

Notice of Meeting



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Health and Wellbeing Board

Thursday 24 January 2019 at 9.30am
in The Chamber Newbury Town Council
Market Place Newbury

Please note that a test of the fire and lockdown alarms will take place at 10am. If the alarm does not stop please follow instructions from officers.

Date of despatch of Agenda: Wednesday, 16 January 2019

For further information about this Agenda, 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



Agenda - Health and Wellbeing Board to be held on Thursday, 24 January 2019
(continued)

To: Councillor Rick Jones (Executive Portfolio: Health and Wellbeing, Leisure and Culture), Dr Bal Bahia (Berkshire West CCG), Councillor Graham Jones (Leader of the Council), Councillor Lynne Doherty (Executive Portfolio: Children, Education & Young People), Councillor Graham Bridgman (Executive Portfolio: Adult Social Care), Councillor Richard Somner (Executive Portfolio: Community Resilience and Partnerships), Tessa Lindfield (Strategic Director for Public Health), Cathy Winfield (Berkshire West CCG), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Superintendent Jim Weems (Thames Valley Police), Ian Mundy (Locality Director, BHFT), Mary Sherry (Chief Operating Officer, Royal Berkshire Hospital), Neil Carter (Group Manager - RBFRS), Luke Bingham (Divisional Director - Sovereign Housing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch) and Ann-Marie Dunbar (FM Contract Manager, Vodafone)

Agenda

Part I

		Page No.
1	Apologies for Absence To receive apologies for inability to attend the meeting (if any).	
2	Minutes To approve as a correct record the Minutes of the meeting of the Board held on 4 October 2018.	7 - 12
3	Health and Wellbeing Board Forward Plan An opportunity for Board Members to suggest items to go on to the Forward Plan.	13 - 14
4	Actions arising from previous meeting(s) To consider outstanding actions from previous meeting(s).	15 - 16
5	Declarations of Interest To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct .	
6	Public Questions Members of the Executive to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution. (Note: There were no questions submitted relating to items not included on this Agenda.)	
7	Petitions	



Agenda - Health and Wellbeing Board to be held on Thursday, 24 January 2019
(continued)

Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion.

Items for discussion

Programme Management

- | | | |
|---|---|---------|
| 8 | Delivering the Health and Wellbeing Strategy Q2 2018/19
To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues. | 17 - 32 |
| 9 | Update on Priority One (Mental Health) for 2018/19
To receive an update of progress made regarding Priority One (Mental Health) for 2018/19. | 33 - 38 |

Strategic Matters

- | | | |
|----|---|-----------|
| 10 | West Berkshire Vision 2036
For the Board to approve the final version of the West Berkshire Vision 2036. | 39 - 78 |
| 11 | Homelessness Strategy Group Winter Plan Update
For the Board to receive an update on the implementation of the Homeless Strategy Group's Winter Plan which was approved on 4 October 2018. | 79 - 84 |
| 12 | Educational Attainment of Children from Vulnerable Families
For the Children's Delivery Group to present the latest educational attainment figures and to inform the Board of partnership work to improve children's educational attainment. | 85 - 108 |
| 13 | Future in Mind: Local Transformation Plan Refresh
This document describes how as the local system is improving the emotional wellbeing and mental health of all Children and Young People across Reading, West Berkshire and Wokingham in line with the national ambition and principles set out in the government document "Future in Mind– promoting, protecting and improving our children and young people's mental health and wellbeing" (2015). | 109 - 126 |
| 14 | Delayed Transfers of Care in Berkshire West: Report from the LGA Peer Review
For the Board to receive a report to outline the review undertaken by the LGA into delayed transfers of care (DTC) including the recommended actions and progress to implement changes so far. | 127 - 162 |



Other Information not for discussion

- 15 **2017/18 Annual West of Berkshire Safeguarding Adults Annual Report** 163 - 170
For the Board to receive the Annual Report from the West of Berkshire Safeguarding Adults Board.
- 16 **Members' Question(s)**
Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution. (*Note: There were no questions submitted relating to items not included on this Agenda.*)
- 17 **Future meeting dates**
- Health and Wellbeing Informal Meeting (private)
21 March 2019
 - Health and Wellbeing Board (public)
30 May 2019
 - Health and Wellbeing Informal Meeting (private)
11 July 2019
 - Health and Wellbeing Board (public)
26 September 2019
 - Health and Wellbeing Informal Meeting (private)
28 November 2019
 - Health and Wellbeing Board (public)
30 January 2020
 - Health and Wellbeing Informal Meeting (private)
26 March 2020
 - Health and Wellbeing Board (public)
21 May 2020

Andy Day
Head of Strategic Support

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



DRAFT

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

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 4 OCTOBER 2018

Present: Councillor Rick Jones (Executive Portfolio: Health and Wellbeing, Leisure and Culture), Dr Bal Bahia (Berkshire West CCG), Councillor Graham Jones (Leader of the Council), Councillor Lynne Doherty (Executive Portfolio: Children, Education & Young People), Councillor Graham Bridgman (Executive Portfolio: Adult Social Care), Cathy Winfield (Berkshire West CCG), Ian Mundy (Locality Director, BHFT), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Luke Bingham (Divisional Director - Sovereign Housing) and Andrew Sharp (Healthwatch)

Apologies for inability to attend the meeting: Tessa Lindfield, Ann-Marie Dunbar, Councillor Marcus Franks, Superintendent Jim Weems, Neil Carter and Garry Poulson

Absent: Mary Sherry

PART I

14 Election of the Chairman for the remainder of the 2018/19 Municipal Year

RESOLVED that Councillor Rick Jones be elected Chairman for the remainder of the 2018/19 Municipal Year.

Councillor Rick Jones stated that he was privileged to be asked to chair the Health and Wellbeing Board as its work was important and effected every person in the district. He stated that it was the most valuable partnership the Council was part of and he hoped that all the members of the Board could continue to be proud of the work they would achieve.

15 Minutes

The Minutes of the meeting held on 18 May 2018 were approved as a true and correct record and signed by the Chairman.

16 Health and Wellbeing Board Forward Plan

Councillor Lynne Doherty requested a report to provide detail on how the elements of the Special Educational Needs and Disability (SEND) Strategy related to the Board's priority to improve access to employment for vulnerable people.

Andrew Sharp requested that the Board receive an update on the roll out of the Homelessness Strategy Group's Winter Plan.

17 Actions arising from previous meeting(s)

The list of actions arising from previous meetings was noted and updated accordingly.

18 Declarations of Interest

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, but reported that as his interest was personal

HEALTH AND WELLBEING BOARD - 4 OCTOBER 2018 - MINUTES

and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Andrew Sharp declared an interest in any items that might refer to South Central Ambulance Service due to the fact that he was the Chair of Trustees of the West Berks Rapid Response Cars (WBRRRC), a local charity that supplied blue light cars for ambulance drivers to use in their spare time to help SCAS respond with 999 calls in West Berkshire, and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Graham Jones declared an interest by virtue of the fact he was a pharmacy contractor, and reported that as his interest was personal and a disclosable pecuniary or other registrable interest, he would leave the meeting during any discussion which might arise relating to pharmacy provision.

19 Public Questions

Two questions standing in the name of Mr Steve Masters on the subject of the Council's contact with Green Trees Housing Ltd were answered by the Chairman of the Health and Wellbeing Board.

A full transcription of the question and answer session is available on the Council's website.

20 Petitions

There were no petitions presented to the Board.

21 Delivering the Health and Wellbeing Strategy 2018/19 Quarter One (Jo Reeves)

The Board considered a report (Agenda Item 9) regarding the progress achieved by the sub-groups to deliver the Health and Wellbeing Strategy in quarter one of 2018/19. The Board were asked to particularly note the following:

- (1) The Mental Health Action Group had not yet completed their Delivery Plan and might require support from the Health and Wellbeing Board to generate more pace.
- (2) Skills and Enterprise Partnership (SEP) had set three actions as part of their Delivery Plan. The SEP was at the stage of agreeing sub-leads on each of the action and reviewing the SEP membership.
- (3) The Education and Public Health Services, which provide data for a number of measures on the Delivery Plan, had not completed their return for quarter one. As a result there were gaps across a number of areas of the HWBB Delivery Plan, these were highlighted yellow.
- (4) Measures associated with the delivery of the Homelessness Strategy Group's Winter Plan and Strategy would be added once they had been developed.
- (5) Performance relating to Delayed Transfers of Care (DTC) was now showing as 'green' which was a significant improvement and should be celebrated.

Tandra Forster noted that one of the objectives in the Health and Wellbeing Strategy was to 'improve rural access to services' and asked how this was being addressed. Jo Reeves responded that there were 21 objectives in the Strategy and the Board had not directed bespoke plans for each objective. Many of the Board's partner organisations would address this in their work in any event. Dr Bal Bahia expressed the view that it was a cross cutting theme which effected each sub-group. Tandra Forster agreed that it was a cross-cutting theme and requested information as to whether the matter had been

HEALTH AND WELLBEING BOARD - 4 OCTOBER 2018 - MINUTES

discussed at a community conversation. Andrew Sharp asked which services the Board wanted to improve rural access to.

Councillor Lynne Doherty noted the highlighted section of the performance dashboard in relation to the Children's Delivery Group and noted that the new chair of that group had been doing some work to restate the group's action plan. She asked what processes the Board's Steering Group had put in place to ensure a smooth handover when a new chair came into post. Councillor Mollie Lock suggested that groups could ensure their terms of reference were clear about the relationship with the Health and Wellbeing Board. Dr Bal Bahia noted that the groups had evolved over time and that when chairs changed there was not always clarity within the group on their direction. He hoped that through attendance at the Steering Group, chairs could be supported.

Councillor Rick Jones noted that finding a new Chair for the Skills and Enterprise Partnership would be a high priority.

Matt Pearce supported Councillor Doherty's view that the Board's groups should work from a common framework and hoped that as the new Strategy was developed it could be agreed.

Councillor Graham Bridgman noted that in relation to the improved performance to reduce DTOC that the Adult Social Care Service was under severe budget pressures and the actions undertaken to make improvements would effect DTOC performance in the future. Councillor Lock noted that there was significant impact on patients who experienced a delayed transfer in their care.

RESOLVED that the report be noted.

22 Update on Priority Two (Employment for Vulnerable People) for 2018/19 (Fadia Clarke)

The Board considered a report (Agenda Item 10) regarding an update on the progress of the Skills and Enterprise Partnership (SEP) to improve access to employment for vulnerable people.

Dr Bahia noted the synergies with ongoing work to support people with special educational needs and disabilities and praised the approach to support employers to consider all employees' wellbeing.

Andrew Sharp commented that it was important to include the voluntary sector in the work of the SEP.

Councillor Rick Jones commended the progress that had been achieved and noted that the Board could help to avoid silo working.

Dr Bahia commended the outgoing SEP chair, Fadia Clarke for her enthusiasm and hoped that someone with similar attributes would take on the role as the new chair.

Councillor Rick Jones advised that he would be meeting with all the sub-group chairs to consider how the Board could support them.

Matt Pearce suggested that it would be useful for the new chair to undertake a stakeholder mapping exercise to ensure that they could identify who to link in with.

RESOLVED that the report be noted.

23 Homelessness Strategy Group Winter Plan for 2018/19 (Sam Headland)

The Board considered a report (Agenda Item 11) to present the Homeless Strategy Group's Winter Action Plan, which sought to provide extra support to rough sleepers, and to reduce the number of individuals needing to rough sleep over winter.

HEALTH AND WELLBEING BOARD - 4 OCTOBER 2018 - MINUTES

Sam Headland reported that a range of stakeholders from voluntary agencies, statutory agencies and the commissioned provider (Two Saints) had come together as part of the Homelessness Strategy Group to produce the Winter Plan. The group's remit would include all homelessness but in the short term their focus had been on rough sleeping.

Since the report had been published, an outreach worker had come into post who had been funded by Rough Sleeper Initiative funding. Unfortunately, West Berkshire Homeless had advised that they would be unable to deliver an overflow facility so in order to mitigate any potential gap Two Saints would investigate whether they could provide any more emergency spaces.

Councillor Rick Jones asked whether there would be a gap between the numbers of rough sleepers and the emergency accommodation available. Sam Headland advised that there were 26 people identified as rough sleeping in West Berkshire and there would be 20 emergency spaces available at Two Saints. It was likely these numbers would change as people moved on into accommodation.

Andrew Sharp gave thanks to all involved in producing the Winter Action Plan, particularly Sam Headland, Lindsey Finch and Sally Kelsall. He stated that the group had achieved the most rapid turnaround the Board had seen and should be commended for their joint working.

Andrew Sharp noted that there still might be people at risk of rough sleeping who would not want to go to Two Saints and they would need a move on plan. All partners would need to continue to work together in the long term as their success would depend on all playing a part. He pressed the Health and Wellbeing Board to set a target date to end rough sleeping and expressed the view that services provided across Berkshire West should be assessed to ensure they were delivered in West Berkshire.

Sam Headland agreed that accountability was important and advised that any emerging issues would be escalated to the Board as appropriate. Partners were already in a far better place to work together and communication between them was much improved.

Tandra Forster asked which agencies had been contacted regarding the potential shortfall in emergency accommodation. Sam Headland advised that she would be holding discussions with the Council's Housing Team in the first instance, before discussing accommodation providers and the voluntary sector. Andrew Sharp noted that conversations were ongoing with Greenham Common Trust.

Councillor Lynne Doherty asked whether the Making Every Adult Matter (MEAM) programme had begun to make a statistical impact on homelessness in West Berkshire. Sam Headland advised that she was unable to comment however in her experience the MEAM clients were supported and were engaging with services. Councillor Doherty commended the plan and sought clarification on local connection to the Severe Weather Emergency Plan. Sam Headland advised that some years previously, the Council had opened a discretionary level of SWEP to all rough sleepers which had resulted in a number of people who were not usually resident in West Berkshire coming into the area to use the service. Services had been put under pressure and so a decision had been taken to offer the statutory level of SWEP to all rough sleepers and the discretionary level to rough sleepers with a local connection. Councillor Lock supported the proposed approach.

Cathy Winfield updated that the CCG had been engaging with people in the homeless community to identify the best approach for delivering health outreach support and had identified that many were registered with a GP.

HEALTH AND WELLBEING BOARD - 4 OCTOBER 2018 - MINUTES

Luke Bingham asked whether there was visibility of the emergency provision available in other areas. Sam Headland advised that every area would provide the statutory level of SWEP and discretionary support was variable.

Dr Bahia asked for more information on how the members of the Health and Wellbeing Board could help. Sam Headland advised that it would be useful for the Board to use their platform to educate the public that if they were concerned about someone sleeping rough, they should use the Streetlink service to inform the relevant authorities. Andrew Sharp advised it might also be useful to advertise how members of the public could volunteer their time and noted that West Berkshire Homeless would provide support in Two Saints.

Councillor Rick Jones stated that he was heartened by the collaborative approach the Homelessness Strategy Group had taken and hoped the plan would be successful.

RESOLVED that the Health and Wellbeing Board agree, endorse and promote the Winter Action Plan.

24 West Berkshire 2036

The Board considered a report (Agenda Item 12) to present the West Berkshire Vision 2036 which is currently out for consultation. The document was the culmination of an evidence review and workshops to agree aspirations of partners for the future of West Berkshire.

Gabrielle Mancini advised that the public consultation would be open until 31 October 2018 and encouraged all members to respond and to share the document within their organisations.

Matt Pearce expressed the view that it was fantastic that the document was overseen by the Health and Wellbeing Board as health went beyond the NHS and it would support a health in all policies approach. Gabrielle Mancini advised that West Berkshire had been the first area to take that approach.

Luke Bingham asked whether comments which had arisen at a workshop for Board members had been taken into account. Gabrielle Mancini confirmed that where there had been wide agreement they were included but she would encourage consultation responses if there were specific matters. A number of revisions would be made to respond to consultation feedback. So far, consultees had been positive regarding the broad direction of the document. Some had promoted particular projects, however these would be determined after the overall ambition had been set.

Andrew Sharp expressed his support for the document and particularly highlighted the need to strengthen the workforce.

In response to a question from Dr Bahia, Gabrielle Mancini advised that she was hoping to run a consultation event in a school as it was important to engage with young people about their future. She had written to all Headteachers to promote their schools contributions to the document.

Councillor Graham Jones commended the document which promoted a holistic approach to improving lives. Gabrielle Mancini pressed the importance of all partners' contributions.

Tandra Forster noted that there was potential tension between maintain the Area of Outstanding Natural Beauty with providing more housing. Gabrielle Mancini noted that it would be a challenge for spatial planning however the vision document needed to be ambitious.

RESOLVED that the Board note the draft West Berkshire 2036 Vision.

HEALTH AND WELLBEING BOARD - 4 OCTOBER 2018 - MINUTES

25 Berkshire Seasonal Influenza Campaign 2017-18 (Matt Pearce)

The Board noted a report (Agenda Item 13) which provided information regarding the Berkshire Seasonal Influenza Campaign 2017/18.

Councillor Mollie Lock noted that more people should be encouraged to take their vaccinations in pharmacies.

Andrew Sharp hoped that all organisations represented at the Health and Wellbeing Board supported the 'flu campaign for 2018/19.

RESOLVED that the report be noted.

26 SEND Strategy (Jane Seymour/ Nina Bhakri)

The Board noted the report (Agenda Item 14) which presented the SEND Strategy for West Berkshire. Councillor Lynne Doherty thanked Jane Seymour and her team for their work.

RESOLVED that the report be noted.

27 Members' Question(s)

There were no questions submitted by Members.

28 Future meeting dates

The Board noted the upcoming meetings:

Health and Wellbeing Problem Solving Session (closed) – 18 October 2018

Health and Wellbeing Development Session (closed) – 22 November 2018

Health and Wellbeing Board – 24 January 2018

(The meeting commenced at Time Not Specified and closed at Time Not Specified)

CHAIRMAN

Date of Signature

Health and Wellbeing Board Forward Plan 2019/20 (All meetings start at 9.30am in the Council Chamber except where otherwise stated)

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted
21 February 2019- Health and Wellbeing Problem Solving Session: WB Locality Integration Board/ Priorities for 2019/20 (private)					
28 March 2019 Development Session (private)					
Primary Care Networks		For information and discussion	19th March 2019	Shairoz Claridge	Health and Wellbeing Steering Group
The Voluntary Sector in West Berkshire		For information and discussion	19th March 2019	Garry Poulson	Health and Wellbeing Steering Group
Delivering the Health and Wellbeing Strategy Q3	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	19th March 2019	Jo Reeves	Health and Wellbeing Steering Group
Update on Priority One (Mental Health) for 2018/19	To receive an update of progress made regarding Priority One (Mental Health) for 2018/19.	For information and discussion	19th March 2019	Matt Pearce	Health and Wellbeing Steering Group
Update on Priority Two (Employment for Vulnerable People) for 2018/19	To receive an update of progress made regarding Priority Two (Employment for Vulnerable People) for 2018/19.	For information and discussion	19th March 2019	Iain Wooloff	Health and Wellbeing Steering Group
4 April 2019- Annual Health and Wellbeing Board Conference					
30 May 2019 - Board meeting					
Election of the Chairman and Appointment of the Vice-Chairman for the 2019/10 Municipal Year		For decision	n/a	n/a	n/a
Programme Management					
Update on Priority One (Mental Health) for 2018/19	To receive an update of progress made regarding Priority One (Mental Health) for 2018/19.	For information and discussion	21st May 2018	Matt Pearce	Health and Wellbeing Steering Group
Update on Priority Two (Employment for Vulnerable People) for 2018/19	To receive an update of progress made regarding Priority Two (Employment for Vulnerable People) for 2018/19.	For information and discussion	21st May 2018	Iain Wooloff	Health and Wellbeing Steering Group
Delivering the Health and Wellbeing Strategy Q4	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	21st May 2018	Jo Reeves	Health and Wellbeing Steering Group
Strategic Matters					
<i>No items at present.</i>					
27 June 2019- Health and Wellbeing Workshop (private)					
11 July 2019 Informal Meeting (private)					
Update on Priority One (tbc) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Update on Priority Two (tbc) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
26 September 2019 - Board meeting					
Programme Management					
Update on Priority One (tbc) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Update on Priority Two (tbc) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Delivering the Health and Wellbeing Strategy Q1	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion		Jo Reeves	Health and Wellbeing Steering Group
Strategic Matters					
<i>No items at present.</i>					

24 October 2019- Health and Wellbeing Workshop (private)					
28 November 2019 Informal Meeting (private)					
Update on Priority One (tbc) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Update on Priority Two (tbc) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
30 January 2020 - Board meeting					
Programme Management					
Update on Priority One (tbc) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Update on Priority Two (tbc) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Delivering the Health and Wellbeing Strategy Q2	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion		Jo Reeves	Health and Wellbeing Steering Group
Strategic Matters					
<i>No items at present.</i>					
13 February 2020- Health and Wellbeing Workshop (private)					
26 March 2020 Informal Meeting (private)					
Update on Priority One (tbc) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Update on Priority Two (tbc) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Delivering the Health and Wellbeing Strategy Q3	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion		Jo Reeves	Health and Wellbeing Steering Group
2 April 2020- Health and Wellbeing Conference (venue tbc)					
21 May 2020 - Board meeting					
Programme Management					
Update on Priority One (tbc) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Update on Priority Two (tbc) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group
Delivering the Health and Wellbeing Strategy Q4	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion		Jo Reeves	Health and Wellbeing Steering Group
Strategic Matters					
<i>No items at present.</i>					

Actions arising from Previous Meetings of the Health and Wellbeing Board

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
109	29/03/18 (Development Session)	work with the Mental Health Action Group to identify reportable actions and measures.	Matt Pearce	WBC/ CCG/ HWWB	Delivering the Health and Wellbeing Strategy Q3	Work is being undertaken to develop project briefs for each of the MHAG's key themes.
116	05/07/18 (Development Session)	Share the Berkshire West DTOC review with HWBB members	Jo Reeves	WBC	Delivering the Health and Wellbeing Strategy Q4	On the agenda for 24 January 2018
117	04/10/18	A report to be provided to give detail on how the elements of the Special Educational Needs and Disability (SEND) Strategy related to the Board's priority to improve access to employment for vulnerable people.	tbc	WBC	Health and Wellbeing Board Forward Plan	Jo Reeves has been liaising with officers from the SEND team and the Skills and Enterprise Partnership to identify who should author this report.
118	04/10/18	An update on the roll out of the Homelessness Strategy Group's Winter Plan to be added to the agenda for 24 January 2019.	Sam Headland/ Matt Pearce	TS/ WBC	Health and Wellbeing Board Forward Plan	On the agenda for 24 January 2018
119	22/11/18 (Development Session)	Circulate the membership of the Steering Group to HWBB members	Jo Reeves	WBC	Health and Wellbeing Board Forward Plan	
120	22/11/18 (Development Session)	A report regarding the state of the voluntary sector to be presented to the HWBB at a future meeting.	Garry Poulson	VCWB	Health and Wellbeing Board Forward Plan	On the forward plan for March 2019.
121	22/11/18 (Development Session)	Ensure the CCG are represented on the Health and Wellbeing Strategy Task and Finish Group.	Matt Pearce	WBC	Proposal for a refresh of West Berkshire's Joint Health and Wellbeing Strategy	On hold to ensure alignment with plans for collaboration across Berkshire West.
122	22/11/18 (Development Session)	Attend LMT.	Matt Pearce	WBC	Proposal for a refresh of West Berkshire's Joint Health and Wellbeing Strategy	
123	22/11/18 (Development Session)	Any Councillors who wanted to volunteer to participate in the ward profile pilot to make themselves known to John Lisle via Jo Reeves/ Matt Pearce.	All Members	WBC	Population Health Roadmap	Councillor Graham Jones for Lambourn has offered to support the project.
124	22/11/18 (Development Session)	All to support the communications plan, including provision of data sharing leaflet in Council Tax letters.	All	All	Population Health Roadmap	HWBB members raised no issues with the communications plan. The Council Tax and Communications Managers have confirmed that no request has been received to include the leaflet in council tax letters.
125	22/11/18 (Development Session)	Compare list of individuals produced via the project with 'frequent flyer' information discussed at locality MDTs.	Tandra Forster/ Shairoz Claridge	WBC/ CCG	Population Health Roadmap	On hold pending project reaching the appropriate stage.
126	22/11/18 (Development Session)	The subject to return for a fuller discussion another time – this includes understanding how PHM can align with the local joint strategic needs assessment.	Jo Reeves	WBC	Population Health Roadmap	To be scheduled.
127	22/11/18 (Development Session)	Map current knowledge of adverse childhood experiences (ACEs) across the District and develop a plan to take forward.	Matt Pearce	WBC	Adverse Childhood Experiences	
128	22/11/18 (Development Session)	Discuss mental health crisis with CCG colleagues.	Shairoz Claridge	CCG	Update on Priority One (Mental Health) for 2018/19	Completed.

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Delivering the Health and Wellbeing Strategy - Quarter Two 2018/19 - Summary Report

Committee considering report: Health and Wellbeing Board

Date of Committee: 24 January 2019

Portfolio Member: Councillor Rick Jones

Report Author: Jo Reeves

Forward Plan Ref: n/a

1. Purpose of the Report

1.1 The purpose of this report is to review the progress made by the Health and Wellbeing Board's sub-groups to deliver the Health and Wellbeing Strategy.

2. Recommendation

2.1 The Health and Wellbeing Board note the progress made to deliver the Health and Wellbeing Strategy in Quarter Two of 2018/19 and identify any matters of which they would like to receive more information.

Will the recommendation require the matter to be referred to the Executive for final determination?

Yes:

No:

3. Implications

3.1 **Financial:** Activities associated with delivering the Health and Wellbeing Strategy are met from existing budgets.

3.2 **Policy:** There are no policy implications arising from this report.

3.3 **Personnel:** There are no personnel implications arising from this report.

3.4 **Legal:** There are no legal implications arising from this report.

3.5 **Risk Management:** There are no risk management implications arising from this report.

3.6 **Property:** There are no property implications arising from this report.

3.7 **Other:** There are no other implications arising from this report.

4. Other options considered

4.1 N/A

Executive Summary

5. Introduction / Background

- 5.1 The [West Berkshire Joint Health and Wellbeing Strategy 2017-2020](#) was adopted by the Health and Wellbeing Board in November 2016.
- 5.2 The Board's sub-groups have developed delivery plans to monitor implementation of the Strategy. These delivery plans outline the activities of each sub-group and includes the measures that they will monitor to ensure their work is having an impact. These combined delivery plan is attached as Appendix B.
- 5.3 The Board will receive detailed reports at each of its meetings regarding the activities around its priorities for 2018/19.

6. Proposal

- 6.1 The Board should particularly note the following from the Delivery Plan:
 - (1) The Mental Health Action Group agreed its desired scope for the 'crisis review', but has not been clear how this review would be resourced. In Q3 the CCG made a commitment to undertake a coproduced review of the crisis care pathway.
 - (2) Performance relating to Delayed Transfers of Care is showing as 'green' for quarters one and two of 2018/19. It is likely, however, that performance will not be sustained as actions are taken to mitigate the forecast overspend in the Council's Adult Social Care budget.
 - (3) The Health and Wellbeing Steering Group has allocated £11,185 from the Health and Wellbeing Priority Fund. The remaining balance of the Fund is £84,815.

7. Conclusion

- 7.1 The Health and Wellbeing Board are invited to consider the progress made to implement the Health and Wellbeing Strategy as outlined in the supporting information and the Delivery Plan.
- 7.2 The Health and Wellbeing Steering Group should identify any matters that warrant further discussion and invite chairs of the Board's sub-groups to run Problem Solving Sessions in order to resolve any issues identified.

8. Appendices

- 8.1 Appendix A – Supporting Information
- 8.2 Appendix B – Health and Wellbeing Delivery Plan 2018/19

Delivering the Health and Wellbeing Strategy - Quarter Two 2018/19 – Supporting Information

1. Introduction/Background

- 1.1 The [West Berkshire Joint Health and Wellbeing Strategy 2017-2020](#) was approved by the Health and Wellbeing Board (the Board) on 24 November 2016 and adopted by the Council on 2 March 2017.
- 1.2 The Strategy set out that the Board would choose two priorities for each year. For 2018/19 these are:
- (1) Support mental health and wellbeing of adults
 - (2) Improve access to employment, education, training and volunteering for vulnerable people.
- 1.3 The Strategy sets out five strategic aims that the Board is working towards. Under each aim, three to five objectives specify what the Board wants to do to achieve its aims. Two objectives have been chosen as the Board's priorities for 2018/19 (above). The Health and Wellbeing Board wants to achieve measurable progress against these aims by the end of the period covered by the Strategy (2020). The aims are:
- (1) Give every child the best start in life
 - (2) Support mental health and wellbeing throughout life
 - (3) Reduce premature mortality by helping everyone live healthier lives
 - (4) Build a thriving and sustainable environment in which communities can flourish
 - (5) Help older people maintain a healthy, independent life for as long as possible
- 1.4 When the Strategy was written, the author intended that the full list of objectives would encapsulate the aspects of health and wellbeing which had been identified as significant issues following analysis of the Joint Strategic Needs Assessment. The author also intended that the Health and Wellbeing Board would choose annually a small number of objectives to be its priorities for the forthcoming year.
- 1.5 The purpose of this report is to provide an update on the progress made at quarter two of 2018/19.

2. Priority for 2018/19: Support mental health and wellbeing for adults

- 2.1 Supporting mental health and wellbeing for adults has been chosen as a priority for 2018/19. It became clear in 2017/18 that there was a lack of clarity regarding

activity being undertaken locally to support residents' mental health. As a result, the Mental Health Action Group (MHAG) was established.

2.2 The MHAG gave a presentation to the Board on 18 May 2018 to outline the four themes of their work programme:

- (1) Celebrate, promote and connect existing resources especially those who provide Community Navigation and Peer Support.
- (2) Explore the introduction of a digital community resource directory for prevention, recovery and self-care
- (3) Investigate preventable deaths from physical health conditions of people with serious mental illness
- (4) Work with users and BHFT to co-produce improvements to patients experience when in crisis

2.3 In quarter two, the MHAG members, including representatives from the CCG, the Council, BHFT and the voluntary sector, agreed on the scope of the proposed review of the support that people in mental health crisis receive, from whatever source. The MHAG felt that strong leadership would be necessary to drive the review and ensure the necessary buy-in from all relevant organisations. There was also a question of whether the review should just cover West Berkshire, from where it had originated, or the whole of Berkshire, which is the area covered by the Crisis Service. The group therefore escalated the matter to the Health and Wellbeing Steering Group.

3. Priority for 2018/19: Improve access to employment, education, training and volunteering for vulnerable people.

3.1 The Board chose the above priority at the Annual Conference held in April 2018 which is being led by the Skills and Enterprise Partnership (SEP). The SEP has continued to meet since the Local Strategic Partnership was disbanded in 2014 largely as an information sharing network.

3.2 In quarter two Fadia Clarke, the Group's Chair since March 2018, announced that she would be stepping down as she moved to assume a new role in Croydon. The new Chair is Iain Wooloff, Principal of Newbury College.

3.3 The SEP has determined that its role will be to support local employers to create work environments that are accessible and supportive to all people, including vulnerable people.

3.4 An action plan is in development and included in a separate item on the Board's agenda.

4. Strategic Aim: Give Every Child the Best Start in Life

4.1 The aim to give every child the best start in life carries the following objectives:

- (1) Decrease the educational attainment gap between children on free school meals and the rest
- (2) Reduce childhood obesity

- (3) Improve educational and health outcomes for Looked After Children
- (4) Support the health and wellbeing of young carers

4.2 The Children's Delivery Group is focusing its activity on objectives (1), (3) and (4) above. The Board have previously suggested that partnership work on childhood obesity, objective (2), should be undertaken by the Children's Delivery Group, although the Council's Public Health team have the operational duty.

4.3 Pete Campbell, the new Chair of the Children's Delivery Group and Head of Children and Family Services, came into post in April 2018 and held his first meeting in May 2018. Three workstreams around prevention, educational attainment and self-harm will commence in 2018/19 with further reportable actions and measures to be identified.

4.4 The action plan to deliver the new SEND Strategy will also be reported to the Health and Wellbeing Board through the Children's Delivery Group.

5. Strategic Aim: Support mental health and wellbeing throughout life

5.1 The aim to support mental health and wellbeing throughout life carries the following objectives:

- (1) Promote the emotional health and wellbeing of children
- (2) Promote positive mental health and wellbeing for adults
- (3) Prevent suicide and self-harm for adults and young people
- (4) Decrease social isolation
- (5) Ensure early assessment of and good provision of care for those with dementia

5.2 The Council's Public Health and Adult Social Care Services, Berkshire West CCG Federation, Berkshire Healthcare Foundation Trust and Berkshire's Shared Public Health Team conduct a variety of activities on Berkshire-wide, Berkshire West and West Berkshire footprints in support of the above objectives.

5.3 The Children's Delivery Group will be designing a work programme to address increasing levels of self-harm by children.

5.4 The update regarding the Mental Health Action Group has been provided elsewhere on the agenda.

5.5 The Suicide Prevention Action Group has begun an awareness campaign in barbershops and continues to work with the Council's Highways Team to identify high-risk sites for people who seek to end their lives. An employer training course has been arranged for February 2019.

5.6 Regarding objective (5), ensure early assessment of and good provision of care for those with dementia, the Board received a presentation on the Dementia Enabling Environments Project in Adult Social Care. These principles are being used to improve the environment at Birchwood Care Home and a community audit tool for

residents is being developed. The dementia enabling principles are also influencing planning policy and decisions around the redevelopment of Market Street.

6. Strategic Aim: Reduce premature mortality by helping everyone live healthier lives

6.1 The aim to reduce premature mortality by helping everyone live healthier lives carries the following objectives:

- (1) Reduce alcohol related harm across the district for all age groups
- (2) Increase uptake of NHS Health Checks
- (3) Support residents to stop smoking and reduce substance misuse
- (4) Support residents to be more physically active, achieve a healthy weight and eat a healthy diet

6.2 The Substance Misuse Harm Reduction Partnership relaunched in June 2018. It continues to oversee the Alcohol Identification and Brief Advice training project in addition to the Blue Light Project. The group is identifying priorities in respect of substance misuse to work on through 2018/19.

6.3 The Council's Public Health Team and the Berkshire West CCG Federation, as part of the Accountable Care System, are responsible for business as usual activities in support of objectives (2), (3) and (4).

7. Strategic Aim: Build a thriving and sustainable environment in which communities can flourish

7.1 The aim to 'build a thriving and sustainable environment in which communities can flourish' carries the following objectives:

- (1) Increase the number of Community Conversations through which local issues are identified and addressed
- (2) Ensure that housing is of good quality, accessible and affordable
- (3) Improve rural access to services
- (4) Decrease levels of air pollution in areas that need it
- (5) Increase the number of reports of Domestic Abuse and reduce repeat incidents of abuse reported to Thames Valley Police

7.2 The Building Communities Together (BCT) Partnership and Team are responsible for work which supports objectives (1), (2) and (5). The Domestic Abuse Strategy Group reports its progress to the BCT Partnership and domestic abuse is also a priority for the Local Children's Safeguarding Board.

7.3 15 community conversations were held in 2017/18 and the BCT Partnership's ambition is to increase these numbers.

7.4 The Delivery Plan now includes the performance of the Making Every Adult Matter programme.

- 7.5 Following the publication of the Healthwatch Homeless and Rough Sleepers Report 2018, the Board invited the Homelessness Strategy Group, to become a sub-group. The Group has been asked by the Board to revise its governance and develop a long term plan. Measurable activity will be reported within the Delivery Plan once identified.
- 7.6 Performance of programmes to decrease air pollution is reported to the Joint Public Protection Partnership.
- 7.7 The Council's Planning Advisory Group have agreed to incorporate Health Impact Assessments into the next Local Plan. In quarter two the Public Health Team ran a joint workshop with the Planning Policy Team to identify further opportunities to integrate health and wellbeing with planning.

8. Strategic Aim: Help older people maintain a healthy, independent life for as long as possible

- 8.1 The aim to help older people maintain a healthy, independent life for as long as possible carries the following objectives:
- (1) Prevent falls and ensure integrated care for those who have sustained a fall
 - (2) Maximise independence for older people and those with long-term conditions
 - (3) Ensure good end of life care is available and residents are able to die where they choose
- 8.2 The Ageing Well Task Group (AWTG) is responsible for activities to support objective (1). April Peberdy, as Chair of the AWTG, ran a Problem Solving Session in October 2018 which provided attendees with more in depth information regarding the AWTG's activities.
- 8.3 The Ageing Well Group successfully applied for £4k of funding from the Health and Wellbeing fund. This money will be used to purchase information resources, two falls prevention instructor training places (This will enable an increase the number of falls prevention exercise classes across West Berkshire) and falls prevention awareness sessions across West Berkshire for both residents and professionals. The funding will pay for a falls awareness video that was produced through partnership working involving members of the Ageing Well Group and the Furniture Project. The video provides useful advice and tips to prevent falls and also showcases a local Steady Steps class.
- 8.4 A new Steady Steps falls prevention exercise class was set up at Redwood House in Hungerford this has involved partnership working between Public Health and Wellbeing, Legacy Leisure and Sovereign Housing.
- 8.5 The Falls JSNA chapter was also updated.

9. Integration

- 9.1 Integration is a cross cutting theme across the priorities, aims and objectives in the Health and Wellbeing Strategy and each sub-group needs to pursue integrated ways of working.
- 9.2 The West Berkshire Locality Integration Board (LIB) oversees the performance of the Better Care Fund (BCF) projects locally. Indicators for the four national conditions under the BCF Plan are reported in the dashboard.
- 9.3 DTOC performance showed improvements at the end of 2017/18 and continued into quarters one and two 2018/19. This is a significant success for the local health and wellbeing system which has worked hard to achieve improvements. It is likely, however, that performance will not be sustained as actions are taken to mitigate the forecast overspend in the Council's Adult Social Care budget.
- 9.4 While non-elective admissions are shown as 'red', the Berkshire West CCG area is still in the top 10 performing areas nationally.

10. Communication and Engagement

- 10.1 Good communication and public engagement is also a cross cutting theme across the priorities, aims and objectives in the Health and Wellbeing Strategy.
- 10.2 The Patient and Public Engagement Group (PPE) continues to be responsible for 'Your Health Matters' articles in the Newbury Weekly News, covering a variety of health topics.
- 10.3 In quarter two, the PPE ran a workshop regarding coproduction approaches which was well attended.

11. HWBB Priority Fund Bids in Quarter Two

- 11.1 At its meeting in July 2018, The Health and Wellbeing Board agreed to the establishment of a Priority Fund of £96k, to be spent by 2021. The Fund was weighted to groups managing the Board's two annual priorities and there was an unallocated amount left to allocate to the Board's sub-groups on a case-by-case basis.
- 11.2 The Steering Group takes decisions on behalf on the Board regarding allocation of the Fund, taking into account the recommendation of the HWB Priority Fund Panel.
- 11.3 In quarter two the following bids were awarded:
- (1) Mental Health Action Group
 - (a) Eight Bells for Mental Health - £5685 was requested in order to enable the local charity to open to members a third day per week for a year. Match funding had been received from the Berkshire Community Fund and Santander.
 - (b) Recovery College - £1500 was requested to deliver an additional module to support students to understand the importance of and subsequently attend their physical health checks.

- (2) The Ageing Well Partnership submitted a bid for £4000 for promotional materials, falls awareness training and to train new Steady Steps instructors. As the group is not delivering on a HWBB priority in 2018/19, it had access to the unallocated amount.

11.4 The remaining balance of the Fund is £84,815.

12. Conclusion

12.1 The Health and Wellbeing Strategy Delivery Plan contains an incomplete picture of performance at quarter one. Some groups are yet to confirm their work programmes and others have not provided performance information.

