

Notice of Meeting



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Health and Wellbeing Board

Thursday, 17th February, 2022 at 9.30 am
in Second Floor Meeting Area Council
Offices Market Street Newbury

This meeting can be viewed online at: www.westberks.gov.uk/hwbblive

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, 9 February 2022

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on (01635) 519486
e-mail: gordon.oliver1@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, 17 February 2022
(continued)

To: Councillor Graham Bridgman, Dr Abid Irfan (Berkshire West CCG), Zahid Aziz (Thames Valley Police), Raghuv Bhasin (Royal Berkshire NHS Foundation Trust), Councillor Dominic Boeck, Tracy Daszkiewicz (Director of Public Health, Berkshire West), Councillor Lynne Doherty, Jessica Jhundoo Evans (Corn Exchange), Matthew Hensby (Sovereign Housing Association), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Gail Muirhead (RBFRS), Matthew Pearce (Service Director - Communities and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), Sean Murphy (Public Protection Manager), Councillor Joanne Stewart, Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Katie Summers (Berkshire West CCG) and Councillor Martha Vickers (Shadow spokesperson for H&WB)

Also to: Dr Alex Evans (Royal Berkshire NHS Foundation Trust), Lajla Johansson (Berkshire West CCG), Matt Tait (Buckinghamshire Oxfordshire & Berkshire West ICS), Gordon Oliver (Corporate Policy Support) and Vicky Phoenix (Principal Policy Officer - Scrutiny)

Agenda

Part I

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| 2 | Minutes
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| 3 | Actions arising from previous meeting(s)
To consider outstanding actions from previous meeting(s). | 19 - 20 |
| 4 | Declarations of Interest
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West Berkshire
C O U N C I L

Agenda - Health and Wellbeing Board to be held on Thursday, 17 February 2022
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Items for discussion

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| 11 | Royal Berkshire Hospital Winter Plan Update
Purpose: To provide the Board with an update on capacity and performance over the winter period and how this has been affected by Covid. | 45 - 46 |
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Other Information not for discussion

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| 13 | West of Berkshire Safeguarding Adults Board - Annual Report 2020/21
Purpose: To present the West of Berkshire Safeguarding Adults Board Annual Report for 2020/2021. | 57 - 74 |
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| 15 | Health and Wellbeing Board Forward Plan
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| 16 | Future meeting dates <ul style="list-style-type: none">• 19 May 2022• 21 July 2022• 29 September 2022• 8 December 2022• 23 February 2023 (All meetings to start at 09:30) | |

Sarah Clarke
Service Director: Strategy and Governance

If you require this information in a different format or translation, please contact Stephen Chard on telephone (01635) 519462.

Health & Wellbeing Board – 17 February 2022

Item 1 – Apologies

Verbal Item

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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, 9 DECEMBER 2021

Present: Councillor Graham Bridgman (Chairman), Councillor Lynne Doherty, Jo Reeves (Substitute) (In place of Katie Summers) and Councillor Martha Vickers

In attendance remotely: Raghuv Bhasin (Royal Berkshire NHS Foundation Trust), Tracy Daszkiewicz (Director of Public Health Berkshire West), Dr Abid Irfan (Vice-Chairman), Councillor Steve Masters, Sean Murphy (Public Protection Manager), Matthew Pearce (Service Director – Communities & Wellbeing); Garry Poulson (Volunteer Centre West Berkshire); Andrew Sharp (Healthwatch West Berkshire); Reva Stewart (Berkshire Healthcare Foundation Trust); and Councillor Jo Stewart.

Also present: Niki Cartwright (Berkshire West CCG), Councillor Rick Jones, Gordon Oliver (Principal Policy Officer), Michelle Paice (Healthwatch West Berkshire) and Lesley Wyman (Healthwatch West Berkshire)

Apologies for inability to attend the meeting: Councillor Dominic Boeck, Matthew Hensby, Paul Illman, Jessica Jhundoo Evans, Andy Sharp and Katie Summers

PART I

57 Minutes

The Minutes of the meeting held on 30 September 2021 were approved as a true and correct record and signed by the Chairman.

58 Actions arising from previous meeting(s)

The following actions were noted as being outstanding:

- 153 – The peer review would be undertaken in 2022.
- 160 - Phase 1 of the Covid Recovery Dashboard was complete, but Phase 2 was hold.
- 165 - The transition between CYP and adult mental health services would be addressed as part of the Health and Wellbeing Strategy Delivery Plan.
- 168 - Initial discussions had taken place around data for the Covid Recovery Dashboard, but had yet to be concluded.
- 169 – This was on hold pending appointment of a new Engagement Group Chairman
- 174 – Management of Priority 2 of the Strategy would be picked up in the review of the Steering Group Terms of Reference
- 175 – Quick wins had been identified in the Delivery Plan – timescales would be confirmed when put into the project management software
- 176 – Feedback about communications was awaited from the Place Based Partnership
- 177 – The defibrillator report was on hold due to work pressures

All other actions were noted as complete.

59 Declarations of Interest

There were no declarations over and above the standing declarations of interest.

60 Public Questions

A full transcription of the public and Member question and answer sessions is available from the following link: [Transcription of Q&As](#).

- a) The question submitted by Karen Swaffield on the subject of children in temporary accommodation in West Berkshire.
- b) The question submitted by Karen Swaffield on the subject of the shortest, longest and average time that a family had been in temporary accommodation in West Berkshire.
- c) The question submitted by Paula Saunderson on the subject of referral of the CCG report on Continuous Health Care to the appropriate scrutiny committee.

61 Petitions

There were no petitions presented to the Board.

62 Membership of Health and Wellbeing Board

The Chairman asked Members to note that Tracy Daszkiewicz had replaced Meradin Peachey as Director of Public Health for Berkshire West.

Action: Gordon Oliver to circulate the current membership list to all Board Members and to check that substitutes were identified for each Member.

63 Review of Continuing Healthcare

[The Chairman agreed to bring this item forward on the agenda.]

Niki Cartwright (Director of Joint Commissioning for Berkshire West CCG) presented the Review of Continuing Health Care (CHC) (Agenda Item 10). She explained that CHC was funding made available to people with complex health needs and it resulted in a 'yes' or 'no' answer regarding eligibility.

In April 2021, the CCG had committed to undertake a review and had agreed to report back in six months' time about the changes they were making to the CHC processes. The processes were found to be convoluted and time-consuming, so they had been revised and a simplified process map had been created. A dedicated team had been created for the management of new applications, with a 28 day standard for response times, and performance had improved. A dedicated review team had been created to focus on overdue reviews and case management. Interim staff had been recruited with experience of change management and ability to present quality applications within the 28 day expectation.

Local authority dispute meetings had been held with reduced delays and there had been improved relationships with stakeholders, with compliments received from all three local authorities. A provider engagement forum had been established with support from CCG leads, which helped to inform commissioning decisions. There had also been a review of Free Nursing Care, which had resulted in improvements.

Achievement of the 28 day target had gone from 25% in Q1 of 2021/22 to 61% in Q2 of 2021/22.

The Chairman noted that concerns had been expressed previously about where Berkshire West sat within the national league table for CHC payments and that Adult

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Social Care was having to provide support for patients who they felt should be supported by the NHS.

Councillor Jo Stewart asked if local authorities could engage with the Provider Engagement Forum. Niki Cartwright welcomed this.

Action: Councillor Jo Stewart to identify representatives from West Berkshire Council to attend the Provider Engagement Forum.

Maria Shepherd indicated that she would like to see where Berkshire West sat in the national table for CHC payments and indicated that historically West Berkshire had fared worse than Reading and Wokingham.

Niki Cartwright confirmed that the national average was 7% of applications approved and Berkshire West was at 10% and she offered to provide further detail.

Action Niki Cartwright to provide a breakdown of CHC payments by local authority in terms of percentages and actual numbers.

Andrew Sharp welcomed the simplified process as it would help to relieve the burden on carers and asked if support could also be provided for applicants. He indicated that historically applications were likely to be rejected unless applicants could provide supporting evidence and cited an example of one patient who died four days after their CHC application was rejected. He suggested that the opportunity should be taken to consider whether the service was delivering benefits for residents of West Berkshire where there was a higher proportion of people who would be likely to need support. He also asked about patient representation on Provider Boards.

Niki Cartwright stressed that CHC payments related to the complexity / severity of a patient's needs rather than their illness and that the national framework was fixed. She suggested that teams putting in the applications could potentially provide support for applicants rather than the CHC Team.

Action: Niki Cartwright and Andrew Sharp to discuss support for applicants outside the meeting.

Dr Abid Irfan welcomed the improvements to processes and highlighted that there was a fast-track process for patients near the end of life.

Niki Cartwright indicated that there was an upcoming meeting with the Berkshire West local authorities to consider how that fast-track process could be improved.

Dr Irfan noted that the review of CHC processes had found that there was effective decision making and processes were being followed correctly, so there was nothing to suggest that Berkshire West was not getting its fair share of funding.

Niki Cartwright highlighted another piece of work looking at a joint funding for services to support people who did not meet CHC criteria, but whose needs could not be met by universal NHS services. This would be piloted between January and March 2022.

Maria Shepherd stated that Adult Social Care employed a CHC specialist to work with social workers / social care practitioners and help families to submit CHC checklists. This person also sat on panels to review checklists and attended Multi-Disciplinary Team meetings. She also noted that if social workers / social care practitioners were supporting families to complete checklists, they first had to undertake appropriate training. She suggested that these courses could be run more regularly.

Action: Niki Cartwright to suggest more frequent CHC courses to the Team Manager.

64 Healthwatch Report - Child and Adolescent Mental Health Services

[The Chairman agreed to bring this item forward on the agenda.]

Michelle Paice and Lesley Wyman presented the Healthwatch West Berkshire Report on Child and Adolescent Mental Health Services (CAMHS) (Agenda Item 13).

The process had started in July 2019 with a focus group to capture initial feedback. Due to the Covid pandemic, Healthwatch was unable to hold further focus groups, so feedback was sought via an online survey for families / carers of service users. Questions were asked around:

- Waiting times for a diagnosis / to be seen for any other reasons
- The difference that CAMHS had made
- Whether earlier access to CAMHS would have made a difference
- The quality of information provided upon discharge
- Information about where to get help

The survey attracted 128 responses. This was considered to be a good response, since there had been 1,500 referrals across Berkshire West in 2021. Data was also taken from the Children's Commissioner report on the state of mental health services. This showed that there had been a very large increase in referrals between 2017/18 and 2019/20, but access to treatment increased at a slower rate. This emphasised that there was a national issue for CAMHS. While some increase in demand was attributable to the pandemic, there was a risk that the increase in demand would continue.

