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To: All Members of the Health and Wellbeing Board

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7 March 2024

Your contact is: Nicky Simpson - Committee Services

NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 15 MARCH 2024

A meeting of the Health and Wellbeing Board will be held on **Friday, 15 March 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

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

14. BERKSHIRE WEST GP LEADERSHIP GROUP - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD 153 - 166

A report proposing that the Health and Wellbeing Board co-opt a representative from the Berkshire West GP Leadership Group as a non-voting additional member of the Health and Wellbeing Board

15. DATES OF FUTURE MEETINGS

Dates for HWB approval:

- 12 July 2024
- 11 October 2024
- 17 January 2025
- 14 March 2025

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Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Tehmeena Ajmal	Chief Operating Officer, Berkshire Healthcare NHS Foundation Trust (BHFT)
John Ashton	Interim Director of Public Health for Reading and West Berkshire
Sarah Deason	Healthwatch Reading
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Councillor Graeme Hoskin	Lead Councillor for Children, RBC
Lara Patel	Executive Director of Children's Services, Brighter Futures for Children (BFfC)
Tim Readings	Group Manager: Community Risk Management Planning and Projects, Royal Berkshire Fire and Rescue Service (RBFRS)
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:

Lyn Bushell	Communications & Engagement Lead, Building Berkshire Together, Royal Berkshire NHS Foundation Trust
Andy Ciecierski	Clinical Director for Caversham Primary Care Network
David Goosey	Independent Scrutineer and Chair, Berks West Safeguarding Children Partnership
Chris Greenway	Assistant Director for Commissioning and Transformation, RBC
Bev Nicholson	Integration Programme Manager, RBC
Amanda Nyeke	Public Health & Wellbeing Manager, RBC
Andy Statham	Director of Strategy Transformation and Partnerships, RBFT
Martin White	Consultant in Public Health, RBC
Alex Wylde	Policy & Performance Manager, RBC

Apologies:

Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Steve Leonard	West Hub Group Manager, Royal Berkshire Fire & Rescue Service
Nicky Lloyd	Chief Finance Officer, RBFT
Jill Marston	Senior Policy Officer, RBC
Gail Muirhead	Prevention Manager, RBFRS
Katie Prichard-Thomas	Chief Nursing Officer, RBFT

27. MINUTES

The Minutes of the meeting held on 6 October 2023 were confirmed as a correct record and signed by the Chair.

28. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following question by David Maynerd was answered in writing:

a) Regulation of Hairdressers:

Why is it that Hairdressers are unregulated?

When, if hairdressers don't sterilize their equipment carefully after each use, dangerous scalp conditions can be passed on to the next customer. I have noticed over several years that my scalp seems to be sensitive and after a visit to the hairdresser I will nearly always get an itchy scalp, this turns to scabs forming on my scalp and when scratched cause small open wounds. These generally clear up in 6 to 8 weeks with daily use of Head and shoulders shampoo. But the cycle is repeated after my next haircut. Recently I discussed this with my hairdresser and he very kindly started cleaning and disinfecting all his tools before starting to cut my hair. This has drastically reduced the incidence of my problem. But a few months ago we were chatting I noticed that he had not remembered to clean all the his tools and after that visit almost immediately I had an itchy scalp and 3 or 4 bad sores developed. A few days ago I went back and mentioned that last visit and he carefully cleaned all his tools before starting and a few days later my scalp seems fine. I think most mens hairdressers just leave their combs in some disinfectant over night but this is not good enough. If a customer suffers from Dandruff, Psoriasis, eczema and many other hair problems they can easily pass this condition to the next customers through combs, electric cutters, scissors etc. not being sterilised before the next customer. Of course it may not be practical to soak all tools each time but they could be rinsed and sprayed each time ... it only takes a minute and or they can have two sets of combs etc one sterilising and one in use. As I understand it, talking to a new hairdresser in Brecon recently, a town I often visit, anyone can start a hairdressing business and there are no checks or qualifications asked for or made. If this is true, this is a dangerous health loophole which could easily be addressed.

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

It is a requirement for hairdressers and barbers to register with Reading Borough Council's Environmental Health team who will monitor businesses to ensure that they achieve a standard of health and safety practice that minimises risk to their customers.

Hairdressers and Barbers must demonstrate compliance in the following two areas:

1. Maintain a clean and hygienic environment.
2. Decontaminate equipment appropriately.

The Hair and Beauty Industry Authority (HABIA) also sets standards for training and qualifications in the hair and beauty sector via the National Occupational Standards, these include hygiene but their adoption and implementation into local practice will vary. Hairdressers and barbers must also adhere to consumer protection legislation. They are subject to the Consumer Rights Act 2015 and the Consumer Protection from Unfair Trading Regulations 2008.

To attain compliance with these regulations, hairdressers and barbers are expected to carry out risk assessments, ensure staff are adequately trained and have an up-to-date Health and Safety policy in place. The salon owner has ultimate responsibility for ensuring the health and safety of staff and service users.

The council recognises these legal duties are important and will carry out reactive visits following a concern being raised or complaint being logged. Unfortunately, we are not able to conduct proactive visits due to a lack of resources. However, members of the public are invited to log their concerns with our consumer protection department by emailing consumer.protection@reading.gov.uk

It should also be noted that many hairdressers and barbers take the health aspect of their work seriously and there are several examples of excellent health promoting practice. For example, The Lions Barbers Collective which trains hairdressers and barbers to have connected conversations with their male clients to help prevent the risk of suicidal ideation and suicide amongst men.

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

b) Marmot Town

Recent publicity regarding Coventry's advances in health equality have pointed to the possibility of becoming a "Marmot Town" through collaboration with the Institute of Health Inequality led by Sir Michael Marmot at University College London. Will the board consider this approach to tacking health inequality?

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

The Institute of Health Equity at University College London facilitates the Marmot Places scheme. This builds upon earlier formats and strategic public health initiatives such as Healthy Cities. There are now over 40 local authorities In England and Wales who have become a network of The Marmot Places. These include Coventry, Greater Manchester and others where programmes of work have begun that seek to implement the 6 policy objectives recommended first by the Marmot Review in 2010 and in milestone reports since then. These have become ‘marmot principles’, evidence-based action that will reduce the social gradient in health:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

They recognise that the social economic determinants of health are beyond the health service and these are the prevention measures which will lead to the best and healthiest outcomes for everyone. The overarching approach to delivery recommended across all these policy areas is proportionate universalism, the idea that services should be provided universally but with a scale and intensity that is proportionate to the level of disadvantage.

The prospect of becoming a Marmot Borough has been discussed amongst Officers and at Lead Councillor Briefings. In Reading we recognise that health is created outside of the healthcare system. We support these principles and know that there is much good practice in Reading Borough Council and amongst our system partners in the integrated care system and the local voluntary community sector that already aligns with these principles.

The way forward for us here in Reading is to receive the completion of the current Director of Public Health Annual Report which is expected in March 2024. This statutory document will be the first since 2021. It will be supported by evidence drawn from our Joint Strategic Needs Assessment and will provide strategic guidance about our local priorities for protecting and improving health in Reading.

This strategic guidance will enable us to take an informed view as to whether we will be recommending to the Board the aspiration to become a Marmot Borough and the benefits to Reading's residents.

c) Commissioning Decisions

In the current structure of an Integrated Care Board with place level structures it is unclear where commissioning decisions are taken and how they are reported to the public.

Will the board review accountability and oversight in our integrated care system so as to clarify where change is needed to bring commissioning decisions clearly to the public view?

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

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board remains the NHS commissioning body, and has a duty to consult with the local authority and the public on any commissioning decisions that would have a substantial impact on services.

The Health and Wellbeing Board, along with the ACE Committee, continues to play an important role in co-development and scrutiny of commissioning decisions. Our jointly developed Health and Wellbeing Strategy sets out our local guiding priorities. We will continue to review progress of delivery against this Strategy regardless of whether the development work happens at a 'Place' level or as part of the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

29. BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP (BWSCP) ANNUAL REPORT 2022/2023

David Goosey submitted a report presenting the Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report for 2022/23, a copy of which was appended to the report. The BWSCP was a multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire and Wokingham, whose role was 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.

The report provided information on: the work and progress made on the BWSCP priorities; case review activity; the wider effectiveness and work of the partnership; and learning, development and communications. The annual report focussed on the work

undertaken by the BWSCP as a partnership organisation and the covering report highlighted some of the key themes in the work, covering:

- Extra-familial harm – safeguarding children and young people from the risk of significant harm from outside the home, including a Thematic Review of services to young people in relation to serious youth violence, initiated following several serious incidents in early 2021.

- Threshold guidance arrangements – aligning the threshold guidance for child protection across the three local authorities in Berkshire West.

- Local Child Safeguarding Practice Reviews – six LCSPRs had been published by the BWSCP in 2022/23 and the report detailed key areas of learning from the cases.

Resolved – That the report be noted.

30. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT

Amanda Nyeke presented a report which gave an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and provided detailed information on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and in 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 following 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 in the Health and Wellbeing Dashboard since the last report.

Resolved – That the report be noted.

31. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and the performance of Reading against the national Better Care Fund (BCF) targets for July to September 2023 (Quarter 2) and outlining the spend against the BCF plan, including the Adult Social Care (ASC) Discharge Fund to support hospital discharges in 2023/24.

The BCF metrics had been agreed with system partners during the BCF Planning process. Outcomes, recorded at the end of September 2023, (Quarter 2) were:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (Met)
- The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. (Met)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence (Not Met)
- The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (Not Met)
- The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) (Met)

Further details against each of the targets were set out in the report which demonstrated the effectiveness of the collaborative work with system partners.

The report also covered the Better Care Fund Quarterly return, covering performance against the BCF Metrics for Quarter 1, which had been reported at the October 2023 Health and Wellbeing Board. The Quarterly Return had been signed off through the delegated authority process on 26 October 2023 and submitted on 31 October 2023. The National Conditions continued to be met and the full return was attached at Appendix 1.

Resolved -

(1) That the Quarter 2 (2023/24) performance against the BCF metrics be noted;

(2) That it be noted that the Quarter 1 BCF Return had been formally signed off and submitted by the deadline of 31 October 2023.

32. BERKSHIRE SUICIDE PREVENTION STRATEGY 2021-2026 PROGRESS REPORT

Further to Minute 27 of the meeting held on 20 January 2023, Martin White submitted a report giving an update on the Berkshire Suicide Prevention Strategy 2021 - 2026. The report had appended:

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

The report explained that the Berkshire Suicide Prevention Strategy (2021 – 2026) had been developed in 2020 and endorsed by the Health and Wellbeing Board in October 2021 (Minute 25 refers). On 15 July 2022 (Minute 5 refers) the Board had endorsed a recommendation to refresh the strategy due to changes in the policy landscape. This period had coincided with significant changes to local public health and healthcare system. Due to these challenging circumstances, the Berkshire Suicide Prevention Strategy (2021 – 2026) had not been universally adopted by all six local authorities, so the coordination, production, and oversight of the strategy refresh had been delayed.

On 11 September 2023, the Government had published a new national 5 year cross-sector suicide prevention strategy for England with a national action plan. Its aim was to bring everybody together around common priorities and set out actions that could 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 had self-harmed
- improve support for people bereaved by suicide

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

The report gave details of the actions which had taken place to support the implementation of the Berkshire Strategy, including the collaborative development of a revised operational pan-Berkshire 2023/24 action plan by the six Berkshire suicide prevention leads and co-leads, 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 would support the refresh of existing suicide prevention action plans in the six Berkshire local authorities.

The Reading Suicide Prevention Action Planning Group had met regularly on a quarterly basis since March 2023 and the report gave details of its role and activities, including reviewing the local action plan. It noted that the Reading action plan had been shared as a model with neighbouring authorities and the review's aim was to pinpoint three priority actions for Reading that aligned with the priorities outlined in the suicide prevention local profile and the national strategy. These actions were targeted to be achievable within the next year, considering the existing capacity.

The Board noted the increased rate of female suicides, the links between domestic violence and suicide and the planned actions around this issue within the action plans. It was suggested that a more detailed report on progress on the work on this matter should be brought to a future meeting.

Resolved -

(1) That the progress on the Berkshire Suicide Prevention Strategy (2021-2026) and on the pan-Berkshire action plan 2023/24 be noted;

(2) That the Reading Local Suicide Prevention Action Plan 2023/24 be noted and endorsed;

(3) That a more detailed report on progress on the work on the issues around the links between domestic violence and suicide be brought to a future meeting.

33. READING ARMED FORCES COVENANT AND ACTION PLAN

Alex Wylde submitted a report on the progress made against the actions listed in the Reading Armed Forces Covenant Action Plan. A copy of the Reading Armed Forces Covenant Community Action Plan was attached to the report at Appendix A and the report highlighted the progress made against the actions. The report also provided updates on:

- The work of the pan-Berkshire Civil Military Partnership;
- The work of the Royal Berkshire NHS Foundation Trust relating to the armed forces and veterans;

- The work nationally of the Armed Forces Covenant Fund Trust.

Resolved:

(1) That the further development of the pan-Berks Civil Military Partnership be noted;

(2) That the progress made against the actions set out in the Reading Armed Forces Covenant Community Action Plan (Appendix A), in particular the section on Health and Wellbeing, be noted.

34. BOB ICB UPDATE BRIEFING

Sarah Webster submitted a report presenting a briefing from the BOB Integrated Care Board, as at November 2023.

The report covered the following key areas:

- ICB Board meeting – 21 November 2023
- BOB Joint Forward Plan and Integrated Care Strategy – shared system goals
- BOB ICB Primary Care Strategy
- Primary Care Access and Recovery Plan
- BOB ICB Digital and Data Strategy
- Covid-19 and Flu Vaccination Programme Autumn 2023
- Berkshire West-specific updates

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

35. BERKSHIRE WEST PRIMARY CARE ALLIANCE - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Nicky Simpson submitted a report recommending that the following change be made to the membership and therefore terms of reference and powers and duties of the Reading Health and Wellbeing Board:

- To co-opt a representative from Berkshire West Primary Care Alliance (which was set up to represent General Practice across Reading and Berkshire West in the BOB Integrated Care System) as a clinical representative and non-voting additional member of the Health and Wellbeing Board (to be Dr Andy Ciecierski).

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

The report also recommended that Sarah Webster, now the sole Integrated Care Board representative on the Health and Wellbeing Board, be the Vice-Chair of the Board, as required by the Board's terms of reference.

At the meeting, Andy Ciecierski tabled a document with an amended proposal to suggest that the Berkshire West GP Leadership Group would be a more appropriate body for him to represent as a clinical representative, rather than the Primary Care Alliance, and it was suggested that the information should be circulated to the Board members and the decision on the co-option deferred to the next meeting.

Resolved -

(1) That consideration of the appointment of a clinical representative to the Health and Wellbeing Board be deferred until the next meeting to allow consideration of the tabled information;

(2) That Sarah Webster be appointed as the Vice-Chair of the Health and Wellbeing Board.

36. DATE OF NEXT MEETING

Resolved – That it be noted that the next meeting would be held at 2.00 pm on Friday, 15 March 2024.

(The meeting started at 2.00 pm and closed at 3.51 pm)

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	15 March 2024
Title	Community Wellness Outreach Project Update
Purpose of the report	To note the report for information
Report author	Beverley Nicholson
Job title	Integration Programme Manager
Organisation	Reading Borough Council / BOB Integrated Care Board
Recommendations	1. That the board note the progress made in the Community Wellness Outreach project

1. Executive Summary

1.1. This report is being brought to Reading Health and Wellbeing Board to provide an update on progress made by the Community Wellness Outreach Project.

1.2. The Integrated Care Board have received funding from the Prevention and Inequalities fund, and have asked Reading Borough Council, through the Integration Board, to set up a Community Wellness Outreach project that encompasses the NHS Health Checks as a core service and offering wrap around support from Voluntary and Community sector parties to provide a holistic support offer. This pilot project will run until the end of June 2025. There is a target to complete 5,200 NHS Health Checks within the project period, with particular emphasis on identifying those at risk of cardiovascular disease.

1.3. This report summarises the progress made up to the end of February 2024. It should be noted that due to the time taken to set up the service, a soft launch occurred in December 2023, and started scaling up to incorporate multiple sessions from January 2024. The teams delivering the service are working on refining the sessions to ensure as smooth a service as possible and we have remained cautious about the communications to avoid having long queues which could potentially damage the reputation of the pilot, so we are working with our Community partners to ensure an appropriate reach. The clinics are currently operating on a drop in model but will be phasing in a hybrid of invitation and drop in by mid-March 2024.

2. Policy Context

2.1. This project aligns with several key objectives from the Council's Corporate Plan.

2.2. Firstly, the project demonstrates 'Collaborating with others', in particular that we are stronger in partnership and we collaborate with organisations from major corporations to local groups; with the business sector, charities, education institutions, health and social care, the police, faith groups, and the voluntary sector in Reading and across the Thames Valley to achieve our vision for Reading.

2.3. Secondly, the project contributes to the objective of achieving a 'Healthy Environment'. Our Health and Wellbeing Strategy aims to reduce the differences in health between different groups of residents and support those who are at high risk of poor health outcomes. This is exactly the aim of the Community Wellness Outreach project. The programme is focusing on reaching the Core20 Plus5 population groups i.e. those in deprivation deciles 1 to 4.

2.4. Thirdly, the project supports an aim of 'Thriving Communities': Committed to tackling inequality in our society, to ensure everyone has an equal chance to thrive wherever they live and whatever their economic, social, cultural, ethnic or religious background.

3. The Proposal

3.1. The Programme is building on an existing model of mini-Health Checks that were being delivered within the Community as there were already links with community providers within the areas we wished to reach, e.g. Whitley and Church. We have several sessions running in different locations across Reading in order to enable access to the Health Checks, including the Atrium, Acre, Southcote, and Coley Park. Working with the Royal Berkshire Hospital Meet PEET (Patient Engagement and Experience Team) service and Reading Voluntary Action (RVA) as the key providers for the outreach NHS Health Checks being delivered in community settings, and the wrap around support services for wellbeing to which people could be referred or to discuss issues impacting their overall wellbeing on the day with the Social Prescribing Team and Community Volunteer groups.

3.2. This is a pilot programme, which will run to the end of June 2025, to primarily increase the number of NHS Health Checks delivered for people in Reading, and focused in areas where we are more likely to reach cohorts of people who may be more disadvantaged e.g. may include (but not exclusively so): rough sleepers, socially isolated, military veterans; substance users; refugees and asylum seekers; those in financial hardship; not registered with a GP; ex-prisoners; ethnic groups; disabilities; LGBTQI).

3.3. The age group for the NHS Health Check is 40 to 74 but this pilot will open the offer up to all people over the age of 18 in Reading with an aim of early identification of health or welfare conditions that could potentially cause poor health or wellbeing outcomes and working with that person to address these and support them to achieve their health and wellbeing goals.

3.4. We had a "soft launch" of the programme whilst equipment is being tested and procured and to test the model of delivery in the community settings. As at 26th January there had been 36 people who had received a health check, with a range of outcomes, including onward clinical referral and social prescribing support for other issues impacting health. As at the end of February, we have seen 193 people. We are increasing capacity at each session where we can now see 15 to 20 people, and with a minimum of 5 sessions per week running, and larger events planned, we believe we will be able to reach the target of 5,200 people by the end of June 2025.

3.5. The outcomes for the cohorts seen so far are that 32% had high or very high blood pressure readings, 66% had high or very high BMI, 20% had high blood glucose readings and 17% had high cholesterol. Follow up action was recommended and will be monitored. The ethnicity breakdown of people attending was 44% White, 37% Asian/Asian British, 10% Black, African, Caribbean or Black British and 3% other ethnic group. There were 6% of people who declined to state their ethnicity. People seen to date have spanned 12 GP surgeries in Reading and 3 people were not registered and are being supported to complete that process.

3.6. Of those seen, 38% were in the age ranges that would ordinarily be outside the range to receive the Universal Health Checks (40 to 74), 13% above 75 and 25% below 40, ensuring a wider reach and more likelihood of picking up early indicators that impact on health and wellbeing outcomes.

3.7. We are working with primary care partners to agree the most effective method for updating ethnicity within the primary care records. The Health Check information is uploaded directly to the care records following the checks, but ethnicity is a core element of data that cannot be uploaded via the community sessions. We are keen that the outputs from this collaborative approach are impactful for all our key partners, and ultimately benefit our residents.

3.8. Feedback from one of the Community Health Champions: *"I've just got back to the centre, and a lady has just thanked me for the health check as Angina, cholesterol and high blood pressure were picked up and she is now under a consultant."*

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

4.1. The desires outcomes of the project are very much in line with the overall direction of the Berkshire West Joint Health & Wellbeing Strategy 2021-30 by contributing to the following priorities (in bold):

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**

4.2. The project aims to reduce the differences in health between different group of people and support individuals at high risk of bad health outcomes by targeting those who may not be accessing their GP and therefore are not accessing a NHS Health Check. By not accessing their GP, these groups are at higher risk of complications from medical conditions (such as cardiovascular disease) that could have been identified earlier. By offering the health check in a community setting where they feel comfortable, this difference can be reduced.

4.3. Through the wrap around service provided by the Voluntary Sector and the Social Prescribers this project will also promote good mental health and wellbeing for all adults (as Reading is extending the offer of a health check and onward support to people from the age of 18).

5. Environmental and Climate Implications

5.1. There are no environmental of climate implications arising from this project as sessions will continue to be facilitated in community venues that are already active and close to public transport.

6. Community Engagement

6.1. We worked with our Voluntary and Community sector, Primary and Secondary Care Health providers, Public Health Community Champions and Academic services to develop the pilot programme, including the Communications Plan, Training, Monitoring and Evaluation and reporting. There has been effective collaboration and engagement and a shared vision for this new way of working.

6.2. This work has been carried out in conjunction with neighbouring Local Authority services in West Berkshire and Wokingham to ensure the approach was aligned across the Berkshire West Place. Whilst there are some slight variances in the delivery model, which will enable evaluation of the effectiveness, in each locality there has been a shared approach in respect of clinical and digital pathways to ensure consistency.

7. Equality Implications

7.1. An Equality Impact Assessment was started and the outcome was that a full assessment was not required, the reasons are set out below:

7.2. This programme will not have any differential impact on people with protected characteristics. The aim of the programme is to reach people who may be disadvantaged due to a number of factors impacting on their ability to access health and wellbeing services within their locality. By delivering the health checks and other wellbeing support within the community settings that they are more likely to attend, as well as targeting those that may be more at risk of poor health outcomes, we are aiming to address inequalities and ensure equity of service for all adults in Reading.

8. Other Relevant Considerations

8.1. The proposals for the project were scrutinised through the Reading Integration Board and Procurement and Legal services.

8.2. Officer Decision Notices were completed, and a briefing provided to Councillors.

9. Legal Implications

9.1. Procurement of services was through direct award under Regulations 12 and 72 of the Procurement Regulations and the subsequent Memorandums of Understanding and Deeds of Variation have been agreed in alignment with current policy.

9.2. Guidance was provided by Legal Services and the Procurement Hub at the Council.

10. Financial Implications

10.1. Funding for this scheme is via the Prevention and Inequalities Fund. Reading Borough Council have been allocated £811k by the Integrated Care Board to deliver this community outreach programme up to the end of June 2025. The programme aims to deliver 5,200 Health Checks as well as the wrap around wellbeing support, training and evaluation.

10.2. Confirmation of funding has been received from the Integrated Care Board via a Letter of Intent setting out the funding and the payment schedule. Invoicing has commenced and funding received to enable the onward funding support to our core health and community partners.

10.3. Governance of the funding and monitoring of spend against the plan has been incorporated into the Section 75 Framework Agreement 2023/24, for the Better Care Fund, grant funding as the funding for this programme will operate within the same governance structure.

11. Timetable for Implementation

11.1. The programme has taken a phased approach:

Phase 1: Aug – Sep 2023 – Preparing for upscale.
Phase 2: Oct 2023 – Dec 2023 (Q3 23/24) – Initial upscale.
Phase 3: Jan 2024 – Mar 2024 (Q4 23/24) – Building momentum.
Phase 4: Jul 2024 – Dec 2024 (Q1-Q3 24/25) – Fully Established.
Phase 5: Jan 2025 – Jun 2025 (Q4 24/25 - Q1 25/26) – Final phase of pilot.

11.2. Sessions are currently being delivered and an overview of what to expect, alongside the timetable of events, is available via the RVA Web pages set up for this pilot programme: Posters and leaflets include a QR code linking to the web pages, along with a telephone number for anyone wishing to speak with someone to find out more information.

Info and clinic list: https://rva.org.uk/community-wellness-outreach/

Details of the health check: https://rva.org.uk/nhs-health-check/

Calendar of the clinics: https://rva.org.uk/health-checks-grid-calendar/

12. Background Papers

12.1. There are none.

READING HEALTH AND WELLBEING BOARD

Date of Meeting	15 March 2024
Title	SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2022/23
Purpose of the report	To note the report for information
Report author	Lynne Mason
Job title	Business Manager
Organisation	West of Berkshire Safeguarding Adults Partnership Board
Recommendations	1. That the report be noted.

1. Executive Summary

1.1 The Safeguarding Adults Board (SAB) must lead adult safeguarding arrangements across its authority and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.

1.2 The overarching purpose of a SAB is to safeguard adults with health and social care needs. It does this by: Assuring itself that local safeguarding arrangements are in place, as defined by the Care Act 2014, and statutory guidance; requiring that Local Authorities demonstrate that:

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

1.3 The Annual Report 2022-23 presents what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2022-23. This is both as a partnership, and through the work of its participating partners. It provides a picture of who is safeguarded across the area, in what circumstance and why. It outlines the role and values of the SAB, its ongoing work and future priorities.

1.4 The report has been published on the SAB Website (Priorities, Plans and Reports | West of Berkshire Safeguarding Adults Board (sabberkshirewest.co.uk) and shared with all Health and Wellbeing Boards across the West of Berkshire.

1.5 One of the areas identified in the report for improvement is for the West of Berkshire Safeguarding Adults Partnership to improve its links with Health and Wellbeing Boards, Community Safety Partnerships and Children's Safeguarding Boards. The SAB will be looking at how best to do this.

2. Policy Context

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

2.2. The priorities for 2022/23 were that the SAB will focus on priorities that have been identified through its reflective learning practice:

- Priority 1: To expand on learning in regard to self-neglect; to offer the partnership with resources to support them to achieve effective outcomes for individuals that self-neglect.
- Priority 2: To seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West of Berkshire residents is monitored effectively and there is a proportionate response to concerns.
- Priority 3: The SAB to review its Safeguarding Adult Review (SAR) process, in order to ensure that it is timely and good value for money.
- Priority 4: The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

2.3. The priorities for 2023/24 are:

- Priority 1: To seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West Berkshire residents is monitored effectively and there is a proportionate response to concerns.
- Priority 2: Embedding a good understanding of Mental Capacity Act within the practice of our statutory partners.
- Priority 3: Serious Violence and Exploitation, understanding the gaps from an adult safeguarding perspective.
- Priority 4: Review and relaunch of the SAB Quality Assurance Framework.

3. The Proposal

3.1. Not applicable.

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

4.1. The SAB is a statutory function and has set priorities for 23/24 as details in section 2.3 of this report.

5. Environmental and Climate Implications

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

6. Community Engagement

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

6.2. An area for improvement noted by the SAB in the annual report is to: Improve mechanisms to ensure that the views of people who are in situations that place them at risk of abuse and carers inform the work of the SAB.

7. Equality Implications

7.1. Not applicable

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1. The SAB is set up under the Care Act 2014 (legislation.gov.uk)

10. Financial Implications

10.1. Not applicable.

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. None

Appendices

1. West of Berkshire Safeguarding Adults Board Annual Report 2022/23
2. Reading Safeguarding Adults Report 22-23 full report DRAFT – awaiting endorsement from ACE on the 20th March 2023, once endorsed it will be appended to the SAB Annual Report.

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West of Berkshire

Safeguarding Adults Board

Reading, West Berkshire & Wokingham

Annual Report 2022-23

If you would like this document in a different format, contact Lynne.Mason@Reading.gov.uk

Endorsed by Board: 6th December 2023

Published: 13th December 2023

Concerned about an adult?

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

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

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

- **Reading** - call 0118 9373747 or email at CSAAdvice.Signposting@reading.gov.uk or complete an online form
- **West Berkshire** - call 01635 519056 or email safeguardingadults@westberks.gov.uk or complete an online form
- **Wokingham -**call 0118 974 6371 or email Adultsafeguardinghub@wokingham.gov.uk or complete an online form

For help out of normal working hours contact the **Emergency Duty Team** on 01344 351 999or email edt@bracknell-forest.gov.uk

For more information visit the West of Berkshire Safeguarding Adults Partnership Board website: http://www.sabberkshirewest.co.uk/

Message from the Independent Chair

This is my second year as Chair of the West of Berkshire Safeguarding Adults Board (2022/2023) and once again it has been my privilege to see the dedication and hard work of staff from across the health and social care sectors. These staff, including those from the formal, informal and voluntary sectors, are all committed to providing the very best health and social care possible.

Last year I commented on how staff were coping as we came out of the Covid pandemic and they were having to deal with a backlog of health and social care needs as a consequence of the pandemic. This past year has unfortunately been no easier and one of the great challenges facing the sector currently is recruitment and retention. Many parts of the health and social care sector continue to have very high and unsustainable vacancy rates which puts additional pressure on those staff within the system. This problem is outside of the Board's remit, but society as a whole does need to stand back and review how it values and appreciates staff working in this sector, particularly in the residential and domiciliary care sector for older people. They do amazing work under huge pressure, often on minimum wage or certainly low levels of pay. Society needs to review how we value these workers urgently if we are to have safe staffing levels, with experience and knowledge. Working in the care sector, though immensely rewarding, is hard work and requires great skill and ability.

However, despite all the pressures on the sector I am delighted to report that this Board has continued to function well during this past year to ensure that adults receive safe and appropriate health and social services in its area. The Board has undertaken and published a number of Safeguarding Adult Reviews in this year and also undertaken work to look at a Rapid Review process for SARs. This review has led to a tightening up of timelines to ensure that the process is completed as quickly as possible and we will be reviewing further the possibility of a more formal rapid review process in the coming year. One problem we are currently experiencing though is a lack of independent authors to undertake the SARs. This is a national problem exacerbated by the fact that there are more reviews year on year. During the coming year we as a Board will be looking to strengthen our capacity to oversee SARs, and also to undertake even more quality and assurance work.

During the past year I am delighted to report on my involvement with organisations representing carers, people with lived experience and those working in the advocacy sector. This has been a growing and important development of our work.

Finally I want to offer my sincere thanks to the Board Staff and Board Members. Their commitment to safeguarding and high standards is really valued and appreciated. It is an area of work that continues to grow and is therefore of vital importance within our society in order to protect and support some of its most vulnerable members. It really is a privilege to work alongside these committed professionals and thus I want to say a sincere thank you for all you do.

Prof Keith Brown

Independent Chair, West of Berkshire Safeguarding Adults Board

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

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

About us

What is the Safeguarding Adults Board?	The West of Berkshire Safeguarding Adults Partnership Board (SAB) covers the Local Authority areas of Reading, West Berkshire and Wokingham. The SAB is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. Mandatory partners on the SAB are the Local Authorities, Berkshire West Clinical Commissioning Group and Thames Valley Police. Other organisations are represented on the SAB such as health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. *A full list of partners is given in Appendix A and the SAB structure in Appendix B.* We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.
Who do we support?	Under the Care Act, safeguarding duties apply to an adult who: • Is experiencing, or is at risk of, abuse or neglect; and • As a result of their care and support needs, is unable to protect themselves.
Our vision	Adult safeguarding means protecting people in our community so they can live in safety, free from abuse and neglect. Our vision in West Berkshire is that all agencies will work together to prevent and reduce the risk of harm to adults at risk of abuse or neglect, whilst supporting individuals to maintain control over their lives and make informed choices without coercion
What is safeguarding adults?	Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs, regardless of whether or not they are receiving support for these needs. There are many different forms of abuse, including but not exclusively: Disability hate crime, Discriminatory, Domestic, Female genital mutilation (FGM), Financial or material, Forced marriage, Hate crime, Honour based violence, Human trafficking, Mate crime, Modern slavery, Neglect and acts of omission, Organisational, Physical, Psychological, Restraint, Self-neglect, Sexual and Sexual Exploitation,
Safeguarding Adults Policy and Procedures	Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter: Berkshire Safeguarding Adults - Berkshire Policies & Procedures for Safeguarding Adults

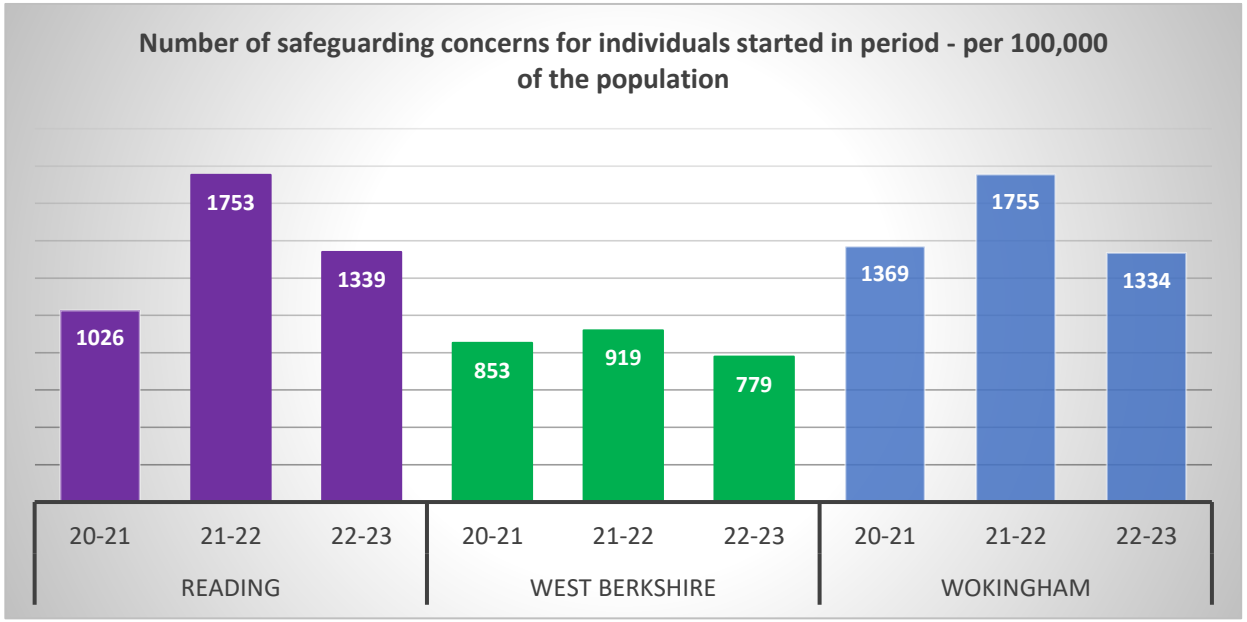
Number of safeguarding adult concerns and enquiries 2022-23

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

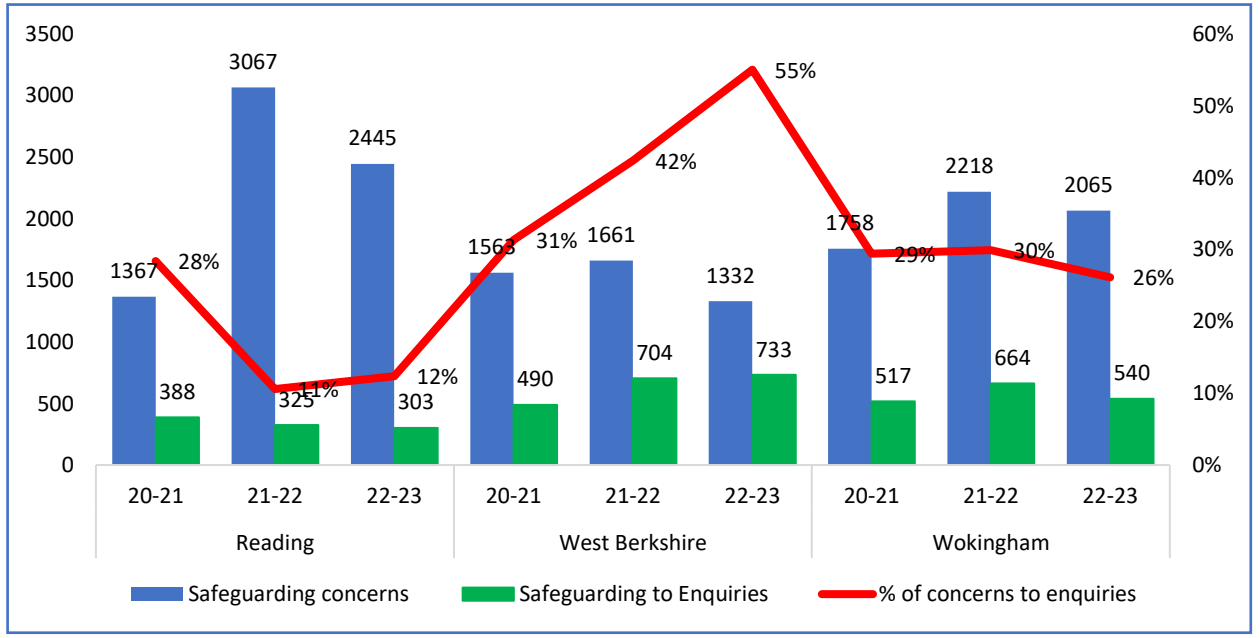
We have spent a lot of time considering safeguarding adult concern numbers over the year, as the number of out of scope safeguarding concerns received by our Local Authorities, this resulted in Local Authorities having to adapt their pathways to ensure that their safeguarding pathway was not overwhelmed with concerns that were not safeguarding.

