Public Document Pack

Information Items for Health and Wellbeing Board

Thursday 25 January 2018 at 9.30am
in Council Chamber Council Offices Market Street Newbury

Part I

		Page No.
10	**Pharmaceutical Needs Assessment** Since April 2013, every Health & Wellbeing Board in England has had a statutory responsibility to publish, and keep up to date, a statement of the needs for pharmaceutical services in their area. This is referred to as the Pharmaceutical Needs Assessment (PNA). The refreshed PNAs therefore need to be signed-off and published by 31st March 2018. *(Please note that the appendices are provided in the information pack)*	3 - 58
15	**Berkshire West Healthy Weight Strategy 2017-2020** The Health and Wellbeing Boards across Berkshire agree that tackling obesity is a priority for us all, the Health and Wellbeing Board are asked to note the Berkshire West Healthy Weight Strategy 2017-2020.	59 - 98
16	**Local Safeguarding Children's Board Annual Report 2016-17** Under section 14A of the Children Act 2004 the Independent Chair of the LSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.	99 - 136

West Berkshire COUNCIL

17	**Safeguarding Adults Board Annual Report 2016-17** This Report shows what the Safeguarding Adults Board aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2016-17, both as a partnership and through the work of its participating partners. It illustrates an increasingly ambitious agenda and what the Board has been able to achieve, as well as those areas for action that we still need to address. The Report provides a picture of who is safeguarded across the area, in what circumstance and why. This helps us to know what we should be focussing on for the future.	137 - 258

Andy Day
Head of Strategic Support

For further information about this/these item(s), or to inspect any background documents referred to in Part I reports, please contact Jo Reeves / Jessica Bailiss on (01635) 519486/503124
e-mail: joanna.reeves@westberks.gov.uk / jessica.bailiss@westberks.gov.uk

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

West Berkshire Council is committed to equality of opportunity. We will treat everyone with respect, regardless of race, disability, gender, age, religion or sexual orientation.

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

West Berkshire
COUNCIL

Appendix A: Berkshire Pharmacy PNA Survey

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Help

Service Design

- Browse Service Library
- View service accreditations
- Edit Service Design
- Preview Claim for this service
- View/Edit Claim Amounts

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA
Please complete this questionnaire ONCE only to report the facilities and services offered by your pharmacy.

In the event of any query arising regarding this questionnaire please contact Insert name of local contact here for advise on local arrangements regarding the PNA process

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

PNA Questionnaire 2017 (Preview)

Date of completion 14-Aug-2017

Trading Name

Post Code

Is this a Distance Selling Pharmacy? ○ Yes ○ No
(i.e. it cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

Can we store the above information and use this to contact you?

Consent to store ○ Yes ○ No

Is this pharmacy open

Core hours of opening

Please complete your core hours of opening.
Enter closed if closed

Monday Open

Monday Close

Monday Lunchtime (from - to)

Tuesday Open

Tuesday Close

Tuesday Lunchtime (from - to)

Wednesday Open

Wednesday Close

Wednesday Lunchtime (from - to)

Thursday Open

Thursday Close

Thursday Lunchtime (from - to)

Friday Open

Friday Close

Friday Lunchtime (from - to)

Saturday Open

Saturday Close

Saturday Lunchtime (from - to)

Sunday Open | Sunday Close

Sunday Lunchtime (from - to)

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

Monday Open | Monday Close

Monday Lunchtime (from - to)

Tuesday Open | Tuesday Close

Tuesday Lunchtime (from - to)

Wednesday Open | Wednesday Close

Wednesday Lunchtime (from - to)

Thursday Open | Thursday Close

Thursday Lunchtime (from - to)

Friday Open | Friday Close

Friday Lunchtime (from - to)

Saturday Open | Saturday Close

Saturday Lunchtime (from - to)

Sunday Open | Sunday Close

Sunday Lunchtime (from - to)

Consultation Facilities

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area?

- ○ Available (including wheelchair access) on the premises
- ○ Available (without wheelchair access) on premises
- ○ Planned within next 12 months
- ○ No consultation room available
- ○ Other

If Other please specify

Where there is a consultation area

Is this enclosed? ○ Yes ○ No ○ N/A
N/A if no consultation room

Off-site arrangements

○ Off-site consultation room approved by NHS

○ Willing to undertake consultations in patients home/ other suitable site

○ None apply

○ Other [ ]
If Other please specify

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

☐ Handwashing in consultation area

☐ Hand washing facilities close to consultation area

☐ Have access to toilet facilities

☐ None
Tick all that apply

Information Technology

Is the pharmacy EPS* R2 enabled?

○ Yes, EPS R2 enabled

○ Planning to become EPS R2 enabled in the next 12 months

○ No current plans to provide EPS R2
EPS R2: Electronic Prescription Service Release 2

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

File format types

☐ Microsoft word

☐ Microsoft Excel

☐ Microsoft Access

☐ PDF

☐ Unable to open or view any file formats
Please tick all that apply

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

○ Yes - All types, or

○ Yes, excluding stoma appliances, or

○ Yes, excluding incontinence appliances, or

○ Yes, excluding stoma and incontinence appliances, or

○ Yes, just dressings, or

○ None

○ Other [ ]
If Other please specify

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.
Please tick the box that applies for each service.

Yes - Currently providing
Soon - Intending to begin within the next 12 months
No - Not intending to provide

☐ Yes ☐ Soon ☐ No

Medicines Use Review service

New Medicine Service ☐ Yes ☐ Soon ☐ No

Urgent Medicines Supply (NUMSAS) ☐ Yes ☐ Soon ☐ No

Appliance Use Review service ☐ Yes ☐ Soon ☐ No

Stoma Appliance Customisation service ☐ Yes ☐ Soon ☐ No

Commissioned Services

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services.
Please tick the box that applies for each service.

CP - Currently Providing NHS funded service
WA - Willing and able to provide if commissioned
WT - Willing to provide if commissioned but would need training
WF - Willing to provide if commissioned but require facilities adjustment
PP - Currently providing private service
If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Anti-viral Distribution Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Local Authority Commissioned Services
List services already commissioned in your locality here

Care Home Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Chlamydia Treatment Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Contraception Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(not an EHC service)

Disease Specific Medicines Management Service:

Allergies ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Alzheimer's/dementia ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Asthma ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

CHD ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Depression ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes type I ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes type II ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Epilepsy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Heart Failure ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hypertension ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Area Team Services
List your Area Team commissioned services here

Parkinson's disease ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other (please state - including funding source)

End of Disease specific Medicines Management Service options.

☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Emergency Hormonal Contraception Service

Gluten Free Food Supply Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(i.e. not supply on FP10)

Home Delivery Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(not appliances)

Independent Prescribing Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas covered (if providing) [ ]

Language Access Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Note: This is not the NMS or MUR service.

Medication Review Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Medicines Assessment and Compliance Support Service:

Medicines Management Support Service: ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
i.e. the EL23 service (previously the Vulnerable Elderly / Adults Service)

DomMAR Carer's Charts ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

MUR Plus/Medicines Optimisation Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas covered (if providing) [ ]

Needle and Syringe Exchange Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Obesity management (adults and children) ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

If yes state which medicines [ ]

Out of hours services ○ CP ○ WA ○ WT ○ WF ○ PP

Palliative Care scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

Many Local Services involve the supply of a POM using a PGD. please list those provided by the pharmacy in the text box below but indicate who commissions the service by ticking the boxes below and annotating each service name with the key:

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

Patient Group Direction Service ☐ AT ☐ LA ☐ CCG ☐ Pr
Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD services

Medicines available

Phlebotomy Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Prescriber Support Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Schools Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Screening Service:

Alcohol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Cholesterol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

H. pylori ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HbA1C ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HIV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other vaccinations

Childhood vaccinations ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HPV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis B ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(at risk workers or patients)

Travel vaccines ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Stop Smoking Service:

NRT Voucher Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Smoking Cessation Counselling Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of Stop Smoking Service options

Supervised Administration ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Of methadone,buprenorphine etc.

End of Supervised Administration Service options

Supplementary prescribing ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Which therapy area

Vascular Risk Assessment Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
NHS Healthchecks

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- ○ Yes
- ○ Currently working towards HLP status
- ○ No

If Yes, how many Healthy Living Champions do you currently have? ____ Full Time Equivalents

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries ○ Yes ○ No

Delivery of dispensed medicines - Free of charge on request ○ Yes ○ No

Delivery of dispensed medicines - Selected patient groups
List criteria

Delivery of dispensed medicines - Selected areas
List areas

Delivery of dispensed medicines - chargeable ○ Yes ○ No

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Other

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone
For person completing the form, if different to pharmacy number given above

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Appendix B: Berkshire PNA Public Survey 2017

The PNA Public Survey was available online. This provides a summary of the questions included in the survey.

1. Which Local Authority area do you live in?

Bracknell Forest……………………………………………… ☐
Slough………………………………………………………… ☐
Reading………………………………………………………. ☐
Royal Borough of Windsor and Maidenhead…………….. ☐
West Berkshire………………………………………………. ☐
Wokingham…………………………………………………... ☐
Not Sure………………………………………………………. ☐

If you have said you are "Not Sure", which town do you live in?

2. Do you use?

Community Pharmacy……………………………………….. ☐
A Dispensing Appliance Supplier (someone who supplies appliances such as incontinence and stoma products)…… ☐
An Internet Pharmacy (a service where medicines are ordered online and delivered by post)……………………… ☐

3. How often do you use a Pharmacy?

More than once a month…………………………………….. ☐
Once a month………………………………………………… ☐
3-11 times a year…………………………………………….. ☐
Less than 3 times a year……………………………………. ☐

4. How do you usually travel to your usual Pharmacy?

Walk…………………………………………………………… ☐
Car (Passenger)……………………………………………… ☐
Car (Driver)…………………………………………………… ☐
Taxi……………………………………………………………. ☐
Bus……………………………………………………………. ☐
Bicycle………………………………………………………… ☐

5. How long does it take you to travel to your Pharmacy?

Less than 15 mins…..………………………………………….. ☐
15-30 mins……………………………………………………. ☐
30-60 mins……………………………………………………. ☐
Over an hour…………………………………………………. ☐

6. Which of the following services do you currently use at a Pharmacy?

Sunday Opening……………………………………………… ☐
Late Night Opening (after 7pm)…………………………….. ☐
Early Morning Opening (before 9am)…………………….. ☐
Prescription Dispensing…………………………………….. ☐
Buying over the counter medicines……………………….. ☐
Buying travel medicines (e.g. anti-malarials)……………… ☐
Medicines advice and reviews……………………………… ☐
Delivery of medicines to my home………………………… ☐
Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice) ☐
Long-term condition advice (e.g. help with your diabetes or asthma)……………………………………………………... ☐
Respiratory services………………………………………… ☐
Emergency Hormonal Contraception (Morning-after pill).. ☐

Cancer treatment support services………………………… ☐
Substance misuse service………………………………….. ☐
Alcohol support services……………………………………. ☐
Stop smoking service……………………………………….. ☐
Health tests (e.g. cholesterol, blood pressure)…………... ☐
Healthy weight advice………………………………………. ☐
Flu Vaccination……………………………………………… ☐
Diabetes screening………………………………………….. ☐
Blood Pressure check/screening…………………………… ☐

7. Which of the following chronic health conditions do you visit your pharmacy for?

Hypertension………………………………………………… ☐
Ischaemic heart disease (Coronary heart disease) ……... ☐
Diabetes (Type 1 or 2) …………………………………….... ☐
Chronic kidney disease…………………………………….... ☐
Stroke/Transient ischaemic attack (TIA) ..………………..... ☐
Atrial Fibrillation..……………………………………..……..... ☐
Heart Failure..……………………………………..…..……..... ☐
Chronic Liver Disease ..…………..……………..…………..... ☐
Chronic Obstructive Pulmonary Disease (COPD/Asthma) ☐
Cancer………………………………………………………..... ☐
Severe Mental Illness..……………………………..……….... ☐
Depression..……………………………..…………..……….... ☐
Dementia..…………………………..…..…………..………... ☐
Parkinson’s Disease..…………………………..……..……... ☐
Osteoarthritis..……………………..……………..…..……….. ☐
Epilepsy..……………………..……………..…………..…….... ☐
Rheumatoid Arthritis………..…………………..…………..…... ☐
Neurological Disorders (e.g. Multiple Sclerosis) ………… ☐
None………………………………………………………….... ☐

7b. [If chronic health condition is selected in Qu7] Which of the following services do you visit your pharmacy for because of your chronic health condition?

Prescription medicine……………………………………… ☐
Over the counter medicines……………………………….. ☐
Advice about medicines for condition and interactions with other medicines…………………………………………… ☐
Advice on managing symptoms of one or more chronic health conditions…………………………………………… ☐

8. Which of the following services would you use at a Pharmacy if available?

Sunday Opening…………………………………………… ☐
Late Night Opening (after 7pm)………………………….. ☐
Diabetes screening………………………………………... ☐
Flu Vaccination……………………………………………. ☐
Healthy weight advice…………………………………….. ☐
Health tests (e.g. cholesterol, blood pressure)………….. ☐
Stop smoking service……………………………………... ☐
Alcohol support services………………………………….. ☐
Substance misuse service………………………………... ☐
Cancer treatment support services………………………. ☐
Emergency Hormonal Contraception (Morning-after pill).. ☐
Respiratory services……………………………………… ☐
Long-term condition advice (e.g. help with your diabetes or asthma)………………………………………………….. ☐
Early Morning Opening (before 9am)……………………. ☐
Prescription Dispensing………………………………….. ☐
Buying over the counter medicines………………………. ☐
Buying travel medicines (e.g. anti-malarials)……………. ☐
Minor Ailment Scheme (access to certain subsidised over the counter medicines to avoid a GP visit)……..………… ☐

Appendix B: Berkshire PNA Public Survey 2017

Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice)……………………………………………………… ☐
Medicines advice and reviews……………………………… ☐
Delivery of medicines to my home………………………… ☐
Collection of prescription from my surgery...……………… ☐
Blood Pressure check…………..…………………………… ☐
Antibiotic treatment for Chlamydia infection……………… ☐
Other……………………………………...………………… ☐

9. Are you able to get to a Pharmacy of your choice?

☐ Yes
☐ No

10. Do you use one Pharmacy regularly?

☐ Yes
☐ No

11. What is the main location reason for using your regular Pharmacy? [choose one]

In the supermarket…………………………………………… ☐
In town/shopping area………………………………………. ☐
Near to my doctors………………………………………….. ☐
Near to home………………………………………………… ☐
Near to work…………………………………………………. ☐
Other………………………………………………………….. ☐

12. What are the reason for using your regular Pharmacy? [choose as many as apply]

They offer a delivery service……………………………….. ☐
They offer a collection service……………………………… ☐
The staff speak my first language…………………………. ☐
The staff are knowledgeable……………………………….. ☐
The staff are friendly………………………………………… ☐
Other………………………………………………………….. ☐

13. How important are the following Pharmacy services?

Home delivery of your medication
☐ Very important ☐ Important ☐ Unimportant

Prescription collection from your surgery
☐ Very important ☐ Important ☐ Unimportant

The Pharmacy having a wide range of things I need
☐ Very important ☐ Important ☐ Unimportant

The Pharmacist taking time to listen/provide advice
☐ Very important ☐ Important ☐ Unimportant

Private areas to speak to the Pharmacist
☐ Very important ☐ Important ☐ Unimportant

Shorter waiting times
☐ Very important ☐ Important ☐ Unimportant

Knowledgeable staff
☐ Very important ☐ Important ☐ Unimportant

Location
☐ Very important ☐ Important ☐ Unimportant

Late opening times (after 7pm)
☐ Very important ☐ Important ☐ Unimportant

Information available in different languages
☐ Very important ☐ Important ☐ Unimportant

14. How satisfied were you with the following services at your regular Pharmacy?

The Pharmacy having the things I need
☐ Very important ☐ Important ☐ Unimportant

The Pharmacist taking time to talk to me
☐ Very important ☐ Important ☐ Unimportant

Private consultation areas
☐ Very important ☐ Important ☐ Unimportant

Waiting times
☐ Very important ☐ Important ☐ Unimportant

Staff attitude
☐ Very important ☐ Important ☐ Unimportant

Knowledgeable staff
☐ Very important ☐ Important ☐ Unimportant

Location
☐ Very important ☐ Important ☐ Unimportant

Personal Details

We value all people in Berkshire and want to make sure that everyone can access our services, that they provide for people's needs and that we continue to improve what we provide. Please complete these questions which will also help us to see if there are any differences between the views of different groups and needs within our community. All the information you give will be kept completely confidential, no individual will be identifiable. It will be used to inform the planning and improve the delivery of the council's services. All details are kept in strict confidence at all times in compliance with the Data Protection Act 1998. Please note that to provide this information is optional either completely or in part.

Are you?

☐ Male
☐ Female

☐ Under 18
☐ 18-34
☐ 35-49
☐ 50-64
☐ 65-79
☐ 80+

To which of these groups do you consider you belong?

White
☐ English/Welsh/Scottish/Northern Irish/British
☐ Irish
☐ Gypsy/Irish Traveller
☐ Show people/Circus
☐ Any other White background

Mixed
☐ White & Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Any other mixed background

Asian or Asian British
☐ Indian
☐ Pakistani
☐ Nepali
☐ Bangladeshi
☐ Chinese
☐ Filipino
☐ Any other Asian background

Black or Black British
☐ African
☐ Caribbean
☐ Any other Black background

Arab/Other Ethnic group
☐ Arab
☐ Other Ethnic group

Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months?
☐ Yes
☐ No

Are your day-to-day activities limited because of your health problem or disability?
☐ Yes
☐ No

How would you describe your religion/belief?
☐ None
☐ Christian (all Christian denominations)
☐ Buddhist
☐ Jewish
☐ Hindu
☐ Muslim
☐ Sikh
☐ Other

What is your marital status?
☐ Single
☐ Married
☐ Life-partner
☐ Civil Partnership
☐ Other
☐ Prefer not to say

How would you describe your sexual orientation?
☐Heterosexual/Straight
☐ Gay Man
☐ Lesbian/Gay Woman
☐ Bisexual
☐ Prefer not to say

Which of the following best describes your working situation?
☐ I work as a volunteer
☐ I am working part-time
☐ I am working full-time
☐ I am retired
☐ I am not working
☐ Prefer not to say

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Appendix C: Opening times for pharmacies and dispensaries in West Berkshire

Pharmacies

Name, Ward	Address	Opening Hours	Core Hours
Lloyds Pharmacy Birch Copse	Savacentre Bath Road Calcot Reading RG31 7SA	Monday 08:30-21:00 Tuesday 08:30-21:00 Wednesday 08:30-21:00 Thursday 08:30-21:00 Friday 08:30-21:00 Saturday 08:00-20:00 Sunday 10:00-16:00	Monday 09:00-12:00; 13:00-17:00 Tuesday 09:00-12:00; 13:00-17:00 Wednesday 09:00-12:00; 13:00-17:00 Thursday 09:00-12:00; 13:00-17:00 Friday 09:00-12:00; 13:00-17:00 Saturday 09:00-12:00; 14:00-16:00 Sunday
Burghfield Pharmacy Burghfield	Reading Road Burghfield Common Reading Berkshire RG7 3YJ	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Sunday
Downland Pharmacy Chieveley	East Lane Chieveley Newbury Berkshire RG20 8UY	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Closed Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Boots Pharmacy Greenham	Unit 13, Newbury Retail Pk Pinchington Lane Newbury Berkshire RG14 7HU	Monday 08:30-24:00 Tuesday 08:30-24:00 Wednesday 08:30-24:00 Thursday 08:30-24:00 Friday 08:00-24:00 Saturday 08:00-24:00 Sunday 10:00-16:00	Monday 09:00-13:00; 14:00-17:30 Tuesday 09:00-13:00; 14:00-17:30 Wednesday 09:00-13:00; 14:00-17:30 Thursday 09:00-13:00; 14:00-17:30 Friday 09:00-13:00; 14:00-17:30 Saturday 13:30-16:00 Sunday
Tesco Pharmacy Greenham	Tesco Extra Pinchington Lane Newbury Berkshire RG14 7HB	Monday 08:00-22:30 Tuesday 06:30-22:30 Wednesday 06:30-22:30 Thursday 06:30-22:30 Friday 06:30-22:30 Saturday 06:30-22:00 Sunday 10:00-16:00	Monday 08:00-22:30 Tuesday 06:30-22:30 Wednesday 06:30-22:30 Thursday 06:30-22:30 Friday 06:30-22:30 Saturday 06:30-22:00 Sunday 10:00-16:00
Boots Pharmacy Hungerford	125 High Street Hungerford Berkshire RG17 0DL	Monday 09:00-12:30; 13:00-18:00 Tuesday 09:00-12:30; 13:00-18:00 Wednesday 09:00-12:30; 13:00-18:00 Thursday 09:00-12:30; 13:00-18:00 Friday 09:00-12:30; 13:00-18:00 Saturday 09:00-12:30; 13:00-17:00 Sunday Closed	Monday 09:30-12:30; 13:30-17:30 Tuesday 09:30-12:30; 13:30-17:30 Wednesday 09:30-12:30; 13:30-17:30 Thursday 09:30-12:30; 13:30-17:30 Friday 09:30-12:30; 13:30-17:30 Saturday 09:30-12:30; 13:30-15:30 Sunday
Lambourn Pharmacy Lambourn Valley	The Broadway Lambourn Berkshire RG17 8XY	Monday 09:00-13:00; 14:15-17:30 Tuesday 09:00-13:00; 14:15-17:30 Wednesday 09:00-13:00; 14:15-17:30 Thursday 09:00-13:00; 14:15-17:30 Friday 09:00-13:00; 14:15-17:30 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:15-17:30 Tuesday 09:00-13:00; 14:15-17:30 Wednesday 09:00-13:00; 14:15-17:30 Thursday 09:00-13:00; 14:15-17:30 Friday 09:00-13:00; 14:15-17:30 Saturday 09:00-12:45 Sunday
Jhoots Pharmacy Mortimer	24 West End Road Mortimer Reading Berkshire RG7 3TF	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-17:30 Sunday Closed	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-17:00 Saturday 09:00-14:00 Sunday
Mortimer Pharmacy Mortimer	72 Victoria Road Mortimer Common Reading Berkshire RG7 3SQ	Monday 08:00-22:00 Tuesday 07:30-21:30 Wednesday 07:30-22:00 Thursday 07:30-22:00 Friday 07:30-22:00 Saturday 07:30-22:05 Sunday 08:00-22:00	Monday 08:00-22:00 Tuesday 07:30-21:30 Wednesday 07:30-22:00 Thursday 07:30-22:00 Friday 07:30-22:00 Saturday 07:30-22:00 Sunday 08:00-22:00

Name, Ward	Address	Opening Hours		Core Hours	
Placeholder for Day Lewis Pharmacy Northcroft	Ground Floor Unit, Access House Strawberry Hill Road Newbury Berkshire RG14 1GE	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30
Lloyds Pharmacy Pangbourne	3 The Square Pangbourne Berkshire RG8 7AQ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 09:00-17:30 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 15:00-18:00 09:00-13:00; 15:00-18:00 09:00-13:00; 14:30-18:00 09:00-13:00; 14:30-18:00 09:00-13:00; 15:00-18:00 09:00-13:00
Wash Common Pharmacy St John's	Monks Lane Newbury Berkshire RG14 7RW	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	07:30-18:15 07:45-18:15 08:45-18:15 08:45-18:15 08:45-18:15 08:45-17:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00
Boots Pharmacy Thatcham Central	Thatcham Health Ctr Bath Road Thatcham Berkshire RG18 3HD	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-12:30; 13:30-18:30 08:30-12:30; 13:30-18:30 08:30-12:30; 13:30-18:30 08:30-12:30; 13:30-18:30 08:30-12:30; 13:30-18:30 09:00-12:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-12:30; 13:30-18:00 09:00-12:30; 13:30-18:00 09:00-12:30; 13:30-18:00 09:00-12:30; 13:30-18:00 09:00-12:30; 13:30-18:00
Lloyds Pharmacy Thatcham Central	3-5 Crown Mead Bath Road Thatcham Berkshire RG18 3JW	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:30 09:00-18:30 09:00-18:30 09:00-18:30 09:00-18:30 09:00-17:30 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-12:30; 15:00-18:30 09:00-12:30; 15:00-18:30 09:00-12:30; 15:00-18:30 09:00-12:30; 15:00-18:30 09:00-12:30; 15:00-18:30 09:00-12:00; 15:30-17:30
Lloyds Pharmacy Thatcham Central	7 Kingsland Centre The Broadway Thatcham Berkshire RG19 3HN	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-17:30 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	10:00-16:30 10:00-16:30 10:00-16:30 10:00-16:30 09:30-16:30 09:30-16:30
Lloyds Pharmacy Thatcham South And Crookham	Unit 2 Burdwood Ctr Station Road Thatcham Berkshire RG19 4YA	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:45-18:15 08:45-18:15 08:45-18:15 08:45-18:15 08:45-18:15 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:45-13:00; 15:00-18:15 08:45-13:00; 15:00-18:15 08:45-13:00; 15:00-18:15 08:45-13:00; 15:00-18:15 08:45-13:00; 15:00-18:15 09:00-10:30; 12:00-13:00
Theale Pharmacy Theale	27 High Street Theale Reading Berkshire RG7 5AH	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-12:00; 14:00-18:00 09:00-12:00; 14:00-18:00 09:00-12:00; 14:00-18:00 09:00-12:00; 14:00-18:00 09:00-12:00; 13:00-18:00 09:00-13:00
Boots Pharmacy Victoria	4-5 Northbrook Street Newbury Berkshire RG14 1DJ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-18:00 09:00-18:00 08:30-18:00 08:30-18:00 08:30-18:00 08:30-18:00 10:00-16:00	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-15:30
Lloyds Pharmacy Victoria	Sainsburys Store Hectors Way Newbury Berkshire RG14 5AB	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-21:00 08:00-21:00 08:00-21:00 08:00-21:00 08:00-21:00 08:00-12:00; 14:00-20:00 10:00-13:00; 15:00-16:00	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-12:00; 14:00-18:00 09:00-12:00; 14:00-18:00 09:00-12:00; 14:00-18:00 09:00-12:00; 14:00-18:00 09:00-12:00; 14:00-18:00 09:00-12:00 11:00-13:00

Name, Ward	Address	Opening Hours	Core Hours
Superdrug Pharmacy Victoria	81-82 Northbrook Street Newbury Berkshire RG14 1AE	Monday 08:30-13:30; 14:00-17:30 Tuesday 08:30-13:30; 14:00-17:30 Wednesday 08:30-13:30; 14:00-17:30 Thursday 08:30-13:30; 14:00-17:30 Friday 08:30-13:30; 14:00-17:30 Saturday 09:00-13:30; 14:00-17:30 Sunday Closed	Monday 08:30-13:30; 14:30-17:30 Tuesday 08:30-13:30; 14:30-17:30 Wednesday 08:30-13:30; 14:30-17:30 Thursday 08:30-13:30; 14:30-17:30 Friday 08:30-13:30; 14:30-17:30 Saturday Sunday
Boots Pharmacy Victoria	82-83 Bartholomew Street Newbury Berkshire RG14 5EF	Monday 08:30-13:30; 14:30-18:00 Tuesday 08:30-13:30; 14:30-18:00 Wednesday 08:30-13:30; 14:30-18:00 Thursday 08:30-13:30; 14:30-18:00 Friday 08:30-13:30; 14:30-18:00 Saturday 08:30-13:00 Sunday Closed	Monday 09:00-13:30; 14:30-18:00 Tuesday 09:00-13:30; 14:30-18:00 Wednesday 09:00-13:30; 14:30-18:00 Thursday 09:00-13:30; 14:30-18:00 Friday 09:00-13:30; 14:30-18:00 Saturday Sunday
Overdown Pharmacy Westwood	5 The Colonnade Overdown Road Tilehurst Reading Berkshire RG31 6PR	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday

Dispensaries

Access to dispensaries is restricted to people who live in specific areas (controlled localities) of West Berkshire and who are registered with the Surgery.

Name, Ward	Address	Opening Hours
Chapel Row Surgery Bucklebury	The Avenue Bucklebury Berkshire RG7 6NS	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday Closed Sunday Closed
Downland Practice Chieveley	The Surgery East Lane Chieveley Newbury RG20 8UY	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Closed Sunday Closed
Compton Surgery Compton	Compton Surgery High Street Compton Newbury RG20 6NJ	Monday 08:00-12:00 Tuesday 08:00-12:00 Wednesday 08:00-12:00 Thursday 08:00-12:00 Friday 08:00-12:00 Saturday Closed Sunday Closed
Kintbury and Woolton Hill Surgery Kintbury	Kintbury Surgery Newbury Street Kintbury Berkshire RG17 9UX	Monday 08:15-18:30 Tuesday 08:15-18:30 Wednesday 08:15-18:30 Thursday 08:15-18:30 Friday 08:15-18:30 Saturday Closed Sunday Closed
Lambourn Surgery Lambourn Valley	Bockhampton Road Lambourn Berkshire RG17 8PS	Monday 08:30-18:30 Tuesday 08:30-18:30 Wednesday 08:30-18:30 Thursday 08:30-18:30 Friday 08:30-18:30 Saturday Closed Sunday Closed
Mortimer Surgery Mortimer	72 Victoria Road Mortimer Berkshire RG7 3SQ	Monday 08:00-13:00; 14:00-18:00 Tuesday 08:00-13:00; 14:00-18:00 Wednesday 08:00-13:00; 14:00-18:00 Thursday 08:00-13:00; 14:00-18:00 Friday 08:00-13:00; 14:00-18:00 Saturday Closed Sunday Closed

Name, Ward	Address	Opening Hours	
The Boat House Surgery Pangbourne	Whitchurch Road Pangbourne Reading Berkshire RG8 7DP	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-18:30 08:00-18:30 08:00-18:30 08:00-18:30 08:00-18:30 Closed Closed
Theale Medical Centre Theale	Englefield Road Theale Reading Berkshire RG7 5AS	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-18:15 08:30-18:15 08:30-18:15 08:30-18:15 08:30-18:15 Closed Closed

Correct at: 23rd October 2017

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

Equalities Screening Record Form for West Berkshire Pharmaceutical Needs Assessment

Date of Screening: December 2017	**Directorate: Adult Social Care, Health and Housing**	**Section: Public Health Services for Berkshire**
1. Activity to be assessed	The Pharmaceutical Needs Assessment (PNA) is an assessment of access to and need for pharmaceutical services. It is not a policy or service development, but aims to inform such. From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA. The first West Berkshire PNA was published in April 2015 and lasted for three years. The 2018 refresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021. This Equalities Screening Record Form assesses the process used to develop and publish the latest PNA for West Berkshire, as well as the impact that the conclusions of the PNA may have on people with protected characteristics. The PNA process involves data collection and analysis, including demographic data, data on service provision (including type of service, opening hours, and access) and surveys of the public and pharmacy staff. Following this analysis, a holistic assessment of the pharmaceutical needs of the population is undertaken by the PNA Steering Group and conclusions are stated in the draft PNA report. The draft report is then open for a formal consultation period of 60 days, to ensure that residents, health practitioners, health organisations and other key stakeholders have the opportunity to make comments about the report. After the consultation period, all the comments received are reviewed and the report is amended accordingly. Finally, the PNA report is formally agreed by the Health & Wellbeing Board.	
2. What is the activity?	☐ Policy/strategy ☒ Function/procedure ☐ Project ☐ Review ☐ Service ☐ Organisational change	
3. Is it a new or existing activity?	☒ New ☐ Existing	
4. Officer responsible for the screening	Jo Jefferies	
5. Who are the members of the screening team?	Jo Jefferies and Becky Taylor	
6. What is the purpose of the activity?	A PNA is the statement of the needs of pharmaceutical services of a population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. This PNA describes the pharmaceutical needs of the population of West Berkshire. It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements. It will inform interested parties of the pharmaceutical needs in West Berkshire and enable work to plan, develop and deliver pharmaceutical services for the population. It can also inform commissioning of additional services from pharmacies by NHS England, Clinical Commissioning Groups (CCGs) and the local authority.	

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

7. Who is the activity designed to benefit/target?	All residents			
Protected Characteristics	**Please tick yes or no**		**Is there an impact?** What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	**What evidence do you have to support this?** E.g. equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	Y		There are both positive and negative impacts of the PNA process and for the conclusions in relation to disability.	The PNA process included a public survey and a later consultation period, both of which were administered through an online portal. For residents with physical disabilities this may have impacted positively by increasing access. For residents with sight impairment, the portal used is compatible with software that enables the survey to be read aloud, which may also improve access for some of this group. For residents with Mental Health problems, Learning Disabilities or dementia this online method may have impacted negatively. However, other survey and consultation methods, such as paper-based or face to face group consultation would have had a similar impact. In the public survey, respondents were asked if they had any disabilities and, if so, what type. This information was considered when reviewing the survey feedback for inclusion in the PNA report. Amendments to the draft PNA report were made in response to comments regarding disability and access to pharmacy services. When making conclusions about the need for pharmaceutical services, the demographics of the population including prevalence of mental health problems and dementia was taken into account. However, robust data on the prevalence of other disability characteristics was not available at a local level. Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures. These times may not reflect the experience of someone with one or more disabilities.

9. Racial equality		N	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their race.	No impact as a result of the PNA process. Race refers to a person's physical characteristics, while ethnicity refers to cultural factors, such as nationality, regional culture, ancestry and language. For this equality screening tool, we used information about a person's ethnicity as an indicator of race, as this information was more readily available to make an assessment of equality. Black and minority ethnic (BME) groups generally have worse health than the overall population, with some BME groups having far worse health outcomes than others. Evidence suggests that the poorer socioeconomic position of BME groups is the main factor driving ethnic health Inequalities. Language can also be a barrier to delivering effective advice on medicines, health promotion and public health interventions. In addition, some ethnic groups have a higher prevalence of specific long term conditions (for example: people from South Asian and Black communities are 2-4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016, Facts and Stats)). Survey respondents need to be interpreted with caution because the sample size is small. However, it should be noted that the vast majority of respondents (90%) identified as White-British, compared to 91.2% in the West Berkshire population overall. The PNA included information on the ethnicity of residents using data from the Office for National Statistics 2011 Census. This information was taken into account when making the assessment of need. Respondents were asked to state their ethnicity in the public survey. This information was considered when reviewing the survey feedback for inclusion in the PNA report. Two pharmacies in West Berkshire are Healthy Living Pharmacies (HLPs) and all others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.

10. Gender equality		**N**	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender.	Internet use is high for both men and women, so the online survey and consultation methodology is unlikely to have had a discriminatory impact on either male or female gender. An Office for National Statistics report (Internet Users in the UK: 2017), shows that 90% of men have recently used the internet, compared to 88% for women in all age groups. Generally, use of health services is more common for women and this is also the case for pharmacies. The National Pharmacy Association published a report in 2012, which stated that men visit a pharmacy four times a year on average, compared with an average of 18 for women. Gender distribution has been included in the demographic section of the PNA, and this has been taken into account when making conclusions. Two pharmacies in West Berkshire are Healthy Living Pharmacies (HLPs) and all others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA. Transgender people who do not pursue medical treatment may still have significant health needs. According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy. Transgender people who undergo gender reassignment will require lifelong treatment, meaning pharmacy staff must have an understanding of their specific health and medication needs, as well as the more general requirements shared by all patients It is difficult to make an assessment of the impact of the PNA on people who identify as a gender other than male or female. Currently, data is only available for male and female at a local level. In the public survey, residents were able to identify as ‘male’, ‘female’, ‘other’ or indicate that they preferred not to say. All survey respondents identified as either male or female.

11. Sexual orientation equality		**N**	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their sexual orientation.	Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on the distribution of sexual orientation in the local population. Survey respondents were asked to state their sexual orientation in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. Less than 5 respondents to the public survey identified as not being heterosexual. According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy. Although data is not robust, it is important that community pharmacy services do not impact adversely on individuals because of sexual orientation. No survey responses or consultation comments specifically mentioned sexual orientation.
12. Gender re-assignment		**N**	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender re-assignment.	Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on gender re-assignment in the local population. Although survey respondents were not asked to state whether they were undergoing or had undergone gender reassignment in the public survey and consultation, no survey responses or consultation comments specifically mentioned this. People seeking gender reassignment may choose to undergo medical treatment, such as prescribed hormones in order to live as their chosen gender. Surgery may also be used as a way of expressing gender identity. It is difficult to make an assessment of the impact of the PNA on people who are undergoing or have undergone gender reassignment, however this group may have complex needs and pharmacy staff should be trained appropriately help them provide, sensitive high quality services to all residents, including those undergoing or have undergone gender reassignment.

13. Age equality	**Y**		There are both positive and negative impacts of the PNA process and for the conclusions in relation to age.	The online method of the public survey may have impacted on age groups differently. An Office for National Statistics report (Internet Users in the UK: 2017) indicates that almost all adults aged 16 to 34 had accessed the internet recently. Therefore, the online nature of the survey and consultation is unlikely to have had a negative impact on younger adults, including parents of young children. The usage of the internet for older age groups is increasing. Recent internet use in the 65 to 74 age group was estimated to be 78% in 2017, but usage in adults aged 75 and over was lower at 41%. The online method of the survey may therefore have discriminated against some older people who did not have access to the internet. However, the online method of the survey may have impacted positively on those older people who lack access to transport for example. 41% of respondents to the online public survey in Berkshire were aged 65 and over, compared to 18% in West Berkshire's population overall. The PNA included information on the age of residents using data from the ONS mid-year population estimates. This information was taken into account when assessing the availability of pharmacy services, with particular attention being given to wards within West Berkshire that had higher proportions of young children or older adults. The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. The provision of delivery services across the local area was also included in the assessment, as many pharmacies provide these to people who are house-bound, elderly or infirm. Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures. These times may not reflect the experience of all older people. However, Age UK's (2015) report on The Future of Transport in Ageing Society indicated that 68% of people aged 70 and over had access to a car. This was the main mode of transport used to access pharmacies in West Berkshire, according to the responses received through the public survey.

14. Religion and belief equality		**N**	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their religion or beliefs.	Survey respondents were asked to state their religion in the public survey. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned religion or belief. The General Pharmaceutical Council published new guidance in 2017 titled 'In Practice: Guidance on religion, personal values and beliefs', which help pharmaceutical professionals when their beliefs might impact on their willingness to provide certain services.
15. Pregnancy and maternity equality		N	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because they are pregnant or a mother	National initiatives ensure services are responsive to meet the needs of pregnant women and mothers (and fathers). An example of this is the flu vaccine for pregnant women, which is included in the pharmacy contract. Although survey respondents were not asked to state whether they were pregnant or already had children in the public survey and consultation, no survey responses or consultation comments specifically mentioned pregnancy. The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. When using the sum of information to make a holistic assessment of the pharmaceutical needs of West Berkshire, the age and gender distribution of wards was taken into account including consideration of wards with a higher prevalence of women of child-bearing age.
16. Marriage and civil partnership equality		N	No	Survey respondents were asked to state their marital status in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned marital status.
17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.	***Migrants and people who do not speak or understand English*** The public survey, consultation and report were all published and promoted in the English language. Migrants and others who may not have English as a first language may have been negatively impacted by this. ***Deprivation*** Deprivation may also mean less access to the internet and could therefore mean that residents in more deprived areas were negatively impacted by the online methodology of the PNA survey and consultation. Recent national or local data on internet access and socio-economic status is not available, however data from the 2014 Scottish			

	Household Survey showed that 31% of households in the 20% most deprived areas did not have access to the internet, compared to only 16% in the rest of Scotland. Areas of deprivation were considered when making the assessment and conclusions for the PNA, with special consideration given to areas where pharmacy access was less available. ***Rurality*** 37% of West Berkshire's population live in a rural area, according to the 2011 Census. This is a much higher percentage than the national average of 18%. The online method of the public survey will not have affected involvement for people living in more rural settings, and may have increased the ability to be involved in the survey and consultation. Areas of rurality were considered when making the assessment and conclusions for the PNA, with special consideration being given to areas where pharmacy access was less available. ***Carers*** Survey respondents were not asked to state whether they were carers in public survey or consultation and robust data on the number and distribution of carers within West Berkshire was not included in the PNA. It is recognised that those caring for others may have higher levels of need for Pharmaceutical Services than some other population groups and therefore may be negatively impacted by the PNA conclusions if their needs have not been appropriately considered. Future PNAs should attempt to elicit and use this information. Locally Commissioned Services and Healthy Living Pharmacy services are outside the scope of the formal PNA conclusions; however these both have potential to have a positive impact on residents who have any of the protected characteristics. This is clearly stated on pg. 53 of the final report. Public Health campaigns form an element of essential pharmaceutical services. The conclusions of the PNA state that campaigns have the potential to positively impact on groups with the protected characteristics if targeted appropriately.
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	The potential for some negative impacts of the PNA process and the conclusions have been identified. However due to lack of robust estimates of numbers and distribution of gender re-assignment, sexual orientation and gender other than male or female, the impact of these cannot be quantified.
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	***Disability*** – 1,032 adults in West Berkshire were recorded as having serious mental health problems in 2016 and 946 were recorded as having dementia (Public Health England 2017). Any impact of the PNA process or conclusions due to mental health problems and dementia could therefore impact on this number of people. Robust data on the prevalence of other disability characteristics was not available at a local level meaning numbers of people likely to be affected cannot be calculated. ***Age*** - Any impact of the PNA process or conclusions on people based on older age (those aged 65 and over) could affect around 28,507 people in West Berkshire. Although some aspects of the PNA could impact negatively on some members of this group, impacts would not solely be due to age but rather due to other confounding factors that are more common among older people such as lack of mobility, reduced access to transport, higher prevalence of health conditions and lower levels of internet access. .

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	We do not believe the impacts identified would constitute unlawful discrimination.
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	More robust estimates on the number and distribution of residents undergoing or having completed gender reassignment and on sexual orientation together with more evidence on any specific needs that these residents may have in relation to pharmaceutical service would help to improve the impact of the PNA on these groups. Inclusion of ward level information on prevalence of new births would potentially improve understanding of the impact of the PNA conclusions on this group. Unfortunately 2016 data on new births was not available to the PNA authors at the time of writing and therefore was not considered in the holistic assessment. In future years it is expected that this data will be available and should therefore be considered when assessing the impact of the PNA on the basis of pregnancy and maternity.		
22. On the basis of sections 7 – 17 above is a full impact assessment required? *Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged.*		N	The PNA is an assessment of need and not a service. The conclusions within the PNA are made to inform NHS England and other public sector commissioners of pharmacy services. Any commissioning of pharmacy services should consider the impact of changes to service provision or access to services on the protected groups and adhere to the Equality Act 2010.

23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data?

Action	Timescale	Person Responsible	Milestone/Success Criteria
PNA Public Survey included questions on age, gender, race/ethnicity, religion, sexual orientation and disability.	22/06/2017 – 15/09/2017	PNA Steering Group	
The PNA includes information on protected characteristics where available. Some of this information is shown as a ward level, such as age, gender and ethnicity. Aggregated data is shown at a local authority level for ethnicity, religion and belief and mental health prevalence. This information was considered by the PNA Steering group when making an assessment of the need for and access to Pharmaceutical Services in West Berkshire.	By 31/03/2018	PNA Steering Group	

24. Which service, business or work plan will these actions be included in?	Public Health Services for Berkshire

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Section C of the final West Berkshire Pharmaceutical Needs Assessment (2018-2021) will be enhanced to ensure that the different prevalence and mortality rates for people with protected characteristics are clearly stated.
26. Chief Officers signature.	Signature: Jo Jefferies Date: Jan 2018

Please note: Section C of West Berkshire's Pharmaceutical Needs Assessment (2018-2021) includes detailed information about the demographics of the local area and refers to groups with protected characteristics.

Consultation Report for West Berkshire Pharmaceutical Needs Assessment (2018 to 2021)

Introduction

This report outlines the formal consultation that took place, as part of the development of West Berkshire's Pharmaceutical Needs Assessment (PNA) for 2018-2021. This process meets the statutory requirements set out in NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which state that Health and Wellbeing Boards must formally consult specific organisations and local stakeholders about any draft PNAs for a minimum of 60 days.

This report:

- details how the consultation of West Berkshire's draft PNA was undertaken
- summarises the responses received
- Identifies actions taken to amend the final PNA, as a result of the consultation responses.

Consultation Process

West Berkshire's draft PNA report and supporting appendices were made publically available on West Berkshire Council's website from 1st November 2017 to 31st December 2017. Details about how to request paper copies of the report were also included on the website page. People were encouraged to take part in the consultation by responding to a short online survey, which was hosted by Bracknell Forest Council's Objective software. In addition, respondents could also contact Public Health Services for Berkshire (Berkshire Shared Public Health Team) directly by email or phone to make any comments.

The online survey included 11 questions with the opportunity to provide further comments and suggestions. The full survey can be seen in Appendix F

In line with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the following local organisations and key stakeholders were also specifically invited to respond to the consultation for West Berkshire:

- Neighbouring local authorities – Hampshire County Council, Oxfordshire County Council, Reading Borough Council, Wokingham Borough Council
- Four Berkshire West Clinical Commissioning Groups (CCG) – Newbury & District CCG, North & West Reading CCG, South Reading CCG and Wokingham CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch West Berkshire
- Local NHS Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

Appendix E: PNA Consultation Process and Feedback Report

Responses to the consultation were collated and analysed by Public Health Services for Berkshire, on behalf of the Health and Wellbeing Board. All responses were considered, reviewed and the PNA was amended as appropriate. A summary of the consultation responses, specific comments and actions taken are included below.

Results

A total of 8 responses were received as part of the formal consultation for West Berkshire's PNA. 7 of these were via the online survey and an additional one was by email. There were 2 responses from Health and Wellbeing Board members and 3 from General Practice team members. Organisation responses were also received from NHS England, the Local Pharmaceutical Committee and Berkshire West Clinical Commissioning Group. It is important to note that the consultation for West Berkshire's PNA was undertaken at the same time as the other 5 PNAs across Berkshire, so some of the responses received from organisations referred to the provision of pharmaceutical services across more than one HWB area.

Online response summary

This section provides a summary of the responses received through the online survey. Participants in the survey were not required to complete every question, so these do not always equal the total number of respondents. The survey also provided the opportunity to write specific comments. These have been considered later on in the report, as the comments often referred to several questions or provided general feedback about the PNA report or pharmaceutical service provision within West Berkshire, (see Table of Specific Comments on page 4).

Question	Responses		
	Yes	**No**	**Not sure**
Did you take part in the August 2017 survey?	0	7	0

None of the respondents to the formal consultation had taken part in the earlier public survey, which was used to gain patient feedback to inform the development of the PNA.

Question		Responses		
		Yes	**No**	**Not sure**
1	Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?	7	0	0
2	Does the document clearly set out the scope of the PNA (Section B)?	7	0	0
3	Does the document clearly set out the local context and the implications for the PNA (Section C)?	7	0	0
4	Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?	5	1	0

5	Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	1	3	3

All respondents stated that they thought the purpose of the PNA was explained sufficiently in the draft report and that the scope, local context and implications for the PNA were clearly set out.

One respondent noted that the information provided was not a reasonable description of the pharmaceutical services provided in the local authority area, as Compton Surgery had not been added as a dispensing practice. This service was subsequently added to the final West Berkshire PNA report and to Map 1 and Appendix C.

Question		**Responses**		
		Yes	**No**	**Not sure**
6	Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	5	0	2
7	Please indicate below if you agree with the conclusions for the services described (Section G):			
	Current necessary provision of pharmaceutical services	5	0	1
	Current gaps in pharmaceutical services	5	0	1
	Future gaps in pharmaceutical services	4	1	1
	Current additional provision of pharmaceutical services	5	0	1
	Opportunities for improvements and/ or better access to pharmaceutical services	5	1	1
	Impact of other services which affect the need for pharmaceutical service	4	1	1
8	Is there any additional information which you think should be included in the PNA?	1	4	0

The majority of respondents (5 of 8) thought that the pharmaceutical needs of the population had been accurately reflected throughout the PNA. The majority (4-5) also stated that they agreed with the conclusions for the different services described in Section G of the PNA Report. The remaining respondents did not agree with all the conclusions, or stated that they were not sure. Comments were provided for these reasons, such as the potential impact of changes to other NHS services on local pharmacy provision, pressure of future housing developments and queries around specific pharmacy services. These have all been addressed in the overall comments at the end of this report.

The LPC stated that they thought additional information should be included in the PNA around the types of services that the Health & Wellbeing Board would like to see commissioned from local pharmacies. These comments have also been addressed in the overall comments at the end of the report and incorporated into the final PNA.

Question		Responses		
		Yes	No	Not sure
9	Has the PNA provided adequate information to inform:			
	Market Entry Decisions *(NHS England only)*	(3)	1	(2)
	How you may commission services from pharmacies in the future *(All commissioners)*	3	1	2
10	Does the PNA give enough information to help your own future service provision and plans? *(Pharmacies and dispensing appliance contractors only)*	1	0	1

Questions 9 and 10 in the online survey focussed on whether the PNA had provided adequate information to inform the commissioning of services from pharmacies, as well as if it gives pharmacies enough information to help them plan their future service provision. These questions were only relevant to certain organisations; however numbers in brackets in the table above show where questions were answered by other respondents.

NHS England stated that the draft PNAs across the 6 Berkshire HWB areas did not all provide adequate information to inform market entry decisions or how pharmacies may be commissioned in the future, however no specific concerns were received for West Berkshire in response to Question 9.

Some amendments were suggested and those relevant to West Berkshire's PNA have been addressed in the overall comments at the end of the report and incorporated into the final PNA, where appropriate.

Specific comments received

A total of 11 free text comments were completed from the 7 online respondents for West Berkshire's PNA. These have been summarised and grouped below, with the response and actions taken. For clarity, some comments have been separated where there were multiple topics addressed within each comment.

Summary of Comments	Relevant survey questions	Response and actions taken
Dispensing general practice not included in the draft PNA as a pharmaceutical service	Q5, Q6	Agree that this should have been included. Section A10 of the final report has been amended to explain that dispensing doctors are providers of pharmaceutical services.
PNA and maps do not show the dispensary at Compton Surgery	Q4	Agree that this should have been included. Dispensary at Compton Surgery has been included in the final PNA report and the analysis has been adjusted accordingly. Appendix C and Map 1 have also been updated.

Appendix E: PNA Consultation Process and Feedback Report

Summary of Comments	Relevant survey questions	Response and actions taken
Concern that impact of other services on need for pharmaceutical services was not explicitly discussed in the draft PNA report.	Q7	Following additional information from Berkshire West CCGs, the final PNA was amended to better describe the potential changes to services that may affect pharmaceutical need.
Inappropriate for PNA to comment on delivery services, as these are not part of NHS England's contractual services and are therefore out of the remit of the PNA.	Q7	Agree that this should not have been included in the PNA. Section G5 of the final report has been revised to remove conclusions about potential changes to delivery services.
A key standard for rural community access to pharmacy services (within 20 minute drive or 5 miles distance) is not reflected in the draft PNA. Suggested opportunities for improvement to access should be revised.	Q7, Q8	Final PNA report was amended to clarify that all West Berkshire residents could access a pharmaceutical service within a 20 minute drive. The conclusions in Section G were also amended to take out reference to access times through walking.
Suggested revision to describe the Flu service commissioning more clearly	Q8	Final PNA was revised to clarify that the Flu service is commissioned annually.
The PNA should acknowledge that Hampshire residents may use pharmaceutical services in areas bordering the county to better assess provision.	Q6, Q8	The scope of the PNA focuses on residents living within West Berkshire and the pharmaceutical services that they have access to. However, an additional comment has been added into the PNA to clarify that people living outside of the area may also use these services.
The LPC commented that they would benefit from an indication of what services the Health & Wellbeing Board would like to commission from pharmacies to guide future developments.	Q8, Q10	Need to clarify response to this query with West Berkshire
Data in Section D suggests reduction of pharmacy provision from 22 to 18 per 100,000 people without explanation.	Q11	Data reviewed for clarity and accuracy. Draft report correctly describes current provision of 19 pharmacies per 100,000 population, which will reduce to 18 per 100,000 as a result of population growth. Other numbers included in the report describe national/regional figures.
Unclear use of both percentages and numbers when describing results of public survey	Q11	Agree that this was inconsistent. The final PNA report was amended to improve clarity and consistency in Section E.

Summary of Comments	Relevant survey questions	Response and actions taken
The LPC noted that West Berkshire had a lower number of pharmacies per population than the national average, but that these served the population well and were likely to be able to cope with demands from population growth.	Q11	Support for the PNA's conclusions was welcomed.

Responses received by other methods

A joint response from the Berkshire West Clinical Commissioning Groups was also received by email.

Summary of Comments	Response and actions taken
Concerns raised about the effect of future housing developments in some specific areas of Berkshire. These did not include localities within West Berkshire.	Agree that identified population growth in West Berkshire should be within the capacity of the current pharmaceutical services and would not disproportionately affect one area. No changes to the PNA were required.
Provided information about the potential changes in local health services, which could impact on pharmacy service provision. These include the national consultation on prescription of low value medicines.	The information provided has been included in section C2 and conclusion G6 of the final PNA Report. The PNA has been amended torecognise that some of these changes, and the possible impacts, are unknown and can therefore not be quantified in the PNA. It is aso recognised that the timeframe for some changes is not yet clear. Generally, planned changes to NHS services in the lifetime of the PNA are not expected to create demand for additional pharmaceutical services in West Berkshire.
Highlighted the Berkshire West CCGs Palliative Care dispensing scheme for emergency drugs	This provision was added to section D1 of the final PNA to better reflect locally commissioned services.

Following the Equality Impact Assessment Screening, the PNA Steering Group also decided to add some additional information into Section C of the final PNA, which highlighted the different health outcomes observed by certain groups of people. While this had been included in the draft report, it was felt that the different prevalence and mortality rates for people of different protected characteristics needed to be more explicit in the final report. The full Equality Impact Assessment Screening report is attached at Appendix D.

Conclusion

The consultation process was effective in receiving scrutiny for the PNA from the healthcare workforce. We were disappointed to not receive feedback from members of the public, but are confident that the stakeholders who replied represented concerns of local residents.
All comments were gratefully received and were used to improve the accuracy and quality of the PNA.

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Appendix F: Berkshire PNA Formal Consultation Survey 2017

The PNA Formal Consultation Survey was available online. This provides a summary of the questions included in the survey.

