

# Notice of Meeting

---



Scan here to access the public documents for this meeting

## Health and Adult Social Care Scrutiny Committee

**Tuesday 30 September 2025 at 1.30 pm**  
in Council Chamber, Council Offices,  
Market Street, Newbury.

You can view all streamed Council meetings here:  
<https://www.westberks.gov.uk/councilmeetingslive>

Date of despatch of Agenda: Monday 22 September 2025

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Vicky Phoenix (Principal Policy Officer - Health Scrutiny): [vicky.phoenix1@westberks.gov.uk](mailto:vicky.phoenix1@westberks.gov.uk)

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



**Agenda - Health and Adult Social Care Scrutiny Committee to be held on Tuesday 30  
September 2025 (continued)**

**To:** Councillors Martha Vickers (Chairman), David Marsh (Vice-Chairman), Dennis Benneyworth, Nick Carter, Owen Jeffery, Paul Kander, Stephanie Steevenson, Joanne Stewart and Alan Macro

**Substitutes:** Councillors Martin Colston, Adrian Abbs, Dominic Boeck, Billy Drummond, Janine Lewis, Ross Mackinnon, Biyi Oloko, Clive Taylor and Carlyne Culver

## Agenda

<b>Part I</b>		<b>Page No.</b>
1	<b>Apologies for Absence</b> To receive apologies for inability to attend the meeting (if any).	1 - 2
2	<b>Minutes</b> Purpose: To approve as a correct record the Minutes of the meeting of the Committee held on 12 June 2025 and the Committee held on 15 July 2025.	3 - 14
3	<b>Actions from previous Minutes</b> To receive an update on recommendations and actions following the previous Committee meeting.	15 - 26
4	<b>Declarations of Interest</b> Purpose: To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' <a href="#">Code of Conduct</a> .	27 - 28

The following are considered to be standing declarations applicable to all Health and Adult Social Care Scrutiny Committees:

- Councillor Patrick Clark – Governor of Royal Berkshire Hospital NHS Foundation Trust, Governor of Berkshire Healthcare NHS Foundation Trust, and West Berkshire Council representative on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership; and



**Agenda - Health and Adult Social Care Scrutiny Committee to be held on Tuesday 30 September 2025 (continued)**

- Councillor Jo Stewart – Employed by the Royal Berks Charity as a Fundraising Manager. Although the charity is a separate entity from the Royal Berkshire NHS Foundation Trust, there may be occasions where it would be inappropriate to take part in discussions for certain topics. spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust. Her spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust.

5	<b>Petitions</b> Purpose: To consider any petitions requiring an Officer response.	29 - 30
6	<b>Dementia</b> Purpose: To review dementia diagnosis, treatment and support services in West Berkshire.	31 - 56
7	<b>The Director of Public Health Annual Report</b> Purpose: Matt Pearce (Director of Public Health) has been invited to present The Director of Public Health Annual Report 2025. This report focuses on 'Setting the foundations for lifelong health'.	57 - 110
8	<b>Adult Social Care Annual Report 2024/25</b> <b>Purpose:</b> The Adult Social Care Annual Report 2024/25 provides an overview of performance and key achievements. It is intended to provide stakeholders (partners, customers, the wider public) insight into the service being delivered.	111 - 132
9	<b>Adult Social Care Annual Complaints and Compliments Report 2024/25</b> Purpose: To request the Adult Social Care Complaints Annual Report be reviewed and approval given for publication.	133 - 152
10	<b>Safeguarding Adults Performance Annual Report 2024/25</b> Purpose: To receive the annual report of the West Berkshire Safeguarding Adults Board.	153 - 170
11	<b>Healthwatch Update</b> Purpose: Healthwatch West Berkshire to provide a verbal update on the views gathered on healthcare services in the district and their key activities.	171 - 172
12	<b>Health and Adult Social Care Scrutiny Committee Work Programme</b> Purpose: To receive new items and agree and prioritise the work programme of the Committee.	173 - 174



**Agenda - Health and Adult Social Care Scrutiny Committee to be held on Tuesday 30  
September 2025 (continued)**

Sarah Clarke.

Sarah Clarke  
Executive Director - Resources

If you require this information in a different format or translation, please contact  
Vicky Phoenix on telephone (01635) 503763.



West Berkshire  
C O U N C I L

# Agenda Item 1

Health and Adult Social Care Scrutiny Committee

30 September 2025

## **Item 1 – Apologies**

Verbal Item

This page is intentionally left blank

**DRAFT**

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

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE****MINUTES OF THE MEETING HELD ON  
THURSDAY 12 JUNE 2025**

**Councillors Present:** Martha Vickers (Chairman), David Marsh (Vice-Chairman), Owen Jeffery, Paul Kander, Stephanie Steevenson and Joanne Stewart

**Also Present:** Councillor Heather Codling, Councillor Patrick Clark, Paul Coe (Executive Director – Adult Social Care), Melanie O'Rourke (Service Director - Adult Social Care), Dr Matt Pearce (Director of Public Health for Reading and West Berkshire), Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Sally Moore (Royal Berkshire NHS Foundation Trust), Vicky Phoenix (Principal Policy Officer - Scrutiny), Daphne Barnett (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Sarah Flavell (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Steve GoldenSmith (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Georgina Potter (Royal Berkshire NHS Foundation Trust) and Jamie Evans (Healthwatch West Berkshire)

**Apologies for inability to attend the meeting:** Councillor Dennis Benneyworth, Councillor Nick Carter and Councillor Martin Colston

**PART I****1 Minutes**

The Minutes of the meetings held on 11 March 2025 and 15 May 2025 were approved as true and correct records and signed by the Chairman.

**2 Actions from the previous Minutes**

Members reviewed the updates on actions from the previous meetings:

- **Action 33** – data on tooth decay and extractions will be available mid - to late- 2026 as part of an Oral Health Survey.
- **Action 36** – It was advised by Matt Pearce, Director of Public Health, that the oral health needs assessment would require a significant resource commitment. It was advised that the key priorities for the Public Health Team would be reviewed in September by the Health and Wellbeing Board. This would include reviewing data and determining priorities for West Berkshire. It was confirmed that this would be returning to the Health and Adult Social Care Scrutiny Committee (HASC) in December. It was highlighted by Cllr Codling, that as a representative of the Health and Wellbeing Board, this conversation at the HASC would be considered. Members felt strongly that an Oral Health Needs Assessment was required due to the concerning data in the report reviewed at the Health Scrutiny Committee in March.

The Committee **AGREED** to issue the following recommendation:

1) An Oral Health Needs Assessment be undertaken in West Berkshire.

- **Action 37** – Due to the major changes in NHS commissioning arrangements affecting health partners this needs to be revisited at a later date. To be kept in view.

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 12 JUNE 2025 - MINUTES

- It was noted that a new provider was now in place to provide non-emergency patient transport and that Members would like to know how the transition had gone.

**Action: Vicky Phoenix to obtain an update from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) on the transition of provision from SCAS (South Central Ambulance Service NHS Foundation Trust) to EMED for non-emergency patient transport.**

### 3 Declarations of Interest

Councillor Jo Stewart declared a standing interest for the Health and Adult Social Care Scrutiny Committee by virtue of the fact that she was employed by the Royal Berkshire Charity as a Fundraising Manager. Although the charity was a separate entity from the Royal Berkshire NHS Foundation Trust, there may be occasions where it would be inappropriate to take part in discussions of certain topics. In addition, Councillors Jo Stewart's spouse was Head of Contract Management at the Royal Berkshire NHS Foundation Trust.

Councillor Jo Stewart advised that for Agenda Item 9 on the Royal Berkshire NHS Foundation Trust Strategy Engagement she determined to leave the room for the duration of the item and not take part in the discussion or any vote.

### 4 Petitions

There were no petitions received at the meeting.

### 5 Health Inequalities

Steve GoldenSmith (Associate Director of Prevention and Health Inequalities, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) gave an overview of the report on Health Inequalities for West Berkshire.

During the debate the following points were discussed:

- There were four ways the NHS could reducing health inequalities:
  1. Influencing / supporting multiagency action to address the social determinants of health.
  2. The NHS as an anchor organisation – as commissioner, employer, partner and purchaser.
  3. Tackling existing inequalities in healthcare.
  4. Focus on ill health prevention and influencing healthy lifestyle behaviours. This needed to be collaborative to encourage and embed people to manage lifestyles in a more positive way.
- It was advised these were not In order of priority and the solution was in working in partnership to address the wider determinants of health.
- West Berkshire data was shared which showed that there were a number of areas of concern. These included above national average rates of asthma, cancer, dementia and hypertension. Many of these could be driven by wider determinants of health and health inequalities. It was noted that Reading and Oxford had more areas of deprivation to West Berkshire, but West Berkshire had higher rates of these health conditions. It was not known why this was as a full evaluation by the BOB ICB had not taken place yet.
- It was explained that the NHS focus on reducing health inequalities through the Core20Plus5 approach which enabled Integrated Care Sytem's (ICS) to target action for the most deprived 20% of the population. Key clinical areas were



## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 12 JUNE 2025 - MINUTES

maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding.

- Data was shared on the index of multiple deprivation that highlighted Eastfield House surgery, Falkland Surgery and Strawberry Hill Medical centre by in large provided most of the primary care services to these populations.
- An overview of the data insights methods was shared which highlighted how the BOB ICB could drill down the data to enable focussed work on targeted areas of the population and for targeted clinical priorities.
- For children, the BOB ICB had a different set of clinical areas that they focussed on to address health inequalities. These were asthma, diabetes, epilepsy, oral health and mental health. They used data insights to target cohorts with particular needs.
- It was advised that inequalities were found in access to healthcare, peoples experience of healthcare and the outcomes of healthcare. Access to services could be influenced by a variety of factors including trust and knowledge. Experiences and outcomes of services could also vary hugely.
- The BOB ICB were carrying out community engagement through Healthwatch to understand the challenges to access to NHS dental services and specifically for children who were neurodivergent.
- The BOB ICB were also starting to utilise improved data to understand if there was any unwarranted variation in access, experience and outcomes of children's mental health services. There was also some targeted work being undertaken through getting help level teams, such as Mental Health Support Teams. It was noted that there was some correlation seen between how likely referrals were to be urgent and deprivation, and how likely patients were to not attend appointments.
- An overview of the Community Wellbeing Outreach programme was shared. They were targeting communities that did not engage well with healthcare to help them to engage in a more timely way and to participate in their own healthcare. It was advised that the appointments could take some time as not only were medical checks taken, but also there were conversations had around healthy living.
- In West Berkshire the Community Wellness Outreach programme was funded by the BOB ICB and was provided in partnership by the public health team and Solutions4Health. Sessions were carried out in a range of community venues including community centres and employment settings. The venues were decided upon to target particular groups of people. Members requested further details of these sessions. It was advised that the outcomes and experience of this pilot had been very good and a full evaluation of this first stage of the programme was beginning.

**Action: Vicky Phoenix to gather information on the sessions and locations used by Community Wellness Outreach Project and to share this with Members.**

- The model was particularly helpful in having conversations with people around lifestyles and prevention which could have life changing impacts and a decreased likelihood in people needing services in the future.
- Data was shared on the vaccination rates in West Berkshire for adults and children. There was variation between ethnic background and covid vaccination uptake which required further education. In children's vaccinations there was also variation around ethnic background and deprivation with vaccination rates. It was advised that a great deal of work was being done to encourage, communicate and educate people to access vaccinations. This included working with community leaders, providing services in local areas and making the hours for vaccinations

more flexible. There were also national communications around this issue as this was not just in the BOB area. There were some areas of good practice across the UK, however this did not bring levels to where they wanted them to be.

- The role of health visitors in educating parents around childhood vaccinations was highlighted. It was advised that there was a trial for health visitors to provide flu vaccinations.
- The role of pharmacies in vaccination provision was also highlighted.

**RESOLVED** that the report be noted.

### 6 All Age Continuing Care

Daphne Barnett (Interim Associate Director of Nursing, BOB ICB) gave an overview of the report on All Age Complex and Continuing Care. Sarah Flavell (Associate Director Nursing, BOB ICB) also answered questions on this item.

During the presentation the following points were highlighted:

- It was a key objective of the BOB ICB to ensure that Berkshire West did not have unwarranted variation in referral and eligibility for CHC. Early indications showed that Berkshire West was moving closer to the national benchmark and the metrics were improving. However, Berkshire West did remain below the regional and national benchmark for number of people eligible for CHC. The aim was to ensure there was a one stop entry point for referrals across BOB and that there was an equity of approach.
- Processes were in development for a joint funding approach for individuals who did not meet eligibility for CHC or CYPCC but had unmet health needs not provided through core NHS service provision. A healthcare contribution policy has been in development and Berkshire West were involved in the testing of this policy to gain learning.
- It was confirmed that the disputes and health care contribution policy were in place. The Strategic Partnership Board had been influential in helping to develop and co-produce local neighbourhood services.
- The Berkshire West Joint Funding panel for Children and Young People's Continuing Care (CYPCC) had been in place since December 2024. The aim was to streamline the funding process for continuing health care. It was working in partnership with Wokingham, Reading and West Berkshire Councils.
- It was advised that many changes had been made including improved collaboration, decision making, addressing back logs and taking a test and learn approach. This had led to improved support for individuals, positive feedback and an ongoing commitment for further improvements.
- A summary was provided in the report which highlighted working closely with Adult Social Care and Local Authorities to continue to make improvements.

During the discussion the following points were noted:

- Paul Coe, Executive Director for Adult Social Care and Public Health, advised the Committee that there had been a greater pace of improvements and tangible changes were being seen such as the disputes policy. However, there were still challenges. The referral rates and eligibility outcomes were still below benchmark, and this meant outcomes for people in West Berkshire.
- It was noted that Local Authority data was not yet available. It was agreed this would assist the BOB ICB to understand where to address concerns.

**Action: Sarah Flavell will progress the availability of Local Authority data.**

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 12 JUNE 2025 - MINUTES

- Members raised concern that this variation in eligibility was continuing after many years. Berkshire West remained very low nationally and this needed to be addressed more urgently. This was noted, and it was highlighted that recent developments by the BOB ICB had made some recent change that was welcome. However, whilst improvements had been made, a question was raised whether the reduction in inequity across BOB had been due to increased eligibility rates for Berkshire West or whether eligibility had decreased in other areas.
- It was advised that there were challenges in delivering the national framework consistently across the BOB footprint and that the BOB ICB were working to do that at pace. NHS England were also challenging the BOB ICB to ensure consistency across the Southeast region. An example was shared regarding population demographics (an aging population) and nursing home numbers which can affect the statistics. In addition, referral rates affected the variation also. Changes to the NHS would ensure stronger collaboration between areas in the future.
- It was highlighted that joint training with Adult Social Care colleagues would be taking place.
- Members agreed that they would like this to return to the Health and Adult Social Care Scrutiny Committee in 6 months' time.

**Action: Vicky Phoenix to add this to the work programme for December 2025**

**RESOLVED** that the report be noted.

### 7 Integrated Neighbourhood Teams

Helen Clark (Associate Director of Place, Berkshire West, BOB ICB) gave an overview of the report on 'Developing our foundation for neighbourhood health' (Agenda item 7).

During the presentation the following points were highlighted:

- In 2024 the Government made a commitment that the NHS would evolve into a neighbourhood health service with care available closer to people's homes to deliver a new model of care. Three key shifts would enable this: illness to prevention, analogue to digital, and hospital to community care. The neighbourhood health approach would reinforce these ways of working in the NHS, local government, social care and their partners.
- There were six core components that local systems needed to consider:
  1. Population health management
  2. Modern general practice
  3. Standardised community health
  4. Neighbourhood multidisciplinary teams
  5. Integrated intermediate care with a 'Home First' approach
  6. Urgent neighbourhood services
- It was highlighted that neighbourhood multidisciplinary teams were not new to West Berkshire. It had been more active some time ago and needed a refresh.
- The development of neighbourhood working would have key parameters especially around population health. It needed to be bespoke to the local area, whilst also delivering consistency. The development of this would be through the Locality Integration Board (a Sub-Body of the West Berkshire Health and Wellbeing Board). It was early in its development and they were currently working through how it would work in practice.
- It was asked how the reorganisation of the BOB ICB would impact this work. It was advised that Neighbourhood Health was fundamental to achieving sustainable

services and addressing inequalities. It was part of the NHS 10 Year Plan and so the work would continue.

- It was advised that after care, discharge and avoiding readmission to hospital were a key part of this. Primary care capacity was essential and modern general practice was therefore a core component to developing neighbourhood health.
- Carers were highlighted as being more greatly affected, including informal carers such as family members. It was confirmed that the carers voice would be part of this development.

**RESOLVED** to note the report.

## **8 Royal Berkshire NHS Foundation Trust Strategy Engagement**

Georgina Potter and Sally Moore from Royal Berkshire NHS Foundation Trust (RBFT) gave an overview of the report on refreshing the Trust Strategy (Agenda item 8).

During the presentation the following points were highlighted:

- The Trust strategy was last reviewed in 2022. This refresh was needed due to the changing health landscape, stronger partnerships and national NHS guidance from the new government, the Darzi review and the upcoming 10 Year Plan.
- It was advised that the strategy refresh was currently in the engagement phase (March to July). RBFT were seeking input from the Health and Adult Social Care Scrutiny Committee.
- The exercises undertaken so far included an evaluation of the existing Trust strategy, analysis of local, regional and national policy documents, thematic analysis of 'What Matters 2024' and engagement with RBFT senior leaders around the three shifts in the NHS 10 Year Plan.
- The engagement plan included co-production with staff, volunteers, patients, communities and partner organisations. They had undertaken an extensive stakeholder mapping exercise to maximise engagement.
- Accessibility needs had been identified and addressed through translation services, easy read formatting and paper-based options to avoid digital exclusion.
- There were also communications through social media, posters, working with parish councils, pop up stands and the RBFT patient engagement and experience team. This included focus groups across West Berkshire.
- The Committee were asked to consider the current strategic objectives in the context of relevance for the next five years, future aims and opportunities for partnership working. Those strategic objectives were shared with Members.

During the discussion the following points were noted:

- Identifying accessibility needs through the engagement was essential.
- It was noted that Mental Health needed to be part of the Strategic Objectives and Aims. It was advised that the sister strategy, the Clinical Services Strategy, incorporated more detail around how services would be delivered. The mental health strategy fed directly into that. It was also advised that the RBFT worked closely with BHFT who were responsible for mental health.
- The estates challenges were highlighted as a key concern particularly regarding Royal Berkshire Hospital. It was asked how West Berkshire Community Hospital could be better utilised as part of this. It was advised that there were key benefits to residents accessing services closer to home. It was confirmed that the engagement in West Berkshire had found this as a key theme and would be fed into the strategy. This was also a key theme of the Government's agenda.

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 12 JUNE 2025 - MINUTES

- It was asked whether RBFT had good links with GP's particularly noting care following discharge from hospital. It was advised that there were extremely good links with primary care.
- It was raised that services for people with multiple conditions being joined up was important. It was advised that there can be disjointed communications between services and there was a drive to improve holistic care.

### 9 Healthwatch Update

Jamie Evans, Area Director from Healthwatch West Berkshire, gave an update on Healthwatch's current activities.

During the discussion the following points were highlighted:

- The Healthwatch West Berkshire Annual Report would be published at the end of June.
- The Healthwatch work plan for 2025/26 would be focussed on supporting people to take agency in their own health. This had two key workstreams. Firstly, in person events and drop-in sessions would take place across the district at different community locations and would be based on varying topics such as health management in the golden years. Secondly Healthwatch newsletters would provide local and national information and encourage people to be involved and provide feedback.
- During the last few months Healthwatch published a report on Everyday Heroes about dementia and the experiences of carers particularly of isolation. The Healthwatch West Berkshire website had all the reports.
- Healthwatch ensured that they reached people through digital and non-digital methods. Their focus was to encourage people to take more agency in their own care. To improve awareness about services to ask for. They also sought feedback from services.
- Healthwatch had been continuing to address the ongoing women's health hub issue. This was a BOB ICB initiative to use NHS England funding to deliver a women's health hub. The BOB ICB were now looking at a women's health strategy. Healthwatch were supporting this work to ensure that the women of West Berkshire were engaged with.
- It was advised that responses from organisations included in the Everyday Heroes report had been provided and would be added to the report shortly.
- It was highlighted that the community work by Healthwatch was welcomed. It was advised that surveys and feedback were key to understanding the patient voice. Healthwatch was a small team. There was not a regular programme for enter and view, but they were able to do so if needed. They were looking to increase the number of volunteers and improve community support. There would be joint working with The Advocacy People.
- It was noted by Jamie Evans that the scrutiny of this committee was important and Healthwatch would include this work in their newsletter for public awareness.

### 10 Task and Finish Group Updates

The Chairman advised Members that the Task Group looking at Children's Mental Health and Emotional Wellbeing had now completed the draft report. This would now be presented at a future Health and Adult Social Care Scrutiny Committee. Members of the Task Group had requested that a special Health and Adult Social Care Scrutiny Committee be held so that the report and associated recommendations don't wait until September.

**11 Health and Adult Social Care Scrutiny Committee Work Programme**

The Chairman invited Members to review the draft work programme for the 2025/26 municipal year. Members were welcome to propose new items, which would go through a prioritisation exercise in formulating the work programme. It was confirmed that oral health and dentistry would return in December.

There was concern noted regarding the reforms to the BOB ICB. It was confirmed that the Joint Health Overview and Scrutiny Committee for Buckinghamshire, Oxfordshire and Berkshire West (BOB JHOSC) would be convening to consider this. Members were welcome to feed into that with Cllr Vickers and Cllr Steevenson who were Members of the BOB JHOSC. It was also advised that updates would be brought to this Committee by the BOB ICB.

It was advised that work was ongoing regarding incorporating Adult Social Care into the work programme which would be considered in coming weeks.

**RESOLVED** to note the work programme.

*(The meeting commenced at 10.01 am and closed at 12.22 pm)*

**CHAIRMAN** .....

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

# DRAFT

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

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

### MINUTES OF THE MEETING HELD ON TUESDAY 15 JULY 2025

**Councillors Present:** Martha Vickers (Chairman), David Marsh (Vice-Chairman), Dennis Benneyworth, Nick Carter, Martin Colston, Owen Jeffery, Paul Kander and Stephanie Steevenson

**Also Present:** Steven Bow (Consultant in Public Health), AnnMarie Dodds (Executive Director - Children's Services), Councillor Heather Codling and Vicky Phoenix (Principal Policy Officer - Scrutiny)

**Apologies for inability to attend the meeting:** Councillor Joanne Stewart

#### PART I

##### 1 **Declarations of Interest**

There were no declarations of interest received.

##### 2 **Children's Mental Health and Emotional Wellbeing Task Group Report**

Councillor Martha Vickers presented the Children's Mental Health and Emotional Wellbeing Task and Finish Group report (Agenda Item 3). Councillor Vickers noted the wide-reaching organisations that took part in the review and thanked them for their contributions. It was advised that this special meeting was taking place to expediate referring any recommendations to Executive and the BOB ICB.

During the Committee's discussion the following points were raised:

- Evidence shared from witnesses during task group meetings highlighted the importance of supporting children in early years.
- It was noted that many schools in West Berkshire did not have a Senior Mental Health Lead (SMHL) and that this was no longer funded by central government. Pupils in those schools were disadvantaged in their mental health support. It would be beneficial to have a SMHL in all schools.
- It was noted that the Mental Health Support Team (MHST) did not cover the whole of West Berkshire and that was particularly so in the east of the district. Members of the task group wanted to ensure that all schools had this service.
- It was emphasised that funding for youth services had been cut significantly over the past 12 - 15 years. The task group found that Berkshire Youth were doing a great job, particularly at the Waterside Centre. However, facilities were lacking in other parts of West Berkshire. A recommendation was made by the task group to review the facilities available for young people across West Berkshire. It was believed that there may be an opportunity to receive further funding from central government.
- It was noted that there was work underway developing 0 – 19-year-old family hubs across West Berkshire. The task group report would be shared with Members of

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 15 JULY 2025 - MINUTES

the Children and Young People's Scrutiny Committee who would be reviewing the development of the family hubs.

### **Action: Vicky Phoenix to refer the report to the Children and Young People's Scrutiny Committee.**

- AnnMarie Dodds, Executive Director for Children's Services, advised the Committee that the MHST service was funded by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). Until this year they commissioned West Berkshire Council to deliver MHST's in schools. They were no longer commissioning West Berkshire Council and now had commissioned Berkshire Healthcare NHS Foundation Trust (BHFT) to deliver the service. This would start in August 2025. This was a single commission across Berkshire West. It was not confirmed what this would look like yet. This would move from a community-based model, that was one of the most effective MHST's in the country, to a medical model and so children would likely not be receiving support in school but would need to go to a health setting to receive the support. There would be significant changes. West Berkshire Council did a collective bid with the other Berkshire West authorities but were unsuccessful. There had been legal challenge around the procurement of the service by the ICB.
- AnnMarie Dodds advised that the schools that did not receive support from the MHST's were supported by the Emotional Health Academy. The BOB ICB part-funded this service. Recently the BOB ICB had written to West Berkshire Council to advise they would be withdrawing their funding of £150,000 towards the EHA. AnnMarie Dodds had challenged the BOB ICB on this and they were awaiting an update.
- The impact had been a loss of ownership by West Berkshire Council of the MHST and potentially EHA due to the decisions of the BOB ICB.
- Members of the Committee expressed significant concern in response to this news. It was agreed that a covering letter to the BOB ICB be attached to the recommendations referred to them and should include further questions around the changes to MHST delivery and funding of the EHA.
- It was confirmed that MHST and EHA worked with academies as well as maintained schools.
- Councillor Heath Codling, Chair of the Health and Wellbeing Board and Portfolio Holder for Children and Family Services, expressed concern around the reorganisation of the BOB ICB and their significant funding and staff cuts. It was suggested that an appeal was needed to the two MPs for West Berkshire. It was also advised that the Joint Health Overview and Scrutiny Committee for Buckinghamshire, Oxfordshire and Berkshire West (BOB JHOSC) would be convening to meet with the BOB ICB shortly. Councillor Vickers attended this with Councillor Steevenson. Councillor Vickers would consider if this could be raised as part of that forum's work programme.

### **Action: Cllr Vickers will raise this as a possible item on the work programme of the BOB JHOSC.**

- It was confirmed that town and parish councils were highlighted in the task group report recommendations as key stakeholders in communities. Examples were shared around how town and parish councils could provide services and provisions for children and young people in their local areas. This included a table tennis table, play bags and youth outreach workers all funded and provided by town and parish councils. Particularly for more remote areas initiatives by town and parish councils were very helpful. There was funding such as Members bids



## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 15 JULY 2025 - MINUTES

that could be accessed, and some town and parish councils had funding from the Community Infrastructure Levy and their precept. This was potentially a further way to assist local areas to create opportunities to provide something for children and young people in an area. This would differ from parish to parish. It was advised that Members could raise this directly with Town and Parish Councils.

- It was advised that communications around the task groups report and recommendations would be helpful and would be considered.
- It was noted that the current family hubs were not easily accessible to people in rural areas and that community outreach was essential.
- It was noted that reduced funding and the impact of covid were significant factors impacting the concern around children's mental health and emotional wellbeing. Without financial investment significant improvements would be difficult.
- It was highlighted that the outcomes and recommendations of the task and finish group report were wide-reaching. All officers and partners attending the task group meetings as witnesses were very positive about the scrutiny review taking place. It was agreed it was essential that the recommendations be progressed. The concerns raised around the BOB ICB did not negate the recommendations in the report. Members of the task group advised they were very impressed by all the contributors and organisations (highlighting the voluntary sector) involved in the scrutiny review and the work that they did in the local area to support children and young people.
- AnnMarie Dodds highlighted that there was a crisis underpinning the SEND (Special Educational Needs and Disabilities) system. It was advised that emotional wellbeing and mental health were one of the highest reasons for referral of children into social care. Both child and parental mental health and emotional wellbeing were significant in any aspect of children's services whether that be education, SEND or children's social care. It was essential to address this through the multiple ways captured in the task group report's recommendations. This included health, engagement, parenting support, support for children and young people, diversionary activities and social cohesion coalescing around emotional wellbeing. Scrutiny of emotional wellbeing was necessary but the nature and scale of this was a challenge. It was advised that the findings and recommendations in the scrutiny report, and the questions being asked in the committee, were the right ones.
- It was asked what the impact on parents would be of the changes to the MHST provision and reduced funding for the EHA. It was advised that the family hub development work was key to answering this. The government definition of family hubs was from 0 – 19 and up to 25 for children who have additional needs. In West Berkshire family hubs had been largely for 0 – 4-year-olds. AnnMarie Dodds noted that the governments direction around the families first agenda, with new legislation coming in April 2026, brought the focus onto early intervention and prevention. It was known that children did best in their families. This was also the case for schools - outcomes were best for children when educated in mainstream schools in local communities. There were challenges in West Berkshire due to the reducing numbers and low birth rate. Additionally, some schools had financial challenges which put them under further pressure.
- It was highlighted that maintained nursery schools did essential outreach work in early years and worked in deprived, rural areas. It was confirmed they would be involved in the development of family hubs and that the co-production of that was ongoing.
- Members discussed the options available to the Committee regarding the recommendations. It was agreed that the recommendations be approved to be

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 15 JULY 2025 - MINUTES**

referred to Executive and the BOB ICB. Following the concerns raised today, it was agreed that a strong covering letter to Executive and the ICB be attached expressing concern about the changes to the MHST and EHA funding.

**Action: Chairman and Vicky Phoenix to draft a covering letter to the referral of the recommendations to the BOB ICB and Executive.**

- It was confirmed that the progress of recommendations would be monitored by the Health and Adult Social Care Scrutiny Committee.
- It was also confirmed that a letter be written by the Chairman to the MP's and to the Health Minister. It was also suggested that Members engage with Buckinghamshire and Oxfordshire who may also be affected.

**Action: Chairman and Vicky Phoenix to draft a letter West Berkshire MPs.**

**Action: Chairman and Vicky Phoenix to write a letter to the Minister of Health.**

- It was noted that timescales would help support the progress of the recommendations. Of note, the work on mobile phones in schools was identified as needing a timeline. It was advised that timescales will be considered as part of the responses to the recommendations. There would also be timescales shared for a response from Executive and the BOB ICB.

**RESOLVED** to refer the Children's Mental Health and Emotional Wellbeing Task and Finish Group's recommendations to Executive and the BOB ICB for consideration.

*(The meeting commenced at 1.00 pm and closed at 1.44 pm)*

**CHAIRMAN** .....

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

**Health and Adult Social Care Scrutiny Committee  
Scrutiny Recommendations and Actions Tracker**

The Recommendations and Actions Tracker is a standing item, and documents the progress of formal scrutiny recommendations and suggested actions for improvement made by the Health and Adult Social Care Scrutiny Committee at its public meetings. Items will remain on the tracker until a response has been provided to the Committee by the Executive, council departments, and/or external partners.

**Formal Recommendations to Executive**

Ref	Meeting date and agenda item	Scrutiny recommendation	Lead	Target date	Last update	Response	Status
1	<b>11 June 2024</b> Healthcare in New Developments Task and Finish Group Report  <a href="#">Report to Executive 3 July 2025</a>	1. Planning and Health to collaborate on planning consultations and in developing flexible ways of working well together.	Laura Callan	Jul-26	Jul-25	Agreed in part by Planning and Public Health	In progress
		2. To explore new opportunities in funding and delivery of primary care in the community.	Laura Callan	Jul-26	Jul-25	Agreed in part by Planning and Public Health	In progress
		3. The Healthy Planning Protocol (HPP).	Laura Callan	Jul-26	Jul-25	Agreed in part by Planning and Public Health.	In progress
		4. Implementation of the Healthy Planning Protocol.	Laura Callan	Apr-26	Jul-25	Agreed by Planning and Public Health	In progress
		5. Wider approach to Healthy Places; consideration of design guides and community engagement for sustainable communities.	Laura Callan	Dec-26	Jul-25	Agreed in part by Planning	In progress
2	<b>12 June 2025</b> Actions from the previous Minutes	An Oral Health Needs Assessment be undertaken in West Berkshire	Matt Pearce	TBC	Jul-25	Awaiting response	In progress
3	<b>15 July 2025</b> Children's Mental Health and Emotional Wellbeing Task Group Report  <a href="#">Report to Health and Adult Social Care Scrutiny Committee 15 July 2025</a>	1. Provide and promote a Local Youth Offer	Dave Wraight	TBC	Aug-25	Awaiting response	In progress
		2. Improve the communication about and navigation of local services	Dave Wraight	TBC	Aug-25	Awaiting response	In progress
		3. Provide and promote opportunities to regularly convene the wide range of professionals working with children and young people and supporting their mental health and emotional wellbeing.	Dave Wraight	TBC	Aug-25	Awaiting response	In progress
		4. West Berkshire to become a Trauma informed district	Dave Wraight	TBC	Aug-25	Awaiting response	In progress
		5. A full review of smart phones, social media use and online safety for young people in West Berkshire be carried out	Dave Wraight	TBC	Aug-25	Awaiting response	In progress
		6. The West Berkshire Health and Wellbeing Board to include Children and Young People's Mental Health as one of their priority areas of focus, and to develop their action plan to reflect this.	Dave Wraight	TBC	Aug-25	Awaiting response	In progress

**Formal Recommendations to External Partners**

Ref	Meeting date and agenda item	Scrutiny recommendation	Lead	Target date	Last update	Response	Status
1	<b>11 June 2024</b> Healthcare in New Developments Task and Finish Group Report <a href="#">Report to Executive 3 July 2025</a>	1. Planning and Health to collaborate on planning consultations and in developing flexible ways of working well together.	Peter Redman (BOB ICB)	Sep-24	Sep-24	Agreed in part	Complete
		2. To explore new opportunities in funding and delivery of primary care in the community.	Peter Redman (BOB ICB)	Sep-24	Sep-24	Agreed in part	Complete
2	<b>15 July 2025</b> Children's Mental Health and Emotional Wellbeing Task Group Report <a href="#">Report to Health and Adult Social Care Scrutiny Committee 15 July 2025</a>	2. Improve the communication about and navigation of local services	BOB ICB	TBC	Aug-25	Agreed - a response has been provided which will be included in the full response to the HASC in December.	In progress
		3. Provide and promote opportunities to regularly convene the wide range of professionals working with children and young people and supporting their mental health and emotional wellbeing.	BOB ICB	TBC	Aug-25	Agreed - a response has been provided which will be included in the full response to the HASC in December.	In progress

#### Suggested Actions for Improvement to Council Departments/Partners

Ref	Meeting date and agenda item	Scrutiny Action	Lead	Target date	Last update	Response	Status
32	<b>10 December 2025</b> Eastfield House Proposed Relocation	The Health Scrutiny Committee be kept updated	Eastfield House Surgery	TBC	Sep-25	Agreed. Planning Permission for the new surgery was granted on 22 January 2025 subject to resolution regarding drainage. The Outline Business Case will then be submitted to the BOB ICB in following 6 months.	In Progress
33	<b>11 March 2025</b> Oral Public Health	To bring back up to date data tooth decay amongst 5 years olds (2018/19 – 2021/22) and tooth extractions for 5 -9 year olds (2022/23) when available.	Matt Pearce	16-Dec-25	Jun-25	Agreed. Will be available after an Oral Health Survey has been completed next year (2026).	In Progress
36	<b>11 March 2025</b> Oral Public Health	Public Health to consider undertaking an oral health needs assessment to include a deep-dive into the data, to form an understanding of the public's views and to identify groups for targeted work.	Matt Pearce	12-Jun-25	Jun-25	This would entail a significant resource. Members voted on at the 12 June HASC to formally make this a recommendation to the Executive (see above).	Complete
37	<b>11 March 2025</b> Oral Public Health	A review of partnership working and consideration of an Oral Health Improvement Board or other improvement suggestions for West Berkshire	Matt Pearce	TBC	Jun-25	Due to NHS Commissioning changes this is not appropriate currently. To be revisited when NHS restructures are confirmed.	In Progress
1-25	<b>12 June 2025</b> Actions from the previous meeting	To obtain an update from the BOB ICB on transition from SCAS to EMED for non-emergency patient transport	Vicky Phoenix	30-Sep-25	Sep-25	Update provided by BOB ICB and shared with Members	Complete
2-25	<b>12 June 2025</b> Health Inequalities	To provide Members with an overview of the Community Wellness Outreach Programme locations.	Vicky Phoenix	30-Sep-25	Sep-25	Complete - report shared with Members 22 Sept 2025	Complete

3-25	<b>12 June 2025</b> All Age Continuing Care	Provide Local Authority level data for referrals and eligibility.	Sarah Flavall	16-Dec-25	Aug-25	Agreed and will be provided at the December's HASC	Complete
4-25	<b>12 June 2025</b> All Age Continuing Care	The work programme be updated to add a short report be brought to the December HASC	Vicky Phoenix	16-Dec-25	Jul-25	Added to the work programme	Complete
5-25	<b>15 July 2025</b> Children's Mental Health and Emotional Wellbeing Task Group Report	Refer the report to the Children and Young People's Scrutiny Committee.	Vicky Phoenix	30-Jul-25	Jul-25	Will be in the papers for information on 11 September CYPSC	Complete
6-25	<b>15 July 2025</b> Children's Mental Health and Emotional Wellbeing Task Group Report	Raise this as a possible item on the work programme of the BOB JHOSC.	Cllr Vickers	16-Oct-25	Jul-25	BOB JHOSC will meet in October 2025, however work programme will largely be focussed on BOB ICB restructure.	Complete
7-25	<b>15 July 2025</b> Children's Mental Health and Emotional Wellbeing Task Group Report	Write a covering letter to the referral of the recommendations to the BOB ICB and Executive.	Cllr Vickers / Vicky Phoenix	30-Jul-25	Jul-25	Chairman advised no longer required - no service change to highlight concern for. Recommendations and the report have been shared.	Not required.
8-25	<b>15 July 2025</b> Children's Mental Health and Emotional Wellbeing Task Group Report	Write a letter to the Minister of Health and share with West Berkshire MP's.	Cllr Vickers / Vicky Phoenix	30-Jul-25	Jul-25	Chairman advised no longer required - no service change to highlight concern for.	Not required.