The main issue to come out of the survey was the long waiting times - 93% of respondents had children of school age and of these 9% indicated that they had to wait between three and five years for a referral to CAMHS. Around half of respondents had to wait between one and three years for a diagnosis or access to CAMHS for any reason. Long waits had negative consequences for the children and for other family members. Three quarters of respondents felt that earlier access to CAMHS could have made a difference to their child. Overall, the service was not felt to be making the difference that parents / guardians had hoped for. Respondents also felt that they were not getting good enough information, especially upon discharge, and more information was sought around alternative services or support.

Recommendations were linked to the priorities in the 2019 Local Transformation Plan (LTP), which had been updated in September 2021, and it was recommended that the LTP aims and objectives be fully implemented. Recommendations related to: reduced waiting times; better support and communication at all stages from referral through diagnosis, treatment and discharge; improvements to staffing to deal with the increase in referrals; and measures related to prevention / early intervention. It was suggested that improvements were required across the whole system, to create a comprehensive approach to address mental health and wellbeing problems for children and young people. While the LTP had excellent medium and short-term goals, Healthwatch West Berkshire called on all Board Members to consider what could be done in the short-term to improve the situation, and to consider the impacts of wider determinants on mental health and wellbeing. Another key recommendation was for services working locally (e.g. family hubs, the Emotional Health Academy, Time to Talk, etc) to be brought together to reduce CAMHS referrals. Healthwatch offered to go back to families to involve them in co-producing solutions with providers.

The Chairman noted that the majority of recommendations related to external bodies.

Councillor Jo Stewart thanked Healthwatch for the report. She highlighted the experience of a family member where a prolonged wait for CAMHS referrals had put considerable

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pressure on the family, and the child had missed out on education opportunities as a result. She was concerned that respondents had indicated the service was ineffective, and suggested that extended wait times might have led to problems becoming more severe, or in some cases, they may have been able to find help through alternative sources. She noted that the recommendation relating to preventative and early intervention services was addressed in the Health and Wellbeing Strategy. She agreed that the Board needed regular reports on mental health data and suggested that the Mental Health Action Group could coordinate actions to address the report's recommendations.

The Chairman agreed that data was important. He also noted that Children's and Young People's Mental Health was recognised as a priority in the Health and Wellbeing Strategy, so there would be related performance indicators, with actions for the Mental Health Action Group. This meant that there were mechanisms for data to come to the Board.

Councillor Martha Vickers praised the report for being easy to read and for incorporating personal stories. She stressed the importance of prevention and early detection and intervention, and suggested that this was an area where the Council had a role to play (e.g. through health visitors, school nurses and family hubs). She noted that there had been a reduction in support offered by family hubs in Greenham and Lambourn where there were greater levels of deprivation. She also suggested that staff were also needed to provide outreach work and provide early support to ensure problems did not escalate.

Councillor Lynne Doherty explained that the Family Hub service had adopted a revised model – outreach workers were taking the service to residents of Greenham and Lambourn rather than asking them to visit a centre. She noted that data had been reported to the Board previously and recalled that the waiting time had been 18 months to 2 years, which suggested that the trend was worsening. She also indicated that services should be available to people while they were waiting. She stated that there was a really good offering in West Berkshire but services needed to do more. She recalled conversations with young people who had cited issues with peer pressure and social media, which were societal issues.

Garry Poulson suggested that the various organisations involved should be brought together to work out how to increase capacity before crisis. He agreed that peer pressure and social media were concerns that that West Berkshire could take the lead in addressing them.

Dr Abid Irfan empathised with families who had to wait. He explained that the CCG had been looking at how to reduce waiting times below 12 months and had committed to making a significant investment in mental health workers, online assessments, etc. He agreed that it was critical for families to be signposted to other services while they were waiting to access CAMHS. However, he noted that demand had gone up and waiting times for Time to Talk were increasing and the Emotional Health and Wellbeing Academy was overwhelmed too.

Niki Cartwright stated that £1.8 million was being invested in 2021/22 and 2022/23, to provide 25 additional staff. Although 14 had already recruited, there was a limited pool of people available. She explained that the longest waiting times were for autism and ADHD assessment and that work was done with families while they waited for assessment. However, diagnosis did not automatically result in access to services, but it was more about adaptation and living with the diagnosis.

Matt Pearce suggested that there needed to be a whole system approach with services integrating and working better together. He highlighted plans to develop a Be Well

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Berkshire website, which would provide a single point of access to identify areas of support. He indicated that CAMHS work would be coordinated by the Children's Delivery Group rather than the Mental Health Action Group, which was focused on adults, but he indicated that there were ongoing discussions about governance.

Michelle Paice highlighted that if a patient had received an autism diagnosis and they were suspected to also have ADHD, they had to go back on the waiting list for another 2 years to get the second diagnosis.

RESOLVED:

- The Board endorsed the report's recommendations; and
- The Board asked key partners to act upon the report's recommendations.

65 Integrated Care Partnership Transformation Programme

[The Chairman agreed to bring this item forward on the agenda.]

Manu Cuccureddu presented the update on the Integrated Care Partnership (ICP) priority around mental health and wellbeing services for children and young people (Agenda Item 11).

Key points from the presentation were as follows:

- The updated Local Transformation Plan (LTP) was published in September 2021 – this was a statutory requirement.
- It built on the 2019 plan and provided an update on what had been achieved, as well as information on local needs and trends.
- It included the voice of children / young people and their families / carers.
- It articulated the further work and resources that were needed.
- Key achievements included:
 - Establishment of three mental health support teams, with further teams to be set up this year, with all pupils to be covered by 2023.
 - Rapid response service was now a seven day offer to 8pm, with plans to extend this further.
 - Improved data flow to the national system, which would help with understanding needs.
 - 'Little Blue Book of Sunshine' digitised and distributed in paper form to all pupils in Berkshire West.
 - Increased resources for the eating disorder service.
 - Launched the ASD / ADHD advice and guidance service for families of undiagnosed children.
- There had been a review of all services, which had informed future priorities – the findings of this review matched those of the Healthwatch report.
- The ambition was for the promotion of resilience and good mental health and wellbeing to be a priority across all partners and for the right health to be provided when and where needed, with the goal of reducing the number of young people whose needs escalated to crisis.
- There were nine transformation priorities, including:
 - Building a formal delivery partnership arrangement, with a new website
 - Creating a single access and decision making arrangement
 - Tackling waiting times for specialist and core CAMHS
 - Meeting eating disorder waiting times for response to referrals, with additional resources and training
 - A community home treatment offer with 24/7 access for crisis cases
 - Mobilise two further Mental Health Support Teams by October 2022.

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- Meeting the Covid-19 surge demand as it arises
- Addressing gaps in access and service offer due to inequalities (i.e. for children and young people with learning disabilities, those from ethnic minorities and those from LGBTQ+ communities)
- Strengthening the adolescent to young adulthood offer (16-25), with a focus on trans-gender people and those moving from CAMHS to adult mental health services.

The Chairman noted that many of the issues raised were picked up in the Health and Wellbeing Strategy Delivery Plan and stressed the need to avoid duplication of effort.

Councillor Martha Vickers asked if people with eating disorders were still being referred to the specialist centre in Henley-Upon-Thames. Niki Cartwright explained that there was a home treatment service and offered to provide further information on the various elements.

ACTION: Niki Cartwright to provide information on the various components of the eating disorder service.

Councillor Vickers also asked for more detail on the Little Blue Book of Sunshine. Manu Cuccureddu explained that the Little Blue Book of Sunshine had been co-produced with young people and offered hope to readers, describing mental health issues and providing practical advice using language and imagery that was appropriate for young people.

66 **Berkshire West Health and Wellbeing Strategy 2021-2030 and Delivery Plan 2021-2024**

The Chairman presented the item on the Berkshire West Health and Wellbeing Strategy and Delivery Plan (Agenda Item 8). He noted that the Strategy had previously been endorsed by the Health and Wellbeing Board with the expectation that it would be agreed by Council. However, following a review of the legislation, it was confirmed that the Board had the powers to agree the strategy. He invited questions from Board Members.

Councillor Martha Vickers asked if the list of organisations addressing health outcomes for vulnerable groups in paragraph 4.5 should include the Substance Misuse Harm Reduction Group. She also asked if other groups would be invited to present to the Board in future.

Sarah Rayfield indicated that the groups listed were those that would be focusing on the initial priority groups, including: people with dementia; victims of domestic abuse; homeless people; and people with learning disabilities and their carers. However, over the lifetime of the strategy, different groups would become involved based on population need.

The Chairman confirmed that the Board would engage with all parties with an interest in the health and wellbeing of local residents, but he indicated that the Delivery Plan would continue to be developed to reflect changing circumstances. Also, discussions were underway about how the various programmes would be managed to ensure they were not in conflict and to ensure that targets were achieved.

RESOLVED:

- The Board formally adopted the Health and Wellbeing Strategy 2021-2030; and
- The Board noted the update on the development of the delivery plan for the implementation of the strategy in West Berkshire.

67 West Berkshire Better Care Fund Plan

Maria Shepherd presented the report on the Better Care Fund Plan (Agenda Item 9).

The policy framework had not been published until October 2021 and local authorities had been required to submit their plans to NHS England by 16 November - this had been done with delegated authority from the Chairman. The Plan built on work done in previous years, whilst supporting partners in recovery from Covid and winter planning. It consisted of a narrative and planning template that detailed income and expenditure together with targets. To comply with national conditions, the plan had to be agreed between Health and Social Care, and signed off by the Health and Wellbeing Board. The plan had also been signed off by the Clinical Commissioning Group's accountable person, Dr James Kent.

There were four national metrics, two of which had remained unchanged - the reablement target and permanent admissions to care homes. There were also two new targets. The target for avoidable admissions had been set at 618, which was slightly below the 2019/20 figure, but remained challenging given the pressures on the NHS. The target on Delayed Transfers of Care had been suspended in March 2020 due to Covid and had been replaced with targets for reducing the length of stay in hospital and increasing the number of people discharged to their normal place of residence. These targets only related to quarters three and four of the municipal year. NHS England had asked for targets to be stretched and it had been agreed that targets would be similar to last year, which were considered to be challenging given current issues in the care market and Covid coinciding with the winter flu period.

Councillor Jo Stewart thanked staff for putting the plan together at short notice. She agreed that the best option was for people to be discharged to their own homes where possible, but acknowledged that there were issues in sourcing care staff. She asked about how residents could return care equipment if they could not get to hospital.

Maria Shepherd suggested that MRS would be able to pick up equipment. However, Andrew Sharp highlighted that they could only pick up a limited range of items.

RESOLVED: The Better Care Fund Plan for 2021-2022 was approved.

