different reporting mechanisms and local procedures) meant that time was spent unnecessarily reviewing these differences rather than understanding what the data was telling us for each locality. The Independent Scrutineer has been supporting the development of an enhanced dataset, which will be locality specific, and more comprehensive. Each locality ISIG will receive data pertinent to them, enabling focussed and relevant discussion. More effective analysis of the data is a priority for the ISIGs and feedback on the new dataset and how it has been used can be provided in the next annual report.

Scrutiny and Challenge:
The existing dataset was not fit for purpose and proved more of a distraction than a mechanism to understand the local picture. The three Independent Scrutiny and Impact Groups need to use and analyse the information within the new enhanced and locality specific datasets more effectively to drive discussion, risk identification and improvement.

SUPPORTING THE EDUCATION SECTOR

We have three locality-based Education Safeguarding Engagement Groups, with Headteacher and Local Authority Safeguarding Leads/representatives, which provides a mechanism for education leaders to identify and inform the development of safeguarding and improvement across schools and ensure that issues specific to the school/education community have a voice and can be escalated for discussion to the Statutory Safeguarding Partners.

Alongside these meetings are locality-based learning sessions for Designated Safeguarding Leads (DSL) where we can share consistent but tailored safeguarding messages. The DSL sessions have continued to develop with a range of key speakers from local services but also regional or national organisations. This year this has included:

- Royal Berkshire Fire and Rescue Service attended the 3 DSL meetings to provide an overview of the sessions they have on offer for young people. Fire Safe is a programme that schools can refer young people who are showing an interest in or have displayed fire setting behaviours; the programme looks at the consequences of fire setting, provides fire safety information and diverts to alternative activities. They also provide Fire Safety Training along with Road and Water Safety Sessions for children in Years 5 to 7.

- The NSPCC Schools Coordinator attended the 3 DSL meetings to present the range of training and resources that are on offer to Schools. For Early Years Foundation Stage children, they use the 'PANTS' resources as a simple way to talk to young children about staying safe from sexual abuse. For KS1 and KS2 pupils they offer 'Speak Out, Stay Safe' assemblies that teaches young people about all forms of abuse and where to get help. For secondary and further education pupils they offer the 'It's Not Ok' resources and lesson plans that help young people recognise concerning behaviour and identify characteristics of positive relationships as well as the 'Love Life' resources which provides strategies for staying safe as young people grow up and gain independence.

To support our Education colleagues the BWSCP also developed a briefing for their return after the summer break. It provided safeguarding updates in relation to revised Threshold Guidance, Escalation Guidance, CSPR Learning, Training Links and Private Fostering.

School Safeguarding Audit: The Section 175/157 (school safeguarding audit) process continues to be aligned across the three authority areas using the NSPCC audit tool. The audit request was sent to Schools in the Autumn of 2022 with a 6-week timeframe for completion. In Reading there was a 98.51% return rate, up 7.5% on last year's returns. In West Berkshire and Wokingham there was a 100% return rate.

It is a requirement that schools confirm that they have completed the audit with their Safeguarding Governor and that it is seen by the Local Governing Body, to promote awareness and responsibility for safeguarding within the school governance structure. The returns are analysed by safeguarding leads locally to identify any areas of concern. The results are shared between the local authority leads across Berkshire West to enable the learning to be shared across the three areas, but also with the Education Safeguarding Engagement Group in each locality.

The audits highlighted some local areas of focus however the common areas of attention were:

- Governor and Trustee CP Training
- Parents and carers understanding of child protection and safeguarding policy and procedures
- Visitors understanding of how they are able to raise concerns for a child's welfare.
- Supporting unaccompanied asylum-seeking children
- Online Safety
- Safer Recruitment

Action plans in each locality are in place and will be monitored through the Section 175/157 Subgroup.

Op Encompass: A challenge was raised in the local education safeguarding Engagement Groups that Schools were not receiving timely or accurate notifications of Domestic Abuse via the Op Encompass System. Following this concern, a meeting was held with local Op Encompass leads from Thames Valley Police who advised that they are continuing to develop and improve their automated reporting processes for domestic abuse notifications. However, it was recognised that the police school lead/email details had not been updated since the original request for schools to sign the information sharing agreement in 2017 and some were therefore likely to be out of date. The BWSCP Business Unit has been liaising with colleagues to obtain up-to-date school contact lists which have been shared with Thames Valley Police. This topic needs to be re-addressed in the autumn of 2023 to establish if issues remain.

Scrutiny and Impact:
Domestic Abuse is another example of a high-risk concern where the responsibility for a coordinated response lies with multiple partnership arrangements. It is vital that BWSCP members engage fully with the three new Domestic Abuse Partnership Boards to ensure the risk to children is appropriately included in their agendas and remains a robust challenge within the safeguarding partnership.

Child Death Overview Panel Bereavement pack: Whenever a child or young person dies it is a tragedy. First and foremost, for the child and the family, but also for those around them including school professionals who may have worked with them. Following discussions at the Pan Berkshire Child Death Overview Panel a Bereavement Guide was produced for school professionals on how to respond to a sudden or unexpected death of a child or young person; this document was finalised in the Autumn of 2022. The guidance outlines the Child Death process and other statutory functions that need to be considered as well as providing useful contacts, resources, and links to local support services. This has been shared with schools across Berkshire West and is available on our website: BWSCP Website - Child deaths

PAN BERKSHIRE ARRANGEMENTS

BWSCP has continued to support the Pan Berkshire safeguarding arrangements through the Section 11 Panel, Pan Berkshire Policy and Procedures Subgroup and Pan Berkshire Exploitation Subgroup. These groups are well respected by colleagues from across the county and are crucial to effective partnership arrangements.

The **Section 11 Panel** requests that representatives from key agencies who work across two or more Berkshire local authority areas attend the panel to present their Section 11 self-assessment return. A tool is provided to enable agencies to demonstrate and provide evidence that they are fulfilling their safeguarding duties under the Children Act 2004. Panel members scrutinise the return, ask questions of the presenter and provide feedback on areas for improvement. Agencies value this process, but our new Quality Assurance Framework is clear that we should expect more challenge and practitioner feedback int eh process to provide greater assurance.

The **Pan Berkshire Policy and Procedures** subgroup is also a multi-agency group with representatives from agencies across the county. The meetings scrutinise chapter amendments suggested by the procedure's provider, but also has a timetable of chapters for local review. This cross border and multi-disciplinary approach enable all Berkshire Safeguarding Partnerships to maintain up-to-date localised on-line procedures that are easily accessed by all practitioners.

Subgroup members remain willing to take responsibility for, and be proactive in, reviewing chapters outside of the schedule provided by Tri.x and in line with our local forward planner. Out of a total of 48 chapters, 30 (62.5%) have been reviewed since early 2022, and all bar two have been reviewed between March 2021 and May 2023.

It is difficult to quantify the impact of this subgroup, however, there remains confidence in the group processes and accuracy of the procedures provided. Any errors are quickly resolved, and good relations with our Tri.x representative has supported us to achieve this. The tone of the group and the strong multi-disciplinary and countywide attendance is a good foundation for multi-agency working. Plus, having a pan county arrangement is helpful for all practitioners working across boundaries.

Impact of Partnership Working: This group also reacts to findings from local case reviews, an example being revisions in the Child Protection Conference chapter following a West Berkshire Child Safeguarding Practice Review. The chapter is now clear that when a case is stepped down from a child protection plan that a child in need plan is in place for at least three months and be subject to management scrutiny and review before closure.

Following a Wokingham Child Safeguarding Practice Review the Children of Parents with Learning Disabilities Procedure was reviewed and refreshed to incorporate the learning from the review, with a specific focus on those parents who do not have a formal diagnosis, in line with the Equalities Act 2010, and signposting the best practice guidance from the Centre of Expertise on Child Sexual Abuse.

It is positive that an issue raised in one local authority area can positively impact procedures that are accessed by six local authority areas.

Scrutiny and Challenge:

Development work is required within the Section 11 process to improve and test the level of assurance provided. This requires improved attendance at the Section 11 Panel from key partners within Berkshire West to enable discussion and support change.

SECTION 5: LEARNING, DEVELOPMENT AND COMMUNICATIONS

WEBSITE AND MULTI-MEDIA LEARNING

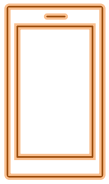
Website: The main mechanism for sharing information with the wider workforce and our families continues to be via the BWSCP website, which is updated regularly and contains a wide range of safeguarding information, guidance and links for support and training.

From April 2022 to March 2023 there were 130762 views on 73 pages. The most accessed page was eLearning with over 5,800 views; this is where the Universal Safeguarding Training is hosted alongside various other learning opportunities, and it is positive that the workforce knows where and how to access this.

The second most accessed page on the BWSCP website was the Child Safeguarding Practice Review page. This page contains the Overview Reports and Learning Briefings for all of the published Reviews. It was anticipated that this page would receive more coverage due to the publication of several reviews; this increase suggests that the ongoing publicising of this page is helping professionals access this information and learning.

This year we have added or improved key information pages on topics identified through audit and case review. These have included, but are not limited to:

- Threshold guidance
- Child in Need process and meeting guidance
- Neglect guidance



Social Media: We have increased our social media presence with regards to promoting safeguarding campaigns, posting on Facebook and Twitter every two to three days. Statistics show that engagement with our posts has increased significantly this year, with the most popular topics being exploitation, mental health, and safe sleep/co-sleeping. Some of the identified areas of focus for this year have been:

- Summer campaigns on water safety
- Safe sleeping
- Weapon crime and Exploitation
- Online Safety
- Mental health
- Healthy relationships and domestic abuse

E-Learning: Across Berkshire West we continue to provide a free online level 1 universal safeguarding training module that is available to anyone working with children and young people via our website.

It has always been our aim to retain this element of training for our workforce as free to access; over the past 12 months 4008 people have successfully completed the online Universal Safeguarding Training, an increase of 500 from the previous year. This year we updated the case example provided to ensure more recent and pertinent cases of national importance are highlighted.

Newsletters: The Learning & Development Subgroup published a number of newsletters that were developed to help support all professionals in their self-guided learning. Learning and Development is not just about attending training courses, it can include reading, researching, online sessions & webinars, shadowing and looking at useful tools, resources, and websites. The newsletters are available on the BWSCP website (BWSCP Website - Newsletters) and relate to: Transitional Safeguarding, Safer Internet, Effective Engagement and Trauma Informed Practice.

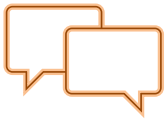
BWSCP VIRTUAL FORUMS

The Partnership have successfully hosted a number of online multi-agency forums; these are open to everyone whose service works with the children, young people, parents/carers, and families. Each Forum provides professionals the opportunity to gain information about local & national learning, current initiatives, network and share good practice.

Working with Dads – Working with Dads has been a theme in several safeguarding practice reviews. The aim of this session was to help professionals understand the importance of working work more inclusively with Dads to allow professionals to gain the bigger picture of the families they are working with. The Forum was attended by more than 80 professionals from several agencies.

Child on Child Abuse – An area of improvement from the completion of the Schools S175 Audit in 2021/2022 related to the measures in place to prevent and respond to Child-on-Child abuse. As a result, Child-on-Child abuse is now included in the Universal Safeguarding training and DSL training. The Partnership also hosted a multi-agency forum that outlined what child-on-child abuse is, what it looks like, when to be concerned and how to respond. The Forum was attended by more than 75 professionals from several agencies.

Words Matter - The language that professionals use can have a significant and potentially lifelong impact on victims of abuse and exploitation. This forum enabled us to come together and discuss victim blaming language and how we can accurately and sensitively record and report on victim experience. Colleagues had the opportunity to consider unconscious bias, remodeling their language and barriers.



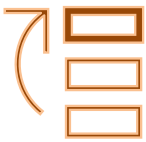
The Forums are recorded and made available via our YouTube channel: BWSCP YouTube Channel and our website: BWSCP Website - Multi-agency Forums

SAFEGUARDING ASSURANCE

The BWSCP Learning and Development (L&D) Subgroup need to ensure that all partner organisations are providing single and multi-agency training, and that there is the required uptake of such provision. In addition, the subgroup wants to ensure that organisations are appropriately and adequately assessing their learning needs and using the information to determine learning priorities. This in turn should enable the BWSCP to identify any gaps or additional learning needs across the workforce.

To support this discussion the L&D Subgroup run a Training Needs Assessment. This survey was undertaken in Spring 2023 and at the time of writing this report, not all required responses had been received, meaning that a discussion of the results has not yet taken place. However, of the responses received, almost all organisations confirmed that they provide regular safeguarding children training for their staff which is regularly reviewed and updated, and that the majority of staff who require training have received it. A range of safeguarding children training at all levels has been delivered by a number of different training providers.

Some gaps in training have been highlighted within the responses including domestic abuse. Whilst domestic abuse appears to be embedded within other areas of training, there are no standalone training resources specifically for the subject. The results also highlighted a mix of responses regarding the delivery of training; the majority of responses are in favour of a mixed method including both face-to-face and virtual.



Challenge from the Independent Scrutineer has highlighted to the Safeguarding Executive that there is no current multi-agency training offer other than the BWSCP Forum Sessions described above. The majority of the decision making, direction and organisation has been placed on the outgoing L&D Subgroup Chair and the BWSCP Business Unit. While the current offer complies with the requirements of Working Together to Safeguard Children 2018, it falls short of a comprehensive and cohesive programme of training. This is now an element of the BWSCP Delivery Plan for 2023/2024.

Scrutiny and Challenge:

As noted above, the current L&D multi-agency programme is not fit for purpose and a new L&D Subgroup Chair needs to be identified. The new Chair must be given the support of key partnership colleagues who understand the locality learning requirements. A Learning and Development Strategy is required to provide clear direction and expectation in this area of partnership working. Finally, resources must be made available to ensure the learning and development offer is credible and sustainable.

SECTION 6: ENGAGEMENT AND FEEDBACK

Our multi-agency safeguarding arrangements recognise the need to improve our partnership engagement with children and families, ensuring that their voice and experiences are part of our discussions and decision making. Whilst this remains a work in progress, colleagues have undertaken surveys that we have considered in our partnership meetings. Some of the below have been referenced directly in other sections of this report.

Attitudinal Survey: This survey was distributed across all West Berkshire Secondary School; there were a total of 6353 responses with the majority of responders being aged between 11 and 18 years. Young People were asked a series of questions relating to how happy they are to the concerns they are faced with and whether the feel safe in the area they live.

When asked what the most important concerns are 62.9% of young people selected mental health and wellbeing, 6.7% selected domestic abuse and only 4.4% selected exploitation and grooming. There are ongoing projects with young people to raise awareness of exploitation including the Risking it All theatre production, posters, and online information. However, this topic generally expected to be covered by schools as part of the PSHE curriculum, therefore local RSHE forum will review this further to ensure that the material is up to date and informative. In addition, the missing children coordinator is working more closely with youth workers to create a half a day, during school holidays, where they work with a cohort of young people of concern around online exploitation.

'Taking illegal drugs' was highlighted by quite several young people as an issue in the area; however, when asked if any of them had someone close affected by the highlighted issues, the number of responses dropped. Similarly, 26% of young people reported 'carrying a weapon' as a problem in the area they live in; however, when asked whether they or anyone close to them was personally affected by this issue, the percentage dropped to 4.5%. This highlights the difference between perception and experience of an issue and Thames Valley Police confirm that they are not finding many weapons in their stop and searches. The Serious Violence Steering Group will be focusing on addressing how to communicate these statistics to young people to provide some reassurance ad highlight that there is more risk of harm if you are carrying a knife.

Due to the success of this survey in West Berkshire, the Police and Crime Commissioner have funded it to being undertaken in Reading and Wokingham for the first time.

Reading Extra-Familial Harm Workshop: In March 2023, the BWSCP delivered the Reading Extra-Familial Harm Workshop; the purpose of this being:

- To review and refresh the Extra-Familial Harm Strategy Action Plan
- To build in links with the Community Safety and Serious Violence Strategy
- Take the opportunity to learn from the Child Safeguarding Practice Reviews (CSPRs) published in Berkshire West recently
- To support the completion of relevant Reading Thematic Child Safeguarding Practice Review (CSPR) actions

The workshop was productive, and it provided detail about what the focus should be going forward. Workshop attendees were divided into different groups, each of which was given a topic to discuss relating to the recommendations from the recently published Thematic CSPR. This exercise provided analysis around what is working well, where further development is required works well, and ideas about how progress can be made. An action plan is currently being developed and work will be progressed in the coming months.

Crest Advisory Report: The Dawes Trust commissioned Crest Advisory in 2019 to run a multi-year programme of work examining the underlying causes and drivers of serious youth violence including the use of technology, specifically social media. As part of the process, Crest Advisory interviewed a number of Reading Headteachers', Thames Valley Police and Metropolitan Police colleagues. More information can be found in Section 2.

Practitioner Engagement: Our engagement with practitioners has predominantly continued through auditing and case review work. We have ensured that all our Child Safeguarding Practice Reviews (CSPRs) have included a practitioner event, where the independent reviewer has had a chance to ask questions and hear directly from those involved about their experiences and what they feel is the key learning. This has been particularly challenging in an environment of online meetings, and these sessions would always be preferable as face-to-face, however we have endeavoured to make sure practitioners are supported through the process and feel comfortable to speak.

Auditing is also a key area where practitioners are able to reflect and feedback on areas of work or practice. Multi-agency and single agency audit (where there is a safeguarding element) findings are reported back to the Independent Scrutiny and Impact Groups with audit topics including (but not limited to) pre-birth assessments, first time entrants into the Youth Offending Service, referrals from the Royal Berkshire Hospital Foundation Trust to the three Children's Services, vulnerable caseload audit from Health Visiting and School Nursing, and the Berkshire West Child in Need audit.

In addition, we have surveyed sections of the workforce on specific topics. These have been referenced within the report and include:

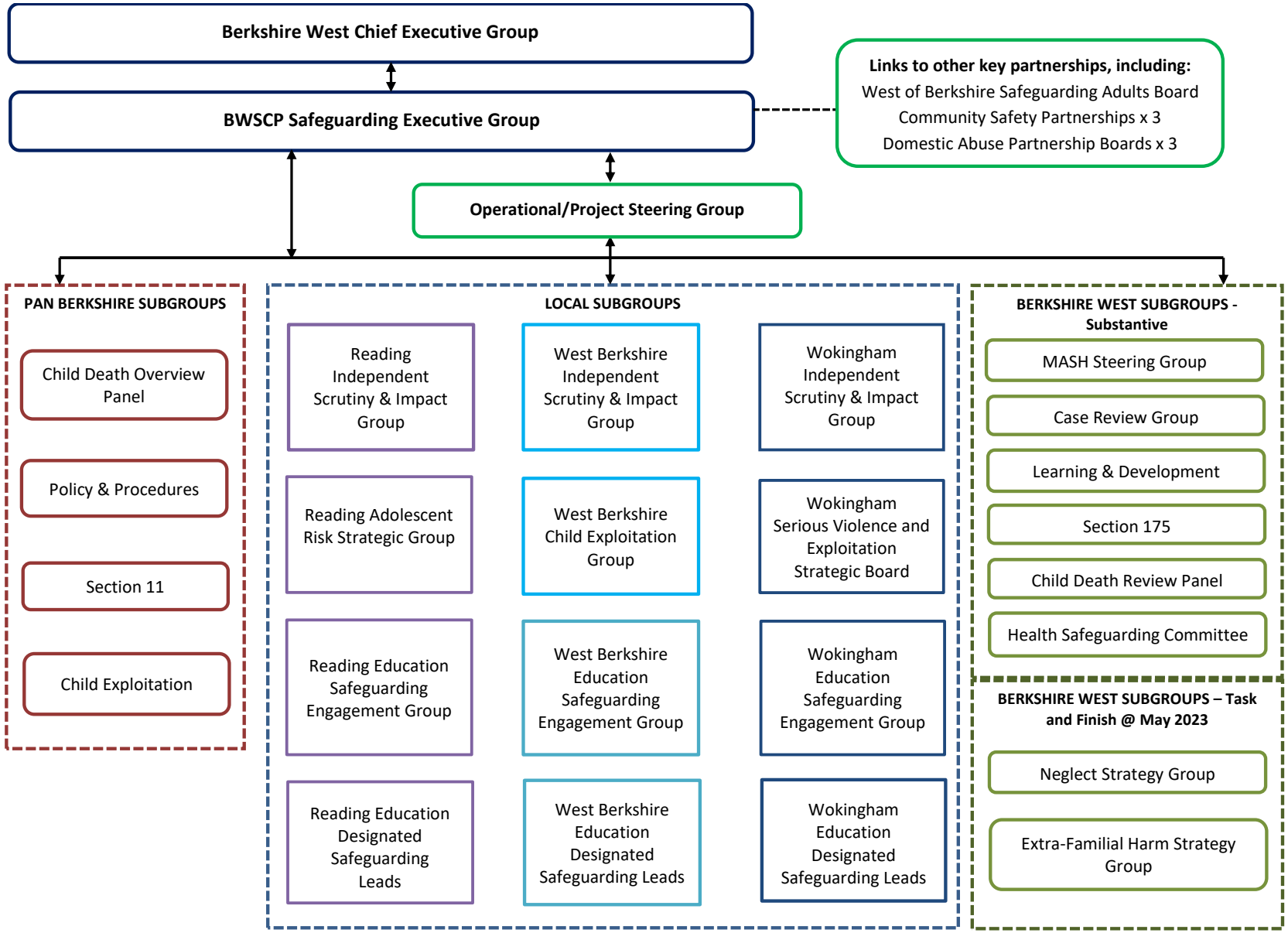
- Practitioner confidence in speaking to young people about their social media usage and online safety and using this information in their work with young people and any assessment of risk (Section 2)
- Feedback from the Alter Ego Theatre Productions in Schools (Section 2)
- Education professionals' confidence in holding risk for cases that fall below the statutory level (Section 2)
- Agency Training Needs Assessment (Section 5)
- School Safeguarding Audit using the NSPCC audit tool (Section 4)

Scrutiny and Challenge:

This continues to be an area of challenge for the BWSCP. It is positive to receive the results of surveys from our children and young people and practitioners, but there is not yet enough direct evidence of subsequent decision making by the partnership as a result. Any plans to engage young people more directly within our partnership arrangements needs to be done with care and clear purpose.

SECTION 6: APPENDICES

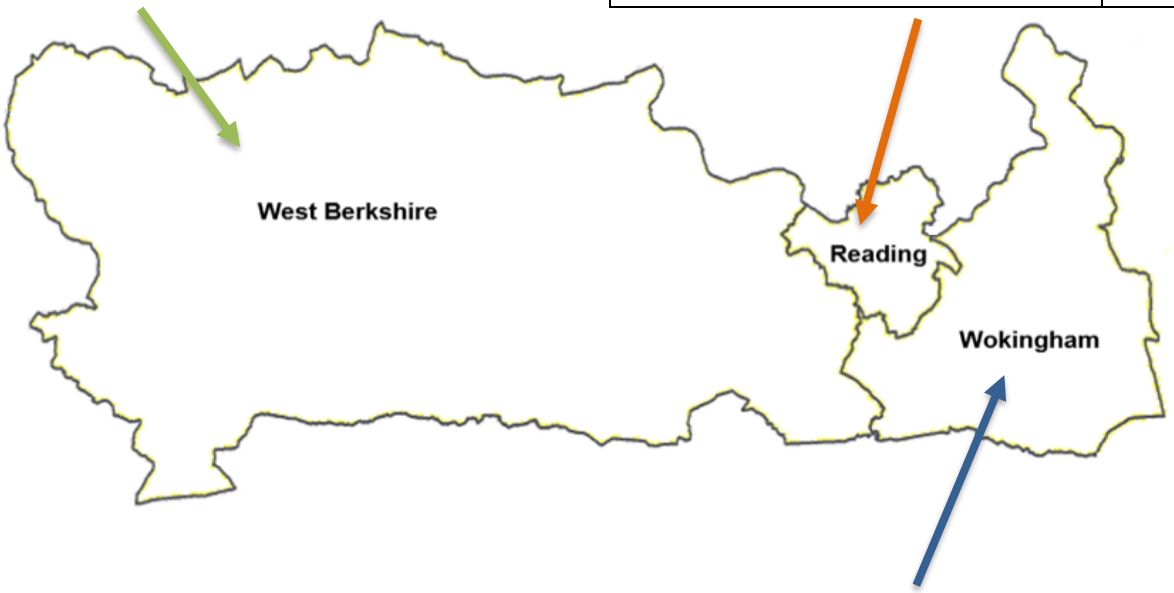
Appendix 1 – Berkshire West Safeguarding Children Partnership Sub-group structure chart



Appendix 2 – Knowing our children

West Berks	
West Berks Under 19 Population (Census 2021)	37,122
Children Subject to Child Protection Plan (Rate per 10,000) March 2023	95
Number of Children in Need (Rate per 10,000) March 2023	421
Children in Care (Rate per 10,000) March 2023	55
Domestic Crimes involving Children Q4 2022/2023	250
Total number of children 0-18-year-olds admitted to RBFT (including MH & Self-Harm) - Q4 2022/2023	25

Reading	
Reading Under 19 Population (Census 2021)	41,808
Children Subject to Child Protection Plan (Rate per 10,000) March 2023	50.2
Number of Children in Need (Rate per 10,000) March 2023	430.3
Children in Care (Rate per 10,000) March 2023	72
Domestic Incidents involving Children Q4 2022/2023	310
Total number of children 0-18-year-olds admitted to RBFT (including MH & Self-Harm) - Q4 2022/2023	30



Wokingham	
Reading Under 19 Population (Census 2021)	44,375
Children Subject to Child Protection Plan (Rate per 10,000) March 2023	37.8
Number of Children in Need (Rate per 10,000) March 2023	146.6
Children in Care (Rate per 10,000) March 2023	33.2
Domestic Incidents involving Children Q4 2022/2023	168
Total number of children 0-18-year-olds admitted to RBFT (including MH & Self-Harm) - Q4 2022/2023	23

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	19 January 2024
Title	Health and Wellbeing Strategy Quarterly Implementation Plan Narrative and Dashboard Report
Purpose of the report	To note the report for information
Report author	Amanda Nyeke
Job title	Public Health and Wellbeing Manager
Organisation	Reading Borough Council
Recommendations	1. That the Health and Wellbeing Board notes the following updates contained in the report: **Priority 1** – Tasks supporting Actions 1 - 8 within this priority area including partnership working, proposing projects to support provision of a range of services to support people to be healthy, reduce health inequalities. **Priority 2** – Tasks supporting Actions 1 - 6, focusing on identifying health and care needs of individuals at risk of poor outcomes and actions for supporting them. Including engaging with and funding projects that enable people to access information and support at a time and in a way that meets their needs. **Priority 3** – Tasks supporting Actions 1 - 7 have been updated, focusing on the development of evidence-based parenting programmes, multi-agency working and rolling out a revised parenting offer including fathers and parents to be. There continues to be progress in all priorities. **Priority 4** – Tasks supporting Actions 1 - 7 have been updated with a focus on addressing inequalities in mental health, training, the work of the Mental Health Support Teams (MHSTs) and Primary Mental Health Team (PMHT). **Priority 5** – Tasks supporting Actions 1 - 8 have been updated with progress in awareness raising of local mental health support, strengthening partnership working and training.

1. 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, detailed information 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 & Wellbeing Implementation Plans and dashboard report update (Appendix A) contain a detailed update on actions agreed for each implementation plan and the most recent update of key indicators in each priority area.

2. Policy Context

2.1. 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.

2.2. 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

2.3. 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.

2.4. 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.

2.5. 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 sometime 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.

2.6. At each Health & Wellbeing Board meeting Health & 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 reporting schedule for 2023/24 is therefore as follows:

Health and Wellbeing Board	Narrative updates – selected tasks and priorities	Data refresh
July 2023	✓	✓
October 2023	✓	✗
January 2024	✓	✓
March 2024	✓	✗

3. The Proposal

3.1. Overview

Priority 1 – Reduce the differences in health between different groups of people

The Reading Integration Board projects are focused on ensuring people get the right care at the right time and in the right place. A Population Health Management approach is used to identify areas/groups of people where there are differences, e.g., life expectancy and disease prevalence. A Community Wellness Outreach project has started in November which is a collaboration between health, social care and voluntary and community sector to build on existing community-based services and enable direct referrals or drop in options for people to receive a full NHS Health Check, alongside other wellbeing support such as financial advice, mental health awareness and referrals to community and voluntary sector services. This service is targeted in areas where there is minimal engagement of the community with primary care services and is aimed at people who have not had a heath check to identify potential long-term conditions.

Priority 2 – Support individuals at high risk of bad health outcomes to live healthy lives

The initial focus of the Community Wellness Outreach project, linked to Priority 1, is to reduce the likelihood of cardiovascular disease, although all health risks will be assessed, as well as providing a holistic support to encourage healthy lifestyle and address issues that are important to their wellbeing. We are working collaboratively to support our residents to access the right support to enable them to live healthy lives and reduce risk. A diagnostic review of Falls across Berkshire West will be commenced in Quarter 4, and based on the outcome and recommendations, a Falls and Frailty service will be set up. We continue to use the JOY App in Reading, which is funded through the Better Care Fund and is a pilot project that Reading Voluntary Action are leading. The App is used as a Social Prescribing platform to enable GPs to directly refer to community and voluntary sector services to support wellbeing, and for Social Prescribers, who are linked to primary care services, to make and track onward referrals.

Priority 3 – Help families and children in early years

Universal and targeted health services continue to be delivered from the Children's Centres including the Health Visiting service delivering Well Baby Clinics and 3-month, 9 month and 2-year checks in Children's Centres. Safer Sleeping and Coping with Crying sessions are being run integrally to all baby groups and parenting across Reading Childrens Centres. The One Reading Children and Young Peoples Partnership Under 5s workstream have established a task and finish group focused on sleep support and currently undertaking a mapping exercise around sleep support for families.

We have seen an increase in the take up of two-year-old funding from 60% in the 2023 summer term to 63.19% in the autumn term 2023. Activities to promote the take up of two-year-old funding continue with the Reading Family Information Service (FIS) providing children brokerage support to 600+ eligible families to date. Reading FIS also won two awards at the Coram Family & Childcare, National Association of Family Information Service (NAFIS) conference in November 2023. The team won the 'Best SEND Local Offer' and 'Best Promotion of 2 Year Funding'.

The BFfC Early Years team continue to support early years settings develop a trauma informed approach to their work with children and families. 12 Educational Psychology have been purchased by the team to enable early years practitioners access support and advice on emotional wellbeing.

Priority 4 - Promote good mental health and wellbeing for all children and young people

We have Task & Finish groups in place for the following priorities: (I) Suicide Awareness and Prevention (in partnership with Public Health). (ii) School attendance and mental health. (iii) Inequalities in Mental Health relating to global majorities and heritages. (iv) Inequalities in Mental Health in relation to Neurodiversity. (v) Trauma informed approaches and Therapeutic Thinking Schools. (vi) Supporting parents and carers and community groups for children and young people's mental health. (vii) Supporting Head Teacher and school staff mental health and emotional wellbeing (iix) partnership working for children and young people's mental health including digital counselling offer.

Priority 5 – Promote good mental health for all adults

The reference groups for priority area five are the Mental Health and Wellbeing group and the Reading suicide prevention action planning group. They both meet quarterly. The Mental Health and Wellbeing Group last met at a face-to-face meeting in the Civic Offices on 16th October. they heard from Deb Hunter about progress in priority area 4 and how this links across the life course with adult mental health. They also reviewed the application to become a signatory of the Prevention Concordat for better mental health which will provide an overarching narrative and action plan signed by local system leaders to coordinate the ongoing preventative action in this complex area.

The suicide prevention action planning group met in October to further review the local action plan in line with the new national strategy and ensure that it is aligned with the pan Berkshire strategy which coordinates scaled up suicide prevention action across Berkshire including bereavement support real time surveillance and coroner's audits. The group and stakeholders are collaborating to identify two or three priority actions for Reading that can be achieved in the next year within existing capacity. The plan has been used as a model for neighbouring authorities.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. 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. It contributes to all the Berkshire West Joint Health & Wellbeing Strategy 2021-30 priorities.

5. Environmental and Climate Implications

5.1. The recommended action will have no impact on the Council's ability to respond to the Climate Emergency.

6. Community Engagement

6.1. 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. Key engage will continue to be a part of the process of implementing, reviewing and updating actions within the strategy to ensure it continues to address local need.

7. Equality Implications

7.1. Not applicable - an Equality Impact Assessment is not required in relation to the specific proposal to present an update to the Board in this format.

8. Other Relevant Considerations

8.1. Not applicable.

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 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. Timetable for Implementation

11.1. The Berkshire West Health and Wellbeing Strategy is a 10-year strategy (2021-2030). Implementation plans are for three years however will continue to be reviewed on an annual basis.

12. Background Papers

12.1. There are none

Appendices

1. Health & Wellbeing Implementation Plans and Dashboard Report Update

APPENDIX 1 - HEALTH AND WELLBEING IMPLEMENTATION PLANS NARRATIVE AND DASHBOARD REPORT UPDATE

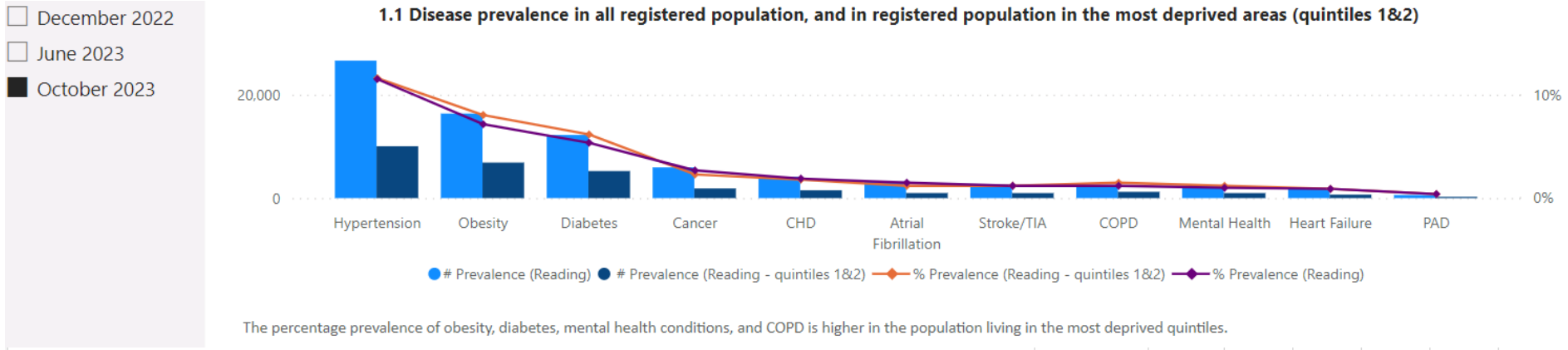
PRIORITY 1: Reduce the differences in health between different groups of people, Implementation Plan narrative update

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	All policy reviews and development of new policies are assessed to ensure there is a reflection of the health and wellbeing of our residents and staff where appropriate, including reference to climate change.
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 Better Care Fund supports delivery of Adult Social Care services and projects to address health and social care concerns, for all people in Reading, that are aligned with the Better Care Fund objectives: BCF Objective 1: Enable people to stay well, safe and independent at home for longer BCF Objective 2: Provide the right care in the right place at the right time
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.	Green	A population health management overview for Reading, based on the National Core20Plus5 model to address areas of inequality, across Reading has been produced, showing an increase in the delivery of health checks for people with Learning Disabilities. The programme of Health Checks to be delivered in Community settings aims to improve life expectancy of people from different backgrounds and outcomes will be closely monitored. We have worked with partners to build a Hoarding Protocol and pathway, installed Technology Enabled Care devices and equipment to reduce risk of falls and will developing a Falls service, alongside other specialist hospital discharge support to enable timely discharges from hospital.
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.	Green	The Integration Board membership includes representatives from Primary Care Services – GPs. We are building on the Mini health check service that was operating within communities and have scaled this up to cover all aspects of the NHS Health Check. There is an agreed method of escalating cases, in emergencies, to their GPs or other service where necessary. This pilot project "Community Wellness Outreach" will be delivered in communities where health risks are identified as being high and will be delivered over a phased approach.
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	We have good connections with our Voluntary and Community sector and representatives that attend the Reading Integration Board as members. We have active participation within ethnically diverse communities such as supporting digital literacy and health and wellbeing activities. Community Outreach services are available to support people with understanding their mental health and information and advice to address concerns. We work with community and faith groups to meet the needs of those communities and ethnic groups that do not necessarily engage with primary care.
6. Ensure fairer access to services and support for	Green	One of our Voluntary and Community Sector partners has implemented a referral platform (JOY), funded through the Better Care Fund, to enable effective social prescribing (i.e. referral to support services in voluntary sector, such as bereavement or walking groups, as well as mental health services, such as

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.		talking therapies). GPs can also refer directly from their surgeries through this route. The platform enables people to reach the right support for them at the time they need it. The platform is proving very effective with positive feedback from people who have used the service as well as GPs who are supported by the Social Prescribers.
7. 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	A number of voluntary and community sector, including faith-based services, are funded to deliver key information and advice services for Reading residents, that promote wellbeing in the community, such as a Parish Nurse funded through a small grant from the Better Care Fund, who runs Chair Exercise and health awareness sessions. Coffee & Craft are offering baking sessions for diabetic widower's & single men, Mens Evenings, a baking club for young/new mothers. Sessions will also cover mental health, suicide prevention, meal planning, healthy eating. It will encourage social engagement & help build friendship groups & will allow participants to take part in community events.
8. 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	Our primary care, community and voluntary sector providers continue to be key participants in identifying health inequalities exacerbated by COVID-19 and referring to appropriate support services. The JOY App is being used extensively across Primary Care and Social Prescribing services to support people to access the right support for them and a programme of delivering Health Checks in community settings to reach into communities is underway.

Priority 1 - Key indicators

The figure and table below show the most recent data from the PHM dashboard showing the prevalence of key conditions linked with early mortality and disability in all registered population and in the registered population in the most deprived quintiles.



The percentage prevalence of obesity, diabetes, mental health conditions, and COPD is higher in the population living in the most deprived quintiles.

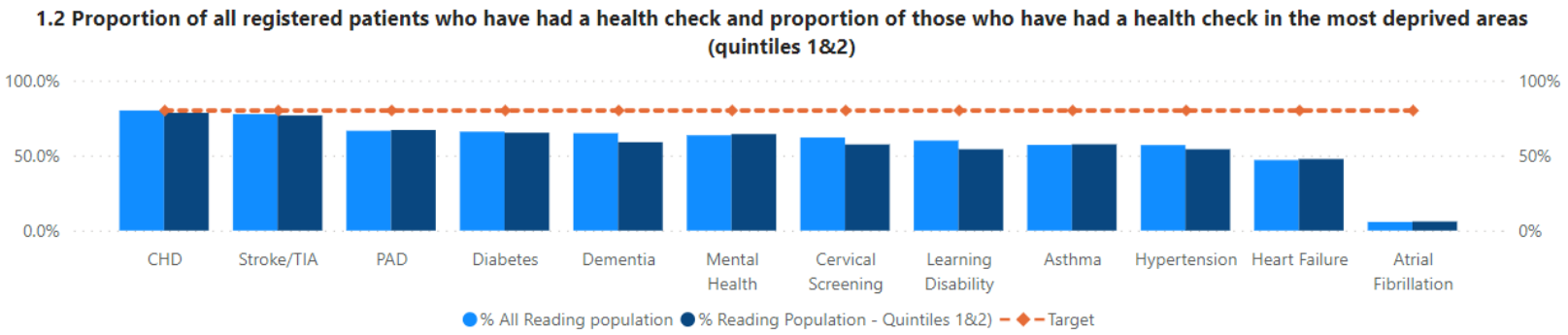
1.1 Disease prevalence in all registered population, compared with prevalence in registered population in the most deprived areas (quintiles 1&2)

Population group	Disease	December 2022 - # Prevalence	December 2022 - % Prevalence	June 2023 - # Prevalence	June 2023 - % Prevalence	October 2023 - # Prevalence	October 2023 - % Prevalence	DOT
All Reading population	Hypertension	32,467	11.9%	30,608	11.8%	26,619	11.5%	
All Reading population	Atrial Fibrillation	3,990	1.5%	3,793	1.5%	3,185	1.4%	
All Reading population	Heart Failure	2,096	0.8%	2,018	0.8%	1,863	0.8%	
All Reading population	Stroke/TIA	3,215	1.2%	3,019	1.2%	2,600	1.1%	
All Reading population	CHD	5,138	1.9%	4,747	1.8%	4,120	1.8%	
All Reading population	PAD	750	0.3%	698	0.3%	602	0.3%	
All Reading population	Cancer	7,650	2.8%	7,098	2.7%	5,944	2.6%	
All Reading population	COPD	3,100	1.1%	2,909	1.1%	2,467	1.1%	
All Reading population	Diabetes	14,020	5.1%	13,279	5.1%	12,235	5.3%	
All Reading population	Mental Health	2,508	0.9%	2,317	0.9%	2,190	0.9%	
All Reading population	Obesity	18,708	6.9%	18,607	7.2%	16,375	7.1%	
Reading population in quintiles 1&2	Hypertension	10,458	11.6%	9,959	11.4%	10,039	11.6%	
Reading population in quintiles 1&2	Atrial Fibrillation	1,012	1.1%	983	1.1%	985	1.1%	
Reading population in quintiles 1&2	Heart Failure	661	0.7%	648	0.7%	668	0.8%	
Reading population in quintiles 1&2	Stroke/TIA	992	1.1%	944	1.1%	974	1.1%	
Reading population in quintiles 1&2	CHD	1,558	1.7%	1,471	1.7%	1,502	1.7%	
Reading population in quintiles 1&2	PAD	248	0.3%	234	0.3%	225	0.3%	
Reading population in quintiles 1&2	Cancer	1,922	2.1%	1,820	2.1%	1,876	2.2%	
Reading population in quintiles 1&2	COPD	1,307	1.5%	1,243	1.4%	1,216	1.4%	
Reading population in quintiles 1&2	Diabetes	5,401	6.0%	5,156	5.9%	5,238	6.1%	
Reading population in quintiles 1&2	Mental Health	1,023	1.1%	943	1.1%	977	1.1%	
Reading population in quintiles 1&2	Obesity	7,099	7.9%	7,066	8.1%	6,877	8.0%	

Green dot shows decrease in prevalence
Yellow dot shows no change
Red dot shows increase in prevalence

The figures below show the proportion of all people living in Reading and those living in the most deprived areas, with each registered condition who have received all the statutory health checks recommended for the condition within the recommended period.

