

Jackie Yates
CHIEF EXECUTIVE

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

To: All Members of the Health and Wellbeing Board

Our Ref:
Your Ref:

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

3 July 2025

Your contact is: Nicky Simpson - Committee Services

NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 11 JULY 2025

A meeting of the Health and Wellbeing Board will be held on **Friday, 11 July 2025 at 2.00 pm** in the **Council Chamber, Civic Offices, Bridge Street, Reading RG1 2LU**. The Agenda for the meeting is set out below.

	Page No
1. APOLOGIES & DECLARATIONS OF INTEREST	
2. DELEGATED DECISIONS	3 - 4
3. MINUTES OF THE MEETING HELD ON 14 MARCH 2025	5 - 12
4. QUESTIONS	
Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.	
5. PETITIONS	
Consideration of any petitions submitted under Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.	
6. REVIEW OF THE READING HEALTH & WELLBEING BOARD	13 - 32

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

A report presenting the findings of the Local Government Association (LGA) review of the Reading Health and Wellbeing Board, and setting out proposals for how the Board could revise its governance arrangements and working practices in response to the feedback received.

7. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) REVIEW 33 - 36

A report setting out the process and timeline for reviewing and refreshing the Joint Strategic Needs Assessment (JSNA) in Reading, a key shared intelligence resource that enables the Board and its partners to understand local population needs and inform strategic decision-making.

8. HEALTHWATCH READING ANNUAL REPORT 2024-25 - UNLOCKING THE POWER OF PEOPLE-DRIVEN CARE 37 - 68

Healthwatch Reading's Annual Report for 2024/25, giving details of the work carried out by Healthwatch Reading in 2024/25.

INFORMATION REPORTS

9. AUTISM STRATEGY YEAR 3 (2024/25) ACTION PLAN UPDATE 69 - 92

A report on the progress of the Year 3 (2024/25) All Age Autism Strategy Action Plan across Reading.

10. BOB ICB UPDATE BRIEFING 93 - 96

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

WEBCASTING NOTICE

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

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

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

Committee	Date of meeting	Minute number	Item title	Decision	Officer delegated to	Lead Councillor portfolio	Expected timescale for decision
Health & Wellbeing Board	17/01/25	41	Reading Pharmaceutical Needs Assessment	(1) That the proposed process for developing the Reading PNA be noted and endorsed; (2) That the Director of Public Health be authorised to take responsibility for ensuring the document met the regulatory requirements and was published in a timely manner; (3) That the Director of Public Health be authorised, in consultation with the Steering Group, to approve the consultation draft version of the PNA.	Director of Public Health	Education and Public Health	

This page is intentionally left blank

Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Nadeem Ahmed	Clinical Director of New Reading PCN
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Abid Irfan	Director of Primary Care and Deputy Chief Medical Officer, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Councillor Alice Mpofu-Coles	Chair of the Adult Social Care, Children's Services and Education Committee, RBC
Gail Muirhead	Prevention Manager, RBFRS
Matt Pearce	Director of Public Health for Reading and West Berkshire
Rachel Spencer	Chief Executive, Reading Voluntary Action
Councillor Liz Terry	Leader of the Council, RBC
Melissa Wise	Executive Director – Community & Adult Social Care Services, RBC

Also in attendance:

Alison Foster	Programme Director, Building Berkshire Together, RBFT
Lara Fromings	Assistant Director for Transformation, Commissioning and Performance, RBC
Mary Maimo	Public Health & Wellbeing Manager, RBC
Bev Nicholson	Integration Programme Manager, RBC

Apologies:

Andy Ciecierski	Clinical Director for Caversham Primary Care Network
Councillor Wendy Griffith	Lead Councillor for Children, RBC
Colin Hudson	Reading LPA Commander, Thames Valley Police (TVP)
Steve Leonard	West Hub Group Manager, RBFRS
Lara Patel	Executive Director of Children's Services, Brighter Futures for Children (BFfC)
Ben Riley	Chief Medical Officer, BOB ICB

44. MINUTES

The Minutes of the meeting held on 17 January 2025 were confirmed as a correct record and signed by the Chair.

45. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

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

a) Outputs from Boards Related to Integration

I understand that there is a joint scrutiny board for the BOB ICS. How are its proceedings and outputs made available to the residents of Reading?

Similarly, I understand that there is a Joint Integration Board or similar coordination across the boroughs of Berkshire West. How are its proceedings and outputs made available to the residents of Reading?

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

READING HEALTH & WELLBEING BOARD MINUTES – 14 MARCH 2025

Thank you for your question. The proceedings for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Joint Health Overview and Scrutiny Committee are published online and can be found on the [Buckinghamshire Council website](https://buckinghamshire.moderngov.co.uk/mgCommitteeDetails.aspx?ID=1139)

(<https://buckinghamshire.moderngov.co.uk/mgCommitteeDetails.aspx?ID=1139>)

Each Local Authority in the Berkshire West area have separate Local Integration Boards (LIB) who manage the Better Care Fund Planning and performance reporting against the BCF Metrics, as well as broader integration work across each area. The Integration Board in Reading is known as the Reading Integration Board (RIB). Whilst these are not public meetings, the Integration board does provide regular updates to the health and wellbeing board.

b) Parking at Royal Berkshire Hospital

We now hear that the Royal Berkshire Hospital replacement is unlikely to be open before 2040.

It is well attested that the parking difficulties at the Craven Road site cause a great deal of anxiety to patients. I have often seen patients in nightwear waiting on the pavement of Addington Road to be picked up. There is good public transport at the site but it is not suitable or convenient for patients in some conditions coming from some parts of the RBH catchment area.

Could the Health and Wellbeing Board, working with the RBH trust and the Reading planning directorate, elicit a practical plan for relieving the parking difficulties at the Craven Road site - which cause so much anxiety to hospital patients?

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

I thank Mr Lake for his question.

The provision of parking spaces within the Royal Berkshire Hospital estate for patients and staff is principally a matter for the Hospital Trust, however the Council is committed to working with the Trust to improve access to the Hospital in its current location. In addition, the Council does manage the on-street parking spaces in roads in close proximity to the Hospital, which provide valuable parking capacity in addition to the provision at the Hospital itself. Parking restrictions and charges for these on-street spaces are carefully considered to balance the needs of patients and local residents at different times of the day, whilst also encouraging the turnover of spaces to maximise availability.

Historically, the Hospital has explored proposals to increase parking provision on the site and if the Trust wishes to revisit any such proposals they could be discussed with the Council through the usual pre-application planning process.

The location of the Hospital, within a built-up residential area with limited highway space, does pose challenges regarding access and severely limits the Council's ability to provide additional parking capacity. The Council has therefore worked with the Hospital Trust, alongside Reading Buses and Wokingham Borough

READING HEALTH & WELLBEING BOARD MINUTES – 14 MARCH 2025

Council, to enhance sustainable access for patients and staff through the provision of the Hospital 300 park and ride service. This runs from both Thames Valley Park and Mereoak park and ride sites, providing an alternative option to access the Hospital and the University of Reading from the east and south of Reading.

I have also received the following response from the Royal Berkshire NHS Foundation Trust:

Due to high demand for services and a challenging location, demand for parking outpaces capacity at Royal Berkshire Hospital. Over the past few years, the Trust, in conjunction with Reading Borough Council, has taken several steps to reduce parking demand including free off-site parking for staff at nearby car parks, a Park and Ride service for patients and visitors, as well as delivering more services closer to patients at its other hospital sites across Berkshire and South Oxfordshire. Despite these improvements, parking continues to be a challenge at Royal Berkshire Hospital due to difficulties increasing the number of spaces available on site. The Trust is keen to work closely with Reading Borough Council to explore how we both support patients, visitors and staff to access the hospital as well as encourage use of alternative modes of transport.

In relation to a plan, this is a matter primarily for the Hospital Trust, but there is willingness to engage on all sides. I would highlight, however, that this is a parking and transport matter so should Mr Lake wish to make further enquiries these should be raised in the first instance to the Traffic Management Sub-Committee. It should be noted that neither this Board nor the Council can compel the Hospital Trust to build a plan to manage their parking in a different way.

c) Marmot City Framework

Oxfordshire and Wokingham Borough are working together on improving health and wellbeing using the Marmot City framework. Will Reading also take up this approach and ensure that all of its departments contribute to the health of the population?

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

The Board recognises that most of the factors that influence our health lie outside of the health care system, including housing, education, employment and much more.

One of the five priorities from our joint health and wellbeing strategy is to reduce the differences in health between different groups of people. To support this, there is an ambition within the strategy to develop a health in all policies approach that will deliver cross-sector action on the wider determinants of health: the social, environmental, economic and commercial conditions in which people live.

Work to develop a health in all policies approach is currently under way and the board may consider becoming a Marmot Borough as part of this programme of work, if there is evidence that it can deliver better outcomes for our population.

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

Mary Maimo presented a report and gave a presentation 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 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.

Full data for key indicators for each priority was provided in the dashboard report at Appendix B.

It was reported at the meeting that a group was being put together to lead on developing an oral health strategy for Reading and that unexpected funding of almost £27k for the supervised tooth brushing project for Reading had been announced on 14 March 2025.

Resolved – That the report and position be noted.

47. 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 to December 2024 (Quarter 3) and outlining the spend against the BCF plan, including the Adult Social Care (ASC) Discharge Fund to support hospital discharges in 2024/25.

The BCF metrics had been agreed with system partners during the BCF Planning process. Outcomes, recorded at the end of December 2024 (Quarter 3), 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 (Met) (this was met for the Quarter but was not on track for the year)
- The number of older adults whose long-term care needs were met by admission to residential or nursing care per 100,000 population (Not 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.

READING HEALTH & WELLBEING BOARD MINUTES – 14 MARCH 2025

The report also covered the Better Care Fund Quarter 3 return for 2024/25, attached at Appendix 1. The Quarter 3 return had been signed off through the delegated authority process in advance of submission by the due date of 14 February 2025.

Resolved – That the report be noted.

48. BOB ICB UPDATE BRIEFING

Abid Irfan submitted a report presenting a briefing from the BOB Integrated Care Board, as at March 2025.

The report covered the following areas:

- BOB ICB Board meetings
- Community Wellness Outreach Programme
- BOB ICB Operating Model – next steps
- Working with local people and communities
- 10-Year Health plan for the NHS
- New provider for BOB non-emergency patient transport services
- BOB ICB financial position within 2024/25
- NHS Operational Planning for 2025/26 and associated national priorities
 - Priorities and operational planning guidance 2024/25
 - Development of a medium-term plan for transformation and improvement
- Joint Forward Plan refresh – timescales and engagement

The Board noted that there had been an announcement about the abolition of NHS England since the report had been written and Abid Irfan also reported that, in the last 24 hours, all ICBs had been told that they would have to cut their running costs by 50% by December 2025, so the BOB ICB operating model would probably need further review.

Resolved - That the report and position be noted.

49. BUILDING BERKSHIRE TOGETHER - UPDATE

Further to Minute 35 of the meeting held on 17 January 2025, Alison Foster gave a presentation updating the Board on the Royal Berkshire NHS Foundation Trust's (RBFT) Building Berkshire Together (BBT) project for the redevelopment of the Royal Berkshire Hospital (RBH) as part of the national New Hospital Programme (NHP). A copy of the presentation slides had been circulated with the agenda papers.

The presentation explained that the outcome of a further government review of the NHP had been announced on 20 January 2025. Following the review, the RBFT programme had been delayed further, and construction would now start between 2037-39. Funding of £2 billion or more had been allocated, indicating support for a whole new hospital on a new site. Funding for the BBT programme would cease at the end of March 2025 and would resume after 2030, so the Trust was standing the programme team down.

This change would mean the following challenges for the Trust:

- Maintaining the current estate
- Meeting increasing population demands
- Land availability for the future new hospital
- Meeting NHS Net Zero targets

The next steps were identified as:

- Securing funding for the business case for land purchase
- Master planning for the next 15 years
- Accelerating system transformation

Resolved: That the presentation be noted.

50. HEALTH WEIGHT NEEDS ASSESSMENT

Nina Crispin submitted a report presenting a Reading Healthy Weight Needs Assessment for the development of a whole systems approach to healthy weight and proposing the formation of a task and finish group to oversee the development of a Healthy Weight Strategy and implementation plan. The report had appended the Healthy Weight Needs Assessment Executive Summary Report (March 2025) at Appendix 1 and the full report at Appendix 2.

The report explained that overweight and obesity were defined by the World Health Organisation (WHO) as abnormal or excessive fat accumulation that may impair health. Obesity was one side of the double burden of malnutrition. Health risks related to obesity were many and well known with the WHO highlighting that overweight and obesity (and poor diet) were major risk factors for many chronic diseases, including type 2 diabetes, cardiovascular disease (the main cause of premature death in the UK) and some cancers, in addition to joint and mobility issues, depression, low mood and fertility issues.

Evidence suggested that a Whole Systems Approach to Healthy Weight was needed to influence changes at systems levels and policies in the areas that had an impact on the population's health. These areas of influence included social and economic conditions, food production, agriculture, environment and planning, tax and levies, education and schools, industry practice and innovation, media and advertising.

A Healthy Weight Needs Assessment had been undertaken in 2023 to better understand the needs of Reading's population regarding effective provision that promoted healthy weight. The needs assessment had interrogated the evidence-base around nutrition, physical activity and weight to better understand the health inequalities around excess weight, including wider and commercial determinants that impacted people's weight. The focus of the needs assessment had been on excess weight and reaching and maintaining a healthy weight, and the ability of the Local Authority and partners to drive and influence change. The needs assessment had identified recommendations (as set out in Appendix 1) to support systems-wide change in Reading for addressing healthy weight issues and it was proposed that the recommendations informed the development of a Whole Systems Approach to Healthy Weight in Reading, covering the life course of an individual.

