

# Notice of Meeting

---

## Health and Wellbeing Board

**Thursday 28th November 2013 at 9.00am**  
in Council Chamber Council Offices  
Market Street Newbury

Date of despatch of Agenda: Wednesday, 20 November 2013

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss on (01635) 503124  
e-mail: [jbailiss@westberks.gov.uk](mailto:jbailiss@westberks.gov.uk)

Further information and Minutes are also available on the Council's website at  
[www.westberks.gov.uk](http://www.westberks.gov.uk)



**Agenda - Health and Wellbeing Board to be held on Thursday, 28 November 2013**  
(continued)

**To:** Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Leila Ferguson (Empowering West Berkshire), Councillor Marcus Franks (Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council), Rachael Wardell (WBC - Community Services) and Dr Rupert Woolley (Reading and West CCG)

**Also to:** John Ashworth (WBC - Environment), Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Councillor Gwen Mason, Matthew Tait (NHS Commissioning Board), Councillor Quentin Webb, Cathy Winfield (Berkshire West CCGs) and Lesley Wyman (WBC - Public Health & Wellbeing)

---

## Agenda

<b>Part I</b>		<b>Page No.</b>
9.00 am	1 <b>Appointment of Chairman</b> To appoint the Chairman for the Health and Wellbeing Board.	
9.03 am	2 <b>Apologies for Absence</b> To receive apologies for inability to attend the meeting (if any).	
9.05 am	3 <b>Minutes</b> To approve as a correct record the Minutes of the meeting of the Board held on 26 September 2013.	1 - 8
9.10 am	4 <b>Declarations of Interest</b> To remind Members of the need to record the existence and nature of any Personal, Disclosable Pecuniary or other interests in items on the agenda, in accordance with the Members' <a href="#">Code of Conduct</a> .	
	5 <b>Public Questions</b> Members of the Executive to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution. <i>(Note: There were no questions submitted relating to items not included on this Agenda.)</i>	



**Agenda - Health and Wellbeing Board to be held on Thursday, 28 November 2013**  
(continued)

- 6      **Petitions**  
Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion.
- 9.15 am      7      **Flu Vaccination Update (Lesley Wyman)**      9 - 14  
*Purpose: to inform the Board of the flu vaccination work that has taken place and to seek suggestions to improve vaccination uptake in West Berkshire.*
- 9.25 am      8      **Health and Wellbeing Board Action Plan - Performance Framework (Lesley Wyman)**      Verbal Report  
*Purpose: to present the performance framework for health and wellbeing in West Berkshire.*
- 9.40 am      9      **Health and Social Care - Provider Engagement (Debbie Holdway/Caroline Bridger)**      15 - 18  
*Purpose: to agree and gain the support of the Health and Well Being Board to implement the mandatory training criteria for long term conditions within the Service Specification.*
- 9.55 am      10      **Local Safeguarding Children's Board Annual Report and SARC Protocol (Stephen Barber)**      19 - 58  
*Purpose: to present the West Berkshire LSCB Annual Report and SARC protocol to the Board.*
- 10.10 am      11      **Berkshire West Integration Programme (Cathy Winfield/Rachael Wardell)**      59 - 64  
*Purpose: to report on the progress of the Berkshire West Integration Programme*
- 10.25 am      12      **Clinical Commissioning Group Planning Process (Cathy Winfield)**      65 - 72  
*Purpose: to set out the scale of financial challenge facing the local health economy and seek endorsement of the arrangements being put in place to develop a five year strategic plan across the Berkshire West health and social care economy.*
- 10.35 am      13      **The Autism Strategy (Jan Evans)**      73 - 80  
*Purpose: to update the Board on progress with the Autism Strategy*



**Agenda - Health and Wellbeing Board to be held on Thursday, 28 November 2013**  
(continued)

- 10.50 am 14 **Quarterly update report from Healthwatch (Adrian Barker)** 81 - 108  
*Purpose: To present Healthwatch West Berkshire's quarter two report.*
- 15 **Members' Question(s)**  
Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution.  
*(Note: There were no questions submitted relating to items not included on this Agenda.)*
- 11.00 am 16 **Future meeting dates**  
23<sup>rd</sup> January 2014  
27<sup>th</sup> March 2014  
15th May 2014  
24 July 2014  
25 September 2014  
27 November 2014  
22 January 2015  
28 May 2015

Andy Day  
Head of Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.



**HEALTH AND WELLBEING BOARD**

**MINUTES OF THE MEETING HELD ON  
THURSDAY, 26 SEPTEMBER 2013**

**Present:** Councillor Graham Jones, Dr Bal Bahia (Newbury and District CCG), Leila Ferguson (Empowering West Berkshire), Lesley Wyman (WBC - Public Health and Wellbeing), Dr Rupert Woolley (North and West Reading CCG), Adrian Barker (Healthwatch) and Rachael Wardell (WBC - Communities).

**Also Present:** Jan Evans (WBC - Adult Social Care), Councillor Gwen Mason, Councillor Quentin Webb, Jessica Bailiss (WBC - Executive Support), Jan Fowler (Director of Nursing), (Chris Washbrook (Berkshire Health Foundation Trust), Barrie Prentice (Boots and Berkshire LPC), Fatima Ndanusa (WBC – Public Health), Colin Valler (SPMSD), Dan Cooper (Newbury Weekly News), Susan Powell (WBC – Community Safety Team) and Councillor Keith Chopping.

**Apologies for inability to attend the meeting:** Dr Lise Llewellyn, Councillor Graham Pask and Lady Emma Stevens

**PART I**

**40. Election of Vice-Chairman**

Dr Bal Bahia was elected as Vice-Chairman of the Health and Wellbeing Board.

**41. Minutes**

The Minutes of the meeting held on 25 July 2013 were approved as a true and correct record and signed by the Chairman.

**42. Declarations of Interest**

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a pharmacist in Lambourn as well as a member of the Public Health and Pharmacy Forum but reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

**43. Public Questions**

Councillor Graham Jones reported that a question had been submitted by Mrs Carol Trower, Chief Officer of the Berkshire Local Pharmaceutical Committee. However, as Mrs Trower was unable to attend the meeting a written response would be sent to her.

Councillor Graham Jones declared a personal and prejudicial interest in the subject matter of the question.

**44. Royal Berkshire NHS Foundation Trust Draft Five Year Integrated Business Plan (Royal Berkshire NHS Foundation Trust)**

This item was deferred.

**45. Funding Transfer From NHS England to Social Care**

Jan Evans introduced her report which set out how the 2013-14 funding transfer from the NHS was being used by West Berkshire Council. The report was seeking approval from the Health and Wellbeing Board for the use of the 2013-14 transferred monies.

Jan Evans stated that for 2013-14 an additional £0.519m had been provided to West Berkshire Council by the NHS. The report stated that this increased the total NHS funding to £1.782m in 2013/14 however, Jan Evans confirmed that this needed amending to £1.793m.

Agreement had been reached between the NHS England Area Team and the Council. The report along with the appended Section 256 agreement identified those areas of spend, which had been protected as a result of the funding. Protecting the most vulnerable citizens remained a Council priority and therefore additional funding from the NHS had been used to protect Adult Social Care as far as possible from the full level of cuts faced by other Council services.

Paragraph four of the report looked at future years funding. In 2014/15 £400k of additional funding would be transferred to the Council and would be used to support Adult Social Care services in 2015. The Council and NHS would need to draw up plans which showed how this money would be utilised. The plans would need to demonstrate how care and support services would be protected and how the plans met specific criteria including seven day working in health and social care, better data sharing and a joint approach to assessment and care planning.

There would also be performance monitoring in place in respect of the 2015/16 funding, with the second half of the money being released half way through the financial year. Further guidance from the Department of Health was expected in the autumn of 2013. A governance structure was also being agreed.

Jan Evans requested that the Health and Wellbeing Board note the information within the report and approve plans set out for 2015/16. Councillor Graham Jones remarked how the area of work demonstrated that the collaborative agenda was continuing to move forward.

Adrian Barker commented that the item linked to the integration work taking place and the Call to Action item later on the agenda. Jan Evans continued that the integrated transfer fund underpinned how the NHS and Council would move forward.

**RESOLVED that** the Health and Wellbeing Board approved the use of the 2013/14 NHS transfer funds. The Section 256 Memorandum would be signed by Councillor Jones and circulated to the relevant persons.

**46. Public Health - Immunisations Update**

Lesley Wyman introduced her report, which aimed to brief the Board on the Measles Mumps and Rubella (MMR) vaccination catch up programme and the progress that the Thames Valley Area Team were making in delivering the national target.

There was a national target to immunise 95% of children with one dose of the vaccine by the age of two and a second dose of the vaccine by the age of five. Although the rate of those completing the course of vaccinations was good in West Berkshire, improvement was required as the 95% target was not being reached.

There had been a rise in the incidences of Measles in 2011/12, which had carried on through until 2013. There was a higher rate of cases in teenagers, which had never before been an issue. The 10 – 16 year old age group was the one most affected by the adverse publicity relating to the MMR vaccine between 1998 and 2003 and therefore

## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

there were larger numbers of children of this age unimmunised or partially immunised against measles.

Lesley Wyman drew the Boards attention to the section of the report which detailed what was being done to increase the immunisation rate and formed part of the MMR catch-up campaign. Phase one of the campaign in Berkshire included communications to encourage parents or guardians of unvaccinated and partially vaccinated young people to take them to their General Practice and the targeting of vulnerable groups such as Gypsy, Roma and Traveller families.

The proposed outcome for West Berkshire was for 95% of young people aged 10 – 16 years to have received at least one dose of the MMR by September 2013.

Lesley Wyman reported that there was difficulty in obtaining data showing which young people had received one or both of the doses. Regarding phase two of the campaign, there would be a meeting of the Thames Valley Steering Group including Directors of Public Health to agree the actions, which would be taken locally. Three from the six unitary authorities had achieved or almost achieve the 95% target for the first MMR immunisation and all apart from Slough were above 90%.

Percentages included within the report as part of Sentinel Survey, showed West Berkshire was achieving positively however, the caveat was added that the percentages did not take all GP practices into account and therefore were not a total representation. Following an audit it had been found that a number of GP Practices were under reporting on the particular age group of concern, therefore it was possible that more 10 – 16 year olds had received the MMR than indicated by the data.

Lesley Wyman reported that it was about encouraging parents and schools to identify children who had not received immunisation. General practices were paid to identify children, encourage them into surgeries and give them the MMR through a Locally Enhance Service.

There was intention to provide extra vaccinations within schools however, only within South Reading and Slough where the number of those immunised was less.

Lesley Wyman referred to page 51 of the agenda which featured tables showing the trend in MMR immunisation in Reading, West Berkshire and Wokingham. In West Berkshire, the percentage of those receiving the first dose by two years was 95.9% and 92.6% the second dose. In essence it was the second does which required further focus as this needed to be pushed up to 95%.

Councillor Graham Jones noted that the percentages within the report were not representative of all practice data and questioned if Lesley Wyman believed the data was representative of those practices, which had not submitted. Lesley Wyman confirmed that this was difficult to confirm however, reported that the Area Teams were working hard to obtain the data.

Councillor Jones enquired whether the plan to offer MMR within schools was decided or still up for discussion and Lesley Wyman confirmed that this was currently a consideration. Councillor Jones expressed the opinion that this seemed like the most proactive approach to increasing the number vaccinated.

Rachael Wardell asked if the school approach was taken, whether changes would need to be made to school nursing contracts. Lesley Wyman felt that this was unlikely as there would be a relatively small number needing the vaccination. Dr Bal Bahia pointed out that if general practices were struggling to identify who needed the vaccine, how could school nurses be expected to do this.

There was no known risk to giving someone the MMR vaccine twice. On these grounds Rachael Wardell suggested the MMR being offered to everyone and then parents could

## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

withdraw their children if they knew they had already been immunised. Cathy Winfield felt that this approach should be a last resort and in the first instance assurance was required on the data. It was confirmed that the number of those not immunised in Swansea, where the outbreak of Measles had occurred, was much higher than in West Berkshire.

Graham Jones summarised from discussions that there was an ongoing action to obtain and strengthen data and then if required the schools route should be progressed.

Lesley Wyman referred to her second report on page 53 of the agenda and requested that the Board note its contents.

**RESOLVED** that the report be noted.

### 47. **Joint Assessment Framework for Learning Disability**

Rachael Wardell introduced her report to the Board which presented the new Joint Health and Social Care Learning Disability Self Assessment Framework. All local authority areas had been asked to complete the self-assessment, working with local partners including Clinical Commissioning Groups (CCGs) by the end of November 2013.

Rachael Wardell gave a presentation to the Board which had been written for the broader public and therefore simplified the process. In summary:

- The Joint Self- Assessment (JSA) was a way of checking how good services were working for people with learning disabilities and their family members.
- In the past this had been carried out through the Health Self Assessment Framework and the Learning Disability Partnership Board. In essence the JSA brought these two things together.
- The three measures for the JSA were Staying Healthy, Being Safe and Living Well.
- Areas were being checked against these measures through their compliance to relevant policy; data showing how many people were using particular services and through sharing case studies.
- Local partners shared the responsibility for ensuring the framework was a success and this would be overseen by Learning Disability Partnership Boards, Clinical Commissioning Groups and Health and Wellbeing Boards.

Rachael Wardell reported that the work was in hand and she would report back to the Health and Wellbeing Board with the result of the self assessment at a later date.

**RESOLVED** that Rachael Wardell would inform the Board of when the self assessment would be completed as soon as she was made aware.

### 48. **Frail Elderly Pathway**

Rachael Wardell introduced her report which aimed to make the Health and Wellbeing Board aware of an early strand of Health and Social Care integration being undertaken in the West of Berkshire.

Berkshire West Health and Social Care partners had committed to working more closely together to ensure effective provision of quality services to the population, using their collective resources to achieve the best outcomes for service users and their families.

Locality groups had been set up in each Council area to develop Health and Social Care integration. The West of Berkshire group consisted of ten partners including CCGs and



## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

the Ambulance Trust. These partners had always collaborated loosely however, working relationships were now more defined due to the Pioneer Project.

Approval was not required from the Board as there was capital funding designated for the project.

Councillor Graham Jones referred to the Governance section of the report where it stated that the steering group for the project would be the Berkshire West Partnership. Rachael Wardell confirmed that the Health and Wellbeing Board sat above the Berkshire West Partnership. Councillor Jones questioned Member involvement and Rachael Wardell acknowledged that in the future she might need to seek permission from the Executive Portfolio Holder for Children and Young People, Youth Service and Education.

Cathy Winfield reported that she would like to see care pathways redesigned around outcomes and as a result reduced placements in care homes. The next step was to create a business plan for the future state, which assessed where additional funding was needed and where the gaps were in the Social Care system. If the system was changed it needed to be done collectively both in terms of resources and results. Cathy Winfield suggested that a presentation be brought to the next Board meeting, which detailed the strands and governance of the project.

**RESOLVED** that Cathy Winfield coordinate a presentation for the next H&WB Board meeting which gave an update on the project.

Councillor Jones noted that the target was red for the number of elected admissions and questioned whether this was measurable. Cathy Winfield confirmed that there were a variety of metrics including some patient experience measures. The number of people going through hospital doors needed to be reduced.

Adrian Barker commended the project and asked whether there would be an opportunity for the public to input their experiences. Rachael Wardell confirmed that this would be considered, she still needed to draft a response on the methodology.

Cathy Winfield reported that a plan would be in place by March 2014 and it was hoped that they would have a future state by February 2014. A high level plan would be required, which could then be fine tuned accordingly. The delivery in West Berkshire would be different to that of Reading.

### 49. Turnaround Families Programme

Rachael Wardell introduced the Turnaround Families Programme to Members of the H&WB Board, which was being managed by the Department of Communities and Local Government. The Programme had been initiated as a result of the riots which had taken place in London during 2011. There were specific areas that were taken into account when families were referred onto the programme and these included work related benefit dependency, anti-social behaviour, youth offending and school attendance. A cohort of families had been identified. Payment by result was the method being used for the programme.

West Berkshire was considered advanced as it already had the Family Intervention Programme (FIP) and a Family Intervention Team (FIT). The first year of the Turnaround Families Programme had largely been foundation laying and planning.

Rachael Wardell handed over to Satdeep Grewel (Development Officer – Turnaround Families) and Ruth Adams (Turnaround Families Referral Coordinator) to give a presentation to the Board giving more detail on the programme.

## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

In summary:

- There were ten families on programme so far for whom payment was being sought;
- The programme promoted a whole family approach;
- Participation by the families was voluntary and the aim was to move the families towards economic independence.
- Research had been carried out on the families using data from RAISE, which showed that 70.1% had mental health issues and 69% had experienced domestic abuse.
- The local Turnaround Families Programme aimed to turn around services delivery; turn around the lives of 145 families and turn around aspects of strategic funding and partnerships.
- The Department of Health would carry out a re-evaluation of the service.

Cathy Winfield questioned how the programme fit with health visiting and secondly how FIP sat with Family Nursing Partnerships. Rachael Wardell confirmed that this highlighted a weakness of the programme as families were not eligible until their children came of school age whereas Health Visiting supported birth to 5 years.

Lesley Wyman stated that the Turnaround Families Programme overlapped with the Public Health agenda in a number of success indicators. A number of common issues, which had been raised, formed part of the Public Health Action Plan. It was vital that joint working took place to avoid duplication.

**RESOLVED that** the Turnaround families Team meet with Public Health to discuss collaborative working.

Adrian Barker questioned how the Police were involved in the Programme and secondly asked if plans were in place to try and sustain the programme.

**RESOLVED that:** Rachael Wardell would look into the latter part of Adrian Barker's question regarding sustainability.

Regarding the involvement of the Police force it was reported that Susan Powell and Police representatives sat on the Safer Communities Partnership, which was aware of the Turnaround Families work. The Police were able to make referrals to the Turnaround Families Programme and close working also took place with the Youth Offending Team.

Leila Ferguson reported that Empowering West Berkshire (EWB) were the umbrella organisation for voluntary organisations. Leila Ferguson noted that 70% of the families had disabilities, of which it was likely that some were learning disabilities. There was little mention to the voluntary sector however, they had a lead role to play. People were often more likely to open up to voluntary organisations. Satdeep Grewel reported that in the first year services had been funded through the Innovative Fund. The funding associated with the programme would become less as it continued.

Satdeep Grewel confirmed that the programme was due to come to an end in 2015. It was hoped the programme would continue however, thought was needed on how it could be sustained.

### 50. Call to Action

Cathy Winfield introduced her report which sought to inform the H&WB Board of the national Call to Action that would engage stakeholders in the design of a renewed and revitalised NHS.

## HEALTH AND WELLBEING BOARD - 26 SEPTEMBER 2013 - MINUTES

NHS England had published the Call to Action document 'The NHS Belongs to the People' to engage with NHS staff, stakeholders, patients and the public about the future of the NHS in the light of challenges faced by the service. The aim of the document was to build a case for change and address pressures faced by the NHS. The normal financial allocation within the NHS was annual however, in 2014 funding would be allocated for two years.

The three options which had been ruled out regarding the future of the NHS were:

- Do nothing;
- Assume increased NHS funding;
- Charge for fundamental services or 'privatise' the NHS.

The engagement process would allow the opportunity to gather ideas and solutions. The NHS was facing workforce challenge and demand pressures. A workshop was taking place on 7<sup>th</sup> November 2013 to begin looking at challenges faced.

**RESOLVED that** Cathy Winfield would report back to the Board regarding the workshop on 7<sup>th</sup> November.

Councillor Graham Jones identified that there was a direction of travel away from a national illness service towards prevention. Prevention was an easy concept to buy into however, he could foresee political issues arising. Councillor Jones asked what was expected from West Berkshire Council by the Call to Action initiative. Cathy Winfield confirmed that scheduled strategic meetings and the event planned for November, were relevant for the H&WB Board.

Lesley Wyman pointed out the importance of Public Health in leading on the prevention agenda and supporting the CCGs in this work.

Rachael Wardell referred to page 197 of the agenda (page 21 of the NHS belongs to the People document) and pleaded that a one model approach was not taken, as this often caused an area of work to collapse. What worked well in West Berkshire needed to be held onto and its rural nature kept in mind.

Cathy Winfield confirmed that there was opportunity for localism. And it was expected that there would be variation across the models of delivery.

**RESOLVED that** the H&WB Board noted the national Call to Action and its role in the engagement process.

### 51. **Members' Question(s)**

There were no Member questions submitted relating to items on this agenda.

### 52. **Future meeting dates**

The date of the next meeting was 28 November 2013 in the Council Chamber (Market Street Offices)

*(The meeting commenced at 9am and closed at 10.45am)*

**CHAIRMAN** .....

**Date of Signature** .....

This page is intentionally left blank

# Agenda Item 7

<b>Title of Report:</b>	Flu Vaccinations update
<b>Report to be considered by:</b>	The Health and Wellbeing Board
<b>Date of Meeting:</b>	28 November 2013

**Purpose of Report:** To inform the Board of the flu vaccination work that has taken place and seek suggestions to improve vaccination uptake in West Berkshire

**Recommended Action:**

Health and Wellbeing Board Chairman details	
<b>Name &amp; Telephone No.:</b>	Gordon Lundie (01488) 73350
<b>E-mail Address:</b>	glundie@westberks.gov.uk

Contact Officer Details	
<b>Name:</b>	Lesley Wyman
<b>Job Title:</b>	Head of Public Health and Wellbeing
<b>Tel. No.:</b>	01635 503434
<b>E-mail Address:</b>	lwyman@westberks.gov.uk

# Executive Report

---

The Flu plan for 2013/14 was published by Department of Health in June 2013 [1]. It supports a coordinated and evidence-based approach to planning for the demands of flu across England.

