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Notice of Meeting

Health and Wellbeing Board

Thursday 7 July 2016 at 9.30am

in Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Wednesday, 29 June 2016

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jo Reeves on (01635) 519486
e-mail: joanna.reeves@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

West Berkshire COUNCIL

To: Dr Bal Bahia (Newbury and District CCG), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Andrew Sharp (Healthwatch) and Councillor Roger Croft (Executive Portfolio: Leader of Council, Strategy & Performance, Finance)

Agenda

Part I

		Page No.
1	**Election of the Chairman and Appointment of the Vice-Chairman for the 2016/17 Municipal Year** To elect the Chairman and appoint the Vice-Chairman for the 2016/17 municipal year.	
2	**Apologies for Absence** To receive apologies for inability to attend the meeting (if any).	
3	**Minutes** To approve as a correct record the Minutes of the meeting of the Board held on 23 March 2016 and the special meetings held on 14 April 2016 and 12 May 2016.	5 - 28
4	**Health and Wellbeing Board Forward Plan** An opportunity for Board Members to suggest items to go on to the Forward Plan.	29 - 30
5	**Actions arising from previous meetings** To consider outstanding actions from previous meetings.	31 - 32
6	**Declarations of Interest** 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' Code of Conduct.	
7	**Public Questions** The Chairman of the Health and Wellbeing Board to answer questions submitted by members of the public 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.)*	

8 **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.

Items for discussion

9 **Children's Delivery Group Update (Andrea King/ Sally Murray)** 33 - 66
To inform the Board of the work of the Children's Delivery Group, including activity undertaken since the Hot Focus Session and learning from the LSCB Exclusions Audit.

Systems Resilience

10 **Health and Social Care Dashboard (Tandra Forster/Shairoz Claridge/Rachael Wardell)** 67 - 72
To present the Dashboard and highlight any emerging issues.

Integration Programme

11 **Accountable Care System and Sustainability and Transformation Plans (Cathy Winfield/ Rachael Wardell)** 73 - 90
To inform the Board about the work being undertaken around the Accountable Care System and Sustainability and Transformation Plans

Health and Wellbeing Strategy

12 **Feedback on the Health and Wellbeing Strategy Hot Focus: Falls Prevention (April Peberdy)** 91 - 94
To feedback on the Falls Prevention Hot Focus session and suggested further action in relation to falls prevention.

Other Information not for discussion

13 **The Future of Community Pharmacy (Debra Elliott)** 95 - 96
To inform the Board about the changes to pharmaceutical regulations and the potential impact on West Berkshire.

14 **Members' Questions**
The Chairman of the Health and Wellbeing Board 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.)*

15 **Future meeting dates**

29th September 2016
25th November 2016
26th January 2017 (Development Session)
30th March 2017
25th May 2017 (Development Session)

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.

DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 24 MARCH 2016

Present: Dr Bal Bahia (Newbury and District CCG), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Lesley Wyman (WBC - Public Health & Wellbeing), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care) and Andrew Sharp (Healthwatch)

Also Present: Tandra Forster (WBC - Adult Social Care), Shairoz Claridge (Newbury and District CCG), Jo Reeves (Policy Officer), Jason Jongali (Berkshire West CCGs) and April Peberdy (Programme Officer - Public Health)

Apologies for inability to attend the meeting: Dr Lise Llewellyn and Councillor Roger Croft

PART I

85 Minutes

The Minutes of the meeting held on 28th January 2016 were approved as a true and correct record and signed by the Chairman.

86 Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board noted the forward plan.

Dr Bal Bahia asked that a report on pharmaceutical provision plans for West Berkshire, in the context of changes initiated by the government and the NHS, be added to the forward plan for the July meeting.

Lesley Wyman reported that Dr Lise Llewellyn that the West Berkshire Prevention Working Group Consultation Paper be added to the forward plan for the July meeting.

(Councillor Hilary Cole joined the meeting at 9.32am)

87 Actions arising from previous meeting(s)

The Board noted the actions arising from previous meetings.

88 Declarations of Interest

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, but reported that as his interest was not personal, prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Dr Barbara Barrie declared an interest in all matters pertaining to Primary Care, by virtue of the fact that she was a General Practitioner, but reported that as her interest was not personal, prejudicial or a disclosable pecuniary interest, she determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a Pharmaceutical Director in Lambourn 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.

Andrew Sharp declared an interest in any items that might refer to South Central Ambulance Service due to the fact that he was the Chair of Trustees of the West Berks Rapid Response Cars (WBRRC), a local charity that supplied blue light cars for ambulance drivers to use in their spare time to help SCAS respond with 999 calls in West Berkshire, and 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.

Councillor Gordon Lundie declared an interest by virtue of the fact that he worked for a pharmaceutical company which sought to influence public health policy. The company was not currently offering medical treatments and was still at the research stage. He 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.

Councillor Lundie also declared during the discussion on Item 13, that he was a member of the Board of Governors for the Royal Berkshire Hospital. He 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.

89 Public Questions

There were no public questions submitted.

90 Petitions

There were no petitions presented to the Board.

91 Annual Report of the Director of Public Health (Lise Llewellyn)

The Board considered a report and presentation (Agenda Item 8) from the Director of Public Health (DPH). Section 31 of the Health and Social Care Act 2012 placed a duty on the local authority to publish the DPH's annual report, while the Act required the DPH to write one.

This year's annual report focused on children's health in its broader sense. Each organisation was charged with improving the health of local residents and to reduce health inequalities. Giving children the best start in life was evidenced to be the most effective way to do this.

Lesley Wyman gave a presentation on Lise Llewellyn's behalf, summarising the presentation included in the agenda for the meeting.

Infant mortality had decreased over the last 20 years from 12.0 deaths per 1,000 live births in 1980 to 3.8 in 2013. This was the lowest level recorded in England and Wales. Councillor Hilary Cole questioned how there could be .8 of a death. Lesley Wyman answered that the figure presented was a rate not an absolute figure. Councillor Gordon Lundie commented that he would like to see the numbers, noting that there was a higher infant mortality rate in the 10% most deprived areas in West Berkshire.

The Child Death Overview Panel (CDOP) reviewed information on all unexpected child deaths, recorded preventable child deaths and made recommendations to ensure that similar deaths were prevented in the future. The Berkshire CDOP reviewed cases across

the county and reported into each Local Safeguarding Board. In West Berkshire in 2015 the main cause of death in infants was genetic or chromosomal abnormalities. Councillor Lynne Doherty asked whether screening could identify such abnormalities. Rachael Wardell advised that she was the Deputy Chair of the CDOP and explained that as a result she was aware that many were identified during pregnancy and were carried to term with significant medical intervention but unfortunately lost their life.

In 2014/15, 11.4% of mothers in England were smokers at the time of delivery. All of the Berkshire local authorities had a significantly lower level of smokers, from 6.3% in Wokingham to 9.2% in Reading. In West Berkshire, the level was 8.7%. Councillor Doherty commented that while the whole of Berkshire had low levels, West Berkshire had the second highest level of smoking and asked whether this was cause for concern. Lesley Wyman responded that Wokingham had an exceptionally low level of smoking in its population generally. West Berkshire's smoking cessation service was paid additionally for supporting expectant mothers to quit smoking. Councillor Doherty asked if there were any lessons to be learnt from Wokingham's low smoking rate. Lesley Wyman responded that Wokingham had reported low levels of smoking since records on the measure began and could not be connected to any particular initiative.

Rachael Wardell indicated that the level of smoking amongst mothers at the time of delivery for Slough was an outlier when, based on other demographic factors it might be anticipated that it would have similar levels to Reading. It was interesting to consider what the drives for smoking behaviour were and suggested that cultural expectations of women's behaviour might be a factor.

Turning to the issue of obesity, Lesley Wyman advised that rates of childhood obesity varied with socioeconomic status. In West Berkshire, 7.2% of children in Reception class were obese and 14.9% of children in year 6 were obese. The pattern was not predictable by ward as childhood obesity was prevalent in wards such as Mortimer and all the Thatcham wards, not just the wards that were typically considered the most deprived. Andrew Sharp asked if the Board could have confidence in the figures, indicating that in Falkland ward, there was little variation between Reception and Year 6 children. Lesley Wyman commented that some wards were very small and the cohort used to collect the data might not present a reliable picture.

Councillor Cole asked what work was being undertaken with schools to ensure children were being provided with healthy meals and were receiving sufficient levels of physical activity. Lesley Wyman responded that there was a huge amount of work done with schools and families, such as Green Badge schemes to encourage families to exercise together. There was also work to look at how school life could become more active. April Peberdy further commented that there had been a pilot project at Park House and Winchcombe seeking to achieve more standing in lessons. West Berkshire had been the first in the country to do this type of project with a secondary school and Cambridge University had expressed an interest. Lesley Wyman also mentioned the Beat the Street project undertaken by North and West Reading Clinical Commissioning Group. Councillor Mollie Lock commented that it had been a popular programme in Mortimer. Councillor Cole asked whether a similar project could take place in West Berkshire. Lesley Wyman replied that it would depend on whether the outcomes justified the cost. Dr Barbara Barrie commented that the outcomes from the project had not been reflected in the data presented as part of the DPH report.

Lesley Wyman went on to explain that lower income and social class had a marked impact on educational attainment. Children with higher cognitive ability but from lower socio-economic class in testing were overtaken in test results by children of lower ability but higher social background by the age of 7. In the UK, the largest influence on a child's

success at school was their father's education level. Cathy Winfield questioned why paternal educational attainment was more influential than maternal. Lesley Wyman advised that the study in question had focused on fathers but would assume the same conclusion could be drawn from a consideration of mother's education level.

Data was presented regarding the percentage of students achieving 5 A*-C grades at GCSE; in West Berkshire 34% of children eligible for Free School Meals achieved those grades. Councillor Cole stated that it was disgraceful that West Berkshire was being outperformed by Slough against this measure and asked what was being done. Councillor Doherty commented that to some extent interventions at school were too late and more focus was required at the early year's stage.

Rachael Wardell agreed that there should be better performance against this measure and closing the gap at all Key Stages at which attainment is measured was included as a target in the School Improvement Strategy. Work was being undertaken to ensure take up of free places in early years care for children under two years of age who met the disadvantage criteria. In the context of a reduced footprint of the Children's Centres, there would be a challenge to continue to target early years. The data presented was from small cohorts which year-to-year presented a varied picture. For example in some years in some schools the pupil premium cohort had performed better than their mainstream peers. Councillor Lundie asked if the Every Child A Talker programme still existed. Rachael Wardell responded that it did, though many programmes now have a reduced reach and level of support. The programmes will continue to target the most vulnerable children.

Councillor Doherty advised that this matter was the most concerning issue raised by the DPH report and felt there needed to be more cohesion between the health and education sectors. She continued that a holistic approach to perinatal care was required to provide a preventative service and if interventions were delayed until a child was aged two, if would be too late for the interventions to be effective.

Councillor Lock advised that primary schools reported that increasing numbers of children had poor speech and language and Children's Centres had been doing good work around supporting parents to develop these skills.

Dr Bal Bahia identified that the best interventions would take place before pregnancy and asked what lessons could be learnt from Inner London which had performed well. Rachael Wardell commented that Inner London schools had been better funded than West Berkshire's and also had larger cohorts of children eligible for Free School Meals which had been shown to make it easier to tackle the gap. London had also enjoyed a specific programme of support called "The London Challenge". West Berkshire's schools had more difficulties creating targeted programmes without the scale the Inner London schools could achieve. Another London effect was thought to be that, due to immigration, there was a higher number of non-British families on lower incomes but with higher educational ambitions. This resulted in children from minority ethnic groups outperforming their white working class counterparts.

Councillor Jones commented that there appeared to be an appetite from Board members to discuss this issue further. Councillor Lundie commented that previously a workshop held with other local authorities had been successful in educating members on this issue.

Councillor Cole enquired how local authorities and health partners could manage these issues once all schools became academies and outside direct control of the local authority.

Moving to the subject of Looked After Children (LAC) It was reported that one of the key duties of the Children's Act required the local authority to assess the health of all their

looked after children annually. This included arrangements for mental and dental care, such as immunisations and dental check-ups, as well as a short behavioural screening questionnaire (SDQ).

The SDQ was an important measure of emotional distress in this vulnerable group. In 2014, 68% of looked after children had an SDQ score submitted in England, but the submission rate across Berkshire did vary significantly from 29% in West Berkshire to 93% in Bracknell Forest. Rachael Wardell commented that the 29% figure was a snapshot at a particular time and sothe data had been skewed by the submission deadline. However, later in the year the coverage had been significantly better.

Councillor Lundie, referring to the graph on page 40 of the agenda, noted that on 31st March 2015 the rate per 10,000 population of LAC was 47, almost 1.5 times higher than in Wokingham. Rachael Wardell responded that there was no easy explanation for the difference in the rates but that the number of LAC was now as low as 161, including unaccompanied asylum seekers and the rate per 10,000 was now lower. The figure might have been collected at a time when the service was most under pressure and was struggling to achieve permanency for LAC. Some causes of the difference might be that Wokingham was using a signs of safety model across its services which west Berkshire had also implemented and which still required further embedding here. There was a Community Care article which had reported North Yorkshire achieving outstanding results from this model of working and it was hoped that similar outcomes would be seen in West Berkshire in due course.

Councillor Lundie asked for an update on the work being done around the Child and Adolescent Mental Health Service (CAMHS). Rachael Wardell advised that very good work had taken place. At tier 4, a large number of bed spaces had been realised in the Berkshire Adolescent Unit The CCGs had committed to a significant increase in funding which had helped to reduce the waiting list a tier 3. At tier 2 the existing provision would be decommissioned as of 1st April 2016 and replaced with the new Emotional Health Academy. Staff were in place and it would be launched the following week. There had already been triage work to reduce the waiting list at Tier 2. Councillor Lundie asked whether the Emotional Health Academy connected to the Brilliant West Berkshire scheme. Rachael Wardell responded that they were separate but connected projects, in that they both adopted the same working principles. In the Emotional Health Academy graduate psychologists had been recruited, some with significant experience, to provide support at a lower level to CAHMS tier 3. They would be able to intervene, whilst being supported with their professional development. Lynne Doherty asked whether there was scope to prioritise LACs in CAMHS waiting lists and whether there could be a dedicated emotional health worker for LACs. Rachael Wardell agreed to look further into a dedicated LAC emotional health worker. Cathy Winfield advised that at tier 3, children were prioritised according to clinical need.

Regarding use of hospital services, Lesley Wyman explained that in England (2008/09 to 2012/13), the number of attendances in A & E departments by those living in the most deprived 10% of areas was double that of those in the least deprived 10%. Children were key users of services, especially A & E, and were a key area of pressure in the NHS currently.

Councillor Jones asked how the Board could monitor this. Cathy Winfield responded that discussions were held at the Urgent Care Board and it was hoped that the NHS 111 service reprocurement would offer more triage strength. A project at the Reading Walk-In-Centre had been undertaken to prioritise appointments at school closing times for children but there had not been the expected take up. Attendance at A&E was a cost effective way of treating children so the main cause for concern was the reason why a

child was then admitted to hospital. National reports had concluded that the highest cause of a child being admitted to hospital was dental extraction.

Councillor Jones asked how the Board or the Council might support this work. Cathy Winfield suggested that the Urgent Care Board were asked to respond regarding child A&E attendances and subsequent admissions.

Br Bal Bahia commented that a large number of agencies were involved and more attention needed to be paid to how the population could be empowered to make more informed, healthier choices. Work needed to be done to link different agencies and there needed to be more attention paid to achieving outcomes.

Rachael Wardell applauded the report for drawing attention to children's health issues as she had long held the view that children's issues were underrepresented at the Board. The graph on page 37 of the agenda most demonstrated the need to close the inequality gap. There were a number of initiatives such as Healthy Schools and the Emotional Health Academy. The Corporate Parenting Panel, chaired by Councillor Doherty, looked at all outcomes and focused on developing family and community wellbeing and targeting prevention initiatives. The fact that local authorities now commissioned the health visiting service was indicative of a set of activities being knitted together. There was a Children and Young People's delivery group which sat underneath the Board and could be required to provide exception reports to the Board.

Andrew Sharp stated that the data was worrying because it painted a bleak picture of deprived children in West Berkshire. The concerns raised by the report needed to become the focus and priorities of the Board. Andrew Sharp further suggested that there should be more target setting in order to drive improvement.

Leila Ferguson expressed that she was pleased that the report had raised such important issues and asked whether the voluntary sector was represented on the Children and Young People's delivery group. Leila Ferguson also reported that she was shocked to learn that the most common cause of a child's admission to hospital was a dental extraction. Rachael Wardell confirmed that the voluntary sector was represented on the delivery group and noted that the number of dental checks being completed for LAC was now over 80%.

Dr Bal Bahia enquired how Brilliant West Berkshire was tied in to the prevention and education agenda. Rachael Wardell explained that officers were currently working on six community development projects including in Mortimer, which members had earlier in the meeting been surprised to learn had high rates of childhood obesity. The objective was to encourage communities to tackle issues for themselves and the strengths and assets based approach was proving successful.

RESOLVED that the report and accompanying presentation be noted. Rachael Wardell and Bal Bahia would coordinate an item regarding the educational attainment of children receiving Free School Meals to be added to the forward plan. The Urgent Care Board would be asked to respond to the Board regarding child A&E attendances and subsequent admissions. The Children and Young People's delivery group would be required to provide an exception report to the Board.

92 Health and Social Care Dashboard (Tandra Forster/Shairoz Claridge/Rachael Wardell)

The Board considered a report (Agenda Item 9) concerning the Health and Social Care Dashboard.

ASC1: Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service: Tandra Forster was disappointed to

report that latest data indicated that this measure would remain 'red' at year-end as the measure related to a small number of people and it would not take a lot of change to effect performance against the measure. There would be continued work to provide reablement support as the majority of people admitted to hospital wanted to be able to return home.

ASC3: Proportion of clients with Long Term Service receiving a review in the past 12 months: Latest data now indicated that performance was at 90% against the measure and officers were confident that by year-end 100% of reviews would be achieved.

