Jackie Yates
CHIEF EXECUTIVE

Civic Offices, Bridge Street,
Reading RG1 2LU
☎ 0118 937 3787

To: All Members of the Health and Wellbeing Board

Our Ref:
Your Ref:

Direct: ☎ 0118 937 2112
e-mail:
nicky.simpson@reading.gov.uk

4 July 2024

Your contact is: Nicky Simpson - Committee Services

NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 12 JULY 2024

A meeting of the Health and Wellbeing Board will be held on **Friday, 12 July 2024 at 2.00 pm** in the **Council Chamber, Civic Offices, Bridge Street, Reading RG1 2LU**. The Agenda for the meeting is set out below.

AGENDA Page No

CIVIC OFFICES EMERGENCY EVACUATION: *If an alarm sounds, leave by the nearest fire exit quickly and calmly and assemble on the corner of Bridge Street and Fobney Street. You will be advised when it is safe to re-enter the building.*

A presentation on the development of a Reading Water Safety Partnership to prevent water-based fatalities and injuries on or around Reading's waterways.

6. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT 31 - 56

A report giving an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and, in Appendix 1, detailed information on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and the locally agreed implementation plans.

7. BETTER CARE FUND INTEGRATION UPDATE 57 - 102

A report giving an update on the Integration Programme and performance of Reading against the national Better Care Fund (BCF) targets at the end of Quarter 4, 2023/24 (March 2024), and outlining spend against the BCF Plan, including the Discharge Fund to support hospital discharges in 2023/24. It also presents the Better Care Fund End of Year report for 2023/24 and the refreshed BCF Plan for 2024/25.

8. TECHNOLOGY ENABLED CARE AND INDEPENDENT LIVING 103 - 130

A presentation on the use of Technology Enabled Care to assist in independent living for those receiving adult social care.

9. ORAL HEALTH OF CHILDREN UNDER 10 IN NORCOT, CHURCH AND SOUTHCOTE - PART OF CORE20PLUS5 PROGRAMME 131 - 168

A report on a Healthwatch Reading project exploring the oral health of children aged under ten years in Reading; Norcot, Church and Southcote Wards.

10. THE VALUE OF LISTENING - HEALTHWATCH READING ANNUAL REPORT 2023-24 169 - 198

Healthwatch Reading's Annual Report for 2023/24, giving details of the work carried out by Healthwatch Reading in 2023/24.

11. DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2024 199 - 264

A report presenting the Director of Public Health's Annual Report on the health of the local population for 2024.

12. PUBLIC HEALTH PROTECTION ACTIVITIES IN READING 265 - 276

A report providing information on Health Protection activities in Reading.

13. UPDATE ON BERKSHIRE HEALTHCARE CAMH SERVICES 277 - 302

A presentation giving an overview of Berkshire Healthcare NHS Foundation Trust's Child & Adolescent Mental Health (CAMH) Services.

14. UPDATE ON BERKSHIRE HEALTHCARE NEURODIVERSITY SERVICES 303 - 310

A presentation giving an overview of Berkshire Healthcare NHS Foundation Trust's Neurodiversity Services.

15. AUTISM STRATEGY - YEAR 2 ACTION PLAN UPDATE 311 - 376

A report on the progress of Year 2 (2023/24) of the All Age Autism Strategy Action Plan across Reading.

16. BOB ICB UPDATE BRIEFING 377 - 380

A report giving an update on matters from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

17. DATE OF NEXT MEETING - 11 OCTOBER 2024

WEBCASTING NOTICE

Please note that this meeting may be filmed for live and/or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during a webcast will be retained in accordance with the Council's published policy.

Members of the public seated in the public gallery will not ordinarily be filmed by the automated camera system. However, please be aware that by moving forward of the pillar, or in the unlikely event of a technical malfunction or other unforeseen circumstances, your image may be captured. **Therefore, by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes**.

Please speak to a member of staff if you have any queries or concerns.

This page is intentionally left blank

Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Tehmeena Ajmal	Chief Operating Officer, Berkshire Healthcare NHS Foundation Trust (BHFT)
John Ashton	Interim Director of Public Health for Reading and West Berkshire
Helen Clark	Deputy Director for Berkshire West Place, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Councillor Alice Mpofu-Coles	Chair of the Adult Social Care, Children's Services and Education Committee, RBC
Gail Muirhead	Prevention Manager, Royal Berkshire Fire & Rescue Service (RBFRS)
Katie Prichard-Thomas	Chief Nursing Officer, Royal Berkshire NHS Foundation Trust (RBFT)
Rachel Spencer	Chief Executive, Reading Voluntary Action
Melissa Wise	Executive Director – Community & Adult Social Care Services, RBC

Also in attendance:

Marisa Alexis	Public Health Principal- Health Protection Lead, RBC
Trisha Bennett	Community Development Coordinator, Whitley Community Development Association
Sharon Brookes	Service Manager, East CAMHS, BHFT
Keith Brown	Chair, West of Berkshire Safeguarding Adults Partnership Board
Andy Ciecierski	Clinical Director for Caversham Primary Care Network
Chris Greenway	Assistant Director for Commissioning and Transformation, RBC
Sharon Herring	Associate Chief Nurse for Patient Experience, Workforce & Education, RBFT
Emma Mapes	Keyworking Team, Berkshire West, BHFT
Bev Nicholson	Integration Programme Manager, RBC
Amanda Nyeke	Public Health & Wellbeing Manager, RBC
Martin White	Consultant in Public Health, RBC

Apologies:

Councillor Jason Brock	Leader of the Council, RBC
Councillor Graeme Hoskin	Lead Councillor for Children, RBC
Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Steve Leonard	West Hub Group Manager, RBFRS
Lizzie Mottram	Primary Care Network Lead
Lara Patel	Executive Director of Children's Services, Brighter Futures for Children (BFfC)
Sarah Webster	Executive Director for Berkshire West Place, BOB ICB

37. MINUTES

The Minutes of the meeting held on 19 January 204 were confirmed as a correct record and signed by the Chair.

38. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Jamie Gordon in accordance with Standing Order 36:

a) ADHD Assessment & Support

Hello, my name is Jamie and I am an ambassador for ADHD UK in Reading.

My question today relates to Attention Deficit Hyperactivity Disorder, the lack of post diagnostic support for individuals with ADHD & the wait time from when a person firsts speaks to their GP about ADHD until they receive confirmation of an ADHD assessment.

Adults with ADHD are five times more likely to take their own life than those without ADHD.

One quarter of women with ADHD have tried to take their own life.

One in 10 men with ADHD have tried to take their own life.

It is believed that 25% of adults in the criminal justice system have ADHD compared to 2.5 adults in the general population.

In Berkshire there is a 3-year waiting list from when an adult or child discusses ADHD with their Dr to when they are granted an assessment

If someone is coming to Berkshire from elsewhere in the country there is an additional 2 year waiting list for a medication review that determines whether your original diagnosis is recognised or not. It is a similar story for those who chose to go for a private assessment.

So, my questions for the panel today are:

- To what extent are you aware of these problems?
- What is being done to raise awareness across all sectors about these issues?
- Is there anything being done to tackle the 3 year waiting lists for ADHD assessments amongst adults and children?

REPLY by the Chair of the Health and Wellbeing Board (Councillor McEwan):

Waiting times
Below is the picture Berkshire wide. Waits can vary as some assessments will be prioritised due to high levels of clinical need or risk.

Children/Young People ADHD - at the end of February
- 10% have been waiting for more than 2 years
- The average wait for those who were seen in February was 104 weeks

Adult ADHD - of those seen 2023-24 to date

The majority of those seen (59%) had a wait of 2-3 years, with 33% waiting less than 2 years. However 8% waited longer than 3 years.

Transfer from another NHS provider or from a private provider

When a child/young person or adult (taking ADHD medication) transfers from another NHS provider or wishes to move their care to the NHS from a private provider, the assessment report is reviewed. Providing it contains all of the information we need; the wait for a medication appointment will be up to 18 months for children/young people and over a year for adults. If the report does not contain all of the information required to make decisions about medication, then the wait will be the same as for a new assessment. The GP will usually be able to continue prescribing ADHD medication while they wait for the appointment. Unfortunately, we are not able to prioritise appointments on the basis of a private provider having started ADHD medication. When a private provider initiates medication, the responsibility for monitoring and reviewing this remains with them until we can offer an appointment.

To what extent are you aware of these problems?

The system is very aware of the issues affecting ADHD services. Referrals have long outstripped the service capacity and this has resulted in large numbers waiting and long waits. This is a national picture with services across the country facing similar pressures and waits being measured across the country in years (with waits of up to 10 years being reported in some cases). This has combined with additional pressures from Covid-19 and a national shortage of qualified staff. The recent global shortage of ADHD medication has also placed additional pressures on the services. The service understands how difficult waits can be for children/young people and adults, and reducing the waiting time remains a top priority, with a great deal ongoing work. It is essential for Berkshire Healthcare, Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) and system partners to work together to respond to the challenges.

What is being done to raise awareness across all sectors about these issues?

We work in the system to emphasise the importance of early needs led support, which does not need to rely on or wait for an assessment. In terms of the support on offer, we are fortunate that in Berkshire much of the same support and advice that is available after a diagnosis is also available before an assessment.

Children and Young People: Our website has "Getting Help Now" information for families and this is also sent out. In the west of Berkshire, the NHS commissioned Children and Young People's autism and ADHD support service is delivered by Autism Berkshire and Parenting Special Children and provides a wide range of support including advice, workshops and courses which are all available to families at any point. Further information is available on their website: https://www.autismberkshire.org.uk/berkshire-west-autism-adhd-support-service/

NICE Guidelines recommend parent advice and training programmes following an ADHD diagnosis and families are in fact able to access this even prior to an assessment through this service and this includes a series of linked workshops:

- *Workshop 1*: Introduction to ADHD: What is ADHD/Challenges & concerns/Strengths and opportunities/Signposting to support
- *Workshop 2:* Anxiety and ADHD: What is anxiety/What is the relationship between ADHD and anxiety/Coping strategies for children/young people and parents/carers
- *Workshop 3:* Managing ADHD Behaviours: Attention Deficit Behaviours/Hyperactive Behaviours/Impulsive Behaviours/Behaviour Management Strategies

We also emphasise the need to provide support as early as possible as the young person's needs will be the same the day after an assessment as the day before. This includes free PPEPcare training to empower settings to understand and meet needs. Neurodiversity newsletters provide updates to families and other stakeholders.

The Adult ADHD service offers signposting to online support guides that offer behavioural and psychological strategies to support ADHD symptoms (including education, work, sleep, managing mood, relationships etc) and an on demand webinar. All of these resources are available at any point (including prior to assessment or without a referral).

System collaboration: Berkshire Healthcare has also been collaborating with other service providers across the region to share learning and innovation to respond to the challenges that are being faced by all services. Within Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) we have projects underway for both children/young people and adult ADHD services to determine the most effective assessment models and pathways. This includes the role of Artificial Intelligence in supporting assessments and a pilot of Spencer3D in schools (digital tool to profile and support identified needs in school settings which can happen with or without assessment or referral).

Is there anything being done to tackle the 3 year waiting lists for ADHD assessments amongst adults and children?

An ongoing programme of quality improvement and service transformation is in place. In addition, both children/young people's and adult services have worked in partnership with private providers to increase the number of appointments offered. However, referrals have also increased.

Below is some of the work currently underway:

Children and Young People's ADHD

- **Increasing capacity:** Despite the national shortage of qualified staff, the service has been able to recruit to a number of new posts. We have also offered a number of weekend clinics.
- **Quality Improvement:** Current projects include improvements to the referral process, reducing DNAs, concluding assessments in as few appointments as possible, ongoing review of processes to identify and implement ways to further increase productivity (while providing good clinical quality and family experience, automating tasks to release more clinical and administrative capacity; ongoing review of skill mix required for tasks to reduce the impact of the national shortage of qualified professionals.

Adult ADHD service

- **Referral and triage process:** The Adult ADHD and Autism triage process ensures that clients referred to the service are provided with avenues for support as well as links to support with mental health to all clients referred to the service.
- **Reducing wait for annual ADHD medication review**: additional short term funding has been provided to reduce the wait for an annual medication review.
- **Quality improvement:** current projects include improving the transition for CYP (to reduce waits to be seen after transfer to the adult service and improve support and experience)

Jamie Gordon asked a supplementary question, explaining that, as an adult with ADHD he had been advised by Healthwatch to go to Autism Berkshire for support, but Autism Berkshire had been confused as to why he had been referred to them and didn't have any support available for him, only for children with ADHD, so he was querying and objecting to why he had been sent to Autism Berkshire.

Councillor McEwan replied that this issue could be investigated and a response submitted to Jamie Gordon.

39. COMMUNITY WELLNESS OUTREACH PROJECT UPDATE

Further to Minute 16 of the meeting held on 6 October 2023, Bev Nicholson submitted a report and gave a presentation on progress made by the Community Wellness Outreach Project.

The report explained that the Integrated Care Board had received funding from the Prevention and Inequalities fund, and had asked Reading Borough Council, through the Integration Board, to set up a Community Wellness Outreach project that encompassed NHS Health Checks as a core service and offering wrap around support from Voluntary and Community sector parties to provide a holistic support offer. The Royal Berkshire Hospital, Patient Engagement and Experience Team (PEET) had already been running a programme in the communities working in collaboration with Reading Voluntary Action (RVA) to provide mini–Health Checks. Work had been carried out with them to identify what additional resource and equipment would be needed to scale up this scheme to delivering the full NHS Health Check and to support the voluntary and community sector partners to provide the wrap around wellbeing support, such as debt and benefits advice, mental health support, and lifestyle behavioural change such as smoking cessation, weight management and exercise through the JOY platform for Social Prescribing. The programme was available to all people over the age of 18 and would prioritise people from communities and groups that might be more disadvantaged and had not had any Health Checks or identified long term conditions.

The pilot project would run until the end of June 2025. There was a target to complete 5,200 NHS Health Checks within the project period, with particular emphasis on identifying those at risk of cardiovascular disease.

The report summarised the progress made up to the end of February 2024, including data on the number of people seen (a total of 193 by the end of February 2024 and a total of 267 by 15 March 2024, reported verbally at the meeting) a breakdown by age group and ethnicity, and information about health conditions found at sessions. Due to the time taken to set up the service, a soft launch had occurred in December 2023, and the project had

started scaling up to incorporate multiple sessions from January 2024. The teams delivering the service were working on refining the sessions to ensure as smooth a service as possible and the project had been cautious about communications to avoid having long queues which could potentially damage the reputation of the pilot, so officers were working with community partners to ensure an appropriate reach. The clinics were currently operating on a drop-in model but would be phasing in a hybrid of invitation and drop-in by mid-March 2024.

The following partners attended the meeting and addressed the Board:

- Sharon Herring – Royal Berkshire NHS Foundation Trust, Meet PEET
- Rachel Spencer – Reading Voluntary Action
- Trisha Bennett – Whitley Community Development Association

They talked about their experience of setting up and running the Community Wellness Outreach service and why it was so valuable, in particular the ongoing relationships that could be developed in the community settings which built trust and enabled people with complex needs to ask for help and support and for professionals to identify other medical or mental health needs, not just those covered by the Health Checks. Discussions with the Meet PEET nurses could also help in prevention and encourage people to take their health conditions seriously, as they had more of a position of authority than family members.

The Board discussed the project, welcoming the success of the pilot so far and expressing keenness for funding to be found to sustain the project after the pilot had finished.

Resolved – That the report be noted.

40. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022/23

Professor Keith Brown submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report for 2022-23. A copy of the SAB's Annual Report was attached at Appendix 1 and the draft Reading Safeguarding Adults Report 2022-23 was attached at Appendix 2 – this was awaiting endorsement from the Adult Social Care, Children's Services and Education Committee on 20 March 2024 and once endorsed it would be appended to the SAB Annual Report.

The report outlined the role of the SAB, listed the priorities that the SAB had set for the previous 2022/23 year and detailed the priorities that the SAB had set for the forthcoming 2023/24 year. The SAB's Annual Report 2022-23 outlined the achievements of the SAB during 2022/23 across the Reading, West Berkshire and Wokingham areas and included:

- statistics on the number of safeguarding concerns and enquiries recorded;
- trends identified across the West Berkshire area;
- details of the risks identified and the actions taken to mitigate them;
- details of the progress made towards the 2022/23 priorities and achievements through working together;
- highlights from the Voluntary Sector and Healthwatch Sub Group;
- Annual Budget and financial contribution
- summaries of the Adult Safeguarding Reviews conducted by the SAB;
- reflection on areas of success in 2022/23 and areas for improvement;
- further details of the key priorities set by the SAB for 2023/24.

The report stated that one of the areas identified in the annual report for improvement was for the West of Berkshire Safeguarding Adults Partnership to improve its links with Health and Wellbeing Boards, Community Safety Partnerships and Children's Safeguarding Boards. The SAB would be looking at how best to do this.

Resolved – That the report be noted.

41. CAMHS LEARNING DISABILITY TEAM & KEYWORKING TEAM, BERKSHIRE WEST – UPDATE

Further to 12 (3) of the meeting held on 6 October 2023, Sharon Brookes and Emma Mapes gave presentations on the new Child and Adolescent Mental Health Services (CAMHS) Learning Disability Team and on the new Keyworking Team for Berkshire West respectively, both of which had been commissioned on an ongoing basis. Copies of the presentation slides had been included in the agenda.

The CAMHS Learning Disability Team was a specialist mental health service that supported children and young people (aged 5-17) registered with a GP in Berkshire who had a diagnosed/suspected moderate or severe learning disability and were experiencing a significant or suspected mental health need and/or significant challenging behaviours that limited normal daily functioning. These children were experiencing significant inequalities in accessing mental health support and required a more specialist mental health service to meet their needs.

Details of the referral criteria and process were set out in the presentation, as well as the progress to date on recruitment of staff for the team and other activities. It was explained that the team had become operational on 29 January 2024, having taken on some pilot cases before going operational, and details of the numbers of referrals per month up to February 2024 were given, as well as the sources of referrals. It was reported at the meeting that the total number of referrals to date was 71, demonstrating the high demand and need for the new service.

The Keyworking Team for Berkshire West worked with children and young people up to 25 years old who had a diagnosis of autism and/or a learning disability, who were at risk of psychiatric inpatient admission, to give them extra support and help unlock barriers to get their needs met. The team had had a soft launch in January 2024 but had started collecting data in November 2023, working with young people's forums and schools to publicise the service.

The presentation gave details of the number and type of enquiries received from November 2023 to January 2024, as well as by area, age and EHCP status. It also gave details of the numbers of individuals in each RAG status on the Dynamic Support Register, which were updated verbally at the meeting, and the percentages in different referral statuses. It was explained, that even where referrals had been declined, the team would have given advice to the families of those at risk on suggested next steps. Examples of feedback on the work of the service were set out, as well as details of ongoing service development work and challenges.

Alice Kunjappy-Clifton noted the importance of communicating the availability of the services to all communities, especially to those seldom heard, and ensuring that the services liaised with diverse communities in culturally appropriate ways and Sharon Brookes said that she would be happy to liaise with Alice Kunjappy-Clifton.

Resolved –

(1) That the presentations be noted;

(2) That Sharon Brookes liaise with Alice Kunjappy-Clifton at Healthwatch to discuss how best to advertise the services to diverse communities and ensure liaison in culturally appropriate ways.

42. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT

Amanda Nyeke presented a report which gave an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and provided detailed information on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and in the locally agreed implementation plans.

The Health and Wellbeing Implementation Plans and Dashboard Update was attached at Appendix A and contained detailed narrative updates on the actions agreed for each of the implementation plans and included the most recent update of key information in each of the following five priority areas:

- Priority 1 - Reduce the differences in health between different groups of people;
- Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives.
- Priority 3 - Help families and children in early years;
- Priority 4 - Promote good mental health and wellbeing for all children and young people;
- Priority 5 - Promote good mental health and wellbeing for all adults.

The report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing Dashboard since the last report.

Resolved – That the report be noted.

43. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and the performance of Reading against the national Better Care Fund (BCF) targets for October to December 2023 (Quarter 3) and outlining the spend against the BCF plan, including the Adult Social Care (ASC) Discharge Fund to support hospital discharges in 2023/24.

The BCF metrics had been agreed with system partners during the BCF Planning process. Outcomes, recorded at the end of December 2023, (Quarter 3) were:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (Met)
- The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. (Met)
- An increase in the proportion of people discharged home using data on discharge to their usual place of residence (Not Met)
- The number of older adults whose long-term care needs were met by admission to residential or nursing care per 100,000 population (Met in Q3)

- The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) (Met)

Further details against each of the targets were set out in the report which demonstrated the effectiveness of the collaborative work with system partners.

The report also covered the Better Care Fund Quarterly return, covering performance against the BCF Metrics for Quarter 3. The Quarterly Return had been signed off through the delegated authority process on 26 January 2024 and submitted on 8 February 2024. The National Conditions continued to be met and the full return was attached at Appendix 1. It was reported at the meeting that the Section 75 Framework Agreement had been agreed by the Integrated Care Board and the Council and had been signed and sealed on 21 February 20245 in compliance with National Conditions.

Resolved -

(1) That the Quarter 3 (2023/24) performance against the BCF metrics be noted;

(2) That it be noted that the Quarter 3 BCF Return had been formally signed off and submitted by the deadline of 9 February 2024.

44. ESTABLISHMENT OF A BERKSHIRE WEST HEALTH PROTECTION & RESILIENCE PARTNERSHIP BOARD

Martin White submitted a report proposing the establishment of a Berkshire West Health Protection and Resilience Partnership Board (HPRPB) to provide assurance to the three Health & Wellbeing Boards for West Berkshire, Wokingham and Reading, to the BOB ICP's Unified Executive and to the Berkshire Resilience Group that robust arrangements were in place to protect the health of residents across Berkshire West. Appendix A to the report set out the proposed Terms of Reference of the HPRPB.

The report explained that, during the Covid-19 pandemic, temporary working arrangements had been established across the three Berkshire West local authorities which had provided a mechanism for delivering against national guidance on health protection with a focus on Covid-19. The report listed local authorities' health protection duties and stated that there was a need to establish a permanent governance structure to exercise the strategic and mandatory assurance functions related to the Public Health Protection function.

The report listed the aims and objectives of the HPRPB, stating that the HPRPB would produce an annual work programme to deliver its aims and objectives. Further details of the work programme were set out in the proposed Terms of Reference. The HPRPB would report on a quarterly basis to the three Berkshire West Health and Wellbeing Boards and produce an annual report for them and for the BOB ICP's Unified Executive and the Berkshire Resilience Group, to provide a clear analysis of risk, mitigation and incidents.

The report proposed that a Director of Public Health should chair the HPRPB. This Director of Public Health would also sit on the Thames Valley Local Resilience Forum Executive Group and co-chair the Thames Valley Local Health Resilience Partnership, to provide a strong strategic link to other key statutory organisations within the Emergency

Preparedness, Resilience and Response system. It was reported at the meeting that the Director of Public Health for Wokingham would initially chair the Board.

Resolved -

(1) That a Berkshire West Health Protection and Resilience Partnership Board (HPRPB) be established to provide assurance that robust arrangements were in place to protect the health of residents across Berkshire West;

(2) That the Health Protection and Resilience Partnership Board report quarterly to each of the three Health & Wellbeing Boards across Berkshire West and produce an annual report to both these boards and the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Partnership's Unified Executive to provide a clear analysis of risk, mitigation and incidents;

(3) That a Director of Public Health should chair the proposed Health Protection and Resilience Partnership Board;

(4) That the draft Terms of Reference for the Health Protection and Resilience Partnership Board attached at Appendix A be accepted.

45. COMMUNITY HEALTH CHAMPIONS PROGRAMME UPDATE

Martin White submitted a report providing an update on the Community Health Champions (CHC) Programme and progress being made toward the programme's goals since the last update report in October 2023 (Minute 22 refers).

The report explained that the first CHC network meeting had taken place on 19 December 2023. Over 20 people had joined this meeting to learn more about the project, take part in conversations about health inequality and sign up to become Community Health Champions. At the time of drafting the report there had been 13 trained and active Community Health Champions with a further 39 waiting to be trained, half of which were due to receive their training during February 2024. When this cohort had been completed, the first milestone of 50 champions would have been achieved and exceeded.

The report gave further details of current progress, including the production of a recruitment video, which had received over 400 views by the beginning of February 2024 and work to develop social media campaigns and platforms for the project, including a new website. It stated that, as the network built, Community Health Champions had started to set the agenda based on priorities identified by their communities, including doing more around women's health including raising awareness and signposting support for those experiencing menopause. Other priorities that had been identified included physical activity and nutrition. The project team had also been developing awareness and skills amongst the champions to empower them to promote awareness of how to prevent disease, starting with the risks of measles and myth busting around the MMR vaccination.

Resolved: That the report be noted.

46. ROYAL BERKSHIRE NHS FOUNDATION TRUST INTEGRATED PERFORMANCE REPORT – DECEMBER 2023

Katie Prichard-Thomas submitted a report summarising the Royal Berkshire NHS Foundation Trust's performance as at 31 December 2023 against the strategic metrics measured for its five strategic objectives, four breakthrough priorities and a range of watch metrics.

The report stated that the data in the report related to the period up to 31 December 2023 during which the Trust had experienced significant pressures across non-elective care and three days of Junior Doctor Industrial Action undertaken.

Despite these pressures, the Trust had continued to perform well on the Referral to Treatment elective care standard, with under 20 patients waiting over 52 weeks on those pathways. However, the sustained challenges were impacting on performance and there was a significant risk that this and the combination of workforce and financial pressures would continue to challenge performance into 2024-2025.

The Trust remained challenged across other Deliver in Partnership objectives. It remained significantly behind the 99% within 6-week diagnostic waiting standard with Endoscopy and Echocardiography driving its long wait position. Cancer performance standards continued to fall below national standards, with 70% of patients meeting the 62-day standard in December 2023.

The Trust's rate of turnover had continued to improve, reflecting the increased focus on this area from across the organisation. The Trust's vacancy rate now sat at 7.91%, rapidly approaching the breakthrough priority target of 7%.

Financial performance as at Month 9 was £1.84m behind plan driven by continued spend on workforce. The Trust was preparing for the formal reforecast requested across the NHS at Month 10 and was currently on track, albeit with risks to deliver its budgeted full year financial position of £10.05m deficit. Efficiency savings were on track and due to be delivered in full by year end.

As in previous months, a number of watch metrics were outside of statistical control. Most related to the operational pressures experienced in the Trust and were expected to improve in line with strategic metrics. A final set related to mandatory training and appraisal completion which had been a focus of performance meetings with directorates.

The report gave further details of performance against each of the metrics, also setting out actions and risks.

Katie Prichard-Thomas also reported that the Trust had had a CQC Inspection of Maternity Services in November 2023 and the report had been published on 1 March 2024, with an overall rating of Good.

Resolved – That the report and the position be noted.

47. BOB ICB UPDATE BRIEFING

Helen Clark submitted a report presenting a briefing from the BOB Integrated Care Board, as at March 2024.

The report covered the following key areas:

- ICB Board meeting – 19 March 2024
- BOB ICB Primary Care Strategy
- NHS Industrial Action
- Vaccination Programme – Measles and Covid-19

Resolved – That the report be noted**.**

48. BERKSHIRE WEST GP LEADERSHIP GROUP - MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Further to Minute 35 of the previous meeting, when a decision on appointing a GP representative to the Reading Health and Wellbeing Board had been deferred, Nicky Simpson submitted a report recommending that the following change be made to the membership and therefore terms of reference and powers and duties of the Board:

- To co-opt a representative from the Berkshire West GP Leadership Group (which was set up to represent General Practice across Reading and Berkshire West in the BOB Integrated Care System) as a non-voting additional member of the Health and Wellbeing Board (to be Dr Andy Ciecierski).

The proposed amended terms of reference and powers and duties and operational arrangements of the Board were set out at Appendix 1 to the report and Appendix 2 contained a copy of the document tabled by Dr Ciecierski at the previous meeting proposing that the Berkshire West GP Leadership Group would be a more appropriate body for him to represent as a clinical representative on the Board than the Berkshire West Primary Care Alliance.

Resolved -

(1) That a representative from the Berkshire West GP Leadership Group be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board;

(2) That the relevant amendments to the terms of reference and powers and duties of the Health and Wellbing Board be agreed;

(3) That it be noted that the Berkshire West GP Leadership Group representative would be Dr Andy Ciecierski.

49. DATES OF FUTURE MEETINGS

Resolved – That the meetings of the Health and Wellbeing Board for the Municipal Year 2024/25 be held at 2.00pm on the following dates:

- 12 July 2024
- 11 October 2024
- 17 January 2025
- 14 March 2025

(The meeting started at 2.00 pm and closed at 4.44 pm)

Water Safety Partnership

Jason Murphy, Community Safety Manager

Background

- The Reading Community Safety Partnership recommended Reading would benefit from a Water Safety Partnership which met for a third time on 11th July 2024
- The CSP can provide leadership and support
- Other strategic partnerships may need to be involved incorporating elements of water safety into its planning
- Development of a Water Safety Plan will be the primary objective of the partnership supported by a range of forums

Purpose

The Reading Water Safety Partnership is a partnership with three core partners of the Reading Community Safety Partnership - Thames Valley Police, Royal Berkshire Fire and Rescue Service and Reading Borough Council who are committed to working together to try to prevent as many water-based fatalities and injuries on or around Reading's water ways.

Reading as a town benefits from having several water ways, linked to the river Thames, the Kennet and Avon Canal and the Holy Brook, that are a signature attraction for the area and enjoyed by local people and visitors alike. However, the presence of so many water ways present several risk factors that mean the potential for serious injury or fatality is high.

Reading COMMUNITY SAFETY PARTNERSHIP

Data

There is currently no universally agreed mechanism for collecting statistics on water related deaths; on Reading's waterways there are believed to have been several fatalities or serious injuries on or near to the water, many reported in the local media in the last year.

However, these incidents are not reflected in nationally collected data held by the National Water Safety Forum, suggesting there may be variations in how and where water related fatalities are recorded.

Total number of incidents in Berkshire categorised as 'Rescue of Person from water'

Calendar Year	2018	2019	2020	2021	2022
Total number of incidents	33	27	24	28	36

Reading COMMUNITY SAFETY PARTNERSHIP

Data continued

Total number of incidents in Berkshire categorised as 'Rescue of Person from water'

	Calendar Year									
	2018		2019		2020		2021		2022	
Unitary Breakdown	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**
WEST BERKSHIRE	6	18%	3	11%	3	13%	1	4%	7	19%
READING	**9**	**27%**	**11**	**41%**	**4**	**17%**	**12**	**43%**	**10**	**28%**
WOKINGHAM	8	24%	5	19%	5	21%	4	14%	1	3%
BRACKNELL FOREST	-	0%	1	4%	1	4%	-	0%	2	6%
WINDSOR AND MAIDENHEAD	7	21%	7	26%	10	42%	6	21%	15	42%
SLOUGH	3	9%	-	0%	1	4%	5	18%	1	3%

Reading COMMUNITY SAFETY PARTNERSHIP

Water Related Deaths – last 12 months

Age	Date of Death	Location of Death
59	02/08/2021	Kennet River, Holy Brook, Reading
40	08/12/2021	River Thames. Near Tesco's Napier Road, Reading
68	29/12/2022	River Thames, Caversham Bridge, Reading
10	21/08/2023	River behind Elgar Road, Reading
67	06/10/2023	River Thames, Scours Lane, Tilehurst, Reading
21	14/02/2024	River Kennet, Kennet Walk, Reading
42	15/03/2024	Fobney Lock, Island Road, Reading
55	29/04/2024	Royal Berkshire Hospital (location of incident near Fry Island Bowls Club, near Brigham Road)
22	28/05/2024	River Thames off the middle of Caversham Bridge Reading

Thames reached the highest level in Reading, in more than 100 years this winter

Reading COMMUNITY SAFETY PARTNERSHIP

Data and knowledge gaps

We need to know:

- - Who owns each section of Reading's waterways?
- -What are the areas of highest risk?
- -How do seasonal factors impact on water safety?
- - What safety provisions are in place and in what location; what are the gaps?
- - What is the take up of swimming lessons in Reading?
- -What education programmes are there on water safety?

Reading COMMUNITY SAFETY PARTNERSHIP

Objectives

1. Promote and develop water-safety education and initiatives within Reading with particular emphasis on the most at-risk groups identified through incident data and local knowledge.

2. Proactively promote public awareness of water-related risks and ensure a consistent message through campaigns and communications.

3. Share best practice and resources across the Borough (and beyond) highlighting a multi-agency approach to water safety.

4. To be the focal point in responding to water related incidents in Reading and undertake a ‘safety review’ of the location.

Reading COMMUNITY SAFETY PARTNERSHIP

Objectives continued

5. Work with partner organisations and neighbouring local authorities to gather and improve data involving water incidents in Reading, to inform a targeted approach to water safety.

6. Improve local data gathering of incidents involving water in the Reading area.

7. Align to objectives of neighbouring local authorities with shared water ways, share data and develop consistency in training, risk assessment and response.

Reading COMMUNITY SAFETY PARTNERSHIP

Partners (core)

- Royal Berkshire Fire and Rescue Service
- Reading Borough Council Officers
- Reading Borough Council Lead Member for Environmental Services and Community Safety (relevant lead member)
- Councillor(s) representative from a waterways ward
- Brighter Futures for Children
- Thames Valley Police (Reading Local Police Area)
- South Central Ambulance Service
- District Enforcement
- The Environment Agency
- The Canal and River Trust
- Kennet and Avon Canal Trust
- British Water Ways
- Community Representative

Reading COMMUNITY SAFETY PARTNERSHIP

Stakeholders

- Education Services (supporting Schools and Colleges)
- Water Rescue and Training Group representatives
- River User Group representatives
- Community Water Based Sports Group representatives

Reading COMMUNITY SAFETY PARTNERSHIP

Stakeholders (wider)

- Communities themselves
- Users of the water ways for leisure or work
- Residents living on or close to a water way
- Businesses on or involved in water related activity

Reading COMMUNITY SAFETY PARTNERSHIP

Agreed Approach

- Create a **water safety plan**, that aligns to a range of existing strategic partnerships
- Identify location of greatest risk and concern
- Agency and board member risk registers updated to reflect water safety risks
- Core Partners meet to review plan and commission learning on incidents that take place
- Core Partners lead and contribute to local audits of water safety along our water ways
- A community forum of stakeholders is established inclusive of users of the waterways, with input from Councillors.
- An Annual Report is provided to **Community Safety Partnership and other boards (on request)** on actions completed within the plan.
- Convene a delivery group to steer the plan.

Reading COMMUNITY SAFETY PARTNERSHIP

This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

Date of Meeting	12 July 2024
Title	Health and Wellbeing Strategy Quarterly Implementation Plan Narrative and Dashboard Report
Purpose of the report	To note the report for information
Report author	Amanda Nyeke/ Mary Maimo
Job title	Public Health and Wellbeing Manager
Organisation	Reading Borough Council
Recommendations	1. That the Health and Wellbeing Board notes the following updates contained in the report: **Priority 1** – Tasks supporting Actions 1 - 8 within this priority area including partnership working, proposing projects to support provision of a range of services to support people to be healthy, reduce health inequalities. **Priority 2** – Tasks supporting Actions 1 - 6, focusing on identifying health and care needs of individuals at risk of poor outcomes and actions for supporting them. Including engaging with and funding projects that enable people to access information and support at a time and in a way that meets their needs. **Priority 3** – Tasks supporting Actions 1 - 7 have been updated, focusing on the development of evidence-based parenting programmes, multi-agency working and rolling out a revised parenting offer including fathers and parents to be. There continues to be progress in all priorities. **Priority 4** – Tasks supporting Actions 1 - 7 have been updated with a focus on addressing inequalities in mental health, training, the work of the Mental Health Support Teams (MHSTs) and Primary Mental Health Team (PMHT). **Priority 5** – Tasks supporting Actions 1 - 8 have been updated with progress in awareness raising of local mental health support, strengthening partnership working and training.

1. Executive Summary

1.1. This report presents an overview on the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and, in Appendices A and B, detailed information on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and the locally agreed implementation plans.

1.2. The Health & Wellbeing Implementation Plans and dashboard report update (Appendix A) contain a detailed update on actions agreed for each implementation plan and the most recent update of key indicators in each priority area. Full data for key indicators for each priority is provided in the full Health & Wellbeing Dashboard Report (Appendix B).

2. Policy Context

2.1. The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:

- improve the health and wellbeing of the people in their area;
- reduce health inequalities; and
- promote the integration of services.

2.2. In 2021 The Berkshire West Health and Wellbeing Strategy for 2021-2030 was jointly developed and published on behalf of Health and Wellbeing Boards in Reading, West Berkshire and Wokingham. The strategy contains five priority areas:

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

2.3. In Reading the strategy was supplemented by the development of implementation plans for each priority area. These were presented to the Health and Wellbeing Board and approved in March 2022.

2.4. In 2016 the board had previously agreed to introduce regular performance updates, including a Health and Wellbeing Dashboard Report, at each meeting to ensure that members of the board are kept informed about the Partnership's performance in its priority areas. The current Health and Wellbeing Dashboard Report has been developed to reflect the new priorities set out in the Berkshire West Health and Wellbeing Strategy 2021-2030 and the associated implementation plans.

2.5. The Health and Wellbeing Dashboard provides the latest data available to support the Board to scrutinise and evaluate the performance of the Partnership against the agreed priorities set out in the Health and Wellbeing Strategy. Some of the national data used to measure public health outcomes, particularly for those indicators based on annual national survey and hospital data, goes through a process of checking and validation before publication, which can mean that it is published sometime after it was collected. Other data contained in this report is reported directly from local health service providers, including primary care providers, and, as these data are not validated or processed before publication, there may therefore be some minor discrepancies and corrections between reports.

2.6. At each Health & Wellbeing Board meeting Health & Wellbeing Strategy Priority Leads for Reading Borough Council will provide a narrative update against selected tasks and priority items that have been actioned during that period. Statistical data will be refreshed every six months. The reporting schedule for 2023/24 is therefore as follows:

Health and Wellbeing Board	Narrative updates - selected tasks and priorities	Data refresh
July 2024	✓	✓
October 2024	✓	✗
January 2025	✓	✓
March 2025	✓	✗

3. The Proposal

3.1. Overview

Priority 1 – Reduce the differences in health between different groups of people

This priority is being led through the Reading Integration Board (RIB), which has a programme of projects which are focused on ensuring people get the right care at the right time and in the right place. A Population Health Management approach is used to identify areas/groups of people where there are differences, e.g., life expectancy and disease prevalence. The Programme of work includes a range of projects to support people who may find it more difficult to access services. Through the Better Care Fund there are commissioned services to support people with early onset Dementia, and the service is looking at ways in which they can engage with people by linking in with other joint services, such as Compass Recovery College and the Community Wellness Outreach project (CWO). We know that people living in areas of deprivation, and particularly people from ethnically diverse backgrounds in those communities, tend to have poorer health outcomes. The Outreach sessions will not only deliver a full NHS Health Check but will provide a range of wellbeing support such as financial advice, mental health awareness and people will be supported to reach the services that will have the best impact for their overall wellbeing. This service is targeted in areas where there is minimal engagement of the community with primary care services and is aimed at people who have not had a heath check to identify potential long-term conditions.

Priority 2 – Support individuals at high risk of bad health outcomes to live healthy lives

The ONS Census (2021) shows that there is a larger proportion of people from an Indian, Pakistani, Asian or African ethnicity in Reading, compared to the ratios for England. The Reading Integration Board are supporting the delivery of the Community Wellness Outreach (CWO) project, of providing NHS Health Checks and wrap around wellbeing support within these communities, and at the end of May, 59% of the people receiving a check were from ethnically diverse backgrounds and 34% of those were from an Asian or Asian/British ethnic group. One of the case studies shared: Supported a 53-year-old female, non-English speaker with dentist registration. At her wellness check she expressed this was affecting her health as was in pain and did not know how to get a dentist. Registered her with an NHS dentist and made first available appointment in June. Provided information in separate calls to her and her daughter (English speaking and working) regarding the process for dentist appointments in England, her daughter supports her but did not know what how to access NHS dentists. She had had an emergency dentist appointment because of the pain and was worried about how to afford costs for future. Has an HC2 code for entitlement to NHS treatment.

Priority 3 – Help families and children in early years

This priority area is an area of focus and delivery for Brighter Futures for Children (Family help, safeguarding and Education) alongside the One Reading Children and Young People's Partnership, the Family Information Service (FIS) and other relevant services/stakeholders.

Seven strands of Priority 3 were agreed, following a review of what has been achieved in Spring 2024, it was noted that most actions identified are now business as usual and/or complete. A significant achievement is the 0-5 service delivered by the Children's Centres which had no specific anti- natal parenting session, on identifying this gap the Children's Centres now offer anti-natal and post-natal, trauma informed parenting programmes. These are designed for both mothers and fathers (**Mellow Bumps** and **Dads to Be**). Added to this is the bespoke **Young Mums to Be** (YMTB) anti-natal parenting course (for Mum's aged under 21). All anti- natal Parenting courses are for targeted families and the uptake is good. Last year 28 mothers were supported to attend **YMTB,** 14 mothers to **mellow bumps** (anti-natal) and 13 mothers went on to compete **mellow babies, a post-natal parenting course. Further, over 40 dads attended Dads to Be** since 2023. Evidence shows 100% of the parents completing the above courses have improved their understanding and knowledge around welcoming a new baby.

A strand of the previous implementation plan that remains an area of focus is: **Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading**). This is alongside the working family childcare entitlement expanded offer from April 2024, to ensure sufficiency, demand etc (to be fully embedded by September 2025).

This is being robustly monitored by the Early Years team working in partnership with FIS, monthly & quarterly data shared by FIS to Early Years, alongside the provider information that Early Years collect. We have good information on the offer on the FIS and Brighter Futures for Children (BFfC) websites (other LAs are using this to benchmark their information). FIS carry out track back with parents/ carers who have contacted FIS for the working entitlement (as well as other funded entitlements) any gaps, trends etc are being shared with BFfC through the quarterly reports.

Upon review of the priority and actions set, the following strands have also been agreed as areas of focus going forward:

- **Increase and develop the support available for children with SEND needs in early years (at home and when accessing early years provision)**

• There are a number of actions that relate to this strand; some relevant updates are, the Early Years SEND team identifies an action to create parent workshops for families with children with SEND to enable planned co production with parents and other services, speech and language pathway and webpage now available for both parents and practitioners progress tracking on take up of speech and language support, https://brighterfuturesforchildren.org/professionals/speech-language-and-communication-hub/ and https://brighterfuturesforchildren.org/for-parents-carers/speech-language-and-communication-for-under-fives and progress tracking is in place from September 2025 to identify the take up of this.

Webinars are being developed and tool kits are now available for practitioners online to increase confidence and allow easy access to information, ordinarily available documents are being reviewed and produced by the RISE team. An Inclusion award has been relaunched and settings are required to be working towards to access inclusion funding.

The staff within Children's Centres (CC) are trained to Level 3 and have the skills to identify any emerging concerns on children's development. Last year 1,140 children in Reading attended a local CC some multiple times. There is a program designed to filter children with identified needs to specialist sessions with the CC signposting to external services. One of the Children's Centres targeted groups is **Tiny Talkers**, this is a bespoke session created by Speech and Language and Children's Centres. Last year 90 children were supported though a course with a 100% improvement in parent knowledge when the course was completed. The highest rate of referrals came from Health Visitors, Speech and Language therapists and parents with concerns. The Children's Centres provide a 6-week course to support school readiness with children transitioning. The focus is on offering places to our 2 year eligible children who cannot access a place in Reading. A 6-week programme is run each term. Future changes are underway to support school readiness for families with English as a second language.

The Children's Centres run targeted courses with SEND as the focus, they are currently delivering weekly groups. This will help identify emerging developmental issues in children.