## 1. Strategic objectives of the flu plan

These are:

- a) Actively offering the flu vaccination to 100% of all those in the eligible groups, including health and social care workers, and vaccinating at least 75% of those 65 years and over and those under 65 in a risk group
- b) Monitoring flu activity, severity of the disease, vaccine uptake and impact on the NHS
- c) Offering antiviral medicines to patients in at-risk groups as well as those patients who the prescriber believes may suffer serious complications if not treated, in line with NICE guidance and Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS). These may only be prescribed once the CMO/CPhO letter has been sent to prescribers informing them that they are now able to prescribe antiviral medicines at NHS expense<sup>5</sup>
- d) Providing public health information to prevent and protect against flu
- e) Managing and implementing the public health response to incidents and outbreaks of flu
- f) Ensuring the NHS is well prepared and has appropriate surge and resilience arrangements in place during the flu season

## 2. Responsibilities of different organizations

a) The **Department of Health** is responsible for:

- policy decisions on the response to the flu season
- holding NHS England and PHE to account through their respective framework agreements, the Mandate, and the Section 7A agreement
- oversight of the supply of antiviral medicines

b) **NHS England** is responsible for:

- commissioning the flu vaccination programme under the terms of the Section 7A agreement

assuring that the NHS is prepared for the forthcoming flu season

- building close working relationships with Directors of Public Health (DsPH) to ensure that local population needs are understood and addressed by providers of flu vaccination services

c) **Public Health England** is responsible for:

- planning and implementation of the national approach

- monitoring and reporting of key indicators related to flu, including flu activity and vaccine uptake
- oversight of vaccine supply and the strategic reserve
- advising NHS England on the commissioning of the flu vaccination programme
- supporting DsPH in local authorities in their role as local leaders of health and ensuring that they have all relevant expert input, surveillance and population data needed to carry out this role effectively

**d) Local authorities**, through their **Director of Public Health**, have responsibility for:

- providing appropriate challenge to local arrangements and advocacy with key stakeholders to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing independent scrutiny and challenge to the arrangements of NHS England, PHE and local authority employers of frontline social care staff and other providers of health and social care
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

**e) Clinical Commissioning Groups (CCGs)** are responsible for:

- a duty of quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines

**f) GP practices and other providers** are responsible for:

- ordering the correct amount and type of vaccine for their eligible patients, taking into account year on year increases or new groups identified for vaccination and the ambition for uptake
- ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine
- encouraging and facilitating flu vaccination of their own staff
- ensuring that antiviral medicines are prescribed for appropriate patients, once the CMO/CPhO letter has been distributed alerting them that antiviral medicines can be prescribed

**g) All employers** of individuals working in the NHS are responsible for:

- management and oversight of the flu vaccination campaign for their frontline staff
- support to providers to ensure access to flu vaccination and to maximise uptake amongst those eligible to receive it.

### **3. Influenza and the flu virus**

Influenza is an acute viral infection of the respiratory tract (nose, mouth, throat, bronchial tubes and lungs) characterised by a fever, chills, headache, muscle and joint pain and fatigue. For otherwise healthy individuals, flu is an unpleasant but usually self-limiting disease with recovery within two to seven days. Flu is easily transmitted and even people with mild or no symptoms can still infect others. The risk of serious illness from influenza is higher amongst children under six months of age, older people and those with underlying health conditions such as respiratory disease, cardiac disease or immunosuppression, as

well as pregnant women. These groups are at greater risk of complications from flu such as bronchitis or pneumonia or in some rare cases, cardiac problems, meningitis and/or encephalitis.

The impact of flu on the population varies from year to year and is influenced by changes in the virus that, in turn, influence the proportion of the population that may be susceptible to infection and the severity of the illness.

#### 4. Rate of flu like illness in November 2013

In the week ending 3<sup>rd</sup> November 2013, the rate of influenza like illness in West Berkshire was 9.8 per 100,000 population (Source: Public Health England).

#### 5. Flu vaccine uptake in North and West Reading CCG and Newbury and District CCG areas

Table 1 shows the flu vaccine uptake by CCG in the week ending 10<sup>th</sup> November 2013.

**Table 1: Seasonal Flu vaccination uptake week ending 10/11/2013**

CCG	Over 65 year olds	Under 65 at risk only	All pregnant women	Children aged 2 years	Children aged 3 years
Newbury and District CCG	56%	42.4%	22.3%	42.7%	40.9%
North and West Reading CCG	63.5%	41.7%	36.8%	28.4%	27%

Source: IMMFORM, Public Health England

#### 6. Actions being taken locally in West Berkshire to improve flu vaccine uptake

These are:

- a) Press releases, residents' newsletters and radio interviews were used to promote this year's flu campaign in West Berkshire.
- b) Leaflets were sent to all children's centres and play groups.
- c) Children in special needs schools were offered flu vaccine in the schools.
- d) Local authority front line staff, including care workers, are being encouraged to advocate the vaccine among their clients who are eligible for flu vaccination.
- e) Free flu vouchers are being offered to care workers, other front line council staff and staff in special needs schools. This is expected to help reduce sickness absenteeism and spread of flu from care workers to vulnerable clients/ residents.



## **7. Reference**

1. Public Health England. Flu Plan Winter: 2013/14

## **Appendices**

---

There are no Appendices to this report.

This page is intentionally left blank

# Agenda Item 9

<b>Title of Report:</b>	Newbury and District CCG and West Berkshire Council Provider Engagement Project: Health and Social Care
<b>Report to be considered by:</b>	The Health and Wellbeing Board
<b>Date of Meeting:</b>	28 November 2013

**Purpose of Report:** For information and discussion.

**Recommended Action:** To agree and gain the support of the Health and Well Being Board to implement the mandatory training criteria for long term conditions within the Service Specification.

Health and Wellbeing Board Chairman details	
<b>Name &amp; Telephone No.:</b>	Gordon Lundie (01488) 73350
<b>E-mail Address:</b>	glundie@westberks.gov.uk

Contact Officer Details	
<b>Name:</b>	Debbie Holdway and Caroline Bridger
<b>Job Title:</b>	
<b>Tel. No.:</b>	
<b>E-mail Address:</b>	debbieholdway@nhs.net/caroline.bridger@nhs.net

## Objective

The purpose of this project is for Health and Social Care to work with Care Providers to raise awareness of effective management of patients with Long Term Conditions, specifically Diabetes, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease, Dementia and End of Life / Palliative Care and identify their training needs. This recognises that in West Berkshire, there is an increasing elderly population and the focus is on supporting people to remain independent within their own homes. It also recognises the benefits to individuals who need both their Health and Social Care needs met, in order to maintain their quality of life. An increased awareness of Long Term Conditions for Care Providers will reduce the requirement for hospital admissions/crisis interventions and delay the need for residential or nursing home care. This project will deliver on key aspects related to the care of patients in line with Long Term Conditions, End of Life, avoidable admissions and integration agenda.

## Issues

The Provider Engagement Project has evolved as a result of work previously undertaken to review the training domiciliary care providers accessed, the majority of which is commissioned from the private sector.

A deficiency reporting system has been introduced by Social Care to identify specific areas of concern. Community staff are able to raise a deficiency concern using the BHFT Datix system, highlighting concerns regarding packages of care, etc. This is used as an opportunity to discuss with agencies specific issues and to work in collaboration to

mitigate risks and work on embedding changes in working practice with measureable and sustainable outcomes.

Private Care Providers are only required to provide the basic induction training and mandatory training according to CQC guidelines and they do not specify any further training as essential. However any care and tasks undertaken by a social carer must be supported by robust training programme to support safe delivery of care.

Consequently any other training the Care Providers undertake is at a cost to the Agency, which reduces their incentive to provide further training. Currently there is no standardisation of training across Social Care providers and this is reflected in the inability for them to manage the needs of patients effectively, who are living with more complex conditions.

The quality of care must be improved and standardised if we are to reduce unplanned hospital admissions, or the need for institutional care and improve the engagement and interface between Health and Social Care. This must be supported by a training programme that raises carers awareness to feel empowered to deliver safe quality care within the home, reducing unplanned hospital admissions and increased crisis care packages.

## **Integration**

Newbury & District Clinical Commissioning Group (CCG) is working with Berkshire Healthcare Foundation Trust (BHFT), West Berkshire Council and a range of other partner organisations, to develop an integrated model of care know as Case Coordination. An important part of this model is Case Management, which is based upon a Multi-Disciplinary Team (MDT) case review, supported by Community Matron / Assistant Practitioner. They will use the ACG risk stratification tool, and discussion with GPs and Social Care Practitioners, to identify patients who would most benefit from case management within a MDT setting, with the aim to prevent avoidable admissions and ensure early intervention within the appropriate setting. In order to support this project and the wider integration agenda we need to commission Care Providers equipped with the skills to support these vulnerable individuals.

## **Training**

Following discussions with local care providers we recognise the need to develop a joint Health and Social Care training package that supports and raises the awareness of carers. This programme needs to be cost effective utilising existing resources available within local Health, Social and Voluntary organisations. We would recommend that the training programme initially focuses on five key conditions. The training programme will be supported by a competency framework. The five key areas will be:

- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Heart Disease (CHD)
- Dementia
- End of Life / Palliative Care

## **Recommendations**

- To agree the Service Specification For the provision of Community Home Care Services
- To gain the support of the Health and Well Being Board.
- To map the current training offered by the Council and Local Health Providers, and develop a joint Long Term Conditions training programme and Competency Framework
- Identify resources required to develop and sustain the training programme
- Identify performance measures

# Executive Report

---

## Appendices

---

### Appendix 1

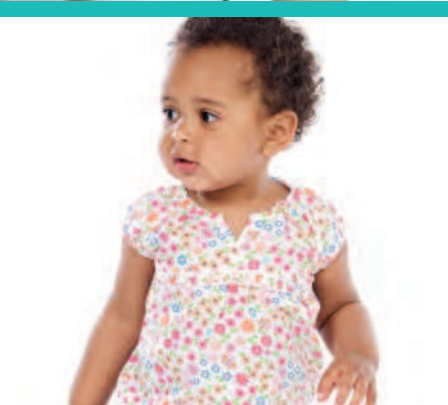
#### SWOT analysis

<b>Benefits</b> <ul style="list-style-type: none"><li>• Supporting the Integration agenda.</li><li>• Promotes quality of life and independence</li><li>• Supports Care Coordination</li><li>• Supports Palliative Care / End of Life agenda</li><li>• Promotes carer empowerment and job satisfaction</li><li>• Reduced cost to Health and Social Care economy</li><li>• Joint working across groups</li></ul>	<b>Threats</b> <ul style="list-style-type: none"><li>• Lack of Care provider engagement</li><li>• Time constraints on carers to attend training</li><li>• Unable to manage increasing demand of care need</li><li>• Capacity of training providers to deliver the programme</li></ul>
<b>Opportunities</b> <ul style="list-style-type: none"><li>• Improve Communication</li><li>• Avoid duplication</li><li>• Enables continued collaborative working on future service development</li><li>• Networking opportunities and enhanced understanding of roles</li><li>• Developing career pathways for carers.</li></ul>	<b>Risks</b> <ul style="list-style-type: none"><li>• Lack of engagement</li><li>• Lack of commitment</li><li>• No reduction on hospital admissions</li><li>• More costly care packages</li><li>• Increased dependence on services</li><li>• Carry on as we are</li></ul>



# Local Safeguarding Children Board

## Annual Report 2012-2013



"The West Berkshire Local Safeguarding Children Board was established in 2004, as a major element in the Every Child Matters Change for Children agenda and in support of the five key outcomes with a particular focus on staying safe."

## Essential information

If you require this information in an alternative format or translation, please call Ros Haynes on **01635 503159**

West Berkshire LSCB  
West Street House  
Newbury  
Berkshire RG14 1BZ

Please ask for: Ros Haynes, LSCB Business Manager  
Telephone: **01635 503159**  
E-mail: [rhaynes@westberks.gov.uk](mailto:rhaynes@westberks.gov.uk)  
Website: [www.westberksLSCB.org.uk](http://www.westberksLSCB.org.uk)

Author: Ros Haynes, LSCB Business Manager  
Date published: October 2013

© West Berkshire Council



## Foreword by Independent Chair

Safeguarding Children is everyone's responsibility. It is vital that partners across all agencies who work with children, young people and families in West Berkshire work together to ensure that children and young people are safeguarded and achieve good outcomes.

The LSCB has a statutory duty to co-ordinate how agencies work together to safeguard and promote the well-being of children and young people in West Berkshire and to ensure the effectiveness of local safeguarding arrangements.

This year has seen the publication of revised government guidance on safeguarding within Working Together 2013. This retains an emphasis on safeguarding being everyone's responsibility and the essential requirement for agencies providing services to both children and adults to work together to safeguard children and promote their welfare. The guidance re-affirms the role of LSCBs in ensuring all agencies work effectively together.

Working Together 2013 requires the Chair of the LSCB to publish an annual report on the effectiveness of safeguarding arrangements and setting out how well agencies promote the welfare of children in the local area. This report aims to provide an overview of the performance and effectiveness of local services. It identifies areas of weakness, the causes of weaknesses and the action being taken to address them as well as other proposals for action. The report is presented to the Chief Executive of West Berkshire Council, the Lead Member, Chair of the Health and Well-Being Board and the Police and Crime Commissioner. It is also formally reported to the Boards of the local Health Trusts. It is intended for a wide audience including the professional workforce and local communities

West Berkshire benefits from a strong commitment to partnership working from all agencies in the area, and a very good understanding of the benefits of early intervention and prevention in relation to safeguarding. These are key to effective practice and the LSCB is committed to continuously developing these aspects.

Each agency has been asked to provide its own assessment of performance; these are summarised in the Report, along with contributions from sub groups which undertake a significant amount of the work of the Board. The report presents a mixed picture, all public sector agencies are facing reduced funding and many are implementing new structures with a loss of key posts and experienced post holders. New commissioning arrangements are in place in many service areas and the Board is aware that any period of major organisational change presents additional risks. There is however a commitment among all agencies to prioritise safeguarding and to ensure the LSCB is an effective body.



**Stephen Barber**, Independent Chair

## Contents

Executive summary and key messages	4
Local background and context	7
Governance and accountability arrangements	9
Engagement with children and young people	12
LSCB Business Plan	12
Effectiveness of safeguarding arrangements over the past year	14
<ul style="list-style-type: none"><li>● LSCB</li><li>● West Berkshire Council</li><li>● CAFCASS</li><li>● Thames Valley Police</li><li>● Health Services</li><li>● Schools</li><li>● Youth Offending Team</li><li>● Thames Valley Probation Service</li><li>● Voluntary sector</li></ul>	
Sub Groups and Task Groups	23
Conclusions	26
Appendices:	
A Child Protection data	27
B Training information	31
C LSCB membership	32
D Financial information	33
E List of acronyms	34

Sub-group reports are available on request from the LSCB Clerk [cfletcher@westberks.gov.uk](mailto:cfletcher@westberks.gov.uk)

## Executive summary and key messages

The West Berkshire Annual Report provides an insight into the work done locally to safeguard children. The report demonstrates the effectiveness of the work undertaken and highlights areas for development and change.

The LSCB has been operating within a challenging context over the last year, as the public sector and NHS have undergone significant changes due to shifts in political expectations and funding. This has impacted on many services including those delivered by the voluntary sector.

Against this background, the LSCB is working to increase its effectiveness by focussing on outcomes for children and young people.

### Messages for Local Politicians

- Local politicians face difficult choices balancing budgets and reducing the workforce accordingly. They must ensure that reductions in staffing do not jeopardise the allocation of effective resources to safeguarding and promoting children's welfare.
- Local councillors must ensure they maintain a strategic oversight and leadership role of all those services that promote children's welfare including those in schools and the voluntary sector.
- They must continue to promote inter-agency working particularly through the Health and Wellbeing Board, Community Safety Partnership and the Local Safeguarding Children Board.
- Through their links with local communities they must ensure community concerns about safeguarding and children's welfare are brought to the attention of all those with duties to respond.

### Messages for Chief Executives and Directors

- Senior officers must ensure that their workforce is able to participate in LSCB safeguarding training, to attend training courses and learning events.
- Every agency's contribution to the work of the LSCB must be categorised as the highest priority in the allocation of time and resources.
- The LSCB needs to understand the impact of any organisational restructures on the capacity to safeguard children and young people in West Berkshire.
- Performance information needs to be produced and contextualised to demonstrate the effectiveness of safeguarding within services.
- Ethnicity and disability information needs to be used in a strategic context to commission relevant services.

### Messages for the West Berkshire community

- Children and young people – your voices are the most important of all;
- We all share responsibility for protecting children. If anyone is worried about a child, they should do something – seek advice or contact the Council's Referral and Assessment team or an agency like the NSPCC – our website will help you.

## Messages for the local media

- Communicating the message that safeguarding is everyone's responsibility is crucial to the LSCB's work and the local press and media are ideally positioned to help do this.
- The local media has a role in safeguarding children and young people through raising public awareness about child abuse and domestic abuse.

## Messages for the children's workforce

- All members of the children's workforce, from all agencies and the voluntary sector, should use safeguarding courses and learning events to keep them in touch with lessons learnt from research and best practice.
- All members of the children's workforce, both paid and voluntary, should be familiar with the role of the LSCB and Berkshire child protection procedures.

[Link: Berkshire LSCB Child Protection Procedures](#)



## Messages for Thames Valley Police

- Ensure adequate attendance at initial Child Protection Case Conferences.
- Ensure that referrals into Children's Social Care take account of the thresholds for statutory intervention.
- Ensure work with the Local Authority on domestic abuse remains a priority.
- Continue to improve identification of risk in domestic abuse cases.
- Ensure that police officers receive safeguarding training appropriate to their level and evidence this.
- Ensure police officers are able to participate in multi agency training events.
- Continue to improve responses to child sexual exploitation and the identification of risk when children and young people are reported missing.

## Messages for Thames Valley Probation

- Find ways of demonstrating that the Multi-Agency Public Protection Arrangements (MAPPA) and the Multi-agency Risk Assessment Conferences (MARAC) protect children from harm and promote children's wellbeing.
- Continue to support the work with children of prisoners or in contact with offenders.

## Messages for Berkshire Healthcare Foundation Trust

- Continue the work to ensure looked after children receive the best health services.
- Implement the family nurse partnership service for teenage mothers and demonstrate its effectiveness.
- Promote the think family approach within adult mental health services.
- Participate in developing early help services, ensuring health visitors and school nurses understand thresholds for statutory intervention and where to get help for families whose needs do not merit a statutory intervention.

## Messages to Clinical Commissioning Groups

- Participate in the ongoing development of multi-agency partnership working to safeguard children.
- Complete Section 11 self audits.
- Ensure all commissioned services are monitored to ensure they meet safeguarding standards and to share health safeguarding data with LSCBs.

## Messages to Schools in West Berkshire

- Continue to complete the annual S11 audits.
- Work with other agencies to support the Domestic Abuse Champions project.
- Support the LSCB in raising awareness of child sexual exploitation.
- Ensure all staff are recruited safely.
- Ensure all staff are appropriately trained.



## Local background and context

West Berkshire covers a geographical area stretching from Hungerford in the West to Calcot in the East.



## West Berkshire Population Profile

The 2011 Census showed West Berkshire with a population of just under 154,000.

The number of young people under 18 in West Berkshire was 37,250.

Between 2001 and 2011, the number of 0-9 year olds has increased at about the same rate as elsewhere, at around 4%. This means there are just short of 1,400 more people aged 0-19 living in the district compared to 2001.

Within this, there has been a more significant increase in pre-school aged children (14%), reflecting a national trend and suggesting a mini 'baby boom'.

The latest population projections by the Office for National Statistics (2011) estimates the number of 0-19 year olds living in West Berkshire to have grown by 4876 by 2021 (13%). This compares to an expected growth rate for the South East and England as a whole of 8%.

The 2011 Census shows that when compared nationally, there is a significantly lower proportion of people in West Berkshire who define themselves as coming from a black or minority ethnic (BME) background- 5% of West Berkshire residents as a whole, compared to 14% of people in England and Wales more generally.

The largest increase in ethnic group over the last decade is 'Asian or Asian British', an increase of 1.7%, compared to an increase twice that in England and Wales.

91% of people in West Berkshire were born in the UK, compared to 87% nationally.

1.4% of the population in West Berkshire were born in one of the EU accession countries (Malta, Cyprus, Estonia, Latvia, Lithuania, Poland, Czech Republic, Slovakia, Slovenia, Hungary, Bulgaria and Romania), equating to just over 2,000 people. This compares to 2% of the population nationally. Aside from the UK, the most common countries of birth are India, Poland, South Africa, Ireland and Germany.

Deprivation levels in West Berkshire are generally low - the Department for Communities and Local Government's (CLG) Indices of Multiple Deprivation (IMD) ranks West Berkshire as 288 out of 326 local authority areas i.e. the 38th least deprived district in England.