This page is intentionally left blank

## Recommendations from the Health Scrutiny Committee Task and Finish Group into Healthcare in New Developments

**Chairman of the Task Group:** Cllr Carolyne Culver

**Response from:** Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and West Berkshire Council Executive.

**Portfolio Holder(s):** Cllr Patrick Clark Executive Portfolio Holder Adult Social Care and Public Health  
Cllr Denise Gaines Executive Portfolio Holder Planning and Housing

Recommendation	Executive / ICB Response: Agree / Not Agree / Agree in Part to the recommendation and comments.	Portfolio Holder / Lead Health Partner / Lead Officer and timelines for delivery
<p><b>1) Planning and Health to continue to improve collaboration on planning consultations and in developing flexible ways of working well together.</b></p>		
<p>1a) The Development Manager, Planning Policy Manager, Senior Primary Care Estate Manager and Senior Programme Manager (Primary Care Estates) to meet regularly to review their engagement on applications and that responses are timely and evidenced. To seek out and together review best practice regularly and make improvements in their ways of working. To hold each other to account and communicate effectively. To work closely on negotiations and to think broadly about the needs of the community and involve other stakeholders.</p>	<p>Agree.</p> <p>The ICB welcomes a regular engagement with the Council's Planning team to discuss applications and to review the ways of working regularly.</p> <p>WBC Planning team welcome this and propose to set up a quarterly meeting with BOB IC, the Planning Service Lead and Development Manager.</p>	<p>Actioned</p> <p>Planning Service Lead and Public Health Service Lead have set up a working group to further develop the Councils approach to health in new development.</p> <p>Planning Service Lead has set up regular meetings with BOB ICB.</p>

<p>1b) The West Berkshire Council Planning Team to work with GP practices directly to understand their needs and requirements for new developments.</p>	<p>ICB do not agree. It is the commissioning role of the ICB to understand GP needs and requirements for new development. The Council's Planning team is welcome to contact the ICB if there is any plan for new primary care provision. The ICB will then review the proposal and internally liaise with our GP partners.</p> <p>WBC Planning Team to explore the most appropriate way to engage with GP's across the district - to discuss the planning process and understand the issues and options.</p>	<p>To be explored by Planning Service Lead</p> <p>Within 12 months</p>
<p>1c) The ICB to review how they work with GPs regarding the primary care needs of new developments and to consider any improvements that could be made.</p>	<p>ICB Agree in part.</p> <p>The ICB has a dedicated procedure to review and assess any potential primary care estates projects and there is no plan to change the procedure.</p> <p>The ICB has embedded the Premises Cost Directions 2024 and Primary Care Capital Grants Policy into our internal process in reviewing primary care estates projects. The ICB will continue to work closely with our Primary Care Networks (PCN's) GP Partners, the Council and other relevant local stakeholders to maximise developer contributions, Community Infrastructure Levy (CIL) and other available fundings to support primary care estates development.</p>	<p>The Council are not able to control this aspect</p>
<p><b>2) To explore new opportunities in funding and delivery of primary care in the community.</b></p>		
<p>2a) The Senior Primary Care Estate Manager and Senior Programme Manager (Primary Care Estates) to consider how they can input into the CIL charging structure when it is next reviewed. To be prepared through seeking best practice elsewhere to provide evidence requested</p>	<p>Agree.</p> <p>The ICB welcomes the Council to consider allocating a dedicated funding towards primary care annually to support primary care estates development, given the importance of having adequate primary care services to provide to residents of West Berkshire.</p>	<p>Potential for a CIL charging schedule review is currently being explored by the Planning Service.</p>



and to be clear how much is needed for new developments.	WBC agree to engage with ICB at next CIL charging schedule review.	
2b) The Planning Policy Manager to consider a review of the CIL spending strategy.	<p>Agree. The ICB welcomes to be engaged during the process of the CIL spending strategy.</p> <p>WBC to explore opportunities for developing a CIL spending strategy.</p>	<p>Planning Service Lead</p> <p>Within 12 months</p>
2c) The Council, in collaboration with key stakeholders, to consider the opportunity of health hubs or multipurpose community facilities. This could be owned by the local authority and leased to the ICB or GPs, or created by developers in the first phase of development and sold to GP practices for a nominal fee. To consider best practice, the local approach and new ways of delivering provisions. The NHS requirements to be built into the Council's wider thinking around multipurpose hubs.	<p>ICB Agree in part.</p> <p>The ICB cannot hold any estates. Any facilities can only be owned or leased to GPs or other NHS Foundation Trusts within Berkshire West area.</p> <p>The ICB welcomes the consideration of the opportunity of health hubs or mixed-use community facilities. The ICB would be happy to be involved in any forthcoming discussions about this as the ICB is required to ensure that the contractual arrangement of the facilities is suitable for GPs and the facilities are operationally and financially viable.</p> <p>The Council has launched its new community outreach hub model – Let's Talk West Berkshire which proposes that residents will be able to access trusted, high-quality information and advice in existing venues such as leisure centres, libraries, village halls and community group settings. Where possible and relevant, incorporating health provision into these community hubs will be explored. If any need and opportunity for new-build hubs are identified, these would be considered on their individual planning merits and advice provided accordingly on a site by site basis taking into account the aspirations to achieve multi-purpose community facilities that include health provision.</p>	
2d) The ICB to continue work on workforce planning and staffing to support any	ICB do not agree.	The Council are not able to control this aspect.

<p>infrastructure and to work closely with the local authority. The Berkshire West Place Director to keep the Health Scrutiny Committee updated.</p>	<p>The ICB does not have staff resourcing to support this. However, the ICB is willing to continue to work with the Council's Planning Team in planning and primary care matters.</p>	
<p><b>3) The Healthy Planning Protocol (HPP)</b></p>		
<p>3a) The Senior Programme Officer for the Wider Determinants of Health to request a peer review of the Healthy Planning Protocol from relevant colleagues at the Department for Health and Social Care (DHSC) that specialise in healthy place shaping and the planning process. Consider implementing any changes and recommendations that arise through the review.</p>	<p>Agree.</p> <p>ICB has no comments to make.</p> <p>The Healthy Planning Protocol is still under development and is not yet finalised. Best practice guidance is being utilised to develop the protocol and opportunities for other review mechanisms are being explored and will be implemented where appropriate.</p>	<p>Planning and Public Health Service Leads</p> <p>Within 12 months</p>
<p>3b) Further collaboration by Senior Programme Officer for the Wider Determinants of Health, the Development Manager and Planning Policy Manager with developers to finalise guidance and supporting documents with developers. To consider how to guide developers when consulting with the public for HIAs.</p>	<p>Agree.</p> <p>ICB has no comments to make.</p> <p>Upon finalisation of the protocol and guidance engagement is planned to take place through the Developer Industry Forum.</p>	<p>Planning Service Lead</p> <p>Within 9 months</p>
<p>3c) The Health Scrutiny Committee to endorse the Healthy Planning Protocol, including Health Impact Assessments and any associated Service Level Agreements, to Heads of Service and Corporate Board.</p>	<p>Agree in part.</p> <p>The ICB would not enter into a Service Level Agreement with the Council. However, the ICB is happy to have a further discussion with the Council to identify the most appropriate partnership arrangement between the Council and the ICB.</p> <p>The Planning and Public Health Service Leads are working together to finalise the Healthy Planning Protocol and Health</p>	<p>Planning Service Lead</p> <p>Within 3 months</p>

	Impact Assessment approach with a view to implementing once the Local Plan Review is Adopted (anticipated June 2025).	
<b>4) Implementation of the Healthy Planning Protocol. Resources are needed to facilitate collaborative working and stakeholders need to be trained and have the appropriate expertise.</b>		
4a) The Health Scrutiny Committee to endorse an application to Corporate Board/Financial Review Panel to approve a new Officer post for implementing the HPP.	<p>Agree.</p> <p>ICB has no comments to make.</p> <p>Resource requirements and funding arrangements are under consideration.</p>	
4b) The Senior Primary Care Estate Manager and Senior Programme Manager (Primary Care Estates) to work with the Senior Programme Officer for the Wider Determinants of Health to ensure the HPP is suitable for the ICB and staffed accordingly. The ICB to ensure there is suitable resource to implement this effectively in collaboration with stakeholders.	<p>Agree.</p> <p>The ICB would like to have more details from the Council's Senior Programme Officer regarding the level of involvement of the ICB in the Protocol as the ICB would only have very limited staff resourcing to be involved in the process.</p> <p>The Planning Service and Public Health are working together, with the engagement of ICB to determine the resource requirements and the level of input required from ICB.</p>	<p>Planning and Public Health Service Leads</p> <p>Within 3 months</p>
4c) The Planning Policy Manager and Development Manager to review if Planning have adequate resources needed to implement HIAs, improve collaboration and deliver the appropriate training. National guidance is available which can begin to strengthen the approach whilst the HPP is in development.	<p>Agree.</p> <p>ICB has no comments to make.</p> <p>Public Health Reserves Funding is available to fund additional resource to secure this.</p>	<p>Planning and Public health Service Lead</p> <p>Within 3 months</p>
4d) The Senior Programme Officer for the Wider Determinants of Health, Development Manager and Planning	<p>Agree.</p> <p>ICB has no comments to make.</p>	

<p>Policy Manager to consider how best to engage with developers, for example via the developers' forum, to encourage them to use healthy design, provide health features in developments, and remind them that such actions help to fulfil their own companies' ESG commitments.</p>	<p>WBC Planning Team propose to engage with the existing Developers Industry Forum, once the Local Plan is closer to adoption, to communicate any new policy requirements and have health in planning as an agenda item for discussion and knowledge sharing, with the support of Public Health.</p>	<p>Planning Service Lead Within 9 months</p>
<p>4e) Public Health to deliver a public health prevention approach workshop for all elected Members, including public health data skills (the West Berkshire Observatory and Public Health Outcomes Framework data) and the HPP.</p>	<p>Agree.</p> <p>ICB has no comments to make.</p> <p>WBC Public health Support this and are planning training on the West Berkshire Observatory. Now the Senior Programme Officer for the wider determinants of health has been filled, and the officer will be leading on the corporate wide health in all policies programme, which will include workstreams on developing data and intelligence and upskilling the workforce including members.</p>	<p>Public Health Senior Programme Officer – ongoing.</p>
<p>4f) The Senior Programme Officer for the Wider Determinants of Health, Development Manager and Planning Policy Manager to consider further training on healthy places in planning for all Members.</p>	<p>Agree.</p> <p>ICB has no comments to make.</p> <p>WBC Planning Team and Public Health will consider this alongside future Member Training options, including whether to integrate this into the workshop proposal at 4e</p>	<p>Planning Service Lead Within 6 months</p>
<p><b>5) Wider approach to Healthy Places; consideration of design guides and community engagement for sustainable communities.</b></p>		
<p>5a) The Council to explore 'design guides' or frameworks to supplement the HPP and supporting documents for prospective developers. These to be shaped around public health and council priorities.</p>	<p>Agree in part.</p> <p>ICB has no comments to make.</p> <p>There is existing design guidance available which supports healthy places. There is no plan to develop a new design guide for WBC at present due to other essential priorities and resource pressures. However, when work programmes are reviewed, further</p>	<p>Planning Service Lead Within 12 months</p>

	consideration will be given to the need and opportunity for a revised local design guide should it be deemed necessary.	
5b) The Council to consider community engagement and engagement with town and parish councils and West Berkshire Council Members for continuity and accountability in design and in keeping the communities sustainable.	<p>ICB has no comments to make.</p> <p>WBC Planning Team will seek to achieve good community engagement on future planning policy and supplementary guidance following best practice in terms of design and healthy places. In particular, this will be a consideration in the development of a supplementary planning document for the proposed development of up to 2,500 homes at North East Thatcham.</p>	<p>Planning Service Lead Within 12-18 months</p>

*This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of the Health Scrutiny Committee.*

This page is intentionally left blank

# Agenda Item 4

Health and Adult Social Care Scrutiny Committee

30 September 2025

## **Item 4 – Declarations of Interest**

Verbal Item

This page is intentionally left blank



# Agenda Item 5

Health and Adult Social Care Scrutiny Committee

30 September 2025

## **Item 5 – Petitions**

Verbal Item

This page is intentionally left blank

# Health Scrutiny - Dementia

---

Adult Social Care/ Public Health  
30<sup>th</sup> September 2025

# Prevalence

---

- ❑ 1228 West Berkshire residents (aged 65 and older) registered with a GP recorded as having a dementia diagnosis
- ❑ Estimated Dementia Diagnosis rate (aged 65 and older) in West Berkshire of 61.8%
- ❑ National – 64.8%; South East 62.9%

Source:

[Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

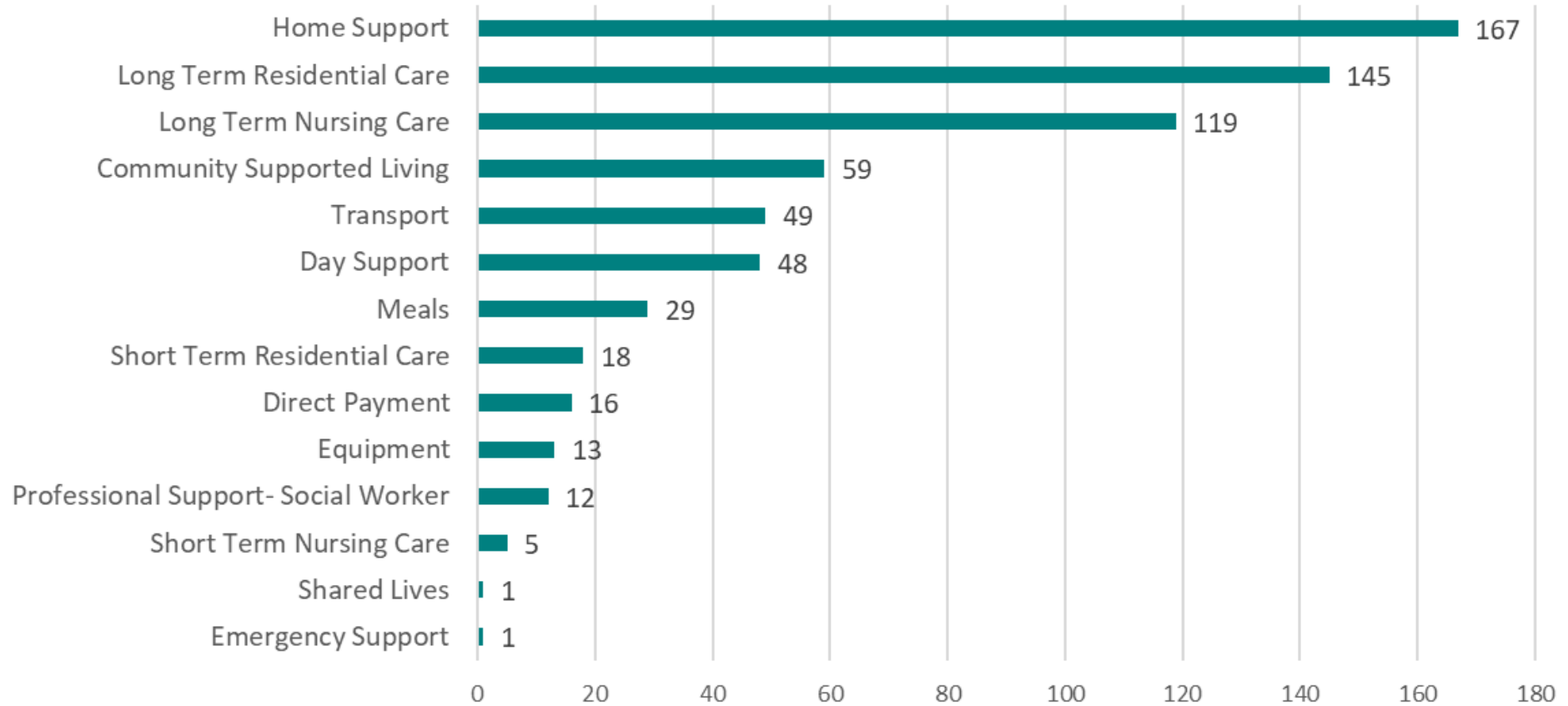
# ASC Service numbers

---

- ❑ Primary Support Reason: Memory and Cognition
- ❑ Provision of individually commissioned services – includes Short and Long Term Support (but does not count advice/ equipment, etc)
- ❑ Number of people who received at least one service during the last reporting year:
  - 441** Total Distinct Count (ST and LT service users)

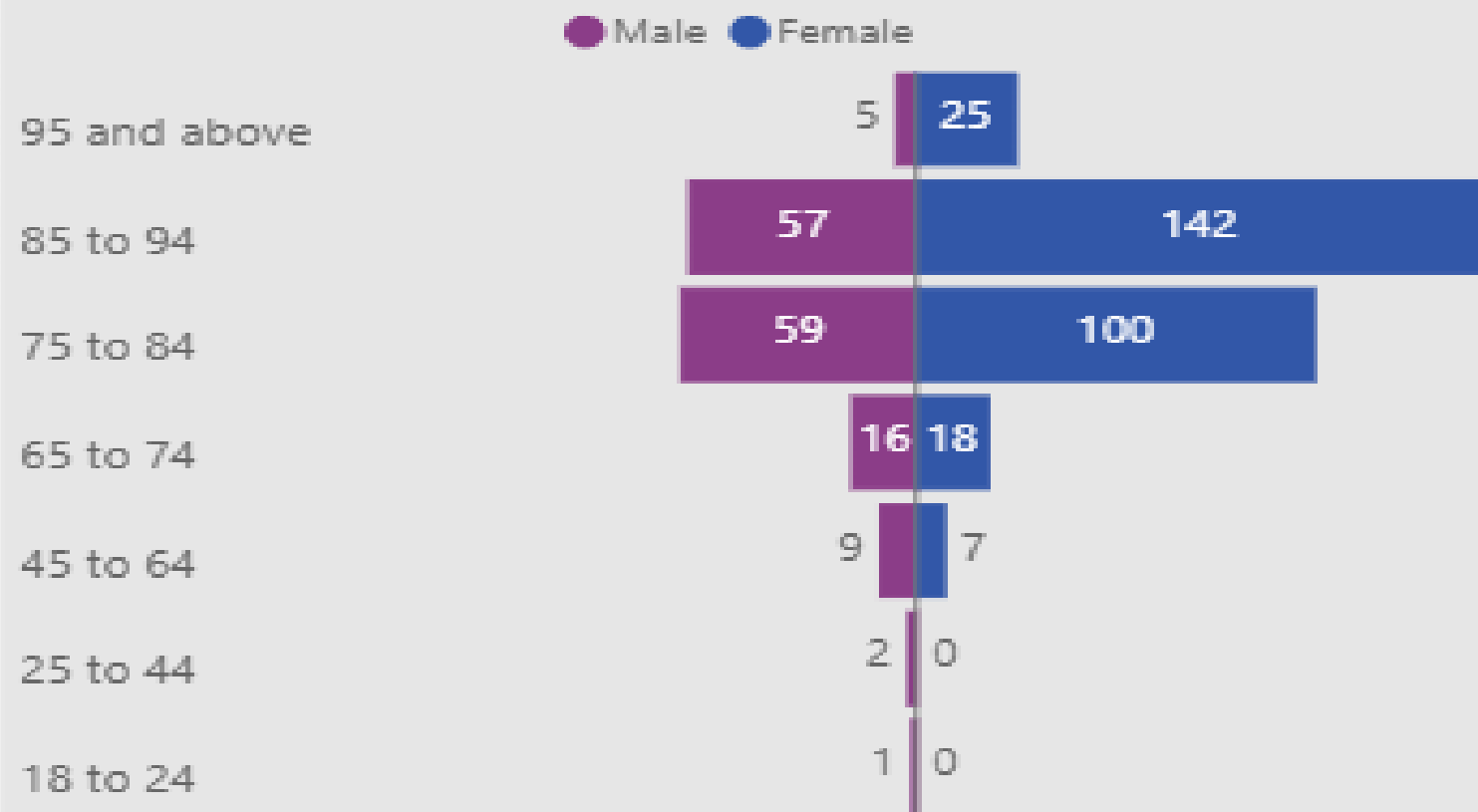
# Service type

Service Users with a PSR of Memory and Cognition - by service component

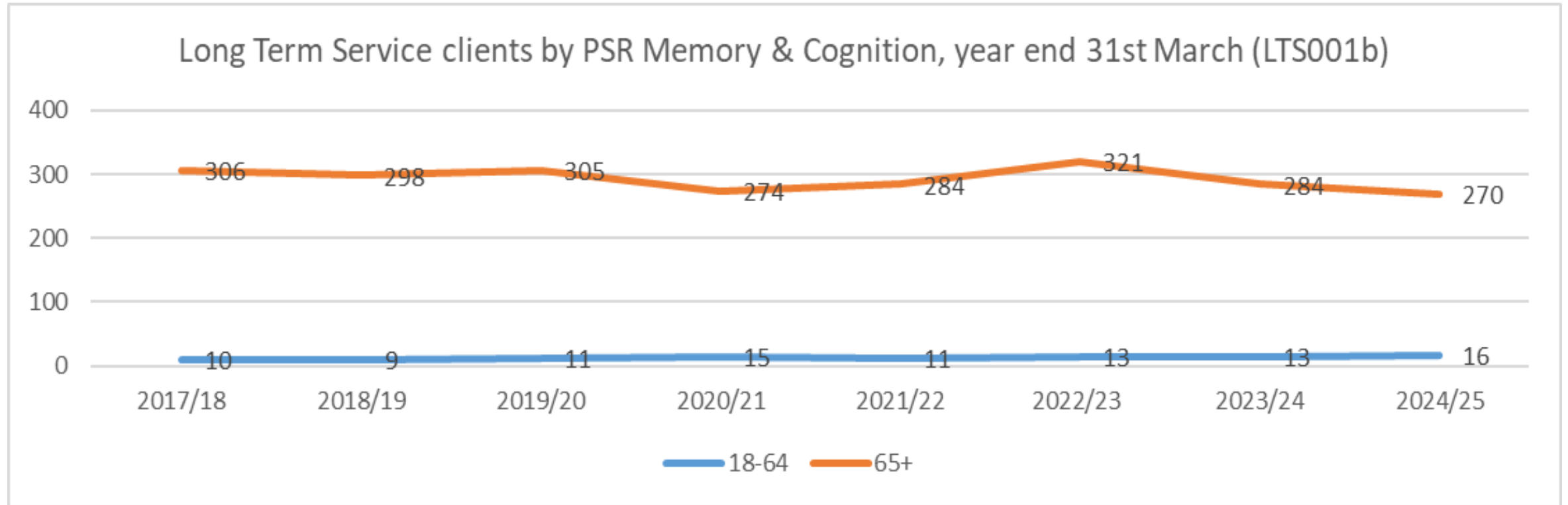


# Age profile of service users

Service users and carers by age and gender



# Longer-term view





# Expenditure on commissioned care M&C

---

- Expenditure of £11,245,170 in 2024/25

# Universal offer

---

- ❑ Comprehensive Information and advice provision
- ❑ Locality teams/ hospital discharge/ mental health team/ sensory loss
- ❑ Reablement team
- ❑ Equipment provision

# Universal offer – budget £119,045 p.a.

Carers Partnership (Consortium)	Support service for unpaid carers (joint service with Reading Borough Council) Age UK Berkshire provide the support for West Berkshire unpaid carers supporting older people	BCF	TBC procured by Reading BC
Volunteer Centre West Berkshire	Shopmobility – To provide people with a permanent or temporary mobility difficulty with equipment to support them to access the shopping, business & leisure activities in Newbury Town Centre, promoting equal access & independence	PH / BCT/ Capita I	31.3.26
Volunteer Centre West Berkshire	Handybus – low cost door to door travel to day centres, shopping, medical appointments, leisure activities	BCT	31.3.26
Age UK Berkshire	Lot 9 VSP Handyman / Small Domestic Repairs	ASC	31.3.26

# Targeted services - £287,572 p.a.

Provider	Service	Funding stream	Contract expiry
Age UK Berkshire	Coordinator for Dementia Friendly West Berkshire (DFWB) – supporting people living with dementia (diagnosed and undiagnosed) and their carers to live well and independently for as long as possible.	Public Health	31.3.26
Age UK Berkshire	Lot 2a VSP Dementia Befriending Service – a specialist befriending service for people living with dementia and their unpaid carers. Aiming to prevent and reduce social isolation and loneliness and to provide short periods of informal respite time.	ASC	31.3.26
YPWD	Younger People with Dementia Providing support for people diagnosed and living with young onset dementia under the age of 65, through provision of meaningful and age appropriate services.	BCF	31.3.26
Crossroads Care	Lot 5 VSP Support to carers	BCF	31.3.26
Alzheimer's Society	Dementia Care Advisor Service (joint service with Reading Borough Council) Providing information, practical advice, tips and strategies as well as signposting to legal and financial support, based on personal circumstances and needs.	BCF	31.3.26

# Strategy position

---

- ❑ No joined-up Dementia Strategy at this time but the BOB Dementia Strategy Group has now been reconvened and is due to meet next on 24th Sept.
- ❑ BOB ICB Dementia Partnership Oversight Group convened June 25
- ❑ Agreed to consider using the validated Dementia 100 Toolkit
- ❑ Consideration being given to reconvening a Berks West Dementia Strategy Group – awaiting further direction from BOB ICB

This page is intentionally left blank

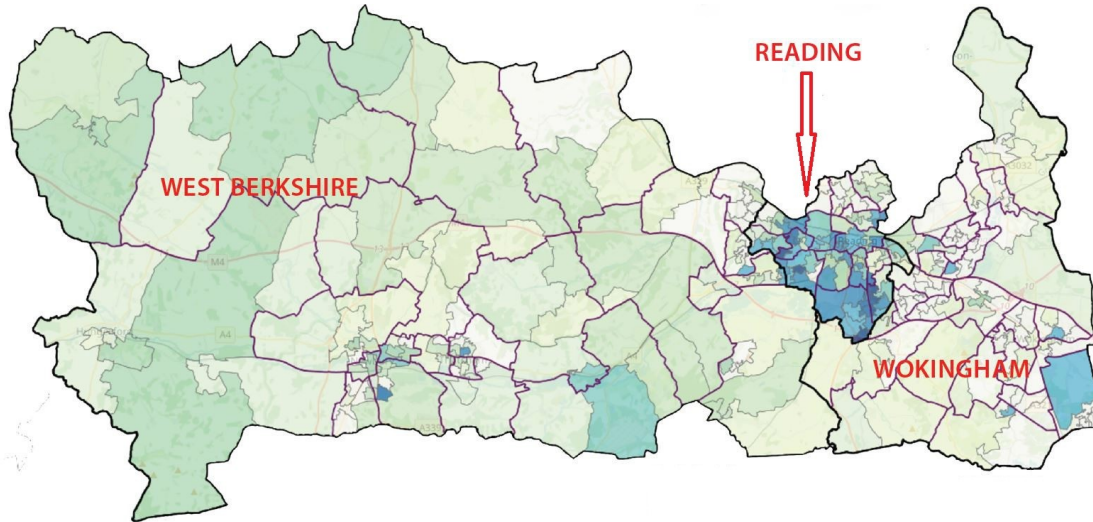
*West Berkshire*

# Older People's Mental Health *Memory Clinic*

Page 43

**Suzanne Wilson & Susan Shelton**  
West Berkshire Mental Health Services





West Berkshire covers a large geographical area.

The Beechcroft Community Mental Health Team comprises several specialist services, including the Memory Clinic, Home Treatment Team, Community Mental Health Team, Psychology, Occupational Therapy, and Speech and Language Therapy.

In certain cases, it is clinically appropriate to conduct assessments or provide support in patients homes rather than at the clinic at Hillcroft House. While this approach promotes accessibility and person-centred care, it can also result in extended travel times for clinicians due to the region's size.



# Urgent Memory Clinic Referrals



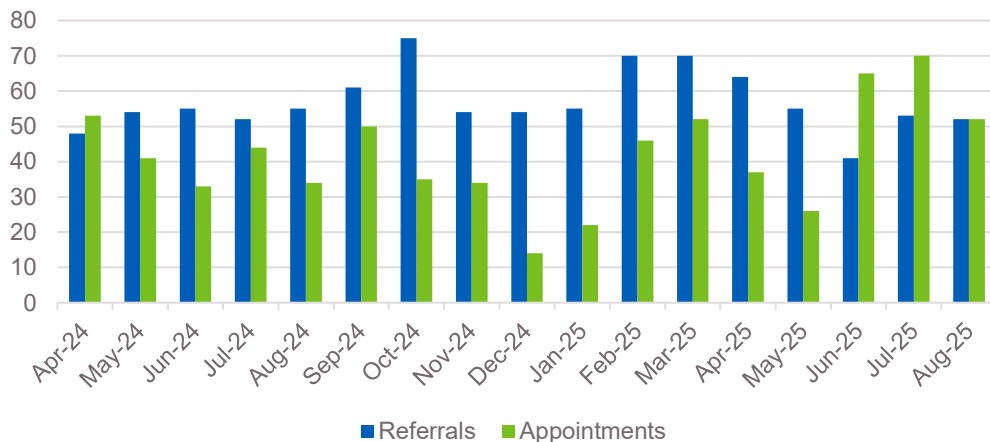
Referrals are triaged on the day they are received to promptly identify individuals presenting with significant risk factors or acute symptoms, such as severely distressing low mood, anxiety, hallucinations, psychosis, or other concerning clinical features. These referrals are directed to the Community Mental Health Team for assessment and treatment, or to the Home Treatment Team if urgent intervention is required.

# Routine Referrals / Appointments



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Referrals	48	54	55	52	55	61	75	54	54	55	70	70	64	55	41	53	52
Appointments	53	41	33	44	34	50	35	34	14	22	46	52	37	26	65	70	52

Memory Clinic Referrals / Appointments  
Apr '24 to Aug '25 inclusive



This data shows that over the last 3 months we've been able to increase our memory clinic assessment appointments.

During June and July, we have seen more patients than the number of incoming referrals.

# Support Provision for Routine Referrals

## While waiting for a Memory Clinic Assessment

### Support Available Prior to a Memory Clinic Assessment

When a person is accepted for a Memory Clinic Assessment their referral will be reviewed and risk assessed to support a safe, prioritised response. They will receive a letter advising them of the approximate wait time until assessment, contact details for the service in addition to other helpful contacts.

- *Next Steps*, which provides online advice in anticipation of a Memory Service appointment: [www.nextsteps.org.uk](http://www.nextsteps.org.uk)
- If you have difficulty managing at home some people find it helpful to liaise with the Adult Social Care team. You or next of kin could contact or refer yourself, and this can be done by calling 01635 503050 or online: [www.westberks.gov.uk/adultenquiry](http://www.westberks.gov.uk/adultenquiry).
- Support for family members or carers can also be offered by the local AgeUK Carers Partnership: [www.ageuk.org.uk/berkshire](http://www.ageuk.org.uk/berkshire), [info@ageukberkshire.org.uk](mailto:info@ageukberkshire.org.uk), & 0118 959 4242.

A Duty Nurse and Duty Doctor is available Monday to Friday 9-5 pm for specialist advice and support if needed. If the person's presentation requires their assessment to be expedited or require input from our CMHT or Home Treatment Team, this can be arranged.

Our regular hours for our Home Treatment Team is Monday to Friday 9-7pm and Saturday and Sunday 9-3pm.

# Support Provision

## Post Diagnosis and Treatment

### **Support Available Post Diagnosis**

Following Memory Clinic assessment, diagnosis and treatment the service offers:

A post diagnosis pack including resources and helpful information is provided to all patients.

A referral to the Dementia Care Advisor (Alzheimer's Society) is encouraged.

**Understanding Dementia Course** – This course is designed to support individuals caring for someone who has recently been diagnosed with dementia. It is delivered over six weekly sessions, each lasting two hours. The programme covers a range of essential topics, including an introduction to dementia, strategies for managing memory and communication challenges, understanding and coping with changes in behaviour, physical health considerations, legal matters such as driving and benefits, and planning for ongoing care. The aim is to equip carers with practical knowledge and emotional support to navigate the complexities of dementia care with confidence and compassion

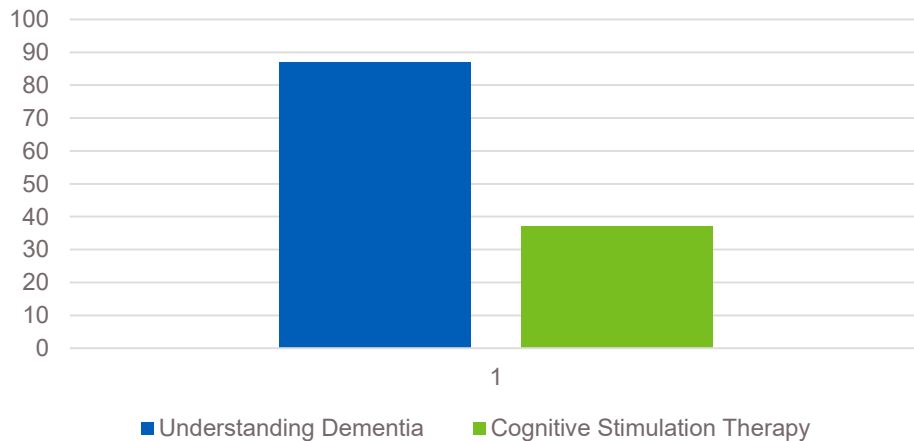
### **Cognitive Stimulation Therapy**

CST is a group aimed at people who are beginning to experience difficulties with some complex brain functions such as: memory, planning organisation and attention. It is a recommended treatment for people with mild to moderate Dementia. The course is comprised of 2 hrs and is run for 8 weeks aiming to exercise parts of the brain to help with memory and thinking skills

Extended assessment and treatment is also available in our wider service including input from: CMHT, Home Treatment Team, Occupational Therapy, Speech and Language Therapy and Psychology.

# Service Support

Number of Memory Clinic Course Attendees  
(Apr '24 to Mar '25)



Memory Clinic Course	Total Number Attendees
Understanding Dementia	87
Cognitive Stimulation Therapy	37

## Key Areas of Work

The Service has worked collaboratively with other Older People's Mental Health (OPMH) teams within Berkshire Healthcare NHS Foundation Trust (BHFT) to achieve MSNAP accreditation. Following the completion of our final submission, we are pleased to confirm that accreditation has now been awarded, reflecting our commitment to delivering high-quality, evidence-based care.

The service has been actively enhancing the knowledge and skills of nursing staff to enable them to conduct Initial Memory Clinic assessments under consultant supervision. This development has strengthened our ability to provide continuity of care for patients, while also expanding our capacity to deliver a greater number of assessments.

We are currently engaged in discussions to participate in the development of a new Dementia Hub. This initiative presents the potential opportunity to utilise clinic and meeting rooms in collaboration with other dementia services, fostering a more integrated and accessible model of care. While the project remains in its early stages, progress is steady and promising.

With support from the Trust, we have successfully reduced our patient wait list to 57 individuals as of the end of August 2025—down from 164 in December 2024.

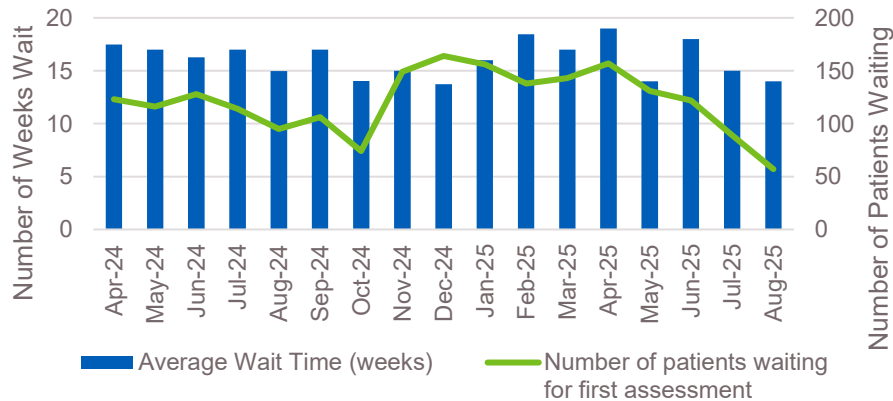
Our mean wait time has improved, decreasing from 18 weeks in April 2025 to 14 weeks in August 2025.