- **Promote availability of information for vulnerable families in Reading, including those with no recourse to public funds.**

A pilot Family hub will be launched later this year to begin to integrate further accessible support within the community. Currently information for vulnerable families can be found via the Family Information Service/ SEND Local Offer and specifically for those with No Recourse to Public Funds,

through organisations such as Reading Refugee Support Group and Care4 Calais. Those with No Recourse however have very limited access and the focus will be to ensure robust signposting is in place and that the information is helpful, accessible and it is what families want and need. A focus will be to educate those that may come in to contact with vulnerable families and produce quality and detailed information that is easily accessible (and visible) to ensure vulnerable families know where to go to, what is available and how they can be supported.

Priority 4 - Promote good mental health and wellbeing for all children and young people

We have Task & Finish groups in place for the following priorities: (I) Suicide Awareness and Prevention (in partnership with Public Health). (ii) School attendance and mental health. (iii) Inequalities in Mental Health relating to global majorities and heritages. (iv) Inequalities in Mental Health in relation to Neurodiversity. (v) Trauma informed approaches and Therapeutic Thinking Schools. (vi) Supporting parents and carers and community groups for children and young people's mental health. (vii) Supporting Head Teacher and school staff mental health and emotional wellbeing (iix) partnership working for children and young people's mental health including digital counselling offer.

In Reading, we are promoting a whole school approach to mental health through our two Mental Health Support Teams (MHSTs), Primary Mental Health Team (PMHT) and the Educational Psychology Service (EPS) who work closely together to offer free training, mental health surgeries, workshops for school staff, parents and children and offer a range of specialist interventions. This is being further supported by the development of the RISE service, and the Virtual School whose work with schools focuses on therapeutic approaches and interventions for Children in Care.

Priority 5 – Promote good mental health for all adults

The reference group for Priority Area 5 is the Mental Health Network Group and its promotional work continues as previously reported . The next meeting will be in July following the publication of the Director of Public Health's Annual Report and before the annual conference. The network group is currently reviewing a model Public Mental Health Strategy from Grampian to identify lessons for our local system and has formed two task and finish groups to identify actions that contribute to two themes which were identified by the group as priorities beyond business as usual. The first is Mental Health Literacy, establishing shared language about mental health and wellbeing that is both understood by all stakeholders and is culturally competent. The second is a Primary Prevention Approach to mental health and wellbeing with a focus on action around physical activity and social inclusion. These priorities emerged from group discussion that formed part of the review of strategy actions. This aims to identify those actions which have become part of business of usual since the strategy was launched and new actions that can be achieved with in current capacity.

Suicide Prevention falls within this priority area and the Suicide Prevention Action Planning Group for Reading continues to meet quarterly. The group has overseen the delivery of suicide prevention training reported below and has begun a review of reporting arrangements to ensure that the recommendations and findings of inquests and safeguarding reviews inform ongoing professional practice and drive prevention action. Local action planning is underpinned by the Pan Berkshire strategy which coordinates action across Berkshire including real time surveillance and timely bereavement support.

- The Mental Health Group and its promotional work continues as reported above.
- Suicide Prevention training for frontline Reading Borough Council staff continues.
- The draft of the Mental Health Needs Assessment is in the final stages of preparation. Once the consultation and restructure of the Berkshire West shared public health team structure has been completed in Q2 2024 we hope to have a Public Health Analyst within the Reading team to help curate the Joint Strategic Needs Assessment and progress the development of local metrics.

Through our Public Health Communications contract with Blue Lozenge we have recently completed a promotional campaign in support of Mental Health Awareness week from 13 May to 19 May 2024 which continued throughout the month. The evaluation suggests that the campaign was well received. It aimed to encourage individuals to become more proactive about their personal mental health and was underpinned by themes of physical activity and linked with maintaining a healthy weight, smoking_cessation and reducing use of alcohol.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies. It contributes to all the Berkshire West Joint Health & Wellbeing Strategy 2021-30 priorities.

5. Environmental and Climate Implications

5.1. The recommended action will have no impact on the Council's ability to respond to the Climate Emergency.

6. Community Engagement

6.1. A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version. Key engage will continue to be a part of the process of implementing, reviewing and updating actions within the strategy to ensure it continues to address local need.

7. Equality Implications

7.1. Not applicable - an Equality Impact Assessment is not required in relation to the specific proposal to present an update to the Board in this format.

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1. Not applicable.

10. Financial Implications

10.1. The proposal to update the board on performance and progress in implementing the Berkshire West Health and Wellbeing Strategy in Reading offers improved efficiency and value for money by ensuring Board members are better able to determine how effort and resources are most likely to be invested beneficially on behalf of the local community.

11. Timetable for Implementation

11.1. The Berkshire West Health and Wellbeing Strategy is a 10-year strategy (2021-2030). Implementation plans are for three years however will continue to be reviewed on an annual basis.

12. Background Papers

12.1. There are none

Appendices

1. Health & Wellbeing Implementation Plans and Dashboard Report Update

APPENDIX 1 - HEALTH AND WELLBEING IMPLEMENTATION PLANS NARRATIVE AND DASHBOARD REPORT UPDATE

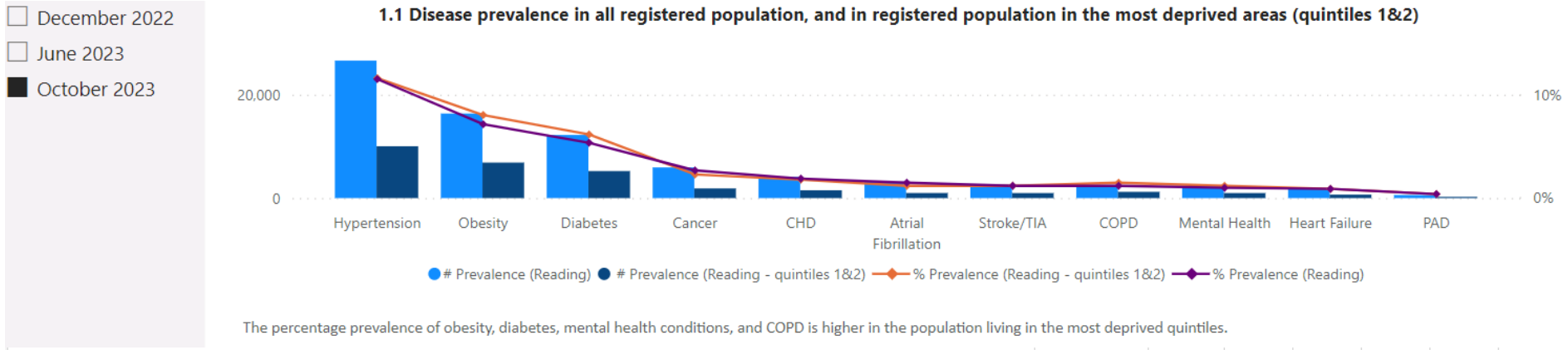
PRIORITY 1: Reduce the differences in health between different groups of people, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Take a 'Health in All Policies' approach that embeds health and wellbeing across policies and services.	Green	Policy reviews are undertaken in line with Council procedure and health, wellbeing and climate impacts are considered throughout these processes.
2. Address the challenge of funding in all areas and ensure that decisions on changing services, to improve outcomes, does not adversely affect people with poorer health.	Green	The provision of grants through the Better Care Fund to community organisations that are in areas of greatest need or higher levels of inequality in order to improve outcomes for people within our ethnically diverse communities. We have a Community Wellness Outreach programme that purposely targets focuses on groups of people who have not had a health check and through engaging with exiting community groups, as well as developing connections with new venues, has been effective.
3. Use information and intelligence to identify the communities and groups who experience poorer outcomes and ensure the right services and support are available to them while measuring the impact of our work.	Green	We use connected care and the PHM Insights Dashboards to identify communities and groups with poorer health and wellbeing outcomes. These datasets highlight areas where there is a higher prevalence of smoking for instance, or people who were eligible for a health check but have not had one. We also work with other organisations to ensure we reach the people that need support in the place that is most comfortable for them. Our Community Health Champions are working with our Voluntary and Community sector to enable people to access the services they need to improve their health and opportunities for overall wellbeing. These dashboards are available to us to gain updates and insights into progress and overall improvements within the Reading area.
4. Ensure an effective programme of NHS Health Checks and follow up support services that are designed to meet the needs of all people in the community, ensuring appropriate communication and engagement methods that are culturally sensitive.	Green	The Key Indicators for our plan (included in this report), contains a graph for Priority 1, from the PHM dashboard showing the prevalence of key conditions linked with early mortality and disability in all registered population and in the registered population in the most deprived quintiles. The categories with the highest prevalence are hypertension, obesity and diabetes. We have several programmes running to support people in early identification of these diseases and to then support them in tacking the health and wellbeing issues to improve their outcomes. Health food programmes run by our community networks, cooking lessons, some of which have a focus on diabetes, programmes of activity to suit the needs of people, from chair exercise classes with Reading Gateway Church, Parish Nurse (all welcome), to more progressive strength building and reconditioning through Get Berkshire Active.
5. Continue to develop the ways we work with ethnically diverse community leaders, voluntary sector, unpaid carers, and self-help groups that sit within Local Authorities.	Green	We work closely with Voluntary and Community sector partners in this area such as Association for Cohesion and Racial Equality (ACRE) and Reading Community Learning Centre, as well as Whitley Community Development Association and other community groups based within and reaching into communities to build trust and enable access to appropriate services to meet their needs. The JOY platform is used across Reading to enable easy referral to services and to identify gaps in the marketplace that can be highlighted together with the data that identifies a need. Our Place Based Partnerships team and Compass Recovery College also work in partnership with these organisations and communities to provide an integrated and collaborative approach to addressing challenges.
6. Ensure fairer access to services and support for those in most need through effective signposting, targeted health	Green	The Social Prescribers and Community Health Champions are key to building relationships with people in our communities, and in particular within our ethnically diverse populations to support and enable education about health and wellbeing and to promote screening programmes and health checks that are being delivered locally in communities – providing the information and encouraging engagement in the areas where people are most in need. These health and education programmes, and screening programmes are being well attended and feedback from community members has been very positive as being

education and promoting digital inclusion, all in a way that empowers communities to take ownership of their own health.		located within the community has made them more easily accessible. People are encouraged and supported to use the NHS App, and to find information and advice about what they can do to maintain or improve health and fitness.
7. Increase the visibility and signposting of existing services and improve access to services for people at higher risk of bad health outcomes, whilst also providing pastoral support through faith-based organisations linked to health and social care services.	Green	There are a number of organisations supported through commissioned contracts, and smaller community grants for faith based and community organisations that specifically support people at higher risk of bad health outcomes. Pastoral support is provided alongside education about health risks and what opportunities there are to reduce risk and improve outcomes. The Parish Nurse project through Reading Gateway Church is a great example of community focused activities and provision of pastoral support. Communicare provide information and advice on benefits and other financial welfare issues, and we work with community leaders in our faith-based settings to ensure there are opportunities for people to access these services in a way that best meets their needs.
8. Monitor and assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. Ensure health inequalities exacerbated by COVID-19 are addressed as we recover and ensure access to services.	Green	People who were at higher risk of poor outcomes due to contracting Covid-19, and leading to Long Covid or other complications are supported through the Long Covid programme being delivered by Primary Care. Our primary care and voluntary and community sector providers continue to be key participants in identifying health inequalities, especially those that were exacerbated by COVID-19, and enable onward referrals to appropriate support services. The JOY App is being used extensively across Primary Care and Social Prescribing services enabling people to access the right activities and information for them and a programme of delivering Health Checks in community settings to reach into communities is being delivered.

Priority 1 - Key indicators

The figure and table below show the most recent data from the PHM dashboard showing the prevalence of key conditions linked with early mortality and disability in all registered population and in the registered population in the most deprived quintiles.



The percentage prevalence of obesity, diabetes, mental health conditions, and COPD is higher in the population living in the most deprived quintiles.

1.1 Disease prevalence in all registered population, compared with prevalence in registered population in the most deprived areas (quintiles 1&2)

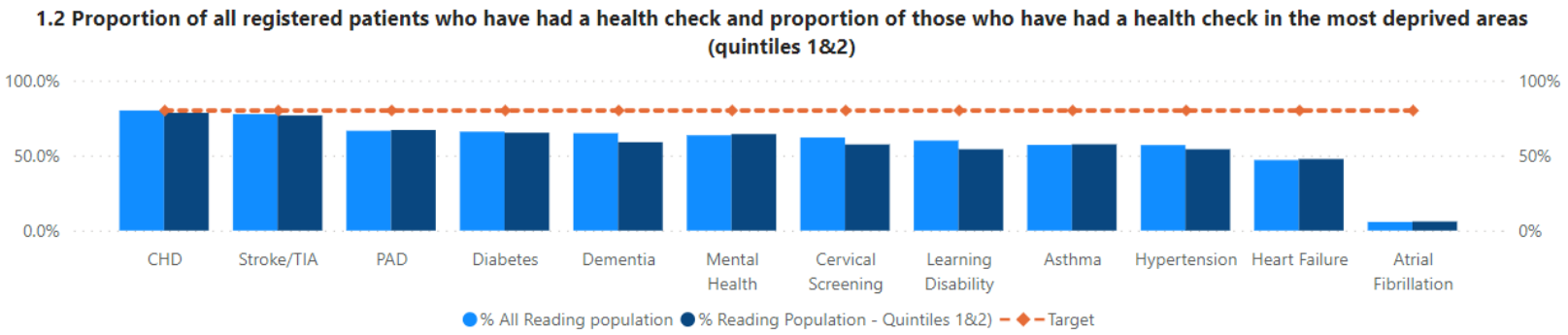
Population group	Disease	December 2022 - # Prevalence	December 2022 - % Prevalence	June 2023 - # Prevalence	June 2023 - % Prevalence	October 2023 - # Prevalence	October 2023 - % Prevalence	DOT
All Reading population	Hypertension	32,467	11.9%	30,608	11.8%	26,619	11.5%	
All Reading population	Atrial Fibrillation	3,990	1.5%	3,793	1.5%	3,185	1.4%	
All Reading population	Heart Failure	2,096	0.8%	2,018	0.8%	1,863	0.8%	
All Reading population	Stroke/TIA	3,215	1.2%	3,019	1.2%	2,600	1.1%	
All Reading population	CHD	5,138	1.9%	4,747	1.8%	4,120	1.8%	
All Reading population	PAD	750	0.3%	698	0.3%	602	0.3%	
All Reading population	Cancer	7,650	2.8%	7,098	2.7%	5,944	2.6%	
All Reading population	COPD	3,100	1.1%	2,909	1.1%	2,467	1.1%	
All Reading population	Diabetes	14,020	5.1%	13,279	5.1%	12,235	5.3%	
All Reading population	Mental Health	2,508	0.9%	2,317	0.9%	2,190	0.9%	
All Reading population	Obesity	18,708	6.9%	18,607	7.2%	16,375	7.1%	
Reading population in quintiles 1&2	Hypertension	10,458	11.6%	9,959	11.4%	10,039	11.6%	
Reading population in quintiles 1&2	Atrial Fibrillation	1,012	1.1%	983	1.1%	985	1.1%	
Reading population in quintiles 1&2	Heart Failure	661	0.7%	648	0.7%	668	0.8%	
Reading population in quintiles 1&2	Stroke/TIA	992	1.1%	944	1.1%	974	1.1%	
Reading population in quintiles 1&2	CHD	1,558	1.7%	1,471	1.7%	1,502	1.7%	
Reading population in quintiles 1&2	PAD	248	0.3%	234	0.3%	225	0.3%	
Reading population in quintiles 1&2	Cancer	1,922	2.1%	1,820	2.1%	1,876	2.2%	
Reading population in quintiles 1&2	COPD	1,307	1.5%	1,243	1.4%	1,216	1.4%	
Reading population in quintiles 1&2	Diabetes	5,401	6.0%	5,156	5.9%	5,238	6.1%	
Reading population in quintiles 1&2	Mental Health	1,023	1.1%	943	1.1%	977	1.1%	
Reading population in quintiles 1&2	Obesity	7,099	7.9%	7,066	8.1%	6,877	8.0%	

Green dot shows decrease in prevalence
Yellow dot shows no change
Red dot shows increase in prevalence

The figures below show the proportion of all people living in Reading and those living in the most deprived areas, with each registered condition who have received all the statutory health checks recommended for the condition within the recommended period.

Period

- December 2022
- March 2023



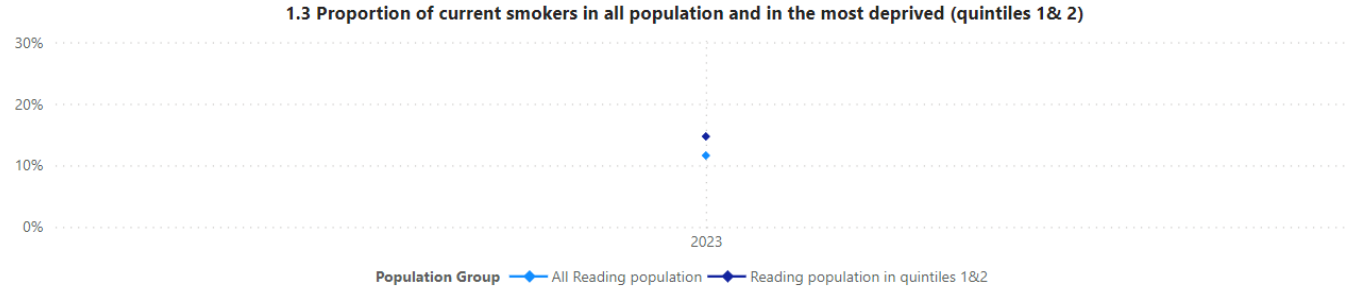
The percentage uptake of NHS health checks is lower for patients with dementia and learning disabilities in the most deprived areas. The uptake of cervical screening is also lower in the most deprived population.

1.2 Proportion of all registered patients who have had a health check, compared with the proportion of those who have had a health check in the most deprived areas (quintiles 1&2)

Population group	Disease	2022/23 - Q1	2022/23 - Q2	2022/23 - Q3	2022/23 - Q4	2023/24 - Q1	2023/24 - Q2	Target	DOT
All Reading population	Hypertension	53.0%	55.9%	49.5%	57.0%	58.7%	59.0%	80%	0.3%
All Reading population	Atrial Fibrillation	14.8%	15.2%	17.8%	17.8%	16.7%	16.5%	80%	-0.2%
All Reading population	Heart Failure	44.9%	47.0%	47.3%	47.0%	49.5%	48.4%	80%	-1.1%
All Reading population	Stroke/TIA	74.0%	77.0%	75.6%	77.6%	79.2%	79.8%	80%	0.7%
All Reading population	CHD	77.5%	79.6%	79.6%	80.0%	81.2%	80.9%	80%	-0.3%
All Reading population	PAD	64.1%	65.5%	63.0%	66.5%	68.8%	67.9%	80%	-0.9%
All Reading population	Diabetes	61.9%	64.1%	63.9%	65.9%	68.5%	68.2%	80%	-0.3%
All Reading population	Asthma	54.0%	55.4%	57.4%	57.1%	61.6%	61.0%	80%	-0.6%
All Reading population	Dementia	43.2%	49.1%	51.6%	64.9%	62.5%	57.5%	70%	-5.0%
All Reading population	Mental Health	64.3%	64.6%	65.2%	63.5%	65.8%	65.2%	80%	-0.6%
All Reading population	Cervical Screening	59.6%	59.3%	63.3%	62.0%	60.7%	61.5%	80%	0.8%
All Reading population	Learning Disability	51.5%	54.5%	52.7%	60.0%	54.6%	50.5%	80%	-4.1%
Reading population in quintiles 1&2	Hypertension	51.6%	53.9%	47.3%	54.2%	56.2%	56.9%	80%	0.7%
Reading population in quintiles 1&2	Atrial Fibrillation	15.2%	14.9%	16.9%	18.5%	16.8%	16.8%	80%	0.0%
Reading population in quintiles 1&2	Heart Failure	44.9%	47.2%	47.8%	47.7%	48.9%	47.9%	80%	-1.0%
Reading population in quintiles 1&2	Stroke/TIA	73.4%	74.0%	73.2%	76.7%	76.5%	76.4%	80%	-0.2%
Reading population in quintiles 1&2	CHD	78.0%	79.1%	78.7%	78.5%	79.7%	80.0%	80%	0.3%
Reading population in quintiles 1&2	PAD	60.0%	60.7%	60.7%	67.0%	68.3%	66.4%	80%	-2.0%
Reading population in quintiles 1&2	Diabetes	61.2%	63.3%	63.2%	65.2%	67.5%	46.6%	80%	-20.9%
Reading population in quintiles 1&2	Asthma	54.6%	56.7%	58.6%	57.5%	60.4%	60.4%	80%	0.0%
Reading population in quintiles 1&2	Dementia	48.2%	53.9%	50.0%	58.9%	55.6%	46.6%	70%	-9.0%
Reading population in quintiles 1&2	Mental Health	63.9%	64.6%	64.8%	64.3%	65.4%	65.4%	80%	0.0%
Reading population in quintiles 1&2	Cervical Screening	56.4%	56.0%	59.2%	57.4%	57.4%	58.4%	80%	1.0%
Reading population in quintiles 1&2	Learning Disability	47.1%	51.8%	49.1%	54.2%	46.4%	42.3%	80%	-4.1%

The charts below show the gap in prevalence of smoking and the prevalence of excess weight and obesity in all registered population in the population living in the most deprived areas.

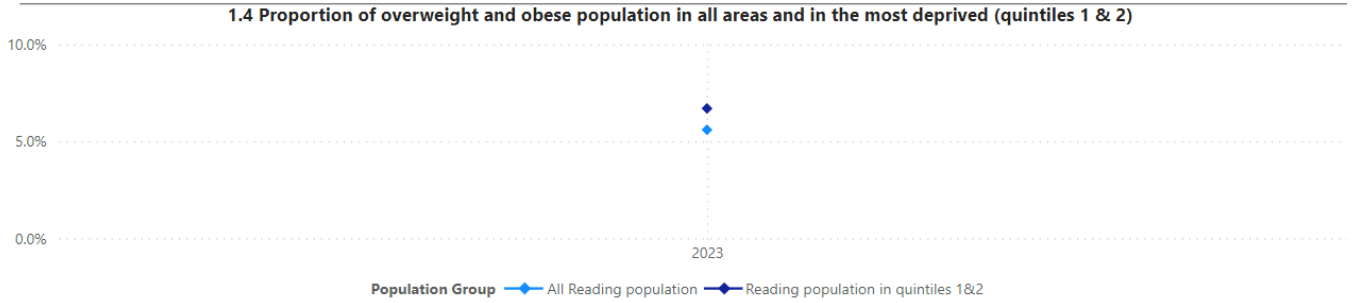
01 October 2023



Smoking prevalence is significantly higher in the most deprived population.

Period

01 October 2023



Registered prevalence of overweight and obesity is higher in the most deprived population.

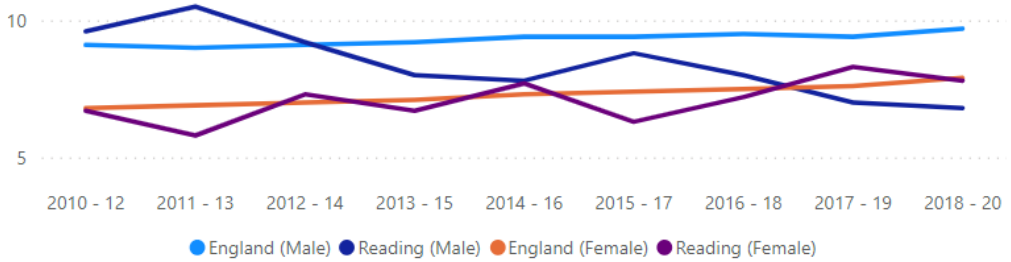
ICS Insights Evaluation Dashboard

PRIORITY 2: Support individuals at high risk of bad health outcomes to live healthy lives, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Identify people at risk of poor health outcomes, using Population Health Management data and local data sources, as well as increase visibility of existing services, and signposting to those services, as well as improving access for people at risk of poor health outcomes.	Green	The Community Wellness Outreach project of delivering NHS Health Checks in ethnically diverse communities, where there are higher levels of deprivation, are a key aspect of the work being undertaken to support people at higher risk. We are working with Primary Care services who sending messages to people in the target groups, who have never had a health check, as we know that if conditions go undetected then there is a higher risk of developing long term conditions such as diabetes and heart disease. Once someone has attended one of the Community Wellness Outreach sessions, they can be supported by the Social Prescribers for referral to other services to support their wellbeing.
2. To raise awareness and understanding of dementia. Working in partnership with other sectors, we can introduce an integrated programme ensuring the Dementia Pathway is robust and extended to include pre diagnosis support, and improve early diagnosis rates, rehabilitation and support for people affected by dementia and their unpaid carers.	Green	The Dementia Friendly Reading Steering Group has undertaken a self-assessment exercise ahead of applying for Dementia Friendly Community status with Alzheimer's Society and the data from the self-assessment is currently being processed. The steering group are exploring opportunities to develop a borough wide Dementia Friends training programme and supporting organisations (including RBC) with Dementia queries and advice. Our Community Health Champions are working with our Voluntary and Community Sector partners to build relationships and confidence with people to know what support and information is available to them, and we fund Young People with Dementia services to provide activities, advice and information for people with early onset dementia to enable them to remain active and engaged within their communities.
3. Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers by giving them a break from their caring responsibilities, whilst allowing them to fulfil their caring role.	Green	The Unpaid Carer's Strategy has been presented to the ACE Committee and we have funding through the Accelerating Reform Fund to develop pilot projects for Carer's Breaks and Identification of Unpaid Carers. We have a co-production group of people with lived experience and who are currently Carers, to support the development of the proposals for Carer's Breaks.
4. We will work together to reduce the number of rough sleepers and improve their mental and physical health through improved access to local services.	Green	At Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System level, a joint review has been commissioned and is ongoing across our five local authority areas using Rough Sleeping Initiative (RSI) grant funding to strategically look at prison releases, hospital discharges and issues/disputes around local connection and rough sleeping. The team are continuing work on a pilot with HMP Bullingdon re: pre-work in, and a protocol with, prisons so that people are identified and referred to the local authority prior to release, so that the most suitable accommodation can be explored. Rough sleepers will also be able to access the NHS Health Checks being delivered through the Community Wellness Outreach sessions in a variety of locations across Reading.
5. Prevent, promote awareness, and provide support to people affected by domestic abuse in line with proposals outlined in the Domestic Abuse Bill.	Green	We continue to work closely with our Voluntary and Community Sector partners, Adult Social Care, Housing and Thames Valley Police to ensure safeguarding concerns are reported to enable action to be taken to support people at risk of domestic abuse, and a Tackling Domestic Abuse Strategy has been developed and implemented.
6. Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.	Green	Reading are currently performing better than the England average for supporting people with a Learning Disability into employment. We continue to work closely with our Voluntary and Community Sector partners, some of whom are specialists in supporting people with Learning Disabilities, who are involved in a range of forums to enable engagement and feedback. We have continued to fund a part-time Outreach worker post and have contributed to the Autism Strategy for Berkshire West. We also have the Compass Recovery College which provides free training and information for people with both low-level mental illness and long-term conditions affecting their mental health, including Learning Disabilities.

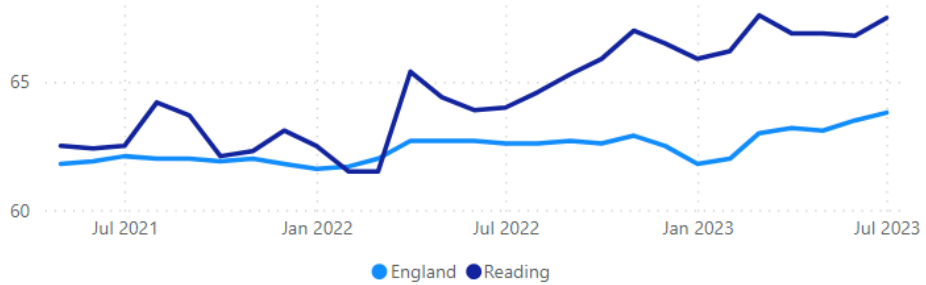
Priority 2 - Key indicators

2.1 Inequality in life expectancy at birth by gender - Slope Index of Inequality (years)



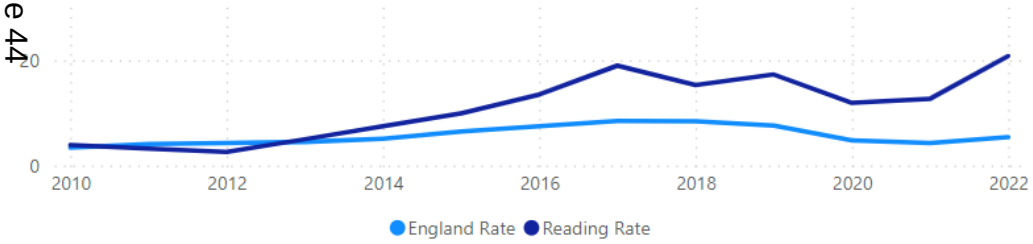
Life expectancy at birth is calculated for each deprivation decile of lower super output areas within each area and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles. In Reading the difference in life expectancy at birth for females (7.8 years) is similar to England (7.9 years), but it is smaller for males (6.8 years) compared to England (9.7 years).

2.2 Dementia diagnosis rate in people aged 65+ as a percentage of estimated to have dementia



In Reading 67.5% of those aged 65 or over estimated to have dementia have a coded diagnosis of dementia as of July 2023, which is higher than England (63.8%).

2.3 Rate of people sleeping rough (per 100,000 population)



The rate of people sleeping rough in Reading has increased between 2021 and 2022 from 12.7 per 100,000 to 20.8 per 100,000. This is significantly higher than England with 5.4 per 100,000.

2.4 The proportion of supported working-age adults with learning disabilities in paid employment

In Reading 5.9% of supported working-age adults with learning disabilities are in paid employment. This is similar to England (5.6%), and there has been a decline over time.

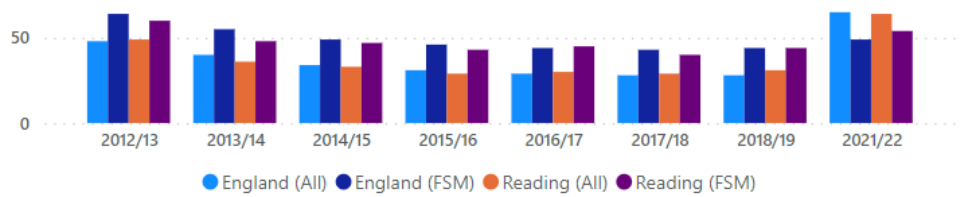
PRIORITY 3: Help families and children in early years, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Explore a more integrated universal approach that combines children's centres, midwifery, health visiting as outlined in the Best Start for Life report. This will aim to improve the health, wellbeing, development, and educational outcomes of children in Reading	Green	
2. Work to provide evidence-based support for mothers, fathers, and other carers to help prepare them for parenthood and improve their personal and collective resilience during pregnancy and throughout the early years.	Green	
3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	Amber	Between Spring 23 and Spring 24, take up has remained between 60%-65% for eligible 'targeted' two-year-olds. The take up for Summer 2024 is not yet available (as of 20/06/2024). Time for Two's continues to be delivered from Children's Centres for eligible two-year-olds to attend. A survey will be sent out (in July 2024) to the families of "unregistered children" to get a better understanding as to why their child was not accessing a place during Summer 2024. The results of the survey will inform the Early Years team of any areas to be addressed and/or development.
4. We will ensure that early year's settings staff are trained in trauma-informed practice and care,	Green	

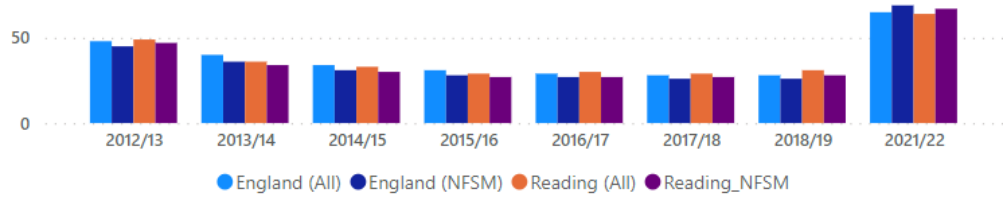
Action name	Status	Commentary (100 word max)
know where to find information or help, and can signpost families		
5. We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.	Green	
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	Green	
7. Explore the systems for identification of need for ante natal and post-natal care of pregnant women and unborn/new-born babies to reduce non-accidental injuries	Green	

Priority 3 - Key indicators

3.1 School readiness (Free School Meal status - FSM)

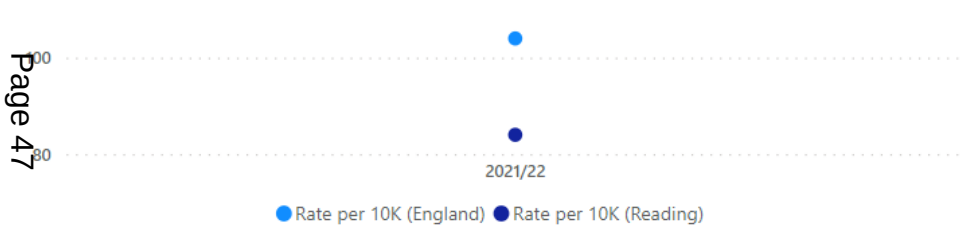


3.1 School readiness (Non Free School Meal status - NFSM)



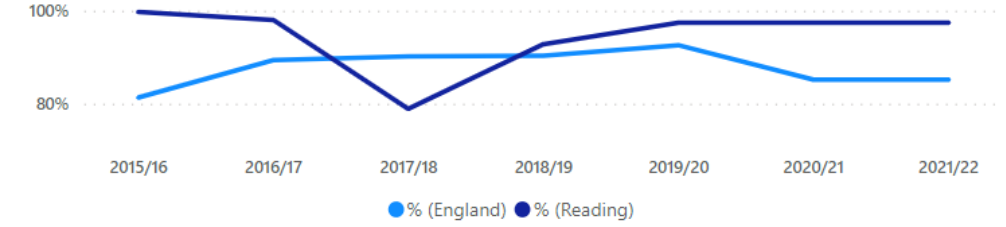
This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving a good level of development at Reception by free meal status. Reading has a higher percentage (53.5%) of children with free school meals achieving good development than England (49.1%), but a lower percentage (66.7%) of children with no free school meals achieving a good level of development than England (68.8%). Note: the statistical releases for 2019/20 and 2020/21 were canceled. Due to the 2021/22 EYFS reforms, it is not possible to directly compare the 2018/19 and 2021/22 figures. Any changes in the proportion of children eligible for free school meals are likely due to changes in eligibility criteria or population rather than the EYFSP publication.

3.2 Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years)



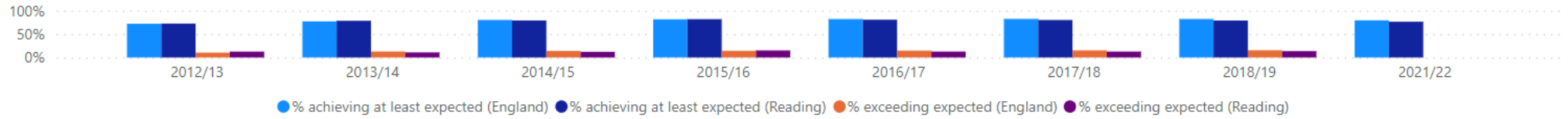
Reading has a significantly lower rate (84.1 per 10,000) of hospital admissions for unintentional and deliberate injuries in children aged 0-4 than England with 108.6 per 10,000. Note: there is no historic data for this indicator.

3.3 Percentage of children aged 2-2 1/2 receiving ASQ3



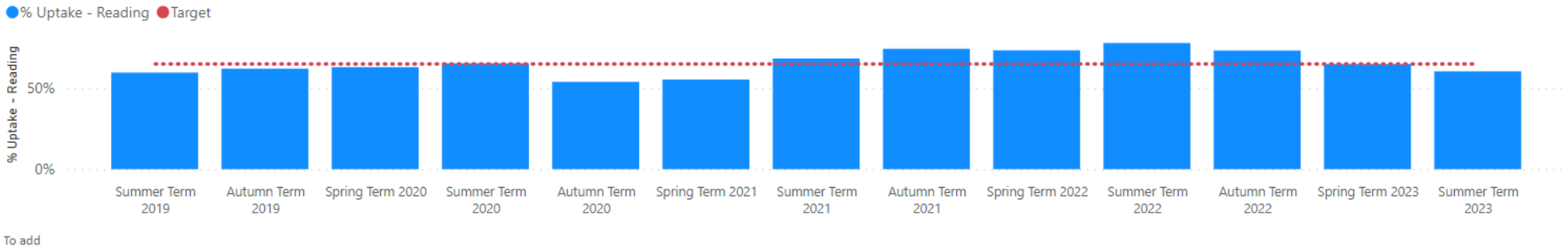
The Ages and Stages Questionnaire-3 (ASQ-3) covers five domains of child development: communication, gross motor skills, fine motor skills, problem-solving, and personal-social development. Health visiting teams should have been using ASQ-3 as part of HCP two year reviews from April 2015. This indicator shows the proportion of 2-2½ reviews that use the ASQ-3. Reading has a higher percentage of children receiving ASQ-3 than England.

3.4 Percentage of 2-year-olds achieving at least 'expected' in communication and language in the Early Years Foundation Stage Profile



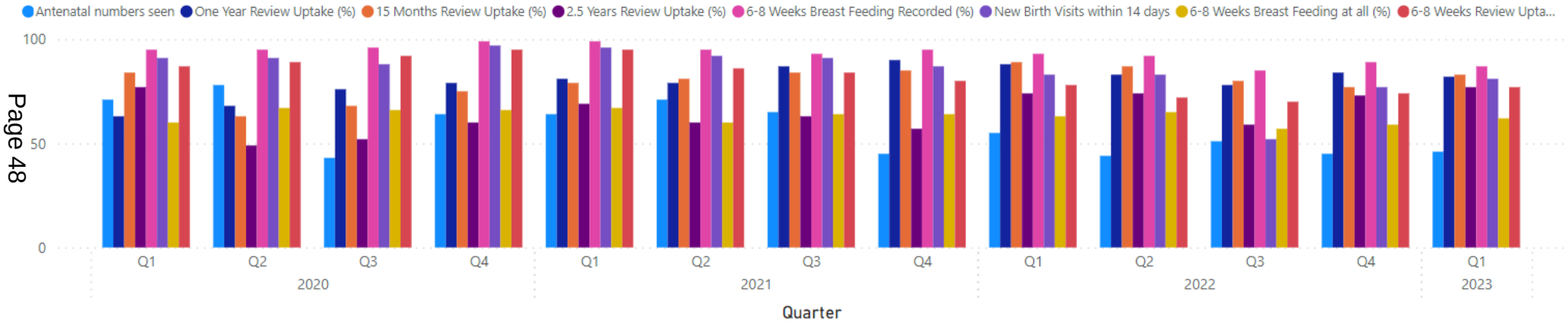
This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving at least the expected level in communication and language (a good level of development). Note: there was no data published during the two Covid-19 pandemic years. Data for Reading is not yet available for 2021/22.

3.5 Proportion of take up of targeted 2 year old funding for eligible children



To add

3.6 Health Visiting Data

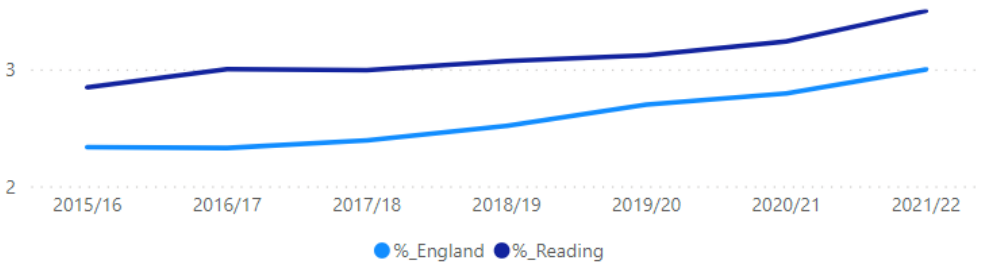


PRIORITY 4: Promote good mental health and wellbeing for all children and young people, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Provide early intervention for children and young people with the right help and support at the right time	Green	Our 2 Mental Health Support Teams and our Primary Mental Health Service, alongside our Educational Psychologists, continue to promote whole school approaches to mental health, and offer a range of training and workshops to nursery, school and college staff.
2. Support settings and communities in being trauma informed and using a restorative approach	Green	The Task and Finish group has met twice and organised training on adapted Therapeutic Thinking schools for our Early Years provision. We are interviewing secondary school Head Teachers about their school's uptake of Therapeutic Thinking Schools, and what the barriers might be. The survey will then be extended across secondary school staff. Alternative Provision will also be surveyed. The tools for TTS will then be adapted and relaunched as necessary. Two local secondary schools are going to showcase their use of TTS
3. Coproduction and collaboration with children and young people, families, communities and faith groups to shape future mental health services and in delivering transformation of mental health and emotional wellbeing services	Green	MHST run School Mental Health Ambassadors training and we are investigating whether Reading College and Public Health can partner with us to offer Level 1 or Level 2 PH Awards.
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners	Green	This is ongoing. We hold mental health triages within BFfC to ensure children are seen by the most suitable mental health service to meet their needs. We are constructing a list of parent/carer groups for practitioners to go out to and visit e.g. Fifi's Vision
5. Identify and provide services for targeted populations i.e. the most vulnerable children and young people to ensure equality of access to support and services	Green	
6. Recovery after Covid-19/ adolescent mental health	Green	Our EBSA team was funded until March 2024. They have worked with 39 young people (aged 11-16y) and 36 have returned to education, at an average cost of £6400 per child. Their attendance and mental health will be tracked for longitudinal impact.
7. Local transformation plan	Green	

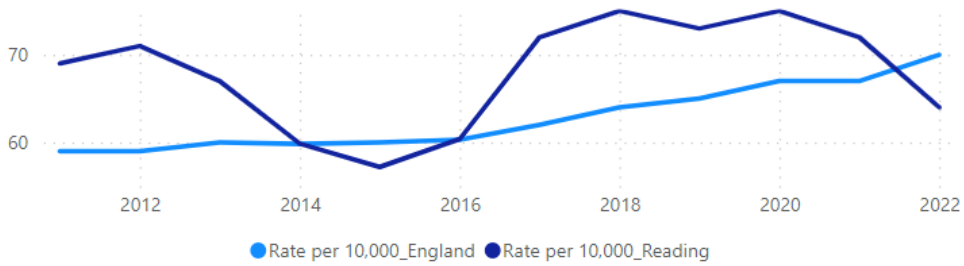
Priority 4 - Key Indicators

4.1 School-aged children with social, emotional, and mental health needs



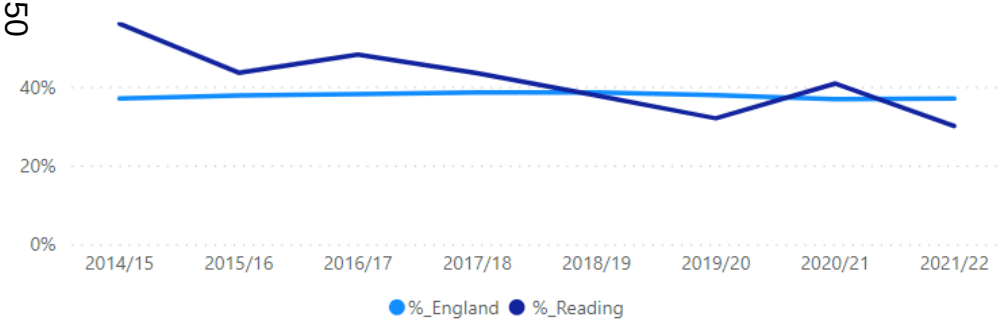
The indicator shows number and proportion of school children with Special Education Needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, expressed as a percentage of all school pupils. Reading has a slightly higher percentage (3.5%) of pupils with social, emotional and mental health needs than England (3.0%).