Child Poverty is also low in West Berkshire at 10.8% for children aged under 16 years compared with the national average of 21.6%

*Details taken from the West Berkshire District Profile, the Joint Strategic needs assessment and the Anti Child Poverty Strategy. These documents can all be found via the West Berkshire Council website <http://www.westberks.gov.uk/>*

## Major Factors Influencing the Work of the LSCB

### Changes in the NHS

Throughout the year, health services both nationally and locally were anticipating major structural changes: the creation of NHS England regional commissioning teams, local Clinical Commissioning Groups and the dissolution of primary care trusts. New relationships are being formed with local GPs and there is a NHS Accountability and Assurance Framework 2013 that sets out safeguarding children requirements for the new structure. The Board ensured that it worked to influence and prepare for these changes and any subsequent impact on service planning and delivery.

### Funding

All public sector organisations face resource restrictions with new challenges locally in relation to a rising child population.

### Child sexual exploitation (CSE)

2013 saw major criminal trials nationally relating to incidents of child sexual exploitation with a heightened public awareness of this crime. Research indicates a significant under reporting of childhood sexual abuse. All agencies need to improve performance in this area and the LSCB has worked hard locally to establish systems and services that drive the CSE agenda forward on the key fronts of prevention, protection and prosecution.

West Berkshire has established both an operational and a development (strategic) CSE group. Their role is to identify and map numbers of young people who are at risk of exploitation. The wider remit of the groups is to raise awareness amongst practitioners, young people and the public.

## The Munro Review of Child Protection

West Berkshire set up the Munro Implementation Board in early 2012 to lead on changes to transform Children's Services in accordance with the recommendations made by Professor Eileen Munro in her final report *Reviewing the Child Protection System*, published in 2011.

Key Achievements:

- Developing a new Social Worker Career Progression Structure designed to improve recruitment and retention of frontline Social Workers and Managers.
- Starting to make significant improvements to our Early Help Pathway.
- Designing and implementing a Quality Assurance Strategy for Children's Services.

## Governance and accountability arrangements

### Background

LSCBs came into existence as a result of Lord Laming's Victoria Climbié Inquiry. They were established to replace the former Area Child Protection Committees and to ensure a more co-ordinated and robust senior management multi-agency approach to safeguarding children.

### Statutory objectives and functions of LSCBs

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

**Local Safeguarding Children Boards Regulations 2006** set out the range of roles and statutory functions for the board including developing local safeguarding policy and procedures and scrutinising local arrangements. The statutory objectives and functions of the LSCB are described below:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body

### LSCB Chair, accountability and resourcing

Working Together 2013 states that, in order to provide effective scrutiny, the LSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.

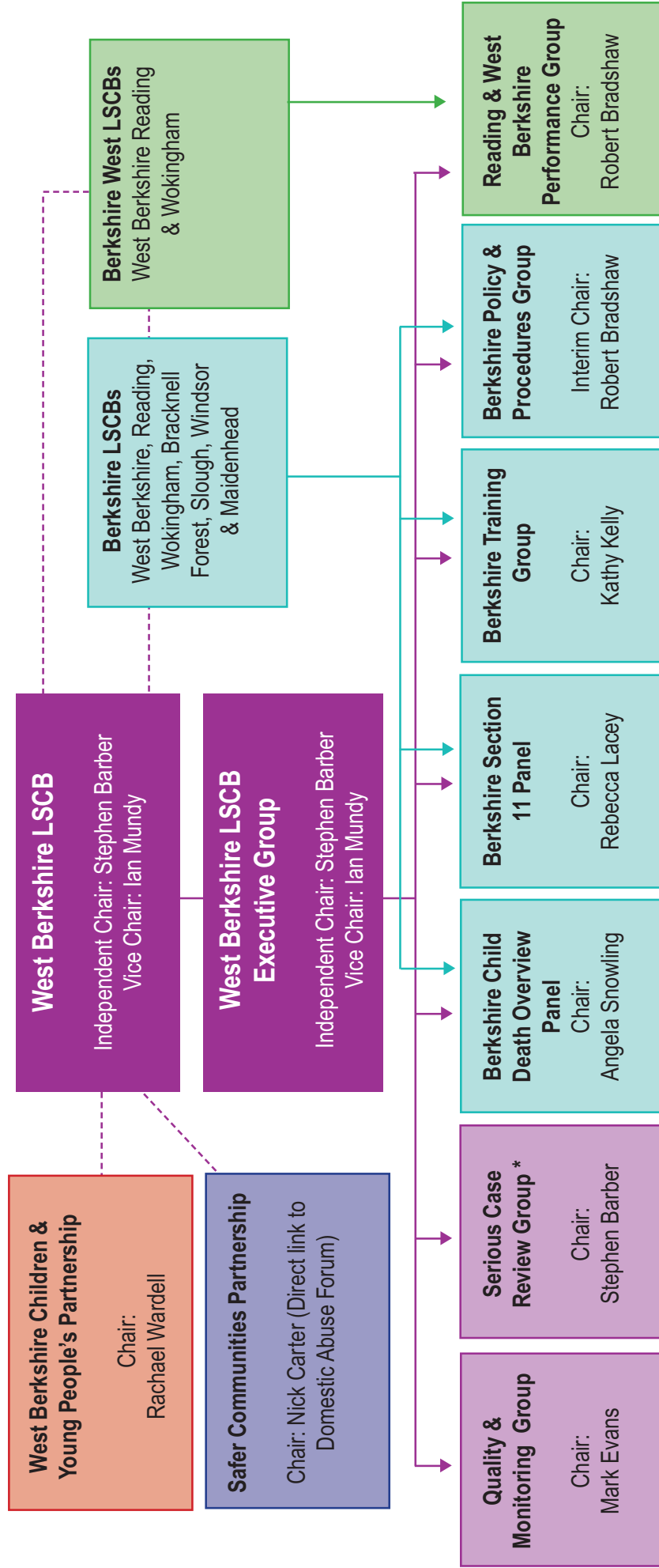
The West Berkshire Chair, Stephen Barber, is independent of the agencies so that the LSCB can exercise its local challenge function effectively. The chair has a crucial role in making certain that the LSCB operates effectively and secures an independent voice for the LSCB. Stephen also chairs the Reading and Wokingham LSCBs to support joint working and consistency across agencies. To ensure effective communication between the LSCB and other partnerships the chair also attends the Health & Wellbeing Board annually together with the Children & Young People's partnership and works closely with the chair of the West of Berkshire Safeguarding Adults Partnership Board.

In order to meet its objectives, the LSCB has several sub-groups, each of which is accountable to the LSCB and produces a workplan which is monitored.

An overview of the work of the sub-groups can be found on pages 23-24.



## West Berkshire Local Safeguarding Children Board Structure



**Task and Finish Groups:**  
 Child Sexual Exploitation Group  
 E-Safety Group  
 Safer Recruitment Group

\* From April 2013 the Serious Case Review Group has changed name to the Case Review Group

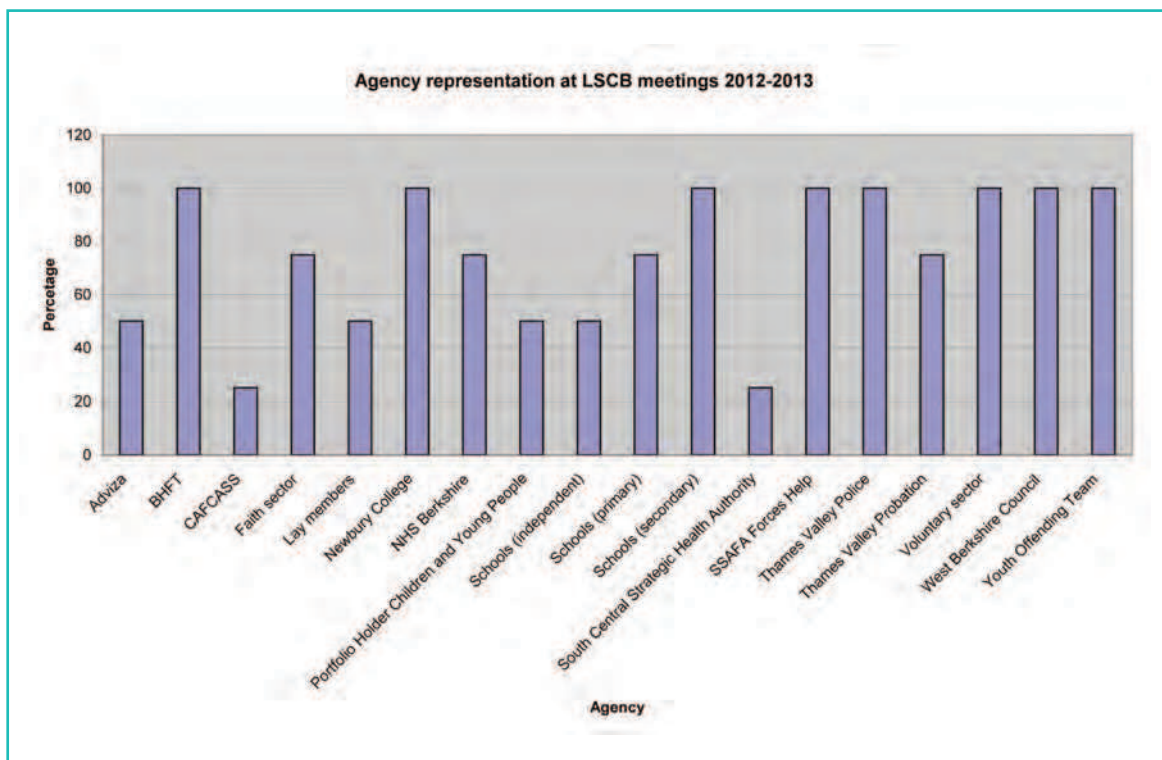
## Membership/Attendance

LSCB members have a responsibility to attend all meetings and disseminate relevant information within their agency. Membership records are monitored to ensure attendance is regular and at an appropriate level. These records are presented to members on an annual basis as part of the LSCB's quality assurance process.

There have been a number of membership changes over the past year, particularly as a result of changes in the health service. Strenuous efforts have been made to ensure appropriate representation and continuity.

Attendance in West Berkshire is generally very good and, if a member is unable to attend, they are asked to send a deputy to ensure all messages are disseminated to each agency. Any lack of agency attendance is addressed directly by the Business Manager or escalated to the Chair.

Attendance figures by agency, based on four meetings held from April 2012–March 2013, are shown below.



(NB. South Central Strategic Health Authority attended one meeting by prior arrangement).

## Engagement with children and young people

The LSCB recognises the importance of listening to children and young people, particularly about safeguarding.

The Board has good evidence that the views of particularly vulnerable children and young people are being sought when they are in the Council's care, with extracts being included in an annual report to the Board. There is also two way communication with the Young People's Forum, with a regular item on the Board agenda to ensure that relevant information is passed on.

In addition, a local young carer was invited to give a presentation to a Board meeting earlier in the year. She gave an insight into her personal experience alongside information on the services provided by the Young Carers Support Service.

## LSCB Business Plan

The current three year Business Plan 2011-2014 is in its final year. The Plan has multi-agency actions and represents work from most LSCB partners. West Berkshire LSCB priorities are:

### Domestic abuse

Ensuring that professionals have a good understanding of domestic abuse has been a priority in the Business Plan. An e-learning domestic abuse training package has been developed, which has been completed by over 400 staff since it was launched in December 2012. Information sharing has also been prioritised, with work currently underway on sharing domestic abuse information with schools.

### Substance misuse

Parental substance misuse has been a concern amongst professionals and, in child protection conferences held, 22% of the parental factors for the children coming to conference were due to parental alcohol misuse; 26% were due to parental drug misuse.

LSCB member agencies are working together to improve outcomes for young people in relation to both adult and young people substance misuse. This has included obtaining a coherent view on the numbers of young people admitted to hospital and other settings in relation to alcohol, to highlight the impact both on the young people themselves and the resource implications for the services which support them.



## Early intervention

The effectiveness of early intervention services have been reported into the Board over the past year. These have included reports on the Common Assessment Framework, the Child Sexual Exploitation Development Group, the Turnaround Families Programme and the Munro Implementation Board.

## LSCB Governance

The LSCB regularly carries out self-assessments with its members to assess its effectiveness and identify areas for improvement. A survey of front-line practitioners to assess their understanding of the LSCB is also carried out on an annual basis. Work to ensure the LSCB sub-groups are operating effectively is also underway.

The full Business Plan 2011-2014 can be viewed on the LSCB website [www.westberkslscb.org.uk](http://www.westberkslscb.org.uk)



# Effectiveness of safeguarding arrangements over the past year

## LSCB

---

### LSCB Achievements

- **Scrutiny** of key agencies' performance on their activities to protect children;
- Review of regular monitoring reports and performance data on key issues and the work of specific agencies through the **Quality Assurance** framework. This includes reports and data on :
  - missing children,
  - elective home education,
  - school exclusions,
  - private fostering,
  - Multi Agency Public Protection Agency (MAPPA) process,
  - Multi-Agency Risk Assessment Conference (MARAC) system,
  - school nursing service;
- Scrutiny of **multi-agency audits and action plans**;
- The Board has prioritised work on **domestic abuse, substance misuse, early intervention** and ensuring robust and effective **board functioning**;
- Commenting on the Government's proposals for the revised **Working Together (2013)** and Serious Case Review Framework and preparing for its implementation;
- **Child Protection Procedures** have been subject to change following the publication of 'Working Together 2013'. The Policy and Procedures Sub-Group are working hard with our provider to ensure the on-line procedures are up to date, easily accessible and easy to understand;
- Continued scrutiny of agency compliance with the **Section 11** (Children Act 2004) standards for agency safeguarding systems – including initiating audits of local schools, early years and the Local Authority;
- A significant amount of work has been undertaken on **child sexual exploitation**. West Berkshire has been able to use information and lessons learnt from our Oxfordshire neighbours to help inform our work. LSCB members were given a presentation by a member of the Kingfisher Team on their work together with a video of 'My Dangerous Loverboy'. Plans are underway for the autumn to raise awareness through performances in West Berkshire secondary schools of the play 'Chelsea's Choice' by AlterEgo Creative Solutions Ltd.
- Thames Valley LSCBs are working with our local **Sexual Abuse Referral Centre (SARC)** and commissioners to agree a protocol to promote better communication and have clear arrangements for reporting and information sharing.
- The **Child Death Overview Panel (CDOP)** meets regularly to review child deaths in the Berkshire area and advises the LSCB of any trends or patterns in relation to these deaths. A regular newsletter is sent to all LSCBs who disseminate it to raise awareness of issues. A recent spotlight has been on safer sleeping, with CDOP raising awareness in its newsletter and re-circulating copies of the Department of Health leaflet 'Reduce the risk of cot death', as part of a campaign targeted at health professionals and parents. There has been a significant reduction in the number of deaths throughout Berkshire due partly to high risk neo-natals being transferred to Oxford as part of a new process.

- There have been no Serious Case Reviews in West Berkshire since 2008; however the **Case Review Group** regularly meets to look at regional and national cases to discuss learning points. The group has also been looking into alternative models to carry out partnership and serious case reviews and has been working with the Safeguarding Adults Partnership Board to obtain their views on a recent case where they used the Social Care Institute for Excellence (SCIE) model;
- Implementation of the revised **safe recruitment process** following changes to the national Criminal Records Bureau. It also established a Safer Recruitment working group to ensure satisfactory implementation of the Protection of Freedoms Act 2012;
- In February, two events were held to raise awareness of the changes to the **Disclosure and Barring Service**, both events were well attended with over 100 people from all sectors at each event. Additional ongoing work is being carried out with the voluntary sector;
- Expanding the LSCB **training** programme to meet the demand of new initiatives;
- A new **domestic abuse e-learning** programme has been purchased and used by over 400 staff and volunteers in West Berkshire since its launch in January 2013.
- A successful **conference** was held in September 2012 with over 100 adult and children's services staff present; the focus was on neglect - its effects on children and impact in adulthood.

### LSCB Challenges

- Working Together 2013 requires LSCBs to monitor the provision of **early help** to children and young people. There are a range of services available locally but pathways into services are not always clear and a strategic overview is necessary to identify gaps and to ensure that services are confident in delivering effective services despite reduced funding in the future;
- LSCB sub-groups carry out a significant amount of work on behalf of the LSCB; ensuring there is adequate membership from agencies to carry out this work is an on-going challenge;
- Some agencies already provide **performance data** but this should be developed to ensure all partner agencies are providing reliable data;
- There is a need to ensure Board members disseminate information throughout their agencies;
- The Board has continued to press for a **designated doctor** and improvements to the Rapid Response service following the death of a child;
- The Board continues to scrutinise the provision of health services to **Looked After Children** since concerns were raised over the timeliness of their medical assessments;
- There remains a continuing challenge for Thames Valley Police in finding **resources to attend initial and review child protection conferences**. This issue is regularly monitored by the Board;
- Reductions and changes for people in receipt of working age **welfare benefits** are likely to increase stress on already vulnerable families and leading to an increase in demand for services.

## Partner agencies safeguarding effectiveness

### West Berkshire Council

---

#### West Berkshire Council Achievements

- **Adult Social Care and Housing Operations** continue to work closely with Children's Services to ensure children's concerns and considerations are passed on and acted upon appropriately. This year has seen further embedding of Children's Safeguarding protocols and training within the services along with awareness raising with the Adult-focused teams;
- The **Turnaround Families Project** targets families with a range of problems experienced over some time and aims to ensure all agencies work together closely to reduce the impact of those problems. Confirmation of this year's funding has been received, endorsing the programme so far;
- West Berkshire has established both an operational and a development (strategic) **Child Sexual Exploitation** group. Their role is to identify and map numbers of young people who are at risk of exploitation. The wider remit of the groups is to raise awareness amongst practitioners, young people and the public.
- West Berkshire Council has signed up to the Children's Society **Runaways' Charter** and contributed to the Make Runaways Safe progress report;
- A small working group was set up to look at the increasing use of **controlled substances**;
- **Safeguarding training** is delivered to school/settings staff and designated persons;
- **The Early Years Quality Assurance Team** was pleased to see one of West Berkshire's Childminders picked out in an Ofsted Good Practice Report;
- **Domestic abuse multi-agency events** have been held to gain an understanding of what services are available and how these work together, these have been well attended and run by the Domestic Abuse Co-ordinator through the Domestic Abuse Forum. One of the highlights of the last year was drama performances in local secondary schools developed by young people. The Local Authority Overview and Scrutiny Management Commission also carried out a review of domestic abuse provision which has led to more focus and renewed activity in this area by all agencies.
- **The Domestic Abuse Response Team** which started off as a pilot has now become established.
- A protocol was developed, covering service provision to young people who are aged 16/17 years and who are **homeless** or at risk of homelessness.
- The **Munro Implementation Board** has been leading on changes to transform Children's Services in accordance with the recommendations made by Professor Eileen Munro in her review of child protection.

## West Berkshire Council Challenges

- There has been a steady increase in the numbers of **Looked After Children (LAC)**, leading to capacity issues;
- There continues to be an issue with **LAC medicals** which the Council is working to address with health partners;
- An audit carried out by the Quality and Monitoring Sub-Group revealed that the **CAF system** is not working as well as it should;
- **Munro Implementation Group** - good progress has been made in implementing the action plan following the Ofsted inspection last year. There has been real progress in auditing case records to improve timeliness of interventions leading to increased child protection and looked after children activity. Likewise there has been excellent progress in preventing looked after children becoming involved in the criminal justice system. However there are still areas to work on in relation to staffing and capacity;
- Following changes to the **Family Group Conference (FGC)** arrangements locally, there was a decrease in the number of FGCs held. An action plan has been put in place to address this and the service is being heavily promoted;
- Education Service plans for the coming year include re-establishing the exclusions Drugs Protocol to reduce fixed and permanent exclusions in secondary schools, developing a Tier Two mental health/anxiety project and promoting 'healthy children' (funding is being sought for a 'healthy adviser' post in schools).

## Children and Family Court Advisory and Support Service (CAFCASS)

---

### CAFCASS Achievements

- West Berkshire is at the national average for duration of public law cases, at 45 weeks. However, this is above the Public Law Outline target of 26 weeks.

### CAFCASS Challenges

- There have been fluctuations in the number of private law applications, affected by changes to Legal Aid funding for private law.





### Police Achievements

- Safeguarding continues to be a key priority for Thames Valley Police and the 2013-14 period will see additional training for all frontline officers.
- The police have worked extensively over the past year to create improved responses to **child sexual exploitation (CSE)**; they now have a fully developed CSE strategy and accompanying action plan, which have been communicated to key partners including chairs of LSCBs and heads of children's social care;
- The action plan includes the interim recommendations from the Office of the Children's Commissioner report into CSE published earlier this year;
- Ongoing work is taking place around **domestic abuse**. This is particularly relevant to children's social care which requires good quality risk assessments from the police in order to plan appropriate responses;
- The funding of **Making Changes** Perpetrator programme was secured with assistance from the police;
- An audit of the MARAC process, through the Co-ordinated Action Against Domestic Abuse self-assessment, was completed, showing a low repeat referrals rate; a MARAC Steering Group will be formed;
- The **Safer Schools Programme** provides information to Years 4, 5 and 6 on key issues, including being a good citizen, general and on-line safety and child exploitation;
- The **Secondary Schools Programme** has provided sessions in all West Berkshire secondary schools, Pupil Referral Units and Newbury College, with a focus on on-line safety and including general safety, bullying and the law, as well as child exploitation.