68 Skills and Enterprise Partnership Update

Iain Wolloff presented the Skills and Enterprise Partnership Update (Agenda Item 12).

The partnership had been running for a number of years, with a diverse range of organisations attending. The aims of the partnership were to support economic development through employment and skills development for under-represented groups by supporting individuals and employers. Target groups included: people with physical disabilities; people with mental health problems; people with learning disabilities; people with long-term health conditions; and young people. Key projects included: identification of key target groups; an awareness campaign on employment of people who were furthest from employment (this had been delayed due to Covid restrictions); Working for a Healthier Tomorrow - Phase 2 (also delayed due to Covid restrictions); Delivering Life Skills; and the Work and Careers Fair (with support from Laura Farris MP). Looking to the future, the Partnership wanted to divide work into two parts – continuing with current initiatives as well as economic development and skills in general, which was being progressed with the Council's Economy Manager.

Councillor Martha Vickers asked about the Mental Health First Aid initiative. Iain Wolloff noted that West Berkshire College had a cohort of people who had received Mental Health First Aid training. While it was not a part of the Delivery Plan, there were related

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actions around supporting small businesses to promote mental health in the workplace, and commissioning services to support users of mental health services to get into work.

69 **Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update**

Niki Cartwright presented the item on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System Update (Agenda Item 14).

The Health and Care Bill was progressing through Parliament and work was ongoing to interpret the guidance based on the draft legislation. It was expected that the ICS would be put on a statutory footing from April 2022, but it would take up to 18 months to become fully functional.

The ICS had four goals as set out in the NHS Long-Term Plan:

- To improve outcomes in population health and healthcare
- To tackle inequalities in outcomes, experience and access
- To enhance productivity and value for money
- To help the NHS support broader social and economic development

Key components of the new structure were:

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- Integrated Care Board (ICB)
- Board of the ICB (governance body)
- Place Based Partnerships (PBPs)

From April 2022, Clinical Commissioning Groups (CCGs) would cease to exist, with all staff transferred to the ICB.

It was noted that the PBP would replace the ICP at Berkshire West Place level and the ICP would operate at System level. Also the ICS Body would become the ICB, and would support both System and Place.

The Buckinghamshire, Oxfordshire and Berkshire West ICS consisted of three Places. Most care delivery would be managed at Place. The System would orchestrate the overall strategy and delegations, while the Place would manage pooled budgets and deliver on urgent and emergency care, long-term conditions, and integrated care. Localities would also have a focus on addressing inequalities. Provider collaboratives would deliver services beyond the Place level.

The current Integrated Care Partnership / Unified Executive would become the PBP, which would be a formal sub-committee of the ICB. This would take many of the decisions that currently sat with the CCG. ICB Place Teams would support the PBP as they did with the CCG.

The PBP would report to the Health and Wellbeing Board as well as to the ICB, while the Health and Wellbeing Board would feed into the ICP. It was also noted that a new Joint Health Overview and Scrutiny Committee had been set up to provide scrutiny of the System, while NHS England and the Care Quality Commission would also provide oversight.

ICB Board membership was determined by statute, with 10 members defined, including:

- Chairman
- Independent non-executive directors (x2)
- Chief Executive

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- Partner members:
 - Local authority officer
 - Primary Care
 - NHS Provider
- Finance, Medical and Nursing Directors

Dr James Kent had been appointed as Chief Executive.

The Chairman highlighted that discussions were ongoing amongst the three Berkshire West local authorities about the relationship between the leadership of the councils, the Health and Wellbeing Boards, Health and Wellbeing Portfolio Holders, and the ICB / ICP. He noted that the ICB Board had no political membership, just one local authority officer, but there were five local authorities within the System and the Berkshire West local authorities were concerned that they would not have adequate representation. He highlighted that there was no information about the composition of the ICP and suggested that the NHS Trusts would welcome representation. He asked what conversations were taking place in relation to political voices and governance.

ACTION: Niki Cartwright to ask Dr James Kent about representation on the ICB Board / ICP.

Councillor Martha Vickers also expressed concerns that West Berkshire would not be adequately represented and that the new structure would make everything more remote from local people. She found the new structure confusing and complicated and suggested that local ward councillors should have a presentation to raise awareness of the changes and improve understanding.

The Chairman noted that the changes would not come into effect until April 2022 and there would be more comms in the coming months.

Councillor Steve Masters agreed that the structure seemed very complicated and further work was needed on communicating this to elected officials and professionals. He also echoed concerns about decision making becoming more remote and suggested that West Berkshire could potentially miss out in future.

70 **Royal Berkshire Hospital Development Proposal**

The Board noted the information item on the Royal Berkshire Development Proposal (Agenda Item 15).

71 **North Hampshire Hospital Development Proposal**

The Board noted the information item on the North Hampshire Hospital Development Proposal (Agenda Item 16).

Councillor Martha Vickers indicated that local ward councillors were not generally aware of the redevelopment proposals for Reading or Basingstoke and they would welcome an opportunity to put forward their views. She asked if more could be done to keep them informed.

The Chairman noted that there was a micro-site for the Reading proposal, and offered to get a briefing note for Members on each proposal.

ACTION: Councillor Graham Bridgman to ask the Royal Berkshire Foundation Trust and Hampshire Hospitals Foundation Trust to provide briefing notes.

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72 Pharmaceutical Needs Assessment

The Board noted the information item on the Pharmaceutical Needs Assessment (Agenda Item 17).

73 Members' Question(s)

There were no questions submitted by Members to this meeting.

74 Health and Wellbeing Board Forward Plan

The Chairman invited Members to contact Gordon Oliver with any proposed changes for the Forward Plan.

75 Future meeting dates

The dates for the 2021/22 Municipal Year were noted. It was also noted that the Health and Wellbeing Conference would take place on Friday 21 January 2022, and would focus on the Health and Wellbeing Strategy and Delivery Plan.

(The meeting commenced at 9.30 am and closed at 11.55 am)

CHAIRMAN

Date of Signature

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Actions arising from Previous Meetings of the Health and Wellbeing Board

Ref	Meeting	Action	Action Lead	Agency	Agenda item	Status	Comment
153	24/09/2020	Seek another peer review of Health and Wellbeing Board.	Cllr Graham Bridgman	WBC	Health and Wellbeing Board Meetings	In progress	To be undertaken post-Covid. Initial enquiries made regarding the process.
160	28/01/2021	Develop Covid Recovery Dashboard Tracker to monitor the broader effects of the pandemic on our community	Matt Pearce	WBC	Member Questions	In progress	Phase 1 is complete, which involves key data sets for nationally available data: https://westberkshire.berkshireobservatory.co.uk/corona-virus Further work will be done to add other local data sets as part of Phase 2. Work has started on this and the intention is for the dashboard to sit alongside the new Joint Strategic Needs Assessment
166	20/05/2021	Co-ordinate activity between the Inequalities Taskforce and the Integrated Care Partnership's Prevention and Health Inequalities Board.	Sarah Rayfield	WBC	Inequalities Taskforce	In progress	The Taskforce will be engaging with the Prevention and Health Inequalities Board as part of delivery of the Health and Wellbeing Strategy. This will help to ensure alignment across the system and also set the foundations for coordination of activity going forward.
168	22/07/2021	Public Health and CCG to discuss data availability for the Covid Recovery Dashboard	April Peberdy / Katie Summers	WBC / CCG	Covid Recovery Dashboard	In progress	Preliminary discussions have taken place
169	22/07/2021	Public Protection Manager and HWEG Chair to discuss potential for joint working / learning on communications	Sean Murphy / Kamal Bahia	PPP / HWEG	Health and Wellbeing Board Engagement Group Communications Toolkit	On hold	Awaiting appointment of new HWEG Chair.
174	30/09/2021	Consider how Priority 2 of the Health and Wellbeing Strategy can best be managed	Sarah Rayfield	WBC	Berkshire West Health and Wellbeing Strategy 2021-2030	In progress	This is being considered as part of the Terms of Reference for HWB Steering Group
175	30/09/2021	Provide a breakdown of the delivery plan by year and identify quick wins	Sarah Rayfield	WBC	Berkshire West Health and Wellbeing Strategy 2021-2030	In progress	Quick wins identified - a full breakdown by year will be provided once the Delivery Plan is transposed to its final programme management software.
176	30/09/2021	Raise the issue of inadequate comms with the ICP	Katie Summers	CCG	Availability of GP Appointments for Residents	Complete (02/02/2022)	There has been a significant increase in comms activity across the Integrated Care Partnership in recent months.
177	30/09/2021	Public Health Team to undertake research regarding the locations of existing AEDs, undertake cost benefit analysis, investigate available funding and prepare a report on defibrillators to a future Health and Wellbeing Board.	Matt Pearce / April Peberdy	WBC	Provision of Defibrillators in West Berkshire	In progress	Parish / town councils have been contacted regarding locations of existing AEDs and phone boxes within their areas.
178	09/12/2021	Circulate the current membership list to all Board Members and check that substitutes were identified for each Member.	Gordon Oliver	WBC	Membership of Health and Wellbeing Board	Complete (24/01/2022)	Changes to be confirmed at meeting on 17 February 2022.
179	09/12/2021	Identify representatives from West Berkshire Council to attend the Provider Engagement Forum	Cllr Jo Stewart	WBC	Review of Continuing Healthcare	Complete (27/01/2022)	Karen Felgate confirmed as representative
180	09/12/2021	Provide a breakdown of CHC payments by local authority in terms of percentages and actual numbers.	Niki Cartwright	CCG	Review of Continuing Healthcare		
181	09/12/2021	Niki Cartwright and Andrew Sharp to discuss support for CHC applicants.	Niki Cartwright / Andrew Sharp	CCG / Healthwatch	Review of Continuing Healthcare		
182	09/12/2021	Suggest more frequent CHC courses to the Team Manager.	Niki Cartwright	CCG	Review of Continuing Healthcare		
183	09/12/2021	Provide information on the components of the eating disorder service to Cllr Martha Vickers	Niki Cartwright	CCG	ICP Transformation Programme		
184	09/12/2021	Confirm representation on the ICB Board / ICP with Dr James Kent	Niki Cartwright	CCG	BOB ICS Update		
185	09/12/2021	Ask the Royal Berkshire Foundation Trust and Hampshire Hospitals Foundation Trust to provide briefing notes.	Cllr Graham Bridgman	WBC	Royal Berkshire Hospital Development Proposal / North Hampshire Hospital Development Proposal	Complete (04/02/2022)	Cllr Bridgman circulated updates to all WBC Members on both hospital development proposals

Last Updated: 09/02/2022

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Health & Wellbeing Board – 17 February 2022