4.2 Children in care



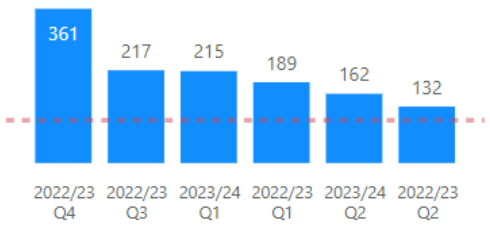
The indicator shows the number and rate of children looked after at 31 March for each year (rate per 10,000 population aged under 18 years). Reading currently has a lower rate of looked after children compared with England, with 64 per 10,000 and 70 per 10,000 respectively.

4.3 Children looked after whose emotional well-being is a cause for concern

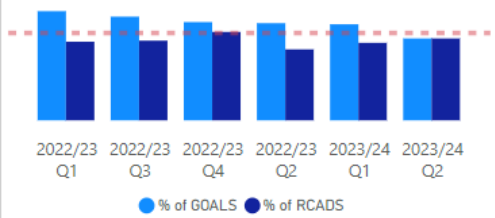


The indicator shows number and proportion of all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March whose SDQ score was 17 or over. Reading has a higher proportion (40.8%) of looked after children whose emotional well-being is a cause for concern than England (36.8%).

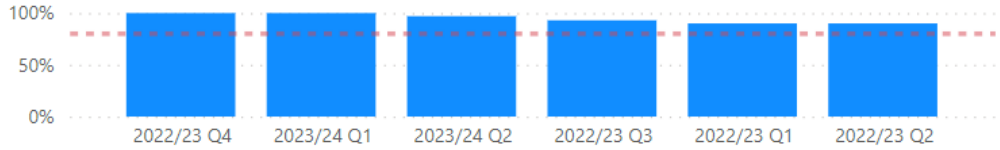
4.4 Number of referrals to the Mental Health Service Team (MHST)



4.5 Percentage of children and young people engaged with MHST who have moved toward their goals



4.6 Percentage of children and young people working with the Primary Mental Health Team who have moved towards their goals

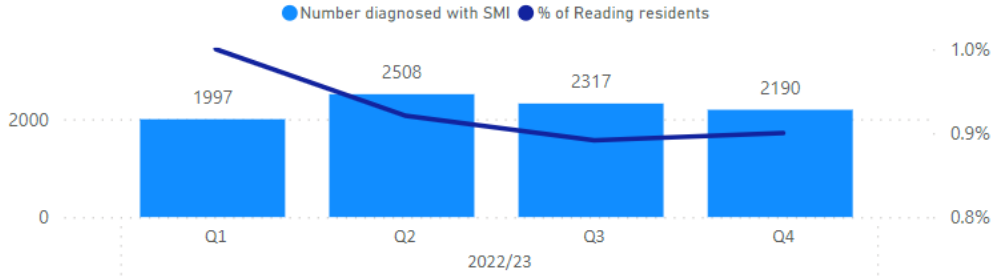


PRIORITY 5: Promote good mental health and wellbeing for all adults, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Raise mental health awareness and promote wellbeing	Green	This action is part of business as usual. Through our Public Health Communications contract with Blue Lozenge we have recently completed a promotional campaign to support Mental Health Awareness week from13 May to 19 May 2024 and continued throughout the month. The evaluation suggests that the campaign was well received with the aim to inform individual behaviours to become more proactive about personal mental health and was underpinned by themes of physical activity and linked with maintaining a healthy weight, smoking cessation and reducing use of alcohol.
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Green	This action has become part of business as usual through the Reading Community Health Champions network and the Mental Health and Wellbeing Network.
3. Focus targeted support on groups at greater risk of experiencing mental health challenges, loneliness and social isolation and health inequalities in order to support early identification and intervention	Green	This work has become part of business as usual through the Reading Community Health Champions network and the Mental Health and Wellbeing Network.
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Green	This action is currently falls within the scope of the Mental Health and Wellbeing Network's two task and finish groups with their focus on developing a shared understanding of mental health literacy and the prioritisation of achievable primary prevention actions.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Amber	This action continues to be progressed mainly through the Reading Community Health Champions Network and the Mental Health and Wellbeing Network.
6. Build the capacity and capability across the health and social care workforce to prevent mental health problems and promote good mental health	Green	This action is led mainly through the Mental Health and Wellbeing Network. Two task and finish groups have been formed with a focus on developing a shared understanding of mental health literacy and to prioritise achievable primary prevention actions.
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Green	This action has become part of business as usual through the Reading Community Health Champions network and the Mental Health and Wellbeing Network.
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	The draft of the mental health needs assessment is in the final stages of preparation. When the new team structure is completed in Q2 2024 and we have a PH analyst in the Reading team we will be able to progress the development of local metrics.

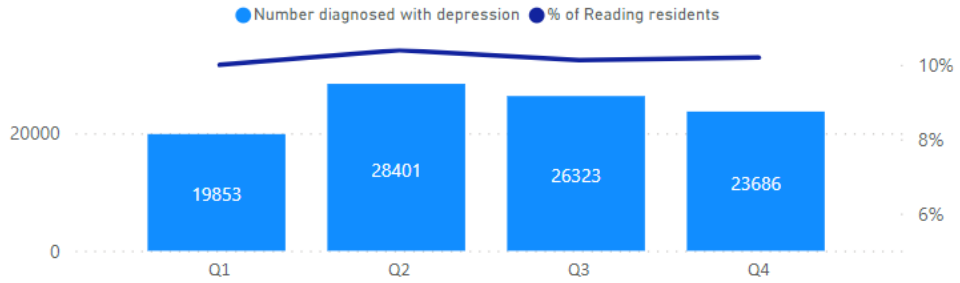
Priority 5 - Key indicators

5.1 Number of people diagnosed with SMI



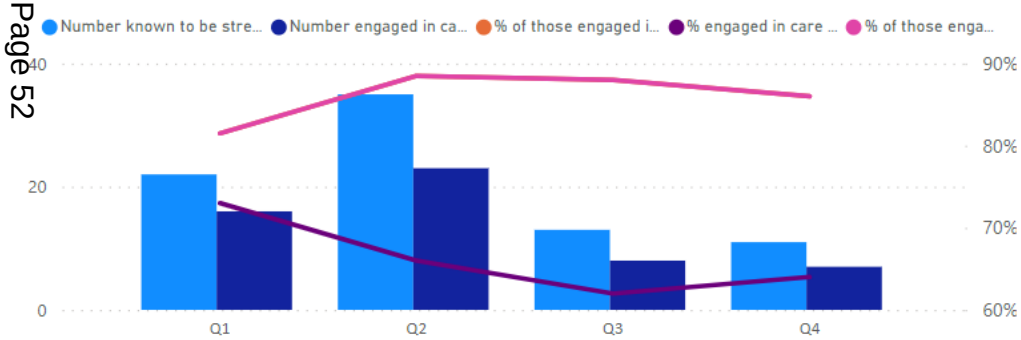
The prevalence of Serious Mental Illness is currently at 0.9%. Although the number of patients has decreased over time, the prevalence in the total population, which is rising, has remained at the same level.

5.2 Number of people diagnosed with depression



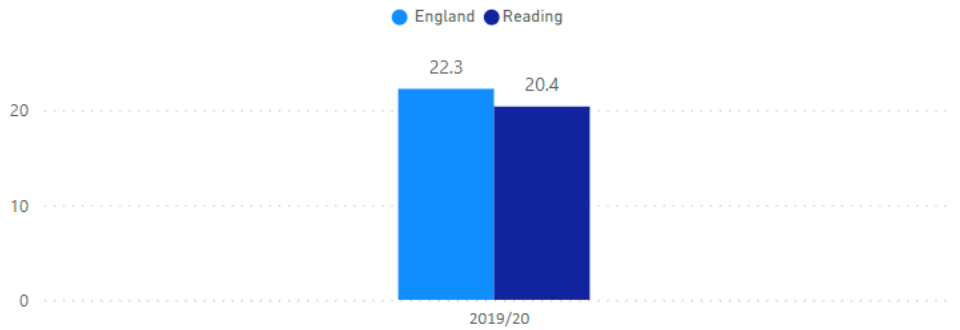
The prevalence of depression has been similar over time at around 10% of the total registered population.

5.3 Number of drug and alcohol outreach support to the street homeless population

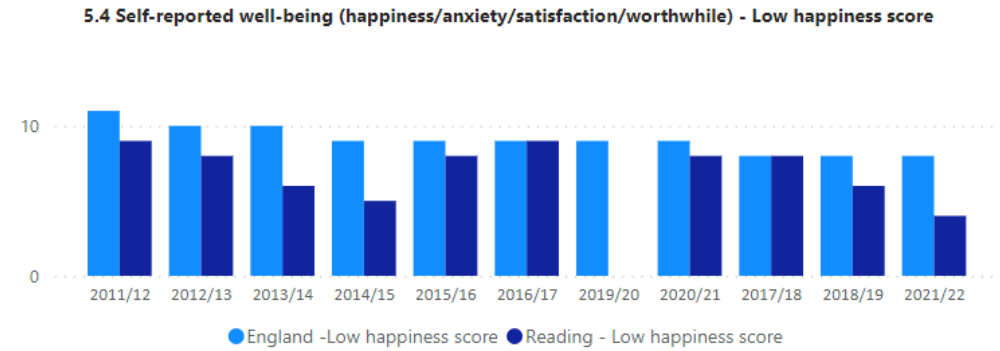


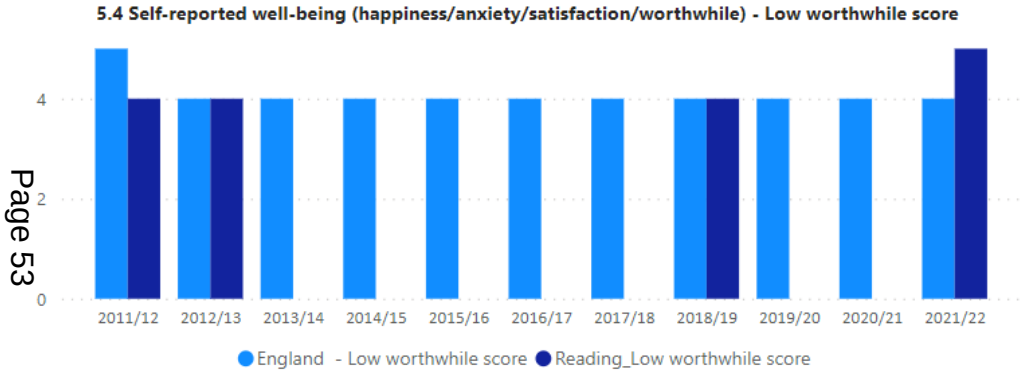
The indicator shows the number of known street homeless individuals and those who engaged with the drug and alcohol team for treatment. It also shows the proportion of those engaged with the drug and alcohol team who remain in treatment for at least three months, and the proportion of those who receive a health intervention.

5.5 Loneliness: percentage of people who feel lonely often, always, or some of t



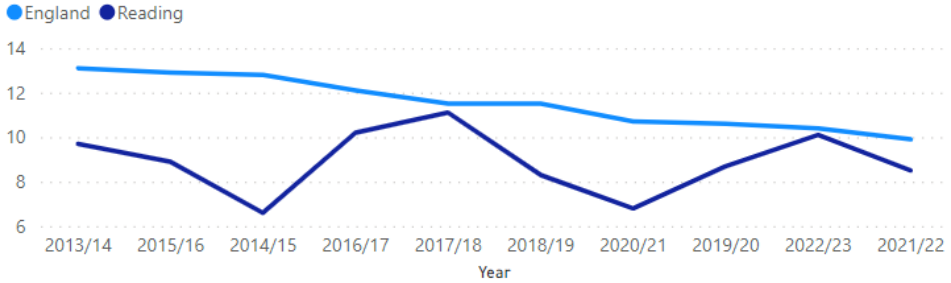
This indicator comes from the Active Lives Adult Survey, Sport England. It shows the percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time".





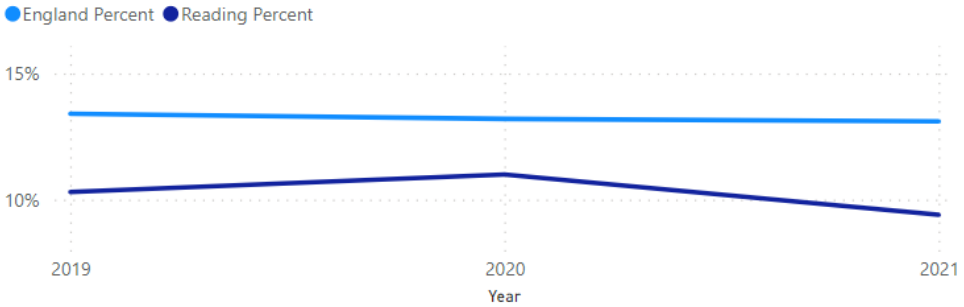
The indicators comes from the Annual Population Survey (APS). The indicators are based on the four questions below: Overall, how satisfied are you with your life nowadays? Overall, how happy did you feel yesterday? Overall, how anxious did you feel yesterday? Overall, to what extent do you feel the things you do in your life are worthwhile? Responses are given on a scale of 0 to 10 (where 0 is “not at all satisfied or happy or anxious or worthwhile” and 10 is “completely satisfied or happy or anxious or worthwhile”).

5.6 Gap in employment rate between those with a physical or mental health long-term condition (aged 16-64) and the overall employment rate Gap 2021/22 – percentage points



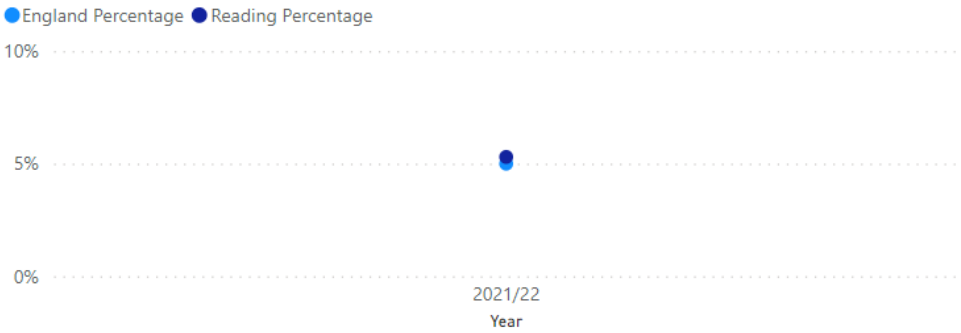
This indicator shows the percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). In Reading the gap (10.1) is similar to England (10.4).

5.7 Fuel poverty (low-income low energy efficiency methodology)



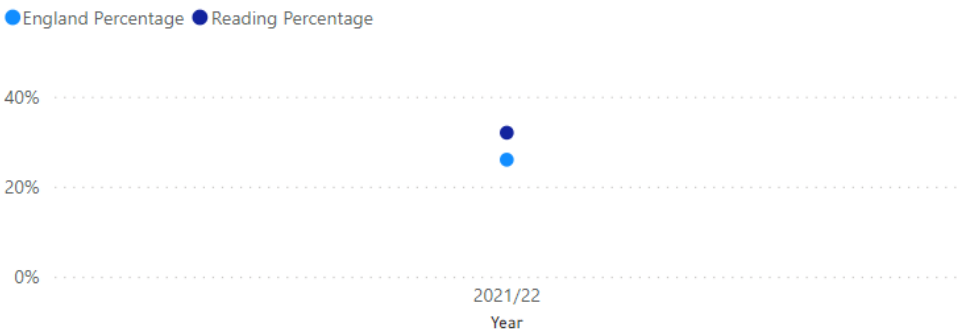
The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology. Reading has a lower percentage of households experiencing fuel poverty (9.4%) than England (13.1%).

5.8 Unemployment rate (%)



The indicator shows the percentage of the working-age population who are claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work. The overall unemployment rate in Reading is similar to England. Note: this is a new indicator that replaces the previous model-based unemployment rate and there is n...

5.9 Adults in contact with secondary mental health services who live in stable and appropriate accommodation (%)



The percentage of adults aged 18-69 who are in contact with mental health services and live independently. Reading has a significantly higher percentage (32%) than England (26%).

WHB Strategy 2021/30 Priority Name	Indicator Name (with link to the datasheet)	Data Source	Link to the data	Update frequency	Time periods
PRIORITY 1: Reduce the differences in health between different groups of people	1.1 Disease prevalence in all registered population, compared with prevalence in registered population in the most deprived areas (quintiles 1&2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly	December 2022, June 2023, October 2023
	1.2 Proportion of all registered patients who have had a health check, compared with the proportion of those who have had a health check in the most deprived areas (quintiles 1&2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Quarterly	2022/23
	1.3 Proportion of current smokers in all population and in the most deprived (quintiles 1& 2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly	Oct-23
	1.4 Proportion of overweight and obese population in all areas and in the most deprived (quintiles 1 & 2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly	Oct-23
PRIORITY 2: Support individuals at high risk of bad health outcomes to live healthy lives	2.1 Inequality in life expectancy at birth by gender - Slope Index of Inequality (years)	OHID - Public Health Outcomes Framework	Public Health Outcomes Framework - OHID (phe.org.uk)	Annually	2010/12 to 2018/2020
	2.3 Dementia diagnosis rate in people aged 65+ as a percentage of those estimated to have dementia (%)	NHS Digital and OHID Fingertips	Primary Care Dementia Data - NHS Digital	Monthly	May 2021 to July 2023
	2.4 Number and rate of people sleeping rough (annual snapshot)	Department for Levelling Up, Housing and Communities	Tables on rough sleeping - GOV.UK (www.gov.uk)	Annually	2010 to 2022
	2.5 Proportion of supported working-age adults with learning disabilities in paid employment (%)	OHID Fingertips - Learning Disability Profiles	Learning Disability Profiles - Data - OHID (phe.org.uk)	Annually	2014/15 to 2019/2020
PRIORITY 3: Help families and children in early years	3.1 School readiness	Department for Education	https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2021-22	Annually	2012/13 to 2021/22
	3.2 Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years)	OHID - Child and Maternal Health	Public health profiles - OHID (phe.org.uk)	Annually	2021/22
	3.3 Proportion of children aged 2-2 1/2 yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2015/16 to 2020/21
	3.4 Percentage of 2-year-olds achieving at least 'expected' in communication and language in the Early Years Foundation Stage Profile	Department for Education	Early years foundation stage profile results: 2018 to 2019 - GOV.UK (www.gov.uk)	Annually	2012 to 2022
	3.5 Proportion of take up of targeted 2 year old funding for eligible children	Early Years Team	The data can be requested from Rebecca Gisson (rebecca.gibson@brighterfuturesforchildren.org) or Lorna McGifford (Lorna.McGifford@brighterfuturesforchildren.org)	Term	Summer term 2019 to Summer term 2023
	3.6 Health Visiting (Antenatal numbers seen, New birth visits within 14 days, 6-8 weeks review uptake % with 8 weeks, 6-8 weeks breastfeeding % recorded, 6-8 weeks breastfeeding % at all, 1 year review uptake %, 15 months review uptake %, 2.5 years review uptake %)	Health Visitors	Berkshire West PH Hub - Home (sharepoint.com)	Quarterly	Q1 2020 to Q1 2023
PRIORITY 4: Promote good mental health and wellbeing for all children and young people	4.1 School pupils with social, emotional, and mental health needs	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2014 to 2021
	4.2 Children in care	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2011 to 2021
	4.3 Looked after children whose emotional well-being is a cause for concern	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2014-21
	4.4 Number of referrals to the Mental Health Service Team (MHST)	Brighter Futures for Children	The contacts for this data are: ross.locke@brighterfuturesforchildren.org or deborah.hunter@brighterfuturesforchildren.org	Quarterly	FY 2022/23 and Q1&4 2023/24
	4.5 Children and young people engaged with MHST who have moved toward their goals	Brighter Futures for Children	The contacts for this data are: ross.locke@brighterfuturesforchildren.org or deborah.hunter@brighterfuturesforchildren.org	Quarterly	FY 2022/23 and Q1&4 2023/24
	4.6 Percentage of children and young people working with the Primary Mental Health Team who have moved towards their goals	Brighter Futures for Children	The contacts for this data are: ross.locke@brighterfuturesforchildren.org or deborah.hunter@brighterfuturesforchildren.org	Quarterly	FY 2022/23 and Q1&4 2023/24
PRIORITY 5: Promote good mental health and wellbeing for all adults	5.1 Number of people diagnosed with SMI	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly*	2022/23
	5.2 Number of people diagnosed with depression	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly*	2022/23
	5.3 Number of drug and alcohol outreach support to the street homeless population	Intensive and Engaging Rough Sleeper Service (IAE)	The contact for this data is Sally Andersen (sally.andersen@reading.gov.uk)	Quarterly	Q1-Q4 2022/23
	5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile)	OHID - Common Mental Health Disorders	Common Mental Health Disorders - OHID (phe.org.uk)	Annually	2011 to 2022
	5.5 Loneliness: percentage of people who feel lonely often, always, or some of the time	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2019/20
	5.6 Gap in employment rate between those with a physical or mental health long-term condition (aged 16-64) and the overall employment rate Gap 2021/22 – percentage points	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2013/14 to 2021/22

This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

Date of Meeting	12 July 2024
Title	BCF Integration Update
Purpose of the report	To note the report for information
Report author	Beverley Nicholson
Job title	Integration Programme Manager
Organisation	RBC – Adult Social Care / BOB Integrated Care Board
Recommendations	1. That the Health and Wellbeing Board note the Quarter BCF End of Year (2023/24) return, formally submitted by the due date of 23rd May 2024. 2. To note the contents of the BCF Refresh plan for 2024/25, formally submitted by the due date 10th June 2024 3. To note that both submissions were made following delegated authority sign-off by the Executive Director for Communities and Adult Social Care in consultation with the Lead Member for Public Health in order to comply with the national deadlines which fall outside the cycle of these Board meetings.

1. Executive Summary

1.1 The purpose of this report is to provide an update on the Integration Programme and performance of Reading against the national Better Care Fund (BCF) targets. This report will show the position as at the end of March 2024, and also outlines the spend against the BCF Plan, including the Discharge Fund to support hospital discharges in 2023/24.

1.2 The BCF metrics were agreed with system partners during the BCF Planning process. These will be refreshed for the 2024-25 Plan where appropriate. Outcomes shown here are for Q4 (January to March) 2023/24.

a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) **Not Met for quarter 4, overall Met for the year.**
b) The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. **Met**
c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence **Not Met**
d) The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population **Not Met**
e) The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) **Met**

Details against each of these targets is outlined in Section 3 of this report and demonstrates the effectiveness of the collaborative work with system partners.

The report also covers the Better Care Fund (BCF) End of Year report for 2023/24 and the refreshed BCF Plan for 2024/25 which is a light touch update, recommending that we only change the target for the metric in relation to long term admissions to residential/nursing

care. Both the End of Year return and the refreshed plan were signed off through the Delegated Authority process in advance of submission by 23rd May and 10th June respectively. We continue to meet the National Conditions and the submissions are attached at Appendices 1 and 2.

2. Policy Context

2.1. The Better Care Fund Policy Framework[1] sets the principles for the pooling of funds to support integrated working across health and social care, to ensure the right care is available to people at the right time. The Reading Integration Board (RIB) is responsible for leading and overseeing system working with Local Authority Adult Social Care and Housing, Acute and Community health providers, Primary Care, Integrated Care Board (ICB) Commissioners, Voluntary Sector partners and Healthwatch, across Reading. The aim of the board is to facilitate partners and other interested stakeholders to agree a programme of work that promotes integrated working to achieve the national Better Care Fund (BCF) performance targets, as set out in sections 1.2 and 3.0 of this paper.

3. Performance Update for Better Care Fund and Integration Programme

3.1. Performance as at the end of Quarter 4, 2023/24

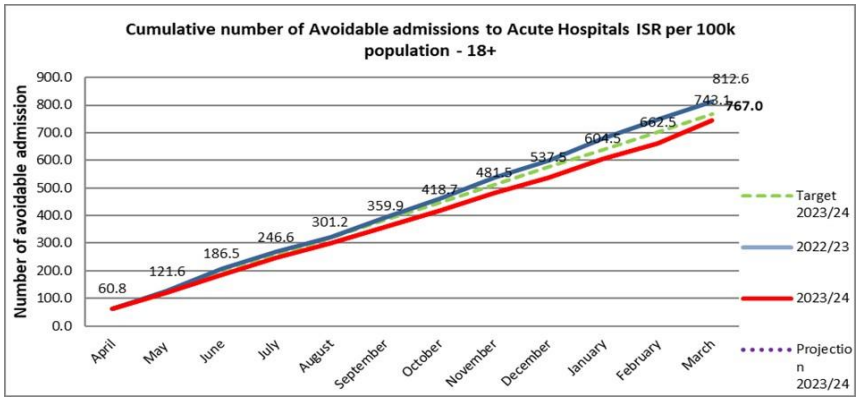
Admission Avoidance

This aims to reduce avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions), and have no more than 767 admissions, per 100,000 population, for the year. This metric was adjusted to a more realistic target based on previous performance and projections for 2023/24. It measures how many people with specific long-term conditions, which should not normally require hospitalisation if their conditions were well managed, who were admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure.

Whilst we did not achieve the target in Quarter 4, due to a 13% increase in admissions, compared to the average over the previous 3 quarters, we have achieved the overall target as at the end of the 2023/24. In review with the Integrated Care Board, we are reducing the target by 1%, after accounting for actuals and the health service projected increases in Non-Elective admissions of 2.3%, as well as population growth. We have also adjusted the quarterly targets to reflect the pattern of seasonal variations. Factors that support this positive outcome included engaging with the Berkshire West Ageing Well programme for rapid and emergency responses by intermediate care services, to support people to stay well at home with a short-term care package, where appropriate. Other activity to support the promotion of healthy living is delivered through a variety of Public Health and Wellbeing services, working with Carers and Dementia groups, as well as our Voluntary Care Sector and Community partners.

Cumulative number of Unplanned hospitalisations for chronic ambulatory care sensitive conditions per 100,000 population - 18+, Acute hospitals	
Target performance per annum (no more than)	767
Actual cumulative performance to date	743
Status	Green

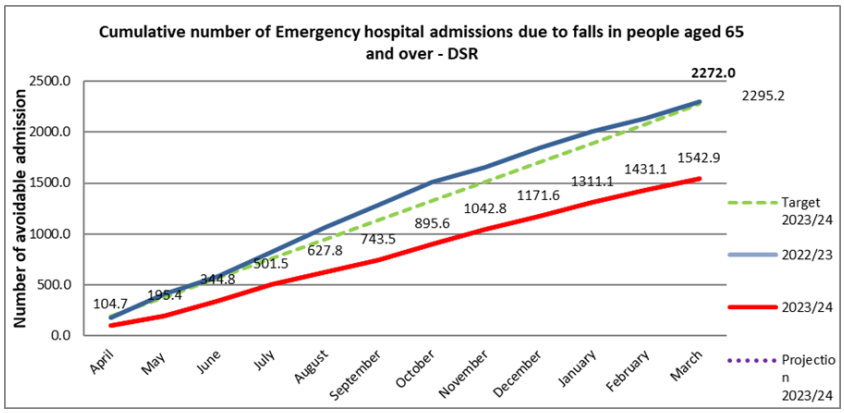
[1] https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025



Falls

This metric was introduced for 2023/24 in relation to emergency hospital admissions due to falls in people aged 65 and over. The target for 2023/24 is to have no more than 2,722 people per 100,000 (given the population of Reading for this age group this equates to no more than 500 people) and represents a 2% improvement on the average performance in the previous two years. We also continue to provide Technology Enabled Care equipment that could be installed/worn to build confidence and ensure early alerts for people who are frail or at risk of falls. Performance is positive, being significantly better than the plan and in discussion with ICB colleagues it has been agreed to apply a 2% reduction on actual numbers achieved in 2022/23 for the 2024/25 plan, allowing for increases in population and the Urgent & Emergency Care Board (UEC) predicted increase in non-elective admissions of 2.3%.

Cumulative number of Directly Standardised Rate (DSR) of Emergency hospital admissions due to falls in people aged 65+	
Target performance per annum (no more than)	2272
Actual performance to date	1543
Status	Green



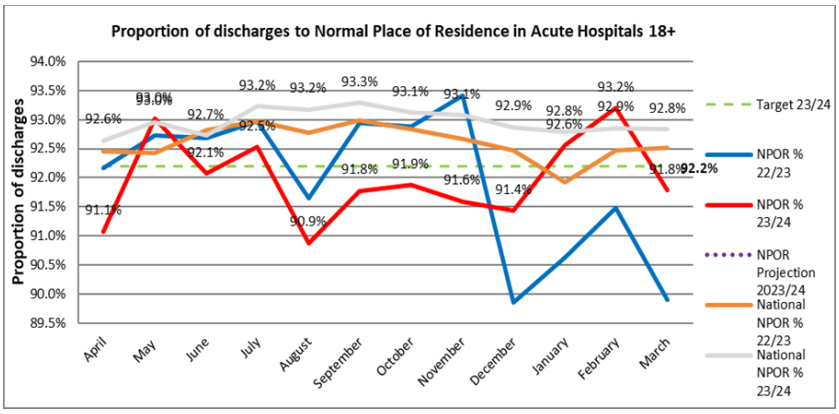
Reading Local Authority has agreed with the Integrated Care Board to carry out a Diagnostic review and map existing pathways and support across Berkshire West. The review will help understand the underlying causes that may support the development of future pathways and support. We have recruited a lead for the diagnostic review and this work has started with a view to completing this phase by the end of July 2024. The diagnostic review will inform the next steps in developing our falls and frailty service.

Discharge to Normal Place of Residence

This aims to increase the proportion of people who are discharged directly home, from acute hospitals with a target of not less than 92.2% per month. This is based on hospital data for people "discharged to their normal place of residence".

There has been some improvement in Quarter 4, and performance in March was 91.8, which brought the overall performance for the year up to 92%, just short of the target by 0.2%. Whilst there is an impact on this metric of the numbers of people being admitted to long term care there are more people returning directly home rather than into Pathway 2, which is community bedded care. This has improved outcomes against this metric. We continue to work with the multi-disciplinary team in the hospital and following the ethos of "Home First", in line with the Hospital Discharge Policy, with support if needed through the use of TEC / equipment that can be installed to support independent living, and reablement. We are not proposing any changes to this target for 2024/25.

Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Target performance per month (not less than)	92.2%
Performance in March 2024	91.8%
Annual performance to date	92.0%
Status	Amber

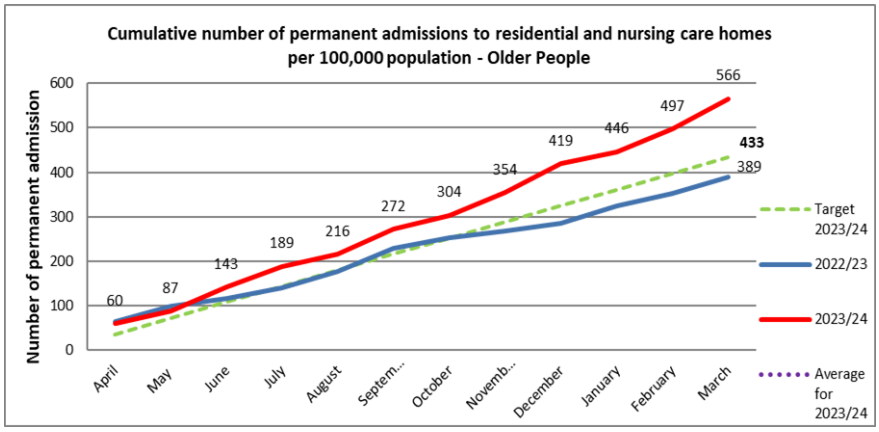


Permanent Admissions to Residential/Care Homes

This aims to reduce the number of older adults (65+) whose long-term care needs are met by admission to residential or nursing care per 100,000 population with a maximum target of 433 admissions for the year. The quarterly target is no more than 108 people per 100,000 and for Quarter 4 there were 147 admissions per 100k. Across the year there has continued to be a steep increase in the number of admissions and this is primarily due to increased complexity, particularly for people with Dementia. Over 66% of admissions were to dementia care beds. We continue to work with our system partners to identify appropriate care for people to meet their needs and are aware of the Buckinghamshire, Oxfordshire, Berkshire West (BOB) Dementia Strategy draft, which will also inform our specialist discharge pathways.

We are proposing an adjustment to this target for 2024/25 based on 566 (which was the actual rate per 100k, for 2023/24), accounting for population growth in 65+, of a 1% decrease, which gives an amended target of 561.6 per 100k (124 people) for 2024/25.

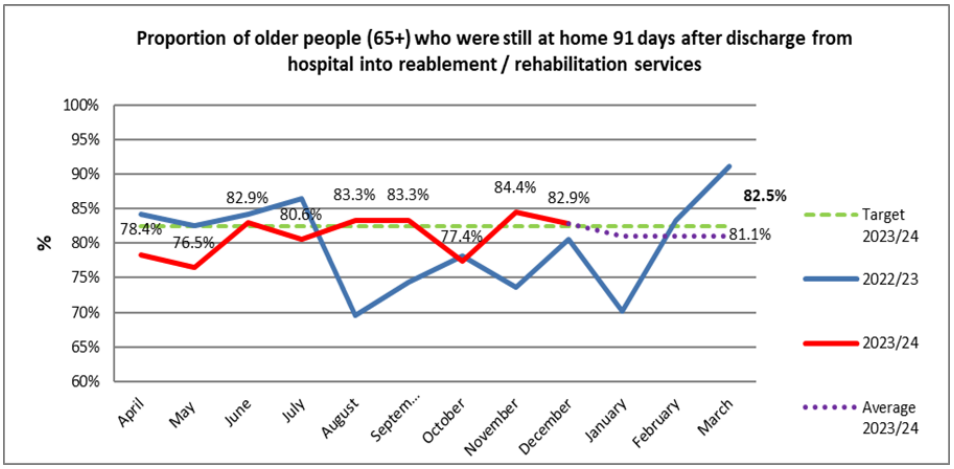
Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Target performance per annum (no more than)	433
Actual performance in Quarter 4 *(Target no more than 108)*	147
Annual Performance as end of March 2024	566
Current Status	Red



91 Day Rehabilitation (discharged June to September)

This aims to measure the effectiveness of reablement by looking at the proportion of older people who are still at home 91 days after discharge from hospital into reablement or rehabilitation. The target for 2023/24 is a minimum of 82.5%. and we have been able to meet the target at the end of December. There is a new Triage process in place for reablement, to ensure that referrals are only made where there is a true potential for reablement. We are currently in the process of scoping a specialist discharge pathway for a Hospice at Home, End of Life pathway to ensure people receive the right care in the right place at the right time. This metric has been removed from the 2024/25 planning template and will no longer be required.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Target performance (2023/24)	82.5%
Total no. of people departing hospital into reablement 91 days ago (numerical)	35
Of those, no. at home 91 days later (numerical)	29
Actual performance (%)	82.9%
Status of Monthly performance	Green



(based on people discharged December 2023, who were still at home in March 2024- the December cohort)

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. Our contribution to the overall direction of the Berkshire West Joint Health & Wellbeing Strategy 2021-30. Priority areas:

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

4.2. Reading Integration Board (RIB) are leading on delivery against priorities 1 and 2 for Reading. Action plans have been developed in collaboration with the members of RIB, which includes representation from system partners, including Acute Hospital, Primary Care and Voluntary and Community Sector. Delivery against the action plans involves a collaborative approach, supported by the membership of the Integration Board. Action plans are in the process of being reviewed by the RIB membership, against the 10-year strategy and as a result of good progress since the implementation of the strategy.

4.3. In working to address priorities 1 and 2, grant funding is provided through the Better Care Fund to Voluntary and Community sector organisations for projects that support us in addressing these priorities. We are spotlighting the projects at each RIB meeting and have seen some great outcomes, such as the Parish Nurse project that we helped to seed fund from the Better Care Fund last year and funding this year to add more capacity. From January 2023 to December 2023 they had helped 914 people. They have a regular chair exercise group led by the Band 6 Nurse they were able to recruit with 32 people per week attending. The Nurse also provides mini health screening for people, which includes blood pressure and diabetes risk, and gives advice on health and wellbeing also signposting people to the right services. She also provides a lot of advice on disability aids and equipment. They have set up a men's breakfast group, craft and other meets and greets with the funding. They also helped people on end of life offering spiritual and health & wellbeing support until their passing. The Parish Nurse also goes out into the parish to provide support and works closely with Whitley CDA. They have had 406 referrals from other agencies and work closely with social prescribers, and have registered on the JOY marketplace so that referrals can be made through that platform, which is now being widely used across Reading. The team have also been able to recruit an additional 700 hours of volunteers to support the work and are developing a Community Garden at St. Pauls to help Mental Health as well as at St. Agnes (Whitley).

4.4. We also funded Compass Recovery College outreach service who run a Coffee & Chat group session, which we have linked into another project, which was managed by our Transformation Team, for a 12 week Reablement offer for Mental Health patients in Prospect Park Hospital. The two project leads were asked to review how these could provide some consistency for people leaving the reablement service and it was agreed that people in the reablement programme would be encouraged to engage in the Coffee & Chat groups in the last phase of their 12 week reablement to enable a social support network to be developed in the community before they finish the reablement.

4.5. Supporting People with Dementia: The Better Care Fund contributes to contracts commissioned by the Integrated Care Board from a place-based perspective across Berkshire West:

- Dementia Care Advice through Alzheimer's UK. The Dementia Care Advisers help the person with a diagnosis, carers, and family members by providing support as their point of contact throughout the dementia journey. The Dementia Care Adviser service funds 2 x 28 hour Dementia Care Advisers who provide information; give guidance around the dementia pathway and the caring role; refer to local services which promote independence; facilitate engagement with specialist services and encourage planning to help prevent crisis.

- Young Onset Dementia (YOD). The Young People with Dementia charity's model is integrated with local healthcare provision meaning that there is a seamless service from diagnosis to post-diagnostic support within the charity, to Admiral Nurse and Dementia Care Advisor. This model reflects several key needs that The Angela Project highlighted for people with YOD, including access to young onset specific advice, information and support to remain independent, supported age-appropriate activity and support to maintain physical and mental health. Key recommendations from The Angela Project relating to service design and development cited both the need to build capacity and ownership of young onset dementia services within, and between, organisations and to provide specialist or shared care, rather than care from a GP alone (3). The charity, with its integration with health care, has demonstrated cost-savings through supporting people at a time of crises by early monitoring and active engagement, thus reducing the burden on healthcare. It has also been shown to delay younger people with dementia's entry into 24-hour care.

4.6. The Reading Integration Board (RIB) Programme Plan objectives are mapped to both the Health and Wellbeing Board strategic priorities, as listed in 4.1 above, and the Integrated Care Board (ICB) priorities, listed below, to ensure alignment and effective reporting:

ICB key priorities are as follows:

- Same day access
- Intermediate care
- Community wellness
- CHC/Joint Funding
- SEND
- High complexity / high-cost placements
- Children and Young People's Mental Health

5. Environmental and Climate Implications

5.1. The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

5.2. No new services are being proposed or implemented that would impact the climate or environment, however, climate implications are being considered in relation to the wider context of the Health and Wellbeing Board Strategic Priority Action Plans.

6. Community Engagement

6.1. Engagement in relation to specific services takes place, such as feedback on customer satisfaction for services such as Reablement. Stakeholder engagement continues to be a key factor in effective integrated models of care, and engagement with all system partners is important to the Reading Integration Board. Service User satisfaction rates for our Community Reablement Team were 100%, with an average to date of 98%, against a minimum target of 90%. Service Users being discharged from hospital have been given an opportunity to provide feedback on their experience to enable us to shape our services.

6.2. Reading Adult Social Care have recruited a co-production lead and setup a Working Together Group of service users, carers and self-funders. This will help ensure that services are co-designed with service users, carers and families as much as possible, and feedback on user experiences will be gathered.

6.3. The Community Wellness Outreach Project is progressing well. This involves the provision of NHS Health Checks, delivered by qualified Nurses from the Royal Berkshire Hospital, within communities that are more at risk of poor health outcomes, with a focus on Whitley and Church wards and ethnic diversities within our communities in the first instance. There are also holistic wrap-around services to support people with mental health advice, housing, food poverty and debt advice and a range of other information and support which

is shaped based on what communities are indicating they need. The Social Prescribers and Community Champions are key partners to reach into these areas, and to ensure appropriate referrals and support is provided. The programme started delivery of the checks in December and as at the end of April there had been 471 people seen and the team are in the process of identifying options for more capacity. There has continued to be very effective collaboration across the system. Primary Care are working with us and messages were sent out to people within the core 20 Plus 5 group; in deprivation deciles 1 to 4, and after one surgery had sent the message out, over 200 bookings were made. The sessions at the moment remain 50/50 drop in and booked. We have also been approached by colleagues in Public Health, Community Health Champions, with a view to adding screening facilities into the offer at the Community settings, for TB, Sickle Cell and Prostate Cancer, as the model is working well, engaging the wider ethnically diverse groups in Reading.

7. Equality Implications

7.1. Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2. There are no new proposals or services recommended in this report that would impact negatively on anyone with protected characteristics.

8. Other Relevant Considerations

8.1 The Better Care Fund Planning and Performance reporting included in this report requires us to adhere to the Better Care Fund Framework 2023/25 four National Conditions and the Better Care Fund Objectives:

- National Condition 1: Plans to be jointly agreed.
- National Condition 2: Enabling people to stay well, safe and independent at home for longer.
- National condition 3: Provide the right care in the right place at the right time.
- National Condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

BCF Objective 1: Enabling people to stay well, safe and independent at home for longer.
BCF Objective 2: Provide the right care in the right place at the right time.

9. Legal Implications

9.1. Compliance with the Better Care Fund (BCF) 2023/25 National Conditions: The report sets out the National Conditions in Section 8. A Section 75 Framework Partnership Agreement (2023/24) was agreed between the Integrated Care Board (ICB) and Reading Borough Council (RBC) in relation to the pooled funds, in accordance with the Planning

Requirements[2], and the Addendum for 2024/25[3] and remains in line with National Conditions 1 and 4.

10. Financial Implications

10.1. BCF 2023/24 Expenditure to date against the Plan

This overview of the BCF budget shows the end of year variance of £450.9k. There are projects for which funding was committed that have been slow to start, so only a small spend, along with a shift in timelines agreed at the Reading Integration Board and Directorate Management Team meetings. These projects include the Front Door project for which funding has been increased for 2024/25, with an expectation for this to start in June 2024. The Falls and Frailty project was dependent on recruitment to undertake the Berkshire West wide diagnostic review has now commenced to inform the development of a Falls & Frailty service in Reading. This will build on, and bring together elements of falls prevention that are already showing positive results. There is an additional c/fwd BCF reserve from 2022/23 which was allocated to specific projects to support admission avoidance and support effective discharge. There is £713k of this fund being c/fwd into 2024/25, which has been allocated to these schemes. The Specialist Discharge Pathways have been dependent on audits and the wider strategic work within the Integrated Care Board (ICB) and BOB Integrated Care System, to ensure alignment. It has been agreed between the Council and the ICB that the committed funding of £1,163k will be carried forward to support these projects into 2024/25 and this will continue to be reviewed at the Integration Board each month.

RIB Summary Report at P12	Original Budget £k	YTD Budget as at 31/03 £k	YTD as at 31/03 (Actuals) £k	Forecast to 31/03/24 £k	Variance £k
Summary					
Reading Borough Council Hosted Schemes	11,751.0	11,750.6	11,308.1	11,299.8	(450.9)
BOB Integrated Care Board	1,699.7	1,699.6	1,699.6	1,699.7	0.0
Cross BOB ICB Hosted Schemes	3,296.5	3,296.1	3,296.1	3,296.6	0.0
Total	**16,747.2**	**16,746.3**	**16,303.8**	**16,296.1**	**(450.9)**

10.2. Hospital Discharge Fund

Returns were submitted in line with the required reporting schedule. As at the last return submitted for expenditure up to 31st March, £1,820,073 (see table below) had been spent against the total fund of £1,211,427. The main contributor to this overspend was the high costs of complex care beds to support Pathway 3 discharges, which indicates the increasing complexity of needs. Over 66% of beds required were dementia care.