The report stated that it needed to be acknowledged that working on the recommendations from the needs assessment would require prioritisation as they could not all be addressed at once. The prioritisation work would need to be driven by local needs and Council priorities.

The report proposed that a Whole Systems Approach Task and Finish Group was set up to oversee the development of a Whole Systems Approach to Healthy Weight Strategy for Reading, with all partners and professional disciplines in the system playing their part and committing to systems changes. The task and finish group membership would include representatives from the Integrated Care Board, the NHS, Transport and Planning

READING HEALTH & WELLBEING BOARD MINUTES – 14 MARCH 2025

Department, Voluntary Sector partners, Active Reading colleagues, Advertising Team, and colleagues from Children and Young People's services. The intention was to carry out the development work from May to October 2025, to produce an initial draft strategy in November 2025.

Due to the very low response received from the needs assessment survey targeted at educational settings (children and young people), a separate needs assessment would need to be conducted to gather insights on the pathways available to children and young people in Reading who were obese or overweight and identify recommendations to address the issue.

Resolved –

- (1) That the publication of the Healthy Weight Needs Assessment for Adults in Reading be noted;
- (2) That a whole systems approach to healthy weight for Reading and the formation of a task and finish group to oversee the development of a strategy with an implementation plan be endorsed;
- (3) That members of the Board commit to the development of the whole systems approach to healthy weight strategy by nominating representative(s) to join the task and finish group.

51. DATES OF FUTURE MEETINGS

Resolved – That the meetings of the Health and Wellbeing Board for the Municipal Year 2025/26 be held at 2.00pm on the following dates:

- 11 July 2025
- 10 October 2025
- 16 January 2026
- 13 March 2026

52. ROYAL BERKSHIRE NHS FOUNDATION TRUST INTEGRATED PERFORMANCE REPORT – INFORMATION ITEM

A web link was provided to the Royal Berkshire NHS Foundation Trust's Integrated Performance Report from December 2024.

Resolved – That the report be noted.

(The meeting started at 2.00 pm and closed at 3.30 pm)

This page is intentionally left blank



READING HEALTH AND WELLBEING BOARD

Date of Meeting	11 July 2025
Title	Review of the Reading Health and Wellbeing Board
Purpose of the report	To make a decision
Report author	Matt Pearce
Job title	Director of Public Health
Organisation	Reading Borough Council
Recommendations	<ol style="list-style-type: none"> That the board approve the proposed changes to the Health and Wellbeing Board following the recent LGA review

1. Purpose of the report

1.1. This report presents the findings of the Local Government Association (LGA) review of the Reading Health and Wellbeing Board (HWB), and sets out proposals for how the Board could revise its governance arrangements and working practices in response to the feedback received.

2. Executive Summary

2.1. The Local Government Association (LGA) was invited to undertake a review of the Health and Wellbeing Board's governance and working practices to evaluate its effectiveness in improving the health and wellbeing of the local population and reducing health inequalities and make recommendations for improvement.

2.2. The LGA undertook interviews with HWB Members and other stakeholders. The intelligence gathered in those conversations was then triangulated and compared with best practice and understanding of what makes for an effective HWB. A workshop was arranged for the LGA to provide feedback and for HWB Members to reflect on the findings.

2.3. A Task and Finish Group was set up to consider the outputs from the workshop and to develop a roadmap setting out the steps that the Board could take in response to the feedback received. Their recommendations form the basis for this report.

3. Background / Context

2.1. At its meeting on 11 October 2024, the Board agreed that it should undertake a review of its governance arrangements and working practices with the aim of increasing its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities.

2.2. The LGA has a support offer for Health and Wellbeing Boards. This provides an opportunity for them to refocus their purpose, strengthen their role in the health system architecture, and operate effectively within this context.

2.3. The LGA undertook a series of interviews with HWB Members and other key stakeholders between December 2024 and February 2025, and a workshop was subsequently arranged for 24 March 2025, where the LGA provided its feedback and HWB Members reflected on the findings.

2.4 The LGA proposed themes for further exploration and several 'top tips' across areas such as:

- Leadership
- Purpose and focus
- Making a difference
- Partnership working
- Governance
- Capacity and resourcing
- Making the geography work

Further detail on the LGA's feedback is provided in Appendix A.

2.5 There was widespread support for the LGA's findings amongst those attending the workshop, and there was a strong desire from all partners to make the Board more effective.

2.6 A summary of the main points raised at the workshop is provided below:

- The Board needed to become more of a strategic partnership that actively drives population health.
- It was agreed that the Board needed to be able to demonstrate additional impacts of partners coming together.
- There was agreement that there should be fewer formal committee meetings, and more informal meetings/workshops since these were felt to be more productive and impactful in terms of exploring options and potential course of action.
- Members expressed a dislike of the formality of meeting in the Council Chamber and livestreaming meetings, since this was felt to stifle participation, open exchanges of views, challenge and debate. There was also a preference to hold meetings on a different day.
- It was suggested that the Board should have a focus on a small number of priorities at any given time in order to drive meaningful change, that was informed by evidence of need.
- There was widespread agreement that the Board should be driven by data, with activity informed by the JSNA, intelligence from Healthwatch and other patient forums, and recommendations arising from the findings of Health Scrutiny reviews, etc.
- Updating the JSNA was seen as a top priority - this would be used to inform the update of the Health and Wellbeing Strategy Implementation Plan.
- There was widespread agreement that reports should be for decision, with other reports to be circulated outside of meetings, or included in agenda packs for information only and not discussed.
- Greater understanding on how the Health and Wellbeing Board sits alongside other place partnerships – same conversations at different meetings e.g. Reading Integration Board, Community Safety Partnership, Safeguarding Boards and One Reading Partnership.
- Identifying opportunities for action on the determinants of health that enable everyone to live healthier lives for longer.

2.6.1 A task and finish group were set up to consider the outputs from the workshop and to develop a plan setting out the steps that the Board could take in response to the feedback received. Members of the Task and Finish Group included:

- Councillor Ruth McEwan (Former Chair of Health and Wellbeing Board)
- Dr Matt Pearce (Director of Public Health)
- Helen Clark (Associate Director of Place, BOB ICB)
- Rachel Spencer (Chief Executive, Reading Voluntary Action))
- Alice Kunjappy-Clifton (CEO, Healthwatch Reading)
- Melissa Wise (Executive Director – Communities and Adult Social Care)

4. Proposals

4.1 The Task and Finish Group helped to inform the proposals as set out below:

- A Health and Wellbeing Board Compact will be developed that defines the shared principles and jointly set expectations for how Reading Health and Wellbeing Board members will work collectively as a strategic partnership to drive meaningful action and achieve the vision of its Joint Health and Wellbeing Strategy.
- It is proposed to move from four formal HWB meetings per year to three – these will be in-person and relatively brief, being focused on reports where formal decisions are required.
- Given that the HWB is a committee of the Council, meetings will be required to take place in public, with publication of formal agendas and minutes. It is proposed that members of the public will be still able to ask formal questions, but meetings will not be live-streamed. Alternative meeting venues will be explored, to address concerns about the formality of the Council Chamber, but any venue will need to have sufficient capacity and be accessible to the public.
- Formal HWB meetings will be followed by informal strategic meetings focused on the ‘plan–do–review’ cycle in relation to agreed priorities, and on the efficacy of partnership working arrangements.
- In addition, there will be informal deep-dive workshops in between HWB meetings, which will bring in additional partners and stakeholders – these will be focused on discussing barriers and challenges related to the agreed priorities, sharing best practice and building on evidence-based approaches, as well as seeking to develop innovative solutions.
- The JSNA (State of the Borough Report) will be updated and brought back to the October HWB meeting – this will be used to identify a small list of priorities which the board wish to focus on.
- Once the priorities are agreed, subgroups will be established with developing a implementation plan which will brought back to the March meeting (or earlier if possible).
- There will be a focus on raising the public profile of the Board, including:
 - A regular newsletter for stakeholders (and possibly residents)
 - Improving online information provision about the Board, including an interactive version of the performance dashboard, links to the JSNA, PNA, and the Health and Wellbeing Strategy/implementation plan.
 - An annual conference to update stakeholders and residents on the previous year’s activities, and priorities for coming year, including workshop sessions.

4.2 Officers will work on the proposals above and bring further details of any amendments needed to the HWB’s Terms of Reference and operational arrangements to a future meeting for formal decision informed by the new priorities of the board

4.3 Whilst there will be fewer and shorter public board meetings, it is felt that the addition of workshops in-between HWB Board meetings will allow for more meaningful engagement with the public and wider partners. Furthermore, it is expected that any tasks delegated by the board to relevant sub-groups, will undertake appropriate community engagement to ensure delivery plans reflect the needs of local communities.

4.4 One of the findings from the review was the confusion amongst board members on the role and difference between the Health and Wellbeing Board and the Adult Social Care, Children Services and Education (ACE) Committee.

4.5 The HWB and the ACE Committees have distinct, though sometimes overlapping roles. HWBs should focus on strategic leadership and partnership to improve the overall health and wellbeing of a population, while the scrutiny committee should primarily review and challenge the decisions and performance of the council and other public service providers, including those related to health.

4.6 Further to the review, the following guidance has been developed to inform how each committee will operate and how the scope of their agendas will be determined:

4.7 Health and Wellbeing Board

- The key mechanism for system leaders to work together to improve the wellbeing of the population
- Set the current and future strategic direction and long-term planning to improve health and wellbeing
- For board members to hold each other to account and challenge board members on delivery of the health and wellbeing strategy
- Undertake their statutory functions including the production of a joint health and wellbeing strategy, joint strategic needs assessment, pharmaceutical needs assessment and encourage greater integration (including via the Better Care Fund)

4.8 ACE Committee

- To undertake the health scrutiny functions of the local authority under Section 244 of the National Health Services Act 2006 as amended by Sections 190 and 191 of the Health & Social Care Act 2012.
- Primarily dealing with reactive matters and focused on holding the health and wellbeing board / decision makers to account for delivery
- Proactively seeking information about the performance of local health services and institutions, challenging the information provided to it by NHS commissioners and providers of services for the health service
- Provides an overview of how well integration of health, public health and social care is working
- Scrutinise how well the health and wellbeing strategy and services are being delivered, particularly from a service user perspective
- Respond to consultations by relevant NHS commissioning bodies and relevant health service providers on substantial reconfiguration proposals.

4.9 The table below summarises the key differences between the health and wellbeing board and ACE Committee.

Health and Wellbeing Board	ACE Committee
Purpose: Strategic leadership for health, care, and wellbeing. Promote integration and prevention.	Purpose: Democratic oversight of health and care services. Hold providers and commissioners accountable.
Main Tasks: Joint Strategic Needs Assessment (JSNA) Joint Health and Wellbeing Strategy (JHWS) Influence commissioning Promote partnership working	Main Tasks: Scrutinise service changes, quality, and outcomes Review public concerns
Focus Area: Population health, prevention, long-term planning	Focus Area: Service delivery, performance, service user impact
Powers: Advisory and strategic influence. Encourage collaboration. No enforcement power.	Powers: Statutory power to request information. Compel attendance. Refer major service changes to Secretary of State.
Relationship: Collaborative partner with NHS, council and voluntary and community sector	Relationship: Independent scrutiny body of the council.
Example Actions: Develop mental health strategies. Address health inequalities. Shape healthy housing policies.	Example Actions: Review progress of objectives within health and wellbeing strategy Scrutinize A&E waiting times. Challenge hospital closure proposals.

4.10 The NHS 10 Year Plan that was published on 4 July will need to be considered alongside the recommendations outlined within this report. In particular, the plan outlines future conversations between the LGA and the Government regarding democratic oversight and accountability within the new NHS operating model and the role of mayors and reforms of local government. Furthermore, the new plan states that a neighbourhood health plan will be developed under the leadership of the Health and Wellbeing Board.

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

5.1. The Health and Wellbeing Board has responsibility for delivery of the objectives set-out in the [Berkshire West Joint Health & Wellbeing Strategy 2021-30](#). Having an effective Health and Wellbeing Board that seeks the best outcomes for all members, will likely lead to the delivery of the ambitions set out in the Joint Health and Wellbeing Strategy.

6. Environmental and Climate Implications

6.1. There are no general implications for the environment arising from this report; however the work of the Health and Wellbeing Board and the Joint Health and Wellbeing Strategy will likely have shared and mutual benefits given the cross-cutting ambitions to reduce levels of obesity, eat more healthily and increase levels of physical activity through active travel.

7. Community Engagement

7.1. Several officers and members have been engaged in the Health and Wellbeing Board as noted in this report. The proposals include greater community engagement and giving a voice to the seldom heard.

8. Equality Implications

8.1. Not applicable.

9. Other Relevant Considerations

9.1. Not applicable.

10. Legal Implications

10.1. The board will be required to change its terms of reference whereby current requirements are for at least four meetings per year, and this will revert to three meetings with additional workshops in between. The three meetings will involve a Part A which is open to the public and Part B which is for members of the board only.

11. Financial Implications

11.1. The proposals in this paper are unlikely to incur a significant financial costs, although a small amount of resource may be needed for venue hire should board meetings, annual conference or workshops take place at external community venues

12. Timetable for Implementation

12.1. As detailed in this paper

13. Background Papers

13.1. None

Appendices

Appendix A – LGA Feedback from the Review

Reading Health and Wellbeing Board

Page 19

Workshop - 24th March 2025

Paul Najsarek & Steve Bedser – LGA Associates

Introduction and welcome

Purpose of workshop

- To reflect on the feedback from Board member interviews
- To hear about national learning on good practice
- To develop a shared view of the role, purpose and priorities of the Board
- To consider new ways of working and how to create action and impact.

Process

- We met with the Director of Public Health (DPH), Council Leader and Health and Wellbeing Board (HWB) chair to discuss and agree the scope of the review
- We carried out 11 interviews with members of the HWB and colleagues who support the Board
- The interviews were non-attributable, and we have triangulated the key messages across the interviews. Experience from the LGA providing support to other HWBs considered
- The feedback from the interviews is the start point for an improvement workshop with the HWB.
- The outputs of the workshop are developed by the Council and partners into a report to come back to the next meeting of the HWB setting out the action to be taken.