The chart below demonstrates, in 2022-23 the total number of safeguarding concerns for individuals started in period - per 100,000 population, has decreased by 22% in the West of Berkshire, when comparing with 2021-22. The SAB understands that this decrease is due to the amended pathways adopted by Local Authorities to address out of scope concerns and that there has not been an actual reduction in the number of in scope safeguarding concerns received.

It is important to note that this indicator will only count an individual once during the reporting period and therefore does not account for any multiple safeguarding concerns raised for individuals over the year, therefore the number of safeguarding concerns received is much higher than this outturn.



The table below demonstrates the number of safeguarding concerns, safeguarding enquiries and conversion rate between safeguarding concern and enquiry over the last three years by local authority.



In 2022-23 there were a total of 1576 enquiries started
303 in Reading a decrease of 7% compared with 2021-22
733 in West Berkshire an increase of 4% compared with 2021-22
540 in Wokingham a decrease of 19% compared with 2021-22

Safeguarding Concern Trends across the area 2022/23

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

Types of Abuse

As in previous years neglect and acts of omission was the most frequent abuse type, equating to 34% of enquiries. This was followed by physical, psychological or emotional abuse and financial abuse. But all have seen a decrease when compared with 2021/22.

There is a 17% decrease in Domestic abuse which in the previous year had seen a 20% increase.

Organisational abuse has seen the biggest increase of 159% when compared with 2021/22. There were 29 enquiries in 2021/22 and 75 in 2022/23.

Modern Slavery has seen an increase of 25%, with 5 enquiries in 22/23

Self-Neglect has seen a 10% increase.

58% of enquires were in relation to women, this is consistent with previous years.

For the majority of enquiries (37%), the individual primary support reason was physical support, this however has decreased by 15% when comparing with previous years. This was followed by no support reason (30%), which saw a 5% increase when compared with last year.

85% of enquires were for individuals whose ethnicity is White, this consistent with last year. The ethnicity of the remaining 15% of individuals is as follows: Not Known 6%, Asian 3%, Black 3%, Other 3%, Mixed 1%.

The Performance and Quality Subgroup routinely consider the ethnicity data to ensure it is consistent with our demographics.

Location of alleged abuse

60% of enquiries completed were where the alleged abuse took place in the persons own home, this is a slight drop from 20/21 where it was at 62% and is the third consecutive year where this has dropped.

There has been a 7% decrease in enquiries completed where the location of abuse was in hospital, equating to a total of 87 enquiries.

Care Homes also saw an increase of 4%, with a total of 418 enquires.

There was a 52% increase in Service within Community (Commissioned service in community setting) with 47 enquiries.

62% of enquiries relate to people over 65 years in age, this is consistent with 2021/22

Risks and Mitigations

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

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

Risk	Consequence/Impact	Mitigation
The SAB does not know how individuals experience the Safeguarding Adults Process. Adults with care and support needs and their carers have no involvement or engagement with the Board.	Safeguarding Adults procedures and practices are not informed by people's experiences. Lack of community understanding to inform the work of the Board.	Voluntary Sector/Healthwatch Subgroup in place. Request made for the Advocacy people to deliver a presentation to the SAB in March 23, which was deferred to June 2023.
People who raise safeguarding concerns do not receive feedback	Impaired partnership working.	Key Performance Indicator (KPI) in place to monitor percentage of referrers that receive feedback. As reported in the 21/22 annual report Reading Borough Council are currently unable to supply this information. Repeated assurance has been provided to the Performance and Quality Subgroup that plans are in place to address this.
There is inconsistent use of advocacy services to support adults through their safeguarding experience.	The voice of the service user is not heard.	Improve oversight of advocacy offer in the West of Berkshire: • KPI on SAB's dashboard, • Advocacy representation at SAB and subgroups, • request made for the Advocacy people to deliver a presentation to the SAB in March 23, which was deferred to June 2023.
Responsibilities under the Mental Capacity Act (MCA) 2005 are not fully understood or applied in practice as a safeguard for people who may lack capacity (SAR finding)	Significant harm to adults as risk.	All work undertaken by the SAB partnership to ensure consideration of MCA so that it is embedded within practise. Good practice identified from the Pauline Safeguarding Adult Review (SAR) published Jan 23, but did evidence that practitioners are not evidencing their decision making in regard to MCA. MCA a SAB priority for 23/24.

Risks and Mitigations continued…..

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

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

Risk	Consequence/Impact	Mitigation
There are capacity issues within the supervisory bodies to obtain timely DoLS assessments and provide appropriate authorisation.	Risks that vulnerable people do not have the opportunity to live within the least restrictive regime possible for their condition.	A KPI on the SAB dashboard, concerns around performance have been highlighted to the SAB for consideration.
Governance arrangements to support people who have Mental Health issues are not fully understood.	Significant harm to adults as risk.	Assurance obtained via Berks West Health Partners Strategic Safeguarding Committee.
Safeguarding People at risk of multiple exclusion, due to not meet safeguarding or care management pathways.	This is not a new issue but has been exacerbated as a result of lockdown, as people have been brought to the attention of services that wouldn't have previously been before.	Review and relaunch of Supporting Individuals to Manage Risk and Multi Agency Framework (MARM)took place in September 22.
Increase of out of Scope Safeguarding Referrals.	Capacity in Safeguarding Teams will be impacted on resulting in less time being available to spend on appropriate safeguarding concerns.	SAB sought assurance from partners that this issue was being addressed. In December 22 the SAB agreed that as LA's have updated their processes to limit the risk due to the increase in out of scope referrals, no further assurance is required for the SAB. The partnership can re-escalate to the SAB if the risk mitigation process is at risk of failure.
The impact the pandemic has had on domestic abuse.	People are more at risk of domestic abuse as a result of the measures put in place as a result of the pandemic, the partnership will need to consider how its approach will need to be adapted.	Safeguarding figures suggest that there had not been a significant increase in domestic abuse during the pandemic. However, agencies and the SAB continue to promote domestic abuse and ways in which to identify and support after the pandemic. Domestic abuse will be considered as part of the SAB priority on serious violence for 2023/24.
The SAB is not complying with its Quality Assurance Framework.	That the SAB do not have assurance in regard to the quality of safeguarding in its area.	Is a SAB priority for 2023/24.

Achievements through working together

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

Our priorities for 2022/23 and outcomes to those priorities were:

Priority 1: To expand on learning in regard to self-neglect; to offer the partnership with resources to support them to achieve effective outcomes for individuals that self-neglect.

- Created a Self-Neglect and Hoarding Toolkit for the partnership and launched via a webinar, where over 75 practitioners attended.
- Safeguarding Adults Week 2022 in November 2023 had 1 day which focused on self-neglect, there was webinars, briefing notes and social media posts that all highlighted self-neglect.
- Self-neglect Page created on SAB Website.
- Webinar on Mental Capacity Act and Self Neglect took place in October 2022.
- Review and relaunch of Supporting Individuals to Manage Risk and Multi Agency Framework (MARM) took place in September 22. Videos detailing how the MARM works in West Berkshire Council and Wokingham Borough Council launched and a KPI to monitor MARM usage and outcomes will be go live in April 2023.
- Work on an awareness campaign to highlight fire risks in regards to hoarding, started and will be launched in 2023/24.
- Self-Neglect bitesize session for Voluntary Sector took place in February 2023 a recording of this session is on our website.
- Published SARS and practice learning notes, podcasts where self-neglect was a concern.
- Published and promoted via newsletter and email the Mental Capacity Toolkit and Prof Keith Brown publications on MCA.
- Updated the MCA/DoLs Page of SAB website.
- Review of the Pan Berkshire Safeguarding Adults Policy and Procedure on self-neglect completed.

Priority 2: To seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West Berkshire residents is monitored effectively and there is a proportionate response to concerns.

- KPI to monitor quality of health and social care services in the West of Berkshire agreed and went live in April 2023.
- The following actions were not completed but have been carried over as SAB actions for 2023/24.
  - Assurance obtained from SAB Statutory partners on practice in regard quality monitoring of service provision.
  - Learning session to promote best practice when reviewing quality of care.
  - Create information source for volunteers on quality of service provision which includes details on pathways.
  - To consider any updates to the organisational safeguarding policy and procedure in light of SAB learning.

Priority 3: The SAB to review its Safeguarding Adult Review (SAR) process, in order to ensure that it is timely and good value for money

- Review of SAR process completed, SAB agreed that the SAR Panel should continue with its current SAR process.
- SARs continued to be delivered by the SAB as per its statutory requirements.
- Where suitable bitesize learning sessions on SARs have been delivered by the SAB.
- The following SAR action plans were signed off as completed: Michelle, P, Adam, John, Ken and Steven.

Priority 4: The SAB will continue to carry out its business as usual tasks to comply with its statutory obligations
Board Briefings, Annual Report, Website, Budget, Out of Scope Safeguarding Referrals, Joint Investigation Protocol, Safeguarding Adults Week, Pressure Care Awareness, Quality Assurance Framework.

Achievements through working together continued….

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

Safeguarding Adults Week 2022

In November 2022, the West of Berkshire Safeguarding Adults Partnership Board is supported the Ann Craft Trust Safeguarding Adults Week. Each day of the week our partners hosted a wide variety of free webinars to cover the themes on: Responding to Contemporary Safeguarding Challenges, these were open to all health and social care practitioners and volunteers within the West of Berkshire. The partnership provided learning resources to support awareness on these key themes. The week was a great success with a total of 393 delegates attended the webinars and 5 learning briefs were created covering:

- Exploitation and County Lines
- Self-Neglect
- Creating Safer Organisational Cultures
- Elder Abuse
- Domestic Abuse in a Tech Society

Social media posts also went out daily to promote public awareness on these subjects. The SAB website has a page where copies of the learning.

Considered the impact the newly established Integrated Care Boards may have on the SAB and its arrangements with the East of Berkshire and our Pan Berkshire Safeguarding Adults Policies and Procedures.

Agreed options will be explored to relaunch the safeguarding train the trainer programme.

In response to learning identified in the Adam SAR the SAB:

- Created a best practice guide for out of area reviews
- Definition of 'relevant history' agreed and added to Pan Berkshire Policies and Procedures.
- Created and launched 'supporting agencies in the management of complex multi-agency enquiries – joint safeguarding and criminal investigations protocol'

Published a case study, which shares learning from a safeguarding enquiry where the use of clinical terminology led to confusion for individual and people supporting them.

Created a webpage dedicated to: fire risk awareness

Researched and agreed options for commissioning of a new SAB website.

Reviewed and relaunched our Allegations Management (PiPOT) policy.

Considered and agreed assurance arrangements in response to South Central Ambulances CQC Inspection rating of inadequate.

We said thankyou and goodbye to five Board members who are moving on from their organisations:

- Seona Douglas, Director of Adult Care and Health Services, Reading Borough Council
- Jo Lappin, Assistant Director for Safeguarding, Reading Borough Council
- Andy Sharp, Executive Director - People, West Berkshire District Council
- Simon Broad, Assistant Director - Adult Social Care at Wokingham Borough Council
- Abigail Mangarayi, Designated Safeguarding Lead (Adults) in Berkshire West - Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Highlights from the Voluntary Sector and Healthwatch Subgroup

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

Celebratory Points

- Being able to address and be part of the SAB that **enables better understanding of advocacy**
- Being part of the **safeguarding week plans** and events that take place under the SAB banner.
- Knowing that SAB takes **issues that arise from SARs seriously** and acts on the recommendations that come from the reports
- **Commitment and agility of the Voluntary, Community and Social Enterprise Sector.** Despite the plethora of societal challenges facing communities, the determination to support those most in need continues. Within this, some charities have been able to build in additional offers of service delivery, for example grants to support the heating of the homes of local people.
- **More consortiums and partnerships.** Whist charities are having to work hard to support their own sustainability, many are realising the advantages of working in partnership. In the last year, Wokingham Borough has developed its Dementia Alliance and Carers Alliance. In both cases, three of more charities are working together to realise a collective ambition, utilising and sharing resources to best achieve for local people.

Emerging Issues

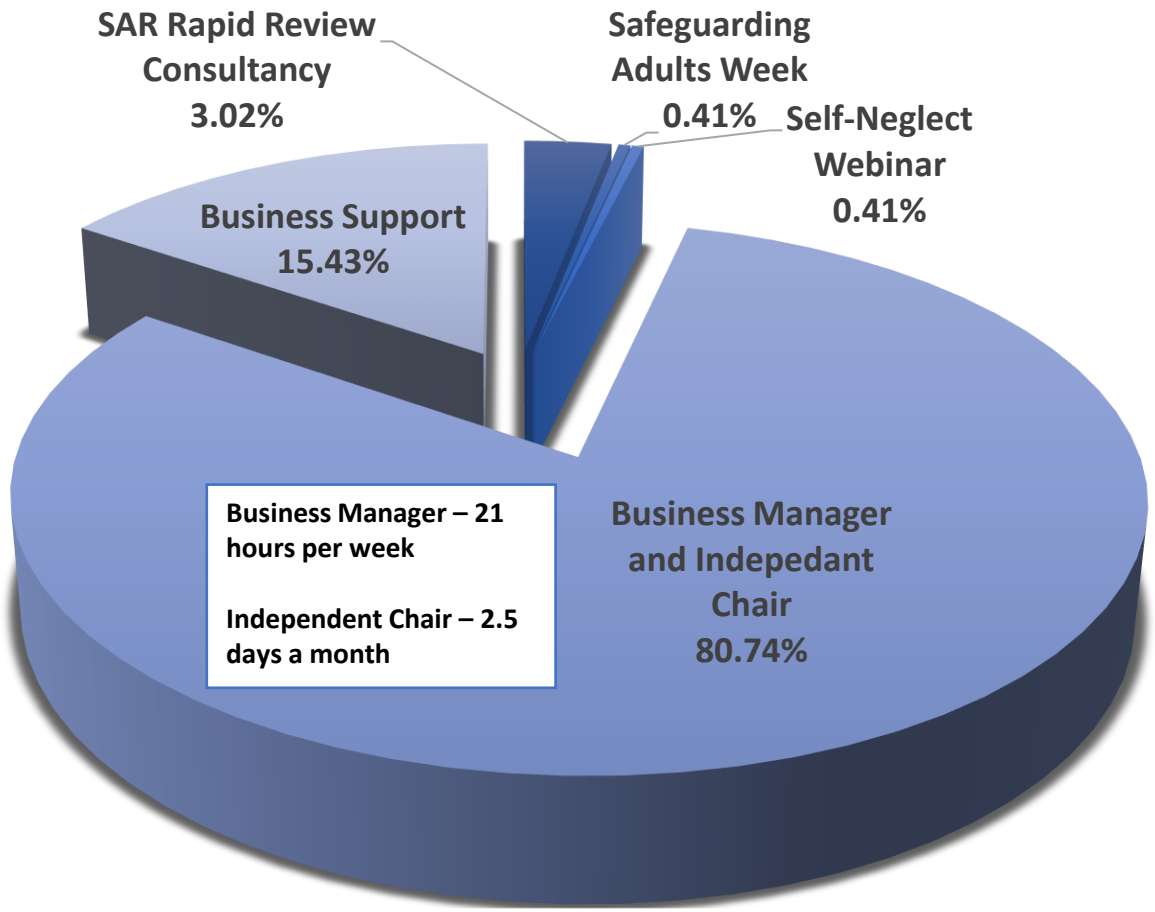
- Lack of enough **advocacy funding** to provide enough early intervention i.e. community advocacy to act as a prevention of escalating problems.
- Learning from SARs evidences there is **a gap in advocacy referrals**.
- **Support for Asylum Seekers**. There are many asylum seekers who are successfully receiving their leave to remain in the UK. Upon receiving this notification, these individuals are given 28 days-notice and are then required to move on from their temporary accommodation. This notification is often delayed in arriving with the individual in question which is then not allowing sufficient time for professionals and volunteers to help secure income, find housing and begin to build the lives of those who are often highly vulnerable.
- **Cost of Living.** There are an ever increasing number of residents who are presenting to our foodbanks and who are working. Following increases to mortgages, rent, utilities and other outgoings, those who have previously lived well or sufficiently within their means are now in financial hardship. Approximately a quarter to a third of those coming to the attention of food services have never had to use these facilities before.
- **Statutory Funding Pressures and Impact on Local Charities.** As statutory organisations come under increasing funding pressures, funds historically allotted to the Voluntary and Community Sector are under increasing scrutiny. Whilst we have not seen any cuts to funding at this stage, the prognosis of this happening is ever more present. This, alongside the increasing competition for funds from national and local funding organisations will see income to charities and other community assets go down which in turn will see services reducing their provision, with a potential risk of insolvency.

Annual Budget and Financial Contribution, 2022/23

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

The 2022/23 annual budget for the Board was £75,705 the annual budget is established through a financial contribution from statutory partners, The SAB also had £34,399 carry over from previous years. The name of the agency and their contribution; shown as a percentage of the overall cost in the table below and the pie chart demonstrates where the money was spent.

Partner	Agreed % Contribution
Reading Borough Council	16.07%
West Berkshire Council	16.07%
Wokingham Borough Council	16.07%
Buckinghamshire, Oxfordshire, West of Berkshire ICB	16.07%
Berkshire Healthcare Foundation Trust	9.52%
Royal Berkshire Hospital	9.52%
Thames Valley Police	16.66%



The 2022/23 expenditure was £71,745 and the SAB have carried over £43,859 into 2023/24. Which will be used to support the SAB to achieve its priorities.

Safeguarding Adults Reviews (SARs)

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

During the reporting year, the SAR Panel have worked on six SARs of which 3 have been endorsed and published and the remaining 3 SARs are due to go to SAB for endorsement and publication in 2023/24.

For each SAR that is completed a practice learning note is produced to help promote the learning across the partnership and webinars/podcasts are standard practice to further promote the learning.

The SAR Panel continues to promote reflective practice and feedback from learning events has been very positive.

The SAR Panel awaits the publication of the Safeguarding Adult Reviews in Rapid Time guidance that is being produced by the Social Care Institute for Excellence. Once available the panel will consider if this approach can be adopted by the SAB.

Adam Full Report and Practice Learning Note

Key learning identified from this review:

- Out of Area Placements – Understanding and Responding to Safeguarding Concerns Out of area placements make it more challenging to identify emerging safeguarding concerns and to provide an effective response. In order to improve this a person centred approach is required, in addition to a greater level of multi-agency working.
- Information Sharing The lack of information sharing affected the quality of safeguarding and reduced the ability of agencies to protect Adam from further abuse. A greater understanding of the need to share information is required for the effective management of future complex cases.
- Management of Complex Enquiries A new partnership protocol for the management of complex enquiries would greatly improve the efficacy of multi-agency safeguarding investigations. This should be supported with a training and development programme for professionals involved in such multi-agency enquiries.
- Family Engagement Professionals did not understand the underlying reasons for Adam's mother's concerns and why she had developed a different opinion to others about what was in Adam's best interests. This prevented a consensus being developed, affecting the services provided to Adam.

Published May 2022

Louise Practice Learning Note

Louise died in hospital when she was in her 40's. Louise had been living at home supported by two carers/personal assistants, one of whom lived in with her, this was managed by direct payments. Concerns had been raised over the years about the quality of care provided to Louise by the live-in personal assistant. Louise wanted to have weight loss surgery so that she could look after her son, who lived at his grandparents. Despite making changes in her life in preparation for surgery, Louise was told that it could not go ahead. Following this, Louise refused to allow district nurses to treat her pressure ulcers. Key Learning Points from this review were:

- There were unresolved concerns about the extent to which Louise's care and support needs were being met.
- Safeguarding processes did not identify patterns, themes or connections that might have alerted practitioners to the need to reconsider how well Louise's care and support needs were met or the extent to which Louise was feigning compliance and self-neglecting.
- No connection was made between the refusal of surgery and Louise's subsequent refusal of district nursing care. The impact of this was not recognised and no support was provided for Louise to cope with this disappointment.
- There was insufficient recognition that Louise was self-neglecting.
- Louise's mental capacity to make decisions about her care was assumed rather than assessed. This was despite a consistent pattern of "unwise decisions"
- There was insufficient consideration given to balancing Louise's wellbeing (Section 1 of the Care Act) and the obligation to protect her life (Article 2 of the Human Rights Act) with her right to make decisions (Article 8)

Published June 2022

Safeguarding Adults Reviews (SARs) continued…..

Pauline Full Report and Practice Learning Note

Pauline lived alone in her own home. She was a local well-liked character; friendly, chatty and cooperative, but fiercely independent and someone who, despite increasing frailty associated with aging, remained very active and physically able. Pauline died at home in late 2021, having fallen resulting in fatal injuries. Pauline had several known conditions (including dementia) that impacted on her ability to manage daily living activities.

Concerns had been raised by Pauline's neighbours and a number of professionals over recent years that, as she had grown increasingly frail with age, and her choices which may have been present throughout her life.

The SAR clarified Pauline did not die because of abuse or neglect and partners had complied with their duties to assess and offer support in a manner that complied with her human rights. There was evidence of good practice from professionals throughout.

Key Learning Points from this review were:

- Balancing risks and rights: those working with Pauline demonstrated persistent, compassionate concern. The risks to Pauline remaining within her own home were well understood, but consideration was also given to the harm that compelling her to receive care against her will would cause.
- Caring Communities have a valuable role: People with dementia wishing to remain at home for as long as possible, have the easiest course when they have family, friends or neighbours supporting this choice.
- Good record keeping is essential to good risk enabling care: Whilst there was an agreed multiagency understanding of Pauline's capacity. Formal capacity assessment reports were not completed in line with policy. There are opportunities to improve recording and monitoring systems to ensure improved compliance with the Mental Capacity Act.
- Lessons learnt from Covid should not be forgotten: The pandemic was undoubtedly a very difficult time to have additional vulnerabilities, but there was also remarkable effort from volunteers and key workers to reduce harm to adults with care and support needs.

Published January 2023

How is learning from SARS embedded within in practice?

The SAB captures all recommendations from SARs on a Learning from SARS/Audit Implementation Plan where all recommendations from SARs and other SAB learning is added and tracked.

The SAB create and manage a SAR action plan and/or each partner agency involved in the SAR is required to submit a Learning from SAR Quality Check to the Business Manager within of 3 months of the SAR endorsement to demonstrate how learning from the SAR has been embedded within their organisations.

Learning events take place to share learning from reviews.

The SAB continually monitors themes in learning from SARs both locally and nationally and uses this to inform the SAB priorities.

The SAB are committed to ensuring that our priorities are current and have and will change priorities in order to support learning from its SARs.#
There is a dedicated page on the SAB's website for case reviews:
http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/

SAR Notifications

In 2022/23 the SAR Panel considered eight SAR Notifications of which three were identified as meeting the SAR criteria**.**

Under the Care Act each member of the SAB must co-operate in and contribute to the carrying out of a review. The Board has set out a process for Board members, managers and practitioners, in order to clarify the different roles and responsibilities of individual agencies, the Safeguarding Adults Board and its Subgroups. This includes a notification report template to be completed by anyone wishing to present a case for consideration by the SAR Panel. Further information can be found here: Safeguarding Adults Reviews | West of Berkshire Safeguarding Adults Board (sabberkshirewest.co.uk)

Reflection

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

The SAB have reflected on its activity over the past 12 months and have identified 3 areas of success and 3 areas where we want to improve:

Success		Improvement	
Partnership	The SAB works in an atmosphere and culture of cooperation, mutual assurance, accountability and ownership of responsibility	Links	Improve our links with Health and Wellbeing Board, Community Safety Partnership and Children's Safeguarding Board.
Leadership	The SAB demonstrates effective leadership and coordinates the delivery of adult safeguarding policy and practice across all agencies, with representatives who are sufficiently senior to get things done.	Engagement	Improve mechanisms to ensure that the views of people who are in situations that place them at risk of abuse and carers inform the work of the SAB.
Reporting Mechanisms	Reporting mechanisms (to the SAB and from the SAB to the LA's and the boards of partner organisations) are clear and effective.	Integration	Establish clear protocols that integrate different agency procedures.

Key Priorities for 2023/24

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

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

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

Through its reflective learning practice, the SAB have identified the following priorities:

Priority 1	To seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West Berkshire residents is monitored effectively and there is a proportionate response to concerns.
Priority 2	Embedding a good understanding of Mental Capacity Act within the practice of our statutory partners.
Priority 3	Serious Violence and Exploitation, understanding the gaps from an adult safeguarding perspective.
Priority 4	Review and relaunch of the SAB Quality Assurance Framework

Appendices

West of Berkshire Safeguarding Adults Board

Reference	Description	Link
Appendix A	SAB Member Organisations	Click here
Appendix B	SAB Structure	Click here
Appendix C	Achievements by partner agencies	Click here
Appendix D	2022/23 SAB Business Plan	Click here
Appendix E	2023/24 SAB Business Plan	Click here
Appendix F	Partners' Safeguarding Performance Annual Reports:	
	Berkshire Healthcare Foundation Trust	Click here
	West Berkshire Council	Click here
	Wokingham Borough Council	Click here
	Royal Berkshire NHS Foundation Trust	Click here
	Reading Borough Council	Not ready for publication
	South Central Ambulance	Click here

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Supporting our futures for Reading
Adult Social Care
& Wellbeing

Safeguarding Adults Annual Report

2022-23

Contents

1. Introduction

Reading Borough Council (RBC) hosts the strategic partnership arrangement between Reading, West Berkshire and Wokingham which forms the basis of the West of Berkshire Safeguarding Adults board which operates across the 3 local authorities along with the other statutory partners in Health and the Police. The Board manager is supported by services in Reading including some administration, IT, payroll etc and is line managed by the Assistant director (Safeguarding, Quality and Practice). The Board is led by an Independent Chair who works closely with the Board manager as an independent safeguarding expert.

RBC also has a Safeguarding Adults Team (SAT) who undertake the role of initial triage of concerns and referrals, decision making as to whether Care Act duties are required to be assessed, signposting to other services where required, and determining whether to initiate a section 42 (s42) enquiry to determine how to safeguard an individual at risk. Where an individual is already known the s42 will be referred on to the relevant team to carry out the section 42 but if the referral is not previously known, the team will carry out s42 enquiries.

2. Safeguarding Activity

Concerns and Enquiries:

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

There were 2374 Safeguarding Concerns received in 2022/23 which is a decrease since the previous year.

Table 1 – Safeguarding Activity for the past 3 Years since 2020/21

Year	Safeguarding Concerns received	Safeguarding s42 Enquiries Started	Individuals who had Safeguarding s42 Enquiry Started	Conversion rate of Concern to s42 Enquiry
2020/21	1589	493	435	31%
2021/22	2969	400	335	13%
2022/23	2374	434	358	18%

434 s42 Enquiries were opened last year, with a conversion rate from concern to s42 enquiry of 18% which is still lower than both the national average (Approx. 33.9%) and the South-East average (Approx. 30.6%) for 2021/22. This makes Reading lower than the other West Berkshire authorities and with other current comparator averages such as the South-East ADASS Q4 benchmarking (Approx. 29.5%).

The conversion ratio has increased this year to date in part due to the number of concerns falling this year and due to the audit work within the Safeguarding Team and the change in process of setting up a referral step in the Call Centre to triage referrals before they are passed on to operational teams. This is especially noted in the reduction of Thames Valley Police referrals (down 17.4% of overall total) which has reduced the 'out of scope' numbers for safeguarding purposes. This is audited regularly locally, and issues are addressed with the external agencies in question.

There were 358 individuals who had an s42 Enquiry opened during 2022/23 which is an increase of 23 over the year. Enquiries have risen by 6.9% mainly because of the decrease in inappropriate concerns raised so only relevant concerns are being put through for further investigation.

Source of Safeguarding Concerns:

As **Figure 1** shows the largest percentage of safeguarding concerns for 2022/23 were once again referred from 'Health' staff (41%) which is a rise of 2.4% over the year.

Social Care Staff' were the next biggest source and make up 22.9% of the total which was a rise of 8.3% over the year.

The 'Police' (17.4%) whilst still the next largest source of Concerns received, has fallen by 14.2% over the period which was mentioned in the previous section.

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

The ‘Health’ category relates to both Primary and Secondary Health staff as well as Mental Health workers.

Figure 1 - Safeguarding Concerns by Referral Source - 2022/23

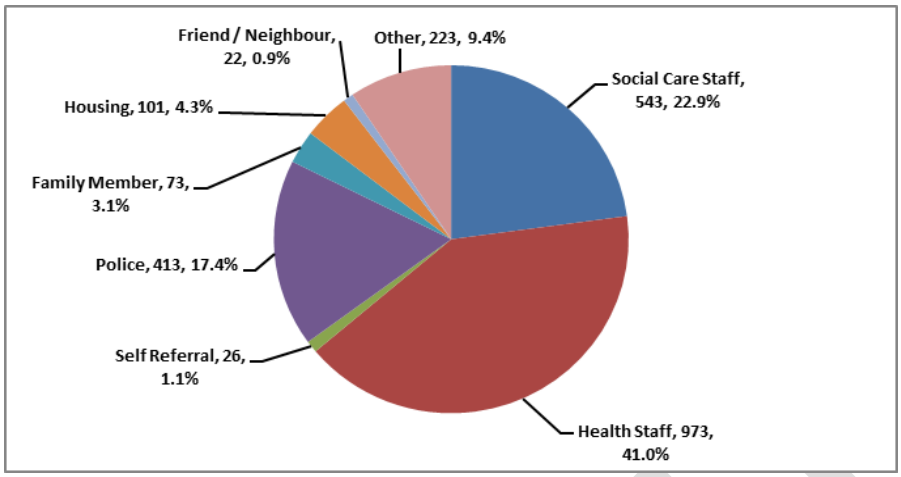


Table 2 below shows a more detailed breakdown of the number of safeguarding concerns by referral source over the past 2 years since 2021/22.

In ‘Social Care’ the actual numbers coming in have increased over the year by 111, so as mentioned above; this proportionately now makes this group 22.9% of the overall total (up from 14.6% in 2021/22). Most of this proportionate increase has been due to more referrals being made from ‘Residential / Nursing Care Staff’ (up 30%) and ‘Social Worker / Care Manager‘(up 62%).

Numbers of referrals coming in from ‘Health Staff’ have decreased from 1146 to 973 since 2021/22. Proportionately it now makes up 41% of the overall total (up from 38.6% in 2021/22).

‘Other Sources of Referral’ over the year now make up 26.7% of the overall total.

As a proportion of those in this category by far the biggest fall has been in the ‘Police’ where it dropped by 9% of the proportion of ‘Other Sources of Referral’. The overall total (down 14.2%) is due to a lot less ‘Out of Scope’ referrals being received during and post Covid over the last year from this source.

Table 2 - Safeguarding Concerns by Referral Source over past 2 Years since 2021/22

	Referrals	2021/22	2022/23
Social Care Staff	**Social Care Staff total (CASSR & Independent)**	**432**	**543**
	Domiciliary Staff	86	75
	Residential/ Nursing Care Staff	169	219
	Day Care Staff	0	0
	Social Worker/ Care Manager	75	122
	Self-Directed Care Staff	4	1
	Other	98	126

Health Staff	**Health Staff – Total**	**1146**	**973**
	Primary/ Community Health Staff	506	331
	Secondary Health Staff	489	518
	Mental Health Staff	151	124
Other sources of referral	**Other Sources of Referral – Total**	**1136**	**635**
	Self-Referral	26	26
	Family member	86	73
	Friend/ Neighbour	24	22
	Other service user	5	14
	Care Quality Commission	11	11
	Housing	62	101
	Education/ Training/ Workplace Establishment	4	4
	Police	938	413
	Other	235	194
	Total	**2969**	**2374**

Individuals with Safeguarding Enquiries - Age Group and Gender

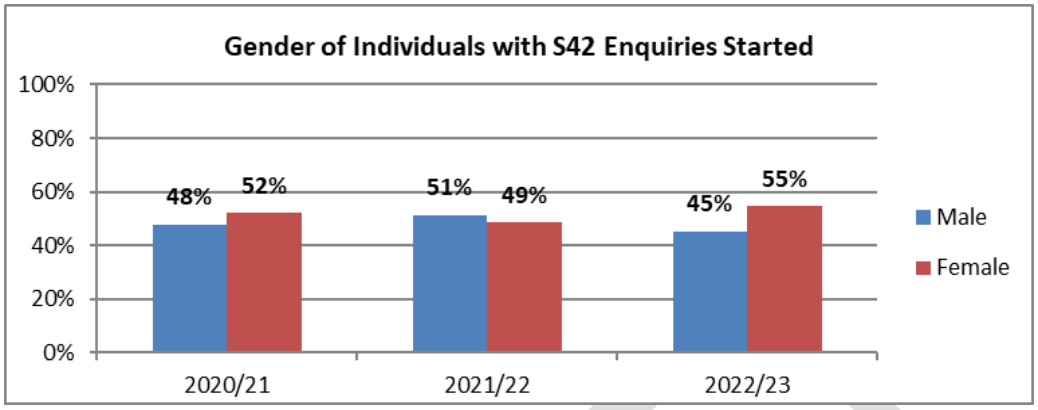
Table 3 displays the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. Most enquiries continue to relate to the 65+ age group which accounted for 57% of enquiries in 2022/23 which is lower than last year (was at 61% for 2021/22). The only age group that has risen this year is the 18-64 cohort which has increased proportionately by 4% (up to 43% of total). Between the ages of 85-94 less enquiries have been raised as compared to last year where there has been a 4% overall drop in the proportion in these groups (makes up 18% of total).