Scheme Type	Planned Spend	Total spend to date
Home care or domiciliary care (Pathway 1)	£150,000	**£123,949**
Home-based intermediate cae services (Pathway 1)	£40,000	**£36,001**
Bed based intermediate care services (Pathway 2)	£270,400	**£161,880**
Residential placements (Pathway 3)	£249,925	**£881,940**
Workforce recruitment and retention	£264,000	**£344,601**
Assistive technologies and equipment	£100,000	**£100,000**
Voluntary and community support	£37,982	**£37,982**
All other spend	£99,120	**£133,720**
Total	**£1,211,427**	**£1,820,073**

[2] https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

[3] https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements#:~:text=The%20Better%20Care%20Fund%20(%20BCF,place%20at%20the%20right%20time

The total overspend against this fund was £608,646. We continued to report the overspend on the monthly returns, in order to demonstrate the cost pressures on adult social care. **Note:** on the BCF End of Year template we are only able to report 100% of the discharge fund having been spent, but have noted that there has been an adjustment to planned spend in 2024/25 based on this shift in trends across 2023/24.

The planned income for the Discharge Fund is significantly increased in 2024/25 at £2,102,788.The funding is split across two income streams; Local Authority £629,170 and ICB £1,473,618. We have maintained the areas of spend for this fund but increased the allocation in areas of greatest need and reduced in other areas based on actual spend in the previous year.

11. Timetable for BCF Planning and Implementation

11.1. The Better Care Fund (BCF) plan covers the period 1st April 2023 to 31st March 2025 and the refresh for 2023/24 is to enable us to update capacity and demand plans as well as the planned expenditure and any changes to the plan from the initial submission. We are working with our system partners to develop the Demand and Capacity reporting, based on actuals in 2023/24. In agreement with the Urgent and Emergency Care Board (UEC) and the Integrated Care Board (ICB), we have included an expected growth in non-elective admissions of 2.3%, as advised by the Urgent and Emergency Care Board, and also a 2% increase in our over 65 year population figures. The Metrics have also been updated in agreement with system partners and our neighbouring Local Authorities in the Berkshire West area are applying the same method to setting the BCF Performance Targets for 2024/25.

11.2. The BCF End of Year Return submission date was 23rd May 2024 and the BCF 2024/25 Refresh of the Plan submission date is 10th June 2024. The draft refresh plan has been submitted for regional BCF Scrutiny from subject matter experts and the Integrated Care Board for Berkshire West Place leads to review. Final adjustments are to be made based on feedback, ahead of a planned delegated sign off process on 3rd June, before formal submission to the Better Care Fund Team at NHS England. A refreshed Section 75 Framework Agreement outlining the pooled funds and Risk Share, is to be agreed between the Council and the Integrated Care Board, and is required to be in place by 30th September. The proposal is to complete a Deed of Variation on the full Section 75 completed for 2023/24, outlining changes made as part of the refreshed plan submitted for 2024/25 and our legal team are supporting with this work.

12. Background Papers

The BCF performance data included in this report is drawn from the Reading Integration Board Dashboard – April 2024 (Reporting up to 31st March 2024*).*

Appendices *(available on request as these are large documents)*

1. Reading BCF End of Year Return 2023/24
2. Reading BCF Plan Refresh 2024/25

Reading Better Care Fund (BCF) 2023-24 End of Year Return

HM Government

NHS England

Better Care Fund 2023-24 Year End Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		Checklist
		Complete:
Health and Wellbeing Board:	Reading	Yes
Completed by:	Beverley Nicholson	Yes
E-mail:	beverley.nicholson@reading.gov.uk	Yes
Contact number:	0118 937 3643	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no, please indicate when the report is expected to be signed off:		Yes

When all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. I&E actual	Yes
6. Spend and activity	Yes
7.1 C&D Hospital Discharge	Yes
7.2 C&D Community	Yes
8. Year End Feedback	Yes

Better Care Fund 2023-24 Year End Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Reading

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes
Confirmation of National Conditions		
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the year:**
1) Jointly agreed plan	Yes	Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	Yes

Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Reading

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	197.0	174.0	198.0	198.0	On track to meet target	No support needs at this stage. Q1 - 185.8, Q2 - 172.1, Q3 - 175.5, Q4 - 192.6	726 achieved as at end of March 2024, against a plan of 767. The target will be adjusted for the 2024/25 plan, in agreement with the ICB in line with S75 Agreements.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.6%	92.1%	92.2%	92.0%	Not on track to meet target	Average 92.0% for the year agaisnt a target of 92.2%. Q1 - 92.0%, Q2 - 91.7%, Q3 - 91.6%, Q4 - 92.5%. We were 0.2% below the target and we are planning on maintaining the target for 2024/25 which will be a stretch as performance over the last three years has been 92%.	We are planning on maintaining the target for 2024/25 which will be a stretch as performance over the last three years has been 92%. We have a home first ethos and the hospital discharge team are working closely with our hospital discharge hub to improve outcomes. We contributed to the system wide review of the High Impact Change Model for Transfers of Care and as a system we are achieving Mature status for 5 of the 10 aspects of the model, with the remainder being mostly Established status. We work closely with our system partners to achieve the best outcomes and also the quality of data received to inform planning.

Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	2,272.0	On track to meet target	No support needs at this stage. We have commenced a Diagnostic Review across Berkshire West to inform the development of the Falls and Frailty Service within Reading, ensuring this is evidence based.	Our performance this year has been much better than expected, which may be in part due to our increased use of Technology Enabled Care (TEC) and our 12 Week TEC project. The Diagnostic Review will provide supporting evidence. Our 2024/25 target will be adjusted to demonstrate a stretch. Performance targets were set last year based on an average of the previous three years and a 3% reduction on that average.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	433	Not on track to meet target	There was a 50% increase in the need for residential/nursing care. With 123 actual admissions long term, and 220 hospital Discharges on Pathway 3 in 2023/24, alongside people's health and wellbeing declining in the community, leading to complex care needs. Over 66% of complex care beds were Dementia beds, and it is expected that these needs will increase during 2024/25 as the population prediction for 65+ has increased by 2%.	Target proposed for 2024/25 will be based on the actual 2023/24 (566) with a 1% reduction given the increasing pressure in the system for complex care. Urgent Care Referrals increased by 63% from 2022/23 to 2023/24 and our community providers have predicted a 25% to 30% increase in demand for UCR in 2024/25, which is most likely to have an impact on admissions.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	82.5%	Not on track to meet target	We have not met this target for the year The average is is 81.1% based on discharges into Reablement from April to December 2023. This is as a result of the methodology of including people who	We have seen improvements recently with performance at 82.9% for the December cohort discharged who were still at home in March, due to some pathway referral changes working with

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board: Reading

Income

	2023-24
Disabled Facilities Grant	£1,301,821
Improved Better Care Fund	£2,692,624
NHS Minimum Fund	£12,448,604
Minimum Sub Total	£16,443,050

	Planned	Actual		
NHS Additional Funding	£0	Do you wish to change your additional actual NHS funding?	No	
LA Additional Funding	£1,093,000	Do you wish to change your additional actual LA funding?	No	
Additional Sub Total	£1,093,000			£1,093,000

	Planned 23-24	Actual 23-24
Total BCF Pooled Fund	£17,536,050	£17,536,050

Additional Discharge Fund

	Planned	Actual		
LA Plan Spend	£377,502	Do you wish to change your additional actual LA funding?	No	
ICB Plan Spend	£833,925	Do you wish to change your additional actual ICB funding?	No	
Additional Discharge Fund Total	£1,211,427			£1,211,427

	Planned 23-24	Actual 23-24
BCF + Discharge Fund	£18,747,476	£18,747,476

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24	

Checklist
Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

Expenditure	
	2023-24
Plan	£18,642,996
Do you wish to change your actual BCF expenditure?	Yes
Actual	£17,583,556

Yes

Yes

Note: The 2023/24 Planned spend shown above does not reflect the additional £104,480 Disabled Facilities Grant that was issued part way through the year.

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24	The initial plan submitted was a two year plan and some schemes have been slow to start but project funding was committed and, as agreed with our ICB partners (in line with the S75 Agreement), will be carried forward into 2024/25. Our Front Door Project was agreed at our Integration Board to run for a longer period beyond 2024/25 into 2026/27 and the funding allocated 2023/24, £200k, will be c/fwd to support that project. The Falls project was to identify the gaps in service provision through a Diagnostic carried out across Berkshire West for an evidence based approach to the service designed for Reading. We have now recruited to a post to undertake that review, which we aim to have completed by the end of July 2024. The funding, £266k, is being c/fwd as it is suspected that start up funding to develop the service is likely to exceed the running costs in the first year. The other projects to support specialist discharge pathways and mental health outreach have taken time to move forward due to limited project management and commissioning resource, and at present there is an underspend of £713k that will be c/fwd for those. There were slight overspends on Community based projects of £15,073 which has been offset against the amount c/fwd which will be a total of £1,163,920 committed to the end of March 2025.

Yes

Note: Only a sub-set of schemes were pre-selected by NHS England on the reporting template, so not all scheme expenditure is shown below.

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Reading

Checklist — Yes — Yes — Yes

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly implemented as a re
2	Reablement	Home-based intermediate care services	Reablement at home (to support	Minimum NHS Contribution	£1,969,996	£1,477,497	£1,969,996	784	588	784	Packages	No	
3	Step Down Beds - Discharge to Assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£322,691	£242,018	£322,691	18	3	18	Number of placements	No	
4	Step Down Beds - Discharge to Assess (Physiotherapy)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£82,744	£62,058	£82,744	18	3	18	Number of placements	No	
8	TEC Equipment	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£204,500	£153,375	£204,500	670	1,062	1062	Number of beneficiaries	No	
9	Carers Funding - Grants, Voluntary	Carers Services	Respite services	Minimum NHS Contribution	£146,000	£109,500	£146,000	50	37	50	Beneficiaries	No	
10	Carers Funding - Grants, Voluntary	Carers Services	Respite services	Additional LA Contribution	£305,000	£228,750	£305,000	180	135	180	Beneficiaries	No	
19	Out Of Hospital - Community Geriatrician	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£124,369	£93,202	£124,369	1,036	777	1036	Number of placements	No	
20	Out Of Hospital - Intermediate Care (including integrated	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£1,003,926	£752,945	£1,003,926	784	588	784	Number of placements	No	
22	Out Of Hospital - Intermediate Care night	Bed based intermediate Care Services	Bed-based intermediate	Minimum NHS Contribution	£330,795	£248,096	£330,795	1,656	1,242	1656	Number of placements	No	
31	Home Care Hours to support Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital	ICB Discharge Funding	£150,000	£58,459	£150,000	14,768	2,689	14,768	Hours of care (Unless short-term in which case it is	No	
35	Hospital / CRT Delivering extended hours / Bank holidays	Home-based intermediate care services	Rehabilitation at home (to support	Local Authority Discharge Funding	£40,000	£14,005	£40,000	100	75	100	Packages	No	
36	Complex cases - High Cost Placement (including MH)	Residential Placements	Care home	ICB Discharge Funding	£249,925	£615,564	£249,925	20	45	20	Number of beds/placements	No	
39	Social Care Workforce Development and Retention	Workforce recruitment and retention		ICB Discharge Funding	£20,000	£14,450	£20,000		-	0	WTE's gained	No	
41	iBCF	Home-based intermediate care services	Reablement at home (to support	iBCF	£2,692,624	£2,019,468	£2,692,624	800	600	800	Packages	No	
42	DFG	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£1,197,341	£898,006	£1,301,821	48	58	99	Number of adaptations funded/people	No	
44	BHFT Re-ablement Contract	Home-based intermediate care services	Joint reablement and rehabilitation	Minimum NHS Contribution	£1,055,212	£791,409	£1,055,212	1,712	1,284	868	Packages	No	

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board: Reading

Estimated demand - Hospital Discharge		Prepopulated from plan:							Q2 Refreshed planned demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	97	91	92	87	77	76	110	66	68	65	67	69
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	25	25	25	25	25	25	25	34	30	33	35	34
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	1	2	1	2	1	2	1	111	118	110	112	114
Short-term residential/nursing care for someone likely to require a longer-term care	Planned demand. Number of referrals.	10	9	5	5	9	12	9	4	4	5	10	10

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	82	85	60	68	76	58	89	82	70	69	81	79
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	10	17	11	17	12	25	31	20	14	23	15	17
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	21	14	19	11	30	20	32	25	28	25	27	37
Short-term residential/nursing care for someone likely to require a longer-term care	Monthly activity. Number of new clients.	9	10	11	11	7	8	11	11	9	8	15	13

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	10	5	7	1
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	3	0	0	0	2	2	4	4	7	2
Short-term residential/nursing care for someone likely to require a longer-term care	Monthly activity. Number of new clients.	2	2	3	3	1	2	3	2	2	2	4	2

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Note: The first table is fixed and pulled through from the initial plan, which indicated total capacity for BHFT community beds, hence the much lower actual numbers, as we are now able to receive our data by Local Authority area. Reading admissions to Community hospital beds on Pathway 2 discharges accounted for 30% of their total number of admissions across Berkshire West.

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board: Reading

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Planned demand. Number of referrals.	69	69	69	69	69	69	69	69	69	69	69	69
Urgent Community Response	Planned demand. Number of referrals.	138	138	138	138	138	138	138	177	221	199	162	188
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	226	250	207	188	207	175	225	168	127	157	152	137
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	1	2	1	2	1	2	1	3	2	3	2	3
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Community		Actual activity:												Checklist
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	complete:
Social support (including VCS)	Monthly activity. Number of new clients.	15	10	16	9	15	16	15	16	12	11	28	18	Yes
Urgent Community Response	Monthly activity. Number of new clients.	76	94	107	111	117	115	132	140	166	157	124	130	Yes
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	33	61	80	57	90	88	99	108	93	96	84	77	Yes
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	34	30	42	22	33	31	40	37	42	34	24	42	Yes
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Note: In the main the demand indicated in our initial plan was close to the actual activity, with only a few periods from December onwards where demand was slightly higher than originally planned. Our Community partners have indicated that capacity to meet this level of demand is still limited with data showing that approximately 56% of referrals receiving a first appointment in each month, although the individual patient journey cannot be mapped in the dataset at the moment. We are working with our partners to continue improving data quality to enable more robust demand and capacity planning.

Better Care Fund 2023-24 Year End Reporting Template

8. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Reading

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the

Statement:	Response:	Comments: Please detail any further supporting information for each	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	We work collaboratively with our system partners in Acute and Community services, as well as with Primary Care and the Voluntary & Community Sector. We are jointly working on ways to improve data quality for reporting as well as opportunities for joint approaches to support admission avoidance and enabling people to remain well in the community.	Yes
2. Our BCF schemes were implemented as planned in 2023-24	Disagree	We had to adjust some of our spending last year against the Discharge Funding due to very high demand for complex care beds on Pathway 3 discharges; many with challenging behaviours and high levels of need. We also had a slow starting period for many of the projects that were being funded through the BCF. We have agreed with the ICB that this funding will be c/fwd into 2024/25 as the projects are running up to March 2025. Progress	Yes
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	The relationships with our system partners has improved further and we are receiving more detailed information which has a positive impact on confidence levels. We ensure our programme of work is aligned not only with the BCF objectives but also with the ICB priorities and the wider priorities of the Buckinghamshire, Oxfordshire and Berkshire West ICS, as well as contributing to the Berkshire West Joint Health and Wellbeing Strategic Priorities and the Local Authority Corporate Plan priorities.	Yes

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	6. Good quality and sustainable provider market that can meet demand	We operate on a Framework model and the response from market providers when invited to deliver a care package is prompt, usually same day. We are able to meet demand for care in line with our duties under the Social Care Act (2014) and work closely with colleagues in Commissioning and Brokerage to ensure the market remains sustainable, and aligned to the Market Sustainability and Improvement Fund (MSIF) Plans, to ensure our providers receive fee rate uplifts to remain competetive and delivery good quality services. Our MSIF is used to support: increasing fee rates paid to adult social care providers in local areas increasing adult social care workforce capacity and retention and reducing adult social care waiting times. Demand for adult social care market sectors is expected to continue to grow in line with demographic forecasts in the Joint Strategic Needs Assessment and the most recent census data. Demand for home and community- based services (both preventative and regulated care) is anticipated to increase in both the older people's and specialist / working age adult care sectors. More preventative/ community-based support services will be needed as people are choosing to remain at home for longer.	Yes
Success 2	8. Pooled or aligned resources	We ensured that our Section 75 Framework Agreement not only referenced the BCF Pooled funding but also non-pooled funding from the Health Inequalities Fund to support our Community Wellness Outreach project, which very much aligns to the Better Care Fund objectives 1: Enabling people to stay well, safe and independent at home for longer and 2: Provide the right care in the right place at the right time. This project is a pilot model of delivering the full NHS Health Checks in the community, in places where there is very low take up of the traditional NHS Health Checks through GPs. We have demonstrated our reach in the first few months of delivery with over 54% of the people seen being from a non-white ethnic background. Early detection of conditions that could lead to Cardiovascular disease and a wrap around model of support to inform and engage people about what is available to them to enable people to improve their overall health and wellbeing (e.g. including social prescribing, advice on managing debt, food security, mental health and wellbeing). We have also delivered grant funding to Community services, and they are joining up across projects to ensure better outcomes for individuals e.g. the Mental Health Reablement project provided 12 weeks reablement for people on a discharge pathway out of the Mental Health hospital, now linked in with the Compass Recovery College project for outreach workers to ensure a sustained support mechanism in the community to maintain good mental health and supprt socialisation back into the community.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	Increased complexity in cases both in the Acute and community hospital discharges, and we anticipate the trend to continue. We have seen an unprecedented increase in the demand for Complex Care beds with admissions being 54% higher than originally planned and the plan had been based on averages over the previous three years. Over 66% of the beds required were dementia care beds, and whilst there is capacity in the market, we have seen increasing delays in hospital discharges on Pathway 3 due to the need for Best Interest Assessments, Court of Protection delays (the Courts don't see these as a priority as the person is in a "safe place" whilst in hospital, and decisions have been delayed due to waiting for family members to agree initial plans for discharge destinations. We then invoke the Choice Policy but not until after exhausting other options as we want the discharge of someone to be well supported with the agreement of their families wherever possible to ensure the right care is agreed and in place.	Yes
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	High-cost pressures, on pay and staffing, which we expect will remain for at least 2024/2025 due to high inflation. This reduces the 'real' value of investment in the market and reduces the progress made towards sustainable fee rates and care worker retention. Workforce Challenges regarding both recruitment and retention will continue both generally across the sector due to the barrier of high cost of living/accommodation in the region. A high number of vacancies and intense competition for labour will be a continued pressure for the Local Authority.	Yes

Footnotes:
Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Better Care Fund 2024-25 Update Template

2. Cover

HM Government

NHS England

Version 1.3.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		Complete:
Health and Wellbeing Board:	Reading	Yes
Completed by:	Beverley Nicholson	Yes
E-mail:	beverley.nicholson@reading.gov.uk	Yes
Contact number:	0118 937 3643	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no please indicate when the HWB is expected to sign off the plan:		Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Ruth	McKewan	ruth.mcewan@reading.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Nick	Broughton	nick.broughton1@nhs.net	Yes
	Additional ICB(s) contacts if relevant		Sarah	Webster	sarah.webster42@nhs.net	Yes
	Local Authority Chief Executive		Jackie	Yates	jackie.yates@reading.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Melissa	Wise	melissa.wise@reading.gov.uk	Yes
	Better Care Fund Lead Official		Chris	Greenway	christopher.greenway@reading.gov.uk	Yes
	LA Section 151 Officer		Darren	Carter	darren.carter@reading.gov.uk	Yes
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the						

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

Message from Better Care Fund Team (05/06/2024): *"A bug has been discovered on the 24-25 planning template tab '6a. Expenditure' Cell S50 which is the data validation box for 'Source of Funding'. This can be erroneously flagging that it is incomplete when it is in fact complete in particular for additional schemes entered where the source of funding is additional contributions.* ***Please disregard this error and the subsequent error on the Cover page and you can submit the template when this occurs.***"

NHS Commissioned Out of Hospital spend from the minimum ICB allo

	2024-25
Minimum required spend	£3,468,488
Planned spend	£5,191,679

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£6,624,884
Planned spend	£7,597,598

Metrics:

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	189.0	176.0	180.0	208.0

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,620.9	1,612.2
	Count	342	356
	Population	21100	22081

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.6%	92.1%	92.2%	92.0%

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	398	562

Planning Requirements

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	0
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Note: *PR2 and PR5 were not requirements for the Refreshed Plans, hence a 0.*

Better Care Fund 2024-25 Update Template

4.2 Capacity & Demand (Hospital Discharge)

Selected Health and Wellbeing Board: Reading

Hospital Discharge	Capacity surplus. Not including spot purchasing												Capacity surplus (including spot puchasing)												Average LoS/Contact Hours per episode		Complete:
Capacity - Demand (positive is Surplus)	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-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Full Year	Units	
Reablement & Rehabilitation at home (pathway 1)	55	77	103	83	75	78	76	102	87	94	98	75	55	77	103	83	75	78	76	102	87	94	98	75	56.52	Contact Hours per package	Yes
Short term domiciliary care (pathway 1)	0	0	0	0	0	1	1	0	1	1	1	0	0	0	0	0	0	1	1	0	1	1	1	0	60.28	Contact Hours per package	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	14	17	24	11	3	12	8	12	14	9	-1	5	14	17	24	11	3	12	8	12	14	9	0	5	26	Average LoS (days)	Yes
Other short term bedded care (pathway 2)	5	7	4	7	6	7	4	6	5	4	3	6	5	7	4	7	6	7	4	6	7	6	5	8	27	Average LoS (days)	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	105	Average LoS (days)	Yes

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.

We funded a range of support such as home care hours and also blitz cleans to enable people to return home to a safe environment from our 2023/24 discharge funding and have retained that in our 2024/25 plan as it was very successful. We are funding a hospital to home service through voluntary and community sector partners, working with them to identify sustainable and reliable support for people being discharged from hospital who may be more vulnerable and benefit from this intervention, and we expect, based on their capacity and last year's activity, that they will be able to support 181 people on discharge from hospital. We also supported people who were homeless being discharged from hospital, with bed and breakfast accommodation and supporting them in working with our housing team to identify longer term solutions. At present we do not know what capacity may be needed through spot purchasing but we know there is capacity in the marketplace for this, so where there is a shortfall (excl. Spot Purchase) we have populated the Spot Purchase section in order to match the expected demand. Where spot purchasing is actually required, we will report numbers in our quarterly returns.

Yes

Capacity - Hospital Discharge		Refreshed planned capacity (not including spot purchased capacity												Capacity that you expect to secure through spot purchasing											
Service Area	Metric	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-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	178	203	196	190	171	171	203	223	194	203	212	190	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	5.9	6.7	4.3	3	3.8	4.4	4.7	2.6	2.6	5.7	3.5	4.7													Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	10	17	11	17	12	26	32	20	25	29	23	18	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2													Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	35	31	43	22	34	32	41	38	43	35	27	43	0	0	0	0	0	0	0	0	0	0	1	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	2.7	1.6	2	2.4	1.6	2.2	1.4	2.2	1.7	2.1	3.1	2.7													Yes
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	10	10	10	10	10	10	10	10	10	10	10	10	0	0	0	0	0	0	0	0	2	2	2	2	Yes
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	2.7	1.6	2	2.4	1.6	2.2	1.4	2.2	1.7	2.1	3.1	2.7													Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	18	14	10	19	29	21	16	15	15	23	17	27	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	25.9	18.3	28.1	24.7	25.6	32.1	29.3	15.9	19.9	10	23.7	19.9													Yes

Demand - Hospital Discharge		Please enter refreshed expected no. of referrals:												
Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Total Expected Discharges:	Total Discharges	**123**	**126**	**93**	**107**	**96**	**93**	**127**	**121**	**107**	**109**	**114**	**115**	Yes
Reablement & Rehabilitation at home (pathway 1)	Total	**123**	**126**	**93**	**107**	**96**	**93**	**127**	**121**	**107**	**109**	**114**	**115**	Yes
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	39	39	32	37	18	34	36	37	35	38	31	34	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	84	87	61	70	78	59	91	84	72	71	83	81	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Short term domiciliary care (pathway 1)	Total	10	17	11	17	12	25	31	20	24	28	22	18	Yes
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	10	17	11	17	12	25	31	20	24	28	22	18	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	21	14	19	11	31	20	33	26	29	26	28	38	Yes
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	21	14	19	11	31	20	33	26	29	26	28	38	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Other short term bedded care (pathway 2)	Total	5	3	6	3	4	3	6	4	5	6	7	4	Yes
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	5	3	6	3	4	3	6	4	5	6	7	4	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	18	14	10	19	28	21	16	15	15	23	17	27	Yes
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	18	14	10	19	28	21	16	15	15	23	17	27	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Better Care Fund 2024-25 Update Template

4.3 Capacity & Demand (Community)

Selected Health and Wellbeing Board: Reading

Community	Refreshed capacity surplus:												Average LoS/Contact Hours		Complete:
Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Full Year	Units	
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0	1	Contact Hours	Yes
Urgent Community Response	-19	-25	-27	-19	-21	-22	-25	-12	-13	-35	-28	-19	1	Contact Hours	Yes
Reablement & Rehabilitation at home	22	47	57	48	69	92	71	83	72	32	50	28	4	Contact Hours	Yes
Reablement & Rehabilitation in a bedded setting	10	40	25	47	27	30	48	45	28	53	59	34	26	Average LoS	Yes
Other short-term social care	2	3	1	3	3	3	1	6	5	4	3	6	13	Contact Hours	Yes

Capacity - Community		Please enter refreshed expected capacity:											
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Social support (including VCS)	Monthly capacity. Number of new clients.	15	10	16	9	15	16	15	16	12	11	28	18	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	76	94	107	111	117	115	132	140	166	157	124	130	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	165	191	206	176	199	196	211	246	214	209	210	188	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	45	71	68	69	61	62	89	83	71	88	84	77	Yes
Other short-term social care	Monthly capacity. Number of new clients.	4	4	4	4	4	4	4	10	10	10	10	10	Yes

Demand - Community	Please enter refreshed expected no. of referrals:												
Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Social support (including VCS)	15	10	16	9	15	16	15	16	12	11	28	18	Yes
Urgent Community Response	95	119	134	130	138	137	157	152	179	192	152	149	Yes
Reablement & Rehabilitation at home	143	144	149	128	130	104	140	163	142	177	160	160	Yes
Reablement & Rehabilitation in a bedded setting	35	31	43	22	34	32	41	38	43	35	25	43	Yes
Other short-term social care	2	1	3	1	1	1	3	4	5	6	7	4	Yes

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: Reading

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Reading	£1,306,000
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£1,306,000**

Complete:

Yes

Local Authority Discharge Funding	Contribution
Reading	£629,170

Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding	
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£1,473,618	£1,473,618	Not changed from plan but validation cell would not	Yes
Total ICB Discharge Fund Contribution	£1,473,618	£1,473,618		

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding	
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£1,473,618	£1,473,618	Not changed from plan but validation cell would not	Yes
Total ICB Discharge Fund Contribution	£1,473,618	£1,473,618		

iBCF Contribution	Contribution	
Reading	£2,692,624	Yes
Total iBCF Contribution	**£2,692,624**	

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding	
Reading	£305,000	£305,000	Not changed from plan but validation cell would not	
		£1,163,920	c/fwd project spend from 22/23 of 713k - committed to 31/03/2025. Front Door and Falls project funding £451k from 23/24 - agreed to be c/fwd.	Yes
Total Additional Local Authority Contribution	**£305,000**	**£1,468,920**		

NHS Minimum Contribution	Contribution
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£13,153,195
Total NHS Minimum Contribution	**£13,153,195**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding	
				Yes
Total Additional NHS Contribution	**£0**	**£0**		
Total NHS Contribution	**£13,153,195**	**£13,153,195**		

	2024-25
Total BCF Pooled Budget	**£20,723,527**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
The initial plan submitted was a two year plan and project funding was committed to end of March 2025. As agreed with our ICB partners (in line with the S75 Agreement), and supported by the Reading Integration Board (RIB), underspends will be carried forward into 2024/25. Our Front Door Project was agreed at our Integration Board to run for a longer period beyond 2024/25 into 2026/27 and the funding allocated 2023/24, £200k, will be c/fwd to support that project beyond 2025/26. The Falls project was to identify the gaps in service provision through a Diagnostic carried out across Berkshire West for an evidence based approach to the service designed for Reading. We have now recruited to a post to undertake that review, which we aim to have completed by the end of July 2024. There is £251k for that project being c/fwd as it is suspected that start up funding to develop the service is likely to exceed the running costs in the first year. The other projects to support specialist discharge pathways and mental health outreach have taken time to move forward due to limited project management and commissioning resource, and at present there is an underspend of £713k that will be c/fwd for those which will be a total of £1,163,920 c/fwd but committed to the end of March 2025.

Better Care Fund 2024-25 Update Template	dd New Sche

6. Expenditure

Selected Health and Wellbeing Board:

<< Link to summary sheet

	2024-25	
Running Balances	Expenditure	Balance
DFG	£1,306,000	£0
Minimum NHS Contribution	£13,153,195	£0
iBCF	£2,692,624	£0
Additional LA Contribution	£1,468,920	£0
Additional NHS Contribution	£0	£0
Local Authority Discharge Funding	£629,170	£0
ICB Discharge Funding	£1,473,618	£0
Total	**£20,723,527**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25	
	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£5,191,679	£0
Adult Social Care services spend from the minimum ICB allocations	£7,597,598	£0

Note: Error code at the top of "Source of Funding" column is caused by an issue with the template, confirmed by BCF Team. The content is accurate.

Checklist

Column complete:

Yes	Yes	Yes				Yes	Yes	Yes	Yes		Yes	No	Yes		Yes		Yes	Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average	Do you wish to update?	Comments if updated e.g. reason for the changes made
1	Short Term / Hospital Discharge Team	Local Authority Social Work and Occupational Therapy		1441		Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£1,914,521	£2,030,421	25%	Yes	Increase to staffing in hospital discharge team and mental health discharge team.
2	Reablement	Reablement & Rehabilitation Services	800	800	Packages	Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£2,060,366	£2,081,500	72%	Yes	Applied further uplift from 2025/26 uplift allocation.
3	Step Down Beds - Discharge to Assess	Step Down Beds - Discharge to Assess	20	24	Number of placements	Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£338,842	£301,872	42%	Yes	Staffing realingment
4	Step Down Beds - Discharge to Assess (Physiotherapy)	Step Down Beds - Discharge to Assess	20	8	Number of placements	Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£87,427	£87,428	51%	Yes	Minor rounding change.
5	Care Packages - Mental Health	Personalised Care at Home		200		Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£123,088	£139,800	4%	Yes	Applied further uplift from 2025/26 uplift allocation.
6	Care Packages - Physical Support	Personalised Care at Home		589		Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£750,707	£854,100	9%	Yes	Applied further uplift from 2025/26 uplift allocation.
7	Care Packages - Memory and Cognition	Personalised Care at Home		222		Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£478,116	£538,100	46%	Yes	Applied further uplift from 2025/26 uplift allocation.
8	TEC Equipment	TEC equipment	900	1200	Number of beneficiaries	Community Health		LA			Private Sector	Minimum NHS Contributio	Existing	£194,943	£214,500	26%	Yes	Increase in demand
9	Carers Funding - Grants, Voluntary	Carers Services	60	60	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contributio	Existing	£154,264	£202,000	59%	Yes	Supporting ICB Commissioned contracts Young People with Dementia, Strke Association and Dementia Care Advisors.
10	Carers Funding - Grants, Voluntary	Carers Services	200	200	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contributio	Existing	£305,000	£305,000	21%	No	
11	Care Act Funding	Care Act Implementation Related Duties		0		Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£431,840	£408,700	31%	Yes	Team restructure
12	LA Discharge & Admission Avoidance projects	LA Discharge & Admission avoidance projects		0		Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£459,621	£459,621	31%	No	
13	IMHA	Prevention / Early Intervention		0		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contributio	Existing	£36,981	£35,000	17%	Yes	Maintained at 2023/24 level and uplift applied to high demand areas.
14	BCF Local Project Management	BCF Local Project Management		3.5		Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£177,061	£168,000	100%	Yes	Maintained at 2023/24 level and uplift applied to high demand areas.
15	Hospital to Home - Extended Settling In Services (Red	Post Hospital Discharge - Home from Hospital	70	81		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contributio	Existing	£10,566	£10,000	11%	Yes	Maintained at 2023/24 level and uplift applied to high demand areas.
16	Care Home Selection (CHS) - Project in RBH	Care Home Selection (CHS) - Project in RBH		1		Community Health		LA			NHS Community Provider	Minimum NHS Contributio	Existing	£65,509	£62,000	11%	Yes	Maintained at 2023/24 level and uplift applied to high demand areas.
17	Out Of Hospital Speech & Language Therapy	Eating & drinking referral service				Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£63,673	£63,673	28%	No	
18	Out of Hospital Care Home in-reach	HICM for Managing Transfer of Care				Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£124,636	£124,636	18%	No	
19	Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen within 2 days.	1300	1400	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£131,408	£131,408	26%	No	
20	Out Of Hospital - Intermediate Care (including	Rapid response services delivered for patients discharged from A&E or AMU, preventing a hospital admission.	800	900	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£1,060,748	£1,060,748	43%	No	

Scheme ID	Scheme Name	Brief Description of Scheme	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average	Do you wish to update?	Comments if updated e.g. reason for the changes made
20	Out Of Hospital - Intermediate Care (including	Rapid response services delivered for patients discharged from A&E or AMU, preventing a hospital admission.	800	900	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£1,060,748	£1,060,748	43%	No	
21	Out Of Hospital Health Hub	Acute Single Point of Access to Community Health Services.				Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£487,700	£487,700	35%	No	
22	Out Of Hospital - Intermediate Care night sitting, rapid	Rapid response services delivered to patients in their own homes, avoiding hospital admission within 2hours.	1680	1470	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£349,518	£349,518	21%	No	
23	Connected Care	Connected Care				Other	Digital Records	NHS			Private Sector	Minimum NHS Contributio	Existing	£316,980	£316,980	33%	No	
24	Carers Funding ICB	Support for Young People with Dementia (YPWD), Alzheimers	80	141	Beneficiaries	Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contributio	Existing	£119,420	£119,420	25%	No	
25	Street Triage	Street Triage service supporting Reading Rough sleepers				Mental Health	Homelessness	NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£173,404	£173,404	58%	No	
26	Falls Service & Frailty	Falls service to reduce Admissions due to falls				Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£281,056	£281,056	73%	No	
27	Care Homes / RRaT	Intermediate Care Services	1730	966	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£655,686	£655,686	45%	No	
28	Discharge to Assess Beds	Hospital Discharge	20	40	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£448,864	£421,200	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
29	Hospital to Home Service (Extended)	Hospital to Home Service British Red Cross	240	181		Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge	Existing	£63,050	£40,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
30	TEC Hospital Discharge	TEC Hospital Discharge Pilot	900	800	Number of beneficiaries	Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£176,709	£99,547	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
31	Home Care Hours to support Discharge	Home Care Hours to support Discharge	14768	11,132	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	ICB Discharge Funding	Existing	£265,063	£242,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
32	Bed & Breakfast (Rough Sleepers/No	Bed & Breakfast (Rough Sleepers/No recourse to public funds)		52		Social Care		LA			Local Authority	Local Authority Discharge	Existing	£48,339	£37,517	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
33	Minor Works required to support people to be discharged from Hospital	Minor Works required to support people to be discharged from Hospital		80		Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£88,354	£0	0%	Yes	This has shifted to the LA Discharge Funding stream but I cannot change the "Source of Funding", so removed from here and added as a "New" scheme. Amount reduced based on spend in 2033/24 and balance reallocated to high demand areas.
34	Social Worker/OT posts within Hospital Discharge	Social Worker/OT posts within Hospital Discharge		4		Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£360,486	£360,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
35	Hospital / CRT Delivering extended hours /	Hospital / CRT Delivering extended hours / Bank holidays	100	21	Packages	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£66,400	£30,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
36	Complex cases - High Cost Placement (including MH)	Complex cases - High Cost Placement (including MH)	20	100	Number of beds	Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£441,639	£732,071	100%	Yes	Increased funding based on significant pressure for complex care beds in 2023/24 and expected continuation of this position.
37	Brokerage staff	Brokerage staff		2		Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£70,683	£40,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
38	Self-Neglect - Blitz Cleans	Self-Neglect - Blitz Cleans		20		Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£35,342	£0	0%	Yes	This has shifted to the LA Discharge Funding stream but I cannot change the "Source of Funding". Amount reduce as funding was reallocated to ensure more focus on high demand aspects of discharge

Scheme ID	Scheme Name	Brief Description of Scheme	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average	Do you wish to update?	Comments if updated e.g. reason for the changes made
39	Social Care Workforce Development and Retention	Social Care Workforce Development and Retention		0.5	WTE's gained	Social Care		LA			Local Authority	ICB Discharge Funding	New	£35,342	£0	0%	Yes	This has shifted from ICB Discharge Funding to the LA Discharge Funding stream, so removed from here and added as a "New" scheme. Amount reduced as funding was reallocated to ensure more focus on high demand aspects of discharge
40	ICB PMO (BoB)	Share of Cross Berkshire West Programme				Other	Risk Share	LA			Local Authority	Minimum NHS Contributio	Existing	£87,418	£87,418	33%	No	
41	iBCF	Community Reablement Services	800		Packages	Social Care		LA			Private Sector	iBCF	Existing	£2,692,624	£2,692,624	100%	No	
42	DFG	Supporting people with disability	48	80	Number of adaptations funded/people supported	Social Care		LA			Private Sector	DFG	Existing	£1,197,341	£1,306,000	100%	Yes	Increased funding provided by DHSC part way through 2023/24 and additional increase for 2024/25. Passported to our Housing Team who manage the DFG.
43	Risk Share-LA	Other				Other	Risk Share	NHS			NHS	Minimum NHS Contributio	Existing	£583,243	£583,243	45%	No	
44	BHFT Re-ablement Contract	Reablement & Rehabilitation Services	1809	868	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£1,114,937	£1,114,937	36%	No	
45	ICB Contingency	ICB Contingency				Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£10,326	£10,326	33%	No	
46	Other	LA Care Act Implementation		0		Social Care		LA			Local Authority	Additional LA Contributio n	New	£0	£1,163,920	100%	Yes	c/fwd project spend for continuing projects to March 2025 and beyond as agreed at the Integration Board by Health and Social Care system partners.
47	Other	Assumed uplift not yet allocated		0		Social Care		LA			Local Authority	Minimum NHS Contributio	New	£309,190	£0	0%	Yes	Uplift now allocated to areas of high pressure.

Amended Schemes:

Adding New Schemes:

Scheme ID	Scheme Name	Brief Description of Scheme		Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-	Provider	Source of Funding	New/ Existing Scheme		Expenditure for 2024-25 (£)	% of Overall Spend
33b	Minor Works required to support people to be	Minor Works required to support people to be discharged from Hospital		80		Social Care		LA			Local Authority	Local Authority Discharge	Existing		£50,000	100%
38b	Self-Neglect - Blitz Cleans	Self-Neglect - Blitz Cleans		20		Social Care		LA			Local Authority	Local Authority Discharge	Existing		£30,453	100%
39b	Social Care Workforce Development	Social Care Workforce Development and Retention		0.5		Social Care		LA			Local Authority	Local Authority Discharge	Existing		£20,000	1001%

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: Reading

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan

	Checklist Complete:	Linked KLOEs (For information)
Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.		
The Local Authority hospital discharge teams, reablement and commissioning teams worked with our system partners in the Integrated Care Board, Acute Hospital and community health services to improve the demand and capacity data, which had previously been reported at a Berkshire West level, and based on 2 months worth of data. We have seen an improvement in 2023/24 and now have a more robust dataset for that period. This improved data has supported an improvement in planning for 2024/25. There are still areas that require improvement and we are asking our partners to provide regular reporting of the demand and capacity, with the assumption that reporting templates will be based on the refreshed plan for 2024/25. We have based our planning for 2024/25 on the actuals in 2023/24 and included uplift estimates e.g. 2.3% for Urgent and Emergency Care, which will in turn translate to increased demand in both hospital and community settings. Our population of over 65s is also increasing, with a 3% increase from 2022/23 to 2023/24 and a 2% increase from 2023/24 to 2024/25, these increases have been factored into the revised demand and capacity planning.. It is more challenging to identify short term demand as our systems record current status i.e. if someone is in a permanent long term placement but they may have been a short-term placement at some point in the year. The Council operates on a Framework model and referrals for care packages are managed through that framework effectively but this is not specifically classed as 'spot purchase' in the recording of the placements, or short term. We have 65 block booked beds for general residential and nursing needs, and the ability to purchase more through our Framework model, up to 170. We also have 10 Discharge to Assess beds with flexibiiity to increase capacity for these, especially during the Winter period, with providers.There is a transformation programme of work to review voids and the reasons for these, in order to reduce and address issues. We know from last year that we had an unprecendented pressure for complex care nursing beds, 50% highter demand when compared to the average over the previous 2 years. We have increased capacity in our Discharge Fund budget to accommodate this increased pressure which we expect to continue. The Local Authority is working with commissioning and health partners to build a central reporting template, based on the BCF Planning and Reporting templates that each system partner can feed into on a monthly basis. Once agreed and in place this will be an enabler for improved reporting and trend anaysis. This will be an iterative process to improve our demand and capacity modelling across the system. The Discharge Data Pack, produced by the Acute Hospital team, indicates that only 2.2% of delayed discharges are as a result of Adult Social Care delays, the majority of failed discharges are due to people becoming "Not Medically Fit for Discharge" again, Transport issues and medication delays. There is a Discharge Group that meets ever two weeks, chaired by the Lead Flow Co-ordinator at the hospital, and includes representatives from the hospital discharge team/Ward representatives, the community hospital team, and care homes, with a view to addressing issues that arise in process. In some cases delays are caused due to awaiting families to agree the discharge plan or if a Best Interest Assessment is required, or Court of Protection Order, which the Courts do not prioritise as the person is deemed to be in a place of safety. These issues are not reflections of a problem with the capacity in the community settings to take someone on discharge from hospital. Other reasons could be because someone's home is not fit /environmentally safe to return to, and this was not "known" at the point of admission, but the required action is pending the outcome of an environmental assessment.	Yes	Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?
Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity?		
There was a 63% increase in demand for Urgent Care Response in 2023/24 compared to the previous year for Reading, and our community health system partners have indicated that they will not be able to incease capacity but will continue to improve the quality and reporting of data. There was a system wide workshop for system partners in place of the UEC Board on 16th May to raise awareness of the demands and also to plan how to manage potential shortfalls in capacity, particularly in relation to UCR. Our Community partners, BHFT, have said that they will try to mitigate the gap by referring to alternative pathways across other BHFT and Local Authority community services, such as reablement, where clinically appropriate. There has been an increase of demand and if the demand continues to grow for 24/25 there will be concerns in the ability of the UCR team in meeting that growth. ICB leads have been alerted to this. The ICB currently have a review of intermediate care and urgent response demand underway, to understand if response is appropriate to need. There is potential to move some same day cases to next day to free up urgent activity and maximise the use of other pathways in both community and acute settings. There is also a review of the technological / virtual monitoring opportunities, including Local Authority services to join up care and make best use of the resources available. These reviews are all being managed through the Discharge and Flow workstream within the UEC workplan. The Local Authority has also trained two cohorts of staff working within the Domiciliary Care market to provide additional capacity for reablement focused services to underpin our Capacity to take referrals from the hospital on Pathway 1. We have 214 hours block booked per week with Domiciliary Care Agencies to support discharge. There will be some flexibility in the number of people supported. For this purpose, we are suggesting that this supports an average of 10 people each month as we have seen an increase in the number of care hours required, with a higher level of usage in the Winter period. We have included our home from hospital service but due to limited usage, and issues with response times, this may not be delivered beyond October 2024 and we are looking at alternatives for this support from the Voluntary and Community Sector. Our Disabled Facilities Grant is passported directly to our Housing team and this supports housing adaptations and minor works to enable people to return to their usual place of residence after a hospital admission but also to support admission avoidance.	Yes	Does the plan describe any changes to commissioned intermediate care to address gaps and issues? Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?