# Wait Times for Routine Appointments



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Average Wait Time (weeks)	17	17	16	17	15	17	14	15	14	16	18	17	19	14	18	15	14
Number of patients waiting for first assessment	123	116	128	114	95	106	74	149	164	156	138	143	157	131	122	89	57

Memory Clinic  
Waiting Time (weeks) & Numbers waiting



This chart shows a steady decrease in the number of patients waiting for first assessments since April 2025.

The mean number of weeks wait is sitting at 14 which is the lowest since October last year.

# BHFT Memory Clinic Review: Objectives



BHFT commenced a collaborative review of Memory Clinic services across Berkshire in September 2024, largely driven by waiting times and variations between our Memory Clinics in different localities.

The Review aims to:

- Understand more about our **variation** between our locality-based memory services
- To make sure that our Memory Clinic offers are **effective, productive** and provide **positive patient and carer experience**
- **Ensure** alignment with **what is needed locally and national best practice**.
- **Consider** where **best practice** in memory services can be more **consistently shared and implemented** between localities
- Explore aspects could be **streamlined** or **delivered differently to improve patient, carer and staff experience**
- Undertake the review using a **collaborative approach** with staff, carers and patients, and partners



# BHFT Memory Clinic Review: Priorities



Berkshire Healthcare  
NHS Foundation Trust

A QI- informed approach has been used to identify the key issues impacting on waits and variation across services. This has been undertaken with stakeholder engagement through a collaborative workshop and ongoing engagement with carer groups and networks.

several key themes have emerged which are being followed up through workstreams:

## **Standardisation:**

Mapping of all our services to identify where we have the the most effective and efficient processes

## **Clinical variation:**

Review of clinical pathways to ensure best evidence-based practice is consistently offered

## **Strong Leadership:**

Ensuring Memory and older adult services have parity with all service areas, and the older adult MH specialism is effectively represented in wider developments.

## **Access to accurate data:**

We are working on accessible and accurate dashboards to enable more accurate monitoring of the memory clinic pathways.

For more information on the review, please contact [susanna.yeoman@berkshire.nhs.uk](mailto:susanna.yeoman@berkshire.nhs.uk)

**Thank you  
any questions?**

## Paper to West Berkshire Health Overview and Scrutiny Committee

<b>Date of Meeting:</b> 30 <sup>th</sup> September 2025	<b>Agenda item:</b>
---	---------------------

<b>Title of Paper:</b> Dementia Strategy – update in lieu of full paper
---

<b>Paper is for:</b> (Please ✓)	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	X
---------------------------------	-------------------	--	-----------------	--	--------------------	---

<b>Purpose and Executive Summary</b>  In lieu of the full paper requested, the ICB has provided the attached information.
---

<b>Action required</b>  Members are asked to note the information provided and the intention to provide a written update prior to the December meeting.
---

<b>Authors:</b> Ben Riley (ICB Chief Medical Officer), Hannah Mills (ICB Deputy Chief Delivery Officer), Helen Clark (ICB Associate Director for Berkshire West Place)
--

<b>Date of Paper:</b> 22 <sup>nd</sup> September 2025
---

## West Berkshire dementia pathway - ICB update - September 2025

The West Berkshire Health and Social Care Scrutiny Committee has requested an update from BOB ICB on the NHS dementia care pathway, including diagnosis rates and waiting times as well as providing information on our strategy, areas of joint working and action being taken to address the link between hearing loss and dementia. This should be considered alongside the updates being provided by our partners in this pathway, Berkshire Healthcare NHS Trust and the West Berkshire adult social care team.

A report was originally requested by the committee for the May HASC meeting but was deferred due to staff sickness in the team responsible for commissioning dementia services. Unfortunately, this capacity constraint has become a longer-term issue for the ICB, compounded by other staff shortages and the announcements of national organisational changes to ICBs which have resulted in pauses in staff recruitment.

Whilst arrangements are in place to ensure overall business continuity and support the delivery of front-line services, we regret that staffing capacity limitations are currently making it difficult in the short-term for the ICB to respond to requests for specific data reports, such as the information requested, or to provide subject matter experts with expertise in dementia to attend external stakeholder meetings.

On 09 September, the Government announced to Parliament that BOB ICB will cease to operate at the end of March 2026 and a new Thames Valley ICB will be formed from 1<sup>st</sup> April 2026. It is anticipated that the new organisation and associated operating model will develop enhanced capabilities for data reporting, analysis and insight, and stakeholder engagement to inform future HASC reports and discussions.

The BOB ICB commissioning team would like to assure the Committee that despite the challenges described above, we continue to work closely with partners to improve dementia services:

- A BOB Dementia Partnership Group is working to review diagnosis rates and further develop the joint strategy
- We are currently awaiting the findings of a BHFT review that has investigated the diagnostic pathway
- We are planning a full demand and capacity review of post-diagnostic support
- Better Care Fund (BCF) funding is being used to commission voluntary sector support for both young people with dementia and older adults, with additional funding recently allocated to the Alzheimer's Society to increase dementia care advisor capacity within West Berkshire.

We propose that a further written update is provided for Members as soon as capacity allows to address the specific information queries raised. We will strive to produce this in advance of the December HASC meeting.

Our Associate Director of Place for Berkshire West will attend the September HASC meeting to present this update, listen to members' views and concerns and to gather queries to follow up with the dementia team.

We are grateful to the committee for their patience and understanding at this particularly challenging time, as we transition to our new commissioning organisation.

---

## Director of Public Health Annual Report 2025

---

**Committee considering report:** Health and Adult Social Care Scrutiny Committee

**Date of Committee:** 30 September 2025

**Portfolio Member:** Cllr Patrick Clark

**Report Author:** Matt Pearce

---

### 1. Purpose of the Report

To share the Director of Public Health (DPH) Annual Report 2025 with the Health and Adult Social Care Scrutiny Committee. The focus of the 2025 report is 'Setting the Foundations for Lifelong Health'.

### 2. Recommendation(s)

To note the content of the report, and for Health and Adult Social Care Scrutiny Committee Members to consider the recommendations contained within.

### 3. Implications

Implication	Commentary
<b>Financial:</b>	There are no direct financial implications of this Annual Report, although implantation of the recommendations may incur costs should they be supported.
<b>Human Resource:</b>	There are no HR implications for this report.
<b>Legal:</b>	The Director of Public Health (DPH) has a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities. The annual report remains a key method by which the DPH is accountable to the population they serve.
<b>Risk Management:</b>	There are no specific risks arising from the report
<b>Property:</b>	There are no property implications for this report.
<b>Policy:</b>	The Director of Public Health (DPH) report should be considered as part of policy making across the council and partner organisations.

	Positive	Neutral	Negative	Commentary
<b>Equalities Impact:</b>	✓			This report demonstrates the stark health inequalities and poorer outcomes that are systematically experienced by children in the most deprived areas. The inequalities that develop in early years can become embedded throughout their lives. However, providing high quality services for infants, children and young people can prevent ill health in later life, create healthier communities and reduce demand for services.
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		✓		
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	✓			There will be a positive impact if recommendations are supported by the council and partner agencies
<b>Environmental Impact:</b>		✓		There are no general implications for the environment arising from this report, although leading healthier lives would have a positive impact e.g. food sustainability, active travel etc
<b>Health Impact:</b>	✓			
<b>ICT Impact:</b>		✓		There are no general implications for ICT arising from this report
<b>Digital Services Impact:</b>		✓		There are no general implications for Digital Services arising from this report.

<b>Council Strategy Priorities:</b>				The report supports priority 5 of the council strategy
<b>Core Business:</b>				Many of the recommendations within the report will be fulfilled through national policy making
<b>Data Impact:</b>				There are no general implications for Data arising from this report, although one recommendation
<b>Consultation and Engagement:</b>	<p>Community and stakeholder engagement is not a requirement of the Director of Public Health Annual Report, although the following people have either been involved in the production of the document or consulted</p> <p>Zoe Campbell (Public Health Business Manager) Nerys Probert (Senior Public Health Programme Officer), Alice Luker (Senior Public Health Analyst), Steven Bow (Consultant in Public Health – Service Lead), Paul Coe (Executive Director – ASC and Public Health), Annemarie Dodds (Executive Director – Children and Family Services)</p>			

#### 4. Executive Summary

- 4.1 The Director of Public Health (DPH) annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.
- 4.2 The DPH Annual Report for 2025 - 'Setting the Foundations for Lifelong Health', sets out the health of children and parents in West Berkshire and the challenges they face, alongside the work and achievements made in giving our children the best opportunities for good health, both now and in the future.
- 4.3 The report provides an overview of the health and wellbeing status of parents and children during infancy, highlighting areas where West Berkshire benchmarks well, and areas that need attention. The report sets out several recommendations which Health and Adult Social Care Scrutiny Committee may wish to consider going forward.

#### 5. Supporting Information

- 5.1 Since 1988 the Directors of Public Health (DPH) have been required to publish an annual report on the health of their population, this can be an overview assessment or based on a specific theme.
- 5.2 The annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.

- 5.3 The annual report remains a key method by which the DPH is accountable to the population they serve.
- 5.4 The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following:
- a. Contribute to improving the health and well-being of local populations
  - b. Reduce health inequalities.
  - c. Promote action for better health through measuring progress towards health targets.
  - d. Assist with the planning and monitoring of local programmes and services that impact on health over time.
- 5.5 The Public Health Annual Report is the DPH's independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.
- 5.6 For the 2025 report, the topic of best start in life was chosen and highlights the following:
- What happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood
  - Chronic stress in early childhood has a negative impact on a baby's development and can have long-lasting effects on health and wellbeing.
  - Significant progress has been over the last few years across a range of health indicators, including; reducing tooth decay, smoking in pregnancy, school readiness and uptake of immunisations.
  - Whilst West Berkshire tends to have better outcomes for young children compared with most national and regional averages, there are still areas for improvement including:
    - 44% of babies are not breastfed at 6-8 weeks
    - The rate of emergency admissions for lower respiratory infections among males aged 0-4 years is higher than the national average
    - Childhood obesity at reception age remains high, with significant differences between the most and least deprived parts of West Berkshire
    - Whilst levels of school readiness for children have recently improved, progress is needed for children on free school meals, particularly among boys.
    - 5.9% of people smoked during pregnancy, this equates to around 80 pregnant people smoking, which will likely have profound implications for both mother and child
    - Around a third of people in early pregnancy in West Berkshire (355) are categorised as obese
    - One in six five-year-olds have tooth decay.
    - Whilst coverage levels for childhood immunisations are above the national target for most immunisations, uptake will vary across different population groups. This includes children in care, where uptake is significantly lower than the national average.



- Approximately one in five eligible parents are not claiming healthy start vouchers which equates to approximately £70,720 of unclaimed food vouchers locally per year.
- Some areas (most notably antenatal visits and 6-8 week visits) within the Healthy Child Programme need to improve.
- 11% (3,398) of children under the age of 16 are living in poverty
- In 2020/21, 6,050 homes in West Berkshire were estimated to be non-decent, 9.0% of the total housing stock, which is significantly lower than the England average.

- 5.7 The report highlights good practice that local organisations are doing to support the outcomes of young children across the district. This includes Home-start, Get Berkshire Active, Swings and Smiles and Royal Berkshire NHS Foundation Trust, plus many others.
- 5.8 The recommendations included in the report outline how public health and the wider system can further improve the health and wellbeing of West Berkshire infants, children and young people and to reduce health inequalities, the high-level recommendations are based on the evidence of what works to reduce health inequalities;
1. Invest in parent support programmes
  2. Increase uptake of healthy start vouchers
  3. Ensure the successful implementation of family hubs
  4. Improving school readiness
  5. Improving oral health
  6. Empowering families to plan for pregnancy
  7. Better information and signposting
  8. Adopt a whole system approach to trauma informed practice
  9. Become a 'child friendly' district
  10. Better data and information sharing across agencies
  11. Ensure comprehensive parent support classes
  12. Have a high performing healthy child programme
  13. Develop a health promotion programme for early years settings
- 5.9 These recommendations will need to be delivered through a whole system approach with a focus on joint working across the interfaces to enable the whole to become more than the sum of its parts.
- 5.10 Given the importance of the recommendations contained within the report, it may be prudent to review progress against actions that underpin these in 12-months' time, should the council or partner organisations decide to adopt them.
- 5.11 Since work on this report had commenced, the Government have announced a series of policy measures through their [Giving Every Child the Best Start in Life strategy](#), that will in part, support the implementation of the recommendations set out in the report. It is advised that these recommendations are viewed within this context.

## 6. Proposal(s)

It is proposed to note the content of the report, and for Health and Adult Social Care Scrutiny Members to consider the recommendations contained within.

## 7. Options Considered

No alternatives were considered as the DPH Annual Report is a statutory document and forms an aspect of the strategic planning process for protecting and improving the health and wellbeing of West Berkshire residents.

## 8. Conclusion(s)

The Annual Report from the Director of Public Health presents an independent view to inform local people and policy makers about the health of their community and identifies important issues, flags up problems and reports on progress across the early years.

## 9. Appendices

Appendix A – Director of Public Health Annual Report 2025 – Setting the Foundations for Lifelong Health

---

### **Background Papers:**

None

---

The Director of Public Health Annual Report 2025

# Setting the foundations for lifelong health



# Contents

Foreword from West Berkshire's Director of Public Health

**Section 1** - The early years in West Berkshire at a glance

**Section 2** - Why the best start in life is important?

**Section 3** - Demographics

**Section 4** - Preparing for parenthood

**Section 5** - Early growth

**Section 6** - Investing in the early years

**Section 7** – Healthy Child Programme

**Section 8** - Giving our children the best start

Recommendations



## Foreword by Director of Public Health



Welcome to my first Director of Public Health Annual Report for West Berkshire which is one of the ways in which I can highlight specific issues that will improve the health and wellbeing of West Berkshire. For this report I have decided to focus on the first 1001 days of a child's life which are critical to a child's development and set the foundations for lifelong emotional and physical wellbeing.

The format of the report is based on the 'red book', officially known as the Personal Child Health Record (PCHR), which is recognised as an important source of information for new parents.

The evidence is clear, the foundations for virtually every aspect of human development – physical, intellectual and emotional - are laid in early childhood. What happens from this point forward has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status.

I was fortunate to grow up in a stable and loving family, where my parents had the resources that enabled me to develop and flourish in a safe and happy environment. However, not every child has this same opportunity and there is now good evidence that early childhood experiences, such as trauma, can have a lasting impact on physical and mental health.

Being a parent of two children, I understand the emotional and physical demands which parents and carers need to cope with. There is no instruction manual, and the way we parent is shaped by our own upbringings, the resources available, our home environment, attitudes, and values. It is often said that it takes a 'village to raise a child', which conveys the importance of family members, neighbours, professionals, community members and policy makers all playing a role in the upbringing of children.

This report demonstrates that a failure to act early comes at great cost, not only to individuals but to society as a whole. Every child, regardless of the circumstances into which they are born, should be able to maximise their potential and future life chances. I hope this report raises awareness of why investing and prioritising the first 1001 days is key to giving children the best start in life and how the council and partners can enhance health and wellbeing of the 9,897 children aged 0-5 years in West Berkshire and future generations.

**Dr Matthew Pearce**  
**Director of Public Health**



---

Acknowledgements: Zoe Campbell (Public Health Business Manager) Nerys Probert (Senior Public Health Programme Officer), Rojina Manandhar (Public Health Programme Officer), Paul Trinder (Senior Public Health Analyst), Alice Luker (Senior Public Health Analyst)



## Section 1: The early years in West Berkshire at a glance

If West Berkshire were a town of 100 children:

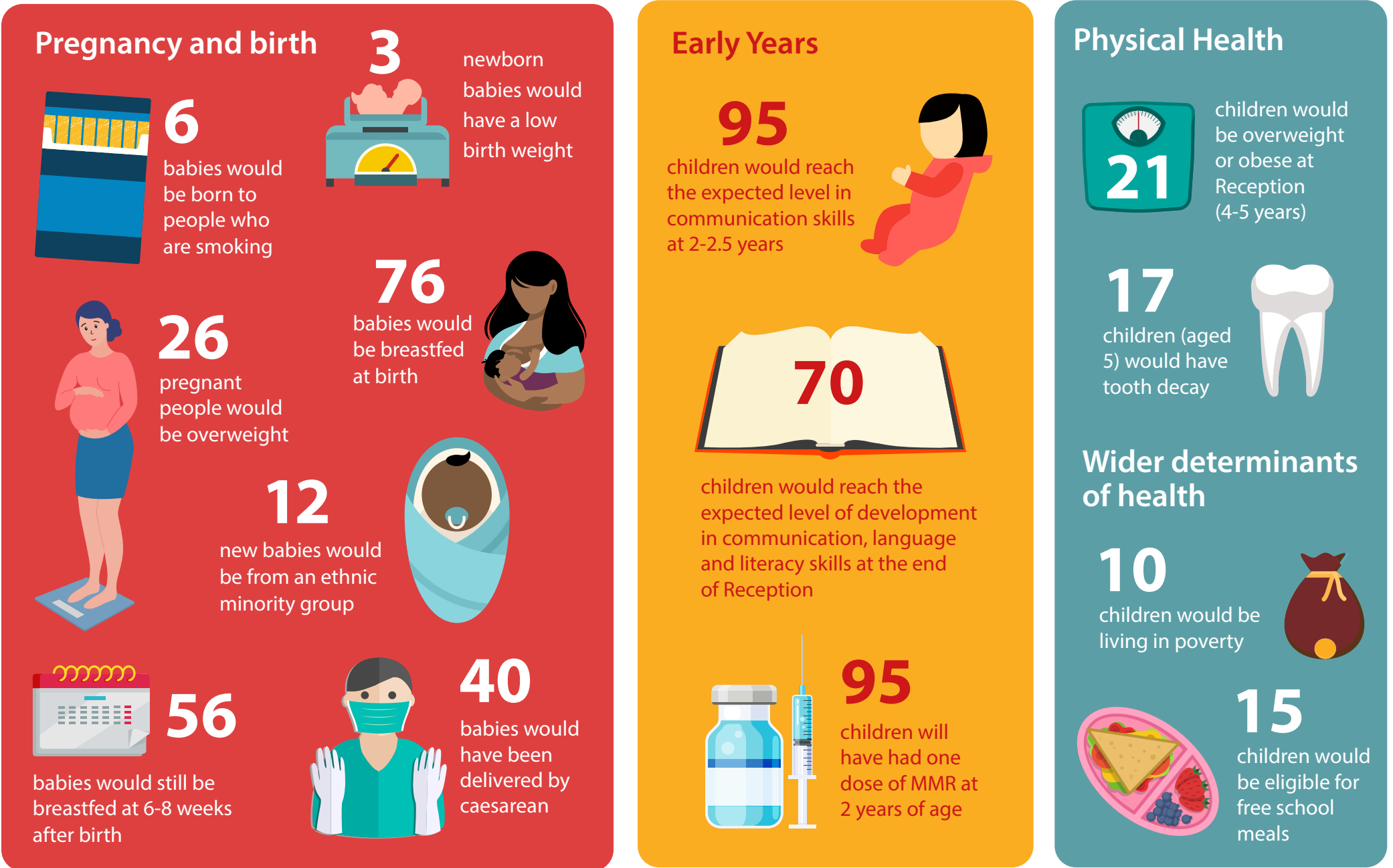


Figure 1 – Infographic representing a town of 100 children in West Berkshire



## Section 2: Why the Best Start in Life is important?



What happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood. No other species on earth is born as completely helpless and dependent as a human infant. Elephants walk seconds after birth, a newborn baboon can cling to its mother while she swings widely through the trees and there is a lizard called a Labord chameleon that never even meets its parents.

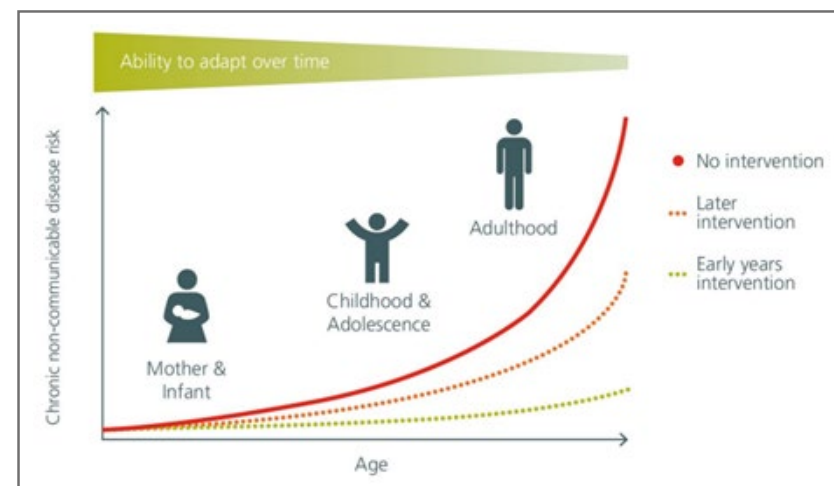
While this dependency trait might seem like a liability, it is the very thing that allows our brains to develop such complex grey matter in our pre-frontal cortex. Our attachment drive is the advantage that sets human beings apart as the only species with verbal capacity and the ability to mentalize and meta process, which means that we can make meaning out of our experiences and learn from the experiences of others.

Childhood is not just a preparation for adulthood, it is a unique and vital stage of life. Seeing the world through a child's eyes, recognising their emotional needs in the moment, and creating environments where they feel safe, curious, and connected helps us nurture not only future health, but also present wellbeing. During the period from conception to age two, babies are uniquely susceptible to their environment. Babies are completely reliant on their caregivers and later development is heavily influenced by the loving attachment babies have to their parents. Influences during this crucial time also impact on experience of the wider determinants of health which are often outside their control.<sup>1</sup>

Factors such as parental diet and health behaviours impact the development of disease across the life course of the child, including cardiovascular and lung disease, diabetes, some cancers and mental disorders. Figure 2 illustrates that interventions in childhood are likely to be more effective at reducing the risk of developing a disease across the life course. In adulthood, problems may be harder to treat and resistant to change and therefore intervening early is important. The first 1001 days is a critical window for all children, including those with or at risk of special educational needs and disabilities (SEND), early intervention is particularly beneficial for children with SEND. Improving outcomes in the first 1001 days must include equitable support for children with SEND.

Despite decades of evidence that tell us that the time from conception until the baby's second birthday (the first 1001 days) is essential for a whole host of future outcomes, recent research found that there is limited awareness of the importance of early years.<sup>2</sup>

What happens in the first 1001 days does not determine a child's entire development, but getting things right in pregnancy and the first two years puts children on a positive developmental course, so they can take advantage of other opportunities.



**Figure 2 - Theory of development and impact of early intervention on chronic diseases**



## Brain development and the first 1001 Days

Construction of the basic architecture of the brain begins before birth with more than a million new neural connections being formed every second in the first year of a baby's life. Sensory pathways for basic functions like vision and hearing develop first, followed by early language skills and higher cognitive functions. This is the peak period of brain development<sup>3</sup>, see figure 3.

In the first years of life the babies' brains will be very much affected by the emotional experiences they have with those caring for them. A baby's brain is receiving information all the time from how they are being cared for and what they can see, smell, feel and taste. Inside the brain lots of connections are being made so those messages and learning can be stored for the future, just like any new learning this can take time. Just like any new learning, this takes time. To make the best use of these experiences and form strong neuro-connections, a baby's brain sometimes needs to pause and reduce stimulation from the outside world. This quiet time helps the brain focus on processing and organising what it has taken in.

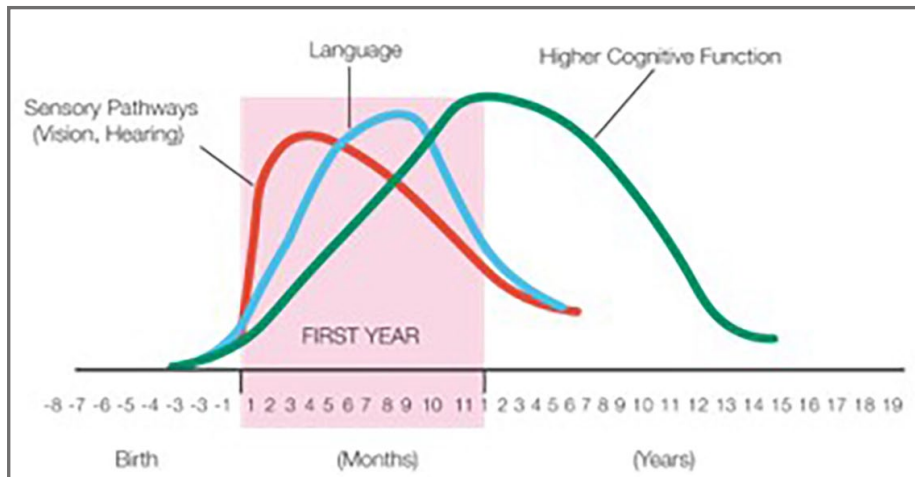


Figure 3 - Brain development from conception to 19 years

Connection is the foundation of healthy brain development. While often discussed alongside attachment, connection refers more broadly to the child's experience of being emotionally seen, safe, and valued. Connection is what allows children to develop resilience, empathy, and emotional regulation. When children feel deeply connected to their caregivers, their brains are more likely to develop the neural pathways needed for learning, self-regulation, and social interaction. Connection is not a luxury - it is a biological necessity.

Research shows the quality of relationships and emotional connections during the earliest stages of life can outweigh the detrimental effects of later adversities. Studies have shown that stable and positive early relationships are essential for healthy brain development and can mitigate the effects of later stressors. For instance, research indicates that infants require stable emotional attachments with primary caregivers to promote positive growth in cognitive and caring potentials.<sup>4,5,6,7</sup>

The way our brains develop is a product of the interplay between our genes and our environment. Our environments play a crucial role in shaping the developing brain in the first 1001 days. This is a period when we are particularly susceptible to positive or negative experiences, which strengthen or harm brain development. As a result, exposure to adversity during this period could have long term.<sup>8</sup>



## SPOTLIGHT – Home-Start West Berkshire

Home-Start West Berkshire is a voluntary organisation that receives no statutory funding, that plays a vital role in supporting families during the first 1001 days of a child's life, from pregnancy through to a child's second birthday. This critical window of development lays the foundations for lifelong emotional and physical health, and Home-Start's work ensures families have the support they need to thrive during this time.

Through a team of 55 trained volunteers, the charity offers personalised, compassionate support to families across West Berkshire. Last year, they have supported over 410 families and approximately 800 children.

Services include home visiting, perinatal mental health support, group sessions, a Baby Bank, crisis support, and advocacy. The projects are designed to reduce stress, promote bonding and attachment, and empower parents during what can be a challenging period.

The Maternal Mental Health Service has demonstrated significant positive outcomes across multiple areas of family wellbeing. The impact of Home-Start's work is best expressed through the voices of those they support:

***"I was in a difficult place in life due to long-term trauma and then loss of a baby. My mental health was in tatters. The Home-Start volunteer has been amazing, the support and help have been invaluable. She has helped physically in my home; it is the most help and consistent support I've ever had."***



## Trauma and adversity in childhood

We now know that chronic stress in early childhood - whether it is caused by repeated abuse, severe maternal depression or extreme poverty – has a negative impact on a baby's development. Some exposure to stress is an important and necessary part of development but only when it is short-lived physiological responses to moderately uncomfortable experiences. Regular exposure to high levels of stress causes unrelieved activation of the baby's stress management system. Without the protection of adult support, chronic stress becomes built into the body by the processes that shape the architecture of the developing brain.

Exposure to early adversity, particularly in the absence of nurturing relationships, can have long-lasting effects on wellbeing. Many factors can make it more difficult for parents to have the emotional capacity to provide their babies with the sensitive, responsive care they need. These might include mental health problems or the stress of living with poverty.

Chronic unrelenting stress in early childhood – such as exposure to conflict or abuse – can be extremely damaging to the developing brain, particularly if a child does not have a secure relationship with an adult who can help to 'buffer' the impact of this early adversity. This stress, known as 'toxic stress', leads to prolonged activation of the stress response systems which can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, into the adult years<sup>9</sup>.



The term Adverse Childhood Experiences (ACEs) is frequently used to describe “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity”<sup>10</sup>.

ACE’s are experiences that can detrimentally impact a child later in life. Reports suggest that many of the young people impacted by violence and knife crime have experienced adverse childhood experiences<sup>11</sup>. Children impacted by stress and negative experiences are more likely to have poor educational attainment, develop harmful, anti-social behaviours and become involved in crime (see figure 4).

## The impact of ACEs



**Figure 4 - Impact of adverse childhood experiences on future outcomes**

Studies have consistently linked ACEs to a greater likelihood of developing a range of chronic diseases, like respiratory illnesses, cardiovascular disease or cancers, and with poorer mental well-being. They indicate the risk increases exponentially, as the number of ACEs increases, so does the likelihood of encountering poorer outcomes. However, the link is an association rather than causal.

Children exposed to adverse ACE's may experience disruptions in brain development, emotional regulation, and learning capacity. These effects can contribute to behavioural and cognitive challenges that overlap with or exacerbate SEND. While not all children with SEND have experienced trauma, those in care or adopted from care—many of whom have SEND—are particularly vulnerable to ACEs. Trauma-informed approaches are increasingly recognised as essential in supporting children with complex needs, helping to mitigate the long-term impact of early adversity

Those who experience ACEs, even multiple ACEs, will not necessarily go on to experience poorer outcomes. This is because there are many other factors which can influence someone’s life outcomes. While ACEs cannot be used to predict who will or won’t go on to experience poorer outcomes, they can be used to identify the potential prevalence of poorer outcomes at a population level. A study published in 2014 estimated that just under half the population of England had experienced at least one adversity, with almost one in four having experienced two or more.<sup>12</sup>

Based on national research we can estimate the number of ACE’s amongst the 0-18 year old population in West Berkshire (see Figure 5).

Adverse childhood experience	Estimate	Low	High
Parental separation or divorce	18-25%	6,682	9,281
Emotional/psychological/verbal abuse	17-23%	6,311	8,538
Childhood physical abuse	14-17%	5,197	6,311
Exposed to domestic violence	12-17%	4,455	6,311
Household mental illness	11-18%	4,084	6,682
Household alcohol abuse	9-14%	3,341	5,197
Household drug abuse	4-6%	1,485	2,227
Childhood sexual abuse	3-10%	1,114	3,712
Household member in prison	3-5%	1,114	1,856

**Figure 5 - Estimated number of 0-18 year olds experiencing specific adverse childhood experiences in West Berkshire (2023) <sup>13,14</sup>**



## Health inequalities

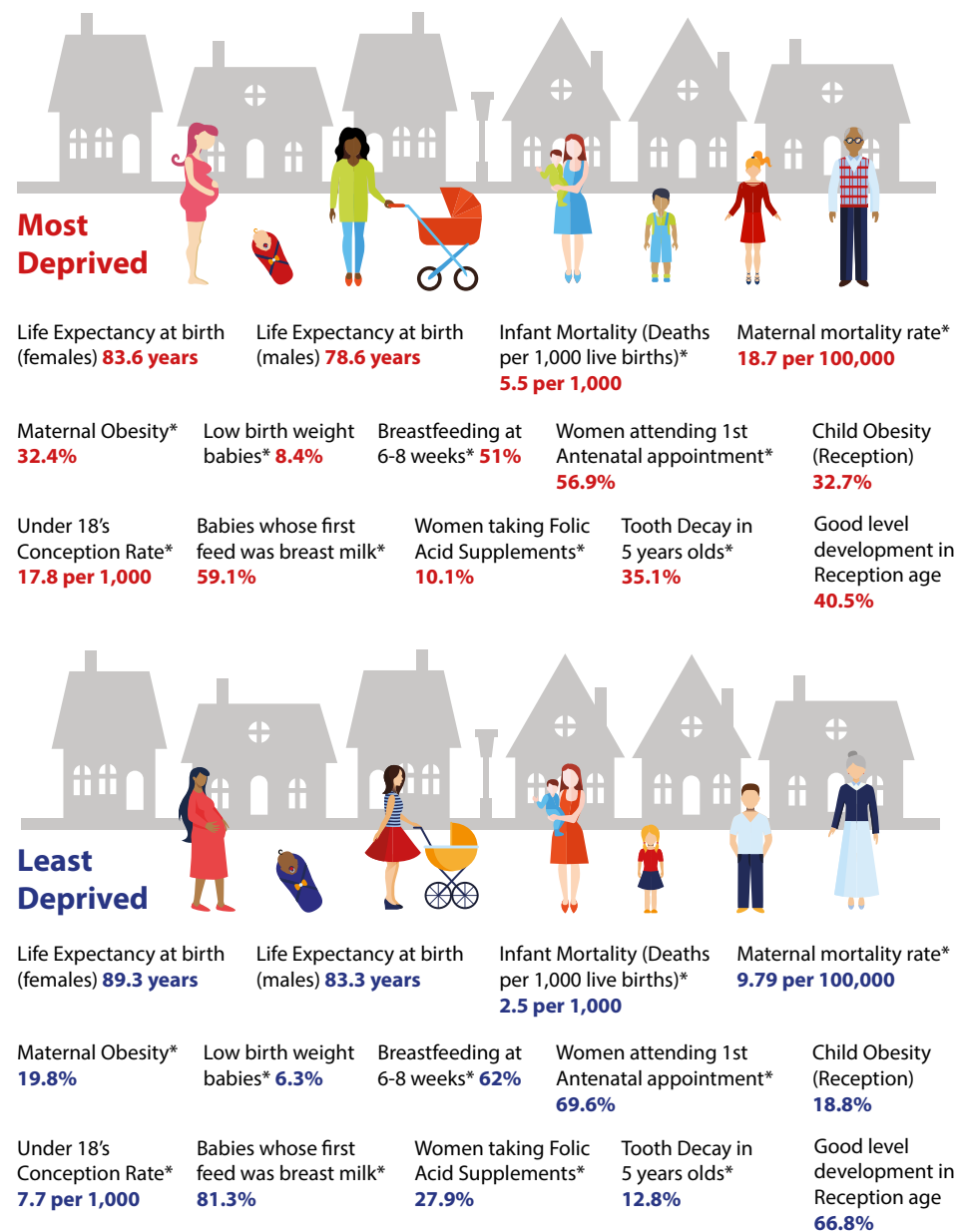
On the whole, health, wellbeing, and development outcomes for children and young people are generally better in West Berkshire than nationally. However, we know that good health and wellbeing outcomes are not shared by everyone. Where you are born and who your parents are can help predict several outcomes in pregnancy, childhood and beyond.

The conditions to promote and protect child health affect pregnant people, families and young children throughout West Berkshire differently. It is known that socioeconomic status is associated with greater risk of ACEs /maltreatment. 101 children are living in the 20% most deprived parts in West Berkshire

Income inequality is correlated with many social and economic factors that impinge on the health of a child and its parents during the first 1001 days. Lower income is likely to, but not necessarily, mean poorer quality housing and local living environments, poorer parenting skills, poorer nutrition and greater likelihood of harmful environmental exposures. Figure 7 highlights some of the national and local differences in health and wellbeing outcomes depending on where people live.

Evidence shows that some black and minority ethnic groups are more likely to experience negative outcomes in pregnancy and early childhood. A report found that black women in the UK are 3.7 times more likely to die during or up to six weeks after the end of their pregnancy than white women, and Asian women are 1.8 times more likely to die than white women<sup>15</sup>. Furthermore, infant mortality rates are shown to differ by ethnicity of the baby, with babies from black ethnic backgrounds having the highest infant mortality rates, followed by Asian ethnic backgrounds, with white ethnic backgrounds having the lowest rates.<sup>16</sup> Children from urban areas are also more likely to die than those from rural areas.<sup>17</sup> Children with learning disabilities face significantly worse health outcomes, which are often linked to unmet health needs, delayed diagnoses, and barriers to accessing timely and appropriate care.

**Figure 6 - Differences in health outcomes and risk factors between the least and most deprived areas in West Berkshire**



Sources: [Child and Infant Mortality and in England and Wales 2021](#); [National Dental Epidemiology Programme \(NDEP\) for England: oral health survey of 5 year old children 2022](#); [Fingertips](#); [Maternal mortality 2021-2023](#); [Child and maternal health profiles](#)

\*Denotes national data for illustrative purposes only



Marmot stated in his 2010 report, 'Fair Society, Healthy Lives'<sup>18</sup>; that: 'giving every child the best start in life is crucial to reducing health inequalities across the life course.' The report sets out the evidence on how best to improve health and wellbeing to ensure all children have the best start in life.

When we explore data and insights from a sub-West Berkshire level, looking at inequalities in outcomes by geography, deprivation, equality group, or specific vulnerabilities, we see that outcomes are not good for all children. In fact, there are persistent and sometimes growing inequalities in outcomes between particular groups of children within the community. Some of these outcomes are consistently poor and are worsening. We often measure outcomes by looking at averages across a whole population. In areas such as West Berkshire, this inevitably risks overlooking the way the outcome is distributed within the population, and the gradient of the slope.