In what capacity are you responding to this consultation?
Member of the public ……………………………………… ☐
Member of a Health & Wellbeing Board…………………… ☐
Member of the health care workforce………………………. ☐
Other…………………………………………………………. ☐

If you have said "Other", please state your capacity

If you selected "Member of the healthcare workforce" please clarify from the list below

Member of a community Pharmacy team…………………… ☐
NHS England………………………………………………… ☐
Local Pharmaceutical Committee…………………………… ☐
Local Medical Committee …………………………………… ☐
Local Optical Committee …………………………………… ☐
Local Dental Committee……………………………………. ☐
Health & Wellbeing Board…………………………………… ☐
CCG…………………………………………………………… ☐
GP or other member of a General Practice team ………… ☐
Other healthcare professional (please state)……………… ☐

Which local authority area do you live in?
(If you are responding as a healthcare professional or organisation, please select the local authorities you are responding about)

Bracknell Forest Council……………………………………. ☐
Reading Borough Council…………………………………… ☐
Slough Borough Council ……………………………………. ☐
Royal Borough of Windsor and Maidenhead……………… ☐
West Berkshire Council……………………………………… ☐
Wokingham Borough Council………………………………. ☐

Did you take part in the August 2017 PNA survey?
Yes ………………………………………………………………… ☐
No ………………………………………………………………… ☐

1. Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?
Yes ………………………………………………………………… ☐
No ………………………………………………………………… ☐
Not Sure …………………………………………………………… ☐

If you answered "No" or "Not sure" please explain why

2. Does the document clearly set out the scope of the PNA (Section B)?
Yes ………………………………………………………………… ☐
No ………………………………………………………………… ☐
Not Sure …………………………………………………………… ☐

If you answered "No" or "Not sure" please explain why

3. Does the document clearly set out the local context and the implications for the PNA (Section C)?
Yes ………………………………………………………………… ☐
No ………………………………………………………………… ☐
Not Sure …………………………………………………………… ☐

If you answered "No" or "Not sure" please explain why

4. Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?

Yes .... ☐
No .... ☐
Not Sure .... ☐

If you answered “No” or “Not sure” please explain why

5. Are you aware of any pharmaceutical service currently provided which have not been included within the PNA?

Yes .... ☐
No .... ☐
Not Sure .... ☐

If you answered “Yes” or “Not sure” please explain why

6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?

Yes .... ☐
No .... ☐
Not Sure .... ☐

If you answered “No” or “Not sure” please explain why

7. Please indicate below if you agree with the conclusions for the services described (Section G)

	Yes	No	Not sure
Current necessary provision of pharmaceutical services	☐	☐	☐
Current gaps in pharmaceutical services	☐	☐	☐
Future gaps in pharmaceutical services	☐	☐	☐
Current additional provision of pharmaceutical services	☐	☐	☐
Opportunities for improvements and/or better access to pharmaceutical services	☐	☐	☐
Impact of other services which affect the need for pharmaceutical services	☐	☐	☐

If you answered “No” or “Not sure” to one or more of the above questions, please explain why

8. Is there any additional information which you think should be included in the PNA?

Yes .... ☐
No .... ☐
Not Sure .... ☐

If you answered “Yes” or “Not sure” please explain why

Appendix F: Berkshire PNA Formal Consultation Survey 2017

For professional stakeholders only (Q9)

9. Has the PNA provided adequate information to inform:

	Yes	No	Not sure
Market entry decisions *(NHS England only)*	☐	☐	☐
How you may commission services from pharmacies in the future *(All commissioners)*	☐	☐	☐

If you answered "No" or "Not sure" please explain why

For pharmacies and dispensing appliance contractors only (Q10)

10. Does the PNA give enough information to help your own future service provision and plans?

Yes …………………………………………………………………. ☐
No ……………………………………………………….……….…….☐
Not Sure ………………………………………….……….…..…. ☐

If you answered "No" or "Not sure" please explain why

If you have any further comments, please enter them in the box below

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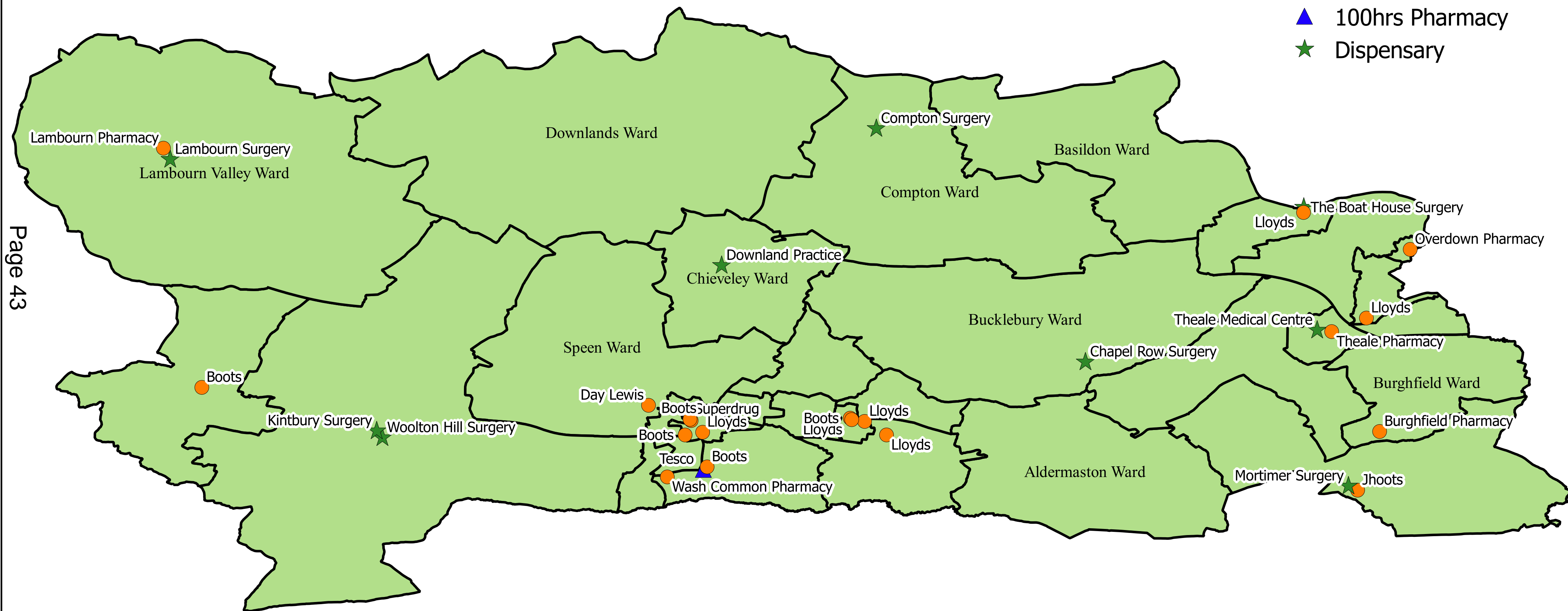
Map 1: Pharmaceutical Services in West Berkshire - (Oct 2017)

Legend

- Pharmacy
- 100hrs Pharmacy
- Dispensary



Working together for health and wellbeing

Public Health Services for Berkshire

This map has been produced using NHS Digital ODS data, DCLG and Ordnance Survey OpenData (2017).
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By:NW

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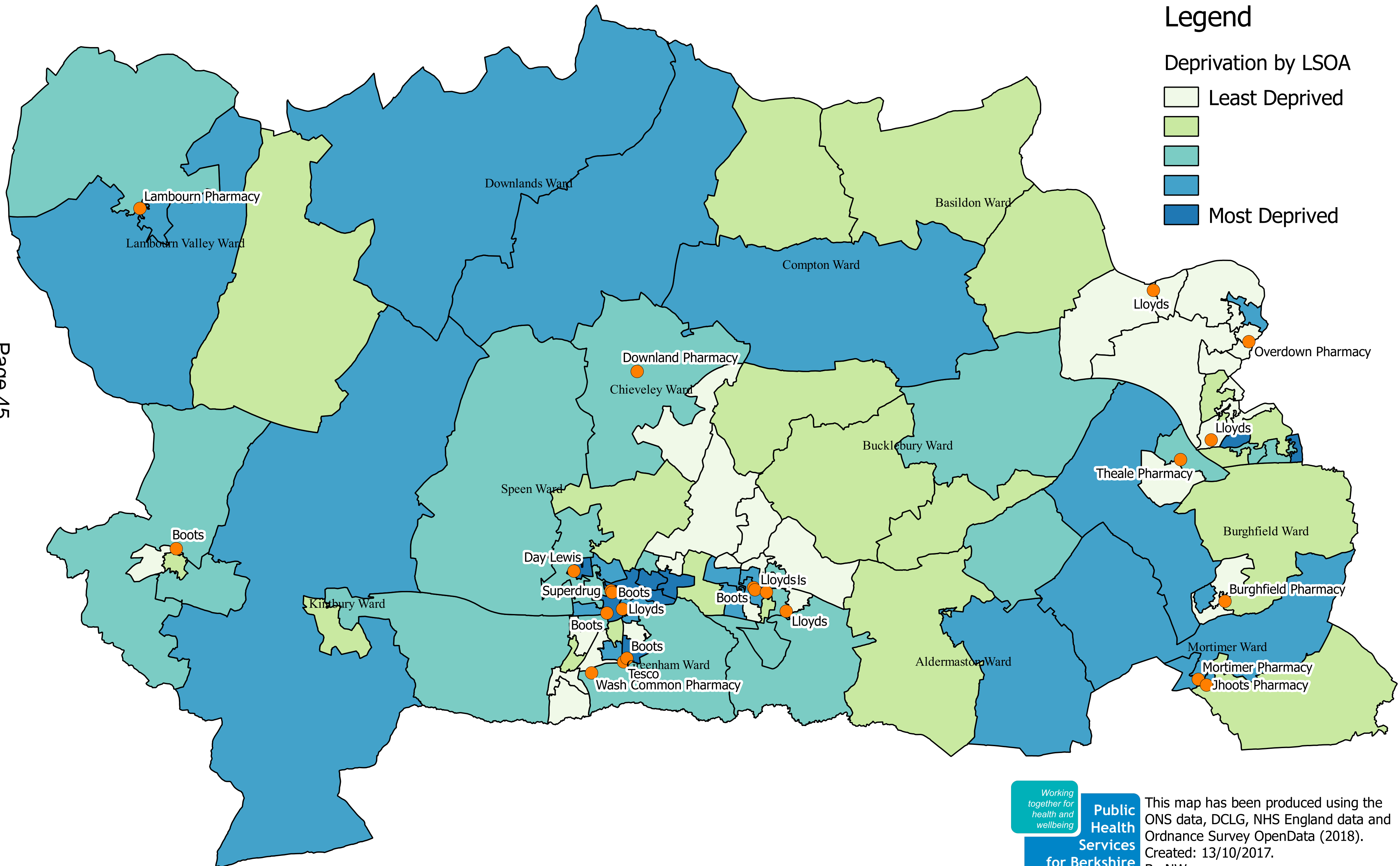
Map 2: West Berkshire pharmacies and Index of Multiple Deprivation 2015 by Lower Super Output Area (2015)



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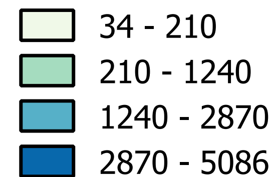
Map 3: West Berkshire pharmacies and population density at a ward level (2017)



Lambourn Pharmacy
Lambourn Valley Ward
Downlands Ward
Compton Ward
Basildon Ward
Downland Pharmacy
Chieveley Ward
Lloyds
Overdown Pharmacy
Lloyds
Theale Pharmacy
Bucklebury Ward
Speen Ward
Boots
Kintbury Ward
Day Lewis
Superdrug
Boots
Boots
Lloyds
Tesco
Boots
Wash Common Pharmacy
LBoots
Lloyds
Lloyds
Burghfield Ward
Burghfield Pharmacy
Aldermaston Ward
Mortimer
Jhoots Pharmacy

Population density is calculated as the population estimate of each ward divided by its land area in square kilometres.

This map has been produced using NHS England data, ONS DCLG data and Ordnance Survey OpenData (2017).
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By:NW

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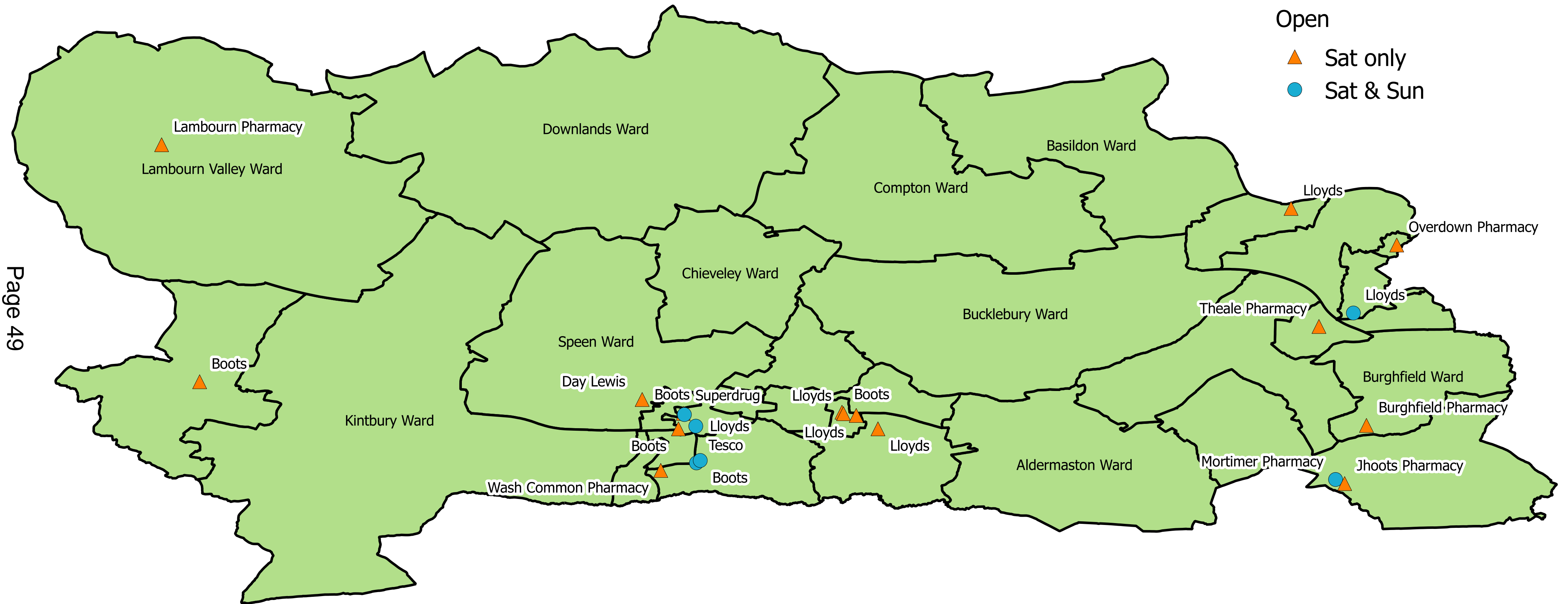
Map 4: West Berkshire pharmacies and weekend opening



This map has been produced using NHS England data and Ordnance Survey OpenData (2017).
Created:09/10/2017
By:NW

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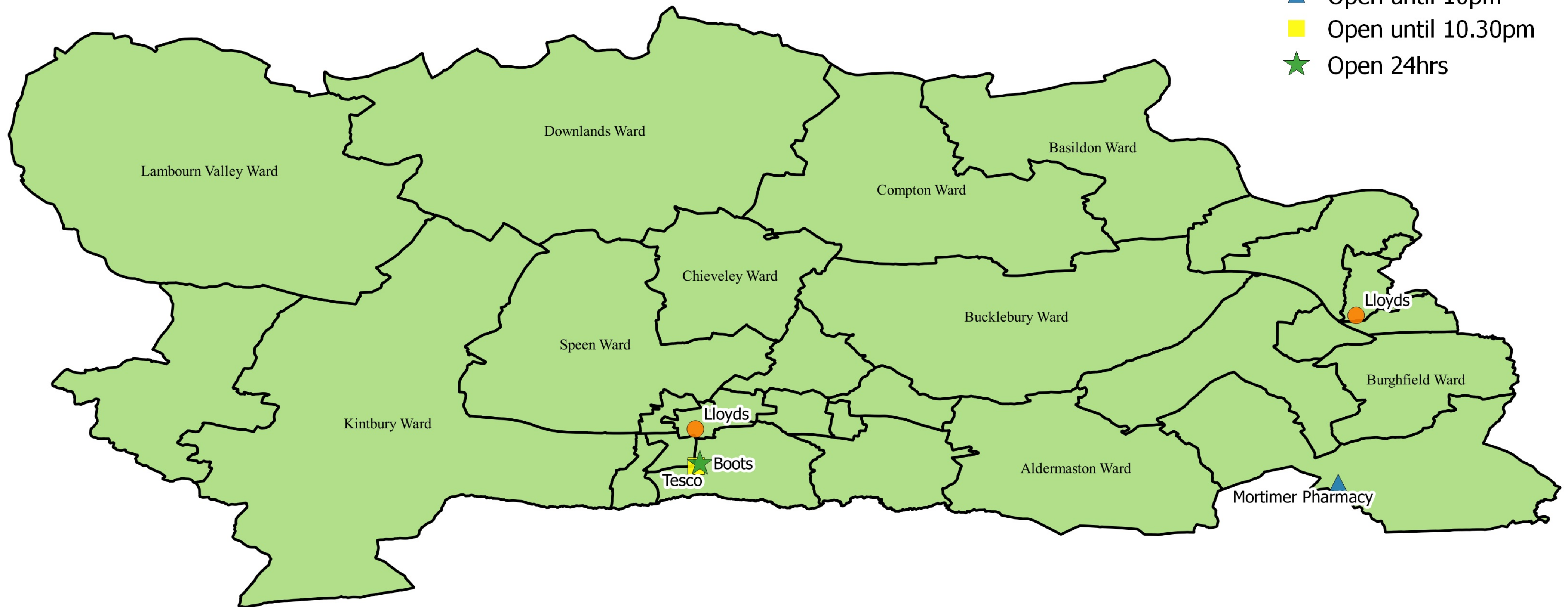
Map 5: West Berkshire pharmacies and evening opening - (Oct 2017)



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This map has been produced using NHS Digital ODS data, DCLG, NHS England data and Ordnance Survey OpenData (2017).
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By:NW

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Map 6: Residents of West Berkshire who can access a pharmacy within a 5 and 15 minute drive

Legend:

- 5 minutes
- 15 minutes

Drive times are calculated based on non-rush hour traffic and the assumption that pharmacies are open. Please see Appendix C for pharmacy opening times.

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 16/10/17

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Map 7: Residents of West Berkshire who can access a pharmacy within a 15 minute walk

Legend:

15 minutes

Walking times are calculated based on the assumption that pharmacies are open. Please see Appendix C for pharmacy opening times.

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 16/10/17

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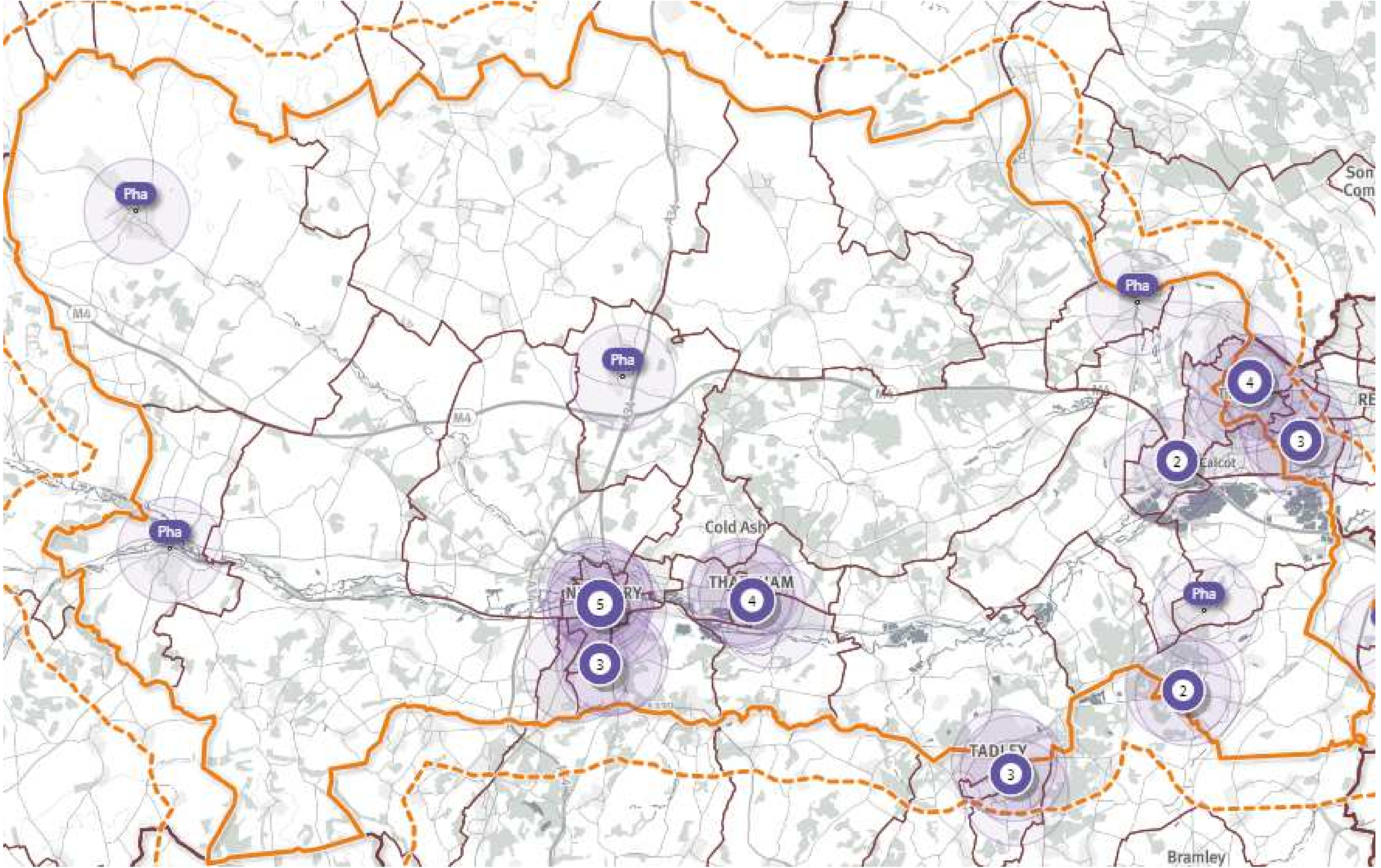
Map 8: Pharmacies inside and within 1.6km (1 mile) of West Berkshire border



Legend:

1.6km radius of a pharmacy

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 02/01/18

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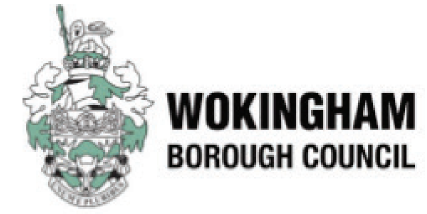
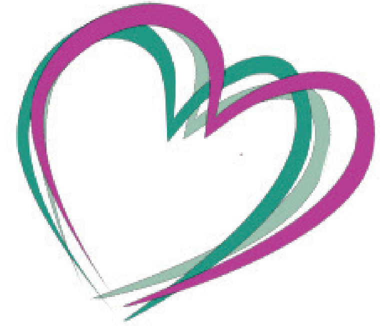
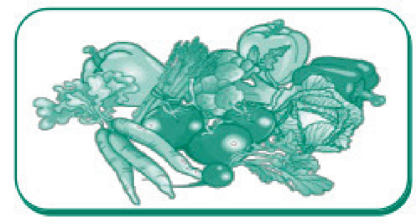
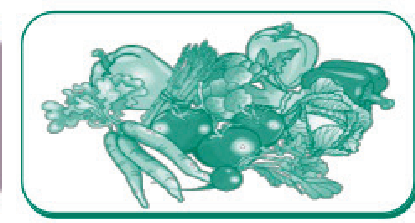


Berkshire West Healthy Weight Strategy



2017 – 2020





Foreword

It is increasingly and widely accepted that levels of obesity in Berkshire West, as across the country, are a significant public health concern, having a serious impact on people's physical health, emotional wellbeing and reducing life expectancy by an average of 8-10 years – the same as lifelong smoking.

Obesity is estimated to cost the economy £27 billion a year nationally, of which £352 million is attributed to social care costs. More importantly to us is the human cost in sickness and lost years of healthy life. It is also true that obesity is a major contributor to the wide health inequalities between wealthier and poorer areas which exist in our local authorities.

Our vision:

"To ensure children and adults in Berkshire West have the opportunity to achieve and maintain a healthy weight throughout their lives, by supporting them **to make healthy diet choices and choose a physically active lifestyle"**

The objectives of this document are to provide a framework for the co-ordination of our work to tackle obesity and to enlist the support and commitment of all the Councils and partners in the public, private and voluntary sectors across their full range of responsibilities to help people in Berkshire West to:

- recognise the importance of a healthy weight and be able to identify what a healthy weight is.
- have access to accurate, relevant information and support to help them to achieve and maintain a healthy weight across the life course.
- be physically active in every-day life and choose active travel as a safe, attractive and convenient option and have convenient access to high quality sports and leisure facilities.
- access acceptable, enjoyable, healthy food for themselves and their families both inside and outside the home.

Excess weight is strongly linked to a person's risk of developing serious long-term conditions such as diabetes, cardiovascular disease and cancer.

We know that across Berkshire West there is a significant challenge to reverse the rising trend in obesity prevalence:

- In Reading over 35% of children are overweight or obese by the time they reach Year 6 in school and by adulthood, this figure has increased to 63.4%.
- In Wokingham 28.3% of year 6 children are overweight or obese rising to 63.3% in adulthood.
- In West Berkshire 26.6% of year 6 are overweight or obese increasing to 64.6% in adulthood.

An obese child is more likely to become an obese adult than a child of healthy weight and habits that are formed early in life are often difficult to change. We are now seeing conditions previously considered to be diseases of adulthood appear in children and young people, such as type 2 diabetes.

By taking action with prevention and intervention and working across all Berkshire West local authorities, we aim to decrease the prevalence of childhood overweight and obesity and tackle the issue in adulthood.

The Health and Wellbeing Boards across Berkshire agree that tackling obesity is a priority for us all.

There are significant areas of deprivation in Berkshire West and particularly in Reading that are linked to higher levels of obesity. Healthier lifestyle behaviours tend to be more prevalent in more affluent areas.

Reading has the highest density of fast food outlets in Berkshire. In addition only 50% of the population in Reading is eating the recommended 5 portions of fruit and vegetables each day and 30% of the adult population in Reading not achieving even one 30 minute bout of physical activity a week.

The picture is somewhat better for the other 2 areas with 60% in Wokingham and just below that in West Berkshire eating their 5 portions of fruit and veg each day. This still means that around 4 out of 10 people are not eating healthily.

There is also much room for improvement in residents being physically active enough, with around 20% doing only 1 x 30 mins of physical activity a day in Wokingham and 25% for West Berkshire.

These unhealthy behaviours remain a challenge for all our localities.

Locally we recognise the severity of obesity and the need to strengthen our efforts to ensure that people who live and work in Berkshire West can choose a healthy, active lifestyle and have the support that they need to be a healthy weight throughout their lives.

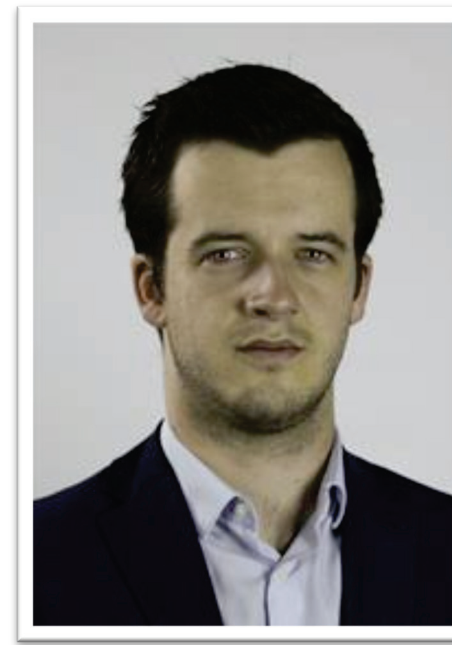
As well as acknowledging the good work that is already happening across Reading, Wokingham and West Berkshire and developing new initiatives, we are committed to working together with partners and, more importantly, the people

Councillor Graeme Hoskin,

Chair of Reading Health and Wellbeing Board

Councillor Julian McGhee-Sumner,

Chair of Wokingham Health and Wellbeing Board



Councillor James Fredrickson,

Chair of West Berkshire Health and Wellbeing Board

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1: What is obesity?

Obesity is defined as carrying an excessive amount of body fat that is a risk to health.

Overweight' is defined as having a 'Body Mass Index' (BMI) of 25-29.9 kg/m^2 'obesity' is defined as having a 'BMI' greater than 30.

Excess body fat that accumulates around the waist is considered to increase the risk of high blood pressure, heart disease and type 2 diabetes

Obesity is defined as carrying an excessive amount of body fat that is a risk to health.

Excess body fat is stored when a person habitually takes in more energy (calories) from food and drink than they use up through the body's normal daily functions (such as growth, repair, breathing, digestion and physical activity).

Body Mass Index (BMI)

An adult's weight is considered in relation to their height to check it falls within a healthy range.

Body Mass Index (BMI) is calculated by dividing weight in kilograms by height in metres squared.

This measure was primarily developed for European populations to define at what point excess weight increases someone's risk of long-term conditions such as diabetes and cardiovascular disease.

'Overweight' is defined as having a 'Body Mass Index' (BMI) of 25-29.9 'obesity' is defined as having a 'BMI' greater than 30. *Table 1: World Health Organisation: BMI classification system for adults:*

A child's BMI is calculated in the same way but then compared to UK growth charts to take account of different growth patterns.

BMI range (Kg/m2)	Classification
< 18.5	Underweight
18.5 – 24.9	Healthy Weight
25 – 29.9	Overweight
30 – 34.9	Obesity
35 – 39.9	Obesity ii
40 +	Obesity iii

Table 1: World Health Organisation: BMI classification system for adults:

For most people and at a population level, BMI is widely accepted as a good indicator of weight status. However, it should be noted that:

- BMI does not distinguish between how much of a person's bodyweight is fat (excessive amounts are a health risk) and lean tissue such as bone, muscle and organs. Therefore very active people with a high muscle mass may have a high BMI, but in fact have a healthy level of body fat.
- Healthy BMI cut offs can also be slightly different in older people and in those who are very tall or very short in stature.
- The World Health Organisation (WHO) recommends slightly lower BMI cut offs for Black, Asian and other ethnic minority groups, because of the number of new cases of long-term health conditions including type 2 diabetes, coronary heart disease and stroke is up to 6 times higher than in the white European population. However, these thresholds have not been universally agreed or adopted by NICE (the National Institute for Health and Care Excellence).

NHS choices offers an online Healthy Weight Calculator, which can be used to assess both adult and children's weight status.

Waist Circumference

Excess body fat that accumulates around the waist is considered to increase the risk of high blood pressure, heart disease and type 2 diabetes, even if a person has a BMI that falls within the healthy range.

Waist circumference is another commonly used indicator of excess weight that is a risk to health:

There is an increased risk of health issues if waist circumference is:

- more than 94cm (37 inches) for a man.
- more than 80cm (31.5 inches) for a woman.

The risk of health problems is significantly higher if waist size is:

- more than 102cm (40 inches) for a man
- more than 88cm (34.5 inches) for a woman.

As with BMI, it has been suggested that the thresholds for South Asian and Chinese populations are lowered due to increased propensity to store body fat around the waist.

However, this has not been universally agreed and currently, NICE does not consider there to be enough evidence to make this recommendation for all of the health issues considered, or a reduction in mortality risk.

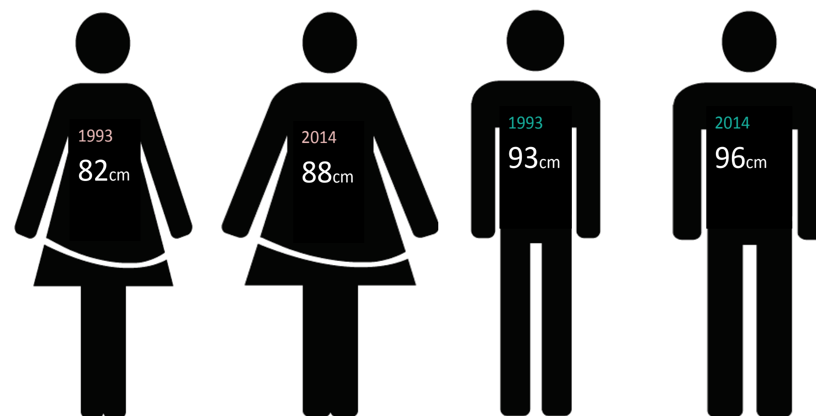

Figure 1 - Increase in adult's mean waist circumference between 1993 and 2014

2: What's happening locally

Each local authority has a Joint Strategic Needs Analysis (JSNA) which examines data from the Health and Social Care Information Centre, National Child Measurement Programme (NCMP)[1] and GP Obesity Register to provide an overview of prevalence and trends in obesity.

Childhood obesity

- Percentage of overweight or obese children in 2015/16

	Reception (4/5 yrs)	Year 6 (10/11 yrs)
Reading	21.8%	37.4%
West Berkshire	18.7%	26.6%
Wokingham	18.6%	28.3%

- There is a strong correlation between carrying excess weight in childhood and subsequent obesity in adulthood.

National Child Measurement Programme

Children are weighed and measured in their reception year and in year 6 by school nurses.

This provides a picture of weight trends in the population, raises awareness of weight issues with schools and parents and helps with the planning of local services to tackle obesity.

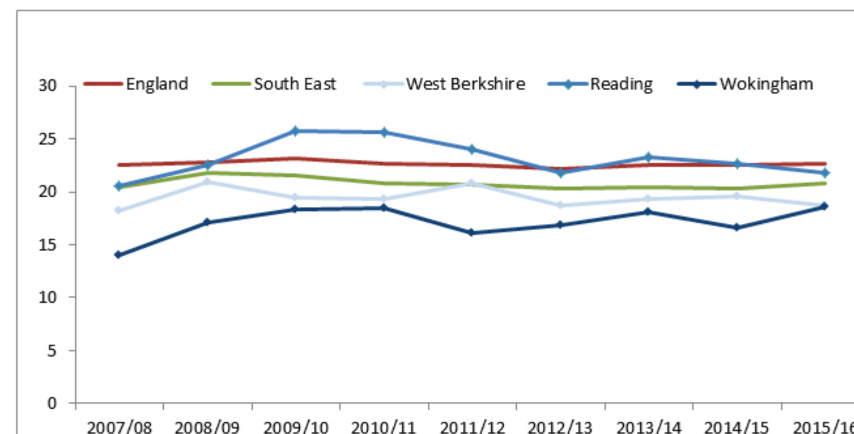

Figure 2 - % overweight and obese children in reception

Data from the 2015/16 NCMP shows that:

- The percentage of Reading children who are overweight and obese in reception year is generally in line with the England average, except between 2009 - 2011 where it reached a peak of 26.2%. Since 2011 the numbers have levelled out to 21.8%
- In West Berkshire and Wokingham the percentage of children in Reception year remains lower than the national average.
- In Reading, the percentage of overweight and obese children in Year 6 is in line with the England average, with the exception of a spike in 2009-10 where it peaked at 36.2% levelling out to between 34.5 - 37.4% from 2012 to 2016 (figure 3).
- In West Berkshire and Wokingham the percentage of overweight and obese children in Year 6 remains lower than the national average.

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[1] NCMP is a mandatory programme run by Public Health England and the Department of Health. Delivery is commissioned by local authorities.

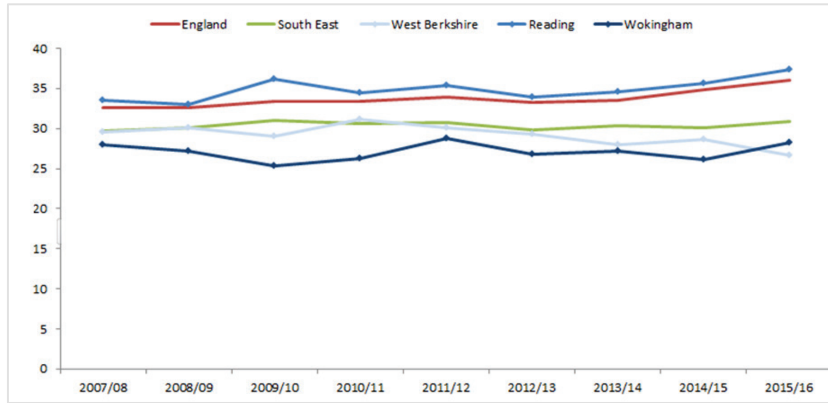


Figure 3 - % overweight and obese children in Year 6

Since the NCMP has now been operating for a period of 6 years we can now track the same cohort of children over time.

Figure 4 shows the cohorts of children weighed and measured in the 3 LAs in Berkshire West in 2009/10 in Reception and those same cohorts of children weighed and measured again in 2015/16, when they were in Year 6. The % of overweight/obese children increased for each group of children.

Although the prevalence of overweight and obese children has not risen significantly over time, the absolute figures are still of great concern as they indicate that a significant number of Berkshire West's children are at risk of physical and mental ill-health, as well as the emotional impact of teasing and bullying due to excess weight.

Type 2 Diabetes, once considered to be a disease of adulthood, is now being diagnosed in young people and children - the most common cause is obesity.

There is a strong correlation between carrying excess weight in childhood and subsequent obesity in adulthood with the associated risk of diseases.

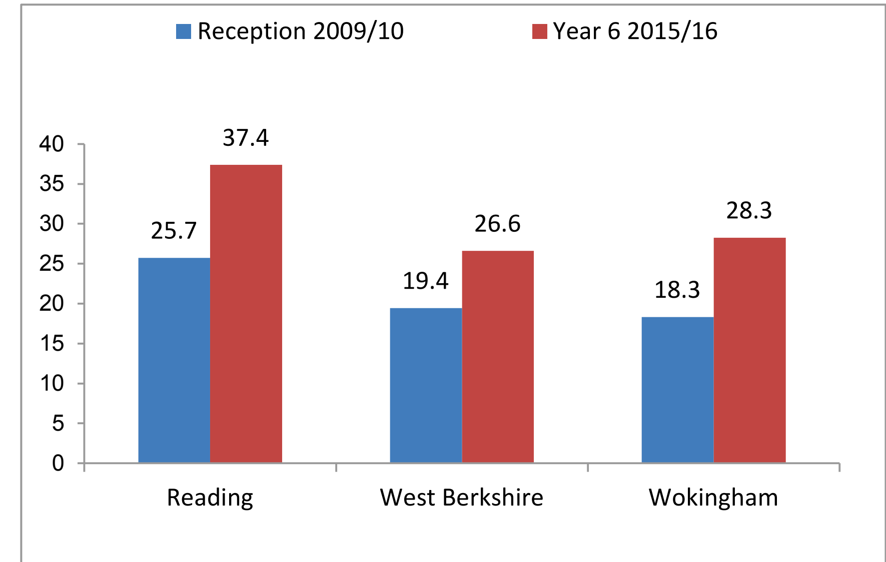


Figure 4 - Increase in obesity from reception to year 6

How localities compare to areas with similar levels of deprivation.

Tables 2 & 3 below show how Reading, West Berkshire and Wokingham compare to other authorities with similar levels of deprivation and the all England Average in 2015/16.

It is worth noting that in 2015/16 Reading had the highest percentage of overweight and obese children in year 6 in its comparator group

Table 2. Excess weight 4-5 years (Reception)	LA	Comparator LA average range	All England Average
Reading	21.8	19.2 - 23.1	22.1
West Berkshire	18.7	14.3 - 22.9	
Wokingham	18.6		

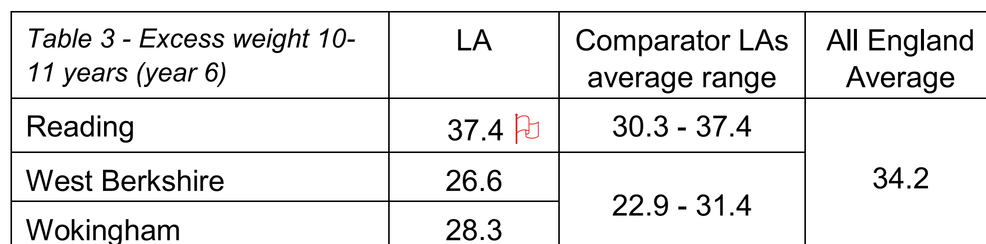


Table 3 - Excess weight 10-11 years (year 6)	LA	Comparator LAs average range	All England Average
Reading	37.4	30.3 - 37.4	34.2
West Berkshire	26.6	22.9 - 31.4	
Wokingham	28.3		

More detailed local obesity and lifestyle data can be viewed in each Council's Joint Strategic Needs Assessment (JSNA):

Reading JSNA

West Berkshire JSNA

Wokingham JSNA

The national picture

The NCMP in 2015-16 showed that across England:

- The percentage of children measured as obese (9.5%) was higher than in 2012/13 (9.3%) but lower than in 2006/07 (9.9%) when the programme began.
- The percentage of children measured as obese in Year 6 (19.1%) was higher than in 2012/13 (18.9 per cent) and in 2006/07 (17.5 per cent).
- There is a strong correlation between rising levels of deprivation and prevalence of obesity, both in reception and year 6.
- Obesity prevalence is higher in urban areas than rural areas, both in reception and year 6.

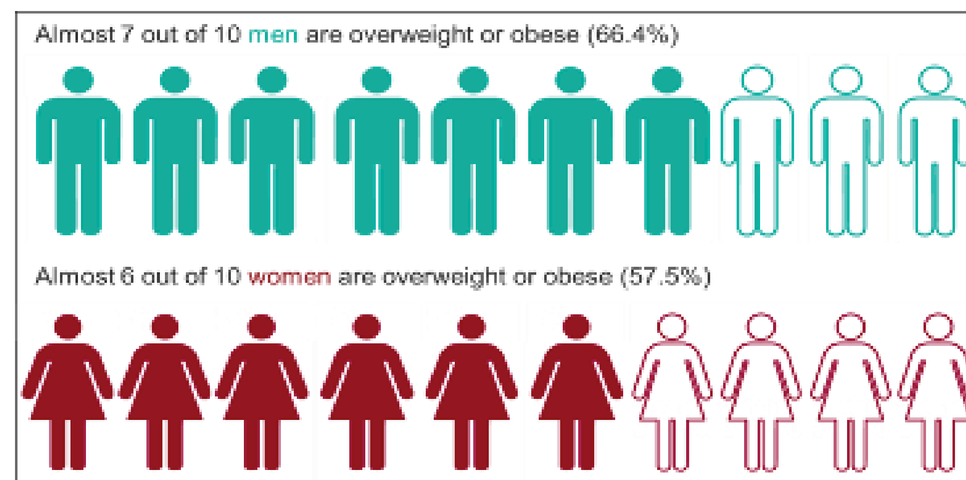
The Chief Medical Officer has called for the Government to make tackling obesity a national priority in recognition of the scale and severity of the issue (CMO report 2014).

In August 2016, the government published 'Childhood Obesity: a plan for action', which details their strategy to significantly reduce childhood obesity over the next ten years.

The plan emphasises:

- reducing the amount of sugar in food and drinks and
- encouraging primary school children to eat healthily and be more active.

See section 8 for a list of key actions included in the childhood obesity plan



Adult overweight and obesity in Berkshire West

Obesity is a significant factor contributing to the rise in type 2 diabetes, heart disease, fatty liver disease, some forms of cancer and mental ill health.

There is a strong correlation between rising levels of deprivation and increasing prevalence of obesity.

In 2013-15 the percentage of overweight or obese[2] adults was:

- 63.4% Reading
- 64.6% West Berkshire
- 63.3% in Wokingham

Although this is lower or similar to the England average (64.6%) and most comparator authorities the absolute figures are significant.

Without action this will have a huge impact on our resident's health, quality of life and continue to burden health and social costs

The national picture

In England, the prevalence of obesity in adults rose from 14.9% to 25.6% between 1993 and 2014. Although the rate of increase has slowed, it is still rising.

The Health Survey for England (HSE) 2013 reported that 66.4% of men and 57.5% of women nationally are overweight or obese, increasing their risk of poor health.

Obesity is a significant factor contributing to the rise in type 2 diabetes, heart disease, fatty liver disease and some forms of cancer.

Healthy eating

> ➢ Reading has the highest concentration of fast food outlets per 100,000 of the population in Berkshire.

Fruit and vegetable intake is often used as an indicator of overall dietary balance.

[2] Source: Health Profiles section of the Public Health Outcomes Framework website www.phoutcomes.info

In 2015 the percentage of population who reported[3] achieving the recommended five portions of fruit and vegetables each day:

- 49.4% in Reading
- 57.7% in West Berkshire
- 60% in Wokingham

The average for England was 52.3%.

Fast food outlets

Fast food outlets (defined as fast food and takeaway outlets, fish and chip shops and fast food delivery services) are now easily accessible in most urban areas. Most sell mainly high calorie, affordable, palatable food, which has poor nutritional value.

Data from Public Health England shows a strong correlation between rising levels of deprivation and a higher density of fast food outlets and, as previously noted, obesity prevalence is higher in deprived areas.

Reading has the highest concentration of fast food outlets per 100,000 of the population in Berkshire (Table 4).

Local Authority area	No. fast food outlets/100,000 of the population (crude rate)
Reading	104
Slough	79
Windsor & Maidenhead	56
Bracknell Forest	44
West Berkshire	44
Wokingham	33

Table 2 - Fast food outlets per 100,000 population in Berkshire

[3] Public Health Outcomes Framework update, February 2016

Physical Activity

Information on levels of physically activity in the population is collated from key data sources including:

- The Health Survey for England – which reports how much time respondents spent being physically active and sedentary in relation to the UK Chief Medical Officer (CMO) Guidelines.
- The Active People Survey – a self-reported survey of sport and active recreation among adults (14+) in England
- The Youth Sport Trust National PE, School Sport and Physical Activity Survey

> - Approximately 41% of people in Reading, 37% in West Berkshire and 36% in Wokingham don't do enough physical activity to protect their health (2015 data).
> - Significantly more men take part in active recreation than women
> - Participation in active recreation is lower in more deprived areas.

Adults in Berkshire West

Data from the Active People Survey 2015 indicates that, in all three authority areas, the percentage of adults who say they achieve the CMO's targets for physical activity [4] is slightly higher than the average for their comparator[5] authorities and the all England average.

<table>
<tr><th>Table 5 - % adults achieving CMO Targets</th><th>LA</th><th>Comparator LA Average</th><th>All England Average</th></tr>
<tr><td>Reading</td><td>59%</td><td>58.5%</td><td rowspan="3">57%</td></tr>
<tr><td>West Berkshire</td><td>63%</td><td rowspan="2">61.9%</td></tr>
<tr><td>Wokingham</td><td>64%</td></tr>
</table>

The percentage of adults who say they do less than 30 minutes activity each week in Reading (30%) and West Berkshire (24%) is slightly higher than their comparator authorities, but lower in Wokingham (21%)

The figures for West Berskhire and Wokingham are more favourable compared to the all England average.

<table>
<tr><th>Table 6- % Adults doing less than 30 mins exercise/week</th><th>LA</th><th>Comparator LA Average</th><th>All England Average</th></tr>
<tr><td>Reading</td><td>29.7</td><td>27.3</td><td rowspan="3">28.7</td></tr>
<tr><td>West Berkshire</td><td>24.4</td><td rowspan="2">23.6</td></tr>
<tr><td>Wokingham</td><td>21.0</td></tr>
</table>

It is good news that almost 2/3 of residents in Berkshire West are getting the amount of physical activity needed for health. However there are still between 21 and 29% who admit to doing less than 30 minutes of activity per week. This is an area requiring action across the patch

[4] 'physical activity' is defined as of at least moderate intensity and completed in bouts of ten minutes or more. CMO target for good health is at least 150 minutes/week

[5] Local Authorities with similar levels of deprivation

Factors affecting participation

The Active People Survey reports that:

- there is a significant participation gap in sport and active recreation between the sexes, although the picture is improving for women
- The national trend for participation continues to be lower in lower socio-economic groups.
- there appears to be little difference between participation levels in White and British Minority Ethnic groups.

Physical Activity in schools

In 2015 the Youth Sport Trust reported findings from the first National PE, School Sport and Physical Activity Survey. Data is not available by Local Authority area, but National data has identified that the average number of minutes spent taking part in PE in a typical week was 102 minutes for Key Stage 1 pupils and 114 minutes for Key Stage 2 pupils.

Other health inequalities

Although there is very limited local data, national research shows that particular groups are a greater risk of becoming obese.

Headlines include:

- Obesity increases with age up until the ages of 55-64 in men and 65-74 women
- Some BME groups (particularly South Asian communities and women from Black African groups) store fat differently and so their risk of obesity related ill health is increased
- The risk of obesity is higher in children from a number of BME groups compared with white British children of the same age
- People with physical and/or learning disabilities tend to have a higher risk of obesity and lower physical activity levels
- There are strong associations between mental health problems and obesity

For more details see “Does obesity affect all groups equally” in section 9

3: Why we are concerned about obesity

- Severe obesity (having a BMI of 40-50Kg/m2) can reduce life expectancy by 8-10 years, which is the same as lifelong smoking.
- Many chronic health problems are associated with obesity in childhood, as well as an increased risk of bullying, lower attainment and school absence.
- There is strong evidence that obesity is associated with increased risk of Cardiovascular disease, type 2 Diabetes, some Cancers and mental health problems.
- These health issues have a significant impact on health and social care costs, productivity and time lost from work through sickness absence.

Impact on life expectancy

We know that morbid obesity (having a BMI of 40-50Kg / m2) can reduce life expectancy by 8-10 years, which is the same as lifelong smoking!

Even moderate obesity (BMI 30-35Kg / m2) can reduce life expectancy by an average of 3 years (National Obesity Observatory).

These statistics are based on studies looking at the effects of becoming obese by middle age - we don't yet know the full impacts of childhood obesity on mortality risk.

There is a significant link between being an overweight or obese child and becoming an obese adult. Establishing a healthy weight and healthy lifestyle habits in early years will help to create the blueprint for life.

Links chronic health & wellbeing

A number of chronic health problems are associated with obesity in childhood; including type 2 Diabetes, asthma, other respiratory problems, heart disease risk factors, mental health disorders and muscle and bone problems

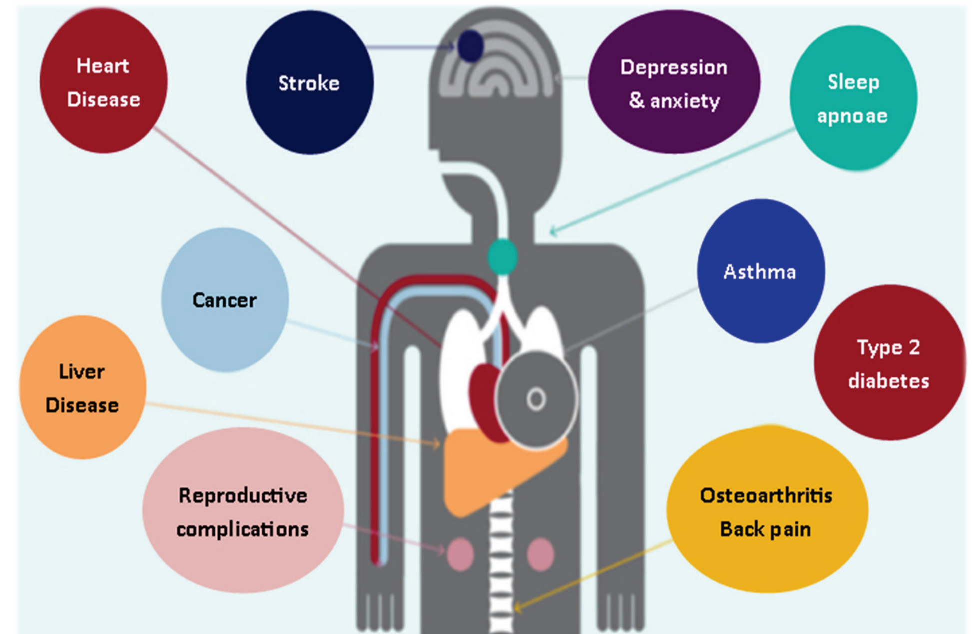


Figure 5 - How obesity harms health

Obese children are also more likely to experience bullying, have lower attainment and more frequent absences from school.

There is strong evidence that obese adults have an increased risk of several chronic health conditions including (but not limited to):

- High blood pressure, heart disease and stroke
- Type 2 diabetes (with complications like blindness & amputations)
- Some forms of cancer
- Osteoarthritis.
- Reproductive problems(men and women)
- Gallstones
- Stress, low self-esteem, social disadvantage and depression

The Impact on society and the economy:

These problems also have a significant impact on health and social care costs, productivity and time lost from work through sickness absence.

- An overweight population with lower levels of physical activity will have more sickness absence
- Severely obese people are three times as likely to need social care as those who are a healthy weight (Public Health England).
- The annual cost of obesity to the wider economy is estimated to be £27 billion nationally.
- Obesity substantially increases the risk of serious diseases and premature death, particularly in areas of socio-economic deprivation, where prevalence is highest.
- The first report of the National Bariatric Surgery Register estimates that treating the consequences of obesity costs the NHS over £5 billion a year. A significant proportion of this cost has been attributed to the management of Diabetes and its comorbidities, which also impacts on social care costs.
- The Institute of Diabetes for Older People[6] estimates that in 2013 there were 70,000 people with diabetes receiving local authority-funded direct care at a cost of £1.4bn/year and that by 2030 this could increase to 130,000 at a cost to local authorities of £2.5bn

[6] Institute of Diabetes for Older People, Novo Nordisk. The hidden impact of diabetes in social care. Institute of Diabetes for Older People, Novo Nordisk. London. 2013

4. Prevention and Management of Obesity

- The main considerations for maintaining a healthy weight are balancing diet and physical activity, whilst avoiding extreme behaviours such as fad diets.
- ‘Family Food 2014’ shows that UK households are not currently meeting the Eatwell Guide recommendations for healthy eating.
- Average calorie intakes reduced by 32 per cent per person between 1974 and 2014 but obesity levels have increased significantly, largely due to reduced activity levels.
- Currently, 64% of journeys are made by car, with only 22% on foot and 2% by bike.

The two main considerations are a healthy diet and physical activity.

The National Institute for Health and Care Excellence (NICE) recommends that we should encourage everyone to adopt lifestyle habits that guard against excess weight gain across their lifespan.