What impacts do you anticipate as a result of these changes for:		
i. Preventing admissions to hospital or long term residential care?		
We continue to use the Discharge Fund to provide additional domiciliary care hours,having trained two of our domiciliary care providers in reablement. This complements our existing reablement and intermediate care offer to people on discharge to prevent further readmission, and the continued support for people through our 12 Week Technology Enabled Care (TEC) project, we expect to be able to improve outcomes for people to enable them to remain well at home and avoid the need for long term residential care. We have noticed an increase in demand for complex dementia and other complex care over the last year and our operational teams are reviewing early intervention support available based on the outcomes of our pilot projects and the Diagnostic review that is underway across Berkshire West in relation to Falls and Frailty to provide an evidence based approach to the service that is set up in Reading. The funding for this project has been carried forward to ensure it is committed to embedding a falls service based on the findings of the diagnostic review. We continue to operate a Home First approach and our hospital discharge team are working closely with our hospitals to enable new staff cohorts to be trained in the discharge pathways and processes to improve outcomes for people on discharge. Our Disabled Facilities Grant (DFG), which is passported to Housing, supports home adaptations and minor works to enable people to remain in their own homes. There is a plan for expenditure of the DFG, which is held by our Housing team.	Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?
ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?		
Our market responses to requests for domiciliary care on discharge are timely and usually same day, and sometimes if more complex care is needed up to 48 hours. Our system reviewed the 10 High Impact Changes for Transfer of Care (refreshed in early 2024), and assessed the majority of hospital discharge processes as "Mature". We continue working with our system partners to improve flow and prevent lengthy delays. We have a weekly highlight escalation to our commissioning and brokerage services for anyone on the discharge ready list who has been waiting longer than the hospital target days for discharge on both Pathways 1 and 3, in order that these cases can be continually reviewed and actioned. We also need to be mindful that personal / family choice needs to be enabled for people needing more complex care and complex cases can often entail best interest assessments, court of protection orders which delay discharges. Families may not always be readily available to assess and agree choices and in some cases the "Choice Policy" needs to be applied due to the delays in a patient being transferred out of hospital to a more suitable environment for their needs.	Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?
Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.		
We have worked closely with our Acute and Community hospital partners, and our interediate care and hospital discharge teams. The Integrated Care Board have predicted an increase in demand for non-elective care of 2.5% in 2024/25 and this has been reflected within the refreshed BCF Metric target setting. There was a 63% increase in the demand for Urgent Community Care in 2024/25 and the community teams also working with a Virtual Ward model of care to support people to remain in their own homes and environments that are familiar to them with the right support for as long as possible. However, our Community partners have indicated that whilst the demand is increasing they are not able to increase their capacity and this may well lead to increased admissions.	Yes	Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?
Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan?	**Yes**	Yes
Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.		
Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.		
Our Market Sustainability demand and capacity planning and a review of the usage of our domiciliary and residential care provision in Reading has indicated that we expect there to be a sufficient volume of provision to meet our needs over the next 10 to 15 years but given the predicted increases in dementia rates, we may wish to consider block purchasing more nursing dementia beds in the future and will be guided by demand for these through the year. There are also a low number of out of area placements either based on need or due to personal/family choice. The data we are now, very recently, receiving from community and acute providers together with their growth assumptions is helping us to identify a more accurate pictrure of need and we have the flexibility within our markets to adapt to those needs at present.	Yes	Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?
Approach to using Additional Discharge Funding to improve		
Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.		
We have increased the workforce to support hospital discharge and significantly increased the amount of funding allocated to our Complex Care, Pathway 3 discharges given the uncprecedented demand due to much higher levels of complexity, particularly in relation to dementia and challenging behaviours, in 2023/24. We have increased the number of home care hours accessible to support timely discharge and have trained two of our homecare providers in reablement in order that the care they provide is reablement focused to build strength and resilience to remain at home. We allocated funding for Technology Enabled Care, which has proven beneficial in supporting people to return home and remain safe, with sensors and alarms installed to build confidence. Our Discharge Team iaise directly with the Care Home team and the ward discharge team / Trusted Assessors to maintain training and clarity of understanding of the discharge process to ensure people get the right care at the right time to support a timely discharge home. We have also continued to allocate funding for deep cleans where a person's home may not be environmentally safe for them to return to and funding to support people who may be homeless to leave hospital and be put into accommodation that is safe in the short term whils their needs are assessed. We have maintained the additional discharge to assess capacity as it was not fully utilised through the year but there were pressure points where the flexibility was important to ensure a timely discharge.	Yes	Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Is the plan for spending the additional discharge grant in line with grant conditions?

Please describe any changes to your Additional discharge fund plans, as a result from **o Local learning from 23-24** **o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)**		
Learning from 23-24: - We did not have enough funding allocated to the Complex Care beds, and as a result we have increased the allocation of funding to complex care pathway 3 discharges based on the demand last year which had created a large cost pressure on adult social care. - We have continued with the provision of domiciliary care hours that were available to support people home and invested in reablement training for home care staff to support people maintaining their wellbeing at home and to boost the capacity for reablement on hospital discharge. The National evaluation of the 22-23 Discharge Fund: - It was clear that we were not the only Local Authority grappling with increasing complexity of discharges - Continued challenges in timely recruitment of staff given the increase in cost of living and oth the local and national workforce shortages - Reporting timelines were challenging, as a result of the complex processes to draw the data out to fit the reporting template and ensure there was no duplication on reporting. At this stage we do not retain data to support the analsysis of wait times from referral to the start of services, although we do monitor length of wait for discharge from hospital. This is definitely an area of focus for us in 2024/25 to enable visibility of the impact of the discharge fund to support effective discharges. We continue to invest in Technology Enabled Care from the Discharge Fund to directly support hospital discharges and workforce recruitment of Social Workers and Occupational Therapists, who are working directy with the hospital discharge hub and the wards, to improve the effectiveness of discharges, particularly on Pathway 3.	Yes	Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"
Ensuring that BCF funding achieves impact		
What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?		
Our Better Care Fund schemes contribute to the costs of a wide range of statutory adult social care core services as well as to place based services commissioned by the Integrated Care Board for services such as Dementia Care Advisors, supporting Young People with Dementia and Stroke Association. We also provide smaller grants to local voluntary and community sector schemes that work within our communities to provide wellbeing and activity support particularly in areas of higher deprivation where health outcomes are poorer. Whilst not specifically funded through the BCF we included non-pooled funds in our Section 75 Framework Agreement for a health inequailties funded scheme to delivery NHS Health Checks in Community settings in some of most deprived areas and to enable a wider range of ethnic groups and age groups (the pilot in Reading is for anyone over the age of 18) to receive a full NHS Health Check and the wrap around support from our Health Champions and Social Prescribers who will follow up with people to assess outcomes and also support registration with a GP where people are not registered. As at the end of April we had achieved 471 Health Checks with some excellent outcomes reaching much wider ethnic groups over 54% of people were non-white, and early identification of key risk factors in cardiovascular disease and diabetes to enable early intervention. This collaborative project across Health, Social Care, Primary Care and Voluntary and Community sector has demonstrated that community focused schemes are beneficial to the wellbeing and improved outcomes for our communities most at risk of poor health outcomes.	Yes	Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board: Reading

8.1 Avoidable admissions

*Q4 Actual not

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	186.5	174.2	198.0	198.0
	Number of Admissions	273	255	-	-
	Population	173,170	173,170	-	-
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
	Indicator value	189	176	180	208

Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
We met the target in 2023/24 by a small margin and our Urgent and Emergency Care Board have, in their health capacity and demand planning, predicted a 2.3% increase in non-elective admissions for 2024/25 so we have applied that same increase to our actuals from last year, then applied a 1% reduction to set this target, which we believe will be stretching given the increasing complexity we are seeing in hospital discharges. It is noted that the Total population figure has increased by 8% from 160,337 on the original 2023-25 plan. This field is auto populated and actual performance in year was based on the refreshed population of 173,170.	As a system, we look to build on the improved performance last year and within our Section 75 we have non-pooled funding from outside the BCF to increase the number of health checks completed for people in Reading, being delivered in the community settings to enable easier access for people, to improve overall wellbeing and address potential health risks at an early stage, as well as working with health services to provide opportunities for screening services to co-locate with the health check team in community settings where trust with the people there has been developed. We have a focus on health inequalities for all of our services and then potentially working to improve their outreach (this includes groups that are more likely to use the hospital, like our over 65/80-year-olds). Our Multi-Disciplinary Team programme is continuing as business as usual within our PCN Clusters, operated by our Community Heath partner in collaboration with Primary Care, which has proven to be effective in this area, reducing hospital attendances due to effective care planning and support. We will continue contributing to the Urgent and Rapid Response services and our Acute hospital are operating a Virtual Ward model to support people to remain in the community.

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,272.0	1,620.9	1,612.2
	Count	500	342	356
	Population	21,100	21,100	22,081

Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
We performed well against this target in 2023/24, and significantly below the average 3 year maximum that had been set. It was noted that the 65+ population figure being used had been static since 2021/22 and yet our 65+ population has been increasing. We used the 65+ population figure from Metric 8.4, which also focuses on this group, and have applied that as the denominator here. This indicates a 4% increase in the population of 65+ from the original figure that had been used as a denominator (i.e., 21,100). The Count equates to a 2% reduction on actual performance in 2023/24 accounting for the adjustment in population figures.	The Local Authority have commenced with a diagnostic review of Falls and Frailty across Berkshire West, that is planned to be completed by the end of July 2024. This review will provide an evidence based approach to developing a Falls and Frailty service in Reading. There are existing activities already in place to prevent admissions due to falls, such as early responder services, the use of Technology Enabled Care, Urgent and Rapid Community Response and Strength based falls classes commissioned through our Public Health Service.

8.3 Discharge to usual place of residence

*Q4 Actual not

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	92.0%	91.7%	92.2%	92.0%
	Numerator	2,477	2,545	2,645	2,476
	Denominator	2,692	2,774	2,868	2,691
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
	Quarter (%)	92.6%	92.1%	92.2%	92.0%
	Numerator	2,685	2,621	2,645	2,476
	Denominator	2,900	2,845	2,868	2,691

Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.

We did not meet the target in 2023/24, missing it by just 0.2%. Given the increasing complexities we have seen in hospital discharges it has been agreed that we should maintain this target at the same level as in the original 2023/25 plan.

Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.

A "Home First" and "Why not today" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, has been successful in the main. We also work closely with the Voluntary Care Sector to enable support to be in place, where needed, and included in the discharge planning respect of a commissioned Hospital to Home service. In the small number of cases where a person cannot return directly home, there is a plan to support them to get back home, wherever possible, as quickly as possible, through our D2A Step-down therapy led service. The "Self-Neglect Pathway" enables more people home quickly where hoarding is an issue preventing them returning safely to their own home. There is an ongoing review of reablement and Intermediate Care across Berkshire West to support timely discharge. The use of Technology Enabled Care (TEC) has been very successful in Reading, and work in this area to further develop the TEC available, offering a 12-week free TEC service to people. Numbers of people using TEC continues to increase significantly and we expect this to be a key factor in enabling people to return home and remain safe in that environment. The Hospital Discharge Team at the Local Authority is working with the Lead Flow Coordinator and the Wards to improve awareness and compliance with agreed protocols to support an increase in the number of people who return to their usual place of residence.

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	398.1	432.8	566.3	561.6
	Numerator	84	94	123	124
	Denominator	21,100	21,719	21,719	22,081

Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
We had a 31% increase in permanent admissions compared to the plan with over 66% of those admissions being into Dementia Care beds. We have taken our actuals for 2023/24, applied the population increase percentage of 2% from 2023/24 to 2024/25, and then applied a 1% reduction to reach the target for 2024/25, which will be challenging given the rising population of over 65s.	The Local Authority continues to work with the Acute, Ageing Well, Primary Care, and Voluntary & Community Sector partners to ensure people can remain well in their own homes for as long as possible. We do this through the support of community nursing, virtual wards, provision of Technology Enabled Care (TEC) equipment, therapy led assessments, minor works and adaptations through the use of the DFG. The complexity of cases being discharged from hospital and referred from the community has increased significantly, coupled with an increase in our over 65 population. We have implemented a 12 Week TEC (free) programme, which recipients (if self-funders) can choose to maintain after the 12 weeks if they find this beneficial.

Better Care Fund 2024-25 Update Template

8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Reading

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Complete:
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Have all elements of the Planning template been completed? *Paragraph 11*	Cover sheet Cover sheet Cover sheet Cover sheet	Yes				Yes
	Not covered in plan update -	**A clear narrative for the integration of health, social care and housing**	Not covered in plan update						
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements	Yes				Yes
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	**A demonstration of how the services the area commissions will support the BCF policy objectives to:** **- Support people to remain independent for longer, and where possible support them to remain in their own home** **- Deliver the right care in the right place at the right time?**	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans? Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?		Yes				Yes
Additional discharge funding	PR5	**A strategic, joined up plan for use of the Additional Discharge Fund**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?		Yes				Yes
NC3: Implementing BCF Policy Objective 2:	PR6	**A demonstration of how the services the area commissions will support**	PR 4 and PR6 are dealt with together (see above)						

NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?		Yes				Yes
Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives? Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable) Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area? Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12		Yes				Yes
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric setting out: - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this?		Yes				Yes

This page is intentionally left blank

Team Reading

Reading Health & Wellbeing Board - Adult Social Care

Independent Living TEC Project - update

July 2024

Reading Borough Council
Working better with you

Context

Funding source:

- The Department of Health Digitising Social Care (DiSC) programme and Adult Social Care Digital Transformation Fund (ASC DTF)

The purpose of the funding:

- Upscale research projects
- Continue to build case for further change and innovation.

Outcome:

- Reading is one of four organisations and awarded £1,085,505 funding for 18 months:
  - £566,749 in year 1 (1/10/23 to 31/3/24) and
  - £518,756 in year 2 (1/4/24 to 31/3/25)

The focus:

- Care Technologies that can be used by an individual, their carer or care provider.
- To support quality of life and the provision of high quality, safe and personalised care.
- Requirement for an evaluation partner to validate findings – working with Henley Business School (part of Reading University).
- Working with 4 providers:
  - Howz (pattern of life remote monitoring system)
  - Lilli (pattern of life remote monitoring system)
  - Brain in Hand (App to support people manage anxiety)
  - AutonoMe (App to support people to gain skills for independent living).

Reading Borough Council
Working better with you

Purpose and objectives of project

The purpose:

The Independent Living Care Technology Solutions Project aims to evaluate the potential impact of innovative, disruptive technology to address **Adult Social Care and Health priorities of an aging population**, **growing demand**, **increased complexity of need** and the pressures that they exert on an already stretched resource.

The objectives:

- To test the capability of the TEC - E.g. How the TEC can support change? What are its limitations on individual user and aggregated 'big' data levels? The extent of the TEC's 'pro-active' capability to flag risks, enable timely low-level interventions and facilitate less focus on crisis management.
- Test scalability, make the case for long-term investment (increased target from 60 to 600 users).
- To understand the bigger picture – E.g. what is the art of the possible? What else can TEC offer or deliver to ASC and what are the integration possibilities? What can TEC offer in relation to the wider environmental opportunities for the council such as safe housing or live temperature and mold checks?

Reading Borough Council
Working better with you

Project timeline

Milestone number	Milestone	Phase	Target start date
1	Provider contract signed and sealed	Phase 0 Implementation	22/01/24
2	Contract start		15/01/24
3	Implementation		15/01/24
4	Go-live	Phase 1 Go live	04/03/24
5	Delivery of TEC and support for 200 live users		16/06/24
6	Delivery of TEC and support for 400 live users	Phase 2 Ongoing installations	22/09/24
7	Delivery of TEC and support for 600 live users	Phase 3 Ongoing Installations	29/12/24
8	Evaluation report	Phase 4 Evaluation	Jan 2025 to May 2025

Project progress

- Project went live on 4th March
- Full team has been in place since 4th April
- Target of 14 installs per week – project is behind schedule, but steps are being taken to turn it around and increase installations.

Referrals	Pattern of Life	App
Referrals to date	**398**	**13**
Installs completed to date	76	13
Outcome o/s	12	0
Referrals closed without install	310	0

Uninstalls - reasons TEC was uninstalled	Pattern o f Life	App
Deceased	6	0
Not appropriate at this stage	3	0
Person has opted out	5	3
Moved to 24 Res or Nursing	1	0
Person in crisis / admitted to hospital	1	0
Total	**16**	**3**

Pattern of Life Installs				
Provider	**Installs to date**	**Live Users**	**Target**	**Target out come**
Howz	20	12	112	-92
Lilli	56	48	112	-56
Total	**76**	**60**	**224**	**-148**

Reading Borough Council
Working better with you

Case Study - 679899 Howz installation

Overview
Concerns raised about user's safety at home (both from family and social worker). Following hospital admission Howz TEC installed which supported decision making.

Context
At point of installation, the service user was fiercely independent, but had little insight into their care needs. They declined all support and was at high risk due to reduced cognition.

Challenges
Service user's presentation made them wary and suspicious of visitors and interventions.
There was a partner also presenting with concerning behavior who was visiting and who could have impacted upon the data.

Solution
ILP team was able to work with family and the service user to install the Howz system after completing a Mental Capacity Assessment (MCA) and best interest decision around the installation of the TEC.

Impact
While installed, the Howz system allowed positive ri[illegible] and helped the social worker and family to make informed decisions when they could no longer be managed safely at home.
Despite efforts, unfortunately the user deteriorated further at home and is now in 24hr care following an admission with increased confusion, aggression and hallucinations.
The TEC empowered family by giving them data to help inform their decision making and enabled a trial at home before considering more restrictive options. The data gave evidence for future care decisions and enabled those involved to make decisions in his best interests about where he would be safest. Family were very appreciative of the opportunity and insight the TEC gave them.

Quotes
'I've just had a call from …service user's son who… informed me that he has been so impressed with the support that his parent has received from Adult Social Care, he stated that you both have gone above and beyond to support his… return home which has been challenging at times. He said his…parent… has always wanted to remain as independent as possible in their own home environment and while we are still exploring and assessing the right package of care and telecare – he felt very strongly that his parent is being given the best possible opportunity.'

Case Study - 264774 Howz installation

Overview
Service user was referred by ASC Advice and Wellbeing Hub duty worker due to recent hospital admission and family concerns about wandering at night. Daughter moved in temporarily and 24hr care was being considered. For the short period of time the service user managed at home, the ILP team was able to provide increased peace of mind and support for family whilst they awaited a care assessment / social work input.

Context
18.4.24 - ILP OT arranged installation and home visit with family to install Howz kit, family had access to the Howz App.
12.5.24 - User had a fall, data reviewed and case review done with Howz team. Data showing very little rest if at all with user and concerns around their safety at home as a result of this. It was considered also whether there was a potential health cause for them getting no rest (Eg possible Infection/delirium/cognitive event) .
ILP OT escalated to front door duty team for urgent review – user admitted to RBH.
13.5.24 - Admission to RBH – case notes updated with Howz info and allocated worker informed also of concerns prior to admission.
20.5.24 - Discharged with reablement via Community Reablement Team (CRT).
24.5.24 - Unfortunately, before the user was seen at home by their allocated worker they were re-admitted to hospital with a possible stroke
20.6.24 – Service user is still in hospital on acute stroke unit, awaiting 24hr residential placement.

Solution
The ILP team installed the Howz system to help inform future care assessment whilst on the waiting list and to empower and support family who were the main carers at this point.

Impact
ILP team was able to escalate the concerns from Howz data to the duty team and inform the allocated worker of the information prior to admission. ILP OT was able to provide detailed reports with information on the user's rest cycle, night-time behavior and overall movement and behavior at home to help inform decision making and risk management going forwards.
For the short period of time the service user managed at home, the ILP team was able to provide increased peace of mind and support for family whilst they awaited a care assessment / social work input.
They were able to use the friends and family App to help them support the user and it enabled the user's ex-wife to feel able to move back out when initially installed.

Challenges
The service user was not allocated a worker until after hosp admission due to being on waiting list.
Despite information being available on Mosaic and linking in with S/W ASC were unable to go out and visit for a social work assessment before the user was admitted to hospital again.

Case Study - 619051 Brain in Hand installation

Overview
Service user with increased anxiety. Has been using the Brain in Hand App for approximately 2 months. Person is supported by a Personal Assistant (PA) funded via Direct Payments. App has had positive impact – reduction in calls to social worker, GP and dentist.

Context
- 24 year old person living independently with Autism and Obsessive-Compulsive Disorder (OCD).
- Has a PA who provides practical and emotional support (14 hours support weekly).
- Able to manage tasks independently when having a good day.
- Able to seek out help and support when needed.
- In weeks prior to installation of App user's anxiety started to escalate and was impacting all areas of daily life.

Solution
Brain in Hand - first discussed with user on 6/2/24.

Challenges
Prior to installation:
- Anxieties increasing and impacting day to day life.
- No active referral for mental health services in place – waiting for re-referral from GP

Impact
Since using Brain in Hand the calls to their social worker have stopped which would suggest a reduction in their anxiety. The user has also reduced the number of calls they make to their GP and dentist. They have established a regular routine of showering and accessing the community.

Quotes
The practitioner was asked whether the App is a 'nice to have' or has made an impact on the level of care and support the user receives. Response: '*The user's provision has not reduced, but it appears the App has had a positive impact on their well being. They are now actually doing things that they previously weren't. They are engaging in activities of daily living that are meaningful and have more of a routine. For example, they are showering regularly and going out more. So far, the engagement and impact suggested that there could be long term benefits to the user's well being*'.

Case Study - 624137 AutonoMe installation

Overview
Service user at college full time but struggling to transfer skills learnt there to home situation. AutonoMe has provided them with an opportunity / tool to embed skills in their home environment.

Context
21 year old, who lives with their mother. They are living with autism, epilepsy and global/development delay. Their mum was their carer, and she is working full time. Service user requires prompting from their mum with self-care activities. Approval has been given for a Direct Payment of 16 hours per week to fund a Personal Assistant and 28 days respite. User started Henley College in September 2023, 5 days a week, (3 years course). PA will support with collecting from college.
User is seeking employment and aims to live independently.

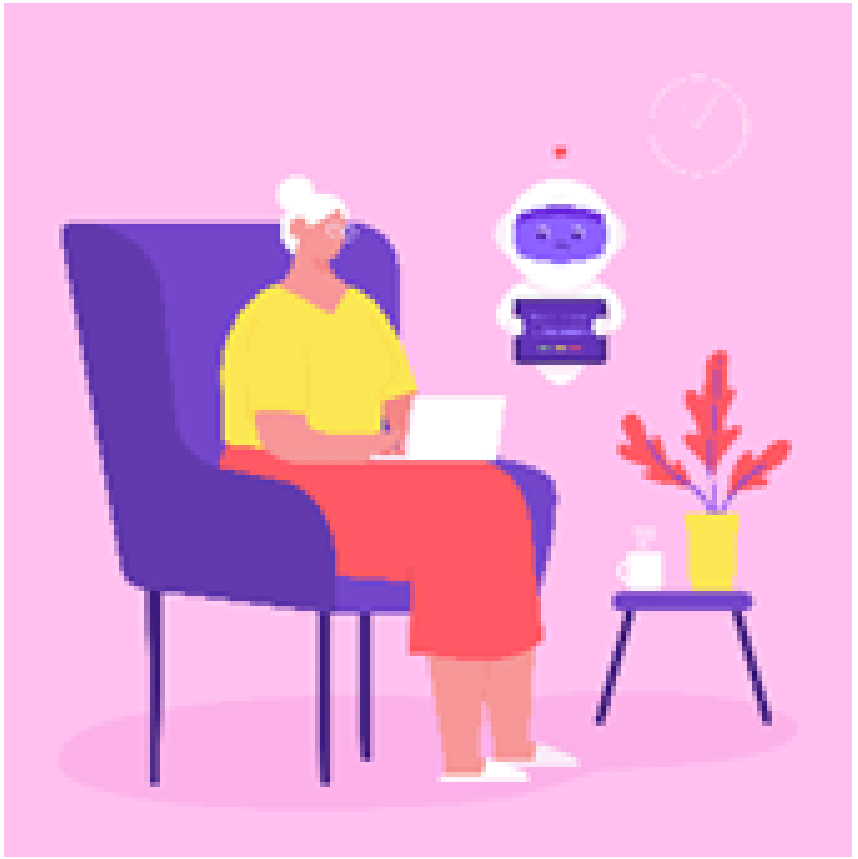
Challenges
Service user has sleep apnea impacting on their sleep quality. Service user is doing well in college and building skills, but their schedule was busy already so OT needed to avoid adding any solutions that may overwhelm them.

Solution
The service user is learning skills at college. Their OT suggested that AutonoMe could be useful for service user to trial the app and transfer the things they are learning at college to their home environment. AutonoMe App installed.

Impact
AutonoMe still in place and the service user absolutely loves it. They showed all their friends and has even encouraged a friend to make a referral to AutonoMe.
Service user requires prompting from their mum with self-care activities, but they are now developing activities of daily living such as cooking.
The user's long-term plan (about 18 months) is to move into more independent housing with friends and a care provider. Case to be monitored by ILP team to ensure that AutonoMe is optimised to support the process and track outcomes.

Quotes
OT showed the service user (and their mum) the Autonome App and they showed interest and was able to choose a video to watch. The service user's mother said, "*This is spooky because these are the things he is learning with college*".

Further information



To find out more about the fund and projects being delivered elsewhere in the UK please see the articles below:

https://socialcare.blog.gov.uk/2023/10/05/the-adult-social-care-technology-fund-bid-update/

https://beta.digitisingsocialcare.co.uk/news/successful-bids-adult-social-care-technology-fund-announced

To read about an exciting example of what sensor-based pattern-of-life TEC can do, open the article below:

https://inews.co.uk/news/health/elderly-living-temperatures-low-5c-indoors-2673055

Reading Borough Council
Working better with you

Handover to Carole Lee

12 Week TEC Project

12-Week TEC Pilot Review

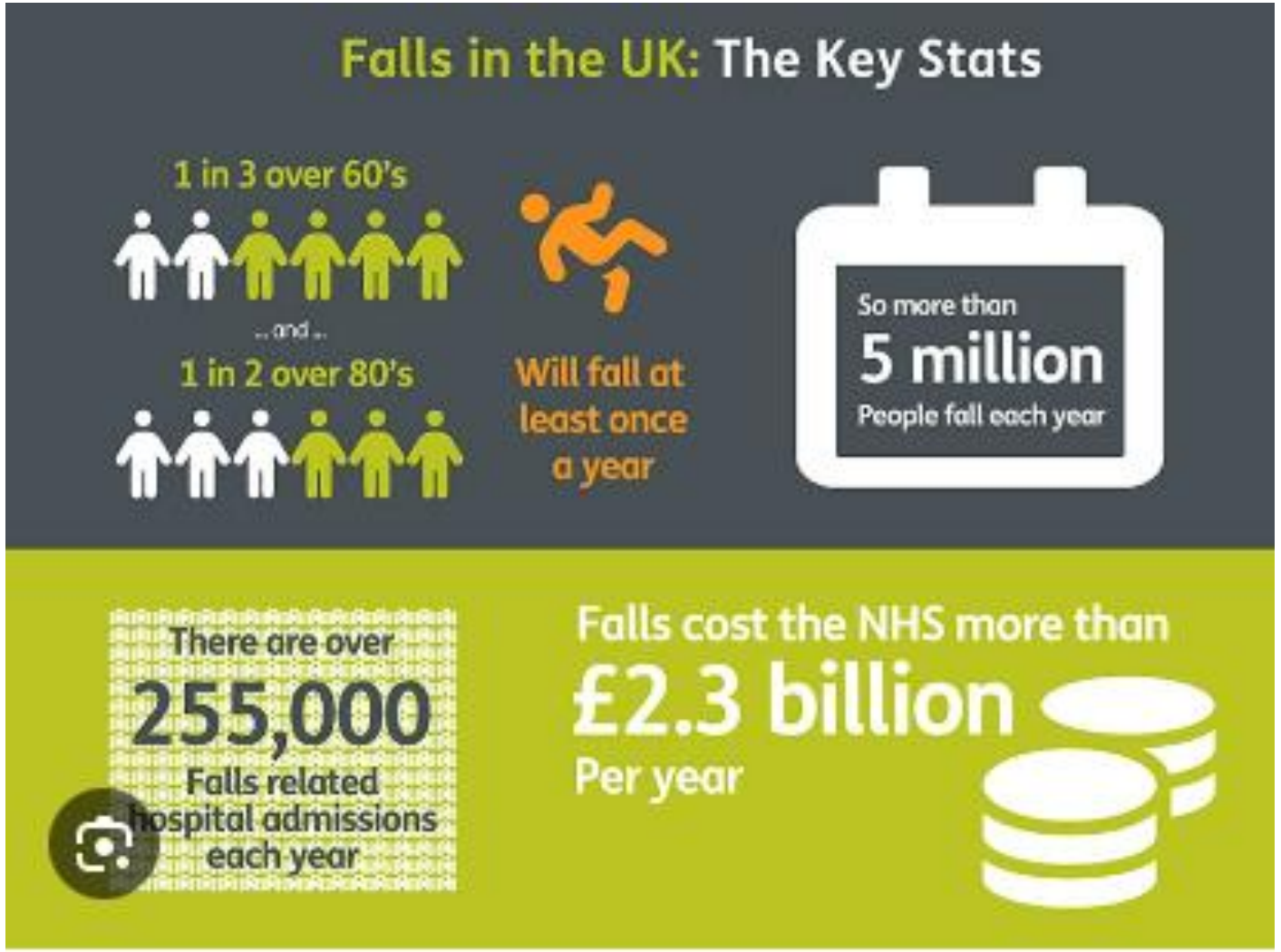
Carole Lee, Principal Occupational Therapist and
Chidinma Nwahiri, Technology Enabled Care Lead

"Try before you buy"

This is a 12-month project to provide and evaluate the impact of TEC in the community for those people who are at risk of falls , isolated or anxious and who would benefit from the reassurance of a pendant and call centre response

Funded through a 60k Better Care Fund Grant

Early Prevention Falls and Frailty offer

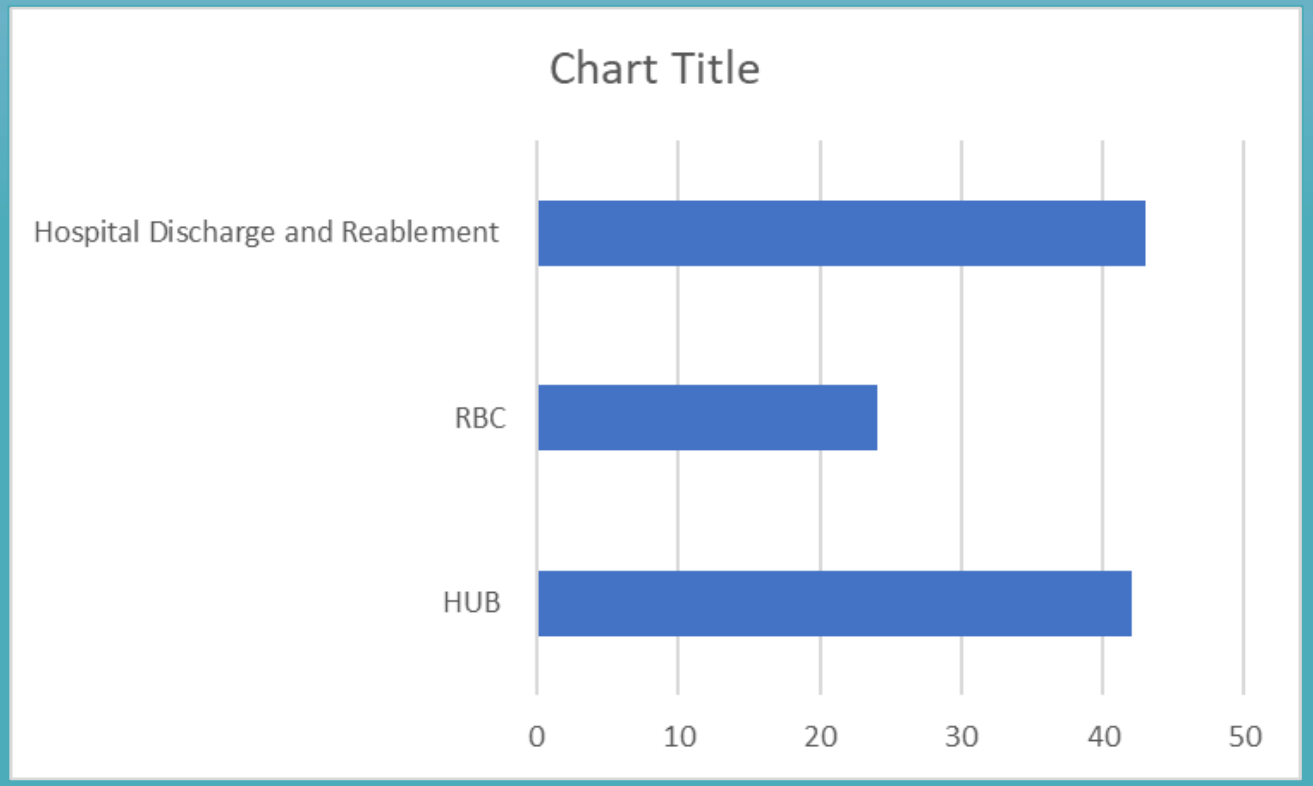


Main Aims:

- To support residents who need support to remain safely in their own homes.
- To enable fast track discharge from hospital
- Encourage a self-funder model for older people who may be unsure of the benefits of Tec
- To reduce falls, and hospital admissions
- Reduce anxiety and feeling unsafe in the community
- Low threshold for criteria

Referrals

- Average of 10 referrals a month
- 109 in last 12 months (data to be confirmed once all reports from NRS available)
- 31 workers from RBC and Health have referred



12 Week Package

RBC will offer up to 12 weeks free monitoring and responder services to all individuals referred to this scheme. There will be no cost to the individual for equipment or the initial 12 weeks monitoring.

Delivered through the Councils Equipment and Tec provider NRS Health Care

Following the free 12-week period NRS Health Care will contact the individual at week 8 to discuss if they would like to continue privately with NRS , or find an alternative provider of their own choosing

What is included ?

- TEC Trusted Assessor face to face assessment
- Loan of the following equipment :
- Fall detector, Vibby Oak, Home Unit Novo IP/GSM, Sensor smoke detector, Sensor temperature detector, Sensor carbon monoxide detector.
- Access to a 24-hour monitoring centre
- Access to 24 responder service who will visit and are trained to triage falls.
- Where there is no injury, they are trained to lift people off the floor avoiding the need for an ambulance call and avoidable visit to A&E

Average cost per person

- Service Users 59
- Equipment spend £23,038.68
- Recycled -£2,256.60
- Total £20,782.08
- Average cost per person £352

Outcomes for those people returning TEC (delays in information reports and transfers due to cyber-attack)

Number cancelled before installation or change in need 9

Progressed to private pay 10

Returned to NRS 16

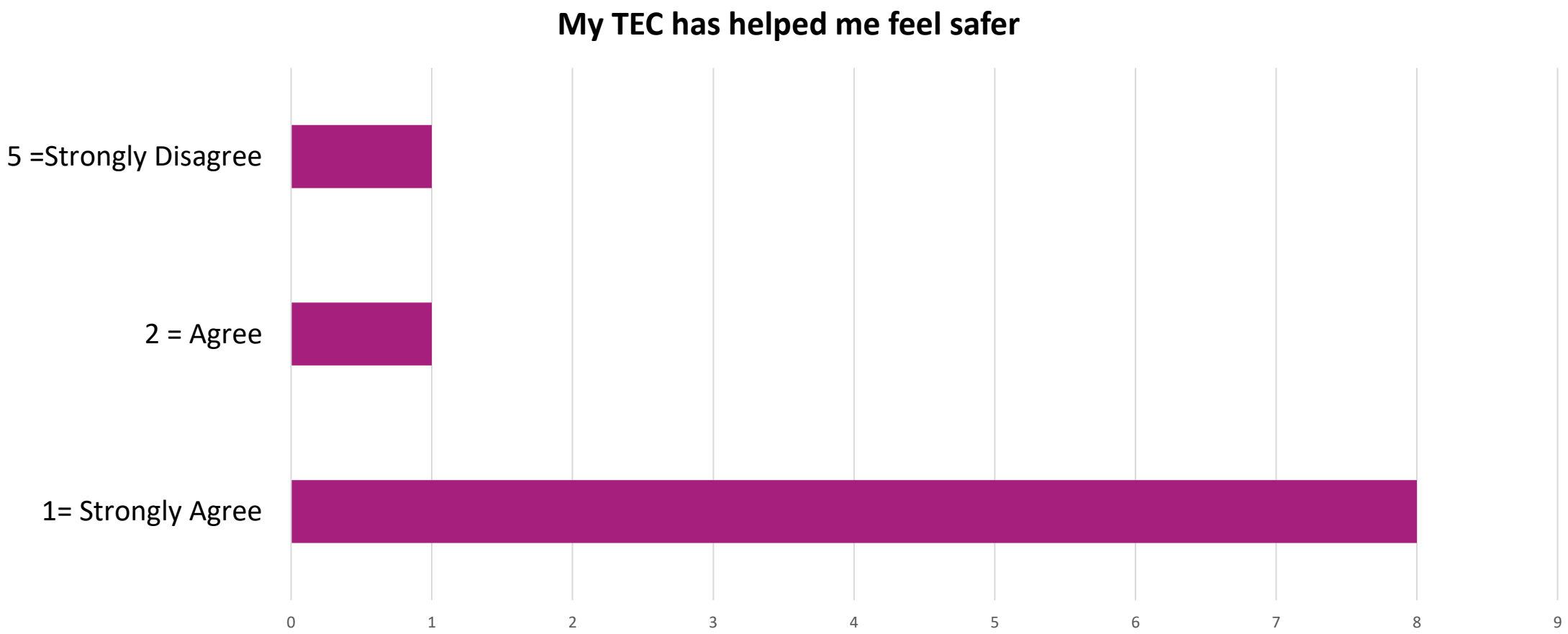
Transferred to RBC funding due to Care and Support needs under Care Act 4

In progress 74

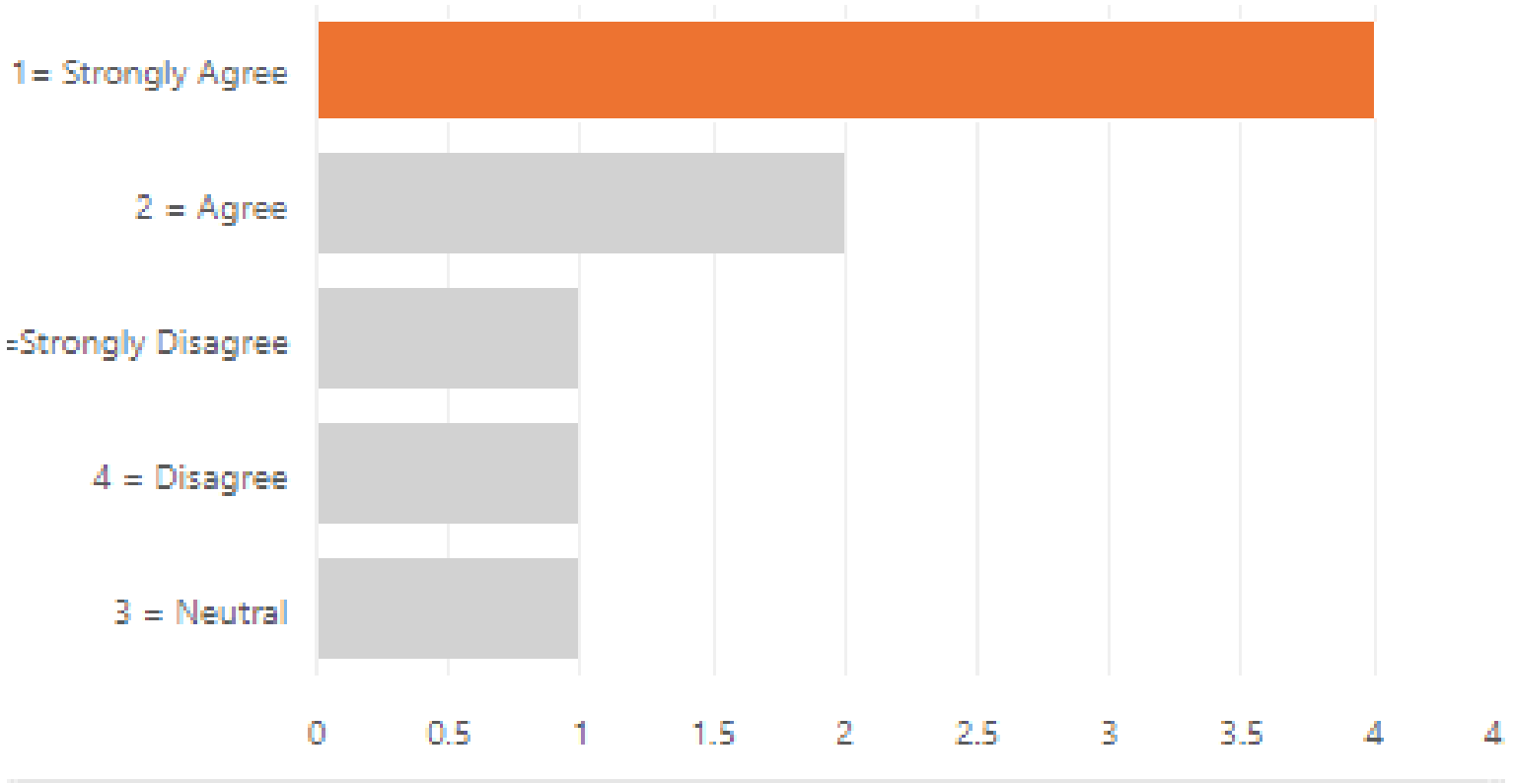
Of the 16 who returned their Tec 25 % had experienced a fall, with 4 ambulance calls out and 3 hospital admissions , one person passed away in hospital and 1 has moved to a nursing home.

42% of those returning NRS TEC said they had arranged alternative TEC

Feedback from those people who transferred to NRS private pay



Found the Transfer Process Simple ?



Private Pay Service user feedback

- Found migration to Private Pay straightforward. It would be better if they did not have to pay for it
- D had nothing to add other than happy with the service received
- E was pleased with the service provided, and only commented on her regret that her husband can’t join her on her trips outside the home.
- Provide pendant version as wrist strap irritates, able to contact family via WhatsApp if requires help.
- Appointment/delivery communication could be easier in her opinion.
- I'm satisfied with what I have now.

Feedback from those who returned TEC

Would come out of modest pension and was another cost. Didn't like having the pendant around neck, discussed wrist worn option.

Cost was not an issue, just didn't like wearing it

Affordability was not the issue. Reportedly W did not wear it, she has Dementia, family encouraged but was not successful in getting her to use it

Thought it was expensive, RRC did research the market and found it to be 2x the price of other options

Feedback from Hospital Occupational Therapists

I have found the project and process really good. There have been several patients who know they are self-funders and were reluctant to try, and the option of a few weeks grace has been successful.

Picking from the 3 options on Iris is very easy and makes sure that you are not missing any items. The form is straight forward to complete.

The only issues I had was initially putting in the order and NRS staff queried if I was able to make that order. Also the first few who were going onto the paid system were contacted to say it was being collected as the pay system was not yet in place – patients panicked a bit but it was resolved quickly.

The importance of finding someone quickly if they fall at home..

When a person is unable to get up off the floor for an hour or more after falling, it is termed a ‘long lie’ fall.

Even if a fall itself doesn’t cause an injury, the consequences of a ‘long lie’ can be devastating.

Simple Falls TEC can alert a call centre to the fall and enable people to get to the person quickly to give them the help they need

W is a 60-year-old LADY who was admitted to hospital in December having been found in her home after a four day long lay , when her elderly father was unable to reach her he called the police and paramedics who found her on the floor .

W had a fractured hip and developed pressure sores on her bottom and heels from lying a long time on the cold hard floor unable to move

W was prior to her fall independent with her care but did have a history of falls, had previously declined a pedant alarm due to costs in the past and was not open to services at time of the fall . Has a mobile phone but not accessible at time of fall .