"Where you are born and who your parents are can help predict several outcomes in pregnancy, childhood and beyond."

## Child Poverty

It is important to consider the effects of childhood poverty on health outcomes both in childhood and later in life. Childhood poverty has been shown to cause lower birth weight and reduced breastfeeding as well as other negative health outcomes including increased risk of contracting diseases, higher levels of obesity, and a higher likelihood of developing a mental disorder.<sup>19</sup>

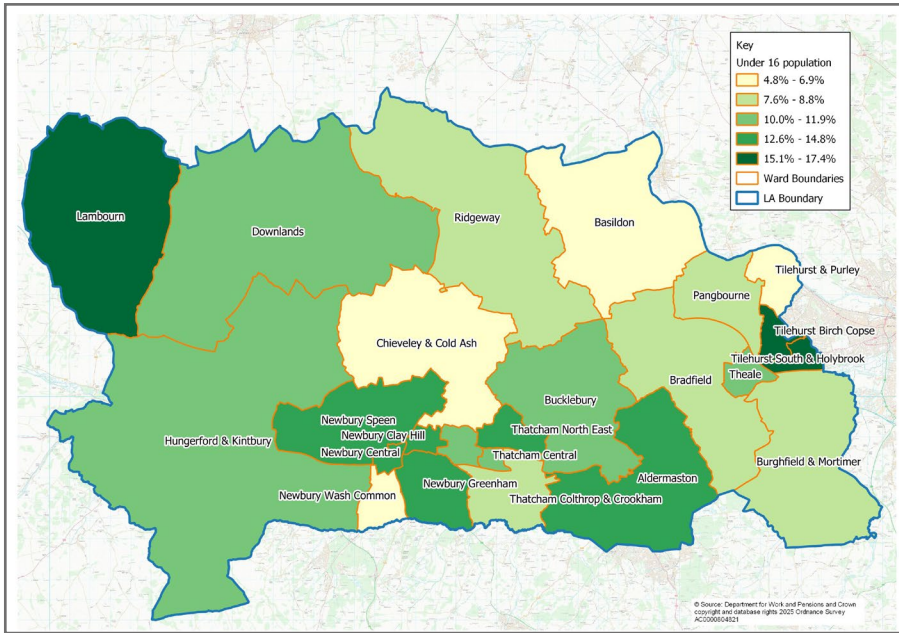
Evidence also shows that poverty can increase mortality risks.<sup>20</sup> The effects of childhood poverty can go on to have implications in adulthood, with poor educational attainment being a predictor of poverty or severe material deprivation at a later stage in life.<sup>21</sup> Those at highest risk of childhood poverty include children from lone parent families, black and minority ethnic backgrounds, and larger families.<sup>22</sup>

The Marmot Review<sup>23</sup> suggests that there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

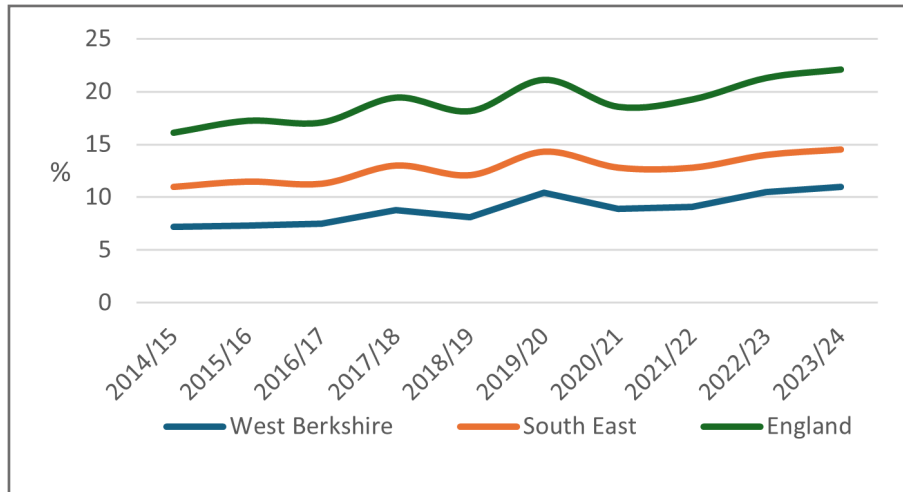
In West Berkshire, 11% of children under the age of 16 were living in poverty in 2023/24, which is 3,398 children.<sup>24</sup> Since 2014/15, levels of child poverty in West Berkshire have increased (in relative terms) by 52.8% compared with an increase of 37.3% in England (see Figure 7 and 8).

Public health and healthcare services, particularly primary care, health visitors and school nurses, play a key role in early intervention to mediate the adverse health effects of poverty and prevent more serious problems later in life.





**Figure 7 - Child poverty (%) in children under 16 by wards in West Berkshire (2023/24)**



**Figure 8 - Child poverty (%) in children under 16 in West Berkshire (2023/24)**

## Commercial Determinants of Health

One area that often receives less attention in understanding the influences on health is the commercial determinants of health. Commercial determinants of health is a phrase designed to encapsulate a conflict of interest in some parts of private sector activity where profit maximisation may be dependent on promoting products and behaviours that are detrimental to health. Industries utilise different tactics such as denial, distortion and distraction to shed doubt on public understanding of risk and profit from health-harming behaviours.

For example, there have been marketing campaigns to undermine the negative health consequences of smoking and alcohol consumption during pregnancy. Additionally, as noted in this report, West Berkshire continues to have high level of childhood obesity with one in five reception age children and one in three year six children very overweight.

The commercial influences on parental and infants' health should be recognised if we are to counter the strong market factors at play that undermine children's health and wellbeing. It is often said, that our choices and our children's choices are commercially determined. It is therefore important that we continue to understand the methods and tactics that various industries employ that make it difficult for the public to lead healthy lives.

The Government has recently published new healthier food standards for commercial baby food manufacturers in an attempt to reduce salt and sugar in their products and stop promoting snacks for babies under the age of one. Baby food manufacturers have been given 18 months to comply with the new standards. The standards also include clearer labelling guidelines to help parents understand more easily what food they are buying for their children.



Children aged 0-5 represent 6.1% of the population of West Berkshire, which is 9,897 children. Over the next 20-years, the proportion of the children aged 0-5 years is projected to fall to 5.4% of the population.

The wards of Thatcham West, Newbury Greenham, and Newbury Clay Hill have the highest rates of children aged 0-5 in West Berkshire; wards in the North, such as Downlands, and Basildon, were among those with the lowest rates.

## Births

There were 1,435 live births in West Berkshire in 2023. Over the past decade, the number of live births in West Berkshire have fallen from 1,744 to 1,435, and during this time, the General Fertility Rate (GFR) (the number of births per 1,000 women of reproductive age in a given year) fell from 60.4 (per 1,000 females aged 15-44) to 50.5. Across the wards of West Berkshire, the GFR ranged from 24.6 (per 1,000) Chieveley and Cold Ash to 65.8 in Hungerford and Kintbury (see figure 9).

## Ethnicity

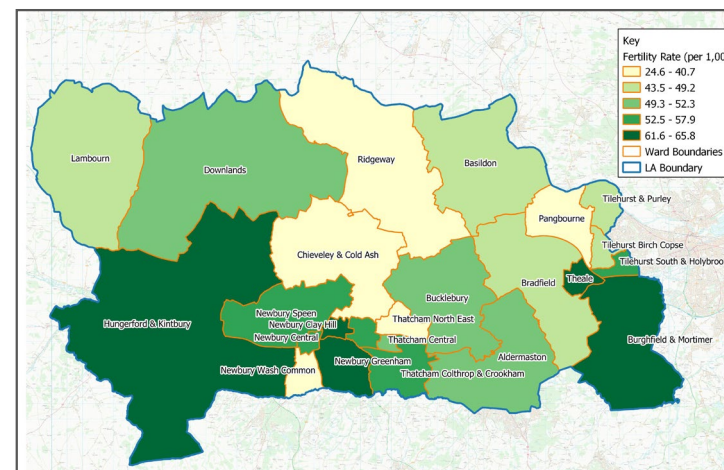
In West Berkshire, there were 8,310 children under the age of five, based on the 2021 Census. Of these, 1,164 (14.0%) were from a non-White background. Across all ages, non-White children under five made up 0.7% of the total population in West Berkshire.

Across the wards of West Berkshire, the proportion of children under five from non-White backgrounds ranged from 0.8% in Downlands to 30.0% in Newbury Central. Proportions were also high in the wards of Tilehurst Birch Copse (25.1%) and Tilehurst South and Holybrook (27.0%) (see figure 10).

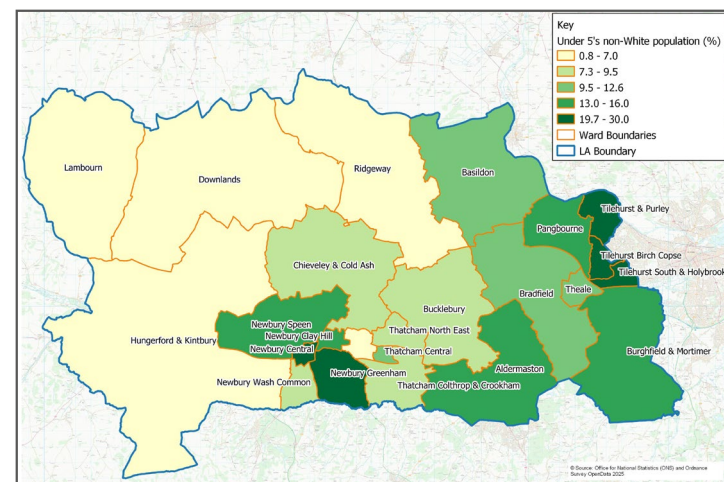
## Infant Mortality

Infant mortality (deaths occurring during the first 28 days of life) is a good indicator of the general health of an entire population. It reflects the relationship between causes of infant deaths and upstream determinants of population health such as economic, social and environmental conditions.

Most infant deaths occur during the first year and particularly during the neonate period (up to 28 days) where around 80% of infant deaths occur. Pre-term birth accounts for 40% of neonate deaths. This is often due to immaturity or underdevelopment of respiratory and cardiac systems. Congenital malformations are the next leading cause of death at around 33%, followed by other causes that include trauma and sudden unexpected deaths in infants (SUDI).



**Figure 9 - General Fertility rate (per 1,000 females aged 15-44) by wards in West Berkshire (2023)**



**Figure 10 - Children (%) under 5 from non-White backgrounds by wards in West Berkshire (2021)**







## Section 3: Demographics

Infant mortality rates are known to be worse in disadvantaged groups and areas. Poor health outcomes – for example higher infant mortality rates – are often linked to social factors such as education, work, income and the environment. Lifestyle choices and the quality, availability and accessibility of services are also important.

The West Berkshire rate (4.5 per 1,000) for 2021-23 is similar to England (4.1). During the latest three-year period, there were 20 infant deaths. Since 2018-20, the rate in West Berkshire has increased from 2.4 to 4.5, an increase from 11 deaths to 20<sup>25</sup>.

Reducing infant mortality requires a combination of health interventions and actions on the wider social determinants of health by the NHS, local authorities and voluntary organisations, charities and social enterprises. These interventions must start before birth.

Giving every child the best start in life through interventions to reduce health inequalities in infant mortality is central to reducing health inequalities across the life course. Evidence suggests that infant mortality can be reduced by reducing child poverty, the prevalence of obesity, smoking in pregnancy, improving housing and reducing overcrowding and reducing sudden unexpected deaths in infancy (SUDI) and under 18 conception rate.

## Low Birth Weight

Being born with a low birth weight significantly increases the risk of infant mortality and has serious consequences for health in later life. In West Berkshire in 2022, 2.6% of all babies were born with low birth weight, which is similar to both the regional and national rate of 2.6% and 2.9% respectively. Smoking in pregnancy, alcohol and substance misuse and poor maternal nutrition are significant contributing factors to low birth weight which are all preventable.





# Section 4: Preparing for Parenthood

Being well prepared for parenthood will have benefits for the future health and wellbeing of the whole family. Evidence shows that women who are healthier in pre-pregnancy have a better chance of becoming pregnant, having a healthy pregnancy and giving birth to a healthy baby.

Teenage pregnancy is more likely to represent an unintended pregnancy, and there is evidence that pregnancy intention is important for maternal and child health. Therefore, a programme of sex and relationship education can be effective in preventing unintended pregnancies.

Children born into secure families that respond to their physical and emotional needs are more likely to grow-up to achieve well academically and to enjoy a healthier and more financially secure adult life. Furthermore, they are more likely to give their own children the same good start in life. The health of a would-be parent, even before the start of the 1001 days, is an important factor in giving every child the best start in life. Being well-prepared for parenthood is likely to have benefits for the future health and wellbeing of the whole family.

## Teenage Pregnancy

In England and Wales, infant mortality rates are highest where babies are born to mothers aged under 20 years or over 40 years old. Teenage pregnancy is associated with poor outcomes for young women and their children. In England and Wales, infant mortality rates are highest where babies are born to mothers aged under 20 years or over 40 years old. Teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and other related factors. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone, in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers.

## SPOTLIGHT – Better Health: Start for Life

The **'Best Start in Life'** is a Government initiative that provides trusted advice and guidance to support parents through pregnancy, birth, and early parenthood.

It covers a wide range of topics, including baby care, feeding, mental health, and early childhood development. The campaign encourages parents to chat, play, and read with their children to develop communication, language, and literacy skills



The under 18 conception rate in West Berkshire was 8.3 (per 1,000 females aged 15-17) in 2021, significantly lower than the England rate (13.1 per 1,000)<sup>26</sup>. In 2021, 17 of 25 pregnant young women (68.0%) had an abortion. The proportion of abortions locally was similar to the England average of 53.4%.

National Institute for Health and Care Excellence (NICE) Guidance for women who have complex social risk factors<sup>27</sup> is clear; the vulnerabilities most commonly found with poor or delayed access to the antenatal pathway are in women include first time mothers under the age of 20 years.<sup>28</sup>

It is easier to achieve good health and wellbeing during pregnancy when a pregnancy is planned. Consideration of health behaviours can be made before a baby is conceived and families can seek support to improve their health and wellbeing when they know they are pregnant.

## Perinatal mental health

The mental health and wellbeing of mums, dads, partners and carers is important for the development of the baby. Poor mental health can impact a parent's ability to bond with their baby.<sup>29</sup>

During the perinatal period (pregnancy and first year of life), women are at risk of experiencing and developing a range of mental health challenges. Poor maternal mental health has important consequences for the baby's health at birth, along with the child's emotional, behavioural and learning outcomes.

### SPOTLIGHT – Swings & Smiles

Swings & Smiles is a Thatcham-based charity offering inclusive play and support for children with special needs and their families. Their centre features accessible play areas, a sensory room, and themed activity spaces. They also provide sibling support, outreach services, and over 6,800 hours of respite care annually.



Swings & Smiles creates a safe, welcoming space where every child and parent feels supported and celebrated.



Perinatal mental health challenges are estimated to affect between 10-20% of women during pregnancy or within the first year of having a baby.<sup>30</sup> Estimates for West Berkshire indicate that between 144 and 288 mothers experienced perinatal mental health challenges in 2022. The estimated number of women who may have been affected by a range of mental health challenges are shown in the Figure 11.

Mental health challenge	National prevalence	West Berkshire	South East
Postpartum psychosis	0.2%	3	177
Chronic serious mental illness	0.2%	3	177
Severe depressive illness	3%	43	2,654
Mild-moderate depressive illness & anxiety	10-15%	144- 216	8,847 - 13,271
Post-traumatic stress disorder	3%	43	2,654
Adjustment disorders & distress	15-30%	216 - 432	13,271 - 26,541

**Figure 11 - Estimated number of women with perinatal mental health challenges (2022)<sup>31</sup>**

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Specialist services provide care and treatment for women with complex mental health needs and support the developing relationship between parent and baby. They also offer women with mental health needs advice for planning a pregnancy. Good quality perinatal mental health care is set out in NICE guidelines and quality standards.<sup>32,33</sup>

It is vital that every new parent and carer has access to compassionate and timely mental health support if they need it, from the moment they find out that their baby is on the way. This is not just because of the negative consequences to both the parents and their baby if mental health goes untreated – the effects of mental health challenges come with a heavy financial cost. For every one-year cohort of births in England, the NHS has estimated that the long term cost from lack of timely access to quality perinatal mental health care is £1.2 billion to the NHS and social services and £8.1 billion to society.<sup>34</sup>

To give every child the best start in life, the pioneering report by Marmot (2010), recommended the development of “high quality maternity services to meet need across the social gradient”<sup>35</sup> and giving “priority to pre and post-natal interventions that reduce adverse outcomes of pregnancy and infancy”.

Maternal physical and emotional health and wellbeing during pregnancy and the year after childbirth (perinatal period) has a profound impact on the health of children throughout their lives.<sup>36</sup> By improving maternity care<sup>37</sup>, reducing maternal obesity, reducing smoking, increasing breastfeeding rates, and improving perinatal mental health there is potential to improve outcomes for mothers and infants.

Ensuring that all women receive access to the right type of care during the perinatal period is needed to reduce the impact of maternal mental health problems during pregnancy and the first 2 years of life on infant mental health and future adolescent and adult mental health. Infant mental health is vital to the long-term development of brain development and good mental, physical and emotional health and wellbeing through the course.<sup>38</sup>



## Maternal obesity

Maternal obesity increases the risk of complications during pregnancy and can affect the child's health.

Maternal obesity is an issue for about one quarter of pregnant people seen by the health visiting service. Midwives, health visitors and other professionals support mums and families by establishing or referring to community groups or services provided by local authorities before, during and after pregnancy to ensure continuity of care. Healthy eating can be promoted to families through nationally available resources and local support, for example via community-led cooking programmes in family hubs in West Berkshire.<sup>39</sup> Physical activity opportunities are offered to support families during and after pregnancy, including community-based walking groups.<sup>40</sup>

In 2023/24, 26.3% of people in early pregnancy in West Berkshire (355) were categorised as obese (body mass index (BMI)  $\geq 30\text{kg/m}^2$ ). This was similar to the England average of 26.2%.<sup>41</sup>

Eating well before, during and after pregnancy means that both mother and baby are getting the essential nutrients they need for the best health and development. Making sure that babies and pre-school children have the best possible nutritional start in life is vital to their growth and development.

## SPOTLIGHT - Supporting women who smoke to quit

Supporting people to stop smoking during pregnancy, and to remain smokefree after birth is a key priority at the Royal Berkshire NHS Foundation Trust. Stop smoking support is provided by an in-house tobacco dependency team called the Health in Pregnancy team [HIP]. As soon a pregnant person or birthing person informs RBFT that they are pregnant and a current smoker or have recently quit, the HIP team reach out with an offer of support [to start their quit journey, or to stay quit]. The HIP team offer behaviour change support, Nicotine Replacement Therapy and offer enrolment on to the national incentive scheme. Since the HIP started in January 2023 the Smoking at time of delivery rate [SATOD] has fallen from 5.12% 2021/2022 to 3.13% 2024/2025.



As part of the Government's commitment to a smokefree generation, West Berkshire Council have been awarded additional funding to support people to quit smoking. Over the next four years the council will be aiming to support 1434 people to quit, including people who are pregnant.



## Smoking in pregnancy

Smoking is one of the most modifiable factors for improving infant health. Babies who are exposed to maternal smoking are more likely to die in infancy, be born early, small or stillborn, experience reduced lung function and congenital abnormalities of the heart, limbs and face.<sup>42</sup>

Smoking during pregnancy is a risk factor associated with inequalities in complications in pregnancy, stillbirths, neonatal death and serious long-term health implications for mothers and babies. There are differences in maternal smoking rates, depending on age, geography, socio-economic status, and ethnicity. Women from disadvantaged backgrounds are more likely to smoke before pregnancy; less likely to quit in pregnancy and, among those who quit, more likely to resume after childbirth.<sup>18</sup>

In West Berkshire, 5.9% of people smoked during pregnancy in 2023/24, which is equivalent to 78 pregnant people. This proportion is significantly lower than the England average of 7.4%. Since 2010/11, the proportions of women smoking during pregnancy in West Berkshire have fallen from just over 7% to their current levels of 5.9%.<sup>43</sup>

## Alcohol and substance misuse

The Chief Medical Officers for the UK recommend that if you are pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum. Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk. When a pregnant person drinks, alcohol passes from the blood through the placenta and to the baby. A baby's liver is one of the last organs to develop and does not mature until the later stages of pregnancy. The baby cannot process alcohol as well as the mother can, and too much exposure to alcohol can seriously affect their development.

Alcohol and recreational drugs can affect the baby's development in the mother's womb causing birth defects or complications in pregnancy. Drinking alcohol during pregnancy increases the risk of miscarriage, premature birth and low birthweight babies<sup>44</sup>. The risk increases with the amount of alcohol consumed and can result in foetal alcohol spectrum disorder (FASD) which can leave the child with a wide range of mental and physical problems.<sup>45</sup>

Drug misuse during pregnancy increases the risk of stillbirth and the risk of babies being born with blood-borne infections (such as HIV or Hepatitis B), birth defects and developmental problems.





# Section 5: Early Growth



## Immunisations

One of the most important ways to protect babies and children against ill health is to ensure they receive the full programme of childhood immunisations. This protects individual children against many serious and potentially deadly diseases, as well as protecting other people in the community by reducing the spread of disease. The World Health Organisation recommends that at least 95% of children are immunised nationally, with at least 90% coverage in each local area.<sup>46</sup> The Department of Health has adopted these coverage targets for all routine childhood immunisations.

The latest coverage levels for childhood immunisations across West Berkshire and whether they met national targets are shown in Figure 12. In West Berkshire, the uptake of immunisations are above the national target of 95% for the majority of immunisations for children under five. However, it is likely that uptake rates will vary across different population groups.

National research has found timing of appointments (49%), availability of appointments (46%) and childcare duties (29%) were the main barriers to people getting vaccinated<sup>47</sup>. Low level of immunisation is also associated with socioeconomic deprivation and is commonly found amongst people from ethnic minority backgrounds, refugees, and children whose families are travellers.

"One of the most important ways to protect babies and children against ill health is to ensure they receive the full programme of childhood immunisations."



Immunisation	Age group	West Berkshire	South East	England
DTaP IPV Hib HepB	12 months	95.9	93.5	91.2
MenB	12 months	95.5	92.9	90.6
Rotavirus	12 months	93.7	90.8	88.5
PCV	12 months	96.1	94.9	93.2
DTaP IPV Hib HepB	24 months	96.3	94.0	92.4
MenB booster	24 months	94.1	90.3	87.3
MMR (one dose)	24 months	95.3	91.5	88.9
PCV booster	24 months	95.2	90.7	88.2
Hib & MenC booster	24 months	95.3	91.0	88.6
DTaP & IPV booster	5 years	90.8	85.5	82.7
MMR (one dose)	5 years	96.5	93.5	91.9
MMR (two doses)	5 years	91.9	86.8	83.9

<90%	Under minimum coverage level required
90% to 95%	Met minimum coverage level; not met target
≥ 95%	Met or exceeded coverage target

Figure 12 Percentage of immunisations among children aged 0-5 in West Berkshire (2023/24)<sup>48</sup>



## Nutrition

The speed of postnatal growth is highest following birth, when an infant is still entirely dependent on its mother or primary carer for obtaining nutrition. The health risks arising from insufficient nutrition in this phase are self-evident, but the prevailing cultural belief that rapid growth is always good may not be a helpful one, as rapid catch-up growth or excessive weight gain may be linked to obesity later on and other risks.<sup>49</sup>

## Breastfeeding

The earliest nutrition a newborn child receives is milk, either through breastfeeding or through bottle feeding. Compositional regulations ensure that infant formula meets the basic nutritional needs of the exclusively formula fed infant. However, it must be remembered that breastmilk remains nutritionally superior due to several components that cannot be replicated in formula and additionally provides non-nutritional benefits, including immunity protection and hormonal processes that support bonding and attachment.<sup>50</sup>

There is extensive evidence to show that breast milk is the best form of nutrition for infants and breastfeeding has an important role in promoting the health of infants, children and mothers, and in reducing the risk of illness both in the short and long term. Breastfeeding provides essential nutrients and strengthens the immune system. However, it is recognised that some mothers may be unable to breastfeed and others might simply choose not to; parents and carers will use infant formula, expressed milk or donor milk for a wide range of reasons.

Research has shown that infants who are not breastfed are more likely to have infections in the short-term such as gastroenteritis, respiratory and ear infections, and infections requiring hospitalisations. Prevalence of Sudden Infant Death Syndrome is lower in infants who are breastfed<sup>51</sup>. In the longer term, evidence suggests that infants who are not breastfed are more likely to become obese in later childhood, which means they are more likely to develop type-2 diabetes and tend to have slightly higher levels of blood pressure and blood cholesterol in adulthood.

For mothers, breastfeeding is associated with a reduction in the risk of breast and ovarian cancers. Breastfeeding is strongly linked to the building of relationships between mother and child and cognitive development is felt to be improved when babies have been breastfed. Mothers are made aware of these benefits and those who choose to breastfeed should be supported by a service that is evidence-based and delivers an externally audited, structured programme.

In West Berkshire, 75.5% of babies were breastfed at birth, significantly higher than the England average of 71.9%. At 6-8 weeks after birth, the proportion of babies breastfeeding in West Berkshire fell to 56.1%, this was still significantly higher than the England average of 52.7%.<sup>41</sup>

The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months (26 weeks) of an infant's life. Thereafter, breastfeeding should continue while gradually introducing the baby to a more varied diet of supplementary foods until the child's second birthday or for as long as the mother and baby wish.

The types and quantities of food given to an infant, and how these are prepared and administered (e.g. spoon-feeding versus self-feeding) are all likely to be important for setting up eating preferences and habits, which might have a lifelong impact, through a complex mixture of microbiological, nutritional, social and psychological influences.



## SPOTLIGHT – Family Hubs

West Berkshire's Family Hubs offer a wide range of early help services for families with children aged 0–5 years. Located in Thatcham, Calcot, Newbury, and Hungerford, they provide stay & play sessions, parenting support, health visitor clinics, baby massage, and help with childcare and benefits. Family Hubs are a one-stop resource for early years development, parental wellbeing, and community connection.

A great example of this work can be seen at the Hungerford Family Hub, where the Bumps & Babes group has grown from just one or two parents attending weekly to 18 parents and two expectant mothers regularly attending. This success is partly thanks to the introduction of regular antenatal classes, held in partnership with the local GP surgery and supported by a dedicated midwife who delivers one of the sessions.

Looking ahead, West Berkshire's Family Hubs are set to expand their offer as part of a broader 0–19 (and up to 25 for those with SEND) integrated co-located support model. This development will enhance multi-agency collaboration and strengthen links with other aspects of the Early Help offer, ensuring families receive timely, preventative support tailored to their needs. By utilising Family Hubs within this wider system of support, West Berkshire is contributing to the national vision that prioritises early intervention and community-based services to reduce the need for later support when problems become more serious.

"Family Hubs are a one-stop resource for early years development, parental wellbeing, and community connection."



## Healthy Start Programme

Food insecurity and poor diet in early life detrimentally affects a person's physical and mental health, and later life educational and employment opportunities. Healthy Start is a national programme that provides financial support to eligible low-income families. The scheme aims to help pregnant people and young families with children under 4 who are most in need to buy healthy food and drink including fresh, frozen and tinned fruit and vegetables, fresh, dried and tinned pulses and infant formula milk. The scheme also enables to access free Healthy Start vitamins.

The scheme has recently moved to digital, with families receiving a pre-paid chip and PIN Mastercard with money pre-loaded every 4 weeks instead of paper vouchers. Card is accepted in any store that accepts Mastercard. The Healthy Start vitamins contain recommended amounts by the Government of vitamins A, C and D for children aged from birth to four years. Folic acid and vitamins C and D are provided for pregnant and breastfeeding women. The Healthy Start vitamins are vegetarian and halal certified. Multilingual information is available on Healthy Start website<sup>52</sup> for health professionals to promote uptake this scheme.

Due to errors in eligibility data, the most recent uptake data we have for West Berkshire is from 2022. This showed that In March 2022, 616 (72%) eligible individuals had applied and received vouchers. This equates to £70,720 unclaimed food vouchers locally per year\*. The number of parents claiming health start vouchers for subsequent years have largely remained the same (see Figure 14).

The Government has recently pledged in to restore the value of the Healthy Start scheme from 2026 to 2027 with pregnant people and children aged one or older but under 4 to receive £4.65 per week (up from £4.25). Children under one year old will receive £9.30 every week (up from £8.50)<sup>53</sup>.

Year	Number of vouchers claimed	Uptake
August 2021	463	54%
March 2022	616	72%
March 2023	586	Data not available
August 2023	543	Data not available

**Figure 13 Healthy Start Uptake between 2021 and 2023**

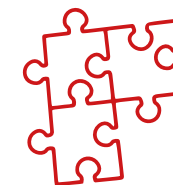
*\*costs derived by dividing 239 unclaimed vouchers into three eligible cohorts (from 10th week of pregnancy, from birth to 12-months and 1 year to 4 year olds)*

## Newborn hearing

Newborn hearing screening helps identify babies who have permanent hearing loss as early as possible. This means parents can get the support and advice they need right from the start. 1 to 2 babies in every 1,000 are born with permanent hearing loss, rising to approximately 1 in every 100 babies who have spent more than 48 hours in intensive care<sup>54</sup>. Hearing loss can significantly affect babies' development. Finding out early can give these babies a better chance of developing language, speech and communication skills. It will also help them make the most of relationships with their family or carers from an early age.



In 2023/24, 98.8% of babies were screened for hearing in West Berkshire, similar to the England average of 99.0%.<sup>55</sup> This means that only 17 babies did not have their hearing screened following birth in West Berkshire.



The [UK NSC](#) recommends screening for permanent hearing loss in newborns. Research shows that

- without systematic hearing screening, 400 of the 840 babies born in the UK each year with significant permanent hearing loss were missed
- hearing impaired children are at high risk of delayed development of language and communication skills, which can affect their educational achievement, mental health and quality of life
- there is no evidence of undue parental anxiety caused by very early identification of hearing impairment<sup>56</sup>

## Oral Health

Good oral health begins in the earliest days of life. The first 1001 days - from conception to age two - are a crucial period for establishing healthy habits and preventing future dental problems. During this time, factors such as maternal nutrition, infant feeding practices (including breastfeeding), and early exposure to fluoride all play a role in shaping a child's oral health trajectory.



Supporting families with oral health education and access to preventive care in these early years can significantly reduce the risk of tooth decay and set the foundation for lifelong wellbeing. Breastfeeding is associated with lower risk of early childhood caries compared to bottle-feeding with sugary drinks. Parents' oral health behaviours (e.g. brushing their child's teeth, avoiding sugary snacks) are established early and are critical in the first two years.

Poor oral health in children can lead to tooth decay causing pain, infection, and difficulty eating, tooth loss and affecting overall health. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. There is a strong relationship between deprivation and both obesity and dental caries in children. The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children.

In West Berkshire in 2021/22, 16.9% of five year olds experienced tooth decay. This was significantly lower than the England average of 23.7%. Since 2007/08, the prevalence of tooth decay in West Berkshire has fallen from 29.5% to 16.9%, a relative fall of 42.7% (compared with a relative fall of 23.3% in England).<sup>57</sup>

Among five year olds with any tooth decay, there were an average of 3.0 decayed, missing or filled teeth among children in West Berkshire, compared with 3.4 in the South East and 3.5 in England in 2021/22 (NDEP). The West Berkshire average was similar to England. Among those five year olds who did not have any tooth decay, there were an average of 0.5 decayed, missing or filled teeth in West Berkshire, compared to 0.7 in the South East and 0.8 in England. The average in West Berkshire was significantly lower than England.

In March 2025 the Government announced plans to implement a national targeted supervised toothbrushing programme for children aged 3, 4 and 5 year olds in the most deprived communities. West Berkshire has been allocated £16,500 as part of this initiative with plans to expand the existing supervised toothbrushing programme by the end of 2025.



## Healthy Weight

The foundations for a healthy weight are laid early - often before a child even starts school. Maternal nutrition during pregnancy, infant feeding practices, and the early food environment all influence a child's risk of developing overweight or obesity. Supporting families during this window with evidence-based guidance and access to healthy food and active lifestyles is essential to preventing childhood obesity and promoting long-term wellbeing.

Childhood obesity and excess weight in children are significant health issues for children and families. Healthcare professionals play a key role in supporting families, they work with other professionals and public health by delivering whole systems approaches to influence the population to tackle sedentary lifestyles, excess weight, and reduce drivers of excess calorie intake.<sup>28</sup>

Childhood overweight and obesity are associated with increased risk of overweight and obesity in adulthood, and earlier onset of non-communicable diseases such as Type 2 diabetes and cardiovascular diseases.<sup>30</sup> An analysis found that 55% of children living with obesity remained so into adolescence. 80% of adolescents who were living with obesity, also experienced obesity as adults.<sup>31</sup> Obesity also causes health problems in childhood, being a risk factor for Type 2 diabetes, dyslipidaemia, asthma and other conditions and socio-emotional consequences.<sup>58</sup>

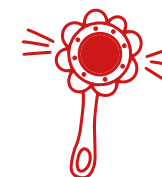
1 in 5 children in West Berkshire are overweight or obese when they start school which is similar to the England average. By the time children prepare to leave primary school at ages 10/11 years, the proportion of overweight or obese children increases to around 1 in 3 children (see figure 14).

Weight group	West Berkshire		South East	England
	Number	%	%	%
Underweight	15	1.0	1.0	1.2
Healthy weight	1,135	78.0	78.1	76.8
Overweight	195	13.4	12.2	12.4
Obese	105	7.2	8.6	9.6
Excess weight (overweight/obese)	305	21.0	20.8	22.1

**Figure 14 - Weight of Reception children (4-5 year olds) in West Berkshire (2023/24)** <sup>59</sup>

The prevalence of excess weight (overweight or obese) among Reception schoolchildren living the top 20% most deprived areas of West Berkshire was 32.7% (2021/22-2023/24). This was significantly higher than the prevalence among children living in the 20% least deprived areas (18.9%); in Year 6, the prevalence of excess weight was 34.9% among children living in the top 20% most deprived areas, compared with 28.7% in the 20% least deprived areas (see figure 15).

A whole systems approach recognises that local approaches may be better and more effective by engaging with communities and local assets to support and address priorities. Actions across the life course are essential to enable physical activity and healthy eating behaviour change and impact childhood obesity.



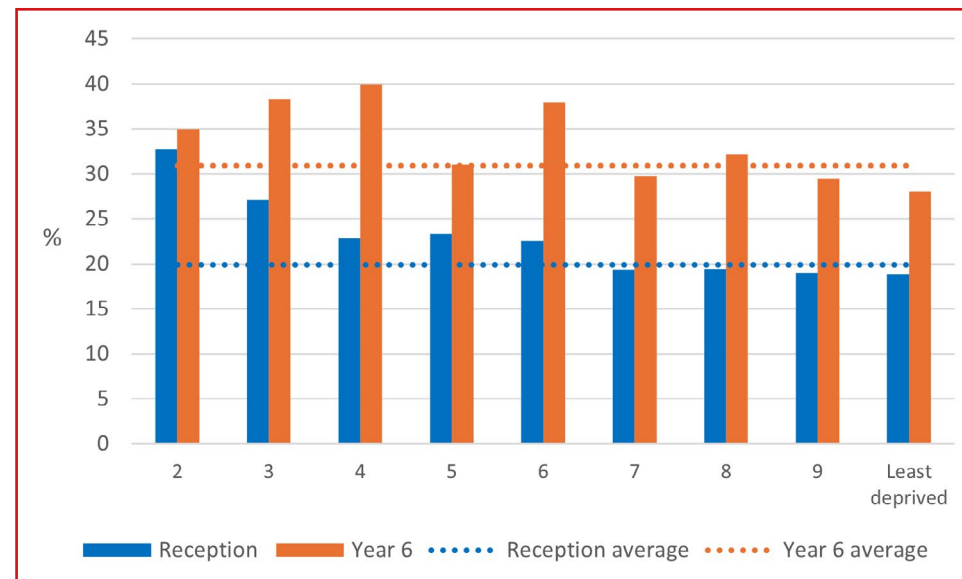


## Being physically active

Whilst little research has been conducted on the health benefits of physical activity in early years, compared with adults, there is growing evidence that being physically active every day is important for the healthy growth and development of babies, toddlers and pre-schoolers<sup>60</sup> Research suggests that being active in the early years can enhance gross motor skills, improve bone health, cognitive, social and emotional wellbeing.<sup>61</sup>

During the first years of life, the brain undergoes a rapid period of development and it is likely that physical activity plays a key role. The benefits of physical activity for brain development are likely to accrue through a variety of mechanisms including the formation of neural structures necessary for practising physical skills.<sup>62</sup> Emerging evidence from a small number of studies in the early years have linked physical activity with improved language, attention and self-regulation.

The formation of neural structures as mentioned above are also necessary for children under five to practise social skills and express emotion.