These include healthier eating and increased physical activity to help balance energy intake and expenditure and avoid diseases associated with excess weight gain (avoiding extreme and unsustainable exercise or dietary behaviours such as ‘fad diets’).

Full recommendations can be found in NICE Guideline 7: Preventing Excess Weight Gain

Healthy Diet

The Eatwell Guide (revised March 2016) illustrates the Government’s recommendations for healthy eating and represents the proportions of the five main food groups that are recommended in a balanced diet:

- Fruit and Vegetables.

- Starchy Foods (such as bread, potatoes, rice, pasta).
- Dairy or Dairy alternatives (e.g. Soya).
- Beans, Fish, Meat, Pulses, Eggs and other Protein.
- Unsaturated Oils and Spreads.

Although the total amount of food needed varies between individuals, the proportions are appropriate for adults and children from the age of 2 years, regardless of ethnicity, dietary restrictions and body weight.

The guide also recommends average calorie intakes for adults and guidance to help use ‘front of pack’ traffic light food labelling for fats, saturated fats, salt and sugar in foods.

The revised Eatwell Guide takes on board guidance from the Scientific Advisory Committee for Nutrition (SACN) on 'Carbohydrates and Health' published in 2015.

This report recommends that we should:

- continue to consume 50% of daily intake calories from carbohydrate
- increase dietary fibre intake to 30g a day for adults
- reduce 'free sugars' (for example sweetened soft drinks, fruit juices, table sugar, cakes, biscuits, some breakfast cereals) to no more than 5% of total calories (previously 10%).

A diet based on these recommendations can help achieve a healthy weight and help to protect against Cardiovascular Disease, Stroke, some forms of Cancer and type 2 Diabetes.

A number of celebrity-endorsed and fad diets have focused on the omission of a particular food group such as carbohydrates – these diets contradict recommendations for long-term health and sustainable weight management.

All commissioned programmes for weight management should base dietary advice on the key recommendations from the Eatwell guide.

Family Food 2014 shows that UK households are not meeting Eatwell Guide recommendations. Disparities are particularly pronounced in lower income households (*Figure 12*)

The survey found that:

- consumption of carbohydrates (bread, potatoes, pasta and other starchy foods and fruit and vegetables) is below the recommended intake
- consumption of milk and dairy and foods high in fat and sugar is above the recommended intake.
- consumption of non-dairy sources of protein such as meat, fish, eggs and beans was about in line with the Eatwell guide.

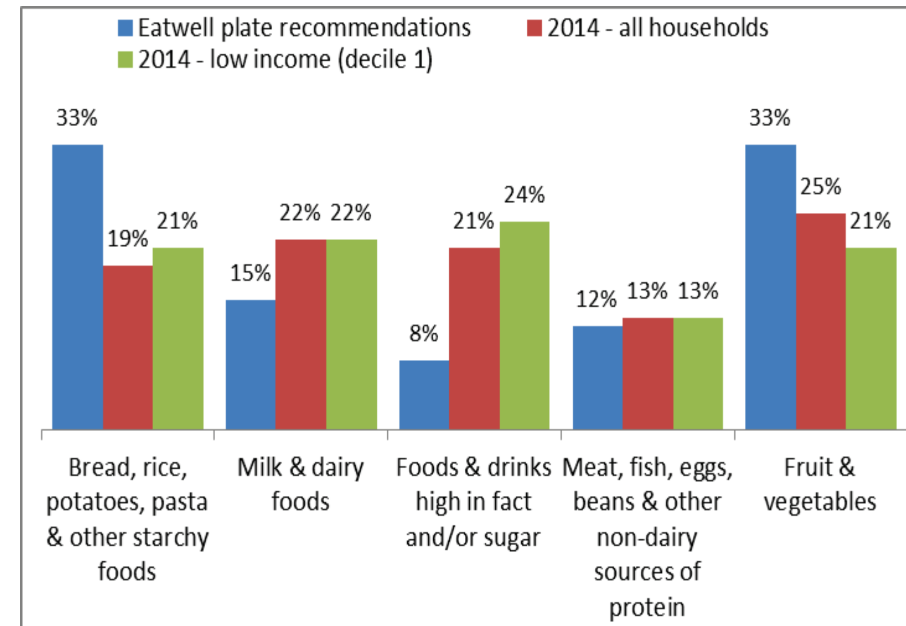


Figure 6 - Comparison between all household and low income household diets and the Eat Well recommendations.

Physical Activity

- Regular physical activity can reduce the risk or delay the onset of a number of long-term conditions including: obesity, type 2 diabetes, cardiovascular disease, some forms of cancer musculoskeletal problems, osteoporosis and falls
- It also reduces the risk of dependency on social care due to impaired physical capability and has positive mental health benefits including improved self-esteem, body perception, mood, sleep patterns, energy levels and reduced anxiety.

'Start Active, Stay Active - A report on physical activity for health from the four home counties' Chief Medical Officers' examines the evidence for the benefits of physical activity on health which underpins the CMO UK physical activity guidelines. Despite the known benefits:

- Nearly a third of Reading's adult population do not achieve even one 30 minute bout of physical activity a week, compared with a fifth in Wokingham and a quarter in West Berkshire.
- The proportion of people from lower socio-economic groups who play sport (26%) remains much lower than those from more affluent groups (39.5%), continuing the trend of the last three years[7].
- Physical activity levels have reduced significantly in the last decade largely due to an increase in sedentary jobs and recreational activities (like computer games, TV and internet)
- There was a 30% reduction in walking between 1995 and 2013. 64% of journeys are now made by car, with only 22% on foot and 2% by bike.

Obesity levels have increased significantly, in spite of a 32% drop in the average calorie intake between 1974 and 2014 – this is due to the energy imbalance between calorie intake and expenditure.

Building design often favours sedentary activity for example, through making lifts more visible and accessible than the stairs and fear of vandalism or crime discourages people from using outdoor spaces for recreation and play.

The Chief Medical Officers' Guidelines for physical activity are age-specific and span the life-course (*Table 7)*

They start with preschool children, where evidence suggests an association between physical activity, physical and psychological development and behavioural patterns that may persist into later childhood and adulthood.

Emerging evidence suggests that accumulated time spent being sedentary (e.g. sitting at a desk, watching TV or using a computer) is inversely associated with the risk of overweight and obesity, insulin resistance, type 2 diabetes, some cancers, cardiovascular and all-cause mortality in both adults and children. This risk is independent of the amount of physical activity undertaken.

Different forms of physical activity appeal to different people - strategies to increase participation should consider:

- Attitudes and beliefs, knowledge, personal preferences and perceptions.
- The environment - for example, access to facilities and open spaces, permeability of built up areas allowing walking and cycling to be a convenient and safe option.
- Cultural and societal influences such as perceived norms, peer pressure and priorities.
- State of health – physical and mental, which may affect ability to participate in sports or active recreation.

[7] Active People Survey

Table 7: CMO Physical Activity guidelines

Age Group	Moderate to vigorous physical activity	Activities that strengthen muscles and bone.
Under 5/Not walking	Physical activity should be encouraged from birth, particularly through floor-based play and safe, water-based activities.	n/a
Under 5/walking	At least 180 minutes (3 hours) across the day.	n/a
5-18 years	Moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.	Min 3 days/week
19-64 years	At least 150 minutes (2.5 hours) of moderate intensity activity in bouts of 10 minutes or more per week or 75 minutes of vigorous intensity activity. Minimise sedentary behaviour.	At least 2 days a week.
65+	Some physical activity is better than none, and more physical activity provides greater health benefits. Aim to be active daily, aiming for at least 150 minutes (2.5 hours) of moderate intensity activity in bouts of 10 minutes or more.	Min 2 days/week. Older adults should include activities to improve balance and co-ordination at least twice/ week.

Behaviour Change

A person's decision to change their eating and physical activity behaviour can be influenced by their knowledge, self-perception and beliefs. For example:

- Self-appraisal of their own diet and levels of activity.
- Attitudes towards body weight, healthy eating
- The number and significance of facilitators and barriers to change in the immediate environment.
- Social influences e.g. cultural norms
- Confidence in their ability to make lifestyle changes.

It is important to understand the key lifestyle behaviours of high risk groups when choosing or developing interventions to tackle obesity.

Providing services and information alone may not be sufficient to motivate sustainable changes in eating and physical activity habits. Therefore, strategies to encourage healthy eating and physical activity must emphasise and help people to identify the health and social benefits of change that are relevant to them and subsequently help them to find realistic solutions to potential barriers.

Behaviour change research by the Department of Health has highlighted key insights amongst families with children aged 2-11; both in the general population and BME groups.

Some of the key themes focused on:

- ✓ Recognition of obesity – whilst parents acknowledged that excess weight is a problem, only 11.5% of parents with overweight and obese children identified them as being an unhealthy weight.
- ✓ Parents are often unaware of the health risks associated with being overweight, snacking habits and sedentary behaviour.
- ✓ Parents often believe that if their children are happy, achieving at school and observing faith practices in some cultures, then this means that they are healthy.
- ✓ In some population groups, higher risk behaviours such as food abundance and excess weight are seen to be positive, for example as cultural and status symbols.
- ✓ Some parents believe that their children get enough physical activity at school and priorities out of school time tended to be homework and / or religious duties rather than to play or do sport. Sport is not an integral part of some cultures.
- ✓ In more deprived areas, healthy living can be perceived to be expensive and inaccessible; for example, having to buy special 'health foods' and have a gym membership.

The full insight summary can be found in TOOL D9 Targeting behaviours on the Faculty of Public health website5. What we are doing to combat obesity

5. What we are doing to combat obesity

In March 2014, Public Health England and NHS England produced a report[8] setting out responsibilities for commissioning obesity services:

Local Authorities have primary responsibility for commissioning:

- Tier 1 services - population-level programmes which encourage everyone to eat healthily and take physical activity to help maintain a healthy weight.
- Tier 2 services, which include lifestyle-related weight management services. These services are usually based in the community, workplace, primary care or online and are run by the public, private or voluntary sector. Referrals to services may be made by individuals themselves or by health or social care professionals.

Clinical Commissioning Groups (CCGs) have primary responsibility for commissioning:

- Tier 3 services - clinician-led, specialist interventions delivered by a multidisciplinary team (Dietitian, exercise specialist and psychological therapist) for people with higher BMIs or multiple health issues and those who have been unsuccessful in losing weight through tier 2 interventions.
- Bariatric surgery (from April 2017)

Obesity is a complex issue we need to work across departments and organisations to make a sustainable difference at both an individual and societal level.

[8] *Report of the working group into: Joined up clinical pathways for obesity, 14th March 2014*

Local authorities must also work with external stakeholders in a cohesive effort to bring together skills and resources to help people achieve and maintain a healthy weight across their lifespan.

Where tackling obesity has been identified as a priority by organisations, a strategic commitment and identified leadership to drive forward this agenda consistently with a long term vision can help to develop an effective approach to reducing obesity in Berkshire West.

Tier 1 services

Breast-feeding

Given the mounting evidence suggesting that breast-feeding reduces a baby's risk of becoming overweight and developing high blood pressure and diabetes in adulthood compared to formula feeding,

Councils currently commissions or support:

- A health visiting service (0-19 Public Health Nursing Service) providing expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs
- Health visitors also advise on breastfeeding (initiation and duration), healthy weight, healthy nutrition and physical activity to help empower parents to make good decisions that affect their family's health and wellbeing.
- Breast-Feeding peer support is available offering mother-to-mother support to increase breastfeeding initiation and continuation.

Early Years

It is known that many eating behaviours and preferences are learned in the first two years of life and physical activity levels in early years can impact on future risk of obesity.

Councils provide:

- Children's centres or family hubs across the localities which offer families with children under 5 access to a range of activities and support, including active play and health advice - most services are free.

National Healthy Child Programme 0-19 (25)

This programme (commissioned in 2017) provides a framework to promote good health, wellbeing and resilience in in children and young people through collaborative working and more integrated delivery of support.

One of the aims of the programme is to reduce childhood obesity by promoting healthy eating and physical activity.

Each local authority aims to:

- ensure that all children and young people receive the Healthy Child Programme 0-19 offer, including universal access and early identification of additional and/or complex needs, with timely access to specialist services, to secure local services that enable health visiting and school nursing teams to contribute to improved local outcomes and reduce health inequalities for children and young people

School meals

The Council aims to provide environments that foster healthy balanced eating habits by commissioning and supporting school meal services:

- Since September 2014, all infant schools in Berkshire West have been compliant with the Government's Universal Infant Free School Meals programme which ensures all young children can have at least one balanced hot meal each day. Evidence from pilot sites nationally showed that this scheme resulted in a 23% increase in the number of children eating vegetables at lunch and an 18% drop in those eating crisps.
- Caterers in all three local authorities operate with the Food 4 Life Silver or Bronze catering mark - an independent endorsement which shows they are taking steps to improve the food that they serve by using fresh, additive-free ingredients, avoiding trans-fats and complying with national school food standards.
- Wokingham Borough Council's school meals provider, Caterlink, also sponsor school gardens to help pupils to learn about the benefits of a healthy diet using home grown produce and offer A*dopt a School* where pupils can take part in a choice of cooking sessions, taster sessions & healthy eating assemblies.
- In West Berkshire engagement activities run throughout the year, including healthy eating assemblies and healthy menu design competitions with the winning design cooked for the whole school.
- Councils across Berkshire worked with the Children's Food Trust in 2015 to offer training to junior and secondary schools with low uptake of free school meals, to help them improve their dining environment.

Schools

Councils co-ordinate the National Child Measurement Programme and commission School Nursing Teams to:

- Weigh and measure children in Reception and Year 6 each year as a mandated Public Health function
- Feedback to parents - with support options if their child's weight could be a risk to their health.
- Offer support and advice to families with overweight/obese children on diet /healthy lifestyles and onward referral to children's physical activity healthy lifestyle and healthy weight programmes.

Council's also:

- Provide schools with feedback from Public Health England about the levels of overweight and obesity in their school in relation to the average in their council area. .

Healthy lifestyle

Providing opportunities for people to take part in a variety of enjoyable physical activities, along with a healthy diet, can have a positive impact on weight, health and wellbeing, and school attainment in children. (See NICE guidelines on maintaining a healthy weight in children and adults)

All three councils promote opportunities for all adults and children to maintain a healthy active lifestyle through:

- Offering a range of sports and leisure facilities, courses, classes and activities providing opportunities for children and adults to be physically active through Reading Sport and Leisure (RSL), Legacy Leisure (West Berkshire) and 1life (Wokingham)
- Providing concessionary leisure schemes and activities for residents over 60, people with disabilities and families on low incomes ("Your Reading Passport ",West Berkshire Card" and Wokingham "Active Kids &"SHINE").
- Offering parent and child cycle training
- Running after school, holiday and summer play clubs detailed on the council websites.
- Offering a comprehensive programme of Health Walks led by trained walk leaders and providing routes, maps and information about the areas.
- Supporting 5K Park Runs and providing details of running routes and clubs are available on all council websites.

West Berkshire also offers a voluntary led running programme called Running Together designed to help new runners started.

Planning

The Councils promote opportunities for adults and children to maintain a healthy active lifestyle through:

- Providing for walking and cycling in new developments, including cycle parking
- Identifying sites for new sports and leisure facilities
- Ensuring that new developments have good access to open space and facilities for physical activity, including sports halls, swimming pools, parks, country parks and play equipment.
- Making public areas as inviting as possible to encourage people to move around on foot, including consideration of active travel pathways including cycle lanes and safe pedestrian routes on new roads, and roads subject to improvement
- Placing limits on the opening of new hot food takeaways

Healthy Workplaces

All three Councils promote a healthy workplace by:

- Offering ‘Cycle to Work’ schemes
- Providing staff who wish to walk or run to the office, or enjoy some fresh air during lunch breaks with showers and changing rooms, as well as drying facilities and lockers.
- Providing staff resources and incentives to encourage walking including guides with maps showing short, safe local and a planner of local health walks.
- Encouraging staff to adopt healthy lifestyles – for example Reading has designated Healthy Workplace Champions and offers regular lunchtime walks, Wokingham offers promotions such as “Shake Up September” including a wide range of free/low cost activities such as walking, swimming, tennis and cycling and West Berkshire hold an annual staff health and Wellbeing Day offering taster activities including Tai Chi, mindfulness and stress reduction sessions.
- Offering Discounted gym membership to all staff
- Promoting Get Berkshire’s ‘Active’s Workplace’ and ‘Pedometer’ Challenges.

Active travel

All Councils secure funding from a variety of sources to commission structural projects to promote active travel, examples include:

Reading Borough Council:

- Made use of Local Sustainable Transport Fund to develop a pedestrian / cycle bridge across the River Thames.

Wokingham Borough Council:

- Delivered the Lower Earley cycleway - 2.5km of new segregated walking and cycling routes from the DfT Cycle Safety Fund and local funding.
- 'My Journey' team dedicated to delivering sustainable travel to all new homes in Wokingham Borough http://www.myjourneywokingham.com/
- Adopted a Greenways strategy, which will deliver 10 traffic free walking and cycling routes over the next 10 years with £10m attached to the programme

West Berkshire

- Delivered a scheme on the A339 that includes a pedestrian and cycle crossing of this major road and an improved route alongside through the adjacent park. This has reduced the severance caused by this busy stretch of the A339 and opened up new opportunities for walking and cycling.
- Undertaken an extensive Cycle Audit of the District to direct future investment in cycle infrastructure. Using recent funding for walking with a view to producing a Local Cycle and Walking Infrastructure Plan (LCWIP) to support active travel.

Berkshire West shared projects

- Building a new national Cycle route stretching from Newbury to Ascot. The route passes through all three LAs in Berkshire West using £4.2m from the LEP Local Growth Fund.
- Cycle schemes and cycling promotion in schools including extensive cycle training programmes

Active travel to school

All councils are investing in encouraging children to walk and cycle to school and examples of programmes and activities include:

- Health and Wellbeing Assemblies in Schools
- Walk / Cycle / Scoot to School Reward Schemes
- Walking Buses
- Park and Stride Routes
- Bikeability

Tier 2 Services

Weight management interventions for children

The three Councils commission:

- Let's Get Going - a weight management and healthy lifestyle service for children aged 7-12 years which offers family based advice on healthy eating, behaviour change and a practical physical activity element in local schools and community venues. The programme follows NICE guidance on community based weight management interventions for children.

Tackling obesity in adults

The three Councils commission

- Eat 4 Health – a group-based weight management programme for adults aged over 16 years of age to support people with a BMI >25 to lose and maintain a healthier weight through healthy eating and physical activity. The programme follows NICE guidance for tackling obesity in adults.

The Councils also work in partnership with local GP practices to provide:

- GP Pathway Exercise Referral schemes which offer structured, supervised exercise sessions for people with long-term conditions including obesity, diabetes and cardiovascular disease.

Tier 3 services

The CCG Operating Plan on Obesity and Diabetes recognises that a large proportion of patients requiring bariatric surgery have diabetes and that NICE guidance recommends considering those with recent-onset type 2 diabetes for bariatric surgery at a BMI of 30-34.9, provided that they are or will also receive assessment in a tier 3 service (or equivalent). Consequently as stated in the CCG Operating Plan:

The provision of comprehensive step wise weight management services to our population is therefore an important priority to help address and prevent people developing other illnesses, including Diabetes, which in turn further increases the health burden in our local area'.

Public Health teams are working to support CCGs to develop a West of Berkshire Tier 3 service to help meet the identified gap in the weight management pathway.

In addition there is exploration of the joint commissioning of tier 3 weight management services across the wider footprint of Buckinghamshire, Oxfordshire and the West of Berkshire.

This is as a result of recent government plans to organize health and social care through Sustainable Transformation Plans (STPs). The West of Berkshire is in the same STP footprint as Buckinghamshire and Oxfordshire.

The tier 3 weight management service will provide specialist non surgical intervention delivered by a multidisciplinary team to support and help reduce the numbers of patients moving to Tier 4 (bariatric surgery).

Tier 4 services

Bariatric Surgery is for people who are already clinically obese, where non-surgical interventions (tier 2 and 3) have proven ineffective. Evidence has suggested that because the internal satiety control becomes permanently re-set, it makes self-regulation of food intake particularly difficult.

Bariatric surgery helps weight loss either through restricting the amount of food that a patient can eat or the amount that the body can absorb. The two most common procedures are gastric banding and gastric bypass. The procedures have moved away from gastric banding to gastric bypass, which is more clinically effective for weight loss.

Based on Commissioning Support Unit data, Berkshire has seen a 32% increase in spending over the last 5 years (2010/2011-2014/2015) on initial bariatric surgery procedures.

6. What do we need to do next?

Our priorities going forward include:

- Providing information and support to help people manage their weight
- Helping the least active members of the population to move more
- Working with schools and families to help more children be a healthy weight
- Providing more support for parents in early years settings
- Supporting/encouraging teenagers to eat healthily and have active lifestyles
- Ensuring our leisure centres offer support and activities to help people maintain a healthy weight throughout life.

Prevention and early intervention are key strategies for reversing the tide of obesity.

Obesity is a largely preventable modern disease linked to potentially serious physical and mental health consequences.

A key Public Health focus nationally and locally, is to help prevent people from becoming overweight or clinically obese.

Currently the prevalence of overweight and obesity amongst adults and children across Berkshire West by far exceeds the capacity of intervention programmes to tackle the issue. A long term, multi-organisational approach encouraging societal movement towards healthy eating and physical activity is required to help stem the rise in prevalence of overweight and obesity in children and adults.

The complexities of obesity cannot be underestimated and a simplified diagram taken from the Foresight report in 2007 demonstrates the many factors that affect our ability to attain and maintain a healthy weight throughout life.

The Berkshire West Healthy Weight Strategy touches on many of these influences and the detailed action plans for each locality will be able to highlight actions for all of these areas.

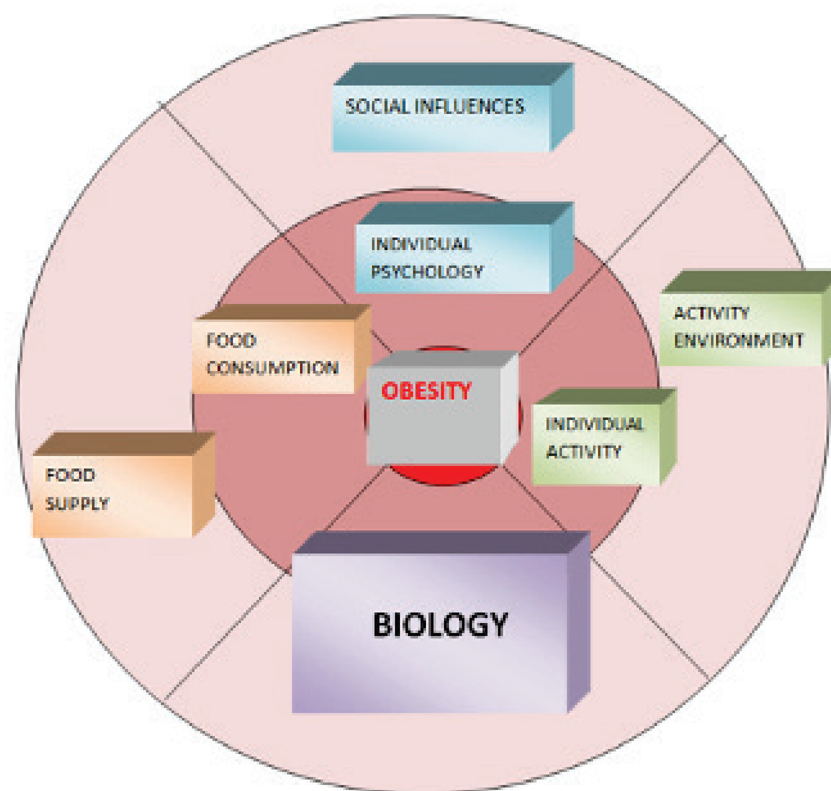


Figure 7 – Factors affecting ability to maintain a healthy weight (Foresight Report)

Where are the unmet needs?

Physical activity (Tier 1)

Berkshire West has a good range of active play, active travel and physical activity / sporting opportunities to support the maintenance of a healthy weight throughout life. But we need to do more to understand those who are currently inactive to help them overcome their barriers and have a more active lifestyle.

We need to remove barriers that prevent children and young people from playing in their local environment, and to work closely with schools and parents to promote healthy eating and an active lifestyle for all children.

Weight management (Tier 2)

Although we have commissioned tier 2 weight management programmes for school aged children and adults, places are limited and don't cover all age groups.

We need to ensure there is also support for early years, where formative eating behaviours develop and in adolescence, where young people are becoming increasingly more independent and making choices about their eating and exercise habits.

Weight Management (Tier 3)

We need to continue to work with the CCGs to facilitate the development of tier 3 services to ensure we have a comprehensive obesity care pathway at all levels of intervention.

Key Actions:

Tier 1 / Primary prevention:

We will continue to build on current work to:

- Raise awareness of why a healthy weight is important, what a healthy weight is for adults and children and how to maintain this. For example through supporting National campaigns (such as Change 4 Life and One You), the NCMP and training front line staff in more settings to be able to use a 'Making Every Contact Count' style approach to raising the issue.
- Promote healthy eating and an active lifestyle for all children in schools and at home.
- Enable and encourage people of all ages to move more on a daily basis through structured or unstructured physical activity, in line with Chief Medical Officer Guidelines. This includes promoting and enabling active play, walking, cycling and other forms of active travel, exercise and sport.
- Encourage children and adults to minimise prolonged periods of sedentary behaviour such as screen time.
- Provide appropriate information about healthy weight, the impact of maternal obesity and appropriate infant feeding; ideally given to parents before conception, but also during pregnancy and in infancy.
- Ensure that residents can access advice about preparing or buying affordable, culturally acceptable, healthy meals and snacks.

Tier 2 services:

We will:

- Continue to ensure that commissioned Lifestyle based programmes for overweight or obese adults and children in the community adhere to NICE guidance.
- Ensure that providers of these programmes encourage sustainable behavior change by signposting people to tier 1 healthy eating and physical activity programmes or to their GP if more intensive support is required.
- Work to provide more healthy weight support for families in early years settings and teenagers.

Tier 3 services: Commissioned by CCGs

We will:

- Continue to work with our partners to consider how gaps in Tier 3 provision could be addressed.
- Ensure that providers of tier 2 commissioned services recognize when to refer obese patients or those with significant health conditions to their GP to access specialist clinical support; for example Dietetic services or clinical psychology.

7. What the evidence and research says

We have used guidance from the following national documents to inform this strategy:

The National Childhood Obesity Action Plan

The National Childhood Obesity Plan (Aug 2016) details the action to be taken by central Government to tackle obesity including:

- Introducing a soft drinks levy and using revenue from this to invest in primary school PE and sports premium and breakfast clubs.
- Introducing industry targets for sugar reduction.
- Increasing the availability of healthy food options in the public sector.
- Support with the cost of healthy food in low income families
- Helping all children achieve 1 hour of physical activity a day delivered by schools and parents.
- Initiatives in schools to improve sport and physical activity programmes and make school food healthier
- Clearer food labelling.
- Developing voluntary guidelines for food served in early years settings.
- Providing revised guidelines and resources on diet, physical activity, weaning and healthy weight for healthcare professionals who support families.

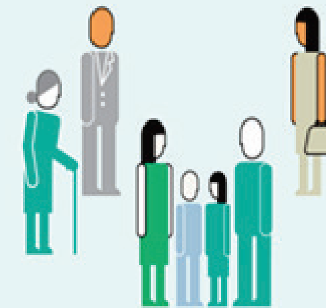
NICE Guidance:

The latest evidence about what works and what offers good value for money is summarised in guidance produced by the National Institute for Health and Care Excellence (NICE). All community weight management programmes commissioned by Public health teams in Berkshire West adhere to this guidance to ensure people are given accurate, safe, effective advice and support to manage their weight.

Does obesity affect all groups equally?

Obesity does not affect all groups equally

Obesity is more common among:



- People from more deprived areas
- Older age groups
- Some black and minority ethnic groups
- People with disabilities

Source: Public Health England

No, obesity is strongly linked to socio-economic status with higher levels of obesity seen in more deprived communities. Obesity is more common in women than in men and also in some British Minority Ethnic groups.

Unless action is taken to help people maintain a healthy weight or reduce their weight if they are already overweight the health inequalities gap will continue to grow.

People from more deprived areas

Obesity prevalence has a strong association with socio-economic inequalities, the prevalence being highest amongst those from poorer backgrounds.

Children

In the Thames Valley, data from the National Child Measuring Programme (NCMP) plotted against the Index of Multiple Deprivation (IMD) shows an almost linear association between increasing prevalence of childhood overweight and obesity and rising levels of deprivation. ‘Obese children are more likely to be ill, absent from school due to illness, experience health-related physical limitations and require more medical care than normal weight children’ (National Obesity Observatory: Deprivation:

The number of children in poverty is calculated as the number of children living in families in receipt of out of work benefits or tax credits where their reported income is < 60% median income. In 2014 the number of children < 16 years living in poverty was 5,800 in Reading, 2,950 in West Berkshire and 2,065 in Wokingham.

Adults

Men and women in unskilled, manual occupations are more likely to be obese than those in professional occupations.

Whilst Reading benefits from high employment and high earnings, some areas in the borough experience high and rising levels of deprivation.

Between the 2001 and 2011 census, two areas in South Reading (the far south of Whitley ward and to the south of Northumberland Avenue in Church ward) fell into the 10% most deprived areas in England (Reading JSNA 2016).

Reading also has 37 other areas that fall in the 40% most deprived in England. This is a significant challenge.

Wokingham has 2 areas that are in the 40% most deprived areas nationally (Norreys and Wokingham Without)

West Berkshire has one area in the 20% most deprived (Victoria), one in the 30% most deprived (Greenham) and 4 in the 40% most deprived areas in England.

Obesity in older age groups:

Data from the National Obesity Observatory (NOO) shows that in adults, the prevalence of obesity is lowest in the 16-24 year age group and progressively increases with age up until the 55-64 year age band in men and the 65-74 year age band in women; after which prevalence begins to decline.

Overweight and Obesity in BME Groups:

35% of Reading’s population are from Black and ethnic minority groups (Reading Borough Council Corporate Plan 2015-19) compared with 5% for West Berkshire and 12% for Wokingham (2011 census).

Different ethnic groups tend to have different patterns of body fat storage, and the extent to which body fat increases the risk of health issues such as diabetes and cardiovascular disease varies accordingly.

For example, South Asian populations tend to have an increased risk of obesity-related diseases at a lower body mass index and waist circumference than European populations.

In addition, health-related lifestyle behaviours and beliefs related to religion, culture and socio-economic status can impact on the risk of obesity and related health conditions. For example, certain ethnic groups living in the UK are more likely to live in areas of deprivation (see below) - a known risk factor for overweight and obesity in women and children.

There is a trend in certain ethnic minority groups to have lower physical activity levels in the UK, for example, South Asian populations, particularly the Bangladeshi community, tend to have lower levels of physical activity than the White population.

Summary of data relating to obesity in BME groups:

Adults:

There is little nationally available data on obesity prevalence in British Minority Ethnic (BME) groups living in the UK. However, women from

Black African groups appear to have the highest prevalence of obesity and men from Chinese and Bangladeshi groups have the lowest.

Women appear to have a higher prevalence in virtually all minority ethnic groups, particularly amongst Pakistani, Bangladeshi and Black African communities. These differences have been linked to diet, lower levels of physical activity and socio-economic status.

Children:

Data from the National Child Measuring Programme broken down by ethnicity shows that:

- Obesity prevalence tends to be lower in children from White British ethnic groups.
- In Reception, obesity is most prevalent in Black African, Black Other and Bangladeshi boys.
- By Year 6, boys from all BME groups have a higher prevalence of obesity than white British.
- In girls in Reception and Year 6, obesity prevalence is highest in Black African and Black Other groups.
- Obesity prevalence in children from some Asian groups, (particularly Bangladeshi, Asian Other and Pakistani ethnicity), is as high or higher, than is seen in Black African and Black Other ethnic groups

Overweight and obesity in people with physical or learning disabilities:

Although data is limited, people with physical or learning disabilities tend to have a higher propensity to obesity and lower physical activity levels than the general population.

Similarly, people who are obese are more likely than those of a healthy weight to suffer from arthritis and back pain from increased stress on the joints, learning disabilities or mental health disorders; this has a significant impact both on the individual and on health and social-care services.

Data from the Health Survey for England (2006-2010) shows that 33% obese adults have a limiting long-term illness or disability.

The table below illustrates the number of adults estimated to have moderate and severe physical disabilities and moderate to severe learning disabilities in each of the LAs in 2017.

	2017	2017	2017	2030
No 18-64yrs predicted to have	Moderate PD	Severe PD	Moderate to severe LD	Moderate to severe LD
Reading	7532	2086	606	627
West Berkshire	7661	2331	509	490
Wokingham	7861	2376	535	549

Table x - The Projection of Adults Needs and Service Information (PANSI)

The Projection of Adults Needs and Service Information (PANSI) estimates that 590 people in Reading had a moderate or severe learning disability in 2015, with the largest proportions aged 25-34 and 35-44.

For adults suffering from a disability who are also obese, socio-economic disadvantages and discrimination may be compounded.

Obesity and mental health:

The 'Obesity and Mental Health'[9] paper published by the National Obesity Observatory in 2011 concluded that there are strong associations between mental health and obesity. In addition, research found correlations between obesity and significant childhood maltreatment, which tends to manifest in later life as a result or trauma and poor attachment.

The paper highlights that there are bi-directional associations between mental health problems and obesity. A systematic review of longitudinal studies examining the relationship between obesity and depression concluded that obese people have a 55% increased risk of becoming depressed and people suffering from depression have a 58% increased risk of becoming obese.

The reason behind this association in adults is believed to be due to a number of factors, including poor self-esteem and stigma, unhealthy lifestyle behaviours, medication, hormonal and functional impairment, dieting and weight cycling (repeated loss and regain of excess weight). These associations are particularly pronounced in women, lower socio-economic groups and in cases where people are extremely obese.

Evidence linking obesity and poor mental health is less consistent in children and adolescents. However, there is some evidence to suggest that obesity in adolescence can lead to an increased risk of depression in adulthood and that the symptoms of depression in adolescence increase the risk of obesity in adulthood.

[9] Luppino FS, de Wit LM, Bouvy PF, Stijnen T, Cuijpers P, Penninx BWJH, et al. Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. Archives of General Psychiatry 2010;67(3):220-9

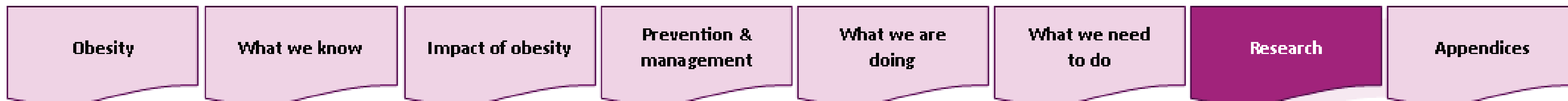
These associations are more pronounced in girls than boys and may be related to a number of factors including lack of physical activity, weight-related bullying, low self-esteem, medication, family breakdown, eating disorders and poverty.

Perception of body weight and related stigmatisation varies across cultures, ages and ethnic groups. Perception of, rather than actual obesity, is a stronger predictive factor for mental health disorders.

Weight-related bullying is of particular concern in children and adolescents, where it has been linked to poor self-esteem, depression, avoidance of exercise and disrupted eating behaviours.

The paper makes a number of recommendations to ensure that interventions for obesity and mental health disorders include consideration or both physical and mental health; including:

- Recognising the risk of co-morbidity when treating obesity and mental health disorders to support detection, prevention, early intervention and co-treatment.
- Using strategies that help overweight people to improve self-worth and self-efficacy as tools to improve overall wellbeing.
- Ensuring programmes to tackle obesity in children and adolescents address wider social and emotional issues as well as diet and exercise.
- Building stronger social and parental support can help children and adolescents avoid or deal with psychological distress and unbalanced eating behaviours.
- Ensure and support continued, robust evaluations of weight management interventions, to measure impact on both weight loss and psychological benefits.



More information on obesity – links and resources.

Data Sources.

Data Patterns and trends in childhood obesity – Public Health England 2016, Childhood Obesity Slide Set.

National Obesity Observatory

NCMP Local Authority Profile – Public Health England

Reading Joint Strategic Needs Assessment

Health Outcomes data on physical activity & inactivity, by local authority

National Diet and Nutrition Survey: results from 2008 – 2012

Full list of relevant NICE guidance.

Physical activity: encouraging activity in all people in contact with the NHS (March 2015)

Obesity: identification, assessment and management in children, young people and adults (November 2014)

Exercise referral schemes to promote physical activity (September 2014)

Managing overweight and obesity in adults (May 2014)

Behaviour change: individual approaches (January 2014)

Managing overweight and obesity among children and young people (October 2013)

Physical activity: brief advice for adults in primary care (May 2013)

Physical activity brief advice for adults in primary care (May 2013)

Obesity: working with local communities (November 2012)

Walking and cycling: local measures to promote walking and cycling (November 2012)

Preventing type 2 diabetes: risk identification and interventions for individuals (July 2012)

Preventing type 2 diabetes: population and community level interventions (May 2011)

Prevention of cardiovascular disease (June 2010)

Prevention of unintentional injuries: PH29 (June 2010)

Promoting physical activity for children and young people (January 2009)

Promoting physical activity in the workplace (May 2008)

Community engagement (February 2008)

Physical activity and the environment (January 2008)

The full NICE pathway of physical activity guidance, advice and recommendations can be found here.

National Action on Obesity:

The National Childhood Obesity Action Plan (August 2016)

Everybody active, every day (2014)

NICE guidance PH17: 2015 promoting physical activity for children and young people:

Evidence update March 2015

CMO physical activity guidance (2011)

National Policy:

Why 5% An explanation of SACN's recommendations about sugar and health - Public Health England (2015)

Carbohydrates and Health Scientific Advisory Committee on Nutrition (2015)

Government response to health select committee report on Impact of Physical Activity on HealthDepartment of Health (2015)

Sugar reduction, responding to the challenge – Public Health England (2014)

Sugar and Health PostNote - Parliamentary Office of Science and Technology (May 2015)

Change4Life evidence review physical activity Public Health England (2015)

Additional references:

Breastfeeding & obesity, Burke 2005, Harder 2005

Gaillard R, et al (2014) Childhood Cardiometabolic outcomes of maternal obesity during pregnancy: the Generation R study. Hypertension; 4(63):683-91

Appendix 1: Summary of NICE Guidance

1.1 Maternal weight

NICE recommends that women with a BMI of 30+ should try to lose weight before becoming pregnant to reduce the risk of complications during pregnancy and childbirth, as well as to protect their own health from the consequences of excess weight:

- Mothers who are obese when pregnant have an increased risk of giving birth to an overweight baby compared to mothers who are a healthy weight.
- Babies born to obese mothers are at an increased risk of foetal death, stillbirth and a number of health conditions including congenital abnormalities and obesity (Ramachenderan et al. 2008).
- A mother who is obese or who has either pre-existing or gestational diabetes when she becomes pregnant will predispose her child to carrying an increased number of fat cells, which is associated with obesity and other metabolic diseases. Therefore, education, awareness and access to healthy weight programmes for women of child-bearing age are important steps in helping more mothers to be a healthy weight when they conceive.
- The risk of obesity can be passed down through generations due to both biological and behavioural influences. Poor nutrition, both in the womb or in early childhood can affect gene function. Babies born with a low birth weight or who are 'short for age' can be at increased risk of overweight and obesity in later life, especially if exposed to an obesiogenic environment[10].
- Children often 'inherit' socio-economic status, dietary and physical activity behaviours and norms from their parents. Both maternal and paternal obesity have been identified as risk factors for childhood obesity and the effects are additive (i.e. the risk is even greater if both parents are obese).

1.2 Breast-feeding

There is mounting evidence to suggest that breast-feeding reduces a baby's risk of becoming overweight and developing high blood pressure and diabetes in adulthood compared to formula feeding (see "Benefits of Breastfeeding' on NHS choices').

Encouraging women to try and Breast-feed, at least initially, can confer significant health benefits to the baby. This may be due babies learning to self-regulate food intake more effectively when breast-fed. As lifelong eating habits are shaped significantly during early years, this can impact on the risk of a child becoming obese in later life.

1.3 Early Years settings

Many eating behaviours and preferences are learned in the first two years of life and physical activity levels in early years can impact on future risk of obesity, cardiovascular disease, development of motor skills, cognitive development and psychosocial wellbeing (Physical Activity in Early Years Evidence Briefing – Oct 2015).

Therefore opportunities to be physically active and healthy catering in early years settings are important factors impacting on future risk of obesity 1.4 Maintaining a healthy weight in children

[10] An environment where high energy food is plentiful and which does not support a physically active lifestyle, therefore increasing the likelihood of weight gain.

Young people develop lifelong eating and activity behaviours throughout their school years. Providing an environment that fosters healthy, balanced eating habits and encourages children to take part in a variety of enjoyable opportunities to be physically active can impact on weight status, health and wellbeing and school attainment.

Educational and care settings can support children's health by:

- providing an appealing dining environment,
- encouraging school meal uptake,
- considering the content of vending facilities,
- developing active travel plans
- providing inclusive, active recreational opportunities and spaces.
- considering how to encourage and involve the least active children.
- encouraging parents to ensure their children get enough sleep.
- encouraging families to eat meals together.

1.5 Maintaining a healthy weight and preventing excess weight gain in adults

NICE guidance recommends a sustainable increase in physical activity levels and adoption of healthy eating habits that will help people to achieve energy balance. This should be based on the current Chief Medical Officer recommendations on physical activity and Department of Health Eatwell guidance.

NICE recommendations note the importance of:

- avoiding extreme exercise and dietary behaviours.
- Encouraging adults to limit their alcohol intake.
- Encouraging self-monitoring of weight.
- Clear communications about the benefits of being a healthy weight and making gradual improvements to dietary and physical activity habits.
- Tailoring health messages for different groups.
- Encouraging employers to consider building layout, changing / cycle storage facilities and healthy eating in workplace restaurants / vending facilities.
- Integrating activities with the local strategic approach to obesity.

1.6 Tier 2 interventions for children

NICE say weight management programmes for children and young people should include the core components of:

- diet and healthy eating habits
- physical activity that children and young people enjoy.
- reducing the amount of time spent being sedentary
- strategies for changing the behaviour of the child or young person and all close family members.
- Positive parenting and problem-solving skills.
- A tailored plan to help the family to set goals, monitor progress against them and provide feedback

NICE guidance (PH47) – Recommendations for weight management for overweight or obese children and young people

1.7 Tier 2 programmes for tackling obesity in adults

NICE guidance suggests programmes to tackle obesity in adults should be:

- be multi-component and address diet, physical activity levels and behaviour change.
- encourage realistic goal setting - aiming to help people to lose 5-10% of their weight.
- recommend an average weight loss of 0.5-1kg each week.
- focus on sustainable lifestyle changes rather than on short-term quick-fixes.
- be multi-component - addressing diet, physical activity and behaviour change.

- focus on sustainable lifestyle change and the prevention of future weight gain
- be of at least 3 months duration and take place at least weekly or fortnightly, including a 'weigh-in' at each session.
- ensure specific dietary targets are agreed based on individual needs and goals
- ensure any supervised physical activity sessions are led by an appropriately qualified physical activity instructor and take into account any medical conditions.
- use a variety of behaviour-change methods and address weight regain.

NICE Guidance (PH53) - Recommendations on weight management & lifestyle services for overweight or obese adults

1.8 Tier 3 obesity programmes

Tier 3 programmes should adhere to the same NICE recommendations on healthy eating, physical activity and behavior change as adult Tier 2 programmes detailed above.

However, they should be run by a specialist multi-disciplinary team including multidisciplinary team including a Dietitian, exercise specialist and psychological therapist.

1.9 Tier 4 obesity interventions

NICE guidance recommends bariatric surgery as a treatment option:

- For patients with a BMI of 40kg/m2 or more, or patients with a BMI between 35kg - 40kg/m2 plus other significant disease (like type 2 diabetes or high blood pressure) that could improved by losing weight
- Where appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss
- The patient has been receiving or will receive intensive management in a tier 3 service.

NICE guidance (CG189) Obesity: identification, assessment and management

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West Berkshire LSCB Annual Report 2016-17

Agenda Item 16

Fran Gosling Thomas
Independent Chair of West Berkshire (2014-2017)

Foreword

Welcome to the WB LSCB Annual Report

I am proud to write the Chair's introduction to this year's annual report as I really believe that local children's services and partnership working in West Berkshire have turned yet another important corner in the last year and the Board itself has reached a more mature phase. Key factors have been the strengthening of links and joint working with other partnership boards for example in relation to domestic abuse, exploitation and children's emotional health and well-being. Also the much more robust performance and quality data now coming to the board enabling 'hot spots' to be picked up early and multi-agency action agreed. The closer involvement of children, young people and schools in the work of the Board has also helped deliver significant improvement and connectivity that benefits children and young people across West of Berkshire and beyond. This has been further strengthened following the sharing of learning from the Serious Case Review undertaken during the year and closer links have also developed with independent schools, faith groups and with children's sports groups and organisations. This will continue to be a strong focus in 2017/18.

During 2016/17 the Board signed off the delivery of the first year of the 'Achieving Excellence' plan, including actions to embed recommendations from the 2015 inspection of children's services and 2016 Peer Review. In addition a lot of further work was completed to strengthen governance and synergy across the Board and its sub-groups, to strengthen and broaden the Board's Learning and Improvement Framework and to widen multi-agency learning opportunities. This included sessions to share and embed the learning from audits and from the Serious Case Review, including a focus on children who are excluded from school, children subject to child protection plans for more than a year, children whose parents have mental health, domestic abuse and substance abuse issues and safe recruitment and safeguarding practice. The actions and learning from these reviews are being closely monitored and reported to the Board. I would particularly like to commend the work of the Case Review Group and thank them for their drive and commitment to review and monitor the implementation of learning from the West Berks Serious Case Review.

I would also like to commend the work of the Quality and Performance sub-group and their work, with the other sub-groups, to develop what is now a very robust set of performance data reports to help the Board to monitor and challenge progress in detail key areas of concern and take further action where this is required. Some recent examples include health needs of looked after children, waiting time for CAMHs services and levels of reporting of self harm to A+E departments.

In last year's report we were able to set out all the changes and activity that the Board had driven or supported. However, we weren't able to fully evidence this in terms of the difference it was making for children. I am

delighted that in this year's report we are able to evidence the impact of our work over recent years. Examples include listening to the child's voice and strengthening their involvement in the LSCB; reducing waiting times for children's mental health services; improving the timeliness of responses to contacts and referrals to children's social care; ensuring more children in care have their health needs assessed and reviewed. The report identifies many other examples.

I would like to say a huge thank you to all the West Berkshire partners who have given so much commitment to helping the WB LSCB make a real difference for children, also to front line staffs across the partnership who are the ones who have actually delivered these improvements. We all value the extra mile which so many staff go to help children and young people in West Berkshire. Finally huge thanks to Andrea King (Head of Service, Prevention and Safeguarding), Carlie Higton (LSCB and System Change Service Manager) and Kira Egal (Board Administrator) who have worked so tirelessly to support and develop the work and impact of the Board.

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Background to the report

Under section 14A of the Children Act 2004 the Independent Chair of the LSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

Progress against our priorities in 2016/17

Children and young people in West Berkshire have access to and benefit from Early Help services

Early Help is intervening as early as possible in the Childs life mitigate risks, to reduce the likelihood of needing intensive and targeted statutory support for families and to support Children and Young People to achieve their full potential. The 16/17 business priorities therefore reflected a need amongst all agencies and partners to improve early help services and the early identification of and support for children and young people at risk of harm.

The Evidence and Outcomes of the Early Help priorities:

- ✓ Evidence of improvement in individual children outcomes
- ✓ Reduce the number of referrals into statutory services where Early Help/Targeted prevention services have been provided
- ✓ Have a better understanding of risk in Early Help Services
- ✓ Improve timely decision making for children
- ✓ Measure improvements in child and family outcomes in Early Help

What have we done?

Strategic Factors

- Established the multi-agency Emotional Health Triage that enables partners to identify and holistically assess the emotional health needs of children and young people
- LSCB audits supported the identification of Targeted Prevention risk factors, which if identified and responded to early, would reduce the likelihood of safeguarding and protection needs arising.
- The Children's Delivery Group (Sub-Group of the Health and Wellbeing Board) seeks to support and align how the Local Authorities work with partner agencies to identify 'Early Help' support with understanding levels of need, shared priorities for early intervention and understanding where further support is needed.
- Ongoing work with all schools and wider partnership agencies has been facilitated to share findings from the Serious Case Review and multi-agency audits supporting identification of patterns, early identification of risk in the child's journey and to improve services.

Operational Examples

- Youth Health Champions (YHC) – peer to peer health awareness/promotion Level 2 qualified young people delivering positive health messages on sugar awareness, mental health awareness, resilience and peer pressure.
- The Early Help Assessment pilot concluded in 2016, demonstrating a need for consistent Early Help Assessment Framework to be developed. The pilot tool and learning from the agencies involved in the pilot has enabled a clear assessment tool to be developed identifying risk factors, strengths and support agencies to work with families to create a plan.

- There has been a rise in effective referrals to the Family hubs result in every family receiving timely and appropriate support offering a range of opportunities for families which enables early identification, signposting and targeting of resources for families at key times.
- Clinical Commissioning Group's (CCG's) have published 'My Little Book of Sunshine' for young people and families, the book enables young people to get support and further information on a range of worries that could be affecting them, which was distributed to schools, partner agencies and GP surgeries.

What difference did this make? – Outputs
Strategic Examples

- ✓ The Local Authority welcomed visitors from the Department for Education. The visit showcased the use of Restorative Practice within the community and schools and how that is improving impact on outcomes for children, families and communities in West Berkshire. The visit saw presentations from schools, school children on circle time and using Restorative interventions, the Emotional Health Academy Impact and changes in Adult Social Care through a three tiered conversation based on restorative practice.
- ✓ West Berkshire were asked to speak at the Innovations Conference in March about the innovative Restorative work being developed.
- ✓ Multi-professional audits in collaboration with other Local Authorities in the West of Berkshire went on to continue to support and inform the priority risk factors for Targeted Prevention services and have led to a partnership raising awareness campaign for the Children's Delivery Group (sub group of the Health & Wellbeing Board) and the LSCB.
- ✓ The LSCB has worked with a wide range of partners, such as the voluntary, community and Faith Sector, Sports and Education providers and Get Berkshire Active to acknowledge recommended changes to safeguarding policies and procedures following National and local learning.

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Operational examples

- ✓ The Emotional Health Triage responded to the needs of 564 children last year.
- ✓ All children and families that refer to the Family Hubs are contacted and an offer of support is provided. To date there is 100% take up of these offers.
- ✓ More agencies are using My Family Plan assessment to identify and respond to children's needs early.

What difference did this make? – Outcomes

- ✓ The YHC's at Little Heath school raised concern with the schools senior leader team and Health and Wellbeing in schools coordinator about the levels of stress and lack of mental health self-care knowledge in Year 10. This resulted in every Year 10 student being taken off timetable to attend a mental health/stress awareness workshops delivered by a Youth Mental Health First Aider.
- ✓ The Building Communities Together strategic change programme promoted the Targeted Prevention risk factors to local communities, engaging local residents in taking a shared responsibility for safeguarding and finding local solutions to early intervention needs, through the mechanisms of community conversations, school pilots, restorative practice training and interventions, activities that have supported the wider recognition of risk factors within Early Help.
- ✓ Re-design of our Targeted Prevention Services and early help services are being monitored through outcome frameworks to understand the difference for our children.
- ✓ 564 children were helped by Emotional Health Triage partners, 80% of these children demonstrated improved outcomes at point of review.

Next Steps

- To ensure the sufficiency of Early Help and Targeted Prevention provision in the context of public sector funding reductions.
- To systematically review the impact that Early Help and Targeted Prevention services have on improving outcomes for children and families.
- To embed Targeted Prevention priority risk factors in all early help and Targeted Prevention services and to implement 'My Family Plan' in response to learning from the Early Help Assessment Pilot and multi-agency audit learning, in partnership with the Children's Delivery Group.
- To continue to build on and implement restorative methodology within a non-statutory framework.
- To share our local learning about effective emotional health early intervention nationally with partners.

The partnership response to Child Sexual Exploitation (CSE) in West Berkshire is robust and is effectively coordinated.

The outcomes of CSE and Missing priorities:

- ✓ To reduce the identified risk in relation to CSE
- ✓ To reduce the number of times a child goes missing
- ✓ For children and young people at risk of CSE to report feeling safe
- ✓ Improve self-esteem, self-worth and emotional or mental health for children and young people at risk of or involved in CSE or missing
- ✓ Increased awareness and understanding of CSE amongst young people, families and schools

What have we done?

Strategic Examples

- West Berkshire agreed a detailed CSE action plan for 16/17
- Completed an analysis of missing episodes and return home interviews in 2016/17 to understand trends and take appropriate actions to address any of the safeguarding issues highlighted.
- Looked After Children go missing more frequently than other young people, therefore work has been undertaken with residential Children's Homes and the police to develop a protocol and common practices to address those issues highlighted.
- Undertook the Section 11 Audit tool to understand which governors have completed the CSE training and their understanding of CSE.
- A CSE audit took place and the outcome has led to refined operational procedures and pathways for responding to concerns about CSE.
- Return Home Interviews for Looked after Children placed at distance from West Berkshire is prioritised.
- Police have targeted and disrupted potential perpetrators.

Operational Examples

- Completed a CSE Feedback Report, in general young people thought the work undertaken with them was good or excellent.
- On National CSE Awareness Day a range of information about CSE was provided to the public and local businesses. Materials were developed by West Berkshire pupils, including a video of the project. Social media, Twitter, Facebook, and YouTube were used in order provide greater reach to very a positive effect.
- Training, consultation and awareness raising programmes continue to increase the understanding of CSE.
- A School Action Group assessed and shared materials used to raise awareness of and work with CSE.
- A survey was completed in 2017 about CSE and Missing it sought to understand the level of knowledge that children and young people have about CSE.
- A young person's pack was developed to ensure that a young person who goes missing receives information tailored to them alongside a parents pack.

- Face to face CSE Training has been changed to highlight those who are underrepresented in our group of young people.
- Teen Health Guide a health magazine by Public Health for 13 – 18 year olds has been produced with information on CSE, sexual health, sexting etc.
- Events have taken place in Newbury Town Centre during the course of the year to raise awareness of CSE.
- Member Development Sessions were provided to council members to ensure they are aware of the local profile of CSE and actions taken to address the issue.