Period
- December 2022
- March 2023



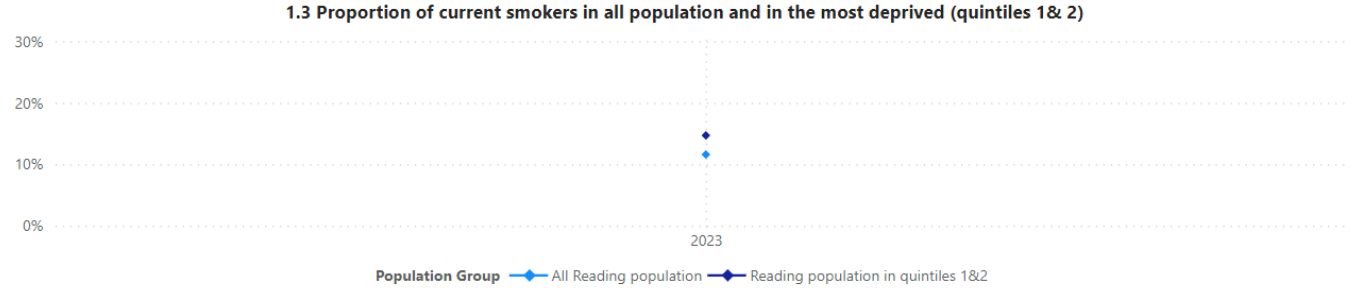
The percentage uptake of NHS health checks is lower for patients with dementia and learning disabilities in the most deprived areas. The uptake of cervical screening is also lower in the most deprived population.

1.2 Proportion of all registered patients who have had a health check, compared with the proportion of those who have had a health check in the most deprived areas (quintiles 1&2)

Population group	Disease	2022/23 - Q1	2022/23 - Q2	2022/23 - Q3	2022/23 - Q4	2023/24 - Q1	2023/24 - Q2	Target	DOT
All Reading population	Hypertension	53.0%	55.9%	49.5%	57.0%	58.7%	59.0%	80%	0.3%
All Reading population	Atrial Fibrillation	14.8%	15.2%	17.8%	17.8%	16.7%	16.5%	80%	-0.2%
All Reading population	Heart Failure	44.9%	47.0%	47.3%	47.0%	49.5%	48.4%	80%	-1.1%
All Reading population	Stroke/TIA	74.0%	77.0%	75.6%	77.6%	79.2%	79.8%	80%	0.7%
All Reading population	CHD	77.5%	79.6%	79.6%	80.0%	81.2%	80.9%	80%	-0.3%
All Reading population	PAD	64.1%	65.5%	63.0%	66.5%	68.8%	67.9%	80%	-0.9%
All Reading population	Diabetes	61.9%	64.1%	63.9%	65.9%	68.5%	68.2%	80%	-0.3%
All Reading population	Asthma	54.0%	55.4%	57.4%	57.1%	61.6%	61.0%	80%	-0.6%
All Reading population	Dementia	43.2%	49.1%	51.6%	64.9%	62.5%	57.5%	70%	-5.0%
All Reading population	Mental Health	64.3%	64.6%	65.2%	63.5%	65.8%	65.2%	80%	-0.6%
All Reading population	Cervical Screening	59.6%	59.3%	63.3%	62.0%	60.7%	61.5%	80%	0.8%
All Reading population	Learning Disability	51.5%	54.5%	52.7%	60.0%	54.6%	50.5%	80%	-4.1%
Reading population in quintiles 1&2	Hypertension	51.6%	53.9%	47.3%	54.2%	56.2%	56.9%	80%	0.7%
Reading population in quintiles 1&2	Atrial Fibrillation	15.2%	14.9%	16.9%	18.5%	16.8%	16.8%	80%	0.0%
Reading population in quintiles 1&2	Heart Failure	44.9%	47.2%	47.8%	47.7%	48.9%	47.9%	80%	-1.0%
Reading population in quintiles 1&2	Stroke/TIA	73.4%	74.0%	73.2%	76.7%	76.5%	76.4%	80%	-0.2%
Reading population in quintiles 1&2	CHD	78.0%	79.1%	78.7%	78.5%	79.7%	80.0%	80%	0.3%
Reading population in quintiles 1&2	PAD	60.0%	60.7%	60.7%	67.0%	68.3%	66.4%	80%	-2.0%
Reading population in quintiles 1&2	Diabetes	61.2%	63.3%	63.2%	65.2%	67.5%	46.6%	80%	-20.9%
Reading population in quintiles 1&2	Asthma	54.6%	56.7%	58.6%	57.5%	60.4%	60.4%	80%	0.0%
Reading population in quintiles 1&2	Dementia	48.2%	53.9%	50.0%	58.9%	55.6%	46.6%	70%	-9.0%
Reading population in quintiles 1&2	Mental Health	63.9%	64.6%	64.8%	64.3%	65.4%	65.4%	80%	0.0%
Reading population in quintiles 1&2	Cervical Screening	56.4%	56.0%	59.2%	57.4%	57.4%	58.4%	80%	1.0%
Reading population in quintiles 1&2	Learning Disability	47.1%	51.8%	49.1%	54.2%	46.4%	42.3%	80%	-4.1%

The charts below show the gap in prevalence of smoking and the prevalence of excess weight and obesity in all registered population in the population living in the most deprived areas.

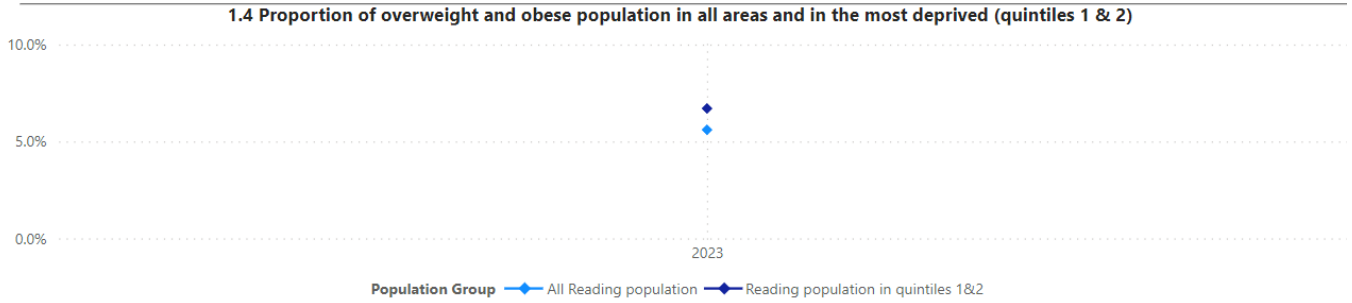
01 October 2023



Smoking prevalence is significantly higher in the most deprived population.

Period

01 October 2023



Registered prevalence of overweight and obesity is higher in the most deprived population.

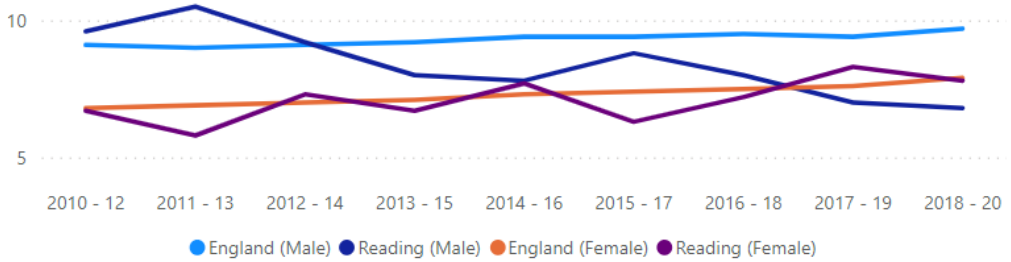
ICS Insights Evaluation Dashboard

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.	Green	There are several activities that support the identification of people at risk of poor health outcomes that are active within the borough; NHS health checks through GPs, and the recent project to deliver Health Checks in community settings, alongside community exercise and information groups as well as advice and wellbeing services. A Population Health Management (PHM) approach is taken to identifying groups of people at higher risk and making direct referrals onto the services to support their needs.
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.	Green	The Dementia Friendly Reading Steering Group has undertaken a self-assessment exercise ahead of applying for Dementia Friendly Community status with Alzheimer's Society and the outcome of this assessment is awaited. The steering group are exploring opportunities to develop a borough wide Dementia Friends training programme and supporting organisations (including RBC) with Dementia queries and advice.
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	The recent carer's survey identified that Carer's breaks were a key priority. Reading have joined a Consortium to bid for the Accelerating Reform Fund with a focus on providing breaks for unpaid carers and on carer identification across the consortium, which covers Buckinghamshire, Oxfordshire and Berkshire West (BOB). The project will be informed by the Carer Strategy for Reading, and the project will engage Carers with lived experience to ensure a co-production approach.
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	At Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System level, a joint review has been commissioned and is ongoing across our six local authority areas using Rough Sleeping Initiative (RSI) grant funding to strategically look at prison releases, hospital discharges and issues/disputes around local connection and rough sleeping. The team are continuing work on a pilot with HMP Bullingdon re: pre-work in, and a protocol with, prisons so that people are identified and referred to the local authority prior to release, so that the most suitable accommodation can be explored.
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 continue to work closely with our Voluntary and Community Sector partners, Adult Social Care, Housing and Thames Valley Police to ensure safeguarding concerns are reported to enable action to be taken to support people at risk of domestic abuse, and a Tackling Domestic Abuse Strategy has been developed and implemented.
6. Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.	Green	We continue to work closely with our Voluntary and Community 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 priorities across Reading and the wider Berkshire West "Place". We have continued to fund a part-time Outreach worker post and have contributed to the Autism Strategy for Berkshire West. We also have the Compass Recovery College which provides free training and information for people with both low-level mental illness and long-term conditions affecting their mental health, including Learning Disabilities.

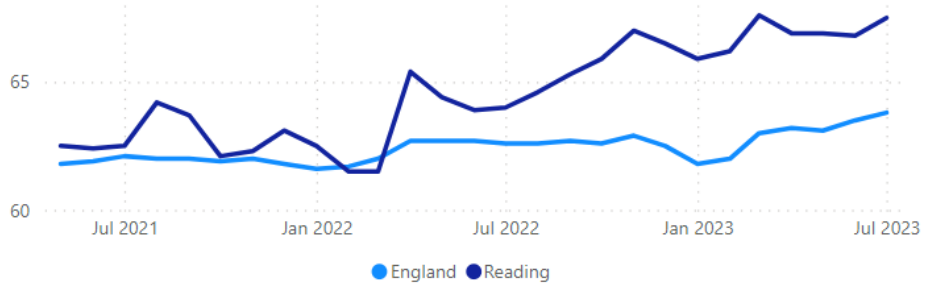
Priority 2 - Key indicators

2.1 Inequality in life expectancy at birth by gender - Slope Index of Inequality (years)



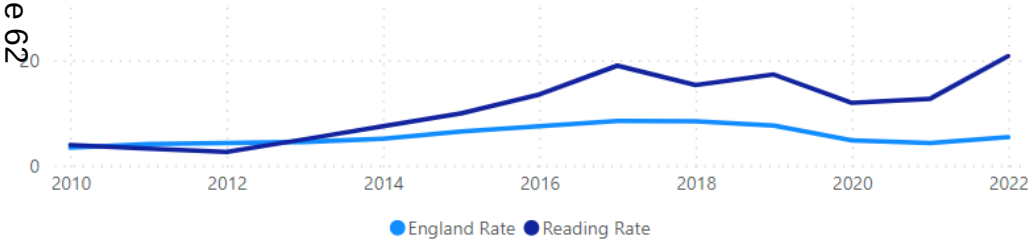
Life expectancy at birth is calculated for each deprivation decile of lower super output areas within each area and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles. In Reading the difference in life expectancy at birth for females (7.8 years) is similar to England (7.9 years), but it is smaller for males (6.8 years) compared to England (9.7 years).

2.2 Dementia diagnosis rate in people aged 65+ as a percentage of estimated to have dementia



In Reading 67.5% of those aged 65 or over estimated to have dementia have a coded diagnosis of dementia as of July 2023, which is higher than England (63.8%).

2.3 Rate of people sleeping rough (per 100,000 population)



The rate of people sleeping rough in Reading has increased between 2021 and 2022 from 12.7 per 100,000 to 20.8 per 100,000. This is significantly higher than England with 5.4 per 100,000.

2.4 The proportion of supported working-age adults with learning disabilities in paid employment

In Reading 5.9% of supported working-age adults with learning disabilities are in paid employment. This is similar to England (5.6%), and there has been a decline over time.

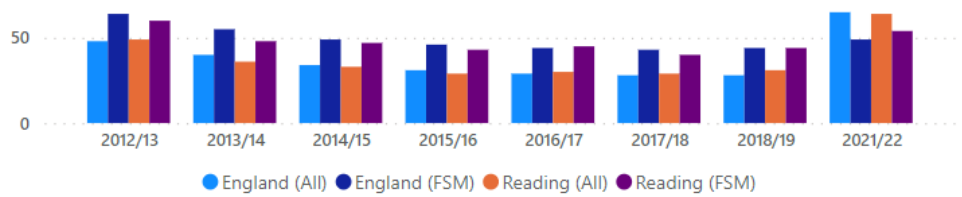
PRIORITY 3: Help families and children in early years, Implementation Plan narrative update

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	Green	Health Visiting service run Well Baby Clinics and 3-month, 9 month and 2 year checks in Children's Centres. Drop-in clinics have been re-introduced for breastfeeding support and BHCFT are in the process of commissioning peer support. Safer sleeping and coping with crying is being run integrally to all baby groups and parenting across Reading Childrens centres.
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.	Green	Evidence based, trauma informed, parenting programmes (Mellow Parenting) are now established and being delivered on a rolling programme for families. This includes Mellow Bumps, Babies and Toddlers. The fathers to be support is also now established, good links through the infant hub established with maternity services that is seeing consistent signposting of father and now self-referrals.
3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	Amber	Recruitment to the Parent Champion volunteer roles continues. Information to recruit new champions has been shared via the Family Information Services' mailing list, EY providers, Children's Centres and via social media. The two-year-old funding take up dipped to 60% during Summer 2023, however the take up has increased for the Autumn term to 63.19%. Following on from the Autumn term headcount, approx. 150 eligible two-year-old children were identified as not registered with a Reading provider, and as such, their families were sent information about the Time for Twos and Baby Boost sessions. Work to promote the 2-year-old funding scheme continues with the Family Information Service (FIS) providing childcare brokerage support to **634** Reading families eligible for a 2-year funded place between 1 Jan 2023 and 14th November 2023. The 2-year funding page on the FIS directory continues to be in the top 10 most visited between 1 January 2023 – 14th November 2023 with 7,716-page events which is an increase from the last reporting period. The Time for Two's sessions continue to be delivered by BFfC Children's Centres for those children eligible but not able to take up a place locally to their home. Baby Boost continues to prepare the cohort for nursery through a variety of sessions and 1-1 home visits.
4. We will ensure that early year's settings staff are trained in	Green	All early years providers have access to free national online training and local face to face training to strengthen their knowledge of TI practice and care. This includes:

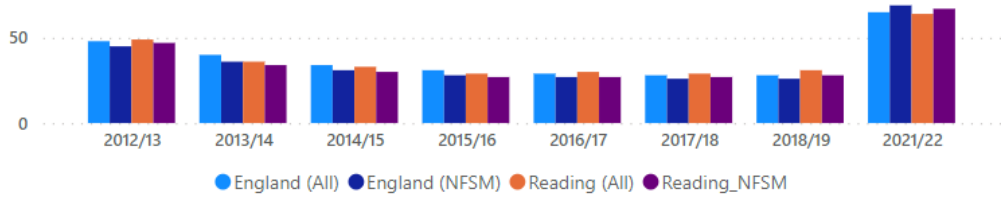
Action name	Status	Commentary (100 word max)
trauma-informed practice and care, know where to find information or help, and can signpost families		— Beacon House Level 1 – Trauma Informed — Beacon House Level 2 – Trauma Skilled — Child at the Heart – A Trauma Informed Approach (An offer provided by the EY service, and which incorporates Beacon House materials, a supportive discussion, adverse childhood experiences, healthy brain development, self and co - regulation, attachment, and communication styles) — Little People Big Feelings (Delivered by EP and MH service to parents and practitioners) It is estimated that 150 practitioners (41 settings & childminders) have completed Trauma Informed Level 1 training, 67 practitioners (19 settings & childminders) have completed Trauma Skilled Level 2. Beacon House is an external training source, and the EY team are wholly reliant on practitioner notification, therefore the actual numbers are likely to be higher. 52 practitioners (30 settings & childminders) have accessed Trauma Informed guided discussions. 43 practitioners (18 settings & childminders) have completed Child at the Heart training. In addition, the EY's service has purchased 12 EP sessions for 2023-24 for the EY sector to gain emotional wellbeing support and advice. Next there are plans to develop the 'EY professionals' section of the website to include a bank of trauma informed resources.
5. We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.	Green	The Reading Job Centre Employment Advisor, continues to be co-located with BFfC, works closely with Children's Centre to provide parents/carers with informal opportunities to discuss benefits and work. This includes one off benefit checks and 1-2-1 tailored support. The Employment Advisor also acts as a link with Job Coaches ensuring they are up to date with information on funded childcare provision. FIS has dedicated sections for childcare and family money. These sections include information on funded childcare, debt management and universal credit.
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	Green	The SLCN pathway is established & the main priority is to promote this as parent/carers & professionals are not fully aware of the SLCN pathway support available before referring to SALT. Comms are developing the parent/carer hub & webinar for professionals. SALT waiting time continues to decrease and is now estimate 4 months for accessing SALT. The triage service supports and gives advice to parents. The service is setting up an instant access line. The Speech and Language Champions scheme is now in its second year with 43 champions enrolled in the programme. There has been an overall improvement in champions confidence levels including 90% reporting an increase in confidence in creating communication friendly environments. The Wellcomm speech and language tool has been piloted and reviewed by the Best Start for Speech, Language, and Communication multiagency working group. 20% of children who had a review using the Wellcomm tool made progress in year 1. The Wellcomm tool is now being introduced to the children centre model to continue its success with targeted children who would benefit from this.
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	Green	BFfC Children's Social Care and Health completed joint work on pre-birth assessments for those children were there are safeguarding concerns. In addition, the work completed by BWSCP. There is close working established with Children's Centres, maternity services, and health visiting. BFfC has two staff focused on supporting families pre-and post-birth (Infant Coordinator and Infant Family Support Worker). They work closing with midwifery both in the hospital and the community. All Childrens front line staff have received the Lullaby trust training in safer sleeping and NSPCC training in coping with crying.

Priority 3 - Key indicators

3.1 School readiness (Free School Meal status - FSM)

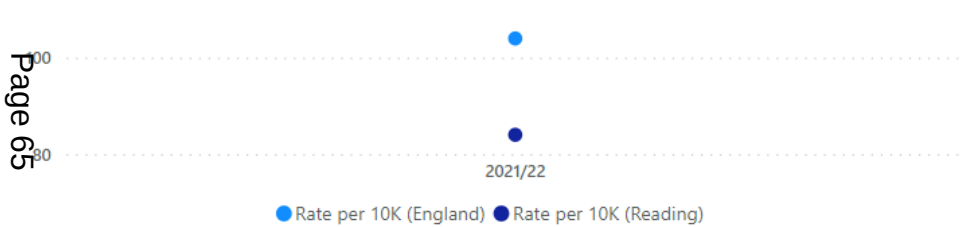


3.1 School readiness (Non Free School Meal status - NFSM)



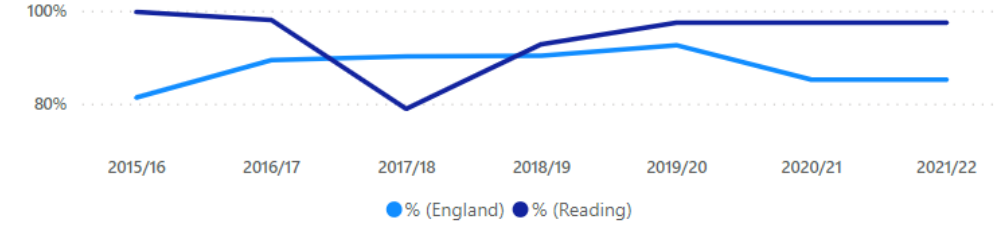
This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving a good level of development at Reception by free meal status. Reading has a higher percentage (53.5%) of children with free school meals achieving good development than England (49.1%), but a lower percentage (66.7%) of children with no free school meals achieving a good level of development than England (68.8%). Note: the statistical releases for 2019/20 and 2020/21 were canceled. Due to the 2021/22 EYFS reforms, it is not possible to directly compare the 2018/19 and 2021/22 figures. Any changes in the proportion of children eligible for free school meals are likely due to changes in eligibility criteria or population rather than the EYFSP publication.

3.2 Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years)



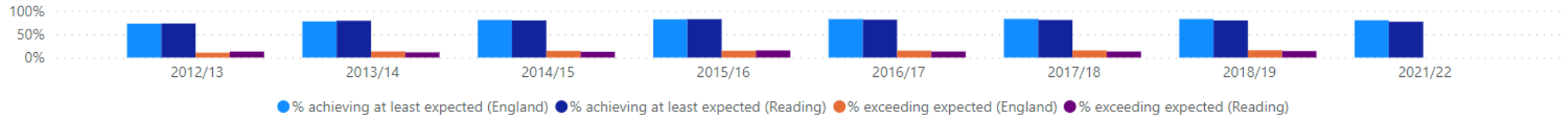
Reading has a significantly lower rate (84.1 per 10,000) of hospital admissions for unintentional and deliberate injuries in children aged 0-4 than England with 108.6 per 10,000. Note: there is no historic data for this indicator.

3.3 Percentage of children aged 2-2 1/2 receiving ASQ3



The Ages and Stages Questionnaire-3 (ASQ-3) covers five domains of child development: communication, gross motor skills, fine motor skills, problem-solving, and personal-social development. Health visiting teams should have been using ASQ-3 as part of HCP two year reviews from April 2015. This indicator shows the proportion of 2-2½ reviews that use the ASQ-3. Reading has a higher percentage of children receiving ASQ-3 than England.

3.4 Percentage of 2-year-olds achieving at least 'expected' in communication and language in the Early Years Foundation Stage Profile



This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving at least the expected level in communication and language (a good level of development). Note: there was no data published during the two Covid-19 pandemic years. Data for Reading is not yet available for 2021/22.

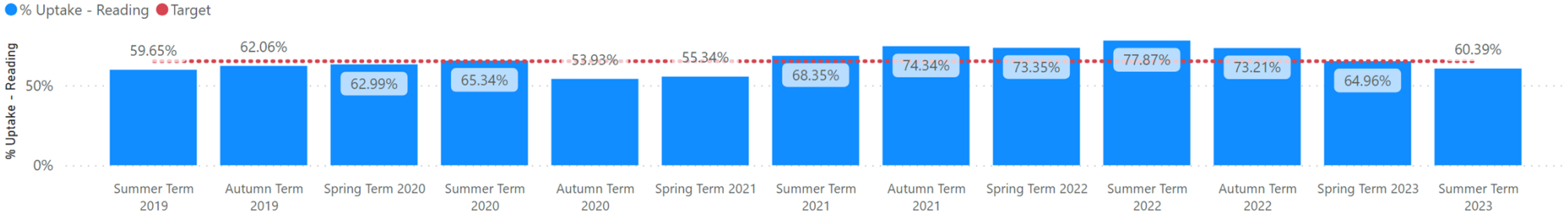
Team Reading

Health & Wellbeing Strategy Priorities

Priority 3 - Help families and children in early years

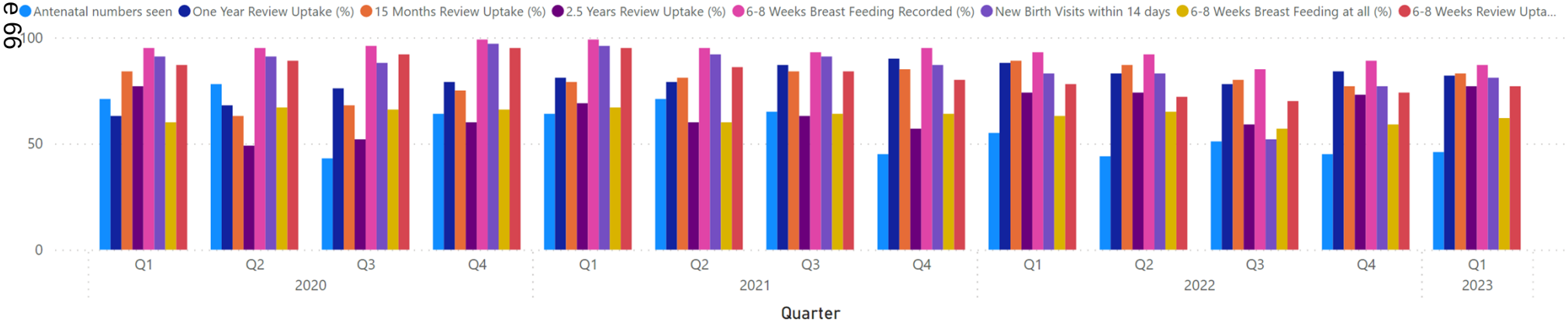
P1 | P1 (1.3 - 4) | P2 | P2 (2.5) | P3 | P3 (3.5-6) | P4 | P5 | P5 (5.4) | P5 (5.6-9)

3.5 Proportion of take up of targeted 2 year old funding for eligible children



Currently the proportion of uptake of funding for eligible disadvantaged 2-year-old children is below the target of 65%.

3.6 Health Visiting Data



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	Green	Our 2 Mental Health Support Teams and our Primary Mental Health Service, alongside our Educational Psychologists, continue to promote whole school approaches to mental health, and offer a range of training and workshops to nursery, school and college staff. We also offer regular free mental health surgeries to every setting. Oxwell Survey data showed 65% of those children in Reading that completed the survey knew how to access mental health support, compared to 49% nationally. The early identification and intervention is making a difference to children, young people and their families, as can be seen from this quote: "It 100% met my needs. Our sessions felt like a conversation – we talked through things together and I felt heard, understood and respected. This had not been my experience from professionals before. I appreciated the adaptability – we met face to face and online but we also did a session on the phone when this felt easier for me". MHST closely monitors and encourages uptake of the SMHL training.
2. Support settings and communities in being trauma informed and using a restorative approach	Green	The Task and Finish group has met twice and organised training on adapted Therapeutic Thinking schools for our Early Years provision. We are interviewing secondary school Head Teachers about their school's uptake of Therapeutic Thinking Schools, and what the barriers might be. The survey will then be extended across secondary school staff. Alternative Provision will also be surveyed. The tools for TTS will then be adapted and relaunched as necessary. Two local secondary schools are going to showcase their use of TTS.
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	Green	MHST run School Mental Health Ambassadors training and we are investigating whether Reading College and Public Health can partner with us to offer Level 1 or Level 2 PH Awards. MHST run workshops with Children and Young People and their views inform service delivery. For example, the Assistant Educational Psychologist ran focus groups with children and young people from Global Majorities on their opinions of accessing mental health services, leading to recommendations for schools and commitments from local partners around inequalities in mental health work. We are looking at Inequalities in Mental Health in regard to Neurodiversity. We are developing a neurodiversity-affirming paradigm. We link closely with No5 and Starting Point and Autism Berkshire all of whom have excellent coproduction and collaboration work with children and young people. We are beginning to link more closely with Adults mental health colleagues to learn from them about their community based partnership and coproduction approaches.
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners	Green	This is on-going and small steps are made by developing the work above. We hold mental health triages within BFfC to ensure children are seen by the most suitable mental health service to meet their needs. We are constructing a list of parent/carer groups for practitioners to go out to and visit e.g. Fifi's Vision.
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	Green	We are running 2 task and finish groups on inequalities in mental health – in regard to Global Majorities and Neurodiversity. We are beginning on a journey of sharing the neurodiversity-affirming paradigm and will work in partnership with parents/carers, schools, social care, SEND and health; we will offer training, and link closely with Autism Growth Approach, and develop our local commitment to needs- and strengths-led profiling tools, with neurodiversity-affirming adaptations where needed. We have a newly appointed Assistant Psychologist who will be developing work on inequalities in mental health due to gender and identity.
6. Recovery after Covid-19/ adolescent mental health	Green	Our EBSA team is funded until March 2024. They have worked with 39 young people (aged 11-16y) and 36 have returned to education, at an average cost of £6400 per child. Their attendance and mental health will be tracked for longitudinal impact.
7. Local transformation plan	Green	Waiting for an update but we continue to focus on priorities outlined in the existing plan (BOB ICB)

Priority 4 - Key Indicators

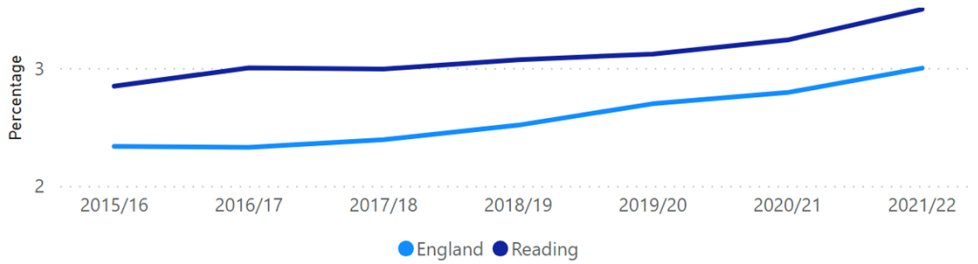
Team Reading

Health & Wellbeing Strategy Priorities

Priority 4 - Promote good mental health and wellbeing for all children and young people

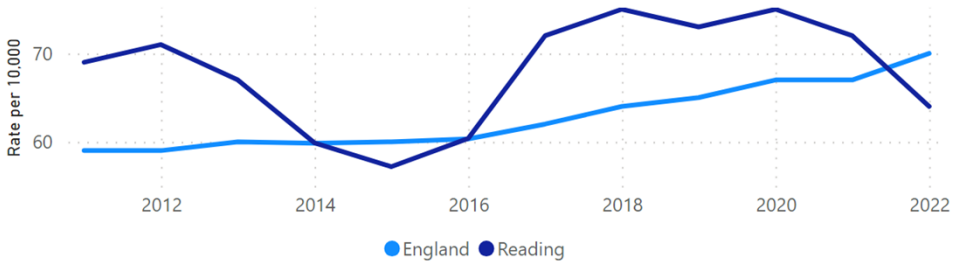
P1 | P1 (1.3 - 4) | P2 | P2 (2.5) | P3 | P3 (3.5-6) | **P4** | P5 | P5 (5.4) | P5 (5.6-9)

4.1 School-aged children with social, emotional, and mental health needs



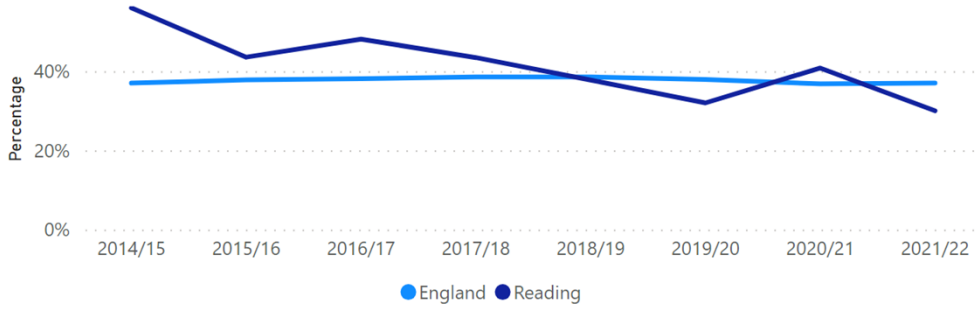
The indicator shows the proportion of school children with Special Education Needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, expressed as a percentage of all school pupils. Reading has a slightly higher percentage (3.5%) of pupils with social, emotional and mental health needs than England (3.0%).

4.2 Children in care



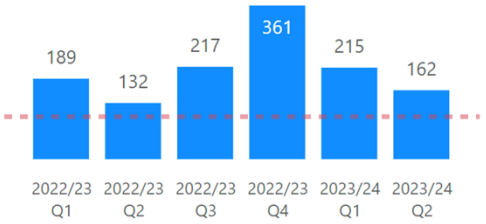
The indicator shows the rate of children looked after at 31 March for each year (rate per 10,000 population aged under 18 years). Reading currently has a lower rate of looked after children compared with England, with 64 per 10,000 and 70 per 10,000 respectively.

4.3 Children looked after whose emotional well-being is a cause for concern

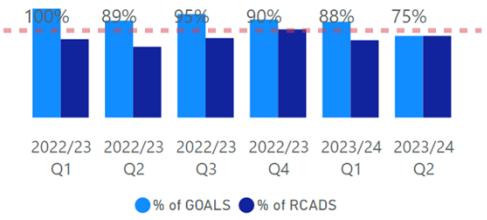


The indicator shows the proportion of all looked-after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March whose SDQ score was 17 or over. Reading has a higher proportion (40.8%) of looked after children whose emotional well-being is a cause for concern than England (36.8%).

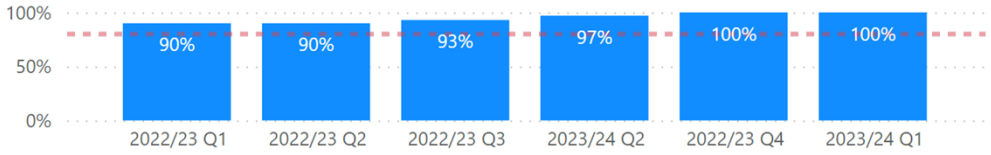
4.4 Number of referrals to the Mental Health Service Team (MHST)



4.5 Percentage of children and young people engaged with MHST who have moved toward their goals



4.6 Percentage of children and young people working with the Primary Mental Health Team who have moved towards their goals



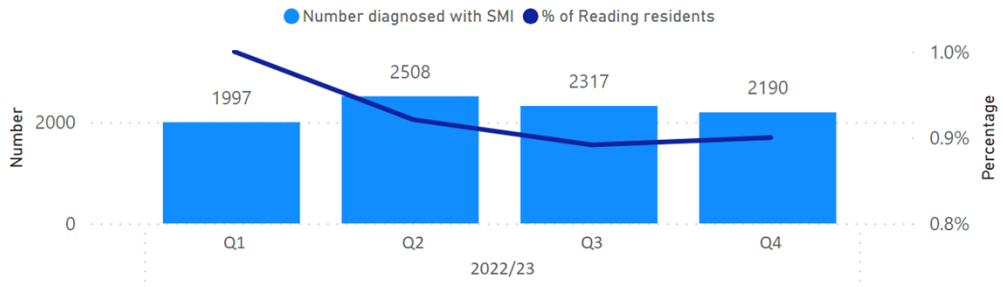
PRIORITY 5: Promote good mental health and wellbeing for all adults, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Raise mental health awareness and promote wellbeing	Green	Partners and stakeholders in the Mental Health and Wellbeing Group have continued to meet and review their ongoing work to promote awareness of mental health and wellbeing.
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Green	The Mental Health and Wellbeing Group have agreed to progress and application to become signatories of the Prevention Concordat for better mental health which will help to provide a strategic systematic approach to the determinants of mental health.
3. Focus targeted support on groups at greater risk of experiencing mental health challenges, loneliness and social isolation and health inequalities in order to support early identification and intervention	Green	Partners and stakeholders in the Mental Health and Wellbeing continue to deliver a range of support for groups at greater risk. One such example is the Ready Friends project which is delivered by Reading Voluntary Action, and the Befriending Form which runs on a quarterly basis.
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Green	The Mental Health and Wellbeing Group have continued to meet quarterly to collaborate around the data about needs in the borough and to exchange good practice.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Amber	Specific peer support initiatives and befriending schemes have yet to be developed beyond the existing work taking place within the partners and stakeholders in the Mental Health and Wellbeing Group. The priority area five implementation plan will seek to ensure that mental health and wellbeing needs are addressed through the community health champions network
6. Build the capacity and capability across the health and social care workforce to prevent mental health problems and promote good mental health	Green	The Compass Recovery College continue to offer a programme of courses that are available to the wider health and social care work force.
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Green	The Compass Recovery College continue to offer a programme of courses that are available to the wider health and social care work force. Reading Integration Board has awarded a project grant to Reading Voluntary Action to deliver an 18 month training programme for wellbeing practitioners across the Reading voluntary and community sector including Dementia awareness, Equality, diversity and inclusion (focus on BAMER and intersectionality), Menopause, Learning disabilities, Neurodiversity, Making Every Contact Count, Motivational interviewing and behavioural change, Mental health (incl. conditions described as SMI), Identifying and managing healthy boundaries, Safeguarding for VCOs X 3
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	The development of a set of local metrics for the mental health needs assessment has progressed well over the summer and autumn. The health needs assessment has not yet been completed and so the indicator is Amber. The work has also been linked with the development of a dashboard for the health and wellbeing strategy.

Priority 5 - Key indicators

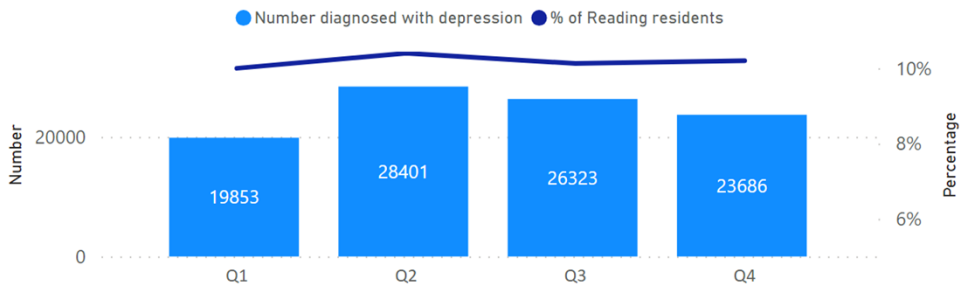
P1 | P1 (1.3 - 4) | P2 | P2 (2.5) | P3 | P3 (3.5-6) | P4 | P5 | P5 (5.4) | P5 (5.6-9)

5.1 Number of people diagnosed with SMI



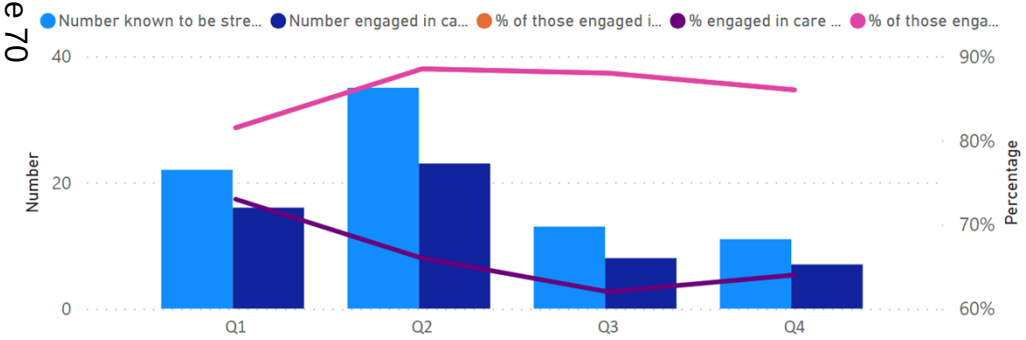
The prevalence of Serious Mental Illness is currently at 0.9% in Reading. Although the number of patients has decreased over time, the prevalence has remained at the same level.

5.2 Number of people diagnosed with depression



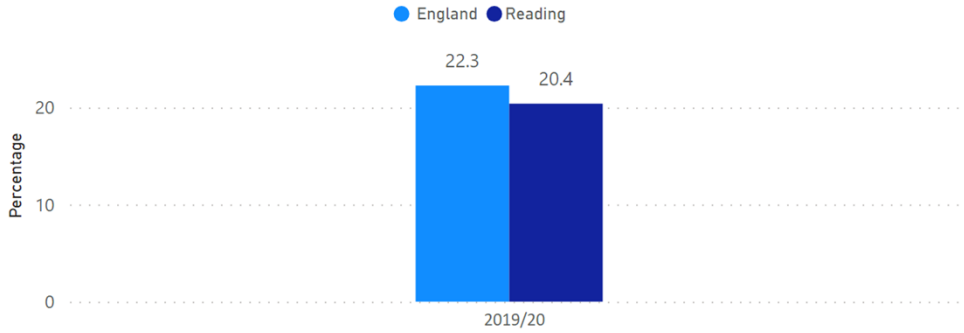
The prevalence of depression has been similar over time at around 10% of the total registered population.

5.3 Number of drug and alcohol outreach support to the street homeless population

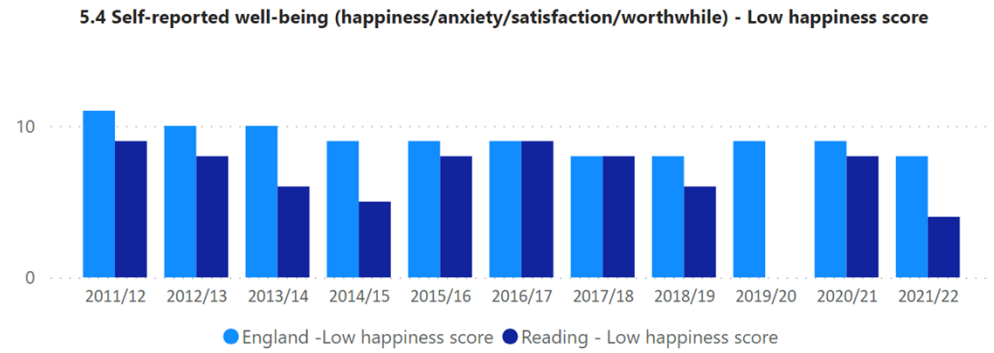


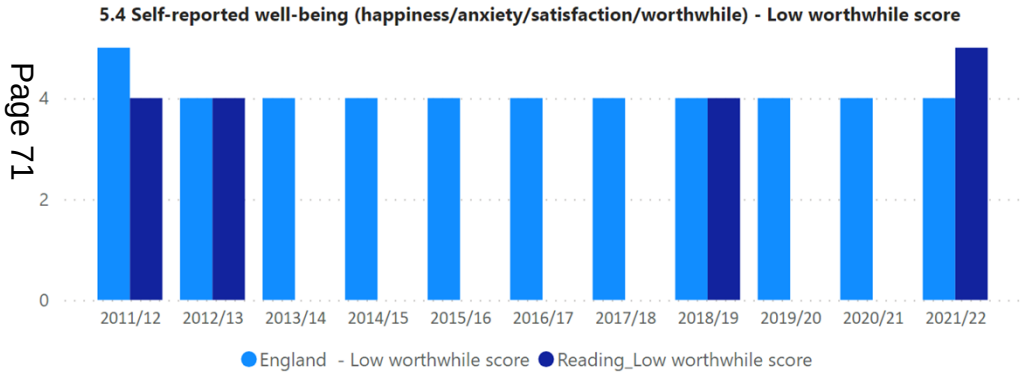
The indicator shows the number of known street homeless individuals and those who engaged with the drug and alcohol team for treatment. It also shows the proportion of those engaged with the drug and alcohol team who remain in treatment for at least three months, and the proportion of those who receive a health intervention.