Key Themes

The key themes we covered in interviews were:

- Role and purpose of the HWBB
- How it fits into the wider governance of Reading Council and the NHS.
- Strategy and priorities
- Agenda setting
- Membership
- Ways of working and culture
- Implementation support
- Achieving and measuring impact

Strengths

- Relationships across the partnership are constructive
- Members, officers and the partners show a commitment to the Board and partnership working
- A three Borough Berkshire West HWB strategy has been developed.
- There is good self awareness and much consensus on how the Board has been working
- There is a strong commitment to making improvement
- It's a forum for information sharing and updates from partners on key developments in their organisations and parts of the system
- There has been good work on health and care integration, the BCF and some health inequality projects (although people are not sure that these have resulted from the work of the HWB).
- The administration of the Board is very professional.

Areas of Development

1. Role, Strategy & Priorities

- There isn't a consensus on purpose and the roles of the HWB – remember the goal is a strategic partnership rather than something which feels like a committee of the council.
- Everyone agrees that it hasn't carved out its unique niche in Reading governance (e.g. ACE, CYP, Community Safety Partnership) and within the ICS. HWB's should not focus on scrutiny.
- Some of the ideas for its role included; to own the local population health analysis, drive improvement in health inequality, to provide constructive challenge and accountability, to support the integration of local services and to bring the wider powers of the Council to bear on the social determinants of health.
- The Berkshire West HWB strategy isn't fully owned in Reading and the HWB is not operating strategically.
- There is a need for a Reading expression of strategy and priorities
- In addition to its formal role the board could be a forum that motivates action, develops relationships and supports innovation and improvement.
- Some of the key agendas that feature in other HWB across England don't feature as prominently in Reading e.g. population health, neighbourhood working, prevention.

Areas of Development

2. Governance

- The agenda is not strategic and purposeful or informed by the purpose of the HWB
- The focus of conversations is to be determined by the board
- The HWB is not making an impact on the priorities that are important to Reading
- The three 'people' statutory officers of the Council and their services relate differently to the Board as the purpose and role/s of the board are not clear in relation to the priorities being discussed
- There may need to be a review and refresh of membership - form follows function so this would need to be looked at once the purpose of the board is agreed.
- The agendas, paperwork and the meetings are too long. – and are not making a difference, mainly for information or noting – and usually seen elsewhere. Only information that helps facilitate and inform conversations should be provided.
- Partners are not always represented at senior level.

Areas of Development

3. Implementation Support and Impact

- Interviewees found it hard to think of major impacts from the Board's work.
- There is no supporting officer structure to bring together advice for the Board and to take forward decisions and initiatives. DPH's and their teams are often central to this, but all partners need to contribute.
- There is no strategy for communication and engagement with the public – the HWB needs to think about how it engages neighbourhoods'/community/ other partners and wider stakeholders in relation to each priority.
- This doesn't mean all or most meetings being held in public. It is for you to own and manage.
- There is no dashboard against which to measure progress on solution and outcome.

What makes an effective Health and Wellbeing Board (HWB)?

STATUTORY RESPONSIBILITIES

- HWBs continue to be responsible for the Joint Strategic Needs Assessment (JSNA), publishing a Joint Health & Wellbeing Strategy, developing a Pharmaceutical Needs Assessment.

LEADERSHIP

- The ultimate success of a HWB revolves around leadership. In the context of a HWB, leadership is a team sport. The business of leading a HWB is a shared endeavour and system leaders and anchor institutions all need to be accountable for the leadership contribution they make.

PURPOSE AND FOCUS

- HWBs need to be clear about their primary purpose to drive hard on the wider determinants of health, thereby reducing health inequality. HWBs should elevate a preciously small number of shared and agreed priorities above and beyond business as usual. HWB outcomes are for the medium- and long-term. There are no quick fixes, just the need for laser focus and dogged determination.

MAKING A DIFFERENCE

- HWBs need to be clear how they are making a difference and be able to confidently articulate that difference to itself, constituent organisations, wider stakeholders and the population it serves.



PARTNERSHIP WORKING

- HWBs are strategic partnerships and should be a place of strategic action, amongst leaders in place. HWBs will not be able to achieve their intended potential unless there are strong partnerships within and outside the council that hosts them at system, place and neighbourhood levels

GOVERNANCE

- Clarity of purpose and understanding the surrounding partnership landscape is key to HWB success. HWBs fail when they behave like committees of council or fail to recognise the boundary that lies between them and Health Overview and Scrutiny (HOS). Getting the right people in the room, to have the right conversations, with the right frequency is something that requires deliberate and continual effort

CAPACITY AND RESOURCING

- The potential of a high functioning HWB is immense, but it is impossible to achieve that potential without adequate resourcing. In all scenarios, there is a strong spend to save rationale, and the investment required needs to be recognised by all anchor institutions in place.

Top tips

MAKING THE GEOGRAPHY WORK

- Partners will work across different geographies and understanding what this means for each place is needed to know where priorities/actions are being driven and achieved
- In some areas there will be combined authorities and devolution and HWBs need to agree effective ways of working for their context
- HWBs should see one of their key roles as orchestrating what needs to happen to achieve the priorities agreed in the Joint Health & Wellbeing Strategy

Page 31

CLARITY OF ROLE

- Effective HWBs have a shared understanding of the role/s and purpose of the board and what it is trying to achieve asset out in its Joint Health and Wellbeing Strategy
- With the emergence of Health & Care Partnerships/Place/Locality Committees of the ICB in each area, it is even more important that there is a shared understanding of the distinctive role of the HWB
- Effective places work so that HWBs focus on the wider/social determinants of health with place/locality health & care partnerships (under ICS structures) focusing on ill-health/health & social care integration. A collaborative approach should be taken for the HWB to sign off the Better Care Fund (BCF)



Top tips

A FOCUS ON PLACE

- Understand what is distinctive about your place including its challenges and its assets. This will include data from the JSNA but also draw on the knowledge of partners & stakeholders including the VCS and elected members
- Look at issues and make decisions from a place rather than an organisational perspective
- Bring to bear the collective power and influence of partners & stakeholders at place to make a real difference

COMMITTED LEADERSHIP

- HWB Chairs must see their role as important and deserving of the time and focus needed. They must be able to influence not just their own council but across health and care partners & stakeholders – system/place/neighbourhood levels

'COLLABORATIVE PLUMBING'

- Having mechanisms in place for practical collaboration and strong personal relationships is essential
- With the arrival of Integrated Care Systems, Combined Authorities & devolution there needs to be similar mechanisms allowing work and relationships to flourish across bigger geographies as needed





READING HEALTH AND WELLBEING BOARD

Date of Meeting	11 July 2025
Title	Joint Strategic Needs Assessment (JSNA) Review
Purpose of the report	To make a decision
Report author	Kedei Ettah
Job title	Public Health Practitioner Graduate Trainee
Organisation	Reading Borough Council
Recommendations	<ol style="list-style-type: none"> 1. That the Health and Wellbeing Board approves the production of a rapid "State of the Borough" JSNA, in parallel with conducting a review of the current JSNA. 2. That HWB partners commit to actively supporting the JSNA review process 3. That HWB partners identify and nominate suitable representatives from their organisations to participate in the JSNA Steering Group.

1. Executive Summary

- 1.1. This paper sets out the process and timeline for reviewing and refreshing the Joint Strategic Needs Assessment (JSNA) in Reading. The JSNA is a key shared intelligence resource that enables the Health and Wellbeing Board (HWB) and its partners to understand local population needs and inform strategic decision-making.
- 1.2. The current JSNA hosted on the [Reading Observatory](#), includes a wide range of thematic needs assessments and data. However, upon a public health self-assessment using the LGA Strengths and Risk tool, issues and opportunities relating to the JSNA were identified and discussed highlighting the need for improvement to ensure the JSNA is fit for purpose.
- 1.3. The proposed approach combines the delivery of a rapid "State of the Borough" JSNA in parallel with conducting a broader review of the JSNA's structure, content, and delivery model. The latter process will run until October 2025 and involve cross-sector collaboration, including the formation of a Steering Group, stakeholder workshops, and a survey to inform development.
- 1.4. The HWB is asked to:
 - Approve the proposed approach and timeline
 - Request partner organisations to support the review process and nominate representatives to the JSNA Steering Group.
- 1.5. A final paper, including the outcomes of the review and an updated State of the Borough JSNA, will be brought back to the Board later this year.

2. Policy Context

- 2.1. Health and Wellbeing Boards have a statutory duty to publish JSNA
- 2.2. The JSNA analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA will

underpin the health and well-being strategy (HWS) and will inform the commissioning plans of the HWB member organisations.

- 2.3. The main goal of the JSNA is to accurately assess the health needs of the local population that can be met through any of the functions of the Council and the ICB. The NHS and the upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007.
- 2.4. The JSNA is:
 - Joint – that is owned by, and for the benefit of, all HWB partners.
 - Strategic – that is high level, identifying the key priorities for the area, not elucidating them in exhaustive detail
 - Needs Assessment – it outlines the physical and mental needs of residents.

3. **The Proposal**

- 3.1. The JSNA is not a single document but refers to everything on the [Reading Observatory](#) which includes: thematic needs assessments, population and demographic data, health and wellbeing profiles, data on deprivation, housing, economy and employment, environment, children and young people, as well as tools like the COVID-19 recovery dashboard and public health annual report.
- 3.2. The recent LGA review of HWB emphasised the fundamental importance of the JSNA as the basis for enabling the HWB to make informed decisions about its priorities – and recognised that work is needed on the current JSNA to make it fit for purpose.
- 3.3. There are several options that have been considered:
 - 1) Do nothing (leave the JSNA as it is)
 - 2) Update the JSNA immediately without review and evaluation
 - 3) Conduct a review and evaluation of the current JSNA approach as a precursor to updating the JSNA and the underlying processes.
 - 4) Produce a rapid “State of the Borough” JSNA, in parallel with conducting a review of the current JSNA, to inform the future JSNA approach (Recommended option).

3.4. **Rapid “State of the Borough” JSNA**

- 3.4.1. The recent LGA review of the Health and Wellbeing Board identified a desire by board members to focus on a smaller number of priorities that were informed by evidence of need
- 3.4.2. A relatively short overview of the key health needs of Reading will be produced using data and intelligence that is readily available. This will be reviewed by HWB members in a workshop in autumn to inform decisions about the Board’s priorities for action in the short to medium term.
- 3.4.3. Due to the short timeline, this will necessarily be concise and not exhaustive. it will serve as a starting point for conversations, and the workshop will be instrumental in the testing the findings, informing the review, and shaping the production of a more systematic JSNA delivered in partnership with colleagues from across the system.

3.5. **Review of the JSNA approach**

- 3.5.1. In parallel, a review of the JSNA and the associated processes and infrastructure will be conducted.
- 3.4.2 To guide the review and improvement of the JSNA, the following key questions are proposed for consideration:
 - What are the required functions and typical used cases of the JSNA?

- Is the current JSNA for Reading fulfilling its function of meeting the needs of the Borough and key stakeholders?
- What needs to change in order to improve its functionality?
- How is the JSNA produced and delivered?
- What should the JSNA end product look like?
- How should the production of the JSNA be co-ordinated and governed?

3.6. **Governance**

Health and Wellbeing Board	Accountable for production of the JSNA
Steering Group	Led by Director of Public Health, with strategic partners meeting at key milestones to guide the review process.
Working Group	Public health group will meet regularly to oversee development of the JSNA and coordinate the Review.

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

- 4.1. The JSNA should be a critical driver for delivering Reading's Joint Health and Wellbeing Strategy. A refreshed and inclusive JSNA ensures that Reading's response to local health challenges is evidence-based, targeted and equitable
- 4.2. The decision to undertake a review of the JSNA directly contributes to the delivery of the Reading's Health and Wellbeing Strategy 2021-2030 by ensuring that future actions, services and policies are grounded in accurate, current and inclusive evidence.
- 4.3. In particular, it contributes to reducing the differences in health between different groups of people by
 - providing disaggregated data by geography, ethnicity, age, disability and deprivation, helping identify where inequalities exist
 - enabling strategic targeting of services and resources to communities with the greatest need.
 - highlight emerging or hidden inequalities.

5. Environmental and Climate Implications

There are no direct environmental or climate implications associated with the decision to review the JSNA. However, the review process may create opportunities to strengthen the JSNA's coverage of: The health impacts of climate change, Sustainable development and transport. Etc.

6. Community Engagement

- 6.1. The following method will be used to gather insights, validate themes, and ensure that the final recommendations are informed, evidence-based, and reflective of stakeholder perspectives.
 - Review of good practice from elsewhere
 - Survey of stakeholders
 - Workshop to triangulate findings and develop recommendations
 - Report writing and finalisation

7. Equality Implications

Not applicable.

8. Other Relevant Considerations

Not applicable.

9. Legal Implications

Section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022, contains a duty for a Health and Wellbeing Board to prepare and publish a Joint Strategic Needs Assessment of the health and wellbeing needs of its local population. [Health and wellbeing boards – guidance - GOV.UK](#).

10. Financial Implications

This work is funded through the public Health Grant. There are no additional project costs associated with this work, as it is being delivered within existing resources. The only requirement is officer time.

11. Timetable for Implementation

State of the Borough Report	September 2025
JSNA Review Completed	Winter 2025/26

12. Background Papers

12.1. There are none.



Annual Report 2024–2025

Unlocking the power of people-driven care

Healthwatch Reading

Contents

A message from our Chair	2
About us	3
Our year in numbers	4
A year of making a difference	5
Working together for change	6
Making a difference in the community	8
Listening to your experiences	9
Hearing from all communities	16
Information and signposting	20
Showcasing volunteer impact	22
Finance and future priorities	24
Statutory statements	26



69

“The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They’re changing the health and care landscape and making sure that people’s views are central to making care better and tackling health inequalities.”