**Figure 15 - Prevalence of excess weight (overweight or obese) in West Berkshire among Reception and Year 6 children (2021/22 - 2023/24)**

In 2011, physical activity guidelines for the early years were published for the first time, recognising the benefits which being active during the early years brings to a child's health. They have since been updated and advise the following.<sup>63</sup>

- **Infants (less than 1 year)** should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g. crawling.
- **Infants not yet mobile**, at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over).



- **Toddlers (1-2 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day.
- **Pre-schoolers (3-4 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play.



## Spotlight – Get Berkshire Active (The Active Partnership for Berkshire)

Get Berkshire Active (GBA) supports the health and wellbeing of pregnant and postnatal women through inclusive physical activity initiatives. The 'This Mum Moves Ambassador' training equips healthcare and other professionals with the skills, knowledge and confidence to discuss physical activity during and after childbirth and GBA have supported the training of over 180 diverse workforces in Berkshire. These workforces, which include midwives, health visitors, social prescribers, charities, family support workers and exercise instructors are now more confident to prescribe physical activity in pregnancy and postnatally.

GBA also offer free pregnancy and postnatal classes across the county in partnership with Sport in Mind, providing a range of physical activity sessions in inclusive and accessible environments for mums experiencing low mood, isolation or more serious mental health conditions. These classes help mums stay active, build confidence, support those most in need and connect with others in a supportive environment, supporting the parent-infant attachment.

Between January 2023- January 2024, Sport in Mind delivered 197 sessions, providing free weekly opportunities to 176 pregnant and postnatal women, with 790 total attendances. Between March 2024-March 2025 they delivered 229 sessions, engaging 312 pregnant and postnatal women, with a total of 1,289 attendances.



## School Readiness

School readiness describes how well a child is supported to engage with the learning environment at the point of starting school. It is not something a child achieves independently, but rather a reflection of the relationships, experiences, and environments that have nurtured their development. Children respond to the world around them and their readiness is shaped by how well that world has prepared them to explore, connect, and grow<sup>64</sup>.

West Berkshire's approach to school readiness is informed by the UNICEF (2012) school readiness model, which recognises these three interconnected dimensions:

1. Ready children, focusing on children's learning and development
2. Ready schools, focusing on the school environment along with practices that foster and support a smooth transition for children into primary school and advance and promote the learning of all children
3. Ready families, focusing on parental and caregiver attitudes and involvement in their children's early learning and development and transition to school

The goal in West Berkshire is for every child to be:

*"... ready to start school, ready to learn, able to make friends and play, ready to ask for what they need and say what they think."* (UNICEF 2012)

School readiness is important because it is associated with early childhood factors that influence the capacity to learn and education attainment. Research has found that children who start school having not met the expected level of development on half of their early learning goals through to the end of primary school do less well than their peers in education and social outcomes<sup>65</sup>.



"School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally."





**Figure 16 – The importance of school readiness**

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the EYFS (the end of the academic year in which the child turns five). In the Early Years Foundation Stage (EYFS) framework, a Good Level of Development (GLD) indicates that a child has achieved at least the expected level in the early learning goals within the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the specific areas of mathematics and literacy. A Good Level of Development also demonstrates a child is ready for the Year 1 curriculum.

In West Berkshire recent data shows improvement:

- GLD has risen by 5.6% since last year, from 66.8% to 72.4%
- This is higher than the national average of 68.4%
- GLD for children eligible for Free School Meals (FSM) has also increased to 45%, up 5% from last year.

However inequalities still exist both between FSM children and non free school meal children and between boys and girls:

Among children on FSM, only 32.8% of boys achieved a GLD compared to 53.9% of girls. Both are significantly lower than the GLD rate for children not eligible for FSM in West Berkshire.

These figures highlight the importance of early intervention, family engagement, and high-quality early education. The launch of the Giving Every Child the Best Start in Life strategy reinforces this, aiming for 75% of 5-year-olds to reach a GLD through parenting programmes, home learning support, and digital tools.

Evidence for improving school readiness includes early intervention, family engagement, high-quality early education, and focusing on physical, cognitive, social, and emotional development. Specifically, practicing fundamental motor skills, promoting outdoor play, and providing support for parents in understanding and fostering their child's development.

In July 2025 the Department for Education published its Giving Every Child the Best Start in Life Strategy that sets out the government's plan to create a coherent national approach to family services. The strategy sets out its ambition for 75% of 5-year-olds reaching a good level of development in the early years' foundation stage. This will be achieved through the implementation of parenting programmes, home learning environment programmes and digital parenting programmes.



## Childcare Standards

Childcare standards are regulated by the Office for Standards in Education, Children's Services and Skills (Ofsted). Ofsted report directly to Parliament, parents, carers and commissioners. Most childcare providers looking after children under the age of 8 must register with Ofsted (or a childminder agency).

The number of early years providers graded 'met', 'good' or 'outstanding' in early years group and childminding settings fluctuates throughout the year. In West Berkshire, for 2024-25 judgements have been in line with and above the averages reported nationally by Ofsted (97% group providers and 98% childminders).

In March 2025, providers judged by Ofsted as 'good' or 'outstanding' in West Berkshire found that 99% of early years childminders and 98% of group early years providers achieved this rating.

## Vulnerable Children - Children in Care, Child Protection

Children who are looked after are cared for in a foster or residential home, such as a children's home. Children in care are often among the most socially excluded children in need, and often experience significant inequalities in health and social outcomes. On 31 March 2024, there were 187 children in care in West Berkshire, and the rate in West Berkshire of 52.9 (per 10,000) was significantly lower than England. 50 of the 187 children in care were aged under five<sup>66</sup>.

The local demographics of children in care (31 March 2024) are similar to the national picture with a higher proportion of children aged 10 and over, and more males. 13.4% of children in care in West Berkshire were unaccompanied asylum-seeking children (25 children. This compares with 8.8% in England<sup>63</sup>. Nationally, this sub-group of children in care are older (16 years and over), males, and are in need due to absent parenting.

Data from 2023/24 show that the percentage of children in care who are up to date with their vaccinations was significantly lower than the national average. 74% of children care were up to date with their vaccinations compared to a national average of 82%. Looked after children can be at a higher risk of missing out on childhood vaccinations<sup>67</sup>.



## Housing Quality

Housing quality has a significant and material impact on health and wellbeing. Condensation and damp in homes can lead to mould growth, and inhaling mould spores can cause allergic type reactions, the development or worsening of asthma, respiratory infections, coughs, wheezing and shortness of breath. Living in a cold home can worsen asthma and other respiratory illnesses and increase the risk of heart disease and cardiac events. It can also worsen musculoskeletal conditions such as arthritis. Cold or damp conditions can have a significant impact on mental health, with depression and anxiety more common among people living in these conditions.

For a home or dwelling to be considered 'decent' under the **Decent Homes Standard**, it must meet a number of criteria including minimum standards, provide thermal comfort, be in a reasonable state of repair and have reasonably modern facilities and services.

In 2020/21, 6,050 homes in West Berkshire were estimated to be non-decent, 9.0% of the total housing stock, which is significantly lower than the England average of 15.1%. 11.7% of private rented homes were estimated to be non-decent, 8.5% of owner-occupied homes, and 7.9% of socially rented homes.<sup>68</sup> An estimated 610 non-decent homes in West Berkshire are likely to contain children under the age of five.

Following the tragic death of Awaab Ishak, a child who died due to "prolonged exposure to mould in his home environment". Awaab's law will come into force in October 2025 and will require social landlords to address dangerous damp and mould issues within specified timeframes, ensuring that health hazards are fixed promptly. It aims to hold landlords accountable for maintaining safe living conditions and will become an implied term in social housing tenancy agreements.

Certain groups of people, such as children and young people, the elderly or people with pre-existing illness, are at a greater risk of ill health associated with cold or damp homes. Some groups of people are more likely to live in these conditions, including households with a lone parent, households with children, low-income households and households with people from minority ethnic backgrounds.<sup>69</sup>

Based on the 2021 Census, an estimated 4.0% of households in West Berkshire were overcrowded, significantly lower than England (6.4%).<sup>70</sup>



## Spotlight – Family First Programme

As part of the Government's children's social care reforms, local authorities are being asked to implement the Family First Partnership (FFP). The aim of the programme is to transform the whole system of help, support and protection, to ensure that every family can access the right help and support when they need it, with a strong emphasis on early intervention to prevent crisis. FFP has four elements:

- **Family help:** establishing local multi-disciplinary teams, merged from targeted early help and child in need services, to ensure families with multiple needs receive earlier, joined-up and non-stigmatising support to enable them to stay together.
- **Multi-agency child protection teams:** setting up multi-agency child protection teams, with cases held by social worker lead child protection practitioners and also including representation from health and the police.
- **A bigger role for family networks:** involving the wider family in decision-making about children with needs or at risk, including by using family network support packages to help children at home.
- **Stronger multi-agency safeguarding arrangements:** this includes an increased role for education, alongside health, police and children's social care.



## Respiratory Illness

In West Berkshire, 190 children under five had an emergency hospital admission for lower respiratory tract infections in 2023/24, a rate of 235.0 per 10,000 population. Whilst this overall rate is similar to the England average (207.7), the rate of emergency admissions for lower respiratory tract infections among males aged 0-4 years in West Berkshire was statistically higher than the national average (301.9 vs 239.6), with the highest rate being among males aged 0-1 years<sup>71</sup>. There is growing evidence that respiratory problems among children may be exacerbated by indoor air pollution in homes, schools and nurseries.

## A&E Attendances

A&E (Accident and Emergency) attendances at hospital in children under five are often preventable and are commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

In West Berkshire, 1,445 children under one attended A&E, and the hospital attendance rate of 964.6 was significantly lower than England; among 0-4 year olds in West Berkshire, 5,335 attended A&E, and the attendance rate of 659.9 (per 1,000) was significantly lower than England<sup>72</sup>.

Injury reductions can be achieved at low cost with good evidence that some falls, poisonings and scalds may be prevented by incorporating specific safety advice into universal child health contacts, providing home safety assessments and providing and fitting home safety equipment, including interventions to reduce accidental dwelling fires. Local authorities can strengthen their existing work by prioritising the issue and mobilising existing programmes and services through leadership, co-ordination and training.





## Section 6: Investing in the early years



The brain can adapt and change throughout life, but its capacity to do so decreases with age. This means it is much easier to influence a child's development and wellbeing if we intervene earlier in life. Later interventions are also more likely to have an impact if a child has had a good start early on. Because interventions in the first 1001 days can have pervasive and long-lasting impacts on development, there is a strong case to invest in services during this period (see figure 17).

Evidence suggests that investment in pregnancy and the first years of life is key, with investment in early years bringing a 9–10 times return on every £1<sup>73</sup>. The returns are evident through a more educated adult workforce, and avoiding costs from unemployment, alcohol and substance use, crime, child abuse and other poor health and social outcomes.

A recent report on children's services spending for the period 2010 - 2023 showed that overall spending on early intervention services across England has fallen by almost £1.8 billion since 2010, a decrease of 44%.<sup>74</sup> For children's services budgets, costs for late interventions have risen by almost £3.6 billion, a 57% increase. Furthermore, costs for care are greater than spending on early intervention.

Early investment is crucial and more effective. Early investment leads to greater return, supporting a baby in the earliest days can reduce costs on later interventions such as mental health services and during childhood and adolescence. Childhood mental health problems are estimated to cost between £11,030 and £59,130 each year for children in the UK.

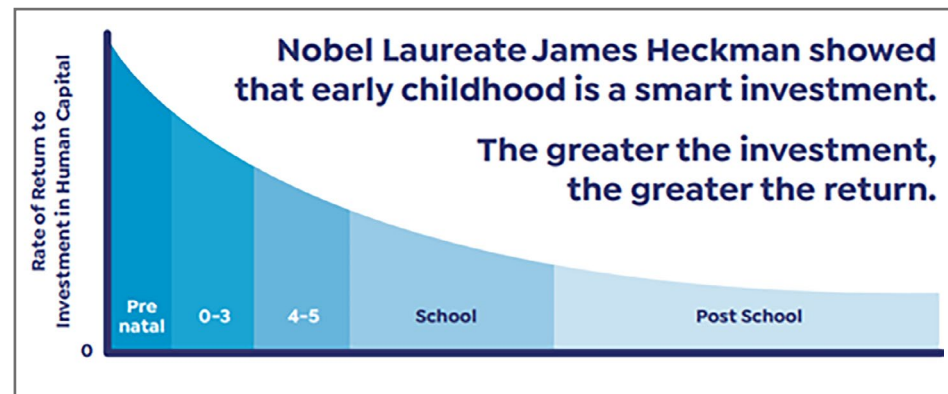


Figure 17 - Heckmans investment curve<sup>1</sup>





# Section 7: Healthy Child Programme

The Healthy Child Programme (HCP) is a public health framework in England designed to ensure that every child has the best start in life and beyond. While the roles of Health Visitors and School Nurses are pivotal in the delivery of the programme, the HCP’s focus on improving the health, wellbeing, and development of children and young people means the programme extends far beyond these services. Through partnerships with GPs, maternity services, early years settings, schools, and community organisations, it addresses broader health determinants and provides holistic support to improve health outcomes.

The Health Visiting aspect of the HCP is provided by Berkshire Healthcare Foundation Trust. It brings together the evidence on delivering good health, wellbeing and resilience for every child. The HCP 0–5 comprises child health promotion, child health surveillance, screening, immunisations, child development reviews, prevention and early intervention to improve outcomes for children and reduce inequalities.

In West Berkshire, families are offered five mandated health reviews as part of the universal offer. These reviews provide essential opportunities to support parenting, monitor child development, and identify any emerging needs. All mothers are offered an antenatal contact, followed by a new birth visit, a six to eight week review, a one-year review, and a two to two-and-a-half-year review.

These early contacts explore key public health priorities such as breastfeeding, parent-infant attachment, safe sleep, smoking cessation, and home safety. The two-year review is a crucial milestone in a child’s development. Figure 18 shows the current performance of our healthy child programme across a number of key metrics.

The service also offers ‘Well Baby’ clinics, where parents can access advice and support on any concerns they may have about their child’s health or development. Where additional needs are identified—either by families or professionals—tailored, evidence-based interventions are offered in partnership with other services. The team also plays a vital role in safeguarding, contributing to multi-agency planning and support for families facing the greatest challenges.

Year	Target	22/23	23/24	24/25
Antenatal contacts	N/A	171	287 (59%)	104 (24%)
New baby review at 14 days	90%	1,336 (93%)	1,215 (92%)	857 (88%)
New baby review at 14 days (including reviews after 14 days)	100%	57	106 (7%)	112 (9%)
6-8 week review	95%	1,241 (84%)	1,201 (85%)	1,485 (85%)
12-month review by 12 months of age	85%	85%	1,334 (86%)	997 (92%)
12-month review by 15 months of age	N/A	1,249	1,701 (88%)	1,329 (90%)
Children receiving 2 to 2.5 year review	85%	1,007 (61%)	1,623 (83%)	1,385 (87%)

**Figure 18 - Current performance of Health Child Programme**

Universal services such as midwifery, health visiting and early years settings, play a crucial role in the early identification and support of children with SEND. Through routine developmental checks, observations, and close engagement with families, these services are often the first to notice emerging needs and can initiate timely referrals to specialist support, helping to ensure that children receive the right help as early as possible.





## Section 8: Giving our children the best start

To have a real impact on the future and lifelong physical and emotional health and wellbeing of children and reduce health inequality, partners need to work collaboratively. This includes, but is not limited to, public health, children's and adult's services, maternity services, primary care, education and the voluntary and community sector. Importantly, it also includes active engagement of parents, carers, children and communities in helping to shape what happens in the place they live, to improve their health outcomes – an approach engendered on the principle of 'working with' rather than 'doing to'.

Creating supportive environments where young children can both socially and physically grow requires a whole system approach and should underpin all actions across the district.

To have the greatest impact on child health, we need to address the needs across the population as a whole, in addition to those children that present with the greatest needs and place the greatest demands on public services (the prevention paradox). As there is a social gradient in health i.e. the lower the person's social position the worse their health, action should be taken to reduce this gradient.

This means that just focusing on the most disadvantaged people and communities will not reduce inequalities sufficiently<sup>75</sup>. Instead action must be universal but with scale and intensity that is proportionate to the disadvantage – this is also known as 'proportionate universalism'.

Such an approach has the additional benefit of avoiding stigmatisation of people in receipt of those services. Marmot recommends that areas should ensure high quality maternity services to meet need across the social gradient and give priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy<sup>76</sup>.

This report has not only highlighted the challenges facing young children and families, but also the diverse assets and services that are supporting young children to thrive.

There are many opportunities to influence the conditions that influence the health of the population during this critical life phase, and not all of them are covered in this report.

Set out below are a series of recommendations that system partners should consider in order to improve the health and wellbeing of young children and their families and enable them to thrive.

## Recommendations

### 1. Invest in parent support programmes

Comprehensive universal parent support programme should be provided across the district alongside additional support for families that may be facing multiple adversities that could negatively impact their parenting.

### 2. Healthy start

Programmes that support and encourage breastfeeding and healthy eating should be reviewed to increase effectiveness and reach. Public sector organisations and food retailers should increase awareness of, and access to the Healthy Start Scheme across the district.

### 3. Family hubs

A strategic shift towards prevention and early intervention, by supporting good maternal (and paternal) health. This should include the involvement of parents and carers in the design and delivery of early years services and ensure that family hubs provide a place where parents and carers (particularly those who are most vulnerable) can access information, advice and support. This should incorporate an **outcomes framework** to ensure effective targeted support and to measure impact.

### 4. Improving School Readiness

An action plan that involves a co-ordinated and multi-agency approach to improve school readiness should be developed. This should include an assessment of local need and evidence-based interventions.



### 5. Improving oral health

All early years children should have timely access to free child dental services for preventative advice and early diagnosis. Partners should support the roll out of supervised tooth brushing offer across the early years. Furthermore, the health and wellbeing board should consider submitting an expressing of interest to the Government for the whole district to have fluoridation in the water.

### 6. Empowering families to plan pregnancy

Support action to empower people to plan for pregnancy by providing high quality PSHE (personal, social, health and economic) education in schools that give young people the tools to make healthy choices, including those related to reproductive health. This should also include sufficient healthy living pathways that support 'mothers to be' to be active, eat healthily, stop smoking support and substance misuse support services.

### 7. Better information and signposting to support people to access information and advice to and reduce demand on public services

Develop a central repository of information and advice to ensure families are able to access the services that are available to them.

### 8. Adopting a whole system approach to trauma-informed practice:

A whole system approach to trauma informed practice should be developed that raises awareness of the negative impact of trauma on child outcomes. This should include a training offer for all frontline practitioners across education, health, police, council and voluntary sector organisations.

### 9. Become a child friendly district

Based on the UNICEF Child Friendly City Initiative, West Berkshire should develop a shared ambition across partners and the community that commits to being a place for all children and young people to grow up in, where children are valued, supported, enjoy living and can look forward to a bright future.

### 10. Ensure effective data and information sharing across agencies

Collecting data about the demographics of families within local communities provides an important avenue for understanding local need and ensuring the necessary services are commissioned. Organisations should ensure that data is shared (e.g. through a unique single identifier) to enables services to be better integrated, targeted and delivered. Better data access will make it easier for parents and carers to share information with service providers and advocate for their baby's needs.

### 11. New and existing parents are supported through universal and targeted programmes

Ensure that at a minimum the Healthy Child Programmes achieves (and ideally exceeds) the national targets across all mandated reviews.

### 12. Develop a health promotion programme for early years settings

A programme should be developed that supports early years settings to establish a 'healthy culture' which empowers staff, children and parents with a view to improve health and wellbeing and reduce health inequalities.



## Footnotes

<sup>1</sup>What can be done about inequalities in health? Whitehead, M et al. The Lancet, Volume 338, Issue 8774, 1059 - 1063

<sup>2</sup>Royal Foundation – Centre for Early Childhood

<sup>3</sup>[Our impact and evidence base - Solihull Approach | Parenting](#)

<sup>4</sup>Nurture Connection. (n.d.) The power of the first two months of life. Available at: <https://nurtureconnection.org/power-of-first-two-months-of-life> (Accessed: 11 March 2025).

<sup>5</sup>Gerhardt, S. (2015) Why love matters: How affection shapes a baby's brain. 2nd edn. London: Routledge.

<sup>6</sup>Schore, A.N. (2001) 'Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health', Infant Mental Health Journal, 22(1-2), pp. 7–66. Available at: [https://doi.org/10.1002/1097-0355\(200101/04\)22:1/2%3C7::AID-IMHJ2%3E3.0.CO;2-N](https://doi.org/10.1002/1097-0355(200101/04)22:1/2%3C7::AID-IMHJ2%3E3.0.CO;2-N).

<sup>7</sup>van der Kolk, B.A. (2014) The body keeps the score: Brain, mind, and body in the healing of trauma. New York: Viking.

<sup>8</sup>Hughes et al (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health, Volume 2, Issue 8, e356 - e366

<sup>9</sup>Franke HA (2014) Toxic Stress: Effects, Prevention and Treatment. Children (Basel 1(3):390-402.

<sup>10</sup>Child-Friendly Cities Initiative Guidance Note.pdf

<sup>11</sup>[Our Generation's Epidemic: Knife Crime – Full Report](#)

<sup>12</sup>Bellis MA, Hughes K, Leckenby N, et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Med 2014;12:72

<sup>13</sup>[ACEs](#)

<sup>14</sup>[2023 Mid-Year Population Estimates](#)

<sup>15</sup>MBRRACE-UK (2022)

<sup>16</sup>Office for National Statistics Child and infant mortality in England and Wales. 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2020#trends-in-child-and-infant-mortality>

<sup>17</sup>11 National Child Mortality Database, Child Mortality and Social Deprivation. 2021. <https://www.ncmd.info/publications/childmortality-social-deprivation/>

<sup>18</sup><https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-exec-summary-pdf.pdf>

<sup>19</sup>The Children's Society. 2019. [What are the effects of child poverty?](#)

<sup>20</sup>Odd D, et al, What is the relationship between deprivation, modifiable factors and childhood deaths: A cohort study using the English National Child mortality database, BMJ Open. British Medical Journal Publishing Group. 2022. <https://bmjopen.bmj.com/content/12/12/e066214.full>

<sup>21</sup>Office for National Statistics. How do childhood circumstances affect your chances of poverty as an adult? 2016. <https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/howdochildhoodcircumstancesaffectyourchancesofpovertyasanadult/2016-05-16>

<sup>22</sup>Child Poverty Action Group, Child poverty facts and figures. 2021. <https://cpag.org.uk/child-poverty/child-poverty-facts-and-figures> [Accessed March 2023]. 10 Office for National Stat

<sup>23</sup>[Marmot Review](#)

<sup>24</sup>[DWP Stat-Xplore, Children in Low Income Families \(Relative\), Local Authority by Age](#)

<sup>25</sup>Public Health Outcomes Framework

<sup>26</sup>[Sexual and Reproductive Health Profiles](#)

<sup>27</sup>[Overview | Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors | Guidance | NICE](#)

<sup>28</sup>[Your parents' support framework](#)

<sup>29</sup>O'Higgins, M., et al. (2013) Mother-child bonding at 1 year; associations with symptoms of postnatal depression and bonding in the first few weeks, Archives of women's mental health, 16(5), pp.381-389, online via <https://pubmed.ncbi.nlm.nih.gov/23604546>

<sup>30</sup>[Perinatal Mental Health.](#)

<sup>31</sup>Department of Health and Social Care ([Mental Health](#)); Office for National Statistics ([Births in England and Wales](#))

<sup>32</sup>Antenatal and Postnatal Mental Health NICE guideline

<sup>33</sup>Antenatal and Postnatal Mental Health NICE quality standard

<sup>34</sup>NHS (2018) The Perinatal Mental Health Care Pathways, online via <https://www.england.nhs.uk/publication/the-perinatal-mental-health-care-pathways/>



<sup>35</sup><https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-exec-summary-pdf.pdf>

<sup>36</sup>[Early years high impact area 2: Supporting maternal and family mental health - GOV.UK](#)

<sup>37</sup>[NHS Maternity Statistics - NHS England Digital](#)

<sup>38</sup>[Early years high impact area 2: Supporting maternal and family mental health - GOV.UK](#)

<sup>39</sup>[Family Hubs - West Berkshire Council](#)

<sup>40</sup>[Physical Activity and Weight Management - West Berkshire Council](#)

<sup>41</sup>[Obesity Profile](#)

<sup>42</sup>[Reports - ASH](#)

<sup>43</sup>[Child and Maternal Health](#)

<sup>44</sup>[Pregnant women who have problems with alcohol or drugs | Information for the public | Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors | Guidance | NICE](#)

<sup>45</sup> Chölin L et al (2021) Fetal alcohol spectrum disorders: an overview of current evidence and activities in the UK Archives of Disease in Childhood 2021;106:636-640.

<sup>46</sup>[Immunization coverage](#)

<sup>47</sup>Royal Society for Public Health, Moving the needle: Promoting vaccination uptake across the life course. 2019. <https://www.rsph.org.uk/static/uploaded/3b82db00-a7ef-494c-85451e78ce18a779.pdf>

<sup>48</sup>[Child Vaccination Coverage](#)

<sup>49</sup>Zheng, M et al (2018) Rapid weight gain during infancy and subsequent adiposity: a systematic review and meta-analysis of evidence. Obesity Reviews, 19: 321–332.

<sup>50</sup>Lokossou GAG et al (2022). Human Breast Milk: From Food to Active Immune Response With Disease Protection in Infants and Mothers. Front Immunol.

<sup>51</sup>[Sudden Infant Death Syndrome: Risk Factors and Newer Risk Reduction Strategies - PMC](#)

<sup>52</sup>[Get help to buy food and milk \(Healthy Start\)](#)

<sup>53</sup>[Fit for the Future: 10 Year Health Plan for England](#)

<sup>54</sup>[Newborn hearing screening - NHS](#)

<sup>55</sup>[Fingertips | Department of Health and Social Care](#)

<sup>56</sup>[Role of neonatal hearing screening in the detection of congenital hearing loss](#)

<sup>57</sup>[Child and Maternal Health - Data | Fingertips | Department of Health and Social Care](#)

<sup>58</sup>Sahoo, et al (2015) Childhood obesity: causes and consequences. Journal of Family Medicine and Primary Care. 4(2):p 187-192

<sup>59</sup>[Obesity Profile](#)

<sup>60</sup>[early-years-evidence-briefing.pdf](#)

<sup>61</sup>Ginsburg K. The importance of play in promoting healthy child development and maintaining strong parent-child bonds. Pediatrics. 2007. doi:10.1542/peds.2011-2953.

<sup>62</sup>Eaton WO, McKeen NA, Campbell DW. The waxing and waning of movement: Implications for psychological development. Dev Rev. 2001;21(2):205-223. doi:10.1006/drev.2000.0519. Eaton WO, McKeen NA, Campbell DW. The waxing and waning of movement: Implications for psychological development. Dev Rev. 2001;21(2):205-223. doi:10.1006/drev.2000.0519.

<sup>63</sup>[Physical activity guidelines: UK Chief Medical Officers' report - GOV.UK](#)

<sup>64</sup>[Being school-ready - PACEY](#)

<sup>65</sup>[Children's Commissioner's Office in 2018](#)

<sup>66</sup>[Children looked after in England including adoptions, Reporting year 2024 - Explore education statistics - GOV.UK](#)

<sup>67</sup>[Fingertips | Department of Health and Social Care](#)

<sup>68</sup>[Housing Stock Condition](#)

<sup>69</sup>[Health inequalities: Cold or damp homes - House of Commons Library](#)

<sup>70</sup>2021 Census

<sup>71</sup>[Fingertips | Department of Health and Social Care](#)

<sup>72</sup>[Child and Maternal Health - Data | Fingertips | Department of Health and Social Care](#)

<sup>73</sup>[Parent Infant Foundation](#)

<sup>74</sup>[Childrens-services-spending\\_2010-2023\\_Final-report.pdf](#)

<sup>75</sup>Marmot M. (2010) Fair Society, Healthy Lives: strategic Review of health Inequalities in England Post 2010. London: Marmot Review







This page is intentionally left blank

# Adult Social Care Annual Report 2024/25

<b>Committee considering report:</b>	Executive
<b>Date of Committee:</b>	25/09/2025
<b>Portfolio Member:</b>	Councillor Patrick Clark
<b>Report Authors:</b>	Barbara Billett and Kate Toone
<b>Forward Plan Ref:</b>	EX4690

## 1 Purpose of the Report

1.1 The Adult Social Care (ASC) Annual Report 2024/25 provides an overview of performance and key achievements. It is intended to provide stakeholders (partners, customers, the wider public) insight into the service being delivered. It reflects our commitment to delivering high-quality, person-centred care, maintaining financial sustainability, and meeting statutory responsibilities.

## 2 Recommendation(s)

2.1 The report is for information only; there are no recommendations. The information will be published on the West Berkshire Council internet.

## 3 Implications and Impact Assessment

Implication	Commentary
<b>Financial:</b>	There are no financial implications associated with this report.
<b>Human Resource:</b>	There are no HR implications associated with this report.
<b>Legal:</b>	There are no Legal implications associated with this report.
<b>Risk Management:</b>	There are no Risk Management implications associated with this report.
<b>Property:</b>	There are no Property implications associated with this report.
<b>Policy:</b>	There are no Policy implications associated with this report.

	Positive	Neutral	Negative	Commentary
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		x		There is no decision to be made regarding this paper, so there will be no negative or positive impact on inequality.
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	x			We will review the information in the report to inform the new ASC Strategy.
<b>Environmental Impact:</b>		x		There will not be a notable environmental impact as a result of publishing this report.
<b>Health Impact:</b>	x			We will review the information in the report to inform the new ASC Strategy, ensuring that our services work to address health inequalities and improved outcomes.
<b>ICT Impact:</b>		x		There will not be a notable ICT impact as a result of publishing this report.
<b>Digital Services Impact:</b>	x			The Report will be available digitally on the WBC internet.

<p><b>Council Strategy Priorities:</b></p>	<p>x</p>			<p>We will review the information in the report to inform the new ASC Strategy. The aims and objectives of the new ASC Strategy will focus on the Council Priorities. The Strategy will promote health and wellbeing, aim to tackle inequality and inclusion and support our vulnerable residents. It will promote access to services and champion innovation and digital transformation in ASC. We will encourage co-production to ensure that our services are delivering what people need and aim to make decisions based on evidence and resident feedback. The ASC Strategy will be coming through the Governance process later in the year.</p>
<p><b>Core Business:</b></p>	<p>x</p>			<p>We will review the information in the report to inform the new ASC Strategy. The aims and objectives of the new ASC Strategy will focus on the Council Priorities. The Strategy will promote health and wellbeing, aim the tackle inequality and inclusion and support our vulnerable residents. It will promote access to services and champion innovation and digital transformation in ASC. We will encourage co-production to ensure that our services are delivering what people need and aim to make decisions based on evidence and resident feedback. The ASC Strategy will be coming through the Governance process later in the year.</p>
<p><b>Data Impact:</b></p>		<p>x</p>		<p>There is no impact on the rights of data subjects.</p>
<p><b>Consultation and Engagement:</b></p>	<p>This report has been produced using information from our ASC datasets, feedback, and comments from the managers of each area of the service. We also reviewed the work we have been doing to respond to the Care Quality Commission’s (CQC) feedback following our CQC Assessment. The Executive Portfolio Holder for Adult Social Care and Public Health, Patrick Clark, and the Executive Director (People – Adults and Public Health), Paul Coe, have been involved in the collation of the report.</p>			

## 4 Executive Summary

- 4.1 The Adult Social Care (ASC) Annual Report 2024/25 provides an overview of performance and key achievements. It reflects our commitment to delivering high-quality, person-centred care, maintaining financial sustainability, and meeting statutory responsibilities under the Care Act 2014.
- 4.2 The Report has sections for each area of the service, showing information which we hope will be of interest.
- 4.3 The Report will be used to support future Care Quality Commission (QCQ) assessment preparations.

## 5 Supporting Information and Proposals

- 5.1 The ASC Annual Report is the supporting information for this paper; there is no further information.
- 5.2 There are no proposals within the Annual Report.

## 6 Other options considered

- 6.1 Do nothing i.e. do not provide an Annual Report. This was not considered an appropriate option.

## 7 Conclusion

- 7.1 The report provides an overview of ASC performance and key achievements in 2024/25. It will be published on the WBC internet pages for the public to read.

## 8 Appendices

- 8.1 Appendix A – The Adult Social Care (ASC) Annual Report 2024/25.

---

### Background Papers:

None

### Subject to Call-In:

Yes:  No:

The item is due to be referred to Council for final approval

Delays in implementation could have serious financial implications for the Council

Delays in implementation could compromise the Council's position

---

Considered or reviewed by Scrutiny Commission or associated Committees,  
 Task Groups within preceding six months

Item is Urgent Key Decision

Report is to note only

**Officer details:**

Name: Barbara Billett  
 Job Title: Quality Assurance Manager  
 Tel No: 01635 519041  
 E-mail: [Barbara.Billett@westberks.gov.uk](mailto:Barbara.Billett@westberks.gov.uk)

Name: Kate Toone  
 Job Title: Programme Manager (Integration, Digital and Quality)  
 Tel No: 01635 519819  
 E-mail: [Kate.Toone@westberks.gov.uk](mailto:Kate.Toone@westberks.gov.uk)

**Document Control**

Document Ref:		Date Created:	
Version:		Date Modified:	
Author:			
Owning Service			

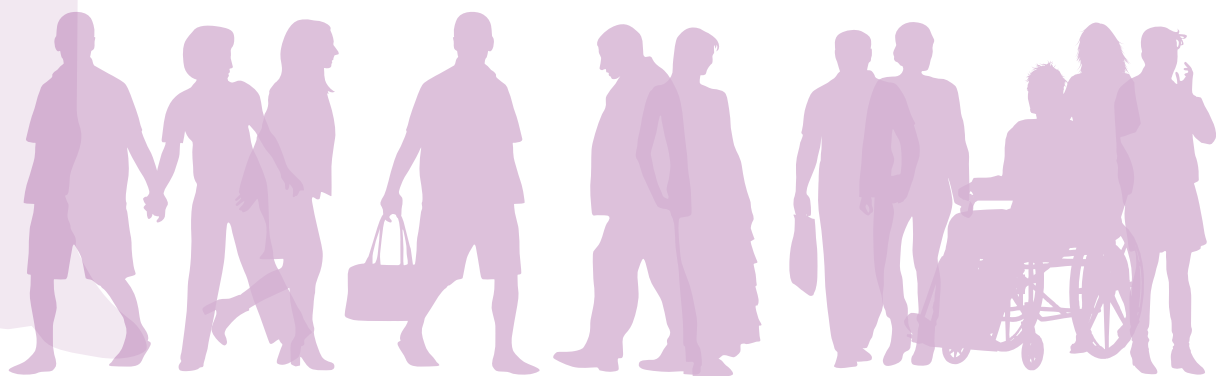
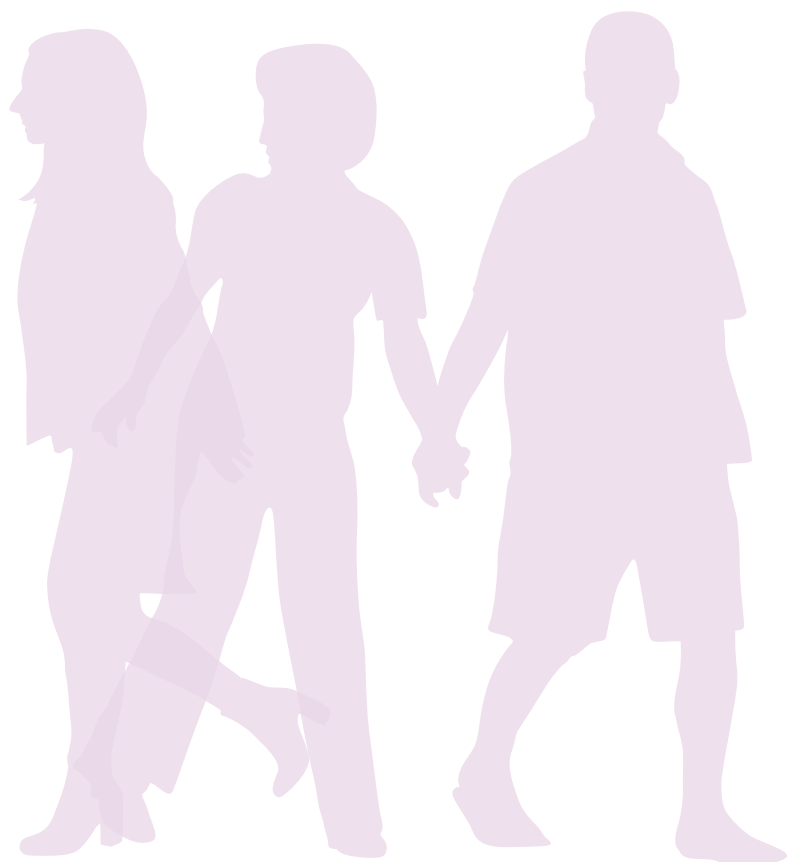
**Change History**

Version	Date	Description	Change ID
1			
2			

# The Adult Social Care (ASC) Annual Report 2024/25



# Adult Social Care Annual Report 2024/25



# Portfolio Holder introduction

---

I am delighted to introduce the Annual Report for Adult Social Care for the year 2024/25.