5.5 Loneliness: percentage of people who feel lonely often, always, or some of the time



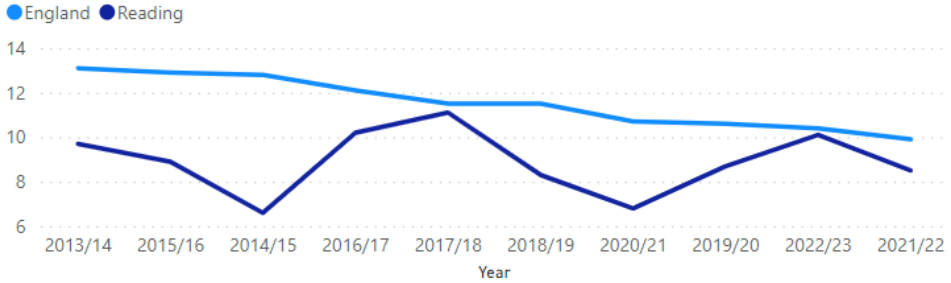
This indicator comes from the Active Lives Adult Survey, Sport England. It shows the percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time".





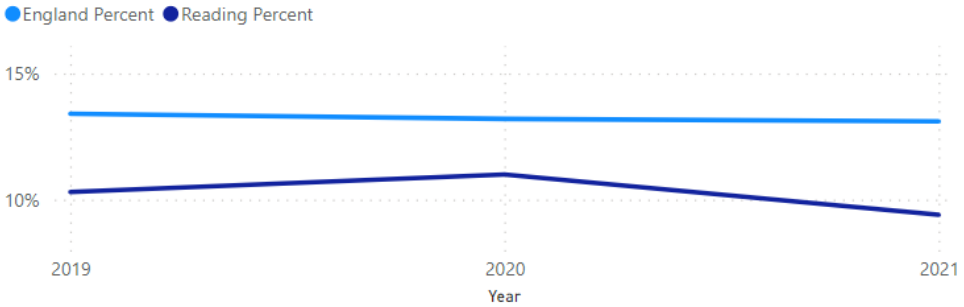
The indicators comes from the Annual Population Survey (APS). The indicators are based on the four questions below: Overall, how satisfied are you with your life nowadays? Overall, how happy did you feel yesterday? Overall, how anxious did you feel yesterday? Overall, to what extent do you feel the things you do in your life are worthwhile? Responses are given on a scale of 0 to 10 (where 0 is “not at all satisfied or happy or anxious or worthwhile” and 10 is “completely satisfied or happy or anxious or worthwhile”).

5.6 Gap in employment rate between those with a physical or mental health long-term condition (aged 16-64) and the overall employment rate Gap 2021/22 – percentage points



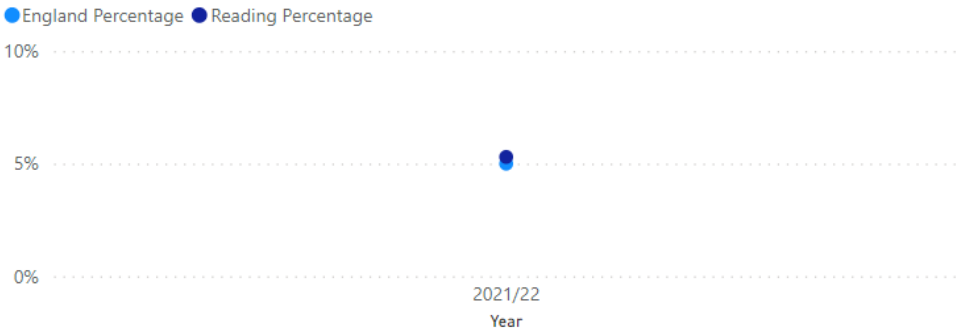
This indicator shows the percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). In Reading the gap (10.1) is similar to England (10.4).

5.7 Fuel poverty (low-income low energy efficiency methodology)



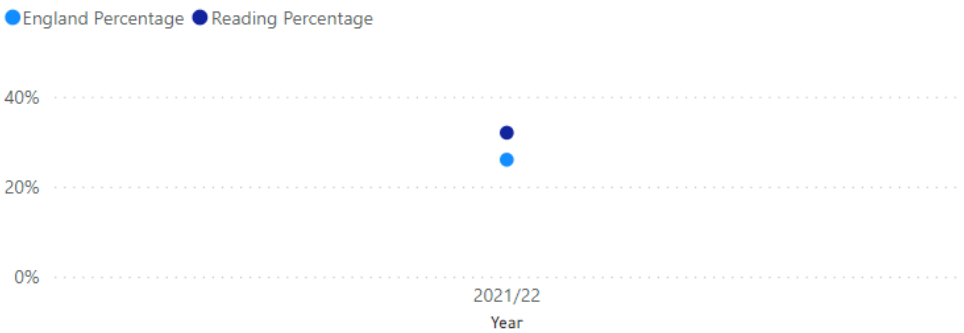
The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology. Reading has a lower percentage of households experiencing fuel poverty (9.4%) than England (13.1%).

5.8 Unemployment rate (%)



The indicator shows the percentage of the working-age population who are claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work. The overall unemployment rate in Reading is similar to England. Note: this is a new indicator that replaces the previous model-based unemployment rate and there is n...

5.9 Adults in contact with secondary mental health services who live in stable and appropriate accommodation (%)



The percentage of adults aged 18-69 who are in contact with mental health services and live independently. Reading has a significantly higher percentage (32%) than England (26%).

WHB Strategy 2021/30 Priority Name	Indicator Name (with link to the datasheet)	Data Source	Link to the data	Update frequency	Time periods
PRIORITY 1: Reduce the differences in health between different groups of people	1.1 Disease prevalence in all registered population, compared with prevalence in registered population in the most deprived areas (quintiles 1&2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly	December 2022, June 2023, October 2023
	1.2 Proportion of all registered patients who have had a health check, compared with the proportion of those who have had a health check in the most deprived areas (quintiles 1&2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Quarterly	2022/23
	1.3 Proportion of current smokers in all population and in the most deprived (quintiles 1& 2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly	Oct-23
	1.4 Proportion of overweight and obese population in all areas and in the most deprived (quintiles 1 & 2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly	Oct-23
PRIORITY 2: Support individuals at high risk of bad health outcomes to live healthy lives	2.1 Inequality in life expectancy at birth by gender - Slope Index of Inequality (years)	OHID - Public Health Outcomes Framework	Public Health Outcomes Framework - OHID (phe.org.uk)	Annually	2010/12 to 2018/2020
	2.3 Dementia diagnosis rate in people aged 65+ as a percentage of those estimated to have dementia (%)	NHS Digital and OHID Fingertips	Primary Care Dementia Data - NHS Digital	Monthly	May 2021 to July 2023
	2.4 Number and rate of people sleeping rough (annual snapshot)	Department for Levelling Up, Housing and Communities	Tables on rough sleeping - GOV.UK (www.gov.uk)	Annually	2010 to 2022
	2.5 Proportion of supported working-age adults with learning disabilities in paid employment (%)	OHID Fingertips - Learning Disability Profiles	Learning Disability Profiles - Data - OHID (phe.org.uk)	Annually	2014/15 to 2019/2020
PRIORITY 3: Help families and children in early years	3.1 School readiness	Department for Education	https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2021-22	Annually	2012/13 to 2021/22
	3.2 Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years)	OHID - Child and Maternal Health	Public health profiles - OHID (phe.org.uk)	Annually	2021/22
	3.3 Proportion of children aged 2-2 1/2 yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2015/16 to 2020/21
	3.4 Percentage of 2-year-olds achieving at least 'expected' in communication and language in the Early Years Foundation Stage Profile	Department for Education	Early years foundation stage profile results: 2018 to 2019 - GOV.UK (www.gov.uk)	Annually	2012 to 2022
	3.5 Proportion of take up of targeted 2 year old funding for eligible children	Early Years Team	The data can be requested from Rebecca Gisson (rebecca.gibson@brighterfuturesforchildren.org) or Lorna McGifford (Lorna.McGifford@brighterfuturesforchildren.org)	Term	Summer term 2019 to Summer term 2023
	3.6 Health Visiting (Antenatal numbers seen, New birth visits within 14 days, 6-8 weeks review uptake % with 8 weeks, 6-8 weeks breastfeeding % recorded, 6-8 weeks breastfeeding % at all, 1 year review uptake %, 15 months review uptake %, 2.5 years review uptake %)	Health Visitors	Berkshire West PH Hub - Home (sharepoint.com)	Quarterly	Q1 2020 to Q1 2023
PRIORITY 4: Promote good mental health and wellbeing for all children and young people	4.1 School pupils with social, emotional, and mental health needs	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2014 to 2021
	4.2 Children in care	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2011 to 2021
	4.3 Looked after children whose emotional well-being is a cause for concern	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2014-21
	4.4 Number of referrals to the Mental Health Service Team (MHST)	Brighter Futures for Children	The contacts for this data are: ross.locke@brighterfuturesforchildren.org or deborah.hunter@brighterfuturesforchildren.org	Quarterly	FY 2022/23 and Q1&4 2023/24
	4.5 Children and young people engaged with MHST who have moved toward their goals	Brighter Futures for Children	The contacts for this data are: ross.locke@brighterfuturesforchildren.org or deborah.hunter@brighterfuturesforchildren.org	Quarterly	FY 2022/23 and Q1&4 2023/24
	4.6 Percentage of children and young people working with the Primary Mental Health Team who have moved towards their goals	Brighter Futures for Children	The contacts for this data are: ross.locke@brighterfuturesforchildren.org or deborah.hunter@brighterfuturesforchildren.org	Quarterly	FY 2022/23 and Q1&4 2023/24
PRIORITY 5: Promote good mental health and wellbeing for all adults	5.1 Number of people diagnosed with SMI	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly*	2022/23
	5.2 Number of people diagnosed with depression	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly*	2022/23
	5.3 Number of drug and alcohol outreach support to the street homeless population	Intensive and Engaging Rough Sleeper Service (IAE)	The contact for this data is Sally Andersen (sally.andersen@reading.gov.uk)	Quarterly	Q1-Q4 2022/23
	5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile)	OHID - Common Mental Health Disorders	Common Mental Health Disorders - OHID (phe.org.uk)	Annually	2011 to 2022
	5.5 Loneliness: percentage of people who feel lonely often, always, or some of the time	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2019/20
	5.6 Gap in employment rate between those with a physical or mental health long-term condition (aged 16-64) and the overall employment rate Gap 2021/22 – percentage points	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2013/14 to 2021/22
	5.7 Fuel poverty (low-income low energy efficiency methodology)	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2019 to 2021
	5.8 Unemployment rate (% of working age population claiming out of work benefits)	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2021/22
	5.9 Adults in contact with secondary mental health services who live in stable a	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2021/22

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	19 January 2024
Title	BCF Integration Update
Purpose of the report	To note the report for information
Report author	Beverley Nicholson
Job title	Integration Programme Manager
Organisation	RBC – Adult Social Care / BOB Integrated Care Board
Recommendations	1. That the Health and Wellbeing Board note the Quarter 2 (2023/24) performance against the BCF Metrics. 2. To note the contents of the Q1 BCF Return, formally submitted by the due date 31st October 2023, following delegated authority sign-off by the Executive Director for Adult Social Care in consultation with the Lead Member for Public Health in order to comply with the national deadlines which fall outside the cycle of these Board meetings.

1. 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. This report will show the position as at the end of Quarter 2, 2023/24 (July to September), and also outlines the spend against the BCF Plan, including the Discharge Fund to support hospital discharges in 2023/24.

1.2 The BCF metrics were agreed with system partners during the BCF Planning process. Outcomes shown here are for Quarter 2, as at the end of September 2023.

a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) **Met**
b) The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. **Met**
c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence **Not Met**
d) 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**
e) The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) **Met**

Details against each of these targets is outlined in Section 3 of this report and demonstrates the effectiveness of the collaborative work with system partners.

The report also covers the Better Care Fund Quarterly return covering performance against the BCF Metrics for Quarter 1, which were reported at the October Health and Wellbeing Board. The Quarterly Return was, submitted on 31st October and signed off through the Delegated Authority process on 26th October. We continue to meet the National Conditions and the full return is attached at Appendix 1.

2. Policy Context

2.1. The Better Care Fund Policy Framework[1] sets the principles for the pooling of funds to support integrated working across health and social care, to ensure the right care is available to people at the right time. 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 3.0 of this paper.

3. Performance Update for Better Care Fund and Integration Programme

3.1. Performance as at the end of Quarter 2, 2023/24

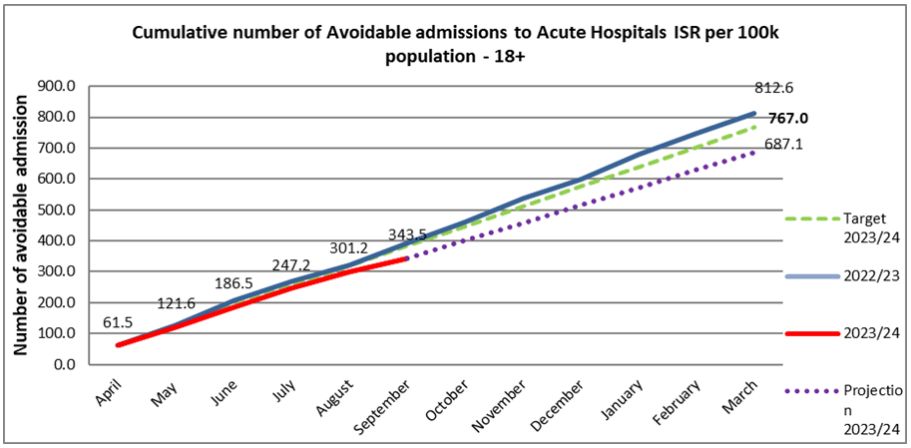
3.1.1. Admission Avoidance

This aims to reduce avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions), and have no more than 767, per 100,000 population, for the year. This metric was adjusted to a more realistic target based on previous performance and projections for 2023/24. It measures how many people with specific long-term conditions, which should not normally require hospitalisation if their conditions were well managed, who were admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure.

We have achieved the target as at the end of the Q2, and the trend projected to the end of the year indicates that we remain on track. Factors that support this positive outcome included engaging with the Berkshire West Ageing Well programme for rapid and emergency responses by intermediate care services, to support people to stay well at home with a short-term care package, where appropriate. Other activity to support the promotion of healthy living is delivered through a variety of Public Health and Wellbeing services, working with Carers and Dementia groups, as well as our Voluntary Care Sector and Community partners.

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)	767
Actual cumulative performance to date	344
Projected performance to end of the year	687
Status	Green

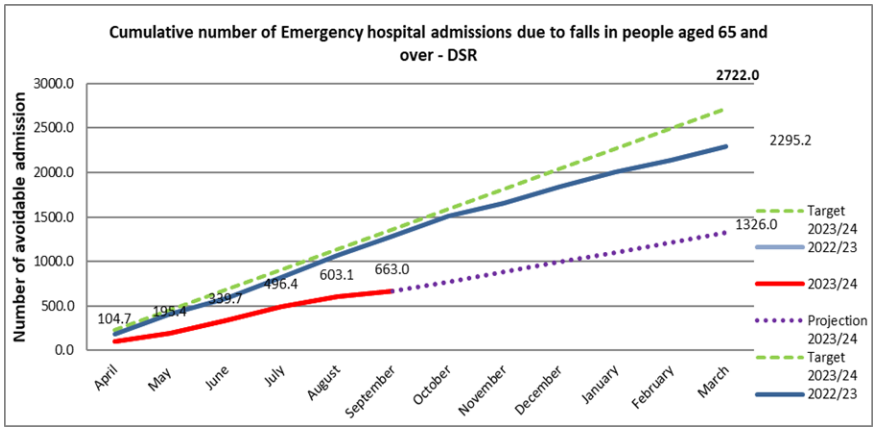
[1] https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025



3.1.2. Falls

This is a new metric introduced for 2023/24 in relation to emergency hospital admissions due to falls in people aged 65 and over. The target for 2023/24 is to have no more than 2,722 people per 100,000 (given the population of Reading for this age group this equates to no more than 500 people) and represents a 2% improvement on the average performance in the previous two years. We also had increased numbers of Technology Enabled Care equipment that could be installed/worn to build confidence and ensure early alerts for people who are frail or at risk of falls. Performance to date is significantly better than the plan, which is positive.

Cumulative number of Directly Standardised Rate (DSR) of Emergency hospital admissions due to falls in people aged 65+	
Target performance per annum (no more than)	2722
Actual performance to date	663
Average performance for the current period	1326
Status	Green



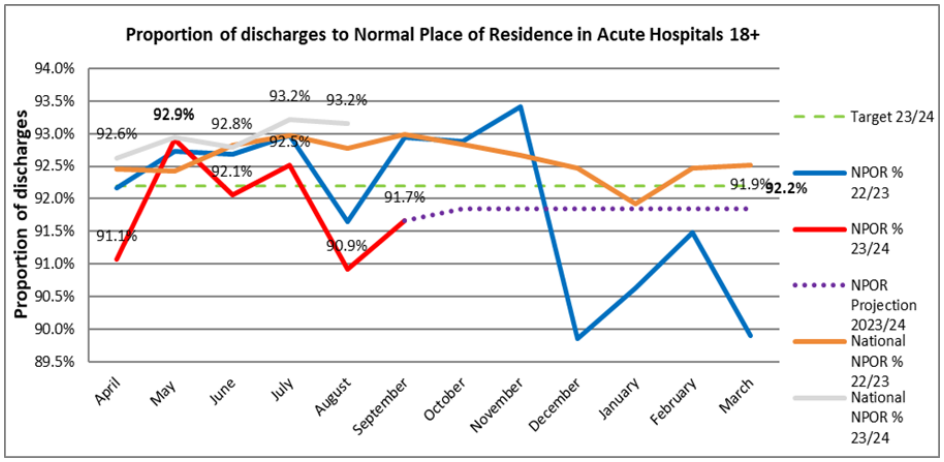
Reading Local Authority has agreed with the Integrated Care Board to carry out a Diagnostic review and map existing pathways and support across West Berkshire. The review will help understand the underlying causes that may support the development of future pathways and support.

3.1.3. Discharge to Normal Place of Residence

This aims to increase the proportion of people who are discharged directly home, from acute hospitals with a target of not less than 92.2% per month. This is based on hospital data for people “discharged to their normal place of residence”.

Performance dropped slightly through Quarter 2, at 91.7%, a similar trend to the previous year at this time, and just under 2% below the National position for England. We continue to work 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.

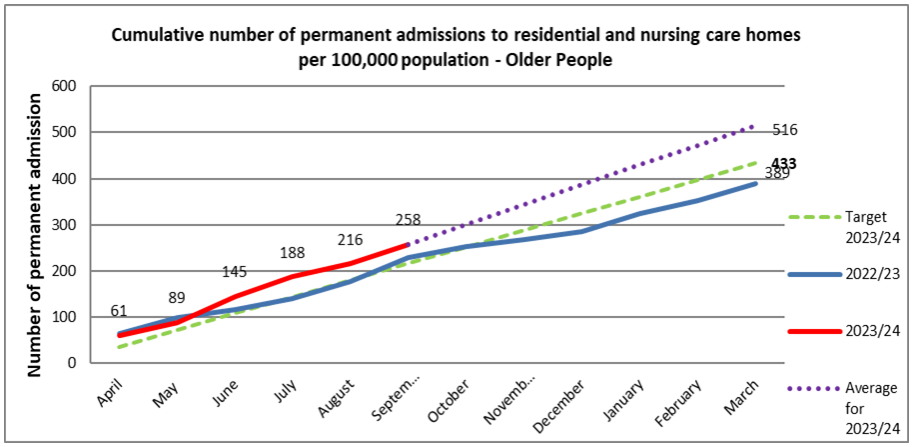
Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Target performance per month (not less than)	92.2%
Actual performance this month (May)	91.7%
Projected performance to end of the year	91.9%
Status	Amber



3.1.4. Permanent Admissions to Residential/Care Homes

This aims to reduce the number of older adults (65+) whose long-term care needs are met by admission to residential or nursing care per 100,000 population with a maximum target of 433 for the year. Whilst we have met the target in this quarter straight-line projections indicate that we will not meet it by the end of the year. However analysis of data over previous years, typically shows a reduction in admissions during the latter part of the year, and if that trend is replicated in this year, then we may get back on track to achieve the target. This will be closely monitored. We continue to work with our system partners to identify appropriate care for people to meet their needs.

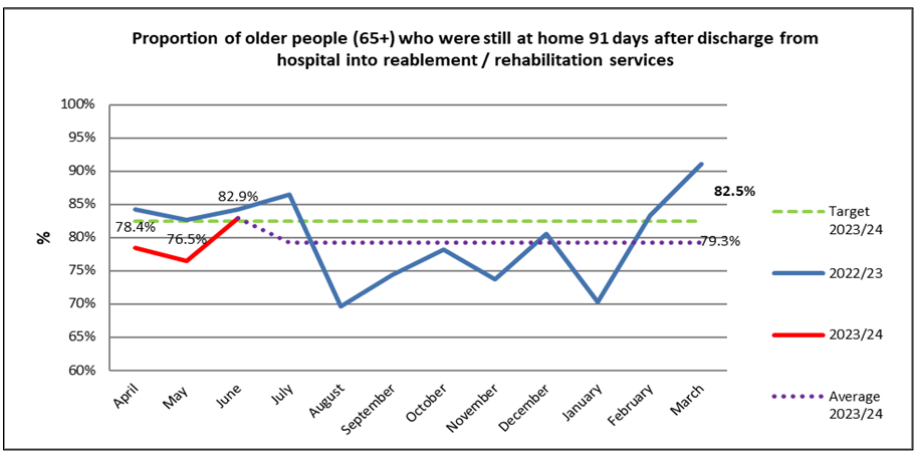
Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Target performance per annum (no more than)	433
Actual performance to date	258
Projected performance to the end of the year	516
Current Status	Amber



3.1.5. 91 Day Rehabilitation (discharged April to June)

This aims to measure the effectiveness of reablement by looking at the proportion of older people who are still at home 91 days after discharge from hospital into reablement or rehabilitation. The target for 2023/24 is a minimum of 82.5%. Performance has dipped slightly compared to the last update but we have been able to meet the target at the end of September. There is a new Triage process in place for reablement, to ensure that referrals are only made where there is a true potential for reablement. We are currently in the process of scoping a specialist discharge pathway for a Hospice at Home, End of Life pathway to ensure people receive the right care in the right place at the right time.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Target performance (2023/24)	82.5%
Total no. of people departing hospital into reablement 91 days ago (numerical)	41
Of those, no. at home 91 days later (numerical)	34
Actual performance (%)	82.9%
Status of Monthly performance	Green



(based on people discharged in June 2023, who were still at home in September 2023- the June cohort)

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1 The activity reported through the Better Care Fund metrics in Section 3 supports people to remain well at home and to receive the right care in the right place based on their needs, and is primarily aligned to priorities 1 and 2 of the Berkshire West Joint Health & Wellbeing Strategy 2021-30 and partially supports priority 5.

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. Action plans have been developed in collaboration with the members of RIB, which includes representation from system partners, including Acute Hospital, Primary Care and Voluntary and Community Sector. Delivery against the action plans involves a collaborative approach, supported by a number of groups, such as the Long-Term Conditions Board. Action plans are in the process of being reviewed by the RIB membership, against the 10-year strategy.

4.2 The Reading Integration Board (RIB) Programme Plan objectives are mapped to both the Health and Wellbeing Board strategic priorities, as listed in 4.1 above, and the Integrated Care Board (ICB) priorities, listed below, to ensure alignment and effective reporting:

ICB key priorities are as follows:

- Same day access
- Intermediate care
- Community wellness
- CHC/Joint Funding
- SEND
- High complexity / high-cost placements
- Children and Young People's Mental Health

5. Environmental and Climate Implications

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

5.2. No new services are being proposed or implemented that would impact the climate or environment, however, climate implications are being considered in relation to the wider context of the Health and Wellbeing Board Strategic Priority Action Plans.

6. Community Engagement

6.1. Engagement in relation to specific services takes place, such as feedback on customer satisfaction for services such as Reablement. Stakeholder engagement continues to be a key factor in effective integrated models of care, and engagement with all system partners is important to the Reading Integration Board. Service User satisfaction rates for our Community Reablement Team were 100%, with an average to date of 98%, against a minimum target of 90%. Service Users being discharged from hospital have been given an opportunity to provide feedback on their experience to enable us to shape our services.

6.2. Reading Adult Social Care have recruited a co-production lead, to help ensure that services are co-designed with service users, carers and families as much as possible, and feedback on user experiences will be gathered.

6.3. The Community Wellness Outreach Project is progressing, which involves the provision of NHS Health Checks, delivered by qualified Nurses from the Royal Berkshire Hospital, within communities that are more at risk of poor health outcomes, with a focus on Whitley and Church wards in the first instance. There will also be holistic wrap-around services to support people with mental health advice, housing, food poverty and debt advice and a range of other information and support which will be shaped based on what communities are indicating they need. The Social Prescribers and Community Champions will be key partners to reach into these areas, and to ensure appropriate referrals and support is

provided. The programme started in November and there has been very effective collaboration across

7. Equality Implications

7.1 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.

7.2 There are no new proposals or services recommended in this report that would impact negatively on anyone with protected characteristics.

8. Other Relevant Considerations

8.1 The Better Care Fund Planning and Performance reporting included in this report is requires us to adhere to the Better Care Fund Framework 2023/25 four National Conditions and the Better Care Fund Objectives:

- National Condition 1: Plans to be jointly agreed.
- National Condition 2: Enabling people to stay well, safe and independent at home for longer.
- National condition 3: Provide the right care in the right place at the right time.
- National Condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

BCF Objective 1: Enabling people to stay well, safe and independent at home for longer.
BCF Objective 2: Provide the right care in the right place at the right time.

9. Legal Implications

9.1 Compliance with the Better Care Fund (BCF) 2022/23 National Conditions: The report sets out the National Conditions in Section 8. A Section 75 Framework Partnership Agreement (2023/24) has been drafted and is in the process of being agreed between the Integrated Care Board (ICB) and Reading Borough Council (RBC) in relation to the pooled funds, in accordance with the Planning Requirements[2], and in line with National Conditions 1 and 4.

10. Financial Implications

10.1. **BCF 2023/24 Expenditure to date against the Plan**
This overview of the BCF budget shows the forecast variance of £8.5k. There are projects for which funding was committed that have not yet started, or in early stages e.g. the Front Door project for which funding was increased for 2024/25, and the committed funding will be carried forward to support that increase.

[2] https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

RIB Summary Report at P8	Original Budget £k	YTD Budget as at 31/11 £k	YTD as at 31/10 (Actuals) £k	Forecast to 31/03/24 £k	Variance £k
Summary					
Reading Borough Council Hosted Schemes	11,751.0	7,833.7	7,512.0	11,742.2	(8.5)
BOB Integrated Care Board	1,699.7	1,133.1	1,133.1	1,699.7	0.0
Cross BOB ICB Hosted Schemes	3,296.5	2,197.4	2,197.4	3,296.6	0.0
Total	**16,747.2**	**11,164.2**	**10,842.5**	**16,738.5**	**(8.5)**

10.2. **Hospital Discharge Fund**

Fortnightly returns have now been replaced with monthly returns, and have been submitted in line with the reporting schedule. As at the last return submitted for expenditure up to 30th November, £888,322 had been spent against the total fund of £1,211,427. The high costs of complex care beds to support to support Pathway 3 discharges, have resulted in an overspend of £220,507 against the allocated £249,925, which indicates the increasing complexity of these discharges. We will continue to report the overspend which is increasing which demonstrates the pressure on the Local Authority.

Scheme Type	Planned Spend	Total spend to date	Balance against plan
Home care or domiciliary care (Pathway 1)	£150,000	**£36,629**	£113,371
Home-based intermediate cae services (Pathway 1)	£0	**£0**	£0
Bed based intermediate care services (Pathway 2)	£270,400	**£32,376**	£238,024
Residential placements (Pathway 3)	£249,925	**£470,432**	-£220,507
Workforce recruitment and retention	£304,000	**£208,612**	£95,388
Assistive technologies and equipment	£100,000	**£46,154**	£53,846
Voluntary and community support	£37,982	**£30,107**	£7,875
All other spend	£99,120	**£64,012**	£35,108
Total	**£1,211,427**	**£888,322**	**£323,105**
Spend percentage to date:		**73%**	

11. Background Papers

The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard – November 2023 (Reporting up to 30th September 2023)*

12. Appendices

Appendix 1 Reading BCF Quarterly Return (Q1)

Appendix 1: Reading BCF Quarterly Return (Q1)

HM Government

NHS England

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

		Complete:
Health and Wellbeing Board:	Reading	Yes
Completed by:	Beverley Nicholson	Yes
E-mail:	beverley.nicholson@reading.gov.uk	Yes
Contact number:	0118 937 3643	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no, please indicate when the report is expected to be signed off:		Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

<< Link to the Guidance sheet

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Reading

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	17/11/2023

Confirmation of National Conditions			Checklist
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:	Complete:
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Reading

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information – Your planned performance as reported in 2023-24 planning				For information – actual performance for Q1	Assessment of progress against the metric plan for	Challenges and any Support Needs	Achievements – including where BCF funding is supporting improvements.	Complete:
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	197.0	174.0	198.0	198.0	187.8	On track to meet target	There are no challenges or support needs in relation to us meeting this target at the present time.	Effective support in the community to manage long term conditions and co-morbidities through Primary Care MDT meetings, Intermediate Care, rapid response pathways and use of	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.6%	92.1%	92.2%	92.0%	92.07%	On track to meet target	Whilst we were slightly below the quarterly target (by less than half a percent) we do not expect any significant challenges in meeting this target throughout the year.	We continue to work with the Voluntary Care Sector who deliver a Hospital to Home service, and settling in to support hospital discharge flows in a timely way.	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,272.0	334.9	On track to meet target	Our Falls and Frailty project has been delayed, pending a diagnostic review across the Berkshire West Place.	We have engaged with our Voluntary Care Sector and Community providers to support people with frailty, as well as provision of Technology Enabled Care, and housing adaptations to	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				433		On track to meet target	Performance for Q1 was a cumulative figure of 127 admissions, per 100,000 population (65+). We had a higher than average number of admissions in Q1. Historically the trend has been that	We are working with our health and voluntary care sector providers, alongside our Technology Enabled Care services to ensure that only those people that need admission are	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				82.5%		On track to meet target	As at the end of Q1 we had met the target (Performance 91% in June - March discharges). The new target of 82.5% is applicable to discharges from April 2023 >.	Our triage processes for Community Reablement have recently been updated, to ensure people are getting the right care, in the right place, at the right time.	Yes

Expanded sections of text:

There are no challenges or support needs in relation to us meeting this target at the present time.	Effective support in the community to manage long term conditions and co-morbidities through Primary Care MDT meetings, Intermediate Care, rapid response pathways and use of Technology Enabled Care to support wellbeing and safety in the home environment.

Whilst we were slightly below the quarterly target (by less than half a percent) we do not expect any significant challenges in meeting this target throughout the year.	We continue to work with the Voluntary Care Sector who deliver a Hospital to Home service, and settling in to support hospital discharge flows in a timely way.
Our Falls and Frailty project has been delayed, pending a diagnostic review across the Berkshire West Place.	We have engaged with our Voluntary Care Sector and Community providers to support people with frailty, as well as provision of Technology Enabled Care, and housing adaptations to address risks and reduce likelihood of falls.
Performance for Q1 was a cumulative figure of 127 admissions, per 100,000 population (65+). We have had a higher than average number of admissions in Q1. Historically the trend has been that the number of discharges reduce from September for the remainder of the year, with admissions in the last 6 months representing 35% to 40% of total admissions for the year.	We are working with our health and voluntary care sector providers, alongside our Technology Enabled Care services to ensure that only those people that need admission are admitted.
As at the end of Q1 we had met the target (Performance 91% in June - March discharges). The new target of 82.5% is applicable to discharges from April 2023.	Our triage processes for Community Reablement have recently been updated, to ensure people are getting the right care, in the right place, at the right time.

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Reading

5.1 Assumptions

	Checklist Complete:
1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?	
On our original plan, Reablement in a bedded setting and Rehabilitation in a bedded setting for Pathway 2, were two separate lines. On this template these two have been combined and therefore our capacity has been adjusted to combine both elements to meet the demand.	Yes
2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)	
Demand:	
Our Length of Wait for discharge from hospital on Pathway 1 is currently 3 days on average against a 2 day target and an average of 8 days for Pathway 3 (local data) against a target of 6.5 days. We are increasing home care hours through the winter using the Discharge Fund, as well as commissioning additional Pathway 3 short term beds to enable assessment of ongoing care, particularly for people with complex needs. There are several scheduled meetings including Acute, Community hospitals and Adult Social Care to review and resolve any flow issues and alerts from our Acute	Yes
Capacity:	
Our commissioned capacity baseline has remained the same and we have the option to spot purchase addiitonal resource to meet demand bearing in mind that some needs will be complex and each case has to be dealt with based on the needs of the individual, which are often multiple. We continue to work closely with our care market providers and the Market Sustainability Improvement Fund (MSIF) has supported our market for care providers. The issues arise when care is arranged and then patients become medically unfit whilst waiting for discharge.	Yes
3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?	
The data has remained largely unchanged from our submitted plan as projections are based on data over recent years, although we can never really know what the demand will look like, we are confident that our current projections are as accurate as they can be. We have capacity to spot purchase care where needed and have trained domiciliary care providers in rehabilitation to provide an extra level of reablement support if required. We work closely with our Voluntary and Community Sector partners, and have increased the support provided for hospital	Yes
4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?	
We are currently managing waiting lists of referrals waiting for assessments and have a dedicated resource in place to reduce the waiting lists. There are some issues in relation to the percentage of patients who are put on the "ready to Go" discharge list but then become medically unfit again. Latest data shows 37% of failed discharges were due to the patient becoming medically unfit and 18% due to Transport issues. Only 2.2% of discharges were delayed due to the Social Care Services. When the discharge teams have started planning for discharge and	Yes
5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).	
Data is not routinely retained where services are at capacity and unable to accept any more referrals which leaves a gap in our knowledge in terms of the true demand. We continue to work with our Acute and Community hospital partners to improve the quality of data received in relation to discharges and intermediate care in the community. We do not have one "single source of truth" in relation to our discharge data (although an attempt was made to bring in a digital platform to manage this, our hospital partners would not buy into this option). There is	Yes
6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?	
The Council has block contracts in place with 3 providers for the provision of 38 nursing care beds and 27 nursing dementia beds (15 beds are out of borough). Broadly, the Council has sufficient provision to meet nursing care needs using in borough, out of borough, block and spot. The block commissioned provision is supplemented with spot purchased provision as required – taking into account affordability and choice. The most significant capacity challenges arise when meeting very complex needs – this can include people with significant mental health difficulties, or cognitive issues which lead to aggressive and challenging behaviours; but also, for people with needs around physical environment (e.g. a small number of people with bariatric needs). We also work closely with our Commnity Intermediate Care Rapid Response and Urgent Care providers, Berkshire Health Foundation Trust, who respond within the required 2 hours for rapids and 2 days for urgent to avoid hospital admissions wherever possible. The Acute hospital operates a "Virtual Ward" which is a joint initiative between the hospital and the community nursing teams to effectively	Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

Expanded Text (from sections that overrun on template):

Section 2. Discharge Demand: Our Length of Wait for discharge from hospital on Pathway 1 is currently 3 days on average against a 2 day target and an average of 8 days for Pathway 3 (local data) against a target of 6.5 days. We are increasing home care hours through the winter using the Discharge Fund, as well as commissioning additional Pathway 3 short term beds to enable assessment of ongoing care, particularly for people with complex needs. There are several scheduled meetings including Acute, Community hospitals and Adult Social Care to review and resolve any flow issues and alerts from our Acute hospitals in relation to their OPEL status.
Section 2. Discharge Capacity: Our commissioned capacity baseline has remained the same and we have the option to spot purchase additional resource to meet demand bearing in mind that some needs will be complex and each case has to be dealt with based on the needs of the individual, which are often multiple. We continue to work closely with our care market providers and the Market Sustainability Improvement Fund (MSIF) has supported our market for care providers. The issues arise when care is arranged and then patients become medically unfit whilst waiting for discharge. This is capacity that has been held and not used and we are working with our Acute providers to enable timely updates to our brokerage and discharge teams. We have also embedded a Triage step for our referrals to reablement to ensure appropriate provisioning of care.
Section 3. Impact of Planned Interventions on C&D Planning and refreshed figures: The data has remained largely unchanged from our submitted plan as projections are based on data over recent years, although we can never really know what the demand will look like, we are confident that our current projections are as accurate as they can be with the data we have available to us. We have capacity to spot purchase care where needed and have trained domiciliary care providers in rehabilitation to provide an extra level of reablement support if required. We work closely with our Voluntary and Community Sector partners, and have increased the support provided for hospital discharges "Hospital to Home" offer, particularly to support people living alone.
Section 4. Discharge Capacity Concerns: We are currently managing waiting lists of referrals waiting for assessments and have a dedicated resource in place to reduce the waiting lists. There are some issues in relation to the percentage of patients who are put on the "Ready to Go" discharge list but then become medically unfit again. Latest data shows 37% of failed discharges were due to the patient becoming medically unfit and 18% due to Transport issues. Only 2.2% of discharges were delayed due to the Social Care Services. When the discharge teams have started planning for discharge and allocated appropriate care, this capacity is then not utilised when someone becomes unwell and this requires several checks with the hospital (or on the 3 x daily updates from the hospital) to continually check the status of patients which is not an effective use of time. Staff Sickness/Absence is always a concern in relation to potential impact on patient flow and our Public Health team have issued advice and guidance to all staff on staying well this Winter.
Section 5. Data Quality Issues: Data is not routinely retained where services are at capacity and unable to accept any more referrals which leaves a gap in our knowledge in terms of the true demand. We continue to work with our Acute and Community hospital partners to improve the quality of data received in relation to discharges and intermediate care in the community. We do not have one single source of our discharge data. There is no current way of tracking

a patient through their journey at each stage to assess impact. Therefore audits/satisfaction surveys are undertaken with random selections of patients in relation to their discharge experience and we await the collation of this data to inform service delivery.

Section 6. Approach for any projected Demand and Capacity Gaps: The Council has block contracts in place with 3 providers for the provision of 38 nursing care beds and 27 nursing dementia beds (15 beds are out of borough). Broadly, the Council has sufficient provision to meet nursing care needs using in borough, out of borough, block and spot. The block commissioned provision is supplemented with spot purchased provision as required – taking into account affordability and choice. The most significant capacity challenges arise when meeting very complex needs – this can include people with significant mental health difficulties, or cognitive issues which lead to aggressive and challenging behaviours; but also, for people with needs around physical environment (e.g. a small number of people with bariatric needs). We also work closely with our Community Intermediate Care Rapid Response and Urgent Care providers, Berkshire Health Foundation Trust, who respond within the required 2 hours for rapids and 2 days for urgent to avoid hospital admissions wherever possible. The Acute hospital operates a "Virtual Ward" which is a joint initiative between the hospital and the community nursing teams to effectively support someone and manage their needs in their own home.

Better Care Fund 2023-24 Capacity & Demand Refrresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Reading

Hospital Discharge	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot puchasing)				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Reablement & Rehabilitation at home (pathway 1)	32	33	33	46	42	-5	-4	-2	-2	-3	0	1	3	3	2
Short term domiciliary care (pathway 1)	0	0	0	0	0	-9	-5	-8	-10	-9	1	5	2	0	1
Reablement & Rehabilitation in a bedded setting (pathway 2)	116	116	116	116	116	8	1	9	7	5	8	1	9	7	5
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	2	1	1	2	3	5

Capacity - Hospital Discharge		Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity					Capacity that you expect to secure through spot purchasing					Checklist
Ser	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Complete:
Soci	Monthly capacity. Number of new clients.	70	70	70	70	70	70	70	70	70	70	0	0	0	0	0	Yes
Real	Monthly capacity. Number of new clients.	61	64	63	65	66	61	64	63	65	66	5	5	5	5	5	Yes
Shor	Monthly capacity. Number of new clients.	25	25	25	25	25	25	25	25	25	25	10	10	10	10	10	Yes
Real :hway 2)	Monthly capacity. Number of new clients.	119	119	119	119	119	119	119	119	119	119	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	4	4	5	10	12	4	4	5	10	12	1	1	2	3	3	Yes

Demand - Hospital Discharge		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Pathway	Trust Referral Source	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	**Total**	**69**	**69**	**69**	**69**	**69**	**69**	**69**	**69**	**69**	**69**
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	69	69	69	69	69	69	69	69	69	69
Reablement & Rehabilitation at home (pathway 1)	**Total**	**29**	**31**	**30**	**19**	**24**	**66**	**68**	**65**	**67**	**69**
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	29	31	30	19	24	66	68	65	67	69
	(blank)										
Short term domiciliary care (pathway 1)	**Total**	**25**	**25**	**25**	**25**	**25**	**34**	**30**	**33**	**35**	**34**
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	25	25	25	25	25	34	30	33	35	34
	(blank)										
Reablement & Rehabilitation in a bedded setting (pathway 1)	ROYAL BERKSHIRE NHS FOUNDATION TRUST	3	3	3	3	3	111	118	110	115	114
	Total	**3**	**3**	**3**	**3**	**3**	**111**	**118**	**110**	**115**	**114**
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	**Total**	**4**	**4**	**5**	**10**	**12**	**4**	**4**	**5**	**10**	**10**
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	4	4	5	10	12	4	4	5	10	10

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Reading

Community	Previous plan					Refreshed capacity surplus:				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	39	83	61	24	50	39	83	61	24	50
Reablement & Rehabilitation at home	-42	-62	-67	-53	-53	10	7	1	2	2
Reablement & Rehabilitation in a bedded setting	1	0	1	0	1	1	0	1	0	1
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:					Checklist Complete:
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS)	Monthly capacity. Number of new clients.	69	69	69	69	69	69	69	69	69	69	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	177	221	199	162	188	177	221	199	162	188	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	168	127	157	152	137	168	127	157	152	137	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	4	2	4	2	4	4	2	4	2	4	Yes
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	Yes

Demand - Community	Prepopulated from plan:					Please enter refreshed expected no. of referrals:					
Service Type	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS)	69	69	69	69	69	69	69	69	69	69	Yes
Urgent Community Response	138	138	138	138	138	177	221	199	162	188	Yes
Reablement & Rehabilitation at home	210	189	224	205	190	168	127	157	152	137	Yes
Reablement & Rehabilitation in a bedded setting	3	2	3	2	3	3	2	3	2	3	Yes
Other short-term social care	0	0	0	0	0	0	0	0	0	0	Yes

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	19 January 2024
Title	Berkshire Suicide Prevention Strategy 2021 – 2026 Progress Report
Purpose of the report	To make a decision
Report author	Michael Bridges VR Martin White
Job title	Consultants in Public Health
Organisation	Reading Borough Council
Recommendations	1. That the Health and Wellbeing Board note progress on the Berkshire Suicide Prevention Strategy (2021-2026); 2. That the Health and Wellbeing Board note and endorse the Reading Local Suicide Prevention Action Plan 2023/24.