Louise Ansari, Chief Executive, Healthwatch England

A message from our Chair

This year has been another busy and impactful one as we continue to ensure your voices are heard, and health and social care services are improved. On behalf of the Advisory Group, I am delighted to introduce our annual report.

We have delivered a full and diverse engagement programme in 2024/25, centred around our core projects: **Language Matters, NHS Eligibility to Treatment, GP Access, Improving Sexual Health Awareness and Services for Young Women (16–24), Oral Health and Dentistry (Core20PLUS5 project)**.

Highlights of the Year

- **NHS Eligibility to Treatment:** initial session held with Royal Berkshire Hospital explored the impact of NHS billing on patients. A follow-up event confirmed that changes were done, and further improvements are underway. This is a clear example of residents' voices being heard and acted upon.
- **Language Matters:** This widely attended event brought together people affected by language barriers in healthcare, alongside professionals from GP surgeries, hospitals, pharmacies, and the council. The insights shared are now being considered at both regional and national level
- **Women's Health Hub – A Community-Led Movement:** a major development this year has been our work on **women's health**, particularly the push for a **Women's Health Hub** in Reading.

Working Together for Greater Impact: we continue to listen and signpost residents across Reading, while feeding back and advocating for improvements in health and social care.



69

"We are grateful to our dedicated volunteers; residents of Reading who share their experiences and help promote Healthwatch. Our passionate team works closely with Healthwatch Wokingham and West Berkshire. By collaborating we amplify our collective voice and drive greater change."

A handwritten signature in black ink that reads "Luke".

Luke Howarth, Chair, Healthwatch Reading

About us

Healthwatch Reading is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.

To stay informed about our latest projects, community feedback, and developments in local health and social care, subscribe to our free newsletter:

<https://healthwatchreading.co.uk/#subscribe>



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

To make sure that people's experiences help make health and care better.



Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

We've supported more than 1683 people to have their say and get information about their care. We currently employ 5 part time staff and, our work is supported by 17 volunteers.

Reaching out:



315 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

1368 people came to us for clear advice and information on topics such as access to services and complaints.

Championing your voice:



We published 3 reports about the improvements people would like to see in areas like children's oral health, GP access and young women's sexual health and wellbeing.

All our reports were well received and have made an impact with the community and service providers.

Our key impacts:



Our insights and recommendations informed the local oral health strategy and funding was allocated for delivery of an oral hygiene campaign.

We worked with RBFT to ensure eligible adults and children will no longer receive bills for free NHS treatment.

We have improved access to translation and interpretation services for people with language barriers.

Statutory funding:



We're funded by Reading Borough Council. In 2024/25 there was no change to our funding.

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Reading. Here are a few highlights.

Spring

Our insights into the Oral health of children aged under 10 highlighted the urgent need for an oral health strategy in Reading.



We brought ICB, RBH, RBC Public Health and community together to discuss access to women's health services and the need for women's health hub.



Summer

We facilitated a community conversation to address concerns about children and eligible adults being charged for free NHS treatment.



Following a review of the Lost for Words report, we worked with the ICB/hospital and local authority to address gaps in translation and interpreter services.



Autumn

GP Access report was launched. Key findings (appointment shortage, long waits, digital services confusion and communication gap) were shared with BOB ICB.



Our youth team raised awareness and highlighted a need for better education and access to young women's sexual health services.



Winter

We raised awareness of Whitley Ville Surgery closure proposal, encouraged patient feedback, and shared consultation details to ensure community voices were heard.



We contributed to the NHSE actionable recommendations to improve access and quality of community interpreter and translation services.



Working together for change

We've worked with neighbouring Healthwatch to ensure people's experiences of care in Reading are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at BOB ICB.

This year, we've worked with Healthwatch across Berkshire West to achieve the following:

A collaborative network of local Healthwatch:



Funded by the ICB, we collaborated with Healthwatch Buckinghamshire and Oxfordshire to find out about the oral health of children under 10 years of age. Survey questions were reviewed by Healthwatch England. We recruited Community Connectors (volunteers) in local areas to interview 25 families. Our findings and recommendations, shared with the ICB and Public Health, are already informing the local Oral Health Strategy and actions.

The big conversation:



Last year, we initiated a community conversation regarding lack of consistent access to interpreting and translation services. In September 2024, we held a bigger conversation to include Health and social care providers that resulted in different improvements such as accessible contents on trust's website using Reachdeck webpage translation tool, piloting of patient held card to identify translation needs.

Building strong relationships to achieve more:



We found that the Women's Health Hub initiative set up by the NHS, had no presence in Berkshire West. We contacted BOB ICB to start the initiative locally. This was agreed and a Women's Health Hub was piloted from the 1st of October 2024, until June 2025. We will continue to lead on this through our upcoming initiatives like the women's hour focus group.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.

Sharing and learning from colleagues

The Advocacy People hold the service contract for 7 Healthwatch; Hampshire, Portsmouth, Reading, Somerset, Southend, West Berkshire and Wokingham Borough.



Making Services Better together:



Healthwatch Reading listens to what people think about local health and care services, like doctors and hospitals. We work with 6 other local Healthwatch teams, and we all get help from an organisation called The Advocacy People. They help us with things like training, HR and paperwork, so we can spend more time talking to people in Reading and helping to make services better. Even though we get centralised help, Healthwatch Reading still makes its own decisions based on what local people need.

Learning and working as a team:



We work closely with other Healthwatch teams to share ideas and learn from each other. This helps us all get better at talking to the community, doing research, and checking how well services are working. By working as a team, we can make sure people's voices are heard and help make real changes in health and care services.

Speaking up for the community:



One of our most important jobs is to listen to what local people are saying and share those ideas with the people in charge. We work with Healthwatch England and other local groups to make sure everyone's voice matters. Together, we speak up for people to help improve services now and in the future. We're proud to keep working for better care for everyone in Reading.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.

Here are some examples of our work in **Reading** this year:

Creating empathy by bringing experiences to life



Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.

In August 2024, we hosted a "Community Conversation" with RBNHFT and the local communities. The issue of eligible adults, and children being billed for free NHS treatment was discussed. We then worked with the Trust to make the overseas patient website more accessible, including the translatable factsheet.

Getting services to involve the public



By involving local people, services help improve care for everyone.

BOB ICB Digital Access Lead has taken on board the feedback and recommendations from our GP access report, published in Oct 2024. Digital sessions are now being held at community centres to explain how the NHS app works, and to help people register and access the app where English is not the first language.

Improving care over time



Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.

Insights and recommendations shared from our Core20PLUS5 project have informed the local oral health strategy. Funding was allocated to deliver an oral hygiene campaign, this includes: advice to parent carers about oral and dental health; free floss, apple mint toothpaste and toothbrushes for 3- 6-year-olds.

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.

69

"The feedback local Healthwatch hear in their communities and share with us at Healthwatch England is invaluable, building a picture of what it's like to use health and care services nationwide. Local people's experiences help us understand where we – and decision makers – must focus and highlight issues that might otherwise go unnoticed. We can then make recommendations that will change care for the better, both locally and across the nation." **Louise Ansari, Chief Executive, Healthwatch England**



Listening to your experiences

Providing insight to address oral health issues

Last year, we provided insights into the experiences of oral health and hygiene of families with children under 10.

As part of the Government's Core20PLUS5 initiative to reduce health inequalities for children and young people, Reading needed an Oral Health strategy to address the higher than national average (29%/32%) of 5-year-olds enamel and/or dentinal decay.

What did we do?

- We interviewed 25 families with children under 10, living in most deprived areas of Reading. This included children with additional needs.
- Families were encouraged to share their experiences – successes, barriers and failures accessing local dental services between 2022 and 2024.

Key things we heard:



30%

of families visiting a dentist in the last 2 years went for an extractions/emergency treatment.

32%

did not visit a dentist or had any check up between 2022 – 2024.

28%

of the children had additional/special needs.

We found, since the pandemic, there was reduced access to dentists, lack of information and help in education settings. Disabled children faced significant challenges maintaining oral health and accessing specialist dentists.

What difference did this make?

- Our insights and recommendations have informed the local oral health strategy.
- Public health invited us to contribute to service specification content for the Targeted Supervised Toothbrushing Programme for 3–5-year-olds in early years setting.

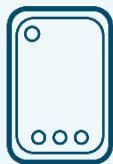
Listening to your experiences

Language matters

Last year, we reviewed the impact of “Lost for words” (2022) report related to language barriers, to see how people’s communication needs were met.

We hosted a collaborative conversation for people to share their experiences of accessing interpreter services. Their stories indicated there were gaps, the recommendations of the report were not fully actioned..

Key things we heard:



Lack of consistency in provision of translation and interpreters across all settings. Patients feel “not listened to”.

Delayed interpreter provision resulted in delayed diagnosis and subsequent treatment.

Change in staff approach and attitude on intervention by Healthwatch/other organisations.

69

“I don’t feel listened to – I know my situation; my previous doctor was very helpful, and I don’t understand why they don’t want to listen to me; why will they not get an interpreter for me to explain

Since the community conversation in September 2024, we have been working with health and social care provider to address the gaps in meeting people’s communication needs. Significant improvements have been made to date.

What difference did this make?

- Information on how to request an interpreter for hospital appointments has been added to RBNHFT’s website
- Information on how to use the ‘Reachdeck’ tool for translating webpages can now be easily found on RBNHFT’s website.
- A patient held card identifying people needing translation is being piloted.
- RBH is piloting a new service called ‘Wordstix on Wheels’, that offers virtual interpreters.
- RBH is preparing to launch a campaign regarding a self-referral process for individuals who need an interpreter.

Listening to your experiences

Empowering Young Women; Improving sexual health awareness and services

Our youth team investigated young women's sexual health (SH) and wellbeing across Reading and Wokingham Borough

Youth team discussions and experiences revealed inconsistencies in sexual health education, gaps in information and support, barriers accessing services.

What did we do?

Listened to young women's experiences using an online survey and:

- In-person engagements at colleges, universities, and community centres.
- Social media engagement: WhatsApp, Facebook, Instagram and X.

Key things we heard:



84%

were unaware they could call 0118 322 7202 for free contraception.

70%

young women aged 16–25 have never attended any sexual health check-up/screenings.

30%

were very/extremely comfortable discussing sexual health with healthcare professionals.

What difference did this make?

- Raised awareness, young voices to influence changes in SH services.
- Florey clinic will work with youth team to amplify young people's voices
- Public Health (PH) has agreed to explore feasibility of establishing collection points for improved access to STI testing kits.
- PH to develop a comprehensive SH information pack.
- PH will explore education session contents review and refinement.

69

"We value the insights provided by Healthwatch Youth and are eager to explore future opportunities for collaboration. We would welcome the chance to work with Healthwatch Youth and young people in Reading, Wokingham through focus groups. Such an initiative could provide valuable insights and serve as a constructive approach to identifying areas for improvement in sexual health and contraception services." **Rachael Smart - Clinical Lead Nurse, Florey Clinic**

Your Feedback

"Thank you for this insightful report. This has been positively received and welcomed by the Public Health and Wellbeing Team at Reading Borough Council. It is methodical, thorough and addresses a pressing health protection priority which is acknowledged by local politicians, system partners, stakeholders and impacts directly on the lives of young people in Reading.

It is a strength that the report is based on experiences and input of young people who took part in the survey. We would like to thank the Healthwatch Youth Team who led this project."

Dr Matthew Pearce, Director of Public Health, Reading

"It's been great to work with Alice and the Reading / Wokingham Healthwatch Team and see their commitment and values for engaging with local people and communities. SCW's links with the Healthwatch group on Community Languages Translation and Interpretation has really benefitted the quality of insight going into the NHSE Improvement Framework, through the local event, Language Matters: Thinking Together Community Conversation held in September 2024"

Andrew Fenton, Transformation Director (Population Health & Inequalities), NHS South, Central and West CSU

"Attending the excellent Thinking Together Community Conversation in Reading highlighted the vital role interpreter and translation services play in making health and social care truly accessible. For us in Healthwatch Somerset, this resonates deeply with our ongoing commitment to inclusive care, especially through our work with the deaf community. The team was also able to inform the Community Languages Translation & Interpreting Framework (CLTI) for Action for the NHS which was published in May 2025."

Gill Keniston-Goble, Manager HW Somerset

Your Feedback

"Zainab was very understanding and very friendly. It was pleasant to communicate with her. She gave me advice which I will follow. Thank you"

A community member

"Thank you for sharing this important report and its recommendations with us. The voices and concerns expressed by young people in this report are of utmost importance to us. We value the insights provided by Healthwatch Youth and will carefully consider and implement recommendations where feasible."

Dr Matthew Pearce, Director of Public Health, Reading

"The Trust's strong and valued partnership with Healthwatch has proved especially rewarding this year with a number of key achievements bringing benefits to patients and ensuring the services we provide to our hugely diverse communities are as safe, accessible and of the highest standard.

Over the course of the year, we have met regularly to initiate changes to the way we communicate and engage with overseas patients around their eligibility to NHS treatment. The national framework around this is extremely complex so it's important to ensure people understand the complexities. Healthwatch and other key partners like Reading Refugee Council have shared the views of a wide range of service-users to help us ensure information on our web site is up to date and as clear as it can be.

Similarly, Healthwatch have monitored the Accessibility content on our website and made valuable recommendations which have resulted in a number of improvements. For example, information about the Accessible Information Standard, our accessibility resources and instructions on how to use the Reachdeck tool for translating webpages are now easier to find, and we've added information on how to request an interpreter for hospital appointments. We are also currently piloting a patient held card which identifies people needing translation and is the result of a suggestion from Healthwatch.