12.2 The Health and Wellbeing Steering Group should identify any matters that warrant further discussion and invite chairs of the Board's sub-groups to run Problem Solving Sessions in order to resolve any issues identified.

13. Consultation and Engagement

13.1 Health and Wellbeing Steering Group

Background Papers: West Berkshire Joint Health and Wellbeing Strategy 2017-2020

Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aims:

- BEC – Better educated communities**
- P&S – Protect and support those who need it**
- HQL – Maintain a high quality of life within our communities**
- MEC – Become an even more effective Council**

The proposals contained in this report will help to achieve the following Council Strategy priorities:

- BEC1 – Improve educational attainment**
- BEC2 – Close the educational attainment gap**
- P&S1 – Good at safeguarding children and vulnerable adults**
- HQL1 – Support communities to do more to help themselves**
- MEC1 – Become an even more effective Council**

Officer details:

Name: Jo Reeves
Job Title: Principal Policy Officer (Executive Support)
Tel No: 01635 519486
E-mail Address: Joanna.Reeves@westberks.gov.uk

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Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targetted)	Narrative
2018/19 Priority: Support mental health and wellbeing for adults	A1/6.ac1			Celebrate, promote and connect existing resources especially those who provide Community Navigation and Peer Support.	Matthew Braovac (MHAG)	Apr-18	A1/6.m1	tbc	tbc	data not available	MHAG have invited Berkshire West CCG to discuss delays to the launch of the Berks West Your Way peer support service.
	A1/6.ac2			Explore the introduction of a digital community resource directory for prevention, recovery and self-care	Matthew Braovac (MHAG)	Apr-18	A1/6.m2	tbc	tbc	data not available	The new-look West Berkshire Directory was launched in July 2018. A focus-group is planned for Q3 to further amend the pages relating to mental health to ensure they are relevant and useful. A volunteer has been recruited to run the Emotional Wellbeing West Berkshire website and they are rebuilding the site. Volunteers to run the site are being sought and this work is being done alongside the Directory focus group.
	A1/6.ac3			Investigate preventable deaths from physical health conditions of people with serious mental illness	Matthew Braovac (MHAG)	Apr-18	A1/6.m3	tbc	tbc	data not available	An action plan is currently being developed. Appropriate measures will be included in the Delivery Plan once completed.
	A1/6.ac4			Work with users and BHFT to co-produce improvements to patients experience when in crisis	Matthew Braovac (MHAG)	Apr-18	A1/6.m4	tbc	tbc	data not available	The scope of the review was agreed by the MHAG at its meeting in September which includes consideration of the crisis service and also how society responds to lower level crises of people with enduring mental health issues. It has not been possible to identify a lead for this work and the resource implications are not yet clear. The HWB Steering Group have recommended that the scope of the review needs to be narrowed if the MHAG itself is to be responsible for its completion.
2018/19 Priority: Improve access to employment, education, training and volunteering for vulnerable people.				Raise local employers' understanding of regional skills needs and challenges of promote local employment opportunities to all, including vulnerable people.	Iain Wooloff (SEP)	Sep-18		Facilitate a 'Business & Wellbeing' conference for local employers, local authority representatives, business skills representatives and other stake holders to raise awareness of: 1. skills required to address the economic development strategy of the region 2. challenges facing vulnerable people when seeking employment	tbc March 2019	data not available	An action plan is currently being developed.
				Run events to engage local employers in promoting sustainable employment pathways for local people at all levels of work.	Iain Wooloff (SEP)	Sep-18		Hold an annual work and careers fair (Job Fair), promoted to local employed / unemployed people and schools / College age students (16+ years of age). The Job Fair to include local stakeholders promoting wellbeing and mental health support agencies	7th November 2018	#N/A	Completed in Q3.
					Iain Wooloff (SEP)	Sep-18		Hold a Skills Awareness day for vulnerable people, including those with learning difficulties and disabilities promoting employment pathways.	tbc July 2019	data not available	An action plan is currently being developed.
				Support local employers to create accessible and supportive work environments to all people, including vulnerable people.	Iain Wooloff (SEP)	Sep-18		Local stakeholders produce a tool kit for employers that enable them to support vulnerable people in employment or support vulnerable people to employment.	Date/ milestones tbc	data not available	An action plan is currently being developed.

Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targeted)	Narrative
HWB Strategic Aim: Give every child the best start in life	Objective 1	Decrease the educational attainment gap between children who are eligible for Pupil Premium Grant and the rest	A1/1.ac1	tbc	Pete Campbell (CDG)	tbc	A1/1.m1	tbc	tbc		The chair is undertaking work to refocus the work of the CDG via three subgroups focusing on prevention, educational attainment and self-harm. The group also holds governance oversight of the SEND Strategy implementation on behalf of the Health and Wellbeing Board.
	Objective 3	Improve educational and health outcomes for Looked After Children	A1/3.ac1	tbc	Pete Campbell (CDG)	tbc	A1/3.m1	tbc	tbc		
	Objective 4	Support the health and wellbeing of young carers	A1/4.ac1	tbc	Pete Campbell (CDG)	tbc	A1/4.m1	tbc	tbc		
HWB Strategic Aim: Support mental health and wellbeing throughout life	Objective 5	Promote the emotional health and wellbeing of children	A1/5.ac1	tbc	Pete Campbell (CDG)	tbc	A1/5.m1	tbc	tbc		
	Objective 7	Prevent suicide and self-harm for adults and young people	A1/7.ac1	Organise training for employers regarding suicide awareness and the signs of stress	Garry Poulson (SPAG)	Oct-18	A1/7.m1	tbc	2	0.0 Q1	Data not available until February 2019.
						Oct-18	A1/7.m2	Number of employers who attend each training event	30	50.0 Q3	The next employer training event will take place in February 2019. it is not clear whether it will be possible to hold a second so it is intended to make the February session as broad reaching as possible.
						Oct-18	A1/7.m3	Proportion of participants who report an increased level of confidence of suicide prevention on training evaluation form	0.75	100.0% Q3	Data not available until February 2019.
			A1/7.ac2	Reduce access to the means of suicide	Garry Poulson (SPAG)	Apr-18	A1/7.m4	Identify suicide risk sites at which to promote Samaritans with appropriate signage.	6	4.0 Q2	Work is ongoing in partnership with the Council's Highways Team and Samaritans to identify suicide risk sites across the District. 4 sites have been identified so far in 2018/19.
			A1/7.ac3	Reduce the risk of suicide in key high-risk groups	Garry Poulson (SPAG)	Apr-18	A1/7.m5	Run a suicide awareness campaign to target men in places such as the rugby club, pubs, comedy nights, etc.	1	1.0 Q1	A campaign is being run in barber shops to target men. The SPAG's Chair has also performed at the Hungerford Comedy Club to raise awareness in a rural community. Volunteers are coming forward to help distribute leaflets among the community.
	Garry Poulson (SPAG)	Apr-18			A1/7.m6	Run events to raise awareness of suicide among men.	2	0.0 Q1	A survivor of bereavement by suicide has come forward to hold talks at sports clubs.		
	Objective 9	Ensure early assessment of and good provision of care for those with dementia	A1/9.ac1	Implement changes to Birchwood Care Home as identified in the dementia enabling environment audit	Sue Brain, Adult Social Care	Apr-18	A1/9.m1	Project completion date is not targeted.	(Not targeted)	data not available	Most of the internal work on the units is done. Financial constraints mean we cannot complete the garden design this financial year nor the individual bedrooms as we would wish. All communal areas, communal tea stations on the units and signage etc has been completed as approved initially. The design included the development of a quiet lounge, clinical room and appropriate colours utilised in all communal areas, fireplaces etc in the lounges plus dementia friendly signage on all units. The two floors have been divided into 4 units as initially agreed to make smaller more comfortable living spaces for residents.

Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targeted)	Narrative
HWB Strategic Aim: Reduce premature mortality by helping people lead healthier lives	Objective 10	Reduce alcohol related harm across the district for all age groups	A3/10.ac1	Monitor uptake of Identification & Brief Advice (IBA) training	Denise Sayles (SMHRP)	Jan-18	A3/10.m1	Total number of WBC staff, GP staff, volunteers and staff from Lifestyle Intervention Providers trained in Identification & Brief Advice (IBA) - by June 2019	381 by end of March 2019	51.0 Q2	234 of the total 450 target have been trained. 2017/18 Q4: 69 2018/19 Q1: 118 2018/19 Q2: 51 2018/19 Q2 was over the summer period so fewer courses were held.
							A3/10.m2	Number of WBC staff trained in Identification & Brief Advice (IBA)	(Not targeted)	20.0 Q2	Attendance by WBC staff at the training continues to be a good proportion of the overall number of delegates
							A3/10.m3	Number of GP practices trained in Identification & Brief Advice (IBA)	(Not targeted)	2.0 Q2	The provider ran a Time for Improving Patient Services (TIPS) event for the CCG therefore attendance by GPs was particularly strong in quarter one. As expected the number of GPs trained in quarter two was low, however GPs from all practices in West Berkshire have now been trained.
							A3/10.m4	Number of volunteers trained in Identification & Brief Advice (IBA)	(Not targeted)	0.0 Q2	The training has been advertised in the Volunteer Centre's newsletter and will continue to be publicised.
							A3/10.m5	Number of Lifestyle Intervention Providers trained in Identification & Brief Advice (IBA)	(Not targeted)	0.0 Q2	Further promotion of the training to Solutions4Health is required and has been pushed in quarter two. Attendance should increase from quarter 3.
			A3/10.ac2	Monitor how many staff incorporate Identification & Brief Advice (IBA) into their practice	Denise Sayles (SMHRP)	Jan-18	A3/10.m6	Proportion of IBA trained people who have used training (3 month survey) - by June 2018	75%	53.0% Q2	The proportion of people who have used the training remains consistent at around half. This is in line with the provider's expectation so there is a lesson to be learned around target setting. The large target for overall numbers to receive the training might also have meant that people have been trained who do not often need to use IBA in their day jobs. In future consideration should be given to whether a training programme can be both targeted to staff who will use it and offered widely.
			A3/10.ac3	Outcome: Improve knowledge and confidence of those receiving Identification & Brief Advice (IBA) training	Denise Sayles (SMHRP)	Jan-18	A3/10.m7	Proportion of participants who report an increase level of confidence of IBA on training evaluation form (Identification & Brief Advice (IBA)) - by March 2019	75%	100.0% Q2	Feedback from the training evaluation indicates that delegates feel it has improved their confidence with IBA
			A3/10.ac4	Monitor training in the Blue Light approach	Denise Sayles (SMHRP)	May-18	A3/10.m8	Number of Blue Light (BL) project training sessions and 'train the trainer' sessions delivered by Public Health	2	0.0 Q2	Alcohol Change UK have delivered all 7 training sessions agreed as part of the contract. The council's Public Health Team have committed to run at least two additional training sessions per year in order to sustain the project in the long term.
			A3/10.ac5	Develop and agree action plans to support treatment resistant drinkers in the Blue Light (BL)	Denise Sayles (SMHRP)	May-18	A3/10.m10	Number of identified treatment resistant drinkers on Blue Light project, with an agreed action plan	15	7.0 Q2	The Blue Light Operational Group has been established and is supported by a Blue Light Outreach Worker, employed via Swanswell. 7 clients have been identified and are being supported by the Outreach Worker. As more referrals are considered through the second half of the year it is possible that the target will be met.
			A3/10.ac6	Outcome: Reduce the cost to other WBC services for ongoing support by engaging treatment resistant drinkers in the Blue Light approach	Denise Sayles (SMHRP)	May-18	A3/10.m11	£ cost saved per client (at end of project)	(Not targeted)	data not available	It is too early to calculate the savings to the system per client.

Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targetted)	Narrative
HWB Strategic Aim: Build a thriving and sustainable environment in which communities can flourish	Objective 14	Increase the number of Community Conversations through which local issues are identified and addressed	A4/1.ac1	Increase the number of community conversations held	Susan Powell (BCT)	Apr-18	A4/1.m1	Number of new community engagements facilitated (BCT)	>10	4.0 Q2	<p><i>This measure has been changed from 2017/18 to better reflect the BCT Team's role. 12 YTD</i></p> <p>Q1: 8 community engagement events were facilitated in quarter one including: Parish Clerks workshop, H&WB problem solving session, Peer Mentors coordinators conversation, Lambourn Parish Council, Burghfield and Mortimer Door knock, Homeless Conference, Berkshire School of English and Royal Berkshire Fire & Rescue engagement in schools</p> <p>Q2: Initial conversations with Purley residents on instigating a community conversation. Progress was stalled until after a public meeting had taken place and the publication of the parish plan had been completed. In August, network meeting to discuss connecting with minority communities resulted in plans for an event in Q3. The Independent Advisory Group was formalised with the adoption of the Terms of Reference and a forward plan was initiated.</p>
	Objective 15	Ensure that housing is of good quality, accessible and affordable.	A4/15.ac1	Develop a Homeless and Rough Sleepers Winter Plan for 2018/19 to be presented to the Health and Wellbeing Board on 4th October 2018.	Sam Headland (HSG)	May-18	A4/15.m1	The Winter Plan is presented and agreed.	Oct-18	Completed.	The Health and Wellbeing Board received and approved the Winter Plan. It requested that it received an update at the meeting on 24 January 2019.
			A4/15.ac2	Support people experiencing multiple needs including homelessness, substance abuse, contact with the criminal justice system and mental ill health through a coordinated approach	Susan Powell (BCT)	Apr-18	A4/15.m2	Number of individuals accepted into the Making Every Adult Matter (MEAM) cohort	Not targetted	6.0 Q1	Data not available for Q2.
	Objective 18	Increase reporting of domestic abuse and decrease repeat incidents of domestic abuse	A4/18.ac1	Monitor number of repeat incidents of Domestic Abuse reported to Thames Valley Police	Susan Powell (BCT)	Apr-18	A4/18.m1	Number of Domestic Abuse incidents reported to Thames Valley Police (recorded crimes)	Not targetted	326.0 Q2	No comment supplied.
							A4/18.m2	Number of Domestic Abuse incidents reported to Thames Valley Police (non crime)	Not targetted	311.0 Q2	New for 2018/19 to provide context for Repeat Victimisation Rate.
							A4/18.m3	Domestic Abuse Repeat Victimisation Rate reported to Thames Valley Police	Not targetted	42.2% Q2	No comment provided.
			A4/18.ac2	Improve staff awareness of domestic abuse	Susan Powell (BCT)	Jul-18	A4/18.m4	Number of multi-agency staff trained in Domestic Abuse Awareness	Not targetted	14.0 Q2	No comment supplied.
							A4/18.m5	Number of multi-agency staff trained in Domestic Abuse Champions	Not targetted	0.0 Q1	<p><i>Amended for 2018/19. Awareness training will still include DASH/MARAC.</i></p> <p>Train the Trainer scheduled for Q3 2018/19 to enable training to be implemented.</p>

Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targetted)	Narrative
HWB Strategic Aim: Help older people maintain a healthy, independent life for as long as possible	Objective 19	Prevent falls and ensure integrated care for those who have sustained a fall	A5/19.ac1	Increase the number of people aged over 65 who are at risk of a fall who have attended a Steady Steps class	April Peberdy (AWTG)	Ongoing	A5/19.m1	Increase the proportion of people aged 65+ at risk of falling who take part in a 'Fall Prevention' class (Steady Steps) (At risk 35% of population aged 65-84 = 7,188 45% of population aged 85+ = 1389) (Total = 8,577)	1%	2.0% Q2	Q2/YTD = 199/8,577 Q3/YTD = 182/8,577 Q4: 147 / 8,577 YE: 528/8577 = 6.2%
			A5/19.ac2	Increase the number of people aged over 65 who are at risk of a fall who have attended a Tai Chi course	April Peberdy (AWTG)	Ongoing	A5/19.m2	Increase the proportion of people aged 65+ at risk of falling who take part in a Tai Chi for Falls Prevention class (At risk 35% of population aged 65-84 = 7,188 45% of population aged 85+ = 1389) (Total = 8,577)	0.50%	.3% Q2	Q1: 23/8,577 Q2: 46/8,577 Q3: 27/8,577 Q4: 32/8,577 YTD = 128/8,577 = 1.5%
			A5/19.ac3	Conduct campaigns to increase public awareness of falls and how to prevent falls.	April Peberdy (AWTG)	Ongoing	A5/19.m3	Number of Falls Prevention Awareness Campaigns	3	1.0 Q1	One campaign on Falls and Hydration was completed in summer 2018 and another in October 2018 when clocks changed. The last campaign for 2018-19, will take place in March 2019 when clocks change.
			A5/19.ac4	Deliver training to WBC staff, NHS Staff and volunteers on the Falls Prevention Pathway to increase knowledge of available services and the recommended approach.	April Peberdy (AWTG)	Jan-18	A5/19.m4	Number of Falls Prevention Awareness Training sessions delivered	3	12.0 Q2	Two training sessions delivered by AP at the Commissioning Provider forum and HWB Steering Group. Eleven training sessions provided by Falls Coordinators to Sovereign housing schemes, 4 more to take place. Frailty and falls awareness training is planned for all stakeholders from January 2019 as one-off funding has been provided by the HWB sub-committees fund.
			A5/19.ac5	Develop and implement a multi-factorial falls risk assessment tool (FRAT)	April Peberdy (AWTG)	Jan-18	A5/19.m5	Number of risk assessments conducted using FRAT tool	30	2.0 Q2	Safe and Well pilot commenced Autumn 2018 instead of Spring as hoped (run by the Royal Berkshire Fire and Rescue Service). NB. The RBFRS used an approved referral form with the FRAT questions on the reverse. The completed referral forms are sent to Adult Social Care via the Falls Coordinators.
			A5/19.ac6	Falls co-ordinator project -Conduct an Early Intervention Project to identify those most at risk of falls	April Peberdy (AWTG)	Jan-18	A5/19.m6	Number of people aged over 65 identified as at risk of falls.	130	58.0 Q2	Three falls co-ordinators employed by ASC are working across West Berkshire to identify individuals who are at risk of falling or who have fallen. (since the project commenced in Nov 17 (171) people have been seen. The funding for this work will finish in Feb 19. Q1 2018/19: 37/130 Q2 2018/19: 58/130 YTD= 95/130
			A5/19.ac7	Conduct a Home Safety Check Pilot with RBFRS	April Peberdy (AWTG)	Jan-18	A5/19.m7	Number of Home Safety Checks	60	2.0 Q2	See A5/19.ac5

Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targetted)	Narrative
How we will deliver the Strategy: Integration	Batter Care Fund National Condition 1	Delayed transfers of care	BCF1/ac1	Decrease the number of bed days due to Delayed Transfers of Care (DTC) from hospital	Tandra Forster/ Shairoz Claridge (WBLIB)	Mar-17	BCF1/m 1	Decrease the number of bed days due to Delayed Transfers of Care (DTC) from hospital	variable	363.0 Q2	Q2 performance has continued strong with overall delays below the agreed BCF target, this despite increased demand and continued challenges with the market. (See below for published expectations). Performance is shown as a snapshot so Q2 is the bed days for the month end September 2018. 2018/19 expectations Per day (average daily delays) NHS ASC Joint Total 6.7 3.2 6.5 16.4 Monthly target for September 2018: 429 days.
	Better Care Fund National Condition 2	Non-elective admissions (General and Acute)	BCF2/ac1	Monitor the number of non-elective admissions (General and Acute)	Tandra Forster/ Shairoz Claridge (WBLIB)	Mar-17	BCF2/m 1	Number of non-elective admissions (General and Acute) per 100k population	3249	3,588.0 Q2	[Target (Aim to be lower than)]/ Actuals: Q1: [3249]/ 3598 Q2: [3269] 3588 Q3: [3462] Q4: [3442] [YE total]/ YTD actuals: [13422] / 6518
	Better Care Fund National Condition 3	Admissions to residential and care homes	BCF3/ac1	Monitor the number of permanent admissions of older people aged 65+ to residential and care homes (per 100,000 of population)	Tandra Forster/ Shairoz Claridge (WBLIB)	Mar-17	BCF3/m 1	New permanent admissions of older people aged 65+ to residential and care homes (per 100,000 of population) (ASCOF 2A (part 2))	tbc	636.8 Q2	No RAG as target tbc Provisional data - to be confirmed ASCOF 2A presented as per 100,000. Numerator just shows number of new admissions We focus on helping people home wherever possible and were disappointed to see an increase in admissions last year. We will continue to focus on promoting community options.
	Better Care Fund National Condition 4	Effectiveness of reablement	BCF4/ac1	Increase the percentage of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Tandra Forster/ Shairoz Claridge (WBLIB)	Mar-17	BCF4/m 1	% of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	83%	86.0% Q2	Performance has improved as a result of a more targeted approach, but given the small numbers maintaining this will always be a challenge.
				Increase the percentage of new clients where service following enablement was Ongoing Low Level Support, STS (Other), Universal Services/IAS or No identified needs (ASCOF 2D)		Mar-17	BCF4/m 2	% of new clients where service following enablement was Ongoing Low Level Support, STS (Other), Universal Services/IAS or No identified needs (ASCOF 2D)	60%	64.5% Q2	YTD: 289/448
How we will deliver the strategy: Public Engagement		Raise the profile of the Health and Wellbeing Board and its workstreams using a range of platforms.		Use local print media to promote the work of the Health and Wellbeing Board, its sub-groups or any pertinent issues	Kamal Bahia (PPE)	May-18		Number of articles published in the Newbury Weekly News per year	12	5.0 Q2	5 articles have been published in the Newbury Weekly News so far under the Your Health Matters brand. A double article is planned for November regarding alcohol and carer's rights so this will ensure the overall target is achieved. July's theme was Community Learning. No article was published in August. September's themes were end of life, palliative care and ReSPECT.
		Raise awareness of coproduction approaches among decision-makers and service designers		Run a training session for key stakeholders.	Kamal Bahia (PPE)	Jul-18		Session to be held in July 2018	Jul-18	Completed in Q2	The PPE Group organised for the Oxford Academic Health Science Network to run a session on Patient and Public Involvement. The session was well attended and received good feedback.

Update on Priority One (Mental Health) for 2018/19

Report being considered by: Health and Wellbeing Board

On: 24 January 2019

Report Author: Jo Reeves

Item for: Discussion

1. Purpose of the Report

- 1.1 To receive an update of progress made regarding Priority One (Mental Health) for 2018/19.

2. Recommendation

- 2.1 The Health and Wellbeing Board note the report.

3. How the Health and Wellbeing Board can help

- 3.1 Recommend what data it wishes to see reported in future versions of the quarterly performance report.
- 3.2 Thank Matthew Braovac for his work as Independent Chair of the MHAG and recommend who should be asked to chair the Mental Health Action Group in the future.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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4. Introduction/Background

- 4.1 In 2017 it emerged that governance and local action around Mental Health required strengthening to respond to the growing interest on the matter and need within the community. The Mental Health Action Group (MHAG) was established in August 2017 and in April 2018, the Health and Wellbeing Board confirmed that one of its two priorities for 2018/19 would be 'promote positive mental health and wellbeing for adults'.
- 4.2 The Health and Wellbeing Board has received three updates from the MHAG; the first in November 2017, the second in January 2018 and the third in May 2018. Richard Benyon MP who has an interest in mental health was present at the first and third meetings. The purpose of this report is to provide an update on the progress made since its last report in May 2018.

5. Supporting Information

- 5.1 In November 2017, the MHAG identified four key work streams to pursue in the short term. These are presented below alongside an update for each area.

Celebrate, promote and connect existing resources especially those who provide Community Navigation and Peer Support

- 5.2 The Council's Public Health team consulted with the MHAG on the Village Agent service specification. As a result of their feedback, they are now known as Village Agents with the tagline 'the community connectors' and have increased focus on mental health for anyone aged over 18.
- 5.3 Berkshire West Your Way Peer Support Service expanded into West Berkshire from 1st June 2018. After a stalled start with some staffing changes, they are now seeking to offer peer support and peer support training and deliver a flexible programme of service user led groups and activities in the community. Berkshire West Your Way have engaged with partners through the MHAG to seek to complement rather than duplicate existing peer support groups.
- 5.4 In September/ October 2018, the MHAG put forward a bid to the HWBB Priority Fund on behalf of Eight Bells for Mental Health. Eight Bells is a local charity which provides peer support, advice and advocacy to its members. The sum of £5685 was successfully bid for to enable the charity to open a third day.
- 5.5 In December 2018, the MHAG put forward an additional bid of £6100 on behalf of Open for Hope to support the continuation and expansion of their peer support service.
- 5.6 Additionally, the MHAG have approved the scope of a project to develop a coordinated approach to community connection and peer support and is awaiting further information regarding timescales. The project carries the following objectives:
- (1) Agree a multi-agency 'definition/understanding' of what is community connecting/social prescribing.
 - (2) Understand and map current community connector provision across West Berkshire.
 - (3) Review the evidence base and best practice for community connector schemes.
 - (4) Co-design, develop and pilot a new community connector model.
- 5.7 The project is being led by WBC Public Health and Wellbeing Team and includes a review of existing health improvement services. Given the cross-cutting nature of this work and focus on strength based approaches, it is also engaging with the Building Communities Together Partnership.

Exploring the introduction of a digital community resource directory for prevention, recovery and self-care

- 5.8 The MHAG identified that a new directory was not required because there were a number of existing directories, including the West Berkshire Directory. Formerly known as the Social Care information Point (or SCiP), it was already populated with the details of numerous groups in the District. The MHAG took advantage of the opportunity to influence the SCiP's scheduled upgrade to ensure that information was accessible and easy to navigate to individuals seeking mental health support.

The Council's Adult Social Care team ran a workshop in December 2018 with mental health service users to draft some 'Frequently Asked Questions' to help users to navigate the site more effectively.

- 5.9 It is hoped that an app can be developed to support the West Berkshire Directory and that it can be used as a foundation for an asset based approach for the Joint Strategic Needs Assessment.
- 5.10 The MHAG has also sought to regain control of and update the Emotional Wellbeing West Berkshire website. Once refreshed, the site will provide advice from people with lived experience of mental health issues and information on events. A volunteer web designer has been recruited who can support service users and others in rebuilding the site and who is seeking to identify a friendly URL. It is hoped that the some of the service users who attend the workshop in December will get involved in running the website long-term.
- 5.11 Work is also underway to develop our understanding of asset mapping and seek an agreement on how asset mapping should be undertaken across the district. Work has initially involved looking at how the Directory (WBD) could be utilised to support this work with the following lines of enquiry:
- Promote WBC and NHS commissioned services to advocate the use of the database and explore stipulating its use within contractual arrangements
 - Explore the feasibility of developing an App for ease of access
 - Explore how the WBD platform can support the local asset mapping work undertaken as part of the BCT and community conversations
 - Understand how the WBD could be used to support the future development of the local Joint Strategic Needs Assessment (JSNA) and help align demand, needs and supply
 - Explore whether local information and advice standards are needed across West Berkshire to ensure consistency across all online information in West Berkshire
 - Explore whether activities and services could be categorised and colour coded onto the map functionality with the WBD
 - Consider using the Public and Patient Participation Group to work on spreading the word about the WBD and securing buy-in throughout the district
 - Explore linking DSX and NHS 111 Digital to the West Berkshire WBD

Investigating preventable deaths from physical health conditions of people with serious mental illness

- 5.12 In 2017 it was identified that West Berkshire might be an outlier in rates of premature mortality amongst people with a Severe Mental Illness (SMI.) The MHAG requested that the CCG undertake an audit of deaths considered preventable of people with SMI. It was identified that the primary cause of these deaths was cancer, however alcohol was a factor in 28% of cases reviewed. The CCG have subsequently sought to introduce a primary care model to deliver physical health checks to people with SMI.
- 5.13 Additionally in September/ October 2018, the MHAG put forward a bid to the HWBB Priority Fund on behalf of the Recovery College. The Recovery College is a social enterprise which runs courses to promote physical and mental self care to individuals with a range of mental health needs. The sum of £1500 was successfully bid for to run an additional module to support people with SMI to understand the

importance of managing their physical health and education around the impact of mental health problems on physical health. The MHAG envisages that these two elements of the SMI work will be complementary.

Work with users and BHFT to co-produce improvements to patients experience when in crisis

- 5.14 Healthwatch, at their Thinking Together events, gathered feedback from service users regarding mental health services in West Berkshire. A common theme emerged regarding experiences when in mental health crisis. In January 2018, the MHAG confirmed that they would conduct a coproduced crisis service review. In March 2018, Healthwatch held a further Thinking Together event, themed on crisis. As a result, a crisis review proposal was drafted.
- 5.15 In September 2018, the crisis review scope report was agreed by the MHAG. The MHAG felt that strong leadership was necessary to drive the review and ensure the necessary buy-in from all relevant organisations. There was also a question of whether the review should just cover West Berkshire, from where it had originated, or the whole of Berkshire, which is the area covered by the Crisis Service. The group therefore escalated the matter to the Health and Wellbeing Steering Group.
- 5.16 Katrina Anderson, Interim Director of Joint Commissioning for Berkshire West CCG, attended the MHAG on 13 December 2018 in order to identify a way forward and to explain the activity being undertaken by the CCG on mental health at a higher level. The CCG committed to undertake a system-wide review of the crisis care pathway and would identify the ways in which service users in West Berkshire could be involved to ensure the review is coproduced.

6. Options for Consideration

- 6.1 The Health and Wellbeing Board will have heard that the MHAG have been slow to identify performance indicators on which to report quarterly. Work has been undertaken throughout the year to formalise project plans around each of the four work streams. Project milestones/ deliverables will emerge as these project plans mature.
- 6.2 Bearing in mind that the MHAG has not commissioned any services and the small amounts of money involved, the Health and Wellbeing Board are requested to advise whether they wish to receive any information on measures of success as a result of the funding awards to Recovery College and Eight Bells.
- 6.3 The Recovery College have advised that they will measure:
- (1) Delivery of three modules in a year
 - (2) Students' attitude at both the beginning and end of the course within which the module is part of.
 - (3) Course evaluation feedback
 - (4) Post follow up measurement of attendance at physical health checks
- 6.4 Eight Bells have advised that they will measure:

- (1) Numbers of attendees, issues, and how these were supported or resolved
- (2) Reduction in the average number of members needing the crisis team – currently averages 4 a week.

- 6.5 The Health and Wellbeing Board are asked to consider the MHAG's work streams and recommend what data they would like the MHAG to report going forward.
- 6.6 Matthew Braovac, the volunteer Independent Chair of the MHAG, stepped down in December 2018. Matt Pearce, Head of Public Health and Wellbeing, has agreed to chair the MHAG on an interim basis. The Health and Wellbeing Board should consider who should be asked to chair the MHAG in the long term.

7. Conclusion

- 7.1 Mental health is a high profile area nationally and locally and, understandably, an emotive subject to many. The MHAG has been focusing on four work streams over the past year, each with varying levels of work required. It has done well to include service users and community stakeholders in its work. At present the MHAG is trying to consider ongoing involvement in the crisis review in order to fulfil the expectation it has set to the Health and Wellbeing Board but more importantly the service users who attended Thinking Together events.

8. Consultation and Engagement

- 8.1 Mental Health Action Group members, Health and Wellbeing Steering Group

Background Papers:

n/a

Health and Wellbeing Priorities 2018/19 Supported:

- Support mental health and wellbeing for adults
- Improve access to employment for vulnerable people

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by:

- Celebrate, promote and connect existing resources especially those who provide Community Navigation and Peer Support.
- Exploring the introduction of a digital community resource directory for prevention, recovery and self-care
- Investigating preventable deaths from physical health conditions of people with serious mental illness
- Work with users and BHFT to co-produce improvements to patients experience when in crisis

Officer details:

Name: Jo Reeves
Job Title: Principal Policy Officer (Executive Support)
Tel No: 01635 519486
E-mail Address: joanna.reeves@westberks.gov.uk

West Berkshire Vision 2036

Report being considered by: Health and Wellbeing Board
On: 24/01/2019
Report Author: Gabrielle Mancini
Item for: Decision

1. Purpose of the Report

1.1 To introduce the final draft of the West Berkshire 2036 Vision to the Health and Wellbeing Board.

2. Recommendation

2.1 That the Health and Wellbeing Board agrees to adopt the West Berkshire 2036 Vision.

3. How the Health and Wellbeing Board can help

3.1 The Health and Wellbeing Board is invited to endorse the West Berkshire 2036 Vision. If it does so, it will be best placed to monitor the aspirations it contains on a regular basis and to contribute towards better outcomes for West Berkshire residents and businesses across a number of policy areas.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: x	No:
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4. Introduction/Background

4.1 In early 2017, the West Berkshire Health and Wellbeing Board decided to produce a long term vision statement for the district.

4.2 The aim of this vision statement was to identify challenges and opportunities for West Berkshire in the years to 2036 across all policy areas and to establish shared aspirations for the future of the district.

4.3 The first draft of the West Berkshire 2036 Vision was produced by West Berkshire Council's Chief Executive and Performance and Research Team in mid-2017.

4.4 It was felt that the second draft of the West Berkshire 2036 Vision would benefit from input from a wider variety of age groups, backgrounds and service areas. The Chief Executive asked for volunteers to coordinate this and received an offer from an officer who, at that time, was based in Strategic Support.

4.5 A group of West Berkshire Council officers then worked with Health and Wellbeing Board members to form a second draft, which went out to consultation in September 2018.

- 4.6 Following the closure of the consultation in October 31st 2018, the responses were considered and the team working on the draft made a number of amendments, which are reflected in this final draft.
- 4.7 There were 96 responses to the consultation.
- 4.8 Consultees were asked whether they agreed with the five themes laid out in the West Berkshire 2036 Vision. 85% of respondents either strongly agreed or agreed with the themes, with the majority of the remainder stating that they neither agreed nor disagreed with the themes.
- 4.9 Feedback on the content of the West Berkshire 2036 Vision was, in the main, very positive and respondents felt that the aspirations chosen were the correct ones.
- 4.10 Of the concerns expressed about the content, the majority of these were in the final chapter and related to our aspirations for our historic environment and our cultural offering. Officers gave consideration to this and made a number of amendments to the chapter. A meeting of partners interested in working towards a more comprehensive cultural strategy took place in December 2018, which will contribute to work in this area.

5. Supporting Information

- 5.1 A comprehensive body of evidence was collated to support the aspirations in the West Berkshire 2036 Vision and is included as an appendix to the report.

6. Options for Consideration

- 6.1 Endorsing the West Berkshire 2036 Vision.

7. Proposal

- 7.1 That the West Berkshire Health and Wellbeing Board endorses the West Berkshire 2036 Vision.

8. Conclusion

- 8.1 The West Berkshire Health and Wellbeing Board is asked to endorse the final draft of the West Berkshire 2036 Vision.

9. Consultation and Engagement

- 9.1 The draft West Berkshire 2036 Vision was out for public consultation for six weeks in September and October 2018.
- 9.2 The draft West Berkshire 2036 Vision was discussed at West Berkshire Council's Overview and Scrutiny Management Commission in October 2018.

10. Appendices

Appendix A – Data Protection Impact Assessment

Appendix B - West Berkshire Vision 2036 Final Version

Appendix C – West Berkshire Vision 2036 Consultation Tables and Graphs

Appendix D - West Berkshire 2036 Vision Supporting Evidence

Background Papers:

West Berkshire 2036 Vision final draft

West Berkshire 2036 evidence

Health and Wellbeing Priorities 2018/19 Supported:

- x Promote positive mental health and wellbeing for adults.
- x Improve opportunities for vulnerable people to access education, employment, training and volunteering.

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- x Give every child the best start in life
- x Support mental health and wellbeing throughout life
- x Reduce premature mortality by helping people lead healthier lives
- x Build a thriving and sustainable environment in which communities can flourish
- x Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by encouraging partners to contribute to a range of evidence based aspirations that will improve outcomes for residents and businesses across West Berkshire in a wide range of policy areas.

Officer details:

Name: Gabrielle Mancini
Job Title: Economic Development Officer
Tel No: 01635 519449
E-mail Address: gabrielle.mancini@westberks.gov.uk

Appendix A

Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via dp@westberks.gov.uk

Directorate:	Economy and Environment
Service:	Development and Planning
Team:	Economic Development and Infrastructure
Lead Officer:	Gabrielle Mancini
Title of Project/System:	West Berkshire 2036 Vision
Date of Assessment:	11/1/2019

Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
<p>Will you be processing SENSITIVE or “special category” personal data?</p> <p><i>Note – sensitive personal data is described as “data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation”</i></p>		x
<p>Will you be processing data on a large scale?</p> <p><i>Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both</i></p>		x
<p>Will your project or system have a “social media” dimension?</p> <p><i>Note – will it have an interactive element which allows users to communicate directly with one another?</i></p>		x
<p>Will any decisions be automated?</p> <p><i>Note – does your system or process involve circumstances where an individual’s input is “scored” or assessed without intervention/review/checking by a human being? Will there be any “profiling” of data subjects?</i></p>		x
<p>Will your project/system involve CCTV or monitoring of an area accessible to the public?</p>		x
<p>Will you be using the data you collect to match or cross-reference against another existing set of data?</p>		x
<p>Will you be using any novel, or technologically advanced systems or processes?</p> <p><i>Note – this could include biometrics, “internet of things” connectivity or anything that is currently not widely utilised</i></p>		x

If you answer “Yes” to any of the above, you will probably need to complete [Data Protection Impact Assessment - Stage Two](#). If you are unsure, please consult with the Information Management Officer before proceeding.

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West Berkshire Vision | 2036



A West Berkshire
where everybody
has what they
need to fulfil
their potential



A West Berkshire
with a housing
mix with
something
for everyone



2036

WEST BERKSHIRE

A West Berkshire
with beautiful,
historic and diverse
landscapes and
a strong
cultural
offering



A West Berkshire
that welcomes
business,
enterprise and
industry into
a productive,
growing and
dynamic
local
economy



A West Berkshire
where the health
and wellbeing of
residents of all
ages and
backgrounds
is good



Foreword

A number of West Berkshire organisations, working under the umbrella of the West Berkshire Health and Wellbeing Board, have decided that at this time of major national and international change it is timely to start a fresh discussion about what we all want West Berkshire to look like in 2036.

2036 has been chosen for this purpose because it aligns with the timetable for the review of the West Berkshire Local Plan and also because it sets a realistic time period over which an agreed long term ambition can be realised. Aside from setting out an inclusive aspiration for West Berkshire in 2036, the Vision also has a role in setting a framework within which other strategies and plans will be developed. These include the West Berkshire Health and Wellbeing Strategy and the West Berkshire Economic Development Strategy.



The first draft of this document was developed through discussion and debate between a wide range of stakeholders from across the District. This draft was subject to a public consultation which revealed broad support for the ambitions articulated in the document. Amendments have been made as necessary in order to incorporate ideas raised as part of the consultation.

Accompanying this Vision are two other documents. One of them is a fully-referenced base of evidence which links every challenge or opportunity we have identified in **bold** to its source. The other will be an outcomes framework, which we will develop with interested partners and complete together in recognition of the collective nature of the Vision.

It is through collaborative working that we will achieve our aspiration that West Berkshire is a place where everyone is given the chance to thrive, regardless of their background.



Rick Jones
Chair of the Health and Wellbeing Board

West Berkshire should be a place where everyone is given the chance to thrive



Introduction

Today, West Berkshire is a **thriving district** in Southern England which, it has been said, boasts both the economic advantages of the South East and the excellent lifestyle opportunities of the South West. It is seen as a fantastic place to live by its residents, who benefit from good educational, health and employment opportunities. It has also received, in recent years, significant investment which has allowed it to flourish as a **well-connected, prosperous and desirable** local economy with world-class digital infrastructure.

That isn't to say it is without its problems. Evidence, which will be explored later, suggests that these good outcomes are not being enjoyed by all residents across West Berkshire. When travelling a relatively short distance within the district, it is possible to encounter significant inequalities in wealth, life expectancy and health as well as education and employment prospects.