Rachael Wardell commented that some of the RAG rating in the Children's Social Care section was incorrect.

CSC1: The number of looked after children per 10,000 population: Rachael Wardell advised that 46 looked after children per 10,000 would make this indicator 'green' as it was within normal range and since submitting the data for inclusion in the dashboard there were 45.

CSC2: The number of child protection plans per 10,000 population: This measure should not be reported as 'green' as the number was outside normal range, however Rachael Wardell reported that she was not currently concerned about this measure as the length of time children were staying on a plan was reducing thanks to effective interventions or timely escalation.

CSC3: The number of Section 47 enquiries per 10,000 population: numbers of Section 47 enquiries were still increasing. They were a significant intervention and might be seen as heavy-handed if they did not result in a Child Protection Plan. Conversely, children might be at a safeguarding risk if concerns were not progressed under a Section 47 enquiry. This indicator was 'red" and was a cause for concern.

CSC4: To maintain a high percentage of (single) assessments being completed within 45 working days: Performance was reported at 79% so should not be 'red'. Although recent performance was much higher than 79% at 93% and 96%, YTD performance is negatively impacted by poor performance earlier in the year.

CSC6: Child Protection cases which were reviewed within required timescales: Although performance of 99% met the suggested target and could be flagged as 'green' Rachael Wardell was satisfied to leave this measure as 'amber' as in her view 100% should be being achieved.

CSC7: Percentage of LAC with Health Assessments completed on time: Q3 reporting had demonstrated that performance was at 93% and above target. As at the end of February, performance against this measure was now 98% and expected to be achieved by year-end.

AS1: 4-hour A&E target - total time spent in the A&E Department: Although this measure should be green as it was showing performance of 95.1% against a target of 95%. However Q4 reporting was expected to make performance against this indicator 'red' again.

Dr Barbara Barrie commented that an influenza virus had been affecting children and young to middle-aged adults which had impacted on the resilience of A+E and primary care. Shairoz Claridge commented that while there were issues, the Royal Berkshire Hospital was the second best in the South and although it might not hit the target it was performing well.

AS2: Average number of Delayed Transfers of Care (all delays) per 100,000 population (18+): Tandra Forster advised that local hospitals were performing well, however North Hampshire and Great Western Hospitals were struggling. The main challenge was to

coordinate the right care package to be delivered to those in rural areas. There had been a number of companies withdrawing from the market place and giving 28 days notice on the Council that they would no longer be providing the care package.

Primary Care: Shairoz Claridge advised that so far it had been difficult to gather robust data on these indicators however from the 1st April 2016 these should be possible. Dr Barbara Barrie commented that a measure on out-of-hours care would be helpful.

Cathy Winfield commented that a similar approach to the Alamac was required as the system was not good enough at anticipating service pressures.

Shairoz Claridge advised the Board that the CCG was under national investigation due to missing the DToC target of 5% delayed bed days from the point that the patient was ready for discharge. Tandra Forster commented that the CCG used a different indicator to the Council.

RESOLVED that the Health and Social Care Dashboard be noted.

93 Mental Health Street Triage Briefing Report (Shairoz Claridge/Jason Jongali)

The Board considered a report (Agenda Item 10) concerning a briefing report on Mental Health Street Triage.

The Berkshire West Street Triage One Year Pilot Project was part of collaborative funding arrangements between Berkshire West Clinical Commissioning Groups, three Local authorities and NHS England at a total cost of £150k. This service was based on the Oxford Street Triage Model of care to support the reduction of mental health patients being detained inappropriately in police custody, reduce the use of Section 136 and also to support the Local Crisis Care Concordat Action Plan Commitment from CCGs & LAs.

Street triage referred to a service where clinical mental health professionals (MHPs) accompanied and/or assisted police at incidents where the possible mental ill health of an individual gave rise to concern. The MHPs would assist in ensuring the best option for the individuals in crisis. They would do this by offering professional advice on the spot, accessing health information systems, and helping to liaise with other care services to identify the right kind of support required.

Between 1 April 2014 to 31st March 2015, there was a total of 216 Section 136 applied by Thames Valley Police officers in Berkshire West (136- Reading, 47- West Berkshire and 33- Wokingham). This was an increase of 23% on the previous year for Berkshire West. Mental Health incidents as reported by TVP, during the same period of time were reported (per 1000 population) Reading- 6.4, West Berkshire- 2.9 and Wokingham- 2.1. Reading had the third highest in the Thames Valley area, whilst West Berkshire and Wokingham were below the TVP average of 4.5.

The project sought to achieve the following outcomes:

- To reduce the number of Section 136's applied by Thames Valley Police (TVP) across Berkshire West.
- To provide alternative mental health outcomes to persons found in crisis by TVP officers in Berkshire West.
- Provide support to TVP regarding mental Health Welfare/ calls of concern calls received by TVP control room.
- Release/ free up TVP officer's time/ earlier return to non- Mental Health related duties.

- To prevent mental health patient being detained in police custody

An evaluation of this project took place in January 2016 to share the impact of this service in Berkshire West. The draft report had demonstrated positive outcomes and the case was strong.

The plan was to develop a business case to seek recurrent funding of £133k for the Berkshire West Street Triage Service for 2016/17 from the CCGs & LAs. Jason Jongali reported that he was confident that the business case was strong and recurrent funding would be received.

Councillor Jones asked that the report be circulated to the Board once it had been finished. He further enquired what mechanisms were in place to review the business case for continued funding of the street triage service. Jason Jongali replied that Reading Borough Council were the lead Local Authority for the pilot and Wendy Fabbro, Head of Adult Social Care at Reading Borough Council would coordinate with her counterparts at Wokingham and West Berkshire to review the business case.

Councillor Cole asked whether Thames Valley Police would also contribute to funding the service; Jason Jongali affirmed that they would.

Leila Fergusson advised that although she represented the voluntary sector at the Board, she also worked with people who had learning disabilities. She enquired whether these service users would also benefit from the service. Jason Jongali replied that anybody with mental health or learning disabilities presenting in a state of distress could be supported by the service.

RESOLVED that the report be noted. The final report would be circulated to all Board members once received.

94 Better Care Fund: Guidance and process for 2016/17 and wider integration programme (Tandra Forster/ Shairoz Claridge)

*(Councillor(s) * declared a personal and prejudicial interest in Agenda item 4(*) by virtue of the fact that *. As his/her/their interest was personal and prejudicial he/she/they left the meeting and took no part in the debate or voting on the matter).*

*(Councillor(s) * declared a personal interest in Agenda item 4(*) by virtue of the fact that *. As his/her/their interest was personal and not prejudicial he/she/they was/were permitted to take part in the debate and vote on the matter).*

The Board considered a report (Agenda Item 11) concerning the Better Care Fund arrangements for 2016/17.

Despite delays within the Department of Health in confirming the timeline and the technical guidance the Council and the CCGs were able to commence negotiation of the 2016/17 financial plan; details of the initial proposals were discussed at Operations Board on the 14th January.

Subsequent to this meeting, allocations for localities were published. These confirmed the CCG minimum contribution at £8.807m, an increase of £279k and an increase in the capital grant to the Council (routed through the BCF) from £1.005m to £1,4m. The main element of the capital funding was for Disabled Facilities Grants.

In the local plan it had been agreed with the CCG that £4.367m would now be provided in the 2016/17 BCF to maintain provision of social care services. This reflected a real terms increase on last year's amount, £4.021m, and fulfilled the guidance that 'As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16.'

The amount includes the £408k invested in the Joint Care Provider scheme. This was considered as our local flagship scheme; it had seen much closer working between the Council and BFHT resulting in less duplication and good performance levels despite unprecedented challenges for the acute Trusts. The £408k would allow the existing capacity of the reablement service to be maintained.

£500k had also been included to help to continue to deliver 7 Day Week Services. The council had made a number of changes to ensure a social work presence in hospitals at the weekend to ensure discharge was not now limited to weekdays. The intention was to build on this good work with other hospitals we work with and to extend our focus into the community to address non elective admissions.

The amount also included funding for West of Berkshire projects. These include 'Connected Care', an ICT project that aimed to support more effective information sharing across health and social care, a key requirement of any integration programme and 'Care Homes' which focused on reducing the disproportionately high number of non elective admissions from care homes.

Investment related to the contract held with BFHT had also been agreed with the CCG, totalling £1,889,000. This covered a range of services including intermediate care, speech and language therapy and the community geriatrician.

Whilst the financial plan had been agreed with the CCG the accompanying narrative was still in progress. The Better Care Fund had introduced a new Key Lines of Enquiry document that would reduce the burden in this part of the process.

RESOLVED that the update on the arrangements for the Better Care Fund 2016/17 be noted.

95 Joint Strategic Needs Assessment and the District Needs Assessment (Lesley Wyman)

The Board considered a report and presentation (Agenda Item 12) concerning updates to the Joint Strategic Needs Assessment (JSNA).

Lesley Wyman asked the Board whether they felt it was helpful to present updates to the JSNA as she had used updated information from the Public Health Shared Team, however the JSNA actually contained more in-depth data from a number of sources which, when layered, gave a better picture of the needs of the district.

Councillor Jones expressed the view that it was useful to look at data in-depth but acknowledged that there might not be enough time in this meeting to go into detail. Lesley Wyman suggested that she sent out updates to all Board members as they were received and members could identify areas for more in-depth discussion. Rachael Wardell agreed with this approach and asked that Lesley Wyman drew Board members' attention to data changes which were significant or surprising.

Councillor Lundie, referring to the data on page 72 of the agenda pack regarding oral health, asked for the reason that the number of five-year-olds and twelve-year-olds had the same number of decayed teeth. Lesley Wyman advised that the data was confusing and came from a Public Health England dental health sample survey using different cohorts. The key piece of information to draw from this data was that older children had more problems with decayed teeth.

Councillor Lundie commented that when he had visited care homes there was an issue with the dental health of older people as it effected their eating and appetite which could lead to a downward spiral for their overall health and wellbeing; he asked whether there was any data on the dental health of older people. Tandra Forster advised that although

it wasn't reported, officers were sighted on this information and worked with older people in care homes and dental surgeries to help them attend dental appointments.

RESOLVED that the updates to the JSNA be noted. Lesley Wyman would circulate JSNA updates to Board members outside of meetings in the future and would identify areas of focus based on comments received, for more formal reporting to the Board.

96 Alignment of Commissioning Plans and Local Account (Tandra Forster/Shairoz Claridge/Lesley Wyman)

(Councillor Gordon Lundie declared a personal and prejudicial interest in Agenda item 13 by virtue of the fact that he was a member of the Board of Governors for Royal Berkshire Hospital. 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.)

The Board considered a presentation (Agenda Item 13) concerning the alignment of commissioning plans.

Shairoz Claridge and Tandra Forster gave the presentation as attached on the agenda and invited the Board to comment of how they would like to see alignment of commissioning work progress in the future and whether there were any areas that officers had not already considered.

Councillor Hilary Cole commented that very good work had taken place around aligning commissioning plans. She further added that in a time of diminishing financial resources, no stone should be left unturned when it came to achieving economies of scale by better joint commissioning.

Councillor Lynne Doherty enquired upon the timelines for further commissioning work as the end of the current financial year was fast approaching. Shairoz Claridge responded that the work was ongoing and work to align the Voluntary Sector Prospectus would be undertaken in the following twelve months in anticipation of the 2017/18 financial year. Other timelines would be agreed by other commissioning groups.

Cathy Winfield sought to raise the same point as Councillor Cole regarding financial pressures and asked how this could link to the three local authorities (Reading, West Berkshire and Wokingham) in their joint commissioning. Tandra Forster described the example of the reprocurement of the NHS 111 and explained that the contract would allow for an extension in order to allow a new approach to be initiated. Rachael Wardell added that the business case had been completed and it was deemed that better value for money could not be achieved from a standalone commissioning unit but there was a case for a more collaborative approach. No contract would be renewed without consultation with the other two local authorities (Reading and Wokingham) and the Director for Adult Social Services would keep this under review.

Councillor Lundie advised that he was a member on the Board of Governors for Royal Berkshire Hospital and at its strategy board meeting had discussed integration funding for providers. In the context of accountable care organisations, he asked what the role of the Board was in these organisations as providers had signed letters of intent regarding integration with the Clinical Commissioning Groups. Cathy Winfield explained that discussion on this matter had been held at the Berkshire West 10 Integration Board which took a view that there was an Accountable Care System rather than organisation. There was a two year plan with integration in the CCGs the focus of year one and the plan was for local authorities and adult social care to have more involvement in year two of the integration project. Providers had received large amounts of funding towards

deficits in their budgets and in the case of the Royal Berkshire Hospital a surplus budget was expected to be delivered.

Councillor Lundie commented that the Board of Governors for the Royal Berkshire Hospital might not have understood the need to clear the deficit and also deliver a surplus on its budget. He commented that the Council's Executive members might need to hold a discussion on the matter.

Andrew Sharp commended the good commissioning work that had been completed by the local authority and CCG in collaboration and pressed the need to be mindful of what was and wasn't working. He continued that at times the joint system worked very well and could think of a case example from Christmas Day where services had worked together excellently, however there were other times when the system was not quite as effective. More engagement with the public should be carried out and when there were issues they should be highlighted and addressed.

Councillor Jones asked Tandra Forster whether the Board had provided the influence that was required. Tandra Forster advised that further work on priorities would be undertaken. Councillor Cole agreed that as the Portfolio Holder for Adult Social Care, she would progress these discussions and report back to the Board.

RESOLVED that the presentation be noted. A report on Accountable Care would be brought to a future Board meeting.

97 Community Engagement Event (Dr Bal Bahia)

The Board considered a report (Agenda Item 14) concerning the Community Engagement Event facilitated by the South, Central and West Commissioning Support Unit.

In December 2015, 36 colleagues from across the health, social and voluntary sector service in West Berkshire met for the first time to discuss better partnership and cooperation between organisations in the system. The impetus for the meeting came from a Community Engagement Strategy commissioned by the West Berkshire Health and Wellbeing Board earlier in 2015.

The event identified a number of quick wins such as more 'sharing' and 'liking' of each other's content on social media and establishing a common events calendar.

RESOLVED that the actions from the Community Engagement Event be noted.

98 Joint Agreement in respect of operational arrangements for children and young people with Special Educational Needs and Disabilities (SEND) aged 0 to 25 years (Jane Seymour)

This item had been provided for information only and was not discussed.

99 Beat the Street (Maureen McCartney)

This item had been provided for information only and was not discussed.

100 BHFT Quality Account Q3 2015/16

This item had been provided for information only and was not discussed.

101 Members' Question(s)

a Question to be answered by the Executive Member for Health and Wellbeing submitted by Councillor Gordon Lundie

A question standing in the name of Councillor Gordon Lundie was answered by the Executive Member for Health and Wellbeing, Devolution.

102 Question to be answered by the Executive Member for Health and Wellbeing submitted by Councillor Gordon Lundie

A question standing in the name of Councillor Gordon Lundie was answered by the Executive Member for Health and Wellbeing, Devolution.

a Question to be answered by the Executive Member for Health and Wellbeing submitted by Councillor Gordon Lundie

A question standing in the name of Councillor Gordon Lundie was answered by the Executive Member for Health and Wellbeing, Devolution.

103 Future meeting dates

The list of future meeting dates was noted as follows:

Jo Reeves also reminded Members that there would be a Special Health and Wellbeing Board on 14th April 2016 to approve the Better Care Fund 2016/17.

(The meeting commenced at 9.30 am and closed at 11.40 am)

CHAIRMAN …….

Date of Signature …….

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 14 APRIL 2016

Present: Dr Bal Bahia (Newbury and District CCG), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care) and Andrew Sharp (Healthwatch)

Also Present: Jo Reeves (Policy Officer)

Apologies for inability to attend the meeting: Dr Lise Llewellyn, Rachael Wardell, Cathy Winfield and Councillor Roger Croft

Members Absent: Dr Barbara Barrie and Leila Ferguson

PART I

104 Declarations of Interest

Councillor Gordon Lundie declared an interest by virtue of the fact that he worked for a pharmaceutical company which sought to influence public health policy. The company was not currently offering medical treatments and was still at the research stage. He 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.

Councillor Lundie also declared that he was a member of the Board of Governors for the Royal Berkshire Hospital. He 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.

105 Better Care Fund 2016/17 (EX3109) (Tandra Forster/ Shairoz Claridge)

The Board discussed a report (Agenda Item 3) regarding the Better Care Fund 2016/17, a government initiative established to fast track integration with Health and Social Care. The first year of implementation was 2015/16; all Councils and Clinical Commissioning Groups (CCGs) had to agree a plan and then obtain approval from their Health and Wellbeing Boards.

The government had confirmed a continued commitment to the initiative, therefore all Councils and CCGs were required to have a plan for 2016/17 and obtain approval from their Health and Wellbeing Boards.

In common with the previous year there were a number of national conditions that plans had to meet. Importantly for the local authority 'Maintaining the provision of social care services' had been retained with the requirement that it would be at least the same or a real terms increase.

The Department of Health (DofH) had also confirmed that the Social Care Capital Grant would be discontinued from 2016/17 and instead had combined the Disabled Facilities Grant (DFG) and Social Care Capital Grant into one in order to maximise value for money. DofH research suggested the DFG could support people to remain independent

in their own homes – reducing or delaying the need for care and support, and improving the quality of life of residents.

Nationally, there had been an average 11% increase in the capital allocations of the DFG. West Berkshire was an outlier receiving a 39% increase. Alongside this funding increase the BCF plan now included a requirement to confirm how the Council plan to use the grant in the coming year.

The Better Care Fund allocation for the West Berkshire Locality had been confirmed as just over £10.6m; this represented a 1.9% increase on the value the previous year. The allocation for social care was £4.367m, a real terms increase on the allocation of £4.021m in 2015/16.

The CCG and the Local Authority had agreed a plan that would allow the continuation of the West Berkshire Better Care Fund projects such as the Joint Care Provider scheme, seven day week services and maintaining the existing capacity within the reablement service. It would also allow the Council and CCG to continue to support the West of Berkshire projects.