Your Feedback

Access to healthcare within the community and close to home is another key focus for the Trust and a number of our gynaecology consultants are now working closely with partners in Primary Care and Healthwatch on a pilot Women's Health Hub covering nine GP practices providing additional menopause and other support.

Specific support around how to shape sexual health services for young people was also provided by Healthwatch. Working with our sexual health service, the Florey Clinic, we ran a focus group to gain insights in to how we can improve services. In addition, the Florey team valued the input from Healthwatch Youth who provided a good understanding about young people's sexual health education.

And Healthwatch provided welcome support in co-hosting a briefing with local community leaders to consider the impact of the Royal Berkshire Hospital moving to an alternative site. This was part of wide-ranging public engagement carried out over the year as the Trust considered options for a new hospital site. This work, carried out before the Government announced the hospital redevelopment was being delayed until late 2030, attracted more than 10,000 responses.

So, a year of meaningful and positive engagement with Healthwatch, in which we have benefitted from participating in their Learning Matters Programme and from which we have compiled a comprehensive action plan which we hope will lead to an equally rewarding and collaborative year ahead."

Katie Prichard-Thomas, Chief Nursing Officer, Royal Berkshire NHS Foundation Trust

Hearing from all communities

We're here for all residents of Reading. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Collaboratively working with other local organisations to identify key concerns of local diverse communities.
- Listening to young (aged 16-24) women's sexual health services experiences using face-to-face and virtual (social media) engagement methods.
- Convening diverse stakeholders to create a platform where lived experiences shaped the agenda, local voices are heard and acted on.



Presence in the community

Engagement snapshot, 2024/25

Mental Health Day, Acre 7/6/24	Oral Health Event RBC Weller centre, 10/6/24	Sudanese community Eid Celebration, 16/7/24	Celebrating Mayor of Reading, 23/7/24
Language matters, 12/9/24	CHC open day, 14/9/24	University fresher week, 24/9/24	Loneliness and mental health, RVA Reading, 24/9/24
Older People Day, 1/10/24	Utulivu Community Award Ceremony, 31/10/24	Caring for migrant families, 05/11/24	University of Reading Community forum, 14/11/24
Men2men conference, 30/11/24	The Dialogue Society, 11/12/24	McMillan Cancer Research, 19/12/24	South Reading Community Networking, 13/02/25
Parenting children with special needs, 16/02/25	Reading Integrated Board meeting, 19/02/25	RVA AGM, 25/02/25	Community Led Research Pilot University of Reading, 10/03/25
Heath inequalities Conference, 28/03/25			

Improving access to health and social care for local diverse communities, Reading West

Identifying health and well being concerns of the local community

Through regular community engagement at venues like the Oxford Road Community Well being Hub, we identified key concerns such as poor hotel food, language barriers, digital exclusion, and difficulties accessing health services.

What difference did this make?

- Collaborative work by local organisations helped improve food quality.
- Distribution of free SIM cards with data has enabled digital access, use of the NHS app thus improving GP registrations and appointment bookings.
- Overall, this has strengthened trust in local health services.

Helping communities access NHS digital services, Reading South

Members at the Whitley community centre told us they struggled accessing GP services and were confused with questions from care navigators.

To help, our staff and volunteers used a specially designed infographic that we previously created, and a video from Dr. Amit Sharma to communicate the new ways of working at GP surgeries.

What difference did this make?

- Multilingual volunteers educated people with the new ways of working.
- People understood that Care navigators have replaced receptionists.
- Care navigators ask questions to redirect people to appropriate services/professionals.
- Our staff and volunteers also helped raise awareness of the NHS app.

How we use what you tell us to make a difference

Raising awareness of eligibility to free NHS treatment

At the Alliance for Cohesion and Racial Equality (ACRE) and Utulivu health inequalities conference, awareness was forming about eligible adults and children being incorrectly receiving bills for free NHS treatment.

We investigated this further by inviting feedback from impacted individuals and voluntary sector support organisations in Reading.

We facilitated a community conversation between RBFT's senior management team, voluntary sector organisations and community leaders to discuss our findings and how they can be addressed.

At the conversation, the trust immediately acknowledged the impact of these bills and offered a commitment to address the issue and make improvements.

What difference did this make?

- We worked with the Trust to improve their "overseas patient" webpage. It clearly explains how NHS treatment billing works, and the page is now more accessible.
- An impacted family has confirmed that no further bills were received for their child's treatment. This was shared with the trust.
- RBFT has since produced a draft fact sheet for the public explaining how charging for NHS treatment is applied. Once finalised, the document will be used to raise awareness about this issue.

69

"Over the course of the year, we have met regularly to initiate changes to the way we communicate and engage with overseas patients around their eligibility to NHS treatment. [...] Healthwatch and other key partners like Reading Refugee Support have shared the views of a wide range of service-users to help us ensure information on our web site is up to date and as clear as it can be." Royal Berkshire NHS Foundation Trust.

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year 1407 people have reached out to us for advice, support or help finding services.

This year, we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services



Information and signposting

Access to GP care after two painful years

MJ wanted help to access GP services while needing an interpreter.

We signposted MJ to two service providers. One of them intervened with the practice MJ was trying to register with and ensured MJ was properly registered.

MJ is now well treated, attends regular appointments with the support of an interpreter, and was finally able to discuss the diagnosis of a painful condition he had shared with his previous GP surgery in April 2023.

69

“Before I came to you, I was feeling low in myself and disappointed about the way I was treated by some of the health services, I felt ignored. But now I feel like the “**GREEN LIGHT of HELP**” was switched on. I get the help I need, and everyone is very nice towards me”

A voice heard, cancer patient story

P felt overwhelmed with escalating fines after being wrongly billed for NHS treatment

A GP error left vital exemption forms unsigned. Despite proof and repeated contact, the NHSBSA persisted with fines. P struggled alone and felt overwhelmed—until we stepped in.

The issue was raised with Royal Berkshire Hospital, prompting urgent investigation. The cancer services team liaised with NHSBSA, and the billing error was resolved.

P can now focus on healing, not fighting bureaucracy. Healthwatch Reading ensured his voice was heard when it mattered most.

69

“Thank you for all your help with my issue and I hope my case will put a stop to this happening to anyone else in the future”

Showcasing volunteer impact

Our fantastic volunteers have given 999 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Visited communities to promote our work
- Collected experiences and supported their communities to share their views



Showcasing volunteer impact

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

"Volunteering with Healthwatch Reading provides valuable hands-on experience, especially for students and professionals who want to make a real difference in community health."

Bibi joined us to gain real-world experience and understand how public health initiatives are implemented at the community level.

"My experience has been incredibly rewarding. I have had the chance to be involved in a variety of events and projects, from community health checks to university engagement events. Each activity offered a unique perspective on how public health work intersects with everyday lives."

Bibi



"My participation in oral health projects for Healthwatch as a community connector was an amazing chance for me to work with others and build a good relationship with my local community "

Saadia joined us as a community connector to gain experience and new skills such as planning events, leadership, communication and problem solving.

"I definitely recommend people to volunteer with Healthwatch as this will be a golden opportunity for everyone to enhance their experience and gain new skills"

Saadia



Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.



www.healthwatchreading.co.uk



0118 214 5579



info@healthwatchreading.co.uk

Finance and future priorities

We receive funding from Reading Borough Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£99,771	Expenditure on pay	£95,757
Additional income	£16,667	Non-pay expenditure	£16,014
	£486	Office and management fee	£20,927
		Reserves	-£15,774
Total income	£116,923	Total Expenditure	£116,923

Additional monies were transferred from reserves to balance the budget – this was generated from previous years' underspend.

Additional income is broken down into:

£16,667 received from BOB ICB Capacity Building

Integrated Care System (ICS) funding:

Healthwatch across **BOB ICB** also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
PPG (Patient Participation Group) engagement programme across Berkshire West	£16,667
BOB ICB Core20PLUS Connectors Programme	£486

Finance and future priorities

Next steps:

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

- 1. Primary care:** we will follow up with communities to understand how things have changed for them since our GP Access, Core20PLUS5 and Pharmacy first projects.
- 2. Women's health:** ensure there are no Women's health inequalities in BOB ICB, women across Reading and Berkshire West remain at the heart of health and care planning.
- 3. Men as carers:** male carers generally do not access services at early opportunities. We will be listening to these hidden carers and the issues they encounter.

Statutory statements

**Healthwatch England, 2 Redman Place, Stratford, E20 1JQ
The Advocacy People, PO Box 375, Hastings, East Sussex, TN34 9HU.**

Healthwatch Reading uses the Healthwatch Trademark when undertaking our statutory activities as covered by the license agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Advisory group consists of three members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2024/25, the group met **4** times and made decisions on matters such as **work plan and engagement activities**. We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, social media and newsletter.

Statutory statements

Responses to recommendations

We had **zero** providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to **local Health and well being board, Adult and Children Education committee (ACE)**.

We also take insight and experiences to decision makers in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System and work with other Healthwatch within this area to ensure voices are heard from all parts of the community. For example, we have a seat at the System Quality Group and BOB ICB Health Inequalities Board. We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch **Reading** is represented on the **Reading Health and Wellbeing Board** by Reading Health and Wellbeing Board by Alice Kunjappy-Clifton, Lead Officer, Healthwatch Reading.

During 2024/25, our representative has effectively carried out this role by sharing our work and future workplans, as well as asking questions from the public perspective and ensuring the public voice is considered in decision-making..

The 3 Berkshire West Healthwatch (Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham Borough) delivered through representation at place level which was and continues to be shared between Alice Kunjappy-Clifton (Lead Officer, Healthwatch Reading and Healthwatch Wokingham Borough), Fiona Worby (Lead Officer, Healthwatch West Berkshire) and Jamie Evans (Area Director, Healthwatch in Berkshire West).

Statutory statements

Enter and view

We made no Enter and View visits the year. Other methodologies better suited our work priorities such as reaching out to communities through focus groups. For 2025/2026 we'll be thinking about the best ways to ensure our primary care recommendations are actioned, as well as focusing on gathering views for our other projects. We don't expect these themes to require Enter and View methodology.

2024 – 2025 Outcomes

Project/activity	Outcomes achieved
Core 20 plus five – oral health	<ul style="list-style-type: none">A proportion of the Household Support Fund has been allocated to deliver an oral hygiene campaign.This includes the promotion of oral health, with advice to parent carers about oral and dental health.Free floss, apple mint toothpaste and toothbrushes for 3- 6-year-olds.
GP Access	<ul style="list-style-type: none">The GP Access report is being used by BOB to launch discussions about patient engagement around the digital strategy.Digital sessions are now held at community centres to demonstrate how the NHS app works and help people register with it, particularly those who do not have English as their first language.
Language Matters	<ul style="list-style-type: none">Information on how to request an interpreter for hospital appointments has been added to RBNHFT's website

Statutory statements

2024 – 2025 Outcomes

Project/activity	Outcomes achieved
	<ul style="list-style-type: none">Information on how to use the Reachdeck tool for translating webpages can now be easily found on RBNHFT's website.A patient held card identifying people needing translation is being piloted.RBH is piloting a new service called 'Wordstix on Wheels', that offers virtual interpreters.New Directions colleague has been commissioned by the local authority to train community interpretersRBH is preparing to launch a campaign regarding a self-referral process for individuals who need an interpreter.
Eligibility to NHS treatment	<ul style="list-style-type: none">We worked with the Trust to improve their "overseas patient" webpage. It clearly explains how NHS treatment billing works, and the page is now more accessible.An impacted family has confirmed that no further bills were received for their child's treatment. This was shared with the trust.RBFT has since produced a draft fact sheet for the public explaining how charging for NHS treatment is applied. Once finalised, the document will be used to raise awareness about this issue.

Statutory statements

2024 – 2025 Outcomes

Project/activity	Outcomes achieved
Empowering young women	<ul style="list-style-type: none">The Florey Unit at the Royal Berkshire Hospital is planning to co-design work with young people this summer.Bracknell and Wokingham College welcomed the findings as relevant and timely.The Children and Young People Partnership Lead recognised its value in addressing local priorities.Reading Borough Council Public Health has accepted the joint report positively, will be sharing the findings at strategic forums including the Health and Wellbeing Board, HOSC, and the BOB ICB Health Inequalities Board.Through our working with Healthwatch England, these local voices are also being heard at national level, including to Parliamentary Select Committees.
Women's health	<ul style="list-style-type: none">Following our request, a women's Health Hub pilot was made available in Berkshire west from October 2024 until June 2025.A survey will be launched to gather input for women's health hub requirements.Going forward, a women's hour focus group will be conducted to discuss women's healthcare needs.

Healthwatch Reading
Oxford Road Community Centre,
344 Oxford Road,
Reading, RG30 1AF

-  www.healthwatch.readingco.uk
-  0118 214 5579
-  info@healthwatchreading.co.uk
-  [/HealthwatchReading](https://www.facebook.com/HealthwatchReading)
-  [@healthwatchreading](https://www.instagram.com/healthwatchreading)



READING HEALTH AND WELLBEING BOARD

Date of Meeting	11 July 2025
Title	Autism Strategy: Year 3 Action Plan update
Purpose of the report	To note the report for information
Report author	Sunny Mehmi
Job title	Assistant Director for Operations, Adult Social Care
Organisation	Reading Borough Council
Recommendations	<ol style="list-style-type: none"> That the Health and Wellbeing Board note this report as progress of the Year 3 (2024/25) All Age Autism Strategy Action Plan.

1. Executive Summary

- The purpose of this report is to inform the Health and Wellbeing Board of the progress of the Year 3 (2024/25) All Age Autism Strategy Action Plan across Reading.
- The Reading Autism Strategy and the Action Plan is unfunded and delivered within the existing resources of the partner members of the Autism Partnership Board.
- Over the last year (2024/25) delivery of the Action Plan has been noted across all workstreams and primarily actions were delivered on time.