In the years to come, West Berkshire, and the world around it, will change significantly. Of course, some of this change will be planned, but much of it will be based on national and international trends and events. Regardless of how this change manifests itself, we must ensure that **we are ready** for it and we take every opportunity available to harness the best possible outcomes for residents.

This Vision contains evidence which sets out the sort of place West Berkshire is now and the sort of place we, as partners, aspire for it to be. As such, it encourages partners to focus very clearly on how they can continue to develop West Berkshire's existing attributes whilst embracing the change the future brings. It is hoped that this focus will bring about an **inclusive growth**, where everyone sees the advantages of our economic success in every aspect of their lives; whether it is in their health outcomes, their educational opportunities, their job prospects or their quality of life.

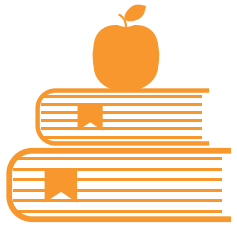
At the heart of this first draft is a meaningful commitment to **future-proof** West Berkshire across five key areas. Together, we will deliver:

- A West Berkshire where everybody has what they need to fulfil their potential
- A West Berkshire with a housing mix with something for everyone
- A West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy
- A West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good
- A West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering

These priorities demonstrate a **collective aim** of maintaining West Berkshire's status as a great place to live, work and learn whilst rising to the challenges we will face in the years to come.

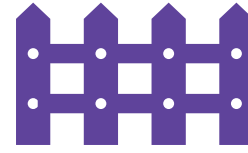
This will not be a Vision created by a small number of people. Instead, it is hoped that this initial document will start a conversation which will enable West Berkshire's communities to decide where the district goes next. Together as partners we will facilitate the change that West Berkshire needs to grow, both economically and socially, at a rate that **benefits all of its residents**, regardless of age, socio-economic status, health, gender or race.

Where are we now



95%
of schools **good**
or **outstanding**

In **bottom half** of Local
Authorities for barriers
to housing and services



Newbury is the
'top tech'
town



Part of
Thames Valley
'Turbo Economy'



Less than
an hour's
drive from Heathrow



4
working age people per
retired person



50%
educated to
degree level



Best
residential
care in
England

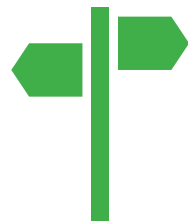
74% Area of
Outstanding
Natural Beauty



10,000
homes built
2000-2018



One of the best
places to be a
woman



Strategic
crossroads
of Southern
England

Population of
156,000



One of the
happiest
places



Best rural
broadband



Life expectancy
for women **84** for men **81**



Average house price
£338,316

Our hopes for the future



We will have delivered a West Berkshire where everybody has what they need to fulfil their potential.

All of our young people will be well-educated and the wealth of their parents will no longer be a major determinant of their educational outcomes and, by extension, their prospects for the future. We will have addressed the gaps in our employment market, so that the workforce has the skills it needs and that anyone, regardless of their age, health or ability is given a chance to participate in the workplace. West Berkshire's communities will be safer and residents will be more invested in the lives of those around them, as well as their own. Fundamentally, we will have ensured that everyone living in West Berkshire has the best possible start in life and has the opportunity to thrive.



We will have delivered a West Berkshire with a housing mix with something for everyone.

The evidence in this Vision quite clearly suggests that our demographics are projected to shift significantly, with only two working age people per retired person instead of four, as we have now. This will have implications for the number of care beds we require in West Berkshire and may also mean that adaptations will need to be made to homes and neighbourhoods to ensure our ageing population can access services. Our approach to housing will also, however, have sought to redress this generational imbalance and the concerns of our residents that their children would be priced out of the area where they grew up. There will be more affordable housing so that younger people and those on lower incomes can benefit from all that West Berkshire has to offer and so that their children after them will enjoy better outcomes as a result. In short, we will have focussed on providing a range of housing types and tenures that reflects the needs of the future population of West Berkshire.



We will have delivered a West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy.

West Berkshire will be even better-connected, with excellent transport links to London, Heathrow and other major locations. It will have become a hub for creativity, which encourages the entrepreneurial ideas of its people. The district will be known as a pro-business area, attracting the jobs and investment that we need to grow. Recruitment issues for our key industries will have been addressed, with significant investment in the skills of our people to meet demand. Through the provision of infrastructure we will have helped our residents to take up the latest and, where applicable, greenest technology that will enhance their lives and allow West Berkshire to compete internationally. In summary, we will have done all we can to secure the economic development the area needs to improve outcomes for all residents.



We will have delivered a West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good.

We have discussed the fact that our population is ageing. By 2036 we will have committed to the principle that our residents should not merely be living longer, but living well for as long as possible. The importance of both mental and physical health will be recognised, as we know that it can often be difficult to have one without the other. We will also have reduced the health inequalities within West Berkshire, so that where someone is born does not predetermine their health. In doing so, we will improve the wellbeing of our young people, giving them a strong foundation for their lives.



We will have delivered a West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering.

West Berkshire's cultural and historical assets will have been protected for generations to come but, in reflection of modern life, the way in which they are delivered will have changed. They will have become true community assets, so that the people of West Berkshire are given the opportunity to make a meaningful contribution to their future, so that the role of the past is integral part of what is to come. We will have also done all within our power to mitigate the impact of climate change on our natural environment, making responsible choices in our own energy use and encouraging our residents and visitors to do the same in theirs. In short, we will have retained and enhanced our offering so that it can be enjoyed by as many people as possible. West Berkshire will be, as it is now, a beautiful place to live. Its status as a living landscape will have been protected so that generations to come can appreciate it, just as those before them have done.





Page 51

A West Berkshire
where everybody has
what they need to
fulfil their potential

West Berkshire is a well-connected, thriving district with low levels of unemployment, a very well-qualified workforce and, in many areas, a keenly-felt sense of community. Almost all of its schools have been judged to be good or better by Ofsted, levels of young people not in education, employment or training are lower than the national average and over half of residents have a qualification at degree level or higher. It is also a safe place to live, with crime rates below the national average and very favourable local conditions in the areas proven to drive positive wellbeing.

As with all areas, however, there is need for improvement to ensure that all residents, regardless of their background, are given the same educational, technological and employment opportunities as well as the right to feel safe and nurtured in their communities. It is this that will drive growth and deliver the outcomes our communities need.

Our challenges, our opportunities and our aspirations

Local authority budgets are facing significant pressures, with historically low central government grants leading to reductions in council budgets. Meanwhile, communities are becoming more engaged with their local services.

West Berkshire's communities will decide together what services they see as a priority and will, where they wish to, participate in how they are delivered.

With each generation more technologically capable than the last, there will be a growing demand for online learning as well as a need to acquire new skills, such as coding, that previous generations did not experience.

We will monitor technological change and give the district's young people the skills and equipment they need to compete in our changing world.

Engineering, technology, science and finance are among the areas that are likely to see high employment demand in the future.

We will seek to improve attainment in STEAM (science, technology, engineering, arts and maths) subjects and will explore the use of different educational models, including T Levels and apprenticeships, to meet demand.



In some ways, West Berkshire's levels of social mobility are significantly lower than other areas of the country. There remains a wide gap between the attainment of those on free school meals and those who are not.

We will seek to become a national exemplar with the best opportunities for social mobility of any local authority area.

There are relatively low employment rates for certain vulnerable groups including those with mental health illness and learning disability when compared with other areas.

We will renew the focus on equality of opportunity and ensure that those who want to are given the chance to enter, or re-enter, the workplace.

There will be a significant shift in West Berkshire's age groups and is estimated that by 2036, there will be one retired person for every two working age people.

We will help to facilitate an environment in which the older generation are encouraged to stay in the work place longer, allowing them contribute to the local economy and their local communities supported and enabled through the use of the best technology.



There has been an upward trend in crime levels in recent years, with the nature of crime changing. Child sexual exploitation, modern slavery, cybercrime and domestic abuse are among the increasingly significant issues.

We will educate residents as to how they can spot, prevent and discourage these crimes as well as taking all necessary action when they do occur.



Extremism has also become more prevalent nationally in recent years, with radicalisation now an increasing issue across the UK.

We will put further measures into place to protect communities, should a threat arise, and ensure that residents are aware of potential threats and how to act accordingly.

Drug and alcohol abuse also remain a local concern in West Berkshire and are significant contributing factors to crime and poor health.

We will work together to confront the root cause of these specific local concerns to promote better outcomes for those affected.

Social isolation, particularly rural isolation, is a growing concern and is proven to adversely affect personal wellbeing.

We will ensure that all residents are given the opportunity to participate in their communities and can access the services they need.

West Berkshire's
compassionate
commitment to equality
of opportunity and
safe, happy
communities
will remain



By 2036, there is a significant chance that education and training will look very different to the way it does today as a result of emerging technology, a changing job market and a shift towards internationalism in both the workplace and the classroom.

The profile of the population and its communities will change over time, as will attitudes and values, as economic and political events exert their influence. Regardless of this likely change, however, West Berkshire's compassionate commitment to equality of opportunity and safe, happy communities will remain, shaping every decision made by its partners.

We commit to creating a skilled West Berkshire where communities work and grow together.



A West Berkshire with a housing mix with something for everyone

Throughout this document, a recurring theme is that West Berkshire is a desirable place to live. In recent years, almost 10,000 homes have been built in the district, closely matching household growth. It is no wonder that this increase has been necessary, given the district's desirability, and that further homes will have to be built to meet demand in years to come.

With this desirability comes house prices that are significantly higher than those in many other areas of the country and issues of affordability, particularly for those on low income. This is further exacerbated by the low level of homes available for affordable rent as well as a lack of social housing stock. To deliver our aspiration for the future, partners must work together to ensure that the homes built in West Berkshire, as well as the accompanying infrastructure, are the ones its residents want and can afford.

Our opportunities, our challenges and our aspirations

In recent years, there has been a focus on affordable housing within West Berkshire, as well as indications from central government that local authorities will face tougher requirements on housing delivery or risk losing delegated powers. With changing demographics, high house prices and recruitment challenges, we risk workers and young people being priced out of the district.

We will explore, and subsequently deliver, the types of homes and tenures required to address skills shortages as well as to encourage younger residents to remain in West Berkshire.

It is estimated that significant investment in homes available for social rent is necessary across the UK, particularly in areas with high rental values and house prices.

We will work together to establish delivery vehicles for appropriate housing for residents on lower incomes.



Building an energy efficient new two bedroom home creates 80 tonnes of CO₂, which would take many years to cancel out through energy efficient living. Whilst new energy efficient buildings need to be built, it makes sense to modernise our existing stock as well.

We will consider where existing buildings can be refurbished to create modern homes and business units.

The changing profile of the local population and in particular changing household size and formation will mean that a range of suitable homes will need to be provided for different stages of life and ability

We will monitor and review these changes and ensure planning and delivery of housing responds to shifts in demand and need.

Although the majority of those with learning disabilities wish to live either alone or with friends, there is limited suitable housing available.

We will widen choice and opportunity to access housing that supports continued independence, such as cohousing or home sharing.

With the number of elderly residents requiring care set to increase by 60%, it is estimated that more residential care bed spaces per annum will be needed. Those who choose to stay in their home will be spending more time in their homes, thus requiring adaptations to their accommodation.

We will look to achieve a safe rebalancing of resources from in-hospital to community-based care, carrying out adaptations where necessary, and will encourage innovative approaches to meeting the housing and support needs of older people.



Homelessness, including rough sleeping, has increased in recent years across West Berkshire.

We will look continue to work together to alleviate rough sleeping as soon as possible and to eliminate it within timeframes laid out nationally.

Together we will look to ensure that every household can afford to have a safe home and that the homes that are built reflect the future needs of our residents

The index of multiple deprivation indicates that access to services, particularly in our rural areas, can be challenging.

We will understand what facilities new neighbourhoods require to be truly ‘age friendly’ whilst supporting our naturally occurring retirement communities. We will also prioritise access to services essential to the health, wellbeing, education and employment for all residents.

Through the Local Plan Review, together we will plan for every household to have access to affordable and safe homes built to reflect the future needs of our residents with respect to care, education, health and employment, rather than more of the same. In doing so, we will allay residents’ concerns that West Berkshire’s communities will become unsustainable as when their children leave home, they will have no option other than to move away as they are priced out of their own area.

In turn, this will contribute to the establishment of communities that are secure, happy and have good standards of wellbeing. This will allow our biggest asset, the people of West Berkshire, to support our economic development objectives and deliver the growth the district needs.

We commit to creating a West Berkshire where residents are properly housed.





Page 57

A West Berkshire that welcomes business enterprise and industry into a productive, growing and dynamic local economy



Situated in the Thames Valley ‘turbo economy’, West Berkshire is, at its core, an ambitious and entrepreneurial district. It is home to over 9000 SMEs and is particularly renowned for its skilled and creative work force, low unemployment and its many locational advantages. Its infrastructure, both in highways and digital, contribute to make the district one of the best-connected areas of the country in terms of access to employment, technology and commercial markets, with excellent- and improving- services.

To sustain this, West Berkshire must cement its status as a dynamic district; one that recognises that it cannot stand still in an increasingly competitive world and that using its natural assets well is essential for the future. In doing so, however, we should also appreciate that the number of jobs in the area outstrips the working population and seek to mitigate this , while recognising the importance of in-commuting. In short, we must look for a way to take advantage of the opportunities that come our way and renew our focus on delivering infrastructure and economic development initiatives in a sustainable way that both meet the demands of modern life and reflect our values, heritage and the values of residents, for it is this that will deliver the inclusive growth needed for the future.

By ensuring we commit to the development of West Berkshire’s economy, we will help to create lively neighbourhoods and a strong and diverse sustainable economic base with the required employment land and flexible office space to meet demand. This in turn will attract investment in cultural and recreational attractions, skills, training and sustainable infrastructure which allows residents to remain economically active and, by extension, to enjoy better health and wellbeing outcomes.



Our challenges, our opportunities and our aspirations

International markets will be opening up with evidence suggesting that 70% on international companies setting up in the UK will look to do so within 1 hour's drive of Heathrow.

We will attract funding for transport links and harness technological advances to ensure that West Berkshire is one of the top destinations of choice for these companies.

In line with an increasing recognition of the importance of Corporate Social Responsibility, companies will want to occupy greener buildings with lower emissions.

We will focus on high quality, sustainable builds in which companies are proud to do business.



Automation is likely to transform the way in which goods are delivered and transported.

We will make the best possible use of technology while monitoring the potential impact on the workforce.

Future demand, based on contribution to the local economy and job growth, will likely be in STEAM (science, technology, engineering, arts and maths) areas including digital, engineering, science, business and construction. There will also be increasing demand in hospitality, care and sales.

We will actively engage with and support these industries in locating premises, employees and partnerships.

With the democratisation of entrepreneurship via crowdfunding platforms and alternative funding streams, it is likely that opportunities for creativity will increase.

We will consider our role in facilitating this creativity so that those with ideas can work within an environment that enables them to succeed.

The workforce will become increasingly mobile, with traditional business delivery models making way for more at home and online working.

We will invest in infrastructure that will make it the best-connected, as well as one of the most desirable, business locations in the South East.



Recruitment issues in care, hospitality and education will pose problems in West Berkshire because of high housing costs and skills shortages.

We will invest in training and will consider developing low cost housing available for social rent to enable employees to locate themselves within West Berkshire.

Recruitment issues for West Berkshire's 7000 small businesses will continue.

We will support these businesses at every stage, from start-up advice, to location sourcing to ongoing engagement.

Employment projections for the years to 2036 suggest that there will not be enough workforce supply.

We will do all we can to boost the size of the workforce, encouraging people from all demographics to remain economically active and attracting those with the skillsets we need to fill vacancies. We will also concentrate on retaining our talent, so that people who were born in West Berkshire and study elsewhere will aspire to return to live and work here.

Local authorities are expected to raise and spend more of their business rates locally. With this comes increased competition between neighbouring authorities, as business rates collection becomes an even more integral part of delivery of local services. To take advantage of these new powers, West Berkshire must do it all it can to be open for business.

We will be pro-active and explore every single opportunity to expand the district's business offering.

One of West Berkshire's biggest assets is its location within the Wessex Downs AONB. However, this also poses it challenges as one of the district's most marketable locations- the crossroads of the M4 and A34- lies within this area and may not be able to be developed.

We will start a meaningful conversation about how we can develop, the district, in a sensitive, landscape-led way to meet demand.



Use of electric cars is likely to increase exponentially, bringing with it a need for supporting infrastructure, while driverless vehicle technology may become more common.

We will work together to enable residents to take advantage of technological innovation in car use, prioritising the installation of the requisite charging points.

There is likely to be a transport modal shift away from single use car journeys which may, in some areas, decrease demand on our roads.

We will monitor this shift and, where necessary, will influence changes that promote environmental sustainability.

Our major roads are improving, with significant central government investment planned to increase capacity on the M4, addressing demand. Meanwhile, rail electrification will open new markets, with Reading, Heathrow and London more accessible than ever before.

We will work together to ensure that supporting infrastructure around our train stations allows all of our residents and businesses to access these markets so that they compete internationally.



The DfT's Oxford to Cambridge Expressway Strategic Study will include the A34 between the M4 and M40, which will see significant investment in the region.

We will forge closer links with neighbouring areas where this stimulates growth in the district.



The DfT's Oxford to Cambridge Expressway Strategic Study will include the A34 between the M4 and M40, which will see significant investment in the region.

We will forge closer links with neighbouring areas where this stimulates growth in the district.

There are strategic issues with roads managed by the local authority, including the A339 in Newbury, which must be addressed.

We will work together to both pro-actively and reactively address these issues.

Obesity levels, which are likely to increase, may dictate the public's appetite for journeys on foot or on bike.

We will put the pedestrian and the cyclist at the heart of spatial planning, creating modern walkable and cycleable communities.

We will consider the need for economic development in all we do, we will embrace technological change and we will support strategic investment choices

In other areas of this document, the challenges facing West Berkshire have been discussed. We aspire to meet these head on, developing our economy in a way that is inclusive and sustainable. By implementing a comprehensive economic development strategy, West Berkshire will be well-placed to grow in a way that benefits all of its people and will also have the levels of connectivity that are essential to compete on the international stage. It will also make West Berkshire as attractive as possible to younger workers, those who are highly skilled and the digital tech industry.

West Berkshire is ambitious and must be well prepared for the future. As partners, we will consider the need for sustainable economic development in all we do, we will embrace technological change and we will support strategic investment choices, thereby future-proofing the district for generations to come.

We commit to creating a high tech, well-connected West Berkshire that is open for business.



A West Berkshire where the health and wellbeing of all residents of all ages and backgrounds is good

West Berkshire is generally a healthy, happy place to live. The district's life expectancy, at 81 years for men and 84 years for women, is above both the regional and national averages. By 2036, this is expected to increase by a further four years. The difference between healthy and overall life expectancy is also notably lower than across the South East and England.

These good outcomes should be expected for all residents in a prosperous area such as West Berkshire. However, we know that many people are not living as long as the wealthiest in society and spend longer in ill-health. This needs to change, and we have identified a number of issues and trends which will help address this inequality and ensure that all of our people are not merely living longer, but are living well for longer.

Our challenges, our opportunities and our aspirations

Many people engage in unhealthy behaviours (physical inactivity, poor diet, smoking, high alcohol consumption) leading to illness and early death related to chronic diseases and conditions such as obesity and type 2 diabetes.

We will empower individuals and communities to take greater responsibility for their health and provide support for those who need it at all stages of life.



An increasing number of children are not able to achieve their potential for example due to being overweight or obese from an early age and experiencing poor emotional wellbeing.

We will work with children, families, schools and nurseries to support every child to have the best start in life so they become healthy, resilient adults.

Mental health problems represent the largest single cause of disability in West Berkshire affecting people of all ages.

We will create a stigma-free West Berkshire where people have the tools they need to manage their mental wellbeing, while ensuring high quality services are there to help those who need more support.

There will be an increase in age-related diseases and conditions, putting pressure on our health and social care services.

We will invest in the wellbeing of our elderly residents ensuring that individuals, carers and families take an active role in their health and wellbeing with greater choice and control over their care.

There are significant health inequalities within West Berkshire, with a life expectancy gap of up to ten years within the district.

We will reduce health inequalities where we can by delivering interventions for everybody, but focussing on those who need more help.

Loneliness and social isolation will become increasingly common which can be damaging to both mental and physical health. Being cut off from social interaction affects people of all ages, especially young people and older adults.

We will work with our communities as equal partners to make the most of existing strengths and facilities to grow social networks and inclusion.

The environment we live in is a key determinant of health and it is increasingly important that we ensure it enables our ability to lead healthy and active lives.

We will put health at the heart of all we do and promote healthy schools, towns and workplaces to enable people to make healthy choices.

Social media has contributed to an increase in mental health issues and body dysmorphia among young people.

We will educate young people and support them and their families where they feel vulnerable, both on and offline.

Antibiotic resistance will make it harder to prevent and treat infection.

We will work with all partners to raise awareness of the importance of antibiotic resistance.

By 2036, good health and wellbeing will not be a fringe issue or a 'nice to have'. It will be at the heart of everything we do and will be woven carefully into the framework of all of West Berkshire's partners. To achieve this we will adopt a 'health in all policies' approach that will ensure that the decisions we make consider the health of our residents and reducing inequality.

Everyone will be given the opportunity to live a healthy lifestyle and experience the best physical health and emotional wellbeing. A successful, healthy district will, in turn, become a prosperous one. We must protect the health and wellbeing of our people as they are our biggest resource.

We commit to creating a West Berkshire where all residents are healthy and wellbeing is high.



We must protect the health and wellbeing of our people as they are our biggest resource





A West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering



West Berkshire’s diverse landscapes and historic environment are among its strongest assets. They are the reasons why West Berkshire is a popular place to live and have an important role in promoting the health and wellbeing of residents. They are highly valued and we wish to ensure their sustainability so that they may be available for generations to come. This is particularly important as unlike many of our assets, our historic environment is irreplaceable, having evolved over many hundreds of years to create the West Berkshire we know and appreciate today.

Similarly, West Berkshire has a rich cultural offering as it is home to world-class arts venues as well a diverse calendar of fantastic cultural events. It is no surprise, therefore, that the district attracts a high number of visitors every year who seek to enjoy the many amenities that residents are fortunate enough to enjoy year-round.

It is clear, however, that conserving and enhancing these assets will require action, as financial constraints and environmental concerns will become increasingly prevalent.



Our opportunities, challenges and aspirations

West Berkshire's rich, historic and diverse landscape and wildlife will be subject to further pressures from more development, consumption and climate change.

We will protect these precious assets and work in partnership to enhance our landscape and wildlife and the opportunity for people to enjoy them.

Ensuring residents have access to cultural facilities and are able to participate in local events that promote the importance of the arts will continue to be a priority.

We will look to create a forum through which we can develop a comprehensive, crowd-sourced strategy about our cultural and arts offering to ensure its sustainability and to increase participation from everyone in our community.

There is likely to be a further shift towards renewable energy, as alternatives to fossil fuels become cheaper and more accessible.

We will commit to using renewable energy where possible, thereby reducing their carbon footprint.



Greenhouse gas emissions, particularly CO₂ AND NO_x, will continue to have an adverse effect on health and the natural environment and climate.

We will play our role in reducing CO₂ emissions and will introduce specific mitigation measures in problem areas.

Around 4.4% of the West Berkshire population are exposed to road, rail or air transport pollution during the day and 8.8% are exposed at night. To date, this has not been a source of complaints but should be considered in the future.

We will monitor this issue and take precautionary measures where necessary.

There is a growing awareness of the impact of plastic use on our natural environment and our wildlife.

We will consider as partners how the use of materials harmful to the environment, including plastics, can be kept as low as possible.



West Berkshire produces a relatively large amount of household waste compared to the regional and national averages, which may increase still further as economic productivity grows. The area does, however, recycle more than the regional and national average.

We will, through education and incentivisation, encourage residents to make the most environmentally sound choices available and to eliminate unnecessary waste and will also look to use new technology to facilitate recycling where we can.

Reducing high CO2 production and working towards a carbon-neutral way of working will be essential.

We will look beyond our borders and, in doing so, will play our part in supporting national and international change through its policies and actions.

Water availability may be an issue, which may have an economic impact on businesses and residents within West Berkshire, with the South East projected to be highly susceptible to supply-demand deficits

We will do all we can to manage demand while maintaining integrity of our supply of fresh water.

Our water ways will continue to be important as a habitat for our wildlife as well as an important part of both trade and tourism in the district.

We will work together to provide meaningful protection to our waterways, preserving them for generations to come.

Our local government-owned cultural assets, such as Shaw House and the West Berkshire Museum, will remain as an important part of the community.

We will consider how we can further develop these assets to maximise the number of people who are able to enjoy them.

Our libraries have gone through a period of significant change and are increasingly being run by community-based volunteers.

We will ensure that all of our parishes continue to be empowered to run their libraries in a way that works for them so that become multi-functional hubs, at the heart of the community.

Online shopping is likely to outstrip high street retail, leading to further changes in our town centres.

We will consider how to boost the appeal of our centres, focusing on place-making, and ensure they are desirable to residents and visitors alike.

By 2036, we want to have ensured that the decisions we have made have contributed to a district with a low carbon footprint and one where people are empowered to make the most environmentally-conscious decisions available.

We will also have the best possible cultural offering, which reflects on our shared past and our optimism for the future of West Berkshire, and will have protected our beautiful historic environment so that generations to come can enjoy it as those before them have done. Furthermore, we will have delivered a West Berkshire where conservation and management of our natural capital and heritage is embedded in everything we do.

All of this will be incredibly important for our future as participation in and enjoyment of our cultural assets, our historic environment and our beautiful landscapes are key to ensuring the health and wellbeing outcomes that we aspire to throughout this document. We genuinely feel that through partnership working, we will be able to maintain and enhance this offering so that as many residents as possible are given the opportunity to take advantage of it.

We commit to sustaining an environmentally-conscious West Berkshire with a strong, historic and cultural offering.



Conclusion

In the coming years, a range of factors, both within our control and otherwise, will influence the future course of West Berkshire. Demographics will change, the implications of the biggest political change in generations will be manifested and trends will come and go. As partners, we are well-positioned to ensure that this course benefits all of our residents.

Throughout this document, we have identified the challenges facing West Berkshire in years to come, as well as our aspirations for 2036.

We will continue to work together over time to monitor these shifts to pave the way for an inclusive, prosperous, thriving West Berkshire. This may include amending parts of this Vision to reflect new challenges and new aspirations for our shared future.

At the heart of West Berkshire 2036 is our vision for **inclusive growth**. This must be driven by the outcomes of all of the people of West Berkshire and- above all else- it must be sustainable. It is precisely this commitment that will cement the district's status as a fantastic place to live, work and learn for generations to come.

We are ambitious for the future.

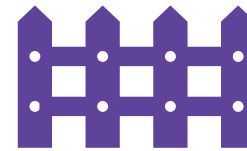
We are ambitious for West Berkshire.

Where we hope to be in 2036



ALL
schools good or
outstanding

Housing and services
accessible to all



Newbury is an
internationally
recognised tech hub



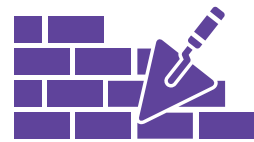
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Less than
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3
working age people per
retired person



A range
of housing types
and tenures



A workforce
with a **wide**
range of skills



Best
residential
care in
England

74%
Outstanding
Natural Beauty

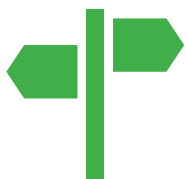


The best
place to be a
woman



Population of
167,000

One of the
happiest
places



Strategic
crossroads
of the South East



High Healthy
Life expectancy



Best
rural broadband



vision@westberks.gov.uk

Produced by West Berkshire Council's Graphic Design service.

The partners of the West Berkshire Health and Wellbeing Board include:



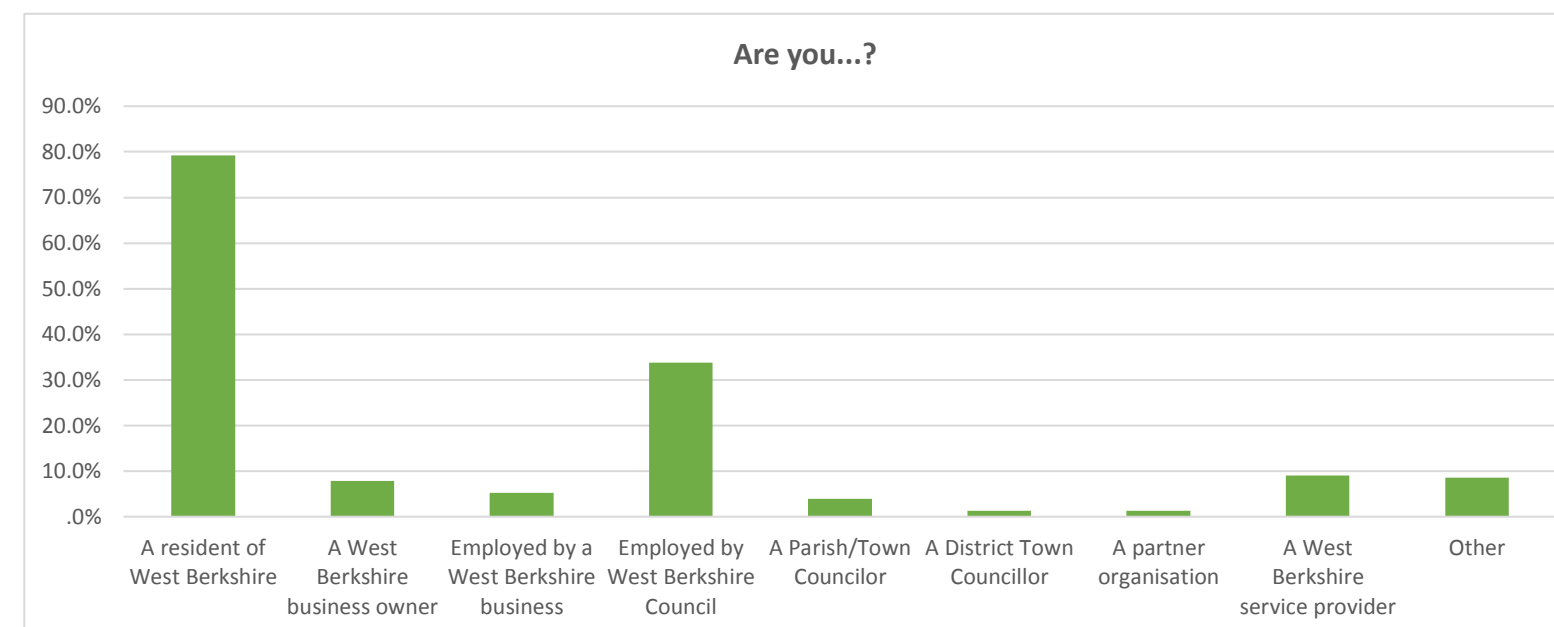
Draft West Berkshire Vision 2036 - Data Tables and Graphs

Please note

- For multiple response questions (please tick all that apply), please use the Percent of Cases figure.
- For single responses, please use the Percent figure if you want to include the respondents who didn't answer that question, and Valid Percent if you want to exclude them. If all respondents answered the question, the Percent and Valid Percent figures are the same.

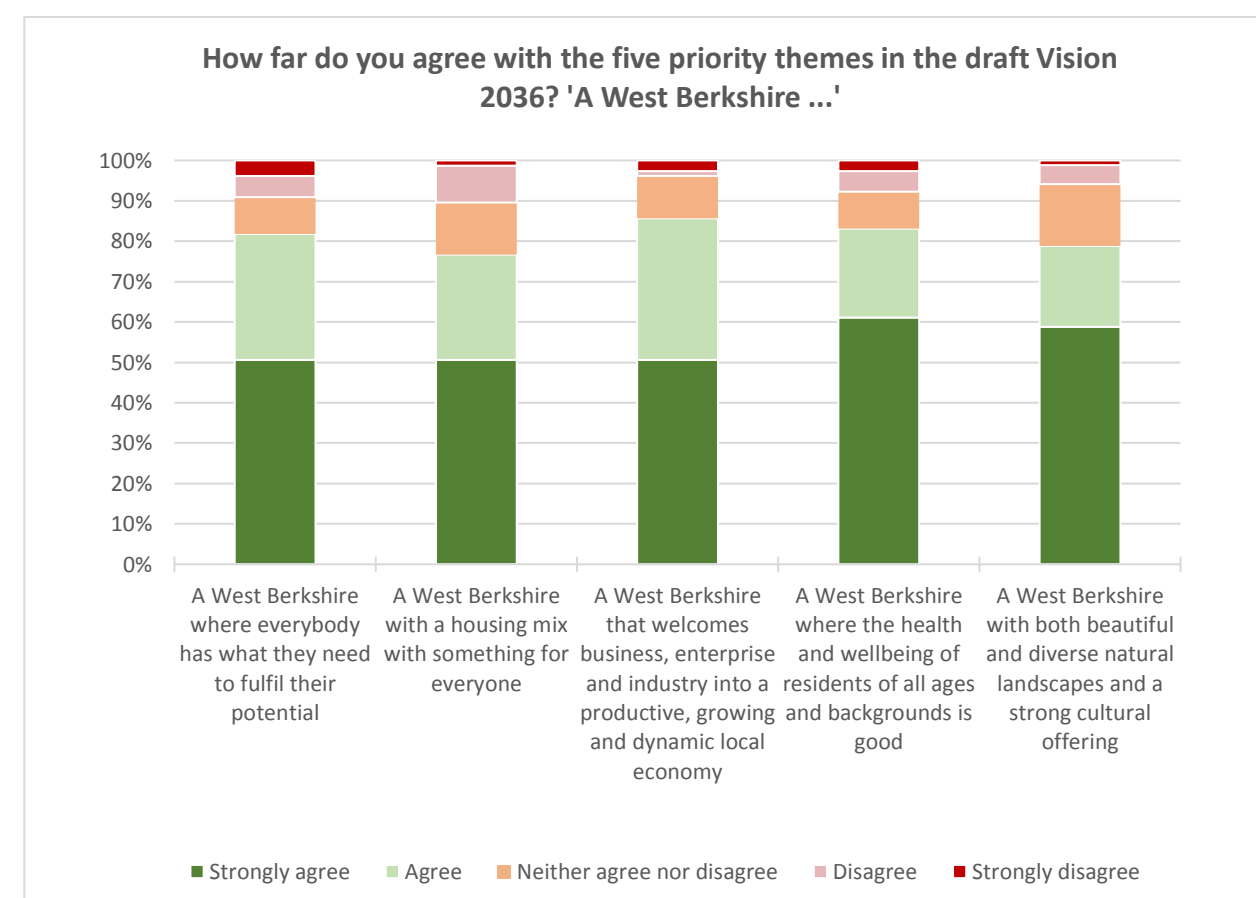
Are you ...?