1. Executive Summary

1.1. This report provides the Reading Health and Wellbeing Board with an update on the Berkshire Suicide Prevention Strategy 2021 - 2026. A revised action plan has been developed, outlining specific, targeted actions aligned with the original goals of the Berkshire Suicide Prevention Strategy 2021–2026 and the latest National Strategy of 2023. The priority actions outlined in the action plan will support the refresh of existing suicide prevention action plans in the six Berkshire local authorities.

2. Policy Context

2.1. Suicide prevention has been a national political priority since 2016 and remains a high priority for public health teams across Berkshire. The complexity of the Public Health System in Berkshire with six different local authorities encompassing diverse populations, presents significant challenges to a strategic approach to suicide prevention.

2.2. The Berkshire Suicide Prevention Strategy (2021 – 2026) (see Appendix 1) was developed in 2020 and endorsed by the Health and Wellbeing Board in October 2021. In July 2022, it was recommended to the Health and Wellbeing Board to refresh the strategy due to changes in the policy landscape. This period coincided with significant changes to local public health and healthcare system. Due to these challenging circumstances, the Berkshire Suicide Prevention Strategy (2021 – 2026) was not universally adopted by all six local authorities. Consequently, the coordination, production, and oversight of the strategy refresh was delayed.

2.3. On 11th September 2023 the Government published a new national 5 year cross- sector suicide prevention strategy for England with a national action plan. The aim of the national strategy is to bring everybody together around common priorities and set out actions that can be taken to:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- improve support for people who have self-harmed
- improve support for people bereaved by suicide.

2.4. After reviewing Berkshire Strategy for 2021-2026 to ensure that approaches were aligned to the new national strategy, the Berkshire local authority suicide prevention leads agreed to focus on refreshing their suicide prevention action plan at a local operational level. This will facilitate local implementation across the six Berkshire Local Authorities and result in local preventative activity.

3. Implementation of Berkshire Strategy and Local Action Plans

3.1. To date, the following actions have taken place to support the implementation of the Berkshire Suicide Prevention Strategy (2021 – 2026). These include:

- The appointment of a Lead Director of Public Health (Berkshire West / East).
- The appointment of a Lead Consultant (interim) in Public Health and Assistant Director of Public Health.
- A review of the current Berkshire position with a set of immediate priority actions recommended to Director/s of Public Health.
- An audit of the strategy recommendations, mapped at a system level with potential lead organisations identified.
- Establishment of Berkshire Suicide Prevention Public Health Leads meetings to review current local activity and establish a network to support good practice and delivery.
- High level Berkshire actions identified and operational action plan along with the with the development of an audit tool.
- Arrangement of a Thames Valley Real Time Surveillance System meeting for late January 2024 early February 2024.
- Local Public Health teams reviewing their local action plans against the operational action plan audit tool.

3.2. The Berkshire Suicide Prevention Group, chaired by one of the Berkshire Directors of Public Health, has consistently convened quarterly meetings with the objective of driving the suicide prevention agenda forward. The group advocates for a collaborative approach, actively working towards effecting tangible change in the prevention of suicides across Berkshire through coordinated actions taken by member organisations.

3.3. To progress local implementation of the Berkshire Suicide Prevention Strategy an operational action plan has been collaboratively developed with the six Berkshire suicide prevention leads and co-leads. This plan encompasses high-level system actions across the Thames Valley, BOB Integrated Care Board, and Berkshire. These actions are:

- Continued investment in commissioned Bereavement Support Services
- Review of the Real Time Surveillance (RTS) System
- Review of the Berkshire Suicide Prevention Group
- A suicide audit for Berkshire

3.4. There will be different approaches to implementing the Berkshire Strategy at the local level. In support of Local Authorities, the audit tool has been developed for leads and suicide prevention groups. This tool serves as a comprehensive mechanism for evaluating strengths, identifying areas for improvement, and establishing connections with pre-existing local strategies, ensuring the efficient delivery of actions. The insights gained from the audit tool will play a pivotal role in developing the local implementation plan, prioritising key areas, and outlining specific actions, including considerations related to resources and capacity

3.5. Suicide is a complex issue, and prevention should be integrated into other local strategies and programs, including the commissioning of other public health and well-being services across the life course.

3.6. It is important to note that each local authority should maintain or establish a local multi-agency suicide prevention group that reports to their respective Health and Wellbeing Board, being accountable to local residents. Recognising the complex mix of factors contributing to suicidal tendencies, no single agency can prevent suicide in isolation. Both the Berkshire Suicide Prevention Group and the local multi-agency suicide prevention action planning groups can facilitate and promote collaborative efforts at both strategic and operational levels to prevent self-harm and suicides among Berkshire residents.

4. Reading Suicide Prevention Action Plan

4.1. The Reading Suicide Prevention Action Planning Group has met regularly on a quarterly basis since March 2023. Led by the Reading Consultant in Public Health, it operates in close collaboration with the Principal Child & Educational Psychologist and the Strategic Lead for Mental Health & Emotional Well-being at Brighter Futures for Children. The group consistently has attendees from statutory organisations and voluntary community partners, which also includes representation from an autism charity.

4.2. The action planning group has actively engaged and established a network of stakeholders. It continues to diligently seek meaningful connections with local employers, the mental health trust, and other healthcare partners, including maternity services, to foster collaboration and enhance its outreach efforts.

4.3. The most recent meeting took place on October 4, 2023. During this session, the group continued its review of the local plan, building upon the previous version implemented since 2019. The primary focus was on prioritising and updating preventative actions that can be feasibly achieved within the existing capacity. The recent publication of the new national suicide prevention strategy in September provided an opportunity to align local prevention actions with broader national strategic intentions. It also facilitated coordination at scale with partners across Berkshire, particularly in the areas of real-time surveillance, bereavement support, and coroner's audit. These efforts are integral to the ongoing Pan Berkshire suicide prevention strategy, led by Berkshire West interim colleagues.

4.4. The Reading action plan has been shared as a model with neighbouring authorities, and a collaborative group convenes regularly to exchange good practices. The overarching objective of the review is to pinpoint three priority actions for Reading that align with the priorities outlined in the suicide prevention local profile and the national strategy. These actions are targeted to be achievable within the next year, considering the existing capacity. Presently, the identified priorities are focused on the early part of the life course, particularly linked to the experience of self-harm; middle-aged men; and measures aimed at restricting access to means, such as potential high-frequency locations.

5. Contribution to Reading's Health and Wellbeing Strategic Aims

5.1. Suicide touches all aspects of health and wellbeing, and the impacts on individuals, families, and communities are devastating. Death by suicide can affect anyone and remains a public health prevention priority. Issue. Unfortunately, 1 in 20 people will attempt suicide at some point in their life. However, deaths by suicide are preventable, individuals recover from a crisis and with the right support can avoid reaching a crisis in the first place.

5.2. Living through the COVID-19 pandemic has left few people unscathed; the health, social, and economic impacts, as well as loss and bereavement, have been experienced by many individuals and communities. While we emerge from the pandemic, hardships persist for many Berkshire residents as the cost of living rises, and people struggle in these times of financial crisis and uncertainty.

5.3. The National and Berkshire Suicide Prevention Strategies align with the Adult Mental Health and Wellbeing Priority Area 5 of the Berkshire West Joint Health and Wellbeing Strategy.

6. Environmental and Climate Implications

6.1. Not applicable.

7. Community Engagement

7.1. A Suicide Prevention Summit took place on 15th December 2022, preceded by a survey. The recommendations from the summit were incorporated into the high-level action plan for Berkshire, which will be further developed by the six Berkshire Public Health leads. This process will involve identifying appropriate lead organisations across Thames Valley, BOB ICB, and Berkshire.

8. Equality Implications

8.1. An Equality Impact Assessment (EIA) was conducted in conjunction with the development of the Berkshire Suicide Prevention Strategy (2021-2026).

9. Other Relevant Considerations

9.1. Not applicable.

10. Legal Implications

Not applicable.

11. Financial Implications

11.1. Currently, suicide prevention is unfunded but recognised as a public health priority.

12. Timetable for Implementation

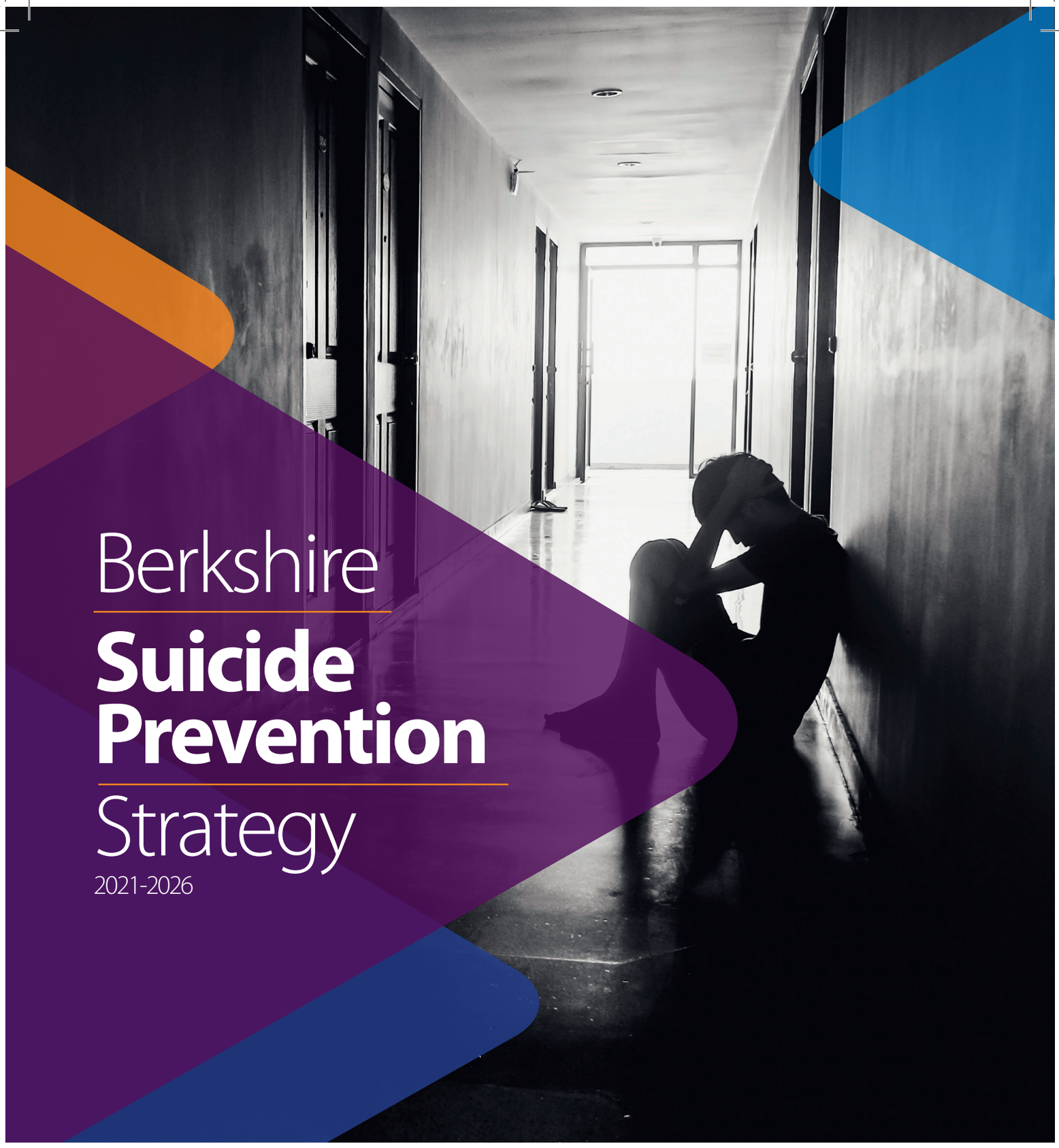
12.1. Not applicable.

13. Background Papers

13.1. There are none.

Appendices

1. Berkshire Suicide Prevention Strategy 2021-26
2. Pan Berkshire Action Plan 2023/24
3. Reading Local Suicide Prevention Action Plan 2023/24



Berkshire
Suicide Prevention
Strategy

2021-2026

Bracknell Forest Council

Reading Borough Council
Working better with you

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

www.slough.gov.uk
Slough Borough Council

West Berkshire Council

Wokingham Borough Council

NHS
Berkshire West
Clinical Commissioning Group

NHS
Frimley
Clinical Commissioning Group

NHS
Royal Berkshire
NHS Foundation Trust

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Acknowledgements

We must particularly thank the Berkshire Suicide Prevention Strategy Working Group who led the development and content of this strategy. We must also acknowledge our colleagues on the Berkshire Suicide Prevention Steering Group who helped to navigate the strategic direction of this strategy. Acknowledgements also extend wider to additional partners who also gave up their time to contribute to the development of this strategy and action plan.

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Foreword

In England, 5,691 people tragically took their own lives in 2019[1]. Reducing this number is of upmost importance nationally and locally and remains a key public health priority. Locally we have seen an increase in female suicide rates, and growing concern over the suicide rates in younger age groups, with the suicide rate in the 20-29 year-old age group being significantly higher than all other age groups (2015-2019).

Suicide is one of the most tragic events for families, friends and communities, with life-long consequences. Those bereaved by suicide are particularly vulnerable to suicide attempts and death by suicide, therefore support for those grieving is of paramount importance.

We know that individual's health and wellbeing has been significantly affected throughout the course of the pandemic and will continue to be affected in the long-term. This strategy recognises this, and across Berkshire, partners and communities will continue to work resolutely towards mitigating the impact of the pandemic on suicide risk.
All stages of life have been considered to develop this strategy and action plan, with the acknowledgement that risk factors at all stages of life must be considered to develop a truly preventative approach. Everyone in society has a part to play in preventing suicides, whether it is a member of the public asking "Are you OK", investing in good mental wellbeing programmes, removing the triggers, supporting young people through the transitional period into adulthood, or ensuring prompt treatment from mental health services.

This strategy helps the people and professionals of Berkshire to understand some of the factors that contribute to suicide in Berkshire and raises awareness of how we can all contribute to preventing deaths by suicide.

Stuart Lines - Director of Public Health for Berkshire East

Meradin Peachey - Director of Public Health for Berkshire West.

[1] Suicide rates in England and Wales 2019 registrations. ONS. Available Suicides in England and Wales - Office for National Statistics (ons.gov.uk). Last accessed 31/08/21

Executive Summary

Suicide prevention remains a key public health issue both locally and nationally. Strong multi-agency working, public health leadership and robust suicide prevention plans are core to this prevention. This suicide prevention strategy for Berkshire encompasses these core elements and sets out our action locally to reduce suicide and self-harm, based on local intelligence, data and strategic priorities.

There were 26.8 years of life lost per 100,000 population from suicide across Berkshire on average between 2017-19. Age specific rates are broadly in line with the England average, peaking in the 50-59-year-old age band before decreasing until the age of 80 plus years. Real time surveillance system (RTSS) data tells us that within Berkshire, female suicides have increased year on year since it started being collected in 2017.

Since the publication of our previous suicide prevention strategy, a Berkshire wide suicide audit has been undertaken (in 2018). Because of the concerns highlighted in this audit and routine RTSS monitoring a female deep-dive analysis was undertaken. NHS England also supported a 0-25 audit because of national trends reflected locally too. This local data and intelligence have been central to the development of the priorities of this refreshed strategy, and in collaboration with system partners. Research and data monitoring will continue to be a key focus for suicide prevention within Berkshire, providing opportunity to review approaches and prioritise efforts accordingly.

The COVID-19 pandemic has exacerbated existing inequalities in suicide risk and has posed new challenges for different groups within the population. The impact of the pandemic on mental health and suicide risk across the lifecourse remains largely unknown, therefore monitoring and mitigation of risk it is a priority for this strategy.

This strategy builds on the previous Berkshire Suicide Prevention Strategy (2017-2020) and serves as a refresh of that strategy, where we take forward the key underlying principles and identify new priorities. These were developed by working with our key partners across the system and making good use of local data and intelligence.

There are seven priority areas for action recommended by the national suicide prevention strategy and subsequent progress reports as follows:

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

This strategy principally focusses upon the second priority area – 'tailor approaches to improve mental health in specific groups', but the commitment remains to all principles and reducing suicide for all groups.

The vision for this strategy is 'To reduce deaths by suicide in Berkshire across the lifecourse and ensure better

knowledge and action around self-harm'. In order to achieve this vision, this strategy is centred upon local data, trends and action, and has 5 core priority areas agreed across the 6 local authorities, forming a Berkshire wide action plan.

1. Children and Young People; including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQ+ and transitions
2. Self-harm; as a risk factor, groups vulnerable to self-harm, hospital admissions, mental health, young people and self harm
3. Female suicide deaths; including perinatal mental health, domestic abuse, parental or carer stress
4. Economic factors; including the impact of COVID-19, debt and poor mental health, benefits, socio-economic disadvantage and gambling
5. Supporting those who are bereaved or affected by suicide; including local suicide bereavement support, specialist suicide bereavement support, and those impacted by suicide in the workplace

Recommendations

The following are recommendations for this strategy, which will form the Berkshire wide action plan for 2021-26.

Overarching recommendations:

1a) To continue to monitor the impact of COVID-19 on suicide across the lifecourse through RTSS data and respond to any identified trends.
1b) To continue to monitor the wider trends emerging from the impact of COVID-19 on people's mental health and suicide risk across the lifecourse, and to support the system to take action where required.
1c) To undertake a Berkshire suicide audit.
1d) Undertake regular reviews of information, resources and channels for people affected by suicide.
1e) Hold an annual multi-agency conference on a range of topics to share information and best practice and raise awareness to the risks for suicide.
1f) Invite additional partners across the System within Berkshire, including the voluntary and community sector to join the Suicide Prevention Group for improved cross-topic working.
1g) Set up sub-groups of the Suicide Prevention Group, informed by local intelligence and data, where there is a need to focus upon a risk factor or group within the population.

Priority area 1: Children and Young People

2a) To raise awareness of the link between trauma and adversity, and suicide across the life course.
2b) Continued investment into the Be Well campaign to encourage the importance of looking after emotional wellbeing, in addition to signposting to local mental health services and support in order to prevent self-harm and suicide in children, young people, and women.
2c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community.
2d) To explore improving data capture on sexual orientation for all ages in RTSS data and promote this across the suicide prevention system.
2e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.
2f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.
2g) To link with the work across the BOB and Frimley ICS on the ease of access to shared care records across system partners for transition population (children moving into adulthood).
2h) To support higher education establishments within Berkshire, including universities to adopt a needs-led approach to neurodiversity.

Priority area 2: Self-harm

3a) Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care.
3b) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support.
3c) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.
3d) Regularly review local intelligence and data on self-harm at the Berkshire Suicide Prevention Steering Group, ensuring additional relevant data from a wide range of sources are included (e.g. development of RTSS to include self-harm, ambulance service data, primary care and schools).
3e) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.

Priority area 3: Female Suicide Deaths

4a) Link with the Buckinghamshire, Oxfordshire, Berkshire West (BOB) and Frimley local maternity systems on suicide risks in the perinatal period.
4b) To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.
4c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.
4d) Improve data collection of domestic abuse data in RTSS.
4e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide.
4f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person).
4g) Raise awareness of the information, resources and services available for parents and carers who are experiencing stress, through inputting into local campaigns.

Priority area 4: Economic Factors

5a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to;
- reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. This information also needs to be shared with frontline professionals
- encourage people in debt to reach out for help to reduce impact on mental health
- encourage people with poor mental health to reach out for debt advice

5b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide risk and what support is available.

5c) Support Berkshire local authorities with a single point of access information site around money matters.

5d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities.

5e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.

5f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.

5g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.

5h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.

Priority area 5: Supporting those who are bereaved or affected by suicide

6a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services.

6b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer-to-peer support service.

6c) Building in bereavement support to extend to wider family members, friends and communities.

6d) Continue to commission suicide bereavement support services and monitor its impact.

6e) Explore training opportunities for colleagues and workplaces impacted by suicide.

6f) Work with Thames Valley Police and other first responders to a suicide, to share appropriate resources with employers.

Background

National context

Every suicide is a tragedy. It has life changing impacts for those bereaved, and profound impacts on communities and services. Suicide is preventable, not inevitable. Strong multi-agency partnership working, suicide prevention groups and a robust strategy are key to this prevention.

The 2012 national suicide prevention strategy – 'Preventing suicide in England: A cross government outcomes strategy to save lives' (DHSC 2012)[2] alongside five subsequent progress reports (DHSC 2014, 2015, 2017, 2019, 2021) [3,4,5,6,7] sets out seven areas for priority and action, that all local suicide prevention plans should cover on a long-term basis, which are the guiding principles in this strategy:

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

A practical resource for suicide prevention planning produced by Public Health England (2020)[8] recommends short term actions with a co-ordinated whole systems approach for local plans, alongside the seven priority areas of the national strategy in the long-term.

The most recent national confidential inquiry into suicide and safety in mental health (NCISH) 2021 provides findings relating to people who have died by suicide in the UK between 2008 and 2018[9]. The report recommends that tackling inequalities remains a priority, areas should continue to understand the specific needs for different groups, monitor demands for mental health providers and engage with the voluntary and community sector. Plans must also address the specific needs of the populations they cover.

[2] Preventing Suicide in England: A cross government outcomes strategy to save lives. Department for Health and Social Care (2012) Available Suicide prevention strategy for England - GOV.UK (www.gov.uk) Last accessed 31/08/21
[3] Preventing suicide in England: One year on First annual report on the cross-government outcomes strategy to save lives. HM Government (2014) Available First annual report on the cross-government outcomes strategy to save lives (publishing.service.gov.uk) Last accessed 20/08/21
[4] Preventing suicide in England two years on: Second annual report on the cross government outcomes strategy to save lives. Department for Health and Social Care (2015) Available Suicide prevention: second annual report - GOV.UK (www.gov.uk) Last accessed 20/08/21
[5] Preventing suicide in England: Third progress report of the cross government outcomes strategy to save lives. Department for Health and Social Care (2017) Available Suicide prevention: third annual report - GOV.UK (www.gov.uk) Last accessed 20/08/21
[6] Preventing suicide in England: Fourth progress report of the cross government outcomes strategy to save lives. Department for Health and Social Care (2017) Available Preventing suicide in England: fourth progress report of the cross-government outcomes strategy to save lives (publishing.service.gov.uk) Last accessed 20/08/21
[7] Preventing suicide in England: Fifth progress report of the cross government outcomes strategy to save lives. Department for Health and Social Care (2021) Available Suicide prevention in England: fifth progress report - GOV.UK (www.gov.uk) Last accessed 20/08/21
[8] Local Suicide Prevention Planning: A Practical Resource. PHE (2020) Available PHE_LA_Guidance_25_Nov.pdf (publishing.service.gov.uk) Last accessed 18/08/12
[9] National Confidential Inquiry into Suicide and Safety in Mental Health. Annual report: 2021 The University of Manchester (2021). Available NCISH | Annual report 2021: England, Northern Ireland, Scotland and Wales - NCISH (manchester.ac.uk) Last accessed 20/08/21

Impact of COVID-19

The COVID-19 pandemic has exacerbated inequalities in suicide risk and has presented new challenges for different groups of the population[10], therefore monitoring impact and taking early action must be of paramount importance.

The COVID-19 Mental Health and Wellbeing Recovery Action Plan sets out a broad plan covering 2021 to 2022 in response to the mental health impacts of the pandemic, which will form the foundation for future policy development and delivery as knowledge and understanding of the impacts of the pandemic as it grows. Actions and commitments within the plan aim to support people at risk of self-harm or suicide. This includes supporting the population to take action and look after their mental wellbeing, preventing the onset of mental health difficulties and supporting specialist services to continue to expand and transform to meet needs[11].

In 2020, the NCISH Team was particularly concerned with the impact of the COVID-19 pandemic and measures to control transmission, e.g. lockdowns[12]. They published a report comparing the months pre-lockdown (January-March 2020) to post-lockdown (April-August 2020), concluding that there was no evidence of the large national rise in suicide post-lockdown that many feared. Although suicide rates appeared to be higher in 2020 than in 2019, the context was an upward trend noted pre-pandemic, alongside improvements in local data capture. An important caveat to this NCISH finding was that the national team could not rule out higher rates in some local areas or population subgroups, with the possibility of elevated rates for some being masked by suppressed rates for others. The Chair of the National Suicide Prevention Strategy Advisory Group has also recommended particular vigilance regarding data on suicide rates in younger people and in those with previous contact with secondary mental health services. Another caveat is that other data sets indicate an increase in risk factors for suicide – such as poorer mental health and increased economic pressure – linked to COVID-19, and this could lead to increased suicide rates in the longer term.

Recommendation 1a: To continue to monitor the impact of COVID-19 on suicide across the lifecourse through RTSS data and respond to any identified trends.

Recommendation 1b: To continue to monitor the wider trends emerging from the impact of COVID-19 on people's mental health and suicide risk across the lifecourse, and to support the system to take action where required.

[10] One year on: How the coronavirus pandemic has affected wellbeing and suicidality. Samaritans (2021). Available Samaritans_Covid_1YearOn_Report_2021.pdf Last accessed 17/08/21
[11] COVID-19 mental health and wellbeing recovery action plan Our plan to prevent, mitigate and respond to the mental health impacts of the pandemic during 2021 to 2022. HM Government (2021). Available COVID-19 mental health and wellbeing recovery action plan (publishing.service.gov.uk) Last accessed 17/08/21
[12] Suicide in England since the COVID-19 pandemic - early figures from real-time surveillance NCISH (2020) Available display.aspx (manchester.ac.uk) Last accessed 02/09/21

Suicide Rates in England and Wales

The definition of suicide used for National Statistics includes all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 or over. Figures are based on the date on which the death was registered rather than the date which the death occurred. All deaths cannot be defined as caused by suicide until certified by a Coroner following an inquest, and so the death cannot be registered as a suicide until the inquest is complete. This can take months or even years, and this delay between death, inquest, and registration will have been further increased during the Covid-19 pandemic.

In July 2018, the standard of proof used by coroners to determine if a death was caused by suicide was lowered. This may in part account for increases in the numbers of deaths recorded as suicides before and after this date, although the impact of this change appears to be relatively minor[13]. Initial findings suggest that the increases in suicide in 2018 appeared to begin prior to the July change indicating a real increase in numbers not attributable to the coding change.

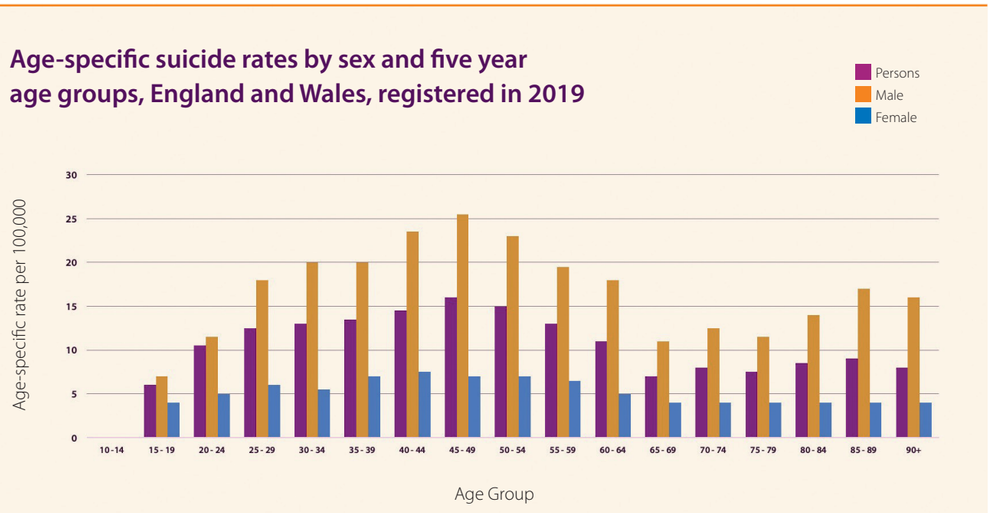
The suicide rate in England and Wales in 2019 was 11 per 100,000. Rates increased from the previous year for both males and females. Males accounted for three-quarters of suicides in England and Wales in 2019 and the male suicide rate in England was the highest seen since 2000. The suicide rate for males in the South East increased significantly to 16.8 per 100,000 from 13.5 per 100,000 in 2018.

Age and Gender England and Wales

Since the early 1980s rates in suicide by age have shown a consistent pattern, peaking among the middle-aged (40-54 years) before decreasing until the ages of 80-84, from which they begin to rise. Male suicide rates have seen a recent increase since 2017 in those aged 10 to 24 years, 25 to 44 years and 45 to 64 years although there has been an overall decrease in suicides since a peak in the late 80's. There was a marked decrease in female suicides between 1981 and the mid 1990's which was mainly driven by a decrease in rates in females aged over 44. Suicide rates in the 10 to 24 and 25 to 44-year-old age group have been historically low and stable. In 2019, the female suicide rate for those aged 10 to 24 years in England and Wales was the highest recorded since 1981. The rate has increased by 93.8% from 1.6 deaths per 100,000 in 1981 to 3.1 deaths per 100,000 in 2019. The rate among females aged 25 to 44 years saw a significant increase from 4.5 to 6.1 deaths per 100,000 between 2016 and 2019.

[13] Change in the standard of proof used by coroners and the impact on suicide death registrations data in England and Wales - Office for National Statistics.

Figure 1: Suicide patterns by age



Source: Office for National Statistics – Suicides in England and Wales 2019

Nationally, the percentage of suicides caused by hanging, strangulation and suffocation has increased in recent years. These account for 62% of suicides among males and 47% of suicides among females. The second most common method of suicide is poisoning, accounting for 16% of male suicides and 33% of female suicides.

Suicide Rates in Berkshire

Table 1 shows the number of deaths in Berkshire local authorities due to suicide over a rolling three-year time period. There was a total of 198 deaths from suicide in Berkshire between 2017 and 2019. This translates to an age-standardised rate of 8.7 per 100,000 population. There has been a non-statistically significant increase in the rate from 2016-18[14].

In 2017-19, rates were highest in Reading and West Berkshire. Wokingham has the lowest rate of suicide. There were 26.8 years of life lost per 100,000 population from suicide across Berkshire on average between 2017-19. West Berkshire has the highest average life years lost at 33 per 100,000 population. However, this is not significantly higher than the South East or England average.

It is important to note that it is difficult to make clear comparisons between areas due to the random fluctuation that can be seen in statistics calculated from small numbers. None of the differences between areas described above or seen in table 1 are statistically significant.

Table 1: Suicides in Berkshire

	Number of deaths			Age-standardised rate per 100,000			Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3-year average)		
	2015-17	2016-18	2017-19	2015-17	2016-18	2017-19	2015-17	2016-18	2017-19
England	**13846**	**14047**	**14788**	**9.6**	**9.6**	**10.1**	**30.8**	**31.3**	**33.0**
South East Region	**2230**	**2194**	**2299**	**9.4**	**9.2**	**9.6**			
Bracknell Forest	32	27	28	10.4	9.1	9.1	28.4	23.6	26.3
Slough	30	38	31	7.7	10.1	8.9	29.8	34.2	25.7
Windsor and Maidenhead	33	33	32	8.5	8.5	8.0	34.3	32.2	25.4
Reading	33	28	38	8.0	7.2	9.9	23.9	18.6	26.2
West Berkshire	35	35	40	8.4	8.5	9.7	26.8	28.8	32.9
Wokingham	35	29	29	8.1	6.7	6.8	22.9	21.4	24.0
Berkshire	**198**	**190**	**198**	**8.5**	**8.3**	**8.7**	**27.7**	**26.5**	**26.8**

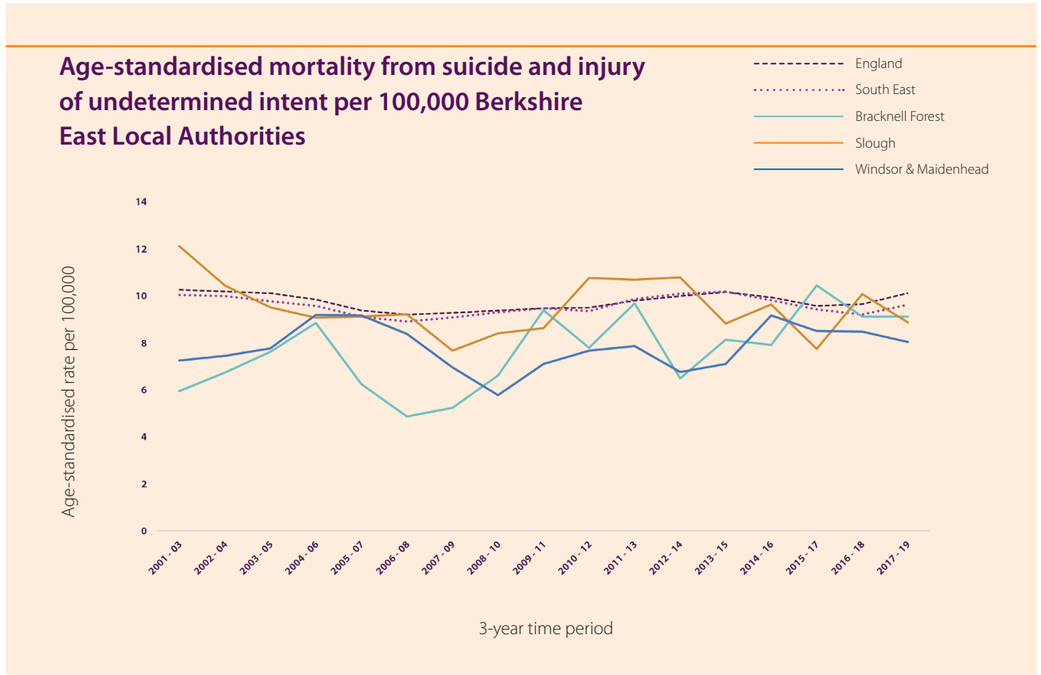
Source: Public Health England Suicide Prevention Profile

[14] ONS, analysed by Public Health

When looking at this data over time, the rates of suicide across Berkshire have remained relatively stable since 2001-03.

Rates in Slough have stayed close to the national and regional averages since 2001-03. Rates in Windsor and Maidenhead decreased significantly below national and regional averages in 2008-10 and 2012-14, but are now in line with the national and regional averages (2017-19). Rates in Bracknell Forest similarly dropped significantly below national and regional averages for the two consultative time periods of 2006-08 and 2007-09 and then again in 2012-14, but again are now in line with the national and regional averages in the time period up to and including 2017-19.

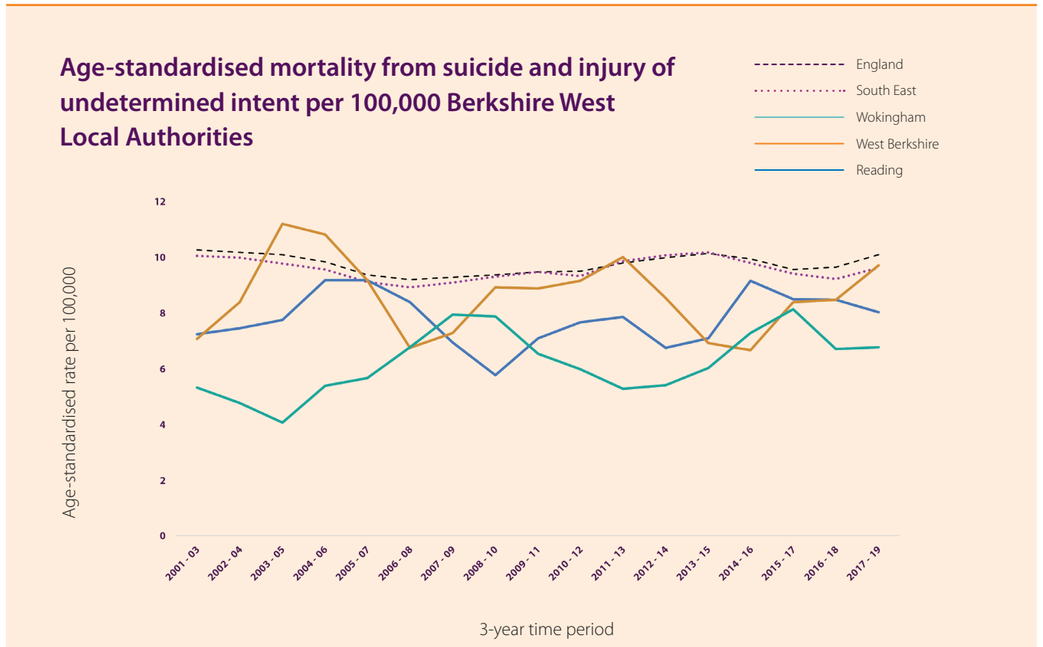
Figure 2: Suicide rates in Berkshire East Local Authorities



Source: Public Health England Suicide Prevention Profile

Rates in Reading have stayed close to the national and regional averages since 2001-03. Rates in West Berkshire dropped significantly below national and regional averages for the two consecutive time periods of 2013-15 and 2014-16, but are back in line with national and regional averages in the time period up to and including 2017-19. Rates in Wokingham are consistently below the regional and national averages, being significantly lower between 2001 and 2007 and again between 2010 and 2015. They remain lower in the time period up to and including 2017-19 although the difference is no longer significant.

Figure 3: Suicide rates in Berkshire West Local Authorities

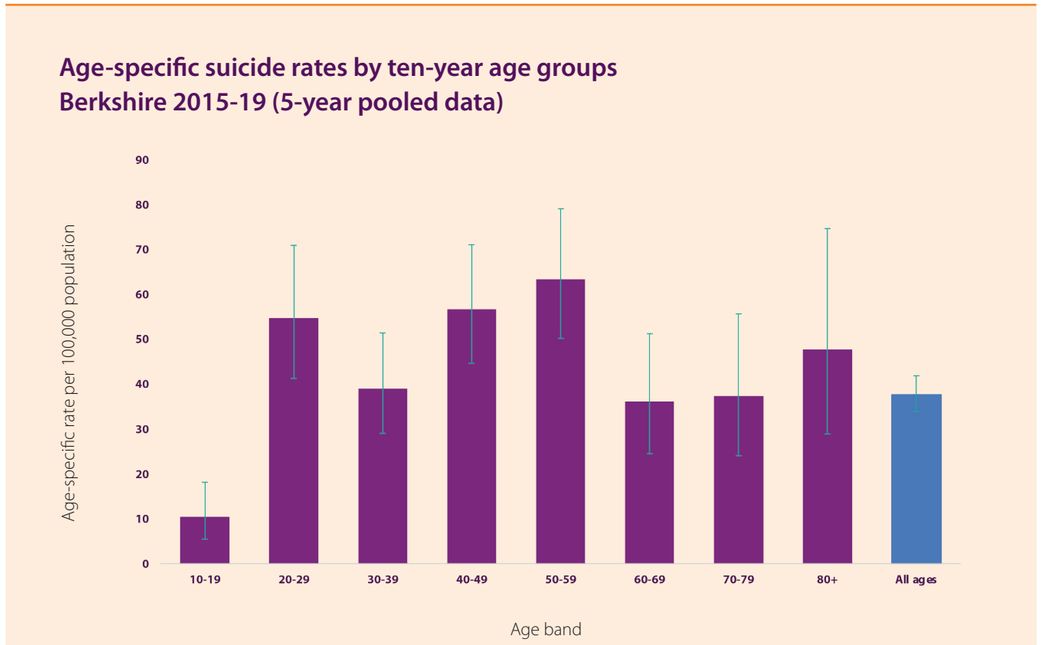


Source: Public Health England Suicide Prevention Profile

Age and Gender Berkshire

Since the 1980s age-specific suicide rates in England have shown a consistent pattern, peaking among the middle-aged (40-54 years) before decreasing until the ages of 80-84, from which they begin to rise. In order to assess age-specific suicide rates in Berkshire, it is necessary to pool together five years' worth of data. This is done to reduce the chance of identifying differences that have occurred at random within the data, which is more likely to happen when numbers are relatively small. It allows identification of statistically significant differences between groups.

Figure 4: Age-specific suicide rates



Source: ONS Civil Registrations Data provided under license by NHS Digital

Age-specific suicide rates in Berkshire generally show a similar pattern to the national picture. They peak in the 50-59-year-old age band before decreasing until the age of 80 plus years. In Berkshire, suicide rates in the 40-49-year-old age group (57 per 100,000) and in the 50-59-year-old age group (63 per 100,000) are significantly higher than the average for all age groups (37 per 100,000). Nationally, suicide rates in males aged 10 to 24 years, and 25 to 44 years have been increasing since 2017. In 2019, the suicide rate among females aged 10 to 24 years in England and Wales is the highest recorded since 1981. In Berkshire, the suicide rate in the 20-29-year-old age group is significantly higher (55 per 100,000) than the average for all age groups.

In England, three quarters of all suicides are male suicides. In Berkshire between 2017 and 2019, the male age-standardised suicide rate was 14.1 per 100,000 which is lower than the rate for England (15.5 per 100,000) and similar to the rate for the South East (14.6 per 100,000). The proportion of suicides that were male suicides for Berkshire local authorities between 2017 and 2019 range from 69% in Windsor and Maidenhead to 90% in Slough. Age-standardised rates for male suicides range from 11.1 per 100,00 in Wokingham and Windsor and Maidenhead, to 16. 6 per 100,000 in Bracknell Forest. Numbers are too small to detect any statistically significant differences between Berkshire local authorities, or between Berkshire local authorities and the regional and national averages but do suggest some variation between areas in both the male suicide rate and the proportional of all suicides that are male suicides.

Table 2: Male suicides

	Male deaths			Male age-standardised rate per 100,000			Proportion of all deaths by suicide that are male deaths		
	2015-17	2016-18	2017-19	2015-17	2016-18	2017-19	2015-17	2016-18	2017-19
England	**10392**	**10592**	**11145**	**14.7**	**14.9**	**15.5**	**75%**	**75%**	**75%**
South East Region	**1643**	**1606**	**1707**	**14.3**	**13.9**	**14.6**	**74%**	**73%**	**74%**
Bracknell Forest	30	24	24	19.7	16.9	16.6	94%	89%	86%
Slough	26	34	28	13.0	17.9	16.0	87%	89%	90%
Windsor and Maidenhead	20	21	22	10.7	11.1	11.1	61%	64%	69%
Reading	27	20	28	13.2	10.4	13.8	82%	71%	74%
West Berkshire	27	28	32	13.5	14.0	15.8	77%	80%	80%
Wokingham	25	19	23	12.0	9.1	11.1	71%	66%	79%
Berkshire	**155**	**146**	**157**	**13.7**	**13.2**	**14.1**	**78%**	**77%**	**79%**

Source: Public Health England Suicide Prevention Profile

The numbers of female suicides at a local authority level are very small. There were 41 female suicides across all Berkshire local authorities between 2017 and 2019. Age-standardised rates can only be calculated for Reading, and Windsor and Maidenhead local authorities for this time period, as these are the only local authorities with 10 or more female suicides. The 2017-19 female suicide rate for Reading is 5.5 per 100,000 and the rate for Windsor and Maidenhead is 5 per 100,000. These figures are both in line with England (4.9 per 100,000) and the South East Region (4.8 per 100,000).