Impact

Distress and change to her everyday needs , has gone from walking independently with a stick to wheelchair user , requiring specialist moulded seating due to contractures in her legs and 4 calls a day double up care calls and hoisted .

Ambulance call out

Cost – NHS 2 weeks in RBH

D2A Riverview placement for 12 Weeks plus

Ongoing care package of £887 a week total of £47,124 a year to ASC

Equipment cost £8,765

Barriers and lessons learnt

- NRS delays due to IT system issues – resulting in no reports or costing since Easter
- Improvement in processes and experience once trusted assessor element was available .
- NRS private pay not fully launched to public
- Pathway between NRS Berkshire and NRS Private Pay needs improvements
- Direct communication with NRS Private Pay –escalated to lead commissioner
- NHS workers unable to order directly require RBC pin
- Needs to be made available earlier i.e. voluntary sector , GP surgeries , Get Berkshire Active
- By the time the person reaches ASC or Health Services they are likely to have care and support needs and require funded TEC or already impacted by a fall
- Further work required to embed criteria
- Need to evaluate all referrals before we can fully understand how paying for TEC impacts uptake

Future

60K will fund approximately 170 people to access TEC

Will be available as a product on NRS for other services to access

Direct referrals from general public or other professionals who just want TEC – no TEC Team Capacity or ongoing funding . Sit on Hub waiting lists

If you would like to know more about this pilot please speak to Carole Lee POT or Chidinma Nwahiri TEC Team Lead

Any questions

If you have any further questions about the Independent Living Project, please contact Kate Wigley, Transformation Project Manager at Kate.Wigley@Reading.gov.uk

If you have any further questions about the 12 Week Technology Enabled Care (TEC) Project, please contact Carole Lee, Principal Occupational Therapist Carole.Lee@Reading.gov.uk

Reading Borough Council
Working better with you

healthwatch Reading

CORE20PLUS5

Exploring the oral health of children aged under ten years in Reading; Norcot, Church and Southcote Wards

Contents

1. About us

Healthwatch Reading is the health and social care champion for people who live and work across Reading.

As an independent statutory body, we have the power to make sure local NHS leaders and other decision makers listen to people's feedback to improve standards of care.

We use feedback to better understand the challenges facing the NHS and other care providers locally, to make sure people's experiences improve health and care services for everyone.

We are here to listen to the issues that really matter to our local communities and to hear about people's experiences of using health and social care services. We also offer information and advice.

We are entirely independent and impartial, and any information shared with us is confidential.

2. Acknowledgements

Thank you from Healthwatch Reading

A special thank you goes to all the families who took part in our interviews and shared their experiences with us to help improve services, our volunteer Community Connectors, and to our Healthwatch Reading Engagement Officers.

We would also like to thank all the people, local organisations including schools, nurseries, children and community centres, and community groups that supported us with this project.

Reading Borough Council's Public Health team, thank you for your advice and supporting us with oral health materials.

3. Background

Children's oral health information from the Office for Health Improvements and Disparities

Tooth decay is the most common oral disease affecting children and young people in England, putting significant pressure on the NHS.

Although oral health is improving in England, the oral health survey of 5-year-old children in 2022, revealed that 29% of 5-year-olds in England have enamel and or/dentinal decay. (National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk))

Significant healthcare inequalities also remain – with children from the most deprived areas having a higher level of decay than those from the least deprived.

Tooth decay can cause problems with eating, sleeping, communication and socialising, and results in at least 60,000 days being missed from school during the year for hospital extractions alone.

Tooth decay is a preventable disease which can be prevented by cutting down on sugar, as well as brushing teeth with fluoride toothpaste. The cost to the NHS of treating oral conditions is about £3.4 billion per year according to data up until 2019.

Children's oral data insights for Reading

The 2019 Income Deprivation Affecting Children Index (IDACI) shows that 18% of children under the age of 16 in low-income households live in poverty in different areas across the UK. These areas include Reading wards Norcot, Church and Southcote which are in the 10% most deprived areas of the UK.

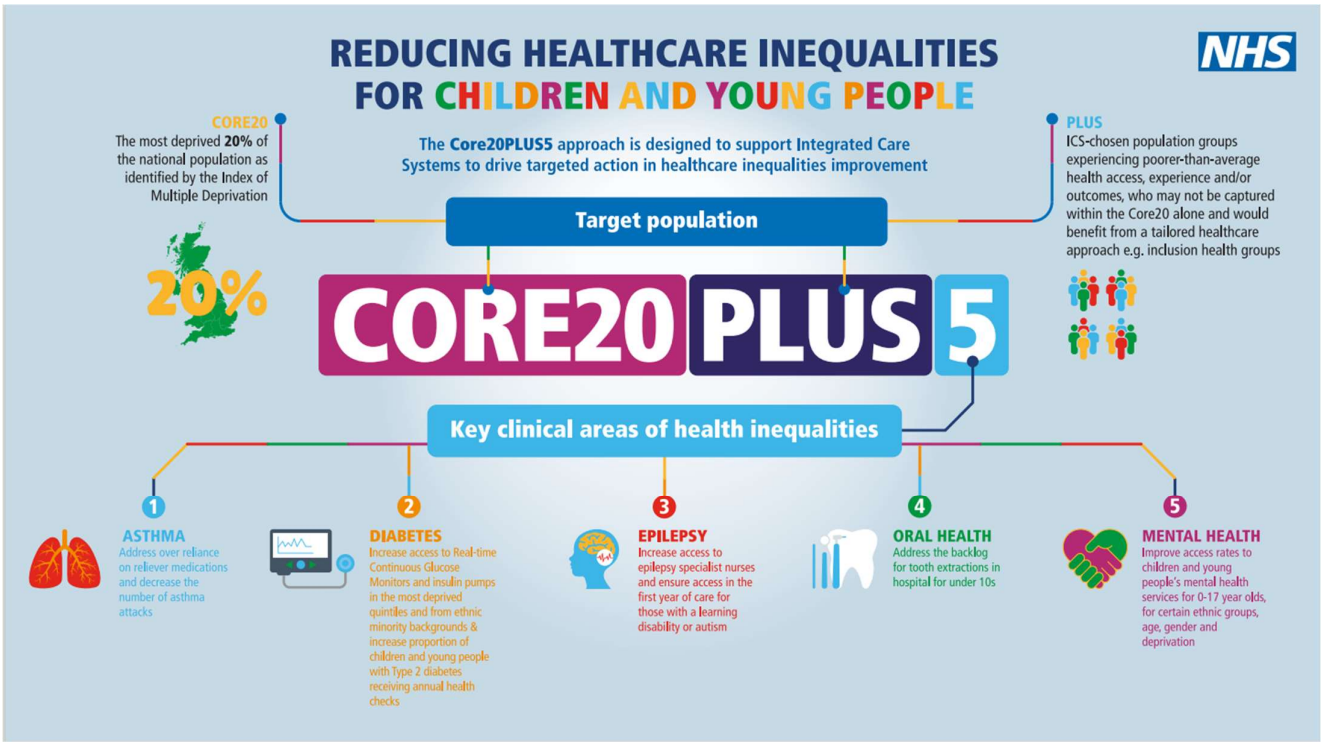
Data from the oral health survey of 5-year-old children in 2022, revealed that 32% of 5-year-olds in Reading have one or more untreated dentally decayed teeth (higher than the national average of 29%), and 2.5% of 5-year-olds in Reading have had one or more teeth extracted due to dental decay. (National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5-year-old children 2022 - GOV.UK (www.gov.uk)

Reading Borough Council also does not currently have an oral health strategy in place for adults, children, or young people.

NHS England's CORE20PLUS5 Connectors Programme

CORE20PLUS5 is an NHS England approach to reduce health inequalities of adults, children and young people of the most deprived 20% of the population across the UK, in 5 focus areas.

For children and young people these 5 focus areas are asthma, diabetes, epilepsy, oral health and mental health. National data highlights that health outcomes are worst for children and young people living in the most deprived areas in the UK with 1 in 11 children and young people facing severe health outcomes.



Local commissioners (the teams that pay for and run local NHS services) across the UK are working with the CORE20PLUS5 approach to manage, prevent and reduce healthcare inequalities for children and young people.

This includes Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), who in collaboration with us (Healthwatch Reading), Healthwatch Oxfordshire and Healthwatch Buckinghamshire, joined the NHS England's Core20PLUS5 Connectors Programme.

Within this Core20PLUS Connectors Programme, a project was formed to work towards reducing health inequalities in oral health for children and young people in locally deprived areas. This project work was also in line with BOB ICB's Joint Forward Plan (2023) which sets out to deliver plans to improve health outcomes across a person whole lifetime for the whole local population, which includes the plan 'Start Well, helping children achieve the best start in life.'

Our role in the project

The aim of our project in Reading, through our Engagement Officers (EOs) and volunteer community connectors (CCs), was to understand families (who come from different ethnic backgrounds and have a child/children under the age of 10 years old) experiences of dental care for their child/children who live in 3 of the most deprived areas of Reading; Norcot, Church and Southcote, in the past 2 years.

We wanted to find out what care and treatment children currently receive at home and from the dentist (if any), what is preventing parents/carers from accessing the dental care their children require to stay healthy and well. We also wanted to find out what parents/carers are doing to develop and maintain good oral health and hygiene for their children early in life. We did this by meeting and interviewing 25 families face-to-face.

4. What we did

Community connectors

We recruited 5 volunteer CCs by:

- Reaching out to our own local community networks across Reading.
- Publicising via posters put up in schools and community centres.
- Word of mouth at local community group sessions and centres.

We interviewed people who had strong knowledge of and connection with local communities in Reading, a health and social care background, a passion or lived experience of healthcare services and/or healthcare inequality, and who are multilingual.

The CCs we recruited have backgrounds in pharmacy, general practice, social care and public health which ensured they were able to provide information and advice to the families on dentistry and other health and social care issues that arose during interviews.

Being multilingual enabled the CCs to further connect with and support the families they interviewed, especially when families' first language was not English.

Once the CCs were on board with Healthwatch, they registered with the Core20PLUS5 Connectors Programme, and enrolled onto a training programme to become volunteer CCs for our project. Our CCs received the same training as other CCs across Buckinghamshire and Oxfordshire to ensure consistency across projects and the programme itself.

Training included:

- 3 x online research training sessions run by the Scottish Development Centre (SDC).
- Internal training through The Advocacy People, including safeguarding, lone working, GDPR etc.
- 3 x interview training sessions and practice runs, run by Healthwatch Reading EOs.
- Training on using audio equipment for interviews.

They also attended regular meetings with Healthwatch EOs which included meetings to develop a set of interview questions to best capture the voices of local families, based upon headlining questions in the CORE20PLUS5 project proposal:

- Do you have a child/children aged 10 years or under?
- Can you tell us about your experience of helping your child/ children look after their teeth?
- What has been your experience of going to, or trying to go to, a dentist with your child/children in the past two years?

- What support have you had in understanding more about how to keep your child's/children's teeth healthy?

We were assisted by BOB ICB Healthwatch leads and supported by Healthwatch England's research team.

The knowledge and experience of the CCs, including their insights into health inequalities as it impacts their communities, and the expertise of Healthwatch England's Research team, ensured we captured the "Why?" to the headlining questions (above), and to ensure the best possible outcome for the project. The volunteer CCs were recognised for their work and were also reimbursed for their expenses.

Team meeting with volunteer Community Connectors, Healthwatch Reading team and the Healthwatch Reading Advisory Group Chair.

Family participation

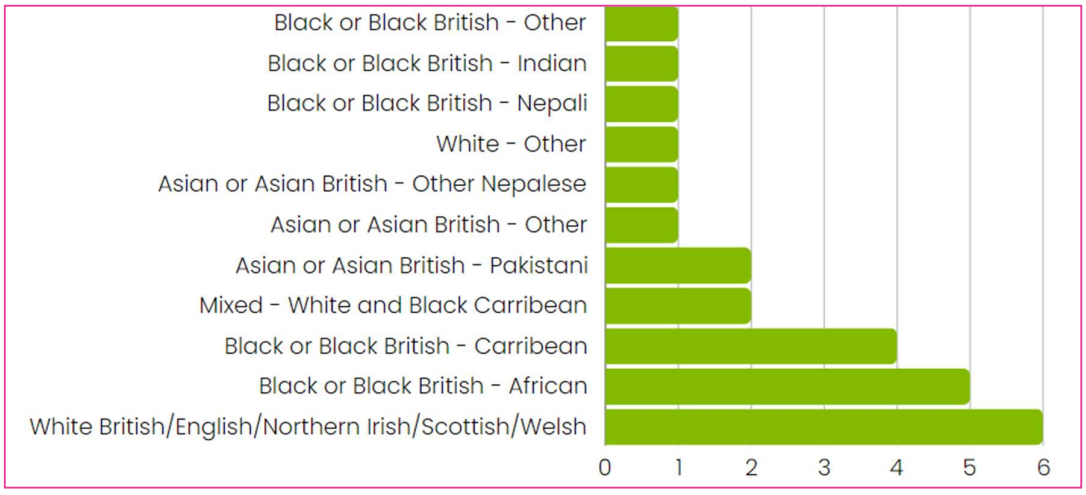
We recruited 25 families (who consented to be part of the project) from Norcot, Southcote and Church wards, through:

- Community connectors and their networks within communities across Reading.
- Approaching individuals in the local communities.
- Emailing and speaking to local primary schools, pre-schools, nurseries.
- Emailing and speaking to children centres, community centres and community groups.
- Attending community group events to promote the upcoming project, such as the Tuesday tea and coffee hub at ACRE Oxford Road Community Centre.
- Healthwatch Reading's social media channels and website news posts.

These organizations and local groups helped promote our family recruitment drive through newsletters, email marketing, posters, leaflets, word of mouth, and social media channels, including resharing our Facebook posts.

We also reached out to the Family Information Centre (FIS), Brighter Futures Reading and the Community Development Officers at Reading Borough Council.

We achieved a broad range of diversity in the families that participated which was achieved by ensuring we had families from different ethnic backgrounds who lived in each of the 3 wards involved in the project:



Other demographic information

- 24 parents/carers identified as female and 1 identified as male.
- 21 parents/carers that took part were aged between 25-49 years old and 4 were between 59-64 years old.
- 23 parents/carers did not state they had a disability, whilst only 1 did.
- 5 parents/carers were living with a long-term health condition.

Public Health

We engaged with Public Health (Reading Borough Council) over a course of 4 meetings to source information leaflets and posters, and for advice on children's oral health. We also received funding from them to purchase toothbrushes and toothpaste to create goodie bags to give to families once interviews were completed.

The interviews

Families chose interview days and times convenient for them, with one interview taking place in the family home due to a parent having young children and no childcare. The rest took place at children's or community centres.

CCs received safeguarding training and support. Risk assessments ensured safety of CCs and EOs during interviews at all locations. Each interview lasted between 40-60 minutes with 2 CCs attending each interview with Healthwatch staff supporting if required.

Interviews were audio recorded, supplemented by scribing and note-taking methods. Families could also express their views and experiences through drawings or by writing words on Post-It notes. Interpreters were available for translation, with CCs offering multilingual support in African dialects, Urdu, and Arabic.

After each interview, families received an oral health goodie bag containing a children's oral health poster, information leaflets, Healthwatch Reading details so they could access further local dental services advice, toothbrush and toothpaste, and a £20 gift voucher to be used at a selection of shops.

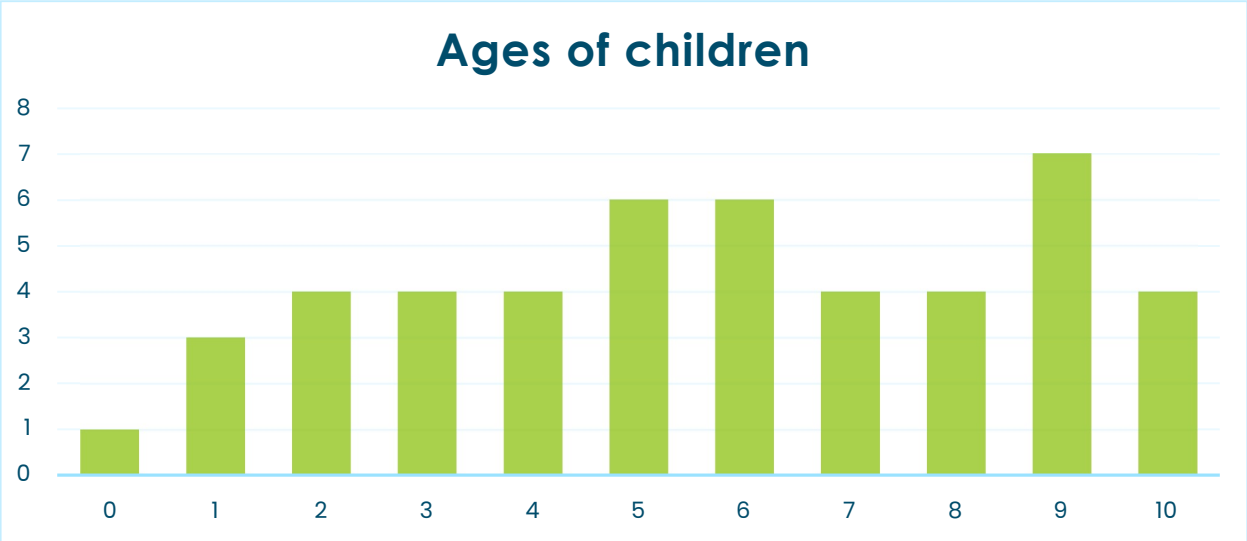
19 hours of audio recordings were transcribed. Data from manual scribing and note taking during the interviews were transferred onto spreadsheets and grouped into topic areas. This data was then analysed for themes, with our findings below.

Interview taking place with volunteer CCs and a parent/carer.

5. Findings

Caring for children's teeth

The ages of children whose parents/carers took place in this study varied. 4 children were older than 10 years old therefore outside the focus of this project.



There was a broad age range of children receiving help with brushing their teeth, ranging from 2-10 years old. Most Parents/carers told CCs that it is up to their own discretion whether their children receive help with brushing or not, reasons included:

- Child's capacity
- Dental health concerns
- Previous experience
- Professional recommendations
- Observation and monitoring

Many parents/carers actively participate in their children's oral hygiene routines, either by directly checking their teeth after brushing, supervising them during the brushing process, or actively brushing their teeth.

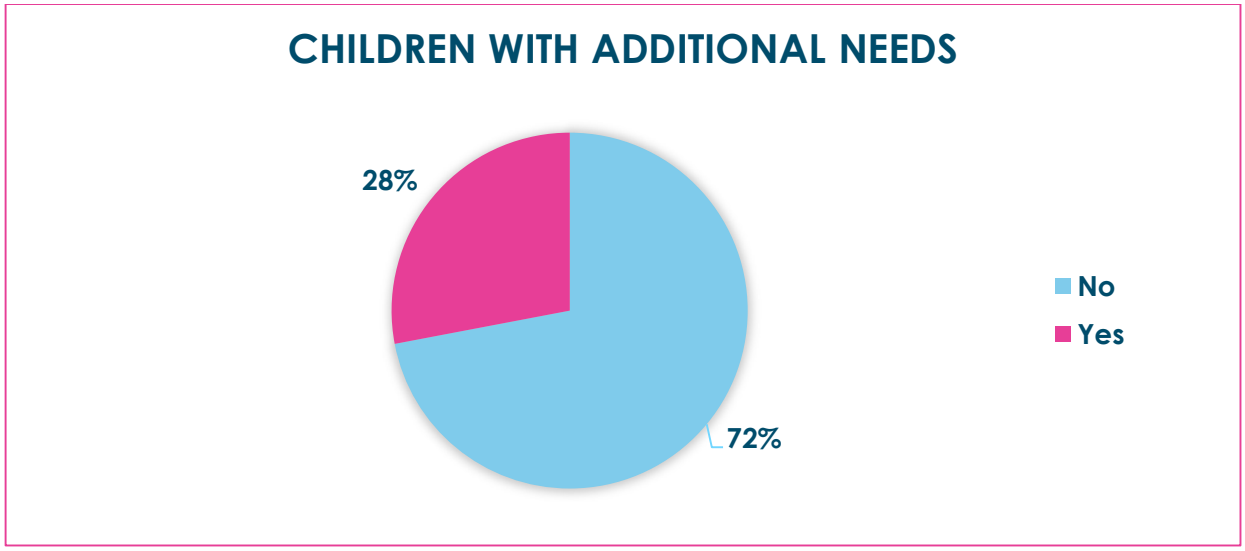
Most parents/carers expressed concerns about their children's oral health, particularly regarding the risk of cavities and tooth decay. They emphasised the importance of thorough brushing to prevent dental problems and actively do their best to help their children understand this as well.

Some parents/carers face challenges ensuring that their children brush their teeth effectively, such as time constraints, difficulty in assessing cleanliness, and the children's tendency to rush through brushing.

Other families mentioned the lack of guidance and support received during childhood and emphasised the importance of oral health education for both children and their families.

Children with additional needs

Parents/carers of children with additional needs face significant challenges in maintaining their children's oral health at home compared to those without additional needs.



Parents/carers spoke of their experiences such as the physical challenges of getting their children to brush or look after their teeth, struggles with meltdowns and sensory needs, such as overstimulation:

"My 5-year-old is non-verbal with ASD and an eating disorder called Pica. It affects them badly to the point where my son will self-harm."

"If we are going through one of those meltdowns in the evening, it is hard to get him to do things like brush his teeth."

Access to dental services

Parents/carers had varied experiences when accessing dental checkups and treatment for their children with additional needs:

- Some families had found specialised dentists.
- Other parents told CCs that their child's disability did not affect their dental care.
- Other families said that their child's disability has made it harder as they need to find a specialist dentist.

One parent expressed their frustration of not knowing where to find a specialised dentist to help care for her child's teeth:

"I am trying to get in contact with a special needs dentist to see them because at the moment I don't know where to take him or what to do."

Another spoke about accessing specialised dental care:

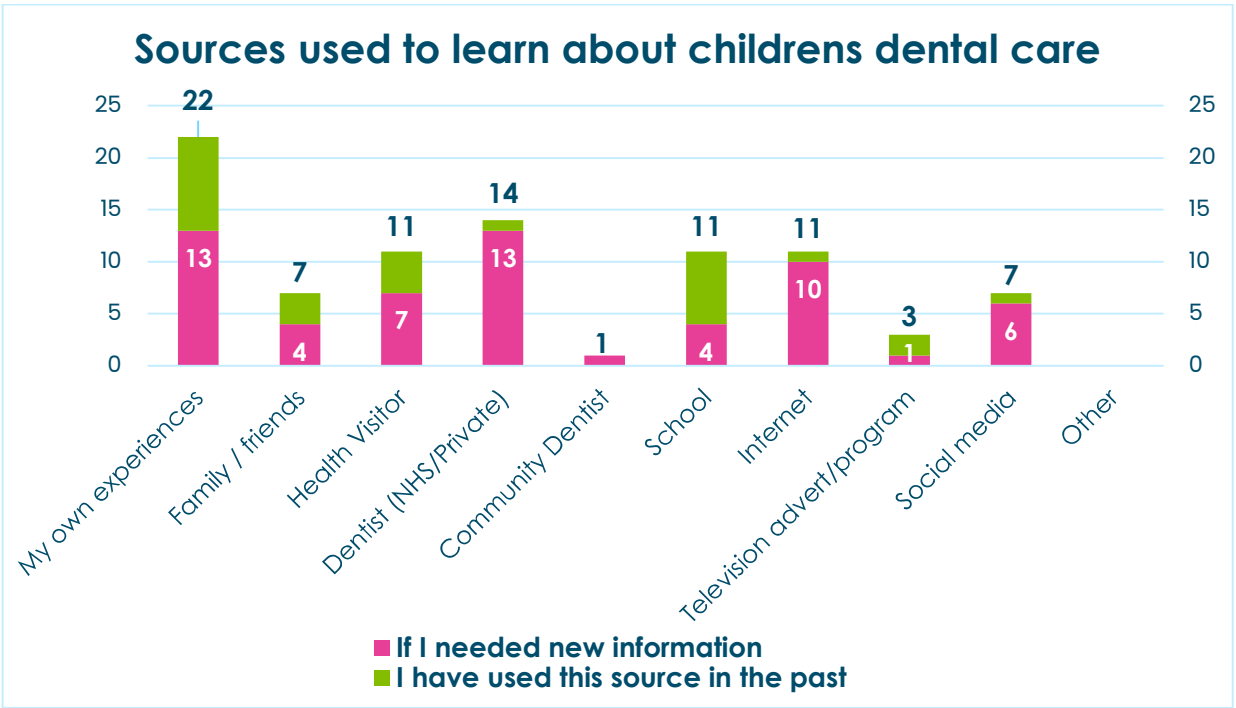
"We access dental services through the health centre here. I contacted them to ask who dealt with special needs children and that is where he attends."

Many of the families face challenges in maintaining good oral health and finding appropriate dental care for their children with additional needs - every child has a differing need.

There is a gap in parents' knowledge of the local help they are entitled to receive, such as the community dentist service for their children with additional needs. Awareness of and access to community dental services is crucial for families.

Providing families with guidance on dental care options such as the community dentist service and offering support (i.e. different techniques to use at home, different style toothbrushes and toothpastes available for children with sensory needs etc.) from this service and/or via other local resources on how to develop and maintain oral hygiene at home, will ensure better oral health outcomes.

How parents/carers learned how to look after children's teeth



My own experiences:

- Parents/carers who relied on their own experiences felt confident in their knowledge and abilities.
- They believed in the effectiveness of their methods, often passed down through generations or learned through personal trial and error.
- There was a sense of trust in their own judgment and practices.

Family/friends:

- Parents/carers appreciated the advice and support from family and friends.
- They often turned to loved ones for guidance, especially during challenging times or when seeking relatable experiences.
- Trust in the advice received from close relationships was evident.

Health visitor:

- Some parents/carers expressed frustration with the lack of information or support provided by health visitors.
- Others found the guidance from health visitors helpful, especially during early childhood development stages.
- There were concerns about inconsistent access to health visitor services, particularly during the COVID-19 pandemic.

Dentist (NHS/Private):

- Parents trusted and valued the advice received from dentists, whether through NHS or private practices.
- They appreciated the expertise of dental professionals and relied on their recommendations for maintaining their child's oral health.
- However, some faced challenges in accessing dental services, leading to frustration.

Community dentist:

- There was limited mention of community dentists, with some parents unaware of their existence.
- Those who had knowledge of community dentists expressed interest in using their services but had not done so for several reasons, such as lack of information or accessibility issues.

School:

- Parents appreciated when schools provided information or resources related to oral health.
- However, there were mixed feelings about the effectiveness of school-based education, with some feeling that it was not comprehensive enough.
- Some parents mentioned receiving toothbrushes and toothpaste from schools, indicating some level of support for oral hygiene education.

Internet:

- Parents recognised the convenience of accessing information online but expressed concerns about the reliability of sources.
- There was a sense of caution regarding the credibility of information found on the internet and social media platforms.
- Despite reservations, some parents found online tips and techniques helpful for improving oral care routines.

Television advert/programmes:

- There were mixed opinions about the usefulness of television adverts or programs for dental health education.
- While some parents found them helpful for learning about toothbrushes and toothpaste, others felt that they did not provide sufficient information.

Social media:

- Some parents mentioned obtaining tips and techniques from social media platforms like TikTok.
- There were also concerns about the trustworthiness of information found on social media, leading to cautious use of these platforms for dental health advice.

Oral care at home - what works

Use of child focused dental products

Parents/carers emphasised the importance of finding toothpaste flavours and toothbrush designs that their children liked. They mentioned preferences for products like flavoured toothpaste, colourful toothbrushes with flashing lights or songs.

Routine establishment and reinforcement

Establishing a routine for dental hygiene from an early age was seen as crucial by some families. Parents/carers mentioned using strategies such as brushing together as a family, using timers, and incorporating brushing into daily routines like bath time or bedtime stories.

Modelling and mimicry

Children were encouraged by families to mimic the behaviour of their parents or older siblings when it came to oral hygiene. Parents/carers found that by demonstrating good brushing habits themselves, their children were more likely to follow suit.

Education and awareness

Families expressed the importance of educating their children about the reasons behind good oral hygiene practices. This included explaining the consequences of not brushing properly, such as tooth decay or tooth loss, and utilising resources like videos.

Incentivisation

Some families used incentives such as points systems or rewards to encourage regular brushing, while others emphasised the importance of avoiding sugary treats to maintain dental health.

Oral care at home - the challenges

Parents/carers stated that there are difficulties experienced when trying to care for their children's teeth. Some of these key areas are:

Resistance to toothbrushing

Many parents/carers expressed difficulty in convincing their children to brush their teeth, especially at night. Children resist due to stubbornness, dislike of the toothbrushing process, or distractions from other activities such as watching TV.

Sensory issues

Some children experience sensory overload or discomfort during toothbrushing, particularly those with sensory needs or children with autism. These sensory needs make the experience unpleasant or overwhelming for the children.

Difficulty with accessing dental care

Parents/carers highlighted challenges in accessing dental appointments due to long wait times and cancelled appointments. This lack of timely access to dental care can lead to concerns about maintaining their children's oral health and addressing dental issues promptly.

Education and awareness

Families identified the need for education and awareness about oral health, particularly around diet - managing sugary foods and drinks which can harm teeth. They also spoke about the importance of early habit development and consistent dental care routines.

Challenges with consistency

Some parents/carers faced challenges in maintaining consistent oral hygiene routines for their children, especially when their children visited other caregivers who may not enforce the same habits.

Information and support

Parents/carers expressed a desire for more accessible and definitive information on oral health care, particularly during early childhood stages when baby teeth are coming in.

These findings indicate a complex challenge in promoting good oral health to children due to behavioural, sensory, accessibility, and educational factors. Some of the actions that could be taken to combat these include:

Behavioural Interventions

Providing strategies and resources to help parents manage resistance to toothbrushing, such as using visual aids, setting routines, or introducing fun toothbrushing activities.

Sensory-Friendly Approaches

Developing sensory-friendly dental care tools and techniques to accommodate children with sensory sensitivities, along with training dental professionals in providing sensitive care.

Improving Access to Dental Care

Implementing measures to reduce wait times for dental appointments and ensuring consistent access to dental services, particularly for preventive care and early intervention.

Education and Awareness

Launching educational campaigns targeting parents and children to raise awareness about the importance of oral hygiene, healthy dietary habits, and regular dental check-ups.

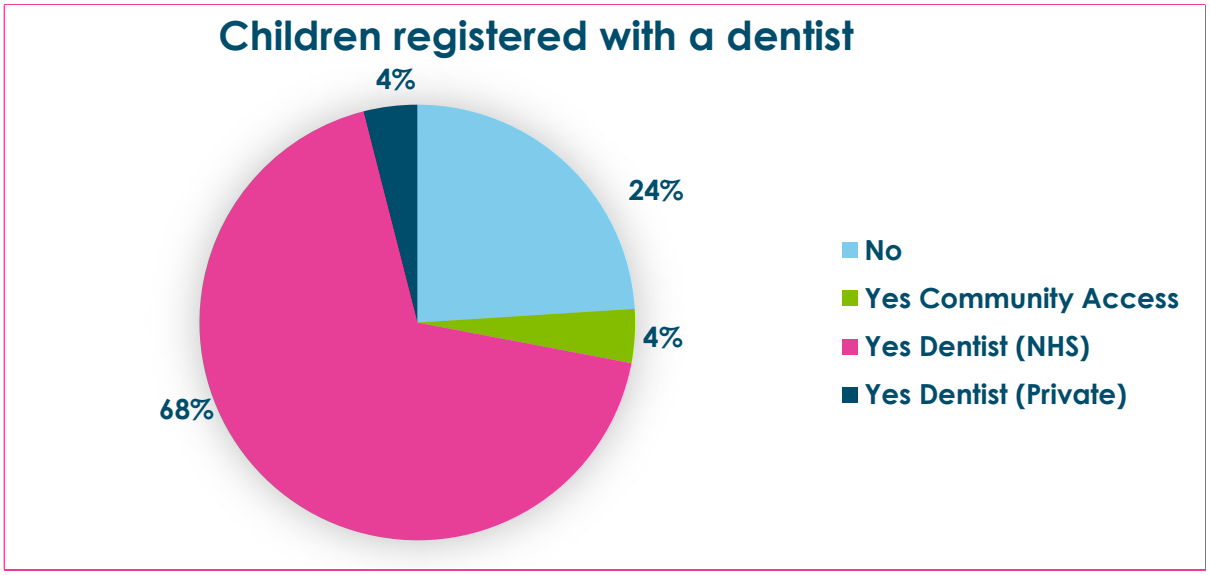
Parental Support and Guidance

Providing parents with resources, information, and support networks to enhance their confidence and ability to promote good oral health habits in their children.

Quality Assurance in Dental Care

Ensuring that dental practitioners adhere to evidence-based practices and ethical standards, thereby minimising the risk of unnecessary treatments and negative experiences.

Experience at the dentist



When asked why children were not registered with a dentist, parents/carers stated many barriers including:

- difficulty finding available space with local dentists (which was the most common reason)
- lack of awareness about free dental services provided by the NHS, as well as some parents/carers reporting not receiving guidance on how to register with a dentist.

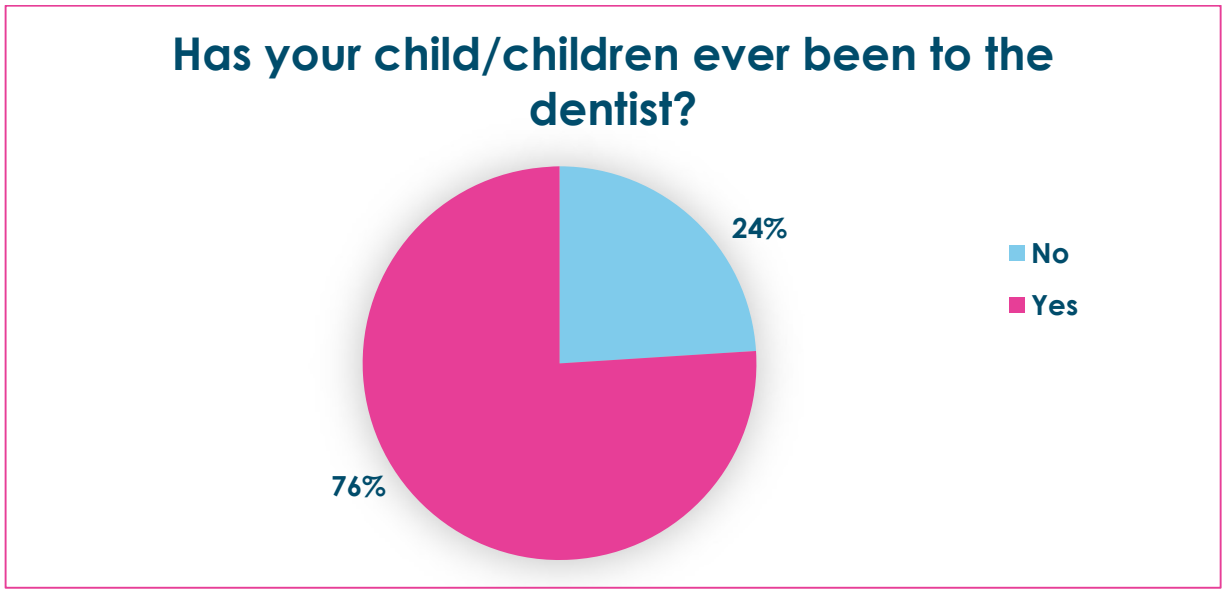
Only 2 parents who took part in the interview informed us that they went to a community or private dentist. The child who is registered at the community dentist has an additional need, whereas the child who was registered at a private dentist had a few issues with previous dentists, and the private practice has a particularly good reputation.

When asked about their experience at the dentist in the last 2 years, parents/carers highlighted significant challenges in accessing dental care for their children.

A predominant theme emerged around the difficulty in securing dental appointments, exacerbated by long wait lists and limited availability, especially during the COVID-19 pandemic. Parents/carers expressed frustration with the process; some reporting unsuccessful attempts to find NHS dentists willing to accept new patients, service quality inconsistencies, with some parents/carers praising their child's dentists, while others encountered difficulties and a perceived decline in healthcare standards.

Personal circumstances, such as pregnancy or relocation also impacted access to dental care. These findings underscore the existence of significant barriers hindering timely and adequate dental care for children in Reading leading to adverse oral health outcomes.

Families also felt dentists need more training on children as patients and having more time available within their appointment slots to help them better understand how to care for their children's oral hygiene.



The parents/carers had very varied experiences when taking their children to the dentist with many of them stating that they had a good experience but even when this was the case, they did have suggestions that would make their experience better:

Longer appointments

Appointments not to be rushed, and parents also having an opportunity to ask the dentist questions.

Child focused dentists

Dentists having more training around dealing with children as patients and some of the quirks that might arise from them, i.e. moving around if sitting in the dentist chair too long.

More time slots

Parents found it difficult to book appointments due to a lack of time slots especially in hours that are outside of school/work.

Reminder text/letter/email

Some form of reminder that allows parents to easily know when they need to book their child's next appointment.

Availability

Many times, if the child had yet to visit a dentist, it is due to lack of NHS availability in their area.

Communication

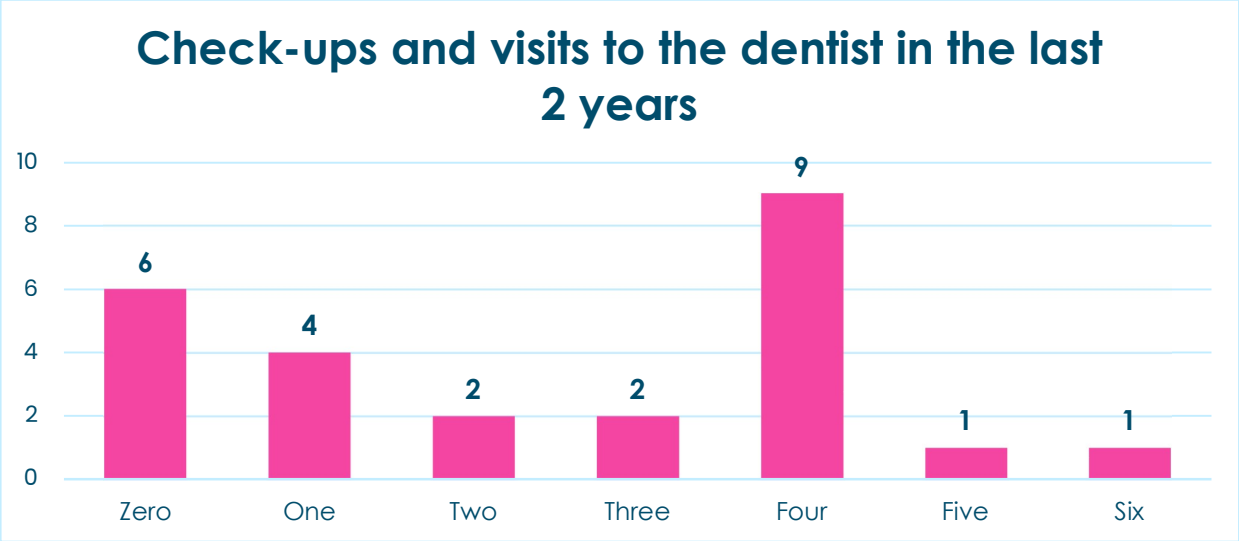
When children were on waiting lists there was little communication around how long the lists were. In some cases, they were mistakenly put on a private dentist waiting list rather than the NHS waiting list.

Easier registration process

Parents/carers found the current process used by some dental practices confusing and hard to navigate.

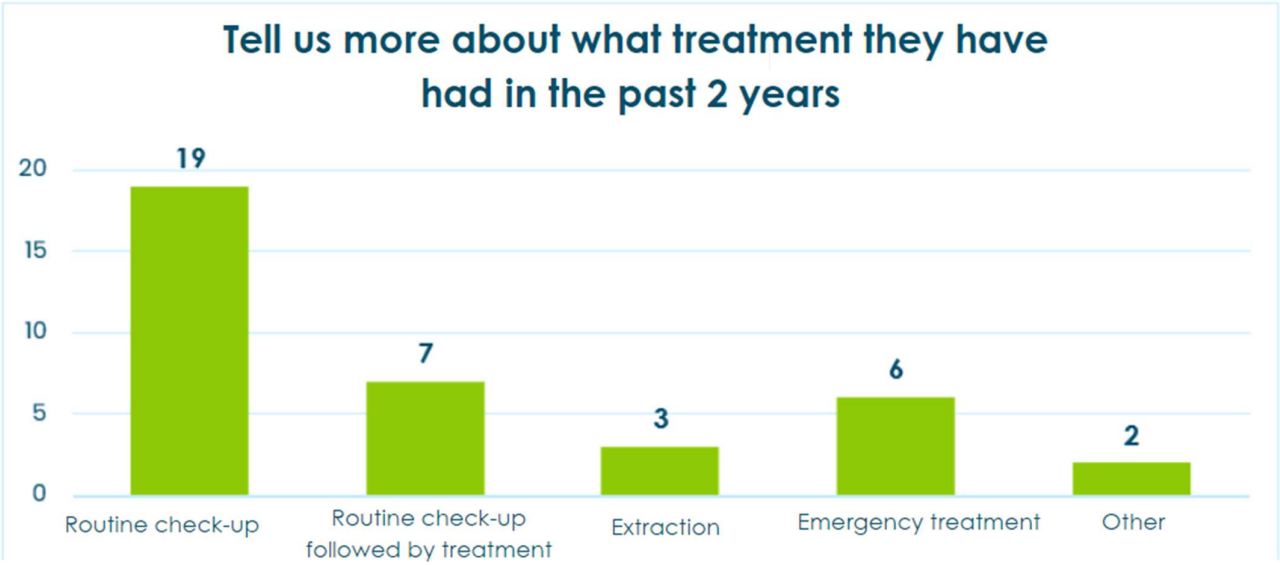
More information

A large focus for many families was the information provided to them about caring for their children's teeth, around diet and the increased risk of tooth decay, along with methods to help prevent their children from having dental issues in the future.



Parents/carers were asked how many check-ups their child/children have had within the last 2 years.

Many waited until they received notification that a check-up was due, these varied between 6-monthly and yearly. Children who had previous issues with their teeth visited the dentist more frequently.



Parents/carers were asked about the treatments their child/children have had within the last 2 years.

Most of them report that their children have received routine check-ups, with 7 confirming that routine check-ups were followed by some sort of treatment. A further 6 parents/carers reported that their children needed emergency treatment and 3 reported that their child has had an extraction because of tooth decay. One parent who reported that a child had an extraction mentioned that it was suggested that the child needed 10 teeth extracted and she only agreed for 3 to be extracted.

Parents/Carers notes/recommendations

Parent/Carers were asked what would make a significant difference to taking care of their children's oral health.

Making a difference to your children's oral health

Information and Education

- Ensure families are provided with information about access to oral health services and how to care for child's oral hygiene at the earliest contact with health service professionals such as a health visitor.
- Improve access to oral health education through school, nursery, and pre-school settings from an early age.
- Ensure that families are educated about the importance of oral health and how to teach and support their children effectively.
- Emphasise the importance of establishing a firm routine for oral hygiene in both morning and evening.
- Provide real-life stories and experiences to highlight the significance of dental care.

Diet

- Encourage healthy eating habits to reduce sugar intake.
- Provide alternatives to sugary snacks in schools to support parents' efforts in promoting oral health.

Access to dental care

- Make NHS dental practice registration easier and more efficient.
- Increase the availability of NHS dental appointments to reduce waiting times and ensure timely care for children.
- Consider community dentists visiting schools regularly to improve accessibility to dental care.

Child friendly approach

- Create child-friendly dental environments to alleviate fears and make dental visits more enjoyable for children.
- Utilise creative methods such as timers, music, and interactive tools like mouthwash to make oral hygiene fun and engaging for children.

Responsibility and support/prevention and early intervention

- Start oral hygiene practices early to familiarise children with dental care routines.
- Reduce the period between dental appointments to ensure regular check-ups and early detection of any issues.