	Responses		Percent of Cases
	N	Percent	
A resident of West Berkshire	61	56.0%	79.2%
A West Berkshire business owner	6	5.5%	7.8%
Employed by a West Berkshire business	4	3.7%	5.2%
Employed by West Berkshire Council	26	23.9%	33.8%
A Parish/Town Councillor	3	2.8%	3.9%
A District Town Councillor	1	.9%	1.3%
A partner organisation	1	.9%	1.3%
A West Berkshire service provider	7	6.4%	9.1%
Other	6	6.0%	8.6%



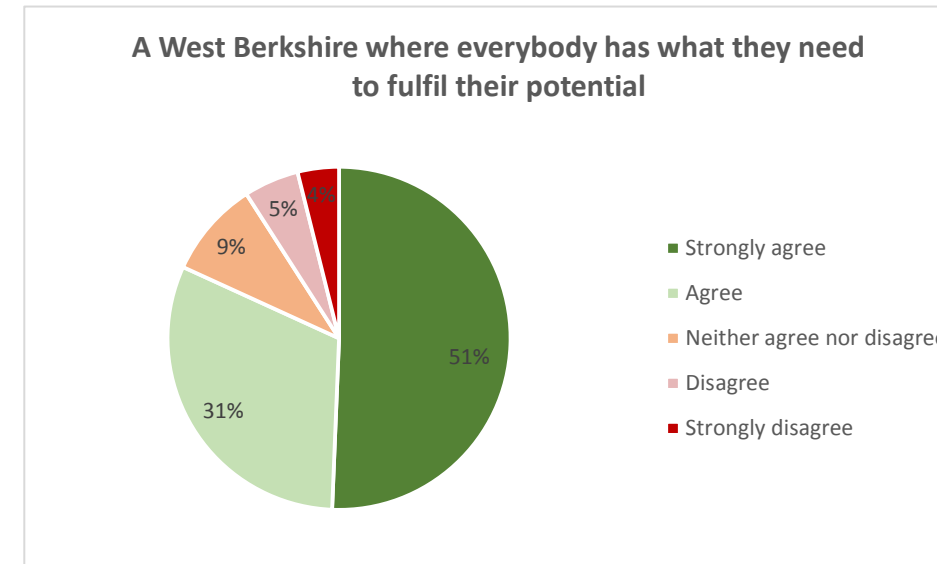
How far do you agree with the five priorities in the draft Vision?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A West Berkshire where everybody has what they need to fulfil their potential	50.6	31.2	9.1	5.2	3.9
A West Berkshire with a housing mix with something for everyone	50.6	26.0	13.0	9.1	1.3
A West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy	50.6	35.1	10.4	1.3	2.6
A West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good	61.0	22.1	9.1	5.2	2.6
A West Berkshire with both beautiful and diverse natural landscapes and a strong cultural offering	64.9	22.1	16.9	5.2	1.3



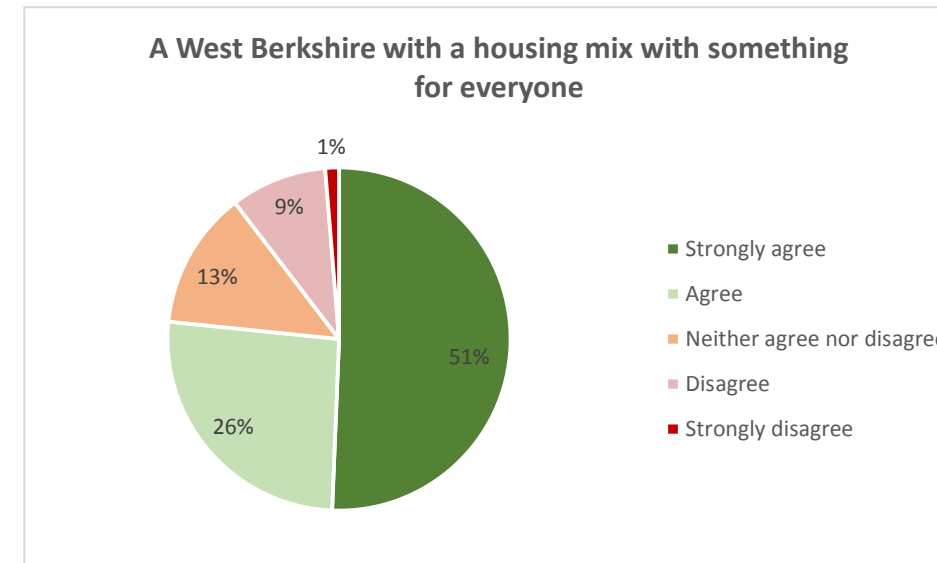
A West Berkshire where everybody has what they need to fulfil their potential

	Frequency	Percent	Valid Percent
Strongly agree	39	50.6	50.6
Agree	24	31.2	31.2
Neither agree nor disagree	7	9.1	9.1
Disagree	4	5.2	5.2
Strongly disagree	3	3.9	3.9
Total	77	100.0	100.0



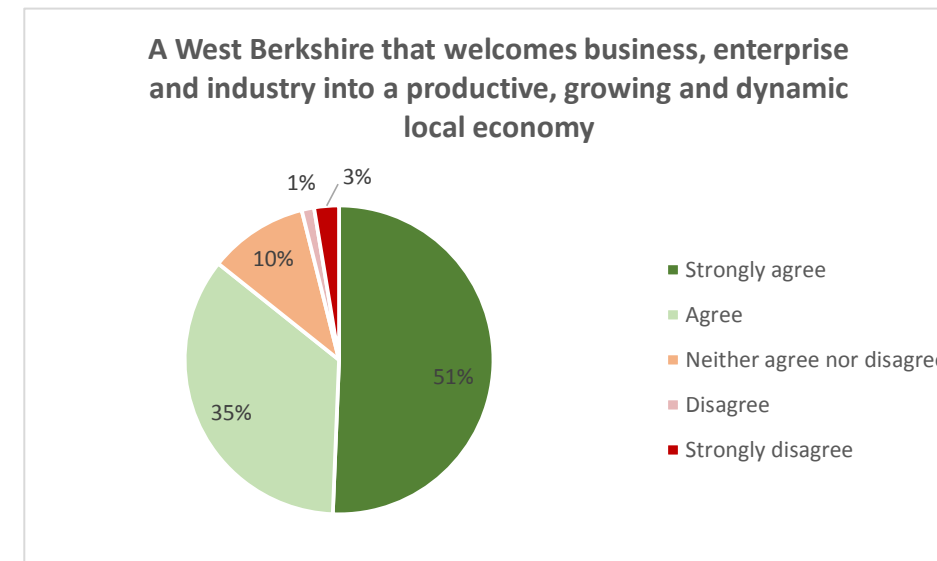
A West Berkshire with a housing mix with something for everyone

	Frequency	Percent	Valid Percent
Strongly agree	39	50.6	50.6
Agree	20	26.0	26.0
Neither agree nor disagree	10	13.0	13.0
Disagree	7	9.1	9.1
Strongly disagree	1	1.3	1.3
Total	77	100.0	100.0



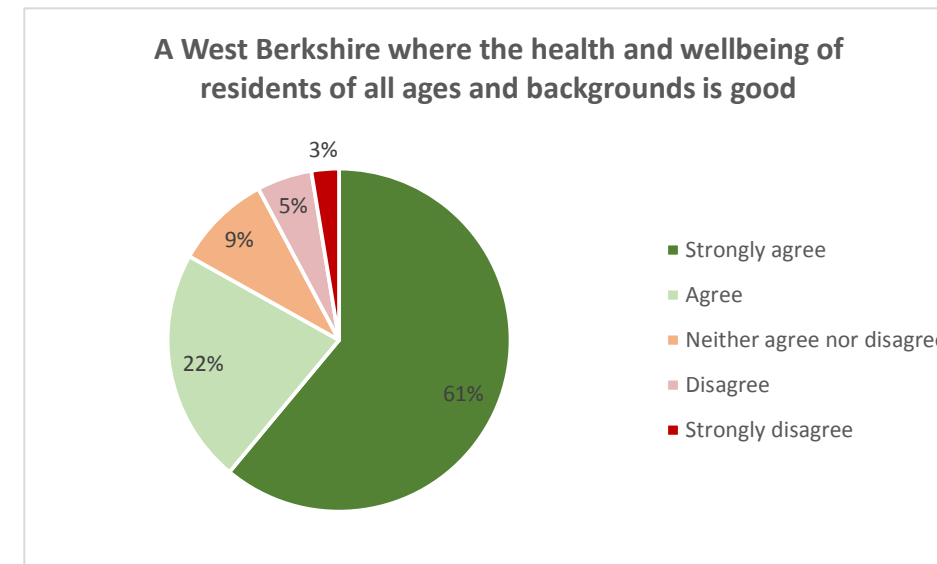
A West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy

	Frequency	Percent	Valid Percent
Strongly agree	39	50.6	50.6
Agree	27	35.1	35.1
Neither agree nor disagree	8	10.4	10.4
Disagree	1	1.3	1.3
Strongly disagree	2	2.6	2.6
Total	77	100.0	100.0



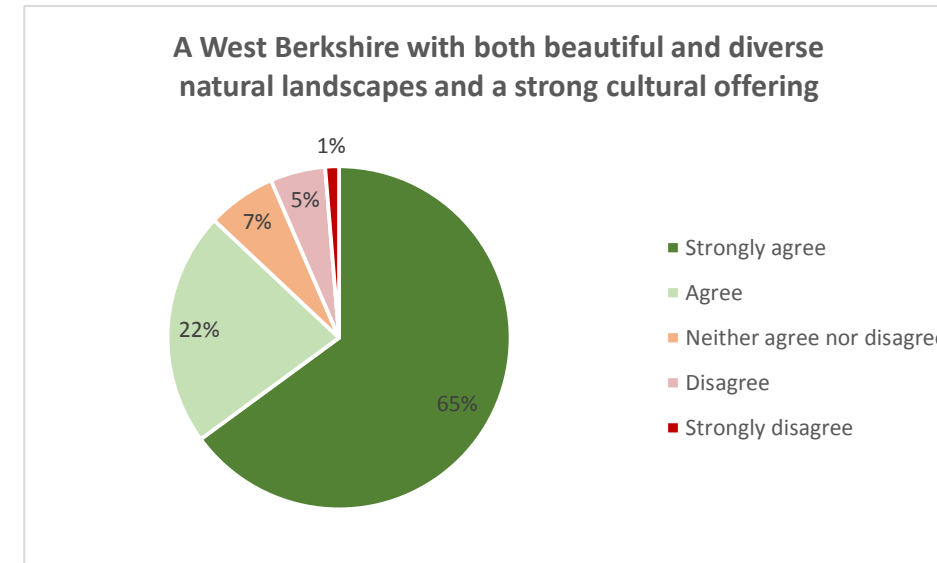
A West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good

	Frequency	Percent	Valid Percent
Strongly agree	47	61.0	61.0
Agree	17	22.1	22.1
Neither agree nor disagree	7	9.1	9.1
Disagree	4	5.2	5.2
Strongly disagree	2	2.6	2.6
Total	77	100.0	100.0



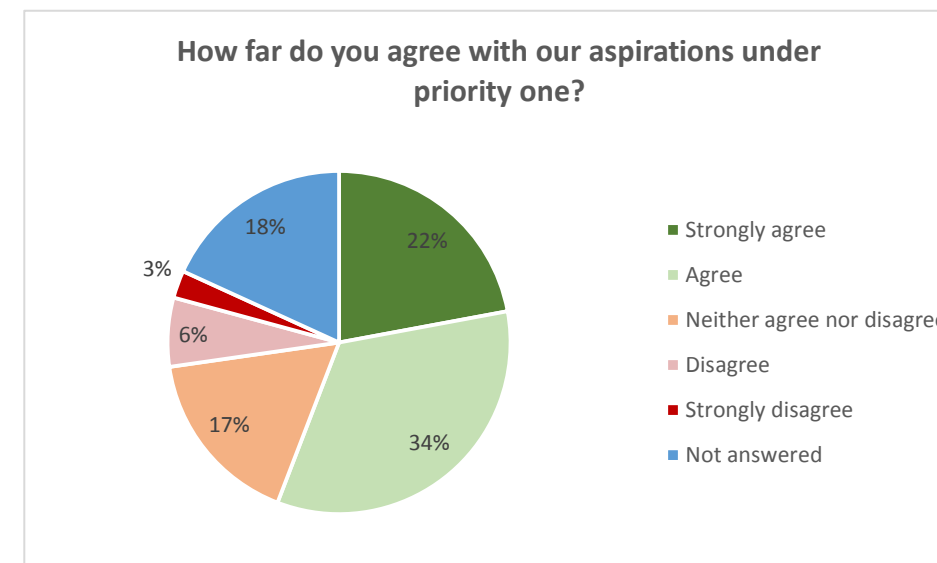
A West Berkshire with both beautiful and diverse natural landscapes and a strong cultural offering

	Frequency	Percent	Valid Percent
Strongly agree	50	64.9	64.9
Agree	17	22.1	22.1
Neither agree nor disagree	5	6.5	6.5
Disagree	4	5.2	5.2
Strongly disagree	1	1.3	1.3
Total	77	100.0	100.0



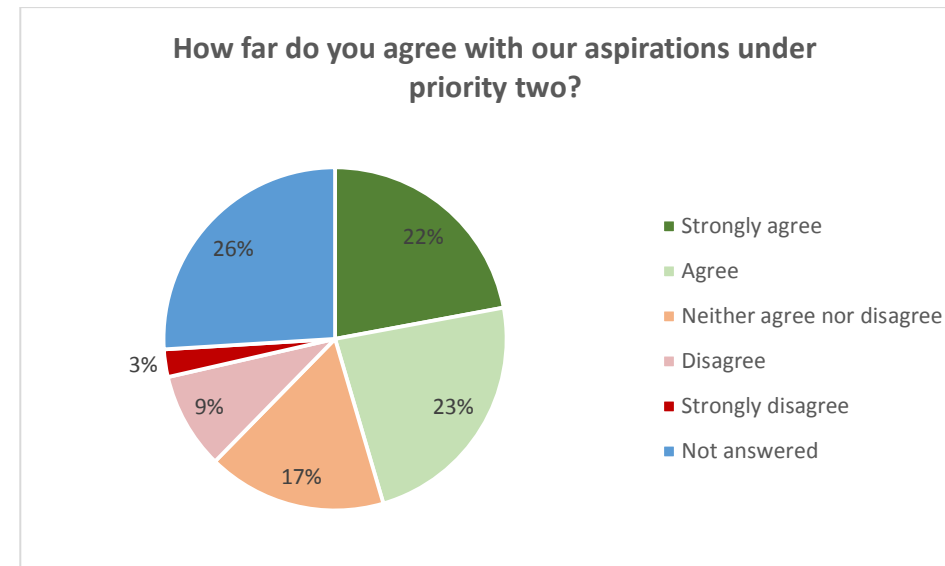
How far do you agree with our aspirations under priority one?

	Frequency	Percent	Valid Percent
Strongly agree	17	22.1	27.0
Agree	26	33.8	41.3
Neither agree nor disagree	13	16.9	20.6
Disagree	5	6.5	7.9
Strongly disagree	2	2.6	3.2
Total	63	81.8	100.0
Not answered	14	18.2	
Total	77	100.0	



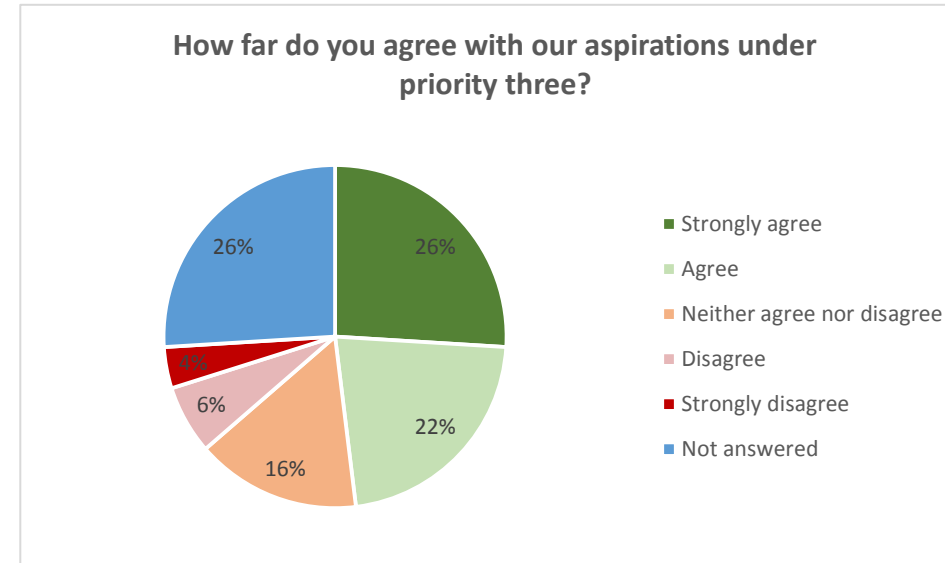
How far do you agree with our aspirations under priority two?

	Frequency	Percent	Valid Percent
Strongly agree	17	22.1	29.8
Agree	18	23.4	31.6
Neither agree nor disagree	13	16.9	22.8
Disagree	7	9.1	12.3
Strongly disagree	2	2.6	3.5
Total	57	74.0	100.0
Not answered	20	26.0	
Total	77	100.0	



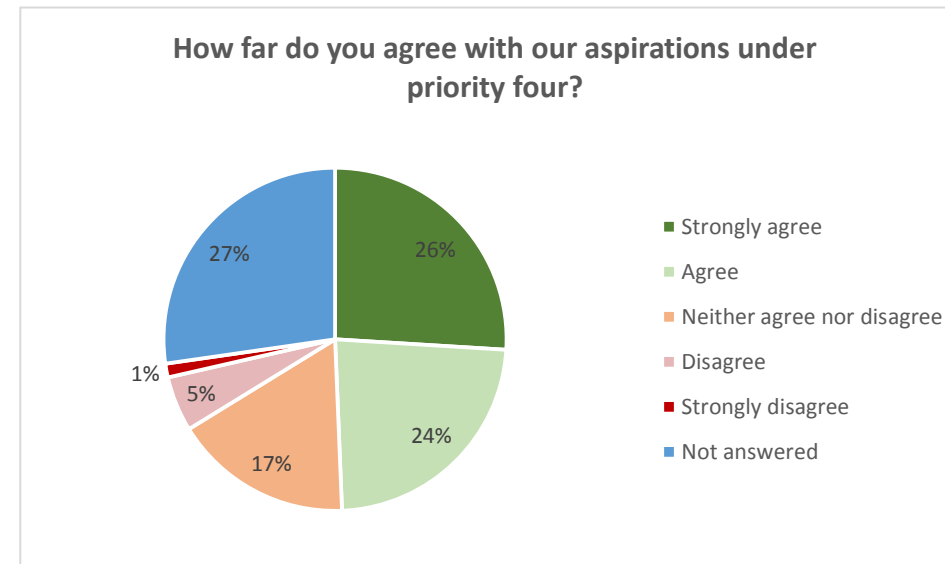
How far do you agree with our aspirations under priority three?

	Frequency	Percent	Valid Percent
Strongly agree	20	26.0	35.1
Agree	17	22.1	29.8
Neither agree nor disagree	12	15.6	21.1
Disagree	5	6.5	8.8
Strongly disagree	3	3.9	5.3
Total	57	74.0	100.0
Not answered	20	26.0	
Total	77	100.0	



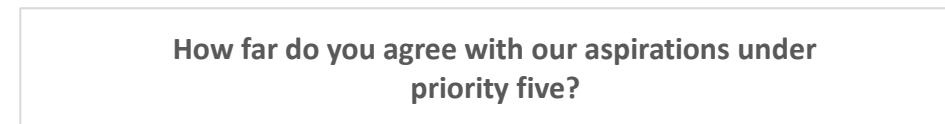
How far do you agree with our aspirations under priority four?

	Frequency	Percent	Valid Percent
Strongly agree	20	26.0	35.7
Agree	18	23.4	32.1
Neither agree nor disagree	13	16.9	23.2
Disagree	4	5.2	7.1
Strongly disagree	1	1.3	1.8
Total	56	72.7	100.0
Not answered	21	27.3	
Total	77	100.0	

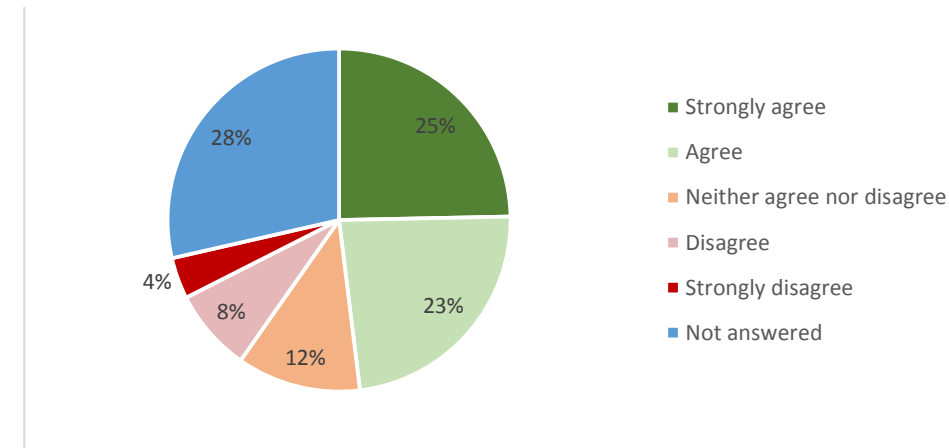


How far do you agree with our aspirations under priority five?

	Frequency	Percent	Valid Percent
Strongly agree	19	24.7	34.5

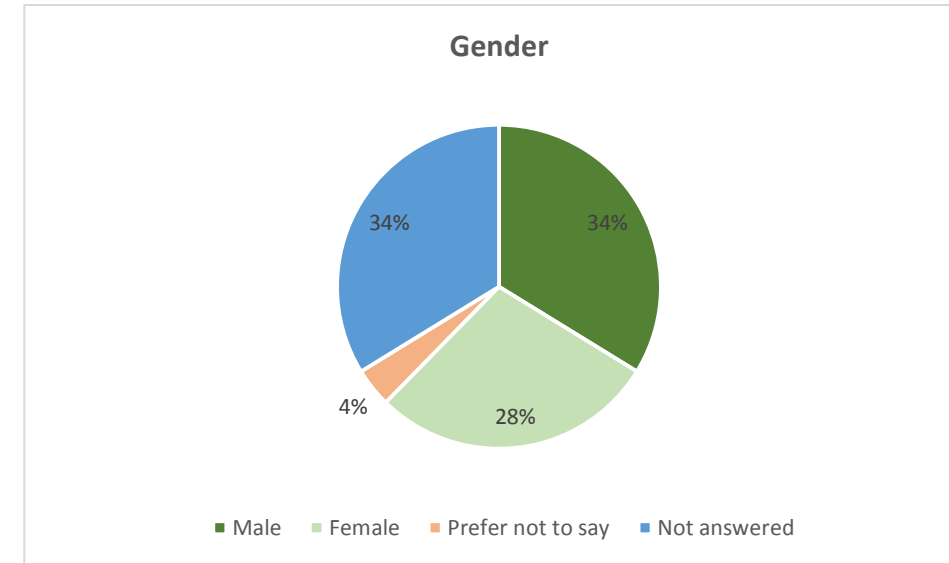


Agree	18	23.4	32.7
Neither agree nor disagree	9	11.7	16.4
Disagree	6	7.8	10.9
Strongly disagree	3	3.9	5.5
Total	55	71.4	100.0
Not answered	22	28.6	
Total	77	100.0	



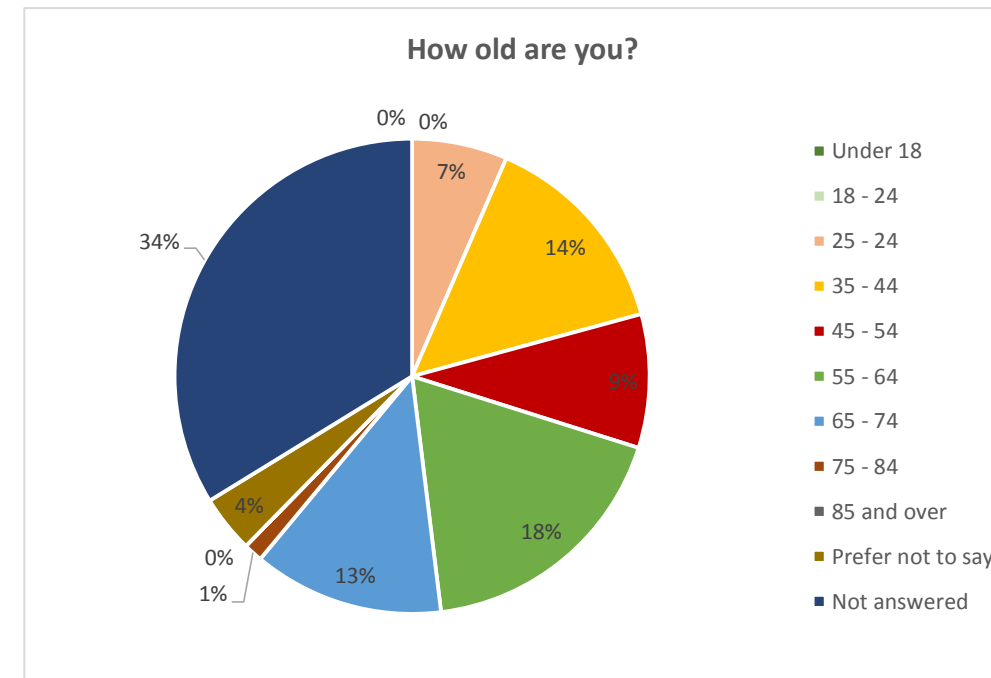
Are you...?

	Frequency	Percent	Valid Percent
Male	26	33.8	51.0
Female	22	28.6	43.1
Prefer not to say	3	3.9	5.9
Total	51	66.2	100.0
Not answered	26	33.8	
Total	77	100.0	



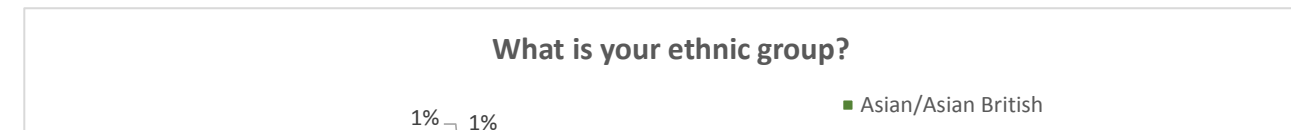
How old are you?

	Frequency	Percent	Valid Percent
Under 18	0	.0	.0
18 - 24	0	.0	.0
25 - 24	5	6.5	9.8
35 - 44	11	14.3	21.6
45 - 54	7	9.1	13.7
55 - 64	14	18.2	27.5
65 - 74	10	13.0	19.6
75 - 84	1	1.3	2.0
85 and over	0	.0	.0
Prefer not to say	3	3.9	5.9
Total	51	66.2	100.0
Not answered	26	33.8	
Total	77	100.0	

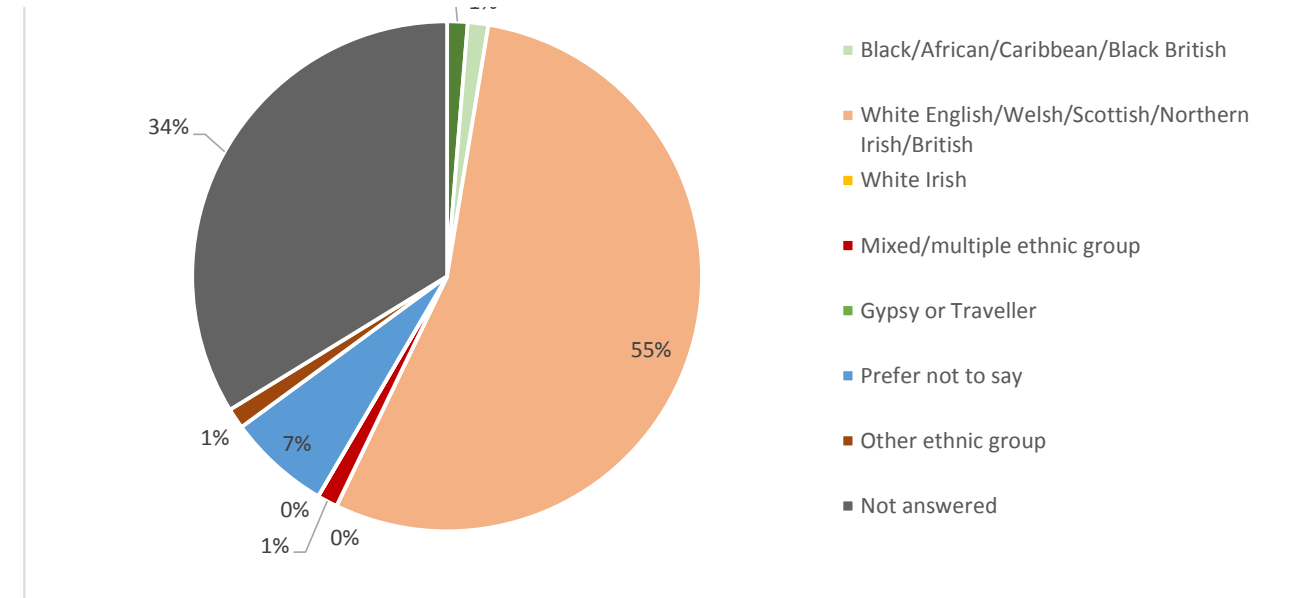


What is your ethnic group?

	Frequency	Percent	Valid Percent
Asian/Asian British	1	1.3	2.0

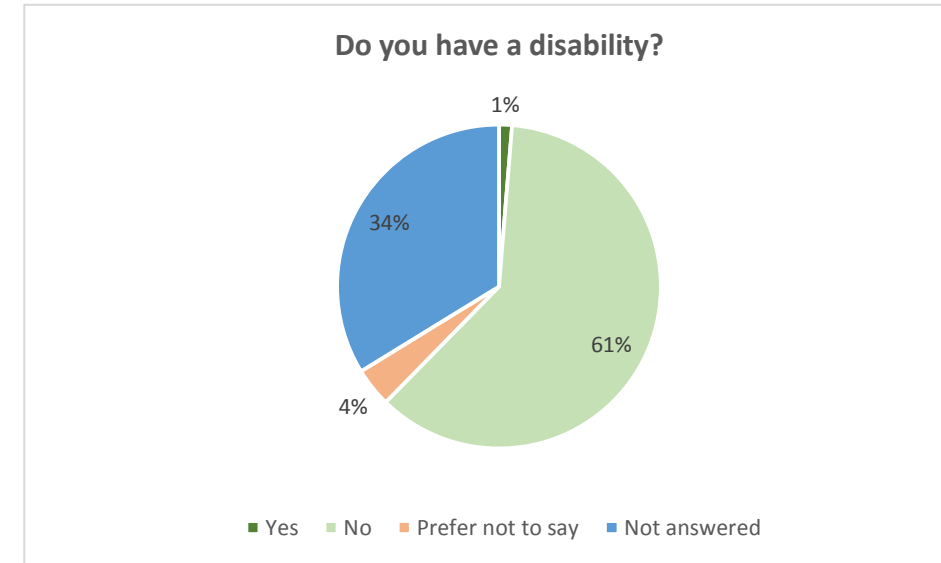


Black/African/Caribbean/Black British	1	1.3	2.0
White English/Welsh/Scottish/Northern Irish/British	42	54.5	82.4
White Irish	0	.0	.0
Mixed/multiple ethnic group	1	1.3	2.0
Gypsy or Traveller	0	.0	.0
Prefer not to say	5	6.5	9.8
Other ethnic group	1	1.3	2.0
Total	51	66.2	100.0
Not answered	26	33.8	
Total	77	100.0	



Do you consider yourself to have a disability?

	Frequency	Percent	Valid Percent
Yes	1	1.3	2.0
No	47	61.0	92.2
Prefer not to say	3	3.9	5.9
Total	51	66.2	100.0
Not answered	26	33.8	
Total	77	100.0	



Homelessness Strategy Group Winter Plan Update

Report being considered by: Health and Wellbeing Board

On: 24 January 2019

Report Author: Sam Headland

Item for: Information

1. Purpose of the Report

1.1 To give an update on the progress and impact of the Winter Plan as compiled and agreed by the Homelessness Strategy Group and presented to the Health and Wellbeing Board on 4th October.

2. Recommendation

2.1 To note the content of the report

3. How the Health and Wellbeing Board can help

3.1 The Health and Wellbeing Board can support the winter plan by raising awareness of ways to support rough sleepers in their advertising and media opportunities.

3.2 Individual members can support the plan by encouraging and guiding their relevant organisation to complete their areas of the action plan and commit to this on an on going basis.

<b style="color: #008080;">Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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4. Introduction/Background

4.1 Over the winter of 2017/18, various groups raised the profile of homelessness and rough sleeping in West Berkshire, including Healthwatch through the publication of their Homeless and Rough Sleepers Report 2018. In May 2018, The Homeless Forum was invited to become a sub-group of the Health and Wellbeing Board and requested to produce a Winter Plan, in addition to reviewing the recommendations arising from the Healthwatch report.

4.2 The Homelessness Forum, a multi-agency operational group, has been run by the homelessness service provider Two Saints for a number of years. The Forum took the decision in early 2018 to revise its terms of reference and membership as it had become clear that a more strategic approach would be required. The Health and Wellbeing Board will also be well aware of the multi-agency approach of the Making Every Adult Matter programme to support individuals with multiple needs, including homelessness.

- 4.3 The Winter Action Plan provides clarity on the support available and the activities to be undertaken to reduce the number of people sleeping rough over winter and to ensure that there was sufficient emergency support in place. It was agreed at the previous Health and Wellbeing Board public meeting. Some amendments have needed to be made to the plan since its agreement.

5. Supporting Information

- 5.1 The majority of actions within the plan have been completed.
- 5.2 At the time of writing, there are currently 15 verified rough sleepers in West Berkshire. This is a reduction of half from when the plan was initially indicated as needed, and a reduction of 4 from the official estimate completed in November.
- 5.3 There have been some challenges in terms of disagreement within the group as to what impact actions from individual organisations has had on the ability to reduce the number of people rough sleeping in the area. Some discussions have already taken place around this with support from the Chief Executive.

6. Options for Consideration

- 6.1 The actions within the plan have been agreed to be realistic and achievable by a range of partners across the HSG. As part of the RSI grant, monthly numbers of people rough sleeping will need to be reported to the MCHLG, and this will contribute to understanding of the success of the Winter Plan.
- 6.2 Learning will be taken from this year's plan to inform any changes that may need to be considered by the Homelessness Strategy Group for next year.

7. Proposal

- 7.1 It is proposed that the Health and Wellbeing Board continue to accept the HSG's Winter Action Plan and support through communications and expertise where appropriate.

8. Conclusion

- 8.1 The Homeless Strategy Group was requested to provide an update on their Winter Action Plan by the Health and Wellbeing Board for approval. Over winter the HSG will continue to focus on implementing the plan and hopes to focus on supporting the delivery of West Berkshire Council's wider Homelessness strategy in the new year.

9. Consultation and Engagement

- 9.1 The Winter Actions Plan subgroup consisted of representatives from: West Berkshire Council Housing Options; Two Saints; Healthwatch; Thames Valley Police; Loose Ends; West Berkshire Homeless. Feedback was also sought from within the meetings of the HSG, which alongside the aforementioned agencies also has representatives from: CCG; Salvation Army; Swanswell; Public Health; Adult Social Care; Mental Health; Sovereign; Building Communities Together; SEAP and young people's services.

10. Appendices

Appendix A – Homelessness Strategy Group

Winter Action plan 2018

Objective	Actions	Lead organisation(s)	Target date	Completed?
Access Rough Sleeper Initiative funding to provide additional outreach worker over winter months to increase support to access accommodation.	Recruit Winter Outreach Worker Establish contact and build rapport with people who are rough sleeping Establish good working relationships with other agencies Identify and support individuals to access accommodation options	Two Saints	1 st October 2018	Jane Clubb appointed Regularly meeting rough sleepers and facilitated moving in to accommodation
Provide extended Severe Weather Emergency Protocol provision between November and March to rough sleepers with a local connection, additional to the statutory provision available to all rough sleepers, from 1 st November 2018 to 31 st March 2019.	Provision to be advertised via Outreach, WBC communications and Health and Wellbeing Board communications. West Berkshire Council Housing Options (WBC) to authorise extended SWEP to eligible rough sleepers subject to risk assessment. Individuals without local connection to be offered statutory provision. Voluntary sector to support extended provision through serving of refreshments and facilitating recreational activities.	WBC, Two Saints, Health and Wellbeing Board WBC Voluntary sector	1 st November	Winter provision now activated and available. Housing Officers providing a drop-in referral service at Two Saints on Friday 7 th December
Develop intensive, short term accommodation plans with rough sleepers who do not wish to access the main homeless pathway.	Outreach workers to liaise with voluntary agencies working with rough sleepers to establish interim plans for those who do not want to use the Homelessness Pathway long term.	Two Saints, Voluntary organisations	1 st November 2018	B&B accommodation on offer. Some reconnected with family and/or local area.
Develop a full timetable of day time activities/shelter for rough sleepers across organisation	Agencies/organisations working with those who are rough sleeping to provide a programme of day time activities and shelter to go alongside the extended provision. Two Saints to host at least 3 days a week for day time activities. Agreement to be reached over host location	All partners Two Saints WBC	1 st November 1 st October 1 st	In progress

Homelessness Strategy Group Winter Plan Update

	for remaining days Homelessness prevention co-ordinator work with local businesses and community groups to identify opportunities to support.		November	
Provide enough emergency accommodation units to match the number of rough sleepers between November and March.	Outreach team to continue to provide regular updates of identified rough sleeper numbers to WBC. Individuals who are rough sleeping to be directed to WBC to present as rough sleeping and be authorised SWEP accommodation. Two Saints 24 hour supported accommodation to be used as primary SWEP accommodation. B&B to be on offer where Two Saints not alternative.	Two Saints WBC Two Saints/West Berkshire Homeless	Ongoing Ongoing 1 st November	Rough sleeper number estimate 19. Regular ongoing count in place.
Raise awareness of ways to support rough sleepers	StreetLink number and website to be advertised on partner websites and via social media. SWEP process to be advertised on partner websites and social media, and through local media where appropriate.	All partners	Mid October	Advertised on council, Two Saints and WBH websites.
Increase awareness and access to healthcare for rough sleepers	West Berkshire CCG and Swanswell to continue to work with WBC and the Homelessness Strategy group to implement the health outreach provision as funded by the Rough Sleeper Initiative. Healthwatch to continue to work with Community Dental to identify way of increasing provision to rough sleepers.	CCG and Swanswell Healthwatch	1 st November	HOLT team now in West Berkshire Meeting booked to confirm Community Dental implementation on 19/12/18
Identify move on plan for all rough sleepers accessing SWEP provision over Winter.	Outreach team and Two Saints duty worker to look at move on options with individuals. Partner agencies to provide support in move on options.	Two Saints	1 st February	Ongoing On going

Background Papers:

Health and Wellbeing Board Agenda 4 October 2018

Health and Wellbeing Priorities 2018/19 Supported:

Support mental health and wellbeing for adults

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim:

Build a thriving and sustainable environment in which communities can flourish

Officer details:

Name: Sam Headland
Job Title: Contracts and Performance Manager
Tel No: 01635 569000
E-mail Address: sam.headland@twosaints.org.uk

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‘Educational Attainment and Health Outcomes of Children from Vulnerable Families’ – Dec 2018 Update

Report being considered by: Health and Wellbeing Board

On: 24 January 2019

Report Author: Tessa Ford

Item for: Discussion

1. Purpose of the Report

- 1.1 To respond to the Health and Wellbeing Board’s request for a report regarding the ‘red’ performance for the following indicator

2. Recommendation

- 2.1 The Health and Wellbeing Board should note the latest performance information and the actions being undertaken around improving educational attainment and from this form a conclusion as to what further work needs to be done.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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3. Introduction/Background

- 3.1 In March 2018, the Health and Wellbeing Board were presented with the ‘Delivering the Health and Wellbeing Strategy Quarter Three Update for 2017/18’ report.

- 3.2 The following indicator was reported as ‘red’:

“To improve on 2015/16 Academic Year rankings for reading, writing and maths combined expected standard for disadvantaged pupils in KS2 in 2016/17 Academic Year.”

- 3.3 West Berkshire was ranked 148 out of 152 local authorities but the target was to rank higher than 122. The Children’s Delivery Group, who had included the indicator on their action plan, had not reported any actions they were undertaking as a partnership to lead improvement in this area.

- 3.4 The Health and Wellbeing Board were presented with the performance exception report for the indicator for Quarter 3 2017/18 ([Appendix A](#)). This report explained the remedial action being taken within the Council’s Education Service.

- 3.5 It was discussed that the factors which influence educational attainment were multifarious, as the Health and Wellbeing Board had learned in November 2016 when the Principal School Improvement Advisor had presented a report to the Board entitled ‘[Educational Attainment and Health Outcomes of Children from Vulnerable Families](#)’. It was also recognised that there is a close link between a child’s educational attainment and their health and wellbeing outcomes.

3.6 The Chairman of the Health and Wellbeing Board at the time requested that the Children's Delivery Group report back to a later meeting to explain why the indicator was red and what activity it was leading as a partnership to drive improvement. As the Children's Delivery Group was without a Chair at the time, the Acting Principal School Improvement Advisor was asked to complete this report. The report was delayed in order to incorporate exam results from the summer of 2018.

4. Performance Update

4.1 There has been a mixed picture this year when looking at Disadvantaged data:

- (1) In Early Years the proportion of children achieving a good level of development (GLD) is down for the third year in a row and the free school meals (FSM) ranking is also down.
- (2) In Phonics there has been a small increase, but little change in the ranking against other local authorities.
- (3) KS1 Disadvantaged data is improving, but KS2 has fallen.
- (4) KS4 data is much closer to National Disadvantage.

4.2 There is still much to do to improve the outcomes of these pupils, but we should be looking wider than just these who are a National priority, there are other pupils who are also vulnerable but never become FSM, we should be ensuring they get sufficient focus too.

4.3 Full data report available as [Appendix B](#)

5. Early Years Update

5.1 The Family Hubs have been in existence for two years and during that time have been working to develop a clear strategic direction.

5.2 Development has been with regard to West Berkshire Council priorities and the key priorities of the Health and Wellbeing Board.

5.3 Focus upon 10 most disadvantaged areas of West Berkshire

5.4 One stop shop for families providing information, advice, signposting and thus increasing the age engagement up to and including 19+ services.

5.5 **One Core Aim** - Enable all West Berkshire Families to Thrive.

5.6 **Three core outcomes:**

- Promoting and encouraging families to live healthy lifestyles.
- Overcoming barriers to unlock their full potential, no matter what challenges they face
- Improving mental health and emotional wellbeing of all West Berkshire families.

5.7 **Early Help** - To provide support to tackle problems before they become difficult to reverse.

5.8 Using the guiding principles of being:

Strength based – moving away from 'intervention' (where the professional hold the power) to person/ family / own network solutions.

Restorative – respectful, collaborative arrangements.

"Local nerve centres co-ordinating all family-related support, Including universal services and specialist help...to meet both parents' most pressing needs."

The Children's Commissioner October 2016

5.9 The range of services that Hubs deliver may differ in response to the local context, and include:

- New parent services, ante and post-natal
- Parenting support across the ages and stages.
- Support local Childcare and early education, signposting parents
- Couple and relationship support. Domestic abuse champions and substance misuse trained
- Support for troubled families on their journey as their children grow.
- Specialist health support for children and parents, parenting special children and signposting
- Communication support for children in the early years, Every Child a Talker, speech & language
- Learning and mentoring support, early literacy & numeracy, parenting and behaviour support.
- Employment and training advice, CV writing and support from Job Centre Plus.
- Volunteering, helping in schools training and peer supporter training.

5.10 School Readiness - Behaviour – Parenting Courses, SHARE, EHA drop-in, 1-1, all groups, Golden Rules, S.P&L guidelines, sand timers available to purchase, peer support

5.11 Language development (particularly those at risk of delay) S&L drop-in, ECAT, Rhyme Challenge, SHARE, Bookstart Corner – new PEEP, Health Visitor Development Checks, Talking Tips given out/displayed, Imagination Library for Greenham families and being extended across Family Hubs

5.12 Home learning environment – SHARE, Bookstart Corner, new PEEP, Parents as First Teachers, Homestart

5.13 Early Reading – SHARE, groups, FSW, Book sharing pilot, Fun2BeFit (turn off the tech), Imagination Library – 10 key SOAs supported by Greenham Trust and Sovereign Housing

5.14 2 year old offer (process, numbers achieving attendance at a setting) – Supporting to apply, contacting on list, signposting to local provision, liaising with schools and settings.