2. Policy Context

- The Autism Act 2009 set out the requirements for local authorities and NHS bodies to work with local partners to improve services and support autistic people. The Act put a duty on Government to produce and regularly review an 'Autism Strategy' to meet the needs of children, young people and adults with autism in England. The latest Autism Strategy was published in July 2021: 'The national strategy for autistic children, young people and adults: 2021 to 2026. Reading's strategy and action plan enables us to align the national priorities with local demands and needs of residents in Reading with autism.
- The Reading All Age Autism Strategy was adopted at the Health and Wellbeing Board on the 20th January 2023. It was agreed at that Board that regular updates on the progress of the action plan would be presented back to the HWB Board and ACE Committee.
- Public and partner engagement was a core element of developing Reading's Autism All Age Strategy (2022-2026), including autistic people and their families and carers, third sector and voluntary organisations and professionals from across Reading. Engagement and coproduction took place via interviews, workshops, surveys, forums, feedback through existing local groups, targeted outreach to groups and feedback sessions. This insight was used to inform and shape the strategy and its action plan, and to test emerging findings, recommendations, priorities, and vision development.
- As a result of the engagement and feedback **Seven** priorities were developed:
 - Improving awareness, understanding and acceptance of autism

2. Improving support and access to early years, education and supporting positive transitions and preparing for adulthood
3. Increasing employment, vocational and training opportunities autistic people
4. Better lives for autistic people – tackling health and care inequalities and building the right support in the community and supporting people in inpatient care
5. Housing and supporting independent living
6. Keeping safe and the criminal justice system
7. Supporting families and carers of autistic people

2.5. The Reading All Age Autism Strategy and its associated Action Plan is developed and delivered by the Reading Autism Partnership Board. This Board reports directly into the Health and Well Being Board to ensure this strategy remains a priority and owned by all partner agencies. The Autism Partnership Board has presentation from the following agencies:

- RBC Adult Social Care (Chair)
- Reading Families Forum
- BOB Integrated Care Board
- Brighter Futures for Children (Operational and Commissioning representatives)
- Adults Commissioning & Contracts
- Autism Berkshire
- Royal Berkshire Hospital
- Thames Valley Police

3. The Proposal

3.1. The following outlines the progress Partner agencies have made in delivering Year 3 of the All-Age Autism Strategy. Some of the key developments include, the Action Plan can be seen in Appendix 1:

Autism Training

- Ongoing Oliver McGowen training for all health and care staff.
- Autism awareness drop-in session run by Adult Social Care for all Reading Borough Council staff
- Majority of Schools have had the Good Autism Practice (GAP) training as part of the Reading Inclusion Support in Education

Early Years Support

- Early Years Special Educational Needs and Disabilities (SEND) continue to attend where capacity allows Education, Health and Care Plan panel.
- Early Years Special Educational Needs and Disabilities (SEND) have embedded Good Autism Practice training from Award in Education and Training (AET) training into Inclusive Practise in Early Years training for Early Years Sector.
- Early Years ARPS (18 FTE places) supporting access to early years provision.

Education Support

- The Autism Growth Approach is Reading's strategic approach to developing neuropositive practice in schools. It was written in response to the increasing numbers of autistic and neurodivergent children in the population, a lack of professional confidence in supporting this community and information from neurodivergent children and their families about their lived experiences in Schools.
The strategy outlined the need for inclusive, equitable education that shifted the perspectives and narratives about neurodivergent people from deficit to difference and supported school and setting staff to make evidence informed reasonable adjustments so that autistic and neurodivergent children can thrive authentically and confidently in education.
- The Growth strategy has achieved the following outcomes:
 - Training and Capacity Building: 63% of Reading schools have completed AET's good autism practice training. This has significantly raised awareness and

competence among educators. Other initiatives such as the Instructional coaching Project and PINS project has also involved several schools in embedding best practice approaches.

- Systemic Support: The plan and supporting research and training formed the basis of the RISE operating manual, guiding advisory support and leadership practices in schools. RISE have undertaken 314 school visits to-date to support implementation of these approaches.
- Professional Networks: The AET Hub's professional network has fostered shared practice and peer support, particularly within Additionally Resourced Provisions (ARPs).
- Quality Assurance and ARP development: New places have been created in ARPs within mainstream settings. ARP training, advice and QA processes have been further developed based on the five-point plan. ARP QA visits and SEND reviews have highlighted strengths following training, in environmental adaptations, curriculum planning, and teaching methods that support memory and reduce cognitive load.
- Community Engagement: Neuropositive approaches were discussed and reinforced at yearly local SEND conferences, amplifying the voices of national autistic and neurodivergent experts and reinforcing community commitment. Good Autism Practice training has been provided for officers working with schools and for departments across BFFC.
- Development of the Reading Inclusion Five Point Plan (2024–26), aimed at embedding neuro-affirmative practices across schools in Reading. Rooted in evidence-based strategies from the Autism Education Trust (AET), National Autistic Society (NAS), Education Endowment Foundation (EEF), and Department for Education (DfE), the plan seeks to create inclusive, supportive environments in which neurodivergent and SEND learners can thrive. The five-point plan outlines practical, research-informed strategies that every teacher and school should adopt:
 - Environmental Adaptations: Schools have reduced sensory distractions, used high-quality visuals, and simplified spoken instructions to support cognitive processing and reduce overload.
 - Instructional Practices: Teachers are encouraged to use principles of instruction, build in processing time, and scaffold tasks to ensure accessibility.
 - Behaviour and Routines: Emphasis is placed on teaching routines until they become automatic, using quiet transitions, and adopting relational behaviour approaches.
 - Curriculum and Communication: Specific curriculum content has been developed to meet the needs of neurodivergent learners, with a focus on language development and oracy.
 - Whole-School Culture: All staff receive autism practice training, and schools promote positive representation and active listening to neurodivergent voices.

Transitions to Adulthood

- Over 3500 hours of social development by promoting play as a wellbeing tool and provide access for young people to play support building resilience and key life skills most of which will be reaching autistic young people.
- Monthly meetings held between Brighter Futures for Children and Adult Social Care to ensure a seamless hand over of young people
- SEN Strand 4 Action Plan refreshed with focus on commissioning services to meet future need, health and employment support
- Refresh of the Preparing for Adulthood Policy and Web pages.

Employment Support

- Between April 2024 and mid-March 2025, Elevate Careers Service (BFFC) had 706 careers information, advice and guidance interventions with young people aged 16 to 25 who were registered NEET (not in education, employment or training) or were at risk of NEET. 144 of those sessions were with young people who we knew were SEN or SEND.
- Elevate continued operating an appointment system from the central location at St Mary's Butts, at Reed Recruitment Agency. They have ensured that young people had access to the Elevate support from other locations such as Reading College, Katesgrove Community Centre and RBC Civic Centre.
- Elevate have worked closely with the careers leads at The Avenue School and Brookfields School and delivered 4 days of 1:1 careers guidance sessions to 24 students.
- In December 2024, in total 421 young people aged 16- 25 with an Education and Health Care plan were registered on the system. 81.2% participated in mainstream education and training (In comparison, South East 46.1% and 51.3% England); 3.1% were registered in supported internship (0.6% South East and 0.9% England)
- In 2024, Elevate has worked on tracking all young people aged 16-25 with SEND ensuring that our post 16 SEND data is robust so the right support could be directed to those who needed our support to access education or employment. In December 2024 only 1% of our cohort's destination was recorded as "not known" (in relation to their current destination in education or employment). In comparison, the average "not known" % for South East was 41.3% and 33.5% nationally in England.
- In December 2024, 8.6% of the cohort was registered NEET, the NEET figure for South East was 8.1% and 10.3% in England. (source of data NCCIS)
- Elevate continued to lead with The Post 16 Participation and Engagement network, whose key members include several key post 16 providers from education, employment including Thames Water, John Lewis Partnership, Reading College, New Meaning Training, Chiltern Training, Reading Borough Council Apprenticeships Team, Starting Point mentoring charity, DWP, Berkshire LEP.
- In July 2024 Elevate organised a careers fair for young people aged 16 to 25 including year 11 leavers with SEN/EHCP and those at risk of NEET after leaving school. Over 105 young people aged 16-25 and many parents and support workers attended on the day. Representatives attended from Army careers, Activate Learning – college courses, Adult Social Care, AWE, BFFC - Early Years Careers, Chiltern Training – Childcare and Business apprenticeships, DWP, John Lewis & Waitrose, New Meaning– Achieve, Boast, Sport and Construction programmes, New Directions College, NHS, Reading Borough Council – Apprenticeship team, Shaw Trust – Supported internships, Starting Point – Mentoring programmes, Thames Water – Apprenticeships and employability advice, Ways into Work – Supported Internships.

Vocational Support

- New Directions College provide toolkits to support teaching staff deliver provision to adults with autism along with refresher training in working with adults with autistic traits.
- New Directions College has a supported learning course provision which support adults develop skills to support more independent living and or into work – including autistic adults and neurodiversity.
- New Directions College works with employers to provide work experience opportunities and as part of that process we ensure that the learners needs are clearly communicated to employers - which will include adults with autism.

Healthcare Support

- During 2024, the Learning Disability and Autism ICB team have established a monthly oversight board that brings together mental health provider trusts, VCSE representation and lived experience to review and monitor progress of the Learning Disability and Autism work programmes

- Ongoing support to 40 primary schools to understand how to support and meet the needs of neuro-diverse children in school settings. Work took place in partnership with BHFT, RISE team and parent carers forums.
- Commissioning of work across Berkshire to understand profiling and support needs. ICB has led on developing a policy to standardise Dynamic Support Registers (DSR) across our system. The DSR is a national policy that aims to identify autistic CYP and adults that are at risk of MH inpatient admission and promote a multi-agency response and intervention to reduce inappropriate admission under MHA
- ICB has led on developing a policy in relation to Care, education and Treatment Reviews (CeTR) to standardise practice across the system. CeTR are a national policy and aims to ensure that a persons needs are reviewed prior to admission to a MH inpatient admission to ensure that the correct community support and intervention is provided to prevent inappropriate admissions, and if an admission is appropriate for treatment of a co-occurring MH condition that a persons needs and requirements relating to their autism are understood and care planned for. CeTR also takes place during the inpatient spell occurring at least six monthly, this review ensures that a persons needs and requirements are supported during the inpatient spell, treatment is occurring and that there are plans (and progress) toward discharge.
- Commissioner Oversight Visits (CoV) are another NHSE requirement to gain assurance that the patient is safe and well and take place on a six weekly basis. The ICB have developed a local policy to standardise this practice across the system.
- An autistic lived experience review of all MH inpatient wards within BOB took place during 2024, this has informed action plans for improving inpatient wards for autistic users. This work has supported the NHSE three year Mental health, learning disability and autism inpatient quality transformation plan (2024). Ongoing work to improve MH inpatient settings for autistic service users now sits within this programme of work.
- Version three of a co-produced reasonable adjustment passport for autistic service has been implemented in March 2025, this passport has been developed to specifically focus on improving access to services and has been adopted and implemented across our MH system for adults. Work is now starting with our acute provider trusts to pilot this into out patient clinics.
- During 2024 a reasonable adjustment passport to support dental appointments in community special care dentistry was developed, piloted and evaluated. Pilot demonstrated benefits for service users attending appointments and for dental staff providing the appointment. Work will be taking place during 2025 to embed the passport into the new patient registration process and ensure it is available and can be located within the patient record.
- BOB ICB have established a service user engagement group for neuro-divergent services that supports co-production approaches. The forum meets monthly and engages with services to understand barriers to accessing services or support and identify solutions. Examples of work undertaken includes review of the ambulance experience which led to a range of recommendations being implemented by South Central Ambulance Service, co-production of the reasonable adjustment passport for special care dentistry and identifying reasonable adjustments for accident and emergency departments in acute hospitals.

Supported Living Accommodation

- Supported Living accommodation tender work is underway ahead of going out to tender Autumn 2025. Approved by Reading Borough Council. Needs Analysis completed and service specifications under development. Service user working group has been set up for consultation on the tender.

Criminal Justice Support

- There has been significant improvement in officer understanding and awareness around Autism.
- The new Custody suite is still a few years off, but it is being designed with Neurodiversity and vulnerability in mind.

Carers and Family Support

- BFFC have further developed the Short Breaks offer with high take up:
 - December short breaks, attendance 97.5%, 16 spaces
 - Feb half term short breaks, 16 places, 100 % capacity
 - Easter short breaks, 32 places. 100 % attendance.
 - Cressingham Short Breaks Residential Home has had renovation works undertaken to the home to make the garden and outdoor spaces more accessible.
- Relaxed and adapted performances at The Hexagon and South Street, where the production and environment has been specifically designed to welcome people who will benefit from a more relaxed performance environment, including families with young children, people with an Autism Spectrum Condition.
- Visual Stories for those visiting the arts venues are available to view or download. Familiarisation visits for those for whom new venues can cause anxiety are available under arrangement with box office.
- The Access List for arts venues was launched in 2024 this is a way to register needs in order to make the booking process and the show experience as smooth as possible, anyone can join the Access List.
- All library sites except Reading (pending move) have a virtual tour space on homepages for each site example <https://www.reading.gov.uk/leisure/libraries/all-libraries/tilehurst-library/>
- Museums, My Way (partnership with The MERL and Berkshire Autism) - Drop-in breakout space and resources now provided every Saturday at Reading Museum for neurodiverse visitors and their families. In addition, the museum has held special events to talk to people supported by organisations including Berkshire Vision, and Autism Berkshire.
- Staff within Children and Young People's Disabilities Service have accessed Attention Autism Training to assist in direct work with children and young people.
- Carers Partnership service is now embedded with no waits for carers assessments and support.