Table 3 – Age Group of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2020/21

Age band	2020/21	% of total	2021/22	% of total	2022/23	% of total
18-64	191	44%	132	39%	152	43%
65-74	68	16%	43	13%	46	13%
75-84	82	19%	72	22%	77	22%
85-94	76	17%	75	22%	66	18%
95+	18	4%	13	4%	17	4%
Age unknown	0	0%	0	0%	0	0%
Grand total	435		335		358	

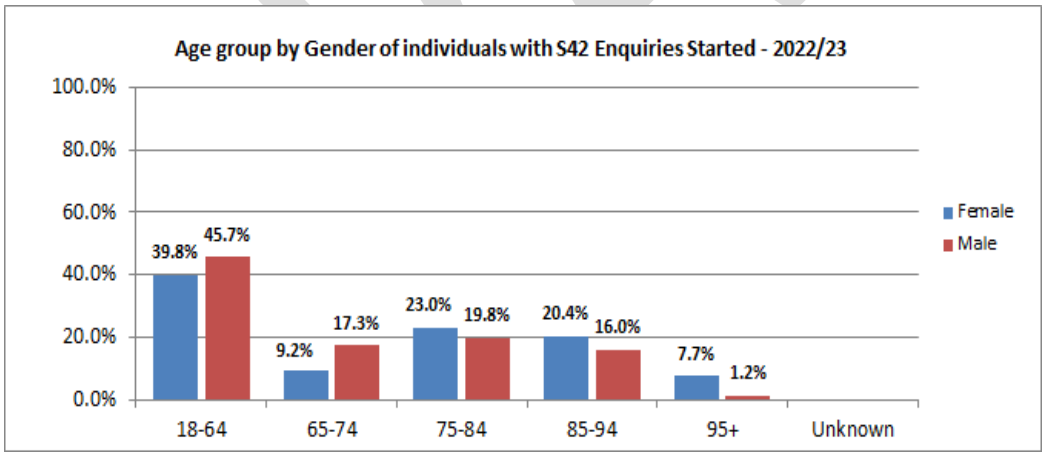
In terms of the gender breakdown there are now more Females once again with enquiries than Males (Females up 6% to 55% of the total for 2022/23). This is shown in **Figure 2** below.

Figure 2 – Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2020/21



When looking at Age and Gender together for 2022/23 the number of Males with enquiries is larger in comparison to Females in those age groups from 18 until 74. After 75 years of age the number of Males in each age group drops away. The largest proportion of enquiries is still in the 18-64 age group for both genders although Males make up 45.7% compared to Females 39.8% in that group. For Females it is noticeable that there is a small number of enquiries in the 65-74 age group with the 95+ group nearly being as large. This breakdown is all shown below in **Figure 3**.

Figure 3 – Age Group and Gender of Individuals with Safeguarding s42 Enquiries – 2022/23



Individuals with Safeguarding Enquiries - Ethnicity

85.5% of individuals involved in s42 enquiries for 2022/23 were of a 'White' ethnicity with the next biggest groups being 'Black or Black British' (6.7%) and 'Asian or Asian British' (6.1%). The 'White' group has increased this year (up 5.5%) along with the 'Asian or Asian British' group which has also increased by 1%. The 'Black or Black British' group has stayed more or less the same in the year whereas the 'Mixed / Multiple' group has fallen by 1.6%. Those 'Not Stated' have fallen by 4.5% over the year (down to 0.3% of the total). This Ethnicity breakdown is shown in Figure 4 below.

Figure 4 – Ethnicity of Individuals involved in Started Safeguarding s42 Enquiries - 2022/23

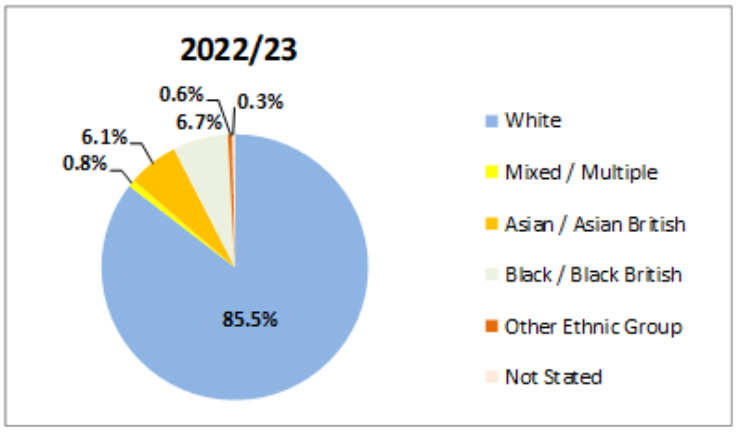


Table 4 shows the ethnicity split for the entire population of Reading compared to England based on the ONS Census 2021 data along with the % of s42 Enquiries for 2021/22 compared to 2022/23. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

Table 4 – Ethnicity of Reading Population / Safeguarding s42 Enquiries over 2 Years since 2021/22

Ethnic group	% of whole Reading population (ONS Census 2021 data) *	% of whole England population (ONS Census 2021 data) *	% of Safeguarding s42 Enquiries 2021/22	% of Safeguarding s42 Enquiries 2022/23
White	67.2%	81.0%	84.1%	85.7%
Mixed	5.1%	3.0%	2.5%	0.8%
Asian or Asian British	17.7%	9.6%	5.3%	6.2%
Black or Black British	7.2%	4.2%	7.2%	6.7%
Other Ethnic group	2.8%	2.2%	0.9%	0.6%

The numbers above suggest individuals with a 'White' ethnicity are more likely to be referred to safeguarding. Their proportions are much higher than for both the whole Reading population and the England Population based on the 2021 Census data.

It also shows that those individuals of an 'Asian or Asian British' ethnicity are less likely to be engaged in the process especially at a local level although that figure has marginally improved this past year. Once again, the 'Black or Black British' ethnic group is more comparable to the local picture and is higher than that at a national level. The 'Mixed' group has fallen this year by 1.7% and is much lower than both Reading and national levels.

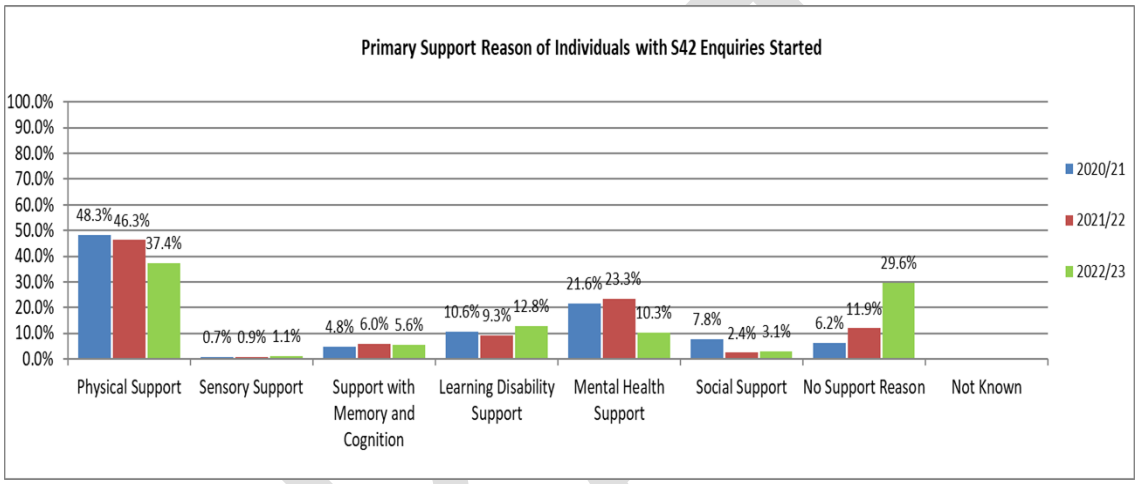
Individuals with Safeguarding Enquiries - Primary Support Reason

Figure 5 shows the breakdown of individuals who had a safeguarding enquiry started by Primary Support Reason (PSR). The largest number of individuals in 2022/23 had a PSR of 'Physical Support' (37.4%) although it has seen a decrease in its proportion of 8.9% over the year.

The 'Learning Disability Support' one has risen back up this year by 3.5% (from 9.3% in 2021/22 to 12.8% in 2022/23) whereas the 'Mental Health Support' group has fallen substantially by 10% (down from 23.3% in 2021/22 to 10.3% in 2022/23).

For 2022/23 the number of those individuals with 'No Support Reason' has increased by 17.7% (up to 29.6% of the total) due to more robust and accurate recording within the authority. *(See Table C in Appendix A for actual data).*

Figure 5 – Primary Support Reason for Individuals with Safeguarding s42 Enquiry over past 3 years



Case details for Concluded s42 Enquiries - Type of Alleged Abuse

Table 5 and **Figure 6** show concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types (*) were added in the 2015/16 return.

The most common types of abuse for 2022/23 were for 'Neglect and Acts of Omission' (41.2%), 'Financial or Material Abuse' (18.9%) and 'Self Neglect' (18.9%).

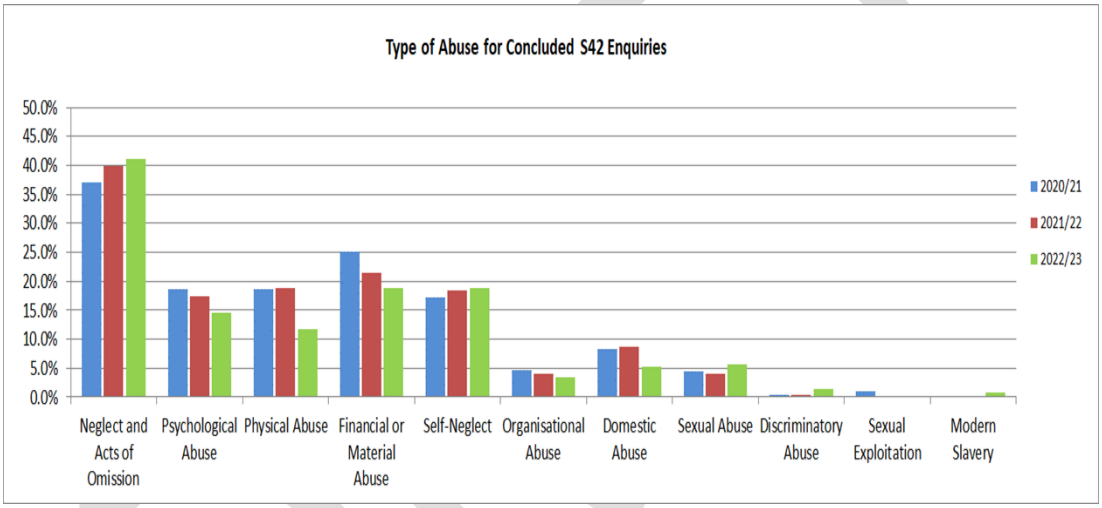
'Neglect and Acts of Omission' and 'Sexual Abuse'' saw the largest proportionate increases (up 1.3% and 1.7% respectively) with 'Physical Abuse' falling the most (down 7.3%). 'Domestic Abuse' cases also dropped this year by 3.5% although the actual numbers are lower than some other categories.

Table 5 – Concluded Safeguarding s42 Enquiries by Type of Abuse over past 3 Years since 2020/21

Concluded enquiries	2020/21	%	2021/22	%	2022/23	%
Neglect and Acts of Omission	177	37.0%	179	39.9%	166	41.2%
Psychological Abuse	89	18.6%	78	17.4%	59	14.6%
Physical Abuse	89	18.6%	85	18.9%	47	11.7%

Financial or Material Abuse	120	25.1%	96	21.4%	76	18.9%
Self-Neglect *	82	17.2%	83	18.5%	76	18.9%
Organisational Abuse	22	4.6%	18	4.0%	14	3.5%
Domestic Abuse *	40	8.4%	39	8.7%	21	5.2%
Sexual Abuse	21	4.4%	18	4.0%	23	5.7%
Discriminatory Abuse	2	0.4%	2	0.4%	6	1.5%
Sexual Exploitation *	5	1.0%	1	0.2%	0	0.0%
Modern Slavery *	1	0.2%	0	0.0%	3	0.7%

Figure 6 – Type of Alleged Abuse over past 3 Years since 2020/21



Case details for Concluded s42 Enquiries - Location of Alleged Abuse

Table 6 shows concluded enquiries by location of alleged abuse over the last two years only.

Still by far the most common location where the alleged abuse took place for Reading clients has been the individuals 'Own Home' (68.5% in 2022/23) which is at the same level proportionately compared to last year. Those in 'Care Homes' have also stayed stable overall (a fall of 0.2% in the 'Care Home – Nursing' location and a rise of 0.3% in the 'Care Home – Residential' location). Those in a 'Hospital' location have fallen by 2.2% over the year which is due to marginal drops in both 'Mental Health' and 'Acute' Hospital locations.

Table 6 – Concluded S42 Enquiries by Abuse Location Type over past 2 Years since 2021/22

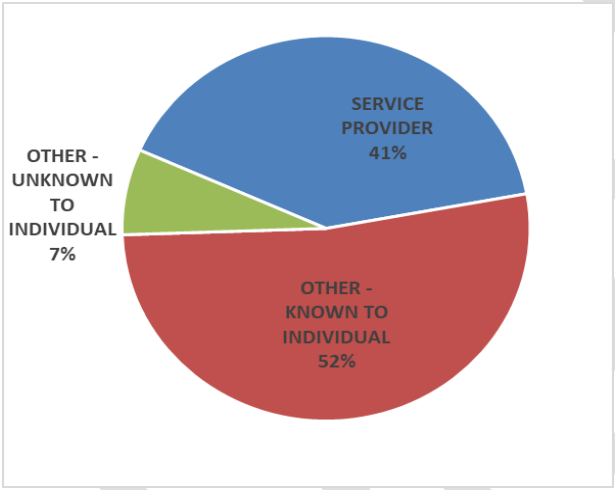
Location of abuse	2021/22	% of total	2022/23	% of total
Care Home - Nursing	22	4.9%	19	4.7%
Care Home - Residential	34	7.6%	32	7.9%
Own Home	310	69%	276	68.5%

Hospital - Acute	32	7.1%	23	5.7%
Hospital – Mental Health	14	3.1%	7	1.7%
Hospital - Community	2	0.4%	4	1.0%
In a Community Service	3	0.7%	4	1%
In Community (exc Comm Svs)	18	4.0%	17	4.2%
Other	14	3.1%	21	5.2%

Case details for Concluded s42 Enquiries - Source of Risk

52% of concluded enquiries (down 6% on 2021/22) involved a source of risk 'Known to the Individual' whereas those that were 'Unknown to the Individual' only make up 7.0% (up 1% since 2021/22). The 'Service Provider' category which was formerly known as 'Social Care Support' refers to any individual or organisation paid, contracted, or commissioned to provide social care. This makes up 41% of the total (up 5% on 2021/22). This is shown below in **Figure 7.**

Figure 7 – Concluded Enquiries by Source of Risk 2022/23



Case details for Concluded s42 Enquiries – Action taken and Result

Table 7 below shows concluded enquiries by action taken and the results for the last three years whereas Figure 8 compares the last 2 years directly in terms of the concluded enquiry outcomes.

In 2022/23 even though there were less 'Out of Scope' concerns coming through because of more robust recording and initial investigation processes, the number with 'No Further Action' has increased 6% as a proportion of all concluded enquiries (was 16% of the total in 2021/22).

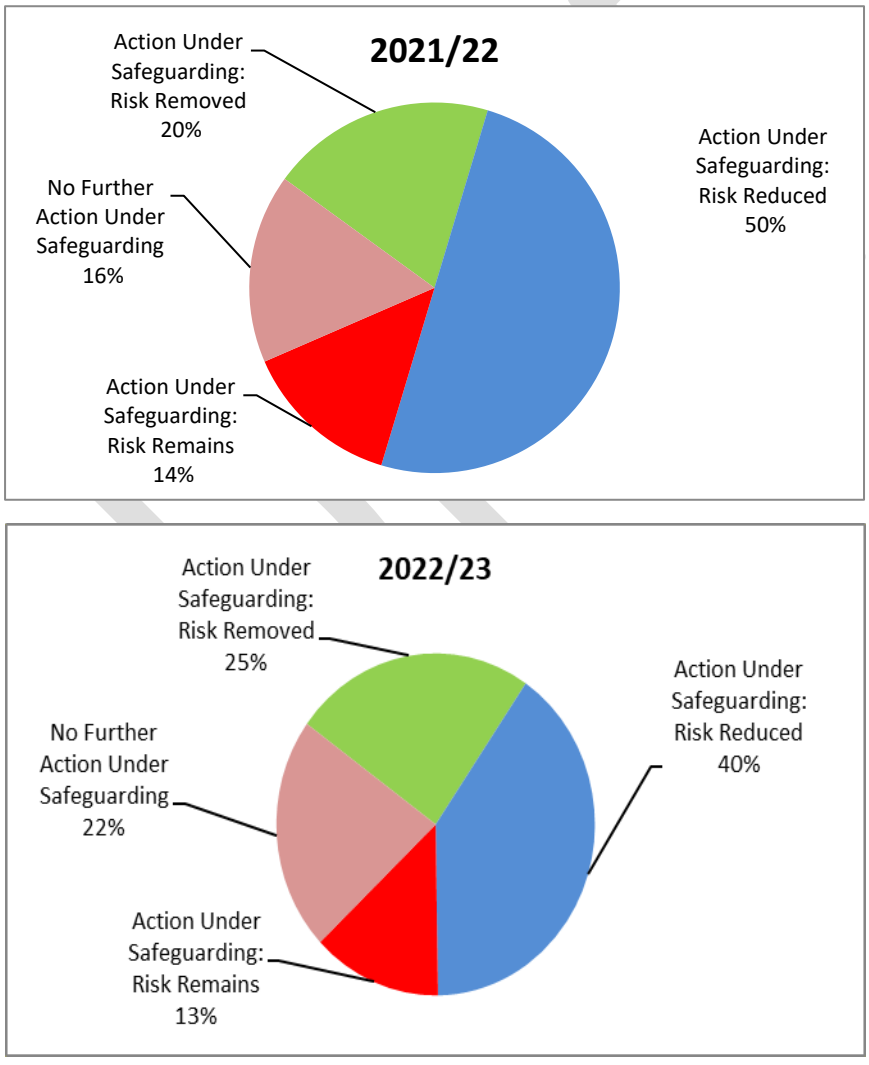
The risk was 'Reduced' or 'Removed' in 70% of concluded enquiries in 2021/22 whereas this has decreased to 65% of the total in 2022/23, although those with a 'Risk Removed' has risen by 5%. Those where a 'Risk Remains' has decreased slightly by 1%.

Table 7 – Concluded Enquiries by Action Taken and Result over past 3 Years since 2020/21

Result	2020/21	% of total	2021/22	% of total	2022/23	% of total

Action Under Safeguarding: Risk Removed	102	21%	88	20%	99	25%
Action Under Safeguarding: Risk Reduced	237	50%	224	50%	162	40%
Action Under Safeguarding: Risk Remains	44	9%	62	14%	53	13%
No Further Action Under Safeguarding	95	20%	74	16%	89	22%
Total Concluded Enquiries	478	100%	449	100%	403	100 %

Figure 8 – Concluded Enquiries by Result, 2021/22 and 2022/23

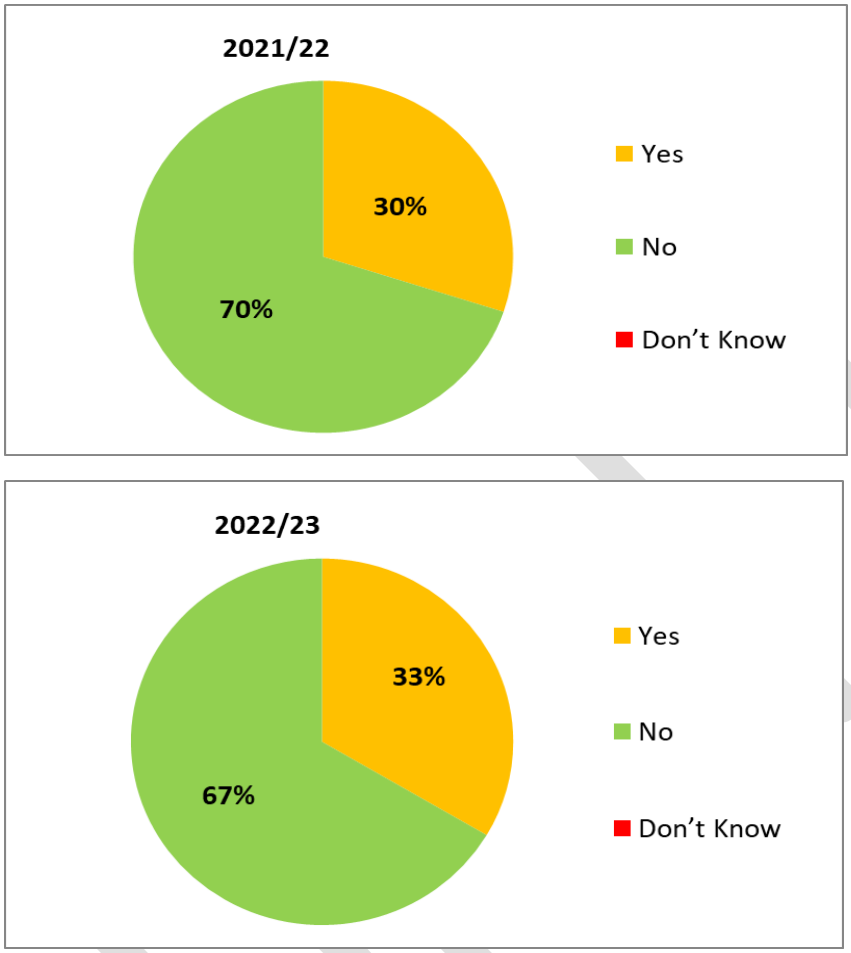


Case details for Concluded s42 Enquiries – Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2021/22 and shows if they lacked capacity at the time of the enquiry.

The data shows that over this year those that lacked capacity has increased by 3%. Over the past 2 years those concluded enquiries where the Mental Capacity was not fully identified have been reduced to zero as work has been completed to make sure capacity is always considered during the enquiry process.

Figure 9 – Concluded S42 Enquiries by Mental Capacity over past 2 Years since 2021/22

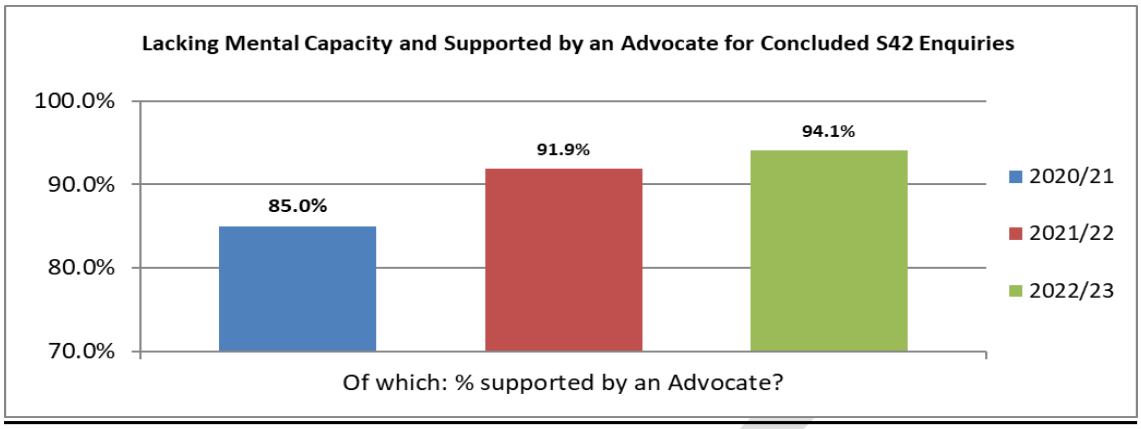


Of those 135 concluded enquiries where the person involved was identified as lacking capacity during 2022/23 there has been a 2.2% rise in those supported by an advocate, family, or friend than in the previous years (up to 94.1%). **Table 8** and **Figure 10** show how the numbers and proportion have risen again for a second year running which is a rise of 9.1% since 2020/21 for all those identified as lacking capacity.

Table 8 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2020/21

Lacking Capacity to make Decisions?	2020/21	2021/22	2022/23
Yes	140	135	135
Of which: how many supported by an Advocate?	119	124	127
Of which: % supported by an Advocate?	85%	91.9%	94.1%

Figure 10 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2020/21



Making Safeguarding Personal

As at year end, 84.2% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 11.2% of those did not express an opinion on what they wanted their outcome to be (in 2021/22 this figure was 76.2% of which 11.4% did not express what they wanted their outcomes to be when asked).

Approximately 86.7% of all those asked also expressed an opinion in 2022/23 which is a positive outcome which is a 1.6% increase since 2021/22 (up from 85.1%). Those who were 'Not Asked' have been added to a Data Integrity list to allow us to regularly audit cases to make sure recording is accurate in such areas. This also allows the authority to identify any reasons for service users not being asked and to act upon any issues raised.

This is shown below in **Figure 11**.

Figure 11 – Concluded Enquiries by Expression of Outcome over past 3 Years since 2020/21

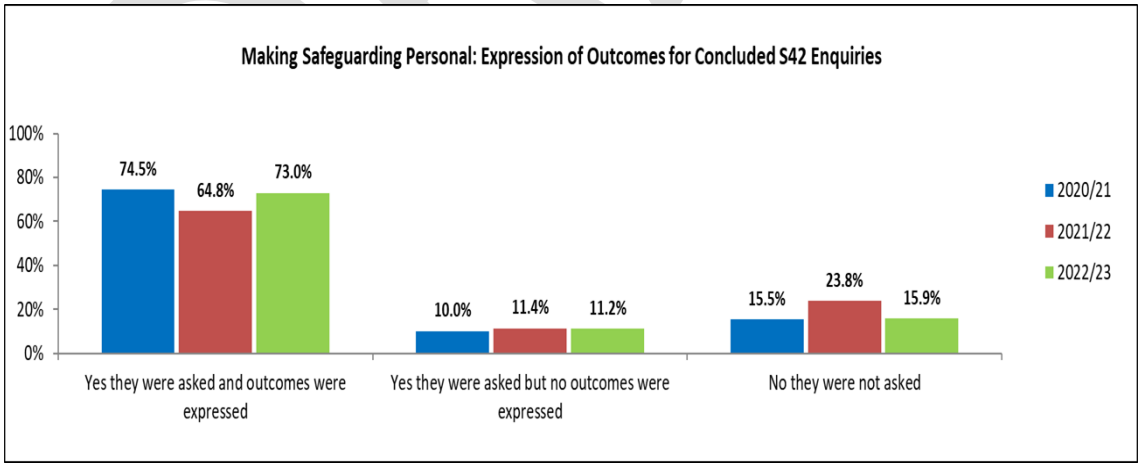
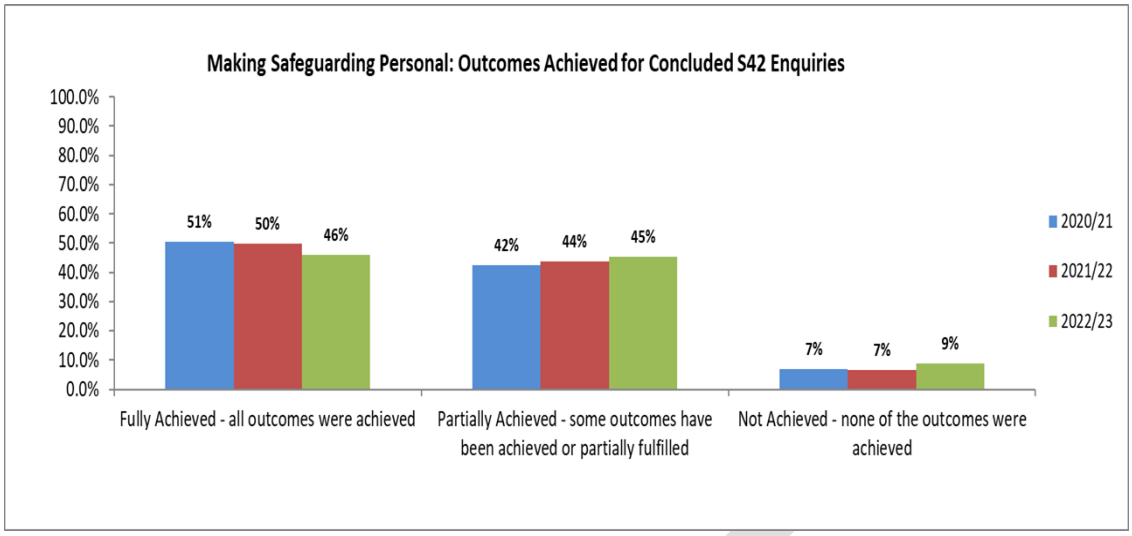


Figure 12 – Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2020/21



Of those who were asked and expressed a desired outcome, there has been a decrease of 4% (from 50% in 2021/22 to 46% in 2022/23) for those who were able to achieve those outcomes fully, because of the safeguarding intervention.

However, a further 45% in 2022/23 (up 1% since 2021/22) managed to partially achieve their stated outcomes meaning 9% did not achieve their outcomes during the year which is a slightly higher figure than for the last 2 years. This is shown above in **Figure 12**.

3. Achievements

a) Hoarding and Self Neglect

RBC were able to secure a grant to create a Hoarding and Self-Neglect Protocol including a risk assessment tool and pathway, and a self-neglect training offer as well as a project worker to evaluate the local challenges and promote the work. Whilst recruiting a successful project worker took some time to achieve, the funding enabled RBC to define the self-neglect pathway to “Safe Environments” which included hoarding and other environmental factors impacting on a person’s ability to live safely within their normal place of residence.

This work was a priority for RBC for 22/23 because there were several delayed discharges from hospital which were resulting from self-neglect and hoarding in the person’s own home and insufficient resources and an apparent lack of confidence by staff working with people who were self-neglecting and/or hoarding in being able to meet the needs of this safeguarding area of work. Out of 76 safeguarding referrals recorded as self-neglect in 22/23, 19 could be categorized as having a hoarding disorder or being in uninhabitable environments that placed them at serious risk of harm.

With the additional funding ASC were able to secure a part-time project lead and an OT/SW who could work directly with people who hoard. Additional capacity also enabled the creation and embedding of the self-neglect pathway including risk assessments. The new hoarding protocol was created and shared with partners and the website updated in November 2022 to promote the protocol.

RBC supported 26 individuals with Health and Well being Grants to carry out cleaning, decluttering, removal of fire risks and rubbish and supporting safe discharge from hospital for people with self-neglect/ hoarding histories. Part of the Hoarding grant was used to increase awareness and understanding that hoarding disorders are not “lifestyle choices” made by individuals who desire to live with this degree of risk. Jo Cook from Hoarding Disorders UK provided 9 sessions to 196 workers from across Reading and across agencies. 17 people also attended Level 2 and level 3 training on working with people who hoard as well as 89

people attending “the MCA and self-neglect “training provided by the Edge Consultancy referred to below.

The Principal Occupational Therapist and the Hoarding worker ran 2 webinars on using the hoarding protocol and working with the self-neglect assessment tool and these were attended by 199 people in 22/23. The embedding of these tools and the mainstreaming of this project work is a key challenge for 23/24.

b) Safeguarding and Provider Concerns

Following the death in December 2022, which was the subject a Safeguarding Adults Review, the Quality Officers provided a targeted program, in conjunction with the Fire Service, to promote and enhance fire safety awareness and knowledge. This was for both staff working in Adult Social Care Services and staff working for Providers of home care and supported living services. 82 staff in Adult Social Care attended the workshops across all levels of the Department. 212 staff from Providers of homecare and supported living services attended workshops also and received training on how the fire service carry out safe and well visits and provide fire safety advice to enable individuals and their carers to be less at-risk from fire in their homes.

The workshops were very well received by staff internal to RBC and by staff working in the independent sector. There has also been a subsequent increase in requests for fire safety measures and equipment such as fire-retardant bedding, smoke alarms etc. One Provider in Reading referred 90% of the residents in Reading they support, for new or follow-up fire safety visits by the Fire Service which they were able to carry out. This would seem to be a clear indication of the value and usefulness of the training. Carers were also given advice on fire prevention and the feedback that has been received about the training has been very positive and indicated that attendees felt more confident after the training in understanding the dangers of fire risks and the support available to them from the Fire Service to advise on fire prevention.

The Quality Officers also have been providing safeguarding “roadshows” from January 23 onwards with staff in care homes to help them be more confident about safeguarding and particularly what to refer. They have used scenarios with staff to encourage discussion around the challenges of understanding and reporting safeguarding risks. The feedback received from these workshops has been very positive and indicates that Providers who attended are clearer about safeguarding risks and particularly the requirements placed on them to report safeguarding incidents both to the local authority and to the Care Quality Commission.

c) Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) training

Training on Mental Capacity and deprivation of Liberty Safeguards is a key part of the training offer for relevant staff across Adult Social Care in Reading. Much of it is commissioned from Edge Training and Consultancy who are experts on health and social care law and are widely used and well regarded across the sector. In the period April 22 to the end of March 2023 they provided:

- “How to Assess Mental Capacity” training for 72 RBC staff -on line trailing 3 hours duration.
- “MCA and Self-Neglect” training for 89 staff- on line training lasting one day.
- “MCA and Young People” for 17 staff on -line for 1 day.

- "MCA and Disability" for 25 staff on -line over 1 day

In addition, members of the RBC legal team provided 3-hour workshops for 61 staff on DOLS with people living in their own homes and in community facilities. This area of training is particularly challenging and important given the demands on staff who are require presenting cases in the Court of Protection and remains a very significant priority for continuing training resource requirements.

4. Improving Safeguarding services for Adults in Reading

The priority areas of focus for 22/23 outlined in last year's report from Reading detailed:

i) Seeking to manage safeguarding referrals through a single point of contact at the Council's front door.