5.15 Transition to school – Flying Start (Appendix Project Draft Report)

5.16 Foundation Stage Outcomes - What is happening nationally and locally?

- The percentage of children achieving a good level of development (GLD) continues to increase year-on-year: 71.5% in 2018 compared to 70.7% in 2017, and 51.7% in 2013.
- The percentage of children achieving at least the expected level of development in all 17 early learning goals also continues to increase: 70.2% in 2018 compared to 69.0% in 2017 and 48.9% in 2013.
- The gender gap is narrowing
- The Disadvantaged gap has increased in recent years
- More information in Data report [Appendix B](#)

5.17 There is a great deal of work through the Family Hubs, local early year's providers and schools to support our children to make the very best start in life. Our overall outcomes are consistently good, however there continues to be challenges around the disadvantaged. To address this we are working before children enter formal schooling to support families, particularly those from disadvantaged backgrounds to help their children. This work is focused upon language development using Every Child a Talker (ECaT), Flying Start local projects and by increasing the span of access to the Imagination Library. We are looking at the gap between boys and girls and to follow our disadvantaged 2 year olds as they progress into school.

6. School Improvement Update

6.1 Narrowing the Gap and raising achievement for those in receipt of the Pupil Premium remain very high priorities for the service. Many of the judgments focus on narrowing or closing the gap – but when considering improving the life chances of these pupils our priority should be to raise their attainment, it is this that will improve their job prospects.

6.2 The Pupil Premium (PP) funding allocated to schools has not increased in recent years and remains at £1320 for each Primary pupil and £935 for secondary. The funding starts once registered as eligible for a Free School Meal and continues for the next 6 years (hence the term Ever6). During the period of the roll-out of Universal credit there will be changes in eligibility but the Government has agreed that no child will lose their free meal entitlement during this period, unless they change phase of education. This means that more pupils will be entitled to the meal and some will therefore be entitled to the additional funding for a longer period. It is anticipated that there will, therefore, be an increase in our PP numbers.

6.3 The proportion of PP pupils in our schools remains low. In 2018 there were 227 pupils at KS2 (age 11), just 11% - Nationally it was 29%. At KS4 (age 16) we had 269 pupils, 15% compared to National 27%. Many of our Primary schools have only 1 or 2 in a cohort. As such the additional funding is often not significant, at a time when schools finances are very stretched. The schools that get promoted for closing the attainment gap often have 40+% of their cohort getting the additional money and with this significant additional funding real changes can be made.

- 6.4 Many of the activities and practice that were reported in the previous report continue. In particular:
- Primary networks for Pupil Premium leads
 - Secondary networks for Pupil Premium Leads
 - Regular sessions in the Primary Heads' Forum
 - Regular sessions in the Leadership Forum
 - Annual governor training
 - Pupil Premium Reviews
- 6.5 All schools have a PP lead and a PP Governor who meet, typically, termly. This helps governors to ensure that the additional funding is being appropriately used in the school. Almost all Ofsted inspections comment that the funding is being used well in our schools.
- 6.6 Since the last report there have been some new initiatives, these include:
- KS1 PP Cluster
 - KS2 Peer PP Challenge
 - Pan Berks PP leads network
 - 2017 and 2018 Pan Berks PP Conference
 - Pan Berks Oracy Project
 - SSIF projects
- 6.7 The KS1 PP Cluster started as a project with 10 schools who each had a reasonable number of pupils in KS1. The focus was on Parental Engagement. At the end of the year developed resources and advice were shared with all heads. The group continues to meet about 5 times a year, maintaining a focus on Early Years to KS1. Perhaps as a result of this targeted approach at this stage we have seen improvements in PP attainment at KS1 (see data report).
- 6.8 The KS2 Peer PP Challenge started April 2018 and involves 8 schools whose KS2 PP attainment had been low for more than 2 years. Current and recently retired headteachers are meeting with Heads to focus on maximising attainment of year 6. This project will only run up to next Easter and will be evaluated at that stage.
- 6.9 Meeting regularly with other PP leads across Berkshire has been very beneficial in terms of sharing resources and making good links, but has also led to two annual conferences, which have been high profile, very well attended and highly valued. Last year the West Berkshire Primary Heads Association subsidised places at the conference for our heads. Following the interest in Oracy as a result of the 2018 conference there is now a Pan Berks Oracy focus, with regular training led by Voice 21. This project is very much about giving disadvantaged pupils a voice – metaphorically and physically. In West Berkshire we will be further supporting our schools by offering local meetings and also following this initiative up next year. We are also working closely with Early Years colleagues to build on the ECAT (Every Child a Talker) work that they do.
- 6.10 When the DfE stopped the Education Service Grant to Local authorities they initiated a series of bids for 'Strategic School Improvement Funded' projects. We were very successful in being successful in two bids; "Growing Greater Mathematicians" and Phonics, at the heart of both of these projects is a focus on PP

pupils. These fully funded projects have each involved 11 schools and are fully funded. Engagement has been good, we anticipate impact.

- 6.11 The Education Endowment Foundation, as mentioned in the last report, continues to fund a variety of projects and compiles useful reports that focus on maximising progress for Disadvantaged. We not only ensure that these resources are signposted, but also seek to support by embedding the ideas within CPD and where appropriate to inform CPD – eg recent Metacognition courses.
- 6.12 Across the Education service we now have regular “Vulnerable Groups” meetings. This meeting ensures that we work more closely together across the service with our vulnerable pupils and have a greater awareness across the service. An example would be greater awareness of the high proportion of PP pupils who are also SEN and the impact of this ‘double disadvantage’. The Vulnerable Group strategy is attached as [Appendix C](#)

7. Public Health Update

- 7.1 In July 2018 Public Health and Wellbeing commissioned the delivery of a pilot healthy holiday club programme for vulnerable children aged 5 to 11, living in West Berkshire.
- 7.2 The programme combines key public health promotion messages such as healthy eating, benefits of physical activity, promoting good oral hygiene, reducing sedentary behaviour, improving skills for learning and improved wellbeing.
- 7.3 Public Health and Education collaborated to identify the schools and the target group.
- 7.4 Vulnerable pupils aged 5 – 11 from the following Thatcham schools were identified:
- Spurcroft School
 - Parsons Down Partnership School
 - Francis Baily School
 - Whitelands Park School
 - Thatcham Park School
- 7.5 5 healthy holiday clubs were held at Kennet secondary school during the 2018 summer holidays. Following the Summer Holiday Clubs, follow up clubs were held during the 2018 October school holidays, with further follow up clubs scheduled for the 2019 February school holidays.
- 7.6 The programme’s outcome measures are as follows:
- An Increase in the participants (CYP’s) physical activity levels
 - At least 50% of children achieve a reduction in sedentary behaviour, to less than 2 hours screen time a day outside of school
 - At least 50% increase in fruit/vegetable consumption for those participants not already achieving the recommended intake
 - At least 50% of participants achieve a reduction in the consumption of sugary drinks/sweets/chocolate

- 7.7 The provider also worked with the families to collect qualitative reflection on key learning from participants. Final achievements will be assessed in terms of personalised goals, parental engagement, attendance at the follow-up sessions during October and February half terms and exit options discussed with each child/parent (attendance at existing after school clubs/external club such as Scouts)
- 7.8 A full report detailing the outcome of the pilot programme has yet to be completed as the programme is still running. The report will be completed after the final clubs have taken place during February 2019 school holiday.
- 7.9 Summary reports from the summer holiday clubs and October holiday clubs and feedback from a participating schools can be found in [Appendix D](#)

8. Role of the Children's Delivery Group

- 8.1 The Children's Delivery Group was set up to report to both the Local Safeguarding Childrens Board and the Health and Wellbeing Board. It played a role in supporting the improvement of the Council's Children's Services following the 'inadequate' OFSTED judgement in 2015.
- 8.2 The Children's Delivery Group outlined its priorities in 2016 as:
- (1) To provide a coherent vision for West Berkshire partner agencies 'Targeted Prevention,' including developing consistent understanding of children's levels of need and the risk and needs that will be prioritised by local services, to intervene more effectively, early.
 - (2) To promote emotional wellbeing in children and young people, through prevention, early identification and provision of appropriate services.
 - (3) To improve the health and educational outcomes of Looked After Children through prevention and the provision of high quality health and social care support and services.
 - (4) To improve the educational achievement of children on free school meals to bring them into line with the overall achievement of all children.
- 8.3 Members of the Children's Delivery Group include representative from:
- (1) Head of Service, Children & Family Services (Chair)
 - (2) Thames Valley Police
 - (3) Berkshire West Clinical Commissioning Group.
 - (4) Early Years' Service
 - (5) Portfolio Holder for Children and Education
 - (6) School Improvement Service
 - (7) Children & Young People's Voluntary Sector Forum
 - (8) Public Health

(9) Special Educational Needs and Disabilities Service

(10) Emotional Health Academy.

8.4 The Health and Wellbeing Board introduced a new methodology for monitoring implementation of its Strategy in 2017. While it was clear the Children's Delivery Group was achieving a number of 'soft' benefits such as improved practice and relationships, it was difficult to articulate actions to be undertaken in partnership and measures of those actions in the format requested by the Health and Wellbeing Board.

8.5 Since Pete Campbell (Head of Children and Family Services, WBC) took on the role as Chair of the Children's Delivery Group, it has refocussed to concentrate on:

(1) Prevention

(2) Educational Attainment

(3) Self-harm

9. Conclusion

9.1 The Health and Wellbeing Board requested to know what actions were being undertaken by the Children's Delivery Group to reduce the educational attainment gap between disadvantaged pupils and the rest. This report has outlined the variety of work being undertaken by the Council's School Improvement Service, the Family Hubs and the Public Health Team.

9.2 Educational attainment remains a key workstream for the Children's Delivery Group.

9.3 There is still much to do to improve the outcomes of disadvantaged pupils, but we should be looking wider than just those who are a national priority. There are other pupils who are also vulnerable but never become part of the Pupil Premium cohort and we should be ensuring they get sufficient focus too to ensure every child is able to reach their potential.

9.4 The Health and Wellbeing Board are requested, in their capacity as system leaders, to recommend any further actions that could be undertaken.

9.5 The recommendations identified in the report presented to the Health and Wellbeing Board in 2016 remain relevant:

(1) We need better identification of pupil and family needs by Family Well Being Hubs and Schools.

(2) We need clearer understanding of the barriers impeding good educational/health outcomes.

(3) We need to ensure funding has a positive impact on outcomes in all Key Stages of a child's education including the Early Years and Sixth Form.

(4) We need a better understanding of the implications of multiple need and the effect that it has on educational outcomes.

- (5) We need to ensure that Early Years professionals such as Health Visitors and Family Wellbeing Hub workers are fully engaged in the school readiness agenda, particularly in relation to their role around promoting the uptake of early years pupil premium.
- (6) We need to ensure that parents/carers are fully aware of the need to register for Free School Meals for schools to access pupil premium funding in KS1 where a universal meal is provide free of cost. To support schools and settings to identify where White British Boys are underachieving and to challenge school leaders and governors to address issues of closing gaps where they exist.
- (7) We need to build positive relationships with other services/providers in raising awareness of the simple positive experiences that can support improving health and educational outcomes for vulnerable children.

10. Consultation and Engagement

Tessa Ford (acting Principal Adviser and PP lead), Avril Allenby (Early Years manager), Nerys Probert (Acting Senior Public Health Officer), Nikki Davis (Schools Health and Wellbeing Co-ordinator)

11. Appendices

Appendix A – Performance exception report

Appendix B – Data report

Appendix C – Vulnerable Group Strategy

Appendix D – LGG Evaluation summary

Appendix E – Parsons Down evaluation of LGG

Background Papers:

Local data reports

Health and Wellbeing Priorities 2018/19 Supported:

- Improve access to employment for vulnerable people

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by keeping councillors updated on the variety of actions and approaches that are taking place to support the priorities.

Officer details:

Name: Tessa Ford
Job Title: Acting Principle Adviser for School Improvement
Tel No: 07775705027
E-mail Address: Tessa.ford@westberks.gov.uk

Appendix A

Rachael Wardell / Ian Pearson		Education Service				Q3 2017		RED	
Indicator Ref: BEC2edAY10		To improve on 2015/16 Academic year rankings for reading, writing and maths combined expected standard for disadvantaged pupils in KS2 in 2016/17 Academic Year					Type: Snapshot		
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity	
			Q1	Q2	Q3	Q4			
RAG		Baseline			■		Rank higher than 122/152	Higher is better	
Qrtly outturn	-	-	Annual	Annual	-	Annual			
YTD outturn	-	Ranked 122/152 (33%) (15/16 Academic Year) 4 th quartile	-	-	Rank 148/152 (35%) (16/17 Academic Year) 4 th quartile	-			
<p>REASON FOR RED:</p> <p>(Please refer also to Exception Report on KS2 RWM where the commentary on writing and mathematics is also applicable)</p> <p>Context. The number of pupils entitled to FSM in West Berkshire is very small at approximately 15% of pupils. Of that cohort, a higher than national percentage of FSM pupils are also SEND (doubly disadvantaged) and white working class boys, the lowest attaining group of pupils nationally. 42% of primary schools have typically 2 or fewer disadvantaged pupils in a cohort which presents different challenges in terms of skills of meeting the needs of those pupils.</p> <p>The performance of FSM RWM improved from 31.9% in 2016 to 34.5% in 2017 which is lower than the national score at 48%. FSM pupils who have no SEND improved from 41.0% in 2016 to 50% in 2017 which is closer to, but lower than, the national score of 57%.</p>									

In addition to the commentary in the KS2 RWM exception report, the drop in performance from 2016 is due to :

- Expenditure of Pupil Premium funding being insufficiently evaluated by school leaders which results in little impact on results. Interventions and approaches used by schools are not chosen on the basis of evidence base research of “What works well” in terms of raising attainment.
- Too low expectations of pupils by schools with pupils who are low attaining at the end of KS1 (aged 7) in some schools. Many of these pupils are also FSM.
- Some schools with very low numbers of FSM placing insufficient priority on meeting their needs.
- Weak subject knowledge of teachers which results in less than good teaching and which impacts on all pupils, including FSM.

REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:

- Expected outcomes for FSM pupils in year 6 for 2018 are being audited by the LA in every school. As a result, 6 targeted schools will receive regular monitoring visits from designated **Pupil Premium Peer Challenge Headteachers** to ensure pupil premium spend is having sufficient impact on learning outcomes across the school. Additional training for governing bodies on monitoring the impact of PP spend will form part of this monitoring programme. The low performance of FSM pupils has been a focus of debate at Primary Heads Forum and it has been agreed that head teacher peer challenge of “collective responsibility” for improving outcomes is the next step for the LA pupil premium strategy.
- DfE funding has been secured through Strategic School Improvement Funding bids to train teachers in maths (12 schools) and phonics (10 schools) in with a focus on disadvantaged pupils. The 2 projects span 5 terms and will address teacher subject knowledge and the ability to diagnoses the gaps in learning of disadvantaged pupils in particular. The bids total £230,000 and will build long term sustainability.
- Targeted primary schools have had LA whole school pupil premium reviews.
- The successful KS1 and KS2 pupil premium network of schools for pupil premium leads will continue. A pan – Berkshire PP conference is organised for the summer.
- Intensive support is being provided to support ambitious new leadership at The Willows Primary and Lambourn C.E. Primary.
- Maintained schools are categorised for support according to risk and school performance. Schools categorized category C or below receive additional School Improvement Adviser support and challenge visits.
- The Regional Schools Commissioner has been notified about the concern about the performance primary academies which each have lower than national scores for KS2 RWM FSM.

FINANCIAL IMPLICATIONS: None

SERVICE PLAN UPDATES REQUIRED: None

STRATEGIC ACTIONS REQUIRED: None

Appendix B Data report

West Berkshire Summary Data Report 2017-18

Almost all measures for all key stages began in the 2015-16 academic year so one can only compare data for the last 3 years and within that time period there have also been changes at KS4 and KS5. Only Foundation Stage and Phonics measures did not change; all others are new.

Free School Meals (FSM) is a binary indicator variable that states whether a pupil's family are eligible for free school meals as reported at the time of the annual spring school census. Since September 2014 all infant pupils in state-funded schools have been entitled to a free school meal, as a result some parents may not process a claim. The school receives additional Pupil Premium Funding for pupils who are currently eligible for a free meal and for the next six years (Ever6). In 2018 Primary schools received £1320 and Secondary schools £935.

From 2015, disadvantaged pupils include those who are registered as eligible for free school meals at any point in the last six years (Ever6), children looked after by a local authority and children who left care in England and Wales through adoption or via a Special Guardianship or Child Arrangements Order.

There is some variance in the measures that are used by the various national authorities as indicators for these vulnerable pupils, sometimes they report FSM (which sometimes includes Ever6 and sometimes doesn't) and sometimes they report Disadvantaged. This variance is somewhat frustrating!

Primary data was made available nationally at the beginning of December, but we still await validated data. Some of the data reported may therefore change, as may some of the rankings. The data in this report was accurate on 19/12/2018, there continue to be changes and these will continue until the data is validated in February, when the report will be finalised.

This year we produced a summary data sheet for all Primary schools which shows the data for the past 3 years and uses colour coding to indicate comparison to National. Extracts from the LA version of the sheet have been used throughout this report.

Early Years Foundation Stage

Pupils aged 5 are assessed at the end of their first year of full time education. Practitioners make a best-fit assessment of whether children are emerging, expected or exceeding against each of 17 early learning goals. Good Learning Development (GLD) is the overall measure and is indicative of 'KS1 readiness', in recent years there has been a greater focus on attainment in Reading, Writing, Number and Shape Space & Measures.

EYFS (1883 pupils)

	GLD	Reading	Writing	Number	SSM	FSM (GLD)	
West Berkshire	74.2	82.6	76.8	84.2	88	Yes (115)	No (1767)
	(76/75.2)	(83.4/83.3)	(78.7/77.2)	(83.9/83.3)	(87.9/89.2)	43.5	76.2
National	72	77	74	80	82	(51.1/56.9)	(77.8/76.5)
	(71/69)	(77/77)	(73/73)	(79/79)	(82/82)	57	74
						(56.0/54.0)	(73.0/72.0)
						Gap to National	30.5

Key:

NOTES:

Key to Colour Highlight

+2	Result is above National by more than 2%
+1	Result is above National by more than 1%
0	Result is in line with National
-1	Result is below National by more than 1%
-2	Result is below National by more than 2%

Attainment

2018 data
(2017 / 2016)

Clearly performance is above national in all areas and has been for three years. However National data has shown some improvements over this period, whereas West Berkshire data seems to be on a slight downward trend. The Early Years team is reflecting on how best to reverse this.

EYFSP	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank
%GLD	74.1%	71.5%	33	13	11

%GLD by gender	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank
Girls	80.6%	78.4%	33	14	11
Boys	68.2%	65.0%	30	13	15
Gap	12.4%	13.4%	40	45	60

Selected EY Goals % at least expected	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank
Reading	82.5%	77.0%	10	8	8
Writing	76.7%	73.7%	28	13	17
Numbers	84.2%	79.6%	12	16	19
Space, Shape and Measures	87.9%	81.7%	7	6	4

Rankings KEY

First quartile
Second quartile
Third quartile
Fourth quartile
data suppressed

We are still in the top 25% of LAs for % GLD and for both girls and boys. We are also maintaining our position in the top quartile for all the learning goals within the Literacy and Mathematics Areas.

FSM	FSM Pupils					2017 Gap			2016 Gap	
	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank	not FSM	Gap	National Gap	West Berkshire	National
%GLD	43.0%	57.0%	150	99	38	76%	33%	17%	24%	17%
									19%	18%

At Early Years the key measure for Disadvantage is those in receipt of a Free School Meal (FSM). We are very disappointed in the drop in attainment and in our rankings. This remains a high priority for the early years team and as a result there has been increased reflection on how best to support schools and also to provide the right support pre-school to ensure that more of our disadvantaged pupils start 'Ready for School'. With only 6% of our pupils in receipt of the meal, compared to national 14% our schools are not well funded for this additional support and with such a small cohort one expects variation in performance.

Phonics

The phonics screening check is a statutory assessment for all pupils in year 1 (typically aged 6) to check whether they have met the expected standard in phonic decoding. All state-funded schools with a year 1 cohort must administer the check. Those pupils who did not meet the standard in year 1 or who were not checked, must take part in the check at the end of year 2 (typically aged 7). Teachers administer the check one-on-one with each pupil and record whether their response to each of the 40 words is correct. Each pupil is awarded a mark between 0 and 40 and in 2017, as in previous years, the threshold to determine whether a pupil had met the expected standard was 32. Since 2014, this threshold mark has not been communicated to schools until after the screening check has been completed, however its year-on-year stability means it is predictable.

Phonics (Y1 1957 pupils / End Y2 1996 pupils)

	Year 1	By End Y2
West Berkshire	80.8 (78.2/79.6)	91.9 (92.5/91.6)
National	82 (81/81)	92 (92/91)

	FSM			
	Year 1		By End Year 2	
	Yes (135)	No (1818)	Yes (129)	No (1867)
West Berkshire	57.8 (53.1/53.7)	82.5 (80.2/81.5)	83.7 (82.0/76.4)	92.4 (93.3/92.7)
National	70 (68.0/69.0)	84 (83.0/83.0)	84 (84.0/84.0)	93 (93.0/93.0)
Gap to National	26.2		9.3	

Phonics remains an area of concern in West Berkshire. The scores at the end of year 1 are below National, but by the end of Year 2 are in line. Phonics was a focus within the Primary Head's forum last year and we were also successful in a Strategic School Improvement Fund bid to work with 12 schools, this started in the summer term and will have a particular focus on Disadvantaged pupils. Outcomes have improved this year, but still lag behind National. Rankings seen below evidence the improvement this year, an extra percentage point would have seen us in 2nd quartile.

Phonics	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank
Phonics Y1 Wa%	81%	82%	108	132	84
Phonics End KS1 Wa%	92%	92%	52	17	43

FSM

	FSM Pupils EXS+				
	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank
Phonics Y1 Wa%	56%	70%	150	149	149

not FSM	Gap	National Gap	2017 Gap		2016 Gap	
			West Berkshire	National	West Berkshire	National
82%	26%	14%	26%	15%	27%	14%

Our current FSM pupils' performance in Phonics is going up very slowly year by year, but the gap is not narrowing. However by the end of year 2 they have caught up significantly with National FSM. Our slight improvement in score has not improved our rankings. The recent Ofsted annual report highlighted a FSM gender issue whereby our FSM boys' performance was very weak. It is hoped that the impact of the Phonics project will be improved outcomes particularly for our FSM boys.

Phonics ALL	2018	
	WB	Nat
Female	85.1	86
Male	76.8	79.2
GAP	8.3	6.8

Phonics FSM	2018	
	WB	Nat
Female	69.5	75.4
Male	48.7	65.3
GAP	20.8	10.1

KS1

This is the 3rd year of the new style KS1 and KS2 curriculum. At KS1 teacher assessment judgements are reported in Reading, Writing, Maths and also the combined RWM. Expected standard in RWM is indicative of "KS2 readiness". Greater Depth is the highest standard.

KS1 (1996 pupils)

	Reading		Writing		Maths		RWM	
	EXS+	GDS	EXS+	GDS	EXS+	GDS	EXS+	GDS
West Berkshire	78.2	29.6	71.2	17.6	76.3	22.9	66.6	13.1
	(77.9/75)	(28/23.4)	(68.4/64.8)	(14.4/12.6)	(74.5/72.3)	(20.6/17)	(63.8/59.3)	(10.5/8.8)
National	75.5	25.6	69.9	15.8	76.1	21.8	65.3	11.6
	(75.8/74.2)	(25.2/23.6)	(68.4/65.7)	(15.6/13.3)	(75.2/72.8)	(20.5/17.8)	(63.8/60.5)	(11/8.9)

This shows a strong and year on year improving performance in all measures. Maths is just above National this year and remains a limiting factor in RWM combined. Rankings are improved in all but Maths at Expected standard, which stayed the same – particularly pleasing improvement in Writing at Greater Depth.

All Pupils

Key Stage 1	Reached the expected standard				
	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank
KS1 Reading	78%	75%	28	34	58
KS1 Writing	71%	70%	58	77	79
KS1 Maths	76%	76%	74	74	82
KS1 Science	86%	83%	15	16	25

West Berkshire	Working at greater depth			
	National	2018 Rank	2017 Rank	2016 Rank
30%	26%	17	31	82
18%	16%	33	96	76
23%	22%	49	63	83

Disadvantaged and FSM Pupils

By KS1 FSM the variance in measure starts. School will typically record 'Disadvantaged' data from this stage ie FSM, those who have been on FSM within the last 6 years, Looked after Children and post LAC. For this report we have chosen to refer to both Disadvantaged and current FSM.

	KS1 Disadvantaged (RWM)			
	EXS+		GDS	
	Yes (227)	No (1769)	Yes (227)	No (1769)
WB	44	70	5	14
	(37/32)	(67/64)	(3/1)	(11/10)
Natl	50	70	5	13
	(49/46)	(68/64)	(5/4)	(13/10)
Gap	26		8	

	KS1 FSM (RWM)			
	EXS+		GDS	
	Yes (135)	No (1859)	Yes (135)	No (1859)
WB	39	68	2	14
	(33/34)	(66/61)	(4/1)	(11/9)
Natl	48	68	5	13
	(47/44)	(67/62)	(4/3)	(12/10)
Gap	29		11	

In the last 2 years we have had a specific focus on KS1 by working with a cluster of 10 schools. The initial aim was to improve parental engagement for these vulnerable families. Although at EXS+ WB remains below National, it is improving significantly each year and closing that Gap. At Greater Depth our Gap is much smaller with our Disadvantaged pupils achieving as National.

FSM	FSM Pupils EXS+					not FSM	Gap	National Gap	2017 Gap		2016 Gap	
	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank				West Berkshire	National	West Berkshire	National
KS1 Reading	55%	60%	124	145	129	80%	25%	18%	30%	17%	25%	17%
KS1 Writing	45%	53%	135	148	133	73%	28%	20%	35%	19%	28%	18%
KS1 Maths	54%	61%	130	149	132	78%	24%	18%	29%	18%	24%	17%
KS1 Science	71%	69%	47	142	78	86%	15%	16%	27%	16%	19%	15%

Rankings are only available for FSM and for EXS+. This shows the improvements in rank, but we remain 4th quartile, except for Science.

KS2

At KS2 pupils are tested in Reading, Maths and GPS (Grammar Punctuation and Spelling) with Writing remaining a teacher assessment. In 2018 changes were made to the assessment of Writing to better support robust teacher assessment. Expected standard in the combined RWM is indicative of 'Secondary-readiness'. Progress is also measured from a KS1 baseline – National progress is set as 0 so a positive score indicates better progress from KS1 starting points than an 'average' pupil across the country.

KS2 (1774 pupils)

	Reading		Writing		Maths		GPS		RWM	
	EXS+	GDS	EXS+	GDS	EXS+	GDS	EXS+	GDS	EXS+	GDS
West Berkshire	75.8	30.9	78.3	23.7	72.8	23.6	75.9	33.6	63.6	11.1
	(74.2/69.6)	(28.4/25.1)	(75/69.8)	(18.6/13.5)	(73.3/69.3)	(23.1/17.4)	(76.2/71.2)	(28.9/23)	(61.7/54.9)	(9.9/6.3)
National	75	28	78	20	75	24	77	34	64	10
	(72/66)	(25/19)	(76/74)	(18/15)	(75/70)	(23/17)	(77/73)	(31/23)	(61/53)	(9/5)

The colouring clearly shows that the KS2 picture is not as strong as KS1. Writing is improving and at a faster rate than National, GPS (Grammar, Punctuation and Spelling) remains below National and dropped this year (NB GPS not included in the key RWM combined measure). Maths again is the main limiting factor and also dropped this year. Although the RWM figure continues to improve it has now dropped below National.

	Progress		
	Reading	Writing	Maths
West Berkshire	0	-0.1	-0.6
	(0/-0.1)	(-0.9/-1.6)	(-0.8/0)
National	0	0	0
	(0/0)	(0/0)	(0/0)

Progress is improving year on year, but the scores do further evidence the problem in Maths. With 91% of our Primary schools being good or better we do want to be seeing positive progress scores.

We were fortunate in securing Strategic School Improvement funding to focus on Maths. The project is having real impact in school practice, but will take time to impact on end of key stage results.

All Pupils

Key Stage 2	Reached the expected standard				
	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank
KS2 RWM	64%	64%	85	65	50
KS2 Reading	76%	75%	70	47	33
KS2 Writing	78%	78%	90	106	126
KS2 Maths	73%	76%	119	103	75
KS2 GPS	76%	78%	110	95	89
Average Scaled Score Reading	106	105	13*	19	9
Average Scaled Score Maths	104	104	67	57	50
Average Scaled Score GPS	106	106	63	51	53
Progress Reading	0.0	0.0	84	75	87
Progress Writing	-0.1	0.0	90	133	139
Progress Maths	-0.5	0.0	109*	120	131

West Berkshire	Working at greater depth			
	National	2018 Rank	2017 Rank	2016 Rank
11%	10%	45	37	48
31%	28%	31	30	10
24%	20%	23	50	84
24%	24%	60	54	57
34%	34%	75	89	61

* West Berkshire is on the boundary to the next highest quartile

A mixed picture with the rankings this year with some improved and some not, the improvements in attainment have not always resulted in improved rankings. With our high percentage of 'Good or

Outstanding' schools it is disappointing that our rankings are not higher. There would seem to still be some legacy poor data from some of our larger, previously Requires Improvement, schools.

Disadvantaged and FSM pupils

	KS2 Disadvantaged (RWM)				KS2 FSM (RWM)			
	EXS+		GDS		EXS+		GDS	
	Yes (278)	No (1492)	Yes (278)	No (1492)	Yes (107)	No (1663)	Yes (107)	No (1663)
WB	35 (35/33)	69 (67.1/60.1)	3 (4/2)	13 (11/7)	26 (29/33)	66 (64/57)	2 (1/2)	12 (11/7)
Natl	51 (48/39)	71 (68/61)	4 (4/2)	12 (11/7)	46 (43/36)	68 (65/57)	4 (3/2)	11 (10/6)
Gap	36		9		42		9	

We are disappointed that we haven't seen an increase for our Disadvantaged pupils this year and that the FSM attainment has actually dropped. At greater depth our scores are much closer to National, so it seems that it is our weaker pupils that make poor progress.

FSM	FSM Pupils EXS+					2017 Gap			2016 Gap			
	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank	not FSM	Gap	National Gap	West Berkshire	National		
KS2 RWM	26%	46%	150	146	83	66%	40%	22%	35%	22%	24%	21%

Disadvantaged	Disadvantaged Pupils EXS+					2017 Gap			2016 Gap			
	West Berkshire	National	2018 Rank	2017 Rank	2016 Rank	not Disadv	Gap	National Gap	West Berkshire	National		
KS2 RWM	35%	51%	150	148	122	69%	34%	20%	32%	20%	28%	22%

Analysing by prior attainment group reveals some of the issues for our pupils. In 2018 only pupils in the Higher prior attainment group from KS1 made positive progress. 48% of all pupils were in this group, but only 21% of our disadvantaged pupils. West Berkshire pupils make less progress than National pupils from both Middle and Low prior attainment groups, this is where the majority of our Disadvantaged pupils sit. Clearly improving the progress of both middle and low attainers will raise achievement, but it may not narrow the Gap.

KS4 (GCSE)

This year all GCSEs are graded on a 9-1 scale, with 9 being above an A*, 4 being a low C and 5 a strong C. Attainment 8 is the average score from 8 specific subjects and Progress 8 compares pupils' Attainment 8 scores from similar KS2 starting points. All exams are linear (ie no modules) and most syllabi were changed. The results collated for this year are based on what schools have sent to us and emerging National based on a number of LA submissions to the NCER data base – they are only indicative, there will be changes when DfE data is published.

All Pupils

Key Stage 4	2018			2017		
	West Berkshire	National	2018 Rank	West Berkshire	National	2017 Rank
KS4 Progress 8	0.11	0	38	0.03	0	61
KS4 Attainment 8	48.4	46.5	39	47.4	44.2	47
KS4 % 9-5 pass in E&M	47.3%	43.2%	36	49.4%	42.6%	31
KS4 % 9-4 pass in E&M	69.5%	64.2%	22	71.1%	63.9%	29
EBACC % Entries	46.4%	35.1%	33	49.8%	35.0%	22
EBACC Average Point Score	4.29	4.04	36			n/a

KS4 results remain very strong, all except English 5+ have improved this year. All measures remain well above National. Most rankings have improved.

Key Stage 4 Disadvantaged	2018			2017		
	West Berkshire	National	2018 Rank	West Berkshire	National	2017 Rank
KS4 Progress 8	-0.54	-0.44		-0.38	-0.4	59
KS4 Attainment 8	34.9	36.6		34.5	37	112
KS4 % 9-5 pass in E&M	24.90%	24.70%		20.80%	24.50%	
KS4 % 9-4 pass in E&M	41.30%	44.40%		42.00%	44.30%	

Disadvantaged Rankings for 2018 are not yet available. The Attainment 8 for Disadvantaged pupils has improved this year, while National has dropped, so we hope for an improved ranking for that area. However our Progress 8 figure has dropped more than National.

Attainment 8 and Progress 8 measures are used to compare schools, but they mean little to an individual pupil or to an employer. Over 40% of our Disadvantaged pupils achieve 4+ in English and Maths, which is close to National and almost 25% achieve 5+, which is just above National. Measures have changed since 2016 so it is hard to compare, but we are seeing more and more Disadvantaged pupils with real choices at 16+.

Improving the performance of our disadvantaged pupils continues to challenge us, we continuously analyse our data in a variety of ways and also seek to ensure that the provision does have positive impact. There are a variety of mitigating circumstances that together seem to stall progress in narrowing the gap.

These include:

- High proportion of our Disadvantaged pupils are also SEN, if we consider our Disadvantaged pupils without SEN their scores are much closer to National
- High proportion of our Disadvantaged are ‘White working class’ – this has always been a low performing group nationally
- Many of our Primary schools have very low numbers receiving the additional funding and so limited options for the additional support required. Indeed at KS1 last year 11% of pupils were in receipt of the additional funding, nationally it was 20%. At KS2 16%, Nationally 29%. The schools that get promoted for closing the attainment gap often have 40+% of their cohort getting the additional money and with this significant additional funding real changes can be made.

KS5

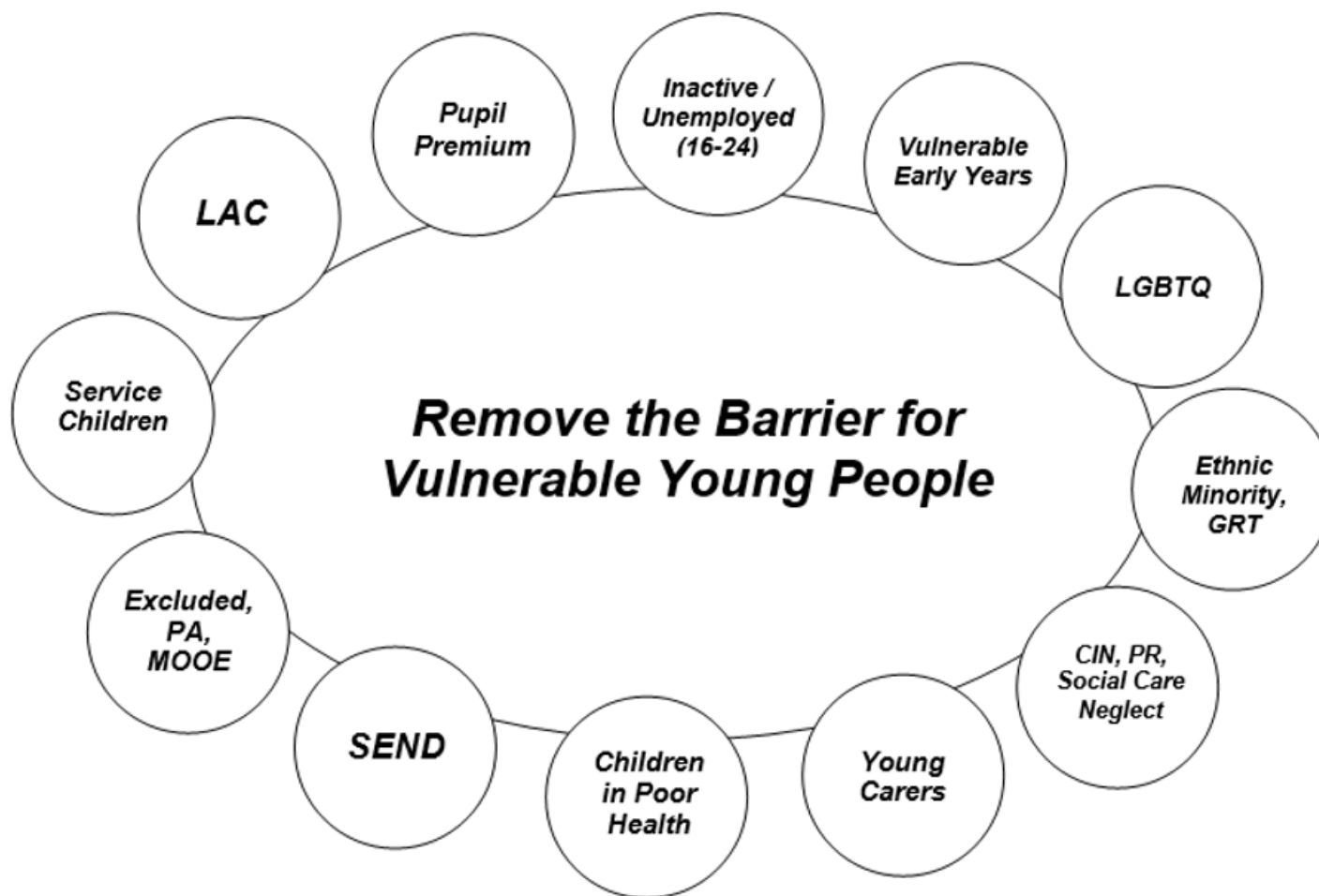
This year all exams were terminal, ie all taken at the end of year 13 with no modules taken during the course of the A level.

Key Stage 5	West Berkshire	National	2018 Rank	2017 Rank
KS5 A levels 3+ A grades	12%	10.40%	35	82
KS5 AAB grades incl Applied	20%	17.70%	38	66
KS5 A levels AAB	15%	13.40%	36	63
KS5 APS per entry	32.45	31.59	35	73
KS5 Tech APS per entry	30.96	28.34	31	101
KS5 Applied APS per entry	28.94	28.24	41	63
KS5 APS per entry - Best 3	34.24	32.19	21	71

This has been a very good year for A levels with rankings improved in all listed measures, and all measures above National.

Appendix C Vulnerable Group Strategy

West Berkshire Vulnerable Young Person Plan



What Are We Doing?

Data analysis, seeking out good practice, sharing intelligence, identifying overlapping vulnerabilities, continued monitoring and reporting, joined up approach / working together, coherent approach, action planning, updating plan with new intelligence, be ambitious for young person / family.