### Police Challenges

- Increased volume of investigations and risk associated with **CSE**;
- Recruitment and retention issues have had a temporary impact on their ability to provide **reports to Child Protection Conferences**. Recruitment is underway to address this;
- Improvements are required in management of **missing children**, particularly the 'return to home' interviews.



## NHS Berkshire (Primary Care Trust) and South Central Strategic Health Authority

---

The Health and Social Care Act received Royal assent on 27 March 2012. This is the most extensive reorganisation of the National Health Service (NHS) since its inception. The Act abolished Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs). Funding for commissioning local health services was transferred to Clinical Commissioning Groups (CCGs), which became statutory bodies on 1st April 2013.

Key legislation has been amended so that CCGs have identical safeguarding children duties as those previously applying to PCTs and SHAs – i.e. to have regard to the need to safeguard and promote the welfare of children and to be members of Local Safeguarding Children Boards. The revised edition of Working Together to Safeguard Children (2013) sets out expectations as to how these duties should be fulfilled.

An accountability and assurance framework for safeguarding vulnerable people in the reformed NHS was published in March 2013. The framework reinforces the Government's mandate to the NHS to continue to improve safeguarding practice within the NHS.

CCGs consist of groups of General Practitioners (GPs) acting on behalf of local GPs to commission health services to meet the needs of people registered with practices in their area. The commissioning process includes responsibility for ensuring that children and vulnerable adults are safeguarded.

There are four CCGs in the area covered by Berkshire West - Newbury & District, North & West Reading, South Reading and Wokingham CCGs, which have formed a Federation to work collaboratively. The Chair of the LSCB has met with both Newbury & District CCG and North & West Reading CCG to ensure safeguarding children remains a priority in West Berkshire.

NHS England, formerly the NHS Commissioning Board, is responsible for ensuring oversight of CCGs. This responsibility is devolved to Local Area Teams of NHS England. Berkshire is accountable to NHS England via the Thames Valley Area Team, based in Oxfordshire.

### Achievements

- Ensured that all CCG Boards across Berkshire received training in their responsibilities to safeguard and promote the welfare of children;
- Appointed a Nurse Director with CCG Board lead for safeguarding who also represents the CCGs on each of the LSCBs;
- Recruited a Designated Doctor Safeguarding Children, for Berkshire, supported by Consultant Community Paediatricians in Berkshire West;
- Provided safeguarding children training updates to members of Primary Health Care Teams (PHCTs) across Berkshire;
- Introduced a self-assessment audit of safeguarding arrangements in contracts, to be completed by all health services commissioned by the CCGs.

## Challenges

- Recruitment of a Named Nurse Safeguarding Children to work with the Named GP to support PHCTs in Berkshire West in their safeguarding activity.
- Work with colleagues in GP practices to improve the contribution of GPs to the child protection process, including the provision of written reports for child protection conferences.

## Berkshire Healthcare Foundation Trust (BHFT)

---

### BHFT Achievements

- Revised and Implemented **Child Protection Supervision Policy** which standardized and increased the provision of child protection supervision across BHFT. Those in receipt of specialist supervision include: health visitors (HVs), school nurses (SNs), community children's nurses, Child and Adolescent Mental Health Services (CAMHS), Family Nurse Partnership, and Looked After Children's services (LAC).
- Management of **Domestic Incident Reports** was developed; including the provision of guidance for BHFT staff who receive these police incident reports;
- An agency **safeguarding audit** (Section 11 Children Act 2004) was undertaken and, on scrutiny by the joint Berkshire LSCB Section 11 sub group, was judged to be 'thorough and robust'. This is monitored internally quarterly.
- Audit of quality of Case Reports. The standard of reports was found to be generally high and child focused; a new recording template has been implemented to ensure consistency across the Trust.
- Audit of Child Protection Supervision for Health Visiting, School Nursing and CAMHS clinicians. 76% of HVs/SNs were compliant with the policy; CAMHS was significantly lower. The plan is to increase compliance to 85%.
- Processes are in place to ensure learning from Serious Case Reviews/Incidents is disseminated.
- Domestic Abuse training strategy was developed.
- Training Compliance – single agency training 90%, multi-agency training 79%. A significant improvement from March 2012.
- Establishment of an on call urgent child protection advice line for all BHFT staff.
- Provider of interagency child protection training.
- Improved internal child protection communications through intranet and newsletters.
- Safeguarding and LAC Group, providing leadership and internal assurance.

### BHFT Challenges

- Increase compliance with supervision standards – 85%.
- Audit planned – Impact of Safeguarding Training - December 2013.
- Audit planned – Quality of Referrals to Social Care – December 2013.
- Continue raising awareness of domestic abuse as health and safeguarding issues.
- Increase of multi-agency safeguarding training to 85%.
- Promote standardization of assessment processes within CAMHS

## Schools

---

### School Achievements

- Schools once again completed their **annual safeguarding and S11 audit** with good results;
- Eleven West Berkshire schools have now completed the '**Safe in our Hands**' anti-bullying self evaluation toolkit and accreditation; this is aimed at both primary and secondary schools with a further target of 15 schools for 2013/14;
- Overall attendance has improved in West Berkshire schools and is above the national average.

### School Challenges

- Ensure that staff are recruited safely;
- Ensure that staff are up to date in their safeguarding training;
- Ensure that designated teachers attend the network groups arranged for them.

## Youth Offending Team (YOT)

---

### YOT Achievements

- West Berkshire YOT works with some of the most vulnerable young people, often open to Children's Social Care, CAMHs and/or the Edge Young Substance Misusers Service. All young people known to the YOT are assessed in relation to their level of vulnerability, as well as their likelihood of reoffending and risk of committing serious harm to others;
- Safeguarding **procedures** updated;
- Covered **out of hours PACE** from April to October. Fewer young people, particularly Looked After Children, have been detained overnight;
- Work with a placement out of area in developing **restorative approaches** with a Looked After Child. Restorative Justice training provided to a private children's home;
- Developed approaches in response to young people who perpetrate domestic abuse against their parents/carers.

### YOT Challenges

- To proactively monitor that young people open to Children's Social Care, in police cells or in the secure estate, are safeguarded, particularly when placed out of area as Looked After Children or remanded or sentenced to custody;
- To be assured that services to those who sexually harm are of a high standard.

## Thames Valley Probation Service

---

### Probation Achievements

- In April 2012, the **Thames Valley Probation Safeguarding Children policy** and procedure was reviewed and a Thames Valley Policy statement produced;
- Over 98% of practice staff have either received or are scheduled to attend safeguarding children level 1 or 2 **training**;
- **Disclosure and Barring checks** are completed on all practice staff;
- Updated and rolling out **Advanced Risk of Serious Harm training** to all practitioners and managers.

### Probation Challenges

- The **Government's Rehabilitation Programme** - reforms to the structure of probation services and the delivery of community sentences
- Developing a **Family Approach Programme** to link families of those imprisoned or who may be imprisoned as a result of pending court proceedings to appropriate Children Action Team
- The need to continually improve home visits as routine part of offender management supervision on relevant cases on our caseload.

## Voluntary Sector

---

### Voluntary Sector Achievements

- Voluntary and Community Sector (VCS) Forum undertook a **survey of voluntary and community organisations** to better understand their safeguarding practices and support needs;
- VCS Forum established a **website** with a prominent safeguarding page:  
Link : [WB CYP Forum](#)  
Link : [empowering west berkshire](#)
- Regular **newsletters** established;
- The LSCB representative is also a Safe Network champion so is able to signpost to additional resources and information;
- Safe Network bulletins are sent to LSCB members as part of our weekly member updates to provide information and support to the voluntary sector.

### Voluntary Sector Challenges

- The VCS Forum has no authority over organisations; it can only endeavour to encourage best safeguarding practices to those organisations registered with it;
- Loss of the Children's Workforce Development Council which provided useful resources for the voluntary sector.

## Sub Groups and Task Groups

LSCB Sub-Groups undertake significant work to meet the LSCB's responsibilities. Some of these are co-ordinated across Berkshire or Berkshire West.

### Child Death Overview Panel - Berkshire

The panel reviews all child deaths in Berkshire and advises the LSCBs of any trends. A newsletter raises awareness of issues; e.g. safer sleeping for babies. There was a reduction in perinatal and neonatal mortality, from 75 in 2011-12 to 34 in 2012-13 across Berkshire. This exceptional reduction was most likely due to the change in status of local district general hospitals to Local Neonatal Units enabling transfer of high-risk neonates to a specialist centre (typically the John Radcliffe Hospital, Oxford). This process appears to have had a genuinely positive impact in reducing neonatal mortality.

The Audit of the 2012/13 Rapid Response to child deaths in Berkshire determined that the response of frontline and Emergency Department staff was generally good, with close multi-agency team working. Specific learning points/next steps highlighted included:

- Communication with out-of-area hospitals and multi-agency teams is an ongoing systemic problem.
- The need to re-emphasise 'Back to Sleep' and parental smoking avoidance advice – particularly among parents from black and minority ethnic backgrounds.
- Multi-agency meetings were held in all cases, and social care assessments were undertaken when appropriate; but visits to the scene of death or health crisis preceding death, were not always made. Consideration should be given to making more such visits.
- There is a need to communicate with non-resident parents following a child's death.

### Performance Group – Reading and West Berkshire

The Performance Group meets regularly to review performance information from partner services. This information is set out in the Berkshire dataset. The role of this multi-agency group is to review and challenge the data provided. If there are concerns regarding these key indicators the issues are escalated to the relevant LSCB Executive. The group has also undertaken a review of the dataset to ensure it meets new requirements set out in Working Together 2013 and the needs of the local area.



## **Policies and Procedures Group - Berkshire**

The Berkshire-wide child protection policies and procedures are published online. The Policy and Procedures Group ensures they are regularly updated. Revised procedures include guidance on forced marriage and management of concealed pregnancy, with new links inserted to guidance maintained elsewhere, such as 'Protecting Children and Young People – the Responsibilities of all Doctors' (GMC 2012). Changes have also included improvements to hospital discharge arrangements. The online procedures are being updated in line with the revised Working Together 2013.

## **Quality and Monitoring Group - West Berkshire**

The Quality and Monitoring Group meets every two months to agree the audit programme and review outcomes from partner agency audits. The audit programme covers key areas of safeguarding; audits carried out include case audits, sample studies or, more recently, on-line surveys using survey monkey. Partner agencies are also asked to contribute and bring to the group audits they have completed in their own agency.

Maintaining membership by all partner agencies and ensuring there is capacity to carry out multi-agency audits are on-going challenges.

## **Safer Recruitment Group- Berkshire West**

This group was led by Reading LSCB. Its purpose was to ensure the new arrangement set out in the Protection of Freedoms Act 2012 was both understood and reflected in safer recruitment practice in partner agencies. New guidance has been drafted for all organisations for inclusion in the online Berkshire child protection policies and procedures. This will be updated as new guidance is rolled out by the national Disclosure and Barring Service.

## **Section 11 Group - Berkshire**

All statutory or commissioned organisations that provide services to children and families are responsible for ensuring that they meet Section 11 of the Children Act 2004, in relation to safeguarding and child protection. The pan-Berkshire Section 11 sub group reviewed agency self-audits against these standards. The majority showed that they met and exceeded the minimum standards for safeguarding children. Future plans include establishing links with the Clinical Commissioning Groups and Commissioning Support Unit structure.



## Serious Case Review (SCR) Overview Group - West Berkshire

The SCR Overview Group makes recommendations to the LSCB Chair on the need for a Serious Case Review (SCR) when there is a critical incident. There were no SCRs initiated in West Berkshire in 2012–13.

As part of its learning and improvement role, the SCR Overview Group also considers reviews carried out in other areas, both regional and national SCRs or other case reviews and research. Where there is relevant learning, this is shared and cascaded through the most effective route.

Consideration of the Edlington Serious Case Review and subsequent report by Lord Carlile led to a local review of the recommendations by the Education Service.

From April 2013 the Serious Case Review Overview Group will be renamed the Case Review Group. This is in response to Working Together 2013 and reflects the group's role in carrying out reviews using a range of models.

## Training Group - Berkshire (West and East)

- Training needs analyses were completed and reported to all boards.
- Courses specific to local need were provided including neglect, domestic abuse, safer care for children of parents with mental health issues, e-safety, and child development. There were 320 attendees from partner agencies.
- A training 'pathway' was published to aid understanding of training required by each staff group and subsequently offered
- Quality assurance of the courses ensured that the content was child focused.
- Staff who attended LSCB courses expressed greater confidence.
- Courses included lessons from serious case reviews and enabled practical skill development.
- The sub group gave partner agencies advice and promoted informal and formal training events between agencies.
- Health agencies opened courses to partner agencies.
- A joint LSCB safeguarding children and adults conference was provided for all partner agencies in Berkshire West on the impact and effects of neglect.

Challenges:

- Monitoring the quality of single agency safeguarding training.
- More audits on the quality of training may be required; which will impact on resources.
- Multi agency training compliance in Berkshire West, ensuring all agencies respond.

Please note full sub-group reports can be obtained on request from the LSCB Clerk [cfletcher@westberks.gov.uk](mailto:cfletcher@westberks.gov.uk)

Membership of sub-groups continues to be monitored to ensure all partners are represented.



## Conclusions

Overall this has been a busy year for all the partners of the LSCB. The changing face of the NHS has seen membership changes and new members join. Work will continue to ensure that all members are clear on their roles and responsibilities.

Increasing numbers of children with child protection plans and those who become looked after make it crucial that LSCB partners and their agencies work together effectively to address the needs of these vulnerable groups.

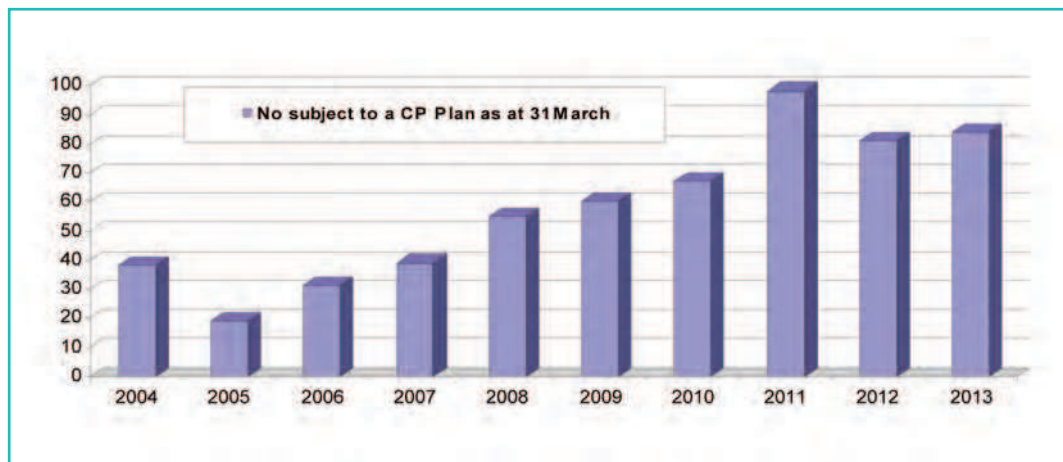
Working Together 2013 is a key document and will take time to establish the changes required; the LSCB will continue to challenge agencies to ensure the services they provide are in line with this guidance.



## Appendix A - Child Protection Data

### Total of Children and Young People subject to a Child Protection Plan by Year

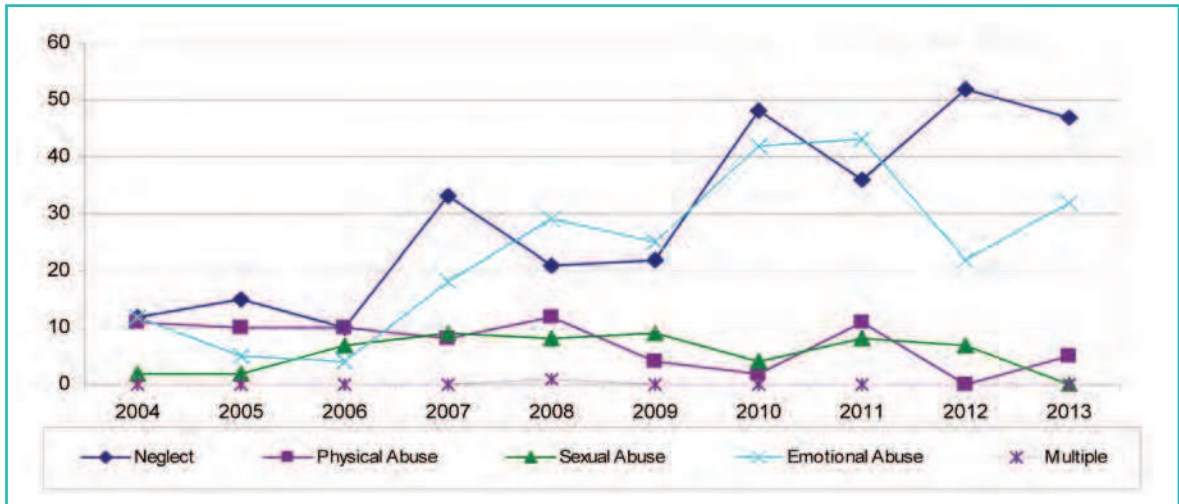
Year	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
No subject to a CP Plan as at 31 March	38	19	31	39	55	60	67	98	81	84



The total of young people subject to child protection plans in West Berkshire as at 31 March 2013 was 84. This is a rate of 22 per 10,000 population aged under 18 which is below the national average of 39 per 10,000 and slightly below our comparator group of 26 per 10,000 (March 2011). The number of young people for 2013 represents a 4% increase over the previous year.

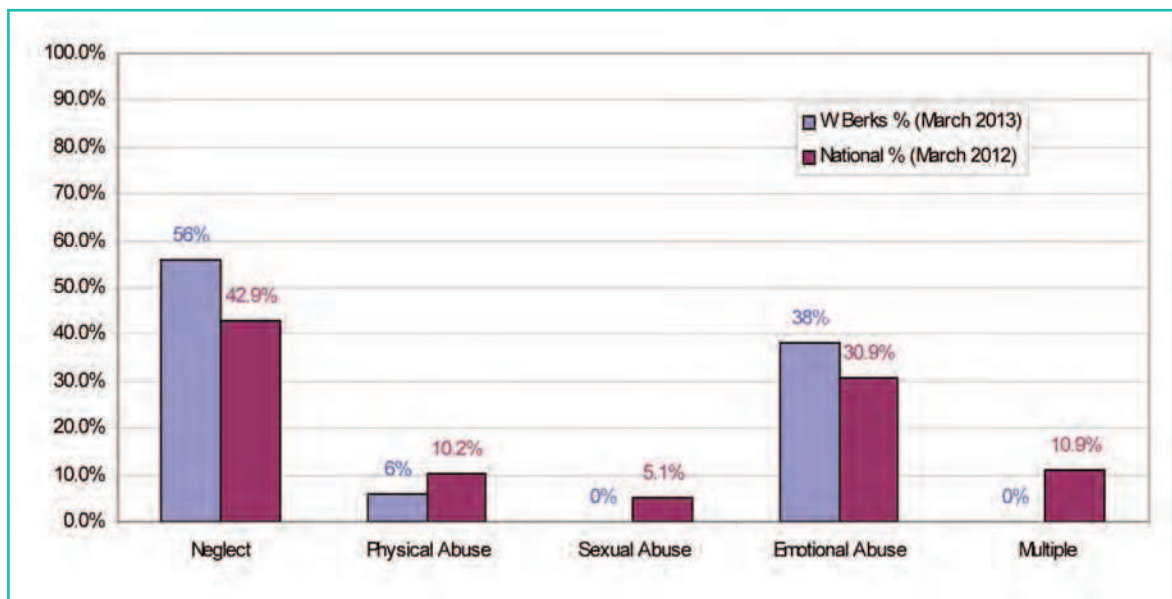
### Reasons for CP Plan Trends

Year (as at 31 March)	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Neglect	12	15	10	33	21	22	48	36	52	47
Physical Abuse	11	10	10	8	12	4	2	11	0	5
Sexual Abuse	2	2	7	9	8	9	4	8	7	0
Emotional Abuse	12	5	4	18	29	25	42	43	22	32
Multiple	0	0	0	0	1	0	0	0	0	0
Total Reasons for CP Plan	37	32	31	68	71	60	96	98	81	84



As at 31 March 2013 Neglect continued to be the most frequent reason for Child Protection Plans, showing a general upwards trend over the entire period. Emotional Abuse on the other hand, which had shown a drop in numbers in 2011/12, is showing an increase in the 2012/13 year. In 2012/13 there was a slight increase in the number of CP Plans made for the category of Physical Abuse, which had peaked in 2011/12 but was zero in 2012/13. There were no sexual abuse CP Cases recorded.