What difference did this make? – Outputs
Strategic Examples

- ✓ Developed a protocol and common practices to address CSE and missing episodes in children's homes.
- ✓ Improvements in practice around CSE are evidenced in subsequent re-audit activity.

Operational Examples

- ✓ NSPCC Share Aware Programme has reached 75% of West Berkshire Primary Schools.
- ✓ CSE training take up by schools has increased.
- ✓ A CSE Feedback Report for young people was conducted, in general young people thought the work with them was good or excellent.
- ✓ SEMRAC feedback report supported continuous improvement.
- ✓ Return Home Interview audit illustrated progress and developments in the quality and completeness of return home interviews.

What difference did this make? – Outcomes

- ✓ The level of risk of those deemed high or medium risk of CSE reduced in 54% of children and young people known, remained the same for 38% of children and young people known and increased in 8% of children and young people known.
- ✓ 87% of the young people considered that they had made positive changes in their lives when working with SEMRAC.
- ✓ 87% did not think there was anything else that could have been done to keep them safe.

Next Steps...

- Capturing the voice of young people who are either victims or survivors of CSE is difficult and West Berkshire is not alone in trying to address this. We need to continue to develop a better understanding of young people's perspectives particularly around prevention and what interventions work.
- We need to consider how to promote the features of healthy relationships to those people in a trusted relationship to children, following the survey we know that the majority of young people would talk to their parents if they are worried, therefore there needs to be more focus in training parents as well as children and young people.
- We need to ensure that there is robust and timely information sharing regarding perpetrators to disrupt their activities.

Effectively support and safeguard children living with domestic abuse and emotional ill-health.

The LSCB priorities for Domestic Abuse and Vulnerable groups:

- ✓ Training, education and awareness raising
- ✓ Ensuring more children and young people reporting to services feel safe and are not experiencing abuse or violence
- ✓ All school Safeguarding Leads to have a defined role in promoting Domestic Abuse awareness raising within their setting to support effective early intervention
- ✓ All designated schools safeguarding leads receive Domestic Abuse awareness training at the designated safeguarding events
- ✓ All maintained, Academy and Independent or Special schools are part of the Domestic Abuse Information Sharing Agreement; to enable them to receive timely domestic abuse notifications

What have we done?

Strategic Examples

- Toxic Trio Audit and other learning seminars took place in 15/16, the audit identified clear learning in relation to better information sharing between agencies, understanding the elements of toxic trio, the presenting behaviour and the impact beneath that behaviour as well as how agencies can work together to identify learning and risk factors within families experiencing Toxic Trio.
- The EHA was established in April 2016 after our local children and young people told us how the mental health system had been letting them down; we were particularly focused on trying to prevent adolescent suicide. Children helped us design the EHA, with partnership support from CCGs, schools, GPs, Child and Adolescent Mental Health Services (CAMHS), and the voluntary sector. Schools, CCGs, and West Berkshire Council are funding the service together.
- Tier 4 contracts were reviewed by CCG and Local Authority representatives at the Future in Mind group. These Tier 4 contracts include a clear clause that requires Tier 4 providers to start inter-agency discharge planning in a timely way. Future in Mind colleagues reviewed and agreed the escalation and challenge process for responding to Tier 4 providers when discharge planning had not been effectively undertaken; this was disseminated across Berkshire West partners.

Operational Examples

- A Domestic Abuse one day Champions training was designed, it has been fully booked on each course with a 5/5 rating. Domestic Abuse training has been delivered to medical students at Royal Berkshire Hospital (RBH) Over 150 GP surgery staff across 14 surgeries throughout West Berkshire.

- A survey completed with schools asked a range of pupils from year 7-13 questions relating to Domestic Abuse and their perceptions. Following the survey the Health and Wellbeing Schools Coordinator has been working with schools and the Children's Delivery Group to continue to disseminate learning.
- A review of DART family focus work within the Targeted Intervention Service was completed, seeking to analyse the impact on outcomes for children, young people and families showing: the positive impact our work is having on reducing domestic abuse and improving outcomes for children; thereby achieving our aims of reducing harm to children and families and making long term savings for the Council.
- The Targeted Intervention Service has facilitated Restorative meetings between the victims and perpetrators of Domestic Abuse to positive results.
- An FGM training event was facilitated towards schools and was attended by representatives from 15 schools.
- A stalking event was facilitated and was attended by over 50 people.

What difference did this make? – Outputs

Strategic Examples

- ✓ An Information Sharing Agreement was implemented meaning that schools, nurseries, alternative curriculum providers and Family Hubs receive notifications when Police have been called to a household for a domestic abuse incident where a child is present. Providing more information and greater awareness of what is happening to that child in their home to monitor welfare and make safeguarding referrals if required. Schools have reported that they are happy the scheme exists. The scheme supports a more holistic view of the child's home life.

Operational Examples

- ✓ Domestic Abuse Champions training - the training package was refined into a one day course. There have been a total of **129** Champions trained; over **80%** are still in post in West Berkshire.
- ✓ In Q4 **13** people completed DASH / MARAC training. This brings the total number trained to **132**. Everyone who completed the training rated it 5/5 in their evaluations.
- ✓ DAY: Domestic Abuse Awareness Programme: To ensure our children and young people understand the features of a 'healthy relationship' and know where to go for help and support if they need it. The DAY programme is a six week program targeted at raising awareness of unhealthy and abusive relationships with young people. The EHA delivered the first course in a secondary school to 12, 12 to 13 year old students (four males and eight females).
- ✓ The EHA received a total of **31** self-referrals from young people, The EHA delivered emotional health training to **256** professionals in a variety of settings including the local authority, schools and voluntary services. The EHA clinical service completed **84** clinical emotional health assessments and delivered two parenting programmes to vulnerable families in isolated rural communities.
- ✓ The EHA delivered two Peer Volunteer Training Programs to **15** vulnerable parents in collaboration with the Hungerford Family Hub.

What difference does this make? – Outcomes

- ✓ Young people reported after completing the DAY program that they:

- Were more confident saying "no" when they didn't want to do something.
- Would know what to do if they recognised they were the victim of or perpetrating abuse.
- Following the Family Focus work; **not** all couples have remained in the abusive relationship and the programme appears to help individuals separate from unhealthy relationships and focus on having contact with their children. An important aspect of the programme is that victims felt supported and perpetrators felt that they had been heard and supported to make changes.

✓ The EHA Clinical Services helped children and young people make positive changes in 61% of cases. Families were signposted to a more appropriate service after assessment in 25% of cases. The remaining 14% of cases included those stepped-up post intervention or referred directly to CAMHS post assessment, and those 5 cases who disengaged.

✓ There is evidence that by supporting whole families intensively individuals engage and feel supported to make the right decisions for themselves and their children, risks are reduced quicker by taking the intervention TO the family and working WITH them using a restorative methodology.

Next Steps…

- Review domestic abuse related training with a view to creating a more sustainable model
- Establish a Domestic Abuse Champions' network for peer support and to contribute to ongoing professional development
- Targeted work with schools whose students answered 'yes' to the question 'is it ever ok to be physically abusive to your partner?' is underway.
- Each school has until September 2017 to provide feedback on the progress they have made with responding to these concerns.
- Continue to focus on delivering prevention and awareness programmes with children and young people to enable an understanding in relation to healthy relationships.
- The Family Focus work will be sold to other local authorities. We have already received requests from Hampshire and Reading and it is something we are keen to progress.

Children and young people who experience Neglect are effectively safeguarded.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born the impact of negligence often leads to the child suffering other forms of abuse. The NSPCC site Neglect as the most common form of child abuse and is the most common reason for local authorities to take child protection action.

The Evidence and Outcomes of the Neglect priorities are to:

- ✓ To improve our effectiveness in the prevention of neglect and to support families towards making sustainable changes
- ✓ Identification of and safeguarding our children from neglect

What have we done?

Strategic Examples

- West Berkshire's practice framework supports workers to underpin their knowledge and experience of how to work with families with chronic and severe needs, including neglect. The practice framework identifies Restorative Practice and Motivational Interviewing to support families to make significant and sustained change. Further analysis and fundamental consideration will be given to identifying partners and families to work with within the practice framework beyond in 18/19.
- It was recognised that more work could be done in relation to Neglect following the 15/16 analysis from the Board, as a result the Independent Chair agreed for a task and finish group, following a partnership workshop in 2016. The focus of the group has been to review the threshold documents.

Operational Examples

- Family group Conferencing in West Berkshire uses restorative methodology to work with families who are 'stuck' or who have been unable to promote positive change. The service supports the identification of working with families where neglect has been identified as a risk factor.

What difference did this make? – Outcomes

Strategic Examples

- ✓ Consistent chronology guidance has been written and reviewed by members of the task and finish group. The document is available on the LSCB website and will be used as part of the neglect audit learning events to further raise awareness; families are therefore consistently receiving a high level of intervention and support.

- ✓ A multi-agency audit focused on understanding our local children and families experiences of living with neglect and the impact of neglect on outcomes for our local children was initiated at the end of 16/17. This audit was intentionally designed to seek the views and experiences of our family's first hand, the views and experiences of frontline multi-professional staff. The audit will form part of the Berkshire West Audit Programme.
- ✓ The Quality and Performance sub-group has reported on the limited used of the Graded Care Profile (GCP), however early indication is that it is a positive tool and supports the identification of slow deterioration or improvements in the child's care.

Operational Examples

- ✓ Neglect is included in all universal safeguarding training meaning that all professionals have a positive level of understanding of the potential presenting factors, complexities and other complicating factors for families experiencing neglect.

Next Steps…

- The Neglect audit will seek to understand our current interventions and ways of engaging with families as well as the wider understanding and thresholds of categorising the risk as neglect around child protection. This will enable the LSCB to further understand the learning, strengths and complexities behind the local prevalence and impact and adapt or re-design our local children's services in response to this learning.
- The Quality Assurance and Safeguarding Service (QAAS) will seek to understand what risk factors lead to a category of neglect for child protection, it will also seek to understand the journey of the family as a consequence of being under the neglect category.
- Further analysis will be considered as part of the neglect audit in 2017 and will be fully reported on in the next annual report.
- The Learning and Development Sub group will facilitate a learning seminar in January 2018 – the aim of the seminar will be to share the learning from the scheduled neglect audit from Reading, Wokingham and West Berkshire along with the findings from the Wokingham JTAI inspection based around Neglect.
- Further to the learning seminar West Berkshire's Head of Children and Family Services will be meeting with Headteachers in 2017 to share the national and local learning in relation to neglect.
- The Emotional Health Academy and LSCB are working together to explore robust reflective supervision arrangements with School Family Support Workers and wider Family Support workers. The supervision arrangements will aim to prevent drift, support facilitation of working with families to create a clear assessment and plan, engage significant others and decrease the professional dependency. This is ongoing work and will be completed in 18/19.

An effective LSCB - ensuring effectiveness of safeguarding and the promotion of child welfare across West Berkshire

To increase the effectiveness of the LSCB, including to be responsive and react quickly to local changes or risks in West Berkshire, which directly impact on safeguarding and promoting the welfare of children and our families. To ensure the LSCB works effectively as an inter-agency partnership to safeguard and promote the welfare of children and young people

The Evidence and Outcomes of the effectiveness of the LSCB priorities are to:

- ✓ Ensure that we are asking what difference will this work make to the children and young people in West Berkshire
- ✓ That the safeguarding and protection of children and young people will be prioritised by all partners during times of system change or in response to newly identified risks

What have we done? – LSCB Strategic Examples

- The LSCB monitors high level risks through the risk and concern log using a multi-agency perspective and problem solving approach.
- The West Berkshire LSCB and Case Review Group have been robustly monitoring the SCR Action Plan and reviewing evidence following the agency plans.
- The LSCB invites services that feature on the risk and concern log to present at the Board meeting, the Board encourages thematic workshops where there is an identified risk, enabling Board members to support the service in identifying potential solutions and gaining a full understanding of the wider systemic needs. Supporting the Board to continue to analyse risk as a dynamic feature to the wider systemic and strategic change.
- Continued funding from the West of Berkshire CCG, Thames Valley Police and West Berkshire Local Authority, the LSCB has maintained a balanced budget for 16/17, the LSCB was supported from key partner agencies to manage the cost of the Serious Case Review.
- The sign off of the Ofsted Improvement Plan in 15/16, 16/17 has seen ongoing actions embedded into single and multi-agency priorities. These priorities are robustly monitored by the LSCB using thematic workshops and update reports.
- The LSCB continues to build strong links with the Adult Safeguarding Board, holding a joint conference for adults and children with disabilities.
- The learning emerging from audits undertaken by the LSCB Quality and Performance Sub Group, have helped to inform priorities for the Health and Wellbeing Board and Children’s Delivery Group, including Emotional Health and Early Help Assessments.
- The Quality and Performance sub-group produces a multi-agency data set and exception reports analysing trends, risks and ongoing themes.
- A Serious Case Review was published on 1st February 2017. The Serious Case Review In March 2016 was commissioned to look into how organisations handled allegations of sexual offences against children, which were committed by people in positions of trust.

What have we done – Operational Examples

- The LSCB website was co-designed with children and young people, supporting it to be accessible and interesting to all. The website is updated on a regular basis and will continue to be in collaboration with children, young people and partners.

- The LSCB facilitated an audit on exclusions. The audit was undertaken because of growing concern about the increase in exclusions of our most vulnerable children and young people. Primary exclusions had risen from 37% in 14/15 Autumn Term to 53% in the spring and summer terms.
- Following the SCR West Berkshire LSCB has been working in collaboration with the Faith sector to design and implement a Faith Sector Safeguarding forum. The forum will work across the sector to share good practice and ensure the effectiveness of safeguarding policies, allegation management and safer recruitment.
- Raising awareness sessions and lunchtime seminars have been facilitated to share multi-professional learning from audits, National Learning and Local Learning. Following the success of these seminars new learning provisions have been made and there is a regular seminar facilitated by West of Berkshire LSCBs. The learning seminars have impacted on training provisions within the LSCB training package supporting materials on Safeguarding Universal training and introduction of new training such as Allegation Management Training. Noting the success of this model, a LGA Peer Review lead for audits has been asked to observe these sessions.
- Posters by the Children In Care Council have been produced as a result of a request from the LSCB for a young person friendly version of the 2015 - 2016 annual report. The young people decided that a poster was the best method for young people to be informed.

What difference has it made? – Outputs

- ✓ 100% of looked after children have received initial health assessments, ongoing work is continuing with local authorities on health assessments that are being completed out of timescales.
- ✓ LSCB audits are being facilitated in relation with Reading, Wokingham and West Berkshire, supporting learning for the West of Berkshire and creating consistency in LSCB approaches across the West of Berkshire.
- ✓ LSCB audits consistently identify significant improvement in multi-agency working and the use understanding of emotional health needs.
- ✓ There is regular correspondence in SEMRAC with Tier 3 CAMHS following LSCB challenge.
- ✓ The learning from the LSCB multi-agency audits are reported back to the Board and followed up periodically to ensure implementation of recommendations, there are also regular seminars and learning events to share any learning with the wider workforce.
- ✓ WB LSCB has maintained its funding from partners.
- ✓ There has been 100% attendance from Key Partner Agencies at the Board meetings.
- ✓ Local West Berkshire young people accessing specialist services led the design of bite-sized summaries of the LSCB priorities and progress, these have subsequently been used as a raising awareness tool with local children.

What difference has it made? – Outcomes

- ✓ All schools in West Berkshire have received presentations on the learning from the Serious Case Review published in February 2017 to share the learning.
- ✓ Our Section 11 audit with schools demonstrates that 100% of schools implemented the whistle-blowing arrangements recommended by the Serious Case Review within three months of publication.
- ✓ Evidence of improved outcomes for our children subject to a Child Protection Plans, with acknowledgement of positive thresholds.

✓ Continued positive support from partner agencies supporting system change and positive impact on outcomes for children and young people in West Berkshire.

Next Steps

- Create an effective communications plan with partners, incorporating effective ways to communicate with other agencies and the wider community.
- Consistent engagement with children and young people, listening to their voice and promoting change in services as a result of their views.
- Continue to work closely with the other LSCBs in Berkshire to share learning, approaches and promote change.
- LAC youth worker to meet with the relevant people to make stronger connections to ensure opportunities for regular updates from the LSCB with the Children In Care Council and other young people can be embedded in our future work.
- The LSCB will work more closely with the Adult Safeguarding Board to share learning and training events.
- Develop the profile of the Board and its activities through key messages communicated to all staff.
- Improve the logging of escalations to tie in with the "Risk and Concern log", to ensure that WB LSCB has oversight and can make links to future learning and improvement.

Children and Young People have an active role in Decision Making

The LSCB works with partner agencies to improve services for children, young people and families, the Board also aims to oversee changes to services by listening to the voice of our families. The voice of the family is heard through feedback, evaluation, surveys, audits and the day to day journey. This chapter will demonstrate feedback and change because of what services and the LSCB have heard.

The Evidence and Outcomes of the child and family voice priorities are:

- ✓ Children and young people have a positive journey through all services
- ✓ The child's voice is at the centre of everything that we do
- ✓ Young people are directly engaged to contribute to shaping and changing services
- ✓ We are always obtaining the views of children in all Education settings in West Berkshire

What have we done?

- We have undertaken regular audits and consultations with young people and families to understand:
  - their experience with working with services
  - where they identify gaps in services and support
  - training and development needs of staff
  - how we can learn from the journey of change
- The Quality Assurance and Safeguarding Service (QAAS) have worked with Mind of My Own (MoMo) to ensure that regular feedback from children and young people is sought following child protection conferences and looked after child reviews. The feedback is used to support ongoing changes in the services. MOMO is an app which is specially designed for children and young people aged 8 to 21, which can be used to give their views to their social worker, IRO or other worker. They can use MOMO to prepare for a meeting, make a complaint, change something, and prepare for a visit from their worker or to prepare for independence.
- Restorative Practice Implementation in schools has enabled children and young people to be trained, children and young people have been encouraged to work with the school to identify positive implementation of the methodology, examples of this is a Secondary School training RP Peer mentors to support young people in the playground and outside of lessons, they also help with any conflict and are trained to facilitated restorative conferences.
- The Building Communities Together system change programme worked with the local communities to identify and co-design local solutions by introducing community conversations, training and development for community 'champions' and 'pillars of the community' using restorative methodology to work in partnership with Thames Valley Police, Housing Associations and the Anti-Social Behavior Team to identify restorative solutions to neighborhood disputes and anti-social behavior.

- The Emotional Health Academy was established in April 2016 after local children and young people shared their views on the gaps in Tier 2 Emotional Health Services. Children have gone onto actively contribute to creating emotional health resources for local children, in use in our communities.
- The Contact Advice and Assessment Service has become the front door to Children's Services along with the introduction of MASH, following the Serious Case Review where it was acknowledged there wasn't always effective processes in place. All LADO referrals now go through the Contact Advice and Assessment Service.

What did we learn? – Outputs

- Over 400 children and young people have been trained in restorative practices and are using them to create local solutions to local problems, benefitting the whole community
- A WB LSCB young people's version of the Annual report was developed last year; this enabled young people to understand key priorities and progress of those priorities.
- WB LSCB has worked with children and young people to design various materials that are circulated out to children and young people, this includes the LSCB website.
- Multi-Professional audits undertaken demonstrate positive and timely assessments, positive engagement from young people in relation to child protection conferences and other intervention and a positive level of participation from children and young people. Children and young people and their families now contribute to our LSCB audits.
- Children and young people engaged in the Child Sexual Exploitation raising awareness event
- Over 2000 children and young people engaged in completing a survey on awareness of domestic abuse and child sexual exploitation enabling the LSCB to identify risks children were experiencing and respond to them and to understand local unmet needs.
- 100% attendance or advocate attendance in Family Group Conferences to enable the child's voice to be at the centre of the process. The wishes and feelings of the child are always shared and remain at the centre of the plan with the outcomes focused around the child.
- Young People presented their local application of restorative practices during a visit to West Berkshire from the national Innovations team (Department of Education) to explain what Restorative Practice means to them

What did we learn? – Outcomes

- Self referrals into the Emotional Health Academy continue to rise and further work is being facilitated to promote the process and accessibility for children and young people. These children received help quickly and are all showing outcome improvement.

Next Steps

- Engage a wider remit of children and young people on a regular basis by firstly enabling the community to better understand the LSCB and its functions
- Create emotional and mental health materials with young people

- Consistently gain feedback from children, young people and families.
- Facilitate young person themed LSCB meetings to understand what is important to them.

Young people are involved in recruiting staff – children's panels form an integral aspect of the recruitment process

"Excellent help and support offered has given me the confidence and tools to support X going forward – thank you!" (Parent – EHA)

"They understood my worries and emotional difficulties and worked on things that helped me cope better" (young person – EHA)

Thank you so much for everything you've done for my family. Recognising our needs even more than I had myself and helping us achieve so much more as a family. Putting me on the incredible years course has helped me so much in dealing with L's development and behaviour. You did such a good job" – Parent Family Hub

Working with LAC young people to support with training needs for professionals and the training course – QAAS Team

We can't thank you enough for bringing everyone together to resolve the issues and move forward for the sake of the children. They have seemed much happier lately." (Grandparent - FGC)

Young people and children have told us they do not like just sitting and talking to Social Workers – we have introduced and put together a box of age relating direct tools that can be used to encourage children to speak and share they thoughts with us - CAAS

Families' views and experience of our partnership services is essential to review and continual improvement. Quality & Performance sub-group are reviewing these questions in the second phase of the audit. These questions have been shared with Wokingham and Reading LSCBs to inform their lines of enquiry too – Neglect Audit, LSCB sub-group

Thank you for helping us to sort out a clear contact plan. The kids know where they are now and so do we. Just feels like things are working much better"(father - FGC)

Toby (Age 10): Significantly Restricted Diet due to Anxiety

Goals

Goal progress chart

The Emotional Health Academy welcomes any feedback, positive or negative, about the service you received:

I think chris been really helpfull with all the help and time she's giving me I wouldent be eating without her!

Feedback

I have seeked help for my son for 10 years now and to no avail, however since seeing the Emotional health Academy we have come on in leaps & bounds. we are now at a stage that I had lost hope that we were ever likely to achieve. A Massive thankyou to all involved. especially Chris x

Graded Exposure Intervention

Pre

Post

Priorities for 17/18 and beyond

Strategic Summary

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.

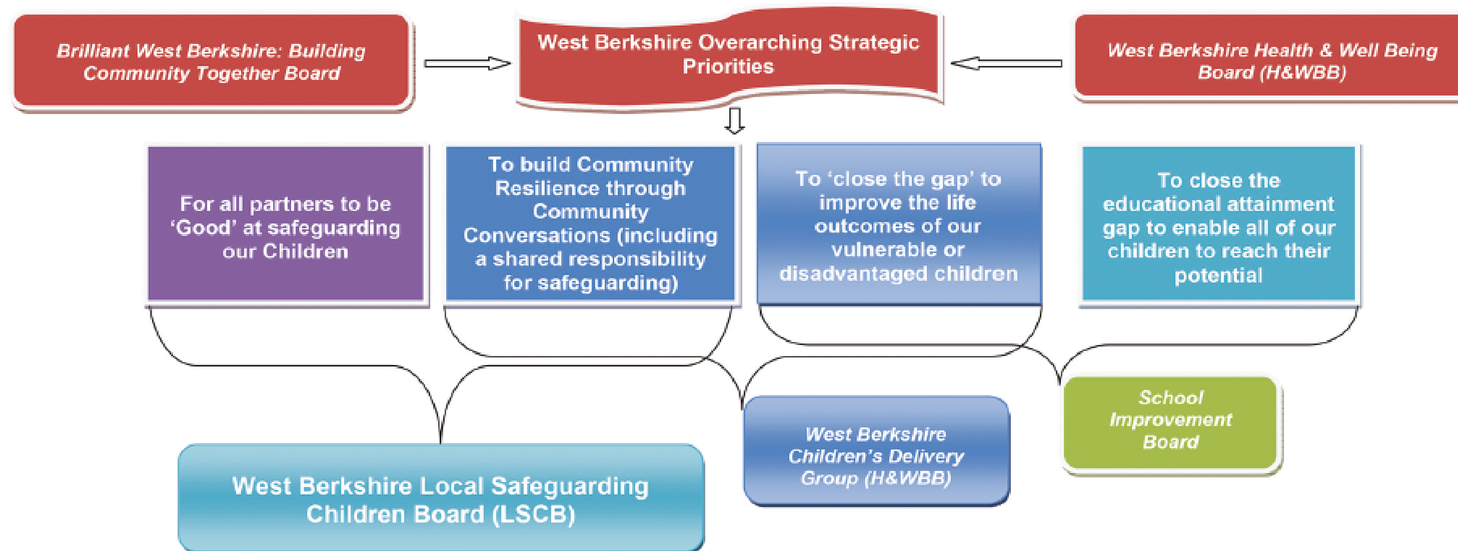
Where children and young people can't remain with their birth or extended families, and are looked after by the local authority, we want them to know that we are ambitious, driven and committed "Corporate Parents", striving to help them reach their full potential. For these children and young people, 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.

West Berkshire LSCB's 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. In order to achieve this vision for children and families in West Berkshire, LSCB partners will 'ensure the effectiveness' of local provision, to integrate and co-ordinate our efforts, to deliver services that are – at the very least - **"good"**, if not outstanding.

To achieve this we will build on the existing strengths we have in West Berkshire and on the principles already established in the Brilliant West Berkshire: Building Community Together programme. We work 'with each other' and 'with our community' (not doing 'to' or 'for'), modelling 'high support and high challenge.'

West Berkshire's LSCB priorities sit within a wider strategic framework led by West Berkshire Health & Well-Being Board (H&WBB) and the Children's Delivery Group. We are focused on improving outcomes for our local children, young people and families; this is summarised on the next page.



West Berkshire LSCB Priorities

1. To ensure the effectiveness of safeguarding in **Early Help and Targeted Prevention** services

2. To improve our effectiveness in the prevention and identification of, and safeguarding our children from, **neglect**

3. To continue to improve the effectiveness of support and safeguarding of children living with **domestic abuse, substance misuse, and emotional ill-health**

4. To continue to improve the safeguarding and protection of **children at risk of sexual exploitation**, and to strengthen our work in identifying, disrupting and prosecuting potential perpetrators

5. To **increase the effectiveness of the LSCB,** including to be responsive and react quickly to **local changes or risks in West Berkshire,** which directly impact on safeguarding and promoting the welfare of children and our families

Appendices

Local Safeguarding Children Board's Sub-Groups

West of Berkshire Sub-Groups

- The West of Berkshire sub-groups are a tri-borough partnership consisting of 3 LSCBs: Reading, West Berkshire and Wokingham, which are all under the governance and leadership of one Independent Chair. The overarching aims of the West of Berkshire LSCB Sub-Groups are to gain wider partnership learning across the West of Berkshire to inform practice and improve outcomes for Children and Families.
- The West of Berkshire LSCBs host the Case Review Group and Learning and Development Group

Learning and Development

In order to fulfil its statutory functions under regulation 5, an LSCB should monitor and evaluate the effectiveness of training, including multi-agency raining, to safeguard and promote the welfare of children
Reading, Wokingham and West Berkshire LSCBs share a learning and development sub-group whose purpose is to lead the strategy planning and oversee the operational delivery of learning and development. The aim of the group is to coordinate the provision of sufficient high-quality learning and development opportunities that are appropriate to local needs and have a positive impact on safeguarding outcomes; holding partner organisations to account for operational delivery and uptake.

What have we done?

- ✓ Developed an induction pack for all members to outline the functions of the learning and development group and how it works with the LSCB's and other sub-groups
- ✓ A comprehensive work plan 16/17 has been developed with partners to outline responsibilities and learning of the sub-group
- ✓ A Training Needs Analysis survey was completed across the partnership to identify training needs, learning methods and current gaps.
- ✓ LSCB Forum Learning Events, 2 hour Learning Events will be held quarterly organised and overseen by the Learning and Development Group. The learning events are designed to share key learning on focus areas such as disguised compliance.
- ✓ A Training Audit was undertaken to understand what the level of safeguarding training was to partner agencies, this supported the identification of a training pathway document identifying requirements of training and refresher training.
- ✓ Safer recruitment training was identified as a need from the Section 11 audits; a safer recruitment course has been facilitated with an online course that was launched in October 2016.
- ✓ Courses have seen a rise in attendance and have received positive feedback and evaluation. Year Figures 2016/17:
    - 20 Courses ran – two were cancelled early in the year due to low numbers
    - 274 Staff attended
    - 1611 staff completed the Universal safeguarding children online course

    - 437 staff completed the Introduction to CSE e-learning – across West of Berkshire.
- Attendees at face-to-face courses are asked to self assess their understanding before and after training to provide us with some immediate impact. 70% reported significant improvement in their understanding, 27% reported some improvement and 3% reported a very significant improvement.
- The L&D Group have started an impact evaluation that will be sent out to all delegates 3 months after the training course. The questions aim to identify the impact of the course and how the course has benefitted the work of the delegate.

What difference has it made?

- Better attendance on courses and high evaluation scores
- West Berkshire has now increased their number of delegates per course as courses were consistently full with waiting lists
- Training course focussed on needs and gaps identified for learners

What we need to do better/next steps

- Continue to adapt to learning needs and offer a range of training methods, including lunchtime seminars, formal training and online training
- Ensure that training offered by the LSCB incorporates identified priorities for all three West of Berkshire Boards

Case Review Group

The Case Review Group receives and reviews all cases referred to the group where staff from any partner agency of the Safeguarding Children's Boards in the West of Berkshire have identified potential learning

What have we done?

- The referral process for the case review group ensures that any case causing concern regarding multi-agency working to a partner agency is able to be discussed using a high challenge, high support methodology
- The Case Review group undertake regular reviews of Serious Case Review Action Plans ensuring that they are fully implemented with robust evidence
- The case review group has regular and consistent multi-agency attendance supporting positive outcomes

What we need to do better/Next steps

- The Chair of the Case Review Group will change to be the CCG Designated Nurse
- Enable learning to be generated from National Reviews that can have local and relevant learning
- Ensure that the themes of National Learning incorporate the identified priorities of the three West of Berkshire Boards
- Continue to robustly challenge the need for Serious Case Reviews and how learning is disseminated.

Pan-Berkshire LSCB Sub-Groups

The Pan-Berkshire LSCB Sub-Group is the collaboration of six LSCB's joining together on a wider multi-agency platform to work in partnership. This allows for sharing of good practice and development of safeguarding opportunities towards improving outcomes for all children and young people across Berkshire area.

The Pan-Berkshire Sub-groups are made up of the following Berkshire Local Safeguarding Children's Boards

- Reading
- Wokingham
- West Berkshire
- Slough
- Royal Borough of Windsor and Maidenhead
- Bracknell Forest

The Pan-Berkshire LSCB Group has the following Sub-groups: Section 11, Policy and Procedures and Child Death Overview Panel

Policy and Procedures

The purpose of the Pan-Berkshire Policy and Procedures sub-group is to ensure that the six Berkshire LSCB's develop and maintain high quality safeguarding and child protection policy and procedures and all policies and procedures remain in line with National policy and legislative changes.

What have we done?

- The new online format implemented in January 2016 has been received positively by Practitioners
- Policies and Procedures continue to remain in line with Key National changes
- A positive relationship with the supplier enables effective and timely updates and changes to policies and procedures
- A Policy and Procedures newsletter has been created for circulation following each procedure update.

What difference has it made?

- ✓ More effective meeting with clear structure to updates
- ✓ Updates are happening in a timely way
- ✓ The communication to Practitioners and LSCB's is effective with legislative updates

Next Steps

- Continue to update the policy and procedure documents when needed
- Effectively communicate Tri-X updates and ensure that Local Documents are relevant and up to date as well as Pan-Berkshire Documents.

Section 11

Section 11 of Children's Act 2004 places duties on a range of organisations and individuals to ensure their functions and any services that they contract out to others, are discharged having regard the need to safeguard and promote the welfare of children.

What have we done?

- There is a strong core multi-agency representation in the sub-group including voluntary sector representative
- Revised guidance notes to ensure that it is clear and explicit to all agencies completing it
- Between March 2016 and March 2017 audits have been reviewed from the following organisations:
    - South Central Ambulance Service
    - British Transport Police
    - Berkshire Healthcare Foundation Trust
    - Royal Berkshire Hospital Foundation Trust
    - Berkshire West Clinical Commissioning Groups
    - Berkshire East Clinical Commissioning Groups
    - Care UK-Sexual Health Referral Centre
    - Frimley Health Foundation Trust
    - Calcot Services for Children Residential Provision
    - SWAAY – Residential Provision
    - West Berkshire Council
    - Bracknell Forest Council
    - Royal Borough of Windsor and Maidenhead Council
    - Reading Borough Council
    - Wokingham Borough Council

- Identified strengths in reviews consist of: positive identification of safer recruitment knowledge amongst staff, the child's voice was at the centre of their work and the process of a presentation and written submission has worked well to understand the detail of their submission.

What difference has it made?

- There is a greater understanding of the meaning behind the written submission of Section 11
- Section 11 tool enables agencies to identify local learning as well as Pan-Berkshire learning

Next Steps

- To continue to build upon the process of high challenge and high support
- To amend and build on the Section 11 tool following National and Local Learning such as a Serious Case Review

Child Death Overview Panel

In 2008, Child Death Overview Panels (CDOPs) were statutorily established in England under the aegis of Local Safeguarding Children Board (LSCBs) with the responsibility of reviewing the deaths of all children (0 to <18 years) in their resident population.
Within Berkshire there is a shared child death overview panel that works jointly for the 6 Unitary Authority Local Safeguarding Boards and is made up of a range of representatives from a range of organisations and professional areas of expertise. This process is undertaken locally for all children who are normally resident in Berkshire.

The purpose of the CDOP, (as required by the Local Safeguarding Children Boards Regulations 2006) is to collect and analyse information about each child death with a view to:

- Identifying any changes that we can make or actions we can take that might help to prevent similar deaths in the future.
- Sharing this learning with colleagues regionally and nationally so that the findings will have a wider impact.

CDOP activity:

The group has met regularly throughout the year with good partnership representation. There were 46 deaths within 2016/17, which reflects a downward trend since April 2011. In 2016/17 CDOP has reviewed 53 cases, including some deaths notified in the previous year but not reviewed until this year. Nationally 76% of cases are reviewed within 12 months; however, locally we have achieved closure on 92% of cases within 12 months. In 2016-17 69% of actual deaths in year were in children under 1 year which is broadly consistent with the national figure (66%).

- Neonatal deaths - In response to the high proportion of neonatal deaths among the overall numbers of child deaths reviewed, the Berkshire CDOP established a specialist panel to better enable the CDOP to consolidate the possible learning. Most deaths are due to congenital anomalies and/or perinatal medical problems, particularly complications of prematurity and low birth weight. The findings were fed back to the CDOP panel with the focus on themes and trends rather than individual cases and were well received.

- Modifiable factors - defined as 'those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced'. Nationally the proportion of deaths which were assessed as having modifiable factors has remained unchanged at 27% in the most recent year. Locally in 2016/17 of the cases reviewed there were 7 cases that had modifiable factors (11%). The modifiable factors included co-sleeping with an infant, alcohol consumption, consanguinity, untreated UTI in mother before delivery and missed opportunity.
- Unexpected death - defined as 'the death of an infant or child which was not anticipated as a significant possibility.' In 2016/17, 11 cases where there were unexpected deaths were reviewed. All have documented rapid response reviews. During the last six years the number of unexpected deaths continues to show a downward trend. Over 90% of all deaths now occur within the hospital setting.

Learning

Learning from the other deaths reviewed led to procedural changes for health services (particularly hospitals or ambulance services). These were:

- A consultant and anesthetist should always be called for a second opinion following a sudden deterioration.
- A member of staff should be appointed to take notes e.g. junior nurse, A & E nurse or junior doctor to ensure case documentation is accurate.
- All second presentations at A&E should have a senior review
- A review of the Sepsis triage tool and a collaboration of practice over the county.
- Training for health care professionals should include recognition of shockable heart rhythms and defibrillation.

Other learning included:

- A recommendation that if a general pathologist carries out a post mortem on an adolescent in circumstances of a medical death they should consider seeking the opinion of a pediatric pathologist.
- Complete agreement with Police advice to never use a mobile phone while driving.

The full annual report will be published on the CDOP website:
http://www.westberkslscb.org.uk/professionals-volunteers/cdop/

Priorities for 2017/18

- The 2ND annual multi-agency CDOP training day will take place on Wednesday 07/03/2018 at Easthampstead Park Conference Centre, Wokingham.
- The CDOP will continue to build on our successful work to date in supporting a reduction in mortality from SUDI and accidents.
- We will look to reduce risk factors for preterm and low birth weight deaths and to continue our work with families and communities to reduce risk of congenital / genetic abnormality.

For 2017/2018 we will be carrying out thematic reviews on the following:

- Sepsis management/effectiveness of paediatric early warning and sepsis tools
- Knife crime (because nationally there is a rise)
- Children with life limiting conditions and deteriorating neurological conditions – now the largest group we review other than neonatal
- Better community understanding of Safe Sleeping
- Home educated children, as they can become invisible

Financial Arrangements

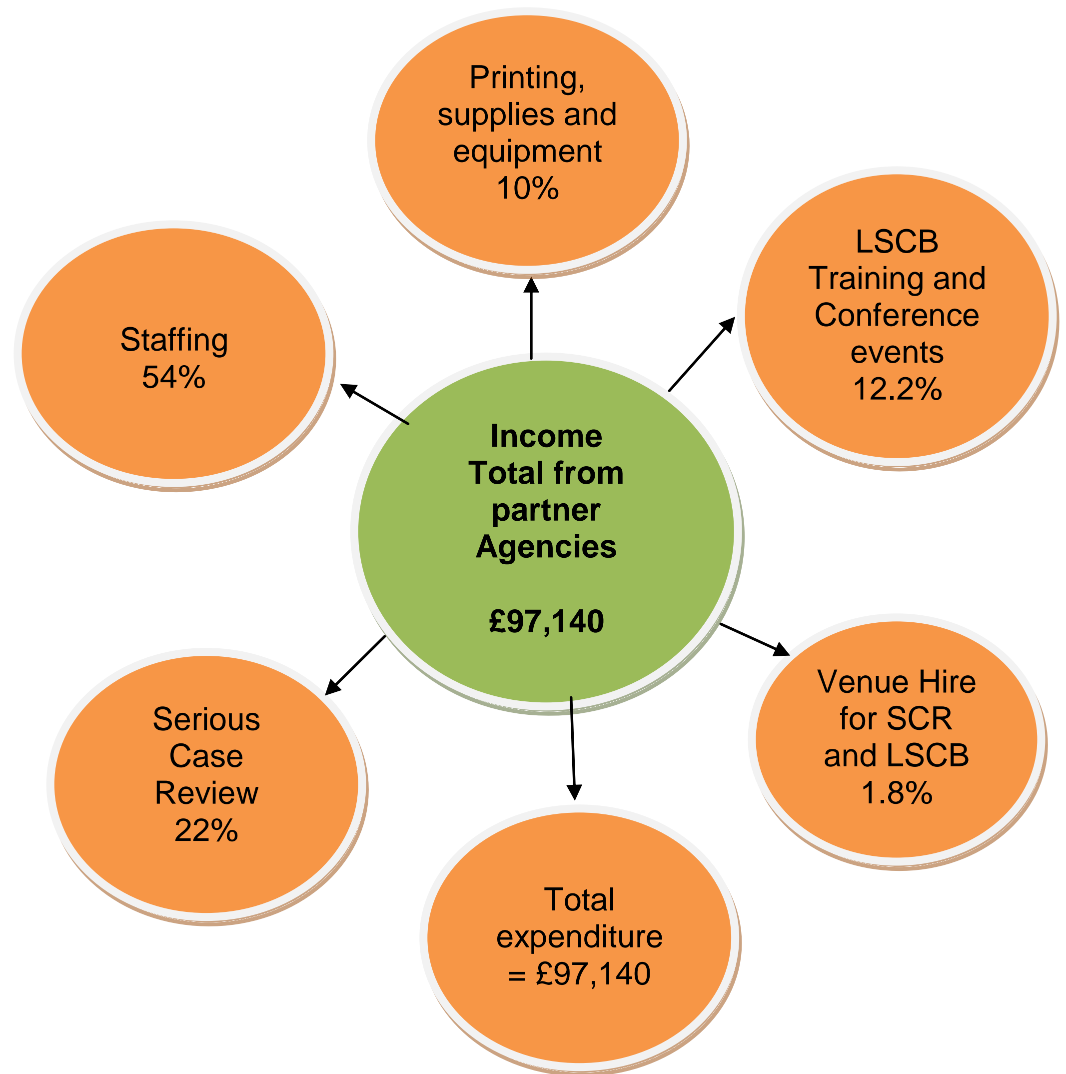
It is a requirement of Working Together 2016 (WT2016) that "all LSCB' member organisations have an obligation to provide LSCB's with reliable resources (including finance) that enable LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies" WT 2015 also sets out the core duties that LSCB's are required to undertake within this budget.

The budget was matched for 16/17 in order to support the LSCB to fulfill their statutory function.

It is important to note that the LSCB budget does not represent the true costs of the Board's business and development works and some 'hidden costs' are subsumed within West Berkshire Council and other partners' budgets.

In year costs were managed by the following:

- Increase in the WB LSCB multi-agency auditing as part of the Quality and Performance sub group work
- Increased working with Pan Berkshire and West of Berkshire LSCB's, which provide long term increased learning specific FGM training and updated training for Safeguarding Universal
- Serious Case Review published in February 2017



Safeguarding Snapshot

35,650 children & young people under 18 living in West Berkshire. This is **23%** of the total population

163 children looked after by the local authority

74 children ceased to be looked after by the authority

12 children adopted

16 unaccompanied asylum seeking children in the local authority

3 children live in private fostering arrangements

11% of the local authority's children are living in poverty

6.3% children attending Secondary School have English as an additional language. (National average **16.2%**)

6.32% of Primary School children are entitles to free school means (national average **15.8**%)

4.87% of Secondary School children are entitles to free school meals (national average **12.3%**)

4402 pupils in West Berkshire schools with special education needs

8.7% children attending Primary School have English as an additional language (national average **10.6%**)

1131 pupils with a statement of special education needs

1135 There is a well-established traveler community in the district, including settled traveler families

23% of contacts led to a referral

100% of referrals led to an assessment

97% of single assessments were completed within 45 days

Safeguarding Snapshot

685 CIN, **154** CYP subject to CP plan, **163** LAC

857 CYP related Domestic Abuse notifications

19 Permanent exclusions

48 EWS pre court-warning/ legal action

149 CYP known to YOT

45 CYP at risk of CSE

47 young carers

600 CYP missing episodes

7160 contacts to Children's Social Care

Of the **1667** referrals:

- **9%** have been referred to other agencies
- **9%** have been stepped down to early help
- **17%** have a CiN plan
- **2%** go to strategy discussion
- **3%** require short-term services

What is the LSCB?

Statutory Objectives of Local Safeguarding Children Boards (LSCBs)
The objectives of LSCBs, as set out in Section 14 of the Children Act 2004 are:

- to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area, and

- to ensure the effectiveness of what is done by each such person or body for those purposes

Statutory Functions of Local Safeguarding Children Boards (LSCBs)

The functions of West Berkshire Safeguarding Children Board, set out in primary legislation and regulations, are:
(a) Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- training of persons who work with children or in services affecting the safety and welfare of children;
- recruitment and supervision of persons who work with children;
- investigation of allegations concerning persons who work with children;
- safety and welfare of children who are privately fostered;
- cooperation with neighbouring Children's Services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) Participating in the planning of services for children in the area of the authority; and

(e) Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.

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West of Berkshire Safeguarding Adults Board

Annual Report 2016-17

If you would like this document in a different format or require any of the appendices as a word document, contact natalie.madden@reading.gov.uk

Message from the Independent Chair

I am very pleased to introduce the Annual Report for the West of Berkshire Safeguarding Adults Board 2016-17. I am in my first year as the Independent Chair and I am very grateful to all partners for their welcome to me in this role, and for their ongoing support. The Annual Report reflects the partners' commitment and enthusiasm for taking forward shared vision and actions over the past year, to develop the work of the Board and to respond to the relatively new demands of statutory status.

This Report shows what the Board aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2016-17, both as a partnership and through the work of its participating partners. It illustrates an increasingly ambitious agenda and what the Board has been able to achieve, as well as those areas for action that we still need to address. The Report provides a picture of who is safeguarded across the area, in what circumstance and why. This helps us to know what we should be focussing on for the future.

We are keen to ensure that the work of the Board is accountable to local people and I am looking forward to working with partners to find new ways of hearing from and engaging with local individuals and community groups, so that our work is directly informed by learning from people's experience of local services.

I am very aware of the pressures on partners in terms of resources and capacity so would like to thank all those who have engaged in the work of the Board, for their time and effort. In particular, I would like to thank Natalie Madden, the Safeguarding Adults Board's Business Manager, for her organisational support, which makes an enormous contribution towards helping the Board deliver its aims and objectives. There is a great deal that we need and want to do to reduce the risks of abuse and neglect in our community and to support people who are most vulnerable to these risks. I am confident that the Board's partners have the vision and dedication to achieve our shared aims and I look forward to continuing to chair the partnership in the next year to progress our work.

Teresa Bell

Independent Chair, West of Berkshire Safeguarding Adults Board

Concerned about an adult?

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

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

Reading 0118 937 3747 West Berkshire 01635 519056 Wokingham 0118 974 6800

Out of normal working hours, contact the Emergency Duty Team 01344 786 543

For more information visit the Board's website: http://www.sabberkshirewest.co.uk/

Introduction

Our vision

> People are able to live independently and are able to manage risks and protect themselves; they are treated with dignity and respect and are properly supported when they need protection.

What is safeguarding adults?

Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs. There are many different forms of abuse:

Physical	Domestic	Sexual	Psychological
Financial	Modern slavery	Discriminatory	Organisational
Neglect or acts of omission		Self-neglect	

What is the Safeguarding Adults Board?

The West of Berkshire Safeguarding Adults Board covers the Local Authority areas of Reading, West Berkshire and Wokingham. The Board is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. From April 2015 mandatory partners on the Board are the Local Authority, Clinical Commissioning Groups and Police. Other organisations are represented on the Board such has health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. ***A full list of partners is given in Appendix A.***

We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.

Who do we support?

Under the Care Act, safeguarding duties apply to an adult who:

- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of their care and support needs, is unable to protect themselves.

Safeguarding Adults Policy and Procedures

Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter: http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/

Trends across the area in 2016-17

Safeguarding trends across the area are largely the same as last year. The Board is alert to the need to consider the implications of these recurring trends and will address them in the Strategic Plan 2018-21 which will be ready for publication in April 2018.

- The number of safeguarding concerns continues to increase year on year.
- As in previous years, the majority of enquiries relate to older people over 65 years.
- More women were the subject of a safeguarding enquiry than males, as in previous years.
- Individuals with a White ethnicity are more likely to be referred to safeguarding and the proportion is higher than for the whole population.
- In all three local authority areas, the most common types of abuse were for Neglect and Acts of Omission. This was followed by Psychological Abuse and Physical Abuse in West Berkshire and Reading, but in Wokingham there were more cases of Physical Abuse than Psychological Abuse.
- For the majority of cases, the primary support reason was physical support.
- The most common locations where the alleged abuse took place were a person's own home and a care home.
- The majority of concluded enquiries involved a source of risk known to the individual in Reading and West Berkshire but the source of risk in Wokingham was social care support.

Challenges or areas of risk that have arisen during the year are recorded on the Board's risk register, along with actions to mitigate the risks. These are some of the challenges that the Board has addressed:

- Management of allegations against people in positions of trust - a multi-agency guidance document is in under development to ensure robust and consistent processes are applied by partner agencies.
- Deprivation of Liberty Safeguards (DOLS) remains an area of high demand and impact for both strategic safeguarding teams and operational services.
- Restructures within agencies and new ways of working has meant that there have been some wider operational challenges, including staff turnover and waiting lists for non-urgent case work.
- Use of advocacy and the availability of appropriate adults to support people, (for example at police interviews) are areas requiring partnership working to understand the issues and raise awareness.

Further safeguarding information is presented in the annual reports by partner agencies in Appendix E.

Achievements through working together

Partners have worked together to deliver the agreed priorities and outcomes of the Business Plan 2016-17:

Priority 1 - Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and boards.

Develop oversight of the quality of safeguarding performance: The Board's Quality Assurance Framework (QAF) was revised and published. Its aim is to develop the Board's oversight of the quality of safeguarding performance and to promote openness and transparency across partners. Under the umbrella of the QAF:

- Partners completed a self-assessment audit of their strategic and operational arrangements to safeguard, producing an action plan to address areas for development. Themes arising from these audits were shared at the Business Planning day on 6 February 2017 and informed the development of the Business Plan for 2017-18.
- A peer review of case file audits on Section 42 safeguarding enquiries took place in August and February. This multi-agency approach encourages transparency and consistency and allows the panel to explore practice decisions and alternatives, and compare and contrast decision making. The auditing process helped identify gaps in practice knowledge, skill and application and an action plan was developed to address areas for development which will continue to be monitored in the coming year.
- Making Safeguarding Personal (MSP) principles are included in the peer review of the case file audit of Section 42 enquiries. The audits revealed that a shift in practice is still required to fully embed MSP across the partnership and this remains a focus for the coming year.
- A programme of multi-agency thematic reviews for 2017-18 has been agreed based on learning from Safeguarding Adults Reviews and other significant incidents. The themes will be dementia, pressure care and risks within own home.

Have in place an effective framework of policies, procedures and processes for safeguarding adults: Under the remit of the Berkshire Policy and Procedures Subgroup, the Berkshire Multi-Agency Safeguarding Adults Policy and Procedures were launched and consulted on, with a reviewed version published in October 2016. This year the group met quarterly to share good practice and identify opportunities for joint working, making recommendations to the Boards where additional policies and procedures were required, such as a process for managing allegations against people in positions of trust.

Raise the profile of the Board: Presentation of the Board's Annual Report 2015-16 to Health and Wellbeing Boards and other committees occurred via senior Board members within the three Local Authorities. The Board acknowledges that it needs to raise the profile of its work still further across partner organisations and this will be a focus for the new Independent Chair in the coming year.

Priority 2 - Raise awareness of safeguarding adults, the work of the board and improve engagement with a wider range of stakeholders

The Board is confident that professionals are accessing the online Berkshire Policy and Procedures: The Communication Subgroup evaluated awareness of and use of the Berkshire Policy and Procedures through a survey of practitioners and website analytics. Website analytics evidence increased number of views on the relevant page but it is anticipated that the launch of a new interactive website for the Policy and Procedures in 2017 will increase usage still further.

Communication Strategy: The Board's Communication Strategy was agreed and promoted in December in order to ensure clear communication processes and joint working in the event of a significant safeguarding incident.

All Board members understand their role: A revised Induction Pack to support new members in their role was published. Attendance at Board meetings and subgroups is monitored on a quarterly basis and any issues of non-attendance escalated to senior board members. The Board has again benefitted from good attendance this year, although it remains a priority for the Independent Chair to broaden membership of the board and subgroups to reflect a wider range of stakeholders, in particular, provider services.

Managers and staff are aware of the learning from SARs in order to keep people safe: Final reports and briefing notes summarising the learning from SARs have been produced and published. The publication of the report on the Case of Mrs H was delayed as a result of criminal proceedings, although an action plan in response to the learning was produced and delivered within agreed timescales.

Actions to raise awareness: A survey of practitioners received a very positive response of over 330 returns. In response to the findings, an action plan was delivered to help the Board raise awareness of its function and local safeguarding processes.

Briefing notes are written by the Business Manager and published quarterly, summarising Board meetings and other key information arising from the work of the subgroups, case file audits, significant incidents and other local and national developments.

Representatives from CLASP (Caring, Listening and Supporting Partnership) in Wokingham wrote the script and featured in a video produced by Berkshire Healthcare Foundation Trust, in order to raise awareness of Making Safeguarding Personal: *link to be added*

Priority 3 - Ensure effective learning is shared

Workforce development activities to ensure staff receive the appropriate level of safeguarding adults training include:

- The annual joint conference was held on 23 September 2016, based on the theme of Safeguarding Children and Adults with Disabilities. 130 practitioners attended and it was evaluated as good or excellent by 100% of delegates.
- Levels 2 and 3 safeguarding training standards were reviewed to ensure alignment with the Berkshire Policy and Procedures.
- The Safeguarding Adults Train the Trainer programme was delivered by Wokingham Borough Council and offered across the west of Berkshire.

- The Workforce Development Strategy was reviewed and updated to reflect the revised social care competence framework and intercollegiate document.
- Making Safeguarding Personal awareness training was delivered for the private, voluntary and independent sector.

Improve mechanisms to share learning from good and bad practice more widely: Workshops to share learning from a Safeguarding Adults Review (the Case of Ms F) took place. Briefing notes on Safeguarding Adults Reviews (SARs) were published and shared with trainers for inclusion in training sessions. The Board has planned a programme of multi-agency thematic audits for 2017-18 based on themes arising from SARs in order to seek assurance that learning from SARs has been embedded in practice.

Priority 4 - Coordinate and ensure the effectiveness of what each agency does

Compliance with the new Berkshire Policy and Procedures: The Berkshire Multi-Agency Safeguarding Adults Policy and Procedures 2016 were launched and support staff to respond appropriately to all concerns of abuse or neglect they may encounter, providing a consistent response across the county. They are currently published on the West of Berkshire Safeguarding Adults Board's website but it is a priority for 2017-18 to launch a new, interactive and easy to use website specifically for the Policy and Procedures. Under the Board's Quality Assurance Framework, peer reviews of case file audits are undertaken to test compliance with the Policy and Procedures and Making Safeguarding Personal, with findings reported to managers and the Board.

Service user feedback indicates that clients' desired outcomes are met, in line with MSP and the well-being principle: The Board sought assurance that local authorities collected service user feedback and measured outcomes for individuals who have been through the safeguarding process. However, in the coming year the Board will seek further assurance from the local authorities that not only robust processes are in place but that feedback is responded to and used to inform service delivery.

Involvement of advocates and independent mental capacity assessors ensure person centred responses are promoted: Feedback from practitioners and providers and quarterly performance information helped the Board identify areas where the use of advocates needed to improve. Actions were taken to raise staff awareness as to how and when to involve advocates and HealthWatch Reading presented the advocate's perspective at the Board meeting in March to help partners understand what more could be done to increase the use of advocates and improve partnership working between advocates and social workers. Involvement of advocates to ensure a person centred approach to safeguarding will continue to be monitored in the coming year.