'Educational Attainment and Health Outcomes of Children from Vulnerable Families' – Dec 2018 Update

<p align="center">Pupil Premium</p> <ul style="list-style-type: none"> • Raise achievement of Disadvantaged pupils in West Berks • Enable strong school leadership of Pupil Premium which supports good inspection outcomes for <i>all</i> West Berkshire schools. • Ensure data is used, at all levels, to identify issues and trends so that the support and funding is strategically allocated. • Develop HT Peer Pupil Premium Challenge project in selected Primary Schools 	<p align="center">Inactive / Unemployed (16-24)</p> <ul style="list-style-type: none"> • Elevate West Berkshire • Responsive and individualised approach • Accountability and ownership • Digital and direct engagement • Signposting and referring • Innovative, creative and practical solutions • Advocacy 	<p align="center">LGBTQ</p> <ul style="list-style-type: none"> • Awareness raising amongst colleagues and school staff with specialist training from external charity • Responding to schools' requests for support and advice • Sharing good practice via Behaviour & Attendance network • Regular communication and information via H&WB hub newsletter – Public Health Lead
<p align="center">Looked After Children</p> <p>Improving educational outcomes and narrowing the gap by:</p> <ul style="list-style-type: none"> • Delivering high quality PEPs for all children in care. • Reducing the number of children and young people excluded from school. • Improving attendance. • Training school staff so that they understand the nature of early life trauma and what they can do to support children and young people in the classroom. • Ensuring children and young people have access to high quality education in schools that are judged by Ofsted to be 'good' or 'outstanding'. • Promoting the emotional health of children and young people through strong links with the emotional health academy and the integrated youth support services. • Ensuring pupil premium plus core funding is effective in promoting academic progress. • Working with schools and other partners to ensure that the remaining pupil premium plus funding is effective in promoting academic progress. 	<p align="center">Excluded / Persistent Absence / Missing Out On Education</p> <ul style="list-style-type: none"> • EWOs will put CYP of vulnerable groups on the agenda of consultation meetings with school staff. • Promote strong messages to parents about the importance of good attendance. • Targeted support: use of data to target support for vulnerable CYP to secure good attendance and reduce PA. • Encourage effective use of Fresh Starts (managed moves) to avoid exclusions • Challenge some schools with high exclusions to show positive impact of their exclusions policy • Share good practice via Behaviour & Attendance network • Focus on the needs of the student when considering in year Fair Access by Pupil Placement Panel • Develop an effective and cost efficient new Pupil Referral Unit to meet the needs of vulnerable learners. • Strong focus on safeguarding 	<p align="center">Ethnic Minority & Gypsy Roma Traveller</p> <ul style="list-style-type: none"> • Termly collection of attainment data for all GRT pupils: Analysed to provide targeted intervention. • Bilingual support for EAL pupils to access the curriculum /develop English. • Data analysis of Ethnic Minority groups' performance to monitor attainment. • GRT Pupil Support Officer supports pupils emotionally to avoid exclusions and better links to family. • Close links to LACES in provision for UASC. • EMTAS bilingual staff enable closer links to parents. • Assessments of newly arrived EAL pupils. • Training for schools for GRT and EAL. • GRT Practitioners meeting; multi-agency including Police/Fire/Health/ Housing in addition to Education. • Key areas of development within SEND strategic plan
<p align="center">Young Carers</p> <ul style="list-style-type: none"> • <u>Priority 1:</u> <i>To support the early identification and self-identification of young carers.</i> EWOs will have "Young Carers" on the agenda of consultation meetings with schools and be aware of potential young carers when home visiting; attend training events for professionals • <u>Priority 2:</u> <i>To provide Information and advice to young carers.</i> EWOs will give information about the Young Carers Project to parents and young carers when on home visits or during school meetings. • <u>Priority 8:</u> <i>Support a life outside caring to enable young carers to achieve their potential.</i> EWS will encourage schools to participate in the Young Carers in Schools Award (YCiS), which provides a step by step guide to supporting young carers within school 	<p align="center">Service Children</p> <ul style="list-style-type: none"> • Monitor the children on roll across the authority, including movement in and out of schools, numbers on roll and schools new to admitting service families. • Monitor attendance ensuring that service children are in-line with national expectations. • Monitor achievement looking at each key stage in terms of progress, attainment and the gap in relation to local and national expectations. • Provide schools with advice, support and guidance by email and by providing links to useful website material. • Work with schools to provide a support network of school to school support to raise awareness of "best practice". 	<p align="center">SEN&D</p> <ul style="list-style-type: none"> • Improve the attainment of children with SEND (including children at SEN Support and children with EHCPs) at all stages • Narrow the attainment gap between children with SEND (including children at SEN Support and children with EHCPs) and children without SEND • Reduce fixed term exclusions of children with SEND (including children at SEN Support and children with EHCPs)

Vulnerable Early Years	Children in Poor Health	Children in Need, Protection Register, Social Care, Neglect
<ul style="list-style-type: none"> • Early Years Quality Team to provide support and guidance across the early years providers including schools, academies, pre-schools, day nurseries and specialist provision. • Provide SENco networks and training. • Dedicated part-time Early Years Adviser with responsibility for Looked After Children, SEND and Safeguarding • Regular up-dates by Newsletter. • Support Transitions • Work closely with partners; Family Hubs, Children's Social Care and Settings. • Manage and Lead Foundation Stage Moderation working with schools to ensure consistent judgements at the end of Foundation Stage. • Data analysis including close scrutiny of 'diminishing the difference'. • Run vulnerable children network for schools. • Vulnerable 2 year olds; free entitlement and project work to support quality provision. • Flying Start Project supporting vulnerable families with school readiness and transition. • Every Child a Talker – speech and language support for early years settings. 	<ul style="list-style-type: none"> • Continued reduction in <18 conceptions • Increase the proportion of children aged 2 – 2 1/2 years offered ASQ-3 as part of the Healthy Child Programme or integrated review • Work to reduce hospital admissions caused by unintentional or deliberate injuries in children (aged 0-14 years) • Work to reduce young people aged 10-24 years admitted to hospital as a result of self-harm • Continued reduction in child excess weight • Support the tobacco harm reduction group to reduce the prevalence smokers at age 15 • Continue with oral health promotion programmes to increase the proportion of 5 year olds free from dental decay • Work to reduce the percentage of young people reporting low life satisfaction • Work to reduce the percentage of young people reporting been bullied in the past couple of months • Work to further reduce the suicide rate of young people 	<ul style="list-style-type: none"> • Restorative based interventions • Family group conferences to enable and promote family strengths • Skilled staff in the Targeted Intervention Service for children on the edge of care • SMART child in need planning for effective intervention • Multi agency contribution to safeguarding assessments • Child protection conferences based on 'signs of safety' strengths based model • Effective and timely section 47 (significant harm) investigations • Pro-active support for care leavers from the ages of 18-25 to tackle housing, employment and health needs.

Appendix D Let's Get Going Evaluation

Let's Get Going Summer Club Pilot Report

From July - August 2018; 69 children and their parents participated in 1 of 5 Let's Get Going (LGG) action packed summer clubs provided by Solutions 4 Health (S4H) and commissioned by West Berkshire Public Health and Wellbeing. The holiday Clubs promoted healthier and more active lifestyles. Delivered over 3 days from 9 - 3 the clubs included:

Physical activity - children enjoyed Run N Fun sessions such as party games, army boot camp and fun circuits as well as team games which required children to work together including football rounders, bench ball and relays.

Outdoor play - including a treasure hunt, water balloon games and orienteering.

Healthy Lifestyle - our Let's Get Healthy Learning sessions feature fun games to engage children and get them thinking and learning about a healthy and active lifestyle. Topics included healthy eating, where children made their own eatwell guide and healthy lunches where children designed and made their own lunch.

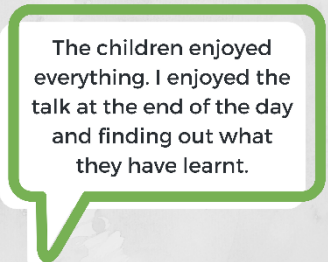
Craft – Let's Get Crafty which included making hats, healthy posters and the most popular activity of the whole club, slime!

Cooking – Each day children made their own lunch including pasta, wraps and rolls. As well as making smoothies, fruity water and healthy fruit and vegetable kebabs.


Family session – For the final 30 minutes of each day parents were invited to join their children and participate together in the LGG family session. Focusing on healthy lifestyle topics and games for the whole family, it was extremely well received and attended by 98.5% of parents.

In order to support families to make changes within their home environment each family were given:


- S4H & WBC Top Healthy Lifestyle Tips Booklet
- LGG recipe book
- LGG Summer Clubs Activity Pack featuring low cost and local free activities
- LGG water bottle and bag
- Take home challenge to complete for the following day, such as talk to each other about a club you would like to try next year




The children enjoyed everything. I enjoyed the talk at the end of the day and finding out what they have learnt.



95% said Let's Get Going helped their family make positive changes to their lifestyle



Fun activities whilst learning and meeting new people! And a great team of staff!



93% said Let's Get Going helped their family to eat more healthily



100% of children and parents rated the club good or excellent



77% of children attend after school clubs since the LGG summer club

Let's Get Going October Half Term Club Pilot Report

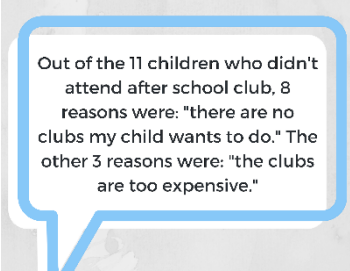
October 22nd-26th 2018; 47 children and their parents participated in 1 of 4 Let's Get Going (LGG) half term daytime clubs provided by Solutions 4 Health (S4H) and commissioned by West Berkshire Public Health and Wellbeing. The aim of the club is to support families to lead healthier and more active lifestyles.

The clubs ran on similar lines to the summer.

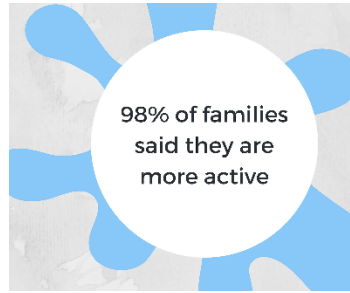
In Summary:

All 69 children were invited back for the half term club, some absences were due to holidays planned in the week of October, we also found a lot of illness reduced participation.


- 83% of families made changes at home
- 100% of those who made changes at home have maintained those changes
- 77% of children attend after school clubs since LGG Summer Club
- Out of the 11 children who don't attend after school clubs, 8 reasons are 'There are no clubs my child wants to do' the other 3 reasons were 'The clubs are too expensive'
- 94% of children scored their own attendance at school of either 9 or 10 out of 10.
- 91% of parents scored their child's attendance at school of either 9 or 10 out of 10.
- 94% of families said they are eating more healthily
- 94% of families said they are making more positive changes
- 98% of families said they are more active



Out of the 11 children who didn't attend after school club, 8 reasons were: "there are no clubs my child wants to do." The other 3 reasons were: "the clubs are too expensive."



98% of families said they are more active



100% of those who made changes at home have maintained those changes

Parsons Down evaluation

"I believe the initiative was a positive outlet for vulnerable children to have access to structure and interaction with peers during what can be a long holiday. The subjects covered will hopefully have a longer term impact rather than the short term goals above.

We have had feedback from 3 of the families who attended the Summer sessions. The feedback has been very positive. One Mum stated that her child benefitted from the routine of leaving her to attend the sessions over the summer which then impacted positively when the school term started again.

I have spoken with a number of the children who reported really enjoying the sessions (including lots of enjoyment from a water fight). They appeared to benefit from being in a structured environment and interacting with peers. "

Future in Mind: Local Transformation Plan Refresh

Report being considered by: Health and Wellbeing Board

On: 24 January 2019

Report Author: Sally Murray, Pete Campbell

Item for: Information

1. Purpose of the Report

- 1.1 To provide an overview of the refreshed Future in Mind Local Transformation Plan (LTP) which was published in October 2018 in accordance with national Future In Mind requirements. The LTP provides an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system. The full LTP is 111 pages long and can be found here <https://www.berkshirewestccg.nhs.uk/media/2516/berkshire-west-future-in-mind-ltp-refresh-oct2018.pdf>. A summary version has been provided. Our LTP has been assured by NHS England.
- 1.2 A young person friendly version has been co-produced with service users and has also been published.
- 1.3 A wide range of initiatives across the system are underway to improve emotional health and wellbeing of children and young people. Initiatives reflect the THRIVE model
- 1.4 Like most other areas of the country, demand for emotional health and wellbeing services have increased and the complexity of presenting issues is increasing. The increase in demand and complexity is being seen across voluntary sector, schools and specialist services. This is having an impact on waiting times.

2. Recommendation

- 2.1 The Board is asked to approve the refreshed Local Transformation Plan.

<b style="color: #008080;">Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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3. Introduction/Background

Areas of strength

- 3.1 The NHS Long Term Plan has been published and the local partnership is on track in the key areas of Children and Young People’s Mental Health Services, Learning Disability and Autism, Local System Support, Investment in Forensic Community Support and Redesigning CYP Health Services.
- 3.2 Investment into the system through Future in Mind since 2015 has seen more children and young people accessing evidenced based support across Berkshire West.

- 3.3 Additionally, parents and families are able to access more advice and support that was previously seen.
- 3.4 The broad range of services means that children, young people and families are provided with choice in how they can access support.
- 3.5 Berkshire West is one of 25 areas in England to receive government funding for pilot project working to transform children's mental health care which contribute to the delivery of the Transforming children and young people's mental health provision: a Green Paper set out in summer of 2018 by the government. The project is a partnership between Berkshire West Clinical Commissioning Group (CCG), Reading Borough Council, West Berkshire Council and Berkshire Healthcare NHS Foundation Trust.
- 3.6 Each local authority area will set up a pilot mental health support team as part of this NHS England trailblazer pilot. A team will work within a cluster of schools that teach 8000 children and young people, which is approximately a third of the pupil population in both Reading/ West Berkshire. Therefore only a select number of schools will be invited to take part in the pilot, with work continuing as usual with all schools to support children with mental health and wellbeing.
- 3.7 This is an initial three year project which will see more than £800,000 a year provided to run the two dedicated mental health and support teams. Each support teams, made up of professionals from local authorities and the NHS, will work with schools to improve their understanding and response to pupils emotional and mental health needs. Importantly the staff in the teams will be directly helping children and young people to improve their emotional or mental health. Aiming, when fully operational, to be supporting 500 pupils a year.
- 3.8 Our successful proposal will be building on existing work across Berkshire West that has already been developed by partners in our Local Transformation Plan. Both Local Authorities have led the way in establishing a strong local offer and this project will provide an excellent opportunity to share and use the best within each area to create an even better and stronger offer.
- 3.9 In summary this project will set up 2 teams, one Reading and one in West Berkshire. There will be an Emotional Health Partnership Triage system; School based Mental Health consultation surgeries, training for school staff and a range of interventions for individual and groups of pupils. This will result in success at a number of levels;
- (a) Whole school change and practise
 - (b) System wide transformation based on the Thrive Elaborated model
 - (c) Evidenced based treatments impact measured and assured by clear routine outcome measures.
- 3.10 The number of children and young people who are admitted to Tier 4 inpatient beds has continued to fall. This is linked to the commissioning of the Rapid Response service.

- 3.11 BHFT have secured funding from NHS England to build a new inpatient facility to replace Willow House in Wokingham. This will provide more capacity and reduce the number of children who have to be placed out of area.

Area of Challenge and Development

- 3.12 Demand continued to increase despite the extensive investment in emotional and mental health services. This reflects the national picture with an increase from 1 in 10 to 1 in 8 Children and Young people having a diagnosable condition.
- 3.13 Flowing data onto the national dataset is difficult, as is the case in many areas. This means that the actual number of children and young people receiving an NHS funded service in Berkshire West is far greater than the national dataset shows. We are working to resolve this technical issue.
- 3.14 A review of the Eating Disorder Pathway has been completed. Assuming that planned additional investment for Eating Disorders stated in the NHS Long Term Plan flows to the local area, the partnership is ready to implement the required changes.
- 3.15 A review of the Autism Assessment Pathway is being conducted and it is anticipated it will lead to more efficient working practices. Children and Young People waiting an Autism Spectrum diagnostic assessment make up 62% of the total CAMHS waiting list. Combined with CYP waiting for an ADHD diagnostic assessment, they make up 82% of the total CAMHS waiting list. Over 80% of Children and Young people who are waiting for an autism assessment are already receiving help from another BHFT provided service (e.g. another CAMHS care pathway, or the integrated therapies team).
- 3.16 While children and their families are waiting for assessment, a range of support services funded by the CCG and Local Authority are offered in the community and schools including support from the Emotional Health Academy, Parenting Special Children and Autism Berkshire; telephone helplines, parent support groups, online advice. Partners have also collaborated with Reading University to provide placements for 3 Recruit to train (RTT) WP trainees to provide low intensity emotional support and interventions for CYP on the Autism and/or ADHD waiting list (posts start in January) and 4-6 RTT parenting trainees to work with parents and cares of CYP on the ADHD waiting list or open to the ADHD pathway.

4. Consultation and Engagement

- 4.1 N/A

5. Appendices

Appendix A – Summary Future in Mind LTP Refresh 2018

Appendix B – Young Person Friendly Summary Document – Future in Mind LTP Refresh 2018

Background Papers:

Previous reports to the Health and Wellbeing Board

Health and Wellbeing Priorities 2018/19 Supported:

- Promote positive mental health and wellbeing for adults.
- Improve opportunities for vulnerable people to access education, employment, training and volunteering.

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
 - Support mental health and wellbeing throughout life
 - Reduce premature mortality by helping people lead healthier lives
 - Build a thriving and sustainable environment in which communities can flourish
 - Help older people maintain a healthy, independent life for as long as possible
-

Officer details:

Name: Sally Murray
Job Title: Head of Children's Commissioning
Tel No: 07900 217584
E-mail Address: sally.murray2@nhs.net



Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing-REFRESH

SUMMARY DOCUMENT

OCTOBER 2018

Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities

Overview

The full document describes how as a local system we are improving the emotional wellbeing and mental health of all Children and Young People across Reading, West Berkshire and Wokingham in line with the national ambition and principles set out in the government document “Future in Mind– *promoting, protecting and improving our children and young people’s mental health and wellbeing*” (2015).

We are an ambitious partnership with collaboration at its centre. Over recent years there has been a marked culture shift to a mature thriving system which has a collaborative solution focussed approach to improving services for children, young people and families. We are bidding to become a Trailblazer site for the Green Paper Reforms with the confidence of already being cited by the Children’s Commissioner for England as an area of good practise. Our intention is to build on well-established joint working arrangements with Local Authorities to achieve further sustainable whole system change. We are bidding for 2 Trailblazer lots- creating new local Mental Health Support Teams (MHSTs) and reducing our waiting times for Specialist CAMHs and the Anxiety and Depression pathway.

Our Local Transformation Plan is reviewed, refreshed and published annually. Our plan has been refreshed in line with the requirements of Five Year Forward View for Mental Health and the Green Paper.

This document provides a brief summary of the full plan.

The full document builds on the 2017 plan and provides an update through a THRIVE lens of

- What we have achieved so far
- Our commitment to undertake the further work that is required
- Local need and trends
- Resources required

The full document is available on the CCG website

<https://www.berkshirwestccg.nhs.uk/media/2516/berkshire-west-future-in-mind-ltp-refresh-oct2018.pdf>

Our Ambition

We will ensure that every child and young person experiences positive mental health and wellbeing, using the right help, when and where needed.

By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing. We have already made good progress in this. We want to go further.

Our Local Transformation Plan is about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. Our goal is to reduce the number of children, young people and mothers whose needs escalate to require specialist intervention, a crisis response or in-patient admission.

Successful delivery of the plans will mean that

Promotion and prevention

- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible
- Children, young people and their families are emotionally resilient
- Everyone who works with children and young people is able to identify issues early, enable families to find solutions, provide advice and access help
- Staff feel supported in their own emotional health, wellbeing and resilience through nurturing working environments
- We will work with the wider system to reduce isolation, increase physical activity and reduce health inequalities

Getting help

- More children and young people with a diagnosable mental health condition are able to access evidence based services
- Agencies work more closely together so that vulnerable children can access the help that they need easily. Vulnerable children and young people often require a more collaborative multiagency approach in order to successfully engage with services. Vulnerable groups include children in care and those subject to a child protection plan; children who have experienced abuse and multiple trauma, victims of crime, young people who are in contact with the criminal justice system, those with Special Educational Needs and Disabilities, young people who are at risk of exclusion from school and traveller communities. Children and young people who have experienced multiple Adverse Childhood Events (ACEs) are at particular risk of poor outcomes.
- Fewer children and young people's needs escalate into crisis, but for those that do, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible.
- Fewer children and young people require in patient admission but for those that do, this is provided as close to home as possible.
- Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively, as can their partners. This will also reduce the impact on the child.

Collaborative working

- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. Help provided takes account of the family's circumstances and the child or young person's views.
- The child's journey is seamless. While there may be transfer of provision between providers, the child and their family experience joined up support with the child's needs at the heart of care.
- There is a smooth and safe transition into and out of inpatient services. Local services remain involved and support transition back into local community services so that there is timely discharge from in patient care.
- We learn together on a multiagency basis and when needed, change the way in which we work
- The number of young people who need services into adulthood is reduced, but for those who do, young people and families report a positive experience of transition.

Transformation in Berkshire West- impact and extent of transformation to date

The extent of our transformation so far has been recognised by CQC, OFSTED, NHS England Regional Team and the Children's Commissioner for England. We are an ambitious partnership committed to continuous improvement.

Ethos

We have shifted from a traditional escalator style tiered system to a systems approach informed by the THRIVE framework.

We are promoting a whole system framework of care, moving away from a specialist single agency mental health response to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience. The same partnership approach applies to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015). This inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and treatment. We are interested in expanding the use of Restorative Practice across partners.

We have found multiagency emotional health triage at an earlier stage to be a particularly effective way of harnessing a swift community response before needs escalate. This approach alongside regular consultation and surgeries for schools are at the heart of the Green Paper bid.

Building skills in the community

We have invested in workforce training across schools, primary care, the voluntary sector and social care. We have grown an evidence informed workforce across the whole system so that issues are identified and responded to earlier.

The Reading Emotional Well-Being Partnership, West Berkshire Emotional Health Academy and Wokingham School Link Project have built skills and support in schools and the community. There is a growing understanding that a GP referral to Specialist CAMHs is not always the best solution as there is a stronger community response available. There is more work to be done on ensuring that pathways meet the needs of all children and young people.

Voluntary sector organisations provide important parts of our care pathways and these organisations are more connected with other partners through meetings and training. Organisations are learning from each other and reporting against the same outcomes framework and audit tools.

We have increased the number of Care Education and Treatment Reviews to avoid hospital admissions and reduce hospital stays for young people with learning difficulties and or autism, unless there is no alternative. In conjunction with NHS England we have supported a number of people with a learning disability and/or autism to step down from secure beds into community settings. We are working with Local Authority partners to increase tailored housing provision for adults with Learning Difficulties and/or autism with behaviour that challenges and implemented an intensive support service for adults.

Joint learning across the system has led to workers speaking the same language more frequently. This in turn has built relationships and furthered collaborative working.

Focus on outcomes and the voice of children and young people

We developed an outcomes framework across all providers 2 years ago. Our focus on outcomes is driving service improvement. We learn from children and young people who use our services, their families and partners as to what is working well, how things might need to change, the impact of interventions, whether support needs are being met.

We are better at using data to inform service planning and provision more consistently. This is underpinned by consistent data and outcomes reporting across different parts of the system and different providers. We know that we need to find a technical solution to flowing all of our activity onto the national dataset and are working to resolve this.

Partnership

Our culture of joint ownership and accountability is driving transformation.

In August 2018, partners described how the culture has shifted to a thriving, mature system over recent years. Partners report that the partnership feels collaborative, supportive of each other and respectful. Barriers have been broken down between organisations and services, there is greater understanding of how each other contribute to meeting the needs of children and young people, language barriers between organisations have significantly reduced and there is greater trust between partners.

New partnerships have been forged and this is further driving transformation. An example is the relationship with the University of Reading which is proving to be beneficial to all parties as well as increasing the body of research in this field.

Joint clinical governance has helped to drive joint working at a cultural, organisational and practical level. We acknowledge that there is further to go, especially given the context of rising demand and financial constraints across the system.

Cross cutting agenda

Delivering Future In Mind is embedded into related work streams and strategies that are driving and supporting transformation in Local Authorities and Health's Integrated Care System. Strategies include SEND, Early Help and Transforming Care.

What next?

As our local system has matured, so has our ambition to transform services even further. This has led to our bid to become a Green Paper Trailblazer site. This is described in full in the main document.

Headline messages for financial year 2017/18

It has been a very busy this year in delivering our transformation plan and we are proud of what we have been able to achieve alongside young people, parents and our strategic partners from the local authority, health, education and the voluntary sector. What follows is a synopsis of the headline messages for this year. More detailed descriptions of the actions we are taking to further improve services are described in the main document.

- Transforming emotional health and wellbeing services through whole system partnership working continues to be strength in Berkshire West. Anne Longfield, Children's Commissioner for England, cited the work she had seen in our area as good practice in her evidence to the Commons Select Committee in November 2017.
- We have continued to develop outcomes reporting and can evidence that most children and young people have positive outcomes across providers.
- We can evidence that most children and young people feel listened to across providers.
- We can evidence the impact of large scale training across partners. This will continue.
- We have applied to become a Green Paper trailblazer site to build on our existing Emotional Health Academy, the Reading Emotional Well-Being Partnership and Wokingham School Link project to create new local Mental Health Support Teams. This will put even more early help into schools.
- A number of service users and young ambassadors have received recognition for the work they have done in promoting good mental health.
- Demand for emotional health and wellbeing services across the system has increased at all levels of need.
- Increased demand is having an impact on waiting times. We are bidding for additional resources to reduce waiting times.
- Increased demand may demonstrate that stigma associated with emotional health and wellbeing has reduced and that partners are more able to identify issues as a result of the training provided.

- Providers are seeing more children and young people for evidence informed help than ever before. We cannot currently flow all of these numbers onto the national dataset and are seeking a technical solution to this.
- The number of children and young people with autism or seeking autism assessment in Berkshire West is higher than in other areas. While autism is not a mental health condition, it is estimated that 71% of people with autism also have mental health difficulties. We are reviewing our neurodevelopment service and whole system response to meeting the needs of children and young people with autism and ADHD.
- We have seen an increase in self-harm rates in all three Local Authorities for people aged 10 – 24. Self-harm rates for 15 to 19 year olds across all three areas are higher than the national average with the biggest jump being in Reading. Prior to 2015/16 all three LA's were below or in line with the national average.
- Children and young people with mild to moderate needs are having their needs met at an earlier stage as we have focussed on improvements at the early help stage.
- Children and young people who are under Specialist CAMHs tend to experience more severe symptoms and have more complex presentations than in comparator areas. We wonder whether this is related to earlier help being more embedded in Berkshire West as we have rolled out Future In Mind.
- There is better working with specialist agencies to meet the needs of vulnerable children such as those who have been abused or are victims of crime. We know that these children do not always fit traditional care pathways and that there is more work that we could do. This is a priority for the coming year. We are also bidding to become a pilot site for a research project on improving mental health assessment for Looked After Children.
- We are ensuring that the legacy of the Transforming Care Programme for People with Learning Difficulties is built into our Future In Mind work. The programme includes seeking opportunities to expand the adult intensive support function to children and young people; continuing to work with partners to build a wider, more tailored range of local placements and support for people with Learning Difficulties and/ or autism; working with health and social care colleagues on a pledge to improve the use of medicines for people with a learning disability, autism or both.
- Since the CAMHs Rapid Response/ crisis service was implemented, fewer children and young people have been admitted to inpatient beds. Those who are admitted have a shorter length of stay. We are seeking additional resources to extend the Rapid Response service.
- We are considering how to develop a local DBT service for young people with emerging personality disorders, self-harm, suicide attempts and intractable depression
- We are proactive in whole system learning from cases to inform crisis prevention and to inform further system change and development.
- For Eating Disorders the current trend suggests that demand continues to be greater than the nationally modelled estimates on which our Berkshire service was commissioned. The risk and acuity of referrals has increased. We are reviewing this service.
- As with other areas, there are ongoing challenges relating to availability of appropriate in patient Eating Disorder beds. This can have an impact on the use of beds at Royal Berkshire Hospital while suitable placements are found.

- We are working with partners on new Tier 4 inpatient network that is being developed to enable improved flow and access to inpatient beds within the geographical patch. This means that young people will be more likely to stay in the area when they require a bed. We are looking for an opportunity to expand our inpatient unit.
- We have increased the number of Care Education and Treatment Reviews undertaken for adults and children, in line with NHS England policy.

Next steps

We will continue to work on our plans over the next 12 months in conjunction with children, young people, parents and carers. We will review and refresh our plans in autumn 2019.

If you are a young person or parent/carer and would like to share your views on how you feel emotional health support could be provided please contact bwccg.enquiries@nhs.net.

If you want to speak to someone urgently about a mental health concern, CAMHS and other healthcare professionals are available between the hours of 8am-8pm Monday-Friday for telephone discussion 0300 365 1234.

Information about the CAMHS service, other BHFT children's services and the on-line referral form can all be found on the BHFT website: <https://cypf.berkshirehealthcare.nhs.uk>. However call 999 if you are worried about your immediate safety, or go straight to the nearest A&E department

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Local Transformation Plan for Children and Young People's Mental Health and Wellbeing-REFRESH

SUMMARY DOCUMENT

OCTOBER 2018

Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities

In 2014 we asked you how we could improve emotional wellbeing and mental health services in Berkshire West

- You told us that the services were not good enough.
- You had to wait too long for your next appointment.
- You did not always like the way you were treated by staff.
- It was hard to find out how to get help and your family or carer was not getting enough advice.

We have listened to everything you told us.

In 2015 the Government wrote a report, called Future in Mind, about why changes in mental health services for children and young people are needed. Using this and the things you told us in 2014 we came up with a plan for making mental health services for children and young people in Reading, Wokingham and West Berkshire much better.

We want every child and young person to get the help they need, when and where they need it.

We want to make sure that:

The emotional health and wellbeing services in your local area are working together so that you can get the best possible help at the best possible time.

- It is easy for you to find out how to look after your own mental health.
- Teachers and people who work with children and young people are able to identify difficulties and help you.
- You can easily find the help you need and get appointments quickly.
- If you need help, you will be looked after really well in a place that you find comfortable and safe.
- You are looked after near your home and fewer children and young people have to stay in a hospital.
- The switch from child services to adult services is stress-free.

We have applied to NHS England for more money so that we can put extra help into schools and reduce waiting times for CAMHs.

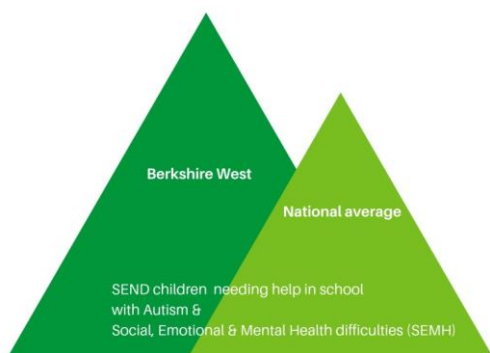
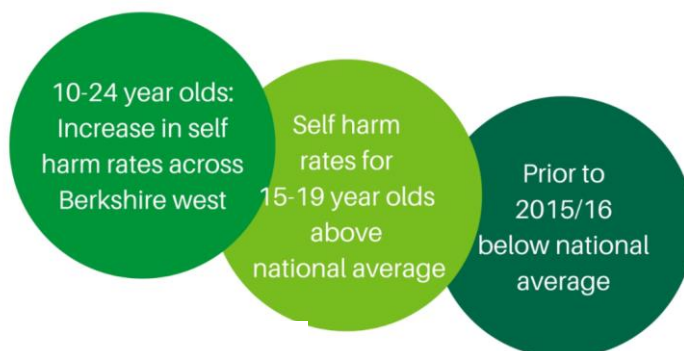
How does the emotional health and wellbeing of children and young people in Reading, Wokingham and West Berkshire compare with the rest of the country?



Emotional Health in Berkshire West



More children and young people are asking for help. This is also true nationally.



More pupils in this area have extra help at school due to autism or social, emotional and mental health difficulties than other parts of England.



We have done a lot to make things better

What you told us was really important. By the year 2021, every child and the people who care for them will get help that is just right for them.

This might feel like a long time to wait, but we have already made a lot of improvements over the past 12 months.

Since last year we:

- Educated even more school staff, teachers, GPs, social workers and healthcare staff like school nurses so they know how to recognise if you're feeling emotionally vulnerable or mentally unwell and how to get help
- Trained even more mental health workers
- Taught parents how to get better at helping you cope with anxiety, ADHD, autism and other mental wellbeing problems. We also made more help available online.
- Put more help into schools
- Increased the amount of help for children and young people with anxiety and depression.
- Increased the amount of help available as problems are starting and before young people get very ill.

- Spent more money on emotional health and wellbeing support such as youth counselling and CAMHs and got better working as a team of services so support is in place when you need it
- Introduced emotional health triage where the right type of help is identified more quickly
- Got better and listening to young people and checking that the help they are getting is making a difference. Most young people told us that their mental health improved and that they felt listened to.
- Increased the amount of support that is available when young people are need urgent help or are nearing crisis. Fewer young people were admitted to hospital with serious mental illness.
- Increased the amount of help for Young Offenders and young people who are in contact with the police
- Looked at ways to improve how children excluded from school and in care are supported
- Organised more joined up services for when you leave in-patient care
- Worked more with the University of Reading to develop better treatments
- Moved the Reading CAMHs clinic to a new building at the University of Reading Whiteknights Campus. Young People helped to design the new clinics.
- Raised public and professionals awareness of mental health and did a lot to reduce the stigma. The #littlebluebookofsunshine is still available.



But we still have work to do

We have made lots of changes which inspectors and the Children’s Commissioner for England say are working well, but there is still more we want to do to make your mental health services the best they can be.

We want to:

- Make it easier for you and your parents to get information about emotional and mental health online, in schools and other places
- Offer even more training and support for adults who work with you
- Ensure that if you are in care, been abused or are in a difficult family situation that you can get help more easily
- Reduce waiting times – they had got shorter but as more people ask for help, the waiting times are getting longer.
- See if there is more we can do to improve services for children and young people with autism and ADHD. We are want to understand why more people have autism in Berkshire than many other parts of the country.

- Expand the specialised support that is available if you're in severe emotional distress to help you cope better
- Make sure that we have enough help available in Berkshire for young people with Eating Disorders so that we can help you quickly and avoid you having to go into hospital.
- Work with other CAMHS services in the Thames Valley so that if you have to go into hospital this is as close to home as possible

More information

This is a summary of the main report. The full report is available here

<https://www.berkshirewestccg.nhs.uk/media/2516/berkshire-west-future-in-mind-ltp-refresh-oct2018.pdf>

Next steps

We will continue to work on our plans over the next 12 months in conjunction with children, young people, parents and carers. We will review and refresh our plans in autumn 2019.

If you are a young person or parent/carer and would like to share your views on how you feel emotional health support could be provided please contact bwccg.enquiries@nhs.net.

If you want to speak to someone urgently about a mental health concern, CAMHS and other healthcare professionals are available between the hours of 8am-8pm Monday-Friday for telephone discussion 0300 365 1234.

Information about the CAMHS service, other BHFT children's services and the on-line referral form can all be found on the BHFT website: <https://cypf.berkshirehealthcare.nhs.uk>. However call 999 if you are worried about your immediate safety, or go straight to the nearest A&E department

Frequently Asked Questions FAQs

1. What services are available for young people?

Here is a selection of local sources of support. You will be able to find more using this link:

<https://cypf.berkshirehealthcare.nhs.uk/our-services/mental-health-services-camhs/other-support-in-your-area/>

Youth counselling is available in every area. You might be able to access it at school too.

Reading area- No5 Young People www.no5.org.uk 0118 901 5668

Wokingham area- ARC Youth Counselling www.arcweb.org.uk 0118 977 6710

West Berkshire- Time To Talk www.t2twb.org 01635 760331

West Berkshire Emotional Health Academy- If you're aged between 11 and 19, live in West Berkshire and you're feeling down, worried, confused, or you're having trouble with friendships or at home, then the Emotional Health Academy can help.

<http://community.westberks.gov.uk/ehahelp>

Berkshire-wide Child and Adolescent Mental Health Service (CAMHS)

CAMHS works with young people to provide support, advice, guidance and treatment for children and young people with severe or moderate mental health difficulties whose symptoms are having a significant impact in their day to day lives.

These difficulties range from feeling low a lot of the time and worrying about lots of things to finding and fitting in with friends, hearing voices, having significant difficulties around eating, self-harming and even considering killing themselves.

CAMHS and other healthcare professionals are available on the telephone between the hours of 8am-8pm Monday-Friday for discussion, the number to call is 0300 365 1234.

Information about the CAMHS service, other BHFT children's services and the on-line referral form can all be found on the BHFT website here:

<https://cypf.berkshirehealthcare.nhs.uk>

However call 999 if you are worried about your immediate safety, or go straight to the nearest A&E department



You can also find help in The Little Blue Book of Sunshine at any time

www.berkshirewestccg.nhs.uk/little-blue-book

Free educational resources on children and young people's mental health for parents, carers and professionals is available at MindEd. www.minded.org.uk



Or at Young Minds <https://youngminds.org.uk/>



2. How do I access these services?

Contact the services using the links above

3. Will I need to pay to access the services?

None of the services listed in this document will charge you.

Delayed Transfers of Care – Summary Report

Committee considering report:	Health and Wellbeing Board
Date of Committee:	24 January 2019
Portfolio Member:	Councillor Graham Bridgman
Report Author:	Nick Carter

1. Purpose of the Report

- 1.1 To set out the findings of the LGA Review into Delayed Transfers of Care and to update on current progress with implementing the recommendations.

2. Recommendation

- 2.1 That;
- (1) The report be noted, alongside the progress that is currently being made by the BWO Delivery Group in respect of the recommendation

3. Implications

- 3.1 **Financial:** The report itself has no financial implications. The Review was funded by the LGA and the LGA subsequently provided some grant funding to assist with the implementation of the recommendations. Improving DTOC performance does come at a cost and this is reflected in separate reports.
- 3.2 **Policy:** The report has no direct policy implications although it does make a number of recommendations regarding practice and future potential direction of travel.
- 3.3 **Personnel:** None.
- 3.4 **Legal:** None.
- 3.5 **Risk Management:** Delayed transfers of care are a high government priority and are frequently reported in the media. More importantly they are not a good outcome for any patient in hospital.
- 3.6 **Property:** None.
- 3.7 **Other:** None.

Executive Summary

4. Introduction / Background

- 4.1 Over recent years Delayed Transfers of Care (DTOC) have been a challenge for West Berkshire. Whilst by no means not the worst nationally, West Berkshire has struggled to meet its targets and been subject to, at times, significant scrutiny and oversight. The topic has been the subject of much discussion and media attention locally.
- 4.2 West Berkshire sits within the Berkshire West health economy although there are also strong linkages with the Great Western Hospital in Swindon and the North Hants Hospital in Basingstoke. Our joint integration work however is focussed around Berkshire West and a grouping entitled the Berkshire West 10. The 10 comprise the four Clinical Commissioning Groups (now one), the three unitary authorities, the Royal Berkshire Hospital (RBH), the Berkshire Healthcare Foundation Trust (RBHT) and the South Central Ambulance Service (SCAS). The integration work has historically been taken forward through a strategic Integration Board and an operational Delivery Group.
- 4.3 The BW10 Integration Board, some three years ago, raised the question as to why Wokingham's DTOC performance was notably better than that of Reading and West Berkshire. The task was left to the BW10 Delivery Group to answer but after three attempts the BW Integration Board took the view that some external assistance was needed and the Local Government Association (LGA) was commissioned to undertake a Peer Challenge. This was undertaken in early 2018 and the resulting report published in March 2018. It is attached as Appendix A.
- 4.4 The report and its recommendations have been discussed by the BW10 Integration Board and the BW10 Delivery Group and the latter has been instrumental in implementing the recommendations.
- 4.5 The whole process has been seen to have been highly successful in helping to reinvigorate joint working across Berkshire West and help strengthen existing relationships.
- 4.6 Whilst it would be difficult to identify a causal link local DTOC performance has improved dramatically over the course of 2018. This is highlighted in Appendix B. Appendix A sets out the full LGA Report. Appendix C highlights where the BW10 Delivery Group are with the implementation of the Report's recommendations as at December 2018.