- 3.2. The Autism Partnership Board will continue to oversee the delivery of the action plan through regular governance meeting and will provide an annual report to the Adult Social Care, Children's Services and Education Committee and the Health and Well- Being Board
- 3.3. Appendix 2 shows the remaining areas of work outstanding which were outlined in the Autism Strategy and is planned in the next year. Given the budget constraints, the following actions may be challenging to achieve: ongoing increasing public awareness, support with getting driving licences, reducing waiting times for autism assessments.
- 3.4. Year 4 (2025/26) is the last year of the Autism Strategy, the Board has discussed a light refresh of strategy, confirming the priorities with people with lived experience and partners, I anticipate this work to take place between October 2025 and March 2026.

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

- 4.1. The formation of the Autism Partnership Board, the Strategy and Action Plan alongside key partners across the Health, Educational and Voluntary sector ensure that Strategic Aims set out in the Berkshire West Health and Wellbeing Strategy are met:
 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 Furthermore the following ambitions are realised through the work plan of the Board, All age Autism Strategy and its Action Plan.

- To promote equality, social inclusion and a safe and healthy environment for all
- Contributions to Community Safety, Health and Wellbeing of children, young people and adults with autism.

5. Environmental and Climate Implications

5.1. There is no environmental or climate implications arising from this report. This is an existing strategy and action plan with no additions to be considered that would have environmental and climate implications.

6. Community Engagement

6.1 Since the developed on the Autism Strategy and Action Plan throughout 2022, no further consultation has taken place. However ongoing partnership work to deliver the strategy and its action plan continues. We ensure the voice of autistic residents is reflected through our partners on the Board.

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 An Equality Impact Assessment (EIA) was completed as part of the development of the Autism Strategy and Action Plan for the January 2023, this has been reviewed and no amendments required, see Appendix 3.

8. Other Relevant Considerations

8.1 Not applicable

9. Legal Implications

9.1 There are no duties for the Local Authority regarding the Autism Board however there is a requirement to carry out / implement the Autism Strategy which was published in July 2021: 'The national strategy for autistic children, young people and adults: 2021 to 2026 on a local level. The Local Authority also need to consider the needs of children, young people and adults as part of our legal duties under the Care and Families Act 2014 and Care Act 2014.

9.2 Under the Section 1 and 4 of the Care Act the Local Authority has a duty to 'Promote individual well-being' and 'Provide Information and Advice. We have a responsibility under Section 9 to 'Assess an adult care and support needs' and under section 18 a 'Duty to meet the care and support needs'.

10. Financial Implications

10.1 There are currently no significant budget implications regarding the implementation for the Strategy and Action Plan. The delivery of the Action Plan is within existing resources and reviewing existing pathways to meet the needs of residents. The care and support needs of our autistic residents who have eligible needs and require social care are met as per our legal duties.

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. There are none.

Appendices

1. All Age Autism Action Plan Year 3 update
2. Reading All Age Autism Strategy Priorities - What we said we would do and is still outstanding
3. The Equality Impact Assessment



Appendix 1 - Reading All-Age Autism Action Plan Year 3 2024/25 - Year end updates

Priority 1: Improving awareness, understanding and acceptance of autism		Lead (s): Autism Partnership Board		
Action	Measure of Success / Outcome	By When	By Whom	Work completed in 2024/25
Create opportunities for more regular and informal engagement (coffee mornings, autism forums) Page 77	Improved engagement	March 2025	Autism Berkshire RISE	<ul style="list-style-type: none">Autism Berkshire in 2024/26 supported 544 people with 4388 contacts.Programmes of work delivered by Autism Berkshire included:<ul style="list-style-type: none">Autistic Adults are offered an individual consultation when they first register. They can book another session later if they require.They can choose between a phone call, MS Teams call, face to face session either before or after the Reading Drop In (Monday afternoons twice a month), or a booked appointment at Maidenhead Library.Drop In sessions (daytime in Reading or evening in Maidenhead, rather than book another appointment as this is more efficient and builds independence and resilience; and promotes peer support and reduces isolation.Group workshops to learn about autism are held online using ZoomAutism awareness drop-in session run by Adult Social Care for all Reading Borough Council staffOngoing support to 40 primary schools to understand how to support and meet the needs of neuro-diverse children in school settings. Work took place in partnership with BHFT, RISE team and parent carers forums.

Working with Reading Buses to increase knowledge of Autism	Raised awareness of Reading Bus workforce	March 2025	BFFC	<ul style="list-style-type: none"> Work deferred to 2025/26
Working with Ethical Reading improve the understanding and guidelines for employers, including reasonable adjustments	Increased engagement from local employers	March 2025	BFFC	<ul style="list-style-type: none"> Elevate continued to lead with The Post 16 Participation and Engagement network, whose key members include several key post 16 providers from education, employment including Thames Water, John Lewis Partnership, Reading College, New Meaning Training, Chiltern Training, Reading Borough Council Apprenticeships Team, Starting Point mentoring charity, DWP, Berkshire LEP. Elevate organised a careers fair for young people aged 16 to 25 including year 11 leavers with SEN/EHCP and those at risk of NEET after leaving school. Over 105 young people aged 16-25 and many parents and support workers attended. Their were representatives from Army careers, Activate Learning – college courses, Adult Social Care, AWE, BFFC - Early Years Careers, Chiltern Training – Childcare and Business apprenticeships, DWP, John Lewis & Waitrose, New Meaning– Achieve, Boast, Sport and Construction programmes, New Directions College, NHS, Reading Borough Council – Apprenticeship team, Shaw Trust – Supported internships, Starting Point – Mentoring programmes, Thames Water – Apprenticeships and employability advice, Ways into Work – Supported Internships.

Priority 2: Improving support and access to early years, education and supporting positive transitions and preparing for adulthood		Lead (s): BFFC & Adult Social Care		
Action	Measure of Success / Outcome	By When	By Whom	Work completed in 2024/25
Dissemination of national material to raise awareness in schools to addressing bullying towards autistic children	Improve the awareness in schools to addressing bullying towards autistic children	March 2025	BFFC	<ul style="list-style-type: none"> Majority of Schools have had the Good Autism Practice (GAP) training as part of the Reading Inclusion Support in Education The Autism Growth Approach is Reading's strategic approach to developing neuropositive practice in schools. It was written in response to the increasing numbers of autistic and neurodivergent children in the population, a lack of professional confidence in supporting this community and information from neurodivergent children and their families about their lived experiences in Schools. <p>The strategy outlined the need for inclusive, equitable education that shifted the perspectives and narratives about neurodivergent people from deficit to difference and supported school and setting staff to make evidence informed reasonable adjustments so that autistic and neurodivergent children can thrive authentically and confidently in education.</p>
Ensure there is a clear process for information sharing in place between BFFC and ASC on children transitioning into adulthood	Redesign of the Preparing for Adulthood Website Refresh of the Preparing for Adulthood Policy	March 2025	BFFC / ASC	<ul style="list-style-type: none"> Preparing for Adulthood website and policy reviewed and refreshed Monthly meetings held between Brighter Futures for Children and Adult Social Care to ensure a seamless hand over of young people SEN Strand 4 Action Plan refreshed with focus on commissioning services to meet future need, health and employment support

Priority 3. Increasing employment, vocation and training opportunities autistic people		Lead (s): BFFC Elevate & New Directions College		
Action	Measure of Success / Outcome	By When	By Whom	Work completed in 2024/25
ASC to work in partnership with Job Centre+ to increase employment opportunities	Increase in the number of ASC LDA service users in employment	March 2025	ASC / Job Centre +	<ul style="list-style-type: none"> ASC have established strong collaborative links with Disability Employment Advisers at Reading Jobcentre. Through this partnership with Jobcentre Plus, we aim to: <ul style="list-style-type: none"> Identify and tailor job opportunities that align with the strengths and interests of individuals on the autism spectrum. Provide ongoing support to both employers and employees to ensure sustainable employment. Raise awareness among local employers about the benefits of a neurodiverse workforce. Facilitate training and workshops to improve workplace inclusivity and understanding of Autism Spectrum Conditions (ASC). Together, we are committed to creating a more inclusive job market where adults with Autism can thrive and contribute meaningfully to the workforce.
Targeted work with schools and employers to support young people	Increase participation of autistic young people 16 to 18 (up to 25 with an EHCP) in accessing employment, education and training opportunities	Ongoing	Elevate, BFFC	<ul style="list-style-type: none"> Between April 2024 and mid-March 2025, Elevate Careers Service (BFFC) had 706 careers information, advice and guidance interventions with young people aged 16 to 25 who were registered NEET (not in education, employment or training) or were at risk of NEET. 144 of those sessions were with young people who we knew were SEN or SEND. Elevate continued operating an appointment system from the central location at St Mary's Butts, at Reed Recruitment Agency. They have ensured that young people had access to the Elevate support from other locations such as Reading College, Katesgrove Community Centre and RBC Civic Centre.

				<ul style="list-style-type: none"> Elevate have worked closely with the careers leads at The Avenue School and Brookfields School and delivered 4 days of 1:1 careers guidance sessions to 24 students.
Priority 4. Better lives for autistic people – tackling health and care inequalities and building the right support in the community and supporting people in inpatient care		Lead (s): BOB Integrated Care Board (ICB)		
Action	Measure of Success / Outcome	By When	By Whom	Work completed in 2024/25
Reasonable Adjustment Projects:				
Reasonable Adjustments into Specialist Dentistry Pathways 2024-25	Pilot completed. Pilot Evaluated Findings and Learning Published Implementation as BAU		BOB ICB and TVCDS	<ul style="list-style-type: none"> During 2024 a reasonable adjustment passport to support dental appointments in community special care dentistry was developed, piloted and evaluated. Pilot demonstrated benefits for service users attending appointments and for dental staff providing the appointment. Work will be taking place during 2025 to embed the passport into the new patient registration process and ensure it is available and can be located within the patient record.
Reasonable Adjustments into acute / MH hospitals planned procedures	Pilot completed. Pilot Evaluated Findings and Learning Published	March 2025	BOB ICB RBH, BHT, OUH	<ul style="list-style-type: none"> Version three of a co-produced reasonable adjustment passport for autistic service has been implemented in March 2025, this passport has been developed to specifically focus on improving access to services and has been adopted and implemented across our MH system for adults. Work is now starting with our acute provider trusts to pilot this into out patient clinics. An autistic lived experience review of all MH inpatient wards within BOB took place during 2024, this has informed action plans for improving inpatient wards for autistic users. This work has supported the NHSE three year Mental health, learning disability and autism inpatient quality transformation plan (2024).

				Ongoing work to improve MH inpatient settings for autistic service users now sits within this programme of work.
Improve DSR consent rates and uptake among autistic people in the community	Reduction of inpatient admissions for autistic people	March 2025	BOB ICB	<ul style="list-style-type: none"> ICB has led on developing a policy to standardise Dynamic Support Registers (DSR) across our system. The DSR is a national policy that aims to identify autistic CYP and adults that are at risk of MH inpatient admission and promote a multi-agency response and intervention to reduce inappropriate admission under Mental Health Act
Ensure that Commissioner Oversight Visits (COVs) put reasonable adjustments in place for Commissioner Oversight Visits	Improved engagement with COVs	March 2025	BOB ICB	<ul style="list-style-type: none"> Commissioner Oversight Visits (CoV) are another NHSE requirement to gain assurance that the patient is safe and well and take place on a six weekly basis. The ICB have developed a local policy to standardise this practice across the system.
Improve C(E)TR consent rates and uptake among autistic people, both in the in-patient and community contexts and ensuring reasonable adjustments are put in place	Increasing numbers of C(E)TRs for autistic people and reduced numbers of refusals	March 2025	BOB ICB	<ul style="list-style-type: none"> ICB has led on developing a policy in relation to Care, education and Treatment Reviews (CeTR) to standardise practice across the system. CeTR are a national policy and aims to ensure that a persons needs are reviewed prior to admission to a MH inpatient admission to ensure that the correct community support and intervention is provided to prevent inappropriate admissions, and if an admission is appropriate for treatment of a co-occurring MH condition that a persons needs and requirements relating to their autism are understood and care planned for. CeTR also takes place during the inpatient spell occurring at least six monthly, this review ensures that a persons needs and requirements are supported during the inpatient spell, treatment is occurring and that there are plans (and progress) toward discharge.

Priority 5. Housing and supporting independent living		Lead (s): Adult Social Care Commissioning		
Action	Measure of Success / Outcome	By When	By Whom	Work completed in 2024/25
Priority 6 Keeping safe and improving support within the criminal and youth justice system		Lead (s): Autism Berkshire		
Action	Measure of Success / Outcome	By When	By Whom	Work completed in 2024/25
Further develop a Neurodiversity Support Network for officers and Staff	Helping to raise awareness across the board and officers, which aims to normalise Neurodiversity in the workplace.	April 2025	Thames Valley Police	<ul style="list-style-type: none"> There has been significant improvement in officer understanding and awareness around Autism. The new Custody suite which is still a few years off is being designed with Neurodiversity and vulnerability in mind.
Priority 7: Supporting families and carers of autistic people		Lead (s): Autism Partnership Board		
Action	Measure of Success / Outcome	By When	By Whom	Work completed in 2024/25
Work across the One Reading partnership to improve the parent / carers assessment	To support carers better, all organisations will refer all parents to the Local Offer, so they can access information and signposting, as some parents are reporting that they are unaware of the service	April 2025	BFFC	<ul style="list-style-type: none"> BFFC have further developed the Short Breaks offer with high take up: <ul style="list-style-type: none"> December short breaks, attendance 97.5%, 16 spaces Feb half term short breaks, 16 places, 100 % capacity Easter short breaks, 32 places. 100 % attendance. Cressingham Short Breaks Residential Home has had renovation works undertaken to the home to make the garden and outdoor spaces more accessible.
Recommission the Carers contract ensuring there is an emphasis for Carers of autistic residents	New carers contract in place	April 2025	Public Health	<ul style="list-style-type: none"> Carers Partnership service is now embedded with no waits for carers assessments and support.