### National and Local Reasons for CP Plan Percentage Trends



The above graph, compares West Berkshire's Reasons (31 March 2013) for CP Plans with National (2011/12) Percentages. In the case of "Neglect" West Berks is greater than the national average (56% and 42.9% respectively) In the instance of "Emotional Abuse", W Berkshire is also higher than national figures, with West Berkshire being 38% and the national average 30.9%. Sexual Abuse for West Berks (0%) as opposed to the national figure of 5.1%. Physical Abuse is slightly lower than the national average (6% for W Berkshire as opposed to 10% for the national figure)

### Children subject to Protection Plans Profile as at 31 March 2013

As at 31st March 2013, there were 84 children subject to Child Protection Plans. There were 36 boys (43%), 44 girls (52%) and 4 unborn children (5%). Nationally, 49.7% of those subject to a CP Plan are male, and 48.1% female.

Under 1's accounted for 14%; 1-4's for 26%; 5-9's for 26%; 10-15's for 27% and 16+ for 1%. (unborn 5%).

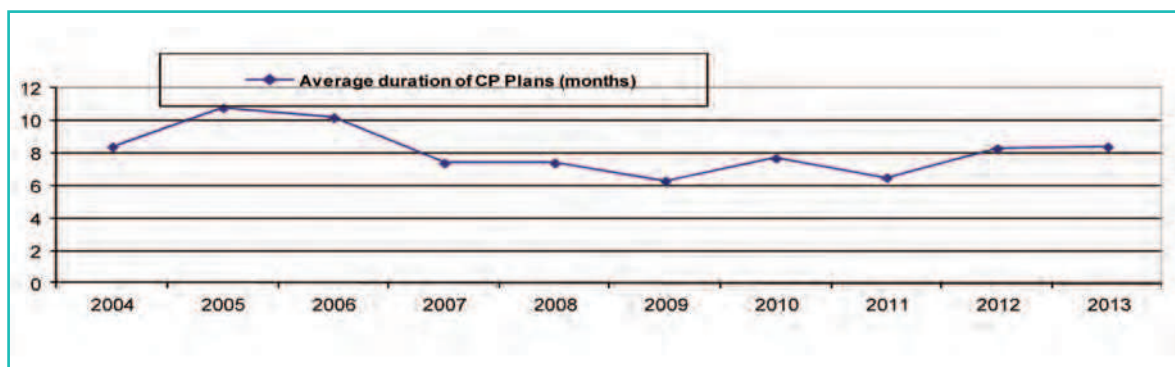
23% of children who were subjects of child protection plans at 31 March 2013 were from an ethnic minority. This compares with 11.7% of young people in West Berkshire's schools from ethnic minorities.

### Children subject to a second or subsequent CP Plan

In 2012/13, West Berkshire made 27 (22.7%) children subject to a 2nd or subsequent CP Plan. The national average for the period 2011/12 was 13.8%. This is an increase over the previous year when we reported 19.6% subject to a 2nd CP Plan.

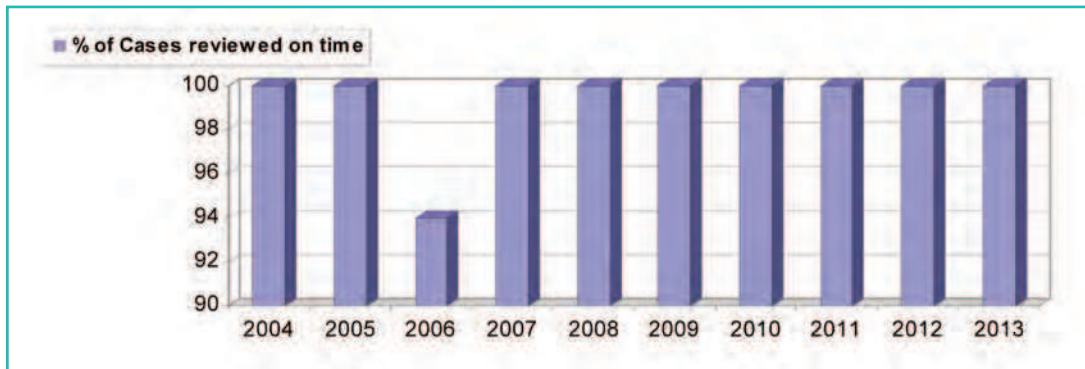
### Duration of CP Plans by Time for Children subject to a CP Plan

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Less than 3 months	6	8	1	17	16	35	25	33	31	24
3 months - 6 months	3	6	5	7	11	14	12	12	25	19
6 months - 12 months	27	8	8	27	14	19	38	56	39	55
12 months - 24 months	10	29	4	5	13	15	18	12	26	25
> 2 years	0	0	1	4	0	0	0	1	2	3
Total CP Plans Endings	46	51	19	60	54	83	93	114	123	126
Average duration of CP Plans (months)	8.4	10.8	10.2	7.4	7.4	6.3	7.7	6.5	8.3	8.4



## Percentage of Child Protection Cases Reviewed in Timescale

Year	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
% of Cases reviewed on time	100	100	94	100	100	100	100	100	100	100



In 2013, 100 per cent of Child Protection cases were reviewed on time.

## Appendix B - Training

Safeguarding training is essential to ensure staff and volunteers are kept up to date with legislation and information.

All agencies have a responsibility to provide their staff and volunteers with suitable training that is appropriate to their role.

The West Berkshire training team provide training at Universal level for Social Care, Early Years team, schools and the voluntary sector. This first introduction to safeguarding explains what signs and symptoms to look for and who to report to. They are also responsible for administering the courses on the LSCB programme.

### Local Authority safeguarding training which took place in West Berkshire 2012-2013

Training delivered for schools		
CP Universal	2 courses ran centrally	24 people trained
In house (school site)	55 courses ran in-house	960 people trained
Designated Persons	3 courses ran centrally	112 people trained
Training delivered by the Social Care and Corporate Training Team		
Universal training	Children's Services targeted	102 people trained
Targeted Safeguarding		437 people trained
LSCB Multi agency programme		125 people trained

The LSCB provides a multi-agency programme designed to cover key safeguarding subjects.

To ensure that training meets the desired objectives and that it is effective, the training is quality assured usually by a member of the training sub group.

Attendees at each training event are asked to complete an evaluation form to ensure it meets their needs.

The information below demonstrates the impact of safeguarding training on attendees at the LSCB training events. Attendees are asked to score their knowledge before and after the event, each of the events records an increase in knowledge.

Course Title	Average of Knowledge before Session (score 10 to 1)	Average of Knowledge after Session (score 10 to 1)
Child Development & Safeguarding - 13/7/12	6.1	7.9
A Shared Responsibility - 12/9/12	7.2	8.2
Neglect and Emotional Abuse - 11/10/12	6.3	8.3
Safeguarding Children of Parents with LD - 18/12/12	5.5	8.0
Safeguarding Children in Domestic Abuse - 1/2/13	5.4	7.2
A Shared Responsibility - 6/3/13	6.4	8.4
A Shared Responsibility - 15/3/13	5.1	7.8
A Shared Responsibility - 25/3/13	4.4	7.5

## Appendix C - Membership at April 2013

Name	Role
Gabriel Amahwe	Operational Director Berkshire West, Thames Valley Probation
Vanessa Anderson	Lay member
Stephen Barber	Independent Chair
Robert Bradshaw	Service Manager, West Berkshire Council
Debbie Daly	Nurse Director, Berkshire West CCG Federation
Mark Evans	Head of Children's Services, West Berkshire Council
Leila Ferguson	Lay member
Peter Gale	Deputy Principal, Mary Hare School
Kevin Gibbs	Head of Service, CAFCASS
June Graves	Head of Care Commissioning, Housing and Safeguarding, West Berkshire Council
Andrea Griffiths/ Liz Housden	Headteacher Hungerford Primary School/Headteacher St Finians
Ros Haynes	Service Improvement Manager, Safeguarding, West Berkshire Council
Antony Heselton	Clinical Development Manager, South Central Ambulance Service
Jon Hewitt	Headteacher, The Castle School
Georgia Jackson	Consultant Community Paediatrician, Royal Berkshire NHS Foundation Trust
Julie Kerry	Associate Director for Patient Experience, Thames Valley Area Team, NHS South of England
Rosemary Lilley	Voluntary sector representative
Linde Melhuish	Principal, Padworth College
Rita Morrison	Head of Mental Health Services for West Berkshire
Ian Mundy	Locality Director (West Berks), Berkshire Healthcare NHS Foundation Trust
Irene Neill	Portfolio Holder Children and Young people, West Berkshire Council
Zoe Partridge	Personal and Family Support Worker, SSAFA Forces Help
Davy Pearson	Manager, Youth Offending Team
Ian Pearson	Head of Education Service, West Berkshire Council
Karen Pottinger	Principal Education Welfare Officer, West Berkshire Council
Susan Powell	Safer Communities Partnership Team Manager, West Berkshire Council
Robin Rickard	Superintendent, Thames Valley Police
Janet Scott	Service Manager, West Berkshire Council
Janice Schofield	Faith Sector Representative
Jenny Selim	Designated Nurse Child Protection, NHS Berkshire
Lorna Sherlock	Tutorial Team Leader, Newbury College
Maureen Sims	Deputy Headteacher, St Bartholomew's Secondary School
Rachael Wardell	Corporate Director, Communities (statutory Director of Children's Services), West Berkshire Council
Ian Wootton	Commissioning Manager Substance Misuse, West Berkshire Council

## Appendix D - Financial information

The budget is monitored by the Business Manager and reports are provided to each LSCB meeting. The majority of the budget is spent on staffing to support the work of the Board.

The LSCB budget 2012-2013 is made up of contributions from the Local Authority, the PCT, Police, Probation, CAFCASS and Berkshire Healthcare Foundation Trust.

Supplies and services include expenditure for the cost of an independent Chair, updates of the child protection procedures and the costs associated with administering the LSCB training programme and the annual conference. This also covers any printing costs for publicity materials and leaflets.

This part of the budget also pays for a part time CDOP administrator (.6). This post is funded jointly by all the Berkshire LSCBs and is responsible for notifications of child deaths across Berkshire.

In addition a small amount is spent under premises to cover the hire of meeting rooms, refreshments and venues for LSCB activities and meetings.

The budget was underspent due to a vacancy for a LSCB business support officer which took several months to recruit. A reserve is also kept in the event of a serious case review being commissioned.

### Income and Expenditure 2012 – 2013

Income	£
Local Authority (Including Child Death Review)	103,235.00
PCT	20,000.00
Police	2000.00
Probation	895.00
CAFCASS	550.00
Berkshire Healthcare Foundation Trust	1000.00
<b>TOTAL</b>	<b>127,680.00</b>

Expenditure	£
Employees	78,261.00
Supplies and Services	22,068.00
Premises	638.00
<b>TOTAL</b>	<b>100967.00</b>



## Appendix E - List of acronyms

<b>BHFT</b>	Berkshire Healthcare NHS Foundation Trust
<b>CAF</b>	Common Assessment Framework
<b>CAFCASS</b>	Children and Family Court Advisory and Support Service
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CCG</b>	Clinical Commissioning Group
<b>CDOP</b>	Child Death Overview Panel
<b>CSE</b>	Child sexual exploitation
<b>DBS</b>	Disclosure and Barring Service
<b>DfE</b>	Department for Education
<b>EWO</b>	Education Welfare Officer
<b>FGC</b>	Family Group Conference
<b>ISVA</b>	Independent Sexual Violence Advisors
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>LAC</b>	Looked After Child
<b>LSCB</b>	Local Safeguarding Children Board
<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>MARAC</b>	Multi-Agency Risk Assessment Conference
<b>PCT</b>	Primary Care Trust
<b>SARC</b>	Sexual Assault Referral Centre
<b>SCP</b>	Safer Communities Partnership
<b>SCR</b>	Serious Case Review
<b>SHIP</b>	Sexual Harm Intervention Project
<b>VCS</b>	Voluntary and Community Sector
<b>YOT</b>	Youth Offending Team



**PROTOCOL ON THE INFORMATION SHARING ARRANGEMENTS BETWEEN  
THE THAMES VALLEY LOCAL SAFEGUARDING CHILDREN BOARDS, NHS  
England (THE COMMISSIONERS)  
and THE SEXUAL ASSAULT REFERRAL CENTRES (THE PROVIDERS)**

**Summary:**

This protocol sets out the arrangements between Thames Valley Local Safeguarding Children Boards (LSCBs), Thames Valley Police, NHS England and the Sexual Assault Referral Centres (SARC) as recommended by the Royal College of Paediatrics and Child Health (RCPCH).

Each of the organisations has distinctive and complementary roles in keeping our children safe.

The aim of this protocol is to support the organisations to operate effectively, being clear about their respective duties, inter-relationships and roles and responsibilities of all those involved in this important work.

**Introduction:**

The Children Act 1989 provides the statutory framework for safeguarding and promoting the welfare of children in need. Safeguarding and promoting the welfare of children is defined as including:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

**Purpose:**

The purpose of the protocol is to strengthen relationships between the NHS England, Thames Valley Police, SARCs and the LSCBs by building good communication links and agreement on how information is provided. The Protocol should also ensure effective arrangements are in place for reporting which ensure complainants under 18 are appropriately seen and the relevant supporting parties are informed.

## **1. SARCs**

SARCs are specialist medical and forensic services for anyone who has been raped or sexually assaulted/abused/exploited. Medical Services are free of charge and provided to women, men, young people and children. The SARCs accept referrals of young people and children (0-18) who have suffered an acute sexual assault/abuse, and there is also provision for examination of historic cases via appointment. Referrals can also be made directly by the police, young people themselves or via a third party, including other professional agencies.

### **The provider of the SARC will ensure it:**

- provides the NHS with quarterly data and an annual report that can be used by the LSCBs; including evidence of S11 compliance;
- provides case information for each case as it happens and maintain close contact with the relevant local authority when complainants have attended the SARC;
- reports incidents to the police and local authority promptly.
- responds to concerns raised by the commissioner or LSCBs about the service where this impacts on safeguarding;

## **2. NHS England**

NHS England is an autonomous non-departmental public body, which operates within the wider health and social care system. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for patients within the resources available. NHS England will fulfil this role through its leadership of the reformed commissioning system and working in partnership with clinical commissioning groups (CCGs) and a wide range of stakeholders.

The new system of commissioning for the NHS requires NHS England to provide national consistency in areas like quality, safety, access and value for money, whilst promoting the autonomy of CCGs to make decisions that are in the best interests of their community and working within the legal framework set by the Health and Social Care Act 2012.

One of NHS England's responsibilities is to directly commission Sexual Assault Services in collaboration with Police Forces, who commission the forensic medical aspects and related support; Local Authorities on going support and social care and Police and Crime Commissioners and their Community Safety Partnerships.

The Thames Valley Area Team is lead commissioner for the SARC in the Thames Valley Police area

**NHS England TV area team will ensure:**

- the LSCBs are informed of performance issues that impact on safeguarding:  
Specifically:
  - How many cases of people under the age of 18 years are seen at the SARC with postcodes for the relevant area
  - Information about any trends that emerge from the data
  - Any key safeguarding concerns
- and be responsible for transfer of quarterly data and an annual report on the service to the LSCBs as part of their performance management role; ensuring compliance of S11
- that the information passed to LSCBs is done so in a secure manner.

**3. Thames Valley Local Safeguarding Children Boards (LSCBs)**

In the Thames Valley there are nine local safeguarding children boards; one for each of the nine local authority areas. The LSCB is a statutory partnership created under the Children Act 2004 with statutory guidance on making arrangements to safeguard and promote the welfare of children and has responsibility for agreeing how relevant local organisations will co-operate to achieve this. Its role is to monitor and evaluate the effectiveness of local arrangements made by individual agencies and the wider partnership. The LSCB is a statutory partnership. It is not a delivery body; it is a scrutiny body and as such requires partner agencies to provide information in order for it to fulfil its scrutiny role.

**The LSCBs will:**

Provide a secure single point of contact for information to be transferred from the provider or commissioner for distribution to all nine LSCB's.

- Produce and publish an Annual Report on the effectiveness of safeguarding arrangements within their local area ;
- Work with commissioners and the provider to ensure that partner agencies provide appropriate and relevant information in order to deliver the service;
- Scrutinise quarterly data and challenge where necessary.

**In order for services to be effective the LSCBs, NHS England and the SARC will:**

- Have an ongoing and direct relationship, communicating regularly through identified lead individuals;
- Work together to ensure action taken by one body does not duplicate that taken by another;
- Work together to ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice;
- Develop a clear approach to understanding the effectiveness of current services and identifying priorities for change – including where services need to be improved, reshaped or developed;
- Ensure effective approaches are made to understand the impact of specialist services on outcomes for children, young people and families and use this understanding constructively to challenge lack of progress and drive further improvement.
- Ensure this protocol has been agreed by all parties and will be reviewed on an annual basis.

This document is not legally binding and cannot constrain either organisation in exercising their respective roles and responsibilities and recognises our respective statutory responsibilities.

Approved by SARC Board 16.9.2013

# Agenda Item 11

<b>Title of Report:</b>	Report to the Health and Wellbeing Board on progress of the Berkshire West Integration Programme
<b>Report to be considered by:</b>	The Health and Wellbeing Board
<b>Date of Meeting:</b>	28 November 2013

**Purpose of Report:** To report on the progress of the Berkshire West Integration Programme

**Recommended Action:** For information

Health and Wellbeing Board Chairman details	
<b>Name &amp; Telephone No.:</b>	Gordon Lundie (01488) 73350
<b>E-mail Address:</b>	glundie@westberks.gov.uk

Contact Officer Details	
<b>Name:</b>	Cathy Winfield and Rachael Wardell
<b>Job Title:</b>	Chief Officer (Berkshire West CCGs) and Corporate Director for Communities (West Berkshire Council)
<b>Tel. No.:</b>	01635 519723
<b>E-mail Address:</b>	<a href="mailto:cathywinfield@nhs.net">cathywinfield@nhs.net</a> rwardell@westberks.gov.uk

# Executive Report

---

## Introduction

The Health and Wellbeing Board will recall that 10 organisations in Berkshire West have committed to working together on a joint Integration Programme. These are: West Berkshire Council, Reading Borough Council, Wokingham Council, the 4 Clinical Commissioning Groups, Royal Berkshire Foundation Trust, Berkshire Healthcare Trust and South Central Ambulance Service Trust. The programme covers three key care groups: Frail Elderly, Mental Health and Children. There are also a number of enabling work streams as set out in the attached diagram.

## Progress to date

### Frail Elderly

The pathway redesign work described at the last Health and Wellbeing Board has started. This is being delivered through a series of workshops for front line staff facilitated by the King's Fund. The second part of this work is to undertake economic modelling of the redesigned pathway. The Berkshire West 10 are procuring external support for this work that will work across all organisations in line with the attached brief. Bids have been received and the selection process will take place by a panel of Chief Officers and directors from the 10 organisations on 20<sup>th</sup> November. Success measures for this pathway have also been identified (attached). The Chief Officers of the Berkshire West 10 have proposed that the three health and Wellbeing Boards in Berkshire West meet together to review the business case for Frail Elderly once it is complete in the new year.

### Mental health

The aim of this work stream is to develop key principles and produce a joint commissioning strategy to improve mental health services. Initially Reading Borough Council will pilot how joint commissioning might work in conjunction with the CCGs with a view to sharing the learning across West Berkshire and Wokingham

### Children

Following the system wide workshop in June, further discussion about integrated working on children's health commissioning is scheduled in December between the LA children's lead, public health, NHS England and the CCG Federation. The key themes will include access to services, pathways of care, prevention and early intervention, integration of services and workforce development. There will be a focus on joint working around the health visitor programme to develop a scope for other areas of integrated working with a focus on children's health and wellbeing.

### Programme management

The Berkshire West 10 are also moving to jointly appoint a programme Director on a two year fixed term contract – job description attached. Reading Borough Council have been leading the process and interview dates will be set shortly.

### Update on the Pioneer Bid

The system's application to be integration Pioneers progressed to the final stage and we were amongst 30 applicants out of a hundred who made it to this stage. The panel considered that our application had a number of strengths: The team who presented to the national panel were enthusiastic, focusing on local priorities with good clinical engagement. The organisation of the acute trust into Care Directorates was seen as helpful with the "Networked Care" approach particularly supporting integration. There were



good examples of the use of telehealth to improve productivity and support people with mental health needs.

However, the panel felt that the plans for joint commissioning were still at a very early stage and that the overall programme, with programme management arrangements still to be put in place, was not sufficiently developed for the system to take on the challenge of the Pioneer role.

Given the early stages of our work the system did well to progress as far as it did with this process. Effort is now focused on putting programme management arrangements in place and proceeding at pace to deliver the twin objectives of improved outcomes and experience for service users and patients, and financial sustainability for the health and social care system.

### **The Integration Transformation Fund**

The Health and Wellbeing Board will be aware of its own key role in determining how the Integration Transformation Fund (ITF) will be spent to underpin the delivery of the programme. Further guidance on this is emerging via NHS England and the LGA and final guidance is expected in December. **It is important to stress the conditional nature of**

**this funding which will only be released if the criteria are met.** The health and Wellbeing Board will therefore want to monitor the impact of ITF investments and the achievement of criteria. NHS England Thames Valley Area Team have issued a further update:

- a) ITF will be managed under section 75 not section 256 arrangements
- b) There will be 5 national outcome indicators and probably 1 for local determination. The national outcomes are expected to be:
  - Delayed transfers of care (all causes);
  - Number of emergency admissions;
  - Effectiveness of re-ablement (% still at home 90 days after re-ablement);
  - Permanent admissions to residential care;
  - Patient and service user experience (details tbc).
- c) One measure and its target may be set locally, but the measure is likely to need to be selected from the outcomes framework, and probably will be expected to reflect an individual condition (e.g. dementia diagnosis) rather than integration as a whole.
- d) Money will be released in two tranches, with £500m nationally being paid in April 2015, conditional on outcomes having been delivered in 14/15 and £500m in October 2015 based on more recent performance.
- e) ITF allocations will be announced in November, ahead of NHS allocations, which are not expected until late December.
- f) How the money will be allocated is still subject to discussion, but current expectations are:
  - £1.1bn social care transfer to follow social care formula.
  - £2.35bn to follow CCG fair shares formula.
- g) CCGs and LAs can choose to pool more, but NHS England will set minimum values via allocation figures.