5. Proposals

- 5.1 The recommendations from the LGA Peer Challenge are set out in Appendix A. The key recommendations can be summarised as follows;
- (1) more collaboration – less competition;
 - (2) more joint commissioning across Berkshire West;
 - (3) joint workforce strategy;
 - (4) focus on the patient;

- (5) get social care support into hospital
- (6) take a strategic approach to step up and step down provision
- (7) implement trusted assessor;
- (8) work together to manage the price of care;
- (9) greater leadership collaboration.

6. Conclusion

- 6.1 The LGA was commissioned to undertake a Peer Review of the Berkshire West System's approach to managing Delayed Transfers of Care (DTC). Whilst triggered in part by relatively poor DTC performance it was also focused on trying to understand variable DTC performance across Berkshire West. As can be seen, the LGA Peer Challenge Team have not focused on this not instead looked at all three local authority areas separately to identify areas to enhance performance both individually and collectively.
- 6.2 The report has been well received and funding was received from the LGA to help with implementation. The BW10 Delivery Group remains active in taking forward the recommendations and over the course of 2018 DTC performance both across Berkshire West and West Berkshire has seen a notable improvement.

7. Appendices

- 7.1 Appendix A – Berkshire West 10 Delayed Transfers of Care (DTC) Peer Challenge Report
- 7.2 Appendix B – DTC Performance Trends
- 7.3 Appendix C – Action Plan – December 2018



Berkshire West 10 Delayed Transfers of Care (DToC) **Peer Challenge Report**

March 2018

Final draft

Table of contents

Executive Summary	2
Report Background	3
Scope.....	4
1. Why is there a discrepancy on DToC performance over the three areas of the Berkshire West 10?.....	4
2. Are the designed interventions to improve DToC across the areas the correct ones?.....	9
Conditions for Success	13
Contact Details.....	14
<u>Appendix 1</u> - LA Level comparison – all England	
<u>Appendix 2</u> - Self Assessment against the 8 High Impact Actions	
<u>Appendix 3</u> – Berkshire West DToC Peer Challenge Case File audit – summary feedback	

Executive Summary

The Berkshire West Integration Board asked the Local Government Association to undertake a Peer Challenge into the issue of Delayed Transfers of Care (DToC) in the area. The work was commissioned by Nick Carter the Berkshire West Integration Board Chair and Chief Executive of West Berkshire Council on behalf of the partners represented on the Board. Everyone involved was looking for some further insight into the issue of why there are different DToC figures between West Berkshire Council, Reading Borough Council and Wokingham Borough Councils. This would build upon previous work in this area to explain why this is the case and make recommendations that the partnership could take forward. The specific scope of the work was to answer two questions about the DToC outcomes and data:

- a) *“Why there is a discrepancy on DToC performance over the three areas of the Berkshire West 10?”*
- b) *“Are the designed interventions to improve DToC across the areas the correct ones?”*

The key message from the peer team is that the performance across the whole of the Berkshire 10 needs to improve and the system needs to stop comparing performance internally but look externally to see where the best practice is improving outcomes for older people who are delayed in hospital. After due consideration the peer challenge team would like to make three key recommendations to the commissioners of the review:

1. The Berkshire 10 to consider how they are going to change the culture from one of competition to one of collaboration across the organisations to achieve safe and timely discharges home for older people who are in hospital.
2. The Berkshire 10 should establish daily discharge meetings – face to face – to establish real time management of DToCs which then report to a weekly senior leadership DToC sign off. Other best practice changes set out in the 8 High Impact Changes (HICs) need to be implemented equally across the system.
3. The Councils and the Clinical Commissioning Groups need to establish a joint commissioning approach which maximises joint resources and stimulates a new approach from the market to meet the new demand.

The report outlines the activity and details that lead to these three overarching recommendations that are covered in the main body of the report with other background, explanation and comment.

Report - Background

1. The Berkshire West Integration Board asked the Local Government Association (LGA) to undertake a Peer Challenge into the issue of Delayed Transfers of Care (DToC) in the area. The work was commissioned by Nick Carter the Berkshire West Integration Board Chair and Chief Executive of West Berkshire Council on behalf of the partners represented on the Board. Everyone involved was looking for some further insight into the issue of why there are different DToC figures between West Berkshire Council, Reading Borough Council and Wokingham Borough Councils. This would build upon previous work in this area to explain why this is the case and make recommendations to solve the problem that the partnership could take forward. The specific scope of the work was to answer two questions about the DToC outcomes and data:
 - a) “Why there is a discrepancy on DToC performance over the three areas of the Berkshire West 10?”
 - b) “Are the designed interventions to improve DToC across the areas the correct ones?”
2. A peer challenge is designed to help an organisation and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’ with no surprises. All information was collected on a non-attributable basis in order to promote an open and honest dialogue.
3. The members of the peer challenge team were:
 - **Sarah Mitchell**, LGA Associate
 - **Avril Mayhew**, Senior Adviser, Care and Health Improvement Programme, LGA
 - **Angela Parry**, LGA Associate
 - **Sharon Longworth**, Adviser, Care and Health Improvement Programme, LGA
 - **Marcus Coulson**, Challenge Manager, LGA
4. Prior to the peer challenge exercise the peer challenge team considered previous DToC reports and other benchmarking information and completed a case file audit with two out of the three councils in order to understand the history and context of the situation across the Berkshire West area and the difference in performance by the three Councils.
5. The team was on-site from Tuesday 30th January – Friday 2nd February 2018. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of stakeholders from the three councils, local hospitals and other National Health Service (NHS) organisations. These activities included:

- A case file audit
 - interviews and discussions
 - focus groups with managers, practitioners, frontline staff, external partners and people using services / carers
 - reading documents provided by the Councils and NHS organisations
6. The peer challenge team would like to thank everyone with whom they spoke for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis and the team was made very welcome and would in particular like to thank Stephanie Clark, Berkshire West 10 Integration Programme Manager for her tireless and invaluable assistance in planning and undertaking this peer challenge which was very well planned and delivered.
 7. Prior to being on-site the team considered over twenty documents including an assessment of the performance of all the partners involved in DToC in the Berkshire West 10 area. Whilst on-site the team had over 50 meetings with at least 75 different people. The peer challenge team have spent over 200 hours with the Berkshire West 10 Integration Board organisations and its documentation, the equivalent of 28 working days.
 8. Our feedback on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the peer challenge.

Scope

The Peer Challenge Team were set two exam questions to answer:

1. Why is there a discrepancy on DToC performance over the three areas of the Berkshire West 10?

2. Are the designed interventions to improve DToC across the areas the correct ones?

The Peer Team's answers to these questions are as follows:

1. Why is there a discrepancy on DToC performance over the three areas of the Berkshire West 10?

1.1. Performance Data

To answer this first question the peer team looked specifically at key performance data – the DToC performance of the three Councils not only in comparison to each other but in relation to all other Councils. The national data set shows (Appendix One to this report) that none of the three areas in the Berkshire 10 are performing well on Social Care DToC. How they perform in relation to each other, is less relevant to how they perform nationally – the metric being designed to demonstrate how well they are meeting patient outcomes and delivering safe and timely discharge.

At the time of the review out of a possible ranking of 1-152 where a high score denotes poor performance, Reading ranks highest at 142, West Berkshire is next at 104 and Wokingham is next at 92 – none of these levels of performance are good. The discrepancy is negligible and the performance trend for November 2017 showed that Reading and West Berkshire's performance was improving and Wokingham's performance is worsening. January's 2018 performance figures have since confirmed this trend, for social care delays Wokingham ranked 100, West Berks 98 and Reading 97. We acknowledge that our focus has been on Social Care data as we did not have the time to look at hospital flow as part of NHS delays.

The key message from the peer team is therefore that the performance across the whole of the Berkshire 10 needs to improve and the system needs to stop comparing performance internally but look externally to see where the best practice is improving outcomes for older people who are delayed in hospital.

The peer team want to strongly emphasise this message as it has become ingrained in the culture, beliefs and behaviour of staff - for example a hospital discharge social worker we spoke to in Wokingham believes that their performance in discharge is excellent with little room for improvement and in a step down facility we visited staff did not want to offer their facilities to the other two councils for fear of their DToC figures improving as a result. Not only is it a misconception that any local performance is particularly good, it is not putting patients' needs first if the competition between Councils is at risk of overriding the best interests of patients.

The data collection in the Royal Berkshire Hospital (RBH) appears robust and there are agreed sign off arrangements with the Councils – these feel more secure in West Berkshire and Wokingham than in Reading where discussions about data sign off are ongoing. One system for data validation – ideally daily real time updating and weekly sign off – would ensure that there is one version of the truth about the delayed transfers at RBH. We observed a different level of discharge focus and resource between the three Councils and different approaches to drive and pace. The peer team wholly recognise that the numbers of people delayed in hospital are a small proportion of the Adult Social Care caseload but they remain a policy priority and the Better Care Fund (BCF) is specifically targeted at ways of working and services which facilitate safe and timely discharge. The key to successfully managing flow and discharge is to be truly patient centred and for senior leaders to focus on the detail of the patients delayed on a daily basis, until they can be sure that all staff and managers share a culture of getting people home as soon as possible.

1.2. The HUB

Having established that the performance could improve across all of the three Councils, we then looked at why the performance was variable and focussed on the process of referral from the acute trust to the three social services discharge teams. The routing of referrals through the HUB we believe, creates inbuilt delays and unnecessary handoffs and potential risks. The main variable for the different delays appears to be the co-location of the Wokingham discharge team with the HUB as referrals go directly to them and not via a nurse led triage system. The peer team was concerned about the routing of hospital discharge referrals via the hub which is off site from the hospital and not in line with best practice approaches to hospital discharge. The most effective social care discharge model is one where the social workers attend the daily ward and board rounds, work with the medical and nursing staff to pull patients through and out of the hospital, starting assessments and care procurement in parallel and working closely with therapists, care providers, voluntary sector etc. to ensure patients are returned home as soon as possible after treatment. We would urge you to visit Musgrove Park Hospital in Taunton to see how they work with Somerset Council and other partners in the system to understand the difference in the way of working. The development of daily patient centred case discussions, encouraging patients to ask the four key questions and being focussed on a home first model can all be seen there.

Our analysis of case files from West Berkshire and Wokingham supported our view that referrals that are processed off site via the HUB was not in line with best practice. There was not enough early face to face contact by social care staff with ward staff and patients and too much was done via phone calls and emails. If DTocS are to be reduced, relationships between hospital staff and social care staff need to be ones of trust and confidence, nurtured by daily, face to face, multidisciplinary working seven days a week. Again whilst the location of the HUB might marginally benefit one council more than others, the number of hand offs, the dislocation from the hospital, and the lack of presence on the wards meant that there is opportunity for the performance to improve across all three councils.

In addition to the hand offs and potential risks generated by a HUB model the peer team were concerned by the number of care pathways patients followed out of hospital, potentially adding to the different performance in different areas. Clarity of

pathway routes out of hospital is essential and where that can be streamlined for all councils will undoubtedly increase the number of simple discharges done by the ward staff and reduce the number of patients who become complex and costly, resource intensive discharges. This was demonstrated in the case files the team read where there was little consistency in the relationship between cohorts of patients and their pathway out of hospital and some patients had been put on the wrong pathways resulting in less than ideal, sometimes unnecessary, residential care outcomes.

1.3 8 High Impact Changes

The discrepancy between the Councils and the lack of understanding about the standard of performance across the Berkshire 10 is further illustrated in the 8 High Impact Changes self assessments (Appendix Two of this report) which were completed by the Councils and Clinical Commissioning Groups (CCGs) as part of the BCF process. In the summary document which compares the assessment of progress against the 8 High Impact Changes it is clear that West Berkshire and Wokingham have overstated their position by judging themselves as established against Changes 1-3. For example we did not see evidence of emergency admissions having a provisional discharge date set within 48 hours, we did not see evidence of daily Multi-Disciplinary Teams attended by Adult Social Care, voluntary sector and community health or discharge to assess arrangements. West Berkshire and Wokingham have also overstated their performance in relation to Changes 4-6 in relation to care home provision and seven day working. Changes 7 and 8 show West Berkshire as Mature in relation to the Choice Change 7 but we did not see comprehensive evidence of this and all Councils have overrated themselves in relation to the support in Care Homes in Change 8.

The peer team have highlighted this discrepancy in the assessment because we believe that it undermines your understanding of what needs to be done to improve DToC performance. The 8 High Impact Changes are the fundamental best practice elements of good patient flow and discharge practice, which if put in place consistently and sustainably will deliver safe and timely discharge and produce good outcomes for patients. Each change needs proactive implementation, preferably with the Councils working together consistently in the system around the acute hospital, tightly project managed to ensure that the implementation of each change complements the other.

The peer team acknowledges that all partners need to implement seven day working across all provision including transport, pharmacy and care provision and all partners have a part to play in achieving this. This requirement is not new – systems with low levels of DToCs have had seven working in place for some time.

1.4 Commissioning the Care Market

It was clear from the discussions with the peer team that the three Councils and the CCGs were taking different approaches to commissioning the care market. It was also clear that there was not an immediate understanding of the market factors influencing the availability and cost of care – a key factor being the number of self funders in the market which will dictate prices and capacity, knowing the usual price paid for beds by the Councils and how often that is supplemented, why and when.

Managing the market effectively will directly impact on DToC performance and will account for some of the discrepancy across the Berkshire 10. Whilst the availability of domiciliary care is a challenge for many Councils in high employment, high cost housing areas it cannot be the reason why an older person stays in hospital for too long. It is counterproductive as they will become more dependent and need more care at a higher cost. Managing the care market separately drives up costs as providers play commissioners off against each other and Councils and CCGs do not get the economies of geographic or organisational scale. We heard from Continuing Health Care (CHC) commissioners that they pay double the price of beds for their patients than the Councils do, for beds in the same nursing home.

Taking a joint commissioning approach to managing the care market across the Berkshire 10 and the CCGs, engaging self funders in a debate about a fair price for care across the whole of Berkshire, looking at creative solutions to the employment of care staff in more rural areas which includes employing staff directly, the use of personal assistants through personal budgets, micro providers and employment through the NHS. Having a shared risk approach to paying the right price for residential and nursing home care will all help to manage DToCs more effectively and evenly across the patch. Aim for collaborative not competitive commissioning which maximises your collective resources to deliver performance and improve outcomes.

1.5 Shared Narrative

There is a local narrative about DToC performance locally that is affecting the way staff work together. In addition to competing with each other, the team observed that the narrative is creating a culture of possible complacency amongst some Wokingham staff who appear to believe that their performance is better than it actually is in comparison with best practice areas. Reading staff appeared to have lost their confidence but were recognising an improvement in leadership and delivery in recent months and the peer team picked up a sense of helplessness in West Berkshire which was primarily in relation to feeling unable to influence the domiciliary care market.

2. Are the designed interventions to improve DToC across the areas the correct ones?

2.1 High Impact Changes

As already mentioned in the report, successful implementation of the 8 HIC is essential to improve DToC performance as they set out the basic best practice elements of effective patient flow and safe and timely discharge. In areas where a number of Councils work with an acute trust, it is good practice to work together to jointly implement the HICs in partnership across the system. This would make best use of scarce resources, provide a coordinated and simplified route out of hospital along the three care pathways and help to manage the care market response to discharges.

The Berkshire West 10 Integration Board has an opportunity to challenge the current assessments of the 8 HICs and to develop an action plan and delivery mechanism to implement the changes across the whole system, proactively project managing the plan centrally on behalf of all partners. This would be a good focus for the work that needs to be done collaboratively and it would address many of the concerns of the peer team already expressed. The peer team would be very happy to help with this through facilitating a workshop to start this process working with the current joint appointment for the Berkshire 10. Implementing the changes will put in place the interventions needed to deliver the best DToC performance and will enable the system to review the current ways of working and amend practice accordingly.

2.2 People before Process

The peer team observed some well-established processes of assessment which were confirmed by the case file audits. There was a concern that process had on occasions overtaken the relationship with the patient, not putting them at the centre of the decision making in relation to their discharge. The role of the HUB in accepting referrals and passing them to the teams via triage builds in unnecessary hand overs and delay before anyone has seen or spoken to the patient so there is a worry that decisions are being made on behalf of the patient. Putting the patient at the centre of decision making creates better outcomes for people and more efficient and effective care arrangements. It also helps everyone to share and manage risk creating the right environment for a Home First culture.

The peer team met some very committed and passionate staff who undoubtedly wanted to do the very best for the people they serve and they are keen to find new ways of working that would achieve that culture. Starting this approach through a new relationship with the acute wards will help to start those conversations with patients and their families – we acknowledge that some staff are doing this but it needs to be a consistent approach by all Councils and hospital staff and one that is supported by systems and processes and not vice versa

2.3 Reliance on Residential Care

The case file audits identified some examples of overuse of residential care and the peer team saw cases of people whom that they thought could return home if the right services had been in place or if the patient and their family had been involved more actively earlier on in the process. Where there has been pressure to discharge,

nationally, we have seen an increase in residential placements, many intended to be short term but drifting into long term. This is a short term fix as it uses up capacity in the care market, increases prices and produces poor outcomes for people. Investing in more short term 24-hour wrap-around care required to get people home quickly but safely to be assessed is the best practice approach.

Commissioning collaboratively across the Berkshire 10 can make this cost effective and achievable, provide a unified approach to the route out of hospital, reduce costs for all and improve performance. Reliance on residential care is not only about the market availability but about how the system collectively responds to the pressure on the hospital and to the expectations of families – it is harder to implement Home First under those conditions but essential to achieve patient flow. It is harder still if there are a number of Councils working out of the hospital as achieving culture and behaviour change requires a collaborative approach to change. A review of all the DToC interventions collectively to implement the best for the whole system would be valuable and would give you the answer to this questions. Coordinated implementation of the behaviour and culture change to achieve Home First supported by a joint approach to manage the market so the right type of care is there to receive people seven days a week is the outcome the system needs to achieve. Then the DToC performance will improve across all of the Berkshire 10.

2.4 Multiple Pathways out of Hospital

The case file audits showed that there are multiple pathways for patients out of hospital both within and across Council areas. This was triangulated through discussions with staff. This reduces the likelihood of effective simple discharges which then reduce the burden on social care as it removes inappropriate referrals but it also can lead to patients being on the wrong pathway into residential care rather than home. There were also therapy led services in the hospital getting people home and hand holding until they were settled which seemed to be an excellent model to build on as part of the review mentioned above. Agreeing and clarifying the three simple key pathways across the systems and applying them every time through consistent clinical decision-making is key but requires the whole system to agree the pathways and train staff to use them – together. Again, resourcing the pathways is key but that is not just about supply – getting the access criteria right to be as open and flexible as possible e.g. to accept people with dementia and high nursing need is key to it making a real difference to the level of delays. Nationally, systems invest a lot in reablement, rehabilitation and intermediate care services but make the criteria so tight that the majority of patients cannot access them therefore making them expensive and inefficient.

2.4 Step Up and Step Down Services

We saw some excellent examples of step up and step down facilities which were not being used to their full potential. The residential step up and down service in one facility we viewed had vacancies which could be offered to people from the other Council areas but were not because, we were told, this might improve the other Council's DToC figures. Maximising all the resources across the Berkshire 10 for the benefit of all is essential to improve all the DToC performance. What we did see was dedication of the staff and a great service which could be key to the pathways mentioned earlier.

We also heard about step down facilities in extra care housing used for those patients who are traditionally harder to place. Extending the use of those across the Berkshire10 and engaging other agencies in moving on those people who get stuck in those facilities would also provide a valuable resource for the pathways. Again, we met committed and engaged staff keen to make things work but also staff who believed that they were already performing well in managing DToCs, belying the national position.

2.5 Hand Holding not Hand Offs

We were impressed by the Hand Holding service which reaches out from the hospital and wonder if it can become more of a whole system approach, a cultural change that engages everyone in a patient centred approach.

2.6 Triangulated Information

This LGA Peer Challenge been different in that it has looked at three councils and focussed on one element of performance and tried to answer two key questions on behalf of the Berkshire 10 Group. In doing so it has been light touch in some ways spreading conversations over four days with a number of different stakeholders. However, the messages we have heard and information we have gathered has been triangulated across the system and we therefore feel some confidence about the answers to the two questions we have been set. There is a real opportunity here for the whole system to improve the performance of every Council and the NHS but most importantly to improve the outcomes for patients and their families.

2.7 Continuing Health Care

The peer team remained concerned about some aspects of Continuing Health Care and how it is applied in the system. Our concern is whether patients are paying for care when they should be getting it free from the NHS – either as a self funder or through paying charges for council funded care. The levels of CHC funding are very low and yet individual package costs appear relatively high. This affects the price of care in the market for all commissioners. The danger of having very low levels of CHC funding, apart from not being equitable for patients, is that other professionals stop referring people for CHC funding and are therefore denying them their right to assessment. We cannot say if this is happening routinely, but we would urge the system to review this, particularly as, we believe, the last review of CHC was in 2012. CHC assessments are still being done in the acute hospital although that varied across the system and is another element of the process worth reviewing.

National standing out of 211 CCGs	Organisation	Total CHC funded Per 50k of Population
ENGLAND AVERAGE		58.82
204	NHS NEWBURY AND DISTRICT CCG	19.33
205	NHS WOKINGHAM CCG	18.78
206	NHS NORTH AND WEST READING CCG	18.45
207	NHS SOUTH READING CCG	8.78

Given the low numbers of patients receiving CHC and the costs of care we heard about – possibly paying double the council rate for nursing home beds – we were surprised that there was not greater immediate awareness of the cost and numbers – a danger that because the numbers are low, the impact of the higher price on the wider market is not understood. This will contribute to a lack of beds available at the price the councils can afford.

2.8 Mental Health

Another area the peer team wanted to highlight was Mental Health, particularly the liaison role in West Berkshire as it demonstrated a marked improvement in mental health delays across the system. We were a little concerned by the Section 117 funding panel delays and heard of one patient with complex needs who had been delayed in hospital since January 2017. We also heard that there was not enough out of hospital provision for complex needs which is another opportunity to take through a joint commissioning approach.

3. Recommendations for Action

These are the specific recommendations from the presentation delivered on the last day of the peer challenge by the team:

- Start collaborating, stop competing: create a new narrative from the Integration Board
 - Change the message to be Home First, patient centred
 - Hand holding not hand offs
- Establish joint H&SC commissioning across all authorities
- Develop a joint demand and capacity plan across H&SC
- Develop a joint H&SC workforce strategy which delivers
- Focus on getting it right for the patient not the organisations and DToC numbers will fall
- Have earlier conversations with patients and families
- Maximise your use of step up and step down facilities
- Move from weekly to daily sign off of DToCs until you are confident about the data
- Ensure that all data is fully reconciled before submission
- Get your social care support into the hospital and provide the social work service and community support seven days a week
- Clarify the access to care pathways to ensure equality for patients
- Use step up and step down resources strategically across all the councils
- Develop creative solutions to lack of domiciliary care e.g. personal budgets, community connectors
- Implement Trusted Assessment with the care market
- Use Case File Audits to identify hidden delay
- Ensure a strong patient voice as a self funder and as a stranded patient
- Work in a Co-productive way to develop the voluntary sector offer in managing patient flow and delayed transfers
- Look outside for best practice in other systems
- Work together to manage the price of care
- Review your implementation of the High Impact Changes
- Establish greater leadership collaboration
- Establish a Hospital based multiagency discharge hub
- Consider how Councils can act on behalf of each other in the hospital
- Simplify pathways - 3 pathways out

Immediate next steps

We appreciate the senior leaders of the Berkshire 10 will want to reflect on these findings and recommendations in order to determine how the group wishes to take things forward. There is already the agreement for Lead Peer Sarah Mitchell to present the findings from this report at the Integration Board meeting on 18th April 2018 where these issues can be explored further.

As part of the peer challenge process, there is an offer of further activity. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. Mona Sehgal, Principal Adviser is the main contact between the three councils and the Local Government Association. Her contact details are, email: Mona.Sehgal@local.gov.uk, Telephone: 07795 291006.

In the meantime we are keen to continue the relationships we have formed throughout the peer challenge. We will endeavour to provide signposting to examples of good practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Marcus Coulson

Programme Manager

Local Government Association

Tel: 07766 252 853

Email: marcus.coulson@local.gov.uk

March 2018

On behalf of the Peer Challenge Team.

Conditions for Success

The following Conditions for Success are a set of useful questions for the BW10 system members to pose to themselves as a way of measuring how improvements are being considered and achieved. These have been developed as an output from the Hospital to Home Programme which visited over 30 health and care system leaders in 2017 to carry out one day peer reviews. This can be explored further at the Integration Board meeting on 18th April 2018.

Leadership

- a) Is there is a desire and commitment to make things better for local people?
- b) Has time been invested to build relationships and trust?
- c) Have the system leaders agreed a collective ambition and vision?
- d) Are there clear lines of decision making and accountability?
- e) Have plans been simplified and prioritised?
- f) Is there distributed leadership across the system?

Culture

- a) Is cultural change actively driven by the system leaders?
- b) Has time been invested to create a compelling narrative?
- c) Is there a shared understanding of safe timely discharge?
- d) Is there systematic learning about how the system works and support for staff to be involved in continuous improvement?
- e) How is success celebrated?

Performance

- a) Has work been undertaken to simplify, standardise and streamline services, pathways and processes?
- b) Is there agreed shared system responsibility for performance?
- c) Is there a single agreed dataset to drive system improvement?
- d) How is flow and capacity managed across the whole system?
- e) Has there been a systematic and sustainable approach to implement and embed the 8 High Impact Changes?

Community Capacity

- a) How is the system capacity aligned to meet population need?
- b) What is the role of the third sector to improve community resilience?
- c) How has the system moved to a position of less reliance on bed based solutions to drive home first models of care?
- d) Is there co-production of the future market strategy and flexible employment opportunities?
- e) Are there pooled budgets and risk share arrangements underpinned by evidence?

Contact details

For more information about the Berkshire West Delayed Transfers of Care (DToC) Peer Challenge please contact:

For information on the LGA's Delayed Transfers of Care Programme contact:

Avril Mayhew

Senior Advisor - Delayed Transfers of Care Programme

Care and Health Improvement Programme, Local Government Association

Email: avril.mayhew@local.gov.uk

Tel: 07770 688395

For information on the LGA's Adults Peer Challenge Programme contact:

Marcus Coulson

Programme Manager – Adults Peer Challenge Programme

Local Government Association

Email: marcus.coulson@local.gov.uk

Tel: 07766 252 853

Care and Health Improvement Programme

The care and health improvement programme provides support for social care, integration and health as well as supporting the transforming care programme for people with learning disabilities and/or autism. The sector-led improvement programme for care and health, is co-produced and delivered with ADASS, the Association of Directors of Adult Social Services in England. For more information see: <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement>

For more information on **Managing Transfers of Care** see this link:

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience>

For more information on **Adults Peer Challenges** see our website

<https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care>

Appendix 1 - LA Level comparison – all England

Comparison with expectations set for September 2017		Social care delays rank	NHS delays rank	ALL delays rank	Total Delayed Days per day per 100,000 18+ population (NB includes, NHS, social care and jointly attributable)			NHS Delayed Days per day per 100,000 18+ population			Adult Social Care Delayed Days per day per 100,000 18+ population			Delayed Days attributable to both NHS and social care per day per 100,000 18+ population		
Region	LA Name	Nov-17	Nov-17	Nov-17	Target Sept 17	Gap	Nov 17 actual	Target Sept 17	Gap	Nov 17 actual	Target Sept 17	Gap	Nov 17 actual	Target Sept 17	Gap	Nov 17 actual
South East	Reading	142	95	131	10.9	-6.6	17.5	5.5	-1.5	7.0	2.8	-6.8	9.6	2.6	1.7	0.9
South East	West Berkshire	104	111	132	11.9	-5.6	17.5	5.5	-2.5	8.0	3.6	-0.4	4.0	2.8	-2.8	5.6
South East	Wokingham	92	47	55	8.4	0.7	7.7	5.5	1.1	4.4	2.6	-0.7	3.3	0.3	0.3	0.0

FIGURES SHOWN NOW REFER TO THE DAILY AVERAGE - DTOC BEDS
Ranks now reversed in line with LG Inform - the higher the rank, the higher the rate

Row Labels	Change in DTOC beds, all, per 100,000 (compared to last month)	Change in DTOC beds, social care, per 100,000 (compared to last month)	Nov-17			Oct-17			Sep-17		
			Social care DTOC rate (Rank)	NHS DTOC rate (Rank)	Total DTOC rate (Rank)	Social care DTOC rate (Rank)	NHS DTOC rate (Rank)	Total DTOC rate (Rank)	Social care DTOC rate (Rank)	NHS DTOC rate (Rank)	Total DTOC rate (Rank)
HAMPSHIRE	-0.1	-1.1	150	140	150	149	134	149	148	127	148
READING UA	-0.7	2.0	142	95	131	135	113	134	125	120	128
SOUTHAMPTON UA	-2.4	-0.5	138	116	136	143	117	140	145	126	143
PORTSMOUTH UA	0.4	0.0	125	58	90	121	55	79	119	60	85
BRIGHTON & HOVE UA	-3.2	-1.4	112	82	103	124	93	122	74	101	96
OXFORDSHIRE	-4.3	-2.0	107	139	143	128	139	146	104	131	144
EAST SUSSEX	-2.3	-1.0	106	106	106	118	110	120	130	122	131
WEST BERKSHIRE UA	-4.5	-0.9	104	111	132	110	126	141	102	96	126
WEST SUSSEX	-2.1	0.1	103	133	117	92	141	129	97	145	133
WINDSOR & MAIDENHEAD UA	0.2	-0.9	101	138	121	109	123	121	81	136	122
WOKINGHAM UA	0.5	0.5	92	47	55	71	36	47	58	64	58
KENT	-0.3	-0.4	80	105	91	86	103	89	95	90	84
SURREY	-1.1	0.1	75	84	80	69	99	80	65	98	72
SLOUGH UA	1.5	1.5	73	55	51	27	59	32	17	91	44
BRACKNELL FOREST UA	0.9	-2.6	70	125	113	111	77	102	101	97	99
ISLE OF WIGHT UA	2.6	-1.6	67	76	53	90	2	20	34	2	4
BUCKINGHAMSHIRE	-1.1	0.1	58	108	82	51	115	82	64	121	91
MEDWAY TOWNS UA	-2.1	0.3	55	30	26	40	86	52	37	59	37

Appendix 2 - Self Assessment against the 8 High Impact Actions

	Not yet established	Plans in place	Established	Mature	Exemplary
<p>Change 1: Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within 48 hours.</p>	<ul style="list-style-type: none"> • Early discharge planning in the community for elective admissions is not yet in place. • Discharge planning does not start in A+E 	<ul style="list-style-type: none"> • CCG and ASC commissioners are discussing how community and primary care coordinate early discharge planning. • Plans are in place to develop discharge planning in A+E for emergency admissions 	<ul style="list-style-type: none"> • Joint pre admission discharge planning is in place in primary care. • Emergency admissions have a provisional discharge date set in within 48hrs 	<ul style="list-style-type: none"> • GPs and DNs lead the discussions about early discharge planning for elective admissions • Emergency admissions have discharge dates set which whole hospital are committed to delivering 	<ul style="list-style-type: none"> • Early discharge planning occurs for all planned admissions by an integrated community health and social care team. • Evidence shows x% patients go home on date agreed on admission
<p>Change 2: Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.</p>	<ul style="list-style-type: none"> • No relationship between demand and capacity in care pathways • Capacity available not related to current demand • Bottlenecks occur regularly in the Trust and in the community • There is no ability to increase capacity when admissions increase –tipping point reached quickly • Staff do not understand the relationship between poor patient flow and senior clinical decision making and support 	<ul style="list-style-type: none"> • Analysis of demand underway to calculate capacity needed for each care pathway • Analysis of demand variations underway to identify current variations • Analysis of causes of bottlenecks underway and practice changes being designed • Analysis of admissions variation ongoing with capacity increase plans being developed • Staff training in place to ensure understanding of the need to increase senior clinical capacity 	<ul style="list-style-type: none"> • Policy agreed and plan in place to match capacity to care pathway demand • Analysis completed and practice change rolled out across Trust and in community • Analysis completed and practice changes being put in place and evaluated • Staff understand the need to increase capacity when admissions increase • Staff understand the need to increase senior clinical support when necessary 	<ul style="list-style-type: none"> • Capacity usually matches demand along the care pathway • Capacity usually matches demand 24/7 to match real variation • Bottlenecks rarely occur and are quickly tackled when they do • Capacity is usually automatically increased when admissions increase • Senior clinical decision making support is usually available and increased when necessary 	<ul style="list-style-type: none"> • Capacity always matches demand along the whole care pathway • Capacity always matches demand 24/7 reflecting real variations • There are no bottlenecks caused by process or supply failure • Capacity is always automatically increased when admissions increase • Senior clinical decision making support available and increased automatically when necessary to carry out assessment and reviews 24/7
<p>Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients</p>	<ul style="list-style-type: none"> • Separate discharge planning processes in place • No daily MDT meeting in place • CHC assessments carried out in hospital and taking "too" long 	<ul style="list-style-type: none"> • Discussion ongoing to create Integrated health and ASC discharge teams • Discussion to introduce MDTs on all wards with Trust and community health and ASC • Discussion between CCG and Trust to establish discharge to assess arrangements 	<ul style="list-style-type: none"> • Joint NHS and ASC discharge team in place • Daily MDT attended by ASC, voluntary sector and community health • Discharge to assess arrangements in place with care sector and community health providers 	<ul style="list-style-type: none"> • Joint teams trust each other's assessments and discharge plans • Integrated teams cover all MDTs including community health provision to pull patients out • CHC and complex assessments done outside hospital in people's homes/extra care or re-ablement beds 	<ul style="list-style-type: none"> • Integrated teams using single assessment and discharge process • Integrated service supports MDTs using joint assessment and discharge processes • Fully integrated discharge to assess arrangements in place for all complex discharges

Reading

Wokingham

West Berkshire

	Not yet established	Plans in place	Established	Mature	Exemplary
<p>Change 4: Home First/Discharge to Access. Providing short-term care and re-ablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.</p>	<ul style="list-style-type: none"> • People are still assessed for care on an acute hospital ward • People enter residential /nursing care too early in their care career • People wait in hospital to be assessed by care home staff 	<ul style="list-style-type: none"> • Nursing capacity in community being created to do complex assessments in the community • Systems analysing which people can go home instead of into care –plans for self funder, advice • Work being done to identify homes less responsive to assess people quickly 	<ul style="list-style-type: none"> • People usually return home with reablement support for assessment • People usually only enter a care / nursing home when their needs cannot be met through care at home • Care homes assess people usually within 48 hours 	<ul style="list-style-type: none"> • People return home with reablement support from integrated team • Most people return home for assessment before making a decision about future care • Care homes usually assess people in hospital within 24 hours 	<ul style="list-style-type: none"> • All patients return home for assessment and reablement after being declared fit for discharge • People always return home whenever possible supported by integrated health and social care support • Care homes accept previous residents trusting trust /ASC staff assessment and always carry out new assessments within 24 hours
<p>Change 5: Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.</p>	<ul style="list-style-type: none"> • Discharge and social care teams assess and organise care during office hours 5 days a week • OOHs emergency teams provide non office hours and weekend support • Care services only assess and start new care Monday –Friday • Diagnostics ,pharmacy and patient transport only available Mon-Fri 	<ul style="list-style-type: none"> • Plan to move to 7 day working being drawn up • New contracts and rotas for health and social care staff being drawn up and negotiated • Negotiations with care providers to assess and restart care at weekends • Hospital departments have plans in place to open in the evenings and at weekends 	<ul style="list-style-type: none"> • Health and social care teams working to new 7 day working patterns • New contracts agreed and in place • Staff ask and expect care providers to assess at weekends • Hospital departments open 24/7 whenever possible 	<ul style="list-style-type: none"> • Health and social care teams providing 7 day working • New staffing rotas and contracts in place across all disciplines • Most care providers assess and restart care at weekends • Whole system commitment usually enabling care to restart within 24hrs 7 days a week 	<ul style="list-style-type: none"> • Seamless provision of care regardless of time of day or week • New staffing rotas and contracts in place and working seamlessly • All care providers assess and restart care 24/7 • Whole system commitment enabling care always to restart within 24hrs 7 days a week
<p>Change 6: Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.</p>	<ul style="list-style-type: none"> • Assessments done separately by health and social care • Multiple assessments requested from different professionals • Care providers insist on assessing for the service or home 	<ul style="list-style-type: none"> • Plan for training of health and social care staff • One assessment form /system being discussed • Care providers discussing joint approach of assessing on each others behalf 	<ul style="list-style-type: none"> • Assessments done by different organisations accepted and resources committed • One assessment format agreed between organisations /professions • Care providers share responsibility of assessment 	<ul style="list-style-type: none"> • Discharge and social care teams assessing on behalf of health and social care • Single assessment in place • Some care providers assess on each others behalf and commit to care provision 	<ul style="list-style-type: none"> • Integrated assessment teams committing joint pooled resources • Resources from pooled budget accessed by single assessment without separate organisational sign off • Single assessment for care accepted and done by all care providers in system



Reading



Wokingham



West Berkshire

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<p>Change 4: Home First/Discharge to Access. Providing short-term care and re-ablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.</p>	<ul style="list-style-type: none"> • People are still assessed for care on an acute hospital ward • People enter residential /nursing care too early in their care career • People wait in hospital to be assessed by care home staff 	<ul style="list-style-type: none"> • Nursing capacity in community being created to do complex assessments in the community • Systems analysing which people can go home instead of into care –plans for self funder advice • Work being done to identify homes less responsive to assess people quickly 	<ul style="list-style-type: none"> • People usually return home with reablement support for assessment • People usually only enter a care / nursing home when their needs cannot be met through care at home • Care homes assess people usually within 48 hours 	<ul style="list-style-type: none"> • People return home with reablement support from integrated team • Most people return home for assessment before making a decision about future care • Care homes usually assess people in hospital within 24 hours 	<ul style="list-style-type: none"> • All patients return home for assessment and reablement after being declared fit for discharge • People always return home whenever possible supported by integrated health and social care support • Care homes accept previous residents trusting trust /ASC staff assessment and always carry out new assessments within 24 hours
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Reading



Wokingham



West Berkshire

	Not yet established	Plans in place	Established	Mature	Exemplary
<p>Change 7: Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.</p>	<ul style="list-style-type: none"> No advice or information available at admission No choice protocol in place No voluntary sector provision in place to support self funders 	<ul style="list-style-type: none"> Draft pre admission leaflet and information being prepared Choice protocol being written or updated to reduce < 7 days Health and social care commissioners co designing contracts with voluntary sectors 	<ul style="list-style-type: none"> Admission advice and information leaflets in place and being used New choice protocol implemented and understood by staff Voluntary sector provision in place in the Trust proving advice and information 	<ul style="list-style-type: none"> Patients and relatives aware that they need to make arrangements for discharge quickly Choice protocol used proactively to challenge people Voluntary sector provision integrated in discharge teams to support people home from hospital 	<ul style="list-style-type: none"> Patients and relatives planning for discharge from point of admission All staff understand choice and can discuss discharge proactively Voluntary sector fully integrated as part of health and social care team both in the trust and the community
<p>Change 8: Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.</p>	<ul style="list-style-type: none"> Care homes unsupported by local community and primary care High numbers of referrals to A+E from care homes especially in evenings and at weekends Evidence of poor health indicators in CQC inspections 	<ul style="list-style-type: none"> COG and ASC commissioners working with care providers to identify need Specific high referring care homes identified and plans in place to address Analysis of poor care identifies homes where extra support and training needed 	<ul style="list-style-type: none"> Community and primary care support provided to care homes on request Dedicated intensive support to high referring homes in place Quality and safeguarding plans in place to support care homes 	<ul style="list-style-type: none"> Care homes manage the increased acuity in the care home No unnecessary admissions from care homes at weekends Community health and social care teams working proactively to improve quality in care homes 	<ul style="list-style-type: none"> Care homes integrated into the whole health and social care community and primary care support No variation in the flow of people from care homes into hospital during the week Care homes CQC rates reflect high quality care



Reading



Wokingham



West Berkshire

Appendix 3 – Berkshire West DToC Peer Challenge Case File audit – summary feedback

As part of the overall peer review 30 case files across two of the Councils were reviewed. This was a sample of patients who had been reported as being delayed in Royal Berkshire hospital.