Occupation Group

Office of National Statistics (ONS) death registration statistics categorise a person's occupation using the Standard Occupational Classification (SOC) 2010. The analysis below looks at the Major SOC Group of people who have died from suicide or an injury of undetermined intent who were resident in Berkshire and who died between 2015 and 2019. Anyone aged less than 16 has been excluded. 'Student' is not included in the SOC so this category has been added based on the occupation recorded on the death registration. This resulted in 237 deaths being included in the analysis based on data on deaths registered between 2015 and 2019.

Table 3: Major Occupation Groups

Major Occupation Group	Deaths from suicide and injury of undetermined intent 2015-19	% of all deaths from suicide and injury of undetermined intent	Lower limit	Upper limit
Administrative and Secretarial Occupations	*	*	*	*
Associate Professional Occupations	31	13%	9%	18%
Caring, Leisure and Other Service Occupations	18	8%	5%	12%
Elementary Occupations	**26**	**11%**	**8%**	**16%**
Managers, Directors and Senior Officials	**22**	**9%**	**6%**	**14%**
Process, Plant and Machine Operatives	20	8%	6%	13%
Professional Occupations	30	13%	9%	17%
Sales and Customer Service Occupations	*	*	*	*
Skilled Trades Occupations	61	26%	21%	32%
Student	14	6%	4%	10%
Total Deaths	**237**			

Source: ONS Civil Registrations Data provided under license by NHS Digital

In Berkshire, between 2015 and 2019, a quarter of people dying from suicide had an occupation group of 'Skilled Trades Occupations' (26%).

Seasonal Variation

A count of the number of suicides in Berkshire by the season in which death occurred does not reveal any seasonal variation, ranging from 70 in the Winter to 95 in the Autumn (see Joint Strategic Needs Assessment (JSNA).

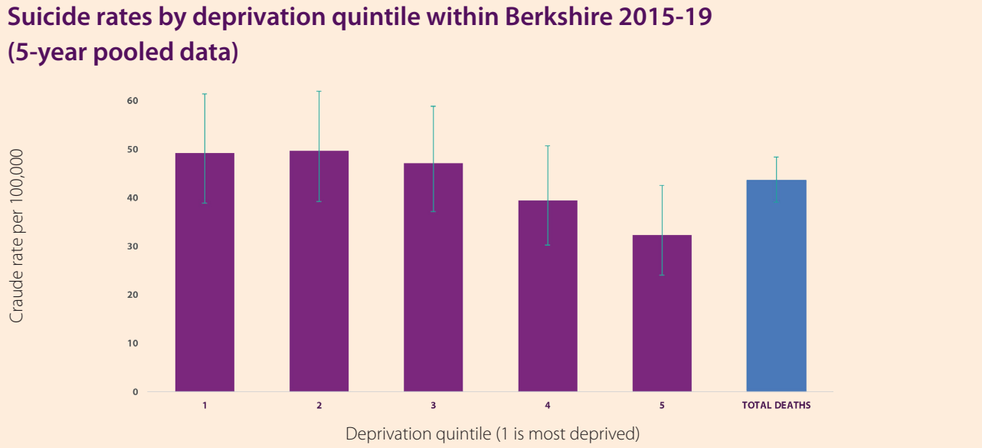
Deprivation

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It is an overall measure of deprivation experienced by people living in every Lower Super Output Areas (LSOA), or neighbourhood, in England. All neighbourhoods are ranked according to their level of deprivation and are grouped into 10 equal groups (deciles). These groups describe each area based on which decile of the IMD it falls into. Group 1 being the most deprived 10% and group 10 being the least deprived 10%.

Neighbourhoods in Berkshire are not evenly distributed across these 10 national deciles with neighbourhoods in some Local Authority areas in Berkshire being heavily skewed towards the least deprived deciles. Therefore, to assist in looking at suicide data in Berkshire by deprivation, Berkshire neighbourhoods have been ranked in order of deprivation when compared to all other neighbourhoods in Berkshire. They have been split into 5 equal groups (quintiles) in order to describe each neighbourhood in terms of how deprived it is in relation to all other Berkshire neighbourhoods. Group 1 neighbourhoods are the least deprived in Berkshire, group 5 neighbourhoods are the most deprived in Berkshire.

Suicide rates are lowest amongst people living in the least deprived areas (32 per 100,000 in quintile 5) and higher amongst those living in the more deprived areas (49 per 100,000 in quintiles 1 & 2), although this is not statistically significant.

Figure 5: Suicide rates by deprivation



Source: ONS Civil Registrations Data provided under license by NHS Digital

Real-Time Surveillance System Data

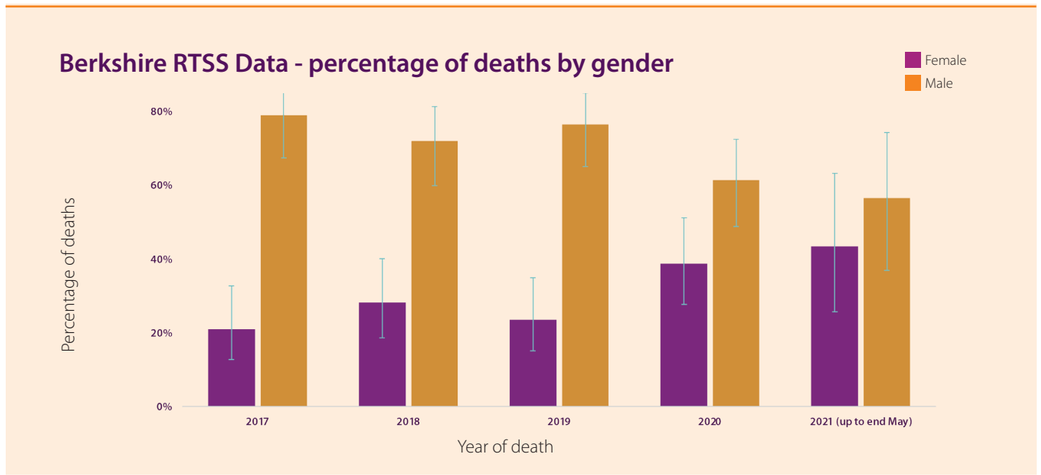
Because of the delay between a death by suicide being counted in the ONS data, Local Real Time Surveillance Systems (RTSSs) have been developed to allow early data capture and sharing of information amongst key partners working on suicide prevention. This means that ahead of a formal verdict, organisations involved in suicide prevention work can review incidents so that trends or patterns can be spotted and acted on quickly, e.g. in terms of enhanced surveillance or additional promotion of support to groups at higher risk.

Details of suspected suicides are usually gathered by a police officer attending the scene of a sudden death, but sometimes by a coroner's officer receiving a sudden death report, or by a member of hospital staff. What information is available regarding an individual's background and circumstances is very much dependent on what relatives or close friends are available to share, and how well informed they may be.

In addition to demographic information such as gender and age, the RTSS in Berkshire captures marital status, occupation, local authority area of residence, GP details, known contact with mental health services, and any other information on circumstances which appears may be relevant to the suicide at the time of compiling the initial report. Since March 2020, any known impacts of the Covid-19 pandemic on the individual are also noted, e.g. reduced access to support, impact of isolation, additional economic or other stresses.

280 suspected suicides were recorded in the Berkshire RTSS between 1st January 2017 and 27th May 2021. Two thirds were male. However, the gender difference in suicides recorded in the RTSS notably reduced in 2020 with 39% of all suspected suicides being female suicides. This can be compared to 21% of all suspected suicides being female suicides in 2017. The gender difference became no longer statistically significant in 2020 and this trend appears to be continuing into the early part of 2021. Suspected suicides amongst females have increased year on year since Berkshire RTSS data began been collected in 2017

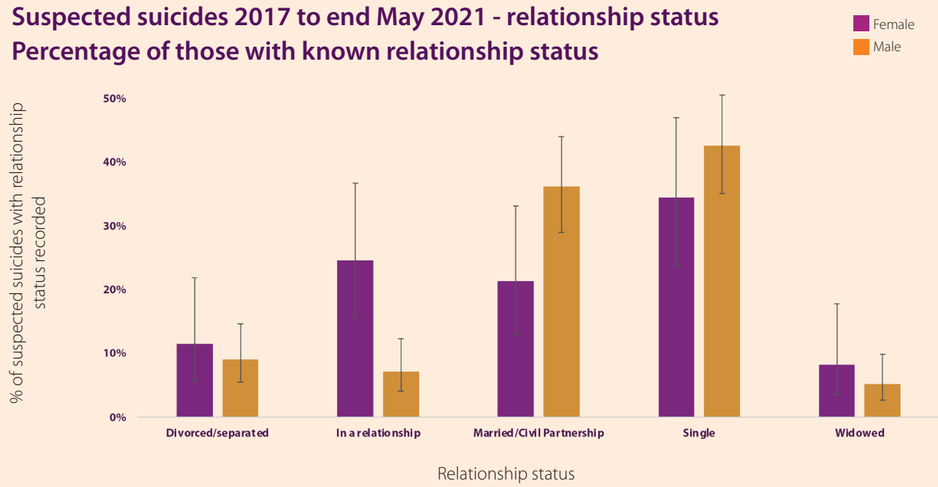
Figure 6: Suspected suicides by gender



Source: Berkshire Real Time Suicide Surveillance Data

Almost 80% of suspected suicides had information detailing relationship status collected via the RTSS. Of those with known relationship status, 40% were single (35% of females and 43% of males). Relationship status varies by gender with females been significantly more likely to be in a relationship (not including marriage and civil partnerships) than males.

Figure 7: Suspected suicides by relationship status and gender



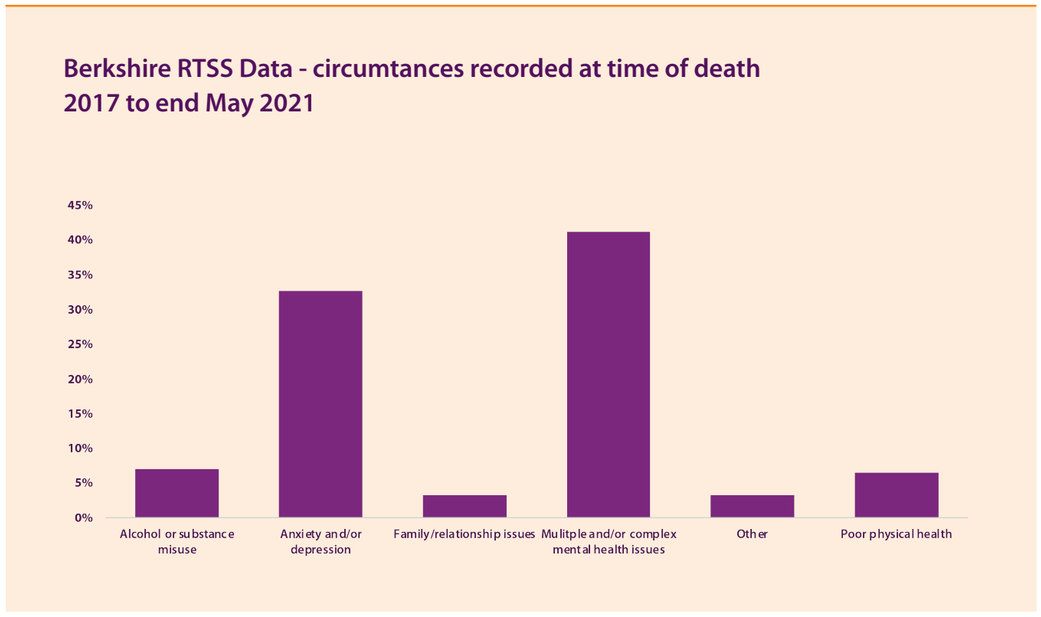
Source: Berkshire Real Time Suicide Surveillance Data

67% of suspected suicides occurred in a person's own home, 20% occurred in a place accessible by the general public and the remainder occurred in a communal establishment or hotel. Analysis of method of suicides indicate a similar pattern to the national picture with hanging, strangulation, and suffocation recorded for 66% of suspected suicides and poisoning recorded for 20% of suspected suicides.

As part of RTSS, information is collected on medical history of the individual including known illnesses, contact with health services, and anything else that may be relevant. There is also a section for describing the circumstances leading up to the death. These are extracted and summarised to provide a description of any individual circumstances that may be relevant to the potential suicide. For the purpose of this strategy, these circumstances have been grouped into 10 categories. This will not be a full and complete picture of the circumstances leading to individual deaths but will be indicative of patterns at a population level that may warrant further investigation.

From the 187 potential suicides where information was provided around the relevant medical history and/or the circumstances leading to death, 41% had multiple or complex mental health issues. A further 33% have a history of anxiety and/or depression. Other reported factors included alcohol or substance misuse in the absence of any other recorded mental health issue (7%) and poor physical health (6%). Previous suicide attempts were mentioned in relation to 22 deaths (12%). Direct links to the Covid-19 pandemic were flagged in 8 suspected suicides.

Figure 8: Suspected suicides by circumstances recorded at time of death



Source: Berkshire Real Time Suicide Surveillance Data (data with underlying numbers of <5 have been suppressed)

It is likely that this data will be skewed towards the more immediately apparent factors with other, indirect contributing factors only coming to light through further investigation into the death. At inquest, for example, additional information is usually reported regarding the circumstances and personal characteristics of the person who died, although there is some variation between coroners' courts and in how much information it is possible to confirm in individual cases.

Berkshire Audits and Deep-dive Analyses

The purpose of suicide audits is to review coroner court reports to gain richer demographic, risk and protective factor intelligences than can be derived from the ONS data sets or from RTSS data. Deep-dive analysis is done where audit or RTSS data indicates concerns that require further investigation.

Berkshire Suicide Audit (2018)

The most recent Berkshire Suicide Audit covered coroner verdicts across the period 1st April 2014 through to 31st March 2018 and included a review of 241 hearings.

- The Berkshire profile broadly matched the national profile in terms of gender.
- Some age variations were noted but not at a statistically significant level.
- No statistically significant difference was found between suicide rates in areas of relative deprivation in Berkshire.
- The majority of people included were either in full-time work (24%), unemployed (20%) or retired (18%).
- 80% of all of those who were employed had a job title recorded and 43% of these worked in a skilled trade.
- 6% of all people included were recorded as being in education at the time of death.

The 2018 Audit highlighted the following personal and social factors as seen on a recurring basis in inquest reports:

- Relationship difficulties (67%)
- One or more mental health diagnosis (63%)
- One or more physical health condition (61%)
- History of self-harm (21%)
- Work-related stress (20%)
- Financial issues (19%)
- Involvement with police or courts (15%)
- Bereavement by suicide (6%)

This information is helpful in identifying risk factors which can help to target local interventions and signposting to support services to work towards preventing deaths by suicide.

The 2018 Audit included a review of which services individuals were known to have been in contact with.

- 10% of all individuals were known to substance misuse services in their lifetime. 20% had a documented history of alcohol misuse and 17% had documented history of drug misuse.
- 51% of those who died and who were registered with a GP had seen their GP within 1 month prior to the date of death (compared to 45% nationally).
- 36% of all deaths occurred to people known to mental health services (compared to 33% nationally), and 31% of individuals had been in contact with mental health services in the 12 months prior to their death (compared to 30% nationally).

This information is particularly useful in identifying which agencies to target for suicide prevention activities such as awareness training for staff, as well as potential locations for signposting material. It should be noted that the 2020-21 deep dive analysis of female suicides (see below) suggests some changes in health support seeking behaviour since this audit was completed.

Recommendation 1c: To undertake a Berkshire suicide audit.

Recommendation 1d: Undertake regular reviews of information, resources and channels for people affected by suicide. This action is applicable to all areas of this strategy.

Berkshire 0-25 Audit (2020)

NHS England has co-ordinated a series of reviews into deaths from suicide by children and young people, including a Berkshire audit of people aged 0-25 who died by suicide in the period 2015-20. This focused work helps to mitigate against the risk of issues particularly pertinent to young people getting overlooked in an all-age approach, within which deaths by younger people are a minority.

For the Berkshire 0-25 Audit, information was drawn from the Child Death Overview Panel (CDOP), Berkshire Healthcare Foundation Trust, Thames Valley Police, and the Coroner's Office. A total sample of 35 young people were included in the analysis. Analysis around ethnicity; and wider experience of adversity, trauma, and socio-economic risk factors were based on the CDOP qualitative sample of 7 young people. Key findings of the audit are highlighted below with an acknowledgement that caution needs to be given when deriving patterns from a relatively small sample size.

- Females were over-represented by comparison with national data (a trend mirrored in the female deep-dive analysis summarised below)
- The Berkshire age profile did not align with the national picture, but indicated local peaks in the 15-19 and mid 20s age ranges
- Young people from black or minority ethnic groups were over-represented by comparison to national data
- Data on faith, gender identity and sexuality were difficult to source
- Adverse childhood experiences (which includes domestic abuse, parental separation, involvement with criminal justice, poverty within this audit) – were noted in 71% of cases
- Neurodiversity was an identified risk factor
- Postvention support for young people following a suicide attempt was indicated as an area for development.

Berkshire female deaths deep-dive analysis (2021)

RTSS data had highlighted an increase in the proportion of all suicides which are female suicides from 21% in 2017 to 39% in 2020. Female suicides have shown a small but steady increase from 13 in 2017 to 24 in 2020. Whereas male suicides have not followed this increasing pattern but have overall decreased from 49 in 2017 to 38 in 2020. There is a continuing unusual pattern in the numbers of females dying by suicide in Berkshire, by comparison with previous years and by comparison with patterns in the RTSS data for other parts of the Thames Valley.

The Berkshire Suicide Prevention Group agreed in 2020 that the number of female suspected suicides in Berkshire was sufficiently unusual to convene a response group to look at cases in more depth. A sub-group was therefore formed to carry out a deep-dive review.

This deep-dive was based on RTSS data and further supplemented by further enquiries of GP practices, secondary mental health care (particularly Serious Incident Review findings), and of bereaved families where appropriate and possible, without re-traumatising. Further information from families was also gathered via contact with Berkshire's specialist postvention service, where families elected to take up this service. Information was obtained from GP records for 80% of the women whose deaths were considered as part of this analysis. In most cases, however, little information was available from primary care sources to supplement what was already captured within the RTSS. Several GPs volunteered that the patient had not been seen by the practice for some time prior to death. Given the findings from the 2018 Berkshire audit that around half of the people included in that review had seen their GP within a month of their death, this may indicate a change in health supporting seeking behaviour during the COVID-19 pandemic, a pattern which has been observed from other surveys over this period.

Across the period January 2020 to May 2021, female deaths were highest in Slough and Reading of the six Berkshire unitary areas, accounting for 26% and 37% of all female deaths respectively. Up until the age of 60, there is an increasing trend in the number of suicides by age. When considering 10-year age bands, deaths are highest in the 40-49 and 50-59 year-old age groups, with these two groups accounting for 49% of deaths by suicide in females.

Although the numbers are too small to identify statistically significant themes, several issues were identified for more than one of the women who died:

a. A mental ill-health diagnosis and /or history of contact with mental health services (found to be the case for all women where it proved possible to obtain further information from GP records)
b. Adverse Childhood Experiences - most often related to sexual abuse, but also loss of or separation from parents
c. History of self-harm
d. History of alcohol or substance abuse
e. Parenting / carer stress
f. Financial stress
g. Domestic abuse
h. Workplace stresses and adjustment challenges, particularly for those in a health, care or other frontline role (including childcare and police)
i. Neurodiversity
j. Bereavement and grief
k. History of disordered eating
l. Denial of suicidal intent at the time of last contact with services

Although clear and direct links to the impact of COVID-19 appear in only a small number of the cases considered so far, there may be other and more subtle links, such as have come to light where it has proved possible to have further discussion with bereaved relatives. As the pandemic and associated control measures have disrupted access to services for many people, this makes it more difficult to gather information about people's circumstances just prior to death, e.g. via enquiries of primary care. The impact of COVID-19 remains an issue to consider.

Local development of this strategy

Our previous Berkshire Suicide Prevention Strategy 2017-2020 mirrors the national 2012 strategy, and so remains current as there has been no national update. This strategy is therefore a refresh of the previous strategy, using local data and intelligence to prioritise our efforts across Berkshire to reduce suicide risk.

Methodology

This strategy has been developed with the view that it builds on and takes forward the information, knowledge and action that is covered in the Berkshire Suicide Prevention Strategy 2017-2020. In this sense, it is a refreshed strategy that benefits from utilising the expertise of members of the long-established Berkshire Suicide Prevention Steering Group that has been in place for over five years.

Whilst there has been no formal public consultation, as was done previously, this strategy has a local focus and contains the perspectives from professionals working in the statutory, private and third sector organisations. Colleagues who support people who have been directly affected by suicide have also been involved, who have worked with sensitivity to engage this group with this strategy. The strategy reflects the commitments of the Berkshire Suicide Prevention Steering Group who worked together on identifying the key priorities, which have been derived from reviewing local data, intelligence, and information.

A small subgroup of the Berkshire Suicide Prevention Steering Group was responsible for further defining the content for each of the priorities and providing regular updates to and receiving feedback, from the main steering group.

Principles

This strategy is a refresh of our previous strategy, in that our priorities last time, and the priorities of the national strategy, are now our guiding principles to how we work to prevent suicide across Berkshire. The 7 guiding principles for this strategy are;

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

Vision

The suicide prevention group have acknowledged that there is a need for a more personalised strategic direction in how we prevent suicide locally, and that we need to consider risk factors across the whole lifecourse to truly prevent suicide.

Vision: To reduce deaths by suicide in Berkshire across the lifecourse and ensure better knowledge and action around self-harm.

Priority areas for action

Rather than the 6 action plans from the last strategy across each local authority, there has been an agreement to agree common priorities for action across Berkshire.

Based on the local data, and what is happening locally, we have agreed to focus on 5 core priority areas. These principally address the national priority to tailor approaches to improve mental health in specific groups, but we remain committed to all our principles and reducing suicide rates across all population groups. Our local intelligence has demonstrated a need to focus on the following key areas;

1. Children and Young People
2. Self-harm
3. Female suicide deaths
4. Economic factors
5. People bereaved or affected by suicide

Whilst these are our agreed strategic priorities across Berkshire, there will remain a need to monitor trends and risk factors, particularly from the impacts of COVID-19 and to respond to latest changes.

Governance

Our suicide prevention steering group is a well engaged group of stakeholders across the Berkshire system, including public health colleagues across the 6 local authorities, Clinical Commissioning Group (CCG) colleagues across the 2 CCG areas, representation from those bereaved suicide, and the voluntary sector. This group has worked to the evidence base and has responded flexibly to meet the changing patterns in deaths by suicide to prevent suicide. Leads will be identified for each priority area, and working groups established to take these recommendations forward. The suicide prevention group will continue to have overall responsibility of the delivery of the recommendations set out in this strategy.

Recommendation 1e: Hold an annual multi-agency conference on a range of topics to share information and best practice and raise awareness to the risks for suicide.

Recommendation1f: Invite additional partners across the System within Berkshire, including the voluntary and community sector to join the Berkshire Suicide Prevention Steering Group for improved cross-topic working.

Recommendation1g: Set up sub-groups of the Berkshire Suicide Prevention Steering Group, informed by local intelligence and data, where there is a need to focus upon a risk factor or group within the population.

Priority Area 1: Children and young people

The UK has a relatively low rate of suicide by children and young people compared to other countries, however suicide is one of the leading causes of death in children and young people in the UK[15]. There has been growing concern over the rising rates of suicide and self-harm in children and young people[16]. Childline has reported that the number of referrals their counsellors have made to external agencies due to suicidal concerns has seen a steep increase since 2009/10 to 2018/19, from 283 to 3,518 referrals[17].

The Royal College of Paediatricians and Child Health's 2020 report into the State of Child Health notes that suicide in children and young people may be associated with many factors, including poor mental health; self-harm; academic pressures or worries; bullying; social isolation; family environment and bereavement; relationship problems; substance misuse; or neglect. Adverse childhood experiences, stressors in early life and recent events also contribute to the risk. Suicide represents the extreme end point of mental ill-health in children and young people, there are many more that experience suicidal ideation, attempt suicide and an even higher number self-harming. Although most children and young people who self-harm may not take their own life, it is a strong risk factor for suicide in the future[18]. A retrospective study found that for every suicide death in the age range of 12 – 17 year olds, it is estimated that there are 100 and 1000 times more hospital attendances for self-harm for males and females respectively[19]. This is discussed in more detail within the self-harm chapter of this strategy.

Good mental health and emotional wellbeing in children and young people can help build resilience, and in turn become a protective factor against suicide. The NHS five-year forward view recognises that children and young people are a priority group for mental health promotion and prevention. Early intervention and quick access to good quality care is vital – especially for children and young people. Waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care[20].

The NCISH 2017 report on suicide by children and young people highlighted themes that should be specifically targeted for prevention[21];

- Support and management of family factors like mental illness or substance misuse
- Childhood abuse
- Bullying
- Physical health
- Mental ill health
- Alcohol or drug misuse

[15] Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. Available at: stateofchildhealth.rcpch.ac.uk Last accessed 10/08/21
[16] Samaritans (2019) Suicide Statistics Report – Latest statistics from the UK and Northern Ireland. Surrey: Samaritans. Available at SamaritansSuicideStatsReport_2019_Full_report.pdf Last accessed 10/08/21
[17] Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. Available at: stateofchildhealth.rcpch.ac.uk Last accessed 10/08/21
[18] Bould H, Mars B, Moran P, Biddle L, Gunnell D. Rising suicide rates among adolescents in England and Wales. Lancet 2019; 394: 116–7
[19] Geulayov G, Casey D, McDonald KC, et al. Incidence of suicide, hospital-presenting non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in England (the iceberg model of self-harm): a retrospective study. The lancet Psychiatry 2018; 5: 167–74
[20] NHS Five Year Forward View. NHS (2014). Available Five Year Forward View (england.nhs.uk) Last accessed 02/09/21
[21] NCISH Suicide in Children and Young People. NCISH (2017) Available NCISH | Suicide by children and young people in England - NCISH (manchester.ac.uk) Last accessed 12/08/21

Groups highlighted to be at increased risk of death from suicide included young people who are bereaved, students, looked after children, young people who identify as LGBT. Previous self-harm was a crucial indicator of risk with around half of young people who had died by suicide having previously self-harmed.

Within Berkshire, children and young people's mental health and wellbeing is a strategic priority across the system. It is therefore important that this strategy and the work of the suicide prevention group collaborates with the system to ensure complementary action. This includes the Berkshire West Health and Wellbeing Strategy for Reading, West Berkshire and Wokingham for which priority 4 is to 'Promote good mental health and wellbeing for all children and young people'. Each of the three local authorities in the East (Bracknell Forest, Slough, and Windsor and Maidenhead) also have a strategy addressing children and young people and/or mental health as a priority for their areas.

CCGs with system wide partners refresh their Children and Young People's Mental Health and Wellbeing Local Transformation Plans (CYP MH&WB LTP) and LTP's cover investment within prevention, postvention and bereavement support for children and young people.

Key data relevant for the work of this strategy are presented under each priority area for action. A full list of local data around the risk factors in childhood and adolescent are presented in the suicide data deep-dive analysis JSNA.

Five areas for action have been identified for Berkshire based on local data and intelligence;

- Experience of adversity or trauma
- The impact of COVID-19
- Neurodiversity
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Ace (LGBTQ+)
- Transitions

Experience of adversity or trauma

The 0-25 suicide audit (2020) identified that adverse childhood experiences (ACE's) were present in 71% of the cases (CDOP sample of 7 young people). In addition, the female suicide deaths deep-dive analysis (2021) found that ACE's were a theme common to more than one of the women who died. There is no universally agreed definition of ACE's, but studies addressing issues have converged on the list below, as outline by the Early Intervention Foundation[22]:

- physical abuse
- sexual abuse
- psychological abuse
- physical neglect

[22] Adverse childhood experiences What we know, what we don't know, and what should happen next. Early Intervention Foundation (2020). Available: adverse-childhood-experiences-summary (1).pdf. Last accessed 02/09/21

- psychological neglect
- witnessing domestic abuse
- having a close family member who misused drugs or alcohol
- having a close family member with mental health problems
- having a close family member who served time in prison
- parental separation or divorce on account of relationship breakdown.

ACE's occur before the age of 18, however the effects are often experienced over the lifecourse. A toxic stress response can be triggered by these experiences in the acute phase. Adversities can affect development in numerous ways, with early exposures that are persistent over time more likely to lead to lasting impacts[25]. There is strong empirical evidence that links ACE's with suicide across the lifecourse[23 24].

Although there isn't data available specific to ACE's on a localised level, data relating to the numbers of Children in Need give an indication of the numbers of children experiencing trauma and adversity across Berkshire. On the 31st March 2020, nearly 7,000 children were identified as being in need across Berkshire, as shown in the table below. The most common primary need, accounting for over half of cases, was abuse or neglect. This was followed by family dysfunction and family being in acute stress which, combined, accounted for over 1,440 cases[25].

Table 4: Children in need by primary need at initial assessment, Berkshire 2020

Local authority	All cases	Abuse or neglect	Child disability or illness	Parents disability or illness	Family in acute stress	Family dysfunc-tion	Socially un-acceptable behaviour	Low income	Absent parenting
Bracknell Forest	879	486	72	49	65	104	47	0	10
Reading	1451	713	111	68	225	131	44	c	c
Slough	1589	1190	129	54	29	65	68	10	29
West Berkshire	930	397	100	12	136	198	38	0	49
Windsor and Maidenhead	883	421	73	21	128	194	13	0	33
Wokingham	1039	519	96	52	124	49	c	0	35
Berkshire Total	**6771**	**3726**	**581**	**256**	**707**	**741**	**210**	**10**	**156**

Source: Department for Education

[23] Adversity in childhood is linked to mental and physical health throughout life BMJ 2020; 371 doi: https://doi.org/10.1136/bmj.m3048 (Published 28 October 2020)
[24] Ports KA, Merrick MT, Stone DM, et al. Adverse Childhood Experiences and Suicide Risk: Toward Comprehensive Prevention. Am J Prev Med. 2017;53(3):400-403. doi:10.1016/j.amepre.2017.03.015
[25] NHS Digital calculated using ONS mid-2020 population estimates

Many children and young people who have experienced ACE's go on to lead healthy and productive lives. Protective factors, such as having a stable and caring child-adult relationship and feeling connected with others can build resilience. An enhancement of these factors has been shown to mitigate negative outcomes[26]. Across Berkshire there are a wealth of services and interventions in place to prevent and mitigate the impact and reduce harm for children and young people who are at risk of or have experienced trauma and adversity. This work is happening across schools, police, NHS and voluntary sector organisations. Our role is therefore to complement this workstream and highlight the link between ACEs and suicide risk.

Recommendation 2a: To raise awareness of the link between trauma and adversity, and suicide across the lifecourse.

Recovery from the COVID-19 Pandemic

The impact of the COVID-19 pandemic and subsequent lockdowns has raised concerns that children and young people's mental health will be adversely affected and will need to be closely monitored[27]. It has been noted that outbreaks of suicidal thoughts have increased during lockdown, especially among young adults[28]. Additional stressors during the pandemic may include fears that a family member or oneself will develop COVID-19, the impact of bereavement, isolation, loneliness and loss of social supports, disruptions to care and support and fears about accessing it, school closure and exam disruption, and exposure to domestic violence and family tensions[29]. Many of these stressors are documented risk factors for suicide in children and young people and have potentially increased the risk of children experiencing ACE's, therefore the impact must be monitored.

A COVID-19 flag has recently been introduced for RTSS data locally for Berkshire. Since this has been introduced, no suicide cases have been flagged within the cohort of 0-25 as related to COVID-19, however there is a need to continue to record and monitor this.

In response to the impact of the pandemic and concerns around mental and emotional wellbeing of children and young people, all Berkshire local authorities have committed to a mental wellbeing campaign "Be Well: Berkshire Emotional Wellbeing". The campaign aims to mobilise younger residents and women at risk of suicide across Berkshire to access support services, to help them stay mentally well during the Covid-19 pandemic and as we recover. Mental health support is also offered through Kooth, an online counselling and emotional wellbeing platform. Within Berkshire, the top presenting concerns in the year 2020/21 have been anxiety and stress, suicidal thoughts and self-harm. There is a need to both ensure increased access to support as we recover from COVID-19 and ensure we link with the wider system to prevent suicide risk.

Recommendation 2b: Continued investment into the Be Well campaign to encourage the importance of looking

[26] The evidence behind Adverse Childhood Experiences. Available: Evidence-based early years intervention - Science and Technology Committee - House of Commons (parliament.uk) Last accessed 10/08/21
[27] BMA. The impact of COVID-19 on mental health in England; Supporting 1 services to go beyond parity of esteem. 2020 Available [bma-the-impact-of-covid-19-on-mental-health-in-england.pdf] Last accessed 10/08/21
[28] Covid-19: Suicidal thoughts increased in young adults during lockdown, UK study finds BMJ 2020Available at]Covid-19: Suicidal thoughts increased in young adults during lockdown, UK study finds | The BMJ Last accessed 02/09/21
[29] Holmes EA, O'Connor RC, Perry VH, et al. Multidisciplinary research priorities for the COVID19 pandemic: a call for action for mental health science. The Lancet Psychiatry 2020; 7: 547– 60

after emotional wellbeing, in addition to signposting to local mental health services and support in order to prevent self-harm and suicide in children, young people, and women.

Neurodiversity

Neurodiversity was identified as a risk factor for suicide in the 0-25 suicide audit (2020), with further qualitative analysis recommended of the impact of waiting for an autism assessment on children and young people's mental health and suicide risk. Neurodiversity refers to the different ways the brain works and interprets information. It is often used as an umbrella term for a spectrum of conditions such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, tourette syndrome and complex tic disorders. It is estimated that 1 in 7 people (approximately 15% of the UK population) are neurodiverse[30].

It is well documented throughout literature that neurodiverse conditions can increase the risk of suicide, for both adults and children and young people. NICE guidance recognises that people with autism are at higher risk of suicide[31]. Research also shows that late diagnosed adults appear to be at the highest risk of suicidal thoughts and behaviours, demonstrating the importance of identification and addressing needs at the earliest opportunity[32].

Data on the number of children and young people with a statement of special educational needs (SEN) or education, health and care (EHC) plan for 2020/21 by primary need for pupils enrolled in schools and nurseries in Berkshire[33] gives an indication of the number of children that are neurodiverse. The most consistent pattern to emerge is for children with a primary need of Autistic Spectrum Disorder, with the majority of local authorities having higher rates of children with SEN support and or/statements/EHC plans with this as their primary needs than the regional average. The full local data on SEN and EHC plans can be found in the JSNA.

There are a number of neurodiversity projects taking place within Berkshire. This includes a service redesign for East Berkshire Healthcare Children and Young People autism and/or ADHD services with a core focus to reduce waiting times for assessments and thus access to support. In Berkshire West all referrals are triaged at the BHFT CAMHs Common Point of Entry and referred to services as appropriate. Across Berkshire we have a wraparound offer of support with the provision of pre-assessment and post-diagnosis support; in the East through GEMS and in the West this is through Autism Berkshire, a voluntary sector organisation. There also exists a virtual Helpline, "SHaRON" that provides support for parents and carers of neurodiverse children and young people in Berkshire.

A needs-led rather than diagnosis led approach has been adopted throughout Berkshire, which means that families without diagnosis are also supported. This approach to neurodiversity allows for pre-diagnostic support to be put in place for children and young people once needs become apparent, through interventions such as changing environments to be more neurodiversity friendly and accessing peer networks. This support potentially reduces the risk of suicide for neurodiverse children and young people as interventions can be put in place as soon as needs are apparent and can reduce isolation experienced.

[30] Autism and.. Oxford Health (2021). Available Autism and.. - Oxford Health NHS Foundation Trust. Last accessed 26/08/21
[31] NICE (2018). NICE guidance on preventing suicide in community and custodial settings [NG105]. National Institute for Health and Care Excellence. Available: https://www.nice.org.uk/guidance/ng105. Last accessed 04/08/21
[32] Supporting autistic children and young people through crises: Autistica. Available: https://www.autistica.org.uk/downloads/files/Crisis-resource-2020.pdf Last accessed 17/08/21
[33] Figures are for state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. They do not include independent schools

Recommendation 2c: Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community.

Lesbian, gay, bisexual, transgender, queer, questioning and ace (LGBTQ+)

Data on the LGBTQ+ community at a local level is very limited and there is a reliance on national survey data to understand the needs of this group. Experimental statistics were published in May 2021 by the ONS looking at sexual orientation in the UK in 2019 using data from the Annual Population Survey. Younger people (aged 16 to 24 were most likely to identify as lesbian, gay or bisexual (6.6% of all 16 to 24-year olds). Facts and figures presented by Stonewall, a UK based LGBTQ+ charity include the following findings which are particularly relevant to the topic of suicide in young LGBTQ+ people:

- Half of LGBTQ+ people said that they've experience depression in the last year
- 2/3 bisexual women and just over half of bisexual men having experienced anxiety
- Nearly half of LGBTQ+ pupils are bullied for being LGBTQ+ in Britain's schools
- More than 4/5 transexual young people have self-harmed
- 3/5 lesbian, bisexual, and gay young people who are not transexual have self-harmed
- More than 2/5 transexual young people have attempted to take their own life
- 1/5 gay, lesbian and bisexual young people who are not transexual have attempted to take their own life.

The lack of local level data and intelligence surrounding the needs of LGBTQ+ children and young people makes this group a priority for action, to better understand their needs, and reduce suicide risk.

Recommendation 2d: To improve data capture on sexual orientation for all ages in RTSS data and promote this across the suicide prevention system.

Recommendation 2e: To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.

Transitioning from childhood to adulthood

A key transitional period in the life course is when we transition from childhood to adulthood (aged 16-25). This period is often characterised by changes and adjustments as young people are often expected to make key life changing decisions as they move into higher and further education, employment and their living situations. This may also be a time of new challenges, particularly around increasing independence and responsibility, and developing self-esteem.

During this period, young people may also transition with regards to their mental health treatment, from children's mental health services to adult mental health services. Consequently, this can mean changes to treatment, support workers and where they access services[37 38]. This can also increase the likelihood of young people not attending and

disengaging from services. There is therefore an increase of worsening mental health, and thus increased suicide risk during this period. It is therefore of importance that this transition is managed carefully and effectively so that the correct support and service is accessed and engaged with at the correct time.

University and work all present children and young people with new opportunities and challenges. For children and young people that face added risk factors at an individual level, such as those who have experienced trauma, or have special educational needs, they can be particularly vulnerable to experiencing a challenging transition[34.] A successful transition can help build resilience, self-confidence and self-esteem[35] which in turn can act as protective factors for mental ill health and suicide risk.

Locally, The University of Reading can be used as an example to demonstrate these complexities. . The University's student services run a variety of programmes to aid the transition for students. However, the university reports that the change from a home environment to campus life is sometimes a difficult transition, and is consequently a top reported student concern. Moving from one locality to another means a loss of support systems and friends, and can result in isolation.

There are additional complexities around transitioning medical care, if a student has existing difficulties, to a new locality and being able to access assessments for neurodiversity, where diagnosis was not arranged before arrival, in order to access the correct level of support.

Recommendation 2f: To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.

Recommendation 2g: To link with the work across the BOB and Frimley ICS on the ease of access to shared care records across system partners for transition population (children moving into adulthood).

Recommendation 2h: To support higher education establishments within Berkshire, including universities to adopt a needs-led approach to neurodiversity.

[34] Bilsen J. Suicide and Youth: Risk Factors. Front Psychiatry. 2018;9:540. Published 2018 Oct 30. doi:10.3389/fpsyt.2018.00540
[35] Improving transition from children to adult mental health services Learning, messages and reflections from the LGA conference. Available at: https://www.local.gov.uk/sites/default/files/documents/39.2%20Improving%20transition%20from%20children%20to%20adult%20mental%20health%20services%20WEB.pdf. Last accessed 09/08/21

Priority area 2: Self-harm

Self-harm has been identified as a key priority and it's an area that the Berkshire Suicide Prevention Steering Group have wanted to explore for a while, due to the high rates in some areas. Self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent. It is often difficult to say whether the self-harm act is suicidal as a person's reasons and intentions when self-harming can change over time. According to the Samaritans, self-harm is often not suicidal but is a risk factor for later suicidality and young people who self-harm are more likely than others to die from suicide[36]. Self-harm covers a wide range of behaviours that can cause injury or harm in some way, including isolated and repeated events. These can include[37];

- cutting with sharp or blunt instruments (e.g. razor blades, broken glass, plastic utensils)
- taking excessive amounts of over the counter medicines or prescribed drugs
- poisoning or ingesting
- scratching (with fingernails or other objects)
- banging, hitting or punching themselves to break bones and bruise themselves
- hair pulling,
- causing bruises to the body,
- interfering with wound healing,
- sticking sharp objects into the body
- inhaling substances (e.g. glue, aerosols, lighter fuel etc)
- swallowing inappropriate objects (e.g. razor blades)
- burning or scalding with hot water.

Every episode of self-harm is different, and people will experience it in different ways. Whatever method is used, the underlying feelings and distress underlying the behaviour must be taken seriously.

Self-harm and suicide attempts can also be detrimental to an individual's long-term physical health for example, paracetamol poisoning is a major cause of acute liver failure. Overdosing in particular is extremely dangerous as it is difficult to predict how your body will cope and can be impossible to reverse. Self-cutting can result in permanent damage to tendons and nerves. Many actions to prevent and reduce suicide will have physical health benefits for those who self-harm.

Self-harm is an important public health issue and often people keep self-harm a secret because of shame or fear of it being seen or being labelled or judged. They may cover up their skin in order to avoid discussing the problem. Sometimes there are psychological scars that are difficult to cope with, often unseen by others. Self-harm is not typically an attempt at suicide but self-harm is an important risk factor for suicide.

[36] Samaritans: Pushed from pillar to post (2020). Available https://media.samaritans.org/documents/Samaritans_-_Pushed_from_pillar_to_post_web.pdf. Last accessed 16/09/21
[37] https://wirralchildcare.proceduresonline.com/p_self_harm_suicide.html

Young people and self-harm

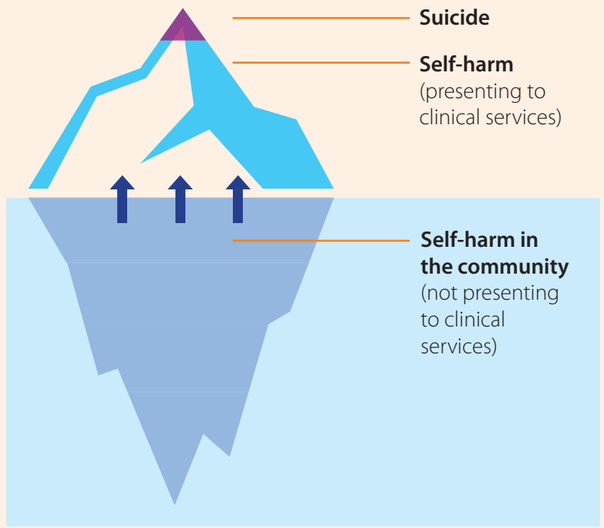
Public Health England (PHE) has also evidenced the continued increase in incidence of self-harm in the UK over the past 20 years, unlike trends in completed suicide[38]. Levels of self-harm among young people in the UK are among the highest rates in Europe. Trends in self-harm rates show that there has been an increase in self-harm, especially among young women where self-harm is more common. According to PHE, those who self-harm in mid-late adolescence potentially face increased risk of developing mental health issues.