It has certainly been a challenging year. Demand has risen sharply, including the number of people referred to the service with safeguarding concerns.

Despite these areas of pressure, there are notable areas of very strong performance which give me a good deal of confidence and should reassure my colleagues in the council, and the residents of West Berkshire.

I note the fine work we have undertaken to keep vulnerable people safe, with 96% of safeguarding investigations leading to the identified risk being reduced or removed.

I am pleased with the positive feedback direct from the people we support. The reablement service in particular has received excellent feedback, with a massive 98% of respondents indicating they would recommend the service to others.

The number of complaints received by the service is low - far lower than the number of compliments received, but I am keen that we hear direct from people who receive support from the service. We are developing systems so that people can give us their feedback more easily.

This report also includes high-level financial information. The Adult Social Care budget is very large, and I am pleased that the department has shown real rigour in managing the current financial challenges.

I am also pleased with the work being done to support carers, to aid our colleagues in the Health Service and to make the most of the opportunities being offered by new technologies.

I commend this report and congratulate the department on a successful year.

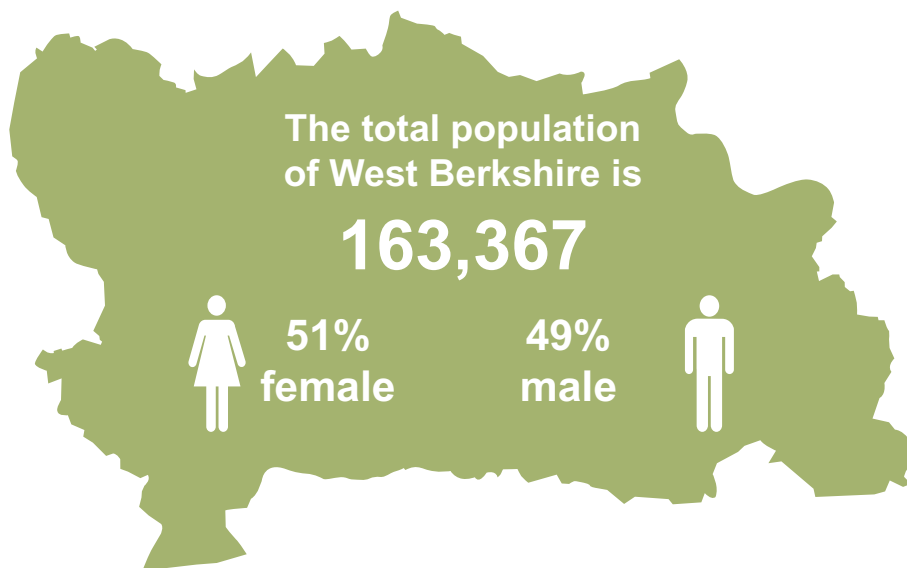


**Patrick Clark**  
*Executive Portfolio Holder  
for Adult Social Care  
& Public Health*

# 1. Key facts and figures

---

## Our population<sup>1</sup>



### Age range

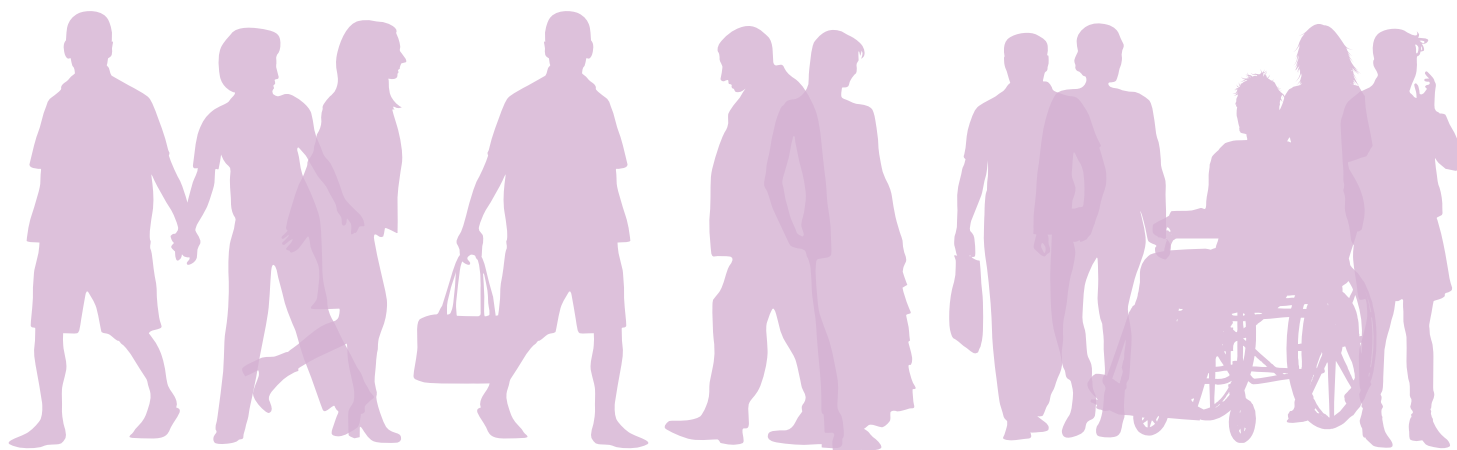
**95,185** of the populations are aged 18-64

**32,857** of the population are aged 65+

In the latest census 2011 to 2021, there was an increase of **33.8%** in people aged 65 and over in West Berkshire.



<sup>1</sup> Estimates of the population for England and Wales - Office for National Statistics



## 2. Supporting our residents

### How Adult Social Care (ASC) supported our residents during 2024/25

- **8806** requests for support.
- **50.5%** of requests for support were resolved at first point of contact through provision of good information, advice and signposting.
- **737** Care Act assessments for long term support carried out.
- A further **1770** assessments for short term support (includes specialist assessments and assessments for equipment provision through our Trusted Assessors).
- **1676** reviews for individuals were completed.
- Successfully supported **40** individuals in transitions from Children's to Adult's Services, **29** of which were provided long term support.

### Support for carers

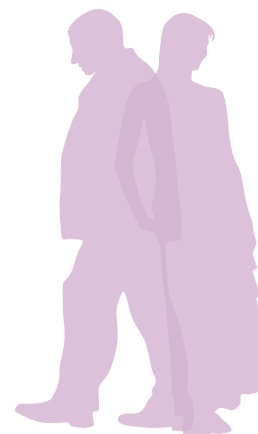
- **1055** individuals were identified during 2024/25 supporting adults with care and support needs and/or receiving a carer's assessment.
- **146** carer's assessments carried out.
- **183** carers received services and a further 583 carers were provided with information advice and signposting.
- **123** carers received respite services.

### Short term services

**565** people provided with supportive equipment to assist with daily living.

**845** items of Technology Enabled Care (TEC) equipment provided.

**265** people coming out of hospital were supported with reablement services.



Our statutory reporting requirements changed in 2023. Activity information is now reported quarterly under a new Client Level Dataset framework. Published data is limited and we hope to have comparative data next year. We are working to capture and review data at both a local and national level under this new framework.

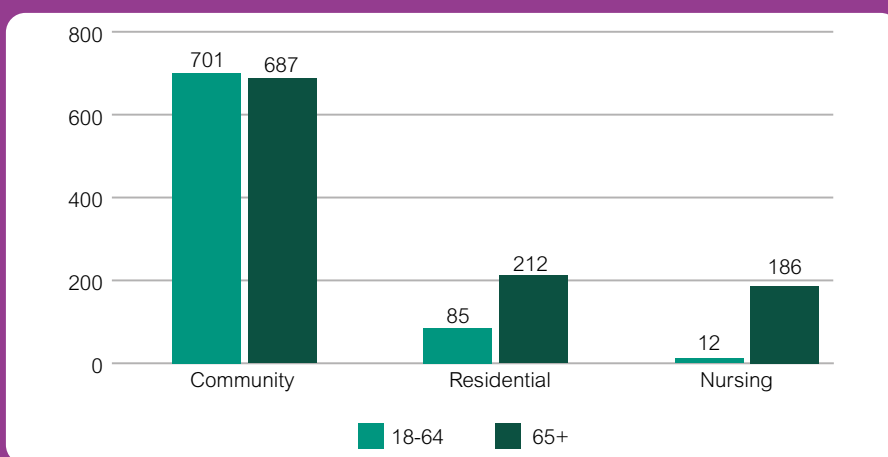
## Long term care and support services

**2,455** people were supported with long term support during the year. This is a **1.4%** increase since 2023/24.

As at 31 March 2025, we were supporting **1,883** individuals with long term care and support services.

- **1,388** people with support in the community.
  - Of these **166** people were provided with a direct payment.
- **297** people in long term residential care.
- **198** people in long term nursing care.

### People in receipt of long term care and support by setting as at 31 March 2025



### New admissions to long term placements:

**201** new admissions to Residential or Nursing care **11% lower** than 2023/24.

### Settled accommodation

**81%** of individuals with a Learning Disability aged 18-64 are in settled accommodation (for example with family, in their own home, or in a supported living setting).

### Hospital discharge

Our hospital discharge team received **1,332** referrals from hospitals across the district to help support timely discharge. This is a **6%** increase since 2023/24.

### Mental Health response

**178** Mental Health Act assessments were completed by our Approved Mental Health Practitioners.

*(Where no comparison data has been provided there has been no significant change in the year, or the situation has remained static).*

### Financial assessments

**2,775** Adult Social Care financial assessments/reviews.

## 3. What we heard from you in 2024/25

### Adult Social Care survey

Every year we carry out a survey of people who receive ongoing care and support.

- **67%** were extremely or very satisfied with the support received from us.
- **93%** reported that our care and support services helped them to have a better quality of life.
- **75%** of people who used our services felt they had control over their daily life.
- **70%** of people who used our services felt safe, with **92%** reporting that the services they received helped them to feel safe and secure.

We are waiting for the national data to be published to understand our results, and will respond to areas requiring improvement when the Adult Social Care strategy is developed.

We are developing further ways to collect feedback to understand experiences of people that contact us. A pilot started in April 2025 with our Hospital Discharge and Locality teams. We will respond to the learning from this.

### West Berkshire Reablement survey

Every year our specialist in-house reablement service asks for feedback from the people that have used their service. **185** people responded to their survey, a **73%** response rate.

- **90%** felt more independent.
- **99%** felt that staff had the skills to meet their needs.
- **99%** said that they were treated with respect and dignity at all times.
- **98%** felt they would be comfortable telling us if they had any worries or concerns.
- **98%** of results indicated that they would be likely or extremely likely to recommend the service.
- **91%** of results showed that they were extremely satisfied with the service.

The survey results were largely in line with 2023/24. A greater number of individuals reported that they felt more independent, increasing from **83%** to **90%**.

Comments included:

*“I am pleased with the service that I received,  
I have the upmost admiration for you and the team, thank you very much.”*

*“This was a wholly professional service, easy going and easy to talk to the people visiting.  
Overall very happy with the service.”*

*“I have had carers over the years for myself and my husband and this is the best service I have ever had, everyone really was lovely, in fact could I go back into hospital and then come out again so I can keep you for a bit longer. Lovely carers who have been to help me, always happy.”*

*“I have been treated extremely well and I have never felt rushed. The carers and care that I have received has been so much more than what I expected.”*

## Complaints and compliments

We received **45** complaints in 2024/25 (a decrease of **18%** when compared to 2023/24), all of these were investigated in a timely manner, in accordance with our Adult Social Care complaints procedure.

**321** compliments were received, a **54%** increase when compared to the **208** recorded last year.

“

*'We wanted to thank you for supporting \*\*\* and \*\*\* so brilliantly over the last few months. This has been one of the most stressful periods of all our lives. You have both been incredibly effective and generous with your time and nothing has been too much trouble. We all felt that you genuinely cared about achieving a fair and just outcome.'*

“

*'Simply awesome'*

”

”

“

*'They both said how wonderful it was to have such a kind, warm and caring OT visit \*\*\* at this difficult time for them'*

”

“

*'With kind regards and thanks for the services and support provided by this small but vital team'*

”

“

*'I cannot thank \*\*\* enough for helping my brother as she went above and beyond her duty to ensure he was safe and secure. As I live a long way from my brother, I do worry about him but \*\*\* kept me updated on every visit. \*\*\* is certainly an asset to the services and deserves praise on how she dealt with my brother's case'*

”

## 4. Safeguarding - responding to concerns about adult abuse and neglect

We responded to **2,187** social welfare concerns.

**1,522** safeguarding concerns were reported (an increase of **12%** since last year).

**671** reported concerns led to an investigation.

**670** safeguarding investigations completed, a **3%** increase.

**96%** of safeguarding investigations led to the identified risk being reduced or removed.

### Deprivation of Liberty Safeguards (DoLS)

**678** new deprivation of liberty applications were received – an increase of 12% compared to 2023/24.

**617** granted applications during the year (including 422 applications from 2023/24).

**250** remaining applications to be processed after 31 March 2025.

Some of our key achievements for safeguarding in 2024/25 include:

**Raising awareness of safeguarding** - We were actively involved in organising the tri-borough (West Berkshire, Reading and Wokingham) Safeguarding Adults Board (SAB) safeguarding adults' week. This delivered seven virtual webinars on various safeguarding topics and hosted 263 attendees. Measures of 'confidence in topic area' were taken before and after each event, with all participants recording an increase in confidence achieved.

Older adults (65+) with care and support needs are more likely to die in fires. We actively contributed to the **fire safety campaign** launched by the SAB aimed at providers and residents.

**Protecting people from financial abuse** - We hosted a virtual learning event from the England Illegal Money Lending team attended by individuals from a range of partner agencies. The event was in response to discussions at the Safeguarding Adult Forum and delivered with colleagues from the Public Protection Partnership.

We continue to chair the multi-disciplinary **hoarding group**. This group aims to identify and support residents where hoarding presents significant risks to the person, neighbours and any blue light services who may be called to attendance.

We sponsored the SAB priority to **embed good understanding of the Mental Capacity Act** (MCA) within the practice of statutory partners. West Berkshire chaired the Learning and Development subgroup of the SAB tasked with co-ordinating the various activities that supported that priority across the partnership area.



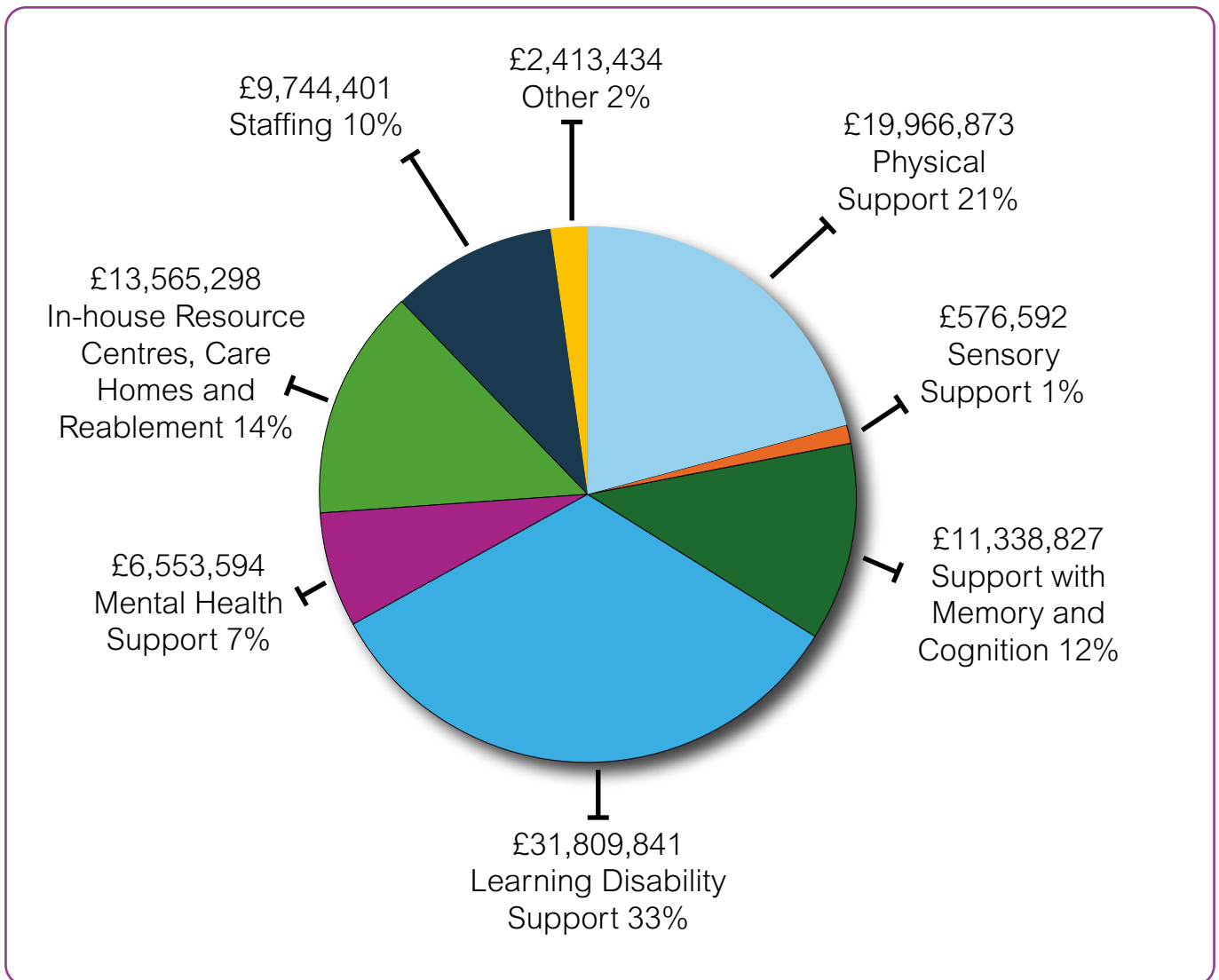
# 5. Our finances

## Overview

**£95,968,859** was spent on Adult Social Care services in 2024/25.

This is an increase of **4.4%** compared to 2023/24.

## 2024/25 Adult Social Care spend



## 6. Key achievements across our services and teams

In May 2024, the Care Quality Commission (CQC) **rated West Berkshire Council as 'good'** in how well it is meeting its responsibilities to ensure people have access to adult social care and support.



We are continuing our work to respond to the CQC's recommendations for improvement.

### Working with Health

The **Better Care Fund** (BCF), a Government initiative, supports the integration of health and social care services to improve outcomes and reduce barriers between systems.

We work towards a jointly agreed plan across Health and Social Care which demonstrates how people are supported to stay well, safe, and independent at home for longer, and how the right care is provided at the right time and in the right place. The plan is refreshed annually.

Better Care Fund Achievements in 2024/25 included:

- Infection Control Service: Direct nursing support into our care homes. This provided critical support over the winter period, with avoiding hospital admissions.
- Be Well this Winter: Provision of targeted Information and guidance to residents, focusing on falls, self-care, vaccinations and staying warm.
- ASC workforce: Working on recruitment and retention of social workers and occupational therapists.
- Falls pathway: Investment was made into our falls coordinators to strengthen the workforce and provision of service.
- Reduce the number of people coming out of hospital on pathway 3: Reviewing our decision making and impact on capacity in the care market.

### Working with Public Health

ASC is represented on the Health and Wellbeing Board and jointly chairs the Locality Integration Board. As well as addressing Better Care Fund priorities, we work closely with Public Health and contribute to decisions made about the spending of the Public Health Grant. This year our work included the Let's Get Active Fund, focusing on delivering activities to areas of deprivation in our area, work with the Ageing Well Task Group supporting events such as Ageing Creatively and activities in our Libraries and work with Family Hubs on cooking and nutrition.

### Hospital Discharge team

- We have now adopted a targeted approach for hospital discharges ensuring those receiving reablement have identified goals.
- We have a home first approach from hospital and are working to keep new admissions to residential/nursing care to a minimum.

Our **Financial Assessment team** work with individuals to ensure that they are financially assessed to understand how much they should contribute towards the cost of their care.

- The team completed 2775 financial assessments/reviews.
- We also work with individuals to ensure that they are receiving the correct welfare benefits and support them to make claims where appropriate. This resulted in **196** people getting additional income.

Our **Deputyship team** support individuals who are unable to manage their own finances and have no-one else appropriate to do this for them.

- We supported **248** people during the year. Support ranges from those in receipt of benefits to individuals who have substantial income and capital.
- Currently managing the estate of a former BAFTA winner.
- The Client Financial Services Assistant recently completed Level 3 Business Administration apprenticeship.

Our **Direct Payments team** support individuals to manage their direct payments.

- We acknowledge that our proportion of people that receive direct payments is lower than the national average.
- We have secured extra resources to improve our position to enable more people to benefit from a more flexible approach to meeting their care and support needs.
- We now have direct payment champions working with our Locality teams and have developed our internal training offer and internet pages.

### **Transitions team**

- A key priority within ASC is to ensure a positive experience for young people with care and support needs as they enter adulthood to create independent and fulfilling lives. We have secured extra resources to allow for earlier intervention.

### **Learning Disabilities specialist worker**

- A new role working with learning disability providers to ensure that packages are appropriate for the individual.

### **Single Handed Care team**

- We continue to work with individuals to see if they can safely reduce any elements of their care packages where two carers are sometimes needed, using appropriate equipment and training to promote independence and reduce costs.

### **Mental Health team**

- Our Specialist Mental Health Team (SMHT) do not have a waiting list for referrals/ allocation of cases and requests for Mental Health Act assessments are reviewed and triaged within two hours.
- The Approved Mental Health Professionals (AMHPs) complete between 15 and 20 Mental Health Act Assessments (MHAAs) per month.
- With the decline in probation officers, SMHT staff have taken on the responsibility of handling supervision orders from the courts for mentally disordered offenders.

## Carers

- We actively recognised Carers Rights Day on 21 November 2024. A variety of partners attended offering a wide range of information and support.
- In June 2024, in partnership with **Berkshire Age UK** and **Carers Partnership** we celebrated Carers Week with events held across West Berkshire.
- The [Carers' Strategy 2025-28](#) has been officially approved setting our priorities. Our Carers' Strategy Group will oversee the delivery plan.
- Some focused work with carers was undertaken to help reduce the backlog of carers awaiting assessments and we are developing a self-assessment tool for unpaid carers which will be available in 2025.
- Using **Accelerating Reform Fund (ARF)** monies we have undertaken joint work with other councils to work on the identification of unpaid carers. We are developing leaflets designed to reach target communities.



## Occupational Therapy

We appointed a Principal Occupational Therapist to improve the quality of the Occupational Therapy (OT) services, promote OT and support recruitment and retention.

The OT workforce has been strengthened with focussed work on addressing CQC feedback to strengthening our preventative approach by introducing best practice workshops and ensure best practice is used in the safe prescription of essential equipment.

## Voluntary Community and Social Enterprise (VCSE) sector

We have developed a Memorandum of Understanding (MOU) with the VCSE sector, acknowledging that we needed to do more work with the sector and develop stronger relationships. The MOU supports us using more co-production in the work we do and outlines our approach to voluntary sector commissioning.

## Working with providers

We held several Provider Forums in 2024/25, working to ensure that the provider voice was heard in our decisions.

# 7. Innovation and all things digital

---

## Adult Social Care internet review

In response to feedback received from the CQC we are reviewing our ASC internet pages. We plan to work with you, or co-productively, to ensure that the revised pages meet the needs of the people who use our services. This work will conclude in 2025.

**The West Berkshire Directory**, is an [online directory](#) that provides information, advice, and support on a wide range of services for adults, families, and children in West Berkshire. It serves as a one-stop shop for local resources, including community groups, organizations, activities, and services.

- We have replaced our directory to provide updated information and deliver a better customer experience.
- We worked with partners in the Ageing Well Task Group to ensure that the directory would meet the needs of our residents.
- We have delivered training to show partners how they can work with and support people who aren't digitally enabled – using the directory on their behalf to search and print lists of information to help them.
- Help sessions were also held in our Libraries and information was distributed using the West Berkshire Library at Home Service.
- Work continues into 2025/26 to extend the offer and train more directory champions.

**Magic Notes** is an Artificial Intelligence (AI) application to record and transcribe conversations. We have successfully piloted Magic Notes and are currently rolling it out across Adult Social Care and Children's Services.

Following recent training, the rollout of Magic Notes has already started to show tangible benefits for frontline staff. One practitioner shared that it has proved especially useful for follow-up visits. With limited time and frequent movement between locations, the ability to dictate notes quickly while sitting in their car has significantly streamlined their workflow. Upon returning to the office, the practitioner found that Magic Notes generated clear, concise case notes requiring minimal edits. They noted that the tool is *'accurate and intuitive, enhancing both efficiency and documentation quality in a real-world setting, and generally making their work more efficient and enjoyable'*.

## Companion pets

Robotic pets are increasingly used to provide comfort, companionship, and emotional support, especially for those who may be experiencing loneliness. We have started work to look at how robotic pets can be used in Adult Social Care to help people who are lonely, have learning disabilities or are living with dementia. As part of this project we will be evaluating the impact.

## **Mosaic**

During 2024 we started the work to replace our current Social Care Case Management System, and Social Care Financial Charging System. We will be moving to a system called Mosaic. The new system will be used by both Adults and Children's teams. The new system will go live in 2026.

## **Analogue to digital switchover**

We have worked with our commissioned provider, Berkshire Community Equipment Services/ NRS to ensure that people have been moved to digital provision. We have a handful of people still with analogue services, mostly in very rural areas, and we continue to work to find solutions for these people. We are a member of the Digital Infrastructure Group (DIG), working with other councils to support populations who are more likely to be digitally excluded.

## **Information and advice**

We completed the Local Government Association (LGA) Information and Advice Maturity Assessment, and received positive feedback. We worked with the LGA to develop an internal Information and Advice plan, ensuring that the information we produce continues to meet your needs and meet accessibility standards.

We further developed our own internal help service – Social Care Operating Procedures - to use AI. The tool is called SCOPS AI and can now be used interactively by our social care professionals to help them find information to support them when working with you.

## 8. Services we provide

### Care homes

West Berkshire has **three** internal Care homes providing **115** care home beds. During 2024/25 the service worked hard to build relationships and increase community engagement, develop our workforce and ensure that our care homes are safe and secure places to be. Examples include:

- Community engagement and intergenerational activities including regular sessions with Moo Music, St Gabriel's School, West Berkshire PALS, and Youth Club. We introduced family events such as bingo, quizzes, Christmas events and coffee mornings.
- We now have access to the West Berkshire community bus, providing residents with regular day trips and staff engaged in supporting the outings.
- Further staff development and training, with several staff completing Level 3 and Level 5 qualifications in health and social care, and management.
- We expanded the bank staff pool to enhance continuity and reduce agency use and ensured that permanent nursing staff were appointed including a Senior Nurse and Clinical Lead. Changes to shift patterns have enabled staff to have a better work/life balance.
- Environment and wellbeing improvements carried out, including dementia-friendly lounge decoration with Community Payback and activities teams, creative fundraising and themed days and the development of a sensory garden is underway.

### Shared Lives

- The team is now fully staffed. Recruitment incentives for new Shared Lives carers are in progress and a new carer induction and review process has been implemented.
- Community engagement activities were a success, this included our Open Door Days, Thatcham Funday and events for Shared Lives week in June 2024 celebrating the work of Shared Lives carers.

#### Positive feedback received during Shared Lives carers week

*"The scheme is successful in providing a homely, conducive environment and cost-effective service to vulnerable individuals"*

*"A person-centred approach to living in a family home"*

*"We have been very fortunate with carers over many years who have always listened to x and made him feel an equal"*

*"It's been my first case dealing with shared lives and I have to admit I will definitely be recommending this service to more service users in the future. What an asset Shared Lives are to West Berkshire."*

- Service improvements have been made, including setting up an extranet for Shared Lives carers to access training and resources and we have secured uplifts for carer payments and housing benefit.

## Resource Centres

- We continued our work to engage people and their families including Christmas and summer fetes and wellbeing activities.
- We accepted referrals from people outside the West Berkshire area. This is a reflection of the high level of support and services provided at our Centres.
- Staff turnover was low during the year enabling our staff to establish relationships with people who used our services, leading to people feeling better supported.

## 9. Closing statement

---

The completion of the Adult Social Care annual report 2024/25 has identified key areas of focus for the years ahead which will be central to the Adult Social Care strategy which is under development. This will assist in our ever-evolving journey of improvement to ensure we support the residents of West Berkshire.





# Adult Social Care Complaints Annual Report

**Committee considering report:** Health and Adult Social Care Scrutiny Committee

**Date of Committee:** 30<sup>th</sup> September 2025

**Portfolio Member:** Councillor Patrick Clark

**Report Author:** Alison Lewthwaite

## 1 Purpose of the Report

- To request the Adult Social Care Complaints Annual Report be reviewed and agreed for publication.

1.1 For final approval.

## 2 Recommendation

2.1 The report be approved for publication on the WBC website.

## 3 Implications and Impact Assessment

Implication	Commentary
<b>Financial:</b>	There are no financial implications relative to this request.
<b>Human Resource:</b>	There are no HR implications relative to this request.
<b>Legal:</b>	We are required by law to publish an annual report of Adult Social Care (ASC) complaint activity.
<b>Risk Management:</b>	There is no risk identified relative to this request.
<b>Property:</b>	N/A.
<b>Policy:</b>	There are no policy implications relative to this request.

Adult Social Care Complaints Annual Report

	Positive	Neutral	Negative	Commentary
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		
<b>Environmental Impact:</b>		X		
<b>Health Impact:</b>		X		
<b>ICT Impact:</b>		X		
<b>Digital Services Impact:</b>		X		
<b>Council Strategy Priorities:</b>		X		
<b>Core Business:</b>		X		We are required by law to produce and publish an annual report of ASC complaint activity.
<b>Data Impact:</b>		X		

<b>Consultation and Engagement:</b>	N/A
-------------------------------------	-----

## 4 Executive Summary

- 4.1 The Council is obliged to produce and publish an annual report of ASC complaint activity.

## 5 Supporting Information

### Introduction

- 5.1 Appended is the 2024/25 ASC Complaints and Compliments Annual Report.
- 5.2 This report has been approved by the Corporate Board and the Executive Board with all recommended amendments implemented. We are now seeking approval by the Health and Adult Social Care Scrutiny Committee for the report to be published.

### Background

- 5.3 Publication of an annual report into ASC complaint activity is a legal requirement.
- 5.4 This report was previously approved by the Customer First Programme Board, which no longer exists. It is considered the Health and Adult Social Care Scrutiny Committee is the most likely alternative for approval.

### Proposals

- 5.5 To publish the ASC Complaints and Compliments Annual Report on the West Berks website once approved by the Health and Adult Social Care Scrutiny Committee.

## 6 Other options considered

- 6.1 No obvious alternative option identified.

## 7 Conclusion

- 7.1 It is proposed the ASC Complaints Annual Report be published on the West Berks website once approved by the Health and Adult Social Care Scrutiny Committee.

## 8 Appendices

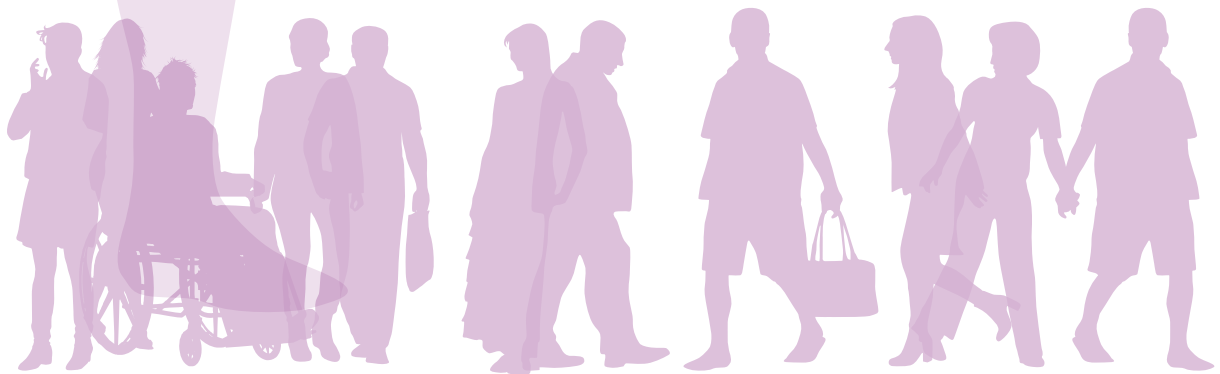
- 8.1 Appendix A – ASC Complaints and Compliments Annual Report 2024/25

This page is intentionally left blank



# Adult Social Care

## Annual Complaints and Compliments Report 2024-25



# Contents

---

Introduction	3
Complaints: A Definition	4
Complaints Figures and Statistical Analysis 2024/25	5
Introduction	5
Compliance with Timescales	6
Complaints Received by Complainant Type	6
Complaints from Clients	6
Multiple Complaints	7
Complaints Received by Team	7
Types/ Causes of Complaints	9
Complaints Relating to Providers	10
Emerging Areas for Future Focus	11
Complaints Findings/ Outcomes	11
Complaints Progressed Beyond Local Resolution	12
Comparison with Neighbouring Local Authorities	12
Examples of Complaints Received During 2024/2025	14
Examples of Compliments Received During 2024/2025	15
Conclusion	16

# Annual Complaints Adult Social Care Report 2024/25

## Introduction

---

The purpose of this report is to provide an overview of the complaints which have been received by West Berkshire Council's Adult Social Care Service (WBC ASC) during the financial year 2024/25.

The majority of complaints processed by Adult Social Care (ASC) within West Berkshire are undertaken using the framework set out within the West Berkshire Adult Social Care Complaints Process [Complaints Procedure - ASC \(westberks.gov.uk\)](https://www.westberks.gov.uk)

**Informal Resolution:** Complaints that are logged with a service (such as a Care Home or within a locality team) are resolved informally at a local level. These complaints are not logged formally with the Complaints Manager and therefore are not included in the annual complaints return.

**Stage 1: Formal Investigation:** Complaints are formally investigated by an appropriate manager within the agreed timescale. Following this, if the complainant remains dissatisfied with the response, the Council may then, if appropriate, choose to offer a complaint meeting with the aim of bringing the matter to a satisfactory close. In some circumstances a meeting of this kind may be beneficial to help communication and understanding of complex and/or emotive subjects.

Should a complainant have further information, or new information that has not been considered by the officer investigating the matter when a response has been issued, then we will review the new information to establish whether it alters the outcome.

In addition to this, a small number of complaints are processed using the Corporate Complaints framework. This process is used when the concerns being complained about relate to issues outside of ASC itself, such as the process used to invoice for care. These complaints are not included in the figures being analysed in this report, despite having come into the service in the first instance.

West Berkshire Council (WBC) believe that maintaining effective working relationships with our clients and (where applicable) their families, throughout their involvement with ASC, is an important part of achieving the best outcomes for them and we have continued to adopt a restorative practice approach to complaint resolution where possible.

Where it has not been possible to resolve a dispute using the ASC Complaints Process, the complainant will be directed to the Local Government and Social Care Ombudsman (LGSCO).

Should it become apparent that a client or family member, is repeatedly raising the same or similar concerns with the Council or other bodies and that this is having a negative impact on carrying out any on-going work, but they have not officially raised a complaint, the Complaints Manager has the discretion to enter these concerns into the complaints process to help achieve a resolution. In these circumstances, the concerns do not have to have been presented to the Council as a complaint.

Occasionally the Council may deem that it is necessary to implement the Persistent and Unreasonable Complainants Process [Complaints Procedure - ASC \(westberks.gov.uk\)](https://www.westberks.gov.uk) Section 3.58-3.63.

This process can be used;

- Where a complaint has been responded to fully and a complainant continues to raise the same or similar issues.
- Where the frequency and/or length of complaints from an individual is preventing the day-to-day working of the ASC teams. In these circumstances the Council can introduce a Single Point of Contact (SPOC) arrangement and /or can specify the frequency and method of contact with a particular team or the Council as a whole.

The full details of the Persistent and Unreasonable Complainants process can be found on the Council's website.

A copy of the Annual ASC Complaints Report is published on the Council's website each year.

## Complaints: A Definition

---

A complaint is described as an expression of dissatisfaction with the service the Council has provided. Feedback from individuals is important to the Council as it provides not only an opportunity to identify why people have found our services unsatisfactory, but also a means of identifying how the services being provided can be improved.

Any adult receiving care from WBC is entitled to use the complaints process. We also accept complaints from their family or representatives who support them. In this instance we would require consent from the client to pursue the complaint unless there is already existing authority for their representative to act on their behalf. Every person who makes use of the complaint procedure is advised of their right to assistance from an independent advocate and is given information about how to access the advocacy service if they wish to do so.

Complaints may be received via any employee or officer at any level within WBC and are then directed to the relevant department depending on the nature of the complaint.





# Complaints Figures and Statistical Analysis 2024/25

## Introduction

During the financial year **2024/25**, the number of complaints received by ASC Services was **45**.