Item 4 – Declarations of Interest

Verbal Item

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Health & Wellbeing Board – 17 February 2022

Item 5 – Public Questions

Verbal Item

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Health & Wellbeing Board – 17 February 2022

Item 6 – Petitions

Verbal Item

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MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Graham Bridgman (Chairman)	WBC Deputy Leader of Council and Portfolio Holder for Health and Wellbeing	Cllr Rick Jones
Cllr Lynne Doherty	WBC Leader of the Council	
Cllr Dominic Boeck	WBC Portfolio Holder for Children, Young People and Education	
Cllr Jo Stewart	WBC Portfolio Holder for Adult Social Care	
Cllr Martha Vickers	WBC Liberal Democrat Group Spokesperson for Health and Wellbeing	Cllr Owen Jeffery
Cllr Steve Masters	WBC Green Group Spokesperson for Health and Wellbeing	
Andy Sharp	WBC Executive Director, People (DASS and DCS)	Pete Campbell, Paul Coe
Tracy Daszkiewicz	Director of Public Health, Berkshire West	
Matthew Pearce	WBC Service Director – Communities and Wellbeing	April Peberdy
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Katy Griffiths
Reva Stewart	Berkshire Healthcare Foundation Trust	
Dr Abid Irfan (Vice-Chairman)	Berkshire West Clinical Commissioning Group (1)	Dr Heike Veldtman
Katie Summers	Berkshire West Clinical Commissioning Group (2)	Jo Reeves
Vacant	Employer Representative	
Andrew Sharp	Healthwatch West Berkshire	Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Paul Thomas
Raghuv Bhasin	Royal Berkshire NHS Foundation Trust	
Matthew Hensby	Sovereign Housing	Lorraine Adams
Zahid Aziz	Thames Valley Police	Emily Evans
Garry Poulson	Voluntary Sector Representative	

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Health & Wellbeing Board – 17 February 2022

Item 8 – Changes to Membership of Health & Wellbeing Board

Verbal Item

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ASC Reforms

Set out in:

- ❑ Build Back Better

<https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>

- ❑ White Paper – ‘People at the Heart of Care’

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

- ❑ Policy paper - Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023

<https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023/market-sustainability-and-fair-cost-of-care-fund-purpose-and-conditions-2022-to-2023>



History

- ❑ Did not report
- ❑ Care Act 2014
- ❑ Not implemented in 2015

Multiple elements

- ❑ Funding reform is central
- ❑ Also identifies areas for specific investment
- ❑ Also outlines ‘best practice’ messages around elements like choice, control, independence, accessibility, timeliness, etc.

Changes will include

- ❑ Introduction of Health and Social Care Levy, based on National Insurance Contributions, from April 2022.
- ❑ Introduction of cap on care costs (at £86k), from October 2023 (for new people)
- ❑ New capital limits (Upper: £100k; Lower: £20k)
- ❑ Shrinking the gap between private funder fees and Local Authority fees – based on analysis of ‘Fair cost of care’

Areas for investment

- ❑ Additional support to staff (e.g. training, occupational health, recruitment measures).
- ❑ Improved integration of health and social care systems.
- ❑ Investment to integrate housing into local health and care strategies, with a focus on increasing the range of new supported housing options available.

Areas for investment

- ❑ Funding to drive greater adoption of technology and achieve widespread digitisation across social care.
- ❑ Funding to support the social care workforce to access the right training and qualifications, and to feel recognised and valued for their skills and commitment. Focus on the wellbeing of the workforce.

Areas for investment

- ❑ Additional Digital tools and technology to support independent living and improve the quality of care
- ❑ New practical support service to make minor repairs and changes in people's homes to help people remain independent and safe in their home, alongside increasing the upper limit of the Disabilities Facilities Grant for home adaptations such as stairlifts, wet rooms and home technologies

Areas for investment

- ❑ Work with the sector to kick-start a change in the services provided to support unpaid carers
- ❑ Funding to help local areas innovate around the support and care they provide in new and different ways, providing more options that suit people's needs and individual circumstances

Issues and risks

- ❑ Initial estimate of financial impact indicates very significant shortfall in funding
- ❑ Large number of self-funders locally – people who can organise their own care, either with or without our advice.
- ❑ Everyone who might need care will now want an assessment from the local authority, in order to arrive at an Independent Personal Budget and to ensure best value.

Issues and risks

- ❑ People may delay, creating risks and a ‘bubble’
- ❑ New burdens on independent providers (who already face multiple challenges) in accounting for the different elements of their costs.

Questions

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Health & Wellbeing Board – 17 February 2022

Item 10 – Integrated Care System Update

Verbal Item

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Health & Wellbeing Board – 17 February 2022

Item 11 – Royal Berkshire Hospital Winter Plan Update

Verbal Item

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Health and Wellbeing Board Conference

Report being considered by: Health and Wellbeing Board

On: 17 February 2022

Report Author: Gordon Oliver

Report Sponsor: Cllr Graham Bridgman

Item for: Discussion



1. Purpose of the Report

The report provides a brief overview of the Health and Wellbeing Board Conference, which took place on 21 January 2022.

2. Recommendations

Health and Wellbeing Board Members are invited to note the report and consider what actions need to be implemented in response to comments received and also to consider what lessons can be learned to improve future events.

3. Executive Summary

The Health and Wellbeing Board Conference took place via Zoom on 21 January 2022. It was attended by 98 people with a good mix of Board Members, delivery partners, local residents and businesses. There were presentations on the work of the Board, reflections on the Covid pandemic, and the transition to living with Covid, as well as the new Health and Wellbeing Strategy. The event also included workshop sessions on the Strategy's five priorities. There was a good level of engagement and feedback from the conference was positive. A page will be created on the Council's website for the Conference, with links to the presentations and workshop outputs.

4. Supporting Information

Background

- 4.1 The Health and Wellbeing Board holds has held a conference each year since 2017. Initially, this was very much aimed at Board Members, delivery partners and other key stakeholders, but the decision was taken in 2020 to open this up to members of the public to improve engagement with local residents and other interested parties.
- 4.2 The most recent event focused on the new Berkshire West Health and Wellbeing Strategy (2021-2030) and how everyone could work together to address health issues in the district. For Covid reasons, the event was held virtually via Zoom, starting at 10am and finishing at 12:30pm.
- 4.3 The Conference was promoted via Board Members' networks, and more widely via press releases, social media and in the residents' newsletter. Over 130 people registered for the event, and attendance peaked at 98, with 87 people staying to the end of the conference. It is difficult to say for certain how many residents (i.e. non-professionals) attended, but 35 people registered with a personal email account.

- 4.4 The event started with a short video, which showcased some of the initiatives and achievements of the Board's partner organisations.
- 4.5 This was followed by some presentations on: the Board and its activities; the impact of the Covid pandemic in West Berkshire; how the district would move to living with Covid / the transition from response to recovery; and the Health and Wellbeing Strategy itself. There were opportunities for attendees to ask questions of the all the presenters.
- 4.6 The presentations were followed by a series of 30 minute breakout sessions, which were themed around each of the five priorities of the new Health and Wellbeing Strategy:
- (1) Reduce the differences in health between different groups of people
 - (2) Support those at high risk of bad health outcomes to live healthy lives
 - (3) Help families and children in early years
 - (4) Promote good mental health and wellbeing for all children and young people
 - (5) Promote good mental health and wellbeing for all adults
- 4.7 There was a good level of engagement in each of the workshops and a summary of the outputs is provided in Appendix A.
- 4.8 A page will be created on the Council's website for the Conference, with a link to the introductory video, copies of the presentations and summaries of the outputs from each breakout session.
- 4.9 While formal feedback has not yet been sought from those who attended, unsolicited feedback has broadly been positive. Comments suggested that people they found the event useful in understanding more about the Board and its activities, and some attendees indicated that they had made useful connections through the Conference. In terms of future improvements, a suggestion has been made about reducing the number of presentations and increasing the time allocated to the breakout sessions. Another suggestion was for an 'un-conference' where delegates set the topics to be discussed.

5. Options Considered

Members may choose to vary any aspect of future events. There are also options for promoting the event via different channels in order to reach particular target audiences.

6. Proposals

It is proposed that the Board reflects on the Conference and considers what actions need to be implemented in response to comments received, and also to consider what lessons can be learned to improve future events.

7. Conclusion(s)

- 7.1 The annual Conference provides a useful platform for engaging with key stakeholders and residents. The 2022 event built on the success of the previous year's event and yielded some useful feedback, which can be used to shape future activities in delivering the Health and Wellbeing Strategy. However, there may be scope to do things differently in future in order to meet changing needs and circumstances.

8. Consultation and Engagement

The following have been consulted on this report:

- Councillor Graham Bridgman (Chairman of Health and Wellbeing Board)

9. Appendices

Appendix A – Breakout Workshop Summaries

Background Papers:

None

Health and Wellbeing Priorities Supported:

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

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help families and young children in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy priorities by shaping future activities.

Appendix A

Feedback from Workshop 1: Reduce the differences in health between different groups of people

Overall desire to ensure that future engagement needs to include more non-statutory people.

Reflections that there is currently lots of work ongoing in this area, however there is still lots more to do.

Issues raised:

- Rurality
 - o Connecting communities
 - o Digital connectivity
 - o Desire for outreach services (where is the need and where is best to hold the hubs?)
- Diversity forum: What does the community want?
- Advocacy: how to ensure representation from those who don't have the facility or ability to engage.
- Co-production framework with West Berks Council: working alongside the community – embedding skills within the Council; involving residents and communities as part of our processes – support health and wellbeing in the longer term.
- West Berkshire is generally affluent – therefore we have different challenges. For example, the challenge of small numbers – issues might come down to an individual family. How do we make a difference for these families?
- We need to celebrate the positive – for example, the work that has been done over the last couple of years to reduce rough sleeping and the impact that has been made.
- We need to constantly review the Health and Wellbeing Strategy and Delivery Plan. The importance of partners from the voluntary sector was mentioned. We all need to be honest and agile.
- There is now the need for a “stock take” – the picture has changed since COVID-19. So we need to evaluate what are gaps are now.
- A population health perspective is needed; understanding the need broken down by neighbourhoods. How can we understand what the local need is?

Example of work ongoing by the Advocacy people - A three year project working on health and wellbeing of people with learning disabilities across Berkshire West:

- Accessing healthcare
- Talking to people with learning disabilities, carers, professionals and voluntary sector.
- Are they taking up their entitlement, for example health checks?
- Mapping services in the Berkshire West area and then signposting to them.

Feedback from Workshop 2: How can we support those at high risk of bad health outcomes to live healthy lives?