- h) ITF plans will need to be signed off by Health and Wellbeing Boards, LA's and CCGs.
- i) ITF plans will need to include a mitigation plan, setting out what will happen if integration doesn't deliver the expected outcomes ( e.g. divert money into A&E if emergency admissions not reducing as planned).
- j) ITF plans will need to capture and agree the changes implicit for acute trusts.
- k) Further thought is being given to the role of NHS England in the assurance of ITF plans, but what has been agreed is that the AT will want to assure ITF plans alongside draft CCG 2 and 5 year plans in the New Year. NHS England is likely to lead the ITF assurance process with input from LGA and local government peers.
- l) Every attempt will be made to assure ITF plans as part of CCG overall plan assurance process.
- m) Assurance will be needed that ITF plans are sufficiently stretching before an area gets access to the funds.
- n) Whilst all plans need to be submitted on a similar timetable, the degree of "must do" that is emerging in the ITF process will impose constraints on other aspects of planning and contract negotiation, it is therefore suggested that ITF plans are completed early on in the planning process.

A workshop is being held on 6<sup>th</sup> December across all 4 CCGs and the 3 Unitary authorities to progress this work and Health and Wellbeing Boards will need to sign off plans early in the New Year.

### **Outline West Berkshire Plans for ITF**

Within West Berkshire there are existing close working relationships between Health and Social Care services with a range of more or less formal protocols and structures, particularly in the case of the Learning Disability Team, Mental Health Services for younger adults, the Beechcroft Mental Health Service for Older People, and the Intermediate Care and Maximising Independence service. Local implementation of the ITF in West Berkshire will benefit from focusing on developing these existing links into a more comprehensive and more formalised arrangement with a focus on achieving specified outcomes, followed by an extension of the integration principles into other areas. West Berkshire Council would expect its Maximising Independence, in-house Re-ablement and Extended Hours services to be considered within these integration discussions.

The Intermediate Care and Maximising Independence teams create a strong core to an integrated offer being built on these existing relationships and acting as an enabler to the developing **Frail Elderly Pathway**. Integration can be built around:

- A single point of access for services
- Developing better opportunities for seven-day cover
- A patient's "personal recovery guide" working to a recovery agreement
- Ongoing case management and review sitting with either health or social care staff.
- Pooled staffing as a route to pooled budgets.

Essential steps to progress this integration include:

- Transparent sharing of CCG and council budgets nominated to any S75 agreement.

- Clarity about existing commitments that will cease and those that will be retained.
- Use of 2014/15 enabling funding to reduce pressure in areas of the system where there are currently backlogs.

Integration plans will need to recognise that West Berkshire is covered by two CCGs, and also services acute hospitals in Swindon and Basingstoke.

## **Appendices**

---

There are no Appendices to this report.

This page is intentionally left blank

## BERKSHIRE WEST CCGs' STRATEGIC PLANNING PROCESS

### 1. Introduction

- 1.1 This paper sets out what is known about health economy planning processes for 2014-15 and beyond. It describes the key roles envisaged for Health and Wellbeing Boards, both in assuring that CCG Commissioning Plans align with the health and Well Being Strategy, and in determining the use of the Integration Transformation Fund, a pooled budget to be established between health and social care. It sets out the scale of financial challenge facing the local health economy and seeks endorsement of the arrangements being put in place to develop a five year strategic plan across the Berkshire West health and social care economy.

### 2. Planning guidance

- 2.1 Full CCG planning guidance will be issued by the Department of Health in December along with funding allocations for the next two years. In the meantime an NHS England letter to commissioners issued on 10<sup>th</sup> October 2013 set out ten key points for CCGs to consider in their planning processes. This was followed on 17<sup>th</sup> October 2013 by a letter about the Integration Transformation Fund (ITF). A further letter followed on 4<sup>th</sup> November 2013 giving more detail on planning mechanisms, timescales and expected output

- 2.2 Based on the above documents, the following outputs are expected:

- CCG strategic plans for the next five years, developed through a dialogue with local government partners and providers, that demonstrate alignment across the health and social care economy.
- A two year detailed CCG operating plan for 2014/5 and 2015/16
- A jointly developed plan for the use of the ITF using a national template. In practice this will also form a key element of both the two and five year plans.

- 2.3 Exact timescales are to be confirmed but it is likely that CCGs will be required to submit draft plans to the Local Area Team by the end of January 2014. ITF plans are due to be finalised by 14<sup>th</sup> February 2014 and CCG commissioning plans by the end of March 2014. Each plan will need to be reviewed by the relevant Health and Wellbeing Board(s) prior to submission.

- 2.4 Two and five years plans are to be developed in collaboration with the public as part of the Call to Action programme and will focus on the following:

- Improving outcomes across seven key areas (reducing mortality from treatable conditions, improving quality of life for people with long-term conditions, reducing avoidable admissions, increasing the proportion of older people living independently following discharge from hospital, reducing the proportion of people reporting very poor care in

hospital and primary care and making progress towards eliminating avoidable deaths in hospital).

- Delivery of other priorities expected to be specified in the revised NHS Mandate including reducing premature deaths, going fully digital and implementing the recommendations of the Mid-Staffordshire and Winterbourne View reports and the Berwick review of patient safety. Continued delivery of NHS Constitution pledges.

2.5 The ITF is intended to be a key enabler to delivering large scale change at pace. The ITF is not new funding and over half of the pooled budget will be created from within CCG allocations. Whilst some existing expenditure may be deemed an appropriate use of the ITF, in order to fully establish the pooled budget and use it to drive integration the CCGs will need to deliver further savings from elsewhere in the system. The current planning assumption is that only 20% of existing commitments will be funded by the ITF.

2.6 Final guidance on the ITF will be issued in November. At this stage it is expected that for 2014/15 the existing funding transfer from health to social care will be increased from £900m to £1.1bn. Transfers will be made under the same conditions as in 2013/14. For 2015/16 a total fund of £3.8bn will be created. It is anticipated that this will be administered as a pooled budget under Section 75 of the NHS Act (2006). The ITF sets a minimum value for this budget and it is expected that some economies will choose to pool further resources. To stagger the increase in ITF funding between the two years, CCGs may also now be required to establish a transitional budget in 2014/15 representing 1% of their allocations.

2.7 At least 50% of the ITF is expected to be released incrementally based on performance. Agreement of an ITF plan which meets a number of national conditions around joint planning, 7-day provision, data sharing and shared care planning with a defined accountable professional is likely to be an early performance indicator. The guidance also emphasises the need to liaise with providers from the outset to quantify the impact of the plan on the acute sector and to manage the transition to new service models.

### **3. The role of Health and Wellbeing Boards**

3.1 Statutory responsibilities to consider the degree of alignment between CCGs' commissioning plans and the local Joint Health and Wellbeing Strategy remain unchanged.

3.2 The intention is however that Health and Wellbeing Boards should play a much more fundamental and proactive role in the joint development of consistent plans by each of the local statutory organisations, working to ensure that these are aligned and reflect a shared vision of the direction of travel for the local health and social care economy. As such, Health and Wellbeing Boards will be responsible for signing off the ITF plan, assuring themselves that the national conditions have been met and there is a shared understanding across the health and social care economy of the ambitions for the fund, performance goals and payment mechanisms. Boards will need to ensure that governance arrangements allow for decisions made about the fund to be transparent and evidence-based and that risks are identified and addressed.

#### **4. The local picture**

- 4.1 The attached slides model the financial forecast across the four CCGs in Berkshire West over the next 5 years. To remain in balance, CCGs will need to make a total of £56m of recurrent savings over this period, a much higher rate of saving than has been required in recent years. These figures include provision for the ITF which will amount to £13.7m across Berkshire West in 2015/16.
- 4.2 The national emphasis on integration is reflected in the Berkshire West CCGs' current strategic thinking which focuses on joining up different types of health and social care services to provide more co-ordinated care, taking a more proactive and preventative approach to keep patients at home wherever possible and improve health outcomes. Part of this strategy will be the development of primary care to improve access and provide more robust proactive management of older people. Patients will be supported to become more involved in their care and reliance on the acute sector will be reduced. The CCGs are already working to deliver this vision with the other local statutory organisations as part of the 'Berkshire West 10'. Alongside pathway redesign, new contracting and pricing approaches are being explored with a view to better incentivising efficient provision and influencing the provider market to respond to the very different service models that are emerging.
- 4.3 The four CCGs are currently working together and with partners through the Care Programme Boards to develop the detailed operational plans for the next two years. Each CCG will produce its own plan setting out how it will utilise its financial allocation to improve health outcomes and deliver financially sustainable services.
- 4.4 The CCGs ran three public Call To Action events in Newbury, Reading and Wokingham during November to which Health and Well Being Boards were invited. The feedback is being collated but there was strong support for care closer to home, the integration of health and social care services and more emphasis on the prevention of ill health. This new model of working will contribute to financially sustainable services in health and social care.
- 4.5 A system-wide workshop on the ITF has been arranged for 6<sup>th</sup> December 2013. This will consider principles around the use of the ITF and arrangements for implementation.
- 4.6 As previously stated, national guidance suggests that five year strategic plans should be produced on a larger scale to reflect patient flows and provider configuration and to support the delivery of whole system transformation. The Berkshire West Partnership Board discussed this issue on 17<sup>th</sup> October 2013 and recommended that the appropriate unit for strategic planning should be Berkshire West. This reflects the fact that much of our planning is done by the four CCGs working together in Programme Boards with the three unitary authorities, we have common patient flows to largely the same providers, the Berkshire West geography provides the right scale for significant change in the way services are delivered and our integration programme is already operating at Berkshire West level, with the four CCGs and three local authorities committed to working together as health and social care commissioners.

## **5. Recommendations**

- 5.1 The Board is asked to note the planning requirements outlined, the timescales and the progress made to date.
- 5.2 Members' attention is also drawn to the role of Health and Wellbeing Boards in agreeing a plan for the use of the ITF. This plan should encapsulate a shared vision for health and care services which should also be articulated in each organisation's own plans, including the two and five year plans CCG plans which will be brought to subsequent Health and Wellbeing Board meetings for review.
- 5.3 The Board is asked to endorse the Berkshire West Partnership Board's recommendation that the planning unit for CCGs' five year strategic plans should be Berkshire West.

CW 18.11.13

DRAFT





*Newbury and District  
Clinical Commissioning Group*



*North and West Reading  
Clinical Commissioning Group*

# 5 Year Financial Model 2014/15-18/19



*South Reading  
Clinical Commissioning Group*



*Wokingham  
Clinical Commissioning Group*

# Current Plan - Allocations

	£'000	2014/15'	2015/16'	2016/17'	2017/18'	2018/19'
Recurrent base		-486,414	-495,010	-499,998	-504,998	-510,048
Recurrent growth		-7,296	-6,188	-5,000	-5,050	-5,100
Recurrent change		-1,300	1,200	0	0	0
Non Recurrent		-11,013	-7,437	-5,012	-5,050	-5,100
<b>Total Allocation</b>		<b>-506,023</b>	<b>-507,435</b>	<b>-510,010</b>	<b>-515,098</b>	<b>-520,249</b>

# Current Plan Costs

£'000	2014/15'	2015/16'	2016/17'	2017/18'	2018/19'
Baseline	496,921	501,085	502,423	504,961	509,998
PbR deflator	-6,245	-5,726	-5,125	-4,946	-4,800
Prescribing inflation	2,365	2,460	2,558	2,661	2,767
CHC inflation	438	447	456	465	474
Other inflation	76	103	405	412	419
Investments	7,200	8,000	11,500	11,500	11,500
ITF	1,300	15,036	0	0	0
ITF - offset	0	-3,007	0	0	0
Growth in demand	6,381	6,199	4,791	4,579	4,413
<b>Total (pre – reserves and QIPP)</b>	<b>508,437</b>	<b>524,596</b>	<b>517,008</b>	<b>519,632</b>	<b>524,772</b>
Reserve changes					
2% Non recurrent	-2,364	-2,334	50	50	51
Call to action	4,817	-4,817	0	0	0
<b>Total reserve change</b>	<b>2,453</b>	<b>-7,151</b>	<b>50</b>	<b>50</b>	<b>51</b>
<b>QIPP</b>	<b>-9,804</b>	<b>-15,022</b>	<b>-12,098</b>	<b>-9,685</b>	<b>-9,725</b>
<b>Total Costs</b>	<b>501,085</b>	<b>502,423</b>	<b>504,960</b>	<b>509,997</b>	<b>515,098</b>
Surplus	-4,938	-5,012	-5,049	-5,100	-5,151

# Current Plan QIPP gap by CCG

£'000	2014/15'	2015/16'	2016/17'	2017/18'	2018/19'	Total
Newbury	-2,059	-3,461	-2,787	-2,231	-2,241	-12,779
N & W Reading	-2,276	-3,365	-2,710	-2,169	-2,178	-12,699
S Reading	-1,781	-3,862	-3,110	-2,490	-2,500	-13,743
Wokingham	-3,688	-4,334	-3,490	-2,794	-2,806	-17,112
	-9,804	-15,022	-12,098	-9,685	-9,725	-56,334

# Agenda Item 13

<b>Title of Report:</b>	Autism Strategy Report
<b>Report to be considered by:</b>	The Health and Wellbeing Board
<b>Date of Meeting:</b>	28 November 2013

**Purpose of Report:** To update the Board on progress with the Autism Strategy

**Recommended Action:** For the Board to note progress against the Autism Strategy 2010.

Health and Wellbeing Board Chairman details	
<b>Name &amp; Telephone No.:</b>	Gordon Lundie (01488) 73350
<b>E-mail Address:</b>	glundie@westberks.gov.uk

Contact Officer Details	
<b>Name:</b>	Jan Evans
<b>Title:</b>	Head of Adult Social Care
<b>Tel. No.:</b>	01635 519736
<b>E-mail Address:</b>	jevans@westberks.gov.uk

# Executive Summary

---

## 1. Introduction

The DH Autism Strategy 2010 and statutory guidance on supporting the needs of adults with autism 'Fulfilling and Rewarding Lives' 2010 sets out the requirements for local authorities and local health bodies.

- (1) Awareness raising and understanding.
- (2) Diagnostic pathway - clear and consistent.
- (3) Improving access to services.
- (4) Improving access to employment.
- (5) Involvement in service planning.

1.2 A recent national self assessment, October 2013 confirmed the limited success achieved against the Strategy's key objectives.

1.3 From WBC adult social care perspective it is evident that it supports a minority of adults with autism living in West Berkshire - those at one end of the spectrum with communication difficulties and challenging behaviour. The Council's eligibility criteria restricts the numbers it can support, its financial resources restrict further service developments and the small number it supports negates the development of an autism team

1.4 The NH has invested further in the diagnostic pathway but there are few services available post diagnosis.

1.6 Key service deficits exist; support into and to maintain employment, public awareness raising, social and community support networks and services for both children in transitions and adults, single point of access for information and advice

## 2. Proposals

The Autism Partnership Board will continue to meet with the new Head of Adult Service chairing. NHS representation will be pursued. Parent carers and the local and regional National Autism Society bring both expertise and innovation to the Board as it looks to progress the strategy's objectives within current resources.

## 3. Recommendations

For the Board to note the constraints and the progress of WBC and its partners with regard the Autism Strategy.

# Executive Report

---

## 1. Introduction

- 1.1 Autism is a lifelong development disorder that affects the way that a person communicates with and relates to others and make sense of the world around them. It affects 1 in 100 of the UK population - approximately 1400 in West Berkshire with diagnosed and undiagnosed autism.
- 1.2 Because it is a spectrum of difficulties it presents differently:- at the severe end of the spectrum there can be no or little speech with challenging behaviour and an insistence on routine and sameness. These individuals need a lifetime of specialist support. At the other end the individual may have a very high IQ with a university degree but not necessarily be able to function normally in society without some support. They may also have mental health problems. However autism is not a learning disability or a mental health condition.

## 2. Background

- 2.1 In April 2009 the National Autistic Society (NAS), West Berkshire Branch conducted a survey of its members with regard the provision of local services. Their key findings included the need for:-
- (1) Strategic planning to meet the needs of people with autism
  - (2) A specialist adult autism team.
  - (3) Youth services and support for young people with autism making the transition to adult services.
  - (4) Effective staff training so staff are aware of the issues those with autism present and how to work success fully with them.
  - (5) Information and support for families including short breaks.
  - (6) Families and people with autism involved in strategic planning and service development.
- 2.2 In February 2010, West Berkshire reviewed its service provision across adults and children's services.
- 2.3 This review confirmed the existence of a range of services to support adults with autism and their families, but that significant gaps did exist, similar to those raised by the NAS West Berkshire.
- 2.4 In April 2010, the Department of Health launched its Autism Strategy, identifying 5 key areas:-
- (1) Awareness raising and understanding.
  - (2) Diagnostic pathway - clear and consistent.
  - (3) Improving access to services.

- (4) Improving access to employment.
- (5) Involvement in service planning.

2.5 West Berkshire Council's response to the Autism Strategy 2010 has been:-

- (1) Strategic Leadership
  - (a) Autism Partnership Board established, chaired by Adult Social Care Head of Service. Purpose to provide strategic leadership and user and family engagement in the planning and developing of services.
  - (b) Membership includes adult with autism, parent carer, NHS provider and commissioner, WBC Children's and Adult Social Care and voluntary sector representation from NAS and NAS West Berkshire and Job Centre Plus. There has been virtually no attendance by NHS commissioners or providers.
- (2) A joint JSNA for Autism for West of Berkshire providing a needs analysis for the local population was issued in 2011 by the PCT and local councils and is currently being updated by WBC.
- (3) The Board has reviewed local employment opportunities, staff training, awareness raising and the NHS diagnostic pathway. Consequently Autism Awareness training is now part of the ASC Training Programme, an awareness session and Autism Alert Card launch was successfully held in June 2012, the transition process between Children and Young People is to be progressed as a project within the ASC Programme Board for completion by March 2014. The NHS established in 2011/12 a new service for diagnosis and also clinical supervision and training within their psychological therapy services. This has increased the numbers of adults with a diagnosis and accessing short term therapies but there are very limited services providing ongoing support.
- (4) Job Centre Plus has appointed Disability Employment Advisors to provide mentoring and coaching and to support those with disability including autism, to look for and maintain employment. They have also run staff awareness training courses and a work psychologist provides support to the disability employment advisors. A number of other initiatives exist to support those on job seekers allowance attend a work programme, work experience and mentoring. Local feedback confirms adults with autism of all ages, still experience significant problems in accessing employment.
- (5) Any adult with a diagnosis of autism is eligible for a Community Care Assessment (NHS and Community Care Act 1990). However, West Berkshire Council's eligibility criteria of critical results in very few being eligible for social care services - usually the more complex with either learning disability or mental health issues. Others not eligible are offered advice and information on other community services. Adults with autism are recorded separately and the Council supports approximately 70 individuals who are eligible for social care services.



- (6) The Council also has a duty of care to protect those who whilst not eligible for social care require time limited interventions due to their dysfunctional or chaotic lifestyles. Adults with autism are often vulnerable due to their poor communication and social skills. The Council has a Safeguarding responsibility and where there is evidence of abuse the Council will enact its Safeguarding procedures.

### **3. Service developments**

The review of services conducted in 2010 and subsequent discussions with parents have highlighted the need for the following services;

- (1) Improved Transition Planning for those eligible for adult social care services -Adult Social Care has established a project within the Adult Social Care Efficiency Programme to review transitions from Childrens to Adult services to be completed by March 2014. A specialist transitions social worker has also been appointed.
- (2) Information services - The Adult Social Care has established Access For All, an Information, Advice and Signposting service. Feedback from those who have been provided with this service has been very positive, (In Touch review) though the service did not distinguish the service user groups in this review.
- (3) A specialist team or worker with knowledge of Autism - Currently all of the Learning Disability Team work with those eligible for social care services as over 60 have a diagnosis of Autism and could not be supported by one practitioner. There is however scope for a lead practitioner to be identified to keep abreast of policy and practise to ensure the whole team is kept up to date and develops their expertise.
- (4) Social groups and day activities - many fall outside the adult social care criteria. The local branch of the National Autistic Society runs events and regular activities and there may be opportunity for further community development.

Currently Adult Social Care is reviewing how and what it commissions with the voluntary sector and is consulting on the following outcomes which should extend and diversify current provision;

- (a) Helping vulnerable adults to have a voice
- (b) Supporting vulnerable adults to access employment
- (c) Preventing social isolation
- (d) Helping people to continue caring
- (e) Supporting vulnerable people to live independently
- (f) Supporting vulnerable people to manage their long term conditions.

However, the total budget for all adult social care is £1m for a range of activities across a wide range of needs and disabilities.