Analysis of data from the Health Behaviour in School-aged Children survey for England (aged 11-15 years) conducted in 2014 found that 22% of 15 year olds reported that they have ever self-harmed. In addition, nearly three times as many girls as boys reported that they had ever self-harmed (32% of girls compared to 11% of boys). Findings from this survey also found that the likelihood of self-harming varied by socioeconomic status and structure of households, with incidence of self-harming associated with lower family influence[39].

Establishing an accurate prevalence of self-harm is difficult to precisely determine. This is because there is a "hidden" population of young people who self-harm in the community but do not present to local services for treatment. This is illustrated in the Iceberg model of self-harm, in that for every young person that presents to hospital for self-harm there are at least 10 further individuals who do not present at hospital for self-harm. At the tip of the iceberg are suicides, which are highly visible, beneath are higher rates of hospital-treated self-harm and at the base are very common but hidden self-harm (Hawton, 2019).

Figure 9: Iceberg model of self-harm and suicide in young people

(University of Oxford, 2019)



[38] Public Health England definitions
https://fingertips.phe.org.uk/search/self%20harm#page/6/gid/1/pat/6/par/E12000001/ati/102/are/E06000047/iid/21001/age/1/sex/4/cid/4/tbm/1
[39] https://www.gov.uk/government/publications/health-behaviour-in-school-age-children-hbsc-data-analysis

Only a small proportion of young people who have harmed themselves report seeking help from medical or psychological services. There needs to be a greater understanding on where people can get appropriate and timely support for self-harm, as well as fully understanding what may prevent this group from accessing support.

NHS England continues to work to ensure that every person who presents at an emergency department for self-harm receives a psychosocial assessment and is directed to appropriate support. And within South Central Ambulance Service (SCAS) a steering group is in place to evaluate training from an expert reference group to adapt and adopt content to different audiences, including universal clinician, social care and voluntary sector.

Understanding self-harm and its link to suicide risk

Those who repeat self-harm are at significantly greater risk of completing suicide than those who have a single episode. It can be difficult to differentiate behaviours where there is an intent to die (e.g. cutting with suicidal intent) from those where there is a pattern of self-harm with no suicidal intent (e.g. habitual self-cutting). Any intentional harm to the body counts as self-harm. 'Minor' self-harm can lead to progressively become more serious or frequent. Sometimes people harm themselves in ways that are dangerous, and they might accidently kill themselves (e.g. cutting too deep on certain parts of the body or overdosing). Young people in particular may lack judgement about the level of self-harm they have applied and this could lead to irreversible harm or accidental death.

The Berkshire Suicide Audit found that 21% of people who died by suicide had a history of self-harm, and previous self-harm is flagged in local RTSS data as a feature in the relevant medical history of those who have died.

For these reasons, it is important to address concerns around self-harm early, support people to find alternatives and distractions to self-harm and identify what triggers self-harm. People who self-harm can also be supported to stay safe if they do self-harm (e.g. having a self-harm first aid kit available and pain relief, avoiding certain parts of the body etc) as well as when to avoid self-harming (e.g. when tired, or under the influence of alcohol). It might not be possible for someone who self-harms to stop doing so immediately, but they should be encouraged to get help.

Recommendation 3a: Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care.

People self-harm for a range of reasons, for some it is a way of coping with difficult or distressing feelings, but research has shown that long term self-harm does not help to reduce that distress. Some of the typical reasons why someone may self-harm are shown in table 5 below.

Table 5: Reasons for self-harm

Reason	Examples
Social problems	Being bullied, having difficulties at work or school, having difficult relationships with friends or family, coming to terms with sexuality, coping with expectations, wanting to have a break from difficult things in life, money worries, being in contact with the criminal justice system, housing, loneliness, excessive screen time, cyberbullying, lower family income, family breakdown, student debt
Trauma	Physical, emotional or sexual abuse, grief after death of a close family member or friend, having a miscarriage, have lost a loved one through suicide
Psychological causes	Having repeated thoughts or voices telling them to self-harm, disassociating (losing touch with who they are and with their surroundings), borderline personality disorder, a way of punishing themselves, low self-esteem, struggling with stress, anxiety or depression
Express difficult feelings	Trying to feel in control, reliving unbearable tension

Source: Health Service Executive Ireland and Mental Health Foundation

Although the data shows that the majority of self-harm occurs among people aged under 18 and is strongly associated with puberty, especially in girls, self-harm can affect people of any age, social status gender identity, sexuality, race or culture. People who self-harm may have a diagnosable mental health condition or they may have none. There are many people at risk of self-harm and these include:

- Women
- Young people
- Older people
- People who have or are recovering from drug and alcohol problems
- People who are lesbian, gay, bisexual or gender reassigned
- Socially deprived people living in urban areas
- Women of South-Asian ethnicity
- Individual factors (e.g. personality traits, family experiences, life events, exposure to trauma, cultural beliefs, social isolation and income)
- Societal factors (e.g. education, housing, unemployment rates).

Source: Public Health England, 2021

There are some young people who are at more risk of self-harm (e.g. victims of abuse) because they are more at risk of anxiety and depression. And although self-harm appears to be less frequent in adults, self-harm can continue into adulthood, and certain methods of self-harm are associated with a greater risk of later suicide (Hawton 2012).

Recommendation 3b: Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support.

Recommendation 3c: Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.

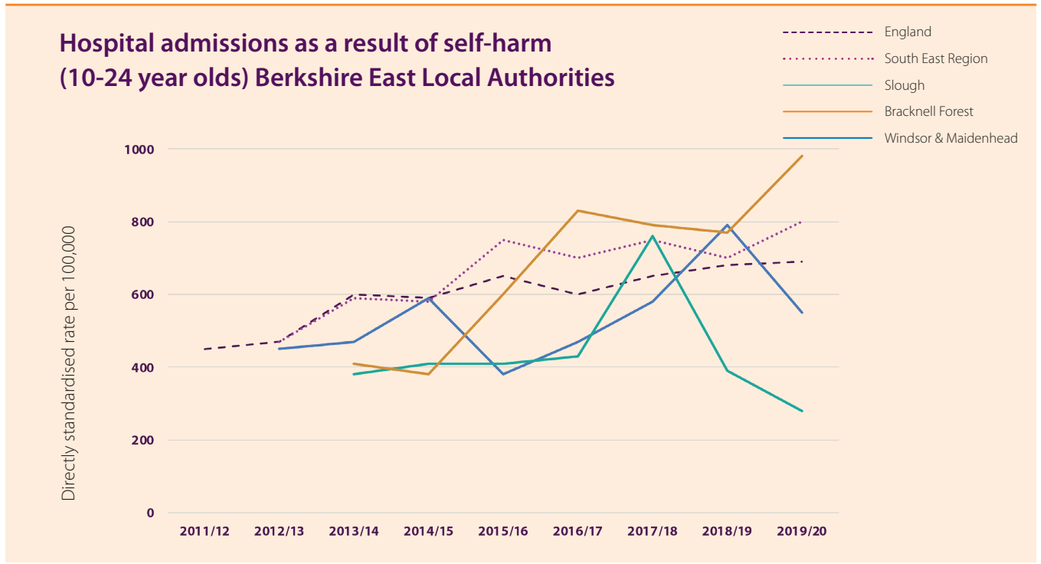
Hospital admissions for self-harm

Self-harm is one of the top five causes of acute hospital admissions in the UK (PHE, 2021). PHE state that those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year and one study showed a subsequent suicide rate of 0.7% in the first year which is 66 times the suicide rate in the general population[40]. This means that someone who has self-harmed is more likely to die by suicide compared to someone who has never self-harmed.

The data below looks at the number of young people aged 10 to 24 who were admitted to hospital as a result of self-harm (primary reason for admission). This counts number of admissions and not persons, a person may be admitted on multiple occasions during each time period. Indicators based on hospital admission may be influenced by local variation in referral and admission practices as well as variation in incidence. Data does not include attendances at Accident and Emergency which do not result in an admission.

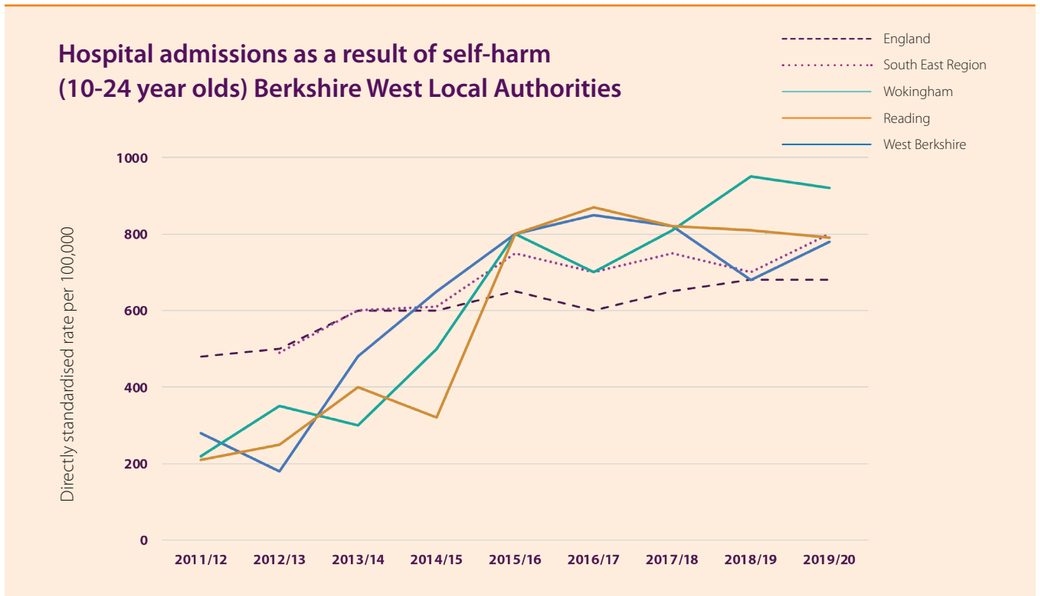
During 2019/20, there were 705 admissions of children and young people from Berkshire to hospital as a result of self-harm. Rates for each local authority since 2011/12 can be seen in the charts below. Rates of admission were significantly lower than the regional average for children and young people living in Slough, and Windsor and Maidenhead. Rates were higher than the national average but comparable to the regional average in Bracknell Forest and Wokingham. In Bracknell Forest, rates jumped from 2014/15 to 2015/16 and have risen again between 2018/19 and 2019/20. Rates in Wokingham, however, have continued to remain above the national average. Rates in Reading and West Berkshire show a similar pattern to each other, increasing up to a peak in 2016/17, prior to falling back in line with national and regional averages.

Figure 11: Hospital admissions for self-harm (10-24-year olds)



Source: Public Health England

[40] Fingertips https://fingertips.phe.org.uk/search/self%20harm#page/6/gid/1/pat/6/par/E12000001/ati/102/are/E06000047/iid/21001/age/1/sex/4/cat/-1/ctp/-1/cid/4/tbm/1



Source: Public Health England

Data since 2011/12 has shown that admissions are highest in the 15-19-year-old age band, accounting for 54% of admissions (380 admissions) during 2019/20.

Recommendation 3d: Regularly review local intelligence and data on self-harm at the Berkshire Suicide Prevention Steering Group, ensuring additional relevant data from a wide range of sources are included (e.g. development of RTSS to include self-harm, ambulance service data, primary care and schools).

Mental health and self-harm

Mental health problems such as anxiety, depression, ADHD and eating disorders are common in young people who present at hospital for self-harm or who die by suicide[41]. Other important factors present in this cohort are; alcohol misuse, emerging personality disorder, low self-esteem, poor problem solving and perfectionism.

Recommendation 3e: Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.

[41] https://www.psych.ox.ac.uk/news/self-harm-in-children-and-adolescents-a-major-health-and-social-problem-of-our-time

Priority area 3: Female suicide deaths

Within England and Wales, there has been a growing increase in female deaths by suicide. In 2019, the suicide rate among females and girls was 5.3 deaths per 100,000, up from 5.0 in 2018 and the highest since 2004[42]. Risk and protective factors for suicide can affect men and women differently, therefore understanding the relationship between gender and these risk factors is of importance for effective suicide prevention. For example, risk factors such as domestic abuse disproportionally affect women[43].

Within Berkshire, male suicide rates are higher, but importantly have been decreasing, while the female rates have increased. The increase of female suicides seen locally is detailed above. Throughout the strategy there is due attention to males throughout the other principles and priorities, and many of the actions discussed within this section are also applicable to males.

The findings of the females deep-dive review have informed this priority, identifying three key areas for recommendation based on local need and gaps in intelligence – the perinatal period, domestic abuse and parental/ carer stress. Other risk factors identified through the female suicide deep dive are covered within this strategy in the other four priority areas.

Perinatal mental health

In Berkshire, the female deep-dive and the work of the suicide prevention group has highlighted a gap in our knowledge on the perinatal period.

The perinatal period refers to pregnancy and the first year following the birth of a child. Perinatal mental health problems are mental health problems that occur during this period. They affect up to 20% of new and expectant mothers and include a wide range of conditions including depression, anxiety, and psychosis. If left untreated, perinatal mental health issues can have significant and long-lasting impacts on the woman, the child, and the wider family. The latest confidential enquiry into maternal deaths in the UK and Ireland (2019) found that suicide is the second largest cause of direct deaths in mothers occurring during or within the 42 days at the end of pregnancy[44].

Research has shown that in some mental disorders, such as postnatal depression, bipolar disorder and postnatal psychosis, there is an increased risk of suicidal ideation, suicidal attempt, or suicide[45]. Prevalence of mental illness varies by maternal age, with many studies finding a significant correlation between young age and depression or anxiety during pregnancy. Some studies have also found high rates of mental illness amongst older mothers[46] . Agencies across the maternity system involved in the care of expectant and new mothers must carefully monitor and early identify suicide risk and potential risk factors, to reduce suicide risk within this group.

[42] Saving lives, improving mothers' care 2019 report (2019) Available MBRRACE-UK Maternal Report 2019 - WEB VERSION.pdf (ox.ac.uk). Last accessed 02/09/21
[43] Orsolini, Laura et al. "Suicide during Perinatal Period: Epidemiology, Risk Factors, and Clinical Correlates." Frontiers in psychiatry vol. 7 138. 12 Aug. 2016, doi:10.3389/fpsyt.2016.00138
[44] Biaggi A, Conroy S, Pawlby S, Pariante CM. Identifying the women at risk of antenatal anxiety and depression: A systematic review. J Affect Disord. 2016 Feb;191:62-77. doi: 10.1016/j.jad.2015.11.014. Epub 2015 Nov 18. PMID: 26650969; PMCID: PMC4879174.
[45] Orsolini, Laura et al. "Suicide during Perinatal Period: Epidemiology, Risk Factors, and Clinical Correlates." Frontiers in psychiatry vol. 7 138. 12 Aug. 2016, doi:10.3389/fpsyt.2016.00138

Recommendation 4a: Link with the BOB and Frimley local maternity system on suicide risk in the perinatal period.

In guidance for commissioners of perinatal mental health services, the Joint Commissioning Panel for Mental Health, drew together data from various research into the prevalence of perinatal mental health conditions to provide the overview of prevalence shown in the table below. By applying the national prevalence estimates to the total number of maternities in Berkshire, we can estimate numbers at a local level. These estimates do not consider socioeconomic factors or any other factors that may cause local variation in prevalence. We cannot estimate the overall number of women in Berkshire with a perinatal mental health condition, as some women will have more than one of these conditions.

Table 6: Rates of perinatal psychiatric disorder per 1,000 maternities

Condition	Rate per 1,000 (Joint Commissioning Panel for Mental Health report)	Berkshire maternities (ONS, 2019)	Estimated number of women in Berkshire with condition
Postpartum psychosis	2	713	21
Chronic serious mental illness	2		21
Severe depressive illness	30		311
Mild-moderate depressive illness and anxiety states	100-150		1,037-1,555
Post-traumatic stress disorder	30		311
Adjustment disorder and distress	150-300		1,555-3,110

Source: Joint Commissioning Panel for Mental Health, 2012/Office for National Statistics 1

Women who lack social support have been found to be at increased risk of antenatal and postnatal depression. Having a poor relationship with a partner is also a risk factor for postnatal depression[46]. The number of births which were outside of marriage or civil partnership and sole registered (by one parent only) in Berkshire during 2019 was 375. Risk factors outlined are likely to have been further affected by COVID-19 and the lockdown measures, and thus the potential to increase suicide risk, therefore should be monitored going forward.

Recommendation 4b: To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.

[46] NICE (2020) Postnatal and Antenatal depression – what are the risk factors? Available Risk factors | Background information | Depression - antenatal and postnatal | CKS | NICE. Last accessed 26/08/21

Domestic abuse

The female deep-dive analysis for Berkshire also highlighted a gap in our knowledge on the links between suicide and domestic abuse locally. The Domestic Abuse Act 2021 came into force on the 30th April 2021, making vital changes to the act, going beyond criminal justice and encompassing family courts, housing and health, acknowledging the impact of domestic abuse on victims and survivors lives[47]. It is widely evidenced that domestic abuse victims and survivors are more at risk of suicide and suicidal thoughts. ONS figures estimate that approximately 2.3 million adults aged 16 to 74 years within England and Wales experience domestic abuse in the last year (ending March 2020); the true scale of this however remains unknown. Research focussing upon more than 3,500 women supported by Refuge, a charity supporting victims of domestic abuse, has shown that almost a quarter (24%) of those supported by the charity had felt suicidal, and 83% reported feelings of hopelessness and despair. Domestic abuse and suicide risk are clearly linked, therefore mental health services and those working with victims of domestic abuse should work together to mitigate this risk.

Recommendation 4c: Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.

Transforming Health and Social Care in Kent and Medway partnership (STP) have researched the link between domestic abuse and suicide in their county. They found that suicide victims were categorised into four cohorts - current victims of domestic abuse, those who had historically experienced domestic abuse, perpetrators, and young people living in households where domestic abuse was occurring[48].

Children witness to or living in a household where domestic abuse is present is a highly traumatic experience and can lead to lasting harms and risk-taking behaviours throughout the lifecourse. Perpetrators, as found in Kent, are also at risk of suicide, where the perpetrator is currently under investigation, or is being convicted of the abuse. It is clear therefore, that domestic abuse has a profound impact for those experiencing, witnessing and perpetrating, increasing risk immediately, and throughout the life course. Within Berkshire, further data collection is required locally in order gain a greater understanding of the links between domestic abuse and suicide for those impacted.

Recommendation 4d: Improve data collection of domestic abuse data in RTSS.

Recommendation 4f: Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide

Recommendation 4g: Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)

[47] Domestic Abuse Act 2021. Womens Aid. Available Domestic Abuse Act - Womens Aid. Last accessed 07/09/2021
[48] Highlighting the relationship between domestic abuse and suicide: Progress and next steps (2021) Transforming Health and Social Care in Kent and Medway

Parental or carer stress

Parental or carer stress has been identified through the female deep-dive audit as a key risk factor for suicide. Anecdotal feedback within acute hospital teams in 2020 found that these stresses are particularly pertinent when parenting neurotypical children, and suicide attempts amongst older people are often linked to carer strain.

Parental stress, anxiety and depression has also been found to have increased over the period of the COVID-19 lockdown. The key concerns highlighted by parents in this report was around struggling with competing demands of meeting their child's needs, home-schooling and work commitments. Data has shown that the parents and carers from single adult households, and lower income families (<16,000 p.a), and those who have children with special educational needs and/or neurodevelopmental differences have been particularly vulnerable to elevated mental health symptoms[49]. It is widely accepted that mental ill health is a risk factor for suicidal ideation and behaviour, therefore this increase in mental health symptoms must be acknowledged and monitored[50].

There are a wide range of services within Berkshire that support parents and carers. Family information services are available, which provide free and impartial information and signposting for families. Easily accessible resources and information around available services are key for parents and carers accessing the support they need at the correct time, and the work of this strategy should consider this forum as a means to prevent suicide risks in this group.

Recommendation 4h: Raise awareness of the information, resources and services available for parents and carers who are experiencing stress, through inputting into local campaigns.

[49] [1] Parental mental health worsens under new national COVID restrictions (2021). Available Parental mental health worsens under new national COVID-19 restrictions | University of Oxford Last accessed 26/08/21

[50] Samaritans research briefing: Gender and Suicide (2021). Available ResearchBriefingGenderSuicide_2021_v7.pdf (samaritans.org) Last accessed 02/09/21

Priority area 4: Economic factors

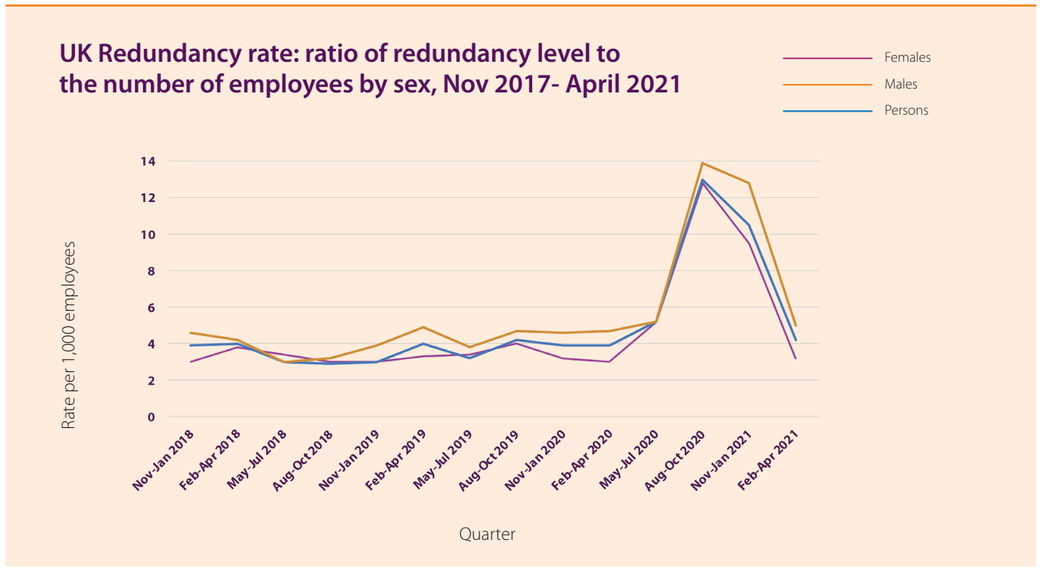
Impact of COVID-19

Some people are more economically or financially vulnerable than others, and this number is on the rise. Individuals who are young, low-paid, Black, in self-employment and those with low education levels or live in large families have been disproportionately affected by the current COOVID-19 pandemic. These groups are more likely to have lost their jobs, not be working any hours or had their pay cut[51].

During the COVID-19 pandemic in 2020, the number of people with low financial resilience (e.g. people with high levels of debt, low savings or erratic earnings) has increased by a third from 10.7 million to 14.2 million, representing more than a quarter of the UK adult population[52]. The COVID-19 pandemic has had a huge impact on employment and income, with some survey respondents expecting to struggle to make ends meet and experience financial hardship. They may need to rely on foodbanks or take on additional debt in order to meet the shortfall. In comparison, some other workers have been able to work from home and save money on commuting costs. Around 48% of adults have not been financially affected by COVID-19 and 14% have seen improvements to their financial position.

The chart below illustrates how the redundancy rate (persons) has risen from 3.9% in Feb-April 2020 to 5.5% in May – July 2020, a sharp rise to 13.3% between Aug-Oct 2020 and a slight drop to 11% between Nov 2020 and January 2021 in the UK. The redundancy rate is the ratio of the redundancy level for the given quarter to the number of employees in the previous quarter, multiplied by 1,000.

Figure 12



Source: PHE Wider Impacts of COVID-19 on health (WICH) monitoring tool

[51] COVID-19 recession is having a disproportionate impact on most vulnerable. LSA (2020) Available: https://www.lse.ac.uk/News/Latest-news-from-LSE/2020/h-August-20/COVID-19-recession-is-having-a-disproportionate-impact-on-the-most-vulnerable Last accessed: 09/09/21

[52] Financial lives 2020 survey. FCA (2020) Available: https://www.fca.org.uk/publications/research/financial-lives-2020-survey-impact-coronavirus Last accessed 09/09/21

In the past, periods of economic uncertainty have seen increases in suicide rates, particularly among men. Economic factors, particularly unemployment have been shown as strong risk factors of suicide (e.g. Lewis G and Sloggett A, BMJ 1998; 317:1283). Suicide rates increased from a record low in 2006 post the economic recession suggesting the national recession could have been an influencing factor in the increase in suicides. Studies have found that local areas with greater rises in unemployment had also experienced higher rises in male suicides[53].

The government's furlough scheme has helped employers to pay peoples wages in order to reduce financial insecurity during the pandemic and period of economic upheaval. On the 30th March 2021, 49,700 jobs were furloughed across Berkshire and there has been a total of 164,500 jobs furloughed in total since 23rd March 2020 across Berkshire. The cumulative number of jobs on furlough across Berkshire local authorities ranges from 25,800 for people living in Windsor and Maidenhead to 31,400 in Slough. Figures are based on the local authority of the business and not residence.

Table 7 Cumulative number of jobs on furlough at 31st March 2021 (local authority of business)

Local Authority	Cumulative number of jobs on furlough
Bracknell Forest	23,100
Reading	31,300
Slough	31,400
West Berkshire	26,700
Windsor and Maidenhead	25,800
Wokingham	26,200
Berkshire total	**164,500**

Source: HM Revenue and Customs

During the first national lockdown, women and young people were more likely to be furloughed and are more likely to face financial difficulties as recovery progresses (Women's Budget Group, 2020, IFS, 2020, IFS 2020a). In the lowest earning 10% of employees, 80% were employed in a sector that was shut down or are not able to work from home, compared to 25% in the highest earning 10% (IFS) - (*Note this excludes key workers).

[53] Barr et al BMJ 2012; 345:5142

Debt and poor mental health

Unmanageable debt is a risk factor for suicidal behaviour, with those in debt three times as likely to consider suicide than people not in problem debt (Mental Health Policy Institute (MMHPI), 2018). Unemployment, unmanageable debt and job insecurity are also risk factors for suicidal behaviour.

Across England, more than 1.5 million people are experiencing both problem debt and mental health problems. An estimated 46% of people in problem debt also have a mental health problem. Almost one in five (18%) people with a mental health problem are in problem debt. Financial problems are a common cause of stress and anxiety with people in this position not asking for help due to stigma around being in debt. Suicide can be seen as a way out of debt for some people who are struggling and more than 100,000 people in England attempt suicide while in problem debt each year (MMHPI) (2018)[54].

Long-term factors such as persistent poverty and financial insecurity can put people at an risk of becoming suicidal, as can sudden triggers like the intimidating and threatening letters people receive from lenders. Providing debt management advice and support to people in debt will help to reduce an individual's risk of death by suicide, especially if they are experiencing poor mental health. There is a lot of support and help available for people, but awareness can be low.

Recommendation 5a: Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to;

- reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals
- encourage people in debt to reach out for help to reduce impact on mental health
- encourage people with poor mental health to reach out for debt advice

Recommendation 5b: Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide risk and what support is available.

Recommendation 5c: Support Berkshire local authorities with a single point of access information site around money matters.

People who had a long-term condition or disability were three times as likely to have fallen behind on paying their council tax, compared to those without. People who receive an income-related benefit (e.g. universal credit) were almost four times as likely to have fallen behind on council tax compared to those not receiving benefits.

Recommendation 5d: Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities.

[54] A silent killer. Money and mental health (2018) https://www.moneyandmentalhealth.org/wp-content/uploads/2018/12/A-Silent-Killer-Report.pdf Last accessed 09/09/21

Benefits

National government data shows that there is over £15 billion pounds of unclaimed benefits, in addition to unclaimed Universal Credit available. This could mean that many individuals and families are living on less money than they need to be and unnecessarily finding it difficult paying priority bills (e.g. heating and food). Barriers preventing people claiming the benefits they are entitled to include;

- a lack of awareness about what benefits are available and the claims process.
- a perceived stigma around benefits creating a reluctance to consider them. This has particularly affected people who have recently been struggling financially during COVID-19 pandemic.
- a lack of access to or no IT skills which are necessary to access services online (e.g., digital applications)

The proportion of the population aged 16 to 64 across Berkshire who were claiming benefits during May 2021 was just under 5%. This is the same as the figure for the South East Region as a whole. There is some variation between Berkshire Local Authorities with the claimant counts being higher in Slough (8.4%) and Reading (6.4%).

Table 8: Berkshire Benefit claimants May 2021

	Bracknell Forest	Reading	Slough	West Berkshire	Windsor and Maidenhead	Wokingham	South East
Benefit claimant count	3,145	6,845	7,965	3,545	3,775	3,135	274,810
Percentage of 16-64 year old population	4	6.4	8.4	3.7	4.1	3	4.9

Source: ONS Crown Copyright Reserved [from Nomis on 2 July 2021]

Recommendation 5e: Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.

Recommendation 5f: Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.

Socioeconomic disadvantage and suicidal behaviour

The Berkshire suicide audit 2018 found that the majority of people with financial issues prior to death had 'other debts', such as student loan, loans and credit cards. Other reasons for financial issues included utility bills/rent, work related issues (business accounts, sick pay stopped), drug debt, gambling, bankruptcy and being the victim of a scam. The Berkshire Suicide Audit also showed that between 2007 and 2018, the percentage of suicides that were amongst people who were unemployed ranged from 11% to 38%. If we consider this against the fact that 4% of the overall population in Berkshire are unemployed, then people who are unemployed are over-represented in the number of suicides in Berkshire.

Figure 15: Financial issue (s) prior to death across audit years

	Percentage					
	2007 - 2009	**2008 - 2010**	**2009 - 2011**	**2012/13 - 2013/14**	**2014/15 - 2015/16**	**2016/17 - 2017/18**
Total	9%	6%	<5%	24%	27%	13%

Source: Berkshire Suicide Audit (2018)

It is well recognised that the reasons why people die by suicide are complex, arising from a wide range of psychological, social, economic and cultural risk factors. People who are socioeconomically disadvantaged or who live in areas of socioeconomic deprivation have an increased risk of suicidal behaviour. Features of socioeconomic disadvantage include; low income, unmanageable debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area[55]. What is more, poor mental health makes it harder to deal with money problems and vice versa[56].

Recommendation 5g: Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.

[55] Dying from inequality. Samaritans (2017). Available:https://media.samaritans.org/documents/Samaritans_Dying_from_inequality_report_-_summary.pdf. Last accessed 09/09/21

[56] Money and mental health, the facts. Money and mental health (2019). Available: https://www.moneyandmentalhealth.org/wp-content/uploads/2017/06/Money-and-mental-health-the-facts-1.pdf. Last accessed 09/09/21

Gambling

Gambling related harm is a risk factor for suicide and is a growing area of public health concern. In 2019/20, 11% of gamblers contacting the National Gambling Helpline said they had experienced suicidal thoughts, either currently or in the past[57].

Additional funding is being made available to support treatment services for problem gambling and to monitor the impact of COVID-19 on gambling behaviour. Gambling operators are putting in place additional measures to increase protections for those who might be at risk of gambling harm. These were clear themes within the National Strategy to reduce Gambling Harms[58] although there has been little progress on addressing gambling related suicide.

PHE have plans to publish an evidence review on gambling harms on the prevalence of gambling and associated health harms and their social and economic burden. This work has been put on hold due to COVID-19.[59]

The National Confidential Inquiry into Suicide and Safety in Mental Health's 2021 report on suicide by middle-age men[60] found a number of findings associating suicide with economic precursors. Overall, 57% of men were experiencing economic problems including unemployment, financial problems, or problems finding stable accommodation. Almost a third of men included in the study were unemployed at the time of death, with almost half of these unemployed for over 12 months. Twice the proportion of men were living in the most deprived areas of England (27%) compared to those living in the lest deprived areas (14%). Alcohol and drug misuse were particularly common amongst men who were unemployed, as it was amongst those who were bereaved, or had a history of violence or self-harm.

Recommendation 5h: Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.

[57] Suicide awareness and prevention training.
Gamcare (2020https://www.gamcare.org.uk/news-and-blog/news/gambling-charity-and-samaritans-launch-bespoke-suicide-awareness-and-prevention-training/
[58] Reducing gambling harms. Gambling Commission (2021) https://www.gamblingcommission.gov.uk/about-us/reducing-gambling-harms Last accessed 09/09/21
[59] Progress report on the national strategy to reduce gambling harms. Gambling Commission (2021)
https://www.gamblingcommission.gov.uk/print/absg-progress-report-on-the-national-strategy-to-reduce-gambling-harms-year Last accessed 09/09/21
[60] Suicide by middle aged men. NCISH (2021). Available NCISH | Suicide by middle-aged men - NCISH (manchester.ac.uk). Last accessed 02/09/21

Priority area 5: Supporting those who are bereaved or affected by suicide

Those who are bereaved by suicide face a higher risk of mental ill-health, suicide attempts and death by suicide.[61, 62, 63] The Support After Suicide Partnership summarises the particular challenges which mean that those bereaved by suicide are less likely to receive support from family and friends than others going through a bereavement. [64] Sudden deaths can lead to a complex bereavement, with those bereaved by suicide often experiencing particularly intense shock, as well as challenges linked to the stigma of suicide.[65] These stigmatising factors can mean the bereaved person is avoided or feels judged, and connections with social and support networks are weakened. People's awkwardness in discussing death is often magnified when the death is by suicide, and this can leave the person who is bereaved feeling especially isolated. Conversely, high interest in the suicide – from communities and from the media – can make it difficult for people to grieve in private.

Experiences of bereavement affect everyone in different ways but is usually characterised by grief. Grief is a process that people go through as they gradually adjust to loss. Again, grief is experienced differently by different people with people often moving in and out of the stages of grief and the range of associated emotions. Grief is an entirely normal process and there is no time limit on how long grief lasts. However, sometimes people experience grief in a way that, rather than becoming manageable overtime, worsens and affect day-to-day living for a long time.

Throughout this strategy we have seen how bereavement can be a key factor contributing to death by suicide. Bereavement is highlighted in the Berkshire Suicide Audit, the Berkshire deep-dive into female suicides, and The National Confidential Inquiry into Suicide and Safety in Mental Health's reports into suicide amongst both children and young people and middle-age men.

Bereavement by suicide can be particularly devasting to the lives of those around the person who has died. People bereaved by suicide are at a greater risk of suicide themselves. Bereavement by suicide was highlight in 6% of subsequent suicides in the Berkshire Suicide Audit (2018).

In 2020, Suicide Bereavement UK published a report entitled 'From Grief to Hope: The collective voice of those bereaved or affected by suicide in the UK.' [66] The report lays out key findings and recommendation based on an online survey completed by over 7,000 people who have been bereaved by suicide. The number of people responding to the survey increased steadily by age band, peaking at age 45-54 before dropping off more rapidly for the 55-64 and 65+ age groups. 97% of respondents were White. Of non-White respondent, the majority (47%) reported their ethnicity as 'multiple/mixed'. 89% identified as heterosexual and 75% were in paid employment. 33% had been bereaved by more than 1 suicide. The key survey findings are summarised in the following table below.

[61] Qin P, Agerbo E and Mortenson PB (2002) Suicide risk in relation to family history of completed suicide and psychiatric disorders:
a nested case-control study based on longitudinal registers. Lancet 360: 1126–1130.
[62] Pitman et al (2014) Effects of suicide bereavement on mental health and suicide risk The Lancet Psychiatry, 1(1): 86-94 http://www.thelancet.com/journals/lanpsy/ article/
PIIS2215-0366(14)70224-X/fulltext
[63] Pitman et al (2016) Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UKwide study of 3,432 young bereaved adults. BMJ Open 6:e009948.
doi:10.1136/ bmjopen-2015-009948 http://bmjopen.bmj. com/content/6/1/e009948
[64] Finding_the_Words.pdf (supportaftersuicide.org.uk)
[65] Pitman et. Al. (2016) The stigma perceived by people bereaved by suicide and other sudden deaths: a cross-sectional UK study of 3,432 bereaved adults. Journal of
Psychosomatic Research 87:22-29.
[66] From Grief to Hope: The collective voice of those bereaved or affected by suicide in the UK Suicide Bereaved UK (2020). Available display.aspx (manchester.ac.uk)
Last accessed 02/09/21

Table 9: Key findings from Suicide Bereavement UK's 2020 report

Topic	Finding
Impact	82% reported that suicide had a moderate or major impact on their lives
	Serious adverse consequences included relationship break-up, unemployment and finical problems
	Over a third reported mental health problems with this been particularly common for women
Link to self-harm and suicide	8% reported self-harming
	38% had considered taking their own life
	8% had made a suicide attempt
	36% of those making a suicide attempt did so over a year after being bereaved by suicide
Relationship to deceased	The most common relationship reported was the loss of a friend to suicide
	Participants who had lost friends were more likely to have experienced multiple suicides and often reported feeling overlooked by services
Accessing support	60% did not access support following a suicide
	Over a third did not know what types of services were available
	62% perceived the provision of local bereavement support to be inadequate
Support requested	Immediate, proactive support is important
	Some, not always ready to receive help straight away, said that information should be presented in an easily accessible format such as a booklet or person to contact for support when they were ready
	Ongoing bereavement support should be available with a follow up at 3, 6, 12, or 18 months after the suicide occurred

Source: Suicide Bereavement UK, From Grief to Hope, 2020

Survivors of Bereavement by Suicide (SoBS) is a national charity set up to offer support to adults bereaved by suicide. It is the only organisation offering peer-to-peer support to all those over the age of 18, impacted by suicide loss in the UK. It helps those bereaved by suicide to support each other, at the time of their loss and in the months and years that follow. SoBS offers peer led support groups, online virtual support groups, a national telephone helpline, online community forum and email support. It offers a unique and distinct service for bereaved adults across the UK, run by the bereaved for the bereaved. Suicide recognises no social, ethnic or cultural boundaries and neither does SOBS. The helpline and groups are open to all survivors of bereavement by suicide aged 18 years and over.

Recommendation 6a: Ensure our local bereavement offer is culturally and ethnically appropriate for different groups working with communities to develop resources and services.

Local SoBS groups exist to meet the needs and break the isolation experienced by those bereaved by suicide. It is a self-help organisation that aims to provide a safe, confidential environment in which bereaved people can share their experiences and feelings, so giving and gaining support from each other. It also strives to improve public awareness and maintain contacts with many other statutory and voluntary organisations. Each local SoBS group needs to have 3 trained volunteers to run a group and they must have been bereaved by suicide for at least 2 years. Finding volunteers is a challenge given the commitment involved. Each group is also responsible for finding suitable premises, funding itself, and following guidelines set by the national charity. This makes the group vulnerable, and we have a role to support this group.

There is currently one SoBS group in Berkshire, in Wokingham but they often support people from further afield where there is no closer group to join. The Wokingham SoBS group has been running for over 7 years, and its co-ordinator is an active member of the Berkshire Suicide Prevention Strategy Group. Numbers actively involved in the SoBS group fluctuate, with an average attendance rate of 15 people pre-COVID-19 and an average of 12 people attending the current virtual offer. The group has many recently bereaved members, but also members who were bereaved many years ago and have not had the opportunity to talk before - usually because of the stigma which still surrounds suicide.

Recommendation 6b: Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer-to-peer support service.

There is sometimes a tendency to assume that the impact of a suicide is confined to the close family and friends of the person who died, but there can be repercussions throughout wider networks, communities, places of work or study, and within services called upon to respond to a suicide in a professional capacity. In offering support to those affected, it is important not to make assumptions which limit how widely information about support is shared. People may identify with a suicide because of something they have in common with the person who died, without necessarily having had recent or frequent contact with that person. Over 7,000 individuals contributed to a study carried out by Suicide Bereavement UK, which illustrates this significant ripple effect[67].

A range of national resources for people bereaved by suicide are available and are shared by our first responders

[67] McDonnell S, Hunt IM, Flynn S, Smith S, McGale B, Shaw J (2020). From Grief to Hope: The Collective Voice of those Bereaved or Affected by Suicide in the UK. Manchester: University of Manchester. Available at: https://supportaftersuicide.org.uk/wp-content/uploads/2020/11/From-Grief-to-Hope-Report-FINAL.pdf

across Berkshire to a suspected suicide, e.g. coroners, funeral directors, police, doctors and bereavement counselling and support organisations. This includes 'Help is at Hand', a national publication which aims to provide people affected by suicide with both emotional and practical support[68], as well as several other useful resources.

Recommendation 6c: Building in bereavement support to extend to wider family members, friends and communities.

Specialist Suicide Bereavement Support

There is now specific investment in developing support for people who are bereaved by suicide within the NHS Long Term Plan. Transformation funding has been issued to enable different parts of the country at different stages to develop suicide bereavement support services, and this will reach all areas by 2023-24. Berkshire has been in receipt of NHSE funding to develop suicide bereavement support since 2019-20 as part of the Berkshire Oxfordshire and Buckinghamshire (BOB) Integrated Care System.

From the work of the Berkshire suicide prevention group we now have a specialist Bereaved by Suicide Support Service in place which provides advocacy and support for those bereaved by suicide. Current support for Berkshire residents bereaved by suicide includes the services of a Bereavement Liaison Co-ordinator within Thames Valley Police. The Co-ordinator works with officers involved in gathering RTSS data and establishes early contact (with consent) with bereaved individuals to offer a supportive presence. The Co-ordinator carries out an initial assessment of need and provides practical advice. This role has created additional capacity within the police to provide an accessible and consistent point of contact for individuals and families who may not be ready for signposting or referral into local support services at initial contact but may require such in the future.

Local and ongoing practical and emotional bereavement support is provided by a Bereavement Liaison Supporter. The Liaison Supporter will remain alongside the bereaved as they access other services, supporting referral and fast tracking as appropriate, and maintaining a good overview of working relationships with other local providers. Preparing people for media involvement and interest is a key element of this role, as well as supporting navigation through the coroner's court. Other areas of practical and emotional support are available, based on individual client need.

The Berkshire Bereavement Liaison Support Service is currently provided by Victim Support and builds on an established and successful model of support for people bereaved by homicide. Any Berkshire resident can access the service. Adults are supported directly, and the service facilitates links to specialist children's bereavement support services. A dedicated member of Victim Support staff is the primary point of contact with the service, but clients can contact Victim Support 24/7 in the event of needing to talk to someone outside of the working hours of the project lead.

[68] HIAH Booklet. Support after suicide (2021) HIAH_Booklet_2021_V5-1-2.pdf (supportaftersuicide.org.uk) Last accessed 09/09/21

A recent evaluation of the various components of the BOB-wide service found that the most valued features were:

- A mechanism that connects families with services as soon as possible after the death
- Practical support and advocacy (e.g. around inquests, collecting belongings, media interest)
- Signposting to local services and organisations based on sound local knowledge
- Emotional support to deal with loss, trauma and feelings of isolation, exacerbation of existing health problems and the emergence of mental health problems.