The Board is assured that learning from SARs has been responded to appropriately by agencies: a combined action plan to embed learning from the SARs on the case of Mrs H and Mr I was developed and monitored by the Effectiveness Subgroup and in June 2017 the Board was given assurance that all actions have been delivered. The Board's self-assessment audit tool has been amended to reflect learning from these cases.

More information on how we have delivered these priorities:

- Additional achievements by partner agencies are presented in Appendix B.
- The completed Business Plan 2016-17 is provided in Appendix C.
- Training activity is provided in Appendix F.

Safeguarding Adults Reviews

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

During the reporting year, the Board did not commission any new Safeguarding Adults Reviews. It did oversee the development of an action plan to ensure learning from two cases commissioned in the previous year (Mrs H and Mr I) was embedded. Themes arising from these two case reviews informed a programme of multi-agency thematic reviews and a review of the self-assessment audit tool.

There is a dedicated page on the Board's website for case reviews:
http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/

Wokingham Borough Council undertook its second Domestic Homicide Review (DHR) during this period; the Independent report is currently with the Home Office awaiting publication. Valuable learning has emerged from the review and led to specific audit outcomes for the SAB in terms of pathways for people living with dementia and the application of the principles of the Mental Capacity Act 2005. Learning outcomes have been incorporated into the training strategy in addition to recommendations on the use of recording systems and information sharing.

Key priorities for 2017-18

Priority 1 - We have oversight of the quality of safeguarding performance

- Feedback indicates that customers' desired outcomes are met, in line with Making Safeguarding Personal and the well-being principle.
- We understand what the data tells us about where the risks are and who are the most vulnerable.

Priority 2 - We listen to the service user, raise awareness of adult safeguarding and help people engage

- We work with communities to raise awareness of adult safeguarding.

- We raise awareness of the Board and the Berkshire Policy and Procedures.
- Board membership reflects a wide and varied group of stakeholders.

Priority 3 - We learn from experience and have a skilled and competent workforce

- Learning is shared and used to improve practice.
- Areas for development in 2017-18:

Safe recruitment	Allegations management	Self-neglect
Domestic Abuse	Mental Capacity Act	Mental Health

Priority 4 - We work together effectively to support people at risk

- People are supported by an advocate when they need it.
- We work within a framework of policies and procedures that keep people safe.
- Providers are supported to deliver safe, high quality services.
- We provide feedback to people who raise a safeguarding concern.
- We are assured that local arrangements to support and minimise risks for people who self-neglect are effective.
- Practitioners understand and can apply the MCA consistently in practice.
- We are assured that local arrangements to support people who have Mental Health issues are effective.
- We are assured that effective local arrangements are in place to support and minimise risks for people who experience Domestic Abuse.
- We have a modern slavery strategic pathway to help identify and support victims.

The Business Plan for 2017-18 is attached as Appendix D.

Strategic Plan 2018-21

The Board's Strategic Plan will be revised and published in April 2018. It will shape the work of the Board for the next three years and will be informed by need. Partners, service users, carers and local communities will be invited to give their views on priority areas for development.

Appendices

Appendix A Board member organisations

Appendix B Achievements by partner agencies

Appendix C Completed Business Plan 2016-17

Appendix D Business Plan 2017-18

Appendix E Partners Safeguarding Performance Annual Reports:

- Berkshire Healthcare Foundation Trust
- Reading Borough Council
- Royal Berkshire Foundation Trust
- West Berkshire Council
- Wokingham Borough Council

Appendix F Safeguarding Adults Training Activity

Appendix A Board member organisations

Under the Care Act, the Board has the following statutory Partners:
Berkshire West Clinical Commissioning Group
Reading Borough Council
Thames Valley Police
West Berkshire Council
Wokingham Borough Council.

Other agencies are also represented on the Board:
Berkshire Healthcare Foundation Trust
Community Rehabilitation Service for Thames Valley
Emergency Duty Service,
National Probation Service
Royal Berkshire Fire and Rescue Service
Royal Berkshire NHS Foundation Trust
South Central Ambulance Trust
HealthWatch Reading
The voluntary sector is represented by Reading Voluntary Action, Involve Wokingham and Empowering West Berkshire.

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Appendix B Achievements by partner agencies

Berkshire Health Foundation Trust (BHFT)

BHFT has achieved a 93.8% compliance at Safeguarding Level 1 training and increased compliance at Level 2 training. 86.5% of staff are now trained for PREVENT (WRAP) training and compliance for MCA and DoLS training was also achieved. Mental Capacity Act champions have been appointed for each of the community wards to improve application of the Mental Capacity Act in patient care. The safeguarding children and adults teams have amalgamated to facilitate a more joined-up, 'think family' approach to safeguarding.

BHFT has adopted the *Suicide: Aspiring for Zer*o approach to suicide reduction, a model based on the premise that suicide can be prevented. Systems have been optimised to enable staff to focus on engagement and collaborative approaches to risk assessment and management, keeping service users and carers at the centre. A new risk management tool has been developed to combine risk assessment, risk management and a service user safety plan, and the approach to risk audit has been refreshed. 'Suicide surveillance' involves the provision of timely support for those families bereaved by suicide and staff affected, as well as heightening awareness of community risks of contagion or suicide clusters and identifying public places where suicides/incidents are occurring. There is a high priority for learning from suicide deaths. Training and supervision has been implemented to equip staff with skills and competence (measured with the zero suicide surveys) to practice recovery focussed, compassionate approaches to suicide risk assessment and enable positive risk management and safety planning.

Clinical Commissioning Groups

The Clinical Commissioning Groups (CCGs) have continued to raise the profile of safeguarding adults across primary care and with health commissioned providers. In 2017, Mental Capacity Act awareness training and tools has been promoted. The 2016 GP safeguarding self-assessment audit highlighted improvements in safeguarding training compliance and the recording of safeguarding within GP practice. A 98% response rate in the audit was achieved and showed a good engagement of primary care.

The quality team and safeguarding team have in place quality monitoring indicators and processes for safeguarding for commissioned providers and this includes quality assurance visits to providers, self-assessments, quality schedule reports and close working with providers to support safe and effective care. Practical application has been a focus and has been supported by the introduction of templates for GP reporting on enquiries and the commissioning of an electronic database for continuing health care to manage Deprivation of Liberty Safeguarding cases. In addition, the safeguarding and quality team have introduced a commissioning checklist in line with safeguarding and best practice for the organisations.

The CCGs safeguarding team was restructured in 2016 and led to the appointment of two new safeguarding heads of service. The head of adult safeguarding co-facilitated and undertook a Safeguarding Adult Review on behalf of the Board in 2016 with partner agencies and has contributed to multiple reviews, including partnership learning, Domestic Homicide Reviews and individual safeguarding cases across the area. Multi-agency audits and training events have been co-ordinated and contributed to by the head of adult safeguarding.

Reading Borough Council

Reading continues to audit 20% of the safeguarding enquiries that are investigated by the teams in Reading. Feedback is given to practitioners and team managers regarding the outcomes of these audits. The safeguarding team also reviews the concerns that do not progress to enquiry to ensure consistency and continuity of decision making.

Reading Borough Council holds level 1, 2 and 3 training ensuring that staff are trained to the appropriate level depending on their job role. Feedback is received after every training session and training is quality assured.

Reading Borough Council has employed a Safeguarding Adults Manager to manage the team and a Principal Social Worker to ensure best practice and that legislation is understood and followed. The safeguarding team works closely with the Quality and Performance Team and the Registered Managers Forum to ensure that provider services are well informed on safeguarding and their responsibilities. The safeguarding team works in collaboration with other internal departments such as Housing, Environmental Health, Anti-Social Behaviour Team and Children's Social Care. The team regularly meet with the safeguarding team from BHFT to review open enquiries and ensure that due process is followed. The teams worked together over concerns at Prospect Park Hospital. They also discuss safeguarding concerns with the lead at the RBH. The team attend multi-agency meetings such as MAPPA and MARAC.

Royal Berkshire Fire and Rescue Service

Royal Berkshire Fire and Rescue Service (RBFRS) promoted their Adult at Risk Protocol and provided awareness raising training to improve referral rates. Across Berkshire, RBFRS has trained 12 organisations under the adult referral programme initiative outside of emergency service partners. This has generated 1761 vulnerable adult referrals to RBFRS across Berkshire.

RBFRS works to identify foreseeable risk to our communities and deliver effective, managed, timely performance in a wide range of disciplines, preventing and protecting the public along with delivering effective response to incidents when required. Partnership working and information sharing with a wide range of groups and agencies have enables identification and protection to the most vulnerable members of our communities. The fire risk based preventative intervention supports individuals to live independently and safely in their own homes.

The work of RBFRS has continued to drive down fire deaths and casualties in our communities. The Integrated Risk Management Process (IRMP) has been consulted on with the public, with proposals to further develop and improve the service. This will focus attention on those groups evidenced at being more vulnerable to fire death and those whose lifestyle choice places them at elevated risk of having an accidental fire and receiving associated injury.

RBFRS is working in partnership to provide falls, age related and winter warmth services, delivered as part of our Home Fire Safety Check process, signposting those people assessed as being at risk to partner agencies.

Royal Berkshire Fire and Rescue Service (RBFRS) is undergoing an internal restructure due to be completed by the end of August 2017, and will include a dedicated Designated Safeguarding Officer to provide significant increased capacity and improve service delivery.

Royal Berkshire NHS Foundation Trust

Royal Berkshire NHS Foundation Trust's strategic safeguarding committee has continued to oversee all aspects of adult safeguarding and child protection. The Safeguarding (adults) clinical governance group has gone from strength to strength. Three medical clinical leads have formed a valued part of the safeguarding team.

The Trust has seen a further rise in numbers of adults with vulnerabilities attending and admitted to the Royal Berkshire Hospital and an increase in the complexity of cases. There has been a significant amount of multiagency work to improve the safeguarding of mental health patients, governance arrangements and the application of the Mental Health Act in practice, which are encompassed in the 'Let's Talk Mental Health' programme of work.

A reduction in the numbers of DoLS applications during 2016-17 and inconsistent application of the MCA in practice are being addressed by a *Mental Capacity, DoLS and Best Interest* working group that has agreed a programme of work called 'Capacity Matters'. Training in Mental Capacity and DoLS forms part of the Core Mandatory training day held three times a month and new staff induction held monthly. Enhanced Mental Capacity Act and DoLS training compliance for senior clinical staff is as expected at 80%.

Safeguarding training continues with staff compliance at 90%.

Learning from two Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) is included in safeguarding adults training. Learning from a DHR has been discussed at clinical governance in the area where the patient was being treated and at the Trust Quality Assurance and Learning Committee. The Lead Nurse for adult safeguarding was included as part of the review team for two SARs and as Independent Management Review (IMR) writer for the DHR.

Safeguarding concerns continue to be raised centrally via the Datix incident reporting system; this assists in giving feedback to the individual who raised the concern where available, and provides one reporting mechanism. Externally raised safeguarding concerns

trigger a fact finding exercise by the Safeguarding Nurse (Adults). This information is given to the Local Authority to decide on the outcome of the concern and next steps. The majority of safeguarding concerns raised against the Trust continues to be around pressure damage: in the majority of cases there continues to be a lack of information provided regarding pressure damage as part of the discharge process. Concerns raised about Trust staff are investigated under the Trust's Managing Safeguarding Concerns and Allegations Policy and, where appropriate, referrals made to outside agencies e.g. the police or Adult Safeguarding Manager. Quarterly review meetings to close cases and identify themes have been established.

Trust staff continue to be active members of the Board and its subgroups.

South Central Ambulance NHS Foundation Trust

South Central Ambulance NHS Foundation Trust (SCAS) works closely with partner agencies and Safeguarding Boards across the area to ensure that developments benefit the people who use services. As an organisation that covers seven counties, SCAS aims to include wherever possible all of the Boards' development plans within its own safeguarding development.

Actions for the coming year include: forge closer links with safeguarding hubs across the area; moving to a paperless referral process; regularly undertaking multi-agency audits and reviews of safeguarding referrals; and encouraging regular feedback from partner agencies with regard to safeguarding cases. These actions will form part of a SCAS action plan that will be presented and monitored on a bi-monthly basis at the Patient Safety Group meeting, which feeds directly into the Trust's board.

Thames Valley Police

Thames Valley Police (TVP) continues to work with partners and the community through Emergency Response, Investigation, and Neighbourhood Policing roles to prevent and investigate crimes and antisocial behaviour as well as manage and mitigate harms to vulnerable people and groups through integrated problem-solving. This includes the provision of specialist safeguarding resources for MARAC, MAPPA and PREVENT sessions, as well as tackling thematic issues including: Modern Slavery, Domestic Abuse, Hate Crimes and Fraud. A Police and Health collaboration for a Street Triage car to support those in Mental Health crisis and further outreach partnerships with statutory partners and third sector workers has provided capacity to support those vulnerable in the Night Time Economy, including rough sleepers, in our larger towns. A joint TVP and third sector project to support vulnerable women won the 2017 Howard League Community Award against stiff competition from across the UK and is helping in the development of a trauma-informed approach to safeguarding. TVP continue to roll out 'Need to Know' sessions to partners to raise awareness of adult exploitation by organised criminals in our communities, with 200+ frontline practitioners trained so far this year. TVP have resourced police liaison officers in Prospect Park Hospital and the Royal Berkshire Hospital to work with staff and improve

safeguarding procedures across systems and are working with the BHFT Liaison and Diversion Service to navigate people into support services and away from Criminal Justice outcomes.

Voluntary and Community Sector

During 2016/17, the voluntary and community sector has had regular attendance at the West of Berkshire SAB, with the three infrastructure organisations across Berkshire West, Reading Voluntary Action, Involve Wokingham and Volunteer Centre West Berkshire, sharing this role.

Reading Voluntary Action (RVA) raises awareness of the work of the Board with quarterly news items reaching more than 1400 voluntary and community groups and individuals. In November 2016 we published a news item "Are you aware of the Berkshire Safeguarding Adults procedures?" to inform the sector of the relevant procedures and support available. RVA began a programme of workshops specifically for trustees to ensure they are aware of their roles and responsibilities for safeguarding adults. The workshops are delivered on a quarterly basis and RVA's Advice Worker offers follow-up support to draft or review policies and procedures.

Involve

During 2016/17 the Wokingham Adults Safeguarding Forum, now chaired by a member of the voluntary sector, held regular meetings to share information and news in relation to adult safeguarding issues, initiatives, themes and training. Involve delivered two training sessions attended by 21 people from Wokingham and have an approved Level 1 facilitator. In April, Involve held a Community Awareness Event at the Earley Crescent Centre supported by public sector partners to raise awareness of the safeguarding processes at which there were 50 attendees.

The **Volunteer Centre West Berkshire (VCWB)** raises awareness of the work of the Board by the regular newsletter that goes out to over 700 voluntary and community groups and individuals. VCWB attended the newly created Making Every Adult Matter multi-agency partnership working group aimed at supporting vulnerable homeless adults and young people in West Berkshire with safeguarding being a big part of this work.

West Berkshire District Council

Ongoing collaborative and partnership working for Adult Social Care (ASC) and Prevention & Safeguarding (P&S) services has been a key highlight for the year against a background of significant organisational and staff changes.

The main achievement has been to continue to respond effectively to a high volume of demand and increased need for specific safeguarding support to ensure all concerns are responded to appropriately. Data for 2016-17 includes 266 Section 42 enquiries concluded and 705 DoLS applications received and processed.

The Making Safeguarding Personal agenda is well established and understood by practitioners although there is still room to improve the way that practitioners deliver on the agenda.

Collaborative working within WBC was undertaken to develop and agree refreshed procedures in April 2017. However, there is further strategic review and development required to ensure triangulation with the next Berkshire Multi-Agency Adult Safeguarding Policy and Procedures review planned for the autumn 2017.

Joint working with key partners and external agencies is a key focus for on-going development and strong links are being established within WBC directorates, Thames Valley Police and Health colleagues with a key focus on improving outcomes for adults at risk in a preventative manner. This includes the ongoing development of the Prevent agenda, service user forums, provider forums, and regular attendance at MARAC, MAPPA and CCG sessions.

Internally staff are sharing information and resources to improve Section 42 outcomes that include independent chairing of strategic enquiries, utilising Family Group Conference and accessing risk information from Children Services.

ASC has built on areas of joint-working with some key partners, for example with Housing colleagues and Primary Care, to improve outcomes for vulnerable people. ASC has worked to support the local implementation of the Prevent Strategy.

Wokingham Borough Council

Wokingham Borough Council (WBC) have undertaken a full training needs analysis for Adult Social Care and integrated services to support workforce development and continued professional development. The strategy aims to ensure training is focused and targeted, cost efficient and aligns to the board's priorities. Key areas such as, Self-Neglect and Hoarding, Human Trafficking and Modern Slavery, Person Centred Assessment and Recording Skills, PREVENT, Childhood Sexual Exploitation and Positive Risk Taking Principles are included.

During this period Caring Listening and Supporting Partnership (CLASP) supported the development of an online video made by people who use services. The aim was to help people understand the outcomes they want in line with Making Safeguarding Personal principles. The video was commissioned under the Communications Subgroup of the SAB and will be widely launched in the coming year.

This year has seen significant progress in embedding a multi-agency partnership approach under local Care Governance arrangements. The model developed and adopted by WBC demonstrates a strong commitment to preventative safeguarding and timely responses to quality concerns in provider services by all key partners including providers, Clinical Commissioning Groups (CCG), Care Quality Commission (CQC), local authority, Thames Valley Police (TVP) and other commissioners. By providing a clear accountability framework which triangulates information to identify emerging themes and issues, the framework aims

to reduce the risk of provider failure and addresses wider issues of potential organisational abuse from occurring. Multi-agency commitment has achieved substantial and sustained improvement and therefore has reduced impact and risk to vulnerable adults receiving services, achieving more positive outcomes. The commission of the Care Home Support Team (CHST) and Rapid Response Team (RAAT) under the Better Care Fund has been fundamental in supporting providers to improve quality and, for customers, reducing admissions to higher level or secondary care.

A review was undertaken of safeguarding prevention and community engagement activities. This has led to a forward planning programme for the year ahead to ensure multi-agency events and initiatives are maximised.

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West of Berkshire Safeguarding Adults Board Business Plan 2016-17

Red	Overdue	Amber	In progress	Green	Complete/no further action

PRIORITY 1

ESTABLISH EFFECTIVE GOVERNANCE STRUCTURES, IMPROVE ACCOUNTABILITY AND ENSURE THE SAFEGUARDING ADULTS AGENDA IS EMBEDDED WITHIN RELEVANT ORGANISATIONS, FORUMS AND BOARDS.

Outcome	Action	Lead	Timescale	Work in progress	RAG	Success criteria
1.1 Develop oversight of the quality of safeguarding performance.	a) Review and implement the Board's Quality Assurance Framework.	Governance Subgroup	Sept 2016	**Endorsed by Board 19.09.16.**	G	The QA Framework is reviewed and published. Identified actions are implemented.
	b) Annual self-assessment audit to be completed by partner agencies, results received and action plans monitored.	Performance and Quality Subgroup	Dec 2016	**Results of audits shared at Business Planning Day 6.02.17**	G	Results of self-assessment audit evidences improvements on previous completion.
	c) Develop a Performance and Quality Assurance framework to support and promote MSP.	Performance and Quality Subgroup	Oct 2016	**Awaiting work by the national network of SAB Business Managers to develop KPI set for MSP.**	A	Outcome information has a focus on wellbeing as well as safety, and reflects the six safeguarding principles.
1.2 Have in place an effective framework of policies, procedures and processes for safeguarding adults.	a) Approve amendments to the Pan Berkshire Multi-Agency Policy and Procedures twice yearly.	Governance Subgroup	July 2016 and ongoing	**P&P reviewed and amended by the Pan-Berkshire Group following 3 month consultation. Revised version published.**	G	The Berkshire Multi-Agency Policy and Procedures are accurate and up to date. Process in place to review twice yearly.

	b) Implement a Tracker to monitor how learning from local reviews and national developments is embedded across the partnership.	Effectiveness Subgroup	Sept 2016	**Tracker tool approved by Governance Subgroup.**	G	Board is assured that learning from reviews and national developments is shared across partner agencies.
1.3 Raise awareness of the work of the Board within partner organisations	Present Board's Annual Report to Health and Wellbeing Boards and other committees.	Independent Chair and Board members	January 2017	**Annual Report published. On forward plan for each HWB.**	G	Evidence that the Annual Report is presented to the HWBs and other committees.

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PRIORITY 2

RAISE AWARENESS OF SAFEGUARDING ADULTS, THE WORK OF THE SAFEGUARDING ADULTS BOARD AND IMPROVE ENGAGEMENT WITH A WIDER RANGE OF STAKEHOLDERS

Outcome	Action	Lead	Timescale	Work in progress	RAG	Success criteria
2.1 The Board is confident that professionals are accessing the online Berkshire Policy and Procedures	a) Publish and promote new Berkshire Policy and Procedures.	Communication Subgroup	April 2016 publication, with review scheduled for July.	**P&P reviewed and amended by the Pan-Berkshire Group following 3 month consultation. Changes endorsed by the 4 SABs mid-September and a revised version published and promoted.**	G	Audit trail of emails promoting Policy and Procedures from Board members to teams.

	b) Evaluate awareness of and use of Policy and Procedures through survey and website analytics.	Communication Subgroup	December.	**333 respondents to survey: 31% had used P&Ps. Google analytics reviewed. Format of P&Ps is under review.**	G	Survey monkey reveals 75% of respondents are familiar with Procedures. Website analytics evidence increased number of views on the relevant page.
2.2 All partner agencies have agreed and implemented the Board's revised Communication Strategy.	Review and promote the Board's Communication Strategy.	Communication Subgroup	June 2016	**Communication Strategy endorsed by Board in Dec 2016.**	G	Board endorsement of the Communication Strategy. Clear communication processes and joint working in the event of a significant safeguarding incident.
2.3 All Board members understand their role.	Review and promote the Board's Induction Pack.	Communication Subgroup	Sept 2016	**Induction Pack endorsed by Board 19.09.06. Published on website and circulated to new members.**	G	Evidence that members have received the Induction Pack and understand their role as Board members.
2.4 Managers and staff are aware of the learning from SARs in order to keep people safe.	Publish and disseminate learning from Safeguarding Adults Reviews and other partnership reviews.	Communication Subgroup	Sept 2016 and ongoing	**Dedicated page on Board website for publication of reviews. Briefing note under development.**	G	Executive summaries and briefing papers published and disseminated upon completion of review.
2.5 Practitioners are aware of the Board's function and local safeguarding processes.	Conduct survey and make recommendations to help the Board raise awareness of its function and	Communication Subgroup	Dec 2016	**Survey completed by 333 respondents. Proposal developed for Board endorsement in**	G	Survey completed by 200 practitioners. Recommendations endorsed by Board and actions to

	local safeguarding processes.			**March.**		implement recommendations in place.
2.6 Printed information is available to guide people through the safeguarding process.	a) Provide clear explanations for people about what is meant by safeguarding and outcomes.	Communication Subgroup	March 2017	**Website has been updated. Briefing note article on outcomes.**	G	People are involved more effectively in the safeguarding process.
	b) Promote the principles of Making Safeguarding Personal.	Communication Subgroup	January 2017	**SAB briefing note published in July. Accessible information on MSP developed and being consulted on. Video produced by service users for website.**	G	Information on MSP published and disseminated via website, briefing notes and publicity material.

PRIORITY 3: ENSURE EFFECTIVE LEARNING FROM GOOD AND BAD PRACTICE IS SHARED IN ORDER TO IMPROVE THE SAFEGUARDING EXPERIENCE AND ULTIMATE OUTCOMES FOR SERVICE USERS.

Outcome	Action	Lead	Timescale	Work in progress	RAG	Success criteria
3.1 Continue to ensure staff receive appropriate level of safeguarding adults training.	a) Review Levels 2 and 3 safeguarding training standards to ensure alignment with Pan-Berkshire Policy and Procedures.	Learning and Development Subgroup	December 2016	**Complete.**	G	Updated training standards agreed and used in developing training programmes
	b) Refresh Workforce Development Strategy to map to revised social care competence framework and intercollegiate document.	Learning and Development Subgroup	March 2017	**Refreshed Strategy (including updated training standards)**	G	Refreshed Strategy (including updated training standards) produced & published on SAB website

				produced & published on SAB website. (Full review scheduled for 2017-18 action plan)		
	c) Deliver Safeguarding Adults Train the Trainer programme (Wokingham BC.)	Learning and Development Subgroup	April 2016 (achieved)	**Course delivered; observations within 3 months**	G	Course delivered by Wokingham BC and offered across west of Berkshire
	d) In conjunction with the LSCBs, support development and delivery of the Joint Children's and Adults Safeguarding Conference on 23 September.	Learning and Development Subgroup	23 September 2016	**Complete. 150 attendees. Positive feedback.**	G	Conference held with attendance from adult sector
	e) Deliver Making Safeguarding Personal awareness training for private, voluntary and independent sector.	Learning and Development Subgroup	December 2016	**Complete. Sessions held and evaluated.**	G	Awareness workshops delivered to the local PVI sector
	f) Trading standards tailored training.	Learning and Development Subgroup	20 June 2016	**Session delivered.**	G	Tailored training developed and delivered
	g) Deliver core training programmes at all levels to support the sector. Report on training activity for 2015-16 for SAB annual report.	Learning and Development Subgroup	Ongoing June 2016	**Courses on offer. Training activity data published in Annual Report.**	G	Training programmes delivered and evaluated. Training data collated
3.2 Improve mechanisms to share learning from good and bad practice more widely.	Support the development of workshops and network meetings to share learning from SARs and other partnership reviews.	Learning and Development Subgroup	March 2017	**Briefing note shared with trainers.**	G	Information sharing sessions coordinated to respond to SARs to support Effectiveness

PRIORITY 4

COORDINATE AND ENSURE THE EFFECTIVENESS OF WHAT EACH AGENCY DOES

Outcome	Action	Lead	Timescale	Work in progress	RAG	Success criteria
4.1 Agencies are implementing, and are compliant with, the new Berkshire Policy and Procedures and areas for learning and development across agencies and standards of best practice are identified.	a) Twice yearly case audit on S42 enquiries are undertaken. Themes and areas for development from S42 audits reported to the Board in June and December. Board to take required actions to address areas of identified concerns across partner agencies. Audit sample of cases against the MCA code of practice.	Effectiveness Subgroup	May and November 2016	**Established function; report to the Board twice yearly.**	G	Baseline established in Aug and areas for improvement identified; second audit in Feb evidences improvements in results of S42 case file audits outcomes.
	b) Undertake and publish multi-agency thematic reviews.	Effectiveness Subgroup	February 2017	**Programme of reviews for 2017-18 agreed.**	G	Results of thematic reviews are published and areas for development are identified for the Board to take appropriate action.
4.2 Service user feedback indicates that clients' desired outcomes are met, in line with MSP and the well-being principle.	a) Develop processes to ensure service user feedback is collected and understood.	Effectiveness Subgroup	September 2016	**Mandatory box and feedback questions developed. Board requires assurance that this is embedded in practice**	A	Robust, practical processes are in place across partner agencies.
	b) Develop mechanisms for measuring outcomes for individuals who have been through the safeguarding process.	Effectiveness Subgroup	March 2017	**Mandatory box and feedback questions. Board**	A	Increase in number of individuals whose desired outcomes have been met as

				requires assurance that this is embedded in practice		a result of the safeguarding process
4.3 Involvement of advocates and IMCAs ensure person centred responses are promoted.	Identify where there is a shortfall in the use of advocates and raise staff awareness as to how and when to involve advocates.	Effectiveness Subgroup	September 2016	**Q3 data shows improved rates of advocacy. To be kept under review and included as priority for business plan 2017-18.**	G	New approaches to person centred responses are promoted. Quarterly PI data indicates improvement in use of advocates.
4.4 The Board is assured that learning from SARs has been responded to appropriately by agencies.	a) The SAR Learning Monitoring Tool is used to monitor response to findings by partner agencies upon publication of SARs.	Effectiveness Subgroup	October 2016 and ongoing	**Populated with Mrs H and Mr I case reviews.**	G	The SAR Learning Monitoring Tool is completed and presented to the Board showing that learning from SARs is embedded within partner agencies.
	b) Subgroup to receive action plan developed by the SAR Panel, monitor completion by partner agencies and provide assurance to the Board that actions have been met.	Effectiveness Subgroup	October 2016 and ongoing	**Action plan endorsed by Board 19.09.16. Progress monitored at quarterly subgroup meetings.**	G	Learning from SARs is embedded within partner agencies. Actions are completed within identified timescales.

We have oversight of the quality of safeguarding performance

Feedback indicates that customers' desired outcomes are met, in line with Making Safeguarding Personal and the well-being principle.

We monitor how learning is shared and used to improve practice

We understand what the data tells us about where the risks are and who are the most vulnerable

We measure impact

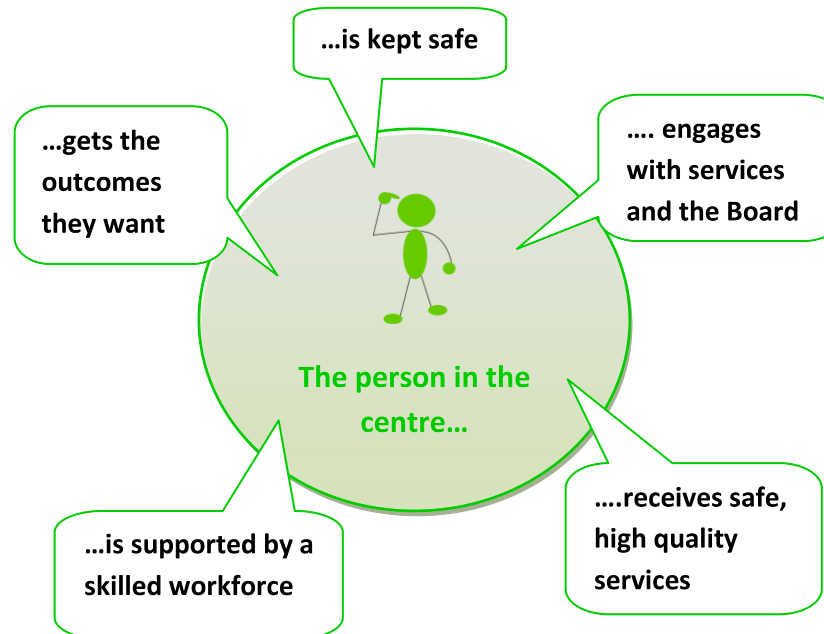
We listen to the service user, raise awareness of adult safeguarding and help people engage

We work with communities to raise awareness of adult safeguarding

We raise awareness of the Board and the Berkshire Policy and Procedures

Board membership reflects a wide and varied group of stakeholders

West of Berkshire Safeguarding Adults Board Business Plan 2017-18



We learn from experience and have a skilled and competent workforce

Learning is shared and used to improve practice

Development areas for 2017-18:

Safe recruitment
Record keeping
Mental Capacity Act
Mental Health
Allegations management
Self-neglect
Domestic Abuse

High risk areas for 2017-18

Mental Capacity Act and DoLS

Self-neglect

Mental health

Domestic Abuse

We work together effectively to support people at risk

People are supported by an advocate when they need it

We work within a framework of policies and procedures that keep people safe

Providers are supported to deliver safe, high quality services

We provide feedback to people who raise a safeguarding concern

We have a modern slavery strategic pathway

West of Berkshire Safeguarding Adults Board Business Plan 2017-18

PRIORITY 1 We have oversight of the quality of safeguarding performance						
Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
1.1 Feedback indicates that customers' desired outcomes are met, in line with Making Safeguarding Personal and the well-being principle.	a) Develop a core set of questions to collect feedback to ascertain the extent to which service users felt that they had been involved, supported, consulted and empowered during the safeguarding process.	Safeguarding Leads in Wokingham, west Berkshire and Reading Councils	April 2017			Core set of questions to collect feedback from people in place in each Council.
	b) Mandatory feedback form to be added to the Councils' electronic systems for every statutory S42 enquiry to capture feedback at the end of the S42 enquiry	Safeguarding Leads in Wokingham, west Berkshire and Reading Councils	June 2017			Mandatory feedback form added to the Councils' electronic systems for every statutory S42 enquiry.
	c) Develop systems for capturing, recording and monitoring MSP outcomes	Oversight and Quality Subgroup	Jan 2018			Systems are in place and feedback indicates that customers' desired outcomes are met
1.2 We understand what the data tells us about where the risks are and who are the most	a) Audit outcomes are analysed by Oversight and Quality Subgroup and the Board takes required actions to address areas of identified	Oversight and Quality Subgroup	September 2017 and March 2018	Twice yearly case audit on S42 enquiries are undertaken and include to what extent		Improvements in practice are evidenced in subsequent S42 case file

vulnerable	concerns across partner agencies.			Making Safeguarding Personal principles have been upheld.		audits.
	b) Develop a dashboard to present KPI data to the Board on a quarterly basis	Oversight and Quality Subgroup	December 2017			A clear overview of KPI data is presented to the Board on a quarterly basis
	c) Develop understanding of local level of risk for victims of FGM by reviewing local and national FGM data	Oversight and Quality Subgroup	Annually			FGM data provided supports the Board's understanding of local level of risk for victims of FGM
	d) Develop understanding of local level of risk for victims of Modern Slavery by reviewing local and national Modern Slavery data	Oversight and Quality Subgroup	Annually			Modern slavery data supports the Board's understanding of local level of risk for victims of modern slavery

PRIORITY 2 -We listen to service users, raise awareness of safeguarding adults and help people engage

Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
2.1 Board membership reflects a wide and varied group of stakeholders	a) Representatives from Housing and Provider organisations to be invited	Independent Chair	Sept 2017			Representatives from Housing and Provider organisations attend

	to attend Board meetings					Board meetings.
2.2 Local communities know about safeguarding adults and the work of the Board	a) Easy read version of the Board's Annual Report to be published	Communication & Publicity Subgroup	May 2017	CLASP commissioned to produce easy read version.		Wider range of people are able to understand the Board's work and priorities
	b) Community Awareness Event to raise awareness of safeguarding adults	Communication & Publicity Subgroup	March 2018			Community Awareness Event held in each area.
	c) The Board is assured that accessible safeguarding leaflets for customers and staff are available	Communication & Publicity Subgroup	June 2017			Safeguarding information is available in public places and partner agencies' websites
	d) Map partner agencies' external communication channels	Communication & Publicity Subgroup	June 2017			Subgroup aware of partners' external communication channels
	e) Develop calendar of local and national events relevant to safeguarding	Communication & Publicity Subgroup	June 2017			Local and national events relevant to safeguarding are promoted
2.3 Raise awareness across partner organisations and amongst practitioners about	a) a) New Berkshire Policy and Procedures website launched and promoted	Berkshire Policy and Procedures Subgroup	Dec 2017			New Berkshire Policy and Procedures website launched and promoted

the role of the Board, the website and Berkshire Policy and Procedures	b) b) Produce flyer for practitioners to raise awareness of the Board	Business Manager	April 2017			Flyer circulated across all partner organisations.
	c) Present Board's Annual Report 2016-17 to Health and Wellbeing Boards and other committees	Independent Chair	January 2018			Independent Chair presents Annual Report 2016-17 to HWB in each area by January 2018

PRIORITY 3 We learn from experience and have a skilled and knowledgeable workforce

Outcome	Action	Lead	Timescale	Work in progress	RAG	Success criteria
3.1 The workforce has the capacity, capability, knowledge and skills to keep people safe and improve safeguarding outcomes	a) Opportunities for practitioners to explore issues when working with people in Domestic Abuse situations	Learning and Development Subgroup	May 2017			Practitioners understand the dynamics of DA in terms of coercion and control
	b) Ensure Domestic Abuse awareness training and safeguarding training cross reference.	Learning and Development Subgroup	May 2017			Consistent training standards for Level 1 produced.
	c) Promote good record keeping	Learning and Development	Sept 2017			Case file audit peer review in August and February reveals improvement in

		Subgroup				recording skills.
	d) Deliver Safeguarding Adults Train the Trainer programme (Wokingham BC deliver, open across the area)	Learning and Development Subgroup	April 2017			Course offered across West of Berkshire with positive evaluation response
	e) Joint Children's and Adults Safeguarding Conference on theme of Mental Health	Learning and Development Subgroup	23 Sep 2017			140 attendees with at least 80% of delegates rating the event as good or excellent
	f) Establish programme of Safeguarding Bite Size Workshops for multi-agency professionals	Learning and Development Subgroup	March 2018	Workshops: Sept - SAR Findings Dec- Advocacy March - Allegations management.		Workshops attended by wide range of professionals
	g) Deliver core training programmes at all levels to support the sector. Seek assurance that all SAB members deliver Level 1 to the agreed standards. Measure the impact of training on a biannual basis	Learning and Development Subgroup	Ongoing			Training programmes delivered and evaluated.

	h) Report on training activity for 2016-17 for SAB annual report	Learning and Development Subgroup	May 2017	Complete.	**G**	Training data collated and reviewed
	i) Review and update the Workforce Development Strategy	Learning and Development Subgroup	Dec 2017			Updated Strategy published on SAB website
3.2 Learning from SARs and other reviews has been shared and used to improve practice	a) The SAR Learning Monitoring Tool is used to monitor response to findings by partner agencies upon publication of SARs. b) SAR Panel to review Monitoring Tool and develop processes to hold partners to account re. responding to and embedding learning from SARs.	Effectiveness Subgroup	June 2017 and ongoing			The SAR Learning Monitoring Tool is completed and presented to the Board quarterly showing that learning from SARs is embedded within partner agencies.
	c) Multi-agency thematic audits to evaluate to what extent learning from SARs has been embedded. Priority areas for 2017 thematic audits agreed as: tissue viability, abuse in own home, dementia.	Oversight and Quality / Effectiveness Subgroup	Dec 2017			Results of thematic audits are published and areas for development are identified for the Board to take appropriate action.

	d) Evaluation template for training to include question to evaluate how practitioners have taken on and embedded learning	Learning & Development Subgroup	May 2017			Amended evaluation template used to assess how practitioners have embedded learning

PRIORITY 4 We work together effectively to support people at risk

Outcome	Action	Lead	Timescale	Work in progress	RAG	Success criteria
4.1 Involvement of advocates and IMCAs ensure person centred responses are promoted	a) Identify where there is a shortfall in the use of advocates and raise staff awareness as to how and when to involve advocates.	Oversight and Quality Subgroup	Dec 2017			New approaches to person centred responses are promoted. Quarterly PI data indicates improvement in use of advocates.
4.2 Providers are supported to deliver safe, high quality services and the Board is assured that robust safeguarding processes	a) DASS and other commissioners provide assurance to the Board (through the annual Self-Assessment audit) that robust safeguarding processes are adhered to by commissioned services in line	DASS and other commissioners provide assurance	Jan 2018			Board is assured that robust arrangements are in place to support and challenge providers

are adhered to in line with Care Act requirements	with Care Act requirements.					
4.3 We work within a framework of policies and procedures that keep people safe	a) Organisations have in place policies and processes to manage allegations against persons in position of trust	Task and Finish Group	Sept 2017			Board is assured that partner agencies have robust policy in place to manage allegations
	b) Promote e-learning Safe Recruitment module	Learning and Development Subgroup	July 2017			e-learning Safe Recruitment module is promoted and used by practitioners
4.4. We provide feedback to people who raised a safeguarding concern	a) Each Local Authority to provide quarterly performance data on the proportion of concerns where feedback was provided to the referrer.	Oversight and Quality Subgroup / Effectiveness Subgroup	Indicator included in KPI set for Q1 data			Board is assured that feedback is provided to the referrer and takes actions to ensure practice is improved
4.5 We are assured that local arrangements to support and minimise risks for people who self-	a) Raise awareness of the issues and improve practice for working with those who self-neglect	Learning and Development Subgroup / Business Manager	Sept 2017			Raise awareness of self-neglect through website and workshop

neglect are effective	b) Review undertaken to inform the Board of prevalence of self-neglect cases reported under safeguarding framework, and outcomes for the individual	Effectiveness Subgroup & Oversight and Quality Subgroup	Sept 2017			The Board understands how cases of self-neglect are responded to and identifies areas for further development
	c) Partner agencies have clear policies and procedures in place to manage complex cases and support those who self-neglect or choose not to engage, in line with MSP and Duty of Care	Partner agencies	Jan 2018			Board is assured that each agency has clear policies and procedures to manage complex cases
4.6 Practitioners understand and can apply the MCA consistently in practice (including consent, best interest, DoLS and restraint)	a) MCA focused week of workshops for practitioners	Effectiveness / Learning and Development / Communication Subgroups	October 2017			MCA focused week of workshops attended by practitioners
4.7 We are assured that local arrangements to support people who have Mental Health	a) Raise awareness of current governance structures and accountability for mental health in the locality	Independent Chair	June 2017			Partner agencies have clarity about current governance structures for mental health

issues are effective						
4.8 We are assured that local arrangements to support and minimise risks for people who experience Domestic Abuse	a) Event on Domestic Abuse for partners to explore issues, understand priorities of each Domestic Abuse Strategy and identify gaps.	Independent Chair / Business Manager	Nov 2017			The Board is assured that commissioned DA services in each area are effective.
	b) A&E data shared to help each LA identify hotspots in their area and triangulate information	Oversight and Quality Subgroup	Oct 2017			Data shared to inform Board's understanding of DA
4.9 We have a Modern Slavery strategic pathway in place	a) Modern Slavery strategic pathway agreed and published	Policy and Procedures Subgroup	Dec 2017			Modern Slavery strategic pathway agreed and published
	b) Review and promote modern slavery e-learning	Learning and Development Subgroup	Dec 2017			Modern slavery e-learning reviewed and promoted

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Appendix F Safeguarding Adults Training Activity

From 1st April 2016 to 31st March 2017

	Number of staff attended training, per sector					
Reading Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**
Level 1	152	169				226
Level 1 Refresher N/A						
Level 1 E-learning	74	332				
Level 2	50	29				
Level 3	21	11	2			
Advanced refresher N/A						
Level 1 Train the Trainer	5					
RBC Total	**302**	**541**	**2**	**0**	**0**	**226**
West Berkshire Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**
Level 1	67	76			2	185
Level 1 Refresher	33	13				16
Level 1 E-learning	68	156				
Level 2	40	6			1	
Level 3	14	26				
Level 1 Train the Trainer	n/a					
WeBC Total	**222**	**277**	**0**	**0**	**3**	**201**
Wokingham Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**
Level 1	30	57	1	3	12	
Level 1 Refresher N/A						
Level1 E-learning N/A						
Level 2	33	48			13	
Level 3	11	12				
Level 1 Train the Trainer		6				
WoBC Total	**74**	**123**	**1**	**3**	**25**	**0**
Berkshire Healthcare NHS Foundation Trust	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	
Level 1	1154				10	
Level1 E-learning	439					
Level 2	994				4	
BHFT Total					2587	
Royal Berkshire Hospital NHS Foundation Trust	**Staff**	**PVI**	**BHFT**	**RBH**	**Others**	
Level 1						
Level 1 E-learning						
Level 2						
RBH Total	**0**	**0**			**0**	
West Berkshire CCG	**Staff**	**PVI**	**BHFT**	**RBH**	**Others (GP)**	**Other GP training: MCA**
Level 1					171	85
Level 1 E-learning	260					
Level 2					18	
West Berks CCG Total	**260**	**0**	**0**	**0**	**189**	

Safeguarding Adults Annual Report

April 2016 – March 2017

Author: Jane Fowler Head of Safeguarding

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Safeguarding Adults - Annual Report 2016/17

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1. Introduction

The purpose of this report is to provide assurance to the trust that it is fulfilling its statutory responsibilities in relation to safeguarding adults and to provide a review of recent service developments, highlighting areas of ongoing work and any risks for noting.

2. The Statutory Context

Adult safeguarding practice has come into sharp focus for all NHS organisations in the wake of large scale enquiries such as the Mid Staffordshire Foundation Enquiry, the *Francis Report (2013)* and the Lampard report on Saville enquiry (*Lampard K & Marsden 2015*). With the introduction and implementation of the Care Act (2014) on 1st April 2015 safeguarding adults now operates within a legal framework.

Since April 2010 all health organisations have to register and comply with Section 20 regulations of the Health and Social Care Act 2008, meeting essential standards for quality and safety. The Care Quality Commission periodically assesses the performance of all health care providers.

3. Governance

During 2016/17 the safeguarding adult team was restructured and joined with the safeguarding children team to become one team managed by the Head of Safeguarding to provide a more 'think family' approach to safeguarding. The post of safeguarding adults' co-ordinator was reduced to 0.8 whole-time equivalent (WTE) from full time when the post became vacant and re-banded to a band 7 in order to allow another safeguarding named professional in the team. The named executive for safeguarding adults in the trust is the Director of Nursing and Governance. The structure for the safeguarding team and lines of responsibility are attached at Appendix1.

The safeguarding adult group chaired by the Deputy Director of Nursing, leads and monitors safeguarding work within the trust and meets quarterly. This is a formal sub-group of the Safety, Experience and Clinical Effectiveness Group (SECEG) which reports to the Quality Executive Group (QEG) and ultimately to the Trust Board. The board also receives a monthly update on safeguarding cases of concern.

The Head of Safeguarding chairs monthly safeguarding named professional team meetings where shared visions, standardised practice and future plans are agreed and monitored. An annual plan on a page, written by the team, clearly identifies work priorities and continuous improvements to be achieved (attached as Appendix 2). There are currently 2.8 whole-time equivalent (WTE) adult safeguarding named professionals posts divided between three staff members and 6.8 WTE posts for child safeguarding. The team is supported by three part-time administrative posts and is based at two locations, St Marks Hospital in Maidenhead and Wokingham Hospital in Wokingham. The

Specialist Practitioner for Domestic Abuse works within the safeguarding team. The Head of Safeguarding works as a full time manager for the whole team.

The Deputy Director of Nursing attends the quarterly East and West Berkshire health economy safeguarding groups chaired by the Directors of Nursing for the East and West Berkshire clinical commissioning groups (CCG's). The Head of Safeguarding and the named professionals attend the East and West named and designated safeguarding groups, chaired by the designated nurses for child protection, which report to the health economy safeguarding groups. The purpose of these groups is to communicate local and national children's safeguarding issues. These meetings encourage shared learning from safeguarding practice and include case discussion and monitoring of action plans from inspections, safeguarding adult reviews and partnership reviews to provide assurance.

4. Assurance Processes

CCGs are expected to ensure that safeguarding is integral to clinical and audit arrangements. This requires CCGs to ensure that all providers from whom they commission services have comprehensive and effective single and multi-agency policies and procedures to safeguard children and vulnerable adults, and that service specifications drawn up by CCGs include clear service standards for safeguarding which are consistent with local safeguarding board policies and procedures. The trust completes a contracted annual self- assessment audit for the CCGs in September each year, to provide assurance to commissioners that safeguarding standards are met. Following submission the Head of Safeguarding meets with commissioners to discuss the audit and answer sample questions.

Safeguarding Audits

Audit is an effective means of monitoring compliance with policy and procedure as well as analysing the effectiveness of current practice. Two audits were undertaken during 2016/17

Audit	Completion
Audit of safeguarding response to alleged sexual assault/inappropriate behaviour on mental health inpatient wards	Complete
Audit of Mental Capacity Act assessments on mental health wards	Complete

Audit 1 – Audit of safeguarding response to alleged sexual assault/inappropriate behaviour on mental health inpatient wards

The safeguarding team undertook this audit following a perceived increase in sexual abuse incidents taking place on mental health inpatient units.

The audit concentrated on sexual abuse, including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts or sexual acts that the vulnerable adult has not consented to, or could not consent, or was pressured into consenting. This also includes sexual exploitation or sexual grooming of young people.

Any sexual activity on a mental health ward is not acceptable due to vulnerabilities of the patients, and their ability to consent. The trust must be confident that all instances of sexual abuse are managed appropriately and in a timely manner to reduce the risk of harm, ensure any victim of abuse is supported and reduce the risk of reoccurrence.

The audit identified several areas where policy had not been followed.

- Policies were not being adhered too, namely the Safeguarding Adults from Abuse (Local Policy) CCR089 and The Management of Sexual Relationships involving In-Patients in the Mental Health setting Policy CCR029.
- Incidents of this nature are not being sent to the local authority routinely for investigation in line with the Pan Berkshire Policies & Procedures.
- Risk assessments are not being updated routinely for the victim or perpetrators involved in these incidents.
- Staff are not systematically triangulating the risk for these incidents.
- Care plans for victims and perpetrators are not systematically being updated/ completed following these incidents.
- RIO progress notes for victims and perpetrators do not reflecting the incident on Datix.
- Transferable risk not being identified, which means that there is on-going risk to other vulnerable adults.

Recommendations from the audit were as follows:

- Repeat audit findings for October 2015 to March 2016 data by September 2016.
- The safeguarding team to check RIO for assurance and not rely on Datix alone to ensure actions taken are followed through for all sexual assault incidents.
- To develop Standard Operating Procedure guidance for staff detailing expectations of sexual assault/inappropriate behaviour management.
- To discuss individual safeguarding issues raised in greater detail.
- To determine the role of the safeguarding lead within Prospect Park Hospital.

There was a re-audit in September 2016 which showed an improvement in some of the actions being taken to safeguard patients following these incidents. The percentage of cases meeting the

standard increased in 9 of the standards selected for the audit. Three standards remained the same and five standards decreased in the number being met. An action plan was put in place.
In December 2016 a safeguarding adult named professional (mental health) was recruited into the safeguarding team to promote safeguarding in Prospect Park Hospital and a safeguarding named professional visits the wards daily to follow-up on safeguarding incidents and work with staff to improve standards.

Audit 2 – Audit of Mental Capacity Act Assessments

An audit was undertaken at the end of Quarter three to assess where services are at in regards to undertaking mental capacity assessments. 10 sets of notes were randomly audited, covering all CCG areas, to assess the quality of the mental capacity assessments being undertaken and to determine if decisions were being made which required a formal assessment of capacity.

- All 10 service users had a capacity assessment on admission appropriately using the updated capacity assessment tool. All were of high quality.
- 3 of the 10 service user's notes indicated that significant decisions were taken which required capacity. Of these 3 service users, 2 had high quality mental capacity assessment, one had it noted that they had capacity (very clearly), but no assessment was undertaken.

There appears to be a good understanding of the Mental Capacity Act across the trust and its use is becoming embedded within the mental health inpatient unit. Within community physical health wards there is an understanding of patient consent however the use of the Mental Capacity Act (MCA) within larger decision making is not implemented in the majority of incidents and when it is implemented the documentation of the assessments is poor. Significant work had been undertaken over the previous 6 months to develop the mental capacity assessment form, implement a champion system on the community wards as well as a revamp of the training. The audit indicated that further work is required to embed this practice

Recommendations from the audit:

1: Clinical Directors from the relevant localities have been informed of those patients who require a capacity assessment

2: The implementation of the MCA needs to be owned on a local level, rather than being centrally managed. It is recommended that this audit is discussed at the PSQ and ownership for improvement to be held between the Clinical Director and service manager.

3: The mental capacity champion role is not yet embedded. Further support is required to empower the champions to challenge clinicians when the MCA is not being implemented when it should.

4: The review of the teaching and training of the MCA should continue.

Audits planned for 2017-2018

Audit	Completion Due
Audit of failure to return from section 17 leave from inpatient wards	October 2017
Making Safeguarding Personal	November 2017
MCA audits x 3	January 2018

Named professionals for safeguarding adults also participate in multi-agency safeguarding audits required by each of the SAB's as part of membership of quality and performance/effectiveness sub-groups. Examples include a self-neglect audit undertaken by Slough and a dementia audit undertaken in west of Berkshire.

Supervision

All adult safeguarding named professionals receive safeguarding supervision from the Head of Safeguarding in West Berkshire on a minimum quarterly basis. They also receive an annual appraisal which is reviewed after six months.

5. Safeguarding Adults Boards

There are four Safeguarding Adult Boards (SAB) serving Berkshire: West of Berkshire SAB serving Reading, West Berkshire and Wokingham; Bracknell SAB, Royal Borough of Windsor and Maidenhead SAB and Slough SAB. The trust are represented at all boards with, the Deputy Director of Nursing sitting on the board in the West of Berkshire and the relevant Locality Director sitting on each of the 3 East boards.

Section 44 of the Care Act puts a duty upon the Safeguarding Adults Board (SAB) to arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

- There is reasonable cause for concern about how the SAB, its members or other persons with relevant functions worked together to safeguard the adult, and
- The adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Or

- If the adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The Head of Safeguarding sits on the safeguarding adult review (SAR) panels for each of the Safeguarding Adult Board areas. Named professionals for safeguarding adults sit on each of the

quality and performance/effectiveness sub-groups and on the learning and development groups in East and West Berkshire. They also sit on Modern Slavery and Violence against Women and Girls Sub-committees.

Safeguarding Adult Review's/Domestic homicide reviews/Partnership reviews

During 2016/17 there were a number of safeguarding adult reviews, partnership reviews and homicide reviews in which the Trust contributed to the multi-agency learning process. Learning from the reviews has been incorporated into group scenario work in the Trust's safeguarding adults training

Safeguarding Adult Reviews (SARs)

Bracknell
A female adult who lived alone and was known to mental health services became unwell. Her family increasingly raised concerns, about her delusional behaviour, to primary care and to mental health services the day prior to her death. A fire started in her flat and she suffered critical injuries from which she died in hospital. The learning includes working with risk, engaging positively with families and carers, communication systems and fire risk referrals. Fire risk assessment and referral pathways have been added to all safeguarding training in the trust as a result of this review. The hoarding scale has been circulated to staff and information about the use of flammable creams and risk to patients.

A review has been commissioned to identify any multi-agency learning following the death of a 71 year old man with a learning disability. The gentleman lived in supported accommodation and died in hospital following a deterioration of his physical health, leading to a number of hospital admissions. The review is in progress and will look at learning around application of the Mental Capacity Act and the way agencies communicated with each other about his care.

Partnership Reviews

Slough
A review took place to consider the care received by a gentleman with learning and physical disabilities who was admitted to Prospect Park Hospital in December 2016. The mental and physical health of the gentleman rapidly deteriorated during the week prior to his admission and he was seen by numerous agencies including mental health, community team for people with learning disabilities, respite care, GP, hospital services and ambulance service. The review highlighted the need to better co-ordinate the service between the crisis team and the community disability team and an action plan is in progress.

West of Berkshire

A thematic review took place following the death of a gentleman Mr X. Mr X had a learning disability and there were issues identified around complex relationships, interdependencies and possible domestic abuse/coercive control between Mr X and his two brothers. Mr X was interviewed by police in October 2016 on a voluntary basis in relation to an allegation of historical sexual abuse. The interview was delayed due to difficulties identifying an appropriate adult. Mr X was found dead in his flat two days later. Learning was identified around complex case management, capacity assessments and multi-agency working.