6. Family case studies

1. Dental care and special needs: a parent's perspective

Background

Parent A is a mother to a 7-year-old child with special needs, including a visual impairment. She assists her child with daily tasks such as feeding and toileting.

Oral care at home

Parent A talked about her son requiring assistance with teeth brushing for at least the next 5 years, and how he now thankfully cooperates with her. Initially, her child would resist brushing; biting down on his toothbrush making it difficult to brush his teeth. However, they found success with a routine where her child leans against her chest while she holds his head up and brushes his teeth.

He likes it. He is used to it, and he lets me brush his teeth."

Parent A gets support and guidance on helping her child with oral hygiene from a family friend who also has a child with special needs.

Access to dental services

Both parent and child are registered with a local NHS dentist, but her child now receives dental care from the community dental service due to special needs.

Although accessing regular check-ups was initially challenging, her child now sits calmly during appointments, with Parent A attributing this to the supportive environment that the community dental service offers compared to general dental practices.

Despite knowing the importance of early dental visits, Parent A did not start routine check-ups for her child until he was 3 years old. This was due to her belief that her child did not need to because he did not eat solids until he was 15 months old.

Parent A has seen the dentist 3 times in the last 2 years for routine check-ups. She feels the lack of appointment reminders contributes to irregular dental visits as she only books them herself when she remembers.

Parent A recalled a hospital visit due to her child having tooth decay. Her child was anaesthetised ready for tooth extraction but at closer inspection, it turned out to be discolouration. They polished her child's teeth instead.

Suggestions for improvement to children's oral health

Parent A emphasised the need for education on diet and easy access to NHS dental services for children's oral health success.

> **[It's about] what they eat and what they drink, mainly because that can decay the teeth. So healthy eating. Plenty of water and regular checkups [are what is needed.]"**

Conclusion

Parent A's experience highlights the importance of tailored dental care for children with additional needs. There needs to be greater awareness and access to the local community dental service, along with further guidance and support for families on maintaining good oral health.

2. Caring for children's oral health: a parent's perspective

Background

Parent B has two children aged 2 and 6 years old. Both do not have any health conditions or special needs. Parent B shares her experiences and challenges in maintaining her children's oral health.

Oral care at home

Both children brush their teeth independently, with Parent B supervising. She encourages them to brush for two minutes, though this can be challenging as her eldest child rushes and does not brush his teeth well. Despite not always following the recommended brushing time, Parent B is not overly concerned as her child brushes his teeth three times a day.

As a medical professional, Parent B uses her knowledge, information and resources from the internet and television programmes to educate her children about oral hygiene. She constantly reminds her children about the importance of brushing, although they do not fully understand its significance, and it can be hard to explain. For example, she mentions that her eldest child's teeth are changing, and her child told her:

> **Mum don't be worried they will grow up and then another one will fall out, and then another one will grow in its place."**

Access to dental services

Parent B and her oldest child are both registered with a local Reading NHS dentist however her youngest child is not due to the practice not taking on any new NHS patients. Parent B believes in keeping the family together under one dentist for easy management.

Parent B and her family regularly attend routine check-ups, and the dentist has suggested potential braces for her eldest child, in the future.

Parent B has had both positive and challenging experiences with dental care in the last two years, including a hospital referral for tooth extraction for her eldest child who loves eating sweets as his tooth broke and became painful.

Hospital experience

Parent B tells us of a bad experience when a dentist at the local hospital advised extracting 10 of her son's teeth, at the age of 4. Parent B was in shock and concerned about what that would mean for her child particularly when eating without 10 teeth.

She was told by the dentist **"Oh don't worry, how do babies eat – you are making the food in the blender."**

Parent B told the dentist **"No thank you, you can remove three teeth which are critical – but the other teeth which have started to be broken are not critical teeth."**

In the end the dentist removed 3 teeth only.

Apart of that experience, she does not have any issues accessing dental services, and her child's teeth are okay. However, Parent B feels dental appointments could be more child-friendly compared to her experiences of dentistry in her homeland.

Parent B also registered with a dentist within 3 months of arriving in the UK 2.5 years ago due to her son's toothache at the time, when he was 3 years old.

However, her youngest child is still awaiting NHS registration due to the family dental practice not taking on any new patients.

Suggestions for improvement to children's oral health

Parent B suggests shorter waiting times for NHS registration.

"I don't know why registration for NHS patient is so long. It takes so long to register as an NHS patient. I don't understand the politics of this country. They take private patients but not NHS. What do we do if we have pain? If you have money – okay, you can fix your teeth…"

Parent B also emphasised the importance of prioritizing children's dentistry with longer appointment times.

“But I know that time is money…. but still, they need time with children.” Parent B fears neglecting children's dental needs, and if they are not given the priority, could lead to widespread oral health issues in the future:

> **[…] in about 20 years, we could have a nation full of adults with broken and decaying teeth.”**

Conclusion

Parent B’s experiences highlight the need to improve access to dental care especially for children and young people. Streamlining NHS dental registration and investing more resources into children’s dentistry will significantly improve children's oral health outcomes. Additionally, involving health visitors, pre-schools, nurseries, and primary schools in spreading awareness and promoting good oral health during early childhood is crucial.

3. The impact of covid; a difference in dental access for siblings

Background

Parent C is a mother of two children aged 10 and 4 years old. She supports and supervises her youngest child to look after their teeth and gums.

Access to dental services

Parent C expressed frustration over the difference in dental access for her children. Her 10-year-old is registered with an NHS dentist, while her youngest, born during the COVID lockdown, hasn't seen a dentist due to NHS dental practices not taking on new NHS patients. She believes this disparity is due to limited NHS access post-lockdown.

Parent C recalls the importance of young children visiting the dentist. She first took her eldest child to the dentist at the age of 2 years old, and though he initially resisted (would not open his mouth), he became comfortable with regular visits.

Her son also learned about dental care at nursery school. Parent C recalls a helpful resource pack she received for her eldest child called ‘Start for Life’ which included baby books at her local health centre.

“When child 1 was born, we got a lot of booklets and advice from the health centre. But the booklets you get from the health centre you don’t get now since covid…Whereas, with child 2 I had none, but for child 1 I got all the advice.”

Parent C believes her youngest son's crooked teeth result from not being able to register with an NHS dentist and missing out on vital dental advice. However, she also suspects it may be due to his use of a dummy when he was younger, which she calls "dummy teeth."

“His teeth have all gone funny from his dummy but there is no one to advise me on what is best for his dummy teeth. Like he’s got no bite, but he’s not gone to see a dentist.”

Parent C also spoke of repeated cancellations of dentist visits for her eldest child. When she was eventually offered a new appointment after a cancellation but could not make it, the family were deregistered – herself and her oldest child. She was not told this had happened at the time of turning down the appointment. It was only when she called her dental practice to rebook that she became aware.

“They’ve cancelled twice, so he’s got no dentist appointment now. So now I’m having to ring around to find another dentist because I can’t keep going back…

For reasons, we have to cancel on the 13th, so I called and rebooked to the 15th. “Hi, really sorry but for things out of our control, we have to cancel your appointment on the 15th.”

Then I got a letter saying ‘our records show that x is due a teeth check’ but in 6 months they’ve cancelled twice. So, we only had a dentist for my oldest child. But now they have cancelled twice we have to find a new one for him as well. So, I now need to find an NHS dentist, to try and get all 3 of us in there, because I’m not in there either… because I haven’t been since Covid, they’ve rubbed me off.”

Parent C remains concerned that if there was a dental emergency with her youngest in the future, as he will have not experienced going to the dentist before. Post-lockdown she reports that her son is not good with new situations and people, including working with new staff at his nursery.

Suggestions for improvement to children’s oral health

As a result of Parent C’s experience with the NHS dental service post-covid, Parent C has made the following recommendations:

- Have access to an NHS dental practice that accepts herself and her children as a family unit.

- Strategies are needed to address the long waiting list for new registration and appointments.
- Address the repeated cancellations to show parents dental practices care about children's teeth.
- Appointments should be flexible in offering alternative days and times due to children's school hours and parents' availability due to work commitments.
- There is a need for more child friendly dentists and more provision to be provided at school i.e. dental visits to schools.

"There is peace of mind for mums like they've come home with a little sticker from the dentist."

- Develop a family friendly dental centre for children or areas in dental practices.

"You can picture it. Nice and bright and colourful – just to make it an experience. Not too daunting for kids."

Conclusion

Parent C's experience highlights the need for an overhaul to the appointment process, including improving dental access for families. Additionally, making dental practices more child friendly and involving primary schools in spreading awareness and promoting good oral health during early childhood.

7. Recommendations

1) **Implement community-based oral health education programmes to raise awareness about oral hygiene practices and good oral health. These could involve local healthcare providers, educators, and community organisations to broaden the programmes' reach.**

   For example, review the success of Anyone Can Cook! Feeding Your Baby sessions that took place in Wiltshire in November 2022, and consider running something similar within the top 3 deprived wards of Reading, with a view to potentially expand across Reading in the future.

   "The ABC Cook mission is to encourage families and children to make healthy choices by developing a passion for cooking, infusing memories of food and food preparation that are both positive and fun. The Feeding Your Baby Sessions aim to demonstrate how quick, simple and fun weaning and cooking and eating together as a family can be. Promotion of good oral health, primarily in young children, but within families to reduce the number of children suffering from dental decay and requiring extractions under general anaesthetics."

   (Feeding your baby sessions to deliver oral health messages – Anyone Can Cook! (Nov 2022))

2) **Initiatives directly involving education settings and collaborating with them to integrate oral health education into the curriculum/learning.**

   - The Early Years Foundation Stage (EYFS) statutory framework states that Early Years providers must promote good oral health of children who attend their settings; we suggest reviewing what schools, pre-schools and nursery settings are currently doing to promote good oral health, and if that can be improved upon – screenings, workshops and resources for children and parents etc.
   - Consider implementing an oral health initiative in Reading similar to Scotland's Child Smile and Wales' Designed to Smile. Both incorporate a targeted approach by focusing on pre-schools, nurseries, and schools in the 3 most deprived areas of each country. The programmes they have created include:
     - supervised tooth brushing in school or nursery/pre-school for 3-5 years old
     - oral health promotion for key groups of children and their parents, and teaching professionals.
     - promoting oral health from birth (0-3 years)

3) **Access to dental services that offer quality dental care for children and young people; create child-friendly dental environments to alleviate fears and make dental visits more enjoyable (timers, music, interactive tools to make oral hygiene fun and engaging), offer subsidies for**

regular check-ups, allow longer appointment slots so parents/carers can ask questions and receive oral health advice and resources for the home, and organise dental health fairs.

4) **Greater awareness and accessibility for families with children with additional needs to attend Thames Valley Community Dental Service.**

- For example, parents/carers of children and young people on Reading Borough Council's SEND register could be directly informed and given information about the community dentistry service, and advice on tailored strategies to help with oral health at home, i.e. using different style toothbrushes and toothpastes for children with sensory needs etc. This will ensure parents/carers are aware of this service and given guidance as soon as possible given the extremely difficult challenges many families can face at home and at high street dental practices with children who have additional needs.

5) **Specialist training for dental professionals, including reception staff, at high street dental practices, to understand the needs of children with additional needs, and the specific challenges these children and their families face with oral health and hygiene.**

- We suggest taking guidance from charities such as the National Autism Society, i.e. ensuring there are questions on dental medical questionnaires where parents/carers of children/young people with autism can ask for adjustments to be made to make their visit to the dentist a better experience. Children with additional needs to be booked into a double slot for their routine checkups etc.

6) **Creating culturally tailored resources such as developing culturally sensitive oral health resources and materials as different communities have differing needs, and to tailor any oral health programmes to their requirements.**

7) **Cultural sensitivity is crucial for families from non-UK backgrounds who may be unfamiliar with the UK health system and other local support services. Language barriers can hinder communication and understanding, so offering interpreting services is essential for non-English speakers to express their oral health needs and to access dental care.**

8. How we made a difference

Increased awareness

Families told us that they learned more than expected about looking after their child/children's oral health, leading to what we hope will be improved oral hygiene habits for all family members going forward.

These families also now have greater awareness of how local NHS dentistry services work, and other local related services too, as we provided them with information and advice.

For example, some parents told us they do not have access to an NHS dentist due to not knowing how to access one in the first instance or they were not sure whether they were eligible to use the service.

"Most parents we interviewed were not aware of the local community dentist service in their area."
Volunteer Community Connector

"Some parents did not know they do not have to pay for NHS services, such as GPs and dentists."
Volunteer Community Connector

Some families learned how to get urgent dental treatment through the additional hours scheme – something they had not known prior to their interview.

"They take private patients but not NHS. What do we do if we have pain?"

Families also have a greater awareness of the work of Healthwatch Reading (not all families had heard of us prior to the interviews) and how their voices, through this project, will help improve services for everyone across Reading.

Families responded well to our work and services, appreciative of what we do. They told CCs they would contact Healthwatch Reading in the future and keep any eye on our website for advice and information.

Empowerment

Parents/carers felt empowered to take control of their own and their families' oral hygiene and overall dental care having gained more health knowledge and awareness during the interviews. All interviews ended positively with families thanking us for our time, and for the information and advice we provided to help them going forward.

For example, the goodie bags were well received by parents/carers who welcomed the information and items as a way of being able to reinforce good oral health habits. The poster and leaflets parents told us they would use as a visual aid to educate themselves and their child/children further, on good oral health practice at home.

"One of the participants came with her daughter to collect their [goodie] pack later. The child's excitement was obvious because of their own gift of toothpaste, brush, and very colourful posters."
Volunteer Community Connector

Community Engagement

This project enabled Healthwatch Reading and the CCs to not only engage and make new connections through increased visibility, but to also strengthen relationships within the communities of Reading. This includes the family participants, local organisations and community groups. Community centres appreciated our visits and the project overall.

There was a strong sense trust and community through collaborating and the support we received throughout the project. Some community connections have now flourished and grown further since the project ended.

The CCs have gained a huge level of confidence and experience in initiating meaningful conversations about local community. They reported that they have learned so much, from the start of the project through to the end. They also feel more respected within the communities of Reading, as they are now seen as community champions.

Healthwatch Reading also now gets regular visits from members of different communities at our office at Oxford Road Community Centre.

The CCs have all expressed interest and shown enthusiasm in wanting to support future Healthwatch Reading projects to help us improve services. Many of which have the underlining theme of health inequalities.

"The project was an amazing opportunity for us Community Connectors to connect with people in our community and build up a good relationship with them."
Community Connector

"Participating in such projects was a good experience and the knowledge gained will help me participate in more projects in the future."
Community Connector

9. Key learning points

Access to families

The greatest challenge faced was in recruiting a diverse ethnic group of families to the project. This was evident when trying to engage with white British parents. The CCs felt this was because there was an issue of trust and individual attitudes towards them.

> "If you are known as a community figure this might have been different."
> **Community Connector**

The CCs (women with a Muslim background) felt judged by their appearance and clothing. This influenced parents' willingness to engage with them initially.

They visited schools, children's centres, and community centres (that were previously contacted by Healthwatch EOs to introduce the project) intending to facilitate access to families. However, the CCs encountered immediate challenges which included one parent being dismissive simply stating, "Sorry, I don't have time."

The CCS also felt that their affiliation with Healthwatch Reading was not clear to people – they were not recognised or identifiable as volunteers for Healthwatch Reading, except from their small ID badges/lanyards when visiting schools, children's centres, and community groups.

> "There was a lack of trust about who we were even though we had ID badges. This lost us valuable time."
> **Community Connector**

Healthwatch Reading will now explore providing T-shirts with large logos for Healthwatch staff and volunteers which will enhance visibility and trust.

Some families without internet access or mobile phones were grateful to see the posters in community areas about the project. Therefore, it's essential that posters continue to be part of our future project campaigns to ensure that digitally excluded people are included and informed about our project work.

Community engagement

- This project highlighted the need to develop our own CC programme to focus on fostering strong, equal, and trusting partnerships between the NHS, residents, and communities. There's evidence from our CCs suggesting that communities in Reading feel unheard/not listened to.
- We need to develop and expand partnerships and relationships with community organisations and groups including schools, children's centres, and faith-based

groups, with the support of our CCs. This will broaden our community network and ensure engagement with a diverse range of ethnicities, so that their voices are heard and form part of our projects.

- We are now aiming to diversify our CCs team to ensure there is representation from a wider range of communities across Reading.
- More targeted community engagement activities are needed in these 3 deprived wards, as well as other wards across Reading to raise awareness about our work and to look deeper into health and social care issues, and around the themes in our new workplan for 2024/2025.

Interpreter services

Challenges with access to reliable and accessible interpreter services is a community sector wide issue across Berkshire West and beyond. This is an issue that will be at the core of our event "Thinking together: a conversation about interpreting" taking place later in 2024.

We had challenges with translating during 2 interviews and then translating some of the 19 hours of audio recordings which is an area for review for future projects.

Project interviews

- Confirming interview days and times proved challenging as some parents agreed but later cancelled or didn't show up, affecting CCs' availability. Healthwatch Reading staff had to step in to support interviews so that they took place.
- The CCs, many of whom are parents, used their shared parenting experiences as an icebreaker to establish a rapport with families at the start of interviews. This helped families feel at ease and to connect with the CCs.
- There was background noise at times when interviews took place which presented challenges with translating 19 hours of audio recordings. For the future, we need to ensure that space for face-to-face interviews or discussions has very little or no background noise. This will also ensure confidentiality. On some days, the community centres in which we conducted these interviews had no rooms available at the time allocated for interviews, so we worked the best we could, with what we had.

10. Next steps

We will support and advise Reading Borough Council Public Health on an oral health strategy that is urgently required for all residents of all ages across Reading.

We will share our findings with the families that participated in the project and in 6 months' time they will be invited to a focus group with the CCs to discuss what is happening with their child/children's oral health since their interviews.

Our findings will be presented to:

- Local Health and Wellbeing Board
- Health Scrutiny Board (ACE)
- Reading Integrated Board

As this project is part of the wider CORE20PLUS5 Connectors Programme with Healthwatch Buckinghamshire and Healthwatch Oxfordshire also completing projects in their areas, we will be collaborating on a joint report about all our projects and findings. The joint report will then be presented to BOB ICB Health Inequalities Board.

11. References

- National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)
- NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people
- NHS England » Core20PLUS5 Community Connectors
- Feeding your baby sessions to deliver oral health messages – Anyone Can Cook! (Nov 2022)
- The Income Deprivation Affecting Children Index (IDACI) (2019)
- BOB ICB's Joint Forward Plan (2023)

12. Contact us.

If you have any questions, need information or advice on health and social care services across Reading, you can call us or get in contact via our website. Our details follow below:

Address: Oxford Road Community Centre, 344 Oxford Road, Reading, RG30 1AF

Phone: 0118 214 5579

Email: info@healthwatchreading.co.uk

Website: www.healthwatchreading.co.uk

If you require this report in an alternative format, please contact us using the details above.

Healthwatch Reading
Oxford Road Community Centre
344 Oxford Road
Reading
RG30 1AF

www.healthwatchreading.co.uk
t: 0118 214 5579
e: info@healthwatchreading.co.uk
@healthwatchRdg
Facebook.com/HWReading

The value of listening

Healthwatch Reading
Annual Report 2023-2024

healthwatch Reading

Contents

"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."

Louise Ansari, Chief Executive at Healthwatch England

Message from our Advisory Group Chair

The Healthwatch Reading team has had another busy year engaging with local people and the communities of Reading.

This is our second year as the new Healthwatch team, and I am delighted to introduce our annual report to highlight some of the great work achieved by the team over the last year, including the creation of Healthwatch Reading Youth.

Luke Howarth
Chair, Healthwatch Reading Advisory Group

The team continued to focus on public engagement, championing the views of local people and listening to their experiences. We participated in over 40+ engagement events (including outreach sessions) held at community centres, and with voluntary and community sector partners in every corner of Reading; from South Reading Community Centre, Whitley and the Weller Centre in Caversham, to Launchpad and the University of Reading.

Our staff team expanded this year, and now have a central base on Oxford Road, Reading. This has been key in assisting with our community conversations and events, including the recruitment of 5 volunteer community connectors to support us in reaching the diverse range of communities across Reading.

We have been ambitious in maximising our capacity, whilst retaining focus on the quality of our in-depth look at topics and themes of concern. Project work has included GP access - with 185 local people participating, and health inequalities in relation to the oral health of children, in which 25 families participated.

We have regularly engaged with Sarah Webster from Berkshire, Oxfordshire and Buckinghamshire Integrated Care Board (BOB ICB), Amit Sharma from Berkshire West Primary Care Network Alliance (PCN), Royal Berkshire Hospital, and the Health and Wellbeing Board at Reading Borough Council.

We are now beginning to get recognition of Healthwatch Reading being the point of contact in representing patients' views, experiences and needs, but there is still more to do, and we look forward to 2024/25.

Thank you to all the Reading residents, community groups and local organisations who have shared their feedback, engaged with our projects (which is vital to our work), and welcomed us.

It is through working together and listening to Reading locals and communities that we can help shape a health and social care system that works for everyone.

"It is through listening to Reading locals and communities that we can help shape a health and social care system that works for everyone."

About us

Healthwatch Reading is your local health and social care champion.

We make sure local NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Supporting the people of Reading:

1600+ people

provided us with information, shared feedback, accessed support, information and advice from us via phone, email, website forms, focus groups and engagement events.

9300+ views

of our content and pages on our social media channels, and visits to our website.

Making a difference to care in Reading:

We published

4 reports

about the improvements people would like to see in health and social care services.

Our most popular report will be

Core 20 Plus 5 oral health

which highlights the urgent need for an oral health strategy in Reading with recommendations.

Health and social care that works for you:

We're lucky to have

9 volunteers

who have used their time to make care better for our communities.

We're funded by our local authority. In 2023 - 24 we received

£98, 277

which is 1% more than the previous year.

We currently employ

4 part-time staff

who help us carry out our work.

How we've made a difference this year

Spring

We drew attention to the experiences of asylum seekers in Reading which resulted in the creation of a collaborative forum to assist with the challenges experienced by these cohorts.

We continued to highlight the lack of mental health assessment at 6/52 weeks/postnatal checks at GP surgeries, and its impact. This is now part of Reading Borough Council's mental health strategy.

Summer

Healthwatch Youth Reading was launched to capture the voice of young people, and their health and social concerns and needs. Feedback showed us there are issues locally for young people.

We were part of the Community Wellness Outreach (CWO) partnership project to reduce health inequalities in vulnerable communities, and to enable people to become active in improving their own health.

Autumn

A joint GP Access project to investigate residents' perception on the new way GP surgeries are working based on residents' feedback was completed. Findings will help to inform the BOB ICB's Primary Care Strategy and help improve GP services.

We raised awareness of the NHS app to residents and communities; how it works, its benefits, such as managing your own healthcare, via our project work, online and face-to-face focus groups, and online channels.

Winter

We completed our health inequalities oral health project (Core20Plus5 Community Connectors Programme) about children under the age of 10 years old , living in the 3 most deprived wards of Reading. Findings will be used to inform the first ever oral strategy for all residents across Reading.

We highlighted the need for improved interpreter and translation services in healthcare and social care services/settings, linking to the Accessible Information Standard. This is based on resident and community feedback, and local intelligence.

Your voice heard at a wider level

We collaborate with other Healthwatch to ensure the experiences of people in Berkshire West influence decisions made about services at Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS) level.

This year we've worked with Healthwatch across Berkshire West as well as in Buckinghamshire and Oxfordshire, to achieve the following:

Achievement one: In collaboration with two other Healthwatch (West Berkshire and Wokingham Borough), and with support from the Primary Care Alliance and Berkshire West Integrated Care Board (ICB) (place level), we launched a project addressing a key concern/theme for Berkshire West residents: GP access. Feedback indicated that many residents were unaware of or confused by changes in GP surgeries. The report will be published shortly, with its findings and recommendations informing BOB ICB's Primary Care Strategy.

Achievement two: We joined BOB ICB's health inequalities programme (Core25Plus5 Connectors Programme) alongside two other Healthwatch (Buckinghamshire and Oxfordshire). We investigated the oral health of children under the age of 10 years, in three of the most deprived wards of Reading. Our report (to be published shortly) will help improve local dental services and assist in forming the first ever dental strategy for Reading. It will also contribute to a broader report on oral health inequalities across the BOB area.

Achievement three: Maternal mental health was initially excluded from Reading's mental health strategy. We highlighted its significance and discussed with service leaders and providers the importance of thorough post-natal checks. Citing our addendum to Healthwatch England's maternal report, Left unchecked: why maternal mental health matters - A Berkshire West Perspective, and the MBRRACE UK report on high maternal mortality and suicide rates in the first year postpartum, we successfully advocated for the inclusion of maternal mental health in the mental health strategy. Conversations on maternity services and women's health services continue.

Achievement four: We continued to collaborate with BOB ICB's dental commissioning team and voicing residents' concerns about dental access.

We also regularly shared their information and advice on the flexi-commissioning dental service to community organisations across Reading who are supporting vulnerable groups, and to residents. This included developing an advice page on our website which is promoted at engagement events etc.

Listening to your experiences

Services cannot make improvements without hearing your views. That's why, over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services to help them improve.

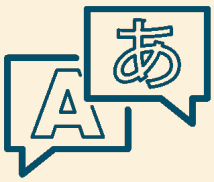
Raising awareness of the impact of having no interpreter service locally

We listened to residents and communities' concerns relating to language barriers impacting patient care and safety. The absence of interpreter services in Reading is leading to significant delays in people accessing the care they need.

In 2022, Healthwatch England collaborated with several local Healthwatch, including us, to understand the experiences of people who rely on the NHS interpreter and translation service across the UK.

Report findings revealed that people with limited English language face significant challenges throughout their healthcare journey. These include unawareness of the interpreter and translation service, difficulty accessing interpreters and language mismatches.

We have consistently heard similar themes from residents in Reading who struggle to:



- Register with a GP
- Access urgent care
- Navigate large healthcare facilities
- Communicate their health issues
- Understand medical advice from doctors or healthcare professionals

What difference is Healthwatch Reading making?

We've had many conversations with NHS service providers, BOB ICB, Reading Borough Council (social care) and have been informed that interpreting services is not a priority locally, even though the right of people to have an interpreter in healthcare is supported by three key legal UK frameworks:

- Equality Act 2010: mandates healthcare providers must ensure services are accessible to all patients regardless of language proficiency to prevent discrimination.
- NHS Constitution: emphasises patients' rights to effective communication and the provision of interpreting services to understand their care.
- NHS guidelines: specifies that interpreting services must be provided free of charge, ensuring non-English speaking patients receive equitable and informed healthcare.

It is clear, that the urgent need for access to healthcare by people in diverse communities across Reading, where English is not the first language, is being knowingly ignored to the detriment of their health.

We are hosting a local Thinking Together event which will bring together service providers, healthcare professionals, community leaders and champions, and Reading residents who will share their lived experiences, in Autumn 2024.

The goal is to have a joined-up conversation so that interpreter services can be implemented in health and social care settings and services across Reading. By doing so, we aim to help improve access to care, enhance patient safety and to ensure an equitable Healthcare experience for everyone.

Reducing health inequalities in oral health for children and young people

In collaboration with BOB ICB, Healthwatch Buckinghamshire and Healthwatch Oxfordshire, we joined NHS England's Core20Plus5 Connectors Programme, and worked on a project looking to reduce health inequalities in oral health for children and young people in locally deprived areas.

Data from an oral health survey of 5-year-old children in 2022 revealed that 32% of 5-year-olds in Reading have one or more untreated dentally decayed teeth (higher than the national average of 29%), and 2.5% of 5-year-olds in Reading have had one or more teeth extracted due to dental decay.

For this project, we wanted to find out what care and treatment children currently receive at home and from the dentist (if any), what is preventing parents/carers from accessing the dental care their children require to stay healthy and well. We also wanted to find out what parents/carers are doing to develop and maintain good oral health and hygiene for their children early in life.

We recruited and trained 5 volunteer community connectors to help us to understand the dental care experiences of families with children under 10 years old, living in Reading's most deprived areas: Norcot, Church, and Southcote, over the past two years. 25 families took part, with 19 hours of audio interview recordings captured.

Our community connectors, whose backgrounds are in pharmacy, general practice, social care, and public health, were also able to provide families with advice on dentistry and related health and social care issues during interviews. Their multilingual abilities helped them connect with and support non-English speaking families, and to establish themselves as trusted community champions across Reading.

What difference is Healthwatch Reading making?

The findings and recommendations (soon to be published) will be presented to BOB ICB's Prevention & Health Inequalities Board. They will also form part of a joint report about oral health inequalities across BOB with Healthwatch Oxfordshire and Healthwatch Buckinghamshire to improve services and care across BOB.

We will be presenting the report to the Reading Health and Wellbeing Board, and it will be used by Reading Borough Council to inform Reading's first ever oral health strategy – there is currently no oral health strategy in place for adults, children, or young people.

"On behalf of BOB ICB, I would like to share a big 'thank you' to you, the Engagement Officers and volunteer Community Connectors at Healthwatch Reading for undertaking this important work with such professionalism and sensitivity."

Jo Reeves, Prevention and Health Inequalities Network Manager – BOB ICB

Below are a few photos of parents being interviewed for our oral health project with our staff team and volunteer community connectors.

"Thank you Healthwatch Reading for the useful information and tips through the talks and the leaflets given to us by your team, and the volunteers. They are so helpful and beneficial to me. Before I didn't care or count the time when my kids are brushing their teeth. I don't check what they eat or drink. Now I have better knowledge and understanding of good tips to help me help my kids to look after their teeth, such as the two minute timer, to reduce the sugary food, and have a good brush before sleep."

Parent interviewed by Healthwatch Reading volunteer Community Connectors

"Now I know that I can get more information from the Healthwatch Reading website or the team members, beside that, also I can look for an emergency dentist for me or my family if we need one, and now I have clear knowledge about what the community dentist is and where I can find them."

Parent interviewed by Healthwatch Reading volunteer Community Connectors

Ways we have made difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Increase service providers' awareness of the impact of the 'new way of working' in GP surgeries on the public

It's important for services to see the bigger picture and listen to the public's view.

Healthwatch Reading received feedback from residents about not being able to get appointments with their GP and not being aware of other healthcare professionals available at their GP surgeries that could help with their health issues.

As a result of this feedback, and working together with the communications team at BOB ICB, a video was produced and published to share this information on how GP surgeries are now working, with the public.

Getting service providers to listen to the public

Services need to understand the benefits of listening and involving local people to help improve care for everyone.

As we embarked on our GP Access project we became aware of BOB ICB's Primary Care Strategy. BOB ICB commissioned KPMG to assist with this strategy, however no public consultation of the strategy had taken place. This gap was highlighted by the Berkshire West Healthwatch Director, so this does not happen again in the future.

Establishing a greater connection with young people

It is important to give young people a voice to share their views and experiences of health and social care, so services can understand what matters to them most.

Through on-going local engagement, and feedback from our GP Access project we continued to hear that young people are facing many health and social care challenges locally. We embarked in setting up Healthwatch Reading Youth which is made up of 7 volunteers (aged from 16-25 years old) from a range of backgrounds and diverse ethnic groups. Volunteers bring their own individual lived experience and knowledge to Healthwatch Youth projects.

Hearing from all communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.

This year we have reached different communities by:

- Establishing new connections and building stronger relationships within the communities of Reading.
- Reaching out to and attending events within the different communities.
- Ensuring residents and communities are involved in our all areas of our work, and their voices are represented.
- Creating Healthwatch Reading Youth to listen to young people's voices on health and social care.
- Recruiting and training 5 volunteer community connectors to access different communities for our oral health project, and future work.

Being a voice for asylum seekers in Reading

Through building trusting relationships with communities and organisations across Reading, we were told of concerns around the conditions in which asylum seekers had been placed into Home Office contracted accommodation in Reading.

Concerns included lack of:

- appropriate facilities to prepare baby food
- suitable food to meet different dietary requirements, including those of children
- access to dental treatment
- transport to attend medical appointments
- communal space where people can go to spend time away from their bedrooms

In addition, due to the lack of day-to-day activities for this cohort, and lack of funds, this led to some being groomed. There was a missed opportunity to support the cohort into employment as many were educated and had professional qualifications.

We have also been involved in the latest challenges experienced by asylum seekers who were given 'right to stay' status, but then evicted from Home Office contracted accommodation with just 7 days' notice and left homeless due to limited housing in Reading.

What difference has Healthwatch Reading made?

- We took these concerns to the BOB ICB Preventative and Health Inequalities Board and this resulted in the Board becoming part of the ICB Asylum Seeker Oversight Group.
- Sharing our concerns resulted in the creation of a collaborative forum in which we are a member; Refugee and Asylum Seekers Forum. We, along with local organisations and community groups, regularly come together to share the challenges faced by this cohort, and to discuss further action and possible solutions.

A Refugee and Asylum Seekers Forum meeting taking place in Reading, with Healthwatch Reading in attendance.

Listening to the voice of young people

Through the creation of Healthwatch Reading Youth we are enabling young people of Reading to share their experiences and views on local health and social care, and to conduct project work on what matters to them most, to improve services.

Through our on-going engagement activities and receiving feedback during our GP Access project informing us that young people are still facing health and social care challenges locally, the creation of Healthwatch Reading Youth was born.

A few of the issues young people face in Reading, also seen across the UK include (but not the full list):

- Mental health
- Sexual health
- Addiction
- Access to NHS services

We have 7 volunteers who make up Healthwatch Reading Youth between the ages of 16-25 years old, and who come from a range of diverse backgrounds. They all bring their own individual lived experiences and knowledge to Healthwatch..

The first project, which will be completed in our new working year 2024/2025, and with Healthwatch Wokingham Borough, was chosen collectively by our youth volunteers; looking at women's sexual health, with the focus on sexually transmitted infections (STIs). This theme was agreed as the first focus due to receiving feedback that "sex education in school was very limited" and from the volunteers lived experience of sexual health education at school, which was reported as varied.

The youth team want to raise awareness of sexual health well-being, and to find out more about the challenges of accessing NHS sexual health services, locally.

The goal is to highlight:

- The gaps in information and service access
- Improve communication by services to young people
- Raise awareness amongst young people

4 of our Healthwatch Youth Reading volunteers

Establishing a greater connection with Reading communities to listen to their experiences

With the expansion of our team, we have been able to participate and/or speak at over 40+ engagement events across Reading, enabling us to successfully reach out to the communities and people we hear from less frequently.

We participated in Reading's 'Love your neighborhood' events to meet local people at Hexham Road, Whitley Wood, Coley Park and Lyndhurst Road community centres.

We joined the Women's Circle at the wellbeing hub at Alliance for Cohesion and Racial Equality (ACRE), and sessions with Jamaica Society's Health and Wellbeing group to gather feedback from residents.

Other local events included (but not the full list) Diabetic Awareness Day, Refugees Ramadan Iftar, Foodbank drop-in sessions, Citizen UK Forum, Grassroot Community Conversations, University of Reading Freshers Week and an FGM conference.

Our new office at the Oxford Road Community Centre is in one of Reading's most diverse areas, near the Abubakar Islamic Centre and various churches. The easily accessible community centre is a vibrant hub for communities, including refugees and asylum seekers, who have noticed our presence.

We've increased engagement, feedback, and trust, especially with hard-to-reach groups, who now contact and visit us for advice and information.

We have also established new and/or stronger connections and relationships with local government bodies, NHS trusts, charities, communities, organisations, and other agencies, including:

- Reading Borough Council (i.e.. housing team, health and inequalities team)
- NHS teams (i.e.. Patient Experience Engagement Team (Meet PEET)
- Berkshire Healthcare Foundation Trust
- Thames Valley Police (i.e hate crime division, domestic abuse division, sexual exploitation division)

These groups visit the community centre regularly to conduct awareness and drop-in sessions for residents and communities. We have been invited to attend sessions, related community meetings and events at the centre enabling us to listen to and collect feedback, and to be part of bigger conversations on local health and social care services.

Another year of listening

Hearing from all communities.

Photos of our team engaging in just some of 40+ engagement events we held and attended with residents, Reading communities and local organisations.













Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, making a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people to:

- Receive up-to-date information and advice they can trust
- Access the services they need, such as urgent dental care
- Make NHS complaints
- Understand the Pharmacy First Service
- Understand their rights to access GP services through handing out 'My Right to Healthcare' cards

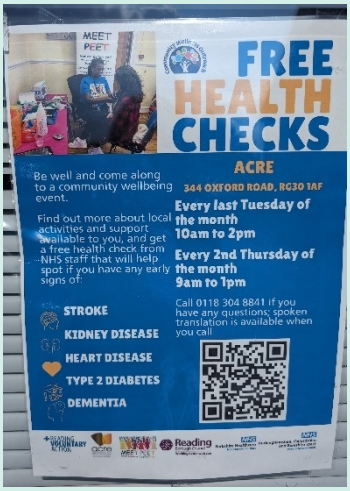
Understanding NHS information

We received feedback from residents and communities that NHS messaging (including terminology) is often difficult to understand, even for those with excellent English skills, and especially for residents where English is not their first language. This difficulty has led some residents to avoid engaging with local NHS services.

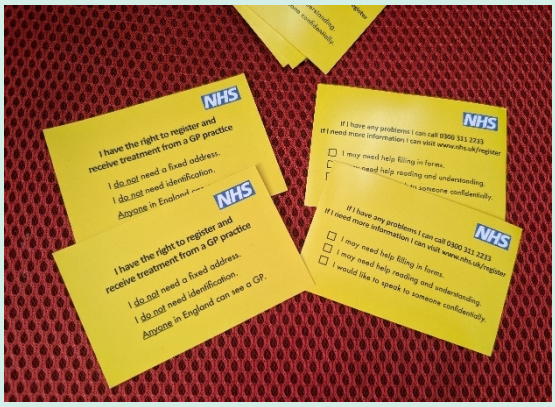
We shared this feedback and speak regularly about this issue to local statutory bodies and the NHS. We continue to advocate for clearer, simpler language to be used, as well as more consistent messaging and communication.

How is Healthwatch Reading making a difference?

- We are working with these bodies and the NHS to find a universal language and communication methods, such as using easily recognisable images on leaflets and posters instead of just text, which will also benefit people who are illiterate.
- We advised Reading Borough Council to use images and photos on their posters to explain healthcare checks for a local community wellness project, which they actioned.
- We also handed out 'My Right to Healthcare' cards to communities with non-English speaking members at engagement events, to assist them to get easier access to healthcare services and to ensure they receive the care they need without language barriers.



Community wellness project posters examples, with images.



'My right to healthcare' cards handed out to residents and community groups.

Understanding the urgent dental care service

It was another year of hearing concerns from residents about accessing NHS dental services, which continues to be not only a local issues, with a UK wide issue.

Some feedback we heard this year was about lack of communication; some residents reported that dental practices were not providing advice after informing them they were no longer accepting NHS patients or had to join long waitlists, leaving them unsure of how to get urgent dental care.

This included residents who were pregnant and held NHS maternity exemption certificates (aka NHS exemption cards) that allow pregnant women and those who have given birth in the last 12 months to receive all NHS dental treatments free of charge. This includes routine check-ups, treatments like fillings or extractions. Regular dental check-ups and treatments which are crucial for the health of both the mother and baby during and after pregnancy.

We fed this information back to BOB ICB Commissioning Dental Service and NHS England Southeast Dental (SED) team (who we are in regular contact with to share feedback) and found out that residents who are pregnant can access the free dental flexible commissioning service (aka dental flexi-scheme) with any dental practices that are offering the service, and not just for urgent dental care only.

However, this is not widely known by residents or by other dental practices who are not part of the flexible commissioning service, who could be sharing this information with residents and communities to keep them informed.

How has Healthwatch Reading made a difference?

- Sharing this feedback resulted in the Q&A documentation for the Southeast dental flexi-scheme (for the public and professionals) being updated to clearly mention pregnant women are part of the scheme.
- We shared this information and other advice on the local dental flexi-scheme to community organisations across Reading who are supporting vulnerable groups, and to residents via engagement events, focus groups, and to other organisations and Boards in meetings we attend where we represent the voice of Reading residents.
- We developed a dental advice page on our website which is updated regularly, shared on our social media channels, and promoted at engagement events etc.

We have received positive feedback from residents who have used the dental flexi-scheme service on our advice, and have been told they had been seen quicker than they expected, and it all went well.

Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote Healthwatch and what we have to offer
- Collected experiences and supported Reading communities to share their views
- Assisted with our project work to help make change in the community

"I volunteer with Healthwatch Reading due to my experience and expertise in working with diverse communities. I identified a need for more targeted awareness programs within these communities, particularly in areas such as health, education, and social care.

Within the diverse community I support, I focus on advocating for women and children, a cause that is close to my heart. The training provided by Healthwatch Reading has further developed my skills and knowledge, enhancing my ability to engage with community members effectively in projects such as Core20Plus5.

Building trust within the community and becoming a community champion lays a foundation for future projects. Attending a conference in Oxford allowed me to share my experiences as a community connector working on an oral health project for children under the age of 10.

With the knowledge and experience gained through my involvement, I highly recommend others to seize the opportunity to enhance their skills and make a positive impact in their communities to promote a healthier society."

Sharma,
Healthwatch Reading
Community Connecter
volunteer

"Being an international student, it can be tough navigating healthcare in a foreign country. Working with Healthwatch Reading Youth gave me a good insight into the healthcare system and the experiences people face in accessing healthcare locally, and in the UK. The role of Healthwatch Reading, along with being the voice for the people of Reading, is so important in trying to make people's experiences better, and to help improve health and care services for everyone. I have enjoyed my volunteering time with Healthwatch."

Kyria,
Healthwatch Reading
Youth volunteer

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatchreading.co.uk
0118 214 5579
Info@healthwatchreading.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		**Expenditure**	
Reading Borough Council (Core Funding	£98, 277	Employment Cost	£70, 883
		Operational support	£34,669
Total income	**£98, 277**	**Total expenditure**	**105,552**

Additional income is broken down by:

£23,250 received from the local ICS for the Core 20 Plus 5 Oral Health Inequalities project (part of the Community Connectors Programme).

ICS funding

Healthwatch across Berkshire West also receives funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Core 20 Plus 5 Oral Health Inequalities (Community Connectors Programme)	£23,250

Next steps

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year fall under the theme of accessibility based on a survey completed by 71 residents:

- **Health inequalities**
- **Social care at home**
- **Pharmacy First Service**

Statutory statements

Healthwatch England, 2 Redman Place, Stratford, E20 1JQ
Contract held by The Advocacy People, Rock House, 49-51 Cambridge Road, Hastings, East Sussex, TN34 1DT

Healthwatch Reading uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch volunteer Advisory Group consists of 4 members who work to provide direction, oversight and scrutiny of our activities. Our Advisory Group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24 the Advisory Group met 4 times, reviewing and giving the team guidance on our workplan for the year, our GP Access project and the Core 20 Plus 5 Connectors Programme project. They also participated in the projects we undertook.

We also ensure the wider public is involved when deciding our work priorities. Our top priorities for the year ahead was determined through our yearly public survey.

Methods and systems used across the year to obtain people's experiences

We use a range of approaches to ensure that as many people as possible provide us insight into their experiences of using health and social care services. During 2023/24, we have been available by phone, contactable via email, our web form on our website, and through our social media channels. We also attended meetings, conferences and forums run by community groups, with the public in attendance at these at times. We also organised focus groups for our projects.

Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so no resulting reviews or investigations.

The publishing of our reports for our project work this year, has been impacted by the national and local pre-election period.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us. In Reading we take this information to the Reading Integration Board and the Health and Wellbeing Board, so it is heard by decision makers at local authority level. We also take insight and experiences to decision makers in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System and work with other Healthwatch within this area to ensure voices are heard from all parts of the community. For example, we have a seat at the System Quality Group and BOB ICB Health Inequalities Board. We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

We made no Enter and View visits the year. Other methodologies better suited our work priorities such as reaching out to communities through focus groups for our GP access project. For 2024/2025 we'll be thinking about the best ways to ensure our primary care recommendations are actioned, as well as focusing on gathering views for our other projects. We don't expect these themes to require Enter and View methodology.