Q. What are our (West Berkshire's) main challenges?

- Rurality brings transport and isolation.
- Domestic abuse is under-reported in rural areas / higher risk of harm in rural areas.
- COVID has dented people's confidence – people need to feel safe and be safe.
- Long COVID – people who suffer are very anxious. It's hard to find out about and contact various charities that could help.
- One attendee described using Cruse for bereavement counselling but said they feel isolated in Calcot
- Long COVID sufferers are a 'forgotten race' and need help to be guided back to normality.
- Terminally ill people need to be highlighted and helped to enjoy final years of their lives.
- The 'non-digital' population are cut off. The world and West Berkshire Council is not geared up for them. For example, many people struggle to apply for waste and parking permits and give up as they don't have capacity to keep trying. This is often reported through the Ageing Well Group
- Neighbourhood watch is a great way to keep engaged and connected. There have been 66 new Neighbourhood Watch Groups set up throughout COVID – Public Health will work with them to promote them.
- A Trustee at the West Berkshire Therapy centre says 40% of his clients are staying at homes - that means that 405 people needing help aren't getting it.
- Re above: lack of exercise during COVID has adversely affected quality of life and life expectancy.
- Money is an issue – some people can't afford the activities to improve mental and physical health.
- One comment was that there seems to be a gap in the Council Strategy relating to Physical Health – however the response is that it is 'intertwined' in the strategy.
- Many people of a certain age were not brought up to ask for help and are reluctant to do so. This will be fed back to the Ageing Well Task Group to consider this as an issue.
- Volunteer Centre West Berkshire (VCWB) has funding from West Berkshire Council to increase community bus service. There will be a new 'book a ride' bus – VCWB are looking for Volunteer drivers. It will be used at care homes and in the evening to take IT equipment to people's homes to give help with filling in forms etc. It will launch in March.
- Volunteers are key to all of this. Need to promote the (mental health benefits to those that volunteer as well as those that receive help.

Workshop 3: Help families and children in early years

Context/overview

- Remarking on the early years and the lockdown babies
- They're two now - that means that most of those families experienced distinct personal experiences during their child's first two years of life.
- Anxiety about being out and engaged
- Isolation especially for the elderly
- Home and loneliness, no garden only balconies for some families
- Not everyone has access to extended family, yet extended families are vital, especially for first-time parents
- After three years of recovery. education will commence with our lockdown babies and life paths will change

What did West Berkshire do well?

- We're lucky to have family hubs
- Volunteers and non-profits are important partners

What are our main challenges?

- Communication with families
- Who is the powerful family voice on the Health and Wellbeing Board?
- How can we collaborate to make a difference?
- What works and what can be improved?

Reflections from the Health Visiting team in West Berkshire:

- Biggest issues were not being able to see the families in person.
- Reshuffled staff and it still wasn't the outcome as constraints precluded many face-to-face contacts.
- Problems with remote service delivery via digital platforms were promptly resolved.
- In a position now they can resume developmental exams - 9-12 month reviews have begun, two-year reviews were performed in February. These are vital to identify developmental delays.
- As a result, the team are now promoting engagement through family hubs, with the hubs if they can't engage families.
- This team works closely with the Early Years team at West Berkshire Council.
- Like Refugees project support and COVID issues
- Overcoming communication challenges and making it work.
- Great to have services slowly restored and recognised for their efforts with the families.
- Within the health visiting teams around the world, implemented Chat health that is run across various NHS Trusts across the country. Chat health is a digital platform where parents may text in for immediate help on parenting, mental health, child development, and more.

Further Comments

- The first 1001 days are critical
- Stressed parents and COVID now
- Family hubs are vital but they are centralised.
- We need to support practitioners and raise understanding among decision-makers about the importance of early childhood and family hubs

Reflections from the Corn Exchange staff

- Opportunities for the improvement in stronger sector and cross industry collaboration is a benefit
- Families use the Corn Exchange to access creative provisions and build confidence through engagement with their children on a one-to-one basis within a safe environment
- Before the second lockdown ended, 'Becoming Us' was explored. The Health and Wellbeing Board backed this programme. Families with children born in lockdown or within the previous 18 months, as well as those with socially isolated youngsters, will be addressed.

Further comments: it was asked if nurseries and preschools can be visited in the rural areas as a start, to hold an open surgery where parents can ask questions on existing Corn Exchange services

Feedback from Workshop 4: Promote good mental health and wellbeing for all children and young people

Comment from parent with child awaiting diagnosis for Autism Spectrum Disorder (ASD) and not attending school. Asked if she was connected to Parenting Special Children, and also signposted to the Autism Support Team.

Comment from Member concerned with long waits for Child and Adolescent Mental Health Services (CAMHS). Flagged up that these are mostly around ASD and attention deficit hyperactivity disorder (ADHD) diagnoses, with waits of up to 34 months. The Clinical Commissioning Group (CCG) has just put more funding in, with the aim of bringing waits down to 52 weeks.

Strengths/opportunities-what we are doing well:

- Integrated working e.g. common point for triage, new Children and Young People Mental Health Strategy is looking at one commissioning body.
- Preventative/upstream work - Emotional Health Academy, Mental Health Support Teams in schools.
- Support during waits and alternative provision e.g. Kooth, links with third sector offering drama, sport, etc.

Weaknesses/threats:

- Long wait times for assessment leading to diagnosis for ASD/ADHD.
- A dearth of skilled workforce - it is not always down to funding, sometimes there are underspends
- National targets for reaching 35% of need by next year and all need in ten years. (Though in West Berkshire we should reach 50% by next year.)

Feedback from Workshop 5: Promote good mental health and wellbeing for all adults

Overview given by the Chair of the Mental Health Action Group (MHAG) – formulating a plan to support mental health of adults. Started to develop a delivery plan. We can consider/reflect anything that comes up. Call out for new members and to engage the public more. The delivery plan is a live document.

Discussion and issues raised:

- We had issues prior to COVID, and things have been worse due to COVID. **Access to services** has been an issue, especially waiting times. **Stigma** still exists on who they can be open to about how they are feeling. Duke and Duchess of Cambridge – opening up the discussion.
- Mindfulness and medication teacher to Parkinson's. One main point of contact would be helpful, need support to work out **where to go for help**. A lot of resource and how connected is it? Berkshire, Wiltshire and Hampshire – is there any integration across boundaries?
- Stigma of mental health issues and **how we access people** as a result of COVID are not needing a medical diagnosis but would benefit from attending activities. Service called "renew wellbeing" – offering people a space to be with other people, read newspaper or try new crafts, be sociable. How do we **connect** with these people and get through this stigma? How can we prevent Post-Traumatic Stress Disorder (PTSD) down the line and connect people to activities?
- What's the biggest challenge? Mental health. COVID psychologist terms – a wave of COVID depletion. The emotional impact of the last two years has been immense. **Post-COVID stress disorder** – now clinically recognised. **COVID amplification** – COVID amplifies negative emotions, especially if you have a mental health condition anyway. It will hurry you towards crisis. **Indefinite loss** – lots of factors are amplified.
- We need to focus on practical steps to treat people. Stigma exists but need to reach people and help them. There needs to be an **emphasis on hard to reach individuals**. Integration between social and mental health team (separation) – so of the mental health nurses went up from 20 patients to 30 patients as they were dropped by social care. There is a big problem of allocation of resources. Problem where people hand off – sign off to third sector and feel that the job is done, e.g. discharged from CHMT and if the place they've sign posted doesn't work out, the service user is left in limbo. MHAG needs to look at practical **steps to deliver continuous support for people**.
- The MHAG can get caught in strategic/ theoretical aspects.
- We want to medicalise on the one hand (medicines/ professional input), but then people need to move to recovery phase, but in order to do that we need to medicalise, etc. One person noticed she faced **stigma** when telling people she was 'seeing a psychiatrist'.
- **Integration of services** – third sector, health and social care, integrated care plans, great communication. Otherwise staff are battling uphill. Shared care is important.
- Mental Health is getting worse and key factor is poverty. Easy to forget that there are people who aren't rich and are struggling. isolation/ stress/ anxiety is hard. There are things outside council control, e.g. wage levels, housing, Department for Work and Pensions not being mental health friendly. This means that the prevention element/ upstream work is important.

- Poverty issues, re-housing people due to eviction or domestic abuse. Volunteering. **Support network/friendships** are really important. Low self-esteem/ confidence and importance of friendships and having a common connection is important.
- There is talk about the complex systems in the Locality Integration Board meetings. In terms of what we can do better, **explain the systems and make them simpler** to the public. There are some changes coming, but there is a desire to drive the change to make it easier for people to understand. Through the Health Scrutiny Committee – there are opportunities for public to ask questions.
- We have lots of rich assets how do we build on these discussions

Notes from chat during the workshop:

1. I think a challenge (and we find this reaching people living with dementia) could be reaching the people who are isolated, as parts of the county are isolated and more rural. And ensuring that provisions are districted across the county and not just Newbury and Thatcham centric.
2. I have heard from many people re access to mental health services, the distance they are expected to travel (long distances) for services.
3. GP surgeries are often a good initial contact and if you had a good GP they could be your one point of contact – not all experiences are good though!
4. Could an output of this session be a list of all these great and rich resources which we can publish?
5. People with mental health difficulties are currently struggling with the lack of
6. Renew wellbeing – a place where it's OK not to be OK. Monday mornings at Thatcham Baptist Church.
7. I'm concerned by the backlog of CAMHS needs for young people.
8. I agree re: the output and creating a master list – one place where the public, social prescribers etc can go to find out all the resources that are offer across West Berkshire.
9. Integration of services is key.
10. All services need to work together.
11. Environment and green space is also key, and those spaces need protecting.



West of Berkshire Safeguarding Adults Partnership Board

Annual Report 2020-21

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

Message from the Independent Chair

I am pleased to introduce the Annual Report for the West of Berkshire Safeguarding Adults Board 2020/21. This last year has been unlike any other as we have all experienced the impact of the pandemic in our working and personal lives. On behalf of the SAB, I would like to take this opportunity to mourn the deaths of residents who have died, acknowledge the grief of their families and friends, as well as commending the hard work, dedication, and commitment of health, social care staff, volunteers, carers and all the key workers who kept everything going during this difficult period. There has been close working across agencies to meet the demands of the pandemic and lockdowns, providing assurance that they continued to meet their safeguarding responsibilities despite the additional and extreme pressures on services.

This annual report shows what the Board aimed to achieve during 2020/21 and what we have been able to achieve. The annual report provides a summary of who is safeguarded in Reading, West Berkshire and Wokingham, in what circumstances and why. This helps us to know what we should be focussing on for the future, in terms of who might be most at risk of abuse and neglect and how we might work together to support people who are most vulnerable to those risks.