Bracknell

A nineteen year old man with a learning disability was admitted to Campion ward, from his residential school in Herefordshire, when his health deteriorated rapidly following uncertainty about his next placement. His health further deteriorated and he was transferred to Royal Berkshire Hospital. No learning was identified for trust services from the review.

Domestic Homicide Reviews

Wokingham

A domestic homicide review is in progress following the death of a lady with advanced dementia, who was killed by her husband. The couple had been married for over sixty years and the husband was the main carer for his wife. The couple had some support from care agencies and their two daughters. The husband was diagnosed with cancer and was undergoing treatment, which affected his physical wellbeing and ability to care for his wife. The victim was known to the memory clinic and the community matron service. The review is ongoing.

Mental Health Homicide Review

Slough

Joint Serious Case Review and Mental Health Homicide Review

A child died with his mother when she jumped in front of a train. It is believed his mother committed suicide and the child died with her. The mother was in receipt of mental health services and was a mental health inpatient for a period prior to her death. The Mental Health Homicide Review was completed in December 2016 and has not yet been published. The serious case review found that the child's death was not predictable or preventable and there were no recommendations for agencies from the review. A learning event was held for staff and a multi-agency conference across East Berkshire on forced marriage and other harmful practice and exploitation will be held November 2017.

Serious incidents

Serious incidents within BHFT, where there has been a safeguarding aspect, are detailed and reported to the Board separately. The Safeguarding Team are involved in discussions where there has been an allegation against a member of staff. The team offer bespoke training sessions to services where themes are identified. The trust have a responsibility to consider any incident where

an individual with care and support needs, dies or experiences significant harm and if so a referral is made to the relevant SAB for consideration for a serious adult review.

6. Mental Capacity Act (MCA) 2005 and Deprivation of Liberties Safeguards (DoLS) (2007)

The Safeguarding Adults team have led the trust's responsibility for co-ordinating and raising awareness of Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS) since 2012/13.

Training to staff is facilitated by the named professionals for safeguarding adults assisted by staff who have attended the MCA/DoLS 'Train the Trainer' course. Trust staff compliancy to MCA and DoLS training was above 85% by March 2017 which exceeded the target set on the Quality Schedule.

The issue of assessing an individual's mental capacity is often a central part of the safeguarding process. Support is also often required around making best interest decisions for individuals who lack capacity to make specific decisions. An understanding of the MCA is crucial to the implementation of DoLS. As awareness has been raised, staff are more frequently contacting the safeguarding team for specific advice about the MCA.

An MCA/DoLS group has been set up during 2016/17 chaired by the Clinical Director for the Trust, to look at ways of developing staff knowledge of application of the Mental Capacity Act and application of DoLS. Six MCA champions have been appointed, one on each of the community wards to support staff in their work. This group will join the safeguarding adult group once the initial task and finish work is completed.

An audit has been undertaken by the Clinical Director and an action plan is in place. An MCA form has been added to the admission pack on the community wards as a result of the audit. One of the Named Professionals for Safeguarding Children is the named MCA/DoLS lead for the Trust.

The Law Commission carried out a full review of the current DoLS framework and found the current system to be 'deeply flawed'; they proposed that the current system be replaced with a new system, to be called 'Protective Care'. Broadly speaking, protective care had three aspects: the supportive care scheme, the restrictive care and treatment scheme, and the hospitals and palliative care scheme recommended a significantly different process. The review went out to consultation in the autumn of 2015.

There was a significant amount of feedback given regarding the proposed changes. It is anticipated that a final report and draft Bill will be published in December 2017. It is unlikely that there will be any noticeable changes to practice until 2019 at the earliest.

DOLS Applications for 2016/17.

	Q1	Q2	Q3	Q4	Total
Total number of applications received:	14	23	13	15	65
Applications Declined:	1	0	1	2	4

	Q1	Q2	Q3	Q4
Henry Tudor Ward				
Windsor Ward			1	
Donnington Ward	1	1	1	2
Rowan Ward	8	15	4	9
Campion Unit				
Orchid Ward	3	4	6	3
Oakwood Unit	2	1	1	
Jubilee				
Rose		1		
Snowdrop				1
Total	**14**	**23**	**13**	**15**

All applications for DoLS require a BHFT signatory and the locality directors or their designated deputy has responsibility to ensure the application to the local authority is complete and appropriate. The Safeguarding Adults team continue to provided support and guidance to staff on DOLs applications. The CQC must be notified of all DoLS Applications and the Outcome. This should be done by the Locality Directors or agreed deputy.

There have been 65 DoLS applications during 2016/17 which is a significant rise on 2015/16 when there were 34 applications. 4 of the applications were declined as the patient was not eligible. A number of the applications ended before the assessment was made or the authorisation received. For these patients it was recorded in the record that an application had been made, but an assessment had not yet been made and the patient was being held on the ward in their best interest. Regular contact was kept with the local authorities regarding these applications

7. Prevent

Prevent' is part of the UK's counter-terrorism strategy, CONTEST. The Prevent agenda is outlined in the Department of Health document 'Building Partnerships, staying safe – the Healthcare Sector's contribution to HM Government's Prevent Strategy: for Healthcare Organisations'. The trust has a duty to adhere to the Prevent strategy. Its aim is to stop people being drawn into terrorism or supporting terrorism. Terrorist attacks have continued to take place across the world in 2016/17. There was an attack in London on the 22.3.17 at Westminster, indicating that individuals are still being radicalised. The UK's terrorist threat remains at 'Severe', at the time of this report meaning a threat is 'highly likely'.

The Prevent Lead for the trust left the safeguarding team in December 2016 and two named professionals child protection who had been delivering the WRAP (Workshop for Raising Awareness of Prevent) training, stepped into the role temporarily, whilst a replacement was sought. At the time of publication of this report a new Prevent lead has been appointed.

Links with Local Authority and Police remain strong. The trust is represented on all six channel panels and Prevent management meetings across the six Localities in Berkshire. Channel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremist or terrorist behaviour. Channel works by partners jointly assessing the nature and the extent of the risk and where necessary, providing an appropriate support package tailored to the individual's needs.

Introducing Prevent into the induction programme in July 2016 has helped to increase our overall percentage of staff completing the WRAP training, from 75% to 87% of staff. This was a significant achievement for the team, who offered training to groups in their bases as well as part of the general training programme in order to make it easier for staff to access training and increase compliance.

For those that need the basic training Channel general awareness, 85% of staff have now completed it, compared to 50 % at the end of 2015/2016. Additional scheduled sessions have continued to be offered to reach staff within the organisation who have not yet been trained. The safeguarding adult Named Professional (Mental health) started with the team in December 2016 has also been trained internally by Safeguarding Team to deliver the WRAP training.

Staff have demonstrated an awareness of Prevent and its purpose, with several concerns being discussed with the Prevent Leads and some of those referrals meeting the threshold to be considered by the Channel Panel and in turn being adopted by the panel. There has been an increase in calls for advice on Prevent matters from 2015/16.

Having attended national conferences for Prevent with NHS England supported by the Home Office, it is clear the Prevent agenda is growing in light of the continued risk of national terrorist attacks. It is clear Prevent needs to be embedded into all aspects of practice. In order to do this the plan is to expand the Prevent aspect within the adult and children safeguarding refresher courses.

8. Modern Slavery

There is now a duty to notify the Home Office of potential victims of Modern Slavery, this came into force in November 2015. This duty is set out in Section 52 of the Modern Slavery Act 2015 and applies to public authorities. Although health organisations are not yet compelled to notify, under safeguarding arrangements, consideration should be given to making a referral to the police or local authority, should a health practitioner have reason to believe a vulnerable adult or child is being exploited or trafficked.

A Modern Slavery Sub-group has been set up in Slough, led by Police and the Community Safety Partnership and the Named Professional for Mental Health is a working member of that group. Modern Slavery training has been offered locally and nationally and has been attended by the Named Professionals. Modern Slavery is included in all Trust Safeguarding Adult training.

9. Training

As a partner of the four SAB's in Berkshire the trust is guided by the workforce development strategies' developed by the East and West Berkshire learning and development subgroups and all level 1 training adheres to the standards identified, ensuring that all staff have appropriate knowledge and competencies in relation to the:

- Potential for the occurrence of abuse and neglect
- Identification of abuse and neglect

- Safeguarding adults policy and procedures
- Requirement to report any concerns of abuse or neglect
- Internal reporting structure for such concerns

Continued training and development of trust staff on safeguarding vulnerable adults forms a primary responsibility for the safeguarding team. Lessons learned from national and local enquiries in safeguarding adults reviews have been incorporated into the trust training, programme which is delivered at two levels.

Level one training is aimed at staff whose work brings them into regular contact with patients who are in need of services, whether or not the local authority are aware of them. It comprises awareness on the different types of abuse, how to recognise signs of abuse and how to manage situations of witnessed abuse and disclosures of abuse by patients in our care.

Level two training is targeted at senior clinicians. Staff who regularly investigate and/or contribute to supporting adults at risk of abuse including safeguarding adult named professionals, attend multi-agency training at level three. This training includes multi-agency safeguarding procedures and assessing, planning, intervening and evaluating the needs of an adult where there are safeguarding concerns.

Safeguarding adults/children joint training at level one is now facilitated at Trust induction and has been well received giving a more 'think family' approach to training. All volunteers within the trust also receive safeguarding adult training as part of their induction. Bespoke training has been facilitated to hard to reach groups of staff and where particular learning has been identified.

Joint safeguarding children and adults training at level two was facilitated to community mental health team staff in September 2016 following learning from a local incident. Staff are also offered domestic abuse training from the Specialist Practitioner Domestic Abuse who sits within the safeguarding team.

A multi-agency level two refresher event was organised by one of the named professionals for safeguarding adults and included learning from local safeguarding adult reviews presented by a partner agency. Bespoke training sessions have also been facilitated to staff at Prospect Park hospital.

Compliancy for level one training rose to 93.3% by March 2017 which was a significant achievement for the team, compliancy for safeguarding adults training level two also rose from 40% to 66% but this remains below the target of 85%. A staff vacancy and long-term sick leave affected the ability to facilitate this training, but a plan is in place to increase compliancy to 90% by December 2017.

Delivery of MCA/DoLS training and Prevent training forms part of the responsibility of the safeguarding team and is included in those sections of this report.

On-going statistics for staff numbers trained are included in the quarterly reports submitted to the Deputy Director of Nursing.

10. Summary

The Care Act (2014) and Care and Support Statutory Guidance (Chapter 14-Safeguarding) has clarified our responsibilities relevant to safeguarding adults vulnerable to abuse or neglect. This legislation underpins the standards and principles of safeguarding practice at the heart of patient care at the trust and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response.

The changes to terminology, categories of abuse and making safeguarding processes personal to the individual concerned are being incorporated into training and development of trust staff and volunteers and policy documents. The safeguarding team continue to work closely with external partners, developing local relationships and ensuring that adult safeguarding practices reflect local and national guidance.

Safeguarding Adult Boards have a statutory status directed by the Care Act (2014) with clearly defined roles and responsibilities to co-ordinate strategic safeguarding adult activity across all sectors and service user groups, to prevent abuse and neglect occurring and where it does, it is recognised and responded to appropriately. The SABs forms a view of the quality of safeguarding locally and challenges organisations where necessary. Senior representation on all four Berkshire SABs ensure a direct link to the Board regarding safeguarding adult concerns, enquiries and lessons learned as well as future development in practices and policies.

Application of the Mental Capacity Act is a topic that continues to be identified as an area for development both nationally and locally through SAR's, staff feedback and the recent CQC inspection.

11. Team Achievements 2016/17

The Trust Vision

The safeguarding team have provided evidence for the board on the key domains for BHFT to demonstrate the connection between the Trust vision and our service delivery:-

Striving for Excellence

The safeguarding team have increased the amount of safeguarding training courses at level one and succeeded in raising compliance of staff to level one training to over 93% to ensure staff are

competent to safeguard adults in Berkshire. This has been achieved by working closely with the learning and development team, carefully planning sessions to ensure easy to access locations across the trust, bespoke training to ward staff during the handover period and taking training to hard to reach groups. Compliance to Prevent training has also increased significantly to 87% this year. Two extra named professionals were trained as Prevent trainers and again training was taken to staff meetings, and bespoke sessions were held at times identified by teams. Prevent training was also added to induction to capture all new staff starting with the trust. Compliance to MCA and DoLS training has also risen to above 85% by March 2017.

Tailoring Care

An action plan has been developed to strengthen safeguarding at Prospect Park hospital. A safeguarding named professional (mental health) was appointed in December 2016 to offer more one to one support to staff on inpatient wards. A named professional is present at the hospital daily to visit inpatient areas for advice and support and to oversee safeguarding. Named professionals have worked with adult social care to agree referral processes.

The safeguarding team view the front line staff and services as their customers and thus always endeavour to provide a flexible service to meet need. Telephone advice is widely used and named professionals support staff with complex cases and to challenge other agencies if they are not satisfied with the outcome of a referral where they have concerns about adult abuse. The team continue to provide tailored adult safeguarding support in practice areas where serious incidents requiring investigations (SIRI)s, have highlighted learning needs with regard to adult safeguarding practice.

Maximising Value

Amalgamation of the safeguarding adult and children's teams has enabled a more joined up approach to safeguarding and an increased skill set amongst the team. Team members have increased their use of skype to reduce travel. Staff have worked together to develop a joint induction programme which includes Prevent and have piloted a joint safeguarding adults and children training at level two. This will be rolled out where appropriate to identified groups of staff. For the first time a level two safeguarding refresher forum with multi-agency speakers was facilitated and was well supported and evaluated with over 60 staff in attendance.

Delivering Success

The safeguarding team and the tissue viability service worked with a multiagency group of professionals to develop a pan-Berkshire safeguarding pressure ulcer pathway. The new

procedures were re-launched in April 2016 and information went out in Team Brief. The link is available to all staff on team net.

The safeguarding team found that there was no consistency across the trust in relation to which, if any, MCA tools were being used and worked with the Clinical Transformation team to develop a single MCA tool in Rio that can be used by all services. The tool went live in 2016. It has been designed in such a way that it will be easy to replicate for services that do not use RIO.
An MCA task and finish group was set up to work on embedding use of the MCA and increase understanding of and application of DoLS. Six safeguarding champions have been appointed on the community wards to support the safeguarding team in improving the application of MCA and DoLS across services. Difficulty in the application to practice of the MCA act is a theme that has been present in local safeguarding adult reviews. It is recognised nationally that the MCA is not well embedded in practice across health and social care and this is an area for development across BHFT. A question about capacity has been added to the safeguarding adults section of the Datix form. There has been a significant increase in the number of DoLS applications in the trust this year which is encouraging.

Working across Boundaries

The safeguarding team have continued to work closely with external agencies to improve and develop safeguarding adult practice across Berkshire. The trust are represented on all four safeguarding adult boards and on all sub-groups across Berkshire. Staff have actively participated in safeguarding adult reviews, disseminating learning to staff through multi-agency forums.

The safeguarding team organise a quarterly peer support session for all safeguarding colleagues working in health across Berkshire and host a quarterly partnership group, to which all six local authorities, both CCG leads and the acute trust leads are invited. This is an effective forum for building relationships and working together to improve practice and facilitate learning.
Named professionals meet with colleagues in social care on a monthly basis to discuss referrals and carry out investigations as required. Regular meetings have been held with police at Prospect Park hospital and a safeguarding named professional is an active member of the protocols in practice meeting at Prospect Park hospital.

Inspiring Others

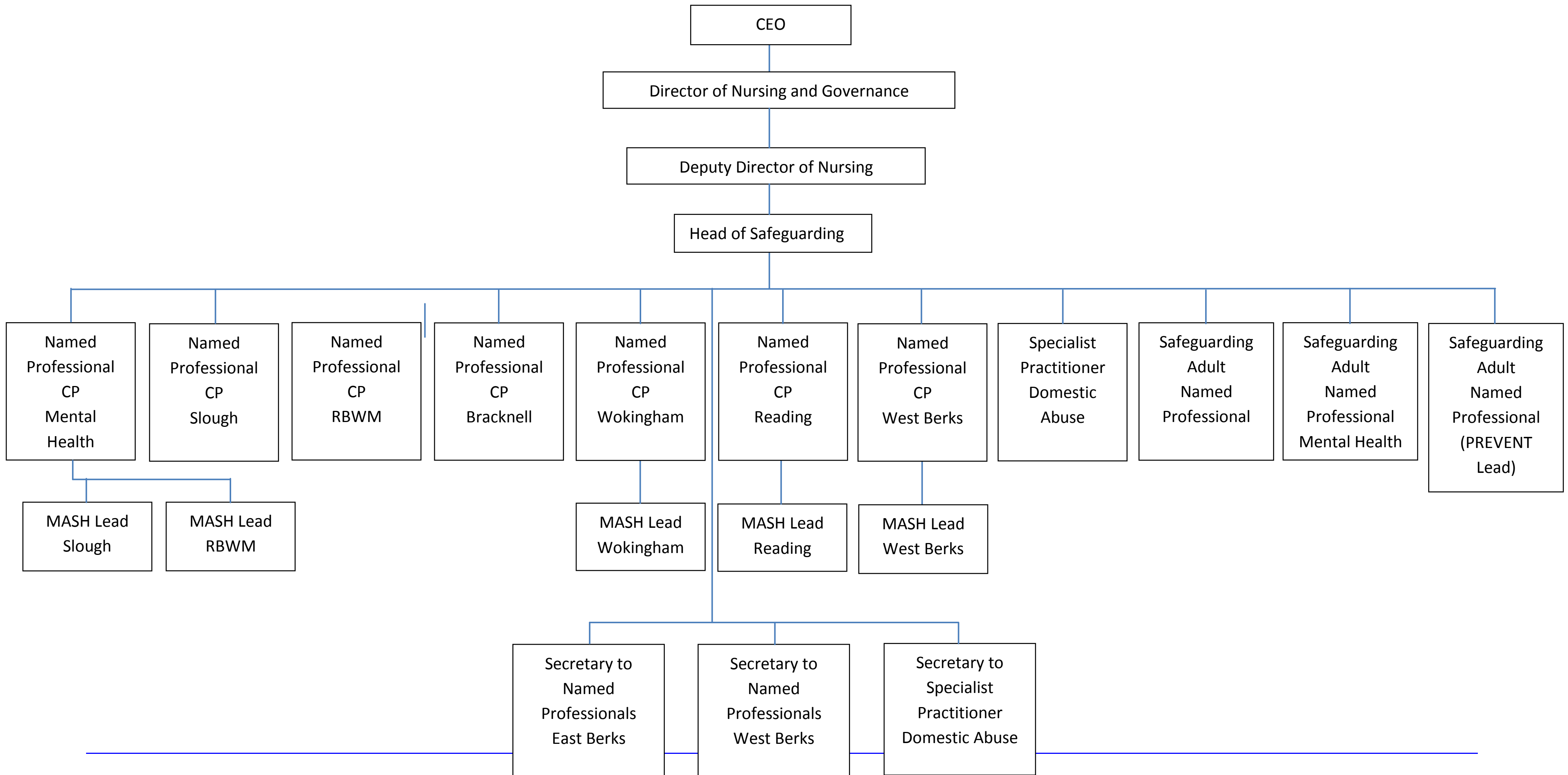
The team work closely with staff to support them to manage difficult cases giving them the confidence to challenge other professionals and agencies, where appropriate, to ensure adults in Berkshire are safeguarded. The team offer a coaching philosophy and approach to safeguarding advice and encourage professional curiosity, from front line staff, to enhance their learning and improve outcomes for adults in their care.

The team produce a 6 monthly safeguarding newsletter to bring any new guidance or learning to staff attention. This year screen savers have been developed to offer bite-sized reminders of important safeguarding topics, including domestic abuse and modern day slavery. Highlighting to staff what to look out for and where to get help.

12. Future Plans

- Embed the Making Safeguarding Personal principles
- Continue to ensure that the Trusts PREVENT contractual requirements are met including the delivery of WRAP3 to identified staff groups.
- Increase understanding of application of MCA in practice
- Continue to meet safeguarding adults training level one compliance at over 90%
- Increase compliance to safeguarding adults training level two to 90%
- Commitment to contributing to an outstanding care quality commission rating through maintaining a high level of skills and knowledge of the team
- Continue to develop and maintain close working relationships with partners in social care in each of the six Berkshire unitary authorities
- Continue to provide strong representation on the safeguarding adult boards and sub-committees
- Work with colleague at Royal Berkshire Hospital Trust to develop a mental capacity act policy for the trust.

APPENDIX ONE



APPENDIX TWO

Healthcare from the heart of your community

Team Plan Summary 2017-2018

NHS Berkshire Healthcare NHS Foundation Trust

Goal 1: Improving patient safety and experience

To provide safe services, good outcomes and good experience of treatment and care

- Commitment to contributing to an outstanding care quality commission rating through maintaining the high quality commission rating through maintaining the high level of skills and knowledge within the team.
- Maintain and develop safeguarding training to recognised standards for adult training and to the intercollegiate document 2014 for children, young people and families accessing Trust services.
- Continue to provide responsive children safeguarding advice to all Trust staff via the on-call advice line.
- Monitor and update compliance to Section 11 of Children Act 1989 reporting to Board and providing assurance to LSCB monitoring groups.
- Appropriately implement the Pan Berkshire escalation policy for Safeguarding.
- Access specialist training and supervision via Trust and external providers.
- Improve staff engagement in MCA assessments and DOLS
- Strengthen team knowledge of Prevent and ways to support staff

Goal 2: Supporting our staff

To strengthen our highly skilled and engaged workforce

- Improve and maintain the uptake of supervision for CAMHS and the allied professions.
- To continue to develop child and adult safeguarding training programmes.
- Maintain the presence of the adult safeguarding lead during the working week at Prospect Park Hospital providing support and advice.
- Maintain and review the children's safeguarding advice line to inform future training needs.
- Continue to monitor safeguarding practice through audit and safeguarding clinical supervision.
- Maintain and improve the safeguarding page on Team net
- Continue to support staff by providing safeguarding forums and seminars, sharing learning from serious case reviews, partnership reviews and current issues including Domestic Abuse, CSE, FGM and Prevent.

Goal 3: Money matters

To deliver services that are efficient and financially sustainable

- To complete the review of the children's safeguarding form making key safeguarding information readily available.
- Improve the use of Skype and SMART working to reduce travel and maximise team efficiency.
- Build on the planning and delivery of joint adult and children's Level 1 training.
- Introduce joint adult/child 'think family' safeguarding training at level two for appropriate staff groups.

Goal 4: Working together

Understanding and responding to local needs as part of an integrated system

- Ensuring safeguarding representation at LSCB sub-groups.
- Continue to develop and establish the MASH roles in East and West Berkshire.
- Respond to specific local safeguarding initiatives by providing joint training.
- Continue to embed partnership working practices with adult and mental health staff including the children's Berkshire Adolescent Unit.
- Continue to develop and maintain close working relationships with partners in social care in each of the six Berkshire unitary authorities
- Participate in multi-agency audits, serious case reviews and partnership reviews as required.

Our vision: To be recognised as the leading community and mental health service provider by our staff, patients and partners.

caring for and about you is our top priority

committed to providing good quality, safe services

working together with you to develop innovative solutions

NHS
Royal Berkshire
NHS Foundation Trust

Safeguarding Annual Report 2016/17

The Strategic Safeguarding Committee, 12th June 2017

Safeguarding is everybody's responsibility.

Formal Opening Changing Places, 16th May 2017

Executive Summary

The Royal Berkshire NHS Foundation Trust (RBFT) is dedicated to safeguarding vulnerable people. It has an experienced safeguarding team with the skills and experience to support different groups: adults, children, and people with a learning disability, people with mental health problems and families accessing our maternity services. The team provides a cohesive approach to training and support of staff to meet the needs of vulnerable people. In line with national guidance on multi agency working the safeguarding team represent the Trust on a variety of partner agency groups. They work with individual patients and teams in 'making safeguarding personal' coordinating a multi-disciplinary, multiagency agency approach balancing the principles of empowerment and autonomy with our responsibility to protect and safeguard.

There have been significant achievements and improvements in safeguarding since the publication of the Mazars Report into Southern Health, 2015 and Verita Investigation of the Myles Bradbury Case, 2015

The essence of good safeguarding is continuous learning, quality improvement, professional curiosity and challenge. We have worked with our partners to implement the recommendations from the CQC inspection of health providers, child safeguarding and looked after children report for Wokingham CCG, May 2016 and Ofsted Inspection reports for West Berkshire and Reading Local Authorities Children's Services and LSCBs published in May 2015 and August 2016. We participated in safeguarding children, neglect and domestic abuse peer reviews commissioned by West Berkshire, July 2016 and Wokingham, February 2017. We actively participated in a Wokingham Domestic Homicide Review and partnership reviews, Serious Case Reviews and Safeguarding Adult Reviews. We brought learning from these reviews back to the RBFT to improve our safeguarding systems, processes and staff knowledge and competency.

The RBFT has obligations under the Children Act 1989 and 2004, Care Act 2014, MCA, 2005, Mental Health Act (MHA), 1983 to ensure it provides safe effective and well led services which safeguard the vulnerable. Compliance with Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework and CQC regulation 13 Safeguarding Service Users from Abuse and Improper Treatment are the standards we employ to focus on our declared aim of 'promoting the safety and well-being of all children, young people and adults' who have contact with our services. Training, audit and review against those standards are the foundations of our assurance reinforced by

supervision and management overview. Our Annual Safeguarding Plan for 2016/17 was based on the findings of a Price Waterhouse Cooper audit of Safeguarding commissioned in October 2016 by our Audit and Risk Committee and the 'amber areas' of the 2015/16 annual safeguarding standards self-assessment which includes our Section 11 audit of the Children Act 2004 which is submitted to our commissioners. We actively participate in the Quality and Performance sub groups of the Local Safeguarding Children Boards and Safeguarding Adult Board for the West of Berkshire.

Challenges include training staff in all aspects of safeguarding, consistency of knowledge, competency and application in practice; transition for children to adult services including Child and Adolescent Mental Health Services (CAMHS); a year on year increase in activity for all vulnerable groups including, elderly patients living with dementia and adults with learning difficulty who are delayed in hospital; high numbers of mental health patients of all ages with complex psycho-social needs in the acute setting; an increase in the number of vulnerable patients delayed in hospital; an increase in the complexity in cases of at risk unborn babies and self-harm and suicide prevention. Monitoring the impact of health and social care budget cuts, homelessness and workforce sufficiency on services for the vulnerable, gaps in services for disabled children and children and young people with Special Educational Needs and Disability (SEND) , domestic abuse, neglect and self-neglect, safe recruitment and allegation management and the sufficiency of mental health services and the national Prevent scheme are continuing or emergent themes.

Patricia Pease, Associate Director of Safeguarding, June 2017

Introduction

This is the annual safeguarding report for the Royal Berkshire Foundation Trust (RBFT) it covers all areas of safeguarding work across the Trust and through multiagency working, and sets out our priorities for further work.

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect (CQC 2016). Safeguarding at the Royal Berkshire Hospital is fundamental to high-quality health care. Safeguarding is everybody's responsibility.

The Safeguarding Team Structure

The safeguarding team structure (nursing and administration) and lines of responsibility and accountability for the RBFT is shown on the diagram below:

Adult Safeguarding: Medical Leads	• Dr. Chris Danbury: Urgent Care Group • Dr. Kim Soulsby: Planned Care Group • Vacant: Networked Care Group
Child Protection: Medical Leads	• Dr Andrea Lomp: Designated Doctor Child Protection, Berkshire West • Locality Paediatricians to support Designated Doctor Child Protection based at Dingley Specialist Children's Centre. This team also provide Child Protection Examinations • Dr Ann Gordon: Named Doctor for Child Protection • Dr Niraj Vashist: Medical Advisor to Fostering and Adoption Panel
Child Death	• Patricia Pease: Designated Healthcare Professional Child Death Berkshire West
Sexual Health	• Julia Tassano-Smith: Nurse Consultant
Human Resources	• Suzanne Emerson-Dam: Assistant Director Workforce Designated HR Officer Safe Recruitment & Allegations Management

The Safeguarding service is accountable to the RBFT EMC and Board, Berkshire West CCG, Reading, West Berkshire and Wokingham Local Safeguarding Children Boards (LSCBs), Berkshire West Safeguarding Adult Board (SAB) and participates in Mental Health, Learning Disability, Strategic Disability and Transition partnership meetings.

Safeguarding Governance Committee Structure

Trust Board

Audit and Risk Committee | **Quality Governance Committee**

Executive Management Committee (EMC)

Health & Safety Committee

Quality Assurance and Learning Committee (QALC)
Bimonthly Meetings

Strategic Safeguarding Committee
Biannual Meetings

Children and Young Person's
Forum Biannual Meetings

Self-Harm and Suicide
Prevention Group

Adult Safeguarding Clinical
Governance Committee

Child Protection Clinical
Governance Committee

MCA, DoLS
And
Best Interest Working Group

The Strategic Safeguarding Comm[illegible]eets twice a year. The Trust has a non-executive Director with a responsibility for safeguarding and mental health.

Safeguarding and mental health quality indicators are reported monthly to the Board and CCG. A bi-monthly safeguarding and mental health report including key performance indicators is submitted to the Board as part of the QALC report.

Multidisciplinary child protection clinical governance is held every 2 months; this is chaired by the Named Nurse for Child Protection. Safeguarding Adult Clinical Governance is held every 3 months chaired by Dr. Chris Danbury. A Mental Capacity, DoLS and Best Interest Working Sub Group that includes the Head of Legal Affairs meet every 6 months, reporting to Safeguarding Adult Clinical Governance. The Mental Health Coordinator chairs a quarterly Suicide and Self Harm Prevention Group, which reports by exception to the Health and Safety Committee.

Quarterly Safeguarding Concerns and Allegations Review Meetings, chaired by the Designated HR Officer Safe Recruitment & Allegations Management, were established in 2016, live cases are reviewed to ensure timely conclusion and closed cases are reviewed in order to identify patterns or theme.

The Children and Young People's Committee monitors work streams to benchmark and improve the quality and safety of Trust services for children: the work of this group is under review.

The safeguarding nursing team meets monthly to discuss operational safeguarding issues and prepare performance reports; agendas and minutes are kept for these meetings.

Statistics/Activity - The table below sets out indicative statistics for the RBFT for information and background.

	2013/14	2014/15	2015/16	2016/17	Comment
Population number served	1,000,000	1,000,000	1,000,000	1,000,000	↔
% of population under 18 years	20%	24%	24%	24%	↔
Number of adult attendances to ED	83,298	87,288	89,711	94,348	↑4.9%
Number of attendances by under 18s to ED	26,686	27,864	29,087	29,427	↑1%
No of over 65s attending ED	22,644	24,569	25,635	27,159	↑ 5.6%
No of mental health attendances at ED all ages	2169*	2810	2809	2778	↓19%
Number of adult admissions	80,766	84,434	90,933	92,791	↑ 2%
Number of admissions to paediatric wards	7,146	7181	7607	8589	↑ 11.4 %
Number of under 18s admitted to adult wards			550	704	↑ 21.88%
No over 65s who were admitted	32,821	35142	39515	39785	↑0.68%
No over 75s admitted for >72 hrs	5,301	5288	5451	6449	↑15.48%
No over 75s admitted for >72 hrs with cognitive issues	1602	1483	1195	1,582	↑24.46%
Number of in-patients with a learning disability	227	289	315	278	↓12%
No of patients admitted because of mental health issues		798	1596	1610	↑19%
Number of babies born	5,689	5681	5596	5391	↓ 3.8%
Number of under 18s attending out-patient clinics	65,296	62,767	62,437	72,539	↑13.93%
Number of under 18s attending clinics providing sexual health services	2,959	2016	2356	2059	↓13% - episodes 4036
Dingley child protection medicals – calendar years	54	98	120	112	
Number of employees	Approx. 5000	Approx. 5000	5360	5470	

Training

Training is reported monthly to the CCG as part of the quality schedule. A Trust annual training plan for child and adult safeguarding 2017/18 has been completed and approved by the Trust Education Committee. At the end of March 2017 safeguarding training was at or above the expected and agreed level with the exception of:

- Safeguarding Children Level 1 Training – 86% against a target of 95%
- Adult Safeguarding Training – 89% against a target of 90%

All training programmes are regularly reviewed to ensure they include learning from serious case reviews and changes to national policy and guidelines.

Safeguarding Adults training

All staff need to be trained in safeguarding adults. Staff that make clinical decisions with patients need to be trained in the mental capacity act (MCA) and its application. The focus in 2017/18 will be application in practice of the MCA.

Safeguarding Children training

All staff need to be trained in child protection to the level that their job role requires 'Intercollegiate document, Child Protection Roles and Competencies for Health Staff, 2014'. A review of level 1, 2 and 3 training was undertaken during 2016/17 this included an increase in the number of hours of update training annually for specialist midwives. In 2017/18

the content of the programme for specialist midwives will be reviewed and a there will be a wider review of how we evaluate skills, knowledge and confidence of the children's workforce to inform the need for further work.

Child Sexual Exploitation (CSE) Training

CSE is embedded into safeguarding children training at all levels. Four CSE one hour updates at level 3 are available annually. The Department of Sexual health holds a one hour CSE case study peer review bimonthly. All staff can access E.learning via the CSE intranet pages. In 2017/18 we will concentrate on embedding the use of CSE assessment tools.

Domestic Abuse

Domestic abuse is raised in adult and all levels of child safeguarding mandatory and statutory training; specific domestic abuse training is available for maternity staff. Level 3 days for the children's workforce include clear guidance for staff who are working closely with children and families on how to support and refer to other agencies where there are parental risk indicators. In the 2017/18 further work will be undertaken with the Emergency Department (ED) and their Domestic Abuse champions.

Prevent (Anti-terrorism Training)

Prevent awareness forms part of the level one training for all staff and is included in adult and child safeguarding training. 1 hour Wrap training is delivered to selected staff. The focus in 2017/18 will be Human Resources, the Emergency Department, Paediatrics and the Clinical Site Management Team. This can be delivered face to face or via e-learning. An E learning has also been promoted for use with in the Trust.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs).

MCA and DoLS awareness are delivered as part of the core mandatory training day and as part of Trust induction safeguarding adults training. For patient facing staff MCA enhanced training will continue to be delivered to a selected group of staff to achieve a minimum of 80% compliance. There will be a 'MCA, Consent and Best Interests Assessment' priority programme during 2017/18 using an 'engage and enable' approach which will include roll out of flow charts and documentation to support knowledge and application in practice and promote confidence.

Mental Health Training

The Mental Health Coordinator (MHC) continues to provide training to staff on the Mental Capacity Act, the Mental Health Act (MHA), mental health disorders, stigma, and the processes in place within the hospital to ensure good patient care. The MHC provides training to ED Senior House Officers, ED Middle Grades and Health care assistants at induction. A Mental Health training day was established in 2016 for ED, Acute Medical Unit and Short Stay Unit nursing staff which includes understanding of the MHA, MCA, mental health disorders and the process if a patient is detained under the MHA. In 2017/18 this one day training will include risk management in practice, a Consultant Psychiatrist will join the team and the days will be extended to medical staff. The session already included in HCA induction will be extended to nurse, midwife and allied health professional (AHP) induction. A programme of monthly training on the application of MHA delivered by two Consultant Psychiatrists started in June 2017 – this will support the RBFT 'Quick Guide to MHA'.

Allegations and Safer Recruitment training

Safeguarding concerns and allegations awareness is delivered as part of child and adult safeguarding core mandatory training. A one off training for consultants, outpatient reception and outpatient nurses on learning from Myles Bradbury was delivered in 2016. In 2017/18 a training need analysis will be carried out to inform the need for additional training for specific staff groups and a larger cohort of managers trained to investigate allegations will be identified.

Conflict management training and training in physical restraint

Security Staff are trained in physical restraint; all are qualified in Caring Intervention level 3 Control and Restraint. Conflict management training is available and mandatory for all clinical staff and includes breakaway techniques and understanding of the application of the Mental Capacity Act. Restraint in relation to clinical treatment and best interests is discussed in Level 1 adult safeguarding training and Level 3 child protection training. In 2017/18 there will be a review of the Trust management of patient challenging behaviour, violence and aggression and restraint policies and protocols and a subsequent training needs analysis and review.

Transition training

By April 2017 transition training as part of the 'Ready Steady Go' framework for transition planning roll out was delivered to 18 adult specialties. During 2017/18 specialties' will be expected to maintain the knowledge and skills of their staff in relation to transition through ward and department training.

Learning Disability

A DVD is shown at core induction; there are raising awareness sessions for RNs and HCAs as part of nurse/HCA induction. A communication session is delivered on a training day for care crew teams. LD awareness has been included in junior doctor induction. In 2017/18 there will be work to support a consistent response to an LD flag or diagnosis 24/7.

Ongoing Challenge/Risks:

- **Training compliance of our staff in all aspects of safeguarding**
- **Consistency of knowledge and application in practice**
- **Consistency in recognition and assessment of risk and confidence of our staff to respond**

Safeguarding Audit

A comprehensive self-audit was completed for the CCG in September 2016. The audit is RAG (Red, Amber, Green) rated; there were 8 "amber" areas for improvement in 2016/17. The other 42 areas were green. Programmes of work and/or action plans were developed for each amber area. For 2017/18 the 'amber' rated areas will be reviewed by the Safeguarding Team and the CCG. A safeguarding staff survey using survey monkey will be completed in October 2017.

The Audit and Risk Committee commissioned Price Waterhouse Cooper to carry out an audit of Safeguarding in October 2016. This review covered the Trusts processes for safeguarding children and vulnerable adults, including; the training provided to staff; management of safeguarding concerns, and the Trust's involvement in and liaison with local Safeguarding Boards. Safeguarding was last reviewed by Internal Audit in 2012/13, where a high risk report was issued, largely as a result of; poor training compliance at that time; safeguarding policies and procedures requiring update and approval from the Trust Board, and limited internal reviews and assessment being undertaken. It was noted in the 2016 report that the Trust had improved in each of these areas; however at the time of the review training was not fully compliant with national targets.

The Safeguarding Team coordinates an agreed audit program that includes single and multiagency audits monitored through our internal governance systems and the quality and performance sub groups of the LSCBs and SAB.

Safer Recruitment and Allegations Management

Key Achievements

- Review of the Managing Safeguarding Concerns and Allegations Policy (April 2016), the Recruitment and Selection Policy (January 2017) and the Disclosure and Barring Policy (January 2017).
- Commenced the 3 yearly DBS checks for staff/volunteers concentrating on priority groupings.
- Implementation of Quarterly Safeguarding Review Meetings where live cases are reviewed to ensure timely conclusion and closed cases are reviewed in order to identify patterns or themes and actions identified as a result of identified themes.
- Attendance at the West Berkshire Council Serious Case Review Event in order to identify lessons learnt.

Summary of Cases

In the financial year 2016/17 a total of 17 allegations were made; 10 relating to vulnerable adults and 7 relating to children. Over the same period a total of 7 concerns were raised; 5 relating to vulnerable adults and 2 relating to children.

Of the 24 concerns/allegations raised, 16 related to Trust employees; the others related to agency workers, volunteers or “others”. One of the allegations related to historical issues.

In comparison with the previous two years the number of allegations increased from 8 to 11 to 17 and the number of concerns rose from 4 to 5 to 7. In order to provide appropriate HR support to safeguarding concerns and allegations the number of HR staff trained to deal with safeguarding concerns and allegations is being increased from 1 to 3.

Key Areas of Work for 2017/18

Concerns/Allegations Management

- To work with the Associate Director for Safeguarding to provide support/guidance/templates to managers who have attended the Managing Safeguarding Concerns and Allegations Training Programme particularly in relation to report writing.
- To develop a larger cohort of mangers trained to investigate allegations
- To carry out a multidisciplinary training needs analysis of managers in relation to managing safeguarding concerns and allegations in practice

Safer Recruitment

- To review the content of the Recruitment Training Programme and the number of staff trained.

Ongoing Challenge/Risks:

- **Capacity to release clinical managers to undertake safer recruitment and allegation training**
- **Capacity of the Safeguarding team to effectively administer the investigation process given a year on year increase in concerns and allegations raised**

Child Protection and Safeguarding

Key achievements

- We worked with our partners to implement the recommendations from the CQC inspection of health providers, child safeguarding and looked after children report for Wokingham CCG, May 2016 and Ofsted Inspection reports for West Berkshire and Reading Local Authorities Children's Services and LSCBs published in May 2015 and August 2016.
- We participated in safeguarding children, neglect and domestic abuse peer reviews commissioned by West Berkshire, July 2016 and Wokingham, February 2017 and received very positive feedback.
- In May 2017, Wokingham Local Authority had a Joint Targeted Area Inspection which focused on children from 7 to 15 years old and neglect. RBFT worked closely with all agencies, feedback for the RBFT was very positive with some learning about multiagency communication in the perinatal pathway.
- We have actively participated in two partnership reviews with Reading LSCB; learning has been disseminated through training. We are currently participating in a serious case Review for Reading LSCB.
- Level 3 Multi-agency Child protection training has been embedded, delivered and adapted to the changing safeguarding environment. Partner agencies teach on the day and are invited to participate.
- The pilot of a CAMHS Urgent Response Service proved to be successful and is now commissioned to provide a more comprehensive assessment service for children and young people attending with mental health needs being seen in a timely manner and by an appropriate practitioner.
- The Named Nurse continues to meet regularly with partner agencies, good strong relationships have been developed and feedback on our service has been invited and valued.
- The annual audit of child protection referrals to Local Authorities identified staff referring appropriately, engaging with child protection thresholds, demonstrating more confidence in raising concerns and using more effective information sharing.
- Previous audits of children not brought for health appointments have demonstrated good processes in place but a need to explore the role and responsibilities of the GP. The Named Nurse for Child Protection and Safeguard Lead for GP's are repeating the audit to include GP practice.
- An audit of the pathway of referral to health visitors and school nurses in March 2017 showed that Emergency Department was very effective in their communication. The Paediatric ward showed good knowledge but inconsistent application in practice.
- Following the establishment of a task and finish group the monthly audit of young people attending adult ED with mental health issues being discussed with Children's Social Care has improved.
- In October 2016, Price Waterhouse Cooper (PWC) was commissioned to review Safeguarding Adults and Children. As a result the process for recording and reporting child safeguarding children is being reviewed to develop an electronic approach which will improve information sharing, the communication of safeguarding concerns and audits. PWC recognised that there was an established process for clinicians to follow when discharging children

where safeguarding concerns have been raised, including the completion of a specifically designed checklist. However, found no established mechanism for the Safeguarding Team to be assured that the process was adhered to – that has been remedied, an audit has been established.

Fig 1: referrals to local authority per month 2016/17 from RBFT:

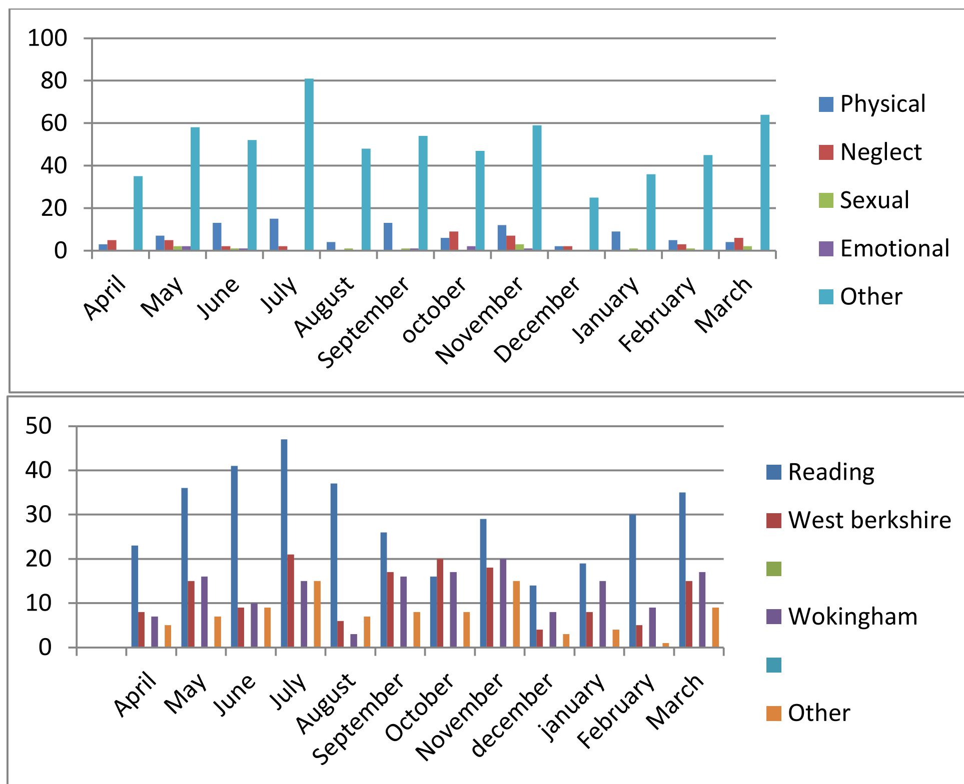


Figure 2: Referrals by category of abuse per month 2016/17 from RBFT

"Other" abuse is child protection referral for risk factors such as mental health concerns, domestic abuse, substance misuse, Female Genital Mutilation (FGM) and parenting concerns.

Key Areas of Work for 2017/18

- Continue working with Information Management and Technology (IM&T) Services, clinical teams and NHS England to ensure Child Protection Information Sharing (CP-IS) is fully integrated into unscheduled care settings by March 2018 and to develop an electronic approach to our child safeguarding referral and information sharing
- Continue working with Information Management and Technology (IM&T) to develop an electronic approach to our child safeguarding referrals and information sharing
- Continue working in partnership with BHFT, TVP, SCAS and the three local authorities in Berkshire West to pilot a high impact user multiagency risk management approach to improve care of a small group of high risk children and young people who are 'frequent attenders'
- Work in partnership with Reading local authority on their Ofsted improvement journey through active membership and participation in Reading CSIB and LSCB.
- Named Nurse for Child Protection working closely with frontline practioners in Paediatrics and ED, to raise safeguarding skills and confidence, champions are being identified and peer supervision for nurses set up.

- All face to face level 3 child safeguarding updates for 2017/18 will include a 'back to basics' session on thresholds, risk assessment and escalation
- Achieving level 1 Child Protection Compliance

Ongoing Challenge/Risks

- **RN nurse vacancies on Paediatric Wards and ED, safeguarding skills and experience of practioners managing complex cases**
- **Small group of child and young people 'frequent attenders' who are high profile in terms of self-harm, complex psychosocial issues, significant mental health concerns and increased length of stay**
- **The numbers of children and young people with mental health problems at risk from self-harm and suicidal ideation attending ED**
- **< 16s admitted to the paediatric unit and 16/17 year olds to ED Observation Bay, Acute Medical Unit or Short Stay Unit requiring admission to Tier 4 Child and Adolescent Mental Health Service bed and delayed in the Royal Berkshire Hospital**
- **The Trust does not have an adolescent or young person inpatient facility young people aged 14-18 years are either admitted to a paediatric or adult ward.**

Maternity Child Protection

Key Achievements

- Multiagency vulnerable women's meetings continue monthly, since March 2016 this has included representation from Wokingham Health Visitors. The aim is to improve communication and information sharing between the multi-disciplinary team and between agencies working with vulnerable families. In terms of early help, attendance of Perinatal Mental health services at this meeting ensures that women who suffer from poor emotional wellbeing get the support they need to allow them to care for their new born baby.
- The Child Protection Midwife continues to attend Multi Agency Risk Assessment Conferences (MARAC) in all three local Authorities. Individuals discussed at MARAC are "flagged" on EPR; this includes high risk victims' in addition to women attending Maternity Services. The Child Protection Midwife also attends Domestic Abuse Repeat Incidence meetings (DARIM), where repeat offenders of standard and medium risk domestic abuse incidences are discussed.
- The Poppy team establishment has increased; this includes a good skill mix of senior midwives. Each local authority has a named Poppy team midwife who holds a caseload and supports other midwives in the care of vulnerable women/families. The Substance Misuse midwife has been amalgamated into the Poppy team, this allows for more joined up working and greater continuity of care for women in both the hospital and community setting.
- Three Court reports were undertaken in 2016/2017.
- There has been at least a 10% increase in the number of child protection conferences in 2016-2017; midwives attended 93% compared with 80.6% in 2015-2016, there is a direct correlation between the improvements in Poppy Team establishment and improved performance in attendance at child protection conferences despite the significant increase in activity.

- Funding was identified for Named Midwife for Child Protection who is covering maternity leave until January 2018 to attend the NSPCC Supervision Course. This has allowed high quality supervision to be continued and will provide additional support for the Named Midwife for Child Protection with safeguarding supervision in the future.

Key Areas of Work for 2017/2018

- Named Midwife and Named Nurse for Child Protection will review consistency of safeguarding knowledge and practice in maternity services through competency based retraining, supervision of safeguarding cases and audit. This work will start with specialist midwifery services and be carried out in collaboration with Practice Educators, Matrons and the Director of Midwifery.
- Working with Band 5 midwives in the community setting; to provide newly qualified midwives with on the job support concerning their safeguarding practice. Teaching on the preceptorship day has been included since April, 2017.
- Named Midwife for Child Protection will provide a safeguarding training session on the Midwifery Mandatory Professional day.
- Named Midwife for Child Protection will establish group supervision/ reflective sessions for all Midwives as part of their level 3 child protection updates.

Ongoing Challenge/Risks:

- **Increase in the complexity in cases of at risk families and unborn babies**
- **Capacity of the Named Midwife to provide 1:1 safeguarding supervision for the poppy team and support safeguarding practice in the increasing number of newly trained midwives**
- **Capacity of Poppy Team to write reports and attend increased number of child protection conferences**
- **Maintaining maternity staff compliance Level 3 Safeguarding Children Training**

Looked After Children (LAC) Initial Health Assessments and Fostering and Adoption

The RBFT was commissioned to provide the Doctors to run Initial Health Assessment (IHA) clinics in 2014. In April 2016, we took over providing the administration and chaperoning of IHA clinics from BHFT.

Key achievements

- CQC report following a review of health services for children looked after and safeguarding, in Wokingham, May 2016 described our IHAs and healthcare plans for children placed within area as 'of a good standard'.
- Following an in depth review of the RBFT administration process early in 2017 IHA performance improved.
- Smooth hand over to Berkshire Healthcare Foundation Trust as providers was achieved by 1st April 2017

Key Areas of Work for 2017/18

- Consider a multiagency review/audit of the fostering and adoption pathway with Reading Children's Services including preparation for court

Female Genital Mutilation (FGM)

FGM continued as a focus for 2016/17 and will remain so in 2017/18.
FGM data reported to NHS Digital June 2016 – May 2017

- Maternity – cases reported 38, referrals to children's social care 36
- Gynae/sexual health – cases reported 2, referrals to children's social care 1
- Paediatrics – cases reported 0

Key Achievements

- The FGM pathways and tools are embedded. A Berkshire wide bespoke training package is due to be launched during the summer 2017.
- A centre for adult victims of FGM (Reading Rose Centre) is due to open in the summer. Our Maternity Services with commissioners and the Alliance for Cohesion and Racial Equality (ACRE) collaborated to develop this service and from September one of our doctors will provide clinical input.

Key Areas of Work for 2017/18

- Maternity and Information Management and Technology (IM&T) Services continue working with FGM Prevention Programme, Project Manager NHS England for them to support our implementation of FGM Risk Indication System to allow clinicians to note on a record that girls are at risk of FGM.

Child Death

46 deaths of Children and Young People < 18 years were reported to the Berkshire Child Death Overview Panel (CDOP) in 2016/17. 11 of those deaths were unexpected where 'the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which led to the death'. In addition, the CDOP undertook a special review of the circumstances of a serious road traffic incident on the A34 which resulted in both child and adult fatalities.

21 Children and Young People < 18 years resident in Berkshire West died 01/04/16-31/03/17

- 10 neonatal deaths due to extreme prematurity, chromosomal, genetic, congenital anomalies
- 6 expected due to chronic medical conditions, chromosomal, genetic and congenital anomalies or malignancy
- 5 unexpected child deaths – 1 of which is waiting to go to inquest and CDOP

Rapid Responses were initiated for all unexpected child deaths, including the A34 case which resulted in both child and adult fatalities and a learning event was held for the case of a child who was expected to die after an unexpected collapse where there were safeguarding concerns. The 2016-17 Berkshire West Rapid Response audit will be presented to CDOP in October 2017 and subsequently shared with the RBFT Mortality Surveillance Committee, the LSCBs of the West of Berkshire and Berkshire West CCG.

During CDOP meetings panel members categorise each child's death using 10 national categories:

Category		
1	Deliberately inflicted injury, abuse or neglect	0
2	Suicide or deliberate self-inflicted harm	0
3	Trauma and other external factors	0
4	Malignancy	1
5	Acute medical or surgical condition	0
6	Chronic medical condition	1

7	Chromosomal, genetic and congenital anomalies	12
8	Perinatal/neonatal event	3
9	Infection	1
10	Sudden unexpected, unexplained death – pathological diagnosis either ‘SIDS’ or unascertained	0
	Deaths waiting to go to inquest	1
	Awaiting post mortem report	1
	< 23 week gestation not categorised	1

Fig 3. 2016/17 Berkshire West Deaths by category

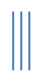
Key achievements and learning from CDOP:

Establishment of a Neonatal Deaths Special Review Panel

- Neonatal cases (<28 days) are numerically the largest sub-group group of all deaths in 0-18 years.
- Most deaths are due to congenital anomalies and/or perinatal medical problems, particularly complications of prematurity and low birth weight.
- The group met for the first time in March 2017 and reviewed all neonatal cases between 01/01/2016 and 31/12/2016 with a focus on categories, modifiable factors, trends and further actions.
- The panel consisted of Dr. Peter de Halpert and Gill Valentine, Director of Midwifery (RBFT) and Dr. Rekha Sanghavi (FHFT), supported by the CDOP Administrator.
- 20 deaths reviewed (three deaths at 22 weeks gestation, a gestational age not usually considered by the CDOP), ten (7, plus the three deaths at 22 weeks) found to be caused by perinatal factors and 10 by chromosomal/genetic factors.
- One of the deaths caused by perinatal factors occurred at term; all the others occurred pre-30 weeks.
- One of the deaths caused by chromosomal/genetic factors occurred at or after term.