Progress: Because of the volume of safeguarding contacts to be managed through the year and the pressures of numbers coming through the Contact Centre into the hub, this work has progressed but has not yet been fully achieved and the Safeguarding Adults Team continues to manage contacts. The emphasis throughout the year, has been on improving timescales for managing contacts and the timely completion of s42 enquiries. However, work is progressing on the development of clearer referrer pathways to enable the safe transition of safeguarding into the Advice & Wellbeing Hub (Front door).

The safeguarding team have also been able to work more closely with the Council's Customer Centre to ensure that they are able to be able to recognise safeguarding concerns when they come in and enable them to be triaged more effectively.

ii) Engage with wider preventative programs and link with other workstreams such as those being led by Public Health to ensure any harm from abuse and neglect is prevented.

Progress: There are examples through the year of wider preventative programs. The work by the Quality Concerns Managers described above details some of these. This continues to be a priority for 23/24, particularly in respect of multi-disciplinary preventive work such as the continuing work around hoarding and self- neglect, exploitation and modern slavery and other key areas of existing and emerging safeguarding priorities.

iii) Strengthen the interface between quality assurance and safeguarding to provide a proactive response to quality concerns and improvement through the Serious Concerns Process

Progress: The Serious Concerns process has been used effectively through 22/23 to monitor the improvement work needed with Providers where there have been safeguarding and care quality concerns identified. When care providers are not able to rectify concerns raised, or where the nature of those concerns is such that restrictions to their capacity to provide care are needed in order to deal with the improvements needed, amber or red flagging was used to place restrictions the use of those providers. This system is supported by partners across health and social care and with the Care Quality Commission and as the

interface between safeguarding and commissioning is strengthened, the safeguarding work in care settings and with Providers is strengthened.

iv) Ensure that the voices of adults at risk are sought, heard and acted on and our approach to making safeguarding personal and co-production will be enhanced along with partners.

Progress: The requirements of Making Safeguarding Personal (MSP) to ensure that people experiencing interventions through safeguarding are consulted and involved at all stages has remained challenging because of the pressures of workload from number of concerns and staffing within the Safeguarding Team. However, work has continued improving the information about safeguarding outcomes to referrers. The learning from SARs and case audits has shown through the year that this remains a priority and a challenge in safeguarding, as co-production is developed across adult social care in 23/24.

v) Revisit the safeguarding training pathway for staff employed by RBC particularly decision makers and we will audit compliance with safeguarding training.

Progress: Safeguarding training was regularly monitored and reported on through the Workforce Board throughout 22/23. Most of the training through the year was on-line, largely for efficiency and cost reasons, given the volume of training required in safeguarding across the Council and its partners. The challenges of providing more face-to face safeguarding training, particularly for workers carrying out, or managing, section 42 enquires remains for 23/24.

vi) Introduce an audit program to ensure continuous professional practice.

Progress: From January 23 work was progressing in Reading to introduce an audit program across adult social care which included a focus on safeguarding audits. This was incorporated into the quality assurance framework for the Department approved later in July 2023 and an audit template for recording audits was also developed. Audits of a sample of safeguarding cases across the teams were undertaken with managers and the themes from those audits were feedback to workers and their managers and underpinned the improvement work across safeguarding.

Embedding the audit work is a key focus for 23/24 particularly to ensure consistency of auditing practice through the introduction of moderation methodologies, auditing practice and training for managers and quality assurance in relation to inspection requirements for the Care Quality Commission.

vii) Ensure SAB priorities are fully embedded.

Progress: SAB priorities are known and underpin the priorities of safeguarding in Reading. The learning from SARs and other reviews carried out across the SAB partnership footprint were reported on and considered at monthly meetings of the Care and Quality Board along with learning from unexpected deaths and serious incidents.

This continues to be a priority for 23/24 along with continued support of the Safeguarding Adults Board and its sub-committees.

viii) Learning from SARs and other reviews are embedded into practice.
Progress: As described in (vii) above

ix) Respond to concerns regarding modern day slavery and exploitation and ensure these are fully explored and vulnerable service users protected.

Progress: In February 2023 Adult Social Care in Reading launched and led "Operation Rivermead" in response to allegations of possible modern-day slavery in the delivery of services by 4 Providers who were commissioned to work with service users in Reading. All 4 Providers also operated in neighbouring authorities, and some provided jointly funded services across health and social care. Chaired by the Assistant Director for Safeguarding, Quality and practice in Reading and supported by a senior commissioner, and multi-disciplinary meetings were held involving representatives from the local authorities, Health, Police, the Home Office, the Care Quality Commission and the Gangmasters and Labour Abuse Authority (GLAA). These meetings enabled sharing information about reports across the agencies represented and considered information received concerning all 4 Providers. Operation Rivermead continued to meet through 2023, concluding in November 2023.

The lessons learned from the investigations into allegations concerning the 4 Providers identified, will form the basis of a continuing focus in 23/24 particularly on recruitment practices by Providers and on strengthening the ability of quality officers and others to hear the "voices" of care who are providing care for some of the most vulnerable people in Reading's communities.

REPORT END

NHS
Berkshire Healthcare
Children, Young People and Families services

CAMHS Learning Disability Team & Keyworking Team, Berkshire West Update

Sharon Brookes &
Emma Mapes

Who we are

NHS
Berkshire Healthcare
Children, Young People and Families services

The CAMHS Learning Disability Team is a **specialist mental health service** that supports children and young people who have a **diagnosed/suspected moderate or severe learning disability** and are experiencing a **significant or suspected mental health need** and/or significant **behaviours that challenge** that **limits normal daily functioning**.

This service is specifically for children with a moderate or severe learning disability, as we know that these children are experiencing significant inequalities in accessing mental health support and require a more specialist mental health service to meet their needs.

Referral Criteria

NHS
Berkshire Healthcare
Children, Young People and Families services

Service Inclusion:

- Aged 5 – 17 years old
- Have a diagnosed moderate or severe learning disability (or a significant impairment of intellectual and social adaptive functioning indicative of a moderate or severe learning disability)
- Registered with a GP in Berkshire (Bracknell, Royal Borough of Windsor & Maidenhead, Slough, Wokingham, Reading and West Berkshire)
- Are experiencing:
  - A significant emotional, mental health need
  - Significant behaviours that challenge associated with a mental health need

Service Exclusion:

- No diagnosis/ No evidence of a learning disability
- Specific Learning Difficulties e.g. Dyslexia, Dyspraxia, Dyscalculia
- A stand-alone diagnosis of ASD or any other neurodevelopmental disorder without evidence of a learning disability
- A Mild Learning Disability (Can be supported through Mainstream CAMHS)
- No significant mental health concern/diagnosis or challenging behaviours
- Challenging behaviours where there is no evidence these are connected to a mental health disorder or emotional distress

Referral Process

NHS
Berkshire Healthcare
Children, Young People and Families services

- We accept referrals from professionals, as well as parents and carers and young people themselves.
- Referrals can be made via the Berkshire Healthcare NHS Trust Children, Young People and Families Referral Service webpage: https://cypf.berkshirehealthcare.nhs.uk/referrals/
- The team will review the referral and identify if it is appropriate for the CAMHS Learning Disability Team.
- Referrals to the team will then be discussed in our weekly team meeting and triaged (screened for risk and urgency)
- We will communicate the outcome of the discussion to the referrer, young person and family.
- Sometimes we might need more information to make sure we are the most appropriate team. We might ask more questions about the person being referred and request reports such as their EHCP

Recruitment to date

NHS
Berkshire Healthcare
Children, Young People and Families services

1.0 wte Senior Clinical Psychologist/Team Lead

1.0 wte Consultant Psychiatrist (currently a locum)

1.0 wte Learning Disability Nurse/Professional Nurse Lead

0.60 wte Learning Disability Nurse
0.40 wte to recruit

1.0 wte Behaviour Specialist

1.0 wte Assistant Psychologist
We have recruited another 1.0 wte Assistant Psychologist, currently undergoing employment checks

1.0 wte Clinical Psychologist – out to advert – 2nd time

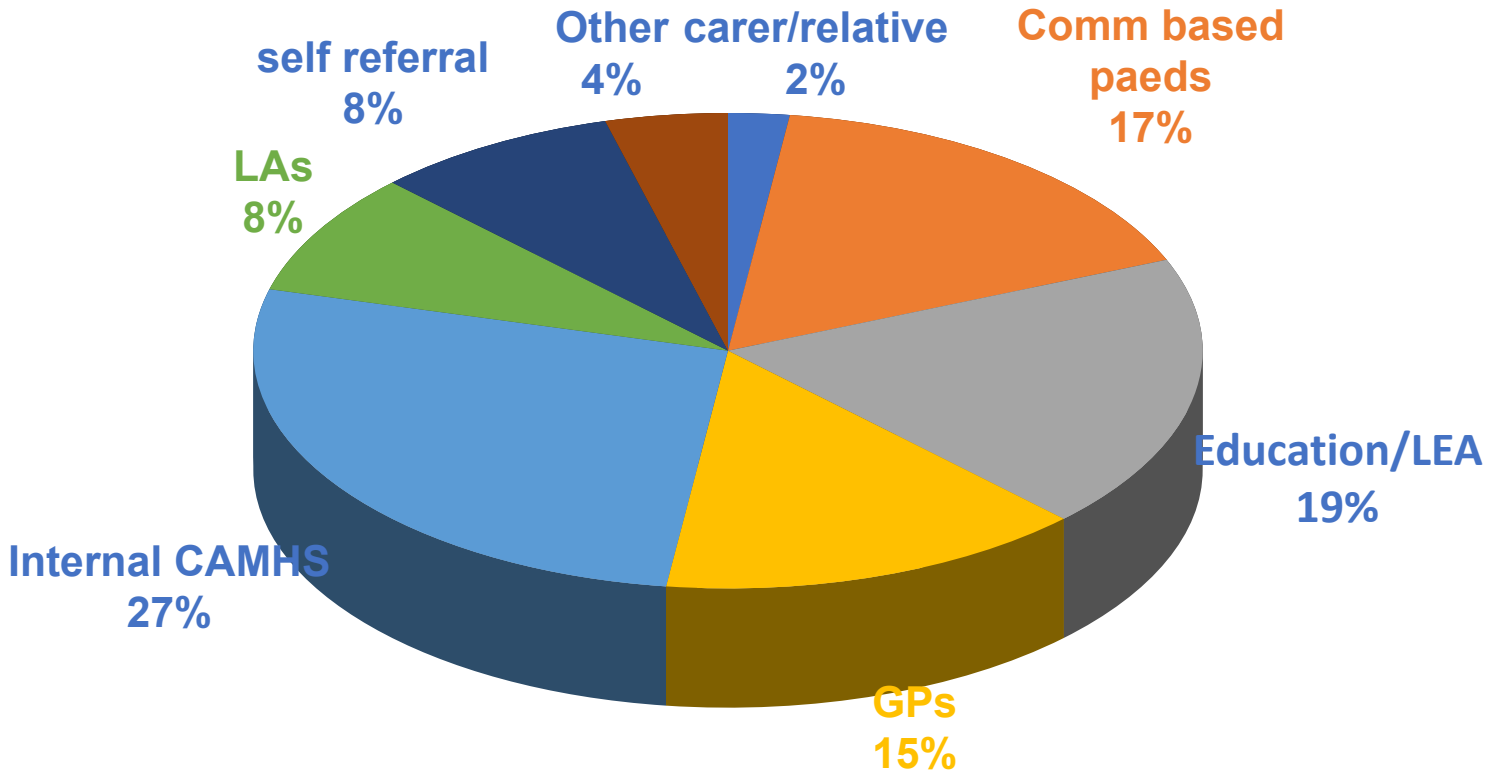
1.0 wte Administrator

Progress to date

The team became operational as of the 29th January 2024 – we took on some pilot cases before going operational. Below are numbers of referrals per month (as of 14th Feb 2024)

Column1	Month of Referral Date Time	Month of Referral Date Time2	Month of Referral Date Time3	Month of Referral Date Time4	Month of Referral Date Time5
Current Team Name	Nov-23	Dec-23	Jan-24	Feb-24	Grand Total
CAMHS Learning Disability Team	1	3	20	38	62

Source of referrals (November 2023 – February 2024)



Progress to date

NHS
Berkshire Healthcare
Children, Young People and Families services

- Promotional video created for recruitment of Consultant psychiatrists to go out with adverts
- Working with the special schools in the Borough to ensure consultation offer is in place – meetings have taken place
- Webinars being rolled out and invites have been sent out to professional across the multi-agency network
- Working with both East and West ICBs for those CYP who have received spot purchasing packages and routes of care
- Steering group – collaborative group progressing service

Berkshire Healthcare
NHS Foundation Trust

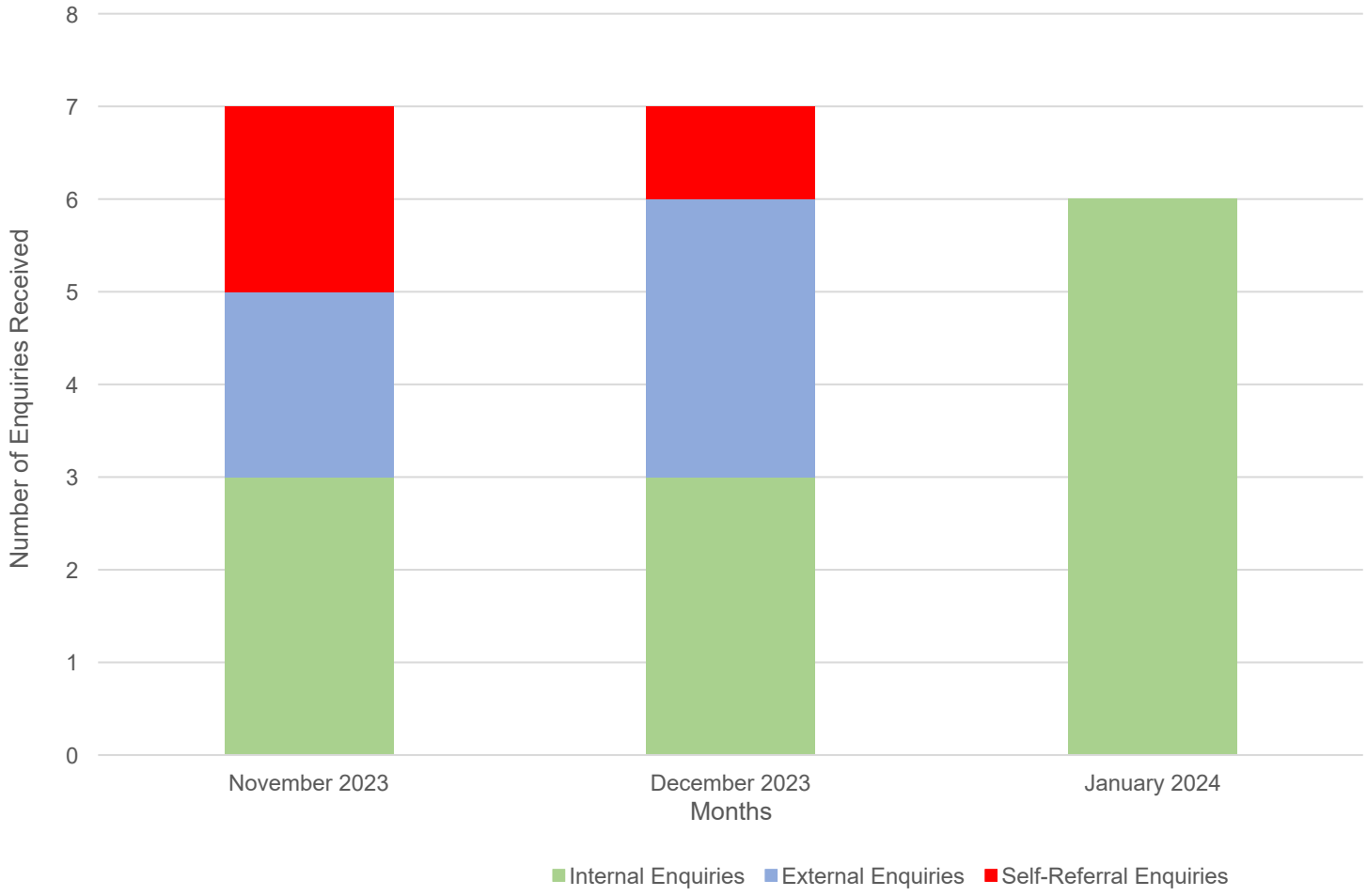
Keyworking Team, Berkshire West

Update
23/02/2024

CareQuality Commission Inspected and rated Outstanding

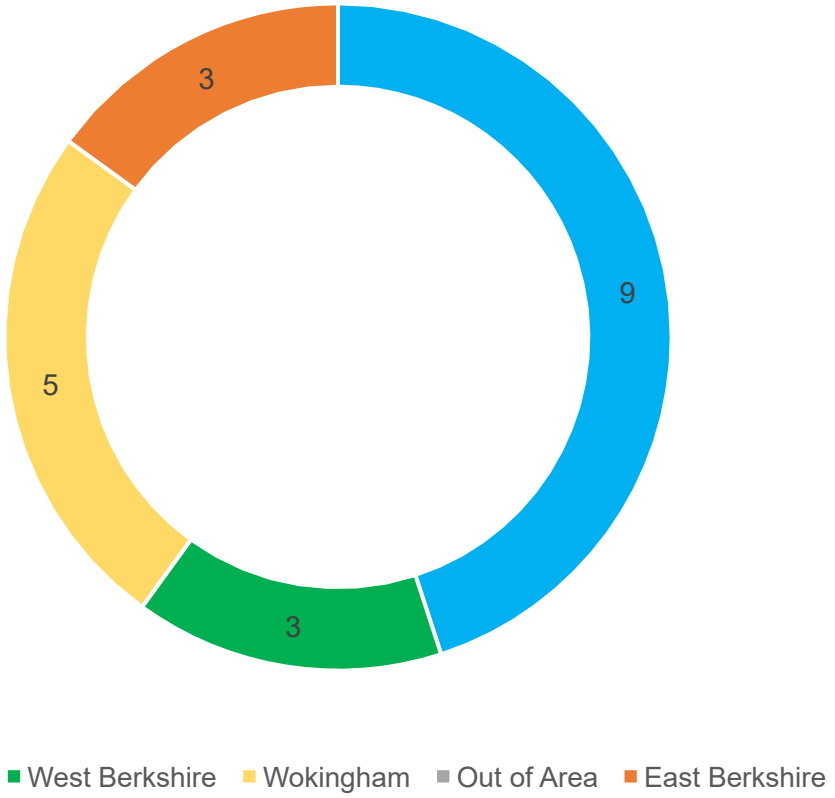
Number of Enquiries

Enquiries Received (November 2023 - January 2024)

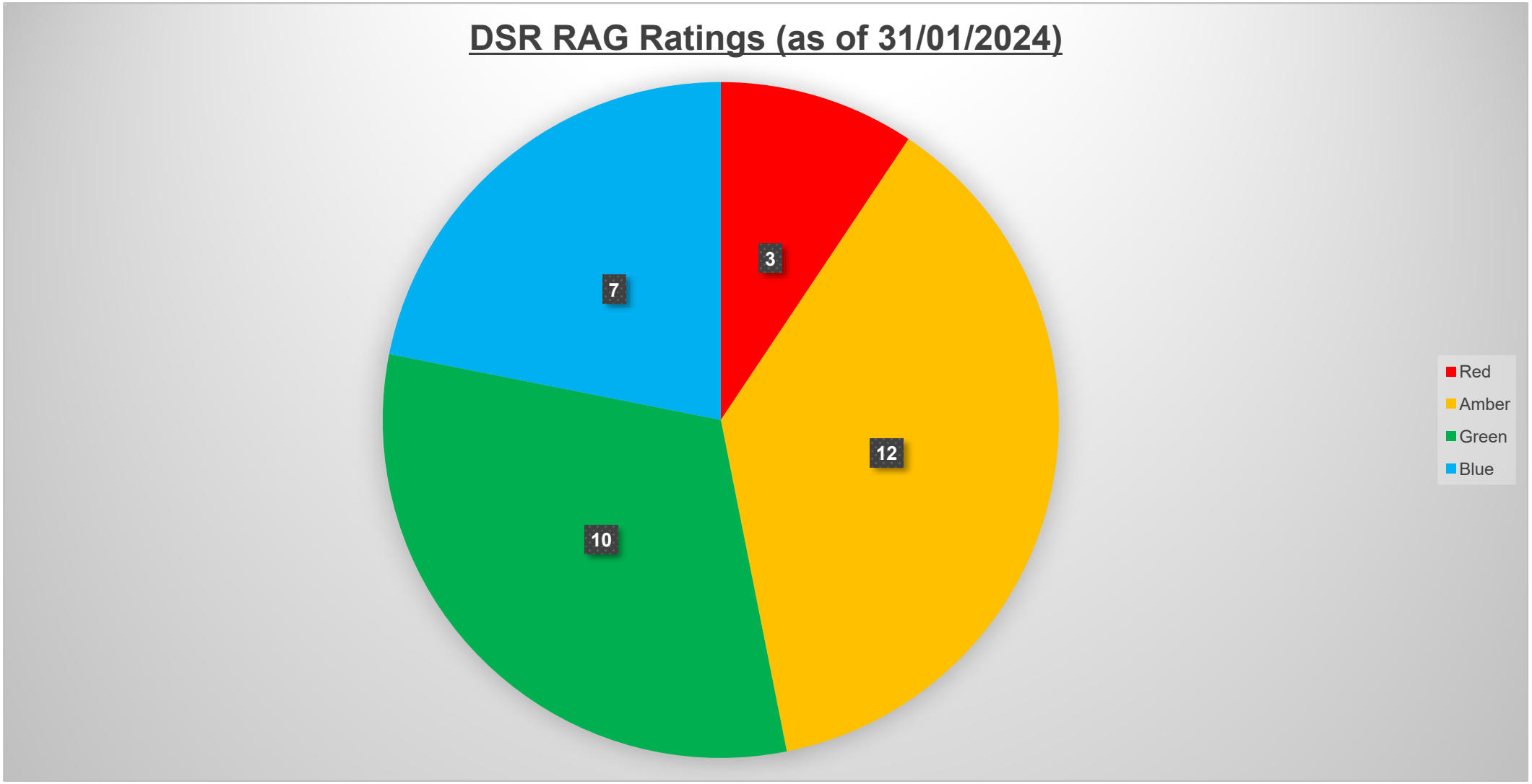


Enquiries by Area

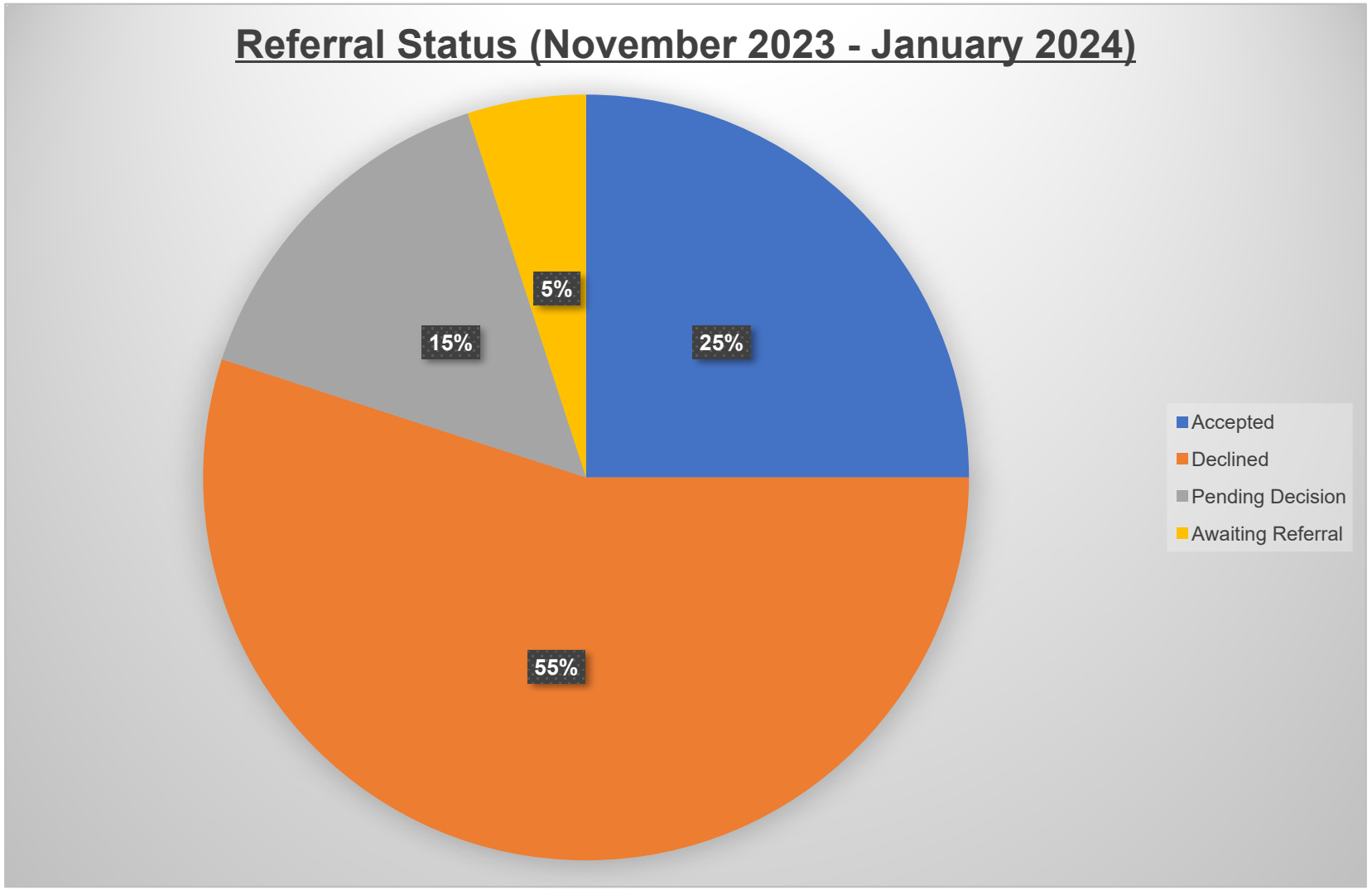
Enquiries Received by Area (November 2023 - January 2024)



RAG Ratings on Dynamic Support Register



Percentages of Referrals



Age ranges & EHCP Data

Age Ranges	Enquiries Received (November 2023 - January 2024)	Female	Male
0-5 years	0	0	0
6-11 years	1	1	0
12-17 years	15	8	7
18-25 years	4	1	3

EHCP Status (as of 31/01/2024)				
ECHP's in place	**No EHCP's in place**	**EHCP's in Progress**	**Gathering Information**	**Not Applicable**
21	3	4	14	11

Note: Not applicable are those that do not meet the current remit for the Keyworking Team, Berkshire West.

Sample of Feedback

Safeguarding Lead - I wanted to share with you that a number of practitioners across CAMHS have highlighted how helpful they have found/are finding your support; your navigation and co-ordination with partner agencies and parents which may have previously been challenges or barriers to engagement.

The key working team is very much embedded within support services (BHFT and external agencies) for children, young people and families; for me this is so important as demonstrates the wonderful work you have been doing and continue to do.

Parent – My daughter really enjoyed your visit a couple of weeks ago by the way!

T4 Consultant - Thank you so much for your e-mail. I think your e-mail was so important in pointing out people that would be key to join this meeting such as S.117 commissioner. I recently contacted the young person's solicitor asking for advice on how the mental health office could support the local authority regarding section 117 aftercare rights and how this is important regarding the placement decisions.

Parent – My daughter enjoyed the initial interaction visit last week and had asked me when your next visit will be.

Parent - I wanted to say thank you to you and Tasha for all your help, I have had issues with my eldest daughter as well and I have never experienced this level of support before so thank you.

Service Development and Challenges

Ongoing work:

- Continues to develop the Adults 18-25 – March 2024 will move to accepting adults in the community
- Recruitment is ongoing for Fixed term positions
- Review Panel request has been escalated to support unblocking barriers
- Continue to grow self-referrals
- DSR Parent & Carer forum to promote co-production starts on 18 April 2024
- Develop DSR Young Persons forum to promote co-production with Parent & Carer DSR forum
- Continue linking in with SEND Local Offer
- Continue presentations to all agencies and linking in with local forums
- Linking with Commissioning regarding streamlining CETR's
- Continue to identify gaps and trends, escalating these to Senior managers and BOB ICB

Challenges:

- Long-term sickness in the team impacted on caseloads and delays in progressing Adult work
- Continue to ensure Agencies understand our role for appropriate referrals
- Review panel not in place presently to support multi-agency discussions for those on the DSR

Thank you

questions…

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	15 March 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 1, 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 narrative report update (Appendix 1) contains 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. The Programme of work includes a range of projects to support people who may find it more difficult to access services. Through the Better Care Fund there are commissioned services to support people with early onset Dementia, and the service is looking at ways in which they can engage with people by linking in with other joint services, such as the Community Wellness Outreach project. We know that people living in areas of deprivation, and those in minority ethnic groups tend to have poorer health outcomes. The Outreach sessions will not only deliver a full NHS Health Check but will provide a range of wellbeing support such as financial advice, mental health awareness and people will be supported to reach the services that will have the best impact for their overall wellbeing. 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. The ONS Census (2021) shows that there is a larger proportion of people from an Indian, Pakistani, Asian or African ethnicity in Reading, compared to the ratios for England. In the first rounds of delivering the Community Wellness Outreach Sessions 42% of people attending were from an Asian or Asian/British ethnic background.

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

We are piloting a Community Wellness Outreach Project up to June 2025 – which aims to provide Health Checks in areas where uptake has been low. We are also widening the age group of those who can access these checks to all adults 18+ and focusing in areas where there are larger numbers of people who have not accessed primary care services and therefore may be at higher risk of poor health outcomes. There are sessions now running in several venues across Reading, including Whitley, Church and Southcote as well as central places, where people are already congregating, so that we can engage those communities effectively. We are working with our Community Health Champions and the programme is being delivered by a joint arrangement between Reading Voluntary Action and the Royal Berkshire Hospital's Meet PEET service, who had been delivering mini-health checks in community settings and had built up relationships with those community leaders. The aim of the programme is to reduce cardiovascular disease but will also pick up early indicators of conditions such as diabetes and hypertension. This collaborative project also engages our Primary Care services, and our GPs will be generating lists of people who have not had a Health Check to enable them to be invited to book a session that is convenient for them to access.

Priority 3 – Help families and children in early years

Health and Midwifery care and support is well integrated within the Children's Centres across Reading. Health presence within the centres has increased significantly since COVID 19, although there is scope for this to be more consistent across Reading. With a move towards a family hubs model, a community based approach to accessing pre and postnatal care and early years health input is likely to be developed and embedded further. Safer sleeping and 'coping with crying' is being run integrally to all baby groups and parenting across Reading Childrens centres; these important health messages are fully integrated in to support available to parents.

Evidence based, trauma informed parenting programmes (for example Mellow Parenting) are now established and being delivered on a rolling programme for families. The fathers to be support is also now established and there are good links through the infant hub established with maternity services that is seeing consistent signposting of fathers and now self-referrals. In terms of 2 year olds, which experience disadvantage, their access to a Nursery place has increased; the final take-up for the Autumn 2023 was 65.28%, which was a 5% increase on Summer 2023's take-up. Work to promote the 2-year-old funding scheme continues with the Family Information Service (FIS) providing childcare brokerage support. The (childcare) 2-year funding page on the Family Information Service (FIS) directory continues to be in the top 10 most visited between 1st January 2023 – 31st December 2023 with 19,974-page events which is an increase from the last reporting period. All early years providers have access to free national online training and local face to face training to strengthen their knowledge of Trauma Informed practice and care. FIS has dedicated sections for childcare and family money. These sections include information on funded childcare, debt management and universal credit.

Partnership working support ensures that staff are aware of local services and can signpost or support families to attend these, for example CAB and DWP. Additionally within the Children's Centres there is a designated Supporting Families Employment Advisor (SFEA), who is able to meet referred families at the Children's Centres to explore finances and support. This includes one off benefit checks and 1-2-1 tailored support. We have seen a wider range of community projects in each area of Reading to support families who are in financial hardship, and these are regularly shared as posters in our centres and verbally from staff to ensure vulnerable families have knowledge of the support. 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. – The parent/carer hub is now available online for parents to access and been shared with professionals. Feedback is required in time to ascertain if parent/carers are using this.

Brighter Futures for Children and health engaged in joint work on pre-birth assessments for those children where there are safeguarding concerns. This work was also completed by the Berkshire West Safeguarding Partnership.

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 closely with midwifery both in the hospital and in the community.

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 March meeting of the Mental Health Network Group has been postponed until after the publication of the Director of Public Health's annual report. This statutory annual report will be the first that Reading has received for two years and will set the agenda for a range of public health priorities including Public Mental Health for adults. This is important because a coherent prevention approach in this area necessarily incorporates action on the complexity of the wider determinants of mental health, employment, housing, education and community connectedness. This delay has also been due to a lack of capacity in the team with competing priorities which limited the ability to manage and monitor progress on the 8 priorities within this area. An upcoming review of the strategy and its indicators will examine the progress that has been made by partners throughout 2023-24 and will determine which actions can be assigned as business as usual and those outstanding which will need to be continued. This will be reported later in the year and at the annual Health and Wellbeing Conference which is currently planned for July 2024.

Promotion of good mental health and wellbeing for adults has a wide scope and is complex. Priority 1 is to raise mental health awareness and promote wellbeing through 13 actions in 5 different action areas. Priority 2 is to Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness through 4 actions in partnership with 16 different organisations. Priority 3 is to 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. This also has 4 actions some of which depend on the work of the mental wellbeing group and the delivery of the mental health needs assessment which is expected later this year. Priority 4 is to foster more collaborative working across health, care and third sector services to recognise and address mental health support needs through 6 actions and depends on partnerships which will have been affected by recent changes in the structure of the Integrated Care Partnership.

Priority 5 is to develop and support peer support initiatives, befriending and volunteer schemes, recognising the impact of COVID-19 on smaller VCS groups in particular. This area has been on hold and will be removed in the review referred to above and likely to be taken forward as part of the priority 3 work. Priority 6 is to build the capacity and capability across the health and social care workforce to prevent mental health problems and promote good mental health through 4 actions and is delivered mainly through training programmes. Priority 7 is to support people affected by COVID19 with their Mental Wellbeing and associated loneliness and isolation and like priority 5 above will be taken up by the priority 3 actions. Priority 8 is to develop local metrics to measure progress which are linked to Reading Mental Health Needs Analysis. This also depends on the delivery of the mental health needs assessment as above and its adoption by the mental wellbeing network and other stakeholders.

It is worth noting that suicide prevention planning work appears within this area and despite the same capacity limitations some progress has been made with the delivery of 3 suicide prevention first aid courses for frontline staff. In partnership with colleagues across Berkshire and the Thames Valley Partnership the contract for the Amparo bereavement support service has been extended for another year and coordinated work is progressing towards the development of a real time surveillance system This will help to identify opportunities for timely bereavement support, emerging novel methods and timely response to potential clusters.