This work would support the Council and CCGs to continue to improve performance on Delayed Transfers of Care and reduce Non-elective admissions; key objectives of the Better Care Fund.

The CCG and the local authority had been able to agree a Better Care Fund plan that both met the national conditions and importantly would improve health and care services for local residents. Therefore it was recommended that Members agree the plan as outlined in the report and recommend it to the Council's Executive.

Councillor Gordon Lundie enquired why West Berkshire had received a nearly 40% increase in the DFG, which seemed disproportionately high. Tandra Forster responded that historically West Berkshire had received a higher DFG allocation than other local authorities, perhaps because it did not have its own housing stock. The BCF included more requirements around transparency and so it would be clear how the DFG was spent.

Tandra Forster advised that since the report was published, the submission deadline had been moved to 3rd May 2016 but officers planned to work to the reported timeframe of submission by 25th April 2016. New metrics had been introduced for delayed transfers of care and non-elective admissions; further work was ongoing in conjunction with the Berkshire West System Resilience Group.

The first two submission timeframes had been met, including the submission of the plans and the narrative. Partial assurance had been received on the narrative and further work was required on the narrative for delayed transfers of care.

Shairoz Claridge advised that further detail was also required in the narrative for seven-day working, dementia and reablement which would be included by 25th April 2016.

Tandra Forster commented that the National Health Service had worked well with the Local Government Association and Association of Directors of Adult Social Services; the process for agreeing the BCF had been very supportive.

Councillor Lundie, referring to the table on page 64 of the agenda, advised that there was a reported £462k underspend from 2015/16 included under the Local Authority contribution for 2016/17. He noted however that on page 65, it was explained that following a change of direction and redesign in relation to one of the West of Berkshire projects some funding allocated to help social care manage the impact was not utilised. He therefore asked whether this might be considered to be a 'slippage' due to projects being delayed rather than an underspend. Tandra Forster explained that apart from the

capital funding, the rest of the BCF 2016/17 was from the CCGs. The £462k was part of the original funding in the previous financial year and did not relate to the Council's funding of the BCF. Shairoz Claridge commented that due to different financial rules effecting the CCGs, had the money not been held by the Local Authority as an underspend, it would have been returned to NHS England and allocated to another locality.

Referring to page 72 of the agenda on developing an integrated health and social care system by 2020, Councillor Lundie expressed the view that the footprints of Sustainability and Transformation Plans would have a big impact on health and social care integration and Members of the Board needed to be sighted on these. Tandra Forster advised that plans were at an early stage but there would be an item brought to the Board at the meeting in July 2016 on the subject. West Berkshire would come under the Buckinghamshire, Oxfordshire and Berkshire West footprint and there would be an impact on how services were planned. Changes to funding would cause risk to the system, as budget surpluses could not be created.

Shairoz Claridge further explained that the plans would be dependent on contract negotiations with providers. She confirmed that it was hoped that Cathy Winfield and Nick Carter could jointly present information on the Accountable Care System and Sustainability and Transformation Plans at the meeting in July 2016. Tandra Forster commented that a meeting had already taken place and information was being compiled about what services could be provided at scale and how a resilient system could be developed. A workshop would be taking place on 4th May to further develop the plans.

Councillor Lundie noted that Nick Carter had proposed that Cathy Winfield attends a Strategy Board meeting to discuss the Sustainability and Transformation Plans.

Turning to page 89 of the agenda, Councillor Lundie asked how West Berkshire was performing regarding discharging patients at the weekend. Tandra Forster advised that the target relating to seven-day working had been met. The Royal Berkshire Hospital performed very well but other hospital used by West Berkshire residents, in Swindon and Basingstoke, were struggling because they found that patients were more unwell and there was no easy access to home care.

Councillor Graham Jones proposed that the Board approve the Better Care Fund plan 2016/17 as laid out in the report and subject to the amendments as discussed. Dr Bal Bahia seconded the proposal. The Board voted on the matter and unanimously approved the Better Care Fund plan 2016/17.

RESOLVED that the Health and Wellbeing Board approve the Better Care Fund plan 2016/17 and recommend it to the Council's Executive.

(The meeting commenced at 1.03 pm and closed at 1.23 pm)

CHAIRMAN …….

Date of Signature …….

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 12 MAY 2016

Present: Dr Bal Bahia (Newbury and District CCG), Rachael Wardell (WBC - Community Services), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Andrew Sharp (Healthwatch) and Councillor Roger Croft (Executive Portfolio: Leader of Council, Strategy & Performance, Finance)

Also Present: Jo Reeves (Policy Officer) and Tim Cooling (Newbury and District CCG)

Apologies for inability to attend the meeting: Dr Barbara Barrie, Leila Ferguson, Dr Lise Llewellyn, Cathy Winfield, Tandra Forster, Mac Heath, Councillor Mollie Lock and Shelly Hambrecht

PART I

106 Declarations of Interest

There were no declarations of interest received.

107 Transforming Care Plans (Sarita Rakhra)

The Board considered a report (Agenda Item 3) concerning the Transforming Care Plan, which had been jointly developed with the six local Berkshire authorities and the seven Clinical Commissioning Groups (CCGs) across Berkshire West.

Sarita Rakhra, Carers/Voluntary Sector/Mental Health and Learning Disability Commissioning Manager for NHS Berkshire West CGs, introduced the report which set out how services would be transformed for people of all ages with a learning disability (LD) and/or autism who displayed behaviour that challenged, including those with a mental health condition.

In 2012 a BBC Panorama programme had revealed abuse of vulnerable people at Winterbourne View. This provoked the Department of Health to conduct a Review all CCGs and local authorities were required to submit a joint strategic plan to show how people with LD would be supported out of the Assessment and Treatment units. A joint Berkshire strategic plan was developed in 2013 and a Winterbourne Project Board lead service re-design work and developed key elements of a Positive Living Model. The Review concluded that in-patient provision should be scaled back with a stronger focus on community based support. A target was set for 50% of in-patient beds to be moved by June 2014 and not all Berkshire patients were moved within this timeline due to complex care needs that could not be met in appropriate community placements.

A concordat was signed between the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and NHS England to improve the lives of people with learning disabilities and/or autism and mental health problems.

The Berkshire Transforming Care Plan was aligned to the national plan, Building the Right Support, to strengthen community services and close 50% of the inpatient facilities by March 2019. The shared Berkshire vision was to improve the pathway for people with

learning disabilities and challenging behaviour by reducing reliance on in-patient beds through increasing access to intensive specialist community services.

There was a national process to support discharge from the Access and Treatment Units (ATUs) and CCGs were required to chair and facilitate multidisciplinary Care and Treatment reviews that drew up recommendations and action plans to support timely and effective moves from in-patient beds into the community.

NHS England commissioned the forensic pathway, such as at Rampton Secure Hospital. There was one patient who had been accommodated there for 14 years and could be considered to be institutionalised; a stepped change would be required to resettle that individual into the community. Commissioners were working with national leads to ensure people were effectively supported for life in the community.

In Berkshire, the Berkshire Transforming Care Partnership Board (TCPB) had been lead by Gabrielle Alford, Director of Commissioning for Berkshire West CCGs, and Alan Sinclair, Interim Director of Adult Social Services and the Deputy Senior Responsible Officer. The TCPB has worked with CCGs, Local Authorities, and the Learning Disabilities Partnership Boards in developing the Plan. The TCP had been due for submission in July 2016 but NHS England had moved the timeline for submission forward to May 2016, hence a Special Health and Wellbeing Board meeting being called to review the Plan.

The Berkshire plan was built on agreed values and principles, and identified specific actions to ensure that all services were planned through clinical engagement and accountability, commissioned and provided in line with national plan and the regional ‘Positive Living Model’ for people whose behaviour might challenge. At present, 16 beds were commissioned by Berkshire Healthcare Foundation Trust (BHFT) and the proposal was that by March 2019 the reliance on these would be reduced by 50%. The Board were asked to support Berkshire’s vision to close down 50% of the in-patient provision hrough developing an Intensive Intervention Service in the community thus reducing the reliance on Assessment and Treatment units to support people with a learning disability and/or autism and mental health conditions.

This service would also entrench a system of person-led planning, to put the person with a learning disability and/or autism and mental health conditions and their families or carers at the centre of decision making and formulating their own Care Plans.

The Transforming Care Partnership Board held a planning workshop and drew representation from a wide range of stakeholders that included representatives of the 7 CCGs, 6 local authorities (LASs), LDPBs, local Advocacy groups, Primary care clinical lead (champion), Children's services, and the Autism Board.

The attendees at this workshop ranged from those in operational positions through to Directors of Social Services, commissioning and Provider organisations. The main focus of this workshop was to agree and align a Berkshire vision to bring together shared aspirations.

This planning workshop confirmed the asset base, shared the perceived obstacles and planned 7 key work streams to deliver a county wide vision for people with a learning disabilities and /or autism whose behaviour challenges. These were:

Joint commissioning: Joint commissioning and health and social care integration would continue to be a priority. At present, alignment of commissioning between local authorities and the CCGs was over reliant on a matrix tool and opportunities for collective decisions should be taken. The TCP also brought opportunities to develop pooled budgets. At present, providers were largely in control of prices and collective action on

market development could assist price control to come under the CCGs and local authorities.

Additionally, NHS England had invited bids from voluntary sector organisations, housing associations and local authorities in the South and Central region for £8.6m in capital investment to adapt properties to meet the needs of people with learning disabilities and /or autism. This fund had been created by an underspend from northern regions.

Communications and Engagement: People with lived experience and their carers would be engaged to develop an easy-to-read version of the TCP. This would involve developing a Berkshire wide TCP communications plan.

Workforce Development and culture: It was recognised that cultural shift would take a significant amount of time to achieve. A cultural audit of the workforce would be undertaken by a questionnaire and the results would be used to grow a cultural change programme. People with lived experience would be involved in interviews for providers and staff, to continue their role at the centre of decision making.

Families, Children & Young people: Gaps had been identified in the TCP. Education services would need to be included in work on this area, to support children to continue to be supported in the community rather than in residential placements out of area. The Transforming Care Partnership Board would be engaging a Director of Children's Commissioning, nominated by the local authorities to develop joint ways of working. Sally Murray, Head of Children's Commissioning for the Berkshire West CCGs would support understanding of how Educational Health and Care Plans (EHCPs) and Special Educational Needs (SEN) Plans would link in to this work.

Autism: NHS England identified gaps in the TCP for people with autism and at a workshop it was decided that, the six autism strategies would be linked into the Transforming Care Plan. People with autism were sometimes viewed as outside the learning disability arena and this would enable services to provide joined-up support to people with an array of needs.

Service reconfiguration: Some in-patient beds would be retained to provide therapeutic Inpatient support for planned and emergency day and overnight services to individuals for whom it was clinically indicated. A specialist multi- disciplinary team would assess needs, design and implement therapeutic programmes of care that required the physical environment a building based unit could offer. A therapeutic inpatient unit would also act as a resource hub for the intensive intervention service and sessional activity, such as Sensory Integration, could be provided.

Risks: A programme management approach would be utilised to mitigate the financial risks. NHS England had provided £38k funding to appoint a programme manager to lead the work and set a timeline for delivery by March 2019.

Councillor Graham Jones expressed the view that the Transforming Care Plan to reduce the number of in-patient beds and provide community-based care was laudable and enquired why the target was a 50% reduction. Sarita Rakhra advised that the target was set by NHS England and there would be implications to underachieving against the target. She further explained that in Berkshire the aim was to overachieve against the target and reduce the number of beds to 11 by 2019.

Shairoz Claridge enquired how West Berkshire's numbers of in-patient beds compared to other areas. Sarita Rakhra answered that northern regions have much higher numbers but in the south there were more people who had been at an ATU for a longer period.

Councillor Hillary Cole commended how the Transforming Care Plan aligned with the new way of working in adult social care in West Berkshire which got people more

involved in their care. She also stressed the need already identified in the TCP to support children via the education service and engage families early in order to make the transition from provision for children and young people to adults easier. Councillor Cole commented that involving the person in the process was important as often families wanted different things and families needed to be managed. Regarding the funding for the plan, Councillor Cole asked whether local authorities would also be expected to contribute.

Sarita Rakhra clarified that the CCG would be reducing the in-patient contract and re-investing the funds to develop the Intensive Intervention Service. Berkshire Healthcare Foundation Trust (BHFT) had indicted they would support this. At the TCPB, local authorities had expressed concerns that they would be placed under pressure to provide community services and these had been fed back to NHS England. The idea was for a whole system change and the CCGs would engage with local authorities on how to use the funding.

Responding to Councillor Cole's point regarding families and carers, Sarita Rakhra advised that they would be involved in the Positive Living Model. She agreed that sometimes carers were an obstacle to achieve the person's wishes and cited a case example of one person who had moved out of an ATU back to Reading, and the family had raised safety concerns. This had helped to secure the environment and safeguard their family member. The programme manager would be expected to develop a system for good engagement with families and carers in decision making.

Councillor Cole expressed the view that the local authority needed to send a clear message to the NHS that they were facing severe financial challenges and whilst she supported the initiative, she would expect to receive the funding to achieve the outcomes of the plan. Shairoz Claridge commented that the whole system was under financial pressure. Sarita Rakhra agreed with this view and reported that NHS England had been informed already of that view. Already, high cost placements were being reviewed to ensure that the most cost effective services were being provided. Councillor Cole reiterated that any savings that the TCP achieved must be invested back into the project and improve people's quality of life rather than offsetting overspends in other budgets.

Andrew Sharp disputed that families caused a problem and advised they had an important role in highlighting issues for a person with limited mental capacity. In the Winterbourne View example, patients' families had trusted the view of the professional and were let down. What the person with the learning disability wanted was not always safe or realistic. Shairoz Claridge agreed that a balance was required between the person's human rights, their families and carers wishes and their care. Sarita Rakhra commented that carers had been engaged in developing the Positive Living Model and their feedback was positive.

Councillor Lynne Doherty referred to the gap that had been identified for children and young people and enquired when the Joint Strategic Needs Assessment (JSNA) would be updated. Lesley Wyman advised that it was difficult to compile the JSNA because the NHS and local authority collected different data. Some limited data had been received from the shared team.

Councillor Doherty commented that the report was very interesting and enquired whether specialist nurses would be visiting all schools across West Berkshire. Sarita Rakhra recommended speaking to Sally Murray for the detail.

Rachael Wardell firstly sought to welcome the programme of work and the right of people with learning disabilities to live in the community. Secondly, she sought to draw attention to the elements of the pan-Berkshire plan with a particular focus on West Berkshire.

Officers at West Berkshire Council had been involved in the process, namely Roz Haines, Karen Felgate and Patrick Leavey. On page 20 and 21 of the agenda, data was presented including projected number of adults with challenging behaviour. Child and Adolescent Mental Health Services (CAMHS) were discussed on page 27 of the agenda, and it was noted that West Berkshire's Emotional Health Academy supported this work. West Berkshire's resource centre capacity was extrapolated on page 29 of the agenda and they were full to capacity. Page 46 outlined the local offer and there was an array of West Berkshire focussed content.

Rachael Wardell posed a question to the Board about how it might want to be assured of the risks of the project. There were two red risks; one was to local authority budgets for increased support and housing. The other risk was that the needs of children and adults would not fit together and there would be gaps in provision. The Board might want to receive an update on these risks and community capacity issues. Rachael Wardell noted that the bid for funding due on 26th May 2016 presented an opportunity.

Councillor Cole responded positively to the opportunity to bid for capital funding and noted that there was a building in West Berkshire which was able to be repurposed and it was hoped that a housing association could take it on. Andrew Sharp queried whether the funding was available solely to provide housing to former inpatients at Access and Treatment Units. Sarita Rakhra advised that it could be used to bespoke housing or make adaptations.

Andrew Sharp raised a further point that the Board needed to be mindful of people with learning disabilities and/or autism living at home with families or carers. Healthwatch had consulted with carers and identified that many carers were reaching old age and there was a risk that people with learning disabilities were reaching similar transition points as they would need to adapt to living without their carer. For example, Andrew Sharp was aware of a carer who was 101 years of age and the person they cared for might go through the same transitional struggles as someone who had been institutionalised. The numbers were known but no action had been taken to assist these people.

Dr Bal Bahia commended the work that had been done, noting that he had been in the Berkshire West 10 Partnership some time ago when the TCPs were first being developed. The collaborative approach had come together well and had a bold ambition to tackle an embedded culture and deal with inequality. Dr Bahia was impressed with the alignment to the Brilliant West Berkshire programme and saw the direction of travel of the TCP as the same as the Health and Wellbeing Board's vision. It would be the Board's role to link the various elements together, including the housing elements. Dr Bahia further acknowledged that workforce development and training hubs had been a feature of many plans presented to the Board at its recent meetings and an overarching view of all these areas would be useful.

Andrew Sharp relayed the questions provided to him by Leila Ferguson, who had given her apologies for the meeting. Firstly, she had wanted to know what engagement with voluntary sector organisations had taken place. Sarita Rakhra advised that Learning Disability Partnership Boards had been involved in the process and an engagement plan was being written for involving the wider community, including an easy-to-read version of the TCP.

Andrew Sharp noted that Community Teams for People with a Learning Disability (CTPLD) would not be continuing to work in the same format and asked if these would cause an issue. Rachael Wardell advised that the provision would not be disappearing and the offer to people with multiple needs would be improved by maintaining specialist knowledge and more joint working between professionals with different specialisms.

Andrew Sharp questioned how the number of people with learning disabilities and/ or autism was estimated and forecasted, noting that the Office for National Statistics' data was at a disparity to those receiving support services. Sarita Rakhra advised that there was work ongoing to align GP registers and various other sources of data. Rachael Wardell also commented that there was a difference between the clinical definitions and the threshold for access to services, for example some measures referred to an IQ lower than 70 whereas people with IQs higher than 70 could still have a learning disability. Dr Bahia further noted that labelling a person was not always helpful and this might impact on the figures.