Suicide bereavement support will be re-commissioned from 2022 as a single service across the Thames Valley. This will generate some economies of scale, and also build in some flexibility for local co-ordinators to support one another across county boundaries to help manage peaks in demand.

The current commissioned services focus on meeting the needs of 'close relatives' of people who have died by suicide. However, the providers have offered wider community support through forums and in response to some specific requests. In re-commissioning the service, we will explore how to tap into such expertise and experience for wider community benefit in future, whilst ensuring those in need of the one-to-one practical and emotional support following a suicide can still access this in a timely manner.

Recommendation 6d: Continue to commission suicide bereavement support services and monitor its impact.

Support for those impacted by suicide in the workplace

There is recognition that staff may feel responsible for a suicide event, or not having done more to prevent it. Although these feelings are always misplaced, they can prolong the trauma if not managed effectively. Staff members may also experience anger, flashbacks and post-traumatic stress.

Recommendation 6e: Explore training opportunities for colleagues and workplaces impacted by suicide.

Recommendation 6f: Work with Thames Valley Police and other first responders to a suicide, to share appropriate resources with employers.

Glossary

Age-specific mortality rate
The total number of deaths per 100,000 people of an age group

Age-standardised mortality rate
A weighted average of the age-specific mortality rates per 100,000 people and standardised to the 2013 European Standard Population. Age-standardisation allows for differences in the age structure of different populations and therefore allow valid comparisons to be made between geographic areas, the sexes, and over time.

Registration delay
The difference between the date which a death occurred and the date which a death was registered

Statistical significance
The term "significant" refers to statistically significant changes or differences based on unrounded figures. Significance has been determined using the 95% confidence intervals, where instances of non-overlapping confidence intervals between figures indicate the difference is unlikely to have arisen from random fluctuation

Years of life lost
Years of life lost is a measure of premature mortality and gives an estimate of the length of time a person would have lived had they not died prematurely. It can be used to compare the premature mortality experience of different populations and quantify the impact on society from suicide.

Berkshire Wide Action Plan

This action plan is a continuously working document lead by the Suicide Prevention Steering Group who have the ultimate responsibility for delivery. Timeframes and specific indicators are to be defined by the group. For the purpose of this strategy the recommendations are listed below.

Priority Area	Recommendation	Outcome
1. Overarching Aims	**1.a)** To continue to monitor the impact of COVID-19 on suicide across the lifecourse through RTSS data and respond to any identified trends.	Impact of COVID-19 on suicide across the lifecourse further understood and trends responded to by the Suicide Prevention Group.
	1.b) To continue to monitor the wider trends emerging from the impact of COVID-19 on people's mental health and suicide risk across the lifecourse, and to support the system to take action where required.	Impact of COVID-19 on mental health and suicide risk further understood, support for the action taken where required across the system in place, informing the Suicide Prevention Group's approach.
	1.c) To undertake a Berkshire suicide audit.	Suicide risk and trends identified and analysed, informing the Suicide Prevention Groups focus and approach.
	1.d) Undertake regular reviews of information, resources and channels for people affected by suicide	Accurate, high quality information, resources and channels available for those affected by suicide.
	1.e) Hold an annual multi-agency conference on a range of topics to share information and best practice and raise awareness to the risks for suicide.	Knowledge and understanding of focus areas improved. Awareness raising of focus areas.
	1.f) Invite additional partners across the system within Berkshire, including the voluntary and community sector to join the Suicide Prevention Group for improved cross-topic working.	The Suicide Prevention Group benefit from further insight and knowledge from additional organisations, informing their approach, and other groups benefit from our expert input.
	1.g) Set up sub-groups of the Suicide Prevention Group, informed by local intelligence and data, where there is a need to focus upon a risk factor or group within the population.	Better understanding of, and potential reduction in suicide risk for identified risk factors or groups within the population.
2. Children and Young People	**2.a)** To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector.
	2.b) Continued investment into the Be Well campaign to encourage the importance of looking after emotional wellbeing, in addition to signposting to local mental health services and support in order to prevent self-harm and suicide in children, young people, and women.	Emotional wellbeing improved as a preventative factor for children, young people and women's suicide and self-harm risk.
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community.	Neurodiverse children and young people pre-diagnosis and supported and adaptations made for their needs, reducing suicide risk.

Priority Area	Recommendation	Outcome
2. Children and Young People (cont...)	**2.d)** To explore improving data capture on sexual orientation for all ages in RTSS data and promote this across the suicide prevention system.	Improved understanding and insight into LGBTQ+ as a risk factor for suicide, informing the Suicide Prevention Groups focus and approach.
	2.e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach.
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector.
3. Self-harm	**3.a)** Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience.
	3.b)Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care.	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care.
	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support.	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family.
	3.d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.	Further understanding of the impact of self-harm on parents and sibling's mental health and wellbeing, allowing future interventions into how to support these groups to be well informed.
	3.e) Explore means to improve local intelligence and data on self-harm to be regularly reviewed at the Berkshire Suicide Prevention Steering Group.	The Suicide Prevention Group able to respond to trends in self-harm and take action where appropriate.
4. Female Suicides	**4.a)** Link with the BOB and Frimley local maternity systems on suicide risks in the perinatal period	Awareness raised of the suicide risk in the perinatal period for local maternity systems. Local maternity systems aware of the work of the Suicide Prevention Group.
	4.b) To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.	Improved understanding and insight into the risk factors and link to suicide within the perinatal period.
	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services.

Priority Area	Recommendation	Outcome
4. Female Suicides (cont...)	**4.d)** Improve data collection of domestic abuse data in RTSS.	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.
	4.e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.
	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need.
5. Economic Factors	**5.a)** Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help.
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available.	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.
	5.c) Support Berkshire local authorities with a single point of access information site around money matters.	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities.	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk.

Priority Area	Recommendation	Outcome
5. Economic Factors (cont...)	**5.f)** Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress.
	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk.
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.
6. Bereaved by Suicide	**6.a)** Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services.	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.
	6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer-to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service.
	6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing.
	6.d) Continue to commission suicide bereavement support services and monitor its impact.	Bereavement support services are available and accessible across Berkshire, providing consistent support for those bereaved.
	6.e) Explore training opportunities for staff impacted by suicide.	Training for staff impacted by suicide in place and being delivered where appropriate, potentially improving emotional and mental wellbeing for staff following suicide.
	6f) Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers	Employers able to better support their staff who have been affected by suicide.

Berkshire **Suicide Prevention** Strategy

2021-2026

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Appendix 2

Berkshire Suicide Prevention Action Plan 2023/24

(To be reviewed October 2024)

1. Introduction

Death by suicide can affect anyone and remains a key public health issue. Sadly, 1 in 20 people will attempt suicide at some point in their life. However, deaths by suicide are not always inevitable, and with the right support, we can help individuals recover from crisis, or better still, prevent them from reaching a crisis in the first place. Living through the COVID-19 pandemic has left few people unscathed; the health, social, and economic impacts, as well as loss and bereavement, have been experienced by many individuals and communities. While we emerge from the pandemic, hardships persist for many Berkshire residents as the cost of living rises, and people struggle in these times of financial crisis and uncertainty.

Suicide prevention is a national responsibility, and local authorities have a statutory duty of implementing and acting upon a comprehensive suicide prevention strategy and action plan. The Berkshire Suicide Prevention Strategy 2021 – 2026 encompasses core actions to reduce suicide and self-harm at a local level, based on local intelligence, data and strategic priorities. This action plan refresh outlines specific, targeted actions aligned with the goals of the Berkshire Suicide Prevention Strategy 2021 – 2026 and the National Strategy of 2023. The priority actions outlined in the action plan will support the refresh of existing plans in the six Berkshire local authorities.

2. Background and Context

National context

On 11th September 2023 the Government published the new Suicide prevention in England: 5-year cross-sector strategy and action plan. The aim of the strategy is *to bring everybody together around common priorities and set out actions that can be taken to*:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner;
- improve support for people who have self-harmed; and
- improve support for people bereaved by suicide.

The strategy outlines eight priority actions areas which include:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.

Appendix 2

4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

The latest national strategy sets out over 100 actions led by various government departments, the NHS, the voluntary sector and other national partners to support their aim of securing progress in these areas, particularly within the next two years. National actions will broadly impact on local work and will be monitored by the Berkshire Suicide Prevention Action Group but they key actions which Local authorities are leads/co leads on are below.

Priority Action Area	Action	Lead	Timeframe
Tackling means and methods of Suicide: High frequency locations	Work together to improve data collection and data sharing in all areas, including identifying where an individual resides as well as the location in question, to improve understanding and provide appropriate support and guidance for future lessons learned	NPCC OHID Local Authorities	Ongoing
Providing timely and effective bereavement support	Make use of local near real-time suicide surveillance systems in connecting families, friends, carers and loves to bereavement support	Local Authorities	Ongoing
Making suicide prevention everyone's business	DHSC (lead) to work with VCSE and local authorities to create a short resource outlining appropriate language to use when talking about suicide. This resource will be disseminated widely to both online and in-person conversations	DSHC	2024

Appendix 2

Financial difficulty and economic adversity: Gambling	Update guidance for local authorities on gambling-related harms, and encourage public health teams to consider the potential links between their work on suicide prevention and harmful gambling	Local Government Association	2023

Local Context

The Berkshire Suicide Prevention Strategy 2021-2026 was developed in 2020 and distributed across six Berkshire Local Authorities and Health and Wellbeing Boards. This period coincided with significant changes induced by the COVID-19 pandemic and marked a transitional phase for the local public health and healthcare system, including the establishment of the East and West public health teams, as well as the formation of Integrate Care Boards and Integrated Care Systems. With England emerging from restrictions, sectors were deeply focused on addressing the aftermath of COVID-19, understanding its impact on communities, as well as local health and social care services.

Due to these challenging circumstances, the Berkshire Suicide Prevention Strategy was not universally adopted by all six local authorities. Consequently, the coordination, production, and oversight of the Berkshire Suicide Prevention Action Plan, along with the local action plan, were adversely affected. Upon revisiting the Berkshire Strategy for 2021-2026 to ensure our approaches aligned to the new National Strategy, it was decided to refresh the suicide prevention action plan at an operational level. This refresh aims to facilitate local implementation across the six Berkshire Local Authorities. Moreover, given the absence of significant recommendations or actions in the recently launched new national strategy that directly impact the local Strategy, this operational update is seen as necessary for effective local suicide prevention efforts.

The vision for the Berkshire Suicide Prevention Strategy 2021–2026 is*: "To reduce deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm."*

The guiding principles used to develop the Berkshire Strategy were as follows:

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

Five core priority areas were identified using local intelligence in the Berkshire Suicide Prevention Strategy 2021 – 2026 which align to the new national strategy for 2023–2028, specifically our approach to improve mental health in specific groups and reducing suicide rates across all Berkshire population groups. The five core areas of focus are:

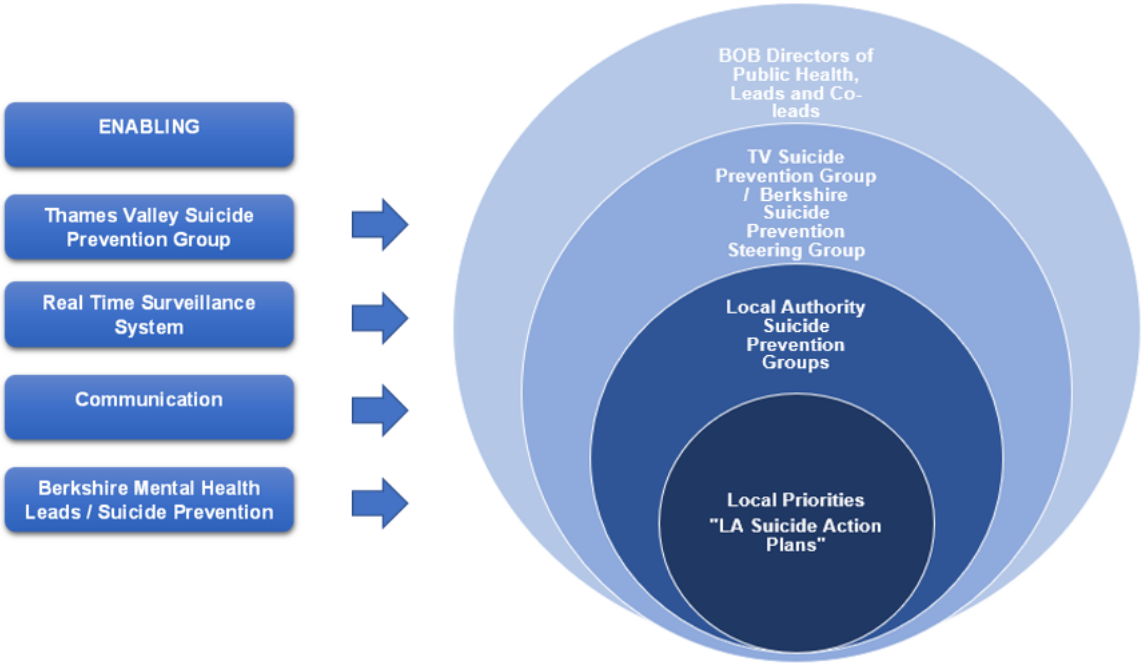
1. Children and young people.
2. Self-harm.
3. Female suicide deaths.
4. Economic factors.
5. Supporting those who are affected or bereaved by suicide.

Governance

Suicide prevention is a national responsibility, and local authorities have a statutory duty to develop and implement a comprehensive suicide prevention strategy and action plan. To date, Berkshire has established a multi-agency Berkshire Suicide Prevention Group, chaired by one of the Berkshire Directors of Public Health who actively drives this agenda forward. The group convenes quarterly to provide a joint approach to achieve real change in the prevention of suicides in Berkshire through actions taken by member organisations. Figure 1 below visually represents the collaboration between Thames Valley, Berkshire, Local Authorities and enablers to ensure effective implementation of the Berkshire strategy and local action plans.

Berkshire Level Governance Figure 1

Appendix 2



Local Authority Level

Each local authority should maintain a local multi-agency suicide prevention group that reports to the respective Health and Wellbeing Board, being accountable to local residents. Recognising the intricate factors contributing to suicidal tendencies, no single agency can prevent suicide in isolation. Both the Berkshire Suicide Prevention Group and the local multi-agency groups can facilitate and promote collaborative efforts at both strategic and operational levels, aiming to prevent self-harm and suicides among Berkshire residents.

The successful implementation of the actions outlined in this action plan necessitates engagement from a diverse array of partners at both the local and Berkshire levels. These partners include:

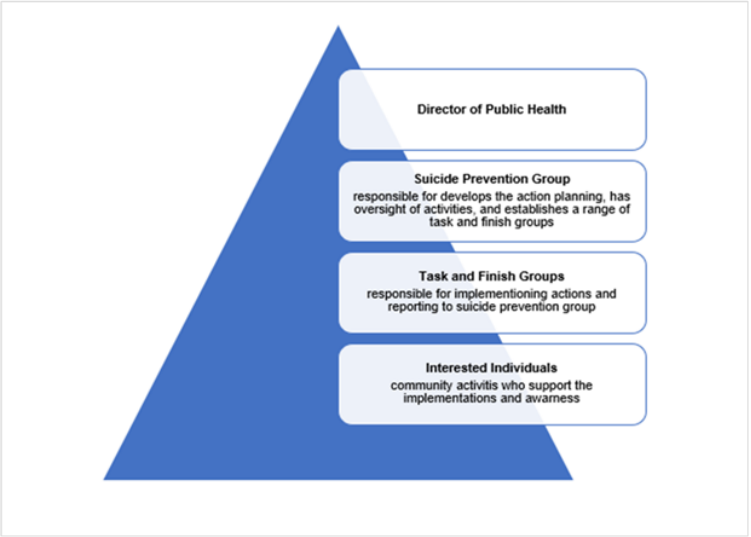
- Service users, carers, and survivors of suicide.
- Communities and their leaders.
- Third Sector organisations.
- Health Services: Integrated Care Board (BOB), general practitioners, primary care staff, and pharmacies.

Appendix 2

- Specialist Mental Health Services, Children and Adults
- Learning Disability
- Criminal Justice: Probation, Police, and Courts.
- Education: Schools, colleges, and universities.
- Fire Service.
- Local Authority: Housing, Leisure, Safeguarding, Planning, Transport and Welfare / Benefit.

The oversight of the local suicide prevention action plan should rest with the Director of Public Health (or the named portfolio lead) and the Health and Wellbeing Board. It is recommended that local suicide prevention groups (multi-agency) be established with delegated responsibility to develop and implement the action plan based on local needs. Regular reports should be submitted to monitor progress. Considering this as a tiered system at a local level, the local suicide prevention group would be responsible for developing the action plan, overseeing activities, and establishing various task and finish groups for implementing actions. Additionally, local suicide prevention groups may want to explore ways to engage a broader range of individuals in suicide prevention activities—individuals who can serve as champions for prevention. This approach will vary depending on local structures; one example of a structure is presented in figure 2.

Figure 2.



There will be different approaches to implementing the Berkshire Strategy. To support local areas, an audit tool has been developed for leads and suicide prevention groups. This tool serves as a comprehensive mechanism to evaluate strengths, pinpoint areas for improvement, and establish connections with pre-existing local strategies, thereby ensuring the efficient delivery of actions. It is strongly recommended that the prevention

group familiarises themselves with the Berkshire Suicide Prevention Strategy 2021–2026. The insights gained from the audit tool will play a pivotal role in developing the local implementation plan, prioritising key areas, and outlining specific actions. This includes considerations related to resources and capacity. Suicide is a complex issue, and prevention should be integrated into other local strategies and programs, including the commissioning of other public health and wellbeing services across the life course.

Appendix 2

High Level Berkshire Actions

High Level Priority Actions	System level actions across BOB, Thames Valley, Berkshire
Berkshire	a. Continue supporting local data and intelligence analysis, focusing on: • Analysing Current TV/BOB RTS System: Identifying successful practices within the current TV/BOB system. • Exploring Future RTS System Options: Evaluating potential models for a future Real-Time Surveillance System. b. To explore improving data capture on sexual orientation for all ages in RTSS data and promote this across the suicide prevention system. c. To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS. d. Improve data collection of domestic abuse data in RTSS. e. To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS. f. Ensure the local bereavement offer continues and is culturally and ethnically appropriate g. Link with the BOB and Frimley local maternity systems on suicide risks in the perinatal period. h. Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors. i. Refresh local action plans alighted to the Berkshire Prevention Strategy (2021-2026) and National Strategy (2023) j. Explore means to improve local intelligence and data on self-harm to be regularly reviewed at the Berkshire Suicide Prevention Steering Group. k. Review Berkshire Suicide Prevention Group l. Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide.

Appendix 2

Local Authority Actions

Priority Area 1: Children and Young People	**Children and Young People: including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQIA+ and transitions.**
Berkshire Strategy Recommendations	a. To raise awareness of the link between trauma and adversity, and suicide across the life course. b. Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community. c. To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention. d. To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.

Priority Area 2: Self-harm	**Self-harm; as a risk factor, groups vulnerable to self-harm, hospital admission, mental health, young people and self-harm**
Berkshire Strategy Recommendations	m. Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm. n. Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care. o. Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support.

	p. Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.

Priority Area 3: Females	**Female suicide deaths; including perinatal mental health, domestic abuse, parental or carer stress**
Berkshire Strategy Recommendations	a. Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services. b. Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (Whether the client is a victim, survivor, perpetrator or child or young person)

Priority Area 4: Economic stresses	**Economic factors; including the impact of COVID-19, debt, mental health, benefits, socio-economics disadvantage and gambling**
Berkshire Strategy Recommendations	a. Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; i. reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals ii. encourage people in debt to reach out for help to reduce impact on mental health iii. encourage people with poor mental health to reach out for debt advice b. Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available. c. Support Berkshire local authorities with a single point of access information site around money matters. d. Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities.

	e. Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes. f. Make sure that all parts of the health service where patients showing suicidal intent first make contact, are sign posted or triaged appropriately using a process that includes debts and other economic stresses as risk factors. g. Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. h. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways. i. Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.

Priority Area 5: People bereaved by suicide	**Supporting those who are bereaved or affected by suicide; including local suicide bereavement support, specialist suicide bereavement support, and those impacted by suicide in the workplace.**
Berkshire Strategy Recommendations	a. Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services. b. Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer to-peer support service. c. Building in bereavement support to extend to wider family members, friends and communities. d. Continue to commission suicide bereavement support services and monitor its impact. e. Explore training opportunities for staff impacted by suicide. f. Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers

Appendix 3 - Reading Local Suicide Prevention Action Plan 2023/24

1. Overview

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	OWNER	THEME	NATIONAL
2. Children and Young People	2.a) To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector	Berkshire; Local Authority	Needs and links across lifecourse (including transitions see 2f); Identify key partner organisation/s and roles	Berkshire Suicide Prevention Group	Health Promotion Training	Addressing common population level risk factors
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community	Neurodiverse children and young people pre□diagnosis and supported and adaptations made for their needs, reducing suicide risk	Berkshire; Berkshire West Local Authority	Identify best-practice for needs led approach; Agree scope of support offer to system and identify leads	tbc	Training Health Promotion	Tailored, targeted support for priority groups
	2.e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach	Berkshire Local Authority	Map of local organisations and charities working across Berkshire/s to support LGBTQIA+ communities Understanding commissioning/funding arrangements for groups; Review reporting and outcomes;	Berkshire Suicide Prevention Group Local Authority Leads	Partnership	Providing effective bereavement support (postvention) Tailored, targeted support for priority groups
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector	Berkshire Local Authority	See 2a) Identify best practice in relation to training and what is available locally; Identify gaps and support required;	Berkshire Suicide Prevention Group Local Authority CYP/ASC and Public Health Leads	Training Health Promotion	Addressing common population level risk factors Tailored, targeted support for priority groups
	3.a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience	Berkshire West Local Authority	Identify and share best practice in relation to prevention of self-harm and resilence building in CYP; Identify local data and reporting in relation to at risk CYP/Schools;	tbc	Partnership Data and Evidence	Addressing common population level risk factors Tailored, targeted support for priority groups
	3.b)Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;	tbc	Health Promotion	Addressing common population level risk factors

1. Overview

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	OWNER	THEME	NATIONAL
3. Self-harm	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;		Health Promotion	Addressing common population level risk factors Providing effective crisis support
	3.d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.	Further understanding of the impact of self-harm on parents and sibling's mental health and wellbeing, allowing future interventions into how to support these groups to be well informed	Berkshire	Undertake a review of evidence around impact/risk on others re self-harming behaviours	TBC	Research	Addressing common population level risk factors Providing effective crisis support
4. Female Suicides	4.b) To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.	Improved understanding and insight into the risk factors and link to suicide within the perinatal period.	BOB Frimely & RBH Berkshire	See 4a) Review links between maternal system data and RTSS;	Berkshire Suicide Prevention Group Thames Valley Police RTSS	Surveilliance Partnership	Improving data and evidence
	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services	Berkshire Local Authority	Understand best practice in relation to pathways between services; Review local authority pathways and reporting;	Berkshire Suicide Prevention Group Local Authority Leads (PH, CMHT, CSP)	Partnerships	Tailored, targeted support for priority groups Providing effective crisis support
	4.d) Improve data collection of domestic abuse data in RTSS.	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.	Thames Valley	Identify gaps in data collection of domestic abuse in RTSS; Idetnify solution (training?) Agree and assign actions and improvement target;	TV Police RTSS Officer; TV SPIN/BOB ICS	Surveilliance Training	Improving data and evidence
	4.e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.	Berkshire	Linked to 1c)	Berkshire Suicide Prevention Group	Data & Intelligence	Improving data and evidence

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

1. Overview

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	OWNER	THEME	NATIONAL
	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need	Berkshire Local Authority	Identify best practice in relation to responding to self-harm/suicide ideation in all people in contact with DA services (all sex/gender).	Berkshire Suicide Prevention Group Local Authority Leads	Training	Tailored, targeted support for priority groups Providing effective crisis support
5. Economic Factors	5.a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help	Berkshire Local Authority	Review evidence and local need in relation to debt, MH and suicide risk; Identify key partner organisation/s and roles Agree awareness raising campaign/messages	Berkshire Suicide Prevention Group Local Authority Leads	Health Promotion Training	Addressing common population level risk factors
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.	Berkshire Local Authority	Identify training and support for frontline staff:	Berkshire Suicide Prevention Group	Training	Addressing common population level risk factors
	5.c) Support Berkshire local authorities with a single point of access information site around money matters	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.	Berkshire Local Authority	Review need regarding SPA and information around money matters;	Berkshire Suicide Prevention Group	Partnership Health Promotion	Addressing common population level risk factors
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.	Berkshire Local Authority	Review actions taken in relation to compassionate debt collection by LA; Identify need for any further action;	Local Authority Leads	Partnership Policy (?)	Addressing common population level risk factors Providing effective crisis support Tailored, targeted support for priority groups

1. Overview

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	OWNER	THEME	NATIONAL
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk				Health Promotion	Addressing common population level risk factors Tailored, targeted support for priority groups
	5.f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress	Berkshire West Local Authority	Linked to 5c) Review local processes in relation to content/signposting for debt/economic stress factors	Berkshire Suicide Prevention Group Community Mental Health Team/s	Partnerships Training	Providing effective crisis support
	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk	Local Authority	Review current system partnerships; Identify local referral pathways	Local Authority Leads	Partnerships	Addressing common population level risk factors Tailored, targeted support for priority groups
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.	Berkshire Local Authority	Identify local data and intelligence sources regarding gambling; Ongoing monitoring of Government/LGA Guidance in relation to gambling (due 2024)	Berkshire Suicide Prevention Group	Data & Intelligence	Improving data and evidence
	6.a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.	BOB Local Authority	Review commissioned service/s and relevant KPI/outcomes	BOB ICS Commissioner	Partnership	Providing effective bereavement support (postvention)
	6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service	Berkshire	To review local volunteer lead SoBS arrangements and support needs	Berkshire Suicide Prevention Group	Partnership	Providing effective bereavement support (postvention)
	6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing	Berkshire Local Authority	Review local arrangements and needs		Commissioning	Providing effective bereavement support (postvention)

Appendix 3 - Reading Local Suicide Prevention Action Plan 2023/24

1. Overview

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	OWNER	THEME	NATIONAL
6. Bereaved by Suicide	6.d) Continue to commission suicide bereavement support services and monitor its impact.	Bereavement support services are available and accessible across Berkshire, providing consistent support for those bereaved.	BOB Thames Valley Berkshire	BOB ICS to continue to commission suicide bereavement support services and contract/performance manage service/s.	BOB ICS Commissioner	Commissioning	Providing effective bereavement support (postvention)
	6.e) Explore training opportunities for staff impacted by suicide	Training for staff impacted by suicide in place and being delivered where appropriate, potentially improving emotional and mental wellbeing for staff following suicide	BOB/Thames Valley Berkshire	Review of organisation employee/workplace support	All - Individual organisation led	Training	Providing effective bereavement support (postvention)
	6f) Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers	Employers able to better support their staff who have been affected by suicide	BOB/Thames Valley Berkshire	See 6e)	See 6e)	Partnership Training	Tailored, targeted support for priority groups Providing effective crisis support

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME
Children and Young People: including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQIA+ and transitions.	2.a) To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector	Berkshire; **Local Authority**	Needs and links across lifecourse (including transitions see 2f); Identify key partner organisation/s and roles Agree awareness raising campaign/messages	Health Promotion Training
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community	Neurodiverse children and young people pre□diagnosis and supported and adaptations made for their needs, reducing suicide risk	Berkshire; Berkshire West **Local Authority**	Identify best-practice for needs led approach; Agree scope of support offer to system and identify leads	Training Health Promotion
	2.e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach	Berkshire **Local Authority**	Map of local organisations and charities working across Berkshire/s to support LGBTQIA+ communities Understanding commissioning/funding arrangements for groups; Review reporting and outcomes;	Partnership
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector	Berkshire **Local Authority**	See 2a) Identify best practice in relation to training and what is available locally; Identify gaps and support required;	Training Health Promotion

3. Self-Harm

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME
Self-harm; as a risk factor, groups vulnerable to self-harm, hospital admission, mental health, young people and self-harm	3.a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience	Berkshire West **Local Authority**	Identify and share best practice in relation to prevention of self-harm and resilence building in CYP; Identify local data and reporting in relation to at risk CYP/Schools;	Partnership Data and Evidence
	3.b)Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care	Berkshire **Local Authority**	Agree awareness raising campaign/messages with key partners;	Health Promotion
	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family	Berkshire **Local Authority**	Agree awareness raising campaign/messages with key partners;	Health Promotion

4. Female Suicides

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME
Female suicide deaths; including perinatal mental health, domestic abuse, parental or carer stress	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services	Berkshire **Local Authority**	Understand best practice in relation to pathways between services; Review local authority pathways and reporting;	Partnerships
	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need	Berkshire **Local Authority**	Identify best practice in relation to responding to self-harm/suicide ideation in all people in contact with DA services (all sex/gender).	Training

5. Economic

Economic factors; including the impact of COVID-19, debt, mental health, benefits, socio-economics disadvantage and gambling	5.a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help	Berkshire **Local Authority**	Review evidence and local need in relation to debt, MH and suicide risk; Identify key partner organisation/s and roles Agree awareness raising campaign/messages	Health Promotion Training
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.	Berkshire **Local Authority**	Identify training and support for frontline staff:	Training
	5.c) Support Berkshire local authorities with a single point of access information site around money matters	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.	Berkshire **Local Authority**	Review need regarding SPA and information around money matters;	Partnership Health Promotion
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.	Berkshire **Local Authority**	Review actions taken in relation to compassionate debt collection by LA; Identify need for any further action;	Partnership Policy (?)
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk			Health Promotion
	5.f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress	Berkshire West **Local Authority**	Linked to 5c) Review local processes in relation to content/signposting for debt/economic stress factors	Partnerships Training
	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk	**Local Authority**	Review current system partnerships; Identify local referral pathways	Partnerships
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.	**Berkshire** Local Authority	Identify local data and intelligence sources regarding gambling; Ongoing monitoring of Government/LGA Guidance in relation to gambling (due 2024)	Data & Intelligence

6. Bereavement

RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	OWNER	THEME
6.a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.	BOB Local Authority	Review commissioned service/s and relevant KPI/outcomes	BOB ICS Commissioner	Partnership
6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer□to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service	Berkshire	To review local volunteer lead SoBS arrangements and support needs	Berkshire Suicide Prevention Group	Partnership
6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing	Berkshire Local Authority	Review local arrangements and needs		Commissioning
6.d) Continue to commission suicide bereavement support services and monitor its impact.	Bereavement support services are available and accessible across Berkshire, providing consistent support for those bereaved.	BOB Thames Valley Berkshire	BOB ICS to continue to commission suicide bereavement support services and contract/performance manage service/s.	BOB ICS Commissioner	Commissioning
6.e) Explore training opportunities for staff impacted by suicide	Training for staff impacted by suicide in place and being delivered where appropriate, potentially improving emotional and mental wellbeing for staff following suicide	BOB/Thames Valley Berkshire	Review of organisation employee/workplace support	All - Individual organisation led	Training
6f) Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers	Employers able to better support their staff who have been affected by suicide	BOB/Thames Valley Berkshire	See 6e)	See 6e)	Partnership Training

7. Audit

PRIORITY AREA	RECOMMENDATION	OUTCOME	(STARTING POSITION) CURRENT ACTIVITIES	ACTIONS NEEDED	OWNER	RESOUCE REQUIRMENTS / COSTS	COMMENTS / NOTES
2. Children and Young People	2.a) To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector					
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community	Neurodiverse children and young people pre□diagnosis and supported and adaptations made for their needs, reducing suicide risk					
	2.e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach					
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector					
3. Self-harm	3.a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience					
	3.b)Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care					
	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family					
	3.d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.	Further understanding of the impact of self-harm on parents and sibling's mental health and wellbeing, allowing future interventions into how to support these groups to be well informed					
4. Female Suicide	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services					
	4.d) Improve data collection of domestic abuse data in RTSS.	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.					
	4.e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.					
	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need					
5. Economic Factors	5.a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help					
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.					
	5.c) Support Berkshire local authorities with a single point of access information site around money matters	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.					
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.					
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk					
	5.f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress					
	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk					
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.					
6. Bereaved by Suicide	6.a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.					
	6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer□to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service					
	6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing					
	6.d) Continue to commission suicide bereavement support services and monitor its impact.	Bereavement support services are available and accessible across Berkshire, providing consistent support for those bereaved.					
	6.e) Explore training opportunities for staff impacted by suicide	Training for staff impacted by suicide in place and being delivered where appropriate, potentially improving emotional and mental wellbeing for staff following suicide					
	6f) Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers	Employers able to better support their staff who have been affected by suicide					

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

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READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**19th Jan 2024**	**AGENDA ITEM:**	
REPORT TITLE:	**READING'S ARMED FORCES COVENANT AND ACTION PLAN**		
REPORT AUTHOR:	**Jill Marston**	**TEL:**	**72699**
JOB TITLE:	**Senior Policy Officer**	**E-MAIL:**	**Jill.marston@reading.gov.uk**
ORGANISATION:	**Reading Borough Council**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.2 This report presents an annual update on progress against the actions outlined in the Armed Forces Covenant Action Plan, in particular the health-related actions, and on the general development of the Armed Forces Covenant, including the recent introduction of new legislation and the development of the pan-Berks Civil Military Partnership.

1.3 Appendix A – Armed Forces Covenant Action Plan.

2. RECOMMENDED ACTION

2.1 To note the further development of the pan-Berks Civil Military Partnership

2.2 To note the progress against the actions set out in the Reading Armed Forces Covenant Action Plan (appendix A), in particular the section on Health and Wellbeing.

3. POLICY CONTEXT

3.1 In 2011, the Government published the Armed Forces Covenant, as a tri-Service document which expresses the enduring, general principles that should govern the relationship between the Nation, the Government and the Armed Forces community.

3.2 The Covenant also enables service providers to go beyond the national commitments. It allows for measures to be put in place at a local level to support the Armed Forces and encourages local communities to develop a relationship with the Service community in their area.

4. THE PROPOSAL

Background

4.1 The aims of the Armed Forces Covenant are to:

- encourage local communities to support the Armed Forces community in their areas
- nurture public understanding and awareness amongst the public of issues affecting the Armed Forces community
- recognise and remember the sacrifices faced by the Armed Forces community

- encourage activities which help to integrate the Armed Forces community into local life
- to encourage the Armed Forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

4.2 The Reading Armed Forces Covenant was launched in July 2012, signed by 7 Rifles on behalf of the Armed Forces and a range of other key partners.

4.4 Reading doesn't have a large military 'footprint', with no regular forces stationed in the town. However, Brock Barracks is the headquarters for the Territorial Army unit 7th Battalion The Rifles, and Reading is home to a large ex-Gurkha community. Reading's Armed Forces Covenant therefore focuses on Veterans and Reservists and aims to be proportionate in its scope to the size of the Armed Forces community in Reading.

New legislation

4.5 As part of the Armed Forces Act 2021, the Government introduced new legislation to further strengthen the statutory basis of the Covenant. The legislation has introduced a new duty on public service providers to take due regard of the Armed Forces community when writing policy and making decisions in implementing that policy in relation to healthcare, education, and housing. The new duty came into force in November 2022 and statutory guidance has been published.

4.6 In response to the new duty, the Council has added the Armed Forces community to those considered as part of the standard committee report paragraph on 'equality impact assessment', so that the impact on this community is considered as a matter of course. Training for front-line staff to respond to the potential increase in enquires from veterans and their families has also been promoted.

Pan-Berks Civil Military Partnership

4.7 The new pan-Berks Civil Military Partnership was officially launched in July 2022, and after a brief hiatus due to staff changes, met again in October 2023 to consider the terms of reference and action plan.

4.8 The aim of the partnership is to bring about economies of scale, with shared action plans and joint initiatives, such as joint events for Armed Forces Week, joint MoD covenant grants, as well as wider but more focused support from the military.

4.9 The Reading Armed Forces Partnership Board will continue to meet at the local level for information exchange and networking.

Update on the Covenant Action Plan

4.10 The Reading Armed Forces Covenant partnership meets on a six monthly basis, the most recent held in September 2023. Partners continue to report that the meeting is valuable.

4.11 Progress to date against the actions in the Action Plan is shown in Appendix A.

4.12 The Action Plan includes a section on health and wellbeing with the following actions:

- Feedback and input to the Health and Wellbeing Board
- Devise protocol for GPs to register Veteran status
- Raise awareness of and signpost to Veteran's Mental Health Service for the South Central region
- Development of a leaflet on accessing health services to be translated into Nepalese

- Develop and promote a discount scheme for serving personnel for arts and leisure facilities in Reading
- Consolidation of appropriate contact/ support lists in order to provide better signposting

4.13 In particular, re GPs recording Veteran status, 395 Veterans were coded by Reading GP practices as at November 2022. In the coming year, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board are planning to:

- Promote Veterans Accreditation at our GP Protected Learning Time Sessions
- Mailout to all GP Practices and PCNs who have not signed up to the Accreditation.
- Promote via our GP Newsletter

4.14 Royal Berkshire NHS Foundation Trust has achieved Veteran Aware status, and has also:

- Continued to build on our partnerships in the local community to improve joint working and signposting – for example we have particularly built relations with Brock Barracks who have run military recruitment events onsite and attend our Forces Forums on a regular basis, as well as Op Courage colleagues at Berkshire Healthcare NHS Foundation Trust.
- Been recognised for our work with our local Gurkha community – we were finalists at the prestigious HSJ Awards in the Military and Civilian Partnerships category in the 2023 Awards – we continue to support this community and now run regular health check sessions with them on a monthly basis.
- Continued to build our networks of those interested in supporting the Armed Forces through our Staff Forces Forum where we get speakers and have discussions about important issues related to patients and staff in the Armed Forces and veterans. We have recently started work to look at our Reservist policy.
- Started work to offer a Befriending Service for patients where members of the Armed Forces, both internal members of staff and volunteers from Brock Barracks would sit with patients with military backgrounds to aid in recovery. We plan to do this in collaboration with our Defence Medical Welfare Service colleagues who are able to identify patients who need support
- Work is ongoing to address the challenges with our systems to be able to flag and therefore capturing the number of Armed Forces / veteran patients we have, along with out important characteristics which will improve patient care.

Covenant Grant Fund Trust

4.15 The national Covenant grant fund was launched in 2015 by the Ministry for Defence, with £10 million available every year. Since April 2018, the fund has become the independent Armed Forces Covenant Fund Trust and makes grants to support members of the Armed Forces community.

4.16 The 'Force for Change' programme awards individual grants of up to £10,000 for community projects designed to reduce isolation and promote integration and to support post-Covid recovery in local Armed Forces communities affected by isolation. In 2022, 28 grants were awarded, worth £268,149. Deadlines for the coming year have not yet been published.

5.0 CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The work on the Armed Forces covenant is in line with the overall direction of the Reading Health and Wellbeing Strategy and contributes to a number of the Strategy's eight priorities, including the following as they relate to the Veteran community, through strengthening the support provided to Veterans and service leavers:

1. Supporting people to make healthy lifestyle choices
2. Reducing loneliness and social isolation
3. Reducing deaths by suicide

4. Reducing the amount of alcohol people drink to safe levels

5.2 The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal addresses these by providing support to the Armed Forces community and their families, including Veterans.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Two of the key aims of the Armed Forces Community Covenant are to:

- encourage local communities to support the armed forces community in their areas
- encourage the armed forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

7. EQUALITY IMPACT ASSESSMENT

7.1 The covenant is intended as a vehicle for partners across Reading to help enable Veterans or Reservists to access health services, particularly mental health services, training and employment opportunities.

8. LEGAL IMPLICATIONS

8.1 The general power of competence, introduced as part of the Localism Act 2011, replaces the well-being power from February 2012. The Act gives local authorities the power to do anything which an individual generally may do, which they consider is likely to be of benefit (directly or indirectly) to the whole or any part of their area. It therefore gives local authorities the power to do anything they want, so long as it is not prohibited by other legislation.

8.2 The new legal duty to be due regard to the Armed Forces community is discussed at 4.5.

9. FINANCIAL IMPLICATIONS

9.1 £30m of central government funding was allocated over four years to 2014/15 to financially support Community Covenant projects at the local level which strengthen the ties or the mutual understanding between members of the armed forces community and the wider community in which they live. Reading submitted bids in three bidding rounds. £10m per annum was made available in perpetuity from 2015/16 onwards through the new Armed Forces Covenant Trust Fund.

10. BACKGROUND PAPERS

10.1 Armed Forces Covenant Fund www.covenantfund.org.uk

READING ARMED FORCES COMMUNITY COVENANT
ACTION PLAN NOV 2023[1]

The Armed Forces Community Covenant's key objectives:
Recognise, Remember, Integrate and Support

Armed Forces community comprises serving personnel (regular and reserves) and their dependants; and veterans and their dependants.