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 Narrative 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 We continue to work with System Partners to align initiatives to meet the needs of our local populations.
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. The Health Check data will be fed back into GP record systems to ensure timely access to information when there are referrals to GPs.
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 and supported projects through grants from the Better Care Fund to deliver community based activities for people such as Coffee & Chat supporting young/new mothers, diabetic widowers and single men through baking clubs and social engagement activities. Acre were funded to support The Community Wellbeing Hub, engaging their community members in Cooking & sharing meals, Sewing & Dressmaking and working within their Community Garden. 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 JOY App 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. Our Community Hubs and charity organisations support people in learning about digital access to a range of information to enable choices about their health and wellbeing.
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, especially those that were exacerbated by COVID-19, and enable onward referrals to appropriate support services. The JOY App is being used extensively across Primary Care and Social Prescribing services enabling people to access the right activities and information for them and a programme of delivering Health Checks in community settings to reach into communities has started.

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. The next phase of the Community Wellness Outreach project will be to invite people to the sessions, with a focus on those people that have never had a health check, as we know that if conditions go undetected then there is a higher risk of developing long term conditions such as diabetes and heart disease.
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. Our Community Health Champions are working with our Voluntary and Community Sector partners to build relationships and confidence with people to know what support and information is available to them, and we fund Young People with Dementia services to provide activities, advice and information for people with early onset dementia to enable them to remain active and engaged within their communities.
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. The early Expressions of Interest have been agreed and we are now progressing to the next stage, working with our Carers to shape a service that will meet their needs in relation to Carer's Breaks. We will be engaged in a BOB wide programme to enable better identification of Carers and directing them to the support that is available.
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. Rough sleepers will also be able to access the NHS Health Checks being delivered through the Community Wellness Outreach sessions in a variety of locations across Reading.
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 inform 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 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 and Midwifery is integrated within the Children's Centre building across Reading. Continuity of care and community midwife teams are based within each centre and women receive their anti and post-natal support directly out of the Children's Centres. Health presence within the centres has increased dramatically since COVID 19 this includes well baby weigh clinics being run from the centres monthly, developmental reviews and scheduled health visitor contacts are delivered as and when needed from most of the centres, although there is scope for this to be more consistent across Reading. Families across Reading have access to a consistent self weigh scales, provided by the Health Visiting team, in every Children's Centre. This can be accessed by families at any point whilst the Children's Centre is open, additionally, health information and up to date contacts to access health support (Chat Health) is visible at the self weigh area. Children's Centres have most recently been authorised with the distribution of Healthy Start Vitamins in all Children's Centres, and additional signage and banners have been purchased to increase the take up of Healthy Start Vouchers across Reading. The Baby Dimension groups are aimed for parents with children under 6 months, and a health visitor attends these each month to be able to give information and advice to families if needed. These groups also present Children's Centre staff with opportunities to share health messages such as Coping with Crying and Safer Sleeping, all Family Group workers delivering Baby Dimensions complete appropriate training for this and deliver termly within the sessions as part of the agreed Under 1's offer. 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. Maternity Pathway referrals from midwifery are completed and actioned within the Children's Centre by a home visit from a team member to explore support and actions. As well as this Health Visitors can highlight families for a universal visit via the **MDT** meetings (**multi-disciplinary team**) which take place every 6-8 weeks at each centre- this allows partners to meet and support families in an integrated way.
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. Mellow Bumps and Babies is a therapeutic, Trauma Informed parenting programme offered to all vulnerable parents known to the Children's Centres. We are seeing an increase in retention in Q3 this could be that staff are more confident in their delivery. The fathers to be support is also now established and there are good links through the infant hub established with maternity services that is seeing consistent signposting of father and now self-referrals. The offer to fathers to be is the 'Dads to Be course', again a higher retention rate as the year progresses is being seen. Adults can self-refer for these courses, or be signposted to them by a midwife, health visitor or social worker. One of the parenting leads has strong links with these services and attends staff briefings and meetings to share updates of course dates and venues regularly.
3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	Amber	The final take-up for the Autumn 2023 was 65.28%, which was a 5% increase on Summer 2023's take-up. The Time for Twos sessions continue to be delivered by BFfC Children's Centres and are well attended. Time for Twos sessions are included within the Children's Centre programmes, which is shared out via CC's mailing list and shared with families on each DWP list. Work to promote the 2-year-old funding scheme continues with the Family Information Service (FIS) providing childcare brokerage support to 709 Reading families eligible for a 2-year funded place between 1 Jan 2023 and 31st December 2023. The (childcare) 2-year funding page on the FIS directory continues to be in the top 10 most visited between 1 January 2023 – 31 December 2023 with 19,974-page events which is an increase from the last reporting period. The Baby boost project is coming to an end 31 March and will be having a celebration event on Saturday 23 March to mark the success, outcomes and signposting for parents at Sun street Childrens centre.

Action name	Status	Commentary (100 word max)
4. We will ensure that early year's settings staff are trained in trauma-informed practice and care, know where to find information or help, and can signpost families	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: – 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	FIS has dedicated sections for childcare and family money. These sections include information on funded childcare, debt management and universal credit. Partnership working support in Hubs ensures that staff are aware of local services and can signpost or support families to attend these, for example CAB and DWP. Additionally within the Children's Centres we have a Supporting Families Employment Advisor (SFEA), who is able to meet referred families at the Children's Centres to explore finances and support, her role sits within the One Partnership team. 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. This offer is included in the **Young Mums to Be** course attendees, who have access to support from the SFEA as part of the course. We have seen a wider range of community projects in each area of Reading to support families who are in financial hardship, and these are regularly shared as posters in our centres and verbally from staff to ensure vulnerable families have knowledge of the support.
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 Speech, language and communication needs (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. The parent/carer hub is now available online for parents to access and been shared with professionals. Feedback is required in time to ascertain if parent/carers are using it. SALT waiting times continues to decrease and is now estimated to be 4 months for accessing SALT. The triage service supports and gives advice to parents. The service are 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. New SLCN Training programme planned to embed champions into the SENCO networks due to decrease in numbers attending; and then plan specialist workshops for professionals; there will be a SLCN training page in the new training programme signposting to the monthly workshops. 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	Green	BFfC Children's Social Care and Health completed joint work on pre-birth assessments for those children where there are safeguarding concerns. In addition, the work completed by BWSCP.

Action name	Status	Commentary (100 word max)
and unborn/new-born babies to reduce non-accidental injuries		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 closely with midwifery both in the hospital and the community. The under 1's Co-Ordinator regularly meets with safeguarding leads within midwifery and collates local messages and themes, this is then shared within the wider Children's Centre team. Training needs are identified and put in place effectively, for example, a rise seen of baby deaths relating to SIDS was reported, Children's Centre staff completed Safer Sleeping training (Lullaby Trust) and routinely deliver this within their direct visits and within sessions in the Children's Centre. Health visitors are also able to seek support from the Children's Centre staff via the MDT meetings (multi-disciplinary team) and this includes home safety, maternal mental health, support networks, local services available – referrals through the MDT meetings are contacted by a Children's Centre team member and offered a home visit. All front line children's staff have received the Lullaby trust training in safer sleeping and NSPCC training in coping with crying.

PRIORITY 4: Promote good mental health and wellbeing for all children and young people, Implementation Plan narrative update (no new updates)

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 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	The Mental Health and Wellbeing Group will meet in June to 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 are currently scrutinising the Grampian Mental Health Strategy to identify learning about a primary prevention approach for the local system.
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 group continue to deliver a range of support for groups at greater risk. Examples include 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	Online collaboration has continued as above. The mental wellbeing group will be planning for the report to the Annual Conference in July
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Green	This action is closed pending the conclusion of the implementation review and the consolidation of actions and KPIs. This work will be merged with no 3 working to support on groups at greater risk of experiencing mental health challenges, loneliness and social isolation and health inequalities.
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. In addition, the suicide prevention action plan has led the delivery of three suicide prevention first aid courses for frontline staff at Reading Borough Council
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Green	This action is closed pending the conclusion of the implementation review and the consolidation of actions and KPIs. This work will be merged with no 3 working to support on groups at greater risk of experiencing mental health challenges, loneliness and social isolation and health inequalities.
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	This dashboard has been finished and the metrics that were developed are now to be examined as part of the implementation plan review. However, the mental health needs assessment has yet to be concluded pending identification of capacity

READING HEALTH AND WELLBEING BOARD

Date of Meeting	15 March 2023
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 3 (2023/24) performance against the BCF Metrics. 2. To note the contents of the Q3 BCF Return, formally submitted by the due date 9th February 2024, following delegated authority sign-off by the Executive Director for Communities and 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 3, 2023/24 (October to December), 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 3, as at the end of December 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 **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, submitted on 8th February 2024, covering performance against the BCF Metrics for Quarter 3, The return was signed off through the Delegated Authority process on 26th January 2024. 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

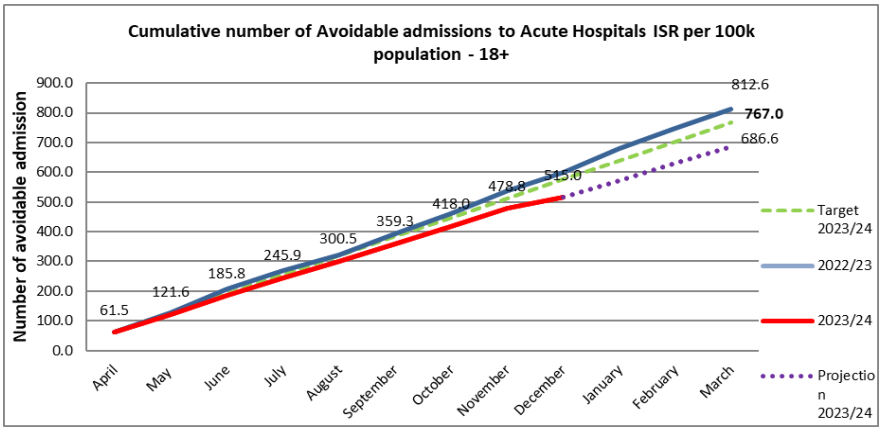
3.1. Performance as at the end of Quarter 3, 2023/24

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 Q3, 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	515
Projected performance to end of the year	687
Status	Green

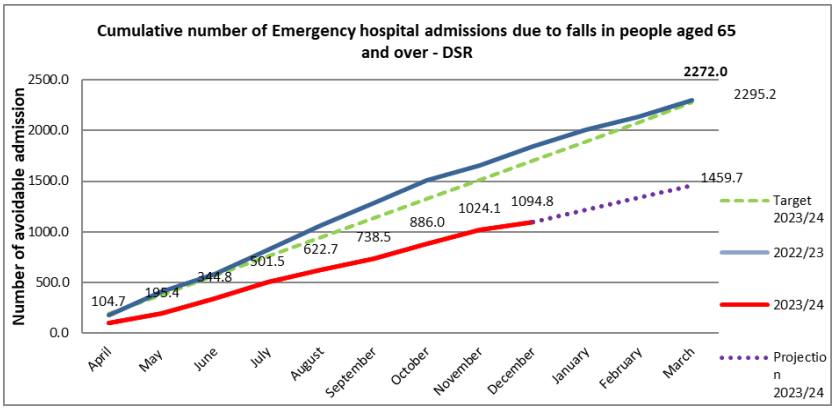


[1] https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025

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 continue to provide 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 is positive, being significantly better than the plan.

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)	2272
Actual performance to date	1095
Average performance for the current period	1460
Status	Green



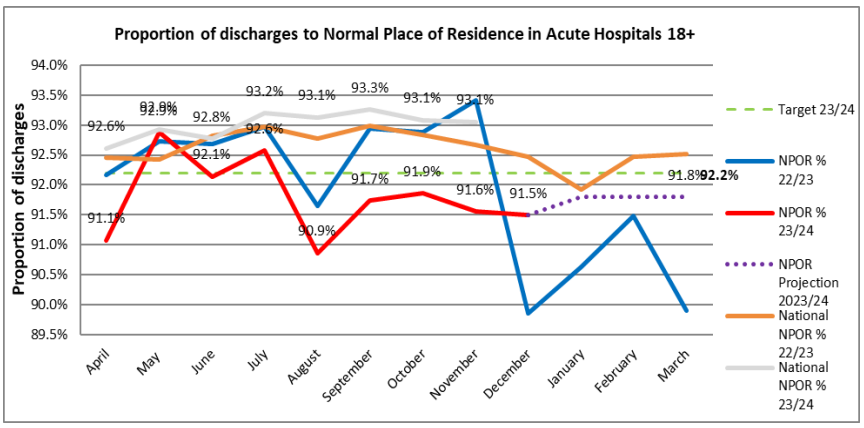
Reading Local Authority has agreed with the Integrated Care Board to carry out a Diagnostic review and map existing pathways and support across West Berkshire. The review will help understand the underlying causes that may support the development of future pathways and support. Recruitment of a Programme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

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 3, at 91.5%, a similar trend to the previous year at this time, and is directly impacted by higher numbers of people being discharged requiring complex care. 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.

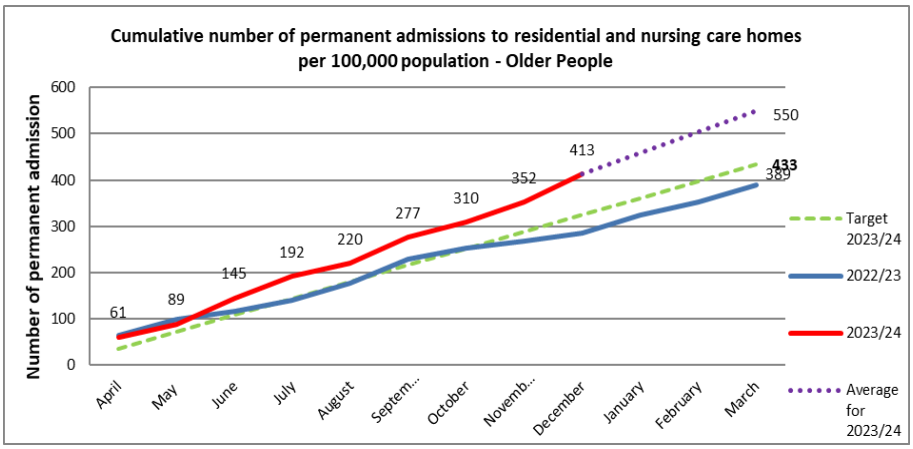
Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Target performance per month (not less than)	92.2%
Actual performance to date	91.5%
Projected performance to end of the year	91.8%
Status	Amber



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. The quarterly target is no more than 108 people per 100,000 and for Quarter 3 there were 98 admissions*. Whilst we had met the target in that quarter, the high number of admissions during Quarter 2 means that the straight-line projections indicate that we may not meet the overall target by the end of the year, hence the Amber status. Analysis of data over previous years, typically showed a reduction in admissions during the latter part of the year, but this trend has not been replicated in this year, with a 50% increase in admissions compared to the average across the same period in the last three years. 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 in Quarter 3 *(Target no more than 108)*	98
Actual performance to date	413
Projected performance to the end of the year	550
Current Status	Amber

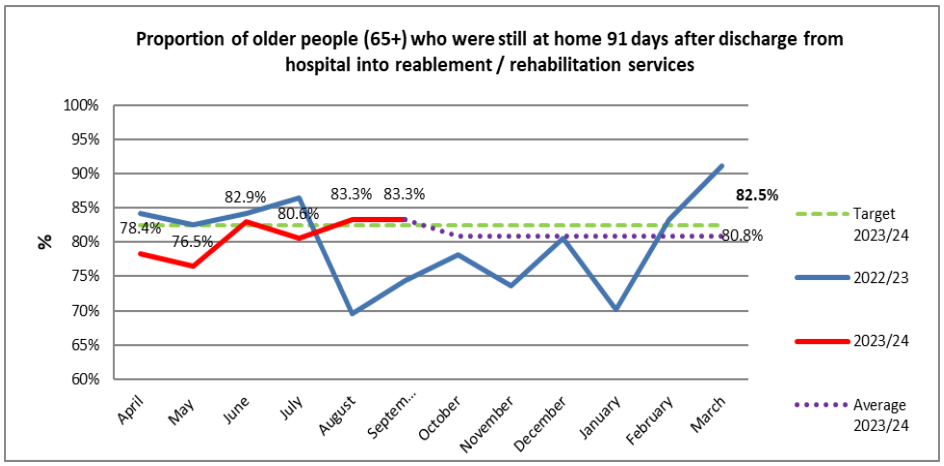


3.1.5. 91 Day Rehabilitation (discharged June to September)

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%. and we have been able to meet the target at the end of December. 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)	36
Of those, no. at home 91 days later (numerical)	30
Actual performance (%)	83.3%
Status of Monthly performance	Green



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

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

4.1. Put your own analysis in here how the proposals in the report are in line with the overall direction of the Berkshire West Joint Health & Wellbeing Strategy 2021-30 by contributing to at least one of the Strategy's five priorities; do not repeat analysis from sections 2 & 3 above. Try and give a plain English account about how this decision is going to improve the quality of life of Reading residents or improve our services, for residents, businesses, partners or visitors to the town.

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

4.2. 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 the membership of the Integration Board. Action plans are in the process of being reviewed by the RIB membership, against the 10-year strategy.

4.3. 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 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.

RIB Summary Report at P9	Original Budget £k	YTD Budget as at 31/12 £k	YTD as at 31/12 (Actuals) £k	Forecast to 31/03/24 £k	Variance £k
Summary					
Reading Borough Council Hosted Schemes	11,751.0	8,813.0	8,435.8	11,742.2	(8.5)
BOB Integrated Care Board	1,699.7	1,274.7	1,274.7	1,699.7	0.0
Cross BOB ICB CCG Hosted Schemes	3,296.5	2,472.1	2,472.1	3,296.6	0.0
Total	**16,747.2**	**12,559.7**	**12,182.5**	**16,738.5**	**(8.5)**

10.2. **Hospital Discharge Fund**
Returns continue to be submitted in line with the required reporting schedule. As at the last return submitted for expenditure up to 31st December, £1,146,530 had been spent against the total fund of £1,211,427. The high costs of complex care beds to support Pathway 3 discharges, have resulted in an overspend of £365,640 against the allocated £249,925, which indicates the increasing complexity of these discharges. We will continue to report the overspend which demonstrates the pressure on the Local Authority. We proposed adjustments to the plan for 2024/25 to reflect the pressures experienced in 2023/24.

Scheme Type	Planned Spend	Total spend to date
Home care or domiciliary care (Pathway 1)	£150,000	**£80,289**
Home-based intermediate cae services (Pathway 1)	£40,000	**£25,601**
Bed based intermediate care services (Pathway 2)	£270,400	**£97,128**
Residential placements (Pathway 3)	£249,925	**£712,331**
Workforce recruitment and retention	£264,000	**£255,841**
Assistive technologies and equipment	£100,000	**£63,461**
Voluntary and community support	£37,982	**£37,191**
All other spend	£99,120	**£100,500**
Total	**£1,211,427**	**£1,372,342**
Spend percentage to date:		**113%**

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

11. Timetable for Implementation

11.1. The Better Care Fund plan covers the period 1st April 2023 to 31st March 2025. There are quarterly reporting deadlines within the framework which are issued by the Better Care Fund Team at NHS England. We are awaiting a refresh of the Planning Guidance which is expected by April 2024. Projects funded through the Better Care Fund will run up to 31st March 2025 and any changes to timelines will be agreed with the key partners, Reading Borough Council and the Integrated Care Board, in line with the Section 75 Framework Agreement, as set out in the planning requirements.

12. Background Papers

The BCF performance data included in this report is drawn from the Reading Integration Board Dashboard – January 2024 (Reporting up to 31st December 2023*).*

Appendices

1. Reading BCF Quarterly Return 2023/24 (Q3)

HM Government

NHS England

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Checklist

		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. Spend and activity	Yes

<< Link to the Guidance sheet

Better Care Fund 2023-25 Quarter 3 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	22/02/2024

Confirmation of National Conditions		
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition**
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 3 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 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

Checklist
Complete:

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning Q1	Q2	Q3	Q4	For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	
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	173.5	On track to meet target	This continues to be challenging as a result of the request for 'stretching targets' to be set. Whilst we are on track at the moment, a severe winter could impact particularly for people with respiratory diseases and we continue to engage with our health care system partners and voluntary and community sector with the aim of ensuring people are able to stay warm, and have the right support and advice to support their wellbeing.	We have pooled funding from the Inequalities and Prevention fund into our Better Care Fund Section 75 Framework Agreement, which is funding a Community Wellness Outreach project to deliver NHS Health Checks in Community based settings, reaching into communities where uptake of Health Checks has been historically low. This is a collaborative project, that will ensure timely referral for clinical care follow up and encompasses wrap around care through social prescribing to support health lifestyles. The project engages system partners across Health, Social Care, Voluntary & Community Sector and Primary Care to co-produce a service that supports the health and wellbeing of the people in our communities.	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%	92.1%	91.8%	Not on track to meet target	There have been more complex cases on discharge from hospital, which has meant an increase in admissions to residential/nursing homes, also impacting on this target.	Our current forecast against this metric is within 1% of the target. Through discharge funding we have been able to provide reablement training to home care/domiciliary care providers to support discharge to home where this is appropriate.	Yes

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning Q1	Q2	Q3	Q4	For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	
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	383.3	On track to meet target	Data continues to be monitored and a Falls & Frailty Programme Manager is being recruited which has been challenging. Once in post there will be a full diagnostic review of falls across Berkshire West, and programme of work based on the outcomes of the diagnostic to ensure the right support is in place to continue to prevent admissions due to falls.	We have seen a 41% decrease in the number of admissions due to falls in 2023/24 compared to the same period in 2022/23. We believe this may be due, in part, to the increased use of Technology Enabled Care, funded from BCF, alongside home adaptations, through the Disabled Facilities Grant, to support people to remain well at home, in line with BCF Objective 1.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				433	2022-23 ASCOF outcome: 398.1		Not on track to meet target	We have seen a 50% increase, compared to the average across the previous 5 years, in admission numbers, indicating increased complexity. Of the numbers admitted, the level of complex care beds needed has increased from an average of 8% to 25% for this year. The current, straight line, projection to year end is 514. Performance against this target has also impacted the metric for Discharge to Normal Place of Residence.	The capacity has been available to support people who need this more complex level of care, ensuring they get the right level of care, in the right place at the right time in line with BCF Objective 2.	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%	2022-23 ASCOF outcome: 79.4%		Not on track to meet target	We have updated our triage process to improve the appropriateness of referrals into our reablement service. There have been a higher number of referrals of people aged 90+, some who have been very unwell. The main reason that has not been met is as a result of people referred into reablement that passed away within the 91 day period following discharge.	We have seen improvements in Q3 (Oct to Dec) and have moved within half a percent of the target: Oct 80.6%, Nov 83.5%, Dec 83.3%, and we are aiming to continue this trend as the new triage process is embedded.	Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Reading

Checkli						Yes		Yes		Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
2	Reablement	Home-based intermediate care services	Reablement at home (to support	Minimum NHS Contribution	£1,969,996	£1,477,497	784	588	Packages	No	
3	Step Down Beds - Discharge to Assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£322,691	£242,018	18	3	Number of placements	No	
4	Step Down Beds - Discharge to Assess (Physiotherapy)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£82,744	£62,058	18	3	Number of placements	No	
8	TEC Equipment	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£204,500	£153,375	670	1,062	Number of beneficiaries	No	
9	Carers Funding - Grants, Voluntary	Carers Services	Respite services	Minimum NHS Contribution	£146,000	£109,500	50	37	Beneficiaries	No	
10	Carers Funding - Grants, Voluntary	Carers Services	Respite services	Additional LA Contribution	£305,000	£228,750	180	135	Beneficiaries	No	
19	Out Of Hospital - Community Geriatrician	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£124,369	£93,202	1,036	777	Number of placements	No	
20	Out Of Hospital - Intermediate Care (including integrated	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£1,003,926	£752,945	784	588	Number of placements	No	
22	Out Of Hospital - Intermediate Care night sitting, rapid response,	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£330,795	£248,096	1,656	1242	Number of placements	No	
24	Carers Funding ICB	Carers Services	Other	Minimum NHS Contribution	£113,023	£84,767	72	54	Beneficiaries	No	
27	Care Homes / RRaT	Home-based intermediate care services	Rehabilitation at home (accepting step	Minimum NHS Contribution	£620,562	£465,422	1,712	1284	Packages	No	
28	Discharge to Assess Beds	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Local Authority Discharge Funding	£270,400	£64,752	18	8	Number of placements	No	
30	TEC Hospital Discharge	Assistive Technologies and Equipment	Assistive technologies including	ICB Discharge Funding	£100,000	£55,128	700	525	Number of beneficiaries	No	
31	Home Care Hours to support Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital	ICB Discharge Funding	£150,000	£58,459	14,768	2,689	Hours of care (Unless short-term in which case it is	Yes	Not issues with implementation but a correction to the outputs data. The planned outputs on the initial plan were incorrect. Home Care costs £21.74 per hour and for the allocated funding the maximum hours deliverable is 6,900. To date we have delivered 39% against that target.
35	Hospital / CRT Delivering extended hours / Bank holidays	Home-based intermediate care services	Rehabilitation at home (to support	Local Authority Discharge Funding	£40,000	£14,005	100	75	Packages	No	
36	Complex cases - High Cost Placement (including MH)	Residential Placements	Care home	ICB Discharge Funding	£249,925	£615,564	20	45	Number of beds/placements	Yes	There has been a significant increase in the need for complex care beds compared to previous years.
39	Social Care Workforce Development and Retention	Workforce recruitment and retention		ICB Discharge Funding	£20,000	£14,450		0	WTE's gained	Yes	This funding has not supported a particular number of staff but has contributed to reablement training of home care providers to support discharge.
41	iBCF	Home-based intermediate care services	Reablement at home (to support	iBCF	£2,692,624	£2,019,468	800	600	Packages	No	
42	DFG	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£1,197,341	£898,006	48	58	Number of adaptations funded/people	No	
44	BHFT Re-ablement Contract	Home-based intermediate care services	Joint reablement and rehabilitation	Minimum NHS Contribution	£1,055,212	£791,409	1,712	1284	Packages	No	

Note: Line 2, Col. 9 Outputs - Number of Care Packages delivered as at end of December 2023 should be 1,888

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	15 March 2024
Title	Establishment of a Berkshire West Health Protection & Resilience Partnership Board (West Berkshire, Wokingham, Reading)
Purpose of the report	To make a decision
Report author	Martin White
Job title	Consultant in Public Health
Organisation	Berkshire West Public Health/ Reading Borough Council
Recommendations	1. That a Berkshire West Health Protection and Resilience Partnership Board (HPRPB) is established to provide assurance that robust arrangements are in place to protect the health of residents across Berkshire West that is West Berkshire Council, Wokingham Borough Council and Reading Borough Council. 2. That the Health Protection and Resilience Partnership Board should report quarterly to each of the three Health & Wellbeing Boards across Berkshire West and produce an annual report to both these boards and the Buckinghamshire Oxfordshire Berkshire West Integrated Care Partnership's Unified Executive to provide a clear analysis of risk, mitigation, and incidents. 3. That a Director of Public Health should chair the proposed Health Protection and Resilience Partnership Board. 4. That the drafted Terms of Reference for the Health Protection and Resilience Partnership Board attached in Appendix A are accepted.

1. Executive Summary

1.1. During the COVID-19 pandemic temporary working arrangements were established across the three councils of Berkshire West (West Berkshire, Wokingham, Reading) which provided a mechanism for delivering against national guidance on health protection with a focus on COVID-19.

1.2. There is now a need to establish a permanent governance structure to protect the health of residents across Berkshire West (West Berkshire, Wokingham, Reading). This paper describes the board and outlines recommendations for the governance structure.

2. Policy Context

2.1. Health Protection includes activities that seek to prevent, or reduce the harm caused by infectious diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

2.2. Local Authorities were given an additional health protection duty under Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006. This was in addition to the existing health protection functions and three statutory powers delegated to local authorities under the Public Health (Control of Disease) Act (1984), the Health and Social Care Act (2008), the Health and Safety at Work Act (1974) and the Food Safety Act (1990). Local Authorities are also a category one responder under the Civil Contingencies Act 2004 and responsible for coordinating and agreeing plans and strategies in Emergency Planning Resilience and Response.

2.3. The additional mandatory duty given to local authorities is to ensure that there are plans in place to protect the health of the population. Directors of Public Health, acting on behalf of their Local Authorities, and working in collaboration with relevant stakeholders, have a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong. It is expected that Local Authorities and their partners across Berkshire West will co-operate effectively to ensure that threats to health are understood, prepared for, and when necessary, responded to.

3. The Proposal

3.1. In view of these duties there is a need to establish a Berkshire West Health Protection & Resilience Partnership Board (HPRPB) to exercise the strategic and mandatory assurance functions related to the Public Health Protection function.

3.2. The aim of the HPRPB is to provide assurance to the three Health & Wellbeing Boards for West Berkshire, Wokingham and Reading and to the Buckinghamshire Oxfordshire Berkshire West Integrated Care Partnership's Unified Executive and the Berkshire Resilience Group that robust arrangements are in place to protect the health of residents across Berkshire West.

3.3. The objectives of the HPRPB are to:

- be assured, through a reporting framework submitted by each organisation, that partners are undertaking effective and efficient discharge of duties under the Health and Social Care Act 2021 to protect the health of the population.
- provide strategic direction for health protection action across Berkshire West (West Berkshire, Wokingham, Reading).
- horizon scan for emerging risks and then advise and/or escalate to partner organisations to mitigate risks to health.
- provide a forum for the scrutiny of the provision of all health protection duties across Berkshire West (West Berkshire, Wokingham, Reading).

3.4. To deliver these aims and objectives, the Board will produce an annual work programme. Further details of the work programme are included in the proposed Terms of Reference which are attached in Appendix A.

3.5. The HPRPB will ensure that effective consultation and engagement takes place as part of its work programme and assurance role.

3.6. The HPRPB will work to ensure coordination of strategic and operational response across Berkshire West (West Berkshire, Wokingham, Reading).

3.7. The HPRPB will ensure that there is a focus on reducing health inequalities and that health protection issues of underserved groups are addressed.

3.8. The HPRPB itself will not hold a budget. However, its role in bringing key partners together and overseeing the health protection agenda across Berkshire West (West Berkshire, Wokingham, Reading) will ensure effectiveness and value for money of work programmes.

3.9. The HPRPB will report on a quarterly basis to the three Health & Wellbeing Boards (West Berkshire, Wokingham, Reading). It will also produce an annual report to the three Health & Wellbeing Boards and to the Buckinghamshire Oxfordshire Berkshire West Integrated Care Partnership's Unified Executive and the Berkshire Resilience Group to provide a clear analysis of risk, mitigation, and incidents.

3.10. It is proposed that a Director of Public Health should chair the Board. This Director of Public Health will also sit on the Thames Valley Local Resilience Forum (LRF) Executive Group and co-chair the Thames Valley Local Health Resilience Partnership (LHRP), to provide a strong strategic link to other key statutory organisations within the Emergency Preparedness, Resilience and Response system.

3.11. Health protection covers a broad range of activities as can be seen in the proposed workplan set out in section 10 of the Terms of \Reference attached as Appendix A. There is a need to establish a permanent governance structure for this programme to protect the health of residents across Berkshire West (West Berkshire, Wokingham, Reading) from a range of risks to health.

3.12. The Directors of Public Health in Berkshire West are responsible for the strategic leadership of health protection across Berkshire West (West Berkshire, Wokingham, Reading). The Directors of Public Health, on behalf of their Local Authorities and partnership organisations, must be assured that the arrangements to protect the health of the local community are robust and are implemented appropriately.

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

4.1. The work of the Berkshire West Health Protection and Resilience Board contributes to all of the priorities in the Berkshire West Joint Health & Wellbeing Strategy 2021-30 by ensuring the protection of health for all the groups identified in the strategy.

5. Environmental and Climate Implications

5.1. There are no environmental or climate implications arising from the decision because it does not relate to mitigation or adaptation to climate change.

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 statutory duties and legal implications are set out in the report above under Section 2 paragraphs 2.1 to 2.3.

10. Financial Implications

10.1. The Director of Public Health from Wokingham Borough Council will be the Chair of the Board and the Terms of Reference state that Wokingham will also provide the secretariat which will be covered from within existing budgets.

11. Timetable for Implementation

11.1. The board started meeting informally on a regularly basis as an officer led group from September 2023 and is currently in the process of formally instituting the meetings with papers currently submitted to the Health and Wellbeing Boards for Wokingham, West Berkshire and Reading.

12. Background Papers

12.1. There are none.

Appendices

Appendix A – draft Terms of Reference

Appendix A

Berkshire West Health Protection & Resilience Partnership Board (West Berkshire, Wokingham, Reading)

Draft Terms of Reference

1. Introduction

1.1 The Health and Social Care Act 2012 states that upper tier and unitary local authorities have planned duties to protect the health of the population. Directors of Public Health have a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong. Directors of Public Health need to have the appropriate specialist health protection skills available to them to carry out these functions.

1.2 In the paper "Health Protection in Local Government" published in August 2012, the Department of Health suggested that Local Authorities establish a local forum/partnership for health protection issues, chaired by the Director of Public Health, to review plans and issues that need escalation.

1.3 The definition of health protection refers to the protection of the public from hazards which damage their health and limiting impact where exposure cannot be avoided. Health protection includes weather events, infectious diseases, conflict, terrorism and state security, chemical, biological, radiological and nuclear (CBRN) incidents, and cyber security.

1.4 The Berkshire West Health Protection & Resilience Partnership Board (HPRPB) will provide a forum for the Director(s) of Public Health and partner agencies to undertake the duties referred to above to protect the health of the population.

1.5 Topics covered will include:

- Infection prevention and control including healthcare associated infections
- Pandemic Influenza
- New and emerging infections, including zoonoses, but not animal health
- Immunisation programmes
- Environmental hazards and control, chemical, biological, radiological and nuclear
- Emergency preparedness and response
- Communicable disease control including the management of outbreaks
- Infectious disease related to sexual health
- Tuberculosis (TB)
- Blood borne viruses including Hepatitis
- NHS & Public Health Emergency preparedness, response and resilience
- Screening programmes – cancer, infectious disease and others
- Climate change and emergency preparedness

2. Constitution

2.1 The Board is established as a partnership body of both the three Health and Wellbeing Boards (West Berkshire, Wokingham, Reading), the Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and the Berkshire Resilience Group.

3. Membership

3.1 Core membership of the Board will comprise:

- Director(s) of Public Health representing West Berkshire, Reading and Wokingham local authorities
- Consultant(s) in Public Health, from each local authority (or agreed substitute where positions are not filled)
- Head of Emergency Planning Unit, from each local authority
- Thames Valley Local Resilience Forum (TVLRF) Partnership Manager
- Environmental Health Manager, from each local authority
- Consultant in Communicable Disease Control/Consultant in Health Protection, UKHSA
- Integrated Place Based Partnership Board Representative
- ICB Berkshire West Infection Control Lead
- South East Area Team NHSE Board Emergency Planning Resilience and Response Manager
- South East Area Team NHSE Immunisation & Screening Manager/Consultant

4. Appointments

4.1 Appointments to the Board will be approved by the Partnership through the authority delegated to individual members from their host partner organisations.