We note this figure represents a decrease in the number of complaints received by ASC during 2023/24 when **55** complaints were received but reflects the same number of complaints received in 2022/23. **45** complaints represent a decrease of **18%** compared to the number of complaints received during 2023/24. It is noted that the decrease this year is not following the trend that we have noted in previous years of a steady rise in the number of complaints we have received since the pandemic. We are also showing a reduction in the number of complaints made per 100 clients (see Table 1 below) which is positive.

As we saw last year, the complaints we have received during 2024/25 have often taken longer to resolve than in previous years. This year a lot of time has been spent working in partnership with various teams from WBC to address and manage a series of particularly complex complaints consisting of many interconnecting elements, as well as supporting the legal process in one instance. For example, one complaint received took over three months to conclude due to constant communication from the complainant and, at the point at which we concluded the complaints procedure, the complainant remained dissatisfied. We have, however, yet again seen a very positive outcome this year in the number of cases that progressed to the LGSCO for a decision, which suggests that, overall, the complaints process within WBC ASC is working effectively and that clients and their families feel that we resolve complaints fairly and thoroughly.

Year	Total number people in receipt of long-term ASC service	Total number of Complaints	Complaints per 100 Service Users
2018/19	2114	146	6.9
2019/20	2161	82	3.8
2020/21	2222	41	1.8
2021/22	2252	39	1.7
2022/23	2335	45	1.9
2023/24	2423	55	2.3
2024/25	2455	45	1.8

Source: Care Director. Number of Long-Term ASC Clients 2024/25

Table 1:

Quarter	Complaints by Quarter				Total
	Q1	Q2	Q3	Q4	
Volume	13	5	13	14	45

## Table 2:

**Table 1** illustrates the number of complaints received in relation to the number of adults in receipt of a long-term service per year.

**Table 2** illustrates an analysis of the complaints received by quarter which show an even spread of complaints received throughout the year apart from a significant fall during Q2. There is no obvious reason for the dip in Q2.

## Compliance with Timescales

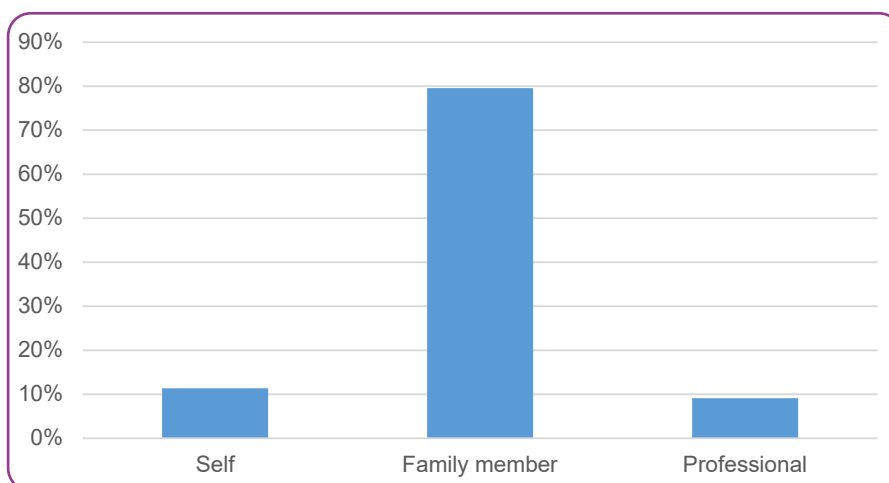
The national timescales set out for ASC complaints are used to measure compliance for all complaints arising within ASC services.

Overall compliance with time scales has been positive during 2024/25 with **98%** of all complaints being responded to in the first instance within the **20 working days** timeframe. The one complaint response that was out of the agreed 20-day response time was due to unforeseen exceptional circumstances. In this instance the complainant was contacted on the day the response was due, and a further extension was agreed.

## Complaints Received by Complainant Type

- Following the same pattern as last year, the majority of the complaints received by ASC services were made on behalf of the client by other family members (**80%**). This remains generally consistent with last year (**75%** being recorded in 2023/24).
- **11%** of the complaints were made by the client themselves. Of these, none used or required the services of a professional advocate. This figure is the same as that recorded last year.

From this we are potentially able to surmise that this is generally because those who lack the capacity or confidence to make a complaint themselves are supported by family or friends. This therefore may indicate a potential gap for those who lack confidence or capacity but have no friends or family to complain on their behalf.



- **9%** of complaints were submitted by professionals -again the same as last year.

## Complaints from Clients

Enabling complaints from clients continues to be an important mechanism for ensuring the experience of the people who use our services informs our service design and delivery. Complaints from clients themselves help us to ensure that their voices are heard and that we

can, where justified, make improvements to the services we are delivering to them.

Improving the number of complaints received by clients directly is an area that we have highlighted for action in previous years. This year we have seen a consistency in the number of people who have made a complaint on their own behalf, although this remains a disappointingly low percentage of overall complaints. When a complaint is made on behalf of a client all attempts are made to seek direct consent from them for the complaint to proceed, as well as to ensure that the complaint being made accurately reflects their views. Where possible we will then pick up the complaint directly from the client themselves.

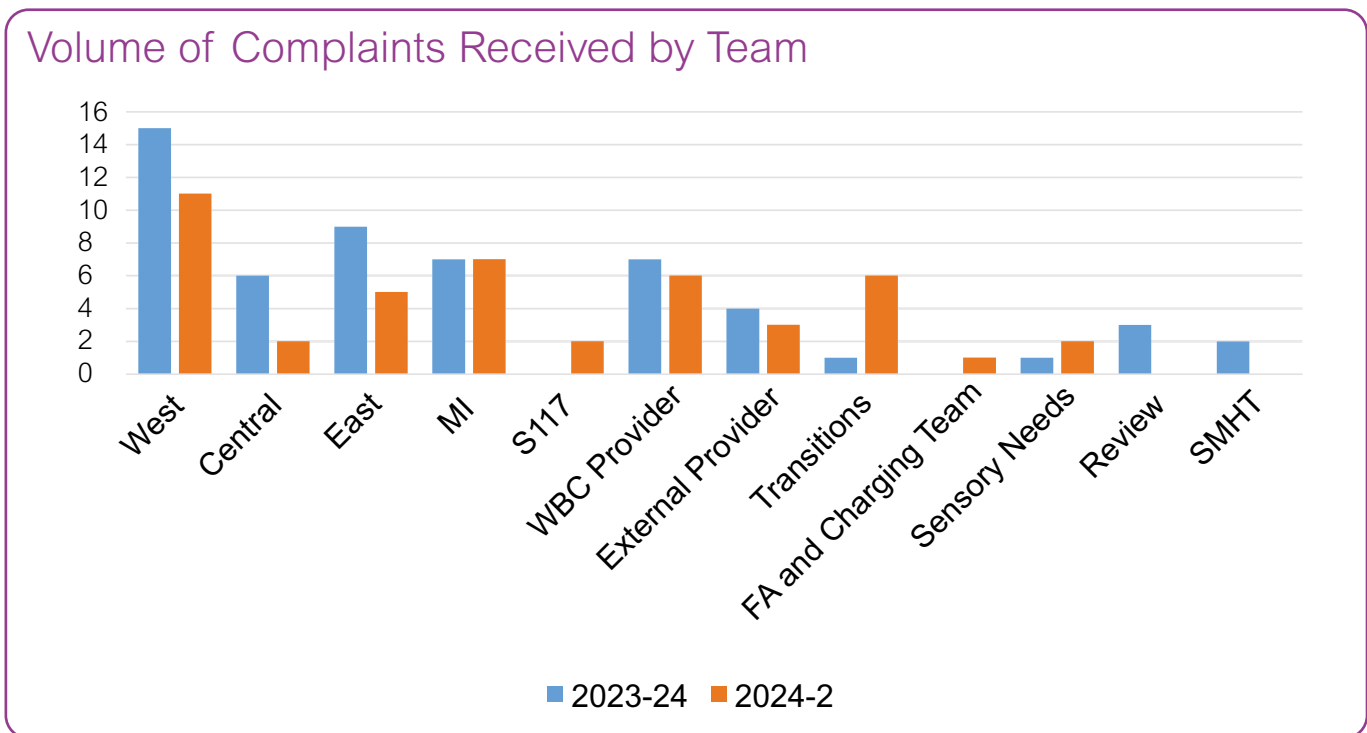
**Five** complaints were received from clients during 2024/25 in comparison to **six** in 2023/24 although the overall percentage remains the same.

The figures for 2024/25 continue to highlight that most complaints (36 – or 80%) received by ASC continue to come from other family members who are acting on behalf of the client. Of these, seven were made after the client had sadly passed away. Of the remaining 29 complaints, ten were made by a parent and 19 in relation to older people and the complaints were usually made by the son/daughter or a spouse/partner.

## Multiple Complaints

By examining the specific detail relating to who has made complaints during 2023/24 there have been occurrences of multiple complaints being made by a single person. These, however, did not meet threshold for implementing The Persistent and Unreasonable Complainants Process.

## Complaints Received by Team



## Data

Team	2023-24		2024-25	
	Volume	%	Volume	%
West	15	27%	11	24%
Central	6	11%	2	4%
East	9	16%	5	11%
MI	7	13%	7	16%
S117	0	0%	2	4%
WBC Provider	7	13%	6	13%
External Provider	4	7%	3	7%
Transitions	1	2%	6	13%
FA and Charging Team	0	0%	1	2%
Sensory Needs	1	2%	2	4%
Review	3	5%	0	0%
SMHT	2	4%	0	0%

Of the **45** complaints made, the allocation of complaint by service is as follows (including comparison to 2023/24 figures):

As with previous reports West locality are seen to have the most complaints. It is, however, fair to note they have a larger number of clients in their area than the other locality teams and their complaints have reduced in 2024/25 in comparison to the previous year (2023/24 – **15 complaints** or **27%** of the total number of complaints). However, generally the complaints this year are spread evenly across all the locality teams, except for Central locality, the Sensory Needs team and the S117 team, who have had a positive year with only two complaints each made in 2024/25 and the Financial Assessment and Charging team with only one complaint recorded. Complaints in relation to WBC provider services have decreased by one this year. Complaints relating to external providers have also reduced by one this year and remain very low, which is a positive reflection on the services that WBC ASC are commissioning.

This year we have seen a rise in the number of complaints in relation to the Transition services. We have received six complaints this year as compared to only one last year. An increase from this client group was forecast due to one specific case in Children's Services moving across to ASC. However, the remainder of these complaints (from other parents) have been complex and challenging to manage, raising concerns about how the expectations of parents when their child is transitioning to adult services are managed, both in terms of service provision available but also their rights to information and their own changing role. It must be noted, however, that none of these complaints were upheld

In 2024/25 we have seen two complaints in relation to individuals receiving S117 funding, which is an area that has not previously featured in a complaints report. This could potentially be attributed to the 2023 S117 Supreme Court judgment regarding ordinary residence, increasing the number of individuals we now support who receive S117 funding:

**31 March 2024 = 136**  
**31 March 2025 = 147**

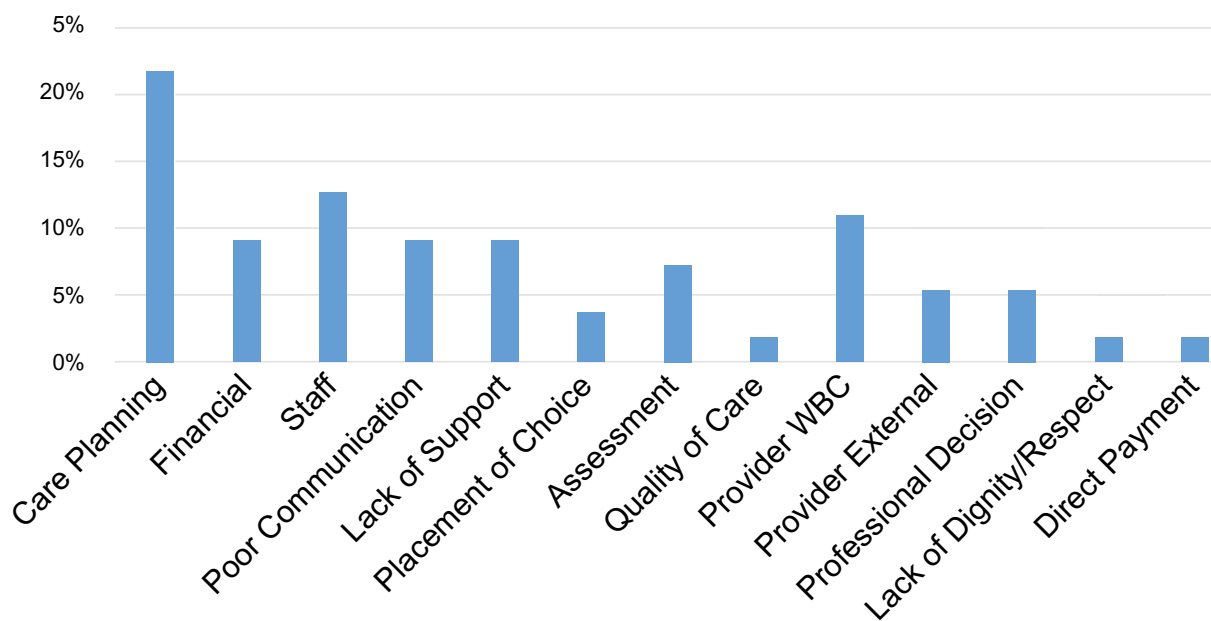
Source: Care Director. Snapshot of number ASC clients in receipt of S117 funding as of 31/03/24 and 31/03/25

## Types/ Causes of Complaints

NB: A complaint can be complex in its nature, sometimes comprising of multiple issues and there may not always be only a single cause. Therefore, it should be noted the number of complaint types recorded will exceed the total number of complaints received.

The table below is included in order to provide information about the areas of ASC activity about which we have received complaints about during 2024/25.

### Percentage of complaints by type



### Data

Nature of Complaint	Vol	%
Care Planning	12	22%
Financial	5	9%
Staff	7	13%
Poor Communication	5	9%
Lack of Support	5	9%
Placement of Choice	2	4%
Assessment	4	7%
Quality of Care	1	2%
Provider WBC	6	11%
Provider External	3	5%
Professional Decision	3	5%
Lack of Dignity/Respect	1	2%
Direct Payment	1	2%
<b>Total</b>	<b>55</b>	<b>100%</b>

The most common reason for making a complaint during 2024/25 was care planning issues. This is a change from last year when the highest volume of complaints made were in relation to charging for services. In social care, care planning is a structured process used to determine the individual needs of a person receiving support and then create a plan to meet those needs. It's a collaborative effort involving the individual, their family (if they wish), and social care professionals. The care plan outlines the specific support services, how they will be provided, who will provide them, and when they will be provided. **22%** of complaints, or **12** cases, have included an element of care planning. Effective care planning should be the cornerstone of delivering personalised and high- quality support, ensuring individual needs are met and aligned with regulatory standards and best practice so it is therefore of concern that this is cited as the main area of ASC complaints this year. However, it is recognised that this relates to only **12** cases: a small number in comparison to **2455** individuals in receipt of long-term services.

The second most prevalent reasons for making a complaint in 2024/25 relate to staff attitude, which is the same as last year. However, those complaints have decreased by four in comparison to last year which is a more positive indicator. As per last year, complaints made about staff typically relate to situations where people feel that they have not been treated with courtesy or professionalism. We are cognisant that these complaints may also be influenced by people objecting to the outcome of the work by a particular staff member. Of the seven complaints that included staff attitude as an element, only **three (43%)** were either upheld or partly upheld. Whilst this is of concern it must be noted that this is in the context of extremely low numbers and, positively, it reflects a drop from last year in which **64%** of complaints where staff attitude was included as an element were upheld.

Every complaint about a member of staff that is either upheld or partially upheld is escalated to that member of staff via their line manager and reflection in supervision is encouraged. This is in addition to any other actions that may have been considered appropriate in the circumstances.

## Complaints Relating to Providers

In 2024/25 the number of complaints relating to providers (**nine**) was a decrease compared to the previous years reported figure (**11**).

A total of nine complaints were made that related to providers, which equates to **16%** of the overall number of complaints made.

Of the **nine** complaints about providers made, the Council were made aware of only **three** complaints about services delivered by external providers commissioned by WBC. However, we do know that external providers receive additional complaints directly and that the Council are not notified of those unless those providers have not been able to resolve them satisfactorily.

**Six** of the complaints made in relation to providers concerned the Council's in-house services. This is slightly lower than the previous year (**seven**). Of the complaints made in relation to in-house services, **five** were made about the quality of care (**two** by the same person) and **one** was made in relation to poor communication. Of the **six** complaints made **one** was not upheld, three were partly upheld, one was upheld and one was refused.

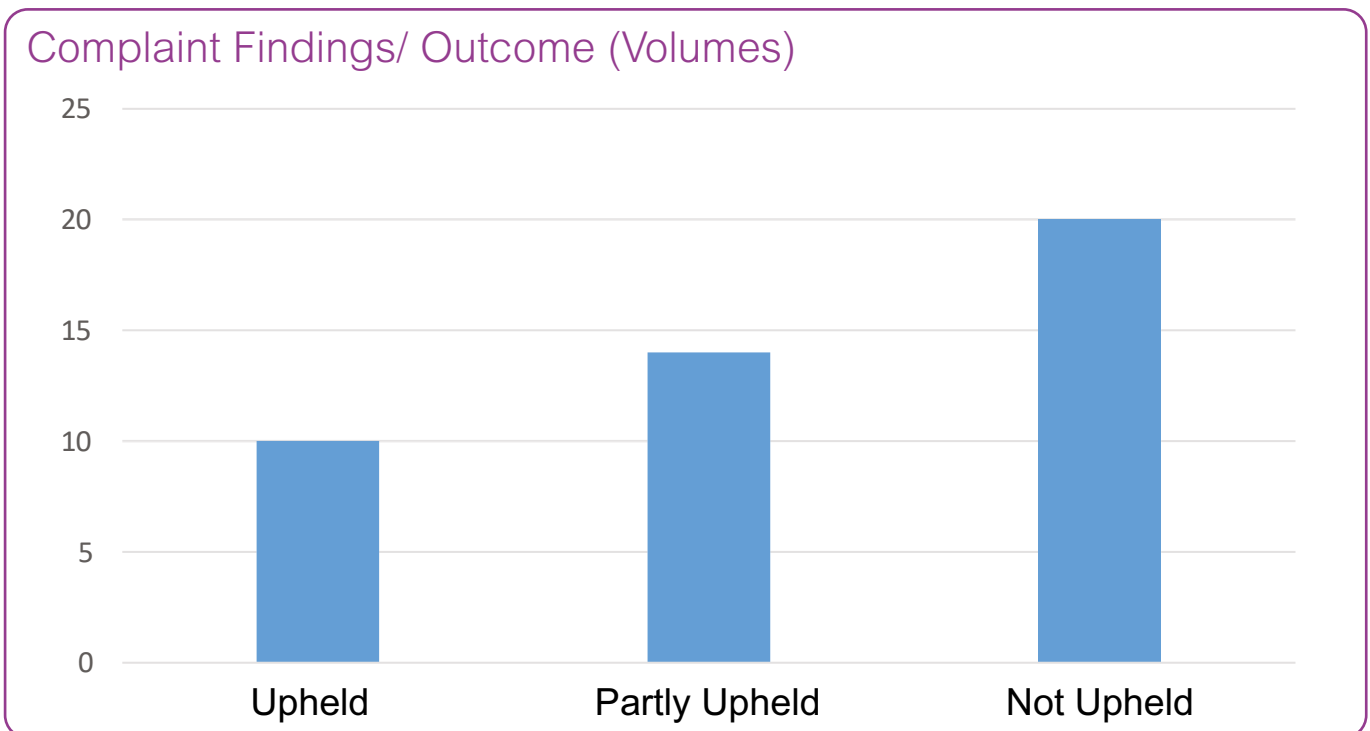
## Emerging Areas for Future Focus

Whilst these must be taken in the context of a small overall number of complaints the following can be identified as potential areas of focus going forward:

- Complaints about care planning are concerning as this is the fundamental part of the social work process. We do recognise that the number of complaints about care planning (**12**) is against the backdrop of **2455** people receiving a long-term service from ASC in this reporting period, indicating that most of our clients were happy with the support received via their care plans and felt that it reflected their needs appropriately.
- Complaints about staff will always be an area for focus and improvement, however these do need to be looked at in the context described above.
- Complaints regarding the transition from Children’s Services to ASC have increased this year. The complaints received about transition cases have been challenging and complex. The complaints made regarding the Transition Team have always been made by the parents (not the client themselves) and have not been upheld on any occasion. This suggests that there may be a disconnect between the expectations of parents and what is possible, indicating that more collaborative work between children and adult services needs to be done at an earlier stage in order to help those parents to understand the myriad of differences between adult and children services, including the type and nature of provision alongside their changing role as the parent to a young adult.
- In recognition of the increasing number of clients transitioning to adult services from children services, and the waiting list that had accrued, ASC have invested in additional workers within the team. This will allow us to work with young adults and their families at an earlier stage, and start the transition process a little earlier than has been possible.

## Complaints Findings/ Outcomes

In summary (based on 45 complaints received during 2024/25):



## Data

Outcome of Complaint	Vol	%
Upheld	10	22%
Partly Upheld	14	31%
Not Upheld	20	44%
Complaint Refused	1	2%
<b>Total</b>	<b>45</b>	<b>100%</b>

In summary, for the 2024/25 reporting period:

- **22%** of the complaints received were upheld (**22%** upheld in 2023/24)
- **44%** of the complaints received were not upheld (**38%** not upheld in 2024/25).
- **31%** of complaints were partially upheld (**27%** partially upheld in 2024/25).

We are reflecting **zero%** change in the number of complaints that were upheld last year, whilst the percentage of complaints partially upheld has slightly increased. The percentage of complaints not upheld has also increased. This suggests that we have made an improvement in our delivery of services and the experience of the client. However, it is important to stress that the numbers are so small it is difficult to make reasoned judgments about what the data can tell us.

Of the remaining complaints:

- In **2%** of cases the complaints were refused (as the issue being complained about had been addressed already via the complaints procedure).

## Complaints Progressed Beyond Local Resolution

Where it has not been possible to resolve a complaint via restorative practice or via the Council's complaints process, complainants may choose to approach an external regulatory body; The Local Government and Social Care Ombudsman (LGSCO). The LGSCO will determine if the complaint that is presented to them meets their criteria for investigation.

Of the complaints made in 2024/25 only **1** progressed to the LGSCO during the year. This complaint was not investigated by the LGSCO as it was judged to be out of time and, in any event, already appropriately dealt with by the Council.

Whilst we were forecasting an increase in LGSCO referrals during 2024/25, this has not been the case.

## Comparison with Neighbouring Local Authorities

Comparison with neighbouring authorities can be problematic as there are differences in how complaints are recorded. For example, we are mindful that we work hard to identify potential complaints at an early stage and manage them informally. These are therefore not recorded nor translate into formal complaints. It is possible that other Local Authorities deal with emerging complaints differently and record them all regardless of whether they progress or not.



It has been identified that amongst the LA's in the Southern Region Complaints Managers Group that the Isle of Wight (IOW) consistently seems to follow a similar trajectory to WBC regarding numbers and trends of ASC complaints.



Based on a comparison WBC therefore appears to be performing very well this year. IOW are showing a small increase in complaints from their figures in 2023/24. They have also had **six** referrals to the LGSCO which is **9%** of their overall complaints.

WBC ASC had had far fewer LGSCO referrals in comparison which might suggest that the way complaints are dealt with inhouse, WBC is more robust. This is a suggestion only and not the conclusion of rigorous analysis.

Another possibility for our low figures that should be considered is that people are not complaining about ASC services in West Berkshire because overall they are satisfied with them.

We have no concerns about the accessibility of the ASC Complaints Process. All ASC staff are aware of the complaint process and how to refer people into the service if required. Our website is clear in respect of how to make a complaint about ASC and we are transparent and open with providers and external services.

# Examples of Complaints Received During 2024/2025

The following represents some examples of complaints received during 2024/25:

“

*We want to challenge his placement, especially given no-one for social services visited the residential setting we preferred for \*\*\*. They had plenty of time to do so and were even suggesting visiting another place altogether!*

”

“

*How are we supposed to believe or trust anything in meetings or anything anyone states verbally, as nobody seems to know what they are doing and there are far too many contradictions, inconsistencies and retractions.*

”

“

*The call was vague and in a rush The questions asked seemed irrelevant... At this point I refused to continue and was forced to end the call. In my opinion the call was unprofessional.*

”

“

*I cannot recommend her or her company. We don't mind paying for a service but not being insulted by her crass remarks*

”

“

*Nothing has been explained to us at all about any stage of the process... If I am honest, I do not see the point of the team or a Social Worker as I really do not understand the purpose of their role.*

”

“

*Unfortunately, Mum is deeply unhappy in her current placement. She is extremely confused, feeling isolated, and struggling with depression. The staff are not deaf-aware, and there is no one available to communicate with her in sign language, which has further increased her distress. As a family, we are disappointed with how this situation has been handled and frustrated by the lack of appropriate support.*

”

# Examples of Compliments Received During 2024/2025

The number of compliments received by ASC continues to outweigh the number of complaints. In 2024/25 WBC ASC received a total of 321 recorded compliments in relation to both services and individual practitioners (a 54 % increase on the 208 recorded last year). Clients and their families gave positive and heartfelt feedback to many different teams including our Shared Lives Team, and the Maximising Independence Team as well as each of the locality and specialist teams.

Some examples of the types of compliments we have received are listed below:

*“ With kind regards and thanks for the services and support provided by this small but vital team. ”*

*“ I cannot thank \*\*\* enough for helping my brother as she went above and beyond her duty to ensure he was safe and secure. As I live a long way from my brother, I do worry about him but \*\*\* kept me updated on every visit. \*\*\* is certainly an asset to the services and deserves praise on how she dealt with my brother’s case. ”*

*“ We wanted to thank you for supporting \*\*\* and \*\*\* so brilliantly over the last few months. This has been one of the most stressful periods of all our lives. You have both been incredibly effective and generous with your time and nothing has been too much trouble. We all felt that you genuinely cared about achieving a fair and just outcome. ”*

*“ Please tell \*\*\* thank you so much, he was so attentive and patient and went through everything so well with Mum. It’s a thank you from me too. ”*

*“ It’s been brilliant-communication has been great- mum is really happy - she’s eating much better and whole place is loads cleaner- we have regular deliveries ordered which means we don’t have to travel as much - I think it’s been game changing for everyone and the carer has been lovely. ”*

*“ They both said how wonderful it was to have such a kind, warm and caring OT visit \*\*\* at this difficult time for them. ”*

*“ Simply awesome! ”*

# Conclusion

---

Based on the 2024/25 figures, WBC is reporting an 18% decrease in the number of complaints received about ASC services in comparison to 2023/24. Figures remain very low and reflect the lower end of the general trend in our neighbouring authorities.

2024/25 has been a very positive year in respect of the number of complaints we have been able to resolve successfully, measured by the very low number of referrals to the LGSCO but this trend is not forecast to continue into 2025/26 due to several complex cases being transferred from Children's Social Care.

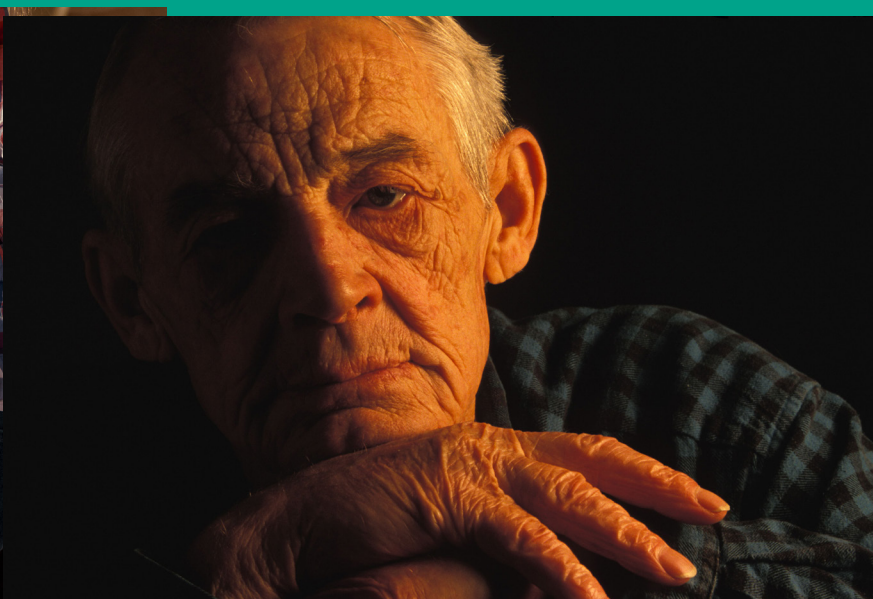
The Complaints Team continue to offer both virtual and face to face meetings as well as telephone calls to offer complainants flexibility and accessibility about how their complaints are managed.

ASC continues to receive a large volume of outstanding compliments from our clients and their families praising both the efforts of our staff and the services that we provide to support the people of West Berkshire. We have recorded a 54% increase in the number of compliments received in comparison with last year which is very positive and demonstrates that the vast percentage of the people who use ASC services are happy with the support they receive. This also reflects the continuing hard work and dedication of our ASC staff.

Despite the low number of complaints and higher number of compliments, WBC is not complacent and continues to strive to offer the best possible service to our clients and their families despite challenging environmental and societal factors that have, and continue to, exist.



# Safeguarding Adults Performance Annual Report 2024 / 25



# Contents

Executive Summary .....	2
Introduction .....	3
Actions in 2024/25.....	3
Networks .....	3
West Berkshire Council – Safeguarding Activity Outside of ASC Teams .....	4
Public Protection.....	5
Building Communities Together.....	5
Children's Services and Youth Justice Support Team .....	5
Safeguarding activity -Volumes and Performance .....	6
Concerns and S42 Enquiries .....	6
Individuals with safeguarding enquiries .....	8
Age group and gender .....	8
Primary support reason .....	9
Case details for concluded enquiries .....	10
Type of alleged abuse .....	10
Location of alleged abuse .....	11
Source of risk.....	12
Risk Assessment Outcomes, Action taken and result.....	13
Deprivation of Liberty Safeguards .....	16
The Future.....	17

## Executive Summary

Safeguarding Adults is a statutory requirement for West Berkshire Council and a core activity of Adult Social Care.

2024/25 has been an exceptionally busy year for the safeguarding service. Volumes of total concerns raised have increased by 25% as compared to 2023/24. However, the number of enquiries opened has remained relatively consistent with 2023/24 figures with a minor 0.5% decrease noted. This is significant when viewed through the lens of rising demand and a 12% increase in concerns received that met the threshold for a safeguarding response. As referenced in the 2023/24 report this follows a change in the period of time, we have allowed ourselves to determine whether to open an enquiry from 24 hours to 72 hours. This allows more time for gathering initial intelligence to establish whether a full enquiry is necessary.

The service continues to perform well in the functions of Making Safeguarding Personal, reducing or removing risk and the provision of advocacy.

This report takes account of the critical contribution to safeguarding adults that other services within the Council make and which is not captured in the statutory data contained within this document. The adult safeguarding piece within West Berkshire Council goes beyond Adult Social Care's statutory responsibilities and encompasses a wide range of services and teams working in tandem to safeguard adults at risk in the district.

The multi-agency Safeguarding Adults Forum in West Berkshire, or the operational arm of the tri-borough Safeguarding Adults Board, continues to work proactively to prevent abuse and harm. This group includes our colleagues from Public Protection, Children's Services and contributions from the Building Communities Together team, further demonstrating how activity that contributes to safeguarding across the district is captured in the overall provision of safeguarding to the residents of West Berkshire.

Applications for authorisations under the Deprivation of Liberty Safeguards (DoLS) increased by 12% this year as compared to 2023/24. This brings the number of applications received closer to the numbers received in 2022/23. Applications can fluctuate year on year and are reflective of movement across the Care and Nursing Home sector and hospital admissions. The resources available to meet this demand has remained unchanged for many years, which creates significant capacity issues. Therefore, the backlog of pending applications from 2024/25 represents 37% of total applications received during the reporting period. This is a reduction from the backlog carried forward from the 2023/24 period of 42% of applications received and this is positive.

In total, including the applications that were received in 2024/25 added to the backlog brought over from 2023/24, there was a requirement to assess and make an authorisation decision on 941 applications; a 6% increase in total authorisations required in 2023/24. Progress in making those authorisation

decisions remains hampered by resource challenges. 250, or 37%, are carried forward into 2025/24 to be assessed and authorised alongside any new referrals received in 2025/26.

## **Introduction**

Safeguarding is a statutory responsibility for all Local Authorities and is a core activity for Adult Social Care.

Delivery of the safeguarding function is shared between the operational social care teams, (such as the Locality teams and Hospital Discharge team) and a small safeguarding team that provides a triage and scrutiny function, signing off all investigations and leading on investigations into organisational abuse and out of county placements. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

This annual report evidences the key measures and trends used to monitor activity for Safeguarding Adults in West Berkshire to ensure risks are being identified and managed appropriately. Utilising the set of indicators and statutory reporting requirements for 2024/25, analysis of performance is used to produce this report.

This report also focuses on the activities of the safeguarding network in West Berkshire during the reporting year.

This report also highlights, where possible, the activities of other teams within the Local Authority that contribute to safeguarding adults but are not reflected in the statutory reporting.

## **Actions in 2024/25**

We work closely with our colleagues in Care Quality, Commissioning and other teams within Adult Social Care to improve communication, service delivery and the quality of our enquiries and interventions. Learning from Safeguarding Adult Reviews and case audits continues to be part of the day-to-day activities and supports the development of best practice.

West Berkshire Council has continued to provide a timely and effective safeguarding service within an environment of increasing demand, workforce difficulties and a challenging financial position throughout 2024/25.

## **Networks**

The Care Act 2014 required all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction of safeguarding, provide governance and quality assurance to the process. This includes the commissioning of Safeguarding Adults Reviews (SAR) when a person has died or



been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect.

West Berkshire Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and Wokingham Borough Council alongside other key stakeholders including, but not exclusively, Thames Valley Police, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the Integrated Care Board which covers Berkshire, Oxfordshire and Buckinghamshire. The SAB has produced its own annual report which can be viewed on its website [Home | West of Berkshire Safeguarding Adults Board](#)

The safeguarding strategy was updated during the 2023/24 reporting period and can be found via this link. [SAB-Strategy-2025-2026-V.1.0.pdf \(sabberkshirwest.co.uk\)](#) outlines what the Board aims to achieve in the next 12 months. The Board has also identified the strategic priorities that shapes its work. These were reviewed as part of the strategy review in March 2025 and are detailed in the strategy document. For the period 2024/25 the priorities were:

- Priority 1: Embedding a good understanding of the Mental Capacity Act within the practice of statutory partners.
- Priority 2: Serious violence and exploitation, understanding the gaps from an adult safeguarding perspective.
- Priority 3: Fire safety – to address the learning from the fire safety SAR in January 2024 and to improve awareness across the West of Berkshire around the increased risk of fire for vulnerable people.
- Priority 4: The Board will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

The Board has approved a Business Plan for 2025/26. A copy of the Business Plan current as at the 01.04.25 can be found at [SAB-Business-Plan-25-26-V.1.0.pdf](#)

The local Safeguarding Adults Forum that is operational in West Berkshire continues to operate as a multi-disciplinary forum working to prevent the occurrence of abuse or harm locally.

## **West Berkshire Council – Safeguarding Activity Outside of ASC Teams**

It is important to reflect that there are other teams operating within West Berkshire Council that contribute to the safeguarding of all adults in the district. Their activities are not captured within the volume data captured below as they are not directly connected to safeguarding enquiries under the Care Act. Notwithstanding their roles are important and their contribution to the safeguarding agenda vital.

## ***Public Protection***

The Public Protection Partnership is a key member of the Safeguarding Adults Operational Forum. This forum is a West Berkshire Council forum only and is the operational arm of the Safeguarding Adults Board.

One area of work they are very active in is the prevention of scams and fraud against residents in West Berkshire. Their activities include investigation of scams, installation of call blockers and door cameras, challenging banks on behalf of residents who have lost money to try and recoup monies lost and raising awareness in the local community of current scams and how to protect yourself. This is not an exhaustive list.

During the 2024/25 reporting year the team:

- Responded to 56 complaints of scams resulting in £135,000.00 being saved.
- Submitted six bank challenges totaling over £80,000.
- 8 call blockers installed for residents. It is estimated each call blocker may have saved the resident £2000 per year.
- 10% of scams complainants received a follow up, ensuring they were satisfied with the outcome of their complaint and providing additional information and advice to increase their confidence in being able to spot and avoid potential scams in the future.
- Undertook activities to raise awareness including at parent council assemblies and various social groups such as the Women's Institute.
- Delivered seasonal campaigns including holiday scams, used cars, loan sharks, 12 scams of Christmas and romance scams.