Andrew Sharp further requested that practitioners be mindful that when considering 'out of area' placements, one mile into Wiltshire might be preferable than a person being in Bracknell. He commented that families' points of view needed to be considered and it was not useful to use local authority boundaries as a guide.

Dr Bahia enquired how residents outside Berkshire boundaries, but within Berkshire GP catchment areas would fit in to the system. Shairoz Claridge explained that these people would be considered on an individual basis

Sarita Rakhra advised that NHS England had also announced funding available for Shared Lives, with a deadline for bids of 31st May. She noted that West Berkshire had a very successful Shared Lives scheme.

Councillor Jones summated that there had been a good discussion of the TCP and the challenge for the Board would be to make a difference and drive through change.

RESOLVED that the Transforming Care Plan be understood, acknowledged and endorsed by the Health and Wellbeing Board. Further updates on the Transforming Care Plan would be put onto the Forward Plan.

(The meeting commenced at 9.30 am and closed at 10.34 am)

CHAIRMAN …….

Date of Signature …….

Health and Wellbeing Board Forward Plan 2016/17

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted	Is the item Part I or Part II?
29th September 2016 - Board meeting						
Items for Discussion						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	01 September 2016	Tandra Forster/Shairoz Claridge/Rachael Wardell	Health and Wellbeing Steering Group	Part I
Health and Wellbeing Strategy Refresh including Delivery Plan update (C3114)	To present the refreshed Joint Health and Wellbeing Strategy to the Board	Decision	01 September 2016	Lesley Wyman	Health and Wellbeing Steering Group, Operations Board, Corporate Board	Part I
Health and Wellbeing Board Development Plan	To present the development plan of the Health and Wellbeing Board arising from the recommendations of the LGA Peer Challenge	Decision	01 September 2016	Jo Reeves	Health and Wellbeing Steering Group	Part I
20th October - half day hot focus session, topic tbc (Council Chamber)						
24th November 2016 - Board meeting						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	26 October 2016	Tandra Forster/Shairoz Claridge/Rachael Wardell	Health and Wellbeing Steering Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	26 October 2016	Tandra Forster/Shairoz Claridge	Health and Wellbeing Steering Group	Part I
Health and Wellbeing Strategy / Joint Strategic Needs Assessment						
Educational Attainment and Health Outcomes of Deprived Children	To respond to the board's request to receive information on the subject	For information and discussion	26 October 2016	Elaine Ricks-Neal/ Tessa Ford	Health and Wellbeing Steering Group	Part I
Feedback on the Health and Wellbeing Strategy Hot Focus Sessions : TBC	To feedback on activity that has taken place over the last three months.	For information and discussion	26 October 2016	TBC	Health and Wellbeing Steering Group	Part I
26th January 2017 (Development Session - PRIVATE)						
Items to be confirmed						
23rd February - half day hot focus session, topic tbc (Shaw House)						
30th March 2017 - Board meeting						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	23 February 2017	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Steering Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	23 February 2017	Tandra Forster/Shairoz Claridge	Health and Wellbeing Steering Group	Part I
Health and Wellbeing Strategy / Joint Strategic Needs Assessment						
Feedback on the Health and Wellbeing Strategy Hot Focus: TBC	To feedback on activity that has taken place over the last three /four months.	For information and discussion	23 February 2017	TBC	Health and Wellbeing Steering Group	Part I
Governance and Performance						
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	23 February 2017	Lesley Wyman	Health and Wellbeing Steering Group	Part I
25th May 2017 (Development Session - PRIVATE)						
Items to be confirmed						

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Actions arising from Previous Meetings of the Health and Wellbeing Board

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
76	28/01/16	A letter be sent to Hampshire Hospital Foundation Trust regarding the fines levied in respect of the 4-hour A&E target.	Tandra Forster/ Shairoz Claridge	WBC	Health and Social Care Dashboard	Complete. Tandra Forster has had a meeting with Hampshire Hospital Foundation Trust to resolve this issue. (Further information in the Dashboard narrative)
77	24/03/16	An item regarding the educational attainment of children receiving Free School Meals/ Pupil Premium Grant to be added to the forward plan	Ian Pearson	WBC/ N+D CCG	Annual Report of the Director of Public Health	On the Forward Plan for the November 2016 meeting.
78		The Urgent Care Board would be asked to respond to the Board regarding child A&E attendances and subsequent admissions	Tandra Forster	WBC	Annual Report of the Director of Public Health	Tandra to raise with UCB lead.
79		The Children and Young People's delivery group would be required to provide an exception report to the Board.	Andrea King	WBC	Annual Report of the Director of Public Health	Complete. On the agenda for the 7th July 2016.
80		The final Mental Health Street Triage report would be circulated to all Board members once received.	Jason Jongali/ Jo Reeves	WBC/ N+D CCG	Mental Health Street Triage	Complete. Overarching report circulated on 24 March 2016. Berkshire-specific report circulated 21 April 2016.
81		A report on Accountable Care would be brought to a future Board meeting.	Cathy Winfield	CCG	Alignment of Commissioning Plans and Local Account	Complete. On the agenda for the 7th July 2016.
82	24/03/16	An update on the risks and community capacity of pharmacies to come to the Board.	Jo Reeves	WBC	Forward Plan	Complete. On the agenda for the 7th July 2016.
83	12/05/16	Sarita Rakhra's presentation slides on the Transforming Care Plan to be distributed to the Board	Sarita Rakhra/ Jo Reeves	WBC/ CCG	Transforming Care Plans	Complete. Circulated on 24 May 2016.

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Title of Report:	**Children's Delivery Group Update**
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	7th July 16

Purpose of Report:

1) To provide the Health and Well-Being Board with an update on the establishment and strategic focus of the Children's Delivery Group.

2) To seek the Health & Well-Being Board's review of the learning from recent safeguarding analysis activity (led by West Berkshire Local Safeguarding Children Board [LSCB]) and to seek the H&WBB's prioritisation of commissioning investment in response to this learning.

Recommended Action:

A) West Berkshire Health & Well-Being Board (H&WBB) is asked to actively promote the Targeted Prevention vision for children, young people and families in West Berkshire and ensure that this vision informs the wider strategic priorities of the H&WBB (see Appendix 4).

B) West Berkshire Health and Well Being Board is asked to consider the strategic challenge posed by West Berkshire LSCB regarding the identified gaps in service for children and young people awaiting ASD and ADHD diagnosis, and the adverse impact on these children and young people's life outcomes. The H&WBB is asked to consider the outcome of the Berkshire West Children's Commissioning Group ASD Appreciative Inquiry event on 23rd June and ensure that the children's workforce enact a more proactive response to the needs of these children.

C) West Berkshire Health and Well Being Board is asked to note that the Future In Mind Local Transformation Plan includes a number of initiatives to improve the care pathway for children with ASD and ADHD that have been implemented since the period of the exclusions audit. Initiatives include providing additional capacity in the BHFT ASD and ADHD teams; commissioning the voluntary sector to provide additional support for families whose children are in the pre and post assessment phases and support through the Emotional Health Academy. There is a need to evaluate these initiatives and

to ensure that consistent evidence based approaches in the management of these children are adopted across the system (voluntary sector, Health Visiting, education, social care, Youth Offending Teams).

D) The Future In Mind Local Transformation Plan is due to be refreshed over the next few months. The Future In Mind Local Transformation Plans form part of the wider Sustainability and Transformation Plan.

Reason for decision to be taken:	The identified gap in service for children and young people awaiting ASD and ADHD diagnosis and the lack of consistent proactive local service provision is detrimentally impacting outcomes for West Berkshire's children. In addition, this gap in service is impacting on children's social, health and educational achievement and wider outcomes.
Other options considered:	The Appreciate Inquiry event is designed to enable an exploration of options and assets available across the local system.
Key background documentation:	See the associated Appendices linked to this report.

Contact Officer Details	
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Implications

Policy:	Yes – the learning from this report should inform the strategic priorities and planning for the Health & Well-Being Board
Financial:	Yes –the findings from this report should directly inform the prioritisation of financial resources for ASD and ADHD commissioning.
Personnel:	No

Legal/Procurement: No

Property: No

Risk Management: The Health & Well-Being Board is asked to specifically note the risks associated with the unmet needs of children and young people with ASD and ADHD; including the long-term impact on their life chances.

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	X	☐
• Is it a major policy, significantly affecting how functions are delivered?	☐	X
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	X
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	X	☐
• Does the policy relate to an area with known inequalities?	X	☐
Outcome (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)		
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia		X
Not relevant to equality		☐

Executive Summary

1. Introduction

1.1 This report summarises the Terms of Reference (Appendix 1), the strategic priorities and workplan for the Children's Delivery Group (Appendix 2). It is essential that the wider priorities of the Health & Well-Being Board are effectively informed by and reflect the needs of children, young people and families within West Berkshire.

1.2 The Children's Delivery Group has been reassured by the effective multi-professional outreach emerging from the Building Community Together community conversations, which has significantly increased the ability of partnership services (i.e. Job Centre Plus, Sovereign Housing, WBC Family support services, Health Visiting, Emotional Health Academy, etc) to reach vulnerable children and families. This model is now being extended, with oversight from the Children's Delivery Group.

1.3 West Berkshire H&WBB is asked to note that following the establishment of the inter-agency Emotional Health Triage functions and the Emotional Health Academy (EHA), the number of children and young people waiting for Tier 2 Emotional Health support has reduced from 120 children in August 2015 to 0 children in April 16.

1.4 Each child continues to be individually monitored every six weeks and the early impact on improving outcomes associated with EHA support is very encouraging.

1.5 This report also highlights the recent learning from West Berkshire Local Safeguarding Children Board (LSCB) analysis of our local children and young people excluded from school; and the significant number of children and young people within this cohort who were waiting for ASD or ADHD diagnosis. This analysis invited contributions from Reading LSCB partners too and is currently being considered by Reading LSCB. Please see Appendix 3 for further information.

1.6 Referrals into BHFT CAMHs have continued to rise year on year. Additional BHFT staff are now in post on the ASD and ADHD care pathways. The number of children and young people on the ASD and ADHD waiting lists reduced between the end of Quarter 3 and the end of Quarter 4.However the ASD diagnosis waiting list still accounts for 74% of the children waiting over 12 weeks to be seen. BHFT anticipates reaching a maximum waiting time of 12 weeks for ASD by October 2017. By way of comparison, nationally waits of 42 months are reported. Children waiting for ASD and ADHD assessment are offered CAMHs treatment for comorbidities such as anxiety when this is identified at CPE. Access to Speech and language therapy and occupational therapy advice is available and may be provided as part of the child's Education Health and Care Plan. Treatment for comorbidities is not contingent on ASD or ADHD diagnosis.

1.7 Staff on the BHFT ASD pathway have worked with Autism Berkshire and Parenting Special Children to develop workshops for families waiting for an ASD assessment. These workshops were piloted in 2015 and have been offered to all families waiting for an ASD assessment. These workshops will continue through 16/17, funded by Future In Mind investment and delivered at venues across Berkshire West. Autism Berkshire have also been commissioned to provide additional support for families whose teenager has ASD as this can be a particularly challenging period of time. Autism Berkshire are also commissioned to provide telephone helpline.

1.8 BHFT are about to launch additional telephone and online support for families who are awaiting ASD diagnosis.

1.9 Families and staff report that clinical advice on the management of ADHD and ASD is not consistently implemented in education settings and this can adversely impact upon outcomes.

2. Proposals

2.1 That West Berkshire Health & Well-Being Board partners better coordinate local professional advice and support for children with characteristics of ASD and ADHD to enable schools and families to manage these behaviours more effectively and improve outcomes for children and young people.

3. Equalities Impact Assessment Outcomes

3.1 Any decision to commission additional resources to respond to the needs of children and young people exhibiting ASD or ADHD related behaviours will improve the availability of support to vulnerable children and families. It will have direct applicability to improving outcomes for children who are vulnerable living in socially and economically disadvantaged households.

4. Conclusion

4.1 In conclusion, the Children's Delivery Group recommends that the Health & Well-Being Board gives careful consideration to the identified risks associated with the unmet needs of children with types of presenting behaviour associated with ASD and ADHD (irrespective of whether they have a diagnosis). In particular, the Children's Delivery group requests that consideration of the risks associated with these children's educational engagement is fully considered.

4.2 The Children's Delivery Group would also welcome clarity on the regularity of reports to the Health & Well-Being Board

Executive Report

1. Introduction

1.1 The Children's Delivery Group is a new sub-group of the Health and Well-Being Board, established in November 2015. It is focussed on achieving the following priorities for West Berkshire H&WBB (please see Appendix 2 for more detail):

We will promote emotional wellbeing in children and young people, through prevention, early identification and provision of appropriate services.

We will improve the health and educational outcomes of looked after children through prevention and the provision of high quality health and social care support and services.

We will improve the educational achievement of children on free school meals to bring them into line with the overall achievement of all children

The H&WBB is asked to note the following updates:

1.1i The delay in meeting the emotional health needs of West Berkshire children and young people is a significant strategic risk in West Berkshire (see previous report to H&WBB on 26 November 15 regarding Local Transformation Plans for child mental health).

The Children's Delivery Group is pleased to report that following the establishment of the inter-agency Emotional Health Triage functions and the Emotional Health Academy (EHA), the number of children and young people waiting for Tier 2 Emotional Health support has reduced from 120 children in August 2015 to 0 children in April 16. This is a significant achievement. Each child continues to be individually monitored every six weeks and the impact on improving outcomes associated with EHA support is very encouraging.

1.1ii The Children's Delivery Group is pleased to note that following financial support from the School Improvement service a new 0.5 Clinical postholder for the Emotional Health Academy, has been appointed to provide targeted emotional health support to Looked After Children.

1.1iii The Children's Delivery Group shares the concern of West Berkshire LSCB about the impact of the gaps in service associated with children on the diagnosis pathways for ADHD and ASD and the significant wait-times associated with these pathways. The Children's Delivery Group recognises that a number of child and family centred initiatives have started over recent months and that outcomes will be monitored over time. The recent LSCB analysis of local children excluded from school (see Appendix 3) highlights that children exhibiting behaviours associated with ASD or ADHD are disproportionately represented in the numbers of children excluded. This has a direct impact on the educational achievement of our more vulnerable children and is directly relevant to our work to 'close the attainment gap.'

There is a need to improve support services for these children and young people in school in order to reduce exclusions.

- 1.1 iv The recent H&WBB CAMHS Hot Topic session provided an opportunity for attendees to hear from CCG Commissioners, BHFT and West Berkshire's EHA about the current provision. Berkshire West Children's Commissioning Group held an extraordinary Autistic Spectrum Disorder Appreciative Inquiry event on 23 June 16. The event set out to 'understand the current challenges and to shape a better future for our children and young people.' Outputs of the event are currently being drawn together but emerging themes suggest that there is inconsistency of practice across organisations and that while a lot is being done in families there is a consensus view that not enough is being done in educational settings to ensure adjustment for those with autistic behaviours (with or without diagnosis).

- 1.1 v The Children's Delivery Group and LSCB recommend that the outcomes of the 23rd June 16 ASD Appreciate Inquiry event are reviewed by West Berkshire H&WBB and directly inform the commissioning and coordination of resources. West Berkshire H&WBB is likely to wish to review the sufficiency of local resourcing, once decisions about any collective Berkshire West resourcing have been reached.

1.2 The Children's Delivery Group also fulfils many of the functions previously associated with Children's Trust arrangements. In the first 12 months of operation the Children's Delivery Group will fulfil these strategic functions:

1.2i The co-design of **one shared partnership vision for Targeted Prevention services** (i.e. to provide strategic coherence in a time of staffing and resource reductions across early help and targeted prevention services). This is complete and attached in Appendix 4.

Following analysis of recent learning from children's services partners strategic analysis and audit work, it is proposed that Targeted Prevention activity and commissioning across the partnership needs to focus on and prioritise in order these top eight risks in West Berkshire, to reduce the likelihood of escalating need associated with these indicators of risk:

- Reducing the likelihood of exclusion from school
- Intervening early with domestic abuse or conflict
- Intervening early with emerging emotional health needs
- Intervening early with substance misuse
- Reducing the likelihood of a young person becoming NEET (not in education, employment or training) or of unemployment in adulthood
- Intervening early with disrupted parent and child attachment
- Reducing the risk of Child Sexual Exploitation
- Responding quickly and effectively if a child goes missing.

These risk factors should directly inform the re-design and commissioning of Targeted Prevention services in West Berkshire.

1.2ii To **review, scrutinise and challenge, and wherever possible align, proposals for partnership re-design of Targeted Prevention services or the re-tendering/commissioning of these services.** This is designed to ensure strategic congruence and minimise the potential for gaps in services. Recent examples of review include Children's Delivery Group review of the re-design of Family Health & Well-Being Hubs (previously known as Children's Centres) and the newly re-designed and integrated Family Resource Service, Integrated Youth Support Service and Help for Families functions (i.e. at 24th May 16 meeting). This is ongoing.

1.2iii To develop a **consistent multi-professional understanding of the levels of need of our children and families** and to **co-design an early help assessment tool** to enable a more effective and consistent approach to assessing the needs, risks and strengths of children and families; to improve the effectiveness of assessment and planning across the workforce. This tool has been co-design and is currently being piloted by a range of services, including schools and voluntary sector partners, to ensure its effectiveness before it is rolled out. This is ongoing.

1.2iv In the context of the implementation of MASH (Children's Social Care, Thames Valley Police and Health function), **to ensure that referrers and enquirers are clear where to go to ask for help or advice regarding concerns about a child or family**. This is underway.

1.2v To **design a shared children's workforce strategy** that will enable common skills and development pathways for the children's workforce. This will start in the Autumn 2016.

The Children's Delivery Group will lead and implement a number of multi-professional lunchtime seminars to ensure that staff and volunteers have a consistent understanding of levels of need, the Targeted Prevention vision and priority risk factors; and new changes to the Targeted Prevention multi-professional services.