5. Chair Person

5.1 The Chair of the Board will be a Director of Public Health from the Berkshire West area. The Vice Chair will be a nominated Consultant in Public Health.

6. Arrangements for the Conduct of Business

Chairing the meetings

6.1 The Director of Public Health will act as Chair. In the Chair's absence, the Vice Chair will take on this role.

Quorum

6.2 A quorum will be the Chair or Vice Chair and at least three other members from across a range of organisations.

Frequency of meetings

6.3 Meetings will be held quarterly as routine, with additional meetings called if demand dictates.

Frequency of attendance by core members

6.4 Core members are expected to attend all meetings where reasonably possible. Where a member cannot attend, a nominated deputy with delegated authority should attend on behalf of that member.

Co-option of members

6.5 Members may be elected to the Board on an ad hoc basis as agreed by the Board.

Declarations of Interest

6.6 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the group have given due consideration to the matter. All declarations of interest will be included in the minutes.

Urgent matters

6.7 Any urgent matters arising between meetings will be dealt with by Chair's action after agreement from three other members of the group.

Secretariat support

6.8 Secretarial support will be provided by the office of the Chair.

7. Conduct of business

7.1 Agendas and papers will be circulated to members at least seven days before the meeting.

7.2 Minutes of the meeting will be circulated as soon as possible after the meeting.

8. Authority

8.1 The Board is endorsed by the three Health & Wellbeing Boards (West Berkshire, Wokingham, Reading), the Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and the Berkshire Resilience Group to ensure a coordinated approach to the health protection duties of the Director(s) of Public Health covering the Berkshire West (West Berkshire, Wokingham, Reading) area. All decisions made within the Board are through the authority delegated to individual members of the Board from their host partner organisations, and the governance of such decisions is through the mechanisms of these organisations.

9. Aim and objectives

Aim

9.1 The aim of the Board is to provide assurance to the three Health & Wellbeing Boards (West Berkshire, Wokingham, Reading), the Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and the Berkshire Resilience Group that robust arrangements are in place, in line with the duties under the Health and Social Care Act 2021, to protect the health of residents across Berkshire West (West Berkshire, Wokingham, Reading).

Objectives

9.2 The objectives of the Board are to:

- provide strategic direction for health protection in Berkshire West (West Berkshire, Wokingham, Reading);
- horizon scan for emerging risks and then advise and/or escalate to partner organisations to mitigate risks;
- be assured, through a reporting framework submitted by each organisation, that partners are undertaking effective and efficient discharge of duties under the Health and Social Care Act 2021, to protect the health of the population;

- provide a forum for the scrutiny of the provision of all health protection duties across Berkshire West (West Berkshire, Wokingham, Reading).

10. Work Programme

10.1 To deliver their aims and objectives, the Board will produce an annual work programme which will include work:

- To ensure effective health protection surveillance information is obtained, assessed and used appropriately so that appropriate action can be taken where necessary.
- To coordinate and agree plans and strategies in Emergency Planning Resilience and Response for public health responsibilities, within Berkshire West Councils, as a category one responder under the Civil Contingencies Act 2004.
- To gain assurance that plans and strategies in Emergency Planning Resilience and Response for both NHS and public health responsibilities, are in place and appropriately tested.
- To support partners in delivering the strategies for the commissioning and implementation of national immunisation programmes, infection prevention and control and national screening programmes.
- Across partnerships to gain assurance of standards in the commissioning of national immunisation programmes, infection prevention and control and national screening programmes. These standards will be based on national standards, whenever feasible, and be applied to the Berkshire West context.
- To monitor the performance of each provider, commissioner and stakeholder in respect of;
    - National immunisation programmes
    - Emergency Preparedness, Resilience and Response
    - Health Care Associated Infections (incidence, incidents and action being taken to address)
    - Infection prevention and control compliance to relevant standards, including sexually transmitted infection
    - National screening programmes
    - Prevention and control of environmental hazards and communicable diseases
    - Public Health National Outcomes Framework
- To manage emerging risks including delivering effective commissioning and provision of health and social care for;
    - Infection Prevention and Control failure in compliance with Health and Social Care Act 2008 Code of Practice
    - Immunisations: failure to attain targets
    - Screening: failure to attain targets
    - Sexually Transmitted Infection: failure to attain targets
    - Emergency Preparedness, Resilience and Response: failure to plan or respond adequately
    - Environmental hazards and communicable disease control: failure to contain incidents
    - Health Care Associated Infections: overview and assurance through reporting from partnership groups

10.2 The Board will gain assurance that plans are in place to ensure prompt and effective cascade of major health protection alerts (including Chief Medical Officer cascade, Medicines and Healthcare products Regulatory Agency (MHRA) alerts, and other major alerts) to appropriate audiences and to confirm that systems are in place for responding to such alerts.

10.3 The Board will contribute, where appropriate, to the Berkshire West Joint Health & Wellbeing Strategy.

10.4 The Board will escalate risk to either the relevant Council(s), partner organisations, Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and/or the Health and Wellbeing Board(s), as appropriate and dependent on the risk, for resolution and assurance that appropriate action has been taken.

11. Relationships and Reporting

11.1 Minutes and recommendations of any Sub-Committees/Groups of the Board will be formally recorded and submitted to the Board.

11.2 The Board will produce formal minutes of meetings and a copy of those minutes will be available to the Health & Wellbeing Boards upon request.

11.3 The Chair, either directly or via a Director colleague, will provide verbal updates as appropriate to the Health & Wellbeing Boards.

11.4 The board will provide assurance to the South East UKHSA representative in relation to Emergency Planning Resilience and Response.

12. Monitoring of Compliance

12.1 Compliance is monitored by submission of an annual Health Protection Report to the Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and the Health & Wellbeing Boards (West Berkshire, Wokingham and Reading).

13. Review of Terms of Reference

13.1 These Terms of Reference will be reviewed annually or sooner if required.

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	15 March 2024
Title	Community Health Champions Programme Update
Purpose of the report	To note the report for information
Report author	Martin White
Job title	Consultant in Public Health
Organisation	Reading Borough Council
Recommendations	1. That the board notes that the Community Health Champions Programme (CHC) is building a supported network of champions through the delivery of a growing programme of training and promotional events 2. That the board notes that the CHC aims to develop health knowledge amongst communities, strengthen community action, self-help and engagement with health promoting activities and interventions in addition to driving the uptake of vaccine and immunisation programmes.

1. Executive Summary

1.1. This report follows the previous report to the Reading Health and Wellbeing Board from 6th October 2023 and provides an update on the Community Health Champions Programme (CHC) and the progress being made towards the programme goals.

1.2. The previous report included the origin and background of the programme with details of the start of the training programme in October 2023.

2. Programme Update

2.1. The first CHC network meeting took place on 19th December 2023. Over 20 people joined this meeting to learn more about the project, take part in conversations about health inequality and sign up to become Community Health Champions.

2.2. At the time of drafting this report there are now 13 trained and active Community Health Champions with a further 39 waiting to be trained. By the time this report reaches the Health and Wellbeing Board half of these will have received their training during February. When this cohort has been completed the first milestone of 50 champions will have been achieved and exceeded.

2.3. The current Champions are recruited from a wide range of partner organisations and communities. These include:

- Reading Quakers
- Palmer Park Bowles Club
- Caversham Muslim Association
- Draught Busters Reading

- Launchpad Reading
- Reading Abbey Rotary Club
- University of Reading
- Association for Cultural and Racial Equality
- Kendrick Parenting Group

2.4. The project team have co-produced a recruitment video with the Community Health Champions https://www.youtube.com/watch?v=7BBANB3A0F

2.5. At the beginning of February 2024, the video had already received over 400 views. Further work is taking place to develop social media campaigns and platforms for the project. This will include a new website which will host information about the project, news about upcoming health and wellbeing events including those delivered as part of the Community Wellness Outreach project. It will also host public health content and messages which champions can share and promote through their networks.

2.6. As the network builds Community Health Champions have started to set the agenda based on priorities identified by their communities. A number have expressed an interest in doing more around women's health including raising awareness and signposting support for those experiencing menopause. They are working in partnership with the project team and with GLL to plan a celebration event for International Women's Day in March.

2.7. Other priorities that have been identified at this stage include physical activity and nutrition.

2.8. In addition, the project team have been developing awareness and skills amongst the champions to empower them to promote awareness of how to prevent disease starting with the risks of measles and myth busting around the MMR vaccination. This work is further supported by a communications assets and plan in partnership with Blue Lozenge the new public health communications contractor.

3. Proposal

3.1. It is proposed that the Health and Wellbeing Board notes that the CHC programme continues to make steady progress towards building a supported network of champions.

3.2. That the board notes that the network of champions has started to identify its priorities alongside working with the project team to tackle system wide public health risks such as the uptake of the MMR and childhood vaccination programme.

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

4.1. The proposal provides an update and assurance about the CHC programme and its contribution towards achieving the goals of Priority 1 Reduce the differences in health between different groups of people. The purpose of the CHC programme is to empower communities by improving access to health information and healthcare services. The intervention aims to reduce the effects of health inequality amongst communities and population groups that are excluded, have low confidence in vaccination programmes or experience poor access.

4.2. CHC programme also has the potential to contribute to the other four priorities areas dependent upon the inclusion of wider health topics in the training offer and the extent of engagement with the network by members of priority communities and vulnerable population groups.

5. Environmental and Climate Implications

5.1. This proposal in itself does not have an environmental or climate implication. However, it is possible that the health consequences of climate impact and mitigation may form a part of the training programme for the network of champions.

6. Community Engagement

6.1. Community engagement is a central principle of the CHC programme which continues the methods that bult the Community Vaccine Champions network during the early stages of the COVID 19 pandemic. Its work is founded upon the views of local stakeholder communities and no further consultation has been conducted.

7. Equality Implications

7.1. Not applicable. EIA is not relevant to the proposal

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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NHS
Royal Berkshire
NHS Foundation Trust

Integrated Performance Report

December 2023

Agenda Item 12

Improving Together

Improving together to deliver outstanding care for our community

December 2023 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 31st December during which the Trust experienced significant pressures across non-elective care and 3 days of Junior Doctor Industrial Action undertaken.

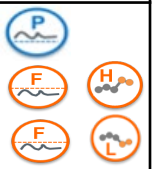
Despite these pressures, the Trust currently continues to perform well on the RTT **elective care standard**, with under 20 patients waiting over 52 weeks on those pathways. However, the sustained challenges are impacting on performance and, there is a significant risk that this and the combination of workforce and financial pressures will continue to challenge performance into 2024-2025.

The Trust remains challenged across other **Deliver in Partnership** objectives. We remain significantly behind the 99% within 6-week **diagnostic waiting standard** with Endoscopy and Echocardiography driving our long wait position. **Cancer performance** standards continue to fall below national standards, with 70% of patients meeting the 62-day standard in December.

The Trust's **rate of turnover** (page 6) has continued to improve, reflecting the increased focus on this area from across the organisation. The Trust's vacancy rate now sits at 7.91%, rapidly approaching the breakthrough priority target of 7%.

Financial performance as at Month 9 YTD is £1.84m behind plan driven by continued spend on workforce. We are currently preparing for the formal reforecast requested across the NHS at Month 10, we are currently on track albeit, with risks to deliver our budgeted full year financial position of £10.05m deficit. Efficiency savings are on track and due to be delivered in full by year end.

As in previous months, a number of **watch metrics** are outside of statistical control. Most relate to the operational pressures experienced in the Trust and are expected to improve in line with strategic metrics. A final set relate to mandatory training and appraisal completion which have been a focus of performance meetings with directorates.

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	4	**Improve patient experience:** Number of complaints	
	5	**Reduce harm:** Number of serious incidents	
Invest in our people and live out our values	6	**Improve retention:** Turnover rate	
Delivering in partnership	7-9	**Improve waiting times:** Reduce Elective long waiters Average wait times for diagnostic services Emergency Department (ED) performance against 4hr target	
	10	**Reduce inpatient admissions:** Rate of admission (LoS>0)	
Cultivate innovation and improvement	11	**Increase care closer to home:** Proportion of activity delivered at RBH	
Achieve long-term sustainability	12	**Live within our means:** Trust income and expenditure	
	13	**Reduce impact on the environment:** CO2 emissions	
Breakthrough priorities	15	**Recruit to establishment** (Vacancy %)	
	16	**Improve flow:** Average LOS for non-elective patients (inc. zero length of stay)	
	17	**Support patients with cancer** Reduce 62 days cancer waits incomplete	
	18	Delivery of £15m efficiency target	
Watch metrics	20-29		N/A

Royal Berkshire
NHS Foundation Trust

Strategic Metrics

Strategic objective: **Provide the highest quality care for all**

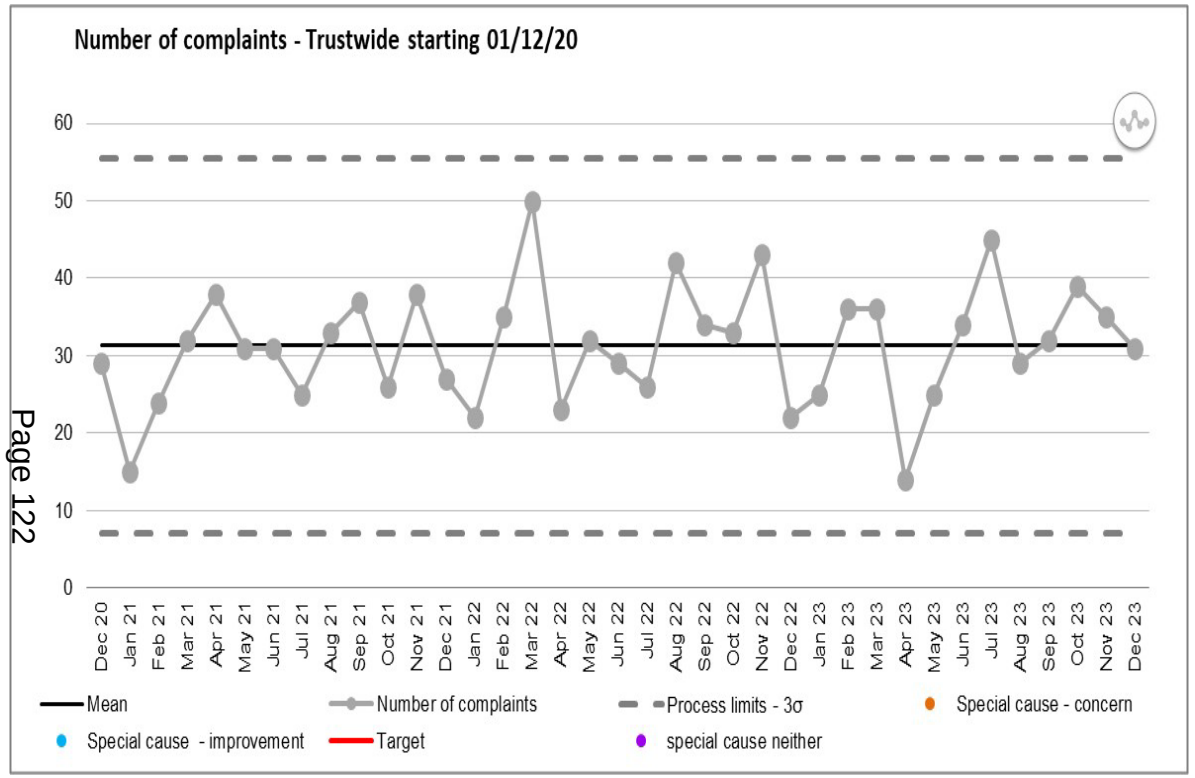
Strategic metric: Improve patient experience

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Number of complaints received	45	29	32	39	35	31
Complaints turnaround time within 25 days (%)	61%	70%	65%	50%	52%	50%
No. of Vulnerable persons complaints	0	2	3	3	1	2

This metric measures:
Our objective is to improve the experience of receiving care within the Trust. We are working towards developing a holistic measure of patient experience that can provide regular timely information on how we are performing. Whilst that is in development, we are using the number of complaints received by the Trust within the calendar month.

How are we performing:
The Trust received 31 formal complaints this month with the top two themes being clinical treatment and communication.

Hotspots:
Complaints – Gastroenterology 2, Paediatrics 2
Patient Advice and Liaison Service (PALS) - Emergency Department (32) and Ophthalmology (15)

Overdue Complaint Responses / Reopened Complaints:
23 overdue complaints for Urgent Care and 12 reopened complaints outstanding
4 overdue complaints for Networked Care and 3 reopened complaints outstanding
6 overdue complaints for Planned Care and 5 reopened complaints outstanding

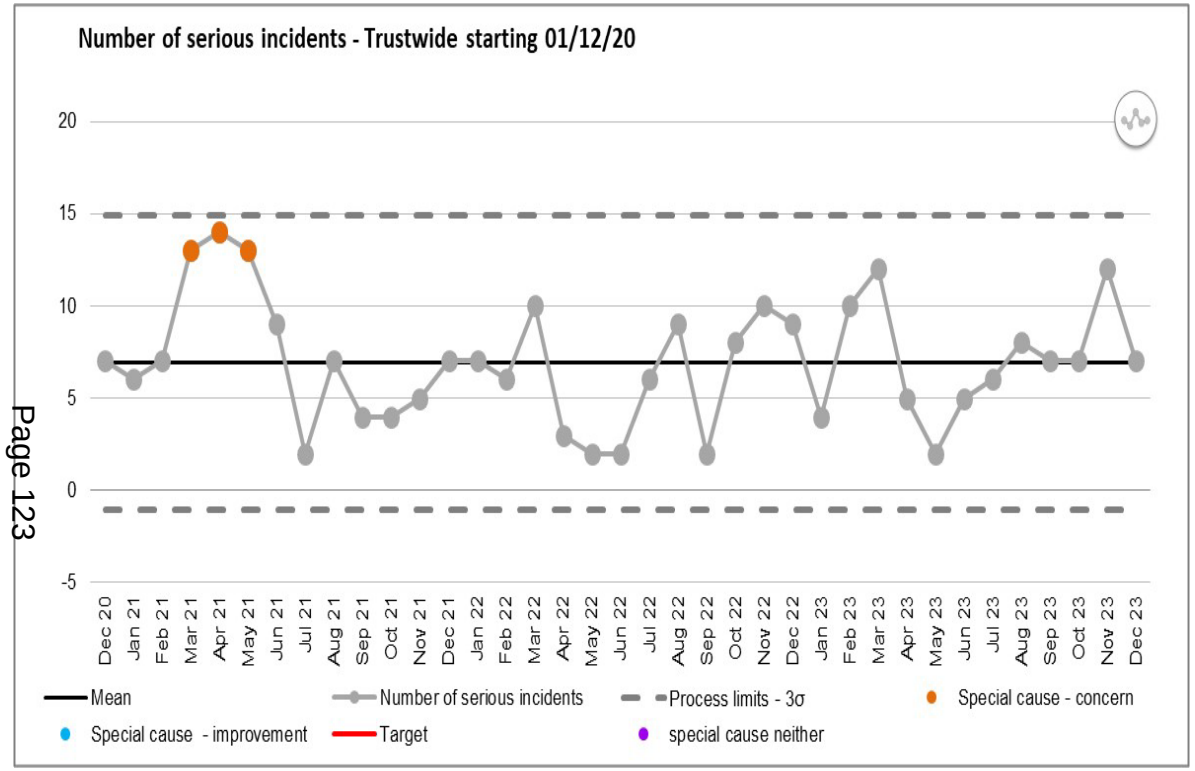
Complaint Action Tracker:
Currently we have 178 open actions on the tracker with 76% of those actions overdue. The team are working with the care groups to reduce this number. Please note the reporting has changed to open actions rather than complaints with an open action, hence the increase in numbers. Each complaint has at least 3 actions.

Actions:
- Continuous PALS monitoring to gauge current issues
- Weekly CNO, CMO, Patient Experience & Safety Huddles to identify Trust wide theme
- Feed into communication working group **(Q4 23/24)**
- Complaint structure review completed, increase complaints senior leadership **(Q4 23/24)**
- KPMG review action plan **(Q3 24/25)**
- Transformation rerun complaints response data to highlight delays & plan **(Q4 24/25)**
- CNO/Care Group overdue complaints meetings & CNO driver metric (**Q4 24/25**)

Risks:
- Care Group capacity - the impact of Investigating Officers (IOs) to undertake responses and completion of actions in a timely manner due to ongoing capacity within the Trust

Strategic objective: **Provide the highest quality care for all**

Strategic metric: All declared serious incidents (SI's)



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Number of serious incidents reported	6	8	7	7	12	7
Serious Incidents related to vulnerable persons	0	0	0	0	1	1

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust

This metric measures:
Our objective is to reduce avoidable harm across all our services. The metric we have chosen to assess or progress in this measures the number of reported serious incidents in the Trust in the month. The data relates to the date we are reporting date rather than the incident date.

How are we performing:
- 7 Serious incidents (SI's) were reported in December 2023, 2 in Planned Care, 1 in Networked Care and 4 in Urgent Care which includes 1 Maternity and of which 1 Never Event with no patient harm
- Treatment delay featured in 3 of the SI's reported in December which is a continuing theme.
- Duty of Candour was met in all cases and learning shared
- Key learning themes from December SI's include EPR system usability and the refinement of a digital escalation process, raising awareness through safety huddles of post falls management, embedding of the new maternity care cards which support the triage midwife to give appropriate advice, and a continued focus on assurance and improvement of the World Health Organisation (WHO) checklist with a themed learning 'celebration day' planned in January.

Actions:
- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition by **1st April 2024.**
- RBFT PSIRF draft plan and policy have been completed in collaboration with the ICB, and a pilot with PSIRF pilot areas will be undertaken in the next 4 weeks.
- Actions including a refined process for digital escalation and WHO checklist audit and education activities are ongoing in response to the Never Event thematic analysis
- Responsive and pro-active improvement work continues across the Trust including Falls and Pressure Ulcers, Hypoglycaemic awareness, the Deteriorating Patient workstream and Venous thromboembolism (VTE) education and awareness.

Risks:
- Patient safety team resource constraints – additional workload created by PSIRF implementation
- Risk of patient harm following the most recent industrial action, in addition to current winter pressures.

Strategic objective: **Invest in our people and live out our values**

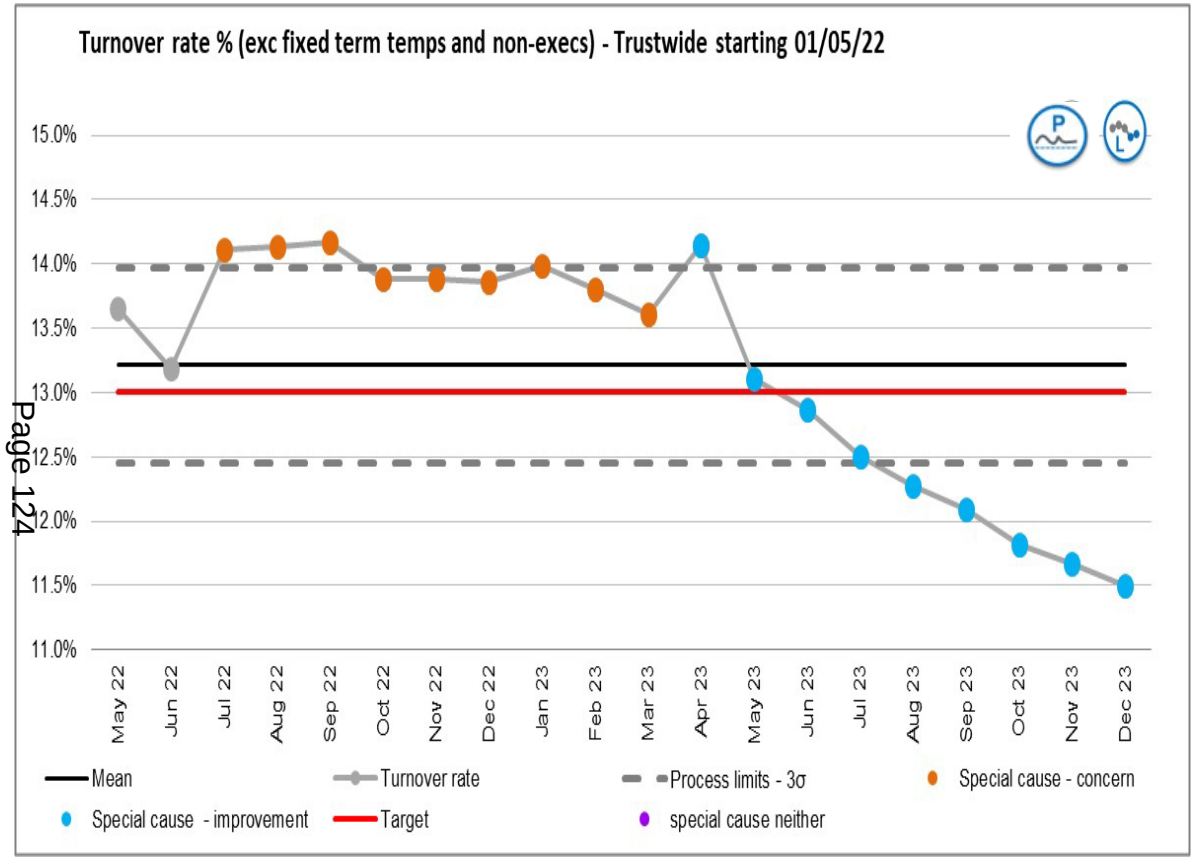
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
P	L

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Staff turnover rate	12.50%	12.28%	12.09%	11.82%	11.67%	11.50%

This metric measures:
Our vision is to improve the retention and stability of staff within the Trust as we know this helps us to avoid the use of bank and agency staff (which impacts on both quality and financial objectives). We have chosen to measure Turnover Rate which is defined as number of Whole Time Equivalent (WTE) leavers in the month divided by the average of the WTE of staff in post in the month. The Trust has an ambition to reduce turnover to 11.5 in 2024/25. This will be continually monitored and reviewed.

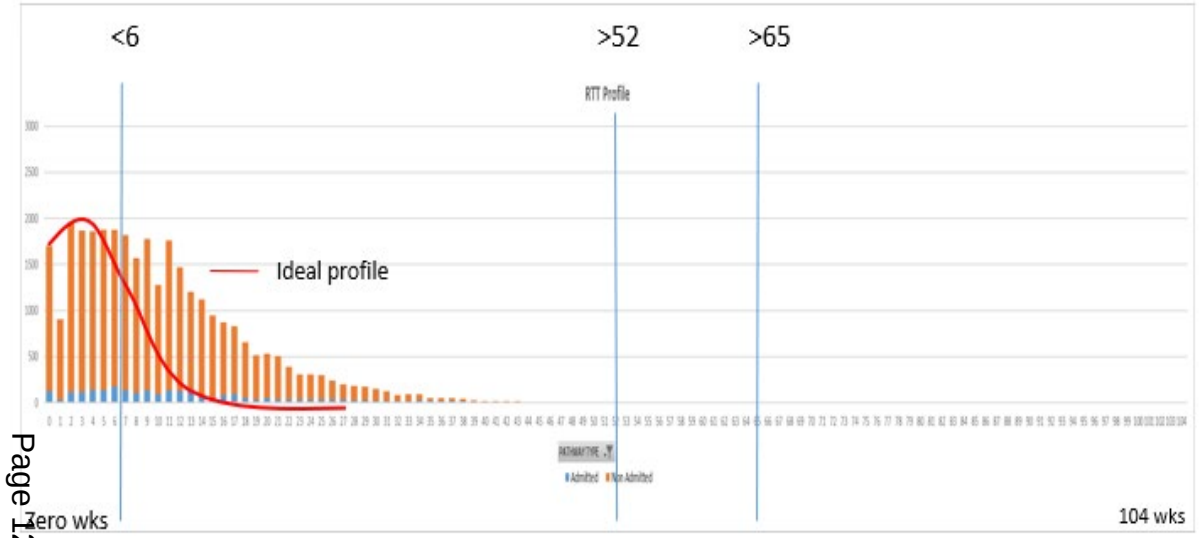
- **How are we performing**:
- Turnover has continued to reduce over the last eight months to reaching our ambition of 11.50% (excluding fixed term/temp)
- New starter 4 & 8month questionnaire report now circulated to PCP and Care Groups.
- Care Group turnover performance improvements have been sustained for several months and therefore turnover driver metrics at Care Group level are being closed out.
- Turnover in OT will continue to be a local driver metric for Specialist Medicine
- RISE beginning to have an impact at Care Group level, bringing greater focus to appraisal conversations and mini talent review boards.

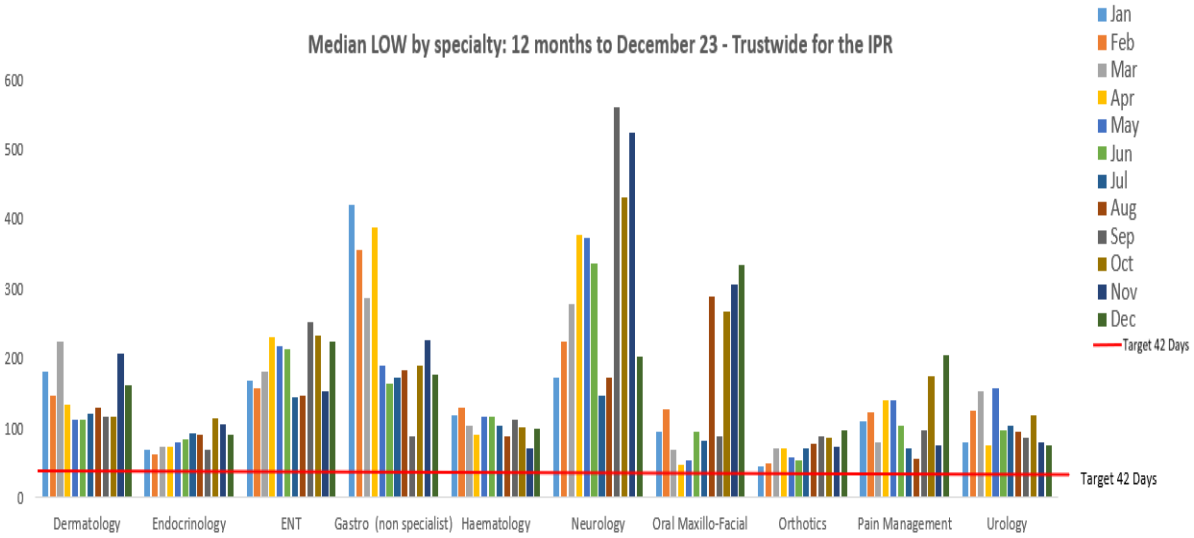
- **Actions:**
- Actionable themes from 4&8month survey being developed and incorporated into care group people plans.
- Work underway on probationary reviews and clarity around developmental posts
- Retention work/interventions under evaluation and SOP's being developed.
- Focus on staff health and wellbeing including recent Health check data and financial support across Care Groups.
- EM Aspiring Leaders Programme, over 10 placements currently confirmed..

- **Risks:**
- Lack of financial influence on retention
- Environmental factors a constant challenge i.e. cost of living

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce Elective long waiters





Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	N/A

Royal Berkshire NHS Foundation Trust

This metric measures

Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time standards. Nationally there is an expectation that we eradicate >65 week waits by March 24. We want to exceed these standards and eradicate waits over 52wks consistently during 2023-24.

How are we performing:

- The Trust is maintaining a low number of >52 week wait RTT pathways (<20)
- However, whilst the Patient Tracking List (PTL) size is comparable to 2019 we are seeing the impact of IA and local rate card extending the waiting time profile. The <18 PTL volume is now 55% higher than Jan 23 and continuing to increase. Without intervention we expect to see the numbers >18 and >52 begin to increase through Q4 and an increase in tip over volume for >52 and >65 from May 24
- First outpatient appointment (OPA) and diagnostic waiting times are the primary drivers for extended waiting times against the RTT standard. Maintaining our position and making further improvement to the RTT profile will be achieved through shortening **stages of treatment** across the elective pathway, in particular waiting times to 1st OPA

Actions:

- 6 month targeted programme of work to improve EPR encounter information underway as part of the Master-WL programme – expected completion **Apr 24**
- Investigating opportunities to increase capacity to support whole pathway transfers in order to decrease first OPA demand
- Work with each specialty to understand capacity and identify where alternative delivery methods can add value and where appropriate convert slots from follow-up to first
- Deployment of fully integrated e-Triage and referral management solution has been delayed. Sign off of the technology with NHSE has now been confirmed and early user deployment is underway.

Risks:

- Repeated industrial action is significantly impacting the elective programme – continuing loss of activity resulting in longer waits for routine OP appointments and an increase in 52 week waits
- Sustained increased demand across the cancer pathway (Urology, Dermatology and Gastro) displacing routine workload
- Implementation of capped rates having significant impact on Trust's ability to provide additional capacity

Strategic objective: **Deliver in partnership**

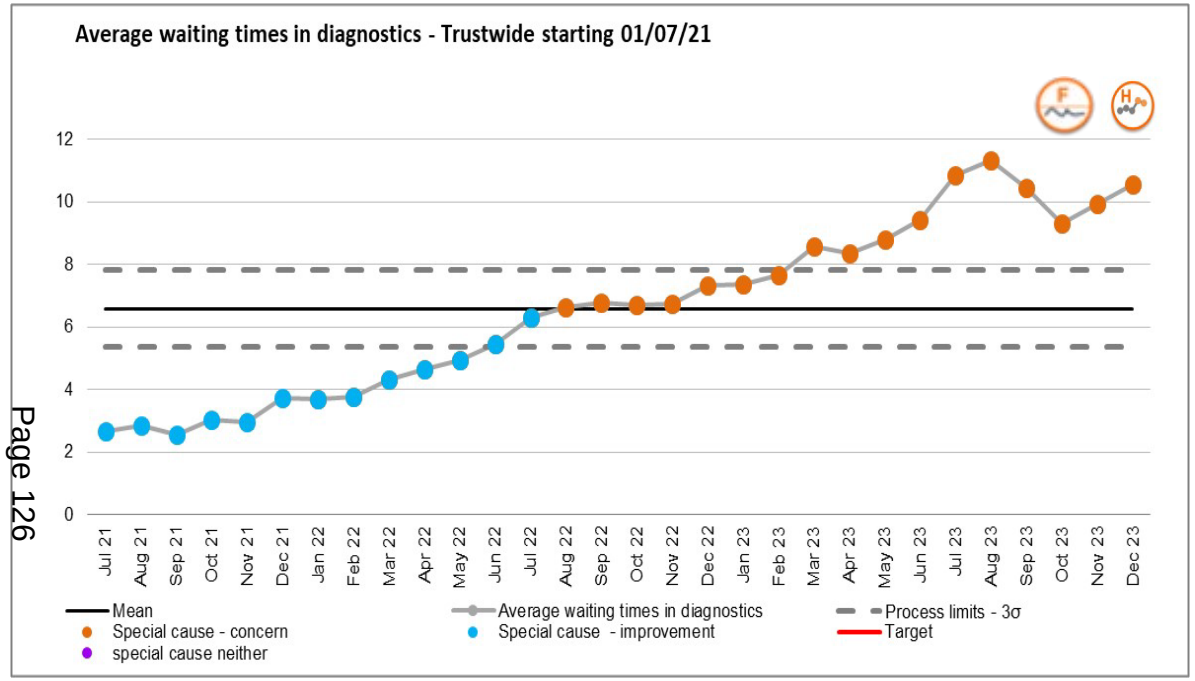
Strategic metric: Average waiting times in diagnostics DM01

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Average wait all modalities (wks)	**10.84**	**11.33**	**10.44**	**9.32**	**9.94**	**10.55**
Imaging	3.80	3.96	3.18	2.57	2.14	3.14
Physiological Measurement	7.47	7.33	8.04	6.78	9.73	10.67
Endoscopy	27.58	28.15	27.51	27.70	29.06	28.78
Cancer	3.66	2.77	2.29	2.02	1.85	3.27
Urgent	16.83	17.25	15.39	14.80	15.28	15.69
Routine	9.65	10.30	9.83	8.39	8.99	9.49

This measures:
Our objective is to reduce the number of patients experiencing excess waiting times for diagnostic services, which is a key driver for cancer, RTT, post inpatient procedure and surveillance pathways. We measure our performance through the average length of time patients have been on the waiting list and the end of each reporting month.