- (5) Coaching and mentoring to support into and maintain employment – adult social care does not provide support into employment. Voluntary services could develop local services as per (5)
- (6) (Support or 'buddying' to enable access to services, by providing 1:1 to navigate through public services; health, benefits, housing, employment. .Voluntary sector services could develop local community provision to address this deficit. (5)

Items 4-6 are for those who fall outside of the Council's Adult Social Care threshold for services. For Adult Social Care to fund such services, it would mean diverting funding away from those who have critical needs. Voluntary Sector organisations are best placed to establish such services but they generally look to the Council for funding.

#### **4. The National Autistic Society, West Berkshire Branch**

This voluntary sector organisation has been active locally for many years, striving to improve services and raise the profile and awareness of the issues that face individuals with Autism. They have recently written to the Council and CCG expressing their concerns at the lack of progress with regard to the implementation of the Autism Strategy.

#### **5. Summary**

- 5.1 The Council has responded with its partners to the Autism Strategy and to local voluntary sector organisations keen to address the needs of those with autism. The Partnership Board is currently reviewing its action plan and how it can progress such key issues as access to information, social networks, transition planning and support services post diagnosis. The presence of the local and regional NAS brings expertise and knowledge but any service developments require funding.
- 5.2 West Berkshire Adult Social Care Services with its critical eligibility criteria only support those at one end of the ASD spectrum requiring specialist support - approximately 67 of the 420 the service supports in the Learning Disability and Mental Health teams, of a potential 1400 in the district with autism. Statistically and of far greater importance is the requirement to develop employment opportunities, support into and to retain work, an activity that we would expect to be led by the Job Centre.
- 5.3 The NHS diagnostic pathway has been established but has limited numbers and once diagnosed the NHS provides no ongoing services. For many adults the diagnosis is positive in that it confirms a condition and provides explanation for previously experienced difficulties, particularly in social relationships. It enables further information to be sought including strategies to modify behaviour and understand the condition.

- 5.4 In an environment of diminishing resources, it is uncertain how much further the aspirations and expectations of the Autism Strategy can be progressed.

## **Appendices**

---

There are no Appendices to this report.

This page is intentionally left blank



# Q2

## Healthwatch West Berkshire Second Quarter Report July - September 2013

A service delivered by



Supporting families,  
changing lives, building futures

## Contents

General Summary of Quarter 2.....	1
Highlights of quarter 2.....	1
Marketing and Development .....	2
Feedback and Recommendations .....	4
Breakdown of Comments, issues and feedback received .....	6
Section 1 - Accounts.....	7
Section 2 - Events & Meetings in Quarter 2 .....	8
Section 3 - Referrals and Telephone Enquiries .....	13
Appendices.....	14
Speak Out .....	15
Web Statistics .....	16
Social Media Stats.....	19
Marketing Literature .....	20

## General Summary of Quarter 2

---

The work of Healthwatch West Berkshire has progressed on time from July to September 2013 in accordance with the previously published three phase implementation plan. All work for phase one and two is now complete and is included in the detail of the Outcomes and Impact report on page 7.

Healthwatch West Berkshire CIC formed in March 2013 was formally recognised in September by the Social Enterprise authority during the period and can now display the Social Enterprise mark. This has been a significant achievement in such a short space of time and we are pleased that the work is already being acknowledged.

During the course of the summer, Healthwatch England released a development tool with a suggested format for reporting outcomes and impact. Our report now reflects the suggested reporting format and the main body of this report is now contained in a multi-part outcome and impact information report. The document seeks to record the progress of Healthwatch West Berkshire and to inform the reader of the current strategic pathway being followed over the medium and long term to produce stated outcomes.

### Highlights of quarter 2

- This quarter, local Healthwatch has continued to focus on raising the awareness of the local communities across West Berkshire of the availability of Healthwatch as an access point for people and groups to make their voices heard on all matters of health and social care. In particular, local Healthwatch has focussed on the more rural communities and children's centres. This has been achieved by taking the Healthwatch stand to Children's Centres, shopping areas and events across West Berkshire including a week long engagement exercise in West Berkshire Community Hospital. This has resulted in hours of face-to-face engagement with the public and receiving many useful written comments and suggestions.
- Healthwatch has attended many public events and have given several presentations to various boards and groups.
- The use of social networking via Facebook and Twitter, plus the interactive website which now houses an access point to NHS Online has attracted thousands of visitors and supplements the face-to-face work undertaken by the development team.
- All information gathered has been placed in a database and is now of sufficient quantity and quality for Healthwatch to begin to allow the information to drive areas of its agenda.
- There is currently just one complaint of a serious nature that Healthwatch is investigating and an overview of this complaint and its outcome will be reported after the investigative work and resolution is complete.

In order to comply with the interpretation of legislation governing local Healthwatch and as a matter of transparency, all local Healthwatch West Berkshire Board meetings will be held in public from January 2014 onwards.

A board meeting will be held in November at which Healthwatch West Berkshire will identify areas of particular focus and set strategic objectives for the short and medium term.

## Marketing and Development

In the first quarter Healthwatch West Berkshire set out a comprehensive marketing and development plan. This has continued through quarter 2 and sets out objectives for quarter 3.

The focus in the second quarter was to establish outreach within rural community settings and to establish monthly base points for regular public contact.

### **Outreach completed in the second quarter has included:-**

1 July - Newbury Tesco.

8 July - Hungerford Tesco: good engagement with community.

28 August - Outreach - Calcot, Theale & Area Children's Centre.

6 September - Outreach stand - Chieveley Children's Centre: good connections made with parents in attendance.

12 September - Outreach stand - Compton Village Hall: good conversations with community members

19 September - Outreach stand information - Downsway Primary School, Tilehurst: lots of people registered their interest in engaging with Healthwatch West Berkshire

Week commencing 24 September - Healthwatch West Berkshire had a stand at the West Berkshire Community Hospital. The stand was there all week, great engagement with patients and the community.

27<sup>th</sup> September - Launch of Healthwatch West Berkshire in Boots Pharmacy/store in Newbury. This event was publicised in the local press, published out by several groups and had a great response. Monthly outreach stations in Boots pharmacies will continue, with a view to have a monthly station to connect with people in the community. It was great being in the community and it had a positive response.



## Focus for the Third Quarter

Healthwatch has made itself very visible in the local community and this has proved to be beneficial for meeting a varied and diverse cross-section of the general public. Getting the opportunity to set up a monthly station within Boots pharmacies and within the West Berkshire community hospital will be strategic in gathering feedback and views of those using services.

### Further Planned Outreach Includes:-

For the 2<sup>nd</sup> quarter the focus for outreach and community engagement was rural communities and connecting with children's centres.

The planned activity for quarter 3 is focussing on building a network with other voluntary organisations and specifically targeting vulnerable people, setting up with the pharmacy network and engaging with Newbury College to enlist volunteers to become involved with the service.

### Community engagement booked so far for quarter 3 & 4 includes:

Monthly stations set up for the public to talk to and engage with the Healthwatch West Berkshire team:

#### Boots Store and Pharmacy in Newbury

- 21st November 2013 10:30 to 1:30pm
- 23rd January 2014 10:30 to 1:30
- 20th February 2014 10:30 to 1:30
- 20th March 2014 10:30 to 1:30

#### West Berkshire Community Hospital Outreach s

- 25 - 29 November 2013
- 20 - 24 January 2014
- 17 - 21 March 2014
- 19 - 23 May 2014

## Web / Social Media

There were 663 unique visitors to the site during the quarter and 1,109 visits. Over 56% of the visits were from returning visitors. There were 4,043 page views averaging just under 4 pages per visit. Visitors to the site averaged over 5 minutes per visit.

- Analytics showed a lot of interest in the news sections of the website. So we have now increased the news traffic to the Healthwatch site and publish regular content out on E-bulletin.

The majority of Traffic this quarter was from Search traffic (50.9%) while the remainder was split between Referral traffic (22.3%) Direct traffic (18.6%) and Campaigns (8.3%). The most popular page after the home page this quarter was Find Services while the News and Events posts were even more popular than any static page.

### Social Media

Facebook: This quarter we have increased followers by 123%  
Twitter: This quarter the following has increased by 29.5%

### Ongoing Strategy for next 6 months

Development level - complete  
Delivery levels: complete / ongoing

### Continued marketing delivery July 2013 - March 2014

- Continued development of database, research and test displays for public to access information
- Website analytics: implement changes to information layout in line with web analytics (pages visited / what information is used most and more relevant etc.)
- Research, book and carry out further Community Engagement events (developed using feedback from current outreach and 'on the road' events)
- Vulnerable groups and smaller community research and outreach
- Drive of outreach programme: Champions/ Volunteers and NCVO network to establish clear contact and engagement of wider communities
- Community engagement work
- Promotion of Local Healthwatch to wider community acknowledging marketing and branding guidelines
- Continued attendance of statutory meetings
- Regular database cleansing
- Quarterly newsletter and survey/poll to keep engagement and distribution of information current (July - summer newsletter / October - Autumn news etc.)
- Carry out work relating to any needs/input required after any consultation with citizens of West Berkshire on areas being commissioned, delivered and developed in line with local agendas
- Regular information sharing

Documents sent out this quarter are included in the appendices:-

- September Newsletter & E-bulletin (two weekly)

## Feedback and Recommendations

During the first and second quarter, there has been a good record of feedback, comments, issues and recommendations put forward from the public. These have been gathered and put into a new database developed over the summer.

The majority split on feedback was around 60% compliments and around 40% issues and comments on services. Taking information for such a large geographical area cannot be achieved overnight; therefore the service has been busy gathering enough feedback to construct viable, meaningful and weighted information so it can offer a structured feedback to service users, providers and commissioners in due course.

### Moving forward in quarter 3

During this quarter we will be using and analysing the comments received to put together reports on 'Public Voice', and then making such reports available to service users, providers and commissioners. The focus throughout the third and fourth quarter will be 'raising the public voice' so that it is heard by those who can change and improve services, doing this in a transparent way. This is currently being achieved by:

**Step 1** → bringing all the information from 'Speak Out', 'Outreaches', 'Comments and Issues' together into tables, charts and usable fields of feedback.

**Step 2** → Gathering the information together to match the direction and key objectives so that it can be considered by key local West Berkshire commissioning and health groups. Making sure that any gaps in 'Public Voice' not being addressed are brought forward, those addressing items already being brought forward are put together in a constructive way.

**Step 3** → Presenting this feedback to the board and discussing ways of taking the information forward appropriately.

**Step 4** → Publishing the feedback and findings to service users, providers and commissioners. Making sure we keep all information transparent and outward facing. Making sure that the 'Public Voice' is actively making a difference and being heard.

**Step 5** → Working with local providers in information sharing, raising the public voice to improve services, bringing forward the public voice into a structure which can influence commissioning and improvements of services.

### **Key marketing objectives of the next Quarter**

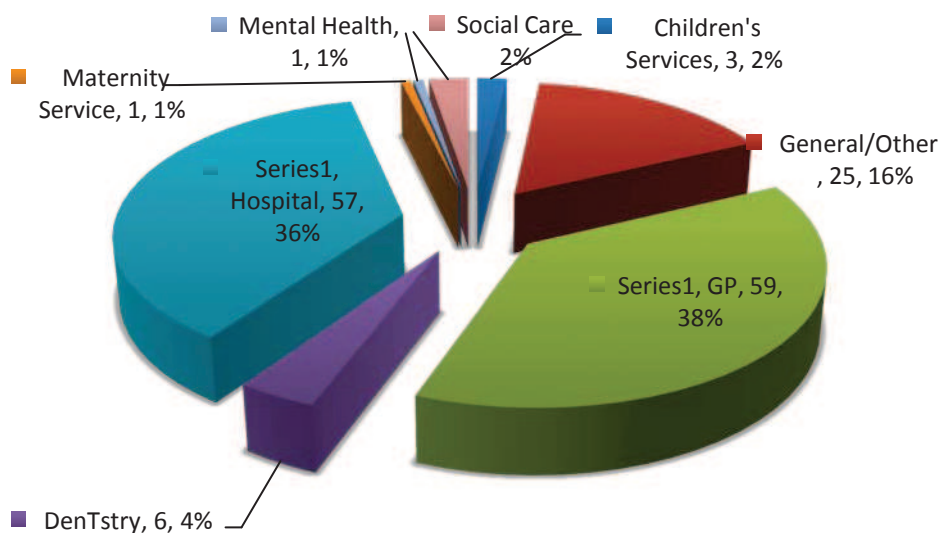
- Bringing the 'Public Voice' to the tables of those who can issue, implement and commission change!
- Making public voices heard and making sure the communities know they are making a difference: where, how and when.

The Healthwatch West Berkshire Team  
September 2013

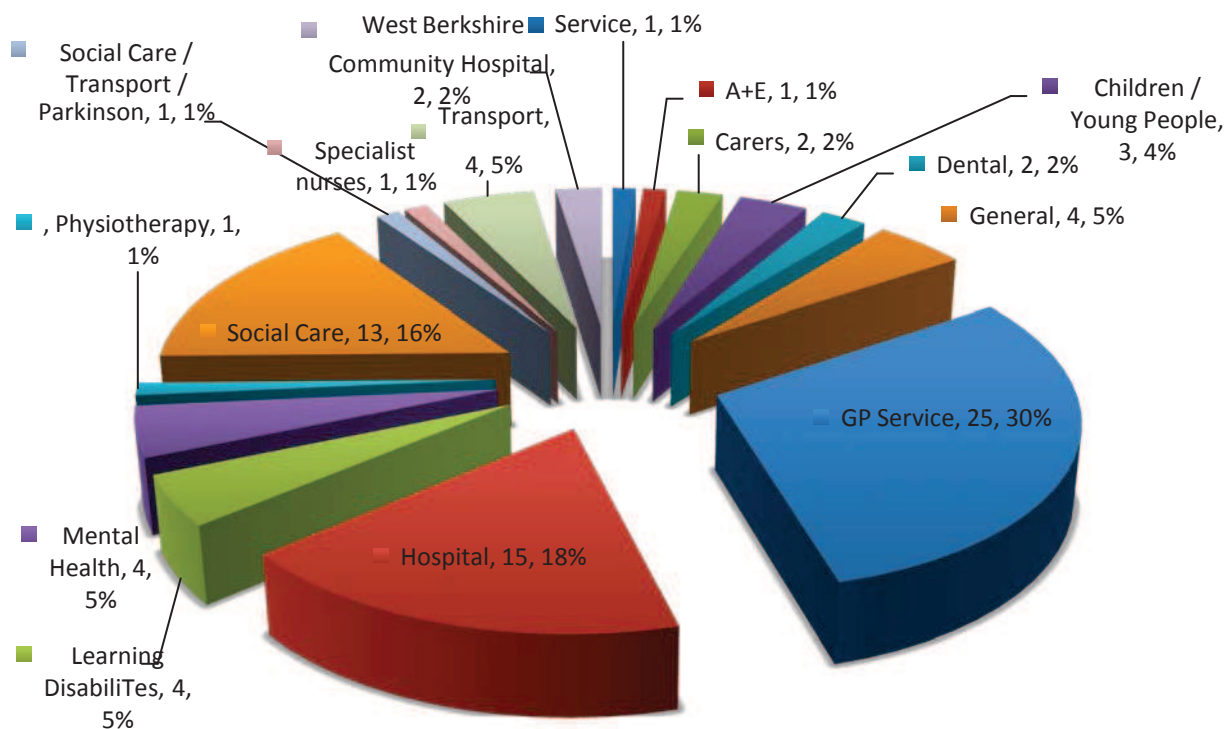
## Breakdown of areas of comments, issues and feedback received

Breakdown of Feedback received

Second quarter:



First quarter:



## Section 1 - Accounts

### Healthwatch West Berkshire Income and Expenditure

	Annual Budget	Actual to date	Budget Quarter 2	Actual Quarter 2	Difference
<b>Income</b>					
Setup cost	6000	5997	0	0	0
Annual commissioned service	108000	53400	26700	26700	0
External grants obtained	4000	4320	0	320	320
<b>Total Income</b>	<b>118000</b>	<b>63717</b>	<b>26700</b>	<b>27020</b>	<b>320</b>
<b>Expenditure</b>					
Staff support costs					
Lead Officer	10000	5000	2500	2500	0
Development personnel	24000	12000	3000	2998	-2
Marketing and development team	18000	9000	4500	4500	0
Finance support and audit team	4000	2000	1000	1000	0
Web and IT support team	12000	6399	3000	3399	399
Administrative support team	12000	6000	3000	3000	0
Training and development LHW team	20000	9650	5000	4650	-350
Overheads					
Office and event space rental	8500	4250	2225	2220	-5
Printing stationery	6000	3704	1500	1604	104
Postage	3500	980	875	105	-770
<b>Total Expenditure</b>	<b>118000</b>	<b>58983</b>	<b>26600</b>	<b>25976</b>	<b>-624</b>
<b>Profit (loss)</b>	<b>0</b>	<b>4734</b>	<b>100</b>	<b>1044</b>	<b>944</b>

Notes to the accounts: The accounts show an adherence to budget and supplementing of contract income from external grants. There are no onerous matters to note in the accounts.

## Section 3 - Events & Meetings in Quarter 2

Events & Meetings attended				
Event	Date	Who attended	Comments and notes	Overview / outcomes / summary to include in reports and newsletter.
Newbury Tesco	1 <sup>st</sup> July	Heather Hunter / Jo Stringer	Talked to people and collected their views on health and social care issues	Speak out forms filed, feedback logged onto Comments & Issues spreadsheet for further analysis.
Hungerford Tesco	8 <sup>th</sup> July	Heather Hunter / Jo Stringer	Talked to people and collected their views on health and social care issues	Speak out forms filed, feedback logged onto Comments & Issues spreadsheet for further analysis.
Newbury & District CCG Board Meeting	11th July, 2-5pm	Adrian Barker	Attendance	<p>A representative from NHS England talked about the assurance process they will use for assessing CCGs. There was regular presentation of a quality scorecard for local providers (available on the website as Paper 8).</p> <p>They agreed a process for commissioning 'Community Enhanced Services' and went on to agree such a service from GPs for diabetic patients.</p> <p>There was an update on the 'Pioneer Bid' for integrating health and social care. The bid has been submitted by all the authorities in the old Berkshire West area, i.e. West Berkshire, Reading and Wokingham. There have been 110 bids nationally for only 10 places on this government scheme. However, the scheme doesn't offer any money, just advice and support, and the local partners have said they will continue to pursue this even if not successful. £200,000 has been budgeted locally to kick start the work.</p>
Royal Berks Hospital Annual Meeting	11th July, 6.15-9pm		Anyone can be a member of the Trust. This Trust has 23k members against the average of 13k for Trusts as a	The Chief Executive Ed Donald gave an outline of the Trust's work and many of its successes during the year. They have had an 'electronic patient record' since June 2012, but it will take five years to fully get going. They are starting to share records with GPs

Events & Meetings attended				
Event	Date	Who attended	Comments and notes	Overview / outcomes / summary to include in reports and newsletter.
			whole. This annual meeting was an exhibition and conference where information was provided about various aspects of the Trust.	Long delays for ophthalmology have been brought right down. There was an interesting talk about A&E from one of the doctors. They saw a 6% increase in admissions last year with more complex cases - where people had multiple medical problems. The peak for attendances has shifted from late afternoon to the evening. At times, the hospital has been so full there has been nowhere to put patients, but it was one of only two trusts in the region to meet the 4 hour target. Various improvements have been made, such as patients now seeing a senior clinician on arrival. They have been improving the way they work with other departments in the hospital. Children's A&E is now separate and they are creating an urgent care floor so that all the relevant services can be brought together.
Report of the quarterly Q1 report to Jo Johns commissioning officer	15th July 2013	Heather Hunter	Quarterly review of work	This meeting included the presentation of the first quarterly report for Healthwatch West Berkshire. All first quarter targets met and a copy included into the dropbox which is an abbreviated public version (full copy with be available at next board meeting.
West Berkshire Council's Adult Social Care Provider Forum	16th July 2013	Adrian Barker	A group of mainly small, voluntary sector providers of social care	There were presentations on: <ul style="list-style-type: none"> <li>• The Care and Support Bill</li> <li>• 'Sector Update' - recent work in adult social by the Contracts, Commissioning and Care Quality group.</li> <li>• Adult safeguarding</li> <li>• CCG work on long term conditions and joint commissioning</li> <li>• Healthwatch West Berkshire</li> <li>• SEAP and complaints advocacy</li> </ul>
The Patient Panel Meeting	18th July, 7.30pm	Adrian Barker		<ul style="list-style-type: none"> <li>• Various of the surgeries appear to conduct surveys, some annual</li> <li>• There were various items of news about the operation of specific surgeries (e.g. issues over premises, use of IT etc.)</li> <li>• John Holt reported on the CCG's Long Term Conditions</li> </ul>

Events & Meetings attended				
Event	Date	Who attended	Comments and notes	Overview / outcomes / summary to include in reports and newsletter.
				<p>Board and also on the establishment of clinical networks in the Thames Valley area</p> <ul style="list-style-type: none"> <li>• There is a joint initiative just starting involving BHFT, GPs, the Community Matron and others to help patients with long term conditions at risk of deterioration and admission to hospital</li> <li>• There have been various developments at the PIP including the resignation of the chairman. The CCG have been very supportive</li> <li>• Penny Henrion is stepping down as the CCG Board lay member representative at the end of August Interviews for her replacement are being held at the end of July</li> </ul>
West Berkshire Mental Health Forum meeting	19th August, 11am-12.30pm	Adrian Barker		<p>Meeting attended and contact made with various representatives to be followed up on.</p> <p>Mental health priorities for West Berkshire to be discussed with board members.</p>
Outreach - Calcot, Theale & Area Children's Centre, Calcot Infant School, Calcot, RG31 4XG	Wednesday 28th August, 10.30am-1pm	Heather Hunter	Talked to people and collected their views on health and social care issues	Speak out forms filed, feedback logged onto Comments & Issues spreadsheet for further analysis.
Outreach stand - Chieveley Children's Centre, Chieveley Primary School, Chieveley, RG20 8TY	Friday 6th September, 9.30am-11.30am	Heather Hunter	Talked to people and collected their views on health and social care issues	Speak out forms filed, feedback logged onto Comments & Issues spreadsheet for further analysis.