Appendices

Appendix 1 – Terms of Reference of the Children's Delivery Group
Appendix 2 - Strategic Priorities of the Children's Delivery Group
Appendix 3 – West Berkshire LSCB analysis of exclusions from school
Appendix 4 – Vision for multi-professional children's services Targeted Prevention

Consultees

Local Stakeholders:	Thames Valley Police, Berkshire West Clinical Commissioning Group Federation, Berkshire Healthcare Foundation Trust, West Berkshire Communities Directorate, Public Health, Children & Young People's voluntary Sector Forum representatives
Officers Consulted:	Senior Leaders in all of these agencies have been consulted.
Trade Union:	N/A

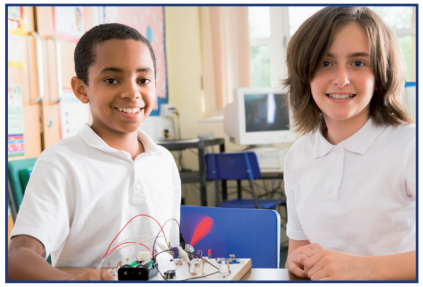
Strategic Summary (2016-18)

West Berkshire's context

West Berkshire is a great place for children to grow up. Generally West Berkshire's children and young people do well. They are safe and healthy, achieve high educational standards through attending good schools, and move on into higher education or employment and a secure and prosperous future. West Berkshire Local Safeguarding Children Board (LSCB) is aware that our more vulnerable children don't always have this childhood experience and their outcomes are sometimes impacted adversely.

We understand children in the context of their families and communities, and we prioritise supporting vulnerable families and working with communities so that their children can do well and be safe within their own family whenever possible.

Where children and young people can't remain with their birth or extended families, and are looked after by the local authority, we want them to know that we are ambitious, driven and committed "Corporate Parents", striving to help them reach their full potential. For these children and young people, we prioritise finding the best permanent home for them, so that they can have a stable base from which to build a secure future; and supporting them, while in our care, to be safe, stay healthy and achieve academically and otherwise.



"Together we will grow resilient children, families and communities"

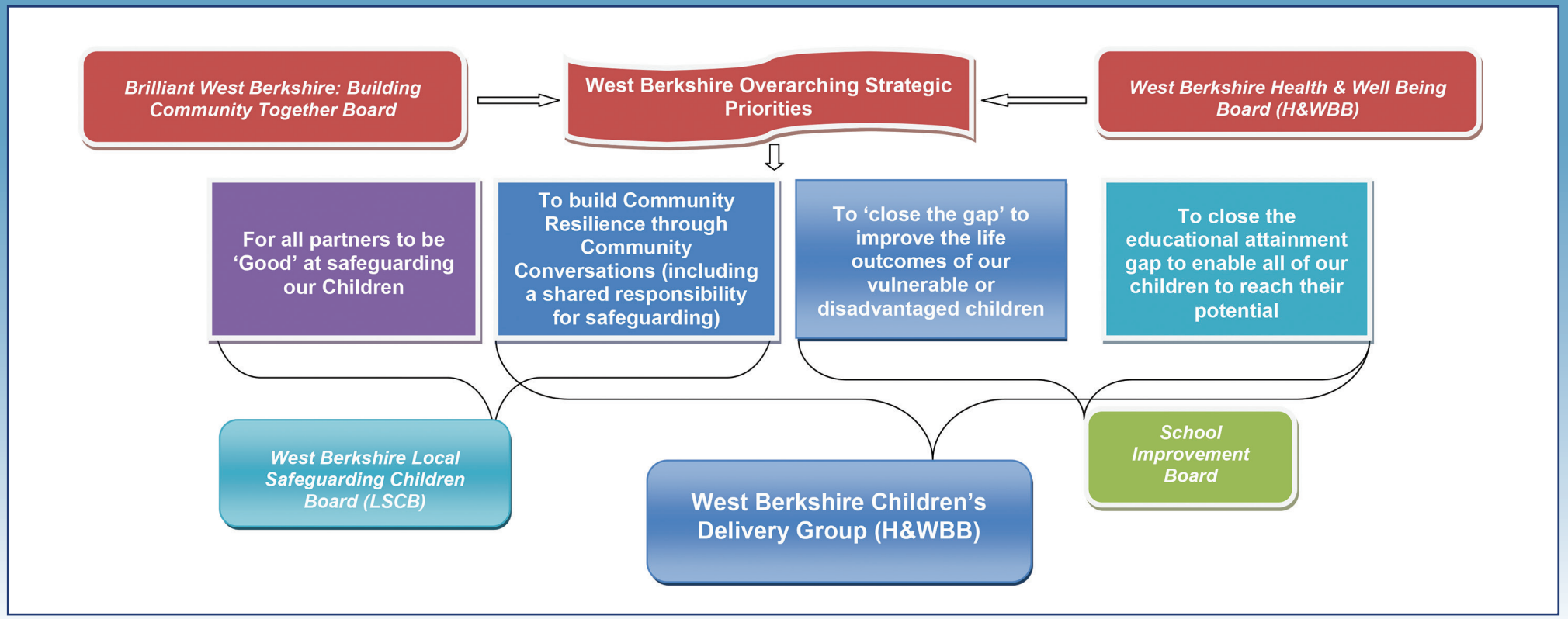
West Berkshire Children's Delivery Group Targeted Prevention Vision

Our vision is for our most vulnerable children, including those looked after by the local authority, to be effectively safeguarded and protected and to achieve outcomes that are every bit as good as their peers across all areas of their lives. We will work closely with West Berkshire LSCB to achieve this vision.

With specific reference to Targeted Prevention our vision is that we will work together to reach a family early in the life of a child and early in the life of a challenge, to find solutions together, breaking down barriers between services and sharing responsibility as a multi-professional team.

We will work together ('with,' not 'to,' or 'for') recognising that families and the people important to them are the experts in their lives and can find solutions together, giving thought to the 'whole child' and the 'whole family' and the community they live in.

Together we will grow resilient children, families and communities; built on the strengths and commitment of our local residents, staff and volunteers.



West Berkshire Children' Delivery Group Priorities

1) To provide a coherent vision for West Berkshire partner agencies 'Targeted Prevention,' including developing consistent understanding of children's levels of need and the risk and needs that will be prioritised by local services, to intervene more effectively, early.

2) To promote emotional wellbeing in children and young people, through prevention, early identification and provision of appropriate services.

3) To improve the health and educational outcomes of Looked After Children through prevention and the provision of high quality health and social care support and services.

4) To improve the educational achievement of children on free school meals to bring them into line with the overall achievement of all children

West Berkshire Children's Delivery Group – Terms of Reference

1) Governance

West Berkshire Children's Delivery Group is a sub-group of the West Berkshire Health and Well-Being Board (H&WBB). It is responsible for progressing the priorities of the Health & Well-Being Board in relation to improving outcomes for children, young people and families.

The priorities of the Children's Delivery Group are set out in the H&WBB Children's Delivery Plan. The H&WBB Children's Delivery Plan also sets out the performance indicators and annual reports to be overseen and monitored by the group.

2) Strategic Functions

The Children's Delivery Group will hold strategic responsibility for:

- Supporting and challenging West Berkshire Health & Well-Being Board to ensure that sufficient time and attention are given to the needs of children and young people in the wider work of the H&WBB.
- co-ordinating the contribution of partner agencies to the priorities of the Children's Delivery Group.
- developing and communicating shared vision, principles and priorities to achieve the goals and priorities set out in the H&WBB Children's Delivery Plan.
- hold partners to account and challenge performance, where we need to work together.
- enable innovation and system change.
- agree shared communications to the children's workforce (across all partner agencies).
- promote a common approach to shared workforce development across partner agencies.

3) Interface with other strategic partnerships

West Berkshire Children's Delivery Group will not duplicate functions held by the Local Safeguarding Children Board, but will rather work closely with the LSCB to oversee the strategic co-ordination and congruence of the wider children's agenda.

The group will also work in close partnership with the Berkshire West Children's Commissioning group and will actively look for opportunities to work collaboratively across children and young people's agenda in Berkshire West.

The Children's Delivery Group will actively influence the work and priorities of other strategic partnerships as required. It will receive reports from working groups and operational management forums, as appropriate, in response to the priorities of the H&WBB.

4) Membership

Partner Agencies will ensure that attendees from the following organisations have sufficient seniority to influence and make decisions on behalf of their organisation.

The membership of the group is as follows:

- Head of Service, Prevention & Developing Community Resilience (Chair)
- Deputy Commander, Thames Valley Police
- Head of Children's Commissioning, Berkshire West CCGs
- Head of Service, Children & Families
- Locality Director Children & Young People's Services, Berkshire Healthcare Foundation Trust
- Locality Manager, West Berkshire, Berkshire Healthcare Foundation Trust
- Director, Empowering West Berkshire
- Lead Member, Children's Services
- Joint Principal School Advisor, Virtual School Headteacher
- Service Manager, Early Years & School Improvement Advisor
- Children & Young People's Voluntary Sector Forum representative
- Senior Programme Officer, Public Health
- Health & Well-Being in Schools Co-ordinator

Most recent review: 24th May 16

Next scheduled review: May 17

DELIVERY PLAN 2015-16 for the HEALTH AND WELLBEING STRATEGY 2015-2018

PRIORITY:

We will promote emotional wellbeing in children and young people, through prevention, early identification and provision of appropriate services.

We will improve the health and educational outcomes of looked after children through prevention and the provision of high quality health and social care support and services.

We will improve the educational achievement of children on free school meals to bring them into line with the overall achievement of all children

HIGH LEVEL INDICATORS - from National Outcome Frameworks including (NHS, PH)

School Readiness: All children achieving a good level of development at the end of reception as a percentage of all eligible children (PHOF 1.02i)
School Readiness: All children achieving a good level of development at the end of reception as a percentage of all eligible children by free school meal status (PHOF 1.02i)
School Readiness: Year 1 pupils achieving the expected level in the phonics screening check as a percentage of all eligible pupils (PHOF 1.02ii)
School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (PHOF 1.02ii)
% of half days missed by pupils due to overall absence (incl. authorised and unauthorised absence (PHOF 1.03)
Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March (PHOF 2.08)
Hospital admissions due to substance misuse (15-24 years)
Hospital admissions for accidental and deliberate injuries in children (aged 0-4)
Mean severity of tooth decay in children aged five years

THEMES FROM NHS 5 YEAR FORWARD PLAN

Prevention – Prev helping people live healthier lives so that they don' t get ill so much. Taking action on obesity, smoking, alcohol and other major health risks as well as enabling healthy workplaces.
Patient and Carer empowerment – PCEmpow residents will gain far greater control of their own care. They will have better access to information and be enabled to manage their own health and long term conditions. Communities and voluntary sector will be involved
Integrated care – Int Care – new models of integrated care that cross boundaries between and within NHS and LA
Innovation – Innov – combining different technologies and changing ways of working in order to transform care delivery.

Local indicators

Performance indicator	Target 16/17	Polarity	Reported to/due at CDG meeting	Completed
West Berkshire Early Help & Targeted Prevention Vision				
To develop a West Berkshire vision for 'Targeted Prevention' for children and young people's services	Completed		March - 16	**Completed**
To design a simple overview of the shared partnership understanding of the Levels of Needs of children and young people for frontline staff and volunteers to be used by all partner agencies	Completed		May-16	**Completed**
To design a targeted Early Help Assessment Tool	Completed		March-16	**Completed**
To clarify and communicate the priority West Berkshire indicators of risk for West Berkshire Targeted Prevention			May-16	**Completed**
To review and co-ordinate the Targeted Prevention service re-design process across the partnership				**Ongoing**
To finalise and communicate the Targeted Prevention vision to staff and volunteers across the partnership, including reference to the priority indicators of risk for West Berkshire	Communication strategy to be agreed at 24th May meeting and subsequently disseminated		July -16	
To design a Children's Workforce Development Strategy	Partnership children's workforce development strategy		March 17	
Improve Educational Attainment of disadvantaged Pupils				
Education related performance indicators are subject to national revision; these will be confirmed, but currently the Children's Delivery Group proposes to review:	Metric indicator			
	Metric indicator			
	Metric indicator			
	Metric indicator			
	Metric indicator			
	Metric indicator			

40.1 The percentage(of Looked After Children) achieving level 4 at Key Stage 2 in English				
40.2 The percentage (of Looked After Children) achieving level 4 at Key Stage 2 in Maths;				
40.3 The percentage (of Looked After Children) achieving five A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths).				
Key Stage 2 eligibility and performance of children looked after continuously for at least 12 months by provision of Special Educational Need (SEN)				
Key Stage 4 eligibility and performance of children looked after continuously for at least 12 months by provision of Special Educational Need (SEN)				
Improve Emotional Health (EH) and Wellbeing through prevention, early identification and provision of appropriate services				
To review the implementation of the Emotional Health Academy	Annual Report		July-16	
To review the implementation and effectiveness of the Emotional Health Triage	Performance analysis report		July 16	
To reduce the waiting list at Tier 2 (Baseline Aug 2015 had 120 children on waiting list for more than 9 months for Tier 2 service)	0 children waiting (April 16)		July 16	
Establish baseline and Increase in the provision of emotional health training to CYP, parents/guardians, and other professionals.	Metric indicator		March 17	
To monitor the number of referrals to Tier 3 CAMHS	Metric indicator			**Ongoing**
To monitor the number of referrals from the EHA to Tier 3 CAMHS	Metric indicator			**Ongoing**
Emotional and behavioural health of children looked after continuously for 12 months at 31 March for whom a Strengths and Difficulties Questionnaire (SDQ) was received, by age and gender	Metric indicator			
To understand what impact the Emotional Health Academy has on outcome changes for children and young people	Performance analysis report		March 17	
Percentage reporting low life satisfaction	Metric indicator			**Ongoing**
Percentage who were bullied in the past couple of months *[worse than regional average*]	Metric indicator			**Ongoing**
Percentage who had bullied others in the past couple of months [*worse than regional average*]	Metric indicator			**Ongoing**

To review the implementation of Family and Well-Being Hubs				
To receive an annual report from the Family & Well-Being Hubs Steering group on the implementation of the Hubs	Annual Report		Dec - 16	
Young Carer's				
To receive an annual report and subsequent exception reports on Young Carer's Health and Well-Being	Annual Report		Sept-16	

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West Berkshire LSCB – School Exclusions Audit

Purpose of the audit

Whilst overall our rate of exclusions in West Berkshire is comparable to other comparator similar authorities; West Berkshire LSCB partner agencies have become concerned about the increase in exclusions of our most 'vulnerable' children and young people (referred to as children from now on). West Berkshire LSCB noted in an exception report focused on exclusions on 10 December 2015 that fixed term exclusions of vulnerable Primary school pupils has risen from 37% in 14/15 Autumn Term to 53% in the spring and summer terms (2014/15)[1].

On 10 December 2015 West Berkshire LSCB Board agreed to conduct a multi-professional audit of school exclusions in West Berkshire occurring during the period September 2015 to December 2015. Specifically the audit sought to understand:

i) why an apparently disproportionate number of children and young people who are defined as 'vulnerable' are being excluded

ii) what is leading to the exclusions

iii) what support both in school, and from other agencies, is most helpful to the children involved and to the schools seeking to meet the child's needs

iv) whether during the period of exclusion, the risks to the affected children change

All schools with a pupil on their roll who was excluded between September and December 2015 were asked to contribute to the audit.

1) Multi-professional engagement

Over 150 audit returns were submitted to West Berkshire LSCB relating to 39 children and young people selected to be reviewed in the Exclusions audit. There was an excellent range of partner agency contributions including:

- all of the schools (over 20 schools) and Newbury College who were asked to contribute, which added considerable value to this audit.
- 15 audits from General Practice, which is a significantly larger audit return from the sector and added significant value to the audit findings.
- BHFT CAMHS and school nursing.
- Criminal justice and YOT.
- Royal Berkshire NHS Foundation Trust.
- West Berkshire Education Welfare services.

[1] The % of fixed term exclusions of vulnerable pupils during the term

Audit returns were received belatedly from West Berkshire Children and Families services, which limited the multi-professional analysis of West Berkshire Children's Social Care records. West Berkshire YOT audit returns included routine review of social care records, which provided a partial picture to inform the analysis.

Headteacher and Newbury College colleagues in West Berkshire are specifically thanked for their engagement with the audit process and their attendance at the Quality and Performance workshop on 27th April to contribute to the analysis work.

In addition, Reading Children's services representatives, including the Virtual School Head and representatives from Primary Mental Health services, joined the LSCB Quality and Performance sub-group to contribute to the discussion.

2 Audit Cohort

2.1 Of the 39 children subject to multi-professional review in the audit:

- 31 children had been subject to exclusions in the period of the audit; of these children 6 were permanently excluded.
- 10 children reviewed in the audit were subject to 'managed moves' in the same period i.e. to avoid exclusion; 2 of these children went onto be excluded.
- 1 school nominated an additional child who had been excluded outside of the period of the cohort analysis, but yielded helpful multi-professional learning.

2.2 **Pan-LSCB cohort**
Of these 31 children 35% of the children were Reading Local Authority representatives and 65% were West Berkshire local authority residents.

2.3 **Gender & Heritage**
73% of the children excluded were boys and 27% were girls.
77% of the 31 children excluded from school were of 'White British' heritage; the remaining 23% were drawn from Albanian (1); White Other (2); White Western European (1); Portuguese (1) and Any Other Mixed Heritage (2) backgrounds.

2.4 **Age**
The majority of exclusions occurred in academic Years 9, 10 and 11; which is consistent with national analysis (see Appendix 1):

Year 9 – 32%
Year 10 – 45%
Year 11 – 13%
Years 5-8 – 13%

The LSCB is asked to specifically note that the youngest child excluded was a reception age child aged 5 years (fixed term exclusion of 5 days).

2.5 **Economic Deprivation**

7% of children were living in households were audits indicate the families were in receipt of out of work benefits; these households also lived with uncertain or temporary housing, or were facing risk of eviction.

3Trigger factors that led to the exclusion(s) – What is leading to Exclusions?