How are we performing:
- We remain significantly behind the 99% within 6-week standard
- Average waits remain significantly extended, driven primarily by Endoscopy and Echocardiography
- These modalities make up c. 85% of total >6 week waits. The majority of these being in the longest wait backlog (90% of total >13 weeks), however this decreased slightly in the most recent months report
- Clinical triage and prioritisation is in place. However, improvement to performance is linked to substantial increases in capacity and resource over 24/25

Actions:
- As previously reported at public Board, the Endoscopy service have a comprehensive plan for recruitment, capacity and utilisation that is being worked through. However, these are focused upon the long term
- In the short term, work is being insourced for gastroenterology, with medium term options being explored i.e., use of theatres and CDC
- We have also introduced a time-limited additional sessional rate for the remainder of this year and this is enabling additional clinics to be undertaken

Risks:

Endoscopy
- Cancer pathway demand is continuing to grow, and expected to grow further
- Waiting times for non-cancer work grow as a result or prioritising cancer work
- Capped rates for additional consultant sessions

Physiological Measurements (PM)
- Cardiology may see continued decline in DM01 performance due to workforce capacity

Strategic objective: **Deliver in partnership**

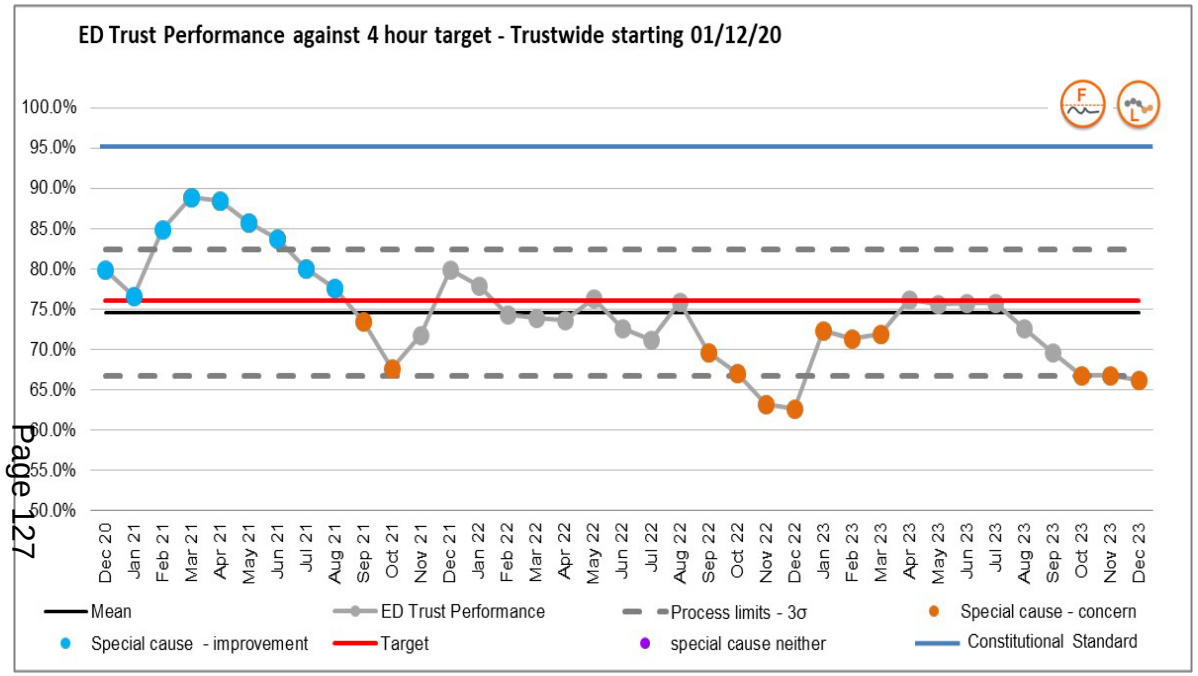
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
4hour Performance (%)	75.83%	72.60%	69.66%	66.74%	66.80%	66.21%
Total Attendances	14864	13984	14606	15133	14832	14411
Total Breaches	3592	3831	4431	5033	4924	4869
4hour Performance (%) 2022	71.19%	75.85%	69.64%	67.08%	63.23%	62.65%
Total Attendances 2022	14444	13872	14182	15533	15196	15352
Total Breaches 2022	4162	3350	4306	5114	5587	5734

This measures:
Our objective is to reduce the number of patients experiencing excess waiting times for emergency service. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of their arrival. Delivering against this standard requires cooperation across both the hospital and with partners in the wider health and care system. While the constitutional standard remains at 95%, NHS England has set Trusts a target of consistently seeing 76% of patients within 4 hours by the end of March 24

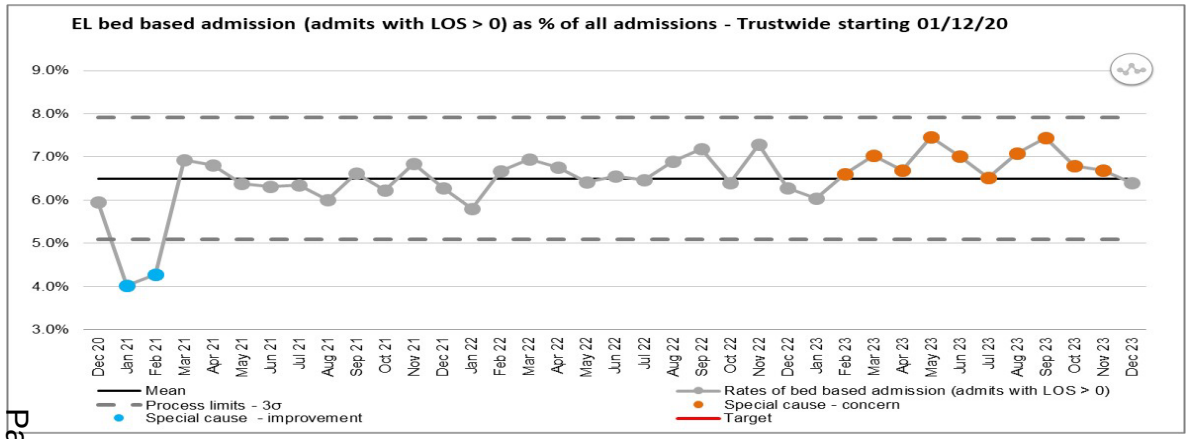
How are we performing:
- In December 66.21% of patients were seen within 4 hours. High daily attendances continue with an average of 399 per day and greater than 400 attendances for over half the month
- ED Minors Unit activity reduced to an average of 79 patients per day in December
- The team achieved the quality performance standard for 29/31 days. Actively pushing to increase use of EDMU and throughput to alleviate main department challenges
- >60 & >30min handover performance show improvement. >60min breaches have significantly reduced in month. Further improvement challenged with decision to admit (DTA) capacity issues

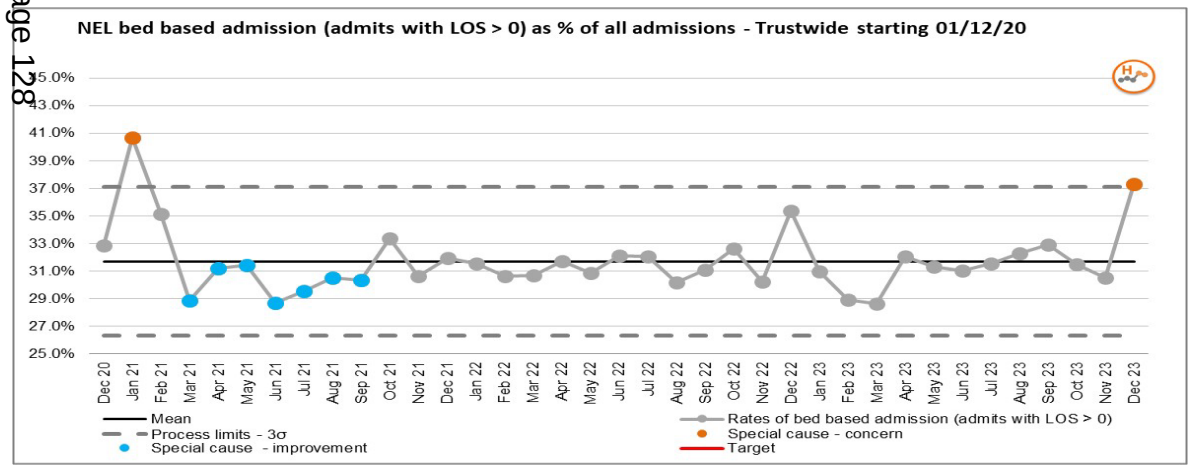
Actions:
- Reading Urgent Care Centre appointment booking via EMIS® fully functioning. With greater focus on utilisation.20% increase of slot utilisation
- ED Triage collaborative work with KPMG to be translated in to workstreams for further improvement opportunities. Triage 2 now open
- Single Point of Access programme continues focus on GP referrals via ED with further roll out planned for January
- Continued focus on streaming patients to Results chairs to relieve pressure in main department.
- Focus on improving ambulance handover times

Risks:
- Significant increase in Mental Health demand as well as incidences of Violence & aggression towards staff
- Significant space constraints of the current ED facility
- Demand continues to grow in excess of population growth and funding
- Dependence on specialties to see referred patients in a timely manner

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce inpatient admissions





% of admissions with Los>0	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Elective	6.5%	7.1%	7.4%	6.8%	6.7%	6.4%
Non-elective	31.6%	32.3%	32.9%	31.5%	30.5%	37.3%

Board Committee: Quality Committee

SRO: Dom Hardy

EL Variation	NEL Variation

Royal Berkshire NHS Foundation Trust

This measures:
Our objective is to reduce the need for patients to be admitted to a hospital bed as we know that unnecessary admission impacts on patient outcomes. We are seeking to progress this through a combination of improving the underling health of our population, working in partnership with community providers to maximise admission avoidance programmes and implementing change to our non-elective and elective pathways such as same day emergency care and day-case procedures.
We are measuring our progress by monitoring the proportion of our elective and non-elective admissions that result in an overnight stay in the hospital and are looking for this metric to decline overtime.

How are we performing:
This metric is a work in progress. There are several factors which require further investigation (e.g. variability of bed numbers (elective/non-elective) and occupancy).

However, volume analysis of the past 12 months shows daycase volume, overnight stays volume, daycase rate (average 85%) and non-elective overnight rate (average 31%) are all relatively stable.

Actions:
- For elective admissions, review GIRFT data as part of Theatres Efficiency programme and ensure day case rates are at optimal levels
- For non-elective admissions, continue to pursue Same Day Emergency Care (SDEC) and virtual hospital work to increase numbers of admissions avoided; and develop a hospital-wide patient flow programme to reduce inpatient length of stay and expedite timely discharge

Risks:
- Theatre utilisation work does not have sufficient impact on increasing day case rates, resulting in more and longer inpatient stays for patients on elective pathways
- Admission avoidance work and patient flow programmes do not sufficient impact on avoiding admissions and reducing length of stay, resulting in high bed occupancy, slow flow, and delays for patients at all stages

Strategic objective: **Cultivate Innovation and Improvement**

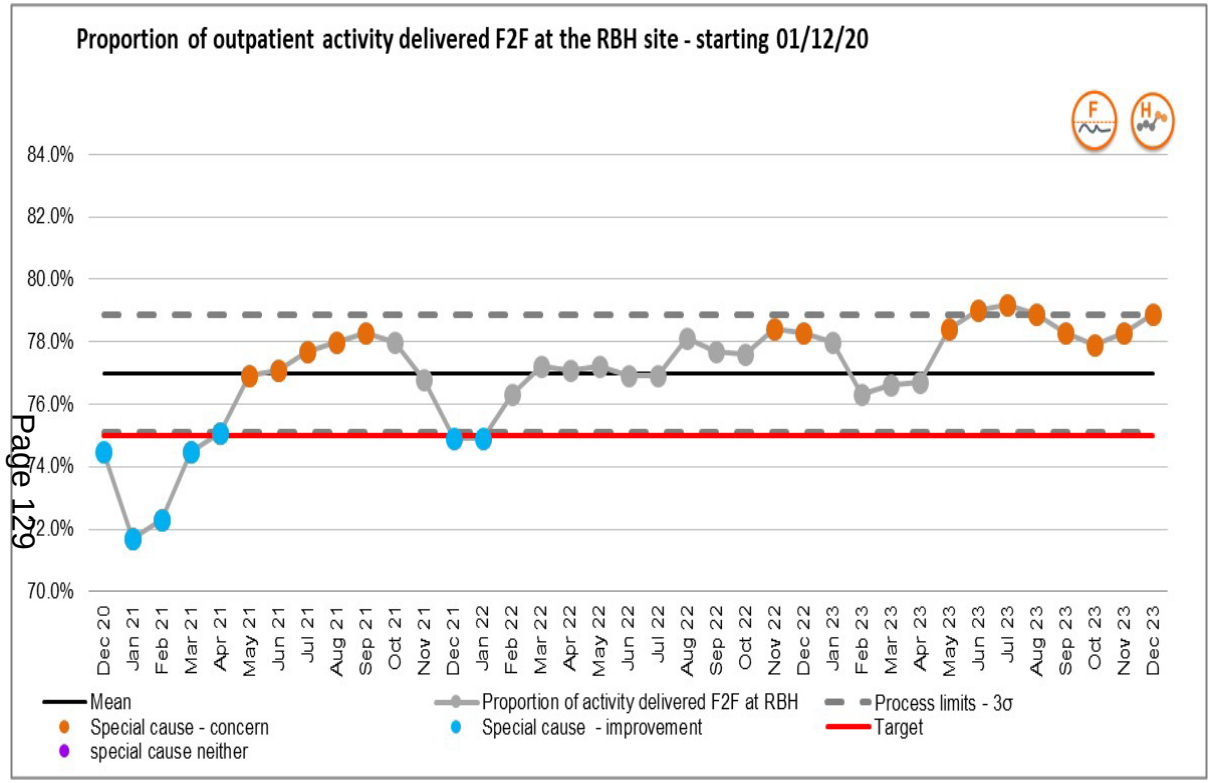
Strategic metric: Increase care closer to home

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
% of all care provided from RBH site	79.2%	78.9%	78.3%	77.9%	78.3%	78.9%

This measures:
Our objective is to deliver as much care as possible at locations close to patients own homes or places of residence. This will in ensure that all our communities benefit from high quality care, we will be able to reduce unnecessary journeys and we will make best use of our digital and built infrastructure.

We are tracking the volume of outpatient care that is delivered face to face (F2F) at the RBH site as we believe that delivery of our clinical services strategy should result in this proportion falling as we take advantage of our investments

How are we performing:
Since 2017 the proportion of the Trust's activity delivered from the RBH site has fallen from 95% to under 80% driven by increased use of our sites in Henley, Bracknell and Newbury and because of an expansion in digital services such as virtual hospital and remote consultations

In December, 78.9% of all contacts in the Trust were delivered face-to-face from the RBH site – a small increase in performance from November and still above the 75% target. In recent (and coming) months, this metric is likely to have been impacted by industrial action.

Actions:
The Executive Management Committee are progressing a range of measures as part of the planning for 24/25 to support the delivery of our clinical services strategy including:

- Progressing Community Diagnostics Centres
- Extending our work with the patient portal
- Space review at Bracknell, Windsor, Henley and Newbury
- Exploring opportunities for MDT delivery with primary care
- Identification of service improvements aligned to our CSS with system partners

Risks:

- Our drive to increase the number of first Outpatient appointments to support delivery of elective waiting times is likely to result in a higher volume of face-to-face activity
- Digital and telephone appointments create additional requirements for clinicians
- Capacity within primary care to support demand for urgent care from patients
- Impact of ongoing Industrial action on activity across the Trust

Strategic objective: **Achieve long-term sustainability**

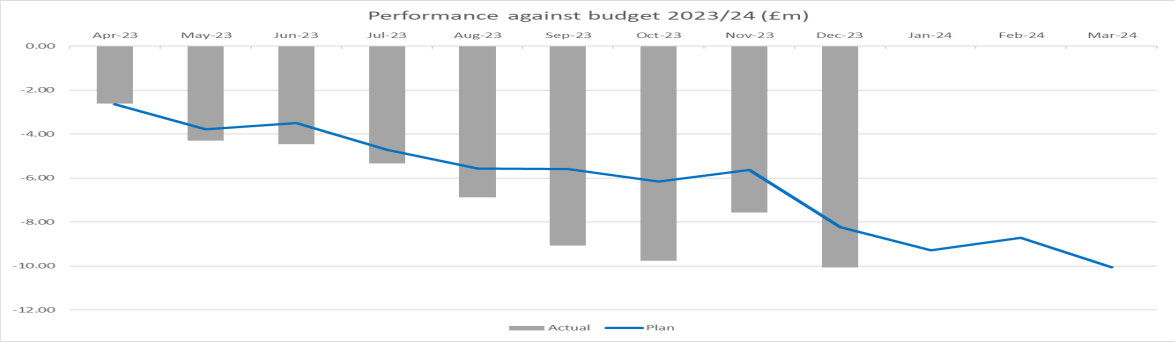
Strategic metric: Trust income & expenditure performance

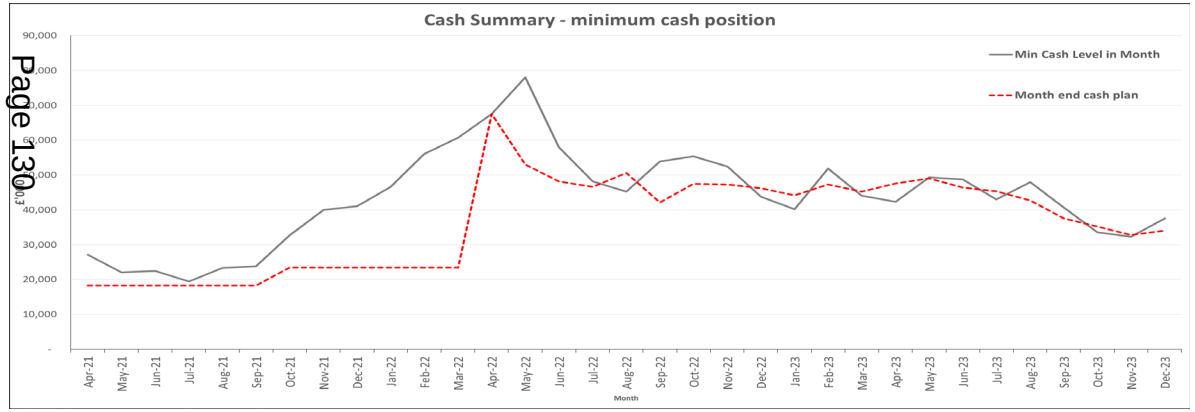
Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust





	Year to date				Full Year
	Actual	Plan	Variance against plan	RAG	Plan
Income (incl pass through)	£449.20m	£434.24m	£14.97m		£579.11m
Pay	£267.94m	£259.44m	-£8.50m		£345.31m
Non Pay (incl pass through)	£185.88m	£176.77m	-£9.11m		£235.53m
Other	£5.09m	£6.25m	£1.16m		£8.32m
Surplus/(Deficit)	-£10.05m	-£8.22m	-£1.83m		-£10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	-£0.01m	£0.00m	-£0.01m		£0.00m
Adjusted Financial Performance (NHSE Plan)	-£10.06m	-£8.22m	-£1.84m		-£10.05m

This measures:
Our objective is to live within our means. We have set a budget of a £10.05m full year 2023/24 deficit as the first step on our return to a break-even position.

How are we performing:
Month 09 YTD, financial performance is a £(10.06)m deficit, £(1.84)m worse than plan. Income is ahead of plan by £14.97m, the variance is primarily driven by £4.77m income from NHSE to cover the impact of industrial action to M07 YTD, the over performance in high-cost drugs £3.28m, in addition, £4.74m is accrued income for the incident (Insurance settlement).

The Pay position is £(8.50)m adverse to plan YTD, this includes the Lighthouse costs of £1.51m (this is offset by income), and the additional cost of industrial action of £1.24m YTD that has been incurred from April to October 2023, and netted off with the income received in M09. In addition, the Trust has incurred £0.17m in December 23 relating to industrial action which is currently unfunded.

Non-Pay costs are £(9.11)m at M09 YTD, after excluding the April power outage costs of £4.71m , Lighthouse cost of £2.16m and £1.63m of pass through drugs (offset by income), the residual net non-pay overspend is £0.61m.

Actions:
- Focus is needed to make run-rate reductions in pay expenditure
- We continue to identify further savings delivery across specific contracts and spend areas
- Workforce controls have been implemented for several months and are ongoing
- We now have identified the £15m of risk adjusted efficiency savings delivery in year, of which £11.30m has been delivered at M09 YTD – further savings are now needed to offset the expenditure running in excess of budget
- The focus is now to identify schemes that are recurrent and could be taken forward to the next financial year 2024/25

Risks:
- Prolonged and further Industrial Action across different staff groups, as well as no resolution yet achieved for Junior Doctors' dispute
- Sourcing further savings to address the YTD overspend and absorb any further spending in excess of budget levels between now and the end of the year

Strategic objective: **Achieve long-term sustainability**

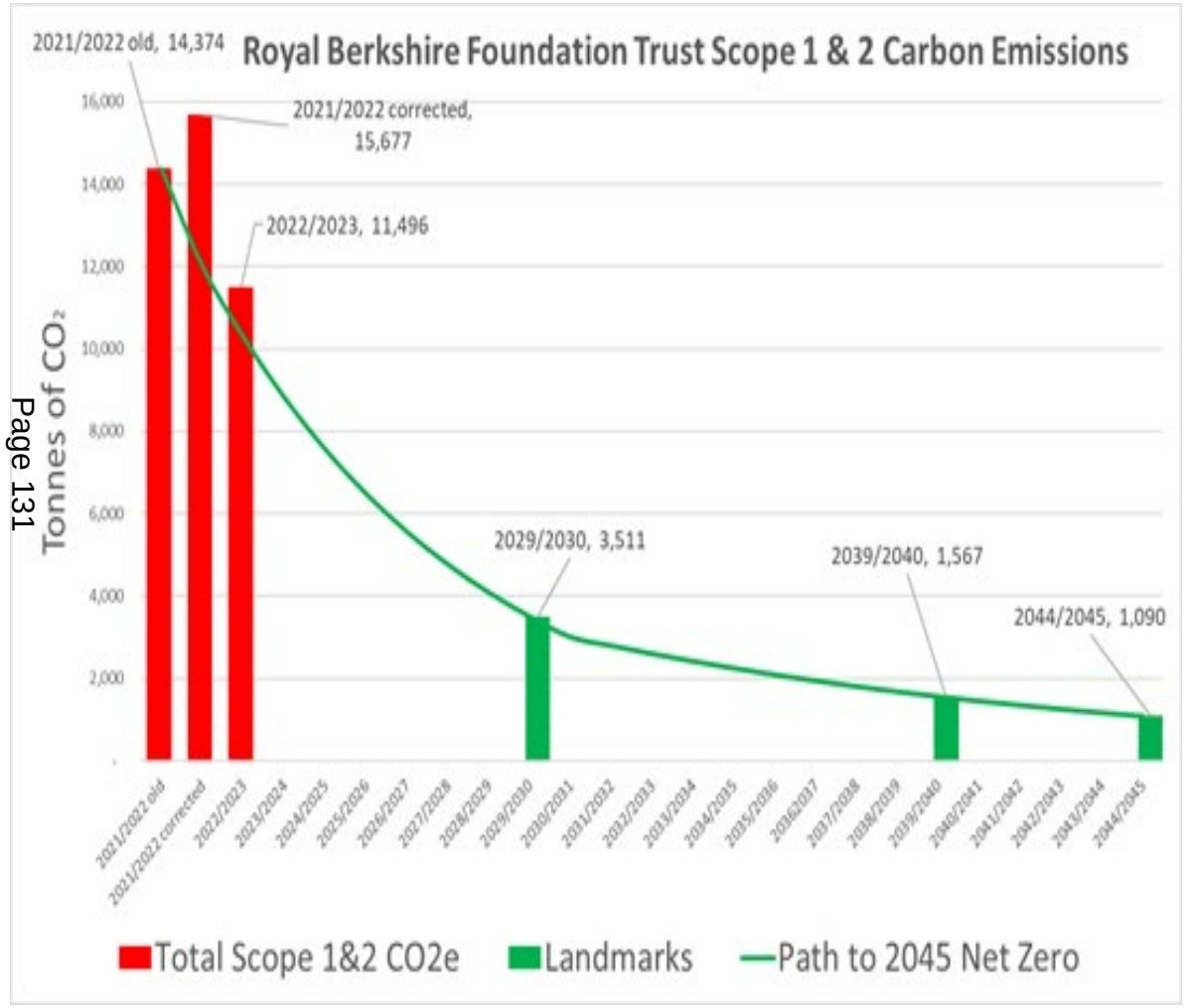
Strategic metric: CO2 emissions

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Validation
P	N/A

Royal Berkshire NHS Foundation Trust



This measures:
Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. We have finalised the 2022/23 full year report and are progressing establishing quarterly in year reporting. We are exploring how we benchmark our performance against other organisations and our own planned trajectory, in conjunction with other organisations across BOB ICS.

How we are performing:
The data for energy use has been collated from the properties owned by the Trust. The total 2022/23 RBFT carbon footprint for scope 1 and 2 emissions (The NHS Carbon Footprint) was calculated as 11,496 tonnes of CO2, compared to the updated, 15,677 tonnes for 2021/2022. These emissions included electricity imported, Energy Centre (main site) and wider Trust estates gas utilisation accounting for Combined Heat and Power (CHP), generators, medical gases; inhalers; refrigerant Fugitive F-Gas and fleet vehicles.

Battle and North Block are now back on mains power, so no longer on generator power fueled by diesel from the power outage from the 23rd April 23 which has adversely impacted on the Trust total Carbon footprint compared to prior years where the majority of power has been generated by the CHP.

Actions:
Executive Management Committee (EMC) has considered a strategic filter of programmes of work for the year ahead and endorsed its support to prioritise supporting our Net Zero Carbon ambition
The CEO has commissioned a proposal for resourcing environmental sustainability work and the Chief Finance Officer (CFO) is progressing this ahead of Q4

Risks:
- Lack of in year reporting poses a risk on certainty as to achievement of our Green Plan
- Achievement at pace of major net zero actions requires investment
- Dedicated PMO resource is required to continue momentum and funding for this is not yet secured

Breakthrough Priorities

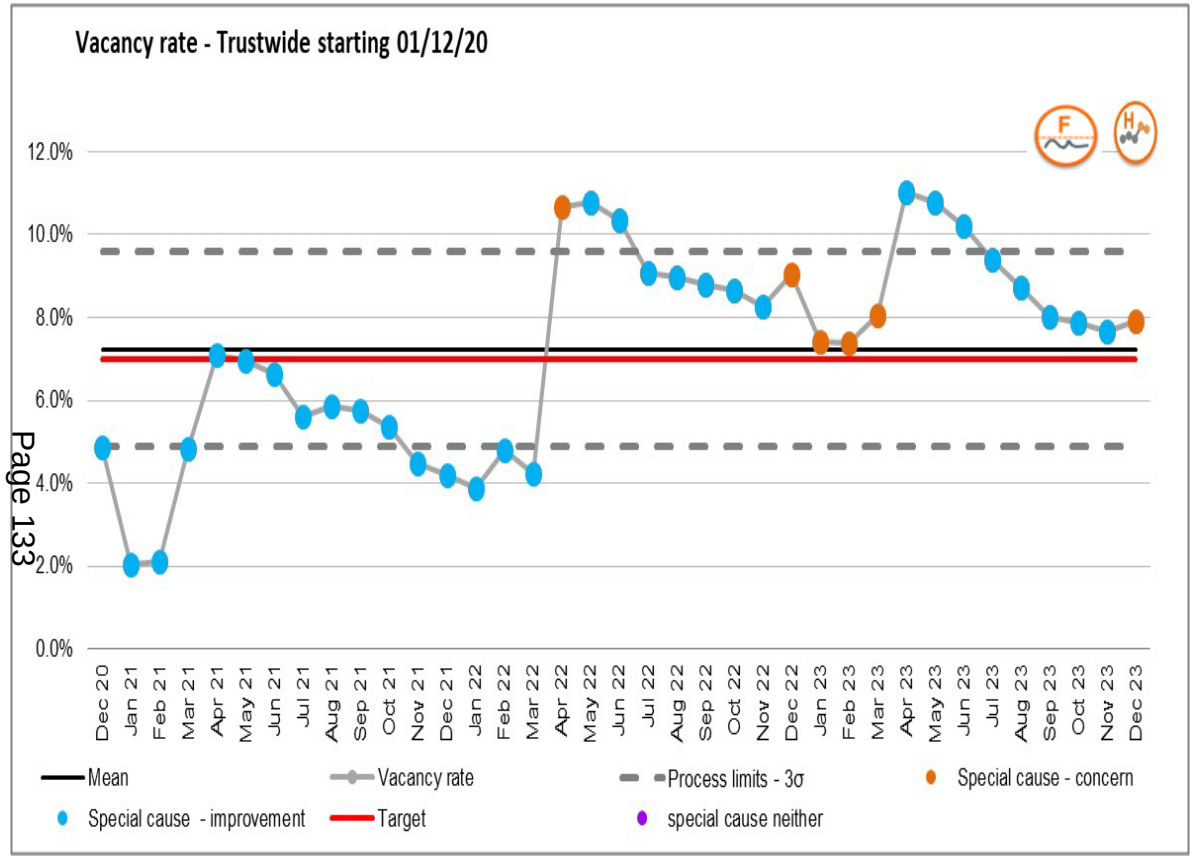
Breakthrough priority metric:
Vacancy rate

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Trust Performance	9.38%	8.74%	8.03%	7.86%	7.67%	7.91%

**please note*: *there was an increase in establishment between FYs 21/22 & 22/23 which is why there is a significant increase in the vacancy rate from March 22 to April 23*

This metric measures:
We are seeking to make significant inroads into our vacancy rate as we know that having substantive staff in role will provide quality and financial benefits across the organisation. We are tracking our progress by monitoring the unfilled substantive full time equivalent (FTE) as a percentage of the total staffing budgeted FTE.

- **How are we performing:**
- 73 vacancies went to advert, a total of 112 candidates were shortlisted for interviews
- 101 offers were made across the Trust through domestic recruitment
- No internationally recruited nurses were on boarded in December the final 25 of the 2023/24 cohort will arrive in Q4
- December has shown a slight increase caused by increase in WTE due to winter pressures

- **Actions:**
- Work to align ESR to Budgets discussed and workplan being drawn up between Finance and Workforce Information teams
- Work has started to align TRAC with current vacancies underway using Care Group trackers initially working with Directors of Nursing (DONs) due to discrepancy in budgets and ESR
- Discussions to look at recruitment processes and capacity/capability of recruitment team supported by the Transformation Team – work to commence January 2024
- Incentive Payment Guidance has been drafted and shared with Care Groups to be discussed at January Operational Management Team (OMT)
- Formal escalation process now in place for placement of internationally recruited staff to meet the Trust's pastoral requirements
- Review of HCA pipeline – waiting list has been cleansed 20 waiting to be placed. Wards continue to place individual adverts to be discussed at January R&R Meeting
- Nursing Open Days for 2024 arranged starting in March 2024
- Hot spot areas to be highlighted to focus on in 2024 – People & Change Partner (PCPs) and Retention Team

- **Risks:**
- Environmental factors – High cost of living
- Neighbouring Trusts paying incentives for specialist roles and High Cost Area Allowance (HCA) payments making moves to RBHFT less attractive

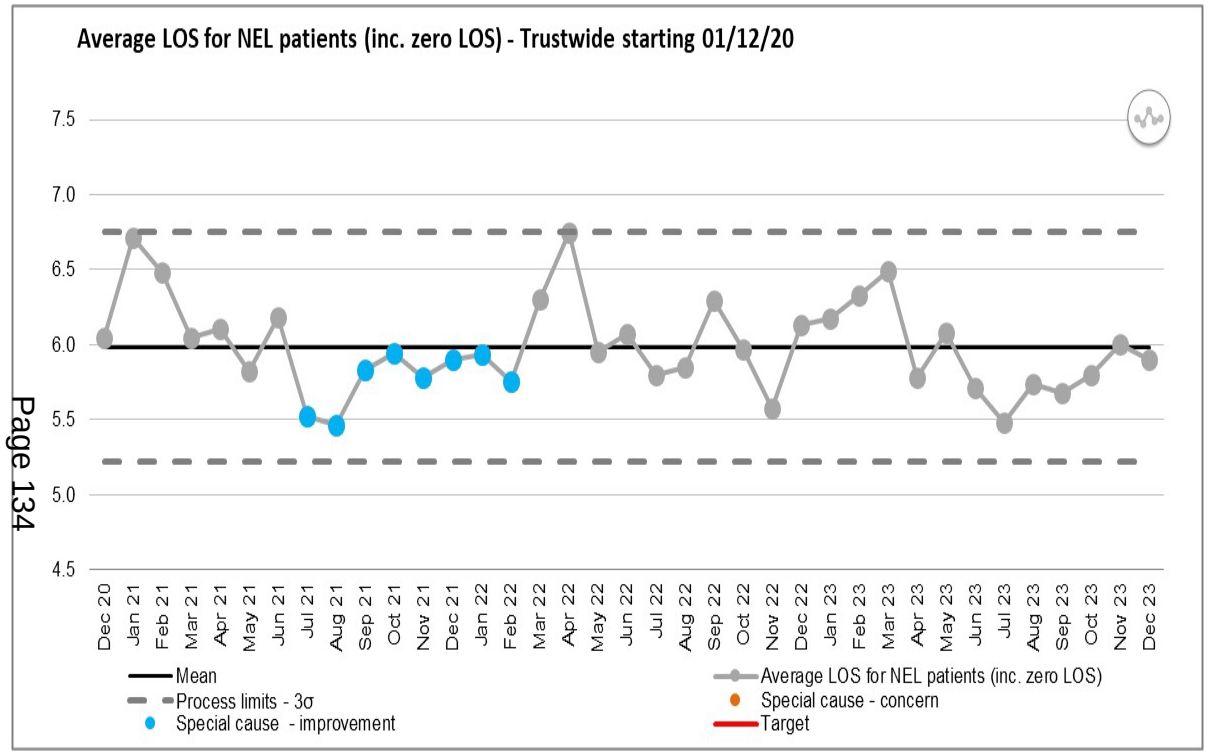
Breakthrough priority metric:
Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Ave LOS for NEL patients (inc. zero LOS	5.5	5.7	5.7	5.8	6.0	5.9

This metric measures:

Our objective is to reduce the average Length of Stay (LOS) for non-elective patients to:

- Maximise the use of our limited bed base for the patients that need it most
- Reduce the harm caused to patients due to unwarranted longer stays in hospital, including from infection
- Positively impact ambulance handover times and Emergency Department performance
- Minimise the costs associated with excess stays in hospital beyond what is clinically appropriate

How are we performing:

- Following a recent increase, the LOS for non-elective patients has reduced to 5.9 days on average. This is a return to pre-COVID norms
- This recent change is driven primarily by an increased number of patients with a short stay of 1-2 days.