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 24
HEALTH AND WELLBEING - *To ensure that the wellbeing of the Armed Forces community is not undermined by the nature of service life*				
Recognise: *Map and identify veterans status and represent special requirements of Armed Forces community in order to allow NHS to meet needs*				
1	Feedback and input to Health and Wellbeing Board	ROSO 7 Rifles	ongoing	• Last report on health related actions to Health & Wellbeing Board in Jan 2023

3	Devise protocol for GPs to register Veteran status	Clinical Commissioning Groups	ongoing	• 395 Veterans are coded by Reading GP practices (November 2022)
				• Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board are planning to:
				  • Promote Veterans Accreditation at our GP Protected Learning Time Sessions
				  • Mailout to all GP Practices and PCNs who have not signed up to the Accreditation.
				  • Promote via our GP Newsletter
				• Royal Berkshire NHS Foundation Trust has achieved Veteran Aware status, and has also:
				  ➢ Continued to build on our partnerships in the local community to improve joint working and signposting – for example we have

[1] *Red= new note; yellow highlight = action*

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 24
				particularly built relations with Brock Barracks who have run military recruitment events onsite and attend our Forces Forums on a regular basis, as well as Op Courage colleagues at Berkshire Healthcare NHS Foundation Trust. ➢ Been recognised for our work with our local Gurkha community – we were finalists at the prestigious HSJ Awards in the Military and Civilian Partnerships category in the 2023 Awards – we continue to support this community and now run regular health check sessions with them on a monthly basis. ➢ Continued to build our networks of those interested in supporting the Armed Forces through our Staff Forces Forum where we get speakers and have discussions about important issues related to patients and staff in the Armed Forces and veterans. We have recently started work to look at our Reservist policy. ➢ Started work to offer a Befriending Service for patients where members of the Armed Forces, both internal members of staff and volunteers from Brock Barracks would sit with patients with military backgrounds to aid in recovery. We plan to do this in collaboration with our Defence Medical Welfare Service colleagues who are able to identify patients who need support ➢ Work is ongoing to address the challenges with our systems to be able to flag and therefore capturing the number of Armed Forces / veteran patients we have, along with out important characteristics which will improve patient care.
4	Raise awareness of and signpost to Veteran's Mental Health Service for the South Central region	Covenant partnership/ Armed Forces charities/other partners	ongoing	• JCP, SSAFA, RBL promote the service • SSAFA and RBL working with South Central Veterans Mental Health Service within current casework • CCGs have been raising awareness at council of practice meetings, on CCG websites, and on social media • Hotline number included on Council's web page for support for Veterans https://www.reading.gov.uk/leisure/funding/reading-armed-forces-covenant/ Transition, Intervention and Liaison Service (TILS) and Complex

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 24
				Treatment Service (CTS) now rebranded as Op Courage • Plans for Medical Welfare Service to visit Royal Berks Hospital every week to seek out and offer support to veterans.
5	Development of a leaflet on accessing health services to be translated into Nepalese	Clinical Commissioning Groups/SSAFA/RBC	Spring 2014	**ACHIEVED** • SSAFA runs classes with ex-Gurkha community using leaflet • Funding gained from covenant fund to develop the booklet further and to print and translate into Nepalese; revision version now complete and printed • Royal Berks Hospital were running 6 weekly meetings with ex-Gurkha community on diabetes, blood pressure etc, using the booklet • Booklet used as basis for Kent health toolkit • Covid advice leaflets also produced for ex-Gurkha community
6	Develop and promote a discount scheme for serving personnel (both full time and reservists) for arts and leisure facilities in Reading	RBC/ ROSO 7 Rifles	Promotion summer 2013	**ACHIEVED** • Scheme developed and in place for leisure centres • Use of 'tickets for troops' by Hexagon
7	Consolidation of appropriate contact/ support lists in order to provide better signposting	ROSO 7 Rifles/ RBC	2014	**ACHIEVED** Reading Borough Council website includes key support contacts at: Reading Armed Forces Covenant - Reading Borough Council
ECONOMY AND SKILLS - *Enhance the economic prosperity of Service personnel (including reservists), their families, and Veterans whilst benefitting the local economy wherever possible*				
Integrate: *Ensure Armed Forces benefit from ongoing economic development in county*				
Support: *Facilitate a sustainable pathway for Service leavers into civilian employment*				
8	Keep local authorities and business updated on re-structuring of Defence	ROSO 7 Rifles	ongoing half yearly	Briefing provided at partnership meeting; recruiting is going well

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 24
9	Work with local businesses to encourage employment of Service leavers and Reservists	Reading UK CIC/ Jobcentre Plus/	ongoing	• MOD employer engagement strategy to promote to employers the value of employing Reservists • Ongoing briefing sessions between 7 Rifles and JCP (including Back to Work Programme and Armed Forces Employment Pathways Scheme) • 7 Rifles work with Gravity Personnel to promote the benefits of recruiting Reservists • UK CIC and Business Improvement District newsletters promotion of benefits of employing Reservists • 7 Rifles presence at job fairs
10	Encourage Jobcentre Plus to register Veterans	Jobcentre Plus	ongoing	• Universal Credit claim process doesn't now record Veteran status • DWP now have Armed Forces champions
11	Promote the Armed Forces (Regular and Reserve) as a career for the residents of Reading, particularly young people Not in Education, Training or Employment	Reading UK CIC/ 7 Rifles/ Jobcentre Plus	ongoing	• Regular recruiting activities in Oxon, Bucks and Berks in support of Operation Fortify recruiting initiative • JCP advisors kept up to date with Armed Forces vacancies, and promote Army Reserve generally • MOD employer engagement strategy • Ongoing briefing sessions between 7 Rifles and JCP • 7 Rifles presence at job fairs, including freshers' week fairs
12	Support Service leavers, former Armed Forces personnel and reservists to access careers guidance, CV support and interview preparation courses	Jobcentre Plus / New Directions/ other partners	ongoing	• New Directions offer an employability course in partnership with JCP, covering employability and essential IT skills - for Universal Jobmatch, CV creation, job applications and interview preparation • Advice and support contacts promoted via RBC Armed Forces Covenant web page: https://www.reading.gov.uk/leisure/funding/reading-armed-forces-covenant/ and new Armed Forces Covenant website: (www.armedforcescovenant.gov.uk) • NHS guaranteed interview scheme for service leavers • Plans for a SERFCA portal for AF leavers and cadets to find apprenticeships.
13	Defence discount service/ card	Reading UK CIC	2014/15	• Awareness raised with Business Improvement District businesses • A number of large companies with Reading branches already signed up to scheme
14	Promotion of relevant events to	Reading UK	ongoing	• JCP and Reading UK CIC general promotion of relevant events

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 24
	businesses/ employers	CIC/ROSO 7 Rifles/Jobcentre Plus		• Sandhurst Leadership Challenge (employers) • Job fairs at Hexagon, Reading College and University of Reading
15a	Development of Reading Borough Council protocol for employment of Reserve Forces personnel	RBC	March 2014	**ACHIEVED** Agreed at Personnel Committee March 2014
15b	Promotion of Armed Forces Covenant to employers	RBC/ Reading UK CIC/ Covenant partnership	ongoing	• Article in Reading UK CIC e-News • Ongoing work with MOD Defence Relationship Management to engage employers • RBC awarded Employer Recognition Scheme bronze award July 2017
EDUCATION, CHILDREN AND YOUNG PEOPLE - *Develop a comprehensive understanding of the needs of Service children; remove and negate disadvantage which results from the mobility of Service life. Develop youth opportunities across the community, supporting the Cadet Forces.*				
Integrate: *Promote an understanding of the needs of Service children so that they are not disadvantaged in the state education system*				
Support: *Enable optimal educational opportunity for Service children within the context of the state education system*				
16	Survey schools to determine numbers of Service family pupils and ensure schools maximise the value of the Service Pupil Premium by encouraging registration and promoting best practice in utilisation of funding	RBC/ Schools in Reading Borough area/ 7 Rifles	annual survey (next due Jan 15)	• 7 service children in Reading schools (Jan 21, School Census) • Best practice examples of how service pupil premium spent in other areas circulated to schools
17	Being sensitive and supportive to the possible emotional and psychological needs of some Service children	RBC/ Schools in Reading Borough area/ 7 Rifles	ongoing	Reminders to encourage parents to inform school of Armed Forces status
ENVIRONMENT AND INFRASTRUCTURE - *Ensure that the wider Armed Forces' infrastructure requirements (inc Housing) are met in*				

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 24
synchronisation with the Defence Infrastructure Organisation (DIO) and cognisant of the requirements of the local community. Where possible, create efficiencies with the local community				
Support: *Develop a common understanding of infrastructure needs of the Armed Forces community, in order to inform Local Authority planners to optimise provision. This incorporates a common, equitable housing protocol for Veterans within the local area.*				
18	Develop and implement a plan for the identification of Veterans locating to the Reading area in order to ensure that they are informed and included in relevant initiatives	ROSO 7 Rifles / RBC/ charities	ongoing	• Some Veterans claiming benefits can be identified and support offered • Support, initiatives and opportunities disseminated via charities' existing mechanisms (e.g. SSAFA, RBL, Reading Ex-British Gurkha Association, Forgotten British Gurkhas) • Total number of veterans in Reading – 3,643 (Census 2021) • Tri-service Veterans breakfast every 2nd Sunday at the Beefeater at Reading Gateway
19	Ensure Veterans receive equitable treatment in allocation of social housing	RBC	ongoing	**ACHIEVED** • Incorporated into Reading Borough Council's Housing Allocations Scheme • 92 households have been given additional priority for housing via the Housing Register since 2011; to date, 14 have been re-housed and 12 applications are currently live on the register (Nov 2022)
20	Explore options for facility sharing in line with local needs and Defence Infrastructure Organisation plans	PSAO HQ Coy 7 Rifles/ RBC	ongoing	• Use of Brock Barracks for community purposes promoted to community groups via Reading Voluntary Action newsletter and Reading Services Guide.
SAFER AND STRONGER COMMUNITIES - *Develop a stable and robust Armed Forces community which integrates into the wider society, whilst retaining a sense of itself*				
Integrate: *Promote common understanding and closer integration between military and civil communities*				
21	Ensure that appropriate links are in place between the Local Authority and Armed Forces in order to allow the effective	RBC/ X0 7 Rifles	ongoing	• Civil emergency liaison in place, and protocol for civil emergency funding has been improved • Armed Forces assistance during flooding events in 2014

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 24
	activation of Military Aid to the Civil Community (MACC) in the event of a civil emergency (e.g. severe weather event) and/ or community projects where manpower is required			• During COVID, 80 7 Rifles soldiers supported the NHS through mobile testing under Op Rescript across the SE.
Support: *Support civil agencies in their dealings with members of the Armed Forces community, in order to optimise outcomes and use resource more efficiently*				
22	Establish and implement domestic violence protocol between Service and Civil Police, agencies and charities to recognise military needs and ensure equitable service	ROSO 7 Rifles	ROSO to advise	**ACHIEVED** Protocol in place
23	Identify key areas for application of Community Covenant grant funding which will benefit both the civil and Armed Forces communities	RBC/Covenant partnership/ ROSO 7 Rifles	Ongoing	• Grant fund promoted on RBC website and via Reading Voluntary Action • Successful bid for £21,730 for 'health weeks' project aimed at raising awareness of health and social care services amongst the ex-Gurkha community, December 2012 • Successful bid for £10,000 for museum centenary project, December 2013 • New Covenant grant fund launched Aug 2015 • Successful bid from REBGA for two Nepalese community development workers (£14,500) • Successful bid from SSAFA for funding to update, develop and print copies of a health booklet translated into Nepalese (£1,000). • Force for Change programme is for bids up to £10k for projects which reduce isolation and promote integration.
24	Encourage organisations and communities to sign up to the Armed Forces Community Covenant	RBC/ Covenant partnership/ ROSO 7 Rifles	Ongoing	• Signatories include Thames Valley Chamber of Commerce, Reading College and University of Reading • Ongoing work with MOD Defence Relationship Management to engage employers

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 24
RECOGNISE AND REMEMBER - *Encourage recognition and remembrance of the unique sacrifices made by Armed Forces personnel in defence of society*				
***Recognise**: Support civil events that allow the community to recognise the Armed Forces*				
25	Support the annual Armed Forces Day	PSOA HQ Coy 7 Rifles/RBC	Annual (June)	• Armed Forces Day June 2023; flag raising at the Civic Offices • Reserves Day June 2023 • Remembrance events Nov 2023
26	Armed forces participation in public events as appropriate	RBC/ PSAO HQ Coy 7 Rifles (PSOA HQ Coy)	ongoing	• Numerous recruiting and other community events throughout the year, although reduced in 2020/21 due to Covid-19
***Remember:** Commemorate those members of the Armed Forces who have made the ultimate sacrifice*				
27	Plan and conduct remembrance event at Brock Barracks as focal point for annual armistice event in Reading	PSAO HQ Coy 7 Rifles	ongoing	Event held in Nov 2023 in Forbury Gardens
28	Plan and conduct appropriate event(s) in support of the centenary anniversary of the outbreak of the First World War	RBC/ Adjt 7 Rifles/ communities	Aug 2014 - 2018	• Successful bid submitted to Community Covenant Grant Fund by Museum service for funding to support the 'Reading at War' exhibition' in to mark the centenary of the beginning of the First World War • Royal British Legion commemoration services on 6th July and 4th Aug 2014 at Reading Minster • Operation Reflect activities including 7 Rifles visits to 5 primary schools • Commemorative paving slabs for home towns of Victoria Cross winners, placed with Trooper Potts VC Memorial • Trooper Potts VC Memorial unveiled in October 2015 outside the Crown Courts in Reading

List of abbreviations
SSAFA – Soldiers, Sailors and Airmen Families Association
SERFCA – South East Reserve Forces and Cadets Association

ROSO – Regimental Operations Support Officer
RBC – Reading borough Council
NHS – National Health Service
GPs – General practitioners
JCP – Jobcentre Plus
CCGs – Clinical Commissioning Groups
MOD – Ministry of Defence
JSA – Job Seekers Allowance
TBC – to be confirmed
AF – Armed Forces
BID – Business Improvement District
PSAO HQ Coy – Permanent Staff Admin Office HQ Company
TM or TM(V) – Training Major
CCRF- Civil Contingency Reaction Force
CIMIC – Civil Military Corporation
Adjt - Adjutant

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Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Buckinghamshire, Oxfordshire & Berkshire West Update Briefing

November 2023

In this update:

1. ICB Board Meeting

The BOB ICB held its board meeting in public on 21 November; papers are available here: https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/

2. BOB Joint Forward plan and Integrated Care Strategy: shared system goals

In early 2023, following extensive engagement across the system, the BOB Integrated Care Partnership (ICP) published the Integrated Care Strategy and subsequently BOB NHS partners published the NHS Joint Forward Plan describing our approach to delivering the relevant ambitions of the strategy.

These documents continue to provide the framing and long-term direction for the wider ICS, including the relevant NHS organisations. Within the wider framing provided by these documents, we are proposing that this year, we identify a smaller subset of goals that we wish to prioritise to drive forwards collective action across the BOB system. This will allow us to focus our energy and resources to deliver impact in a few targeted areas.

Our objectives as an ICS are to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

To support us in identifying a smaller number of goals to prioritise this year, we held a strategic engagement session with system leaders from NHS, local government, voluntary sector and research partners on 30 October. Within this discussion, we focused on our system vision for the next three to five years and the areas we think we should focus on over the next year to help us make progress towards achieving this.

A draft report on the BOB shared system goals can be found on the BOB ICB website. All NHS and partner organisations have been sent this paper and asked for comments and views during November / December 2023. Following this, we will finalise our system goals and move into organising ourselves to deliver on these during 2024/25.

3. BOB ICB Primary Care Strategy

The Fuller Stocktake, published in May 2022, set out a vision for Primary Care in England and an agenda to help manage these pressures. It emphasised the need for action in three key areas: Access, Continuity and Prevention. It aligns with BOB's local vision and ambitions and now there is a need for a localised strategy to take this forward.

BOB ICB is working with colleagues across the system to document understanding of the current state of primary and community care services, to identify good practice to build on (both locally and nationally), to design a new approach to primary and community care delivery, and to set a plan of how to deliver this together over the coming months and years.

More than 140 stakeholders and system partners gathered in High Wycombe for a Primary Care Strategy Day on 18 October. This was a successful and engaging event where we started to develop the vision and guiding principles for the strategy. An excellent panel session featured representation from all disciplines, including our provider Trust partners and colleagues in Public Health, highlighting the current challenges across different sectors. The voluntary services, Healthwatch, patient participation groups and public health all provided vital contributions.

The challenges facing primary care across BOB:

- Increasing demand from an ageing population with multiple conditions. BOB's population is predicted to grow by five per cent by 2042 (37 per cent increase in those over 65)
- Patient dissatisfaction with access is growing
- Capacity is not keeping pace with demand. Average patient list size has increased from 2,500 per FTE in 2020 to 3,250 today
- General practice staff would like to spend more time on prevention and chronic care, from 50 per cent today to 68 percent
- BOB spends more on acute services than on primary care, community services and mental health combined
- Estates are a barrier to change, e.g., in Buckinghamshire, 70 per cent of practices have more patients per square metre of estate than recommended
- People in our more deprived areas develop poor health 10-15 years earlier than those in wealthier areas

The model for primary care services is expected to focus on:

- Access – people get to the right support first time to meet their needs
- Continuity – people receive personalised, joined up care from an integrated neighbourhood team
- Prevention – we use data to understand outcomes then deliver support that makes a difference

A draft strategy is expected to be available later in December.

As part of our programme of work to transform primary care, the ICB launched its public engagement exercise – the '**Primary Care Conversation'** at: **https://yourvoicebob-icb.uk.engagementhq.com/hub-page/primary-care** to gather the views of local communities through online events, focus groups and a survey which will help inform and shape the strategy.

4. Primary Care Access and Recovery Plan

NHSE published the national Delivery Plan for Recovering Access to Primary Care on 9 May 2023 in response to the growing demand and pressures in primary care and their impact on the ability of patients to access services.

The BOB ICB Primary Care Access and Recovery Plan (PCARP) has been written in the context of the BOB ICB Joint Forward Plan and the developing primary care strategy (see above).

The components of the BOB ICP plan are:

- Empowering patients through self-referral pathways; improving NHS App functionality; expanding community pharmacy services
  Modern General Practice including cloud-based telephony and digital pathways
- Building capacity by growing multi-disciplinary teams and expanding training and retention of workforce
- Reducing bureaucracy by improving the interaction between primary and secondary care

All ICBs were asked to report on progress against the Primary Care Access & Recovery Plan (PCARP) at public boards in November 2023.

Among the progress highlights across BOB are:

- patient self- referral pathways in Musculoskeletal; audiology; weight management; community podiatry; wheelchair services.
- All GP practices in the BOB area have enabled the NHS App with more than six out of 10 patients aged 13 and over now registered to use it.
- Eight out of ten BOB residents live within a 20- minute walk of a pharmacy and there are twice as many pharmacies in areas of deprivation than in affluent areas. Across BOB we have 253 community pharmacies offering a range of clinical services. More than 7,760 referrals have been made from GP practices into community pharmacies since April 2023, which equates to approximately 1,295 hours of saved practice appointment time.
- Nearly nine out of 10 BOB GP practices are live with digital telephony and the remaining practices are signed up to make the change by March 2024.
- Initiatives in place to support the recruitment and retention of GP practice staff including a coaching and mentoring service and a return to practice programme for all Allied Health Professionals and nurses returning to primary care.

The full BOB Board report can be found on the ICB website.

5. BOB ICB Digital and Data Strategy

The ICB board approved the Digital and Data Strategy in May 2023. The strategy sets out a range of outcomes and priorities under three strategic themes of Digitise, Connect and Transform, a delivery programme and a costed (but not fully funded) plan.

The first BOB Integrated Care System digital summit was held in September in Reading. We believe this may be the first ICS-wide summit of its kind nationally, with more than 200 colleagues in attendance from across the NHS, local authority, VCSE, Health Innovation Network, patient groups and social care.

The summit provided an excellent foundation to showcase the outstanding work underway across BOB and provide an opportunity for people to connect and learn how they can contribute to, share and use the capabilities being developed across the system.

Good progress has been made on digitising social care records, falls prevention, digital diagnostics and virtual wards/hospital at home.

The full Board report on progress can be seen on the BOB ICB website

6. Covid and Flu vaccination programme Autumn 2023

The BOB autumn/winter vaccination programme is benchmarking well against regional and national counterparts for Covid vaccination uptake. BOB has delivered nearly 370,000 Covid top-up vaccinations since the programmed launched in September, which is above both the national and regional average.

BOB continues to perform well with flu vaccination with early indications showing we are ahead of rates delivered at this point in previous years, with nearly 470,000 vaccinations delivered.

Outreach and inequality work will continue to ensure all those who wish to access a Covid vaccination are able to before the end of the programme. There are currently 26 access and inequality projects running across BOB for this Autumn/Winter campaign which are all targeting Covid-19 vaccine hesitancy and uptake through understanding barriers and dispelling myths across different populations, particularly those from ethnic minority/low uptake areas. This includes community champions projects, where champions are engaging with communities/populations where hesitancy is high.

BOB ICB is working with local authorities to run this (through community insight) as part of a wider health promotion/protection approach to health and well-being. Cohorts being targeted as part of this include BAME populations; pregnant women; people with learning disabilities and serious mental illness; homeless and asylum seekers/refugees as well as areas of high deprivation.

Maternity champions are working with hospital trusts across BOB targeting hesitancy in pregnant women and aiming to raise vaccine uptake. We are running engagement projects where our providers contact eligible, often vulnerable, patients to encourage them to book a vaccination. Pop-up clinics target geographical gaps where patients have little access to vaccinations, and this has allowed us to increase uptake in these areas.

Providers are working in hotels for asylum seekers to administer vaccinations to eligible people, who would otherwise not have access to a vaccination.

In addition, a pilot workforce project offers attendees training in vaccine hesitancy conversations with eligible groups. Attendees have reported an increase in confidence, knowledge and skill when talking to patients about having a vaccine. Work with care home

staff has allowed our provider to promote consistent, non-judgemental messaging to staff and in turn, increase vaccination uptake.

The programme is underpinned by a wide-ranging campaign communications plan through all digital and traditional media channels, with emphasis on targeted advertising to those communities which maybe vaccine hesitant or face other challenges.

Among the resources used this season;

- In house materials for Black African and Pakistani communities (+ translated materials to Place)
- Banners, posters, and pullups vaccine packs to for partner use
- Social ad sets to key groups + pharmacy bags to 75 pharmacies
- Maildrop to all fixed budget households

7. Berkshire West specific updates

- Plans are progressing to utilise the £1.3m of Inequalities Funding allocated to Berkshire West (£2.6m over two years) to implement a pilot Community Wellness Outreach Service, taking health and wellbeing support into the heart of our communities that are most in need by offering NHS Health Checks to patients who might otherwise not have access to them through targeted outreach clinics. This initiative has been co-produced with partners via the three integrated partnership boards within the Health and Wellbeing Board governance structures across Berkshire West. The Reading component of the service has now launched with the Wokingham and West Berkshire services to follow early in the New Year. The pilot will be evaluated against a key set of metrics measuring the impact of the service on CVD prevention and wider patient wellbeing. An update report will be brought to Health and Wellbeing Boards in Q4 of 23/24 with more detailed progress and evaluation reports to follow in 2024/25.

- The Berkshire West-wide Mental Health Programme Board has now met twice, bringing together partners from across the system to develop and oversee a joint transformation programme to improve and enhance our mental health services for our residents in Berkshire West, linking with wider ICB and national initiatives as appropriate. Details of this work programme will be shared in a future meeting.

- The Berkshire West Mental Health Programme Board sits alongside the Urgent and Emergency Care Programme Board, the Berkshire West Children's Board and the Place Enablers Board to form the programme governance framework which will take forward the key shared priorities identified by place partners. All of the programme boards report into the Berkshire West Unified Executive which now meets bi-monthly and involves a core set of senior leaders from each of the partner organisations, working to further refine and oversee key programmes of work. As well as the Community Wellness Outreach Service, other current programmes include the review of the Reading Urgent Care Centre pilot service, optimising intermediate care and reviewing same day access models across primary care and secondary care. Further updates on these programmes will be scheduled for future Health and Wellbeing Board agendas.

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	19 January 2024
Title	Berkshire West Primary Care Alliance – Membership of the Health and Wellbeing Board
Purpose of the report	To make a decision
Report author	Nicky Simpson
Job title	Principal Committee Administrator (Team Leader)
Organisation	Reading Borough Council
Recommendations	1. That a representative from the Berkshire West Primary Care Alliance be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board. 2. That the relevant amendments to the terms of reference and powers and duties of the Health and Wellbeing Board be agreed. 3. That Sarah Webster be appointed as the Vice-Chair of the Board. 4. That it be noted that the Berkshire West Primary Care Alliance representative will be Dr Andy Ciecierski.

1. Executive Summary

1.1 To agree the following change to the membership and therefore terms of reference and powers and duties of the Reading Health & Wellbeing Board:

- To co-opt a representative from the Berkshire West Primary Care Alliance (BWPCA) as a non-voting additional member of the Health and Wellbeing Board.

1.2 The terms of reference and powers and duties and operational arrangements of the Board are set out at **Appendix A.** These have been updated in a number of places, to show the changes proposed above – the changed text is shown *in italics and highlighted*. If the changes are agreed, the terms of reference and powers and duties will be amended.

1.3 To agree that Sarah Webster, the Integrated Care Board (ICB) representative on the Health and Wellbeing Board, be the Vice-Chair of the Board.

2. Policy Context

2.1. The Health and Social Care Act 2012 sets out the required membership for Health and Wellbeing Boards. The terms of reference and powers and duties of the Reading Health and Wellbeing Board have been set up since 2014 in line with these requirements and are approved each year at the Annual Council Meeting. They were last amended in March 2022, to co-opt representatives from Royal Berkshire NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust onto the Board (Minute 56 of the Health and Wellbeing Board on 18 March 2022 refers).

3. Change to Membership of the Health and Wellbeing Board

3.1. The Health and Wellbeing Board agreed its membership in 2014, in line with the requirements set out in the Health and Social Care Act 2012 (the Act). Section 194 (2) of

the Act says that the Board will consist of, as well as specified representatives of the local authority, Integrated Care Board and the local Healthwatch set out in (a) to (f):

(g) such other persons, or representatives of such other persons, as the local authority thinks appropriate.

3.2. On 16 March 2018, the Board agreed to co-opt a representative from Reading Voluntary Action and a representative from Thames Valley Police's Reading Local Police Area as non-voting additional members of the Reading Health and Wellbeing Board. On 12 July 2019, the Board agreed to co-opt a representative from Royal Berkshire Fire & Rescue Service as a non-voting additional member of the Reading Health and Wellbeing Board. On 18 March 2022, the Board agreed to co-opt representatives from Royal Berkshire NHS Foundation Trust (RBFT) and Berkshire Healthcare NHS Foundation Trust (BHFT) as non-voting additional members of the Reading Health and Wellbeing Board.

3.3. Before the change from the Berkshire West CCG to the Integrated Care Board, one of the two representatives from the CCG was a clinical representative, Dr Andy Ciecierski, who was also the Vice-Chair of the Board (required to be a CCG (then ICB) representative by the Health and Wellbeing Board's terms of reference). Dr Ciecierski is a GP at Emmer Green Surgery and Clinical Director of the Caversham Primary Care Network.

3.4. Following reorganisation of the NHS, the Berkshire West CCG was replaced by the Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care Board on 1 July 2022 and the ICB has been reviewing their representatives on Health and Wellbeing Boards; Dr Ciecierski stayed on as the ICB's second representative whilst a decision was awaited. The ICB have now informed the Board that they only wish to take up one of their representative positions and will no longer be providing a clinical representative, but are recommending that the Board co-opts a representative from the Berkshire West Primary Care Alliance (BWPCA) and are nominating Dr Ciecierski to be that representative. Sarah Webster, Executive Director for Berkshire West Place from the ICB, will remain as the ICB's representative on the Board, and Helen Clark, Deputy Director for Place (Berkshire West), will be Sarah's named substitute, replacing Belinda Seston, Interim Director of Place Partnership.

3.5. The Berkshire West Primary Care Alliance (BWPCA) has been set up to represent General Practice across Reading and Berkshire West in the BOB Integrated Care System. It is therefore proposed that a representative of the BWPCA be a non-voting co-opted member of the Reading Health and Wellbeing Board, similar to the other NHS providers. Dr Ciecierski is one of the Directors of the BWPCA and is prepared to be their representative on the Health and Wellbeing Board.

3.6. The Health and Social Care Act 2012 sets out that a Health and Wellbeing Board is a committee of the local authority which established it and, for the purposes of any enactment, is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972. It also states that, at any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board.

3.7. If the Health and Wellbeing Board agrees the proposed changes, the terms of reference and powers and duties of the Board will be updated and the relevant changes will be made where these are set out in Part 3 of the Constitution – under Other Committees.

3.8. The Health and Wellbeing Board's terms of reference state that an Integrated Care Board member of the Health and Wellbeing Board will be Vice-Chair, and so the Board needs to formally agree Sarah Webster as Vice-Chair. She has indicated that she is prepared to accept this position.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. This proposal recommends changes to the membership of the Health and Wellbeing Board to strengthen the Board by allowing the Berkshire West Primary Care Alliance to be

involved as part of the Board. This will assist the Board in its role of encouraging all partners in their delivery against the shared priorities set out in the Berkshire West Health and Wellbeing Strategy 2021-30.

4.2. The Board's agreed priorities are:

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

4.3. Having the BWPCA's voice on the Health and Wellbeing Board will strengthen the Board's ability to engage effectively with all system partners in the delivery of integrated services across Reading.

5. Environmental and Climate Implications

5.1. None.

6. Community Engagement

6.1. Not applicable.

7. Equality Implications

7.1. Not applicable.

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1. The Board is set up under Section 194 of the Health & Social Care Act 2012 (the 2012 Act). Under S194(11), the Board must be treated as if it were a committee appointed by the authority under S102 of the Local Government Act 1972. This is subject to the application of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations), which have been issued under S114(12) of the 2012 Act.

9.2. The Board's powers and duties are those given to it by statute, primarily SS195-196 of the Health & Social Care Act 2012 and SS116 and 116A of the Local Government & Public Involvement in Health Act 2007 (as amended by the 2012 Act) (the 2007 Act).

10. Financial Implications

10.1. Not applicable.

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. There are none.

Appendices

1. Terms of Reference and Operational Arrangements for the Health and Wellbeing Board

HEALTH AND WELLBEING BOARD
TERMS OF RERERENCE AND OPERATIONAL ARRANGEMENTS
READING BOROUGH COUNCIL

This is set up under section 194 of the Health and Social Care Act 2012. Under section 194(11), the Board must be treated as a committee appointed by the authority under Section 102 of the Local Government Act 1972.

The profile of Reading Health Wellbeing Board
The Health and Well-being Board (HWB) aims to improve health and well-being for people in Reading. It is a partnership that brings together the Council, the NHS, the voluntary sector, the local Police, the local Fire & Rescue Service and the local Healthwatch organisation.

By working together on the delivery of national and local priorities, the Board's purpose is to make existing services more effective through influencing future joint commissioning and provision of services. The Board will be responsible for overseeing the production of a Joint Strategic Needs Assessment (JSNA) for Reading, and for developing a Health and Well-being Strategy and Delivery Plan as the basis for achieving these aims. The focus will be on reducing health inequalities, early intervention and prevention of poor health and promotion of health and well-being.

The Board is responsible to the Council and will reflect the need to promote health and well-being across health and Council departments, including housing, social care, schools, community services, environment, transport, planning, licensing, culture and leisure.

The Board will be expected to improve outcomes for residents, carers and the population through closer integration between health services and the Council. Stronger joint commissioning offers scope for more flexible, preventative and integrated services for children and adults with long-term conditions and those living in vulnerable circumstances.

The Joint Strategic Needs Assessment (JSNA) provides the framework for considering the wider determinants of health, including employment, education, housing and environmental factors that impact on the health and well-being of people in Reading. The JSNA will inform the development of the Health and Well-Being Strategy and Action Plan and alongside other intelligence, especially the views of local people, help define priorities for the strategy that in turn will influence commissioning priorities.

The powers and duties of the Board are set out in Part 3 of the Council's Constitution, and are attached as an appendix to this Terms of Reference. The Health & Wellbeing Board is a Committee of Reading Borough Council. It is subject to Article 8, and the Standing Orders for Council and Committees and the Access to Information Procedure Rules in Part 4 of the Council's Constitution. Subject to Standing Order 23, it has delegated authority from the Council to discharge the functions set out in the Appendix to these terms of reference.

ROLE AND PURPOSE OF THE BOARD:

The Health and Well-Being Board (H&WB) acts as the high-level strategic planning partnership to develop the provision of integrated health and social care services in Reading Borough. The H&WB for Reading is established to oversee the health improvement and well-being of those who live and work in the Borough.

1. To identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and well-being outcomes

2. To provide the collective leadership to improve health and wellbeing across the local authority area, enable shared decision making and ownership of decisions in an open and transparent way
3. To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making
4. To address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the local area.

KEY FUNCTIONS

1. Ensure the preparation and publication of a JSNA for the area.

2. Develop an action plan to deliver the health and well-being strategy with clear priorities, objectives for delivery and measurable milestones.

3. Support the participation of the community and voluntary sectors, and other non-statutory agencies in the delivery of health and social care outcomes as a shared endeavour.

4. Ensure health & social care improvement in Reading is developed within the context of Best Practice and Clinical Governance.

5. Establish time limited working groups to assist it to deliver any of its key responsibilities.

6. Work with key providers to provide strategic 'problem solving' to unlock potential, resources or improved practice

7. Co-ordinate work with neighbouring H&WBs where appropriate to ensure effective commissioning decisions that deliver value for money in support of improved outcomes.

TIMING AND MEETINGS

The Board will, as a minimum, meet four times a year and may meet more often if the Board so decides.

The Board is subject to the access to information provisions of Section 100A of the Local Government Act 1972. It is committed to the principles of transparency and all meetings will be open to the public.

In order to accommodate confidential and exempt matters, particularly regarding commercially sensitive issues linked to commissioning and providers, the Board will hold two-part meetings with such matters being considered in Part 2 (without the press and public present) as necessary. The Council's Access to Information Procedure Rules will apply, to ensure that the principles of transparency remain central to these arrangements.

Agendas and papers for Board meetings will be made public no less than 5 working days prior to the date of the meeting.

Quorum

The quorum of the board will be no fewer than three of its voting membership; if fewer voting Members than this attend, then the meeting will be deemed inquorate.

Decision Making

Decisions at meetings will be achieved by consensus of those present. If a vote is required then, if there is an equal number of votes for than against the proposal, the Chair will have a second, casting vote**.**

MEMBERSHIP

The Council may co-opt additional persons or representatives to be members of the Board as it thinks appropriate, either as voting or non-voting Members, subject to the Council consulting beforehand with the Board.

The membership of the Board, under Section194(2) of the Health & Social Care Act 2012, is as follows:

- 4 Councillors – ie the Leader of the Council, and the Lead Councillors for Education & Public Health, Adult Social Care, and Children (the Act requires at least 1 Councillor to be on the Board)
- The Director of Adult Social Care & Health *
- The Director of Children's Services *
- Director of Public Health for the Local Authority or his/her representative *
- Two representatives from the Integrated Care Board (the Act requires a representative of each relevant Integrated Care Board)
- A representative from the Local Healthwatch organisation

(* the Members asterisked will not have voting rights, as explained below)

Voting rights
Under the provision of Regulations 6 and 7 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the Council, following consultation with the shadow Health & Wellbeing Board, has decided as follows:

- To disapply the duty to allocate seats to political groups under Sections 15 and 16 of the Local Government & Housing Act 1989

- To treat the following as non-voting members of the Board:
    - The Director of Adult Social Care & Health (or his/her representative)
    - The Director of Children's Services (or his/her representative)
    - The Director of Public Health (or his/her representative)

The voting membership of the Board must be named by the body they are representing. It will therefore be as follows:

- 4 Councillors by relevant office, ie the Leader of the Council, and the Lead Councillors for Education & Public Health, Adult Social Care, and Children
- 1 named Local Healthwatch representative
- 2 named local ICB representatives

The bodies appointing voting Members to the Board may, in addition, appoint named substitute Members who may attend as voting Members in the place of their named Member.

Voting Members will be subject to the Council's local Member Code of Conduct, and will be required, under the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 to register with the Monitoring Officer, and to declare at meetings, any disclosable pecuniary interest that both they and/or their spouse/partner has in the business of the Board.

Co-opted Members

The following will be co-opted as non-voting additional members:

- The Chief Executive of Reading Borough Council (or his/her representative)
- A representative from Reading Voluntary Action
- A representative from Thames Valley Police's Reading Local Police Area
- A representative from Royal Berkshire Fire & Rescue Service
- A representative from the Royal Berkshire NHS Foundation Trust
- A representative from the Berkshire Healthcare NHS Foundation Trust

- *A representative from the Berkshire West Primary Care Alliance*

Observers

The following observers may attend and participate but not vote at Board meetings:

Chair - Local Safeguarding Adults Board
Chair - Local Safeguarding Children Board

One relevant shadow Lead Councillor for each opposition group on the Council (up to three in total).

A named representative of NHS England will join the Board to help in the preparation of the Joint Strategic Needs Assessment or Joint Health and Well-being Strategy.

CHAIR

The Lead Councillor for Education and Public Health will chair the Board.

VICE–CHAIR

An Integrated Care Board member of the Health and Wellbeing Board will be Vice-Chair.

ACTIONS TO BE TAKEN BY MEMBERS OF THE BOARD

The Board is a decision-making body of the Council. Therefore the voting Members from other organisations must have authority from the bodies that they represent to make decisions at Board meetings. Accountability should be clear, without superseding the responsibilities of any participating agency. Board Members attending any working group should have the delegated authority to commit the body they represent to specific courses of action, including committing resources.

As a Statutory Board of Reading Borough Council the H&WB may report to Council as appropriate including recommending the Health and Wellbeing Strategy for approval and support the alignment of the Council's plans with the priorities identified in the Health and Well-being Strategy and Action Plan.

The Integrated Care System (Integrated Care Board and NHS Trusts) will consult with the H&WB when drawing up their own annual plans.

The H&WB will include a statement in the ICB's plans confirming whether or not the plans align with the JSNA and the priorities identified in the Health and Wellbeing Strategy and Action Plan.

The Board should receive the input and information it needs from partner bodies to support effective prioritisation and strategic decision making.

Members of the Board will hold themselves and partners to account for the delivery of agreed outcomes as set out in the action plan.

The Board will inform local commissioners of key decisions that may impact on the provision of services.

Appendix

The Powers and Duties of the Health and Wellbeing Board were agreed at the Council's meeting on 24 May 2023 *(without the highlighted & italicised amendment now proposed)*.

Powers and duties of the Health and Well Being Board

This is set up under Section 194 of the Health & Social Care Act 2012. Under Section 194(11), the Board must be treated as a committee appointed by the authority under Section 102 of the Local Government Act 1972.

(1) To discharge the functions of the Health & Wellbeing Boards as set out in Sections 195-196 of the 2012 Act, ie:

- Duty to encourage integrated working in health and social care under the National Health Service Act 2006
- Power to encourage closer working in relation to wider determinants of health
- Power to give its opinion to the authority on whether the authority is discharging its duty to have regard to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy for its area
- Duty to provide an opinion – to its partner Integrated Care Boards and/or the NHS Commissioning Board - about whether the local commissioning plans have taken proper regard of the Joint Health & Wellbeing Strategy

(2) To discharge any other health functions delegated to it by the authority.

(3) To ensure that the authority meets its duties as a relevant authority, under Section 116 of the Local Government & Public Involvement in Health Act 2007 ("the 2007 Act"), as amended by Sections 192 and 193 of the Health & Social Care Act 2012:

(a) to prepare, with its partner Integrated Care Boards, and publish a Joint Strategic Needs Assessment for the area, involving the local Healthwatch and local people living or working in the area;

(b) to prepare, with its partner Integrated Care Boards, and publish a Joint Health & Wellbeing Strategy to meet the health needs of the area included in the Joint Strategic Needs assessment, relating to the exercise of public health functions by the authority, the NHS Commissioning Board or the Integrated Care Boards, involving the local Healthwatch and local people living or working in the area;

(c) to ensure that the local authority, and its partner Integrated Care Boards, have regard to these documents.

(4) To promote health care, health improvement and the reduction of health inequalities for all local people, including children and vulnerable adults, and to exercise the following statutory duties on behalf of the authority:

(a) To improve the health of people in its area under Section 28 of the National Health Service Act 2006, including:

- any public health functions of the Secretary of State which s/he requires local authorities to discharge on his/her behalf
- dental health functions of the Council
- the duty to co-operate with the prison service to secure and maintain the health of prisoners
- the Council's duties set out in Schedule 1 of the National Health Service Act 2006, which include medical inspection of pupils, the weighing and measuring of children and sexual health services
- arrangements for assessing the risks posed by violent and sexual offenders

(b) To improve public health under Sections 2B and 111 of the National Health Act 2006 (as amended by Section 12 of the Health & Social Care Act 2012), including:

(i) under Section 2B(3):
- Providing information and advice
- Providing services or facilities designed to promote healthy living (including helping individuals address behaviour that is detrimental to health or in any other way)
- Providing services for the prevention, diagnosis or treatment of illness
- Providing financial incentives to encourage individuals to adopt healthier lifestyles
- Providing assistance (including financial) to help individuals minimise any risks to health arising from their accommodation or environment
- Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement
- Making available the services of any person or any facilities

(ii) Under Section 2B(4), providing grants or loans on such terms as the local authority considers appropriate.

(iii) Under Section 111 and Schedule 1:
- Dental public health (S111)
- Medical inspection of pupils (Paras 1-7B)
- Research for any purpose connected with the exercise of the authority's health functions (Para 13)

(5) To discharge health and social care functions identified by the Government and/or the National Health Service for exercise by the Board, including the integration of health and social care functions within Reading;

(6) To approve and publish a Pharmaceutical Needs Assessment for Reading

(7) To oversee and implement any joint arrangement and partnerships relevant to the functions of the committee in which the authority is involved:

(8) To make representations to the Adult Social Care, Children's Services and Education Committee as the authority's health scrutiny committee.

(9) To scrutinise Quality Accounts on behalf of Adult Social Care, Children's Services and Education Committee.

Membership

The Council may co-opt additional persons or representatives to be members of the Board as it thinks appropriate, either as voting or non-voting Members, subject to the Council consulting beforehand with the Board.

The membership of the Board, under Section194(2) of the Health & Social Care Act 2012, is as follows:

- 4 Councillors – ie the Leader of the Council, and the Lead Councillors for Education & Public Health, Adult Social Care and Children(the Act requires at least 1 Councillor to be on the Board)
- The Director of Adult Social Care & Health *
- The Director of Children's Services *
- Director of Public Health for the Local Authority or his/her representative *

- Two representatives from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (the Act requires a representative of each relevant Integrated Care Board)
- A representative from the Local Healthwatch organisation

(* the Members asterisked will not have voting rights, as explained below)

Voting rights

Under the provision of Regulations 6 and 7 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the Council, following consultation with the shadow Health & Wellbeing Board, has decided as follows:

- To disapply the duty to allocate seats to political groups under Sections 15 and 16 of the Local Government & Housing Act 1989

- To treat the following as non-voting members of the Board:
  - The Director of Adult Social Care & Health (or his/her representative)
  - The Director of Children's Services (or his/her representative)
  - The Director of Public Health (or his/her representative)

The voting membership of the Board must be named by the body they are representing. It will therefore be as follows:

- 4 Councillors by relevant office, ie the Leader of the Council, and the Lead Councillors for Education & Public Health, Adult Social Care, and Children
- 1 named Local Healthwatch representative
- 2 named local ICB representatives

The bodies appointing voting Members to the Board may, in addition, appoint named substitute Members who may attend as voting Members in the place of their named Member.

Voting Members will be subject to the Council's local Member Code of Conduct, and will be required, under the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 to register with the Monitoring Officer, and to declare at meetings, any disclosable pecuniary interest that both they and/or their spouse/partner has in the business of the Board.

Co-opted Members

The following will be co-opted as non-voting additional members:

- The Chief Executive of Reading Borough Council (or his/her representative)
- A representative of Reading Voluntary Action
- A representative from Thames Valley Police's Reading Local Police Area
- A representative from Royal Berkshire Fire & Rescue Service
- A representative from the Royal Berkshire NHS Foundation Trust
- A representative from the Berkshire Healthcare NHS Foundation Trust
- *A representative from the Berkshire West Primary Care Alliance*

Observers

The following observers may attend and participate but not vote at Board meetings:

Chair - Local Safeguarding Adults Board
Chair - Local Safeguarding Children Board

One relevant shadow Lead Councillor for each opposition group on the Council (up to three in total).

A named representative of NHS England will join the Board to help in the preparation of the Joint Strategic Needs Assessment or Joint Health and Well-being Strategy.

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