There continues to be significant pressures on partners in terms of resources and capacity, especially during the Covid-19 pandemic. There is no doubt that the combined impact of the pandemic and growing demand has put huge strain on services as well as the ability to deliver all of our ambitions as a partnership. We have had to reprioritise and remain flexible, in order to respond to those issues which, require the most urgent attention. As a consequence, our Business Plan is shorter and more focussed, with a designated senior lead from the partnership for each priority to oversee progress, to ensure that we are able to make the changes and improvements we are seeking.

I want to thank all partners and those who have engaged in the work of the Board, for their time and effort and for their continued support. I feel privileged to work alongside such skilled and dedicated people in our shared aims to prevent and protect adults at risk of neglect and abuse.

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 – call 0118 937 3747 or email safeguarding.adults@reading.gov.uk or complete an online [form](#)
- West Berkshire – call 01635 519056 or email safeguardingadults@westberks.gov.uk or complete an online [form](#)
- Wokingham – call 0118 974 6371 or email Adultsafeguardinghub@wokingham.gov.uk or complete a online [form](#)

For help out of normal working hours contact the **Emergency Duty Team** on 01344 786 543 or email edt@bracknell-forest.gov.uk

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

Introduction

Our vision

Adult safeguarding means protecting people in our community so they can live in safety, free from abuse and neglect.

Our vision in West Berkshire is that all agencies will work together to prevent and reduce the risk of harm to adults at risk of abuse or neglect, whilst supporting individuals to maintain control over their lives and make informed choices without coercion

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, regardless of whether or not they are receiving support for these needs. There are many different forms of abuse, including but not exclusively:

- Disability hate crime,
- Discriminatory,
- Domestic,
- Female genital mutilation (FGM),
- Financial or material,
- Forced marriage,
- Hate crime,
- Honour based violence,
- Human trafficking,
- Mate crime,
- Modern slavery,
- Neglect and acts of omission,
- Organisational,
- Physical,
- Psychological,
- Restraint,
- Self-neglect,
- Sexual,
- Sexual Exploitation,

What is the Safeguarding Adults Board?

The West of Berkshire Safeguarding Adults Board (SAB) covers the Local Authority areas of Reading, West Berkshire and Wokingham. The SAB is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. Mandatory partners on the SAB are the Local Authorities, Berkshire West Clinical Commissioning Group and Thames Valley Police. Other organisations are represented on the SAB 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](#) and the SAB structure in [Appendix B](#).***

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/>

Number of safeguarding adult concerns 2020-21

- Compared with 2019-20 there has been a 50% increase in the number of safeguarding concerns across the partnership.
- The number of safeguarding concerns per 100,000 of the population has increased by 30%, this is lower than the number of safeguarding concerns reported above as the number per 100,000 will only count individuals with multiple safeguarding concerns in the reporting year once.
- The level of increased of safeguarding concerns per 100,000 of the population across the three Local Authorities differs: Wokingham 40% increase, Reading 33% increase and West Berkshire 13% increase. A Business Plan action has been set for the SAB to '*review safeguarding concern numbers with Local Authority comparator groups and report findings to SAB for consideration*', the deadline for this action is December 2021.
- It is understood that changing in recording processes for each Local Authority alongside the anxieties felt by professionals and members of the public during the pandemic during this year has contributed to this increase.
- The number of safeguarding concerns that went on to a safeguarding enquiry reduced by 39% compared with 2019-20 (47% in 2019-20 to 30% in 2020-21) so whilst there has been a significant increase in the number of safeguarding concerns recorded when comparing with previous years this has not impacted on the number of safeguarding enquires, which actually saw a 8% reduction (1517 in 2019-20 to 1395 in 2020-21).

Trends across the area in 2020/21

- 58% of enquires were in relation to women, this is consistent with 2019/20.
- 62% of enquiries relate to people over 65 years in age, this again is consistent with 2019/20.
- 80% of enquires were for individuals whose ethnicity is White, this is consistent with 2019/20. The ethnicity of the remaining 20% of individuals is as follows: Not Known 11%, Asian 4%, Black 4%, Mixed 1%.
- Neglect and acts of omission was the most frequent abuse type, equating to 31% of enquiries. This was followed by physical, psychological or emotional abuse and financial abuse. There has been no change in abuse type when comparing with 2019/20.
- For the majority of enquiries (43%), the individual primary support reason was physical support. This was followed by no support reason (20%), there is no change from 2019/20.
- The Performance and Quality Subgroup investigated the increase in no support reason in 2019/20, which was attributed to West Berkshire Council and confirmed that the increase was correct. Reading Borough Council and Wokingham Council reviewed their recording practices to ensure that it was consistent with NHS digital guidance.
- 69% of enquiries completed were where the alleged abuse took place in the persons own home. Whilst this is not different when comparing with 2019/20 there has been an increase of 20%. Enquiries where the alleged abuse took place in care homes has dropped by 27%, this is thought to be due to the impact of the pandemic.
- 21/22 Business Plan action has been set to *'review safeguarding concern numbers with Local Authority comparator groups and report findings to SAB for consideration'*.

Risks and Mitigations

Challenges or areas of risk that have arisen during the year are recorded on our risk register, along with actions to mitigate the risks. These are some of the potential risks that we have addressed:

- As in 19/20 in order to ensure that arrangements to support people who have Mental Health issues were fully understood, a report detailing governance arrangements continues to be presented to the SAB on a six monthly basis.
- Service user engagement, there is not the capacity within the partnership to fully implement the 'user engagement strategy' the Voluntary and Healthwatch Subgroup, chaired by the SAB Independent Chair continues to be held, where service user experience is considered. The SAB have been challenged on feedback received from agencies have agreed to consider feedback received and take necessary action.

- It is important to the SAB that people who raise safeguarding concerns receive feedback, the SAB dashboard now includes performance data from local authorities.
- The use of advocacy continues to be monitored by the SAB, through the dashboard. In 20/21 91% of individuals, who were part of a safeguarding intervention, who were assessed as lacking capacity were recorded as having an advocate, this is a decrease from 19/20 where it was 94%. Performance is higher than the national average which was recorded as 87% in 19/20.
- The SAB accepts that understanding and implementation of the Mental Capacity Act across the partnership will be an ongoing challenge as learning from SARs and audits evidences. The principles of the Mental Capacity Act and the roles of responsibilities of professionals across the partnership continues to be promoted through learning material provided by the SAB.
- The SAB understands that there are capacity issues within the supervisory bodies to obtain timely Deprivation of Liberties (DoLs) assessments and provide appropriate authorisation. Performance in this area is monitored by the SAB who accept further work is required in this area. Through the SAB statutory partners safeguarding leads the SAB is sighted on the implementation of Liberty Protection Safeguards (LPS).
- The SAB is not complying with its Quality Assurance Framework, as the SAB do not have the capacity in the partnership to deliver the frameworks requirements. The SAB priorities for 21/24 will focus on key learning topics from SARs and the quality assurance around those topics.
- As a result of the pandemic the following risks were identified by the SAB:
 - ‘Safeguarding People at risk of multiple exclusion, due to not meeting safeguarding or care management pathways.’ This is not a new issue but has been exacerbated as a result of lockdown, as people have been brought to the attention of services that wouldn’t have previously been before. The SAB launched the [Supporting Individuals to Manage Risk and Multi Agency Framework \(MARM\)](#) in July 2020 and a review of this framework schedule for 2021/22 as part of meeting the SAB priority around self-neglect.
 - The SAB are not assured that individuals within closed environments are safeguarded due to restrictions around visiting during the pandemic. The SAB asked statutory partners to respond to a set of assurance questions and responses were considered by the SAB in September 2020, December 2020 and March 2021.
 - Increase of inappropriate Safeguarding Referrals, capacity in the Local Authority Safeguarding Teams will be impacted on resulting in there being less time be available to spend on appropriate safeguarding concerns. An analysis identified that the main increase can be attributed to Thames Valley Police, the Local Authority safeguarding leads and Thames Valley Police are working together to identify a solution.
 - Hospital Discharge pathways were amended in response to the pandemic, assurance was sought from the SAB that safeguarding is appropriately considered in the revised pathways.

- The increase on carers stress as a result of the pandemic, a paper was discussed at SAB where members were required to consider and implement appropriate changes within their organisations.
- Staff wellbeing as a result of the pandemic, was asked as part of a set of assurance questions and responses were considered by the SAB in September 2020, December 2020 and March 2021.
- People are more at risk of domestic abuse as a result of the measures put in place as a result of the pandemic, the partnership will need to consider how its approach will need to be adapted. Safeguarding data suggests that there has not been a significant increase in Domestic Abuse resulting in safeguarding concerns during the pandemic. The SAB continues to promote Domestic Abuse awareness and ways in which to identify and respond to during and after the pandemic.

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

Impact of Covid-19

The SAB was responsive to the pandemic and were flexible in its approach to adult safeguarding. Full Board meetings were postponed from March 20 – June 20 however three weekly statutory partner meetings were held to understand the impact Covid had on safeguarding and to seek assurance how partners were mitigating identified risks. Regular meetings continued with the Voluntary Care Sector and Healthwatch with the SAB Independent Chair and Business Manager so the impact of the SABs response could be monitored.

The statutory partners safeguarding leads set up weekly meetings, the meetings were attended by the SAB Business Manager who was able to escalate concerns regarding safeguarding practice immediately to the SAB. The meeting agreed and published a [‘Covid-19 Safeguarding Partnership Response, Escalation of safeguarding system issues in services responding to safeguarding activity during the Covid outbreak’](#).

A [Covid information page](#) was added to the SAB website and national and local guidance around safeguarding and Covid was added.

In December 2020 the Safeguarding Adult Review (SAR) Panel identified that there may be a potential increase in self-neglect as a result of the pandemic, in response the SAB created and published [‘Self-neglect a five minute update’](#), to raise awareness around self-neglect and the resources available.

A priority dedicated to the impact of Covid was added to the SAB’s 2020/21 business plan: ‘Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally’. The outcomes achieved are detailed in the next section ‘Achievements of working together’.

Achievements through working together

Our 18/21 Strategy outlines what the SAB aims to achieve in the next three years. The SAB identifies strategic priorities that shape its work. These are reviewed each year and revised to reflect findings from performance information and case reviews.

Our priorities for **20/21** and outcomes to those priorities were:

Priority 1 - We will continue to work on outstanding actions from the 2019/20 from the following priorities:

- **Priority 1 2019-20, We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect**
- **Priority 2 2019 -20, The SAB will work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.**
- **Priority 3 2019-20, We will understand the main risks to our local population in regard to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.**
- **Priority 4 2019- 20, The SAB will understand from key stakeholders, why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place that is consistent across the partnership where practical.**

Regular meetings with the Voluntary Care Sector and Healthwatch, took place, to gather feedback from the sector on the effectiveness of statutory organisations response to safeguarding during the pandemic. Discussions based on this feedback were had at SAB meetings.