School audits identified the following trigger factors leading to exclusion:

- 26 % Physical assault against a student (55% of these children were on the ASD/ADHD pathway)
- 17% Verbal abuse (43% of these children were on the ASD/ADHD pathway)
- 10% violent threats (50% of these children were on the ASD/ADHD pathway)
- 12% 'disruption' (20% of these children were on the ASD/ADHD pathway)
- 7% physical assault against staff member (66% of these children were on the ASD/ADHD pathway)
- 4% Lack of compliance/defiance (one child was on the ASD/ADHD pathway)
- 4% damage to property (two children were on the ASD/ADHD pathway)
- 2% Racism (this child was on the ASD/ADHD pathway)

4Summary analysis of contributory needs or risks contributing to exclusion

The most common needs or risks were:

- 54% - Request for CAMHS support for 21 of the 39 children; the vast majority of these children were directed to the ASD and ADHD pathway. Of the children referred to CAMHs: 8 showed suicidal ideation; 2 were self harming; 2 had been victims of sexual offences; 1 had psychotic episodes; 1 had a recent bereavement (please note these risk factors were not exclusive).
- Of the 39 children, 22 were known to the Royal Berkshire Hospital (56%). Only 4 had been seen in the last year: 2 of these children are receiving ongoing care from Community Paediatrics. 3 young people had episodes of not being brought for appointment.

- 19% of children had contact with Education Welfare Service (EWS) for lower than expected levels of attendance. EWS note that exclusions exacerbated attendance challenges; however the audits also noted that few EWOs had considered risk of exclusion in their work with families.

- 22% - were children receiving support from Children's Social Care; either as children subject to Child Protection Plan or Looked After Children. Over half of these children were the responsibility of other Children's Social Care services (Reading, Hampshire and Buckinghamshire); these children were Looked After by their host authority, but placed in West Berkshire.

- 13% of children were living with parents/carers convicted of criminal offences and of these, 11% of children had a parent in prison.

- 10% of the children excluded had been hospitalised in their early years i.e. following birth or in their first 4 years of life, leading to periods of separation from their families e.g. disrupted early life attachment.

- 10% of children were living in households where there were identified alcohol/substance misuse needs.

- 10% of children were living in households where there were reports of domestic abuse

- 8% of children were identified as young carers.

- 8% of children were living in households were the parent/carer(s) was unemployed.

- 8% of children were living in temporary accommodation or were facing risk of eviction.

- 1 child was identified as living in a household with Toxic Trio risk factors

- 1 child was linked to risk of Child Sexual Exploitation

- 1 child was linked to missing episodes.

All of the children audited had a minimum of three of these risks present at any one time.

These risk factors had, for the most part, been identified before an exclusion occurred. The evidence in the audit supported a broad conclusion that emotional health and social care risk factors increased after exclusion. However, there were specific examples of individual children for whom exclusion caused professionals significant anxiety, particularly where children were perceived to be 'safer at school' than at home. All contributors agreed that exclusion should therefore be seen as a last resort; this is a particularly crucial learning point, when considered in the context of learning point 10a (see Findings and Recommendations section).

5 The support school colleagues thought was most effective internally and reduced the likelihood of exclusion

Most schools highlighted the work of key individuals within the school environment who had showed commitment or creativity in working with a child at risk of exclusion, to reduce the likelihood of exclusion.

3.1 Over half of schools highlighted the effective use of internal isolation or internal exclusion, as a warning to reduce the likelihood of formal exclusion following.

3.2 Use of restorative approaches was highlighted by four schools as an effective approach to de-escalating challenging behavior; this was triangulated with restorative practice pilot training (Building Community Together programme) for all but one school. The fourth school described using a restorative approach; but the detail of the audit did not substantiate application of restorative principles.

3.3 Staff or peer mentoring of children at risk of exclusion

3.4 Littleheath school highlighted that where children had been given the opportunity to make recompense for their behavior e.g. 'give something back' to their school or local community, this was seen as particularly effective.

6 The support school colleagues value the most from external partners

In order of popularity, the following support was most highly valued by schools:

1st - Outreach from re-integration service

2nd - Support from Cranbury College (Reading)

3rd - Children and Families support and advice (West Berkshire CSC)

4th - ASD advisory support

5th - Schools commissioning private therapeutic support for children on CAMHS waitlists

7 Good practice to share

The Downs School – when as a final resort a child was excluded colleagues at the Downs school worked everyday with mum to ensure that the child was cared for and adequately supervised at home; because home was not identified as an environment in which the child was being adequately supported.

St Finian's School – clearly identified Toxic Trio risk factors in the life of a child, other agencies had not identified these risks and made a child protection referral. St Finians' continued to pursue multi-professional help for the child and spent considerable time adapting the school environment to accommodate the specific needs of this student and provide 'safe spaces' for the child to retreat to when they needed to; avoiding further exclusions.

Littleheath – had a range of creative examples of using restorative practices, peer to peer and staff to peer mentoring and 'giving something back' e.g. reparation opportunities; to reduce the likelihood of repeat exclusions.

Long Lane – sought ASD specialist advice, whilst waiting for CAMHS support for the child, to create a nurturing and safe support system for a child with ASD at risk of exclusion; this included an hourly support system and the creation of a 'safe space.'

In summary, analysing the good practice of these schools in the context of child development and psychology, these schools identified as providing a nurturing environment were all:

- Providing safe and quiet spaces or individuals for children to be able to 'calm down' and experience an increased feeling of safety or assurance – in the context of the early attachment traumas many of these children have experienced, this is a particularly crucial area of local learning and good practice that can be disseminated.

8 What audit contributors thought could be done differently

Many partners highlighted the need for **proactive ASD and ADHD outreach advice to schools** to help managing challenging behaviours in a school context; given the average wait times for ASD and ADHD pathway

See below West Berkshire CAMHs wait times from February 16:

West Berks Borough Council	0-4 wks	5-7 wks	8-12 wks	Over 12 wks	Grand Total
CAMHs A&D Specialist Pathway	6	2	7	41	56
CAMHs ADHD Specialist Pathway	7	3	5	76	91
CAMHs ASD Diagnostic Team	11	11	15	306	343
CAMHS Specialist Community	7	1	9	12	29
CAMHs CPE & Urgent care	54	14	40	0	111
Grand Total	85	31	76	434	628

8.1 Some schools suggested that **more outreach from the re-integration service** to provide behavior management advice would be of benefit

8.2 In all of the **Out of Borough placements of LAC children** within West Berkshire there was evidence **of insufficient analysis of risk, sharing of risk management and joint planning with the receiving schools**. All partners contributing to audits on these children highlighted the need for urgent improvements to information sharing from Reading, Hampshire and Buckinghamshire.

8.3 A number of schools and Newbury College identified **that transition information** from the preceding school (following 'Fresh Start' i.e. managed moves; or following re-integration after exclusion in a previous school) **was insufficiently detailed to inform integration and management.**

8.4 One school suggested that referrals to Children & Families Services that included **Toxic Trio risk factors need to be treated more seriously by West Berkshire CAAS;** the Headteacher and Service Manager for CAAS are meeting together to review the historic practice on this specific case and review the improvements in CAAS team identification of Toxic Trio risk factors, following West Berkshire LSCB Toxic Trio audit reported in December 2015**.** This joint review of the case will identify if any further improvements are required

8.5 Voluntary sector colleagues have challenged LSCB partners to consider what **more can be done to support primary schools managing challenging behavior**; in specific response to qualitative evidence in the audit suggesting that children had needed to be asked to wait outside classrooms in more than one school setting in order to manage the challenging and sometimes violent behaviour of one pupil.

9 Findings and Recommendations arising from multi-professional workshop (27th April 16)

10a) Challenging perverse incentives in our system

Headteacher colleagues contributing to the workshop were clear that the way in which our children's services system is currently structured provides a perverse incentive for schools to exclude children in order to receive additional help and support to manage their needs.

This system anomaly does not promote the safeguarding or welfare of our children and young people and must be addressed promptly. This was bought into particularly sharp

focus when attendees reviewed children who were perceived to be at their ‘safest’ in a school environment.

The audit returns evidence that suggests that few services had considered the risk of exclusion before an exclusion occurred; and in addition that schools and Newbury College were sometimes working with an incomplete picture of need and risk, particularly where a LAC child was placed by another Local Authority area. Workshop discussion and audits both suggests that exclusions were not being effectively analysed or understood in the context of wider holistic needs. In the context of the national evidence of ‘what works’ with children at risk of exclusion (see Appendix 1); it is evident that holistic assessment is crucial. The current piloting of the Early Help Assessment tool in some West Berkshire schools provides an opportunity to reinforce and support this change in practice. A number of schools highlighted the reductions in school commissioned Family Support Worker resource and how enabling strong multi-professional co-ordination and planning with families was of particular relevance to improving practice, which is congruent with national research highlighted in Appendix 1.

The opportunities provided by the new Headteacher led forum ‘Pupil Placement Panel’ overseeing children experiencing exclusions, or at risk of permanent exclusion, between schools was noted as an effective way of schools considering the holistic needs of a student and prioritising their educational continuity in the midst of challenging behaviours; however, this was being limited by the regular lack of attendance of some schools.

Recommendations:

10ai) All children’s services to review their responsiveness to children at ‘risk of exclusion’; to ensure early intervention and support is prioritized to avoid exclusion.

10aii) West Berkshire Children’s Delivery Group (H&WBB) to ensure that the re-design of Targeted Prevention services includes reducing the likelihood of exclusion as a priority. In addition, that the Children’s Delivery Group promotes through the roll-out of the Early Help Assessment tool and wider workforce development strategy the evidenced based practice (identified in Appendix 1).

10aiii) That schools are encouraged to invest in personalised learning programmes including extra curricular activities and support; to maximize to promote the unique skills and talents of each child and promote inclusion.

10aiv)That West Berkshire Education services engage with schools regularly not attending the Headteacher led Pupil Placement Panel to ensure that the shared responsibility for safeguarding children and promoting their inclusion in mainstream schools is equally shared by all schools.

10av)That West Berkshire LSCB Chair writes to the identified LSCBs in this report from which improvements in information sharing relating to levels of need and risk for LAC children, placed within West Berkshire from outside of district.

10b) Pre-diagnosis support and advice.

The high proportion of children on the CAMHS ADHD or ASD pathways and the associated delays in receiving diagnosis was of particular relevance to reducing the likelihood of exclusions. Outreach to schools to provide ASD and ADHD behavior management advice was identified by all attendees as a gap in service.

It was also agreed that ensuring that identifying potential ADHD/ASD in early years settings would be of particular benefit to introduce coping and behavior management strategies would be ideal. Secondary school colleagues presented a view that all Primary schools would benefit from investing in Emotional Health Academy service outreach to intervene early with emotional health needs that often contribute to risk of exclusion at secondary phase.

Recommendations:

10bi) That Berkshire West CCG Children's Commissioning group ensure that the June 16 workshop on ASD/ADHD support to families on CAMHS pathway waiting lists is directly informed by the findings from this audit and ensures that commissioning support to schools and early years settings is reviewed as a priority.

10bii) That West Berkshire's Emotional Health Academy (EHA) managers review the findings from this audit and develop a ADHD/ASD advisory support programme for schools. That West Berkshire EHA learns from established good practice in Reading Borough re: parenting programmes for children with ASD or ADHD.

10biii) That Reading and West Berkshire education leads specifically consider how outreach from specialist education providers with expertise in ADHD and ASD could be facilitated to support secondary school inclusion practice.

10c) Local Offer

Many attendees were uncertain what additional support was available to children at risk of exclusion and there were particular confusions for schools serving children across the West Berkshire and Reading border; particularly for children demonstrating behaviours associated with ASD or ADHD .

Recommendations:

10ci) That Berkshire West CCG Children's Commissioning Group ensure that the BHFT website and Berkshire West Councils Local Offer websites clearly signpost to ASD and ADHD help or support services. That this information is shared in a clear format with all Reading and West Berkshire schools.

10d) Sharing best practice

Good practice in schools could be effectively shared by using the ELSA network and Behaviour Leads network more fully to share what is working well and disseminate evidenced based practice (Appendix 1).

Recommendations:

10di) That West Berkshire Education Services adapt the design and implementation of the ELSA and Behaviour Leads networks to share information more effectively.

10e) Influencing PRU service re-design

All attendees agreed that the PRU service redesign provides opportunities for a review of the outreach and advice, service to schools seeking support to manage challenging behavior. In addition, a particular focus on ensuring there is sufficient resource at Key Stage 3 was recommended by Headteachers in attendance.

Recommendations:

10ei) That West Berkshire Education Services incorporate these findings into the re-design of PRU services.

There were 3 children who had not been brought for appointment at the RBFT. This can be an indicator of neglect or concerns at home.

Recommendations
That RBFT ensure there is a robust pathway for children not brought for appointment so that children are followed up appropriately.

Pan-LSCB communication

West Berkshire LSCB will share the findings from this audit with neighbouring LSCB areas and in particular with Reading LSCB; and will ensure that neighbouring areas are specifically asked to ensure that information associated with the risks and needs of Looked After Children placed out of borough are shared with the receiving school.

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West Berkshire Quality and Performance sub-group Chair
29th April 16

Key learning exclusion literature review

Exclusions-Key learning

Evidence base and Literature review-Risk factors, outcomes as a result of exclusion and what works to reduce exclusions

Risk factors for permanent and fixed term exclusions

The fact that certain groups of children are more likely to be excluded from school is well documented within the national evidence base.

Gender

Boys are more likely to be excluded than girls across all ages.
With black Caribbean boys and those with mixed black Caribbean and white heritage three times more likely to be permanently excluded than white boys. Gypsies and traveller children are three to four times more likely to be excluded.

Age

Permanent Exclusions are most likely in Years 9 and 10. The most common point for both boys and girls to be excluded is at ages 13 and 14-Around 52% of all permanent exclusions were of pupils at these ages (DfE, 2013).

Ethnicity

Pupils' ethnic background is strongly connected to their chances of becoming excluded. Gypsy, Roma and Traveller pupils are four times more likely to be excluded from school because of their behaviour and boys were twice as likely to be excluded

Outcomes for those excluded

In the short term school exclusion has been linked with:

- feelings of rejection,
- stigmatisation and shame (Harris, Vincent, Thomson & Toalster, 2006)

In the long term with:

- going missing from education (Gazeley, 2010)-Missing analysis for West Berks indicates this on a local level
- risk of future unemployment (Kaplan & McArdle, 2004)
- involvement in crime (Vulliamy & Webb, 2000)
- social exclusion from society (Daniels, 2011).
- Homelessness and poor mental health

The costs incurred in transition to adulthood are predicted to be ten times higher for those children than for those whose early behaviour is not a concern.

Why does it matter?

Those children who are most at risk of exclusion are also often those most disadvantaged in society, and those who are already vulnerable to poor health, educational and social outcomes.

In the shorter term, school exclusion is often ineffective in altering pupil behaviour as it punishes and isolates the child rather than seeks to address underlying difficulties. It increases the likelihood of further exclusions for that child, as well having significant impacts on families and others in the school. In the longer term, excluded pupils are thought to be at risk of a range of adverse consequences including:

- poor mental and physical health
- substance abuse
- low educational achievement
- unemployment
- homelessness
- antisocial behaviour and involvement in crime

Evidence base regarding what works with children at risk of exclusion

key features of effective practice:

- Intervening before problems become entrenched
- Working with parents and families- a whole family approach
- Small group work
- Vocational options
- A youth work approach
- Persistence and belief.

Good practice features in preventing exclusions:

- Strong leadership fosters a shared 'ethos', consistency in school's behaviour. Students become aware of the school discipline and know that behaviour issues will be managed by all teachers in the same way.
- School staff's expertise in SEN, cognitive and emotional development and awareness of cultural differences is significant for dealing with the diverse population. Teachers' expert knowledge helps them understand pupils' diverse needs, thus reducing the likelihood of confrontations and pupils disciplinary problems.
- Recommendation that all newly qualified teachers study child development, socio-psychological matters such as attachment theory, and that they are trained to understand cultural and other differences.

Poverty and Deprivation

There is a strong association between poverty and deprivation, with pupils eligible for free school meals being nearly four times more likely to be permanently excluded from secondary school and three times more likely to receive a fixed-term exclusion than their better-off peers.

Special Educational Needs

Pupils with SEN are six times more likely to be excluded from school.

The Office of the Children's Commissioner report They Go the Extra Mile (2013) found that 18% of pupils with SEN but without statements were nine times more likely to be permanently excluded than those with no SEN; and 74% of all permanently excluded pupils have some form of identified SEN.

Links between exclusions and NEET-The long term cost

Permanent exclusion from school significantly increases the risk of becoming NEET.

Cost of NEET

Each 16-18 year-old who spends some time NEET will cost an average of £56,000 over the course of their life up to retirement age in public finance costs (e.g. cost to services and lost tax revenue), or, alternatively calculated, £104,000 in opportunity costs (e.g. loss of income to the economy and individuals).

To demonstrate the aggregate lifetime public finance costs of 16-18 year-olds not in employment, education or training, for the cohort NEET at the end of 2008 the cost has been estimated to range from £12bn to £32bn. To demonstrate the weekly costs of 20-24 year-olds who are NEET, it was estimated to cost £22m per week in Jobseeker's Allowance, and £26-£133m per week in lost productivity in a 2010 report.

Impact of NEET on outcomes for young people

There are particular risks associated with being unemployed at a young age. Long-term unemployment at a young age has a direct effect on health and also makes the chances of being employed in a good career later on in life significantly less likely. By the age of 21, people in this group are more likely to be unemployed, low paid, have no training, a criminal record, and suffer from poor health and depression. Bell and Blanchflower have found that spending time unemployed under the age of 23 lowers life satisfaction, health status, job satisfaction and wages more than twenty years later – an effect they call 'scarring'.

There is coherence between the above features and whole school restorative approaches.