The neonatal review identified the following learning points:

- Challenges for parents receiving appropriate bereavement support when an infant’s care is transferred between two or more hospitals.
- 2 cases of preterm labour, mothers seen with signs and symptoms of a urinary tract infection a few days prior to spontaneous labour. Neither case was treated. While this may not have been causative, infection can trigger preterm labour. It is recommended to treat clinical UTIs in pregnancy
- Concern that not all cases have been notified. The CDOP coordinator has contact local trusts to review the notification process.
- The majority of the chromosomal/genetic factor cases were ante-natally diagnosed, and parents elected to continue with the pregnancy after counseling. The deaths were, in these cases, “expected”.
- 3 of the 10 chromosomal/genetic factor cases were associated with consanguinity.



- A cluster of chromosomal/genetic factor deaths with Potters syndrome. However no association with modifiable factors could be made. It is likely that this is a statistical blip. CDOP will try to clarify this through the use of longitudinal data
- Midwifery representation from Frimley Health will be sought for the neonatal subgroup.
- The group unanimously felt that 22/40 gestation babies should not be included in the analysis as all national and network guidance states these babies should not be resuscitated (unless there are exceptional circumstances). As such they have been separated out for the purpose of this report.

Modifiable Factors and Learning – 7 Pan Berkshire reviewed deaths with modifiable factors:

- Co-sleeping with an infant
- Alcohol consumption
- Consanguinity
- Untreated UTI in mother before delivery
- Missed opportunity in healthcare

Some modifiable factors were relevant to more than one child death
Learning from some of the deaths reviewed led to procedural changes for the health services involved and the opportunity for learning for others:

- Consultant Paediatrician and Intensive Care Consultant review for sudden deterioration
- Consultant Paediatrician review for second presentation to A&E
- Accurate documentation during resuscitation
- Review of Sepsis triage tool and collaboration of practice across the county
- Training for healthcare professionals should include recognition of shockable rhythms and defibrillation

Other learning included:

- A recommendation that if a pathologist carries out a post mortem on an adolescent in circumstances of a medical death they should consider seeking the opinion of a paediatric pathologist
- Complete agreement with the police advice to never use a mobile phone while driving

Operational achievements:

- CDOP has maintained good operational performance against national standards. It is well attended by relevant partners. Discussions are of quality and improvements have been made to documentation to facilitate categorisation of deaths, identification of modifiable factors and recording of recommendations, which are circulated via a regular CDOP Newsletter and to LSCBs for their attention and action
- A CDOP induction pack has been issued and is available to all new (and existing) panel members
- A multi-agency training day entitled “Saving Children’s Lives” was held on 1 March 2017 in Bracknell Forest with 90 people attending. The day included a series of talks by Professor Peter Sidebotham, Associate Professor of Child Health from Warwick Medical School, followed by break out groups with practical sessions. This counted as a full day CPD training course and Level 3 Child Protection training.
- CDOP has developed a new website to support frontline practioners, parents and the public

Key Areas of Work for 2017/18

For 2017/18 CDOP will be carrying out thematic reviews on the following:

- Sepsis management/effectiveness of paediatric early warning and sepsis tools
- Knife crime (because nationally this is rising)

- Children with life limiting conditions and deteriorating neurological conditions – now the largest group we review other than neonatal
- Better community understanding of Safe Sleeping
- Home educated children, as they can become invisible

Ongoing Challenge/Risks:

- **Provision of joint home visit and immediate family support – unexpected death**
- **Appropriate bereavement support when an infant/child's care healthcare is transferred**
- **Quality of life issues for children with complex/chronic conditions**
- **Supporting schools following an unexpected death**
- **Knowledge, skills, competence and confidence of multi-agency frontline managers and practioners who rarely encounter unexpected child death**

Sexual Health

Key Achievements – service delivery and safeguarding

- Clinical Delivery in the hub at 21a Craven Road provides open access from 7am to 7pm Monday to Friday and 9.30 am to 11.30 am Saturday mornings
- There are specific outreach clinics for young people across the three Local Authorities of Berkshire West, provided in educational and non-educational settings. Staff work with multi agency partners to deliver holistic care from these venues.
- Designated Outreach posts dealt clinically with 736 vulnerable cases that would not otherwise have accessed mainstream delivery.
- The designated sexual health outreach nurse for young people is the key front line member of staff exposed to, and dealing with, operational issues and the clinical care of young people affected by or at risk of CSE.
- Safeguarding process – all young people under the age of 18 (and anyone with vulnerabilities identified during history taking) has a full safeguarding assessment carried out at the time of consultation
- Safeguarding audit completed June 2016 led to an update of safeguarding form to allow meaningful assessment of 16 and 17 year olds, and provide mechanism for recording re assessments.
- Sexual Health Department contributes to Level 3 Child Protection Training and CSE training.
- During 2016/17 a consistent and current flagging system implemented between the safeguarding team and sexual health to ensure children and young people subject to child protection plans or Looked after Children are identifiable on both EPR and the sexual health systems to alert clinical staff to vulnerabilities.

Key Achievements - Child Sexual Exploitation (CSE) information sharing and governance

- Close working relationship with Head of Children's Safeguarding for Berkshire West Clinical Commissioning Groups (CCG) sharing good practice. The Trust Safeguarding CSE proforma has been adopted by the CCG safeguarding team and rolled out for use across GP practices. This followed a CQC inspection where gaps in GPs knowledge were identified.
- Provision of equal input across all three Berkshire West local authorities which involves:

- Preparation for and monthly attendance at each of the CSE operational group meeting in all 3 unitary authorities.
- Attendance at CSE workshops, review meetings, audit and challenge meetings
- Attendance at locality strategic group meeting has been scaled back due to capacity issues. Regular attendance at Reading Strategic meeting, receipt of minutes and attendance if required for West Berkshire and Wokingham

- Internal CSE Information Sharing processes have been finalised and continue to guide practice.
- Pan Berkshire Information Sharing and Assessment agreement and Protocol is embedded within Berkshire Child Protection Procedures to which all LSCB statutory partner agencies, including the RBFT are signatories
- CSE is embedded into the Trust Child Protection Clinical Governance agenda as a standing item

Ongoing Challenge/Risks:

- **Management of CSE continues to be a challenge in relation to capacity within sexual health services**

Safeguarding Adults

Key achievements

- Safeguarding (adults) clinical governance has continued throughout the year and the safeguarding team medical clinical leads have formed a valued part of the safeguarding team.
- Safeguarding concerns continue to be raised via the Datix incident reporting system. This assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns about adults which supports overview and quality assessment
- Learning from two Safeguarding Adult Review (SAR) and Domestic Homicide Reviews (DHR) is included in safeguarding adults training. Learning from the DHR has been discussed at clinical governance in the area where the patient was being treated.
- The Lead Nurse adult safeguarding was included in the review team for two SARs and the Internal Management Review (IMR) writer for the DHR.
- In October 2016, Price Waterhouse Cooper (PWC) was commissioned to review Safeguarding Adults and Children. As a result the process for recording and reporting adult safeguarding concerns is being reviewed to develop an electronic approach which will improve governance.
- In March 2017 a notes audit was carried out for the Berkshire West Safeguarding Adults Board of adults with dementia to test documented evidence of mental capacity act (MCA) assessment and safeguarding principles in practice – that demonstrated that MCA and safeguarding principles were being applied in practice however the Trust's the MCA assessment was not consistently being recorded on the Trust's blue MCA assessment form.
- In March 2017 the MCA, DoLS and Best Interest Working Group met for the first time and developed a Quality Improvement project plan for 2017/18
- In November 2016 we worked with NHSI to review a case – as a result we are developing an Adult Safeguarding protocol to support our policy. This will be approved by the Adult Safeguarding Clinical Governance and the Strategic Safeguarding Committees as part of the 2017/18 Safeguarding Annual Plan.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

One of the key findings of the CQC inspection published in June 2014 (http://www.cqc.org.uk/location/RHW01/reports) highlighted that knowledge of the Mental Capacity Act was not sufficient. The CQC recommended that the RBFT must "increase staff knowledge of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) through necessary training to improve safeguarding". The safeguarding team has worked with support of the CCG to improve staff knowledge and competence around the MCA and DoLS. Mental capacity and DoLS training forms part of induction training and the core mandatory training day.

Enhanced metal capacity training was offered monthly through 2016 and alternate months in 2017 the 80% target was reached by March 2017. The number of DoLS applications is a key performance indicator report to the CCG as part of the Quality Schedule and in the integrated Board report monthly. Numbers of applications showed further decline in 2016/17

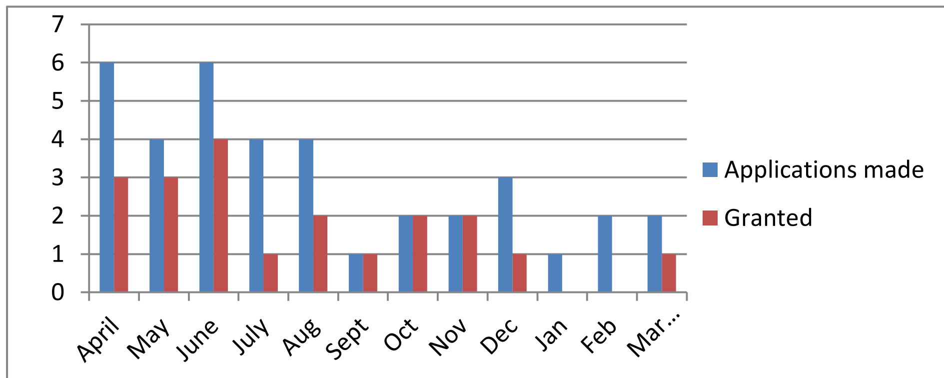


Fig 4 Deprivation of Liberty Safeguard applications for 2016/17.

Adult safeguarding concerns

	Concerns raised by the Trust where harm occurred outside the Trust.	Concerns raised against RBFT
April	17	1
May	17	4
June	23	6
July	18	1
August	20	6
September	18	4
October	30	2
November	24	5
December	17	1
January	25	3
February	19	4
March	25	3

Fig 5 Adult safeguarding concerns raised during 2016/17

All concerns raised by our staff about potential harm or abuse outside of the Trust are reviewed by the local authority and if necessary investigated through the Safeguarding process.

For externally raised safeguarding concerns a fact finding exercise is carried out by the Adult Safeguarding Nurse. This information is given to the Local Authority for them to decide on the outcome of the concern and further enquiry. The majority of safeguarding concerns raised against the Trust continues to be around pressure damage, in the majority of cases there is a lack of information/documentation provided concerning pressure damage as part of the discharge process.

Prevent (anti-terrorism)

There was 1 possible Prevent concern discussed with outside agencies related to a patient. Appropriate action was taken there was no further involvement or action for the Trust.

Key Areas of Work for 2017/18

- MCA, DoLS and Best Interest Quality Improvement project
- Continue working with Information Management and Technology (IM&T) Services to develop an electronic approach to our adult safeguarding referrals and information sharing

Ongoing Challenge/Risks:

- **Year on increase in activity for vulnerable groups with multiple co-morbidities and complex psycho-social problems**
- **Elderly patients living with dementia delayed in hospital**
- **Increasing and maintaining workforce knowledge of the Mental Capacity Act and DoLS**
- **Supporting patients and the staff caring for them where there is homelessness or other external service/resource issues beyond our control**

Mental Health Service Provisions

Poor mental health is a risk factor in the development of cardiovascular disease, diabetes, chronic lung diseases and a range of other conditions. It is a major public health issue in its own right, accounting for 23 per cent of disease in the UK. Poor mental health is associated with higher rates of smoking, alcohol and drug abuse, lower resilience, decreased social participation and weaker social relationships – all of which leave people at increased risk of developing a range of physical health problems. For most people, mental health problems begin in childhood or adolescence and can have lifelong effects. https://www.kingsfund.org.uk/publications/physical-and-mental-health/priorities-for-integrating

Activity

Activity data provided by the Trust Emergency Department (ED) shows that on average 230 people per month attended with a primary mental health presentation in 2016/17, 58% were subsequently admitted.

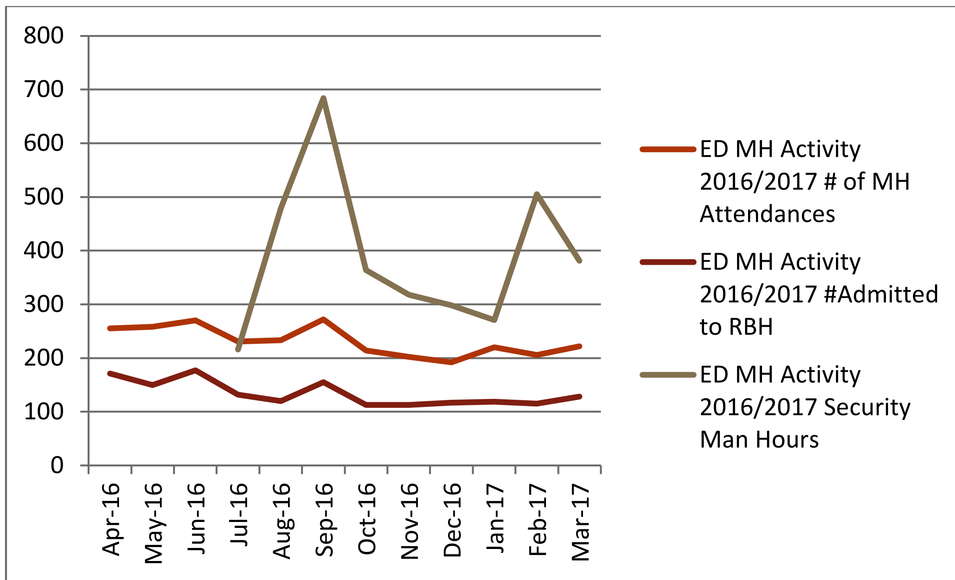
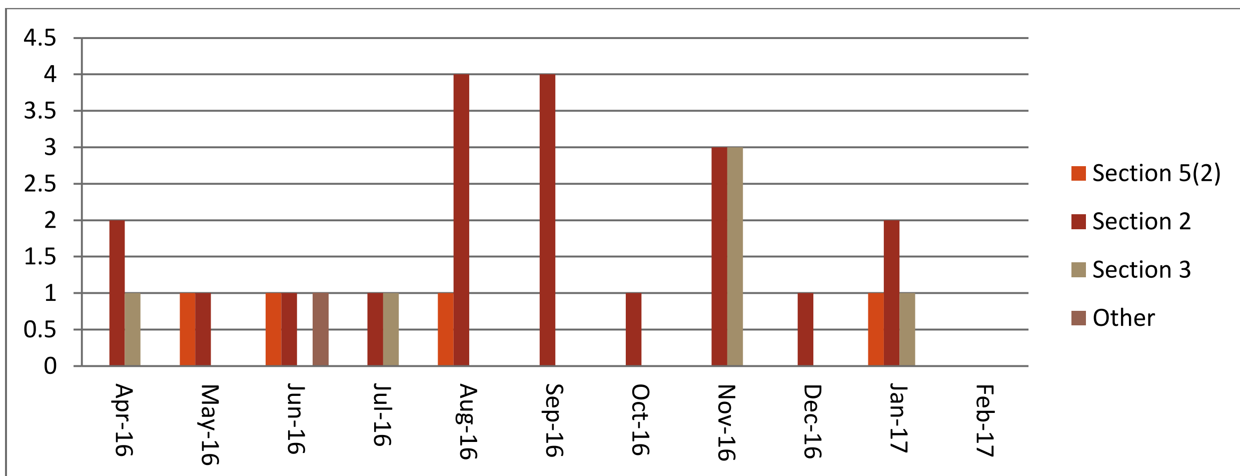


Fig 6 Mental Health presentations to ED April 2016 – March 2017 including security man hours

Mental Health Act Detentions

Fig 7 Detentions to the RBFT in 2016/17 - there were 34 detentions (plus a Community Treatment Order - CTO) compared to 12 in the same time period in 2015/16



A nearly 200% increase in MHA detentions in 2016/17 has presented a significant challenge in terms of:

- Increase in length of stay for mental health patients in the Emergency Department Observation Bay and other wards
- Increase in requirement for 1:1 nursing and security presence for patients detained under the MHA
- Increase in risk of patients being Absent Without Leave (AWOL)
- Increase in administrative and clinical work for the Mental Health Co-ordinator
- Increase in administrative and clinical work for the Clinical Site Managers who manage detentions out of hours – nights, weekends and bank holidays

Fig 8 Location of patients detained and under which section of the MHA (taken from KP90 return)

Ward/ Dept.	Sec 5(2)	Sec 2	Sec 3	CTO
ED Observation Bay	4	11		
AMU	1	1		1
SSU			1	
Sidmouth			1	
Victoria			2	
Trueta		1		
Whitley		2	1	
Woodley		1		
SAU		1		
Castle		1	1	
Lister	1			
ICU		1		
Burghfield		1		
ASU		1		
Dorrell	1			

NB whilst a number of these patients were detained to the RBH as they required treatment for both their mental and physical disorder, there were a number of patients who had no physical disorder and were awaiting a mental health placement.

Key achievements

- **Compliance with the Mental Health Act 1983 and Mental Health Act Code of Practice, 2015**
  An Annual Mental Health Act Report, April 2016 – March 2017 was submitted to QALC in June 2017 and subsequently approved by the Executive Management Team and the Quality Governance Committee. This report provided assurance about key issues, risks and themes, and Trust compliance with the Mental Health Act and Code of Practice.

- **Deaths of patients detained or likely to be detained under the MHA**
  Patients who die whilst inpatients at RBFT who are detained or likely to be detained under the MHA are subject to a full mortality review within the organisation; the outcomes and any lessons learnt are reported and monitored by the Trust Mortality Surveillance Committee. If the death reaches Serious Incident Requiring Investigation (SIRI) criteria it will be reported on STEIS, to Berkshire West CCG and to the Safeguarding Adult Board case review sub - group.
- **Section 136 of the Mental Health Act Audit**
  Currently the police have the power to place an individual under section 136 of the Mental Health Act (MHA), for a maximum of 72hrs and take them to a place of safety whilst awaiting a mental health act assessment. Audits in 2016/17 demonstrate we are compliant with the MHA code in relation to section 136. In January 2017 the Policing and Crime Act received royal assent. The act contains a wide range of measures, importantly it contains changes to MHA 1983 section 136 powers relating to the police and to the operation of Places of Safety. It is not clear when in 2017 these changes will be implemented or what impact they will have in ED. Through the Berkshire Mental Health Crisis Concordat the multiagency team is committed to making a local implementation plan.
- **Liaison Psychiatry in Emergency Department (ED) – Psychological Medicine Service (PMS)**
  There continues to be a high level of support for patients presenting with mental health needs. The team works collaboratively with ED staff to ensure that those with mental health needs are adequately assessed, treated and signposted as necessary. ED and PMS have regular operational meetings in order to achieve a collaborative way of working.
- **Suicide and Self Harm Prevention**
  The Suicide and Self Harm Prevention Clinical Governance Group and action plan works towards a zero tolerance of self-harm and suicide attempts within the Trust. The group has been instrumental in:-
  - Contributing to the Berkshire wide Suicide Prevention Strategy and action plan
  - Ensuring that a baseline ligature audit was completed in 2016 - risks identified, addressed, mitigated
  - Influencing securing funds in the 2017/18 capital programme for compliance works to the multi-storey car park
  - Regular audits of the Adapted Australian Triage Tool (AATT) leading to improved compliance in ED
  - Working alongside the Samaritans who now provide regular support for patients within the ED, as well as training for hospital staff
- **Frequent Attenders Project**
  The RBFT continues to work closely with BHFT and other agencies to develop client case management plans for the top 20 ED reattenders to reduce the number of unnecessary visits. In 2016/17 the project achieved a 46% reduction in attendances for this cohort of vulnerable people. In 2017/18 there is a national CQUIN 'Improving Service for People with Mental Health Needs who Present at A&E' the aim *'To reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable'*.
- **Berkshire Mental Health Crisis Care Concordat**
  The Trust contributes to and through partnership working has delivered improvement in care to those presenting in crisis to frontline services. The key areas of focus for the RBFT in 2017/18, our contribution to the Berkshire Crisis Concordat action plan based on our suicide prevention and safeguarding strategic statements in relation to improving the quality of care for patients with mental health disorders:
  - Collaborative working with the Psychological Medicine Service (PMS) or Child and Adolescent Mental Health Service (CAMHS) Urgent Response Service and patient families and carers to risk assess individuals who attend in crisis.

- Providing a safe environment for patients and staff - reducing access to means
- Training, supervision and support to provide staff with skills and competence to recognise risk and manage it proactively in partnership
- Collaborative working with multiagency colleagues, patients, families and carers and our staff as part of a wider 'Let's Talk Mental Health' campaign.
- Staying healthy – people with mental health conditions have ordinary as well as specific health care needs and experience more ill health than the general population – parity of esteem
- Staying Safe – people with mental health conditions are significantly more vulnerable to the effects of discrimination and abuse Healthcare workers play an important role in recognising and reporting signs and concerns of abuse, making safeguarding referrals and supporting the person who has suffered or is at risk of suffering significant harm during safeguarding investigations.

There are two programmes of work planned that will roll out collaboratively during 2017/18:

- 'Let's Talk Mental Health' – patients led by the Associate Director of Safeguarding and Mental Health
- 'Let's Talk Mental Health' – staff led by the Occupational Health Manager
- The roll out of 'Let's Talk Mental Health – patients is based on risk and urgency, the first action plan was developed up in March with the clinical and operational leaders in ED and ED Observation Bay and initial meetings have been held with Castle (Endocrinology, Rheumatology and General Medicine)
- The Acute Medical Unit/Short Stay Unit and Paediatric services will be in the next phase
- BHFT colleagues will be asked to peer review our ED & ED Obs Bay – Safe Management of Mental Health Patients action plan
- A joint RBFT/BHFT mental health clinical governance committee will be established

- **Mental Health multiagency governance arrangements and the Safeguarding Adults Board**

During 2016/17 systemic safeguarding risks in relation to mental health were raised by the Royal Berkshire NHS Foundation Trust and Berkshire NHS Foundation Trust to the Berkshire West A&E Delivery Board in October 2016 and at an extraordinary Safeguarding Adults Board (SAB) meeting in January 2017. As a result Berkshire West CCG has worked with multiagency partners to review and revise the operational and commissioning governance and assurance framework, structure and escalation process.

Berkshire West Clinical Commissioning Federation and the providers they commission are accountable and/or responsible for:

- Commissioning appropriate services
- Monitoring the quality and safety of services in the services
- Setting and monitoring safeguarding standards
- Working in partnership with statutory and voluntary agencies to safeguard

Mental health is a Safeguarding Adults Board risk related priority for 2017/18.

Key points of quality assurance and improvement

There has been a significant amount of good multiagency partnership working in relation to safeguarding the health and wellbeing and improving safety and the experience of mental health patients in Berkshire West in the last year, demonstrating parity of esteem for mental health. This has been achieved by:

Meetings/committee structure:

- Establishment of weekly multiagency delayed transfer of care conference calls

- Establishment of a monthly multiagency 'Mental Health Activity' Group where key safeguarding indicators e.g. detentions under the mental health act, availability of AMHPS are reported, analysed and escalated
- Thematic review of patient experience presenting in crisis completed by Head of Patient Experience RBFT
- Establishment of Mental Health Strategy Steering Group
- Review of the monthly Berkshire Policies in Practice Group (PIP) chaired by BHFT, including reporting and escalation to the Mental Health Crisis Concordat Steering Group
- Establishment of Berkshire Suicide Prevention Steering Group and agreement of a Berkshire Suicide
- Prevention Strategy – launch event 17th October 2017, Wokingham Town Hall

Ongoing Challenge/Risks:

- **The number of mental health patients of all ages presenting to ED and being admitted**
- **Increase in complexity, homelessness, social isolation**
- **Gaps in community services for patients who are in crisis, leading to individuals attending ED**
- **Delayed Transfers of Care for Prospect Park Hospital and Royal Berkshire Hospital**
- **Increase in number of patients detained to Royal Berkshire Hospital under the Mental Health Act**
- **Delay in Approved Mental Health Professional (AMHP) attending to 'section' a patient particularly out of hours – this is a Berkshire capacity issue**
- **Capacity of the security services and nursing teams to consistently provide a safe environment for high risk patients**
- **Suitability of acute health care settings when managing patients who are a risk to themselves or others**
- **Social care supporting safeguarding risk assessments – in and out of hours, the response is variable**
- **Local authority commissioned substance abuse services – models vary across Berkshire West, access for professionals and public is confusing, capacity and effectiveness – increasing substance abuse leading to increased pressure on health services no in reach services for RBH**

Learning and Complex Disabilities - adults

There were 275 in-patients with learning and complex disabilities supported during 2016/17. Very few patients require no input at all and a number of patients require significant input. Those who are having planned medical intervention will often require input from the Learning Disability Co-Ordinator (LDC) prior to admission. The LDC provides support to the hospital staff involved with the patient and who request advice with strategies to ensure LD patients receive the most effective care.

- There were 8 families who required a great deal of support, either because of the complexity of the patient's condition or social circumstances, or because of frequent admissions. These families had particularly high expectations of the LDC who worked to meet those for the benefit of the patient. In several cases there were a number of consultants involved with individual patients, the LDC provides support for those colleagues in relation to the patient's learning disability and the best interest decision making process.
- 5 patients have required on-going and intensive support with out-patient visits and associated health care advice. Some of these patients do not meet the threshold for social care support but require help when dealing with health issues, particularly understanding information.
- There is a small group of parents with a learning disability who require support with their adult children who lack capacity to make their own decisions around healthcare.

- The LDC is contacted by families and carer about individuals who are going to be treated by the Community Dental Service at Royal Berkshire Hospital. Orientation visits are organised and information passed on to the community dental team and / or the anaesthetist as necessary.
- The LDC attends the team meetings of the community learning disability nurses for Reading to discuss care for individual patients where necessary. There has been joint working around individuals who do not use ED appropriately and those who benefit from effective partnership between acute and primary healthcare.

Key achievements

Patient experience

The Learning Disability Co-Ordinator represents the Trust on the Learning Disability Partnership Boards (LDPB) and the LDPB health sub groups for Reading, Wokingham and West Berkshire. The presence of the LDC at these meetings is valuable in terms of those people using services and their carers feeling able to discuss issues that have affected them when they have been patients. It is also useful for people to discuss concerns they may have before coming to hospital.

- During 2016 – 2017 a member of one of the LDPBs who is a family carer told the story about when her brother who has a learning disability was an inpatient to the Trust Patient Experience Facilitator, this was filmed. The film will be used as part of training to provide staff with an insight into a carer's experience of supporting a family member in hospital.
- The Enter and View team, who are part of Reading Healthwatch, continue to visit the Royal Berkshire Hospital, they made 3 visits during 2016 – 2017. They have highlighted communication consistently as being an issue, particularly for patients with a learning disability who are non-verbal.
- Free Makaton training is provided for Trust staff by Berkshire Healthcare and OTs and Practice Educators have begun to take advantage of this. Resources for wards have also been identified.
- The LDC talks to Registered Nurses, therapists and Health Care Assistants each month on induction programmes. She also talks to junior doctors at their induction about her role and some key issues affecting patients with a learning disability. A short film about the experience of patients with a learning disability is shown every month at core induction. The LDC is present at these sessions to highlight her role to all new staff
- Several times a year the LDC provides a session for HCAs involved in supporting patients on a 1:1 basis, focusing on doing that effectively with patients who have a learning disability.
- The LDC attended a sensory communication workshop to gain knowledge and ideas about how to use sensory tools and she aims to share what she learned with Trust staff who attend the 1:1 training.
- The LDC attended training around the use of Books without Words which was very useful in understanding how to communicate about sensitive issues with patients who have a learning disability. The LDC has been able to pass on this learning to others and plans to expand on that.

Familiar carers

RBFT continues to fund 1:1 familiar carers for in-patients with a learning disability who require that level of support to make them feel less anxious and more likely to comply with medical and nursing interventions in the hospital environment. Social care will not fund this type of support when an individual is in hospital as their responsibility for funding only applies to people who have been assessed as eligible for funding at home or in the community.

Work is underway on streamlining the payment process and taking it out of the job role of the LDC to improve timeliness and governance of payments.

Training secondment for experienced occupational therapist from June to December 2016

An occupational therapist who is training to become a learning disability consultant practitioner had requested to do a placement with the LDC to gain insight in to the role within an acute Trust. She was invaluable in supporting the LDC with a number of complex patients during the placement and as part of a quality improvement project established a small library of activities and sensory tools for patients with a learning disability. Her plan to employ the services of a volunteer to manage the library will be progressed.

Transition clinics

The LDC attends the neuro – rehabilitation transition clinics to meet young people and their parents who are about to start using adult services within the Royal Berkshire Hospital. This provides an opportunity to explain what they can expect in adult services and to reassure young people and their families that reasonable adjustments will be made for them. There are 3 -4 clinics each year. The paediatricians or nurse specialists notify the LDC of other young people with cognition difficulties who are transitioning to adult services within the Trust and she makes contact with those young people at clinic. Some young people do not need to be seen by clinicians on a regular basis but may use services at RBFT for emergencies or planned surgery. There is a great deal of anxiety around using adult services for young people who have cognition difficulties and the LDC supports those individuals and their families as much as is possible

Deaths of patients with a learning disability

LD patients who die whilst inpatients at RBFT are subject to a full mortality review within the organisation, the outcomes and any lessons learnt are reported and monitored by the Trust Mortality Surveillance Committee. If the death reaches Serious Incident Requiring Investigation (SIRI) criteria it will be reported on STEIS, to Berkshire West CCG and to the Safeguarding Adult Board case review sub - group.

In response to the Mazars Report into Southern Health, the CCG is establishing a review panel for all deaths of individuals with a learning disability as part of the Learning Disability Mortality Review (LeDeR) programme. The purpose of the review panel is to gather information which will ultimately contribute towards the aim of reducing premature death in people with a learning disability. The RBFT is a member of the Berkshire West LeDeR steering group.

Changing Places toilet

Work was completed on the conversion of an existing toilet in a public area to a Changing Places toilet by the end of 2016. A hoist and a changing plinth suitable for adults is incorporated into this toilet so that disabled people can be assisted by their carers easily in using the toilet and being changed. The facility was formally opened by the Chief Executive on 16th May 2017

Mental Capacity Act and DoLS training

The LDC talks to all new clinical staff at core induction each month about the Mental Capacity Act and DoLS. She also provided 26 sessions at mandatory training for clinical staff during 2016 / 2017. These sessions are in the form of questions to help staff consolidate their knowledge and discuss issues that they experience in practice.

Ongoing Challenge/Risks:

- **No significant decrease in activity for this vulnerable group, increase in complexity and family expectations**
- **Patients with LD being delayed in hospital waiting for appropriate social care placements**
- **Affordability of funding familiar carers**
- **Increasing and maintaining workforce knowledge of the Mental Capacity Act and best interest assessments**
- **Capacity of the Learning Disability Co-Ordinator to maintain the current level of service**

Disabled Children and Young People, Special Educational Needs and Disability (SEND) reforms and Transition

Disabled Children's Services

Dingley Child Development Centre provides multi-disciplinary specialist paediatric neurology/epilepsy and community paediatric services, a child protection medical service and adoption and fostering medical service to children resident in Berkshire West. They also provide tertiary services including assessment of visual impairment and spasticity and a botulinum service. The specialist paediatric inpatient therapy services are provided by the team based in Dingley.

Respite care for children with complex health needs is provided by BHFT at Ryeish Green in July 2016 they notified the CCG that they were no longer able to sustain the provision.

Key Achievements

The Trust Board has supported the future development of Dingley Child Development Centre. The plan is to relocate to a site on Reading University site in autumn 2018. This site has better access than our current location with a large number of parking spaces including over 20 disabled parking spaces. We have been assured by Berkshire Healthcare Trust that we will not have to vacate our current building until the new premises are ready.

SEND Reforms

Trust services provided to people 0- 25 years who have Special Educational Needs and Disability are subject to compliance with these reforms, essentially these are paediatric services including Dingley Child Development Centre and adult long term conditions services, particularly neurology.

Joint inspections of local area special educational needs or disabilities (or both) provision – in May 2016 Ofsted and the Care Quality Commission (CQC) started a new type of joint inspection; the aim to hold local areas to account and champion the rights of children and young people.

Key Achievements

- Together with the Berkshire West CCG and BHFT the RBFT have completed a self-audit against the SEND standards for health.
- A strategic SEND Berkshire West 10 group has been established chaired by the Director of People Services, Wokingham Borough Council, RBFT are represented.

Transition

Key Achievements

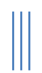
- The Safeguarding Team hosted a transition nurse post to lead a two year 'Ready Steady Go' implementation pilot until March 2017.
- The lead paediatric and adult clinicians and steering group were and are positive about developing their transition services and rolling out the Transition Plan.
- The nurse spent 1.5-2 days per week based in Reading to embed the transition plan and roll out training to Paediatrics and 18 adult specialties.
- Comparing the 2015 and 2016 surveys from young people and families demonstrated a marked improvement in the way young people/parents / carers experienced transition services at the Royal Berkshire Hospital. In the 2016 survey 100% of respondents said that they were satisfied with the services compared to 17% in 2015.
- An audit of a random sample of notes, 13 -18 year olds with long term conditions requiring transition in April 2017 showed 55/60 (92%) had a Transition Plan. 54/60 (90%) had a named transition worker documented in their Transition Plan.
- Transition is in the commissioners' quality schedule for 17/18, paediatric consultants are responsible for generating transition plans, the Paediatric Matron for carrying out quarterly audits.
- The pilot developed a platform to extend work and learning to partners in the local authority, schools, colleges, Reading University and mental health services to support young people preparing for and settling into adult services. A costed case has been written and funding is being actively sought by the Berkshire commissioners GP Lead for Children and Young People. In a recent Chief Executive engagement meeting with parent carers they indicated that transition is one of their top issues.

Ongoing Challenge/Risks:

- **No respite service would impact on children and families and lead to increased admissions and length of stay**
- **Readiness and capacity to engage with preparation for CQC/Ofsted SEND inspection**
- **Commissioning of the Designated Medical Officer - SEND**
- **Availability of a Community Paediatrics SEND data set**
- **No dedicated resource to develop and monitor transition service**
- **No clinical nurse specialist for young people and families with neurodisability in transition**

Risk Based Priorities for 2017/18

1. Multiagency working to:
   - Understand demand and develop strategies to safely manage and safeguard the rights and well-being of people with mental health disorders learning disability and complex disability, including transition.



- Implement findings of Mazars report into mental health and learning disabilities deaths in Southern Health the LeDeR mortality review programme; align with the work of CDOP
- Implement LSCB and SAB priorities e.g. neglect including self-neglect, domestic abuse, mental health, safer recruitment and allegation management, communication and information sharing and Prevent.
- To implement CP-IS and FGM RIS

2. Partnership work to:
   - Progress improvement plans following local authority inspection judgments of 'inadequate'.
   - To further develop action plans for safe management of mental health patients with Berkshire Healthcare Foundation Trust
   - To review our safeguarding strategy and governance structures to ensure they are robust and align with the rest of the healthcare economy as part of the Berkshire West Accountable Care System

3. Training review:
   - Mental Health Act, Mental Capacity Act, DoLS, child and adult safeguarding to ensure the knowledge, competency and confidence of our staff in practice is consistent
   - Complete a frontline practioner self-assessment concerning the effectiveness of our safeguarding arrangements in October

4. Work with IT informatics and EPR:
   - To building safeguarding referral forms and risk assessments
   - Review the flagging of vulnerabilities
   - Ensure Safeguarding is a priority in the development of a digital hospital
   - To develop a SEND health data set compliant with national requirements

5. Workforce capacity:
   - Review the administrative support to the Safeguarding Team to reflect increased activity and complexity
   - Work with operational teams to monitor the impact of increased safeguarding activity/complexity in sexual health and maternity services
   - Work with our commissioners in relation the medical capacity to support SEND reforms

Reading Safeguarding Annual Performance Report 2016/17

The 2016-17 Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England. It includes demographic information about the adults at risk and the details of the incidents that have been alleged.

The Safeguarding Adults Collection (SAC) is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013/14 and 2014/15 reporting periods so has some areas where there have been significant changes to the categories of data collected.

Section 1 - Safeguarding Activity

Concerns and Enquiries

As a result of the Care Act changes over recent years the terminology of some of the key data recorded in the Safeguarding Return in its various formats has changed. Safeguarding Alerts are now referred to as Concerns and Safeguarding Referrals are now known as Enquiries.

Another change over recent years made to the return was the mandatory requirement to collect information about 'Individuals involved in section 42 safeguarding enquiries' which replaced the collection of 'Individuals involved in safeguarding referrals'. Therefore data relating to 2015-16 onwards contained within this report relates specifically to s42 enquiries.

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of Concerns raised and s42 Enquiries opened and the conversion rates over the same period.

There were 2049 safeguarding concerns received in 2016/17. The number of Concerns has increased considerably over the past couple of years with a large increase of 974 over the previous year (from 1075 in 2015-16). This is partly due to changes made to the local process under the guidance of a new Service Manager which demonstrates the work being carried out in the authority to highlight the importance of recording safeguarding incidents in a more effective way. Coupled with this was the increase in Concerns passed through from the Police and Ambulance Service which may not have then needed to go on for further investigation. This follows a similar pattern identified in other authorities within West Berkshire which is being looked at generally.

481 s42 Enquiries were opened during 2016/17, with a conversion rate from Concern to s42 Enquiry of 24% which is lower than the national average which had been around 40%. This also continues the downward trajectory of this indicator as compared to previous years which had seen conversion rates of around 75% in 2014/15. This continues to demonstrate a positive shift away from the Risk Averse outlook the authority had shown historically. It is likely however that this figure has reached its lowest point and may rise again next year to maybe fall more into line with other West Berkshire authorities.

There were 416 individuals who had an s42 Enquiry opened during 2016/17 which is a decrease of 95 which is an 18.6% fall since 2015/16.

Table 1 – Safeguarding Activity for the Reporting Period 2014-17

Year	Alerts / Concerns received	Safeguarding referrals / s42 Enquiries	Individuals who had Safeguarding Referral / s42 Enquiry	Conversion rate of Concern to s42 Enquiry
2014/15	702	527	475	75%
2015/16	1075	538	511	50%
2016/17	2049	481	416	24%

Section 2 - Source of Safeguarding Enquiries

As Figure 1 shows the largest percentage of safeguarding enquiries for 2016/17 were referred from both Social Care staff (30.6%) and also by Health staff (25.6%) with Family members also providing a larger than average proportion (17.3%). The Police have also been responsible for referring 9.6% of all s42 enquiries over the past year.

The Social Care category encompasses both local authority staff such as Social Workers and Care Managers as well as independent sector workers such as Residential / Nursing Care and Day Care staff. The Health category relates to both Primary and Secondary Health staff as well as Mental Health workers.

Figure 1 - Safeguarding Enquiries by Referral Source - 2016/17

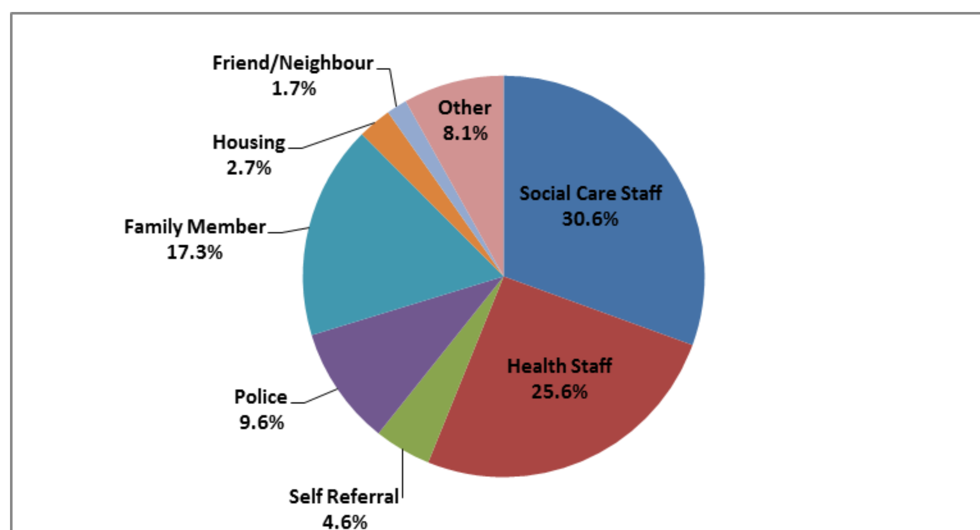


Table 2 shows the breakdown of the number of safeguarding enquiries by Referral Source over the past 3 years since 2014/15. It breaks the overarching categories of Social Care and Health staff down especially into more detailed groups where available, so a clearer picture can be provided of the numbers coming in from various areas.

For Social Care the actual numbers coming in have decreased over the year by 33 which is an 18% drop. The biggest fall in numbers is for Residential / Nursing staff which has seen a 35.4% drop over the year (from 48 in 2015/16 to 31 in 2016/17). Those referrals coming from Social Workers and Care Managers have also declined by 12 which is a 21.4% fall.

The numbers of referrals coming in from Health Staff have also declined from 144 to 123 referrals since 2015/16 (down 14.6%). This is mainly due to a 32% decrease in those coming from Mental Health staff (down 10 referrals over the year). Primary / Community Health (down 10.6%) and Secondary Health staff (down 8.5%) have also seen reductions in referrals being made since 2015/16.

In terms of other referral sources most have remained fairly consistent apart from a noticeable increase in those coming in from the Police which has risen again by 17.9% (up from 39 to 46 in the past year). We have also seen an increase, although still small numbers; for those coming via CQC (up from 2 to 4 during the year) and for Education/ Training/ Workplace Establishment (up from 0 in 2015/16 to 4 in 2016/17).

Table 2 - Safeguarding s42 Enquiries by Referral Source 2014-17

	Referrals	2014/15 (All)	2015/16 (s42 only)	2016/17 (s42 only)
Social Care Staff	**Social Care Staff total (CASSR & Independent)**	**185**	**180**	**147**
	Domiciliary Staff	26	34	36
	Residential/ Nursing Care Staff	58	48	31
	Day Care Staff	7	5	3
	Social Worker/ Care Manager	60	56	44
	Self-Directed Care Staff	3	2	3
	Other	31	35	30
Health Staff	**Health Staff - Total**	**116**	**144**	**123**
	Primary/ Community Health Staff	51	66	59
	Secondary Health Staff	31	47	43
	Mental Health Staff	34	31	21
Other sources of referral	**Other Sources of Referral - Total**	**226**	**214**	**211**
	Self-Referral	32	21	22
	Family member	84	89	83
	Friend/ Neighbour	8	9	8
	Other service user	3	1	0
	Care Quality Commission	2	2	4
	Housing	12	15	13
	Education/ Training/ Workplace Establishment	2	0	4
	Police	17	39	46
	Other	66	38	31
	Total	**527**	**538**	**481**

Section 3 - Individuals with Safeguarding Enquiries

Age Group and Gender

Tables 3, 4 and 5 display the breakdown by age group and gender for individuals who had a safeguarding enquiry in the last 3 years. The majority of enquiries continue to relate to the 65 and over age group which accounted for 62% of enquiries in 2016/17 which is up 5% over the year. Between the ages of 65 and 94 the older the individual becomes the more enquiries are raised. The 18-64 age cohort has seen a fall of 4% proportionately since 2015/16 whereas the other age groups have stayed fairly consistent over the past year.

Table 3 – Age Group of Individuals with Safeguarding s42 Enquiries, 2014-17

Age band	2014-15	*% of total*	2015-16	*% of total*	2016-17	% of total
18-64	197	*41%*	216	*42%*	160	38%
65-74	55	*12%*	66	*13%*	60	14%
75-84	103	*22%*	97	*19%*	83	20%
85-94	106	*22%*	108	*21%*	96	23%
95+	10	*2%*	21	*4%*	17	4%
Age unknown	4	*1%*	3	*1%*	0	0%
Grand total	475		511		416	

In terms of the gender breakdown there are still more Females with enquiries than Males (54% compared to 46% for 2016/17). The gap however between the two has decreased over the last year i.e. it was 18% in 2015/16 whereas it is now only 8% for the current year.

Table 4 – Gender of Individuals with Safeguarding s42 Enquiries, 2014-17

Gender	2014-15	*% of total*	2015-16	*% of total*	2016-17	*% of total*
Male	209	*44%*	208	*41%*	190	*46%*
Female	266	*56%*	303	*59%*	226	*54%*
Total	475	*100%*	511	*100%*	416	*100%*

When looking at Age and Gender together for 2016/17 the number of Females with enquiries is larger and increases in comparison to Males in every age group over the age of 65. It is especially high comparatively in the 85-94 (Females – 28.3% and Males – 16.8%) and the 95+ age groups (Females – 6.6% and Males – 1.1%). For Males there is a larger proportion in the 18-64 group which makes up 47.4% of that total whereas the proportion is only 31% for the Females in that age group.

Table 5 – Age Group and Gender of Individuals with Safeguarding s42 Enquiries, 2016/17

Age group	Female	*Female %*	Male	*Male %*
18-64	70	*31.0%*	90	*47.4%*
65-74	31	*13.7%*	29	*15.3%*
75-84	46	*20.4%*	37	*19.5%*
85-94	64	*28.3%*	32	*16.8%*
95+	15	*6.6%*	2	*1.1%*
Unknown	0	*0.0%*	0	*0.0%*
Total	226	*100.0%*	190	*100.0%*
	54%		**46%**	

Ethnicity

87.3% of individuals involved in s42 enquiries for 2016/17 were of a White ethnicity with the next biggest groups being Black or Black British (5.8%) and Asian or Asian British (5%). The White Group has risen this year by 4.1% (83.2% in 2015/16) as have the Black or Black British Group although only by 0.3%. The other Ethnic groups have seen small drops in their proportions of the overall total.

Figure 2 – Ethnicity of Individuals involved in Safeguarding s42 Enquiries for 2016/17

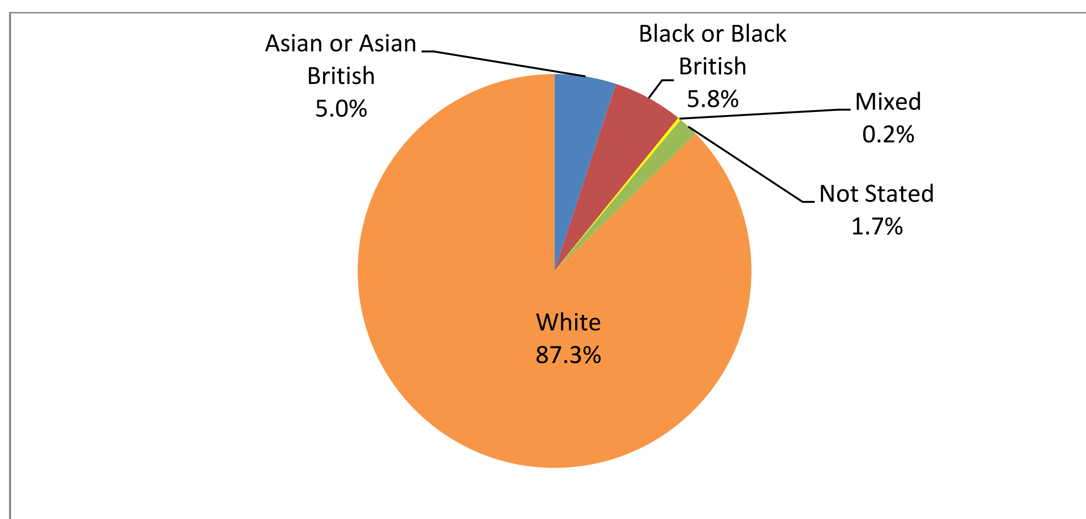


Table 6 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2016/17 compared to 2015/16. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to being able to compare all the breakdowns accurately.

Table 6 – Ethnicity of Reading Population and Safeguarding s42 Enquiries, 2014-17

Ethnic group	% of whole Reading population (ONS Census 2011 data)	% of whole England population (ONS Census 2011 data)	% of Safeguarding s42 Enquiries 2016/17	% of Safeguarding s42 Enquiries 2015/16
White	74.8%	85.5%	88.8%	86.9%
Mixed	3.9%	2.2%	0.2%	1.4%
Asian or Asian British	12.6%	7.0%	5.1%	5.5%
Black or Black British	7.7%	3.4%	5.9%	5.7%
Other Ethnic group	1.9%	1.7%	0.0%	0.4%

The numbers above suggest individuals with a White ethnicity are more likely to be referred to safeguarding. Their proportions are much higher than for the whole Reading population from the 2011 Census although are more comparable to the England Population from the 2011 Census data. It also especially shows that those individuals of an Asian or Asian British ethnicity are far less likely to be engaged in the process (12.6% in whole Reading population whereas those involved in a safeguarding enquiry is only 5.1%). Once again the Black or Black British Ethnic Group is more comparable to the local picture.

Primary Support Reason

Table 7 shows breakdown of individuals who had safeguarding enquiry by Primary Support Reason (PSR). The majority of individuals in 2016/17 had a PSR of Physical Support (50.7%) which is a similar proportion to that in 2015/16. Whilst most Primary Support Reasons have seen a small proportionate % drop over the last year, the Mental Health Support one has seen a continued rise again this year (from 16.2% in 2015/16 to 20% in 2016/17).

Table 7 – Primary Support Reason for Individuals with a Safeguarding s42 Enquiry, 2014-17

Primary support reason	2014/15	*% of total*	2015/16	*% of total*	2016/17	*% of total*
Physical Support	193	*40.6%*	262	*51.3%*	211	*50.7%*
Sensory Support	13	*2.7%*	8	*1.6%*	1	*0.2%*
Support with Memory and Cognition	84	*17.7%*	44	*8.6%*	35	*8.4%*
Learning Disability Support	83	*17.5%*	84	*16.4%*	63	*15.1%*
Mental Health Support	70	*14.7%*	83	*16.2%*	83	*20.0%*
Social Support	28	*5.9%*	30	*5.9%*	23	*5.5%*
No Support Reason	4	*0.8%*	0	*0.0%*	0	*0.0%*
Total	475	*100%*	511	*100%*	416	*100%*

Section 4 – Case details for Concluded s42 Enquiries

Type of Alleged Abuse

Table 8 shows concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types (*) were added to the 2015/16 return so there are only comparator figures since then.

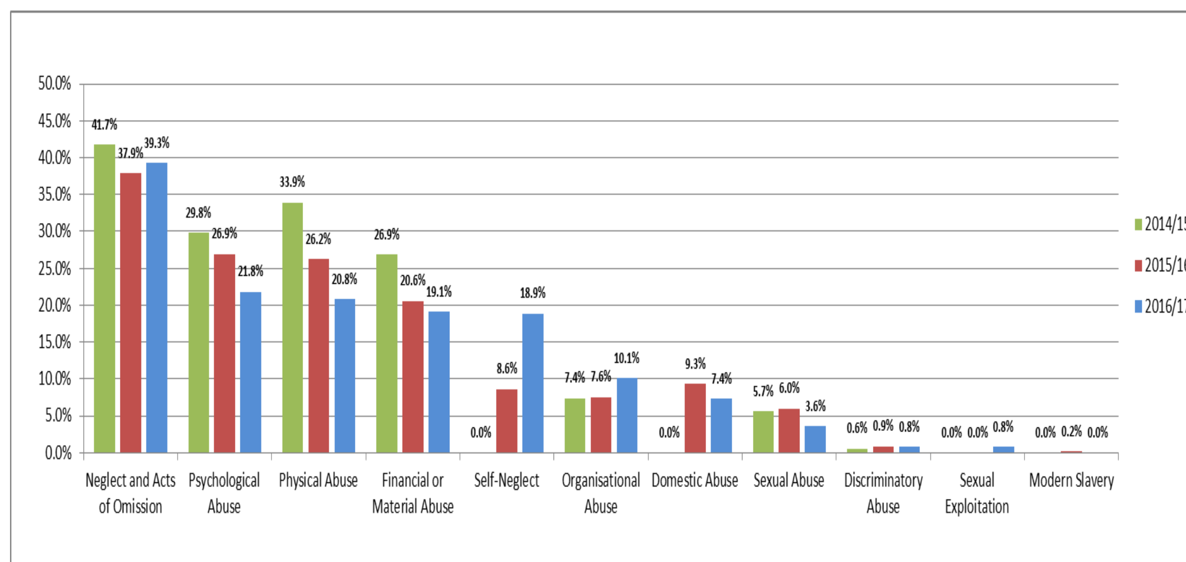
The most common types of abuse for 2016/17 were still for Neglect and Acts of Omission (39.3%), Psychological Abuse (21.8%) and Physical Abuse (20.8%) although the latter two types have seen yet another decrease since last year (5.1% and 5.4% respectively).

The main 2 types of abuse that saw increases since last year are Self-Neglect (up 10.3%) and Organisational Abuse (up 2.5%). Self-Neglect was one of the newer abuse types added in 2015/16 so it has highlighted an important safeguarding area of interest in its own right.

Table 8 – Concluded Safeguarding s42 Enquiries by Type of Abuse, 2014-17

Concluded enquiries	**2014/15**	%	**2015/16**	%	**2016/17**	%
Neglect and Acts of Omission	214	41.7%	215	37.9%	187	39.3%
Psychological Abuse	153	29.8%	153	26.9%	104	21.8%
Physical Abuse	174	33.9%	149	26.2%	99	20.8%
Financial or Material Abuse	138	26.9%	117	20.6%	91	19.1%
Self-Neglect *	0	0.0%	49	8.6%	90	18.9%
Organisational Abuse	38	7.4%	43	7.6%	48	10.1%
Domestic Abuse *	0	0.0%	53	9.3%	35	7.4%
Sexual Abuse	29	5.7%	34	6.0%	17	3.6%
Discriminatory Abuse	3	0.6%	5	0.9%	4	0.8%
Sexual Exploitation *	0	0.0%	0	0.0%	4	0.8%
Modern Slavery *	0	0.0%	1	0.2%	0	0.0%

Figure 3 – Type of Alleged Abuse over past 3 Years since 2014/15



Location of Alleged Abuse

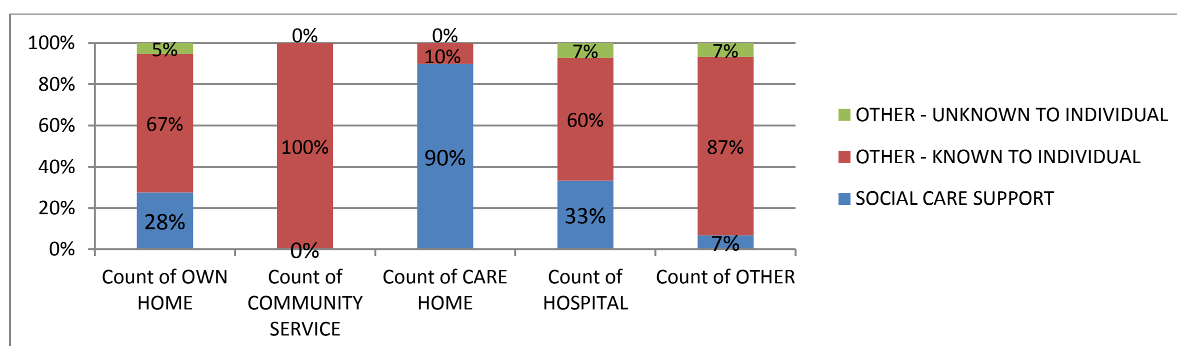
As shown in Table 9; as with previous years, still by far the most common location where the alleged abuse took place for Reading clients has been the individuals own home (67.9% in 2016/17) which has shown a 2.8% rise proportionately as compared to last year. The other locations have either increased or decreased by very small percentages.