Appendix 2 - Reading All Age Autism Strategy Priorities - What we said we would do and is still outstanding or ongoing

PRIORITY 1 – IMPROVING AWARENESS, UNDERSTANDING AND ACCEPTANCE OF AUTISM WITHIN SOCIETY

- Review pathways to ensure these recognise specific needs of older autistic adults, women with autism, autistic people from ethnically diverse backgrounds.
- Employment - Improved understanding and guidelines for employers, including reasonable adjustments (applying anticipatory reasonable adjustments duty – Equality Act 2010).
- We will develop and test an autism public understanding and acceptance initiative, working with autistic people, their families, and the voluntary sector.
- Use multiple methods of raising awareness of existing pre assessment and post diagnosis support provision and making it clear and easy to find including addressing language and cultural barriers for underrepresented groups, to aid proactive identification of people awaiting assessment, crisis prevention and prevention of avoidable admissions into inpatient mental health settings, making it easier to find and engage with the appropriate support, offered throughout the life course.

PRIORITY 2 – IMPROVING SUPPORT AND ACCESS TO EDUCATION, SUPPORTING POSITIVE TRANSITIONS AND PREPARING FOR ADULTHOOD

- Ensuring school transport is appropriate for autistic children through training for drivers and escorts to know the needs of the autistic children and how best to communicate with them, so provide better assistance. Liaise with relevant Transport teams.
- Additional support of getting driving licence for people with anxiety and sensory difficulties
- Autistic CYP are supported to ensure better outcomes throughout their education by schools making reasonable adjustments and a commitment to address bullying towards autistic children
- Improve transitions planning for all (education/social care/health) children and adult services – more work to be done so Young People and family are provided with robust information to support

PRIORITY 3 – SUPPORTING MORE AUTISTIC PEOPLE INTO VOCATIONAL TRAINING AND EMPLOYMENT

- Identify the strengths and needs of neurodivergent CYO and adults and support them to make good progress and have good outcomes.
- Develop a clear pathway through school, from school, in further and higher education and into vocational training, volunteering and work opportunities
- Peer mentorship/ championship training
- Improved understanding and guidelines for employers, including reasonable adjustments both during recruitment and in employment.

PRIORITY 4 – BETTER LIVES FOR AUTISTIC PEOPLE – TACKLING HEALTH AND CARE INEQUALITIES FOR AUTISTIC PEOPLE, BUILDING THE RIGHT SUPPORT IN THE COMMUNITY AND SUPPORTING PEOPLE IN INPATIENT CARE

- Continue to work to reduce waiting times for autism assessments for children and young people.
- In order to tackle morbidity and preventable death in individuals with autism it is of utmost importance to provide regular physical health checks and to maintain high level of
- Raise the long waiting times for adult assessments in order to increase resources to bring the waiting times down.
- Provision for autistic adults who received a late diagnosis and have different support needs to those who have had earlier diagnosis or who are without learning disabilities – an identified gap.
- Action to tackle the over representation of autistic young people in mental health beds.
- Groups for adults especially social clubs for diverse interests in spaces appropriate for autistic people due to noise and sensory stimulation (i.e. light, noise, volume of music)
- Invest into activities and services adapted/adjusted to meet the needs of autistic people and to minimise sensory impact.

PRIORITY 5 – HOUSING AND INDEPENDENT LIVING

- Improved data to help inform future commissioning of adapted / specialist housing.
- Autistic adults supported to access suitable accommodation
- Improve transitions planning to support independent living
- Develop innovative models of accommodation with agile care and support options including reablement.
- Address the specific needs of autistic adults in future housing and homelessness strategies
- Make better use of existing specialist housing
- Ensure there is clearer identification by BFFC of the requirements for children within their current homes so that adaptations may be considered.

PRIORITY 6 – KEEPING SAFE AND IMPROVING SUPPORT WITHIN THE CRIMINAL AND YOUTH JUSTICE SYSTEM

- Work with partners to better understand the representation and needs of Autistic people within the CJ system
- Ensure partners are aware of and using the registered intermediary where appropriate.

PRIORITY 7 – IMPROVING SUPPORT FOR FAMILIES AND CARERS OF AUTISTIC PEOPLE

- In order to support carers better, all organisations will refer all parents needing pre-assessment or post-diagnosis support to the Berkshire West NHS Autism and ADHD support service,
- To support carers better, all organisations will refer all parents to the Local Offer, so they can access information and signposting, as some parents are reporting that they are unaware of the service.

Appendix 3 - Equality Impact Assessment (EIA)

Name of proposal/activity/policy to be assessed:

Reading's All Age Autism Strategy 2022 - 2026

Directorate:

Directorates of Adult Care and Health Services and Council wide services

Service: **Adult Social Care and Public Health and Wellbeing Team**

Name: **Sunny Mehmi**

Job Title: **Assistant Director: Adult Social Care**

Date of assessment: **12/04/2025**

Version History

Version	Reason	Author	Date	Approved By
1.0	Creation	Amanda Nyeke	07/06/2022	
2.0	Reviewed	Sunny Mehmi	09/06/2022	
3.0	Reviewed	Sunny Mehmi	11/10/2022	
4.0	Reviewed	Amanda Nyeke	03/11/2022	
5.0	Reviewed	Sunny Mehmi	09/06/2024	
6.0	Reviewed	Sunny Mehmi	09/06/2025	

Scope your proposal

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

The proposal is to adopt a Reading All Age Autism Strategy for the period 2022-2026 in accordance with The Autism Act 2009 which sets out the requirements for local authorities and NHS bodies to work with local partners to improve services and support autistic people. The Act put a duty on Government to produce and regularly review an 'Autism Strategy' to meet the needs of adults with autism in England. Following the publication of the latest "**The national strategy for autistic children, young people and adults: 2021 to 2026**", Reading has started the development of a local autism strategy. This aligns the national priorities in conjunction with local demands and needs of those autistic residents in Reading.

Reading's All Age Autism Strategy 2022-2026 sets out key priorities across Reading and the services which serve the Reading autistic population, their families and carers.

The Strategy identifies 7 priorities. These are:

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

2. Who will benefit from this proposal and how?

It is intended to be an important strategy in improving the health, wellbeing and wider outcomes of Reading autistic people, their families and carers;

3. What outcomes does the change aim to achieve and for whom?

Adopting the 2022-2026 Reading All Age Autism Strategy will give the Autism Partnership Board a focus on the 7 identified priorities (see above), and set a framework for ensuring that plans to address these are monitored effectively and help to:

4. Promoting the partnership working and integration of services.
5. To promote equality, social inclusion and a safe and healthy environment for all
6. Contributions to Community Safety, Health and Wellbeing of residents with autism.

In turn, the commissioning plans over the next four years should also be driven by and reflect Reading's All Age Autism Strategy 2022-2026 priorities.

The Strategy is aimed at the entire autistic population in Reading including their families and carers and adopting it should co-ordinate efforts to outcomes for any resident potentially affected by the priority issues.

The Autism Partnership Board will drive performance forward in the chosen priority areas as set out in the Strategy. In addition, the Autism Board will continue to work collaboratively and receive reports and monitor strategy action from other local strategic partnerships involved in supporting autistic people and improving health and wellbeing.

Reading's All Age Autism Strategy 2022 - 2026 acknowledges the risks related to climate change but is not designed to address those risks at this point in time. However, the implementation plans will endeavour to include detailed actions wherever relevant to address those risks and the health implications of climate risks.

7. Who are the main stakeholders and what do they want?

- Current autistic children, young people and adults

- Carers and family of autistic people
- Staff and volunteers across care and support providers in the statutory, private and voluntary sectors that support autistic people.

Assess whether an EqIA is Relevant

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

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

Priority 1 and 4 of the strategy, address raising awareness, acceptance, understanding and reducing the health differences between groups based on the data analysis and consultation we have undergone to ensure all in the population benefit from the strategic aims.

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

No

If the answer is **Yes** to any of the above, you need to do an Equality Impact Assessment.
If **No** you **MUST** complete this statement.

An Equality Impact Assessment is not relevant because:



Lead Officer
Sunny Mehmi
Assistant Director: Adult Social Care

Assess the Impact of the Proposal

Your assessment must include:

- 1. Consultation**
- 2. Collection and Assessment of Data**
- 3. Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

See section 7. Community Engagement and Information

Collect and Assess your Data

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

(Please delete relevant ticks)

- 1. Describe how this proposal could impact on racial groups**

- 2. Is there a negative impact? No**

No negative impact in terms of different racial groups has been identified.

Where take up of other services is disproportionately low for some racial groups which may face particular barriers to access, there will be a focusing of resources on those communities as part of the drive to reduce inequalities.

There is an ongoing need to recognise that cultural norms and barriers such as language may impact on access to support, and the All Age Autism Strategy should be a tool to address this.

Responses to the initial engagement raised the importance of ensuring that information and advice about health and wellbeing and other key information is accessible to all groups.

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

No negative impact in terms of gender has been identified.

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

No negative impact in terms of disability has been identified.

- 7. Describe how this proposal could impact on Sexual orientation (cover civil partnership)**
- 8. Is there a negative impact? No**

No negative impacts on the grounds of sexual orientation have been identified.

- 9. Describe how this proposal could impact on age**
- 10. Is there a negative impact? No**

No negative impacts on the grounds of age have been identified

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

No negative impact in terms of religion or belief has been identified.

Make a Decision

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

No negative impact identified – Go to sign off

1. How will you monitor for adverse impact in the future?

The long-term impact of adopting Reading's All Age Autism Strategy 2022 - 2026 should be a reduction in health inequalities and improvement in outcomes for autistic people, their families and carers. In order to track progress towards this goal, Action Plans will be developed with progress reports made to the Autism Partnership Board and fed into the Health and Well Being Board.



Lead Officer
Sunny Mehmi
Assistant Director: Adult Social Care

This page is intentionally left blank

Health and Wellbeing Board Briefing Note

June 2025

BOB ICB Board Meetings

BOB ICB Capital Resource Use Plan 25/26

Update on Key Priorities

Urgent Dental Appointments

BOB ICB Board meetings

The most recent BOB ICB Board meeting took place on 13 May 2025. The papers can be found on the [BOB ICB website](#) where details of future meeting are also published.

BOB ICB Capital Resource Use Plan 25/26

The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act) sets out that an ICB and its partner NHS trusts and foundation trusts must before the start of each financial year, prepare a plan setting out their planned capital resource use.

The Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System plan outlines NHS capital and estates activity across the system and is available on [BOB ICB's website](#).

Update on Key Priorities

Following the recent NHSE and ICB running cost reduction announcements, the ICB's Medical Directorate has reviewed and refreshed priorities for 2025/26, in line with the BOB ICS strategy and our current statutory functions.

These priorities will be subject to further change as part of the ICB's transition programme, but currently include functions to enable the 'left shift' of care, support population health approaches, increase the prevention of ill-health, improve health

service accessibility, support and enable digitalisation, optimise clinical effectiveness and embed continuous quality improvement in everyday patient care.

The ICB has identified two key strategic work priorities for 2025/26; to establish sustainable foundations for neighbourhood health and for effective clinical practice with focus on the following key areas to directly support these aims:

- The strategic commissioning of effective and sustainable Primary Care in a modern, neighbourhood health context (including locally accessible GP, pharmacy, optometry and dentistry services)
- Developing a more resilient infrastructure plan for sustainable community-based health and 'closer to home' care
- Optimising the use of medicines and ensuring the cost-effectiveness of prescribed treatments, including high-cost drugs and devices
- Growing and enabling clinical research, innovation and use of digital technology to improve everyday healthcare
- Targeting health inequalities and reducing unwarranted variations in care
- Preventing ill health and enabling more people to start, live and age well by co-producing more streamlined, integrated care pathways
- Keeping our staff well and supporting them through the coming period of change.

Urgent Dental Appointments

In January 2025 BOB ICB implemented the Government's urgent dental care provision pilot. This now been continued from 1 April as the Urgent and Non-Urgent Unscheduled Care Dental Access Appointments Scheme.

- Urgent unscheduled care: patients who may need clinical care within 24 hours or as soon as practically possible, unless the condition worsens; or
- Non-urgent unscheduled care: patients requiring dental care within 7 days, unless the conditions worsens.

The ICB has agreed with 36 dental practices across BOB to provide this service in 2025-26. [Details of the practices in the scheme](#) and of the days they are providing these sessions have been forwarded to NHS 111. In addition, the ICB will be promoting these sessions directly to residents across its geography to increase access.

Berkshire West Place-Based Partnership Update

Executive leads from across the partner organisations in Berkshire West continue to meet regularly to progress shared priorities and consider any implications of ICB changes. Following agreement of funding, the Community Wellness Outreach programme will continue into 2025/26 during which time a full evaluation will be undertaken to inform future commissioning decisions. The programme involves a

range of organisations from across Berkshire West, including voluntary sector partners, and aims to deliver enhanced NHS Health Checks in community settings to people who might not otherwise access these. Approximately 7,500 people have had enhanced health checks to date. Around 41% have been found to have high blood pressure, blood glucose or cholesterol levels and have been referred on to other services and/or offered lifestyle advice.

As part of our joint work on same day access, the Urgent Care Centre currently located at the Broad St Mall will be re-located to the Royal Berkshire Hospital from 1st July. By being closer to the RBH's Accident and Emergency department, the Urgent Care Centre will be able to treat those patients who need to be seen on the same day but who don't need the specialist support of the A&E team. The service will ensure patients are treated by the most appropriate healthcare professional, resulting in shorter waiting times and enabling A&E staff to treat patients who most need emergency and specialist care. Anyone who needs same day urgent care is always advised to phone 111 or use 111 online to be directed to the most appropriate service; this may include their GP practice or local pharmacy as well as the urgent care centre or A&E where appropriate. The Broad Street Health Centre GP practice will remain open for all registered patients

These developments form part of our local approach to neighbourhood health services as part of delivery of the strategic priority workstream described above.

This page is intentionally left blank