Good practice in alternative provision:

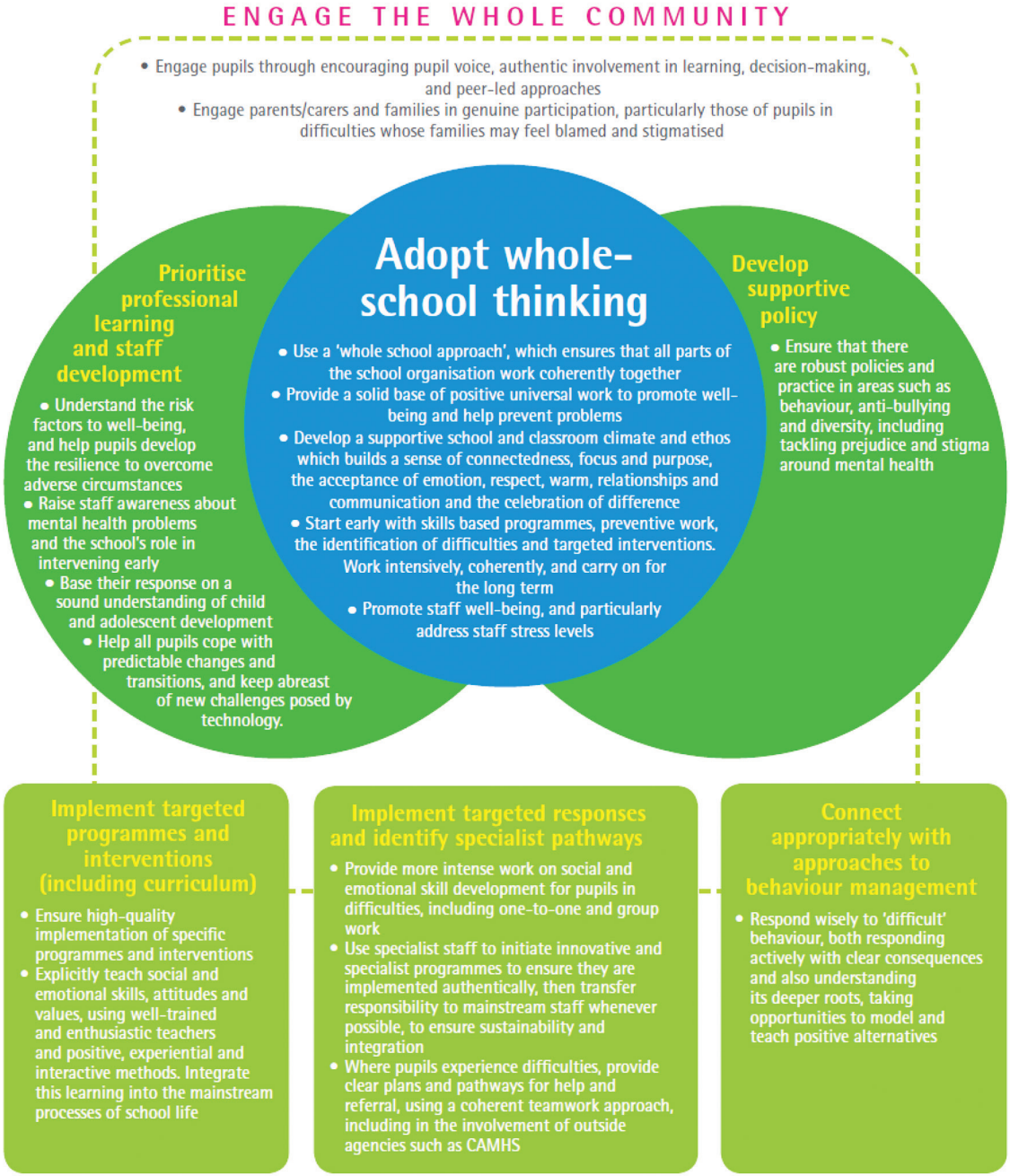
- Alternative provision is tailored to meet individual needs.
- Strong links with the mainstream school are maintained.
- Alternative provision takes place in well equipped and attractive learning settings.
- Underlying issues are dealt with. Possibly involving counselling provided by expert staff or the use of other restorative approaches.
- Classroom curriculum continuity; keeping some contact with the teachers of the mainstream classroom or taking the same exams with their peers. These are elements that facilitate pupils' re-integration in the mainstream classroom.

Good practice in managed moves:

- Formally agreed and closely monitored procedures are in place These could involve protocols of fair access and managed moves agreed among clusters of schools, the local authority and academy sponsors. So that all schools take equal responsibility of their pupils, the responsibilities of all parties are clearly outlined, so that single school is left to deal with others' problems.
- The 'excluding' and 'receiving' schools share responsibility for the pupils who move.
- Schools collaborate rather than competing with each other.
- Head teachers have strong relationships.
- Pupils as well as their parents are involved in the decision-making process.

WHAT WORKS – FRAMEWORK OF EFFECTIVE APPROACHES

There is clear evidence from well-conducted systematic reviews to support schools in employing the following approaches to improve outcomes:



Hackney model

Hackney - 'No need to exclude best practice guide for schools' appears to be a robust example of an overarching strategy that combines the current evidence base regarding what works, with a continuum of whole school, targeted approaches and interventions. Diagram - Framework for promoting social and emotional wellbeing.

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West Berkshire's Children's Delivery Group

Targeted Prevention vision

We will work together to reach a family early in the life of a child and early in the life of a challenge, to find solutions together, breaking down barriers between services and sharing responsibility as a multi-professional team.

We will work together ('with,' not 'to,' or 'for') recognising that families and the people important to them are the experts in their lives and can find solutions together, giving thought to the 'whole child' and the 'whole family' and the community they live in.

Together we will **grow** resilient children, families and communities; built on the strengths and commitment of our local residents, staff and volunteers.




West Berkshire Council

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System Resilience
Health and Social Care Dashboard

	Arrow key
↑	Latest data is positive compared to the last quarter
↓	Latest data is negative compared to the last quarter
←→	Latest data is the same as the last quarter

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2015/16 Target	Performance	Latest data	Narrative
ASC1	Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service	West Berkshire Council Adult Social Care	Quarterly		92%	↓	**79% Q4**	This percentage relates to a small number of people and therefore there is a risk that a small shift in peformance means we could miss the target. We have seen some improvement in performance but as we experience more success in preventing admissions to hospital those who do get admitted are likely to be more complex patients with an higher risk of re-admission and a corresponding impact on the 91 day target.
ASC2	Number of assessments completed in last 12 months leading to a provision of a Long term service (excludes Carers)	West Berkshire Council Adult Social Care	Quarterly		Target data not yet available	↑	**358 Q4**	Implementation of the Care Act (2014) has seen the threshold for eligibility for social care services lowered in West Berkshire and new duties e.g. prevention increasing our responsiblity. Our strategy in dealing with this is to move to a strengths based approach through the trialling of New Ways of Working. Our outturn shows that whilst we have seen an increase in the number of people approaching the Council in need of help and an increase in our prevention work we are able to support many without the need for a long term service.
ASC3	Proportion of clients with Long Term Service receiving a review in the past 12 months	West Berkshire Council Adult Social Care	Quarterly		Target data not yet available	↑	**95% Q4**	The change in eligibility framework resulting from the Care Act created a new imperative for this work; all long term clients will had to have had a review under the new framework by 31 March 2016. We have been able to achieve this with temporary additional capacity. Going forward implementation of the New Ways of Working has allowed the development of a Review Team who will focus on planned work. We also have a new review framework that will allow to apply the a strengths based approach, ensuring regular planned contact.

Children's Social Care

Ref.	Indicator	Basis	Frequency	Normal Range	2015/16 Target	Performance	Latest data	Narrative
CSC1	The number of looked after children per 10,000 population	West Berkshire Children's Services	Quarterly	Between 38 and 46 per 10,000		↑	**46 Q3**	The number of LAC has reduced very slightly. We remain above the Comparator average of 41 per 10,000 but well below the national figure of 60.
CSC2	The number of child protection plans per 10,000 population	West Berkshire Children's Services	Quarterly	Between 28 and 34 per 10,000		↓	**41 Q3**	The number of children subject to CP Plans has increased in the past quarter. We almost identical to the national average of 42 per 10,000 but above the comparator average of 37.
CSC3	The number of Section 47 enquiries per 10,000 population	West Berkshire Children's Services	Quarterly	Between 80 and 100 per 10,000		↓	**189 Q3**	The number of Section 47 Enquiries is increasing. At 189 per 10,000 population we are above both the national avera goe 138 and the comparator average of 120.
CSC4	To maintain a high percentage of (single) assessments being completed within 45 working days	West Berkshire Children's Services	Quarterly		70%	↓	**79% Q3**	This indicator is calculated year to date. Although recent performance is much higher than 79%, our performance is negatively impacted by poor perfomance earlier in the year. The national average is 81%.
CSC5	Looked after children cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	←→	**99% Q3**	Performance agianst this indicator continues to be strong.
CSC6	Child Protection cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	←→	**98% Q3**	Performance agianst this indicator continues to be strong.
CSC7	Percentage of LAC with Health Assessments completed on time.	West Berkshire Children's Services	Quarterly		90%	↑	**93% Q3**	Performance in relation to health assessments is much improved. At 93%, we are now above the national average of 87%.

Acute Sector

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2015/16 Target	Performance	Latest data	Narrative
AS1	**4-hour A&E target - total time spent in the A&E Department** (% is less than 4 hours) [standard is 95% of patients seen within 4 hours]	Royal Berks NHS Foundation Trust	Monthly		95%	↓	**94.2% Q4**	ED 4 hour performance was challenged in March as attendance and NEL activity levels continued to be significantly higher than planned. This resulted in year end performance of 94.2% against a target of 95%. The effects of this 'late winter' have continued well into quarter 1 and it is unlikely that this constitutional standard will now be achieved for quarter 1. Healthwatch are undertaking a patient survey in ED to gather some intelligence about why patients are choosing ED as the first point of call for treatment as daily numbers of attendances are now consistently over 300. Many of the patients being admitted were critically ill with Critical Care full and additional Higher Monitoring beds needing to be opened. Conversion rates in ED were also high reaching above 40% on occasion. High level analysis indicated that the rise in demand was for children under 6 weeks old, flu and also the presence of norovirus. High levels of demand led to significant numbers of medical outliers and the Ambulatory Care Unit being used as inpatient beds. This all significantly impedes flow and affects 4 hour performance.
		Hampshire Hospitals NHS Foundation Trust				↓	**88% Q4**	• HHFT did not achieve target during 15/16, with performance deteriorating further in Quarter 4. ED attendances were higher when compared to same period in previous year (across both sites). Poor performance continues into 16/17. • Main issues continue to be the high number of patients awaiting discharge (mainly those waiting for care packages in the community). Daily Director-level DTOC calls continue.
		Great Western Hospitals NHS Foundation Trust				↑	**91.2% Q4**	The lead commissioners for these contracts are working with providers to improve the position through their system resilience programmes. The CCG has piloted a project to support urgent "on the day" demand and after successful pilot in 2014/15, the project has been extended to a larger scale in 2015/2016 to support on the day demand across primary care and divert activity away from A&E. The service is an extension to the OOHs provision and Standard operating procedures have developed links between both services. There will be three additional urgent care centres started running in November 2015. This includes provision for two children's urgent appointment clinics. There will also be a pilot extension offered for GP surgeries to be funded for collaborative geographic clinics across Swindon to have weekend appointments. Urgent home visiting capacity to see patients who can't attend the surgery (but without which hospital attendance would be necessary) has double the capacity, an additional potential 12 visits across Swindon per day.

AS2	Average number of Delayed Transfers of Care (all delays) per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↓	**1.9 Q4**	In Quarter 4 we continued to see a high number of attendances in A&E at all the acutes; this reflects the national picture. Robust performance monitoring continues to have an impact on the RBH where we demonstrate the strongest performance. More recently we have identified that there has been some under reporting from the Community Hospital, this has now been addressed and therefore we have a much clearer picture of the challenge. The team are doing some intensive work to improve discharge arrangements including a weekly systems call, we are starting to see an impact but it will be some time before this is visible in the performance reporting. Work continues with North Hants, we now participate in regular systems calls, have met with the CCG lead and are starting to see an improvements in the discharge process. The key challenge for West Berkshire remains access to both homecare and nursing/residential placements.
		Great Western Hospitals NHS Foundation Trust				↔	**2.6 Q4**	
		Hampshire Hospitals NHS Foundation Trust				↓	**4.2 Q4**	
		Oxford University Hospitals NHS Trust				↓	**4.2 Q4**	
		Royal Berks NHS Foundation Trust				↓	**3.0 Q4**	
		Total West Berkshire		14.7 (2012/2013 data)		↓	**12.2 Q4**	
AS3	Average number of Delayed Transfers of Care which area attributable to social care per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↓	**1.8 Q4**	
		Great Western Hospitals NHS Foundation Trust				↓	**1.2 Q4**	
		Hampshire Hospitals NHS Foundation Trust				↓	**3.3 Q4**	
		Oxford University Hospitals NHS Trust				↓	**0.1 Q4**	
		Royal Berks NHS Foundation Trust				↓	**0.9 Q4**	
		Total West Berkshire			4	↓	**7.5 Q4**	
AS4	**Community Services** Average number of Delayed Transfers of Care (all delays by patients delayed)	Berkshire Healthcare Trust as a provider	Monthly		No Target	↓	**26 Q4**	The Service Navigation Team, BHFT and the local authority continue to work to improve the flow through the system, supporting admission avoidance and timely discharge. The integrated discharge team at the Royal Berkshire Hospital has been very successful in identifying patients who can be cared for in an out of hospital setting and arranging seamless transfer. The Care Co-ordinators continue to support flow and early discharge on the community wards at West Berkshire Community Hospital. A weekly review of the community hospital delays has been introduced as part of the systems resilience calls and the Joint Care provider pathway continues to take people out into integrated health and social reablement.
AS5	**Ambulance Clinical Quality - Category A 8 Minute Response Time - Red 2** [Category A Red 2 incidents: presenting conditions that maybe life threatening but less time critical than Red1 and receive an emergency responses irrespective of location in 75% of cases]	Berkshire West	Monthly		75%	↓	**74% Q4**	The ambulance service contract requires the national performance standards for ambulance response times to be achieved on a Thames Valley basis annually. The 2015/16 contract also includes performance standards for each of the CCGs to improve the variation from CCG to CCG. The national standard for the Red 1 and Red 2 8 minute response time is 75% and the Newbury & District CCG standard for these standards is 70%. During February there was a further deterioration in the Thames Valley wide performance and this can be seen in the table below. TV Geography Performance Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Red 1 Actual 67.6% 67.8% 70.8% 73.3% 72.2% 70.3% Red 2 Actual 68.7% 71.7% 74.4% 74.7% 72.0% 69.5% Red 19 Actual 92.6% 93.4% 94.8% 95.4% 94.0% 92.9% This deterioration was as a result of increased activity levels in the month (13.8% above plan and 16.8% above previous year). Thames Valley performance is therefore not on plan with the recovery trajectory, although the majority of actions within the action plan have been delivered by SCAS. Due to ongoing concerns, the CCGs wrote to SCAS to seek further assurance and a very comprehensive response was received from SCAS. Contract negotiations continue and until the financial position is clear, SCAS are not willing to commit to a trajectory for recovery. SCAS performance is above the South regional and national averages.
AS6	A&E Attendances	Royal Berkshire Foundation Trust for Berkshire West	Monthly	1256 average monthly figure from 13/14		↓	**4401 Q4**	The effects of this 'late winter' have meant that daily numbers of attendances are now consistently over 300. Many of the patients being admitted were critically ill with Critical Care full and additional Higher Monitoring beds needing to be opened. Conversion rates in ED were also high reaching above 40% on occasion. High level analysis indicated that the rise in demand was for children under 6 weeks old, flu and also the presence of norovirus. High levels of demand led to significant numbers of medical outliers and the Ambulatory Care Unit being used as inpatient beds.
		Hampshire Hospital Foundation Trust for Berkshire West	Monthly	300 average monthly figure from 13/14		↓	**1182 Q4**	
		Great Western Hospital for Berkshire West	Monthly	168 average monthly figure from 13/14		↓	**696 Q4**	
AS7	Number of non elective admissions	Royal Berkshire Foundation Trust for West Berkshire	Monthly	547 average monthly figure from 13/14		↑	**2066 Q4**	The newly revised rapid response and treatment (RRAT) service provides increased and targeted Community Geriatrician input, including active treatment interventions including crisis support and the use of telehealth to support those at risk within care homes. The service is available 8am-8pm, 7 days a week with a proposed length of stay of up to 5 days on the pathway. The Care Home project will also address the training of care home staff, and the maintenance of relevant, up to date care plans and reviews to keep care home patients out of A&E.
		Hampshire Hospital Foundation Trust for West Berkshire		157 average monthly figure from 13/14		↓	**545 Q4**	
		Great Western Hospital for West Berkshire		84 average monthly figure from 13/14		↓	**376 Q4**	
AS8	Total number of 111 calls (Answered in 60 seconds)	Berkshire wide	Monthly		No Target	↓	**43,063 Q4**	During March 54.99% of 111 calls were answered within 60 seconds across Berkshire against a target of 95%. The YTD performance remains below standard. The Trust continued to report difficulties with modelling the demand due to call patterns not following previous year trends. High levels of staff sickness also continue to affect the ability to meet demand. The CCG has served a Contract Performance Notice (CPN) for the continued underperformance and is in the process of agreeing a remedial action plan with SCAS to recover performance. Performance is expected to recover from June onwards.