Table 9 – Location of Abuse, 2014-17

Location of abuse	2014-15	% of total	2015-16	% of total	2016-17	% of total
Care home	112	21.8%	100	17.6%	88	18.5%
Hospital	51	9.9%	56	9.9%	42	8.8%
Own home	307	59.8%	370	65.1%	323	67.9%
Community service	14	2.7%	7	1.2%	3	0.6%
Other	56	10.9%	60	10.6%	45	9.5%

Figure 4 shows the breakdown of location of alleged abuse by source of risk. Where the alleged abuse took place in the persons 'Own Home', for the majority of cases (67%), the source of risk was an individual known to the adult at risk. This group was also the most common for those taking place in a 'Hospital' (60%), in 'Community Services' (100%) and in 'Other' locations (87%). For those taking place in a 'Care Home' the biggest source of risk by far was from Social Care Support staff (90%).

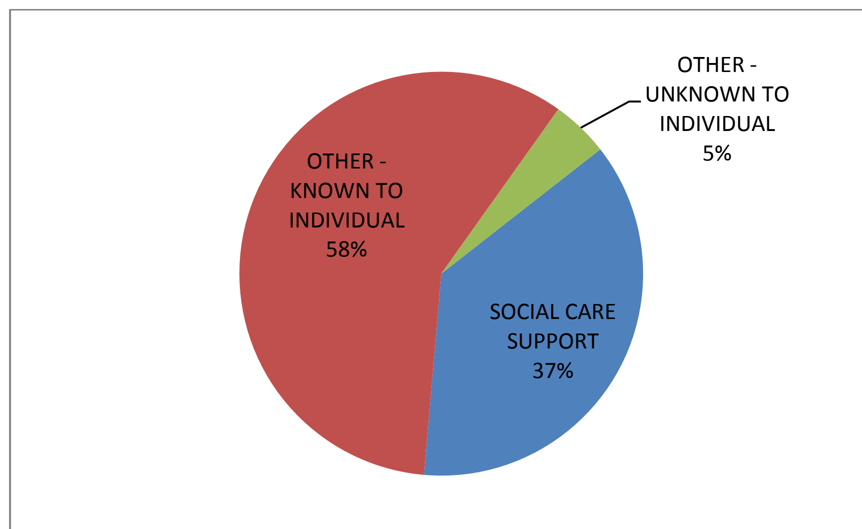
Figure 4 – Concluded Enquiries by Location of Alleged Abuse and Source of Risk for 2016/17



Source of Risk

The majority of concluded enquiries involved a source of risk 'Known to the Individual' (58%) whereas those that were 'Unknown to the Individual' only make up 5% (was 10% in 2015/16). The 'Social Care Support' category refers to any individual or organisation paid, contracted or commissioned to provide social care. This now makes up 37% of the total (up 4% on 2015/16). This is shown below in Figure 5.

Figure 5 – Concluded Enquiries by Source of Risk 2016/17



Action Taken and Result

Table 10 below shows concluded enquiries by action taken and the results for the last three years.

The figures for those cases where the risk was removed or remained saw a slight decrease again this year (down 1% and 3% respectively on 2015/16). Those with a risk reduced have seen a larger than proportionate decrease year on year from 55% in 2014/15 to 38% in 2015/16 and then to 29% in 2016/17. Those with no further action have increased proportionately each year since 2014/15 (from 21% to 42% between 2014/15 and 2015/16 and then up to 56% of the total in 2016/17).

Table 10 – Concluded Enquiries by Action Taken and Result 2014-17

Result	2014-15	% of total	2015-16	% of total	2016-17	% of total
Action Under Safeguarding: Risk Removed	75	15%	54	10%	41	9%
Action Under Safeguarding: Risk Reduced	284	55%	214	38%	139	29%
Action Under Safeguarding: Risk Remains	48	9%	58	10%	31	7%
No Further Action Under Safeguarding	106	21%	242	42%	265	56%
Total Concluded Enquiries	513	100%	568	100%	476	100%

Figure 6 shows concluded enquiries by result for 2016/17. No further action was taken under safeguarding in 56% of cases, while the risk was reduced or removed in 38% of cases.

Figure 6 – Concluded Enquiries by Result, 2016/17

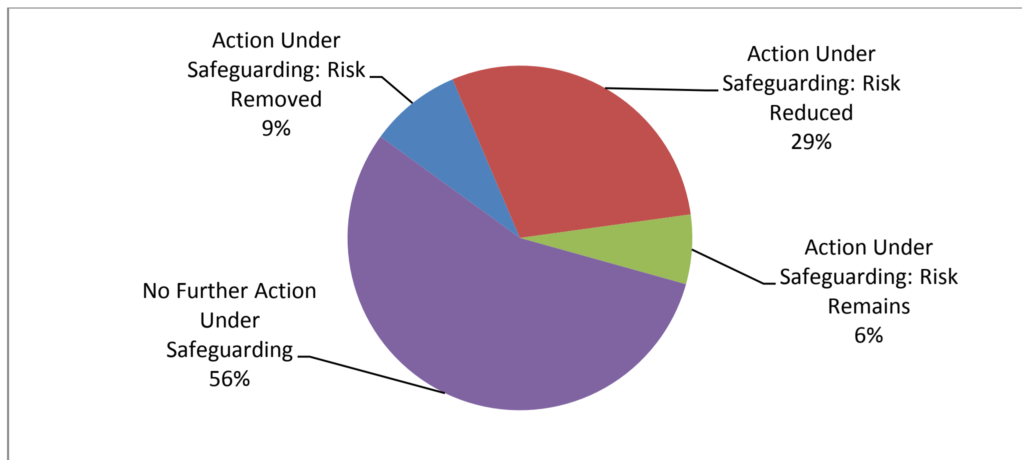
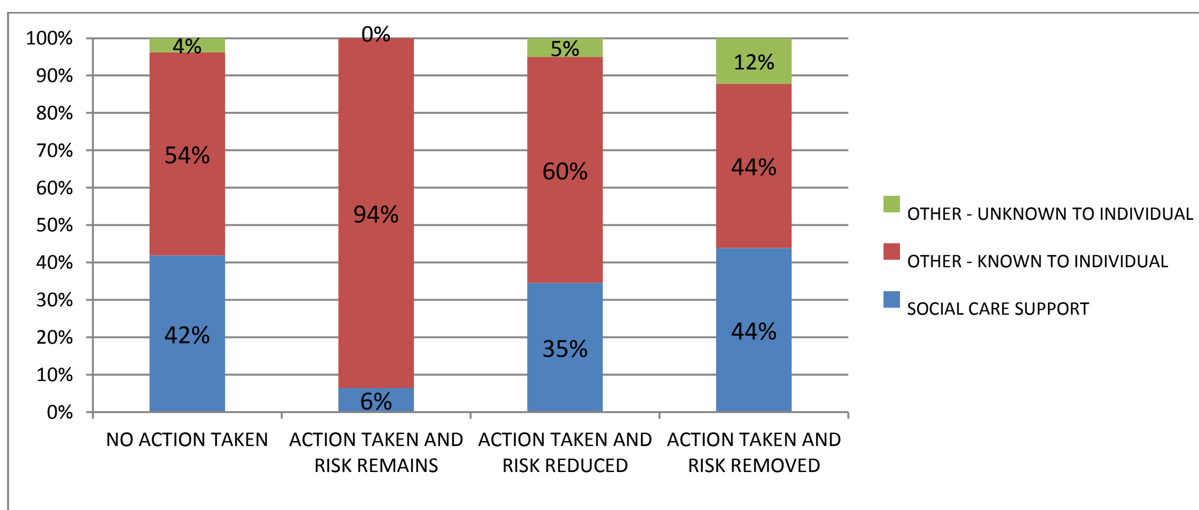


Figure 7 shows a breakdown of the results of action taken for concluded enquiries by source of risk for 2016/17. For the majority of cases where action was taken and the risk was reduced or remained the main source of risk was other individuals known to that individual. This is especially noticeable in cases where the risk remains (94% of alleged perpetrators were known to the individual).

Cases where the risk has been removed show an equal proportion in the Social Care Support and Other individuals known to that individual groups (44% each) which is a shift from 2015/16 when Social Care Support made up 50% of that total.

Where No Action was taken the largest proportion (54%) which is an increase proportionately of 3%, was attributed to people known to the individual so probably relates to family members for example where an enquiry was raised but not substantiated.

Figure 7 – Concluded Enquiries by Result of Action Taken and Source of Risk 2016/17

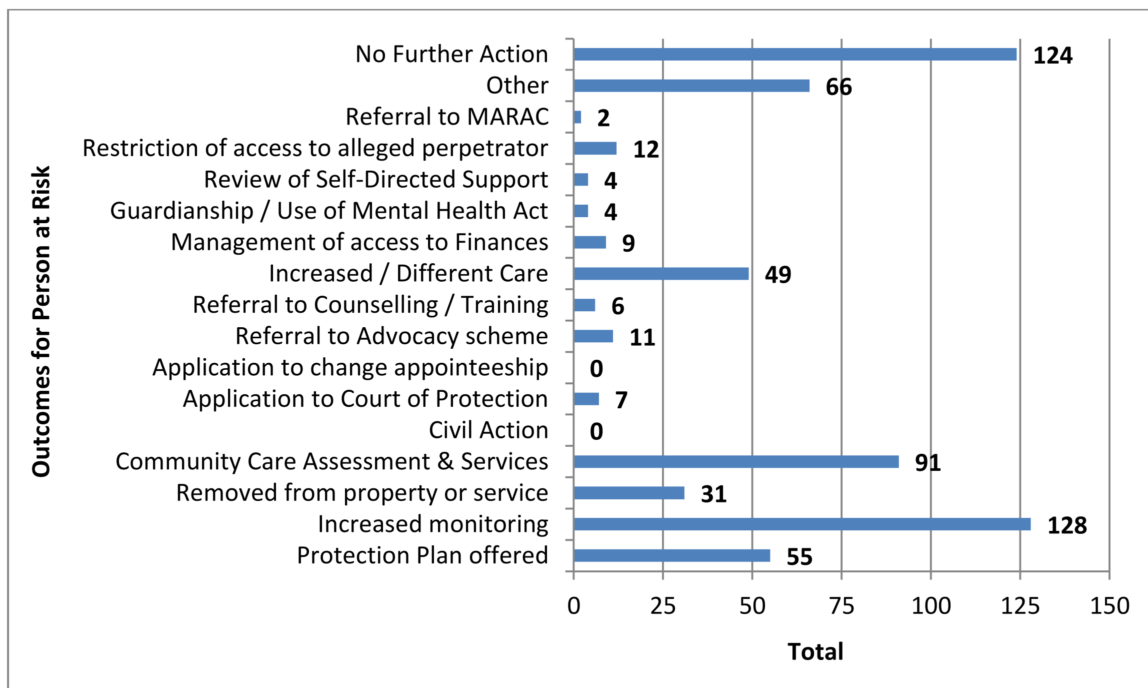


Outcomes for the Person at Risk

Figure 8 shows the Outcomes for the person at risk for concluded enquiries for 2016/17.

The most common outcomes for concluded enquiries by far were 'Increased monitoring' (26.9%), 'No Further Action' (26.1%) and 'Community Care Assessment & Services' (19.1%). As the chart below includes concluded enquiries which were not substantiated or inconclusive, this would explain some of the No Further Action outcomes for the person at risk.

Figure 8 - Outcomes for Person at Risk, 2016/17



Section 5 - Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries. In 24% of cases the individual was found to lack capacity which is a 4% rise on 2015/16.

80 of the 114 individuals (70.2%) assessed as lacking capacity were supported by an advocate, family or friend which was an 11% rise on 2015/16.

Figure 9 – Does the Individual Lack Capacity – 2016/17?

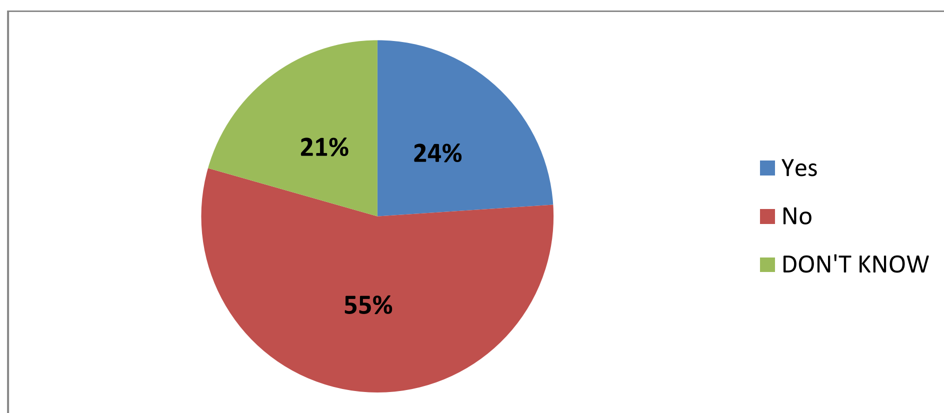
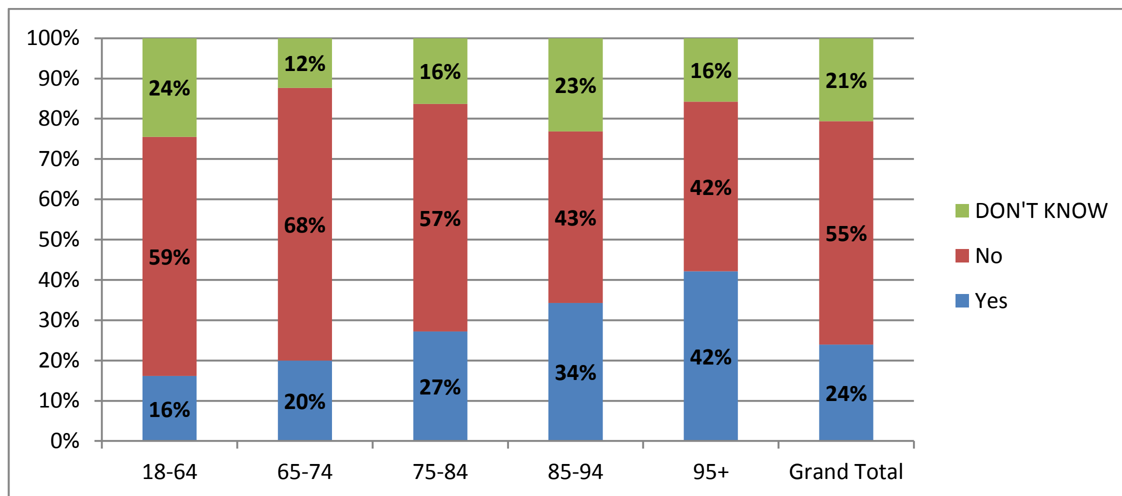


Figure 10 shows a breakdown of individuals lacking mental capacity of the person at risk by age group. The figure shows the likelihood of the person lacking capacity increases significantly at each age group, with people aged 75+ being most likely to lack capacity.

The proportions of people lacking capacity have also increased significantly this year. In 2015/16 the figure lacking capacity in the 65-74 age group was 15% but is now up to 20% and the 75-84 age group has also seen a 2% rise in this area (up from 25%). The biggest rises however have been seen in the 85-94 and 95+ age groups where those lacking capacity have seen rises of 6% and 13% respectively as compared to 2015/16 (had been 28% and 29% proportionately).

Figure 10 – Mental Capacity by Age Group of Person at Risk, 2016/17



Section 6 - Making Safeguarding Personal

Making Safeguarding Personal (MSP) was a national led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry. This initiative was adopted by the Government and can be found within the Care Act 2014.

As at year end, 86% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 10% of those did not express an opinion on what they wanted their outcome to be (In 2015/16 this figure was 82% of which 7% did not express what they wanted their outcomes to be).

Figure 11 – Concluded Enquiries by Expression of Outcome, 2015/16 to 2016/17

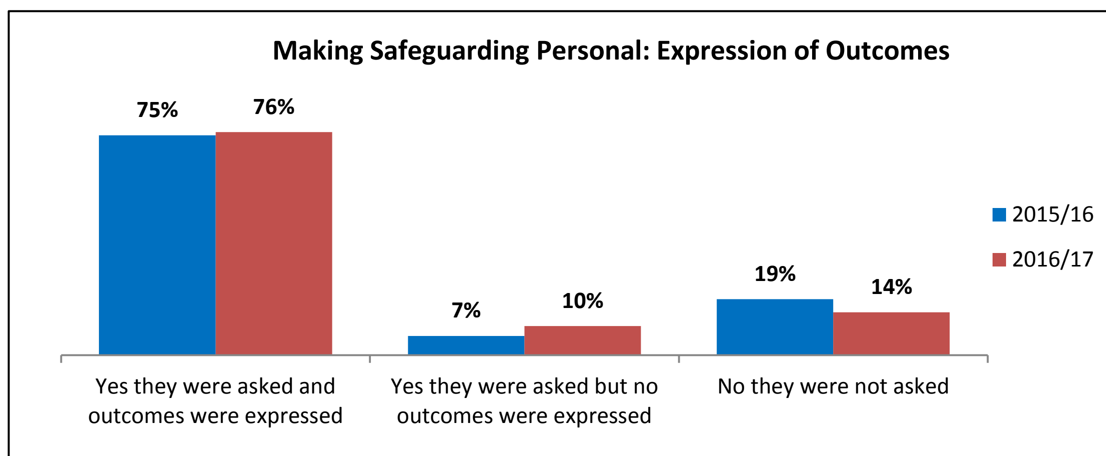
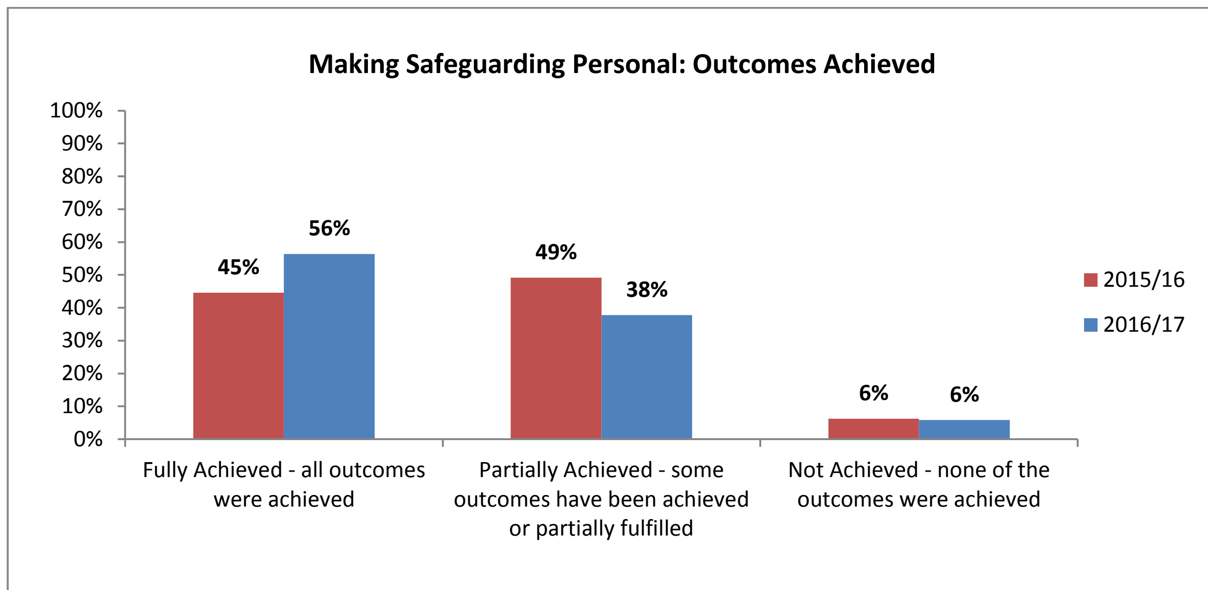


Figure 12 – Concluded Enquiries by Expressed Outcomes Achieved, 2015/16 to 2016/17



Of those who were asked and expressed a desired outcome, there has been a rise of 11% (from 45% in 2015/16 to 56% in 2016/17) for those who were able to achieve those outcomes fully, as a result of intervention by safeguarding workers.

A further 38% in 2016/17 managed to partially achieve their stated outcomes meaning only 6% did not achieve their outcomes during the previous year.

Safeguarding Adults
Annual Report
2016/17

West Berkshire
COUNCIL

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Executive Summary

2016/17 has been a busy year for the Safeguarding Adult service. It has managed an increase in numbers of S42 enquiries initiated and completed and a significant increase in the number of DoLS applications received and processed.

Despite this increase in activity the service has raised awareness of safeguarding across West Berkshire by developing and engaging with a Safeguarding Service User Group, delivering awareness sessions and hosting stands at events in the local community, participated in a peer review in which our partners, providers and staff played a key role and actively supported training opportunities provided by the West of Berkshire Safeguarding Adults Board.

The Safeguarding Adults Forum developed an action plan based on the priorities of the Safeguarding Adults Board.

1. Raising awareness of safeguarding adults, the work of the SAB and improving engagement with a wide range of stakeholders
2. Making Safeguarding Personal
3. Ensuring effective learning from good and bad practice is shared
4. Developing an oversight of safeguarding activity

The Forum has progressively worked through the action plan during this reporting year and has developed plans for 2016/17. The partnership working developed through this forum was recognised in the peer review carried out by ADASS into the safeguarding function. This forum continues to develop its role as the operational arm of the Safeguarding Adults Board for West Berkshire.

The Making Safeguarding Personal initiative continues to be promoted and embedded in practice through training and monitoring, with local data indicating improvements are being made.

Performance data analysis is carried out on a regular basis. Rigorous interrogation ensures there continues to be a grasp of both current and emerging issues. The impact of a proactive approach by the Care Quality team with local providers appears to be having a positive impact on the types of safeguarding enquiries and source of risk.

The service continues to strike a balance between daily operations dealing with incoming safeguarding concerns and applications for Deprivation of Liberty Safeguards authorisations with raising awareness of safeguarding.

Introduction

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care. It is now, as a result of the enactment of the Care Act 2014, a statutory responsibility for Local Authorities as well as the assessment and authorisation of Deprivation of Liberty Safeguards.

This annual report evidences the key quarterly measures and trends used to monitor activity for Safeguarding Adults in West Berkshire to ensure risks are being identified and managed appropriately. Utilising the set of indicators and statutory reporting requirements for 2016/ 17, analysis of performance has developed comprehensively across the year to produce this report.

This report also focuses on the activities of the safeguarding network in West Berkshire during the reporting year.

Networks, Boards and Forums

The Care Act 2014 required all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction of safeguarding, provide governance and quality assurance to the process. This includes the commissioning of Safeguarding Adults Reviews when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect. West Berkshire Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and Wokingham Borough Council alongside other key stakeholders including, but not exclusively, Thames Valley Police, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the local Clinical Commissioning Group. The SAB has produced its own annual report which can be viewed on its website www.**sabberkshirewest**.co.uk

The West Berkshire Safeguarding Adults Forum is the local operational arm of the SAB and consists of local partners signed up to address safeguarding matters specifically in West Berkshire. The forum produces an action plan annually drawn from the priorities set by the SAB. For 2016/17 those priorities were:

Priority 1 - We have oversight of the quality of safeguarding performance.

Priority 2 - We listen to service users, raise awareness of safeguarding adults and help people engage.

Priority 3 - We learn from experience and have a skilled and knowledgeable workforce.

Priority 4 – We work together effectively to support people at risk.

In order to achieve those priorities a number of objectives were developed into an action plan and delivered by forum members.

The Service User Safeguarding Forum was formed in 2015/16, the development of which was a key objective of the Safeguarding Adults Forum action plan. This group, made up of service users with an interest in safeguarding, meet quarterly.

Volumes and Performance

Safeguarding activity

Concerns and S42 Enquiries

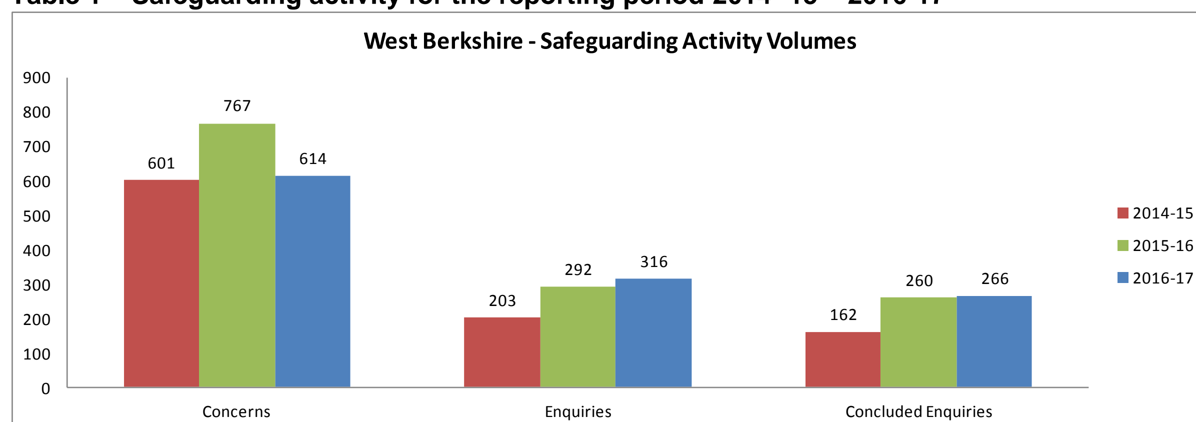
There were 614 safeguarding concerns received in 2016/17 that met the threshold for a response within the safeguarding framework. The number of concerns has decreased since 2015/16 and we believe this is as a result of working closely with providers, in particular Thames Valley Police (TVP) and Southern Central Ambulance Service (SCAS), to ensure referrals made are appropriate for safeguarding and reducing in appropriate referrals. As we continue to work closely with partners to review the process for raising safeguarding concerns we expect this to reduce further. In this context, we have seen the conversion rate of concerns that require a Section 42 enquiry will increase, we expect this trend to continue in 17/18.

However, regardless of this streamlined process, all non safeguarding welfare concerns from providers are referred onto the relevant Adult Social Care or mental health teams to ensure they are reviewed by the appropriate service.

Source – Safeguarding Adults Collection (SAC) statutory return SG1f tables and SG2 tables detail concluded enquiries

	Concerns	Enquiries	Concluded Enquiries	Conversion rate of concern to S42 Enquiry Rate
2014-15	601	203	162	34%
2015-16	767	292	260	38%
2016-17	614	316	266	51%

Table 1 – Safeguarding activity for the reporting period 2014- 15 – 2016-17



Wherever possible, we seek to understand whether a concern requires a Section 42 Enquiry within 24 hours of receiving the concern. In order to make this decision, it is essential that we have all the necessary information from the referrer. In some cases, where this information from the referrer is delayed, it may take us 48 hours to make this decision – in these situations we give careful thought to the welfare of the adult who is the subject of the concern, whilst we seek the information we need to make a decision. Noting those concerns that require no further action enable the Local Authority to spot trends and monitor patterns across the District. Section 42 of the Care Act determines that where a Local Authority receives a concern and has reason to believe a person within its area who has care and support needs and is experiencing or is at risk of abuse or neglect and by virtue of their care and support needs cannot protect themselves against that abuse or neglect, the Local Authority is required to make, or cause to be made, enquiries into that concern. These are known as, and reported as, S42 Enquiries

We monitor the % of concerns that subsequently require a S42 enquiry. This is known as a conversion. During 2016/17 316 s42 enquiries were opened, with a conversion rate from concern to s42 enquiry of 51%.

Whilst the number of concerns is lower by 19% than those recorded during 2015/16, the conversion rate at 51%, is 13% higher than the previous reporting year, suggesting that concerns coming through were more appropriate and relevant to be processed through the safeguarding framework. Further analysis of contacts and enquiries is planned for the 17/18 period, to ensure that our arrangements are robust.

Individuals with safeguarding enquiries

Age group and gender

Tables 2 and 3 display the breakdown by age group and gender for individuals who had a safeguarding enquiry in the last three years.

- The majority of enquiries continue to relate to older people - the 65 and over age group accounted for 63 % of enquiries in 2016/17.
- The majority of enquiries were related to female clients, 62 %, a continuation of a trend seen in the last 3 years.

Table 2 – Age group of individuals with safeguarding enquiries opened , 2014- 15 – 2016-17

Table SG1a	Number of individuals by age			
	18-64	65-74	75-84	85+
2014/15	29%	12%	25%	34%
2015/16	34%	15%	23%	28%
2016/17	37%	11%	19%	33%

Table 3 – Gender of individuals with safeguarding enquiries opened, 2014- 15 – 2016-17

Table SG1b	Number of Individuals by gender		
	Male	Female	Total
2014/15	38%	62%	100%
2015/16	43%	57%	100%
2016/17	38%	62%	100%

Primary support reason

Table 4 shows a breakdown of individuals who had a safeguarding enquiry by Primary Support Reason (PSR).

The majority of individuals had a PSR of Physical Support, 36 %, which is consistent with the previous year. There remains an increase in enquires where the individual has a PSR of Mental Health Support.

Table 4 – Primary support reason for individuals with a safeguarding enquiry opened (SG1c)

Classification	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason	Not Known
2014/15	44%	2%	27%	17%	6%	4%	0%	
2015/16	37%	1%	29%	17%	11%	3%	0%	
2016 /17	36%	3%	27%	17%	12%	4%	0%	2%

Case details for concluded enquiries

Type of alleged abuse

Table 5 shows enquiries by type of alleged abuse in the last three years for concluded enquiries. Additional categories were added with the implementation of the Care Act 2014. Those additional categories were domestic abuse, modern slavery, self neglect and sexual exploitation (a derivative of sexual abuse/modern slavery and/or domestic abuse). It should be noted that more than one category of abuse can be attributed to any single concern as often incidents are complex and comprise of various elements.

The most common types of abuse for 2016 - 17 were neglect and acts of omission 25%, psychological abuse 21% and physical abuse19 %.

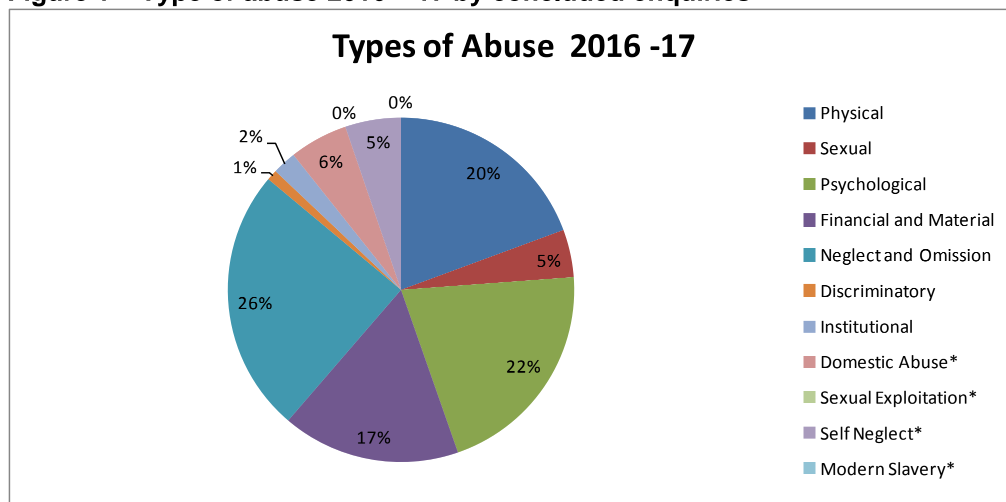
Neglect and act of omission cases are attributed to the provision of care given either by a paid or unpaid carer. The category of physical abuse also includes incidents where there has been a physical altercation between two or more residents in a domestic, care home or hospital setting.

Table 5 – Concluded enquiries by type of abuse

Type of Abuse	2014/15	2015/16	2016/17
Physical	51	74	78
Sexual	12	20	18
Psychological	44	66	84
Financial and Material	40	62	67
Neglect and Omission	72	86	100
Discriminatory	1	0	4

Organisational	10	7	9
Domestic Abuse*	0	28	22
Sexual Exploitation*	0	1	0
Self Neglect*	0	45	21
Modern Slavery*	0	0	0
Total	230	389	403

Figure 1 – Type of abuse 2016 – 17 by concluded enquiries



Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place were a person's own home, 68 %, and a care home, 15 %.

A person's own home consistently remains the place in which an abusive incident is more likely to occur. This demonstrates the continual need to raise awareness of safeguarding amongst all sectors of society and improving mechanisms to report those incidents.

Table 6 – Location of abuse by concluded enquiries

Location of risk	2014/15	2015/16	2016/17
Care Home	38	45	40
Hospital	3	14	11
Own Home	96	172	181
Community Service	11	6	13
Other	14	23	21
Total	162	260	266

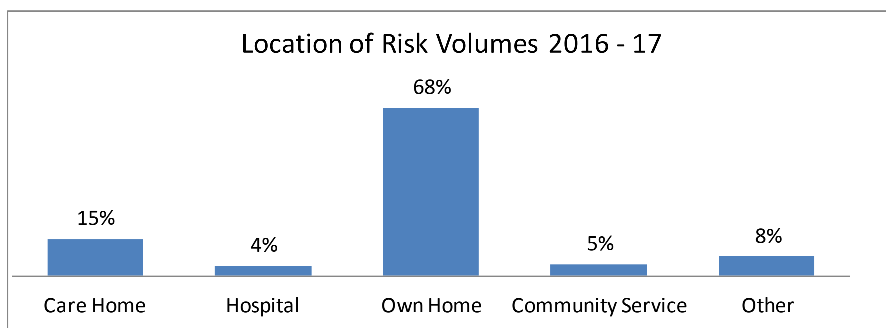
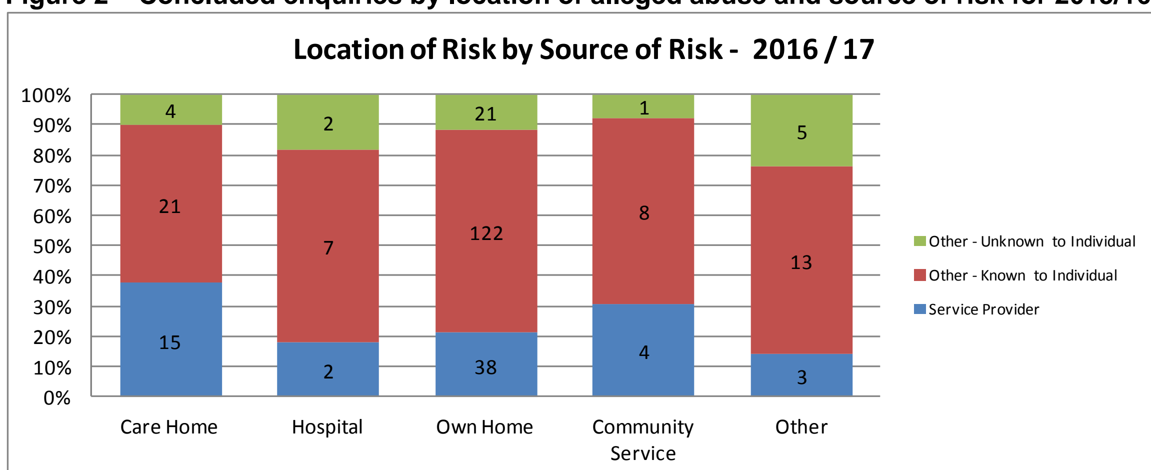


Figure 2 shows the breakdown of location of alleged abuse by source of risk.

Where the alleged abuse took place in the persons own home, for the majority of cases, 67 %, the source of risk was an individual known to the adult at risk.

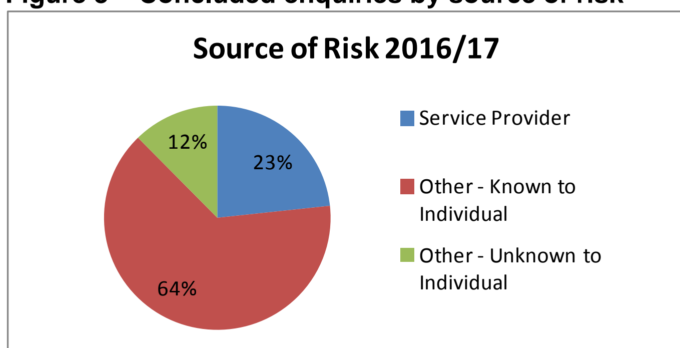
Figure 2 – Concluded enquiries by location of alleged abuse and source of risk for 2015/16



Source of risk

The majority of concluded enquiries involved a source of risk known to the individual. The service provider support category refers to any individual or organisation paid, contracted or commissioned to provide social care. Figure 3 demonstrates those sources of risk captured.
Whilst 23% of source of risk attributed to the provision of social care support remains of concern the pro active provision of support from West Berkshire's Care Quality team gives some assurance that issues which could result in a safeguarding enquiry in such settings are being addressed at an early stage.

Figure 3 – Concluded enquiries by source of risk

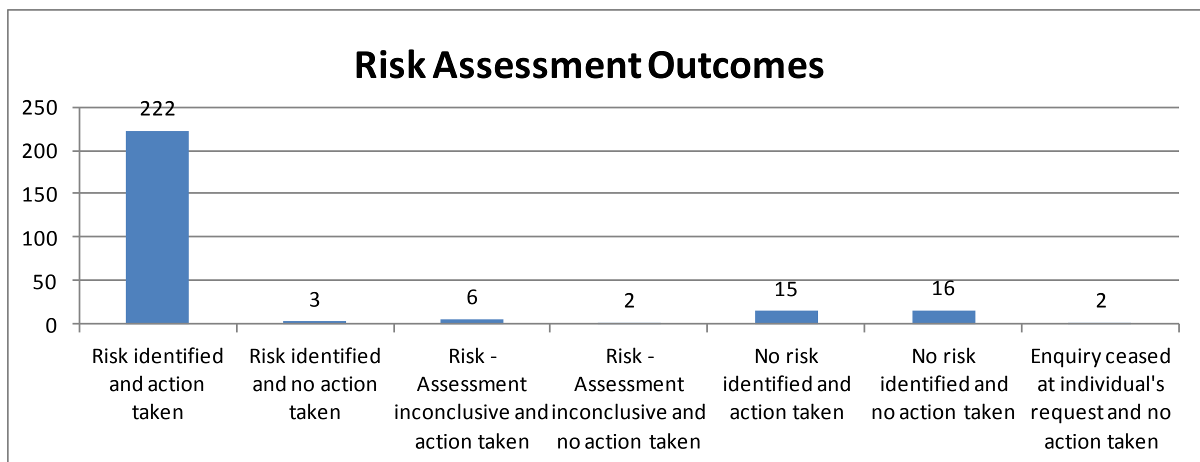


Risk Assessment Outcomes, Action taken and result

The manner in which management of risk is statutorily reported and recorded altered during 2016 -17 so there is no comparable data.

Risk Assessment Outcomes

The graph below shows concluded enquiries by reported risk assessment and action taken.
Risk identified and action taken in the majority, 83%, of cases.
Where risk was identified, no action was taken in just 3 cases – 1%.
For the remaining cases, the risk assessment was inconclusive, there was no risk identified or the enquiry ceased.



Outcome of concluded case where a risk was identified

Figure 4 shows where a risk was identified the final outcome.

Risk was removed for 28% of cases and reduced for a further 64% of cases.
Risk remains for 8% of cases.

Figure 4 – Concluded enquiries by result, 2016 17

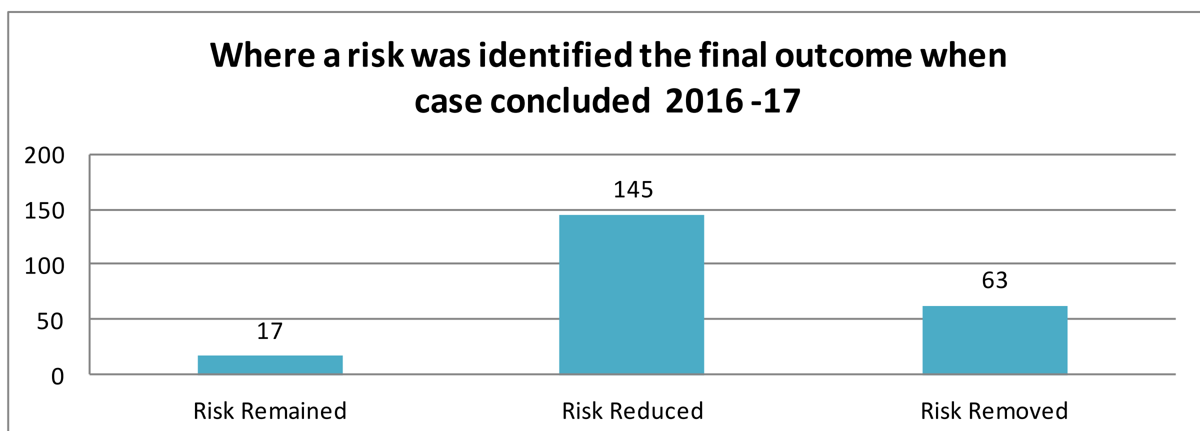


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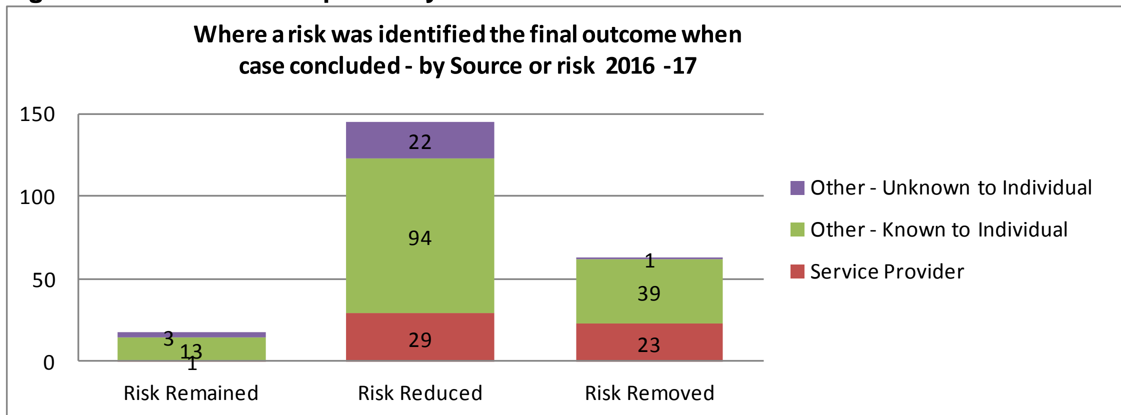
Figure 5 shows a breakdown of the final outcome for concluded enquiries by source of risk for 2015/16.

Figure 5 – Concluded enquiries by result of action taken and source of risk



Mental Capacity

In order to achieve good outcomes for individuals subject to a concern or enquiry, it is important to hear their voice. There is a statutory requirement to offer the services of an advocate to a person subject to a safeguarding intervention or review, where that person meets certain requirements if there is no other person suitable person able to advocate (for example a close family member or friend).

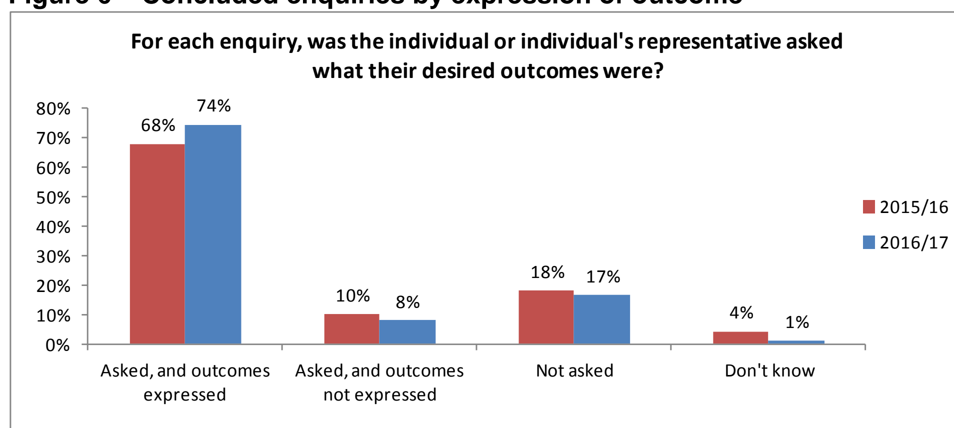
In 2016 -17, where the individual lacked mental capacity 87% were supported by an advocate, family or friend. It should be noted the national average for providing advocates in England, recorded for 2015/16, was 62%. We will seek to sustain and potentially build on this practice in 17/18. Analysis of our records sugests that we can continue to grow our understanding of how to assess mental capacity and we will focus some of our work on this area in 17/18.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is designed to improve the experiences and outcomes for adults involved in a safeguarding enquiry.

This initiative was adopted by the Government and enshrined in the Care Act 2014. Local Authorities are not currently statutorily required to report on MSP. West Berkshire Council has chosen to monitor performance in this area is as follows:

Figure 6 – Concluded enquiries by expression of outcome



By definition, a personal response to a safeguarding incident will mean different things to different people. Therefore obtaining baseline data for outcomes has presented challenges, Figure 6 demonstrates the outcome of this challenge.

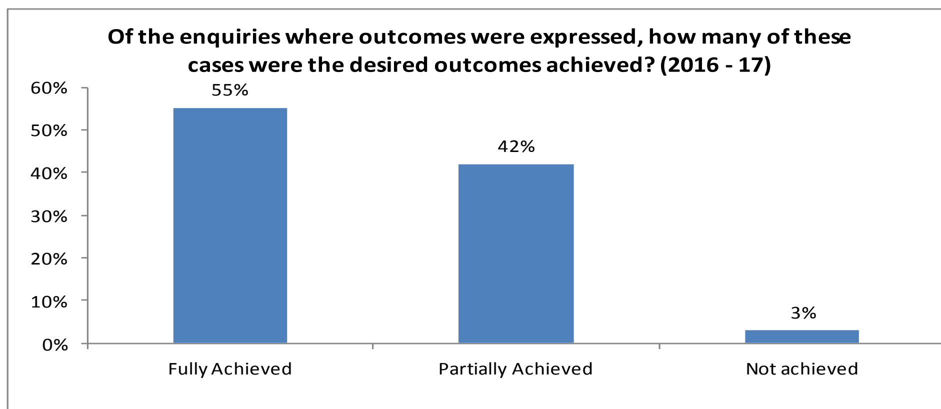
As at year end, 74% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate), this is an improvement from 2015 -16.

In order to benchmark usefully, options for outcomes were included as a guide, with an additional box for free text to capture those desired outcomes and wishes that were not reflected in the options provided. Clients can choose as many outcomes as

they wish and so multiple choices are normal. The option ‘to be and to feel safe’ was most frequently selected.

Of those asked, 8% did not express an outcome. Whilst this is positive, there remains 18% who did not engage in this process. These cases have been subject to further scrutiny to establish the reason engagement was not achieved and where necessary lessons learned going forward.

Figure 7 – Concluded enquiries by expressed outcomes achieved.



Of those who were asked and expressed a desired outcome, 55% were able to achieve those outcomes fully, with a further 42% partially achieved.

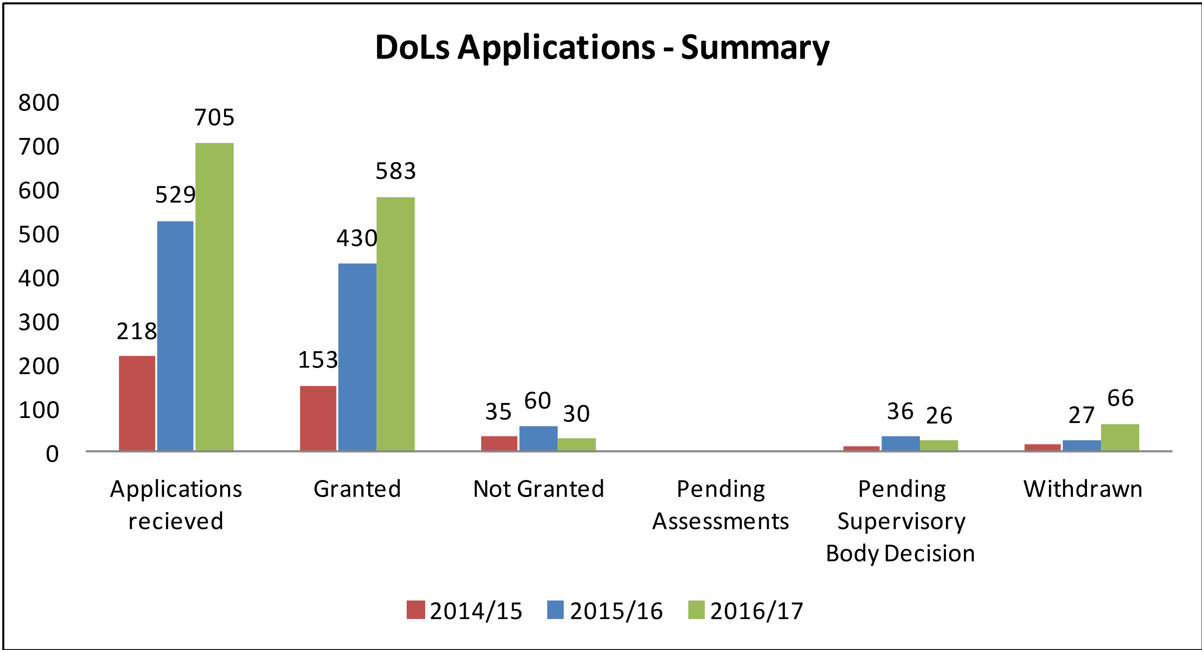
Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

DoLS authorisations must be applied for by care homes, nursing homes or hospitals (The Managing Authority) where they believe a person is living in circumstances that amount to a deprivation of liberty and that person lacks the capacity to consent to their care, treatment and accommodation, in order to prevent them from coming to harm. They apply to the Local Authority (The Supervisory Body) whose role is to arrange for the persons circumstances to be assessed in order to determine whether to grant or refuse an authorisation for those circumstances. Those living in other settings must have their deprivation considered by the Court of Protection.

Figure 8 – Total number of DoLS applications received by outcome



DoLS applications continues to rise and remains an increasing pressure.

As at the end of 2015/16 there were 529 DoLS applications in total. In 2016 -17 this increased to 705, of which 583 of those authorised, 30 not authorised (for example a person is assessed as having capacity), 66 withdrawn (for example an application from a hospital where the patient is discharged before the assessment process is completed) and 26 pending a decision as at year end.

The figure of 705 represents a 33% increase of applications received in 2015/16, in response to this increase the structure and sufficiency of the services who support DoLs will be reviewed in 17/18.

Activities

A Safeguarding Service User Group was set up In West Berkshire to provide a setting in which service users across the spectrum of adult social care needs could engage with the safeguarding team direct, share information, solve problems and increase awareness through a cascade process.

The group was consulted on a Safeguarding Adults publicity campaign in 2016/17. They were integral to the development of the publicity material including posters and leaflets, commenting on language, visuals and accessibility. In addition the group developed a safeguarding alert card for people to carry with them when they are in the community. The card has been designed to support a person to ask for help from the community if they feel unsafe.

A series of talks and events were attended by members of the safeguarding team in order to increase awareness of safeguarding across a range of settings including an evening talk to the Newbury Neighbourhood Watch scheme, delivery of an interactive session on safeguarding for service users of a supported living scheme locally and a hosting a stall at the Parish Councillors Conference.

A peer review of the safeguarding adults function was conducted by the Association of Directors of Adult Social Services (ADASS). The peer review was conducted over three days in December 2015 and included consultation with staff, external partners and providers. Feedback from the review was positive. An action plan was developed as a result of the recommendations made and the actions werecarried out during the 2016/17 period.

This included:

- A new publicity campaign to raise awareness of our shared responsibility for adult safeguarding within West Berkshire's community
- The co-design with service users of a new system to enable individuals to describe their experience of safeguarding

The service supported a joint conference for adult and children's social care staff organised by the West of Berkshire Safeguarding Adult Partnership Board and the 3 Local Safeguarding Children's Boards in the Berkshire West area. The 16/17 conference theme focused on working with local residents who experienced disability, to continue to develop the skills and sensitivity of our workforce.

The Future

Plans for 2017/18 include:

- embedding quality assurance systems and processes, to continually review the quality of our practice in safeguarding. That helps to share good practice and identify where we still might improve

- implementing a new way of working together differently and more effectively where an individuals' situation or circumstances increase the level of risk they are exposed to (RAMP)

- implementing a new ICS system Care Director, which will help to support improved recording and support increased management oversight of the timeliness of Section 42 assessments

- improving communication with partners where low level concerns about the quality of care could impact on the safeguarding of individuals who receive care

- reviewing if we have the right people in the right places with the right skills to effectively support our responsibilities around Deprivation of Liberty (DoLs) particularly

- increasing support to our workers with undertaking mental capacity assessments

- increasing support to our managers with consistently chairing strategy meetings

- reviewing our policies and procedures for Adult Safeguarding and DoLs in light of national standards and good practice; and making these policies and procedures available online.

There are also plans to develop an effective feedback process for those who have experienced a safeguarding episode. It is intended the Service User Group will be instrumental in designing the tools that may be used to capture the feedback

A new action plan for 2017/18 developed by the Safeguarding Adults Forum develops on previous learning. This includes partnership working with our colleagues in Trading Standards to tackle scams; doorstep and online scams and to support them in raising awareness with banks and building societies of coercive tactics to get vulnerable adults to withdraw large sums.
The recommendations of the ADASS peer review have been drawn into an action plan that will continue to be carried out supporting the service to improve the safeguarding experience for people through the continued development of Making Safeguarding Personal across the Council and its partners.

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