Events & Meetings attended				
Event	Date	Who attended	Comments and notes	Overview / outcomes / summary to include in reports and newsletter.
Outreach stand - Compton Village Hall, Bunrrell Road, Compton, RG20 6NP	Thursday 12th September, 10am-12noon	Man Clark and Jo Stringer	Talked to people and collected their views on health and social care issues	Speak out forms filed, feedback logged onto Comments & Issues spreadsheet for further analysis.
Outreach stand information - Downsway Primary School, Warbreck Drive, Tilehurst, RG31 6FE	Thursday 19th September, 10.30am-12.30pm	Man Clark and Jo Stringer	Talked to people and collected their views on health and social care issues	Speak out forms filed, feedback logged onto Comments & Issues spreadsheet for further analysis. lots of people interested in engaging with Healthwatch West Berkshire
Outreach - West Berkshire Community Hospital	Tue 24th Sept, 10.30-12.30, Wed 25th Sept, 10.30-12.30	Man Clark	Talked to people and collected their views on health and social care issues	Healthwatch West Berkshire had a stand at the <b>West Berkshire Community Hospital</b> . The stand was there all week, great engagement with patients and the community. Some great patient engagement.
Health & Wellbeing Board Meeting	Thursday 26th September	Adrian Barker	The Health and Wellbeing Board is the place that the Council, the health service and voluntary sector come together to provide leadership and direction across the whole of health and social care in West Berkshire.	Finding new ways to keep people healthy and well, and how the NHS, Council and the public can work together to do that, was a key theme running through September's Health and Wellbeing Board meeting. Notes are included in the drop box folder
West Berkshire Learning Disability Partnership Board Big Meeting	Thursday 26th Sept, 10am-12.30pm	Man Clark	A regular meeting regarding learning disability issues	Presentation from West Berkshire Council on 'Transition': Education to Adult Services. Presentation from Brookfields School on Project SEARCH: a programme which supports people with learning disabilities and special needs through a workforce and career development model. Presentation - Good Practice in the Involvement of Disabled People in

Events & Meetings attended				
Event	Date	Who attended	Comments and notes	Overview / outcomes / summary to include in reports and newsletter.
				Recruitment and Making Big Decisions.
Boots Launch Event	Friday 27th Sept, 10.30am-1pm	Faith Sanderson, Heather Hunter, Man Clark and Jo Stringer	This launch event was publicised widely and enabled everyone to engage and talk with the public	<p>Launch of Healthwatch West Berkshire in <b>Boots Pharmacy/store in Newbury</b>. This event was publicised in the local press, published out by several groups and had a great response.</p> <p>Monthly outreach stations in Boots pharmacies will carry on to talk to people in the community. <b>36 speak out forms</b> were gathered, it was great being in the community and it had a positive response.</p>
West Berkshire Mental Health Forum	Monday 30th September, 11am-12.30pm	Man Clark	A regular meeting for people, organisations and service providers to discuss mental health issues	<p>A presentation about Talking Therapies Berkshire: an NHS service that helps and supports people suffering with depression or anxiety based problems. Currently they offer a Stress Control workshop.</p> <p>World Mental Health Day is Thursday 10th October, BHFT is organising an event on 3 venues: Vodafone, Newbury College, and West Berkshire Community Hospital.</p> <p>Carers Right Day is Friday 29th November, Berkshire Carers Service is hosting an event in Newbury on Thursday 28th November.</p>

## Section 4 - Referrals and Telephone Enquiries

---

### Telephone Enquiries

There were 129 telephone calls received in the main office for Healthwatch West Berkshire. The majority of these were from professionals or voluntary service organisations. All calls and contents are now logged on the main database.

There were 2 referrals and 29 0800 calls, all of which were signposted. Nothing was received during the period from SEAP who provide the advocacy service for Healthwatch West Berkshire.

### Referrals

Healthwatch have referred 2 cases to SEAP this quarter.

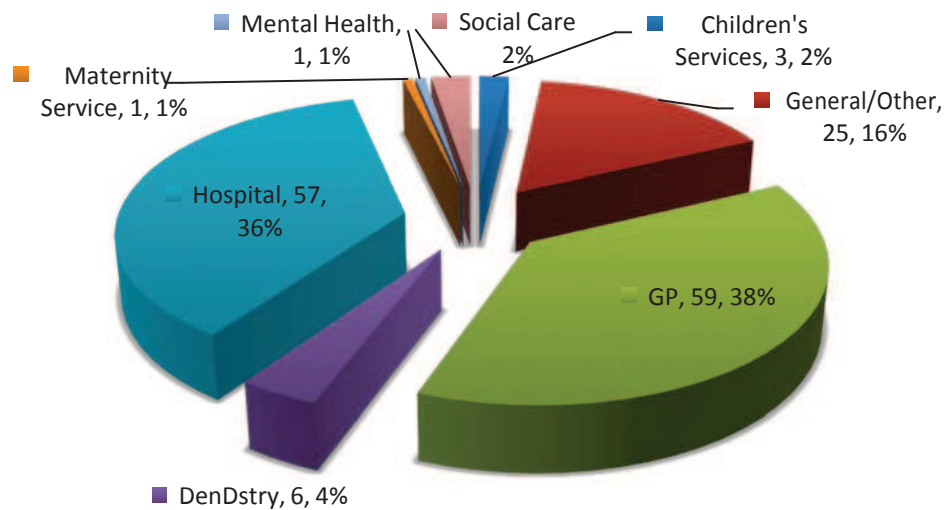
# Appendices

## Speak Out

---

There were 145 speak out comments received this quarter. The majority of these were GP and Hospital feedback.

The information gathered during the third quarter will be analysed and brought forward into constructive feedback to take forward.



## Web Statistics

---

There were 663 unique visitors to the site during the quarter and 1,109 visits. Over 56% of the visits were from returning visitors. There were 4,043 page views averaging just under 4 pages per visit. Visitors to the site averaged over 5 minutes per visit. April received both the most visits for the quarter (201) and the most page views (2191).

The majority of Traffic\* this quarter was from Search traffic (50.9%) while the remainder was split between Referral traffic (22.3%) Direct traffic (18.6%) and Campaigns (8.3%).

\*\*Bounce rates scored 48.33% across the entire site and exit rates were also extremely low scoring an average of 27.43% across the site.

The most popular page after the home page this quarter was Find Services while the News and Events posts were even more popular than any static page.

### \*Traffic Explanation

**Source:** Every referral to a web site has an origin, or source. Possible sources include: “google” (the name of a search engine), “facebook.com” (the name of a referring site), “spring\_newsletter” (the name of one of your newsletters) and “direct” (visits from people who typed your URL directly into their browser, or who had bookmarked your site).

**Campaign** is the name of the referring AdWords campaign or a custom campaign that you have created.

### \*\*Bounce Rate

Bounce rate is the percentage of visits that go only one page before exiting a site.

There are a number of factors that contribute to your bounce rate. For example, visitors might leave your site from the entrance page if there are site design or usability issues. Alternatively, visitors might also leave the site after viewing a single page if they've found the information that they need on that one page, and had no need or interest in visiting other pages.

### Exit Rate

An Exit page is the last page viewed before the visitor exits the site.

*Information taken from Google Analytics*

Daily Breakdown of Visitors to Site



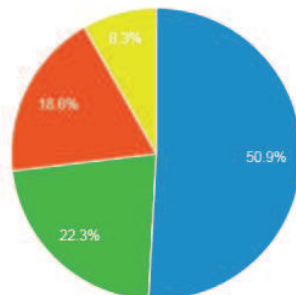
Site Usage

663 people visited this site



Traffic Sources Overview

Search Traffic Referral Traffic Direct Traffic Campaigns



Page Breakdown: Most Popular Pages/Posts scoring 50+ visits

Page	Pageviews
Home page	1,102
/category/news/	195
/events-2/	145
/find-services/	141
/about/meet-the-board/	117
/about/contact/	116
/speak-out/	84
/about/	76
/get-involved/volunteer/	68
/get-involved/	60
/get-involved/clinical-commissioning-groups/	60
/about/register/	58
/faqs-2/	50
News summary (total of all individual news items)	934
Events summary	415



## Social Media Stats

---

### Facebook

- 84 Likes
- 60 Status updates

### Twitter

- 373 Followers
- 628 Following
- 286 tweets

Facebook: This quarter we have increased followers by 123%

Twitter: This quarter the following has increased by 29.5%

## Marketing Literature

---

New items this quarter have include:-

- Healthwatch West Berkshire uniforms + Badges
- Marketing display stands for surgeries/pharmacies
- Double sided business cards to give out to the public to keep on outreach and for advertising
- New volunteer recruitment posters
- More printing of the posters and leaflets this quarter


## New Business card advertising



**healthwatch**  
West Berkshire

### Keep me in your wallet

Every time you or a family member uses a health or social care service in West Berkshire, send us your feedback. **SPEAK OUT!**

Together we will make every voice count and help shape future health and social care services in West Berkshire ... 

---

**Website:** [www.healthwatchwestberkshire.co.uk](http://www.healthwatchwestberkshire.co.uk) **Phone us:** 01635 886 210  
**Email:** [contact@healthwatchwestberkshire.co.uk](mailto:contact@healthwatchwestberkshire.co.uk)

## Volunteer Recruitment Poster



**Have you got what it takes to be a volunteer for Healthwatch West Berkshire?**

Healthwatch West Berkshire is the new consumer champion for people in West Berkshire who use health and social care services - gathering your views to shape future services!

**Call us: 01635 886 210**  
**Email us: [contact@healthwatchwestberkshire.co.uk](mailto:contact@healthwatchwestberkshire.co.uk)**

**Step into the deep end and take an active role in the community!**

We are looking for people to assist us on outreaches, talk to the public and gather views. Health and social care services are something that affect us all, whatever role you think you can play, we want to hear from you!

**\*\* Training and full induction provided\*\***

**Visit us online and get involved:**  
[www.healthwatchwestberkshire.co.uk](http://www.healthwatchwestberkshire.co.uk)  
[www.facebook.com/healthwatchwestberkshire](https://www.facebook.com/healthwatchwestberkshire)  
[www.twitter.com/HealthWWBerks](https://www.twitter.com/HealthWWBerks)



This service is provided by Family Resource Centre UK, Charity @ Family Resource Centre UK.  
A Charity Registered in England and Wales No. 1078331. A Company Limited by Guarantee No. 3841084

Leaflet



How can I find out more?

Please call the Healthwatch West Berkshire team or visit the Healthwatch West Berkshire website to find out more. Details on how to get involved and how to share your views can all be found on the website.

Visit us online and get involved:  
[www.healthwatchwestberkshire.co.uk](http://www.healthwatchwestberkshire.co.uk)  
[www.facebook.com/healthwatchwestberkshire](https://www.facebook.com/healthwatchwestberkshire)  
[www.twitter.com/HealthWWBerks](https://www.twitter.com/HealthWWBerks)

The Healthwatch West Berkshire team can also send you details and information through the post should you be unable to use the website. If you require a copy of this document in a different format or large print contact us.

Tel: 0118 969 5137 or our free phone number: 0800 977 4371

Email us: [contact@healthwatchwestberkshire.co.uk](mailto:contact@healthwatchwestberkshire.co.uk)

STAY IN TOUCH - CALL TO ACTION

We would like to hear from you about your experiences of health and social care services in West Berkshire. Give us your views either online, by post or over the phone and stay updated with the latest developments.

Your name (optional)

Email address

Contact details (address / preferred contact)

Comments

No personal details will be shared or published anywhere without prior permissions

This service is provided by Family Resource Centre UK Charity



Charity website: [www.familyresourcecentreuk.org.uk](http://www.familyresourcecentreuk.org.uk)

© Family Resource Centre UK. A Charity Registered in England and Wales No. 1078331. A Company Limited by Guarantee No. 3841084

**healthwatch**  
West Berkshire

Your Voice on health and social care services in West Berkshire

Share your experiences and give us your view

What is Healthwatch West Berkshire?

Healthwatch West Berkshire is working in the community to gather views and experiences of health and social care services. The ambition of Healthwatch West Berkshire is to shape the future of health and social care services based on local needs and experiences.

People rarely speak up, for fear of repercussions or because they don't think they can make a difference.

Healthwatch West Berkshire is an opportunity for the public to use its voice to have real influence for children, young people and adults. You can be involved in shaping local services according to what your community wants and needs.

Share your views, get your voice heard!



Get Involved

Healthwatch West Berkshire will only function properly with the involvement of local people, groups and charity organisations. By supporting us, joining with us and taking part we can gather a lot of evidence about real views and experiences. We can then use that evidence to tell services about your experiences and hold them to account.

We are looking for Individuals who are based locally to become Healthwatch Champions and Charities to join us to benefit members. We want to create a network of Healthwatch Champions and partners right across West Berkshire. Champions will have two main roles:

- Promoting Healthwatch West Berkshire in their local area. Letting people know what it is and how to get in touch.
- Being the eyes and ears in their local groups and organisations, feeding back experiences.

Get in touch, get involved!

Why Healthwatch West Berkshire

Healthwatch West Berkshire launched in April 2013, we are in the community gathering your views and experiences. Come and talk to us. Your words will make a real difference. We will play an active role in promoting the changes needed for local health and social care services in West Berkshire.

Together we can create a better health and social care system in West Berkshire. This is an opportunity to create a health and social care system that really meets local needs. Tell us what's going on in care services where you live. Tell us what you want, what you like and dislike. We want to hear the good and the bad.

Every voice counts, make yours count today!



Get Involved Form

**healthwatch**  
West Berkshire

**Get Involved** By being involved you can help shape the future of health and social care services in West Berkshire

Active follower  Passive follower

Full Name (incl. title):

Address:

Email address:

Contact number\*\*:

\*\* We need your permission to be able to text you even if we already have your mobile number. By giving us your mobile number you are agreeing to receive information by text message and understand that the information given will be held and used in accordance with the Data Protection Act 1998 and that permission continues to be granted until confirmed in writing that it is withdrawn.

Preferred method of contact:  
 Email  Telephone  Post

What area of health and social care are you interested in:

<input type="checkbox"/> Ambulance Services	<input type="checkbox"/> Equality and Diversity	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Care Homes	<input type="checkbox"/> GP Services	<input type="checkbox"/> Physical Disabilities
<input type="checkbox"/> Carers	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Pregnancy/Maternity Services
<input type="checkbox"/> Children and Young People	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Sensory Impairment
<input type="checkbox"/> Community nurses	<input type="checkbox"/> Mental Health	<input type="checkbox"/> other (please state):
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Older People's Services	<input type="text"/>
<input type="checkbox"/> Dementia	<input type="checkbox"/> Podiatry	

Which statement best describes you (groups can be kept informed):  
 Individual  Charity  Community group  Social Care Professional  Retired

Other / further information:

How would you like to be involved in Healthwatch West Berkshire activity:  
 Engagement with the public/Events/stands  IT Marketing and Communications  
 Task groups looking at specific issues  Research

Interested in:

Experienced in:

How can we help you take part in Healthwatch West Berkshire?  
 Please let us know of any special requirements you might have (wheelchair access, hearing impairment, reading formats etc.):

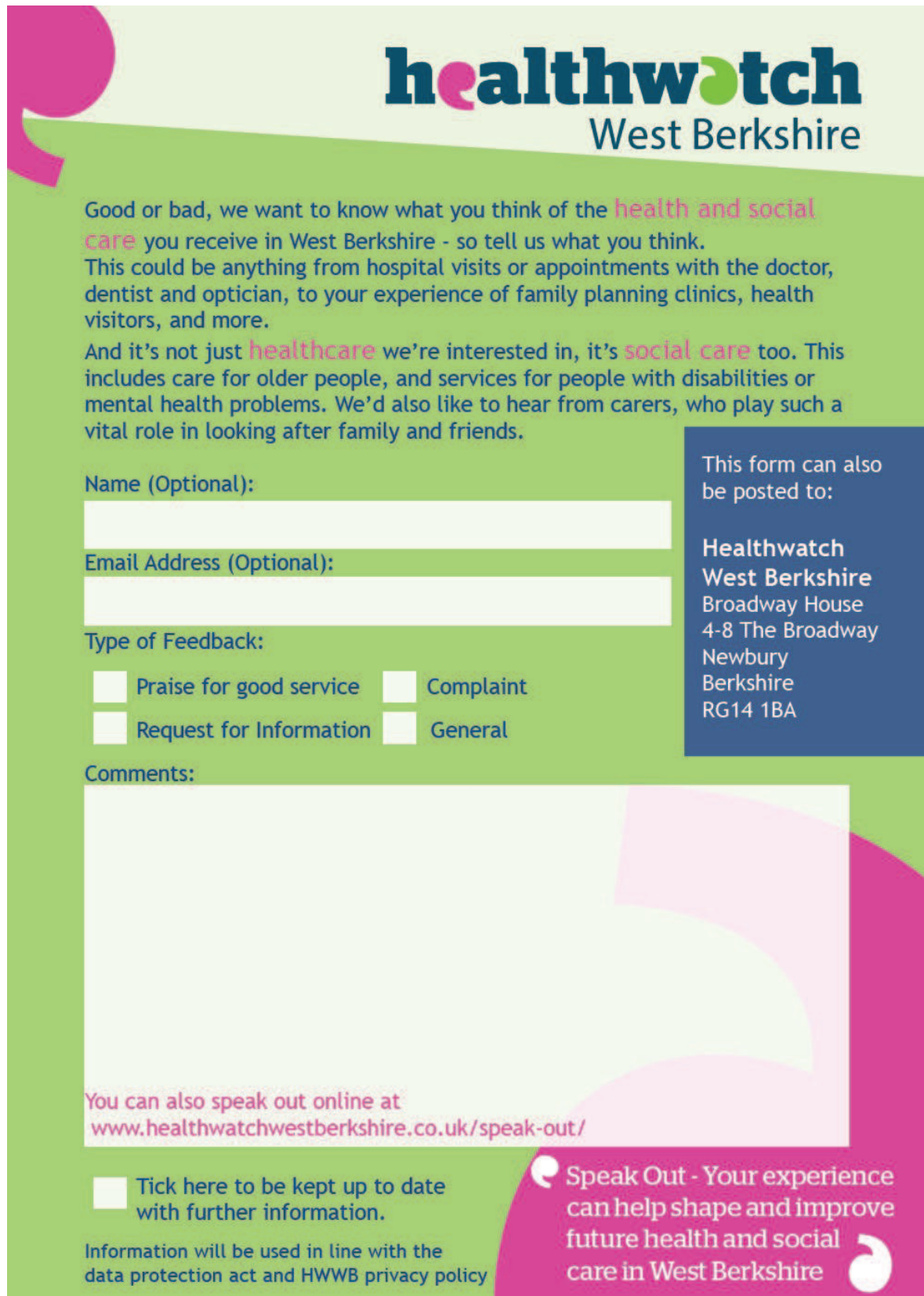
**Agreement**  
 Agreement confirmation: \* I can confirm that the information given in this form is true and that I am happy for the information in this form to be stored securely as required by the Data Protection Act 1998.

Signed:

Date:

Healthwatch West Berkshire is an independent company that gathers your views to influence the future of health and social care services in West Berkshire

## Speak out form



**healthwatch**  
West Berkshire

Good or bad, we want to know what you think of the **health and social care** you receive in West Berkshire - so tell us what you think. This could be anything from hospital visits or appointments with the doctor, dentist and optician, to your experience of family planning clinics, health visitors, and more.

And it's not just **healthcare** we're interested in, it's **social care** too. This includes care for older people, and services for people with disabilities or mental health problems. We'd also like to hear from carers, who play such a vital role in looking after family and friends.

Name (Optional):

Email Address (Optional):

Type of Feedback:

<input type="checkbox"/> Praise for good service	<input type="checkbox"/> Complaint
<input type="checkbox"/> Request for Information	<input type="checkbox"/> General

Comments:

You can also speak out online at  
[www.healthwatchwestberkshire.co.uk/speak-out/](http://www.healthwatchwestberkshire.co.uk/speak-out/)

Tick here to be kept up to date with further information.

Information will be used in line with the data protection act and HWWB privacy policy

This form can also be posted to:  
**Healthwatch West Berkshire**  
Broadway House  
4-8 The Broadway  
Newbury  
Berkshire  
RG14 1BA

Speak Out - Your experience can help shape and improve future health and social care in West Berkshire

This page is intentionally left blank