Primary Care								
Ref.	**Indicator**	**Basis**	**Frequency**	**Baseline data**	**2015/16 Target**	**Performance (see key)**	**Latest data**	**Narrative**
PC1(a)	GP referrals to secondary Care	Newbury & District CCG	Quarterly		N/A			We are currently monitoring 2 pilot schemes across the south and south west of England who are trialling possible solutions to incorporate Primary Care into system wide monitoring. The pilot sites have found it extremely difficult to devise a reporting solution which captures the status of a group of individual practices which translates into a single reporting status.
PC1(b)	GP referrals to secondary Care	North & West Reading CCG	Quarterly		N/A			We are currently monitoring 2 pilot schemes across the south and south west of England who are trialling possible solutions to incorporate Primary Care into system wide monitoring. The pilot sites have found it extremely difficult to devise a reporting solution which captures the status of a group of individual practices which translates into a single reporting status.
PC2	Friends and Family Test	TBC	TBC		TBC			
PC3	Access metric to be defined	TBC	TBC		TBC			

Community Services								
Ref.	**Indicator**	**Basis**	**Frequency**	**Baseline data**	**2015/16 Target**	**Performance (see key)**	**Latest data**	**Narrative**
CS1	Mental Health - Crisis response % of responses with 4 hours	Berkshire West	Quarterly		90%	←→	**100% Q4**	Q1 -Q4 data has shown a consistently high achievement of this indicator

Appendices

Appendix 1 - Indicator/Target Narrative

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Appendix 1

Adult Social Care		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
ASC1	Figures represent a small cohort that may fluctuate quarter to quarter due to unexpected deaths, health alerts or severe weather i.e. extremely cold winter - events which are outside of our control. Data is based on 3 monthly reporting of hospital discharges to rehabilitation/enablement and outcome at 91 days after discharge.	Adult Social Care Framework 2B Part 1 The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This measures the effectiveness of reablement services.
ASC2	An increase in the figure indicates increased demand on services. The use of data from the previous year is not appropriate for setting a baseline due to the new statutory reporting framework (SALT). The reports to extract relevant data aligned to statutory reporting are still to be completed. Therefore there is no national data or comparator group data or England average to measure against at this point.	Service Plan Performance Indicator This measure provides an overview of activity in Adult Social Care for the provision of long term services
ASC3	Definition: Those clients that have had long term support for more than 12 months that have been reviewed in the last 12 months. In previous years, the denominator included clients with electrical equipment services, respite and short term services but excluded professional support. The denominator is now based on Long Term Service clients in the year so now includes Community Mental Health Team, professional support but excludes all short term services and low level support. The use of data from the previous year is not appropriate for setting a baseline due to the new statutory reporting framework (SALT). The reports to extract relevant data aligned to statutory reporting are still to be completed. Therefore there is no national data or comparator group data or England average to measure against at this point.	Service Plan Performance Indicator

Children's Social Care		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
CSC1	Target numbers for CSC 1, 2 and 3 have been set by Children's Services and are set on the basis of the level that the service aspire to get the figures back to. Target numbers are what are considered as more manageable for the service. Trend data is based on the last quarter.	Looked after child: These are children who are looked after by the authority
CSC2		Child Protection Plan: A detailed inter-agency plan setting out what must be done to protect a child from further harm, to promote the child's health and development and if it is in the best interests of the child, to support the family to promote the child's welfare.
CSC3		Section 47 Enquiry: Where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, the local authority is required under s47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.
CSC4	Target Numbers for CSC 4, 5 and 6 come from those set in Children's Services' Service Plan. Trend data is based on the last quarter.	Single Assessments: The single assessment is a new assessment document. It is gradually replacing the initial and core assessments by combining both within one document.
CSC5		
CSC6		
CSC7		

(Appendix 1 continued)

Acute Sector		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
AS1	Data is based on provider as a whole	
AS2	Data is based on Provider figures for West Berkshire residents only. (Data has been backdated to ensure reporting methodoligy matches that used for AS3)	(Adult Social Care Framework 2C Part 1)
AS3	Data is based on Provider figures for West Berkshire residents only. Data for AS2 and 3 is sourced from NHS England and is a monthly snapshot of delays taken on the last Thursday of the month at midnight. The Total West Berkshire figure is reported on nationally. The calculation for each trust/hospital is: (YTD Average of Delays per month/ population)*100000. So for April, the figure for the YTD Average part will include April only, but for May it would include the average of April and May and so on for each month until the end of the financial year. The result of the above calculation for each hospital is then totalled up to give the West Berks Part 2 figure	(Adult Social Care Framework 2C Part 2) This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This is a two-part measure that reflects both the overall number of delayed transfers of care per 100,000 population aged 18 and over (part 1 - AS2) and, as a subset, the number of these delays which are attributable to social care services and to both (health and social services) (part 2 - AS3).
AS4		
AS5	Data is based on Berkshire West as a whole.	Category A Red 1 incidents: Presenting conditions that may be immediately life threatening and the most time critical and should receive an emergency response irrespective of location in 75% of cases. Category A Red 2 incidents: Presenting conditions that may be life threatening but less time critical than Red1 and receive an emergency response irrespective of location in 75% of cases.
AS6	Date is based on Provider figures for Berkshire West.	An elective admission is one that has been arranged in advance. It is a non emergency admission, a maternity admission or a transfer from a hospital bed in another healthcare provider.
AS7	Data is based on Provider figures for West Berkshire.	An elective admission is one that has been arranged in advance. It is a non emergency admission, a maternity admission or a transfer from a hospital bed in another healthcare provider.
AS8	Data is based on Berkshire as a whole	NHS 111 is a new service that was introduced to make it easier for people to access local NHS Services in England. 111 can be called when medical help is required quickly however, it's not a 999 emergency. Please note: There has been a change in the way this data is reported in that a montly report is now recieved rather than on a weekly basis. Data has been back dated accordingly.

Primary Care		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
PC1(a)	No target can be provided because an increase or decrease in appropriate referrals is neither good or bad. (data provided will sometimes be an estimate and will be marked with an (e) accordingly if so)	Secondary (or 'acute') care is the healthcare that people receive in hospital. It may be unplanned emergency care or surgery, or planned specialist medical care or surgery.
PC1(b)	No target can be provided because an increase or decrease in appropriate referral is neither good or bad. (data provided will sometimes be an estimate and will be marked with an (e) accordingly if so)	
PC2		
PC3		

Community Services		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
CS1		
CS4		

Berkshire West
Accountable Care System

The Berkshire West Accountable Care System: A New Model of Care

Cathy Winfield
Chief Officer

The Context: County of Contrasts

- Berkshire West NHS serves a 500,000 population
- Mixture of urban/rural, affluent/deprived communities
- Population is both growing and ageing
- We are a high performing healthcare economy

- Has an innovative reputation in areas such as urgent care, stroke and community diabetes
- But the system faces major operational and financial pressures

The Challenges:

Berkshire West
Accountable Care System

- How to continue deliver quality care to a growing and ageing population?
- Living longer with complex comorbidities
- Advances in medical science mean we can do more for more people
- Service fragmentation causes problems in delivering better patient care and outcomes
- Financial platform is not sustainable with all providers and now the CCGs under increasing financial pressure

The Barriers to Change…

Berkshire West
Accountable Care System

- **Contracting and payment**: different payment mechanisms across the system inhibit the flow of money around the system. Requirement to balance annually
- **Regulation**: competing regulatory requirements impact upon joined-up care
- **Technology**: Lack of 'inter-operability' between health and care IT systems
- **Workforce**: Integration of care requires changes in existing roles, new roles and new employment models.
- **Empowerment**: supporting people to take-up greater responsibility for their own well-being

New Care Model: The Accountable Care System

- To met these challenges and overcome barriers, Berkshire West NHS is establishing an ACS
- CCGs and providers will work together to develop a new financial framework based on the Berkshire West £
- Money will flow around the system in a controlled way
- ACS will *rebalance primary, community and acute care* through system-wide transformation
- Clinical Strategic Group to drive *proactive care management*
- The three key tests for the ACS:
  1. Develop a **preventative model** of working
  2. Improve **patient experiences and outcomes**
  3. Deliver **financial sustainability** for the system

Governance

- ACS Leadership Group – Chairs and CEOs, independent chair
- ACS management Group, CCG Chief Officer, DoFs x 3, exec x 3, Chair of Clinical Strategic Group
- Option for social care to incorporate in year 2
- Reporting via BW10 Integration Board

The ACS Progress…

Berkshire West
Accountable Care System

- Memorandum of Understanding (MoU) agreed between CCGs, RBFT, BHFT
- ACS Independent Chair Appointment process in-progress
- Financial Modelling supported by PwC underway
- Analysis to understand patient flow across the system in motion
- ‘Clinical’ and ‘Enabler’ workstreams identified

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Sustainability and Transformation Plan (STP)

- BOB Berks West, Oxfordshire, Bucks
- 1.8m population
- £2.5bn place based budget
- 7 CCGs
- 6 FT and NHS Trusts
- 14 local authorities
- Berks East in Frimley footprint
- BOB convenor is David Smith, Chief Officer, OCCG

Local context

- Imperatives not as great as other areas
- Rated a “low risk” system
- Recognised as having 3 distinct systems
- Collectively £0.5bn gap over 5 years in health
- Will local transformation be enough?
- What are the few “big ticket” items where there is a unique added value to be delivered at BOB level?

Governance

- Leadership Group – those with accountability to commit their organisations – usually Chief Execs
- Open to **all** partners.
- Sub group liaising directly with NHSE: David Smith (Oxon, CCG), Neil Dardis (Bucks, NHS Trust) and Rachael Wardell (West Berks, Local Govt)
- Patient and public engagement and elected member engagement through local mechanisms as far as possible – more accessible and “in tune”

April Submission

- Early view of system leaders
- Not based on any robust diagnostic
- Included known pressure points
- Tackling inefficiency, reducing variation and increasing productivity
- Urgent and emergency care
- Mental health
- Improving outcomes in cancer and maternity
- Workforce - especially GPs

May allocations

- **Indicative** place based allocations = CCG allocations as per previous guidance
- Additional allocation from the Sustainability and Transformation Fund
- Based on STP progress and providers delivering their control totals (NB emerging CCG pressures)
- NHSE will make final decision

Application of allocations

- No other funding available to NHS
- Needs to cover national transformation programmes **and** STP sustainability plans:

- General Practice Five Year Forward View and extended access
- Mental health task force, Cancer Strategy, Maternity Review, increased CAMHs capacity, and access to eating disorders
- 7 day urgent and emergency care
- Prevention: childhood obesity, Diabetes,
- Paper free NHS

BOB Allocation

- 2016/17 Place based allocation £2.518bn
- 2020/21 Place based allocation £2.831bn
- Allocation + STF £2.937bn

30th June Submission

- 3-5 critical decisions to “shift the dial”
- Anticipated benefits, health, quality and finance (FYFV triple aim)
- What actions at which level
- Activity, workforce and finance
- Reverse engineer from 2021 allocation

Emerging issues for BOB

- Impact of the Frimley foot print
- In all 3 patches emerging model of integrated acute, community, primary and social care
- Organisation of acute services – operational and financial sustainability, improvements in outcome, networks, outreach etc
- Specialist commissioning – different footprints
- Mental health

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Title of Report:	**Feedback on the Health and Wellbeing Strategy Hot Focus: Falls Prevention**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	7th July 2016

Purpose of Report:

To feedback on the Falls Prevention Hot Focus session and suggested further action in relation to falls prevention

Recommended Action:

It a suggestion that an older peoples task group is set up to take forward the falls prevention agenda based on the discussions of the hot focus group

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☐
• Is it a major policy, significantly affecting how functions are delivered?	☐	☐
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☐
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☐
• Does the policy relate to an area with known inequalities?	☐	☐
Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

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Executive Report

1. Introduction

1.1 A number of stakeholders were invited be part of a Falls Prevention Focus session on April 23rd from 09.30am till 12.30pm at Shaw House, Newbury. The session was run to help the Health and Wellbeing Board have a greater understanding of what services are available in West Berkshire and how we can achieve the priority within the Health and Wellbeing Strategy: **We will maximise independence in older people by preventing falls, reducing preventable hospital admissions due to falls and improving rehabilitation services**

1.2 The aims of the session were: (1) To bring together relevant stakeholders with members of the Health and Wellbeing Board to inform them of Falls Prevention services that are currently available within West Berkshire across a continuum from prevention to treatment and rehabilitation. (2) To identify successes, gaps and barriers within the system and suggest solutions that will inform the Health and Wellbeing Strategy delivery plan.

1.3 The objectives of the session were:

- For providers of falls prevention and related services to give a brief outline of the service they provide
- For members of the Health and Wellbeing Board and other stakeholders to have a better understanding of what services are currently available to address falls prevention in West Berkshire
- To understand what services are available across the district, identifying any gaps and barriers to provision
- To identify possible solutions and explore how partners can work together better
- To draw up a catalogue of actions that can be fed into a delivery plan to be developed by a new Older Peoples task group for West Berkshire.

1.4 The structure was a scene setting by April Peberdy, Public Health and Well Being followed by a key note speech by Dr Sarah Logan, Community Geriatrician. Other speakers included Philip Hoy, Falls Prevention Project Manager Solutions For Health, Will Carr, Service Development Project Manager National Osteoporosis Society, Mike Allen Chief Executive Age UK Johnny Stokes, Activity for Health Co-ordinator, Legacy Leisure Tandra Forster, Head of Adult Social Care, West Berkshire Council and Shafik Nassar, Integrated Services Manager (Community Nursing and Intermediate Care). Organisations each had approximately 20 minutes to discuss their work around falls prevention this included looking at evidence and data and what their service offered, who it is aimed at, any particular challenges they faced.

1.5 The last part of the session involved small group work (4 tables) exploring; Gaps/ Challenges and Opportunities in relation to falls prevention in West Berkshire.

1.6 The groups feedback the following :**-Gaps and Challenges** - lack of integrated services and planning, limited number of volunteer drivers to transport people to

sessions, communication/awareness raising to the public and between services, lack of free services, lack of clear pathway between services, the impact of social isolation, constraints on/available budget, no group to take this work forward, complexity of the rural nature of West Berkshire and service provision

1.7 The groups feedback – **Opportunities** – Development of a clear pathway of services and how they can be accessed, more involvement of primary care, focus on primary prevention, early identification of those at risk of falls, mapping of community assets, fracture liaison service, using community assets /social capital/ developing an older peoples task group who would have a focus on falls prevention, Long term interventions , looking at successful models of work in other areas of West Berkshire and how they can be implemented in West Berkshire .

1.8 Positive comments were feed back at the end of the sessions that it had been helpful in understanding what services were available and who did what. There was also a great deal of positivity about the opportunity for partners to work more closely together particularly in setting up an older peoples group and a mapping processes

1.9 There has been discussion at the Health and Well Being steering group about the development of an Older Peoples task group to take forward the falls prevention agenda. Since the falls prevention hot focus session the Health and Well Being strategy has been in a process of refresh and once the priorities have been agreed for 16/17 there will be a clearer direction on how this area of work may be progressed.

Appendices

There are no Appendices to this report.

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Telephone: 01865 963896

Joanna Reeve
Policy Officer

17 May 2016

Dear Joanna

Thank for your request for "a summary of the impact of the changes to the definition of how many pharmacies are required including predicted numbers of how many would close in West Berkshire."

The number of pharmacies

NHS Pharmaceutical Services Regulations 2013 require the Health and Wellbeing Boards (linked to Local Authorities) to publish a Pharmaceutical Needs Assessment (PNA), one of the key aims of this document is to identify any gaps in pharmaceutical provision in a Health and Wellbeing Board area. The PNA's were extensively revised and new PNA's published in 2015, this review was led by the Public Health teams in the Local Authorities. The PNA's are due to be reviewed, revised and a new version published by April 2018. The current PNA is published on the Berkshire West Council website. A supplementary statement of all changes to pharmaceutical provision over the last 12 months is due to be published soon. This statement gives details of any new pharmacies, changes to hours and changes of locations in the last 12 months and should be published on the Local Authority website next to the PNA.

New pharmacies open in an area following an application and consultation process which is set out in the *NHS Pharmaceutical Services Regulation 2013*. These Regulations were laid before parliament in February 2013 and came into effect 1st April 2013. This process is sometimes referred to as "Control of Entry". Please see link to the regulations: NHS Pharmaceutical Services Regulations 2013

Under the Regulations and NHS England policies each local area has a Pharmaceutical Services Regulations Committee (PSRC) which considers all applications made under the Regulations. Before any application is considered by the PSRC there are two consultation periods when interested parties (as defined in the Regulations and includes Health and Wellbeing Boards) are able to make representations regarding the applications. The Applicant is then given the opportunity to respond to the representations, this is followed by a further 14 day consultation where the applicant's responses to the initial representations are

considered by the interested parties and further representations may be made. A site visit is often carried out and this together with the application, the representations from the interested parties, details of other local community pharmacies and GP practices (opening times, location and distance from the proposed site) are considered by the PSRC according to the regulations that apply to each different type of application and make their decision. The PSRC also refers to the Pharmaceutical Needs Assessment for that location. The applicant and those who have made representations have the right to appeal within 28 days. Appeals relating to the decision made by the PSRC are heard by the NHS Family Health Services Appeal Unit (NHS FHSAU).

The Future of Community Pharmacy

NHS England is currently undertaking a public consultation on the future of community pharmacy. This closes on 24th May 2016. The Department of Health is in discussions with the Pharmaceutical Services Negotiating Committee and consulting with the pharmacy sector and with patient and public organisations over the coming months. The full suite of supporting information for the consultation is available at;
https://www.gov.uk/government/publications/putting-community-pharmacy-at-the-heart-of-the-nhs

The aim is to put community pharmacy at the heart of the NHS. In an open letter to the pharmacy sector dated 17 December 2015, Alistair Burt, the Minister of State for Care Services and Keith Ridge, the Chief Pharmaceutical Officer, NHS England , acknowledged the important role pharmacists already play in keeping the public and patients well and pointed to the opportunity to build on this.

There is real potential for far greater use of pharmacists in England: in prevention of ill health; support for health living; support for self-care for minor illnesses and long term conditions; medication reviews in care homes; and as part of more integrated local care models.

To do this we need a clinically-focused pharmacy service that is better integrated with primary care and public health in line with the NHS Five Year Forward View. This will help relieve the pressure on GPs and A&Es, ensure better use of medicines and better patient outcomes, and contribute to delivering convenient health and care services.

I hope this information is helpful to the Health and Wellbeing Board.

Yours sincerely

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High quality care for all, now and for future generations