Actions:

A holistic patient flow programme is underway, involving various workstreams to tackle the key elements of the pathway including:

- Minimising admission rates and unwarranted variation
- Reducing unnecessary moves between the wards
- Improving processes that facilitate discharge, through training days and communications
- Identifying and tackling the cultural changes required to support effective patient flow

Risks:

- Patient flow is impacted by many factors that are difficult to control and this means that while progress can be made it does not always result in observable change to the metric
- It will take time to embed any changes to patient flow which can then be sustained for the long term. The risk is therefore a loss of momentum and motivation from wider teams
- There are a wide variety of stakeholders to bring on board with this project and the capacity of the team is limited. The challenging aim is for Trust-wide changes in culture and practice

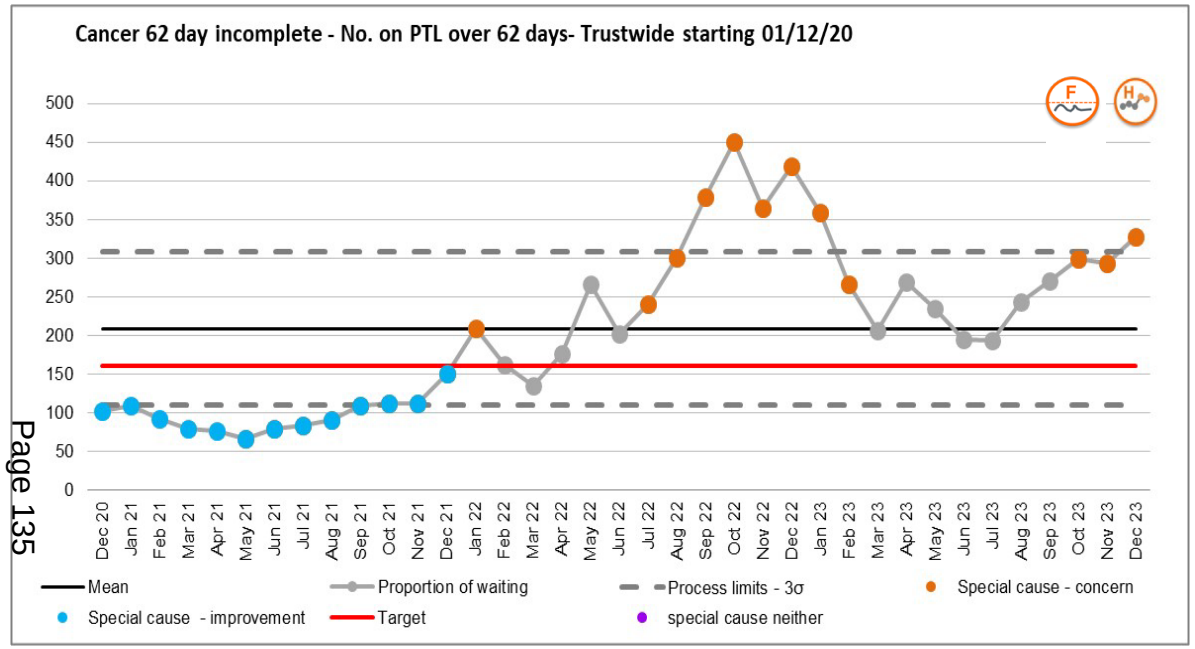
Breakthrough Priority metric:
Reduce 62 days cancer waits

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



This measures:
We have identified our cancer waits as a breakthrough priority because of the underlying performance challenges in this areas and the impact on patient care delays to this pathway can cause. We are tracking our progress by measuring the total number of patients on an incomplete cancer patient tracking list (PTL) waiting >62 days. This is also the principal metric NHS England are using nationally and the target is 161 patients by March 2024. We are also tracking the proportion of patients treated within 62 days. The national target is 85%

How are we performing:
- In Nov, 69% of patients on a cancer pathway were treated within 62days (85% standard)
- Dec performance is un-validated at 70%
- The total number of patients on the PTL >62 days is very high, predominantly within skin, gynae and gastro (100, 102 & 141 patients respectively, cum. 75% of the total >62)
- Overall PTL size has increased following the Cancer Waiting Times (CWT) updated guidance as reported to the board last month. (impact c. 90 pathways)
- 31 day is unlikely to pass with several additional lists via the Risk assessed targeted initiatives (RATI) process coming on stream which will address backlog but will result in more breaches in Jan and Feb
- Skin and gastro are largely driving poor cancer performance across Thames Valley Cancer Alliance (TVCA) in Swindon, Buckinghamshire and Oxford too

	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Trust Performance	75.10%	70.70%	62.00%	63.90%	69.10%	70.10%
Total Cancer PTL list	2325	2379	2377	2451	2219	2207
No. on PTL > 62 days	194	244	270	299	294	327
Incomplete - % on PTL over 62 days	8.3	10.3	11.6	12.2	13.2	14.8
Cancer 28 day Faster Diagnosis	78.1	79.9	75.2	74.8	75.7	77.5

Actions:
- Insourcing capacity in Gastrointestinal (GI) and urology
- RATI process in place – additional activity agreed for skin, gynae, GI and urology
- 2ww demand tool developed and shared to inform business planning
- Head and Neck (H&N) one stop US is live to help meet the 28 day target
- New Cancer Action Group (CAG) process started 16th Jan following the process review and feedback from teams/fishbone review
- Exploring locum support in skin and additional OUH capacity for plastics

Risks:
- RATI process seems to have traction, may not have sufficient funds to meet all needs
- Funding from TVCA is non-recurrent and will add pressure to budgets next year
- Limited recovery after industrial action within skin and gynaecology particularly

Breakthrough Priority metric:
Living within our means - Delivery of £15m efficiency target

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
	

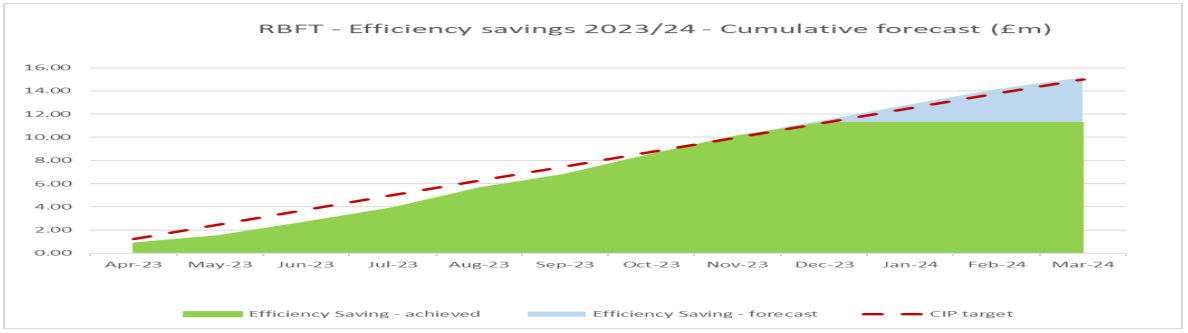
Royal Berkshire NHS Foundation Trust

Efficiency saving by Care Group - £m

Area	Target	Full year	In year	Risk adjusted	Gap	M01 planned £m	M02 Planned £m	M03 Planned £m	M04 Planned £m	M05 Planned £m	M06 Planned £m	M07 Planned £m	M08 Planned £m	M09 Planned £m	M01 actual £m	M02 actual £m	M03 actual £m	M04 actual £m	M05 actual £m	M06 actual £m	M07 actual £m	M08 actual £m	M09 actual £m	YTD_M09 delivered
Urgent Care	4.14	5.38	5.05	4.00	(0.14)	0.27	0.27	0.26	0.30	0.31	0.32	0.32	0.32	0.32	0.29	0.18	0.51	0.35	0.47	0.23	0.15	0.56	0.12	2.86
Planned Care	4.53	4.34	3.94	3.31	(1.22)	0.09	0.10	0.21	0.47	0.25	0.24	0.23	0.19	0.18	0.09	0.09	0.21	0.46	0.28	0.38	0.55	0.34	0.38	2.78
Networked Care	3.70	2.25	2.09	1.75	(1.95)	0.08	0.08	0.08	0.26	0.08	0.14	0.14	0.14	0.14	0.08	0.12	0.08	0.28	0.08	0.11	0.16	0.09	0.06	1.07
CEO	0.09	0.06	0.05	0.05	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	- 0.01	0.01	0.00	0.00	0.01	-	-	0.01	0.02
COO	0.01	0.01	0.01	0.01	0.00	-	-	-	-	-	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	-
CMO	0.08	0.44	0.44	0.31	0.23	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.02	0.02	-	-	-	-	0.03	-	0.14	0.02	0.07	0.26
CNO	0.22	0.42	0.42	0.18	(0.04)	-	-	-	-	-	-	-	-	0.14	-	-	-	-	-	-	-	-	0.14	0.14
Estates and Facilities	1.02	1.52	1.47	1.13	0.11	0.06	0.06	0.07	0.05	0.17	0.09	0.09	0.09	0.09	0.07	0.06	0.09	0.05	0.20	0.18	0.16	0.08	0.04	0.93
IM&T	0.64	1.09	0.91	0.96	0.32	0.02	0.02	0.02	0.02	0.17	0.04	0.04	0.04	0.04	0.05	0.02	0.02	0.01	0.25	0.05	0.15	0.08	0.07	0.70
Finance	0.17	0.27	0.22	0.16	(0.01)	0.02	0.01	0.00	0.00	-	0.01	0.02	0.02	0.02	0.02	0.01	-	-	-	-	-	-	-	0.03
CPO	0.17	0.22	0.20	0.20	0.03	0.00	0.00	0.00	0.01	0.01	0.03	0.03	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.02	0.14	0.03	0.04	0.25
Strategy & Transformation	0.07	0.31	0.31	0.24	0.17	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.02	0.02	0.01	0.01	0.01	0.01	0.00	0.01	0.08	0.01	0.01	0.16
R&D	0.06	0.29	0.24	0.24	0.18	0.06	-	-	-	0.13	-	-	-	-	0.06	-	-	-	0.13	-	-	-	-	0.19
Trustwide	0.10	4.28	4.37	2.44	2.34	0.02	0.02	0.15	0.14	0.25	0.26	0.25	0.25	0.25	0.19	0.17	0.16	0.03	0.24	0.05	0.12	0.31	0.06	1.31
Travel and Transport	-	0.42	0.34	0.11	0.11	-	-	-	-	0.01	0.01	0.01	0.01	0.01	-	-	-	-	-	0.03	-	-	-	0.03
Other procurement				0.04							-	-	-		0.01	0.02	0.08	0.03	0.03	0.08	0.08	0.10	0.15	0.57
Total	15.00	21.29	20.05	15.13	0.09	0.67	0.62	0.86	1.30	1.44	1.21	1.17	1.13	1.27	0.88	0.68	1.16	1.23	1.70	1.16	1.75	1.61	1.14	11.30

Efficiency saving by Care Group - £m

Area	Risk adjusted	YTD_M09 delivered	M10 forecast £m	M11 forecast £m	M12 forecast £m	Total forecast £m
Urgent Care	4.00	2.86	0.27	0.27	0.26	0.79
Planned Care	3.31	2.78	0.01	0.05	- 0.31	- 0.24
Networked Care	1.75	1.07	0.13	0.13	0.16	0.43
CEO	0.05	0.02	0.01	0.01	0.01	0.03
COO	0.01	-	-	-	0.01	0.01
CMO	0.31	0.26	0.02	0.02	0.01	0.05
CNO	0.18	0.14	0.01	0.01	0.02	0.04
Estates and Facilities	1.13	0.93	0.08	0.08	0.03	0.19
IM&T	0.96	0.70	0.02	- 0.09	0.02	- 0.05
Finance	0.16	0.03	0.02	0.02	0.07	0.10
CPO	0.20	0.25	0.02	0.02	- 0.09	- 0.05
Strategy & Transformation	0.24	0.16	0.03	0.03	- 0.01	0.05
R&D	0.24	0.19	-	-	0.05	0.05
Trustwide	2.44	1.31	0.28	0.28	0.33	0.89
Travel and Transport	0.11	0.03	0.03	0.03	0.03	0.08
Other procurement	0.04	0.57	0.44	0.44	0.44	1.33
Total	15.13	11.30	1.37	1.30	1.03	3.70



This measures:
Our objective is to live within our means, in order to achieve this objective, the Trust has set an efficiency target of £15m for the financial year 2023/24.

How are we performing:
The plan is to deliver £15m of cash releasing efficiency savings in 2023/24, of which £21.29m is so far identified for the full year and £20.05m of in year effect. We have risk assessed this at £15.13m, £11.30m has been delivered in YTD M09, compared to straight line phased plan of £11.25m..

Actions: .
- Scheme leads continue to work on additional programmes to improve the In year and risk assessed values
- The focus has shifted to identifying recurrent schemes to deliver impact in 2024/25
- While we have identified the financial level of savings required to meet the assumptions of our 2023/24 plan, these to date have been largely opportunistic/one off savings achieved by mechanisms such as holding or delaying filling vacancies. We are working with budget holders to explore how these savings can be sustained into the following financial year and beyond through permanent workforce/transformation redesign

Risks:
- Given the level of overspend at month 9 YTD, there is a requirement to recover the 2023/24 financial position to achieve the £10.05m deficit plan
- Developing recurrent savings to underpin 2024/25 budgets is an area of focused

Watch Metrics

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 127 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

Should a metric exceed its process controls we undertake a check to determine whether further investigation is necessary and consider whether a focus should be given to the metric at our performance meetings with teams.

If a metric be significantly elevated for a prolonged period of time we may determine that the appropriate course of action is to include it within the strategic metrics for a period.

Alerting Metrics December 2023:

In the last month 20 of the 127 metrics exceeded their process controls. These are set out in the table opposite.

A number of the alerting relate to the operational pressures experienced in the Trust and the focus being given to enhancing flow and addressing diagnostic and cancer performance is expected to have impact on these metrics as well as the strategic metrics covered in the report above, this includes those relating to cancer, stroke and mixed sex accommodation.

Other alerting metrics are aligned to strategic metrics including patient experience, delivery of OP by telephone or digital and financial performance.

A final set relate to mandatory training and appraisal completion. In addition to the focus on recruitment, the Trust has put in place a number of interventions to support improvement action in this area.

For this month there are 2 new alerting metrics:
- Abuse/V&A (Patient to Staff)
- Conflict Resolution

Provide the highest quality of care for all

- VTE inpatient compliance
- Never Events
- Ecoli
- Mixed sex accommodation breaches
- FFT Response – OPA
- Abuse/V&A (Patient to Staff)
- Conflict Resolution
- FFT Response – Maternity

Invest in our staff and live out or values

- Ethnicity progression disparity ratio
- Rolling 12 month sickness absence
- Appraisal rates

Deliver in Partnership

- 12 hrs from arrival in ED
- Ambulatory care NEL admissions
- % of patients seen by a stroke consultant within 14 hours of admission
- % patients with high TIA risk treated within 24 hours
- Cancer 2 week wait: cancer suspected
- Cancer Incomplete 104 day waits

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

- Pay Cost vs Budget
- Non Achievement of Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice

Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Never Events			0		1	1	1	1
Patient Safety incidents/100 admissions		F	7.00%		10.06%	10.82%	11.59%	10.99%
Pressure ulcer incidence per 1000 bed days	L	P	1.00		0.09	0.00	0.10	0.09
Category 2 avoidable pressure ulcers			5		4	13	2	2
Category 3 or 4 avoidable pressure ulcers (SI)			0		0	0	0	0
Patient Falls per 1 000 bed days			5.00		4.01	4.91	3.04	4.36
Patient falls resulting in harm (SI) avoidable			-		0	1	0	1
No. of DOLS applications applied for			-		16	35	24	21
No. of detentions under the MH act to RBH			-		5	2	2	6
% of staff: Safeguarding children L1 training	H	P	90.00%		94.40%	95.10%	95.20%	94.70%
No. of child safeguarding concerns by the Trust			-		116	100	121	119
No. of adult safeguarding concerns by the Trust			-		29	33	30	24
No. of safeguarding concerns against the Trust			-		0	2	3	7
Unborn babies on child protection (CP) / child in need plans (CIP)	H		-		44	54	41	34
C.Diff (Cumulative)		P	44		24	28	31	33
C.Diff lapses in care			-		0	1	1	1
MRSA	L		0		0	0	0	0
Ecoli (trust acquired) infections			-		6	11	12	12
Ecoli (trust acquired) infections (Cumulative)	H		92		80	91	99	85
MSSA surveillance (trust acquired)			-		5	4	3	2
Hand Hygiene			-		97.67%	97.02%	96.39%	
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance		F	95.00%		81.00%	Arrears	Arrears	
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions		F	0		1	Arrears	Arrears	

Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
No. of compliments			-		35	50	36	23
FFT Satisfaction Rates Inpatients: i.Inpatients	H	?	99%		98%	96%	96%	99%
FFT Satisfaction Rates Inpatients: ii.ED		?	99%		81%	79%	81%	80%
FFT Satisfaction Rates Inpatients: iii.OPA	L	F	99%		95%	95%	95%	95%
Mixed sex accommodation - breaches	H	?	0		366	363	256	410
Crude mortality	L		-		1.40	1.50	1.60	2.20
HSMR	L		-		Arrears	Arrears	Arrears	87.0
SMR	L		-		Arrears	Arrears	Arrears	87.7
SHMI	L		-		Arrears	Arrears	Arrears	0.97
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes		?	97%		93%	94%	Arrears	92%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes		?	86%		57%	73%	Arrears	64%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes		?	82%		71%	87%	Arrears	73%

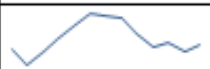
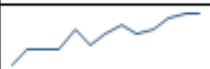
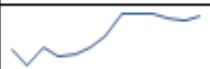
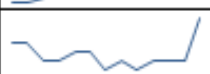
Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
RIDDOR reportable Incidents			-		0	1	0	0
Abuse/V&A (Patient to staff)			-		43	66	61	59
Body fluid exposure/needle stick injury			-		15	28	20	14
Environment Related Incidents			-		12	25	24	15
Manual Handling non patient every 3 years	H	?	90%		92%	93%	95%	91%
Conflict Resolution	H	F	90%		88%	87%	88%	87%
Fire (Annual)	H	F	90%		91%	92%	92%	88%
Nursing and AHP Manual handling training every 3 years		?	90%		89%	89%	90%	85%
Doctors manual handling training every 3 years	H	F	90%		92%	93%	95%	55%
Health and Safety Training	H		-		95%	95%	95%	92%
Slips and Trips			-		1	1	6	3
Musculoskeletal - Inanimate object	L		-		3	2	2	2
Total non clinical incidents reported	H		-		285	222	284	266

Strategic Objective: **Provide the highest quality care for all**

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
FFT Satisfaction Maternity			99.0%		86.5%	87.2%	95.0%	99.0%
FFT Response Maternity		F	50.0%		4.0%	6.0%	4.0%	6.2%
Complaints - % response in 25 days			78.0%		25.0%		33.0%	100.0%
Number of Serious Incidents in the Maternity Service			1		0	2	1	0
% bookings with ethnicity documented / recorded			-		86.1%	91.7%	100.0%	99.2%
% women with a documented CO result at booking	H		95.0%		91.2%	90.0%	89.2%	81.7%
% women with a documented CO result at 34-36 weeks			95.0%		87.2%	92.0%	91.0%	96.9%
% of pre-term (less than 34+0),singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth			80.0%		100.0%	33.0%	0.0%	16.6%
Post Partum haemorrhage>1500mls			3.5%		2.6%	3.3%	3.3%	3.0%
Percentage of term babies admitted to Neonatal Unit			5.0%		4.0%	5.2%	Arrears	5.2%
Percentage of Perinatal Deaths			0.5%		0.2%	0.4%	0.4%	0.4%
Number of occasions MLU service suspended for 4 hours or more			-		28	21	13	25
Midwifery staffing vacancy rate	L		-		10.1%	8.5%	7.5%	14.4%
Midwifery staffing turnover	L		14.0%		8.1%	8.9%	8.1%	14.1%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		95.9%	91.2%	93.2%	95.1%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		81.4%	89.5%	93.5%	98.1%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT			90.0%		85.7%	73.7%	81.8%	94.5%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT	L	P	90.0%		94.2%	90.9%	91.1%	97.9%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT	H	F	90.0%		92.6%	85.7%	86.8%	92.7%

Strategic Objective: **Invest in our people and live out our values**

Watch metrics:

SRO: Don Fairley

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Ethnicity Progression Disparity ratio between middle and upper pay bands		F	1.66		1.95	1.98	1.99	
Stability rates %	H		-		84.4%	84.1%	99.0%	81.8%
Rolling 12 month Sickness absence	L	F	3.3%		3.5%	3.5%	Arrears	4.3%
% Fill rate of Registered Nurse Shifts (RN)		P	90.0%		98.0%	100.1%	99.2%	96.9%
% Fill rate of Care Support Worker Shifts (CSW)	H	?	90.0%		102.3%	115.2%	111.8%	95.7%
Completed Mandatory Training	H	?	90.0%		92.3%	91.4%	92.8%	89.0%
Appraisals	H	F	90.0%		81.7%	83.5%	87.5%	78.4%
Nurse Staffing Red Flags			-		64	55	43	59

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
12 hours from arrival in ED (%)	H	?	2%		5%	5%	6%	4%
12hr DTA (Trolley Waits)			-		0	0	0	0
Percent of Ambulatory Care of Non elective Admissions	L		-		1.0%	0.5%	0.5%	2.3%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)			-		6.7	6.5	6.0	6.6
Urgent Operations Cancelled 2nd time			-		0	0	0	0
Fractured Neck of Femur: Surg in 36 hours		?	75.0%		62.0%	Arrears	Arrears	40.4%
Seen by Stroke Consultant within 14 hours		F	95.0%		52.0%	52.0%	54.0%	65.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	L	?	90.0%		67.0%	61.0%	53.0%	63.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival		P	90.0%		100.0%	100.0%	100.0%	96.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)		?	80.0%		92.0%	85.0%	80.0%	87.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)	L	F	90.0%		17.0%	19.0%	14.0%	30.0%
Average Length of Stay (LOS) from admission to discharge (days)		?	14		17	8	16	14
Door to needle time <60mins		?	95.0%		83.0%	92.0%	100.0%	100.0%
No. of weekend discharges		?	783		546	516	680	545
Rate of Emergency readmissions within 30 days of discharge	L		-		Arears	Arears	Arrears	16.1
Rate of Emergency readmissions within 30 days of discharge - Paediatrics (<16ys)	H		-		Arears	Arears	Arrears	9.8
Rate of Emergency readmissions within 30 days of discharge - Adults (16yrs+)	L		-		Arears	Arears	Arrears	17.4

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Cancer 2 week wait: cancer suspected	L	?	93.0%		61.3%	60.8%	66.3%	92.4%
Cancer 2 week wait: breast patients		?	93.0%		98.0%	98.3%	96.6%	100.0%
Cancer 31 day wait: to first treatment		?	96.0%		90.2%	91.5%	98.8%	97.1%
Cancer 31 day wait: drug treatments	L	?	98.0%		100.0%	98.0%	95.5%	100.0%
Cancer 31 day wait: surgery	L	?	94.0%		81.0%	90.2%	71.8%	85.7%
Cancer 31 day wait: radiotherapy		?	94.0%		95.5%	94.7%	96.3%	87.1%
62 day consultant upgrade: all cancers			-		74.1%	73.8%	79.7%	77.3%
62 Day screen Ref		?	80.0%		54.5%	79.5%	91.7%	73.3%
Incomplete 104 day waits	H	F	0		118	91	120	93

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Cancelled Ops not re-scheduled < 28 days (%)		P	5%		0%	0%	0%	0%
% OP appointments done virtually	L		-		22.1%	21.6%	21.1%	21.9%
New to follow up ratio	H		-		1.9	1.9	2.1	1.9
Number of OPPROC			-		9410	9721	7325	7454
Number of MDT OP			-		719	717	529	
Clinic room utilisation (esp utilisation at non RBH sites)			-		35%	36%	29%	
Number of PIs			-		89	96	100	50
Number of active research trials			-		104	111	118	98
Number of projects supported by HIP			-		54	54	54	50

Strategic Objective: **Achieve long-term sustainability**

Watch metrics

SRO: Nicky Lloyd

NHS
Royal Berkshire
NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Pay cost vs Budget (£m)			-		-0.39	-1.77	-1.11	-0.53
Non pay cost vs Budget (£m)			-		-1.31	-1.20	-1.58	-1.82
Income vs Plan (£m)			-		1.48	4.54	2.74	0.49
Daycase actual vs Plan (£m)			-		-0.13	0.18	-0.23	-0.16
Elective actual vs Plan (£m)			-		-0.21	0.16	0.06	0.01
Outpatients actual vs Plan (£m)			-		0.25	0.60	-0.51	-0.23
Non-elective actual vs plan (£m)			-		-0.52	-0.26	0.48	1.04
A&E actual vs plan (£m)			-		0.14	0.21	-0.12	0.84
Drugs & devices actual vs plan (£m)			-		0.12	0.27	0.07	0.51
Other patient income (£m)	H		-		0.14	0.25	0.12	-0.15
Delivery of capital programme (£m)	L		-		2.25	2.29	1.22	1.32
Cash position (£m)			-		33.58	32.29	37.89	43.81
Agency spend % of total staff cost (%)	L		-		2.2%	2.2%	2.2%	4.0%
Creditors (£m)			-		-72.60	-72.83	-75.15	-74.48
Debtors (£m)			-		24.09	26.64	24.15	16.22
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD		F	95.00%		57.45%	58.40%	58.30%	
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month	H	F	95.00%		65.72%	66.45%	56.80%	

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Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Health and Wellbeing Board update

March 2024

BOB ICB Board Meeting

BOB ICB Primary Care Strategy

NHS Industrial Action

Vaccination programme

1. ICB Board Meeting

BOB ICB board meeting 19 March 2024; Board papers and reports are/will be on the BOB ICB website

2. BOB ICB Primary Care Strategy

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) published its draft Primary Care Strategy which highlights ambitions for the future of general practice, community pharmacy, optometry (eye care) and dentistry across BOB.

Stakeholders, patients and the wider public were invited to share their views via an online survey at: https://yourvoicebob-icb.uk.engagementhq.com/primary-care-strategy – to help further inform and shape these plans. The survey closed on 29 February 2024. Focus groups, webinars and face-to-face meetings with a wide variety of stakeholders have also taken place over the last four months

A report on the public involvement will be developed and made available in April 2024.

Alongside this, engagement has been going on with primary care providers and NHS partner Trusts.

The final strategy will go to the ICB Board for agreement in May 2024.

The draft strategy outlines three priorities to help deliver the ICB ambitions:

1. to improve access so patients get the right support first time to manage their health and wellbeing;
2. to develop proactive and personalised community care for patients with complex health needs;
3. to prevent ill health by using and sharing data with our partners about the health needs of local communities.

To help deliver these priorities we are proposing to further develop the following services:

- Non-complex same day care
- Integrated Neighbourhood Teams
- Cardiovascular Disease Prevention

Non-complex same day care
Primary care will better manage patients who require same day support; but whose conditions are not complex. The aim is to improve the patient experience as they get the support they need promptly. This will be achieved by triaging patients more efficiently with an initial contact made with the right health service or professional. This way of working will allow GPs to focus on patients with more complex needs (having more than one health condition).

Integrated Neighbourhood Teams
GPs will work with multi-disciplinary teams in the community made up of hospital consultants, district and community nurses supported by care navigators, physiotherapists and the voluntary sector to provide personalised, proactive care to patients with more than one health condition (complex) such as frail elderly people.

Cardiovascular Disease (CVD) Prevention
Primary care will work with health and care partners to reduce the risk of patients developing CVD by tackling smoking, obesity and high blood pressure. CVD is one of the most common causes of ongoing ill-health and deaths across the ICB leading to heart attack and strokes. This approach will rely on using and sharing data (Population Health Management) between partners to understand better the health needs of our local communities.

3. NHS industrial action

Junior doctors undertook their 10th period of industrial action from 24 - 29 February. All local trusts across Buckinghamshire, Oxfordshire and Berkshire West were affected.

The ICB worked closely with partners across the NHS and care sector during the strikes to ensure services remained safe.

We prioritised resources to protect emergency treatment, critical care, neonatal care, maternity, and trauma, and ensured priority for patients who had waited the longest for elective care and cancer surgery.

Unfortunately, some appointments and procedures were re-scheduled and patients were informed. During the period of industrial action from 24 – 29 February 2024 inclusive, a total of 2,641 outpatients, 341 inpatients and day cases, and five community appointments were

rescheduled across the system. The NHS trusts across BOB are working to see patients and service users as quickly as possible.

4. Vaccination programme – measles and Covid-19

With the rise in measles cases across the country, data shows that one in five children who catch the virus will need to visit hospital. BOB ICB is working to encourage anyone unsure of their MMR vaccine status or that of their child to check with their GP surgery.

For children, one dose is usually given at one year old, and the second dose given at three years, four months. Two doses are needed for maximum protection.

Anyone older who may have missed out for any reason is also being encouraged to catch up with routine vaccines as soon as possible, including those people:

- planning a pregnancy
- travelling abroad
- starting college or university
- frontline health and care staff
- anyone born between 1970 and 1979, as they may have only been vaccinated against measles
- born between 1980 and 1990, as they may not be protected against mumps

The BOB ICB Stay Well page has information on flu and other routine vaccines: Immunisation and vaccination - Stay Well (staywell-bob.nhs.uk)

In addition, the Covid-19 Spring Booster campaign is expected to start in mid-April for the following cohorts:

- adults aged 75 years and over
- residents in care homes for older adults
- individuals aged 6 months and over who are immunosuppressed

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	15 March 2024
Title	Berkshire West GP Leadership Group – 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 GP Leadership Group 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 it be noted that the Berkshire West GP Leadership Group 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 GP Leadership Group (BWGPLG) 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 1.** 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.

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 GP Leadership Group (BWGPLG) 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 GP Leadership Group (BWGPLG) 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 BWGPLG 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 Clinical Leads on the BWGPLG 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. An earlier version of this report was submitted to the Health & Wellbeing Board on 19 January 2024, recommending co-option of a representative to the Berkshire West Primary Care Alliance, which was also set up to represent General Practice across Reading and Berkshire West in the BOB Integrated Care System. However, at the meeting, Andy Ciecierski tabled a document with an amended proposal to suggest that the Berkshire West GP Leadership Group would be a more appropriate body, and the Board agreed to defer the decision on the co-option to the next meeting. A copy of the tabled document is attached at Appendix 2.

3.9. 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 the Board formally agreed that Sarah Webster would be the Vice Chair at the meeting on 19 January 2024.

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 GP Leadership Group 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 BWGPLG'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
2. Text of document tabled at the Health & Wellbeing Board on 19 January 2024 by Dr Andy Ciecierski – Amendment to Proposal in Agenda Item 11

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 GP Leadership Group*

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 GP Leadership Group*

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.

Appendix 2

Reading Health and Wellbeing Board 19.1.24 - Amendment to Proposal in Agenda Item 11:

Membership of the Health and Wellbeing Board – Berkshire West Primary Care Alliance

I would like to offer my apologies and offer some clarification over names of GP organisations and their representative responsibilities.

The Local Medical Committee (LMC) is the only body that has a statutory duty to represent GPs at a local level. This statutory duty was first enshrined in law in 1911 and has been included in the various NHS Acts over the recent past and is included in the Health and Social Care Act.

GP's in Reading are represented by the Chair of the Berkshire West LMC, part of the Berkshire, Buckinghamshire and Oxfordshire LMC's. The function of LMCs is to represent the interests of GPs and practices with the objective of optimising the terms & conditions, working environment and stability of all GPs both individually and at practice level.

Berkshire West Primary Care Alliance (BWPCA) is a provider organisation and GP Federation, that represents the interests of its member PCN's and Practices. It has four Directors elected to the Board by its members in June 2023 when the BWPCA was set up as a company. Its membership includes 34 Practices from 14 PCN's across Berkshire West. In Reading members include 13 Practices from 6 PCN's.

A GP Federation is a collective group of GP Practices across a set geographical area with a common desire to work together at scale, sharing responsibility for the development and delivery of high-quality patient-focused services, closer to home for their local population.

The Berkshire West GP Leadership Group (BWGPLG) is a group of GP's giving a strategic voice of General Practice within the BOB ICB. They include GP's who are PCN Clinical Directors, LMC representatives, and GP Federation Clinical Leads. There are three GPLG's in BOB ICB, in Buckinghamshire, Oxfordshire and Berkshire West. The four BWGPLG Clinical Leads were elected in March 2023 following the votes from all 44 GP Practices in Berkshire West, 18 of which are in Reading.

Having clarified the various organisations, I would like to propose that the BWGPLG is the most appropriate representative body of General Practice on the Board. It's primary aim is to work with the BOB ICB and the rest of the Integrated Care System. It is best placed to support the Board in delivery against the shared priorities set out in the Berkshire West Health and Wellbeing Strategy.

Proposed Amendments:

Change the wording 'Berkshire West Primary Care Alliance (BWPCA)' to 'Berkshire West GP Leadership Group (BWGPLG)' throughout document.

Change wording in paragraph 3.5 to:

The Berkshire West GP Leadership Group (BWGPLG) 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 BWGPLG 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 Clinical Leads on the BWGPLG and is prepared to be their representative on the Health and Wellbeing Board.

Dr Andy Ciecierski

Declaration of interests:

Dr Andy Ciecierski

GP at Emmer Green Surgery

Clinical Director of Caversham Primary Care Network (PCN)

Clinical Lead on Berkshire West GP Leadership Group (BWGPLG)

Director of Berkshire West Primary Care Alliance (BWPCA)

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