Main themes

- Most of the patients remained in hospital over the Christmas and New Year period. From the files reviewed there did not appear to be any sense of urgency in making arrangements for people to return home for Christmas. In the majority of these cases we did not see any clinical rationale for them to remain in hospital.
- There were many gaps in recording across all of the case notes reviewed, often for periods of one week or more. For example a best interest meeting was held on the 2nd January for one patient. There was then no further record of activity recorded until 9th January. See also case example below
- We saw little evidence from the case notes of discussions with patients about their wishes and outcomes. We saw several examples of family members expressing views about what was needed for discharge – for example one patient’s plan to return home was aborted following a family member intervention. This patient then moved to a residential home, however we saw no record of any direct discussion with the patient even though she was viewed as having capacity.
- It was evident from the case notes that availability of care provision was a contributing factor in the patient’s delay and availability to assess was often an issue. We saw an example of a care provider not visiting as planned to do the assessment because they could not get parked on site. Patients who had been referred to Reablement/ICT services were on occasions not being offered start dates for at least a week.
- We saw little evidence from the case notes of an early social care presence on the wards and/or MDT and board round discussions. Much of the liaison happens off site via telephone conversations. We saw numerous examples of days ‘wasted’ where for example social care staff are unable to speak to relevant ward staff in order to process referrals or progress chase and telephone messages are left. This can amount to quite significant delays and wastage both in terms of patient time and bed days.

File Audit Case Example

Mrs P

Hospital length of stay: 24th October 2017 to 5th January

Mrs P was admitted to Royal Berkshire Hospital on 24/10/2017.

A package of care was being arranged by the hospital Occupational Therapist (OT) on 17/11/2017 (as Mrs P was deemed medically fit for discharge) with an OT visit to home booked in for 20/11/2017. Mrs P was still in hospital on 21/11 and there followed a number of phone calls and discussions which seemed to delay Mrs P's exit from hospital.

21/11 Social Work call to the ward with no response.

22/11 Social Work call to the ward with no response.

22/11 Hospital decide to keep Mrs P in for night time observation. Best Interest Decision meeting booked for 28th November.

25/11 Notes on the file suggest that the granddaughter was warned that Mrs P was no longer medically fit for discharge and that the discharge may be cancelled.

29/11 Discharge planning meeting. Mrs P has another infection – 72hr diary arranged.

2/12 Social Worker makes three telephone calls to the ward. No reply. No decision regarding discharge destination.

Six days pass.

8/12 Occupational Therapist reports that Mrs P is now medically fit for discharge and “has been for a few days”.

There is no evidence in the notes of contact during the six day period from either the Social Work team to the hospital or vice versa.

9/12 Daughter contacts the Social Worker. Mrs P is not confused and does not have dementia (as was queried in the notes).

Quote from the notes with reference to care on the ward from daughter; “She is not incontinent, but when she asks to go to the toilet, they tell her to go in her pad as they are busy and they will change her later”.

Three days pass

12/12 Social Work call to the ward with no response (no visit)

13/12 Discussion about an option of rehabilitation. This has been refused. Daughter is not happy with this decision. Physiotherapist agrees that Mrs P should go home

Five days pass

18/12 Mrs P has a transient cerebral ischemic attacks (TIA)

19/12 Intermediate Care Team referral accepted

Three days pass

23/12 No discharge due to lack of capacity in reablement team for double up calls

Six days pass (including Christmas)

29/12 Mrs P is deemed no longer suitable for reablement and a package of care consisting of 4 times per day homecare is required.

One day passes

30/12 Agreement to order key safe and arrange package of care

Three days pass

02/01/18 Key safe ordered and package of care arranged

A further two days passed with discussions about bed sensors etc.

Overall comments

Mrs P finally returned home on 5th January 2018, after 73 days in hospital. Her actual return home was not planned as well as it might have been, as there were issues recorded with no medication, no discharge letter and an incorrect package of care.

The first plan for her discharge was recorded in November, but a number of missed calls, changing decisions and missed opportunities, along with what appears to be a lack of communication and little (recorded) discussion with Mrs P herself, resulted in numerous delays and what can only have been distress to this individual and her family.

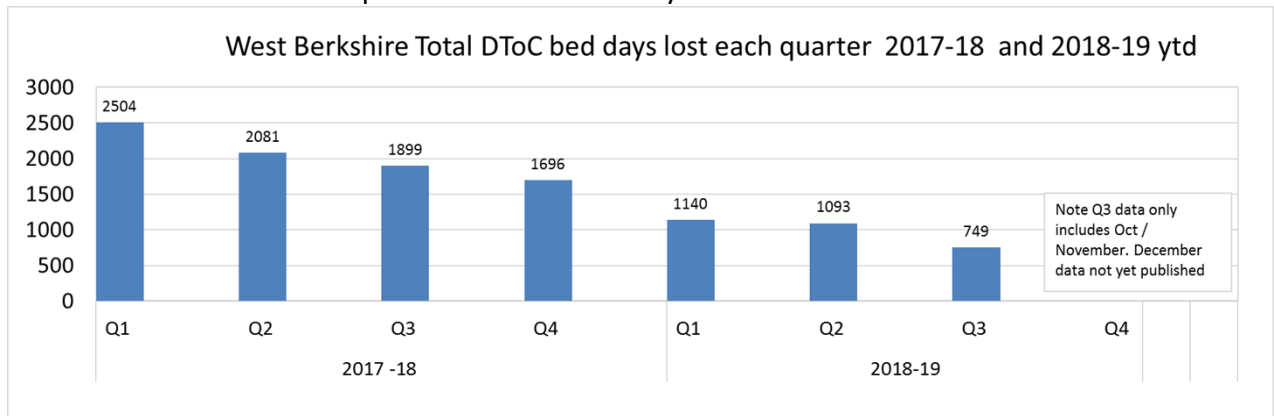
On reading this file, the reviewer concluded that had there been an earlier and consistent social care presence on the ward and continuous conversation with the individual, a number of these delays could have been avoided.

Case reference number available upon request should any of the above issues wish to be explored or investigated further.

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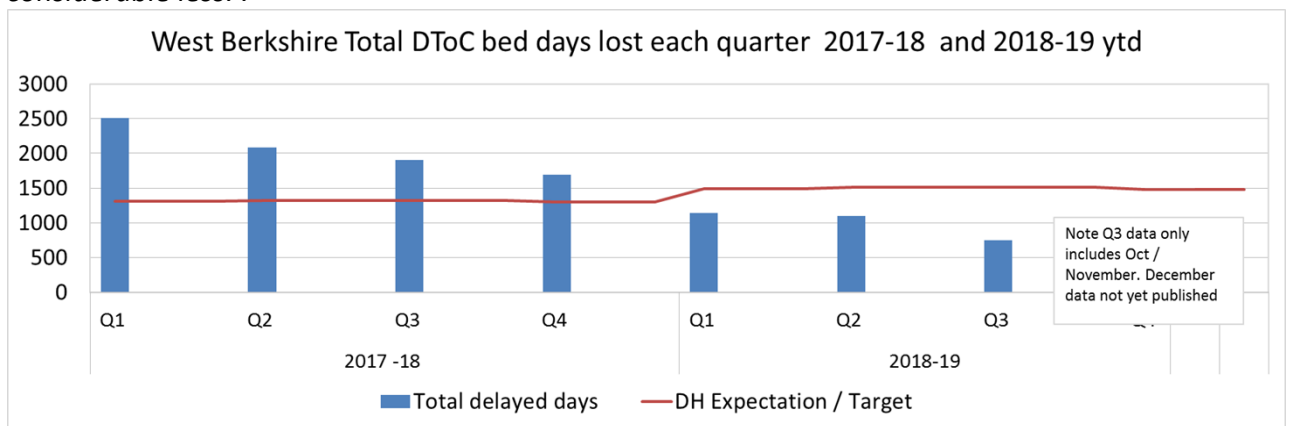
Delayed Transfer of Care – bed days lost per quarter 2017-18 and 2018-19 ytd

- Data based on published data up until Nov 2018
- December data not published until February 2019

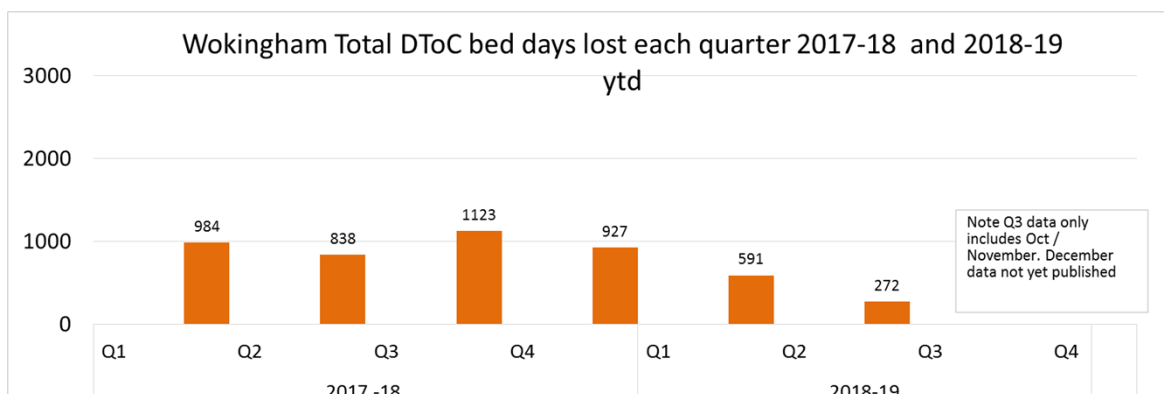
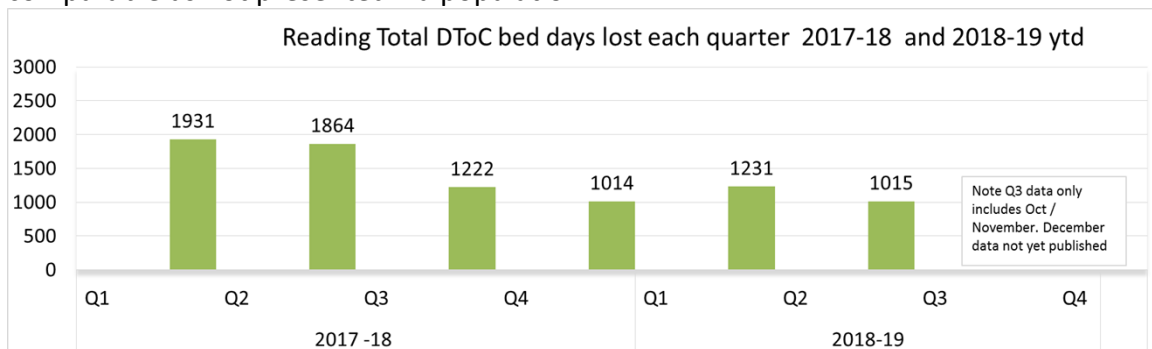


Graph below includes DH national expectation / targets.

Note: Targets are system wide and relate to DH expectations, in 2017/18 our BCF target was considerable less. .



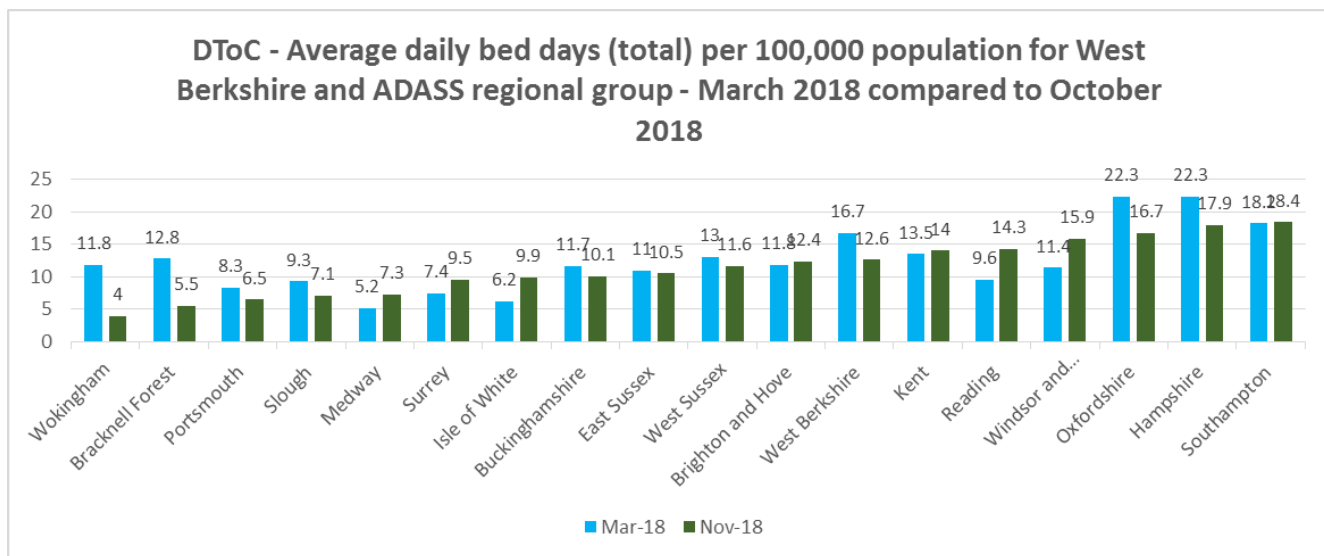
Graphs below shows the DToC days lost for Reading and Wokingham, but not directly comparable as not presented via population.



DToC per 100,000 population November 2018, compared to March 2018.

West Berkshire have improved their position from 16.7 daily bed days delayed per 100,000 population in March 2018 to 12.6 in November.

West Berkshire target for 2018/19 is 13.4 per 100,000 population



Ref.	What was agreed	Work to complete action	Current Position	Action lead for DG	Due by	Report to:	Complete			
BW10 Development Day	Short Term	ST1	Establish real time operational daily sign off of DToCs data	Check with stakeholders that current process fit for purpose	Closed	Currently individual weekly calls with each LA on Tuesday afternoons and system resilience calls. Look at LGA's best practice	Adam Williams - CCG		BWDG	Yes
		ST2	Establish weekly face to face DToC sign off meetings of COOs and DASCs	Meetings to be agreed and arranged by LAs and will be chaired by CCG	Closed	Meeting to be held on Wednesdays in Reading - start date and CCG personnel TBC	Seona Douglas - RBC Tandra Forster - WBC	08-Aug-18	BWIB	Yes
		ST3	Carry out case file audits across the system to review practice	Introduce and embed regular reviews across BW to capture learning	In Progress	Meeting arranged to agree audit tool, first review taking place end of January	Stephanie Clark - BW	03-Jan-19	BWDG	No
		ST4	Hold a DToC workshop with all partners facilitated by the LGA to focus on the 8HICs	Agree invitees and arrange location with Sarah Mitchell	Closed	Workshop held in May with actions agreed below	Stephanie Clark - BW	30-May-18	BWDG	Yes
	Medium Term	MT1	Review the role of Voluntary Sector in supporting acute and community provision	Review to be completed and proposals put forward	In Progress	Workshops currently being held with Voluntary sector. Matt Pearce (Head of pH in W/B) keen to move work on Trying to establish links with CCG's strategy on vol sector	Tandra Forster - WBC	31-Jan-19	BWIB	No
		MT2	Introduce system wide demand and capacity plan supported by real time tool	Include LA visibility on ICS's bed modelling project	Closed	Has been included in project - awaiting implementation plan. 28/11: currently piloted	Maureen McCartney - CCG	31-Jan-19	A&EDB	Yes
		MT3	Develop creative system wide solutions to domiciliary care shortage	Once weekly meetings underway, opportunity to address themes such as dom care	In Progress	Conversations between LAs commenced	Seona Douglas - RBC / Melissa Wise - RBC	31-Mar-19	COG	No
	Long Term	LT1	Establish a leadership culture of collaboration at Chief Officer level	Workshop to be held in November	Closed	IB to be merged into Chief Officer's Group with shared integration objectives to be agreed and pursued	Nick Carter - WBC	30-Nov-18	COG	Yes
		LT2	Establish joint commissioning and management of the care market across BW	TBC	In Progress	SM and DASCs to talk through	Nick Carter - WBC	31-Mar-19	COG	No
		LT3	Work together across LAs and self funders to manage the price of care	Agreed to be included within LT2	Closed	Covered by LT2	Nick Carter - WBC	31-Oct-18	COG	Yes

Specific Actions Raised at Workshop

NB - actions looking at processes etc. to include all settings (acute, community and mental health)

Change	DG Lead	PM Lead	Ref.	What was agreed	Work to complete action	Current Position	Action lead for DG	Due by	Report to:	Complete		
1 - Early Discharge Planning	Mark Robson	Rhian Warner	ED1	Complete actions in AMU Recovery Plan	-	Closed	TBC	Mary Sherry - RBH	TBC	A&EDB	Yes	
			ED2	Review and renew communication, PR and leaflets	Use national example - System Information Leaflet Have public meetings as a system	Closed	Task and finish group looking at discharge leaflet and booklet holding relevant information	Alice Lockhart - RBH	TBC	A&EDB	Yes	
			ED3	Log and review EDD amendments on EPR system	Can the IT system flag if an EDD has been changed and if so audited to find out why	Closed	EDD changes as discharge plan moves on - one target date set	Mark Robson - RBH	31-Jan-19	A&EDB	Yes	
			ED4	Looking at what can be done with mid to late evening presentations / referrals (best for patient not rule)	Need ability for community hospital or care home etc. to accept them and for transport to be available	Closed	Look at flow into step downs - patient flow work in progress, led by BHFT 28/11: has been improved, moved to looking at referrals to CRT - process in place to continually review flow	Mark Robson - RBH	31-Jan-19	A&EDB	Yes	
			ED5	Investigate how social care can become part of the overall process		Closed	Action deemed vague and believed to be covered by other actions					Yes
			ED6	Focus on evening avoidance of admissions - can patient be discharged at 10pm	Look at utilising night wardens	Closed	Linked with ED4					Yes
			ED7	Implementation of discharge envelopes		Closed	Implementation in progress 28/11: Implementing in AMU and networked care wards, envelopes include booklets	Mark Robson - RBH	30-Nov-18	BWDG		Yes
2 - Systems to Monitor Patient Flow	Maureen McCartney	Rhian Warner	SM1	Develop better systems between commissioning and brokerage / procurement		Closed	To be included in market position statement and linked to LT2				Yes	
			SM2	Develop and shape the Dom Care market and increase budget capacity		Closed	Covered by MT3 and to be looked at through ST2				Yes	
			SM3	Link with the bed modelling project	Utilise live bed state	Closed	Conversations had with ICS about including wider system into project	Shirley Lee - ICS	31-Dec-18	BWDG	Yes	
			SM4	Investigate real time demand and capacity across the whole system		Closed	Covered by MT2					Yes
3 - Multi-disciplinary teams	Martin Sloan	Michael Beakhouse	MD1	Board rounds to be introduced in community hospitals	Each community hospital to have established ward rounds	Closed	Believed to have started - will confirm	Reva Stewart - BHFT	30-Jun-18	BWDG	Yes	
			MD2	Creating link with voluntary sector		Closed	Covered by MT1	Carolyn Lawson - CCG		A&EDB	Yes	
			MD3	Extending the invites of patient flow meetings	Inviting external stakeholders when relevant to meetings	Closed	Patient flow is a current project with a number of workstreams including also looking at how to embed SWs formally into the IDS	Alice Lockhart - RBH	30-Jun-18		Yes	
			MD4	Extending the agenda of patient flow meetings	Extending agenda to ensure time for external stakeholders to join	Closed		Alice Lockhart - RBH	30-Jun-18		Yes	
			MD5	Review the approach of daily discussions	Ensure a consistent approach is in place	Closed	Covered by ST2		31-Jul-18		Yes	
			MD6	LAs sharing resource	To get an agreement on SW representing all LAs at ward round instead of having 3 each one represented	In Progress	LA leads have had initial meeting Need to map demands and agree next steps	Martin Sloan - WoBC	31-Dec-18	BWDG	No	
			MD7	PR on SW's role in ward rounds	Revised comms campaign to raise profile of SWs at hospital. Also increase confidence of SWs to challenge medical colleagues	Closed		Mary Sherry - RBH		BWIB	Yes	
			NEW	Look at simplifying pathways	Looking at routes out of hospital	In Progress	Part of strategy discussion at A&EDB (Streaming model) - Carolyn Lawson leading on work finalising pathways	Maureen McCartney - CCG	31-Jan-19	A&EDB	No	

Ref.				What was agreed	Work to complete action	Current Position	Action lead for DG	Due by	Report to:	Complete		
4 - Home First / Discharge to Assess	Tandra Forster	Maria Shepherd	NEW	Looking at integrating voluntary sector into MDTs	Options for improving integration with the voluntary sector to be discussed as part of the SCIE Workshop	In Progress	Mark Robson - RBH	31-Jan-19	BWDG	No		
			NEW	Looking at integrating voluntary sector into MDTs	Options for improving integration with the voluntary sector to be discussed at a future Berkshire West 10 DG meeting	In Progress	Mark Robson - RBH	31-Jan-19	BWDG	No		
			HF1	Discussion needed on strategic commissioning		Closed	Covered by LT2			COG	Yes	
			HF2	Review of CRT	Proposal on future vision: is 6 weeks needed; can it be done across BW; is the current service used efficiently?	In Progress	Reading has started. Reva Stewart also looking at review across system - update coming to DG	Gerry Crawford - BHFT	31-Jan-19	BWDG	No	
			HF3	Development of Workforce in relation to TA at CRT	Organise joint training and development for OTs	Closed	Will come out of HF2				Yes	
			HF4	Define tasks and competences for assessment in community	Decision on once patient has been D2A'd who is empowered to decide what care is needed in that setting	In Progress	To pick up from D2A pilot 28/11: Single assessment document in place. IDS do initial ax in hospital	Tandra Forster - WBC	31-Dec-18	BWDG	No	
			HF5	Investigate the possibility of sharing home care		Closed	On strategic opportunities list to be reviewed by COG - covered by LT3	Sam Burrows - CCG	30-Nov-18	COG	Yes	
			HF6	Investigate the possibility of sharing step down beds		In Progress	On strategic opportunities list to be reviewed by COG - TF involved in meeting to discuss	Tandra Forster - WBC	31-Jan-19	COG	No	
			HF7	Review of DTA Service	Report on: is there a common understanding across the area; what service is needed; look at case studies; is it delivering what is expected	In Progress	Pilot took place - need to review learnings and decide next steps Learning that OT ax more than good enough - question on how TA will go into 3 different LAs	Mark Robson - RBH	31-Jan-19	BWDG	No	
			HF8	Follow up on the case study in the LGA Peer Review	Report on if quality of care is contributing to decompensation of patient and whether the level of care then needed is affected	Closed	Link to ST3	RBH				Yes
			NEW	Piloting of TA within care homes	Report on if quality of care is contributing to decompensation of patient and whether the level of care then needed is affected	Closed	Need to ensure connected with Kam	Ian Dawe - WBC	31-Jan-19	BWDG	Yes	
			NEW	Criteria - do people enter residential/nursing too early in their care career	Look at data to establish baseline and if is an issue	In Progress	Need agreement from DG		31-Jan-19	BWDG	No	
			NEW	Criteria - do people wait in hospital to be assessed by care home staff	Pilot discharge scheme with 3 care homes started	In Progress	Awaiting outcomes of pilot and understanding how CHS are refining their advice to self-funders	Kam Purewall - CCG	31-Jan-19	CHPB	No	
			5 - Seven Day Services	Mark Robson	Stephanie Clark	7D1	Build confidence and reassurance via daily ward rounds	Setting up a short task and finish group to scope what needs to be done	Closed	Mark Robson - RBH / Stephanie Clark - BW10	30-Oct-18	BWDG
7D2	Clear signposting for where to go if there is a problem					Closed				BWDG	Yes	
7D3	Supporting SWs to organise care at weekends					Closed					BWDG	Yes
7D4	Investigate organising ward rounds for Sat & Sun					In Progress	Confirming which wards are open - need data to move forward	Mark Robson - RBH	31-Mar-19	BWDG	No	
7D5	Develop relationship with providers to look at 7 day working	Setting up a short task and finish group to scope what needs to be done				In Progress	Setting up a short task and finish group to scope what needs to be done Members for scoping group put forward by DG. Will have first meeting when data piece completed	Mark Robson - RBH	31-Mar-19	BWDG	No	
7D6	Investigate option of a weekend bridging team used by all partners					In Progress	Audit taking place in Jan to see what discharges look like over weekend and what services, if any, would improve	Mark Robson - RBH	31-Jan-19	BWDG	No	
7D7	Start discussions with care agencies on 7 day working	Explain what trying to achieve, build into retendering of contract				Closed	Duplicate of 7D5					Yes
NEW	How best to utilise the data so as to see what will make the biggest difference	Speak to Sam Harmer about how to utilise the data				Closed	MM and MR have spoken to Sam	Maureen McCartney - CCG / Mark Robson - RBH	30-Oct-18	BWDG	Yes	
NEW	Link LA performance data analysts together to confirm what information they have and what is missing	Identification of what information LA has and what it is showing in order to see what additional services are needed				Closed	SC has linked three colleagues. They will discuss and report back. Superseded by seven day audit	Stephanie Clark - BW10	30-Nov-18	BWDG	Yes	
6 - Trusted Assessors	Tandra Forster	Maria Shepherd	TA1	Agreement between 3 LAs on trusted assessor model		Closed			Ian Dawe - WBC	30-Jun-18	BWDG	Yes
			TA2	Look to introduce TA model into care homes	Pilot starting to look at impact and value	In Progress	Proposal received from CHS to pilot TA model included within IDS team at RBH - on hold as funding source unidentified Pilot also started in W Berks using OT to liaise with (LA) homes and RBH	Tandra Forster - WBC	31-Mar-19	BWDG	No	
			TA3	Expanding TA model to other professionals and wards		In Progress	Ian Dawe leading Gap is with independent home providers	Tandra Forster - WBC	31-Mar-19	BWDG	No	
7 - Focus on Choice	Seona Douglas	Michael Beakhouse	FC1	Education of self-funders as commissioners		Closed						Yes
			FC2	Review of community navigator posts across system	Analysis of what services currently used across system	In Progress	WBC are looking at existing contract and possible link across localities - Matt Pearce leading 28/11: Being recommissioned in W/B. The others are all separate and funded differently	Tandra Forster - WBC	31-Dec-18	BWDG	No	
			NEW	Implementation of choice policy	Raised at weekly DToC meeting - agreed system Choice Policy	In Progress	RBH currently ratifying their policy for sharing with partners - signed off at Needs clear link with BHFT who have not formally ratified policy	Mark Robson - RBH	31-Jan-19	A&EDB	No	
			NEW	Improving integration of the voluntary sector	Options for improving integration with the voluntary sector to be discussed as part of the SCIE Workshop	To start		Mark Robson - RBH	31-Jan-19	RIB	No	

Ref.				What was agreed	Work to complete action	Current Position	Action lead for DG	Due by	Report to:	Complete	
8 - Enhancing Health in Care Homes	Maureen McCartney	Stephanie Clark	CH1	Undertake clinical audit on patients coming in from care homes	Review readmission rates of care home residents	<i>Closed</i>	* CCG have spoken with Head of PH to look at carrying out audit - Happening over Q3. Public Health F2 to lead and primary care and SCAS supporting * Care Homes PB have also asked RBH to carry out audit 19/11 - audit finished, results being shared with C/H group and then DG	Tandra Forster - WBC	31-Dec-18	A&EDB	Yes
			CH2	Link with Trusted Assessor work to introduce into care homes		<i>Closed</i>	Covered by TA2	Kam Purewall - CCG		CHPB	Yes
			NEW	To implement the rollout of GP provision resource following successful pilot		<i>In Progress</i>	* Met with Eleanor and Jim who supported the pilot * Meeting with Wokingham Alliance to look at how to implement through cluster working	Maureen McCartney - CCG	31-Jan-19	BWDG	No

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West of Berkshire Safeguarding Adults Board

Annual Report 2017-18

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

I am very pleased to introduce the Annual Report for the West of Berkshire Safeguarding Adults Board 2017/18. As the Independent Chair of the Board, I continue to be very grateful to all partners for their support and contributions to the Board. The Annual Report reflects the partner's commitment and enthusiasm for taking forward shared vision and actions over the past year. There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. In these increasingly challenging times of resource constraints and growing demand on services, the work of our partnership demonstrates a real willingness to work together to make the West of Berkshire a safe place for everyone.

This Report shows what the Board aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2017/18, together as a partnership as well as through the work of individual partners. The Report provides a picture of who is safeguarded across the area, in what circumstance and why. The Report helps us to know what we should be focussing on for the future. It includes the Business Plan for the next three years, which will be reviewed and updated as we continue to identify new priorities for improvement, as well as ensuring that we maintain good performance and quality across the area.

During the year we looked at cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. We want to make sure that the lessons learned are making a difference and the recommendations from the SARs have directly informed our Business Plan. We are keen to ensure that the work of the Board is accountable to local people and we need to find better 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. I would also like to thank Lynne Mason, the Safeguarding Board's new Business Manager, who joined us in June 2018. Lynne has quickly and efficiently moved into her pivotal role, bringing the excellent organisational direction and support which is so essential in helping this large partnership deliver its aims and objectives. I am confident that the Board's partners have the vision and dedication to continue to strive for 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, including but not exclusively: Physical, Domestic, Sexual, Psychological or Emotional, Financial or Material, Modern Slavery, Discriminatory, Organisational or Institutional, 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 as health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. **A full list of partners is given in Appendix A.**

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:

<https://www.berkshiresafeguardingadults.co.uk/>

Trends across the area in 2017-18

There has been a shift in trends from last year. The Board is aware of these changes and will consider the implications and address within the Board's Business Plan.

- There has been a 22% reduction in the number of safeguarding concerns from last year. This is the first time there has been a decrease in the number of safeguarding concerns. This shift in trend has been added to the Board's Risk and Mitigation Log, Local Authority Safeguarding Leads have been tasked to work together to understand the reasons for the drop in referrals and report back to the Board. The Board will decide if any further work is required in this area and add to the 2018/21 Business Plan.
- As in previous years, 62% of cases concerns relate to older people over 65 years.
- More women were the subject of a safeguarding enquiry than males as in previous years; however the difference has reduced by 2%.

- 81% of referrals were for individuals whose ethnicity is White. There has been a slight increase in referrals for individuals whose ethnicity is Mixed, Asian, Black or Other.
- For 11% of referrals made, the individual's ethnicity was not known. This has increased by 3%.
- As in previous years the most common type of abuse for concluded enquires were for Neglect and Acts of Omission. This was followed by Physical, Psychological or Emotional abuse and Financial abuse.
- For the majority of cases, the primary support reason was physical support.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.

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 potential risks that the Board has addressed:

- We want to make sure that people who experience the Safeguarding Adults Process as Adults with care and support needs, as well as their carers, have appropriate opportunities for involvement or engagement with the Board. Local Authorities are required to collect feedback on individual experience of the Safeguarding Process. In addition an action has been set in the 2018/21 Business Plan, to increase the public's voice in at the Board.
- We want to ensure that people who make safeguarding referrals receive feedback. This has been incorporated within the 2018/21 Business Plan.
- We want to make sure that there is consistent use of advocacy services to support adults through their safeguarding experience. A key performance indicator is in place to monitor performance across the local authorities. Performance in has improved by 5% compared with previous years (84% - 89%).
- We want to ensure that responsibilities under the Mental Capacity Act 2005 are fully understood and applied in practice as a safeguard for people who may lack capacity. Partners' were required within their self-assessment audits to assure the SAB that partner agencies are compliant with Mental Capacity Act.
- The Board was made aware of capacity issues within the supervisory bodies to obtain timely Deprivation of Liberty Safeguards (DoLs) assessments and provide appropriate authorisations. This situation and numbers of DoLs applications continue to be monitored by the board.
- To ensure that arrangements to support people who have Mental Health issues were fully understood, a report detailing governance arrangements has been presented to the Board and updates will be provided on a six monthly basis.
- We want to make sure that local priorities and arrangements to support and minimise risks for people who experience Domestic Abuse are fully understood. Understanding and working together to prevent and address Domestic Abuse is a priority within the 2018-21 Business Plan.
- We want to ensure that effective measures are in place across the locality to support people who self-neglect. An independent audit was commissioned and due to be presented to the board in December 2018, Understanding and addressing Self Neglect is also a priority within the, 2018-21 Business Plan.

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 2017-18:

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

- A core set of questions has been agreed 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, to ensure it is in line with Making Safeguarding Personal and the well-being principle.

- Principles of Making Safeguarding Personal are well embedded in the peer review case file audit.
- The Board understand what data tells them about where the risks are and who are most vulnerable; a Dashboard has been created and presented at Board meetings.

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

- There is a housing representative for each local authority on the Board.
- The Board have raised awareness for safeguarding adults and the work of the board across the communities and partner organisations.

Priority 3 – We learn from experience and have a skilled and knowledgeable workforce

- Ensured consistency raising awareness of Domestic Abuse in training.
- Promoted good record keeping by ensuring the message is embedded across all training standards.
- Promote tools and training resources via Board’s website and Briefing.
- Delivered Safeguarding Adults Train the Trainer programme
- Held a joint Children’s and Adults Safeguarding Conference on theme of Mental Health. There were 140 attendees with at least 80% of delegates rating the event as good or excellent
- Established programme of Safeguarding Bite Size Workshops for multi-agency professionals – attended by a wide range of professionals
- Seek assurance of the quality of training across the partnerships, by ensuring agreed standards are met and measuring the impact of training.
- Workforce Development Strategy has been reviewed and published.
- Evaluation template for training to include question to evaluate how practitioners have taken on and embedded learning.

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

- Raised awareness of the importance of involving advocates and Independent Mental Capacity Advocate’s (IMCA’s) to ensure person centred responses are promoted within Safeguarding.
- Assurances provided by Commissioners that robust safeguarding processes are adhered to by commissioned services in line with Care Act requirements.
- A workshop was delivered at the joint conference to raise awareness of the issues and improve practice for working with those who self-neglect.
- Information on self neglect added to the Boards Website.

There are a number of actions in this Business Plan that are Red and Amber. Progress has not been made as expected due to a significant number of staff changes in partner organisations in Quarter 4, and the absence of a Safeguarding Adults Board Business Manager from January 2018 until June 2018. Membership of the Board and Subgroups is under review and outstanding actions will be carried over to the 2018/21 Business Plan.

More information on how we have delivered these priorities:

- Additional achievements by partner agencies are presented in **Appendix B**.
- The completed Business Plan 2017-18 is provided in **Appendix C**.

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 commissioned 3 Safeguarding Adult Reviews. These reviews were not published during the reporting year but will be published in 2018/19. For one review the issues identified appeared to be similar to issues highlighted in previous review therefore the Board took a different approach to this review by asking is there evidence that practitioners are learning from messages in reviews? If not, what are the challenges in practice preventing application to safeguard? Valuable learning has emerged from the all reviews and has fed into the Boards Business Plan for 2018/21.

There is a dedicated page on the Board's website for case reviews:

<http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/>

Key priorities for 2018-19

A Safeguarding Adults Review, which is due to be published in 2018/19, focused on how learning from previous SARs had been embedded within the partnership. This highlighted to the Board that agreed actions set as a result of learning from SARS and/or commissioned audits need to be tested after completion to ensure that the desired outcome has been achieved and improvements are sustained. In order to do this and the Board have implemented a 3 year business plan, and have allowed the plan to be adapted throughout to ensure that learning is prioritised appropriately. The agreed priorities set for 2018/19 are listed below:

Priority 1 – We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

- Board membership and arrangements are fit for purpose and reflect a wide and varied group of stakeholders. The voluntary and community sector are engaged and inform the work of the Board.
- The Board has strong links with Local Safeguarding Childrens Board, Safer Communities and Health and Wellbeing boards.
- People who use services are able to influence the work of the Board.

Priority 2 – We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

- The Board are assured that partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control.

- The Board are assured that relevant staff, across agencies, know how to identify risk of significant harm or escalation in Domestic Abuse and understand the relevance and application of Inherent Jurisdiction in this respect.
- All agencies recognise and respond appropriately where there are interdependencies in relationships that mean intervention with one person has implications for another, including recognition and response to carers and other complex relationships.
- There are local safeguarding arrangements for people who have Mental Health issues that are effective.
- Partners have in place policies and processes to manage allegations against persons in position of trust.
- There are arrangements to support and minimise risks for people who self-neglect are effective including; clear policies and procedures, recognition of risk, management of complex cases and outcomes for individuals.

Priority 3 We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice

- Adult safeguarding services are person led and outcomes are focused because people are encouraged and supported to make their own decisions
- A range of options for undertaking SARs have been considered
- Learning from SARs is shared in a timely manner and agencies embed this in their practice
- Partners training plans reflect the priorities in the Business Plan
- The board is assured that effective supervision is taking place within agencies
- Staff and volunteers are supported to improve their skills and confidence
- Feedback is provided to those who raise a safeguarding concern
- Independent providers deliver safe, high quality services and the Board is assured that safeguarding processes are adhered to in line with Care Act requirements
- The board is assured that all stakeholders are following the *Berkshire Pressure Ulcer Pathway* to ensure effective delivery of care and robust consideration of safeguarding concerns in this context

Priority 4 - We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly

- The board has verified that the workforce is accessing and using the Pan Berkshire policies and procedures following their launch.
- The Board understands what the data tells us about where the risks are and who are the most vulnerable groups.
- Feedback from people having experienced intervention via a Sec 42 Enquiry is used to inform practice development and the strategic aims of the Board.
- The Board is assured that local arrangements to support and minimise risks are effective
- The Board is assured that Adult Safeguarding interventions are compliant with the MCA 2005 and that the principles of MSP are adhered to, including; appropriate involvement of advocacy to ensure person-centred responses

The Business Plan for 2018-21 is attached as **Appendix D**.

Strategic Plan 2018-21

The Board's Strategic Plan has been revised and published. 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 were invited to give their views on priority areas for development. A copy of the Strategic Plan can be found here:

<http://www.sabberkshirewest.co.uk/board-members/priorities-plans-and-reports/>

Appendices

Appendix A [Safeguarding Adults Board Member Organisations](#)

Appendix B [Achievements by partner agencies](#)

Appendix C [Completed 2017-18 Business Plan](#)

Appendix D [Business Plan 2018-21 as at 18.12.18](#)

Appendix E Partners' Safeguarding Performance Annual Reports:

- [Berkshire Healthcare Foundation Trust](#)
- [Reading Borough Council](#)
- [Royal Berkshire NHS Foundation Trust](#)
- [West Berkshire Council](#)
- [Wokingham Borough Council](#)