A [Pan Berkshire Policy and Procedure Best Practice Guide for Decision-making: S42 Safeguarding Adults Enquiries](#), in response to learning from a safeguarding adult review, was published.

Reviewed the quality of Tissue Viability Management training and promotion in response to learning from SARs.

Produced a [Self-Neglect 5 minute awareness document](#) that was distributed across the SAB partnership in December 2020.

Considered a paper produced by the Performance and Quality Subgroup on the risks of targeted exploitation nationally and locally.

Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.

The Learning and Development Subgroup sought assurance from partners regarding the delivery of safeguarding training during the pandemic and feed the findings back the SAB. The SAB partnership focused on virtual training during the national lockdowns, however successful virtual training has been

the SAB recognise there is still a need for classroom based training in some key areas of training when government Covid restrictions are eased.

The SAB reviewed the findings from the LGA¹ Insight Project, which was developed to create a national picture regarding safeguarding adults' activity during the COVID-19 pandemic.

A set of assurance questions were asked of the SAB statutory partners and responses were considered by the SAB in September 2020, December 2020 and March 2021.

A paper was considered by the SAB in December 2020 analysing the impact the pandemic has had on carers, for partners to consider and implement actions within their organisations.

Assurance was sought that safeguarding was being appropriately considered in the revised hospital discharge pathways in response to the pandemic.

Priority 3 – The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

The SAB published briefing notes in response to Board meetings held in [September 2020](#), [December 2020](#) and [March 2021](#).

The SAB [Annual Report for 2019/20](#) was published.

A total of seven SARs were endorsed by the SAB. Further details can be found further on in this report.

A database of recommendations and progress made from SARs and audits commissioned by the SAB has been maintained and progress update provided at each SAB.

The SAB's [Terms of Reference](#), [Constitution](#), [Induction Pack](#) and [Structure](#) was reviewed and relaunched.

The SAB Dashboard used to monitor safeguarding activity across the partnership remains in place and is considered in detail by the Performance and Quality Subgroup on a regular basis.

The SAB spent time considering the Quality Assurance Framework and agreed that a different approach to quality monitoring for 21/22 is required.

Due to the pandemic the Learning and Development Subgroup meetings were not held from March 2020 through to September 2020 so therefore quarterly bitesize learning events did not take place. However, the SAB did deliver:

- A virtual session on Financial Abuse in November 2020 with over 80 delegates attending.
- In response to the risk about increase in Hoarding due to the pandemic Hoarding training was commissioned for care workers and volunteers. The training was delivered in October 2020.

Feedback for this training was positive and the Learning and Development Subgroup will continue with the delivery of virtual bitesize training sessions in 2021/22.

¹ Local Government Association

More information on how we have delivered these priorities can be found in the following:

- Additional achievements by partner agencies are presented in [Appendix C](#).
- The completed Business Plan 2020-21 is provided in [Appendix D](#).

Safeguarding Adults Reviews (SARs)

The SAB has a legal duty to carry out a SAR 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 SAB has a SAR Panel that oversees this work.

During the reporting year, the SAR Panel have worked on 10 SARs of which seven were endorsed by the SAB and six were published alongside a practice learning note. Practice learning notes are two-page documents that summarises the case, the learning and summarises best practice in key learning areas. The practice learning notes have been well received across the partnership and are used to highlight SAR learning in team meeting and training sessions.

The SAB plans to publish the other four safeguarding adult's reviews in 2021/22 Valuable learning has emerged from the all SARs and has fed into the SABs priorities and Business Plan for 2021/24. The SAB continues to recognise the large workload for the SAR Panel and meetings continue to be held monthly.

The SAR Panel continues to adapt its approach to SARs and after reflecting on individuals and family involvement have produced an [information leaflet](#) to support individuals and family through this process.

The case summaries and the learning from the six SARs that have been published are as follows:

[Full report](#)

[Practice learning note](#)

Ben, moved to a Nursing Home in August 2014, after a stay in hospital. Ben had a diagnosis of Vascular Dementia and multiple co-morbidities. Ben lacked capacity to consent to the care and support provided to him, a Best Interests Meeting decided that it would be in Ben's best interests to move into a Nursing Home.

A Nursing Home had been identified by the Local Authority. Ben's family however expressed concerns about the cleanliness of the home and requested that a placement be made closer to his family. As Ben had been in hospital for over 3 months it was decided at a further Best Interests Meeting that it was in Ben's best interests to move into the Nursing Home on an interim basis pending a six-week review. The six-week review concluded that the placement appeared to be working well for Ben and Ben's case was transferred over for a 12-month review.

Ben was admitted to hospital in July 2015, and the hospital immediately raised a safeguarding concern under the category of Suspected Acts of Omission and Neglect by the Nursing Home. As Ben was noted to have 12 pressure ulcers and bruises over his body. The police were also notified. As a result of this safeguarding concern the Nursing Home was investigated under the Provider Concerns Framework and a police investigation was opened.

Ben did not return to the Nursing Home and passed away in August 2015. It was noted that Ben had several pressure ulcers at the time of his death. A criminal prosecution against the provider did not take place, due to lack of evidence. The Care Quality Commission (CQC) considered action under their regulatory powers but concluded there was not enough evidence to progress.

Lessons Learnt

- The Nursing Home had no pressure care prevention plan in place for Ben, despite Bens needs resulting in him being at high risk of pressure damage. This was not identified as an issue at the six-week review.
- The Mental Capacity Act was adhered to throughout Adult Social Care's involvement with Ben. Best Interest Meetings were held in regards to decisions regarding Ben's care and support.
- A Deprivation of Liberty (DoLs) assessment took place following an application by the Nursing Home, which was in line with policies and procedures.
- Concerns raised about the Nursing Home by Ben's family by the Best Interests Assessor were not shared with the commissioning Local Authority.
- There was no safeguarding concern raised by a Nurse who visited Ben and noted that Ben had unexplained bruising. An assumption was made that the bruising was due to a general decline in Ben's health.
- There were delays in supporting Ben with his pressure care needs due to confusion around the referral process.
- Once initiated the Provider Concerns Framework was a success and a cross agency coordinated response supported the Nursing Home to improve.
- Previous safeguarding concerns raised about other residents at the Nursing Home, did not lead to further investigation, which may have identified the failings in the home sooner.
- The workforce within the SAB Partnership are not clear on the SAR process or the functions of the SAB.

Henry – published February 2021

[Practice learning note](#)

Henry was the main carer for his mother and sister, both had passed away. Henry was not in contact with any other family members and lived alone. Henry was known to a number of services. In January 2017 Henry's neighbour Iris, contacted these agencies to share her concerns about Henry's ability to look after himself. A Social Worker when visiting Henry's home identified several risks, the Social Worker assessed Henry as lacking capacity in regard to his hoarding behaviour and the disrepair of his property. However, the case was closed by the Local Authority, with no further action. Five months later Henry was referred to the Older People's Mental Health Team, Henry was discharged due to lack of engagement. Henry passed away in September 2017.

Lessons Learnt

- Henry's case was closed by Social Care practitioners incorrectly, as risks were not addressed, their actions did not comply with statutory regulations.
- A Multi-agency approach to supporting Henry to manage risks to was not considered.
- The risk of fire identified at Henry's home was not considered as a risk to others (neighbours, emergency services) and appropriate action was not taken.
- There was no consistency with the professionals who were visiting Henry (which is known to support improved engagement), or consideration of advocacy.
- The risks around possible financial abuse were not identified by the professionals visiting Henry and therefore not investigated further

Carol – published November 2020

[Full report](#)

[Practice learning note](#)

Carol's life changed significantly as Carol fell and broke her shoulder and her husband died of a cardiac arrest whilst Carol was present. Carol had moved to England to be with her husband and had no other support network. Carol started drinking alcohol and stopped taking her medication for schizophrenia. Carol was supported by a number of agencies over the next 3 months, including hospital stays, community mental health support and a package of care from a home care agency. Safeguarding concerns were raised by a number of agencies in regard to self-neglect but the local authority did not follow the Safeguarding Pan Berkshire Policies and Procedures. There were also missed opportunities for professionals to raise further safeguarding concerns. After a stay at hospital the home care agency was not informed to restart Carol's package of care, when she was discharged. When the package of care was restarted a few days after discharge from hospital, Carol did not answer the door. The following day, after Carol didn't answer the door again, the carer called the police where it was discovered that Carol had passed away.

Lessons Learnt

- That there is an emphasis on 'normal' behaviour when making decisions and that these decisions on 'normal' behaviour may not necessarily consider current circumstances. For example, being discharged from hospital without support, as Carol appeared to be coping in hospital.
- Carol's voice did not appear to be heard, Carol had to speak to a number of different professionals at a time of crisis, and advocacy was not considered.
- There was limited partnership working in this case. Agencies were working in silos, meaning Carol's situation was not fully understood.
- Self-neglect: it appears that agencies recognised self-neglect but were not clear on the most effective way to support Carol. A Strategy meeting was required.
- Bereavement: Carol was grieving and appeared to have very little support.
- Mental capacity: whilst it has been considered in chronologies it appears that capacity has been assumed and not tested further with reliance on: A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- Access of the Health Hub: Better understanding is required across the partnership about who can access the hub and when referrals should be made.
- There were a number of staff at the Emergency Duty Service (EDS) who did not follow their internal procedures.
- There was a failure to recognise on discharge that further communication was required with Carol's social worker.
- Within the local authority there were two different teams and therefore two different allocated workers and managers overseeing Carol's case, resulting in assessments not being completed at all or in a timely manner.
- Intelligence from this SAR and others along with SAR Panel member feedback evidences that safeguarding policies and procedures are not being followed

[Full report](#)

[Practice learning note](#)

Graham was an 86 year old man diagnosed with vascular dementia and other comorbidities. Graham lived with Ava, his wife and main carer. Graham and Ava had daughters from previous marriages who lived locally. Graham was dependent on his wife Ava to provide support for all activities of daily living. He required the assistance of two people and the use of mobility equipment for all transfers. Because of his cognitive impairment, it was difficult for Graham to communicate his own views and wishes. Graham was dependent on Ava to maintain communication with the different agencies involved in his life. However, the SAR identified that professionals did not agree that the decisions Ava was making, were in Graham's best interests and there were concerns about Ava's ability to cope. Opportunities to raise safeguarding concerns were missed and Graham continued to be supported under the care management pathway. During a six month period, Graham's health deteriorated, and a safeguarding enquiry began as the concerns regarding Ava's ability to manage and decision making around supporting Graham continued to escalate. Graham was admitted to hospital after a home visit from his GP and Graham was diagnosed with pneumonia, sepsis and severe pressure ulcers. Concerns had been previously raised in regard to pressure care and visits had been undertaken by District Nurses. Graham passed away 2 days later. A safeguarding concern was raised, this did not go on to an enquiry as it was the opinion of a manager that: Ava had not intentionally neglected Graham and that it would appear that Ava needed an assessment in her own right.