## ***Building Communities Together***

This team attends the monthly Mini Maps (multi-agency problem solving) meeting alongside representatives from the police, housing associations, Youth Justice Support Team, Public Protection Partnership, Housing and Berkshire Youth. The meetings focus on those locations, young people, adults and addresses of concern regarding anti-social behaviour, county lines, housing and environmental health issues. This enables a multi-agency approach, identifies the most appropriate lead agency and ensures that safeguarding and other vulnerabilities are addressed/considered. Adult Social Care link in with this process where appropriate.

Coordination of the Serious Violence Reduction steering group, the Domestic Abuse Board, including any Domestic Homicide Reviews, and the Council's Prevent duties all sit within this team, the majority of which have associated Strategies and action plans which are monitored at the relevant partnership meetings throughout the year.

## ***Children's Services and Youth Justice Support Team***

Our partners in Children’s Social Care and Youth Justice Support undertake work to identify and support children who are shortly to be 18 and have been, or are considered to be, at risk of exploitation.

Exploitation and Missing Risk Assessment Conference (EMRAC) is a multi-agency panel that meets monthly. The panel is co-chaired by a Children’s Service Manager and a Thames Valley Police Inspector. There are a range of professionals from children’s services, health, education, probation, police, youth services and adult transition team.

The EMRAC meetings are used to review the indicator tool and risk assessment of all children at risk of exploitation. The meeting is a multi-agency forum to review the risk and look at what measures need to be in place to assist in reducing risks, these include considering the children turning 18 years old.

During 2024/25 there were 12 children either assessed at risk of child sexual exploitation or child criminal exploitation. During the EMRAC meetings those children who did not have a transition plan were highlighted and their social worker referred to the adult transition team to undertake an assessment to identify any support they may require as an adult. Having the transition worker as part of EMRAC enables joined up plans and clear information sharing. All children aged 17 who had been assessed as requiring support had clear transition plans in place.

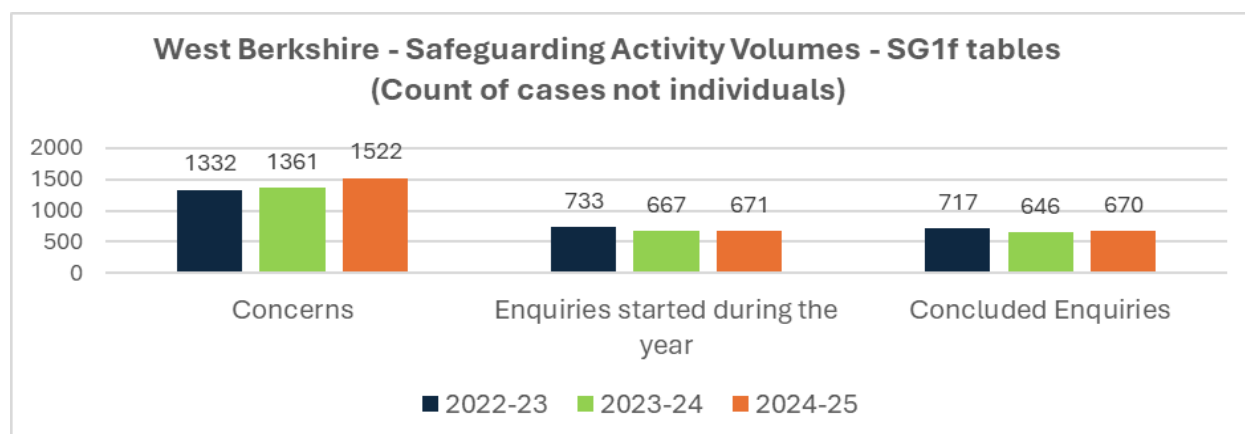
## Safeguarding activity - Volumes and Performance

### Concerns and S42 Enquiries

Table 1 – Safeguarding activity for the reporting period 2022/23 – 2024/25

	Concerns	Enquiries started during the year	Concluded Enquiries	Concern to Enquiry Rate
2022-23	1332	733	717	55%
2023-24	1361	667	646	49%
2024-25	1522	671	670	44%

Graph 2 – Safeguarding activity for the reporting period 2022/23 – 2024/25



For 2024/25:

- 1522 concerns were opened.

This is an increase in the concerns recorded in 2023/24 of 12%. This is a significant increase in the number received in 2023/24. Analysis of the sources of reporting and/or types of cases being referred in as a safeguarding concern has not identified any one specific cause of the increase. The pattern of referral sources of concerns received during the 2024/25 reporting period remain consistent with 2023/24 – just in greater quantities. We are mindful that West Berkshire’s population, like many areas, is aging and with greater numbers of adults who remain living in the community with deteriorating health and greater demand on Adult Social Care resources may be contributing to the greater numbers of concerns raised from all sources

- 671 S42 enquiries were opened.

This represents a 0.5% decrease compared with 2023/24, which is of note when compared to the 12% increase in concerns raised. As referenced in the 2023/24 annual report, the service made a change to the length of time it allowed to make the initial statutory decision on whether a concern required an enquiry from 24 hours to 72 hours. This was to facilitate more robust decisions made, based on greater information than the additional timeframe allowed. This change was made towards the end of the 2023/24 reporting period and therefore 2024/25 represents the first full year of that change to process. We have seen concerns that might previously have been referred for an enquiry resolved more quickly. As previously reported, most decisions are still made within 24 hours, but this extended timeframe provides flexibility around that decision making, leading to more effective and appropriate decisions. We continue to routinely audit the decision-making process to assure ourselves of the quality of that decision making, consistency and accuracy.

In addition to concerns reported statutorily, the safeguarding team receive additional notifications where there is immediate clarity that safeguarding thresholds are not met (often social welfare concerns from providers), these are referred on to the relevant Adult Social Care or Mental Health teams to review and take any appropriate action but are not reported statutorily. In 2024/25 there were 2187 additional notifications received. That represents a 36% increase in notifications received during 2023/24 which is substantial. Therefore, a total of 3709 concerns and notifications were received and reviewed during the 2024/25 reporting period; an overall increase of 25% in total volumes compared to 2023/24. As referenced above, the pattern of referral sources and nature of abuse types being reported are broadly consistent in respect of percentages. There are just greater numbers. Notwithstanding there is anecdotal evidence of increasing cohort of individuals being referred for safeguarding where excess alcohol consumption or use of illicit substances are a feature of cases where self-neglect is identified. We are linking in with our partners in Public Health, Drug and Alcohol services and housing colleagues, working together at both operational and strategic level to properly clarify the nature and scope of the issue and find or open up pathways to appropriate support and/or treatment.

The Care Act 2014 (**Section 42**) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry into a concern should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. These are known as, and reported as, S42 Enquiries

We monitor the % of concerns that subsequently require a S42 enquiry. This is known as the conversion rate. During 2023/24 the conversion rate was calculated to be 44%. Whilst this has been a decrease of 5% over the % of conversions recorded in the 2023/24 reporting year, we believe the reduction is as a result of the change in time we now allow to make the initial statutory decision, referred to above. 2024/25 represents the first full year of that change in process. We continue to remain an outlier amongst our peer authorities because of the changes we made to the triage and recording process we made in 2021/22.

Concluded Enquiries are dependent upon the number of enquiries opened in a year. 2024/25 saw a slight increase of 3% in closures as compared to 2023/24 which is broadly consistent with previous volumes in this activity.

## ***Individuals with safeguarding enquiries***

### **Age group and gender**

Tables 2 and 3 display the breakdown by age group and gender for individuals who had a S42 safeguarding enquiry opened in the last four years. Please note this data relates to **individuals** only and does not repeat enquiries. Therefore, these totals will differ from the total number of s42 enquiries opened.

- As noted in previous reports the majority of enquiries continue to relate to older people - the 65 and over age group accounted for 61% of individuals who had an enquiry in 2024/25 with only a marginal % drop on previous years.
- In this year's reporting, the 18 - 64 age group accounted for 38.5% of individuals who were subject of an enquiry as compared to 36% in 2023/24, with the 85+ age group accounting for 24% of open enquiries; a reduction from 32% in 2023/24. The numbers are not significant so conclusions cannot be reliably drawn, but we will monitor this demographic.
- Cases in which age is not known generally relate to concerns referred in that meet the criteria for a safeguarding enquiry, but the person referred withdraws consent to participate before actual age is ascertained.
- We continue to be consistent with the national averages relative to safeguarding enquiries and gender distinctions. We are not required to report on transgender as a distinct subset but record instead the gender an individual identifies with.

**Table 2 – Age group of individuals with safeguarding enquiries opened, 2022/23 – 2024/25**

Table SG1a Opened s42 Enquiries	Number of individuals by age						
	18-64	65-74	75-84	85+	95+	Unknown	Total
2022/23 Total	214	68	160	141	31	1	615
2023/24 Total	219	69	116	151	41	2	598
2024/25 Total	230	71	151	116	27	0	595

**Table 3 – Gender of individuals with safeguarding enquiries opened, 2022/23- 2024/25**

Table SG1b Opened S42 Enquiries	Number of Individuals by gender			
	Male	Female	Not known	Total
2022/23	258 (42%)	357 (58%)	0	615
2023/24	271 (45%)	327 (55%)	0	598
2023/24 England	58930 (42%)	81520 (58%)	630	141080
2024/25	260 (44%)	335 (56%)	0	595

### Primary support reason

Table 4 shows a breakdown of individuals who had a safeguarding enquiry opened by Primary Support Reason (PSR).

**Table 4 – Primary support reason for individuals with a safeguarding enquiry opened (SG1c)**

Table SG1d Opened S42 Enquiries	Number of Individuals by PSR - Note individuals can have more than one PSR								Total
	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason	Not Known	
2022/23	227 (36%)	3 (0%)	72 (12%)	73 (12%)	46 (7.4%)	6 (1%)	196 (31%)		623
2023/24	203 (34%)	1 (0%)	72 (12%)	81 (14%)	49 (8.2%)	8 (1%)	186 (31%)		600
2023/24 England	56,125 (39%)	1,515 (0%)	11,945 (8%)	16,675 (12%)	18,030 (12%)	6,595 (5%)	23,705 (16%)	9,745 (7%)	144,335
2024/25	185 (31%)	1 (0%)	55 (9%)	54 (9%)	62 (10%)	11 (2%)	227 (38%)	-	595

2024/25 - S42 enquiries opened for 'No support reason' continues to be relatively high but broadly consistent with previous reporting years. We remain an outlier as compared to the England average, and this may be indicative of a different interpretation of guidance. As we reported last year, guidance relative to data collection requires that a PSR should not be assessed as part of the safeguarding process. There continues to be a high number of S42 cases that have no support reason as the PSR, indicating a high number of safeguarding enquiries opened for individuals who do not have an adult social care service provided through West Berkshire Council.

Recording in respect of known PSR's indicates consistency with previous years and, whilst they fluctuate slightly year on year, they remain within the parameters of previous reporting periods.

### **Case details for concluded enquiries**

#### **Type of alleged abuse**

Table 5 shows concluded enquiries by type of alleged abuse.

The most common types of abuse for 2024/25 remains neglect and acts of omission at 26% which whilst consistent with previous reporting years has reduced since 2022/23 and is a little below the average England %. It remains that workforce challenges and shortages across the care sector continue to have a negative impact on this particular domain.

It is noted that there are marginal increases in the % of physical, psychological and financial abuse types recorded for 2024/25. Those abuse types are features of domestic abuse which has also seen a marginal increase in the reporting year. Multiple abuse types can be recorded for a single case, and it is possible there is a link between those subsets of abuse.

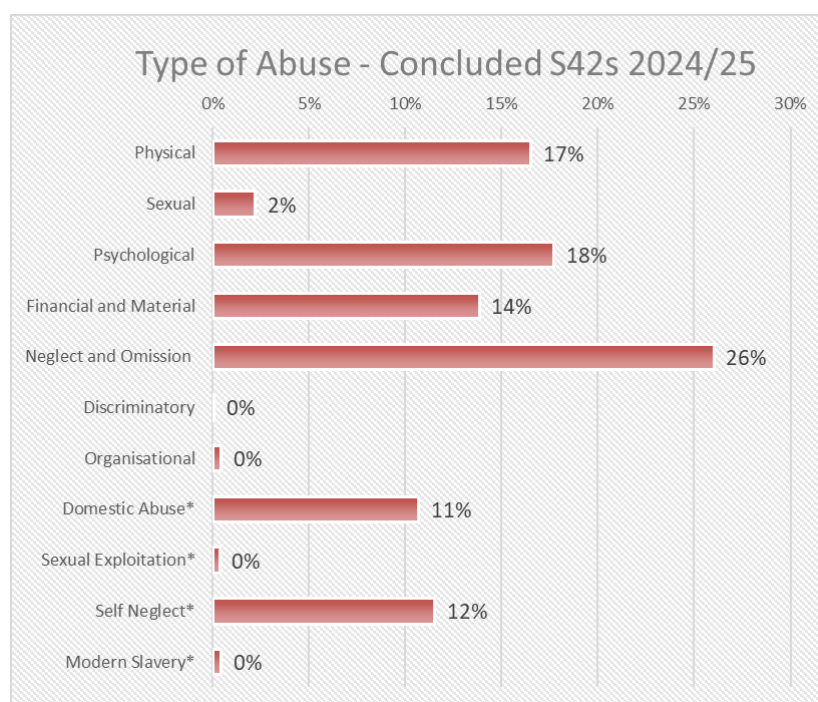
The percentage of cases recorded as self-neglect referenced in the last two annual reports following increases, appears to have stabilised. Notwithstanding, cases of self-neglect, of which there were 125, are complex, resource intensive and require significant input to make even a slight difference to the level of risk presented. As noted earlier, the number of cases recorded as self-neglect that present with excess alcohol consumption and/or illicit substance use as a feature, has anecdotally increased presenting even greater complexity for a worker.

It remains that the % recorded for some categories of abuse are but a small fraction of abuses perpetrated in the community that do not reach the door of safeguarding. This report needs to be considered in conjunction with the work undertaken by colleagues in Public Protection, Building Communities Together, Youth Justice Support and Children and Families teams who also address abuse perpetrated towards the adult population in West Berkshire, many of whom will be vulnerable. Safeguarding is everyone's business, and the Council works across services to tackle abuse at source.

**Table 5 – Concluded enquiries by type of abuse**

Type of Risk	2022/23	2023/24	2023/24 England	2024/25
Physical	195 (18%)	161 (16%)	18%	179 (17%)
Sexual	26 (2%)	24 (2%)	4%	24 (2%)
Psychological	186 (17%)	157 (16%)	12%	192 (18%)
Financial and Material	117 (11%)	127 (13%)	13%	150 (14%)
Neglect and Omission	319 (29%)	276 (28%)	32%	282 (26%)
Discriminatory	4 (0%)	5 (0%)	1%	1 (0%)
Organisational	52 (5%)	3 (0%)	5%	5 (0%)
Domestic Abuse*	90 (8%)	88 (9%)	7%	116 (11%)
Sexual Exploitation*	5 (0%)	7 (0%)	1%	4 (0%)
Self Neglect*	94 (9%)	125 (13%)	8%	125 (12%)
Modern Slavery*	1 (0%)	2 (0%)	0%	5 (0%)

**Graph 2 - Type of abuse 2024/25 by concluded enquiries**



## Location of alleged abuse

As in previous years, the primary location of abuse is in a person's own home with a total of 60% in the 2024/25 reporting year as compared to 63% in the 2023/24 reporting year and entirely consistent with earlier reporting periods although



somewhat above the England average which has been considered in previous annual reports.

There has been little change during 2024/25 in the % of abuse alleged in the location categories as compared to those reported during 2023/24 with only very minor fluctuations across locations.

**Table 6 – Location of abuse by concluded enquiries**

Location of Abuse	2022/23	2023/24	2023/24 England	2024/25
Own Home	60%	63%	46%	60%
In the Community (excluding Community services)	2%	3%	5%	2%
In a Community Service	3%	3%	3%	3%
Care Home - Nursing	11%	8%	9%	11%
Care Home - Residential	15%	12%	23%	11%
Hospital - Acute	0%	0%	4%	1%
Hospital - Mental Health	5%	5%	3%	5%
Hospital - Community	1%	1%	1%	1%
Other	4%	4%	6%	6%

## Source of risk

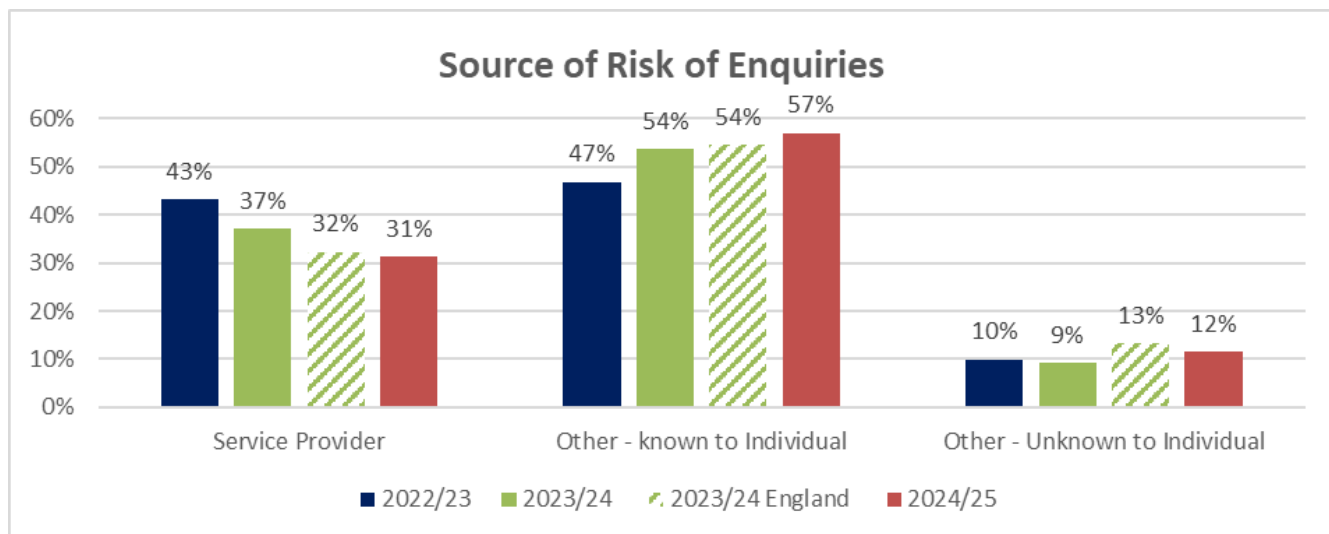
Graph 3 relates to the source of risk for concluded enquiries.

The majority of concluded Safeguarding enquiries involved a source of risk known to the individual whether that be a friend, family member or care giver – unpaid or paid, only 12% were ‘unknown’ in 2024/25; in line with the England average and only slightly above the 2023/24 percentage.

In 31% of cases the source of risk was a service provider. The service provider support category refers to any individual or organisation paid, contracted or commissioned to provide social care. This is a decrease as compared to the 2023/24 percentage and helpfully aligns West Berkshire with the national average once again.

Notwithstanding the reduction, we continue to have effective self-reporting by local providers, and this is indicative of continued transparent and open relationships between the safeguarding team and providers. Self-reporting continues to link into a wider intelligence matrix coordinated by the Council’s care quality team which informs the training offer to local providers.

**Graph 3 – Concluded enquiries by source of risk 2022/23 – 2024/25**



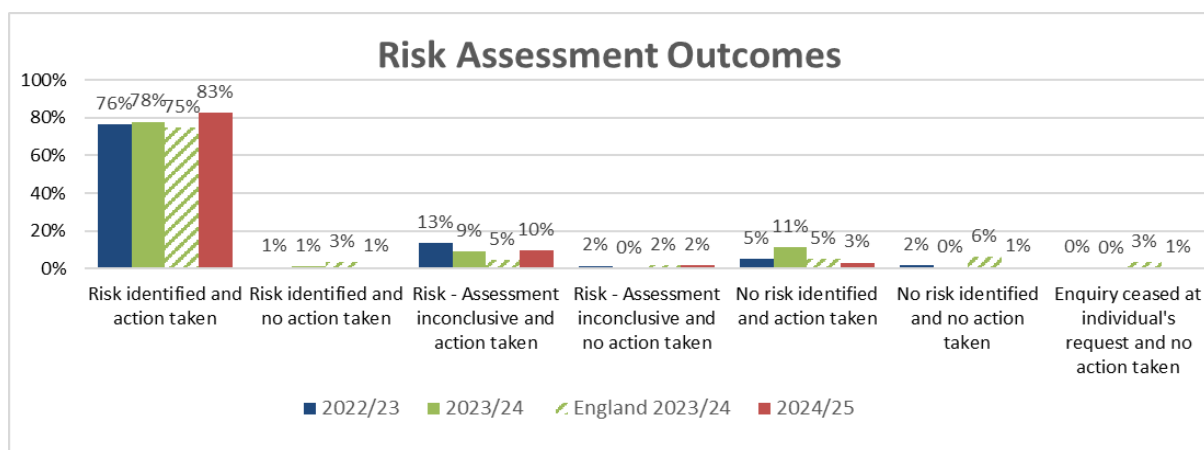
### Risk Assessment Outcomes, Action taken and result

Management of risk data is drawn from the 670 concluded enquiries.

In this reporting year where a risk was identified, action was taken in 83% of cases, building positively on the 78% recorded during the 2023/24 reporting period. In 13% of cases closed, where either the risk was inconclusive or no risk was identified, actions were taken to better support the person at the centre of the safeguarding enquiry.

Risk identified but no action taken accounts for just 1% of cases as it has done during the last three reporting years; there are times where an individual can refuse support / intervention and have the capacity to make such decisions.

**Graph 4 – Concluded enquiries by risk outcomes 2022/23 – 2024/25**

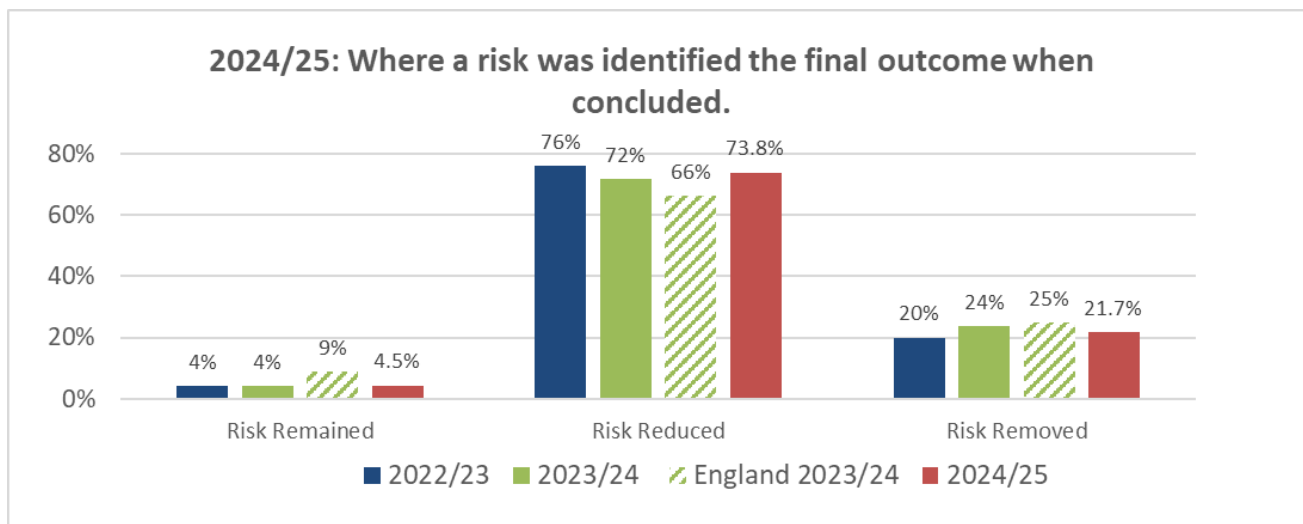


### Outcome of concluded case where a risk was identified

Graph 5 shows the final outcome where a risk was identified. (Relates to 670 concluded enquiries)

Positively, risk was removed for 21.7% of cases and reduced for a further 73.8% of cases, with risk assessed as remaining for only 4.5% of cases. Where risk remains, cases are reviewed to understand why, and common themes continue to be connected to hoarding behaviours or other forms of self-neglect and abuse within families where and individual will make a capacitated decision not to engage with offered support.

**Graph 5 – Concluded enquiries by result, 2022/23 – 2024/25**



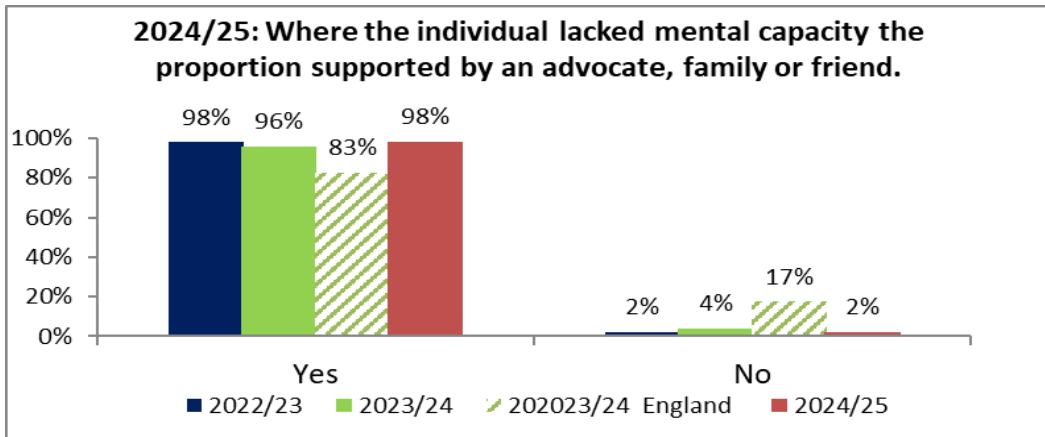
## ***Mental Capacity and Advocacy***

To achieve good outcomes for individuals subject to a S42 enquiry, it is important to hear their voice. There is a statutory requirement to ensure all adults subject to a S42 safeguarding enquiry who lack capacity are provided support by an independent advocate or appropriate other (family or friend).

In 2024/25, where the individual lacked mental capacity to participate in a safeguarding enquiry, 98% were supported by a paid advocate, family or friend. This reverses the slight decrease experienced in 2023/24 aligning us with performance in 2022/23 and higher than the national average.

As previously reported, each case for whom an advocate should have been provided, but wasn't, is rigorously reviewed every quarter. We challenge where appropriate, but also recognise that sometimes a one size fits all approach to advocacy does not always work well. We will continue to monitor this area of work closely.

**Graph 6 – Concluded enquiries by advocacy provision, 2022/23 – 2024/25**



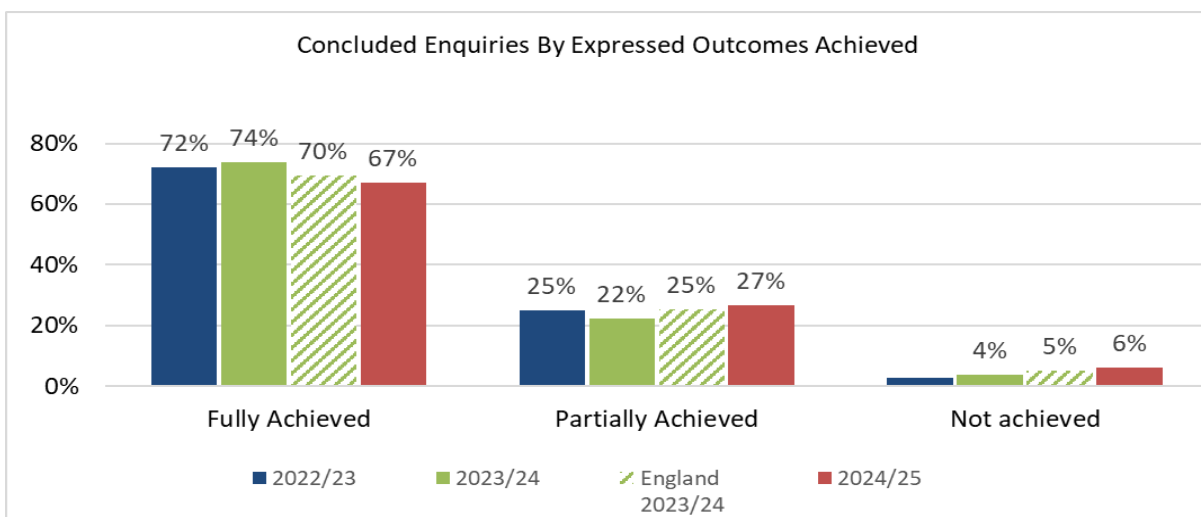
### ***Making Safeguarding Personal***

Making Safeguarding Personal (MSP) is designed to improve the experiences and outcomes for adults involved in a safeguarding enquiry and its principles are enshrined in the Care Act 2014.

A personal response to a safeguarding incident will mean different things to different people and a desired outcome will also be different and may not always be achievable either in part or in full. Therefore, obtaining data for outcomes will always present challenges. In 2024/25, 92.5% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate). This is consistent with 2023/24 when 93% were asked about their desired outcomes.

Of those who were asked and expressed a desired outcome, 67% were able to achieve those outcomes fully, with a further 27% partially achieved. This is reasonably consistent with previous years.

**Graph 7 – Concluded enquiries by expressed outcomes achieved.**



## Deprivation of Liberty Safeguards

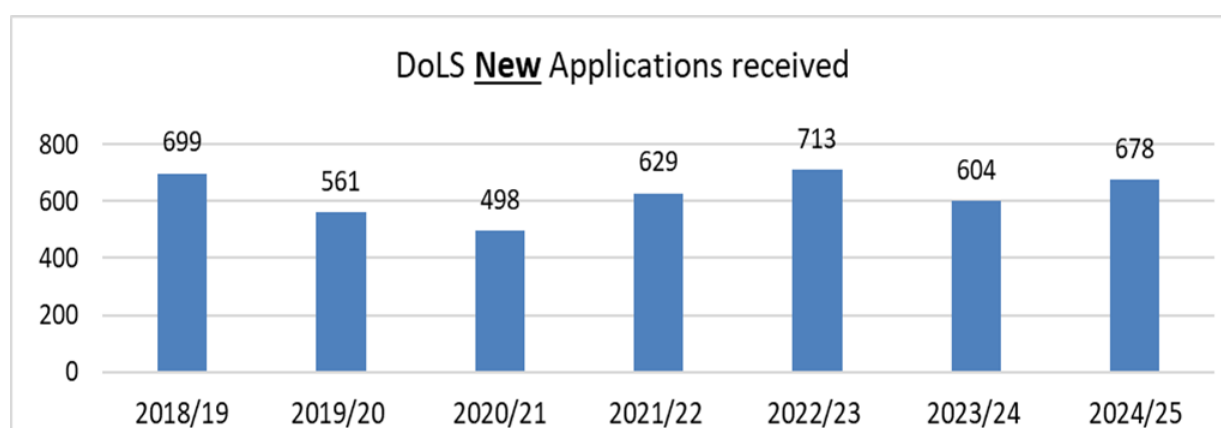
The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be applied – but only if they are in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards. DoLS authorisations must be applied for by care homes, nursing homes or hospitals (The Managing Authority) where they believe a person is living in circumstances that amount to a deprivation of liberty and that person lacks the capacity to consent to their care, treatment, and accommodation, in order to prevent them from coming to harm. They apply to the Local Authority (The Supervisory Body) whose role is to arrange for the person's circumstances to be assessed in order to determine whether to grant or refuse to authorise for those circumstances. Those living in other settings must have their deprivation considered by the Court of Protection and do not feature in the figures reported below.

The graph below shows the volume of applications from hospitals, care homes and nursing homes received during the 2024/25 reporting period as compared to previous years.

There were 678 new applications received during the reporting year. This represents a 12% increase in the applications received during the 2022/23 reporting year. This brings the number of applications received closer to the numbers received in 2022/23. Applications can fluctuate year on year and are reflective of movement across the Care and Nursing Home sector and hospital admissions. The resources available to meet this demand has remained unchanged for many years which creates significant capacity issues.

**Graph 8 – Total number of new DoLS applications received 2018/19 – 2024/25**



As at the 31.03.25, the status of applications is reported. The number of 'pending' applications that we are reporting for 2024/25 is marginally lower than in the 2023/24 reporting year, but as a proportion of applications received

during the year it represents a 5% decrease on the percentage carried forward from 2023/24. Of the 678 new applications received in 2022/23: -

- 37%, 250 applications are Pending
- 34%, 233 applications are Not Granted
- 29%, 195 applications have been Granted

The resources made available to manage this function have not increased for many years, and it becomes more difficult to meet greater demand for the service. However, the team excelled in 2024/25 by completing 691 of the 941 applications demanding a decision. 941 comprised of 678 applications received plus the 263 applications pending from the 2023/24 backlog.

Alongside a number of other local authorities, we continue to use an adapted version of the ADASS prioritisation tool on receiving DoLS referrals, this does mean that some referrals which are not identified as high priority may be awaiting assessment when their circumstances change.

## The Future

We will review the priorities and associated actions of the local Safeguarding Adults Forum to ensure we are aligned, where appropriate, to the Safeguarding Adults Board priorities for 2025/26 and that the actions we take meet the needs of West Berkshires residents.

We will continue to develop and maintain working relationships with our colleagues across the Council and with key stakeholders across the district to improve the safeguarding services for our residents and ensure they remain relevant.

We will review our methods of obtaining feedback from those we support with safeguarding enquiries with the express intention of improving the rate of return and quality of responses to enable the service to develop appropriately to meet the needs of residents.

We will continue to work closely with our partners in the Safeguarding Adults Board contributing to the work of sub-groups and responding to Safeguarding Adult Reviews designed to improve outcomes and aid in prevention.

We will continue to focus on our business as usual, ensuring our residents and our providers receive a good quality, responsive and effective service despite the constraints and challenges experienced by all providers of public services.

We will work collectively with relevant partners to meet any challenges presented by the Local Government Reorganisation agenda to ensure adult safeguarding services remain a priority and can continue to be delivered effectively to all residents whenever and wherever needed.

# Agenda Item 11

Health and Adult Social Care Scrutiny Committee

30 September 2025

## **Item 11 – Healthwatch Update**

Verbal Item

This page is intentionally left blank



## Health and Adult Social Care Scrutiny Committee Work Programme

Item	Scrutiny Theme	Purpose	Lead Officer	Portfolio Holder/ Lead Member	Pre or post decision?
<b>30 September 2025</b>					
Dementia	Partnership Effectiveness	To receive an update on dementia diagnosis rates, pathways and preventative work.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) / Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
Director of Public Health's Annual Report	Partnership Effectiveness	To receive the Director of Public Health's Annual Report.	Matt Pearce	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
Adult Social Care Annual Report	Corporate Effectiveness	To receive the Adult Social Care Annual Report.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
Adult Social Care Complaints Annual Report	Corporate Effectiveness	To receive the Adult Social Care Complaints Annual Report for 2024/25	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
Safeguarding Adults Performance Annual Report	Corporate Effectiveness	To receive the annual report of the West Berkshire Safeguarding Adults Board	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
<b>16 December 2025</b>					
Oral Health and Dentistry	Partnership Effectiveness	To receive an update on the System approach to oral health and dentistry. Including the preventative approach and commissioned services.	Hugh O'Keeffe (BOB ICB) / Matt Pearce (Director of Public Health)	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
All Age Complex and Continuing Care	Partnership Effectiveness	To receive an update on All Age Complex and Continuing Care since attending the HASC in June 2025.	Sarah Flavell (BOB ICB)	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
Adult Social Care Care Quality Commission Progress report	Corporate Effectiveness	To receive a report on the progress made by Adult Social Care since the inspection in 2024.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
Adult Social Care Client Level Data Set	Corporate Effectiveness	To receive an overview of the client-level data sets used in West Berkshire to understand the population needs, improve service delivery and inform policy decisions.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
Better Care Fund	Partnership Effectiveness	To receive the six-monthly report on the Better Care Fund.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
<b>10 March 2025</b>					

	South Central Ambulance Service Update	Partnership Effectiveness	To receive an update from South Central Ambulance Service on the key priorities and progress on their improvement journey since the CQC inspection in 2023.	South Central Ambulance Service	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Provision of Social Care and Community Equipment	Partnership Effectiveness	To review the organisational response to the change in provision of equipment in July 2025 and measures put in place for the future of the provision.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Womens Health Strategy and Women's Health Hubs	Partnership Effectiveness	To review the BOB ICB Womens Health Strategy and the development of Womens Health Hubs in West Berkshire.	BOB ICB	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Inquest Review Panel	Corporate Effectiveness	To receive the annual report from the Inquest Review Panel.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision

**Council Strategy Priorities**

- Priority Area 1 - Services We Are Proud Of
- Priority Area 2 - A Fairer West Berkshire with Opportunities for All
- Priority Area 3 - Tackling the Climate and Ecological Emergency
- Priority Area 4 - A Prosperous and Resilient West Berkshire
- Priority Area 5 - Thriving Communities with a Strong Local Voice

**Scrutiny Themes**

- Policy Effectiveness
- Corporate Effectiveness
- Partnership Effectiveness

**Last updated:**

22 September 2025