Lesson Learnt

Learning was identified in:

- Making Safeguarding Personal
- Advocacy
- Safeguarding Procedures
- Mental Capacity
- Professional Curiosity/Challenge

Through the practice learning note professionals were asked to consider the following questions:

Questions for future practice Please consider and discuss with your line manager

- Are you confident in your practice, to effectively challenge family members, who may not be making decisions that are in the best interests for the individual you are working with?
- How do you ensure that advocacy is considered and implemented, as per the Care Act requirements in your work?
- Are you clear on how to escalate concerns, if in your professional opinion, risks have not been dealt with adequately?
- Are you confident in the application of the Mental Capacity Act in your practice?
- Are you clear on your responsibilities, in regard to, individuals that are assessed as self-funders?
- Do you apply Making Safeguarding Personal Principles in your practice?
- Is there anyone you are working with at the moment, who may be in a similar situation to Graham and Ava, where you think a different approach can be taken in light of this SAR?

[Full report](#)

P was a white British woman, in her sixties. P had living with secondary progressive Multiple Sclerosis (MS) for nearly 20 years. Following the death of P's husband P was in receipt of five home care visits a day. As P's MS progressed, she developed contractures in her arms and legs that made her increasingly unable to position herself. She also experienced pain when others moved her. These worsened considerably over time.

P moved to extra care sheltered housing, following an admission to hospital. P's family were concerned that P was neglecting herself and felt unsupported by care services and made a number of complaints regarding the quality of care P was receiving. P developed pressure ulcers. A number of professionals raised safeguarding concerns that were not followed up correctly. The Local Authority failed to achieve an overall improvement in the quality of care delivered by the home care agency.

P moved to a care home, at first P's pressure ulcers began to improve, however a few months later there was a marked deterioration. 9 months after her move to the care home P was admitted to hospital, P died six weeks after admission. P's death certificate states the cause of death as 1a) sepsis 1b) infected pressure ulcers and 1c) Multiple Sclerosis. 12.

The author of this SAR concluded that P's quality of life could have been substantially improved if various aspects of her care had been managed differently and that this situation long pre-dated but was not reversed by her admission to residential care.

Lessons Learnt

- Person-centred practice – P's voice was rarely heard.
- Care management – P would have benefited from a named individual to bring together the understanding and expertise required to support P.
- Professional practice – professionals felt constrained by the pressure to “solve” immediate problems and move on.
- Mental Capacity - P's situation raises serious questions for all agencies about professionals' and carers' understanding and implementation of the Mental Capacity Act. Despite having previously been adamant that she did not want to move into a nursing home, P did not receive independent support when the decision was made.
- Safeguarding - there were a number of safeguarding alerts that were not dealt with thoroughly and recording was often poor in relation to what action either was or needed to be taken.
- Implementation of inter-agency protocols - there were examples across all the community agencies of gaps in this area.

[Full report](#)

[Learning brief](#)

Michelle is described by her family as a funny, loving, affectionate young woman. She had a good sense of humour, was charismatic, engaging and caring with an optimistic outlook. Michelle also had long standing mental ill health and had had social work involvement in her life from an early age. When she was a teenager, she was diagnosed with depression and paranoid schizophrenia and she spent some time in adolescent mental health units. She became a looked after child in July 2017 and then moved into semi-independent provision. Michelle died in February 2019, aged 19.

The review looked at:

- The multi-agency support provided to Michelle
- How young people are supported and safeguarded through their transition into adulthood
- The effectiveness of the commissioned care provided to Michelle
- The effectiveness of Michelle's support plan/s
- Understanding how Michelle's medication was monitored in her placement.

The review was carried out by Royal Borough of Windsor & Maidenhead on behalf of the West of Berkshire Safeguarding Adults Partnership Board.

Learning Points

- The importance of commissioning suitable accommodation for young people, how young people are prepared for semi independence and the ongoing suitability of accommodation over time.
- Recognition of the complexity of supporting a young person who reaches their 18th birthday (and therefore becomes an adult) living out of area and in receipt of multiple services.
- Effective use of risk assessments and prevention plans.
- How children and adult local authority and health services work together to safeguard young adults, the role of the lead professional and balancing risk and safety in young adults.
- Ensuring that the young person is at the centre of the care planning, commissioning of places and that their views are listened to, even if they are not present at meetings with professionals.

How is learning from SARS embedded within in practice?

The SAB captures all recommendations from SARs on a Learning from SARS/Audit Implementation Plan where all recommendations from SARs and other SAB learning is added and tracked. From the seven SARs endorsed and previously endorsed SARs the SAB has agreed that its approach for the next two and a half years will be to focus at any one time on three key themes that have been identified from learning from Safeguarding Adult Reviews (SARs). The first three key themes from 2021 onwards have been agreed as:

- Self-Neglect
- Pressure Care Management
- Organisational Safeguarding

The SAB are committed to ensuring that our priorities are current and have and will change priorities in order to support learning from its SARs.

There is a dedicated page on the SAB's website for case reviews:

<http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/>

Key priorities for 2021/2022

The SAB acknowledges that there are reoccurring themes from local and national learning from SARs that must be addressed. We will consider what the obstacles are in implementing recommendations and sustaining improvement and there will be a focus on good practice to promote learning, alongside an emphasis on good quality care principles and the role of effective support and supervision of the workforce to embed learning and inform future practice.

It is possible that changes to priorities will be made throughout the duration of this year in light of national and local learning in order to ensure that there is capacity within the partnership to deliver on the most pressing priorities for the West of Berkshire. Any change in priorities will be approved by the SAB.

Through its reflective learning practice the SAB have identified the following priorities, it is the expectation within each of the priorities that the following key frameworks/principles are considered: Mental Capacity, Making Safeguarding Personal, Professional Curiosity, Care Act, Equality Act. The SAB will also consider and make and implement recommendations regarding race, culture, ethnicity, local and national context and how this may impact on safeguarding.

- Priority 1: To consider SAB learning in regard to self-neglect; to understand what more we need to do to ensure that our ways of working with people who are self-neglecting are consistent and effective in mitigating and preventing risks.
- Priority 2: To consider SAB learning in regard to pressure care management and understand what the partnership need to do to ensure that our way of working with people at risk of pressure sores is consistently of best practice standard.
- Priority 3: To consider SAB learning in regard to organisational safeguarding and identify what the partnership need to do to transform our way of working with provider agencies to promote and ensure good quality, safe and consistent standards of care.
- Priority 4: The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

The Business Plan for 2021-24 is attached as [Appendix E](#).

Appendices

Appendix A - SAB Member Organisations

Appendix B - SAB Structure

Appendix C - Achievements by partner agencies

Appendix D - Completed 2019-20 Business Plan

Appendix E - 2020-21 Business Plan

Appendix F - Partners' Safeguarding Performance Annual Reports:

- [Berkshire Healthcare Foundation Trust](#)

- [West Berkshire Council](#)
- [Wokingham Borough Council](#)
- [Royal Berkshire Foundation Trust](#)
- [Reading Borough Council](#)

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Health & Wellbeing Board – 17 February 2022

Item 18 – Members’ Questions

Verbal Item

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Health and Wellbeing Board Forward Plan (All meetings are on a Thursday, starting at 9.30am in the Council Chamber except where otherwise stated)

Item	Purpose	Action required by the H&WB	Date Agenda Published	Lead Officer/s	Those consulted
April 2022 (TBC) - Workshop					
19 May 2022 - Board meeting					
Strategic Matters					
West Berkshire Vision 2036	To provide a progress report and consider whether the vision needs to be updated	For information and discussion	11/05/2022	Nigel Lynn / Catalin Bogos	Health and Wellbeing Steering Group
Annual Report from the Director of Public Health	To present the annual report into the health and wellbeing of people in Berkshire as prepared by the Director for Public Health.	For information and discussion	11/05/2022	Tracy Daszkiewicz	Health and Wellbeing Steering Group
Joint Funding (Health and Social Care)	To present the outcome of the review of Joint Funding for Health and Social Care.	For information and discussion	11/05/2022	Katie Summers / Andy Sharp	Health and Wellbeing Steering Group
Review of Health and Wellbeing Board Terms of Reference	To agree the updated terms of reference for the Health and Wellbeing Board and Steering Group to reflect the new Joint Health and Wellbeing Strategy.	For decision	11/05/2022	Gordon Oliver	Health and Wellbeing Steering Group
Review of Health and Wellbeing Steering Group Terms of reference	To agree the structure and updated Terms of Reference for the Health and Wellbeing Board Steering Group to reflect the priorities identified in the Joint Health & Wellbeing Strategy.	For decision	11/05/2022	Gordon Oliver	Health and Wellbeing Steering Group
Voice of Disability	To report back on the recommendations made in relation to the Healthwatch VoD report	For information and discussion	11/05/2022	Andrew Sharp	Health and Wellbeing Steering Group
Leisure Strategy	To present the adopted Leisure Strategy	For information	11/05/2022	Matt Pearce	Health and Wellbeing Steering Group
Operational Matters					
ICP Transformation Programme	To provide a detailed updated on one of the ICP priorities for 2021/22 (TBC)	For information and discussion	09/02/2022	Andy Sharp	Health and Wellbeing Steering Group
Provision of Defibrillators in West Berkshire	To present a report on the provision of defibrillators in West Berkshire in response to the motion referred to Health and Wellbeing Board from Council.	For information and discussion	09/02/2022	Matt Pearce	Health and Wellbeing Steering Group
21 July 2022 - Board meeting					
Strategic Matters					
Joint Strategic Needs Assessment	To present the web-based Joint Strategic Needs Assessment	For information and discussion	12/07/2022	TBC	Health and Wellbeing Steering Group
Pharmaceutical Needs Assessment	To present the public consultation responses on the draft Pharmaceutical Needs Assessment	For information and discussion	12/07/2022	TBC	Health and Wellbeing Steering Group
29 September 2022 - Board meeting					
Strategic Matters					
Pharmaceutical Needs Assessment	To present the final draft of the Pharmaceutical Needs Assessment for approval	For information and discussion	21/09/2022	TBC	Health and Wellbeing Steering Group
8 December 2022 - Board meeting					
25 May 2023 - Board meeting					

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