Healthwatch representatives

Healthwatch Reading is represented on the Reading Health and Wellbeing Board by Alice Kunjappy-Clifton, Lead Officer, Healthwatch Reading.

During 2023/24 our representative has effectively carried out this role by sharing our work and future workplans, as well as asking questions from the public perspective and ensuring the public voice is considered in decision-making.

Healthwatch Reading also collaborates with 4 Healthwatch in Buckinghamshire, Oxfordshire and Berkshire West (BOB) to ensure Reading residents are represented at place level (Berkshire West) and Integrated Care Board level.

The 3 Berkshire West Healthwatch (Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham Borough) delivered through representation at place level which was and continues to be shared between Alice Kunjappy-Clifton (Lead Officer, Healthwatch Reading and Healthwatch Wokingham Borough), Fiona Worby (Lead Officer, Healthwatch West Berkshire) and Jamie Evans (Area Director, Healthwatch in Berkshire West).

Representation at BOB level is in conjunction with Chief Officers, Zoe McIntosh (Healthwatch Bucks) and Veronica Barry (Healthwatch Oxfordshire).

We look forward to continuing our working partnership with the different Healthwatch into the next working year and beyond.

2023 – 2024 outcomes

Project	Outcomes achieved
GP Access A project in collaboration with Healthwatch West Berkshire and Healthwatch Wokingham Borough, focusing on resident's awareness on the new ways in which GP surgeries work; exploring what the public knows, where there are information gaps, and how communication can improve to address gaps. 185 people across Reading participated in this project. Our report is soon to be published.	• The public voice across Berkshire West and our recommendations will inform the BOB ICB Primary Care Strategy. • It will also support the local PCN and GP surgeries to improve their communication with the public, with the aim of reducing the number of complaints received about access to GP-led services. • We increased public awareness of how GP surgeries work. We hope this work continues via the local PCNs, GP surgeries and Patient Participant Groups (PPGs) when our report is published. • We increased public awareness of other healthcare options available for help/self-help, including the NHS App, with aim to help reduce phone waiting times etc. • We increased awareness of the work of Healthwatch.

Project	Outcomes achieved
Core20Plus5: Exploring the oral health of children aged under ten years in Reading; Norcot, Church and Southcote Wards A project, forming part of the Community Connectors Programme, working towards reducing health inequalities in oral health for children and young people in locally deprived areas of Reading. In association with BOB ICB and for a wider joint report on health inequalities across BOB, a joint report is being produced with Healthwatch Oxfordshire and Healthwatch Buckinghamshire. Our report is due to be published shortly.	• Our report will inform Reading Borough Council's first ever oral health strategy for all residents, of all ages, which includes looking to reduce oral health inequalities. • Participant families felt empowered to take control of their own and their families' oral hygiene and dental care having gained more health knowledge and awareness during the project. This we hope will lead to improved oral hygiene habits for all family members. • Families have greater awareness of how local NHS dentistry services work (flexi-commissioning service, community dentists), and other local healthcare services too, as we provided them with information and advice. • Our volunteer community connectors have gained a huge level of confidence and experience in initiating meaningful conversations about local community. They reported that they have learned so much; from the start of the project through to the end. They also feel more respected within the communities of Reading, as they are now seen as community champions. They also wish to continue volunteering with us.
Report published: Left unchecked: why maternal metal health matters - A Berkshire West Perspective Healthwatch England (HWE) conducted a review of feedback received about maternity services in 2021/2022. We produced and published a small local joint study with the results being an addendum to the main HWE report. Reports were shared with BOB ICB, Reading Council and the Royal Berkshire NHS Foundation Trust.	• We successfully advocated for the inclusion of maternal mental health in the Reading mental health strategy. • The conversation on women's maternal health continues. • The report has initiated further conversations on women's healthcare services which continue. • The report will be reviewed as part of our workplan for 2024/2025
The creation of Healthwatch Reading Youth Offering 16-25 year olds the opportunity to volunteer and work together to help shape health and social care services ensuring that the voice of young people in Reading is heard.	• We have 7 volunteers for Healthwatch Reading Youth to represent the voice of young people. • The volunteers have planned a women's sexual health project which will be completed in the new working year 2024/2025, with a report.
Legal frameworks, language barriers and local interpreter services. From engagement with residents and communities, there is significant concerns relating to language barriers impacting on patient care and safety. The absence of interpreter services in Reading is leading to significant delays in people accessing the care they need.	• We will be hosting a local Thinking Together event which will bring together service providers, healthcare professionals, community leaders and champions, and Reading residents to share their lived experiences, in Autumn 2024.

healthwatch Reading

Healthwatch Reading

Oxford Road Community Centre
344 Oxford Road
Reading
RG30 1AF

www.healthwatchreading.co.uk
01189 214 5579
info@healthwatchreading.co.uk

Facebook.com/HWReading
@HealthwatchRdg

This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

Date of Meeting	12 July 2024
Title	Director of Public Health's Annual Report
Purpose of the report	To note the report for information
Report author	John Ashton
Job title	Interim Director for Public Health
Organisation	Reading Borough Council
Recommendations	1. For the Health & Wellbeing Board to note the annual report and its contents

1. Executive Summary

1.1. Directors of Public Health have a statutory requirement to write an annual report on the health of their population. This report describes the health of the population, is evidence based and is a way of informing local people about the health of their community. It is underpinned by the Joint Strategic Needs Assessment for Reading and sets direction for the local public health system. It informs decision makers in local healthcare services, partner agencies, voluntary partners and communities to take preventative action that will prevent health inequalities and protect and improve health.

1.2. This Annual Report is the first standalone Reading Borough Council report for many years and sets out the ambitions of the Council's public health team and outlines how they will work to improve the health and well-being of the local population and reduce health inequalities over the coming year.

1.3. The Annual Report also outlines the current position of public health in Reading and describes the work carried out in the context of the three main domains of public health – health protection, health improvement and healthcare.

1.4. The strategic priorities set out in this year's Annual Report form the basis of the Public Health Team's service plan, their collaborative work with other council directorates and influence with wider system partners over the coming year. However, these cannot be set in stone as they may need to change and evolve in response to threats to health and the changing needs of the population, changes in national policy and local priorities.

2. Policy Context

2.1. Reading Borough Council is committed to protecting and improving the health of everyone in the borough.

2.2. This commitment is captured in the Berkshire West Health and Wellbeing Strategy for 2021-2030, which has been adopted by the council.

2.3. This strategy sets out how the three Berkshire West local authorities, the Integrated Care System and system partners will work together to help people live healthier and happier lives.

3. The Director of Public Health's Annual report for Reading 2024

3.1. The Annual Report is attached at Appendix A.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1 The Annual Public Health Report aligns with the Berkshire West Joint Health and Wellbeing Strategy 2021 - 2030 and its five priority areas. It also sets out actions that support Reading Borough Council's Corporate plan priorities for Thriving Communities and Inclusive Economy.

5. Environmental and Climate Implications

5.1. The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

5.2 At this stage of the Annual Report and its associated next steps there are no environmental or climate implications arising from the decision.

6. Community Engagement

6.1 Where services are being delivery engagement with recipients is undertaken as part of contract monitoring and quality assurance.

7. Equality Implications

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 As no new services are proposed as part of this report an Equality Impact Assessment is not required.

8. Other Relevant Considerations

8.1 There are no other relevant considerations for this decision.

9. Legal Implications

9.1 The Director of Public Health has a statutory requirement, under the Health and Social Care Act 2012, to produce an annual report on the health of the population.

10. Financial Implications

10.1 There are no new financial commitments linked to this report and therefore no implications.

11. Timetable for Implementation

11.1 Not applicable

12. Background Papers

12.1 None

Appendices

Appendix 1: Reading Borough Council Director of Public Health Annual Report

Reading Borough Council
Working better with you

Reading Borough Council

Annual Public Health Report 2024

Contents

Foreword Cllr Ruth McEwan

Primary prevention is an important term in the world of public health. Its broad definition would be 'lowering the incidence of disease and health problems by reducing lifestyle risks and their causes or by targeting high-risk groups'.

But in plain terms, it means stopping health problems before they start. Like all public health teams nationwide, this is an overriding goal for us in Reading, which makes children and young people a hugely important demographic for our work.

"Improving the health of young people, and instilling healthy behaviours, gives us the best chance of preventing ill health in later life and has the best chance of creating a healthier population."

But it won't be an easy task.

In Reading, we face numerous challenges to provide the support children need to thrive as they grow and develop, and to iron out the health inequalities that exist. And, like most areas of the country, Covid-19 has disproportionately impacted Reading's children – in physical and mental terms – at a crucial stage of their lives.

But, as you'll read in this report, we're working hard to counter these challenges and give our children the best possible start in life.

The Healthy Child Programme is doing an outstanding job to support parents and carers, promote child development and improve child health outcomes. Commissioned in partnership with West Berkshire and Wokingham local authorities and delivered by Berkshire Healthcare NHS Foundation Trust, this service provides school nursing and health visiting services for all children resident in Reading.

We also work closely with colleagues across the council and the voluntary and community sectors to deliver services promoting the mental health and wellbeing of children and young people.

Improving the mental health of the population as a whole is also a priority area. We've put considerable resources into providing support and services for those who suffer poor mental health – including the 'Z card' and Wellpoint Health Kiosks initiatives. But we also recognise the importance of educating people on what leads to good mental health – again, taking a primary prevention approach.

In more broad terms, the Reading team's public health programmes have made significant in-roads in tackling the health and wider threats posed by drugs, alcohol and tobacco.

However, more work needs to be done. Drug and alcohol use is closely linked with homelessness, poor mental health, unemployment, domestic abuse, and ill health, which means the impact is not only felt by the individual but also passed on to families and wider communities.

Ruth McEwan, Reading Borough Council's Lead Councillor for Education and Public Health

Foreword by the Director of Public Health

It is my privilege to present the first public health annual report for the unitary authority of Reading Borough Council.

In previous years, reports have covered Berkshire as a whole, making this the first to focus exclusively on Reading.

In these pages, we have set out the ambitions of Reading's public health team and outlined how we will work to improve the health and wellbeing of the local population and reduce health inequalities over the next three years. We also detail our current position and describe the recent work we've carried out in the context of the three pillars of public health – health protection, health improvement and healthcare public health.

The report highlights the importance of working with other teams in Reading as well as with individuals, communities, groups, bodies, and organisations beyond it. In the world of public health, we describe this as the 'organised efforts of society' – a concept that plays a vital role in preventing disease, prolonging life and promoting health.

This approach allows us to have a positive impact on the lives of more people and provides the opportunity to influence the wider determinants of health, such as education, housing, employment, the built and natural environment, our social and community networks, and the roots of crime and violence.

The report also focuses on high-quality evidence-based decision-making and strong communication – the book-ends of public health. Likewise, communicating effectively with local communities has been vital in our response to the Covid-19 pandemic and we will continue to build on this experience.

Commissioning and delivering public health services has been an important aspect part of our provision and will continue to be so. These include health visiting, NHS health checks, specialist sexual health services, substance misuse services, smoking cessation and weight management services.

"Evidence and intelligence underpin everything we do in public health and require a broad approach. This includes generating new knowledge from research, using new techniques to turn data into intelligence and designing services using the experiences of local people and communities."

Our workforce is also essential, with building the skills and capacity of the public health team and wider workforce central to delivering our ambitions.

Prof. Dr John R Ashton C.B.E. Interim Director of Public Health Reading and West Berkshire

Introduction – public health comes home

This journey has its roots in a series of major societal developments and events.

These included radical changes in agriculture, industrialisation, the mass movement of people from the countryside to towns and cities and a series of cholera pandemics from Asia between 1836 and 1866 that decimated populations, not least in the urban slums.

Until that time, the role of local councils was a limited one, extending mostly to guaranteeing the security of residents and facilitating trade through the issuing of market licences and engagement with the business community. The response to cholera at the local level would lead to the extensive range of responsibilities that we associate with modern local government today.

The threat posed by the pandemics galvanised local action, not least through the development of a broad-based public health movement – a partnership of local politicians, businessmen, churches, and the local press, together with enlightened medical practitioners who were interested in preventing disease. In the vanguard of this movement was the Health of Towns Association, which sprang up following the publication of Edwin Chadwick's 'Report on The Sanitary Conditions of the Labouring Classes,' in 1842. This drew attention to the high death rates in the nation's slums. Until then, it was assumed that because the urban economy was booming, as a result of industrialisation, life was better for everybody in the towns compared with the countryside.

When the Health of Towns Association was formed at an inaugural meeting at Exeter Hall on the Strand in London, on 11 December 1844, it was described as "an avowedly propagandist organisation, of capital importance". (1)

This was an early example of an evidence-based campaign to address the causes of avoidable death that disproportionately affected the poor. And it was the beginning of a tradition that has extended down the years via the Rowntree reports on poverty, to today's Marmot reports on Inequality in Health.(1)

The first Public Health Act was passed in 1848 as a result of the Health of Towns Association's work. This included: disseminating facts and figures drawn from official reports; organising public lectures on the subject; reporting on the sanitary problems of their district; and providing instruction on the principles of ventilation, drainage and civic and domestic cleanliness whilst campaigning for parliamentary action to give powers of intervention to local authorities.

This Act built on the innovative action of Liverpool in passing its own parliamentary 'Sanatory (sic) Act' in 1846, which enabled the town to appoint the country's first full-time Medical Officer of Health. The 1848 Enabling Act extended this power to the many towns and cities that followed suit over the next 20 or so years until this became a requirement in the later Public Health Act of 1875.(2)

Annual public health reports, such as this, have represented not only a snapshot of population health in a moment in time, and a reference point for action, but are also documents of record for the future. This provides value to policymakers, practitioners and the public, and enables us to learn from the past, to see how far we have come and, hopefully, avoid repeating previous mistakes.

Reading Medical Officer of Health Report 1923 – Medical Officer of Health and School Medical Officer of Health, Reading County Borough

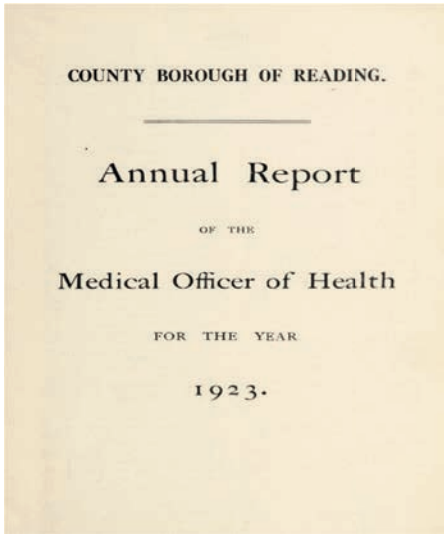
In 1923 when Mr H J Milligan, the Director of Public Health for the County Borough of Reading, submitted his annual report to the Mayor, Aldermen and Councillors, the mid-year population was estimated to be 93,160. There were relatively low numbers of men in their midlife mainly due to deaths in World War 1. The birth rate was higher than the death rate and, even though infant mortality had been reduced by child welfare work, it remained shockingly high at 51.6 per 1,000. However, unlike today, overall life expectancy was still steadily increasing mainly as the result of improved sanitary conditions. The structure of Mr Milligan's Public Health team reflects these priorities, with medical officers, sanitary inspectors, health visitors, tuberculosis nurses and matrons driving the work forward all supported by a team of clerks.

His report compared conditions with those from 50 years previously and also found that Reading compared favourably with other areas. Reading was observed to have a low birth rate and a low infant mortality rate. Maternity and child welfare had also improved whereas it was noted that before the infant welfare movement began a death rate of over 10% amongst children had been tolerated

As is often the case, this valuable public health work was faced with criticism, which claimed much of it is "directed towards preserving the unfit". Mr Milligan argued that "all the evidence indicates that not only

is the number of survivors increased, but that they are healthier than their predecessors".

A summary of infectious diseases reported epidemics of scarlet fever and measles with ongoing prevalence of diphtheria, tuberculosis and sexually transmitted diseases. There were eight deaths from a severe outbreak of measles, four from whooping cough, and 109 from tuberculosis, with reports about various sanitoriums and relatively high numbers of cancers, heart disease and respiratory illnesses. There were 33 deaths from violence, including eight suicides.


COUNTY BOROUGH OF READING.

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1923.

Hygiene schools were another feature of the report with a sanitary survey highlighting problems with lighting, cleaning and ventilation.

In addition to comments about the design of buildings, it reported findings from routine examinations of school children at three points in their school lives.

One in ten children needed medical treatment for conditions ranging from ringworm, scabies and 'uncleanliness of the head' to defective vision and hearing and dental disease. Ninety-three children were referred for treatment of malnutrition and 16 for tuberculosis.

In 1923, there was an acute shortage of housing. And, of the 1,268 houses that were inspected, 814 were found to be unfit. That year, 131 houses were built, 20 of which were part of a municipal housing scheme that did not meet the needs of working people. Two notices requiring defects to be remedied were served under the public health acts of the time and additional local by-laws – including the reading Corporation Act 1914 – provided powers to demand food storage accommodation in new houses and for the medical offer to examine the inmates of common lodging houses during outbreaks of dangerous infectious diseases.

Notably, the report includes an update on the nine beds in the smallpox hospital at Whitley Camp, one of five hospitals provided by the local authority.

The work of the early pioneers of public health – from the 1840s onwards – was organised around a principle that came to be known as 'The Sanitary Idea'. This focused on the separation of human, animal and vegetable waste from food and water.

Twenty years before the germ theory of disease was discovered, this led to concerted action on sanitation, cleanliness, scavenging, street paving, safe municipal water supplies, street washing and slum improvement.

Over time, the credibility of local government increased as a result of its effective action in tackling epidemic disease through these measures.

Other programmes also became possible, including:

- The creation of municipal parks, giving access to fresh air and exercise for industrial workers on their day of rest
- Municipal bath and washhouses
- Municipal housing
- Other infrastructure initiatives such as gasworks and hygienic slaughterhouses.

The advent of mains sewerage systems, the mass manufacture of soap and new insights into the germ causation of infectious disease brought about a shift in focus from sanitation to hygiene from the 1870s onwards.

At the same time, personal health and social services such as health visitors, social workers, and community nurses began to emerge from their environmental roots in household inspection – again, based in local government. Initiatives included the health visitor movement that began in Salford in 1862; the first Society for the Prevention of Cruelty to Children, in Liverpool in 1883; and the first depot to provide milk to nursing mothers, in St Helens, in 1899. Innovation and rollout by local councils came thick and fast.

Despite these advancements, the Boer War (1899-1902) brought the issue of public health to the fore as 40% of men who volunteered for service were deemed unfit to serve. As a result, concerns were expressed about how the nation would deal with the increasing military threat posed by Germany. An interdepartmental government enquiry into the "physical deterioration" of the nation led to a comprehensive programme of action:

- A continuing anthropometric survey
- Registration of stillbirths
- Studies of infant mortality
- Centres for maternal instruction
- Day nurseries
- Registration and supervision of working pregnant women
- Free school meals and medical inspection of children
- Physical training for children, training in hygiene and mother craft
- Prohibition of tobacco sales to children
- Education on the evils of drink
- Medicals on entry to work
- Studies of the prevalence and effects of syphilis
- Extension of the Health Visiting Service.

At the time, there were arguments over whether the community or the family were responsible for health and wellbeing – an echo of contemporary debates about the so-called 'nanny state'. However, the interests of the nation prevailed, and the School Meal and School Health Services was established.

Over 100 years on from the 19th century, the range of local government initiatives looks impressive and comprehensive. Sadly, it was not to endure in the face of scientific medical advances and the increasing domination of hospital medicine, as the therapeutic era, based on pharmaceutical and other technical interventions, took centre stage.

The widely accepted definition of public health was first coined by Charles Winslow, Dean of Public Health at

Yale School of Public Health, in 1920: "Public Health is the science and art of preventing disease, prolonging life and promoting physical health and efficiency through organised community efforts for the sanitation of the environment, the education of the individual in principles of personal hygiene, the organisation of medical and nursing service for the early diagnosis and treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health". (3)

This comprehensive approach attracted widespread support after World War 1, building on the Boer War report but being extended to include Prime Minister Lloyd George's major programme of 'Homes Fit for Heroes'.

When the Poor Law was abolished in 1929 – and its responsibilities, including for the relief of poverty and the workhouse hospitals, were passed to local government – the era of local government public health had reached a peak.

At this point, the Medical Officer of Health was responsible for:

- Traditional environmental services – water supply, sewage disposal, food control and hygiene
- Public health aspects of housing
- Control and prevention of infectious disease
- Maternity and child welfare checks, health visitors, community nurses and midwives.

He (sic) was also responsible for the tuberculosis dispensary and venereal disease clinic. Wearing his other hat, he oversaw school health, which included responsibility for the administration of the local hospital.[5]
Some of the larger public health teams consisted of thousands of staff.

What came next was a therapeutic era in public health, with major scientific advances, beginning with the discovery of insulin and the early antibiotics. Until this time, medical interventions made precious little difference to life expectancy and chronic ill health. Rather, the major improvements that had taken place – and had led to dramatic falls in childhood mortality and from water and food-borne infections – were down to:

- Improved living and working conditions
- Safe water and sanitation
- Increased agricultural productivity that had made cheap food abundantly available for the poor
- The adoption of birth control, leading to smaller families and less competition forfor scarce family resources
- The beginnings of vaccination for a range of infections.

Improvements also included the later BCG vaccination and medication to control tuberculosis, which, along with epidemic pneumonia, was described as one of the "captains of the men of death".

The formation of the NHS in 1948 marked a dramatic change in emphasis with a widespread belief that public health had completed its historic task. It was believed that the future would be largely based around hospital medicine with 'a pill for every ill' and more ambitious surgeries thanks to antibiotics preventing wound infections.

This also marked the point at which medical careers in general practice sharply divided and both public health and general practice went into a sharp decline.

By the time of the major local government reorganisation in 1974, the public health workforce was demoralised and struggling to recruit. Also, other professional groups, such as social work, environmental health and community nursing, were vying for their own professional space, away from the hierarchical leadership by the Medical Officer of Health. As a result, the role was reinvented as an administrative position in the NHS – that of Community Physician – but it was to be short-lived.

The creation of joint NHS and local government posts to control communicable diseases began the transfer of public health back to its proper home in local government. However, it was to take 27 years, until 2013, before this was implemented in full.

In the meantime, the 1970s saw increasing global recognition that countries may be on the wrong path with their infatuation with hospitals at the expense of public health and primary care, and that a rebalancing was necessary. The publication of the Alma Ata Declaration by the World Health Organisation in 1978 called for a reorientation of health systems towards primary health care grounded in a public health framework. It argued for an emphasis on public participation and extensive partnership working, taking this thinking further by calling for cross-cutting policies that promote and improve health.

These initiatives implied that the approach to health had placed undue emphasis on the role of hospitals in improving health and that everyday maladies and the management of long-term conditions had become 'over-professionalised'. This included a failure to support the overwhelming contributions of lay and self-care by individuals, family, friends and communities.

In addition, the limitations of the original 'sanitary idea' that drove public health in the nineteenth century have become apparent. Dumping sewage and chemical waste into the rivers and building tall chimneys to move air pollution beyond the city limits may solve problems in the short term but over time have soiled our planetary nest and contributed to global warming.

The new Public Health that has emerged during the past 30 years emphasises the ecological nature of the challenge and stresses the need for us to live sustainably in the habitats that nurture and protect us. This thinking has reconnected public health to town planning, which was akin to a Siamese twin in previous times.

Four principles of ecological town planning have been identified:

- Minimum intrusion into the natural state with new developments and restructuring reflecting and respecting the topographic, hydrographic, vegetal, and climatic environment in which it occurs, rather than imposing itself mechanically on locations.

- Maximum variety in the physical, social and economic structure and land use, through which comes resilience.
- As closed a system as possible based on renewable energy, recycling and the ecological management of green space.

An optimal balance between population and resources to reflect the fragile nature of natural systems and the environments that support them. Balance is required at both administrative district and neighbourhood levels to provide high-quality and supportive physical environments as well as economic and cultural opportunities [1]

This understanding has informed the development and adoption of the United Nations' Sustainable Development Goals to be attained by the year 2030, to which the British government is a signatory. And while government endorsement is needed to achieve these ambitions, concerted action from public authorities is also essential. [1]

United Nations Sustainable Development Goals

1. No poverty
2. Zero hunger
3. Good health and wellbeing
4. Quality education
5. Gender equality
6. Clean water and sanitation
7. Affordable and clean energy
8. Decent work and economic growth
9. Industry, innovation and infrastructure
10. Reduced Inequalities
11. Sustainable cities and communities
12. Responsible consumption and production
13. Life below water
14. Life on land
15. Peace, justice, and strong institutions
16. Partnerships to achieve the goals.

The unsustainable path being followed in health and public health – in the face of rapidly increasing demand and an ageing population – was recognised in the UK in 2002. At that time, the then Chancellor of the Exchequer, Gordon Brown, invited banker, Derek Wanless, to review the case for bringing NHS funding up to the level of comparable European countries. To support the case for increased funds, Wanless and his team examined three scenarios based on: the status quo; the implementation of evidence-based best practice universally across the present system; and the transformation of the NHS by grounding it in public health and full public engagement.

Only the third scenario would justify increased funding – under scenarios one and two the NHS was predicted to fall as quickly as 20 years time. Sadly, the significant increase in funds subsequently made available over those 20 years was appropriated into a new hospital-building programme and large pay increases for NHS staff without the transformation envisaged. Now in 2024, a combination of these flawed decisions with the aftermath of the pandemic has brought the situation to a head. Time is short and the need for real change is urgent. However, our experience of the Covid-19 pandemic resonates with the cholera pandemics of the nineteenth century in that we have an opportunity to learn from it and build on the responses that were made.

The organised efforts of society for public health in Reading

In recent years, the World Health Organisation has advocated a comprehensive set of ten functions seen as necessary to deliver a robust public health response:

1. Surveillance of population health and wellbeing (intelligence)
2. Monitoring and response to health hazards and emergencies (health emergency planning)
3. Health protection, including environmental, occupational, food safety and other threats
4. Health promotion including action to address social determinants of health and health equity
5. Disease prevention including the early detection of illness
6. Assuring governance for health and wellbeing
7. Assuring a sufficient and competent public health workforce
8. Assuring sustainable organisational structures and finance
9. Advocacy, communication, and social mobilisation
10. Advancing public health research to inform effective intervention.

Under the Health and Social Care Act of 2012, the Director of Public Health is accountable for the delivery of their authority's public health duties and is an independent advocate for the health of the population, providing leadership for its improvement and protection.

The Director of Public Health is a statutory officer of their authority and the principal adviser on all health matters to elected members and officers. They have a leadership role spanning the three domains of public health – health improvement, health protection, and population health care – and, therefore, are holders of politically restricted posts by section 2(5) of the Local Government and Housing Act 1989, inserted by schedule 5 of the 2012 Act.(4)

The statutory functions of the Director of Public Health include several specific responsibilities and duties arising directly from Acts of Parliament – mainly the NHS Act 2006 and the Health and Care Act 2012 – and related regulations. Some of these duties are closely defined but most allow for local discretion in how they are delivered.

The Director of Public Health's most fundamental health protection duties are set out in law and are described below. How these statutory functions translate to everyday practice depends on a range of factors that are shaped by local needs and priorities over time.

Section 73A(4) of the 2006 act, inserted by section 30 of the 2012 Act gives the Director of Public Health responsibility for:

- All of their local authority's duties are to improve the health of the people of their area.
- Any of the Secretary of State's public health and health improvement functions that he or she delegates to local authorities, either by arrangement or under regulations – these include services mandated under regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act.

Health protection-mandated functions include:

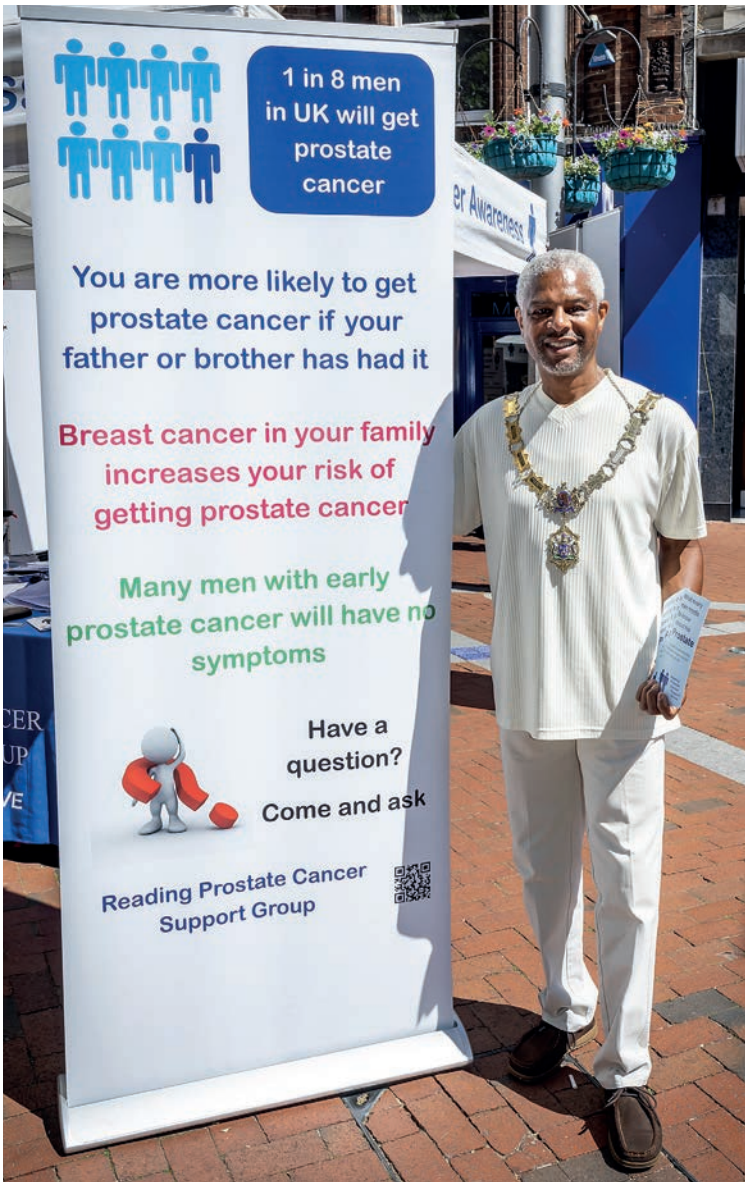
- Director of Public Health exercising their local authority's functions in risk assessing, planning for, and responding to, emergencies that present a threat to their area's public health.
- Preventing and controlling incidents and infectious disease outbreaks to protect their population.
- Carrying out public health aspects of the promotion of community safety.
- Taking local initiatives that reduce the public health impact of environmental and communicable disease risk.

The Director of Public Health has an overarching duty to ensure that the health protection system works effectively to the benefit of its local population.

From time to time, other responsibilities are placed upon the public health function within the local authority, including those directed to the deployment of the centrally provided public health grant.

At the moment, one such responsibility is that of collaborating with the NHS England and NHS Improvement approach to support the reduction of health inequalities. 'Core 20 Plus 5' identifies the most deprived 20% of the population as the focus for action together with five clinical priority areas:

1. Maternity
2. Severe Mental Illness
3. Chronic respiratory disease
4. Early cancer diagnosis
5. Hypertension case finding.



A vision for public health in Reading

Reading Borough Council is committed to improving the health of everyone in the borough. This commitment is captured in the Berkshire West Health and Wellbeing Strategy for 2021-2030, which has been adopted by the council.

This strategy sets out how the three Berkshire West local authorities, the Integrated Care System and other partners will work together to help people live healthier and happier lives.

Our priorities

The strategy's vision is *'Longer, Healthier and Richer lives for all'* and it has five jointly agreed priorities (with specific actions under each area):

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

Whilst there are specific priorities contained within this strategy, our ambition is to embed prevention in all that we do. We will achieve this by adopting a public health approach, for each of the five identified priorities. The Reading public health team is committed to:

- Protecting and improving health by developing and supporting population-level interventions that are based on high-quality intelligence and evidence.
- A place- and asset-based approach to working with local communities and developing a community-orientated health and social care system, building on existing strengths to create a sustainable future.
- Maintaining a relentless focus on reducing health inequalities.
- Working with all those who value the health and wellbeing of the people of Reading.
- Commissioning and delivering evidence-based high-quality public health services that provide value for money.

We will:

- Assess the current provision and gaps in services compared to national guidance or best practices. This ensures the strategy co-ordinates with, and complements, others across the system. Specific issues include:
    - Strengthening the arrangements for health protection in the borough
    - Climate change impacts and risks
    - A whole-systems approach to a healthy Reading
    - A whole-schools approach to the health of children and young people
    - Food access and sustainability
    - The health of refugees and asylum seekers
    - Improving access to general practice and NHS dentistry.
- Measure success by developing a robust outcomes and indicators framework. This will be presented as outcomes when measuring progress (including the direction of travel and targets), allowing us to focus on issues more sharply.
- Review evidence to understand 'what works' and identify opportunities for improvement.
- Consult stakeholders for their input on annual implementation plans.
- Identify resources for implementation, and co-ordinate actions at a whole-systems level in Berkshire West.

The strategic context

Reading Borough Council has established a Public Health Board, which will make a significant contribution to the health and wellbeing of Reading.

The board will oversee how the public health grant (from the Office of Health Improvement and Disparities – OHID) is invested, provide guidance and direction to the local council and its associated bodies and report to the Health and Wellbeing Board.

The board's objectives include:

1. Identifying and establishing public health priorities and outcomes for Reading, as determined by the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

2. Overseeing the use of the ring-fenced public health grant and ensuring it meets its conditions. This includes monitoring grant-funded programme delivery across the council and related bodies and assessing the need, outcomes and evidence of clinical- and cost-effectiveness. outcomes and evidence of clinical- and cost-effectiveness.

3. Fostering partnerships across various council directorates.

4. Collaboratively exploring opportunities to influence the council's partners within the broader public health system.

The board meets quarterly, inviting additional members to the board as needed. Membership includes directors and managers from relevant departments within the council and associated organisations, ensuring key areas are represented. The board's terms of reference, focus and purpose will be reviewed annually to ensure relevance and efficacy.

The way ahead

The strategic priorities set out in this year's report form the basis of our delivery plans and work with other council directorates and external bodies over the next three years. They can't be set in stone as they will need to change and evolve in response to threats to health and the changing needs of the population, changes in national policy and local priorities.

Where are we now?

The population of Reading is relatively young and richly diverse when compared with the rest of England. It has grown faster than the national population and has a higher proportion of children and those in midlife than in England. The proportion of older people has increased also but not as much as in England.

The number of households has also increased. They tend to be multiple-occupied and, when compared with England, have become more ethnically diverse with fewer people who specify English as their main language.

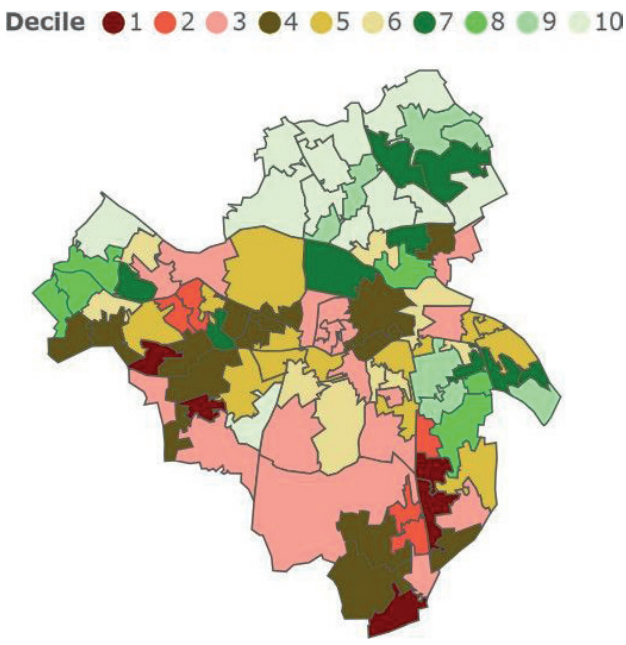
Reading has slightly less economic deprivation than England as a whole but shows clear signs of inequality in outcomes. For example, women in Reading do not enjoy the same life expectancy as those in the rest of the country.

This highlights the challenge facing us if we are to reduce the significant inequalities in health. It requires us to address both risk factors and risk conditions to support healthy, long lives.

Figure 1 – 2021 'Population Pyramid' for Reading. This shows the structure of the population by age group and how the distribution of age is expected to change by 2033.

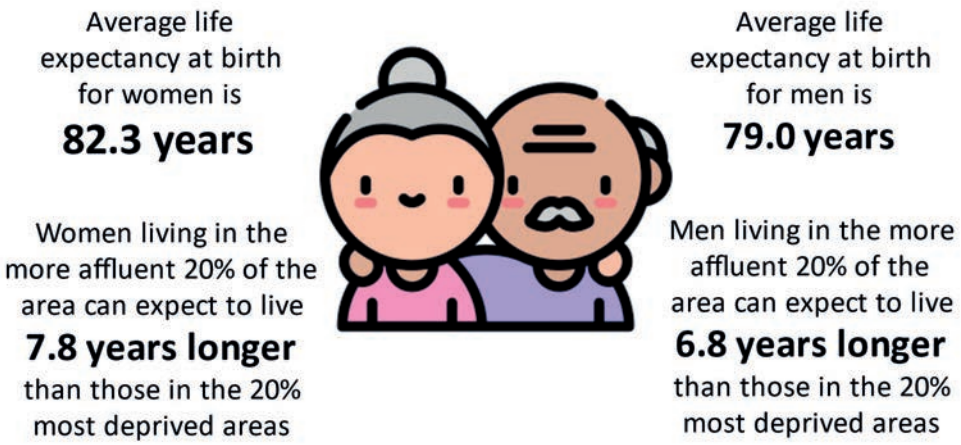
Source: 2021 Mid-Year Population Estimates - ONS

Figure 2 – 2019 deprivation map by area of Reading. The key shows 1 as the most deprived and 10 as the least.



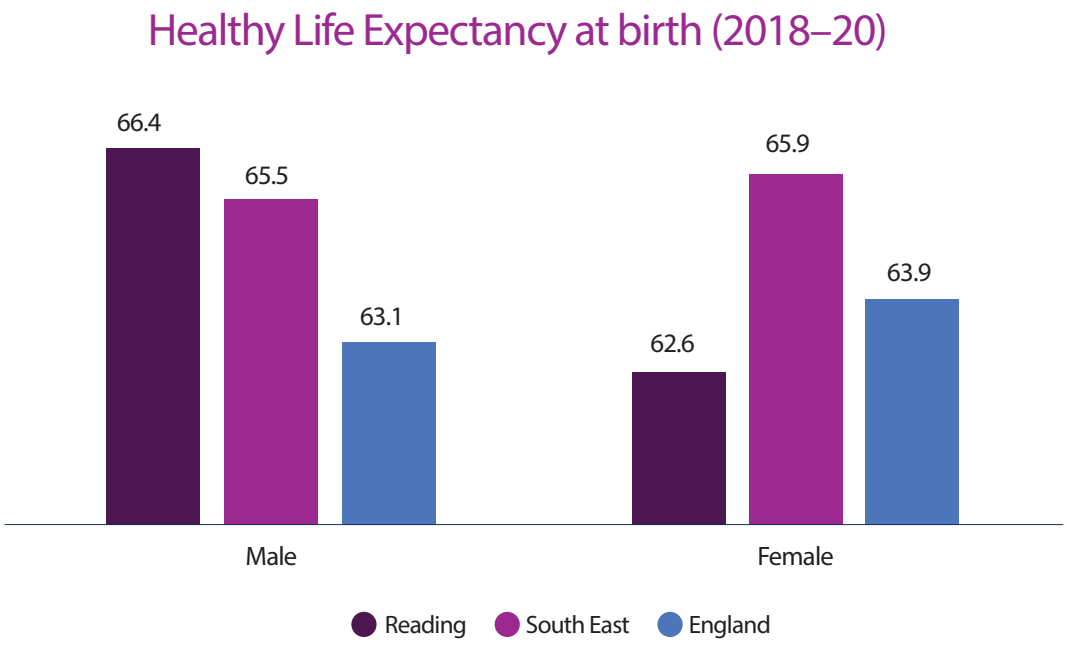
Source: English Indices of Deprivation 2019 – GOV.UK

Figure 3 – Inequality in life expectancy.



Source: Inequality in life expectancy 2018-20 OHID Fingertips tool

Figure 4 – Healthy life expectancy at birth in Reading compared with South East and England 2018-20



Key stats:

+11%

Reading population up from 155,700 in 2011 to 174,200 in 2021 – up 11% from national average

67.1% (30%)

67.1% of people in Reading were classified as white and 30% as Asian, Black, or Mixed Minority ethnic group

81.1% (90.8%)

81.1% of people in Reading specified English as their main language compared with 90.8% in England.

32.2%

32.2% of households were classified as deprived on one dimension of deprivation (education, employment, health, or housing)

79.0 (82.3)

In 2018-20, the life expectancy for males was 79.0 years, which is comparable to England at 79.4 years, and for females it was 82.3 years, which is slightly lower than England at 83.1 years.

-6.8

Male life expectancy in the most deprived areas was 6.8 years lower than in the least deprived areas compared with England where the difference between the most and least deprived males is 9.7. Female life expectancy between the most and least deprived residents differed by 7.8 years compared with 7.9 years in England.

Section one: Health protection

Overview

Health protection aims to prevent, assess, and mitigate risks and threats to human health. These risks come from communicable diseases and exposure to environmental hazards such as chemicals and radiation. It should be noted that the definition used in this report also extends to a wide range of additional threats, including those from commercial activities and violent behaviour.

The effective delivery of local health protection requires close partnership working between Reading Borough Council, West Berkshire Council, Wokingham Council, the UK Health Security Agency (UKHSA), and other local, regional, and national agencies and bodies, including voluntary community sector partners, the Thames Valley Local Resilience Forum and the NHS.

Over the past four years, the national and local health protection response has been in the spotlight due to the Covid-19 pandemic. During this period, we have built up expertise, developed relationships and established systems to ensure an effective response to Covid-19 and other health protection threats. Building trust amongst our communities and working in partnership has been essential to providing an effective response.

Covid-19 is still circulating in the community, albeit in a more controlled manner, and the resurgence of other viral and respiratory illnesses, including influenza, is putting pressure on health and healthcare systems. Additionally, local authorities are working to ensure they play their part in mitigating the impact of the commercial determinants of health and climate change with the sustained long-term threat to human populations and our ecosphere. Air quality in Reading continues to improve even after discounting the influence of the COVID-19 pandemic on air quality trends.

The Covid-19 pandemic has revealed and made existing inequalities worse and has especially affected already vulnerable communities. This includes the challenge of low vaccine uptake, which impacts on vulnerable population groups such as migrants, and those in the criminal justice system, with substance and alcohol misuse and those who are experiencing homelessness.

Where are we now?

Overall, health protection work in Reading has achieved some success.

For example, the uptake of NHS health checks for preventable disease detection is above the national average, and the rate of domestic abuse appears to be lower than the national average. And, while Reading experiences higher rates of some life-limiting diseases, evidence shows people take up support when it is available.

However, some areas require further action. Drug misuse deaths are slightly higher than the national average and Reading has a higher rate of violent crime and violent sexual offences compared to national rates.

With an estimated 20,000 smokers in Reading, tobacco control and smoking cessation remain high priorities. Smoking rates among manual and routine occupations in Reading are the third highest in the country, which is reflected in a higher lung cancer mortality rate compared to England.

Immunisation

Where are we now?

Reading compares well with England as a whole in terms of childhood vaccination uptake. However, some neighbourhoods and communities fall below the minimum levels needed to achieve 'herd immunity', which has a protective effect for everybody.

Childhood vaccinations for diseases including diphtheria and measles achieve high coverage – close to or exceeding the national average – while HPV (human papillomavirus) vaccination uptake, particularly among girls, is notably strong in Reading compared to England.

Vaccination coverage rates for adults aged 65 and over against pneumococcal disease in Reading is 70.8% in 2022/23 slightly lower compared with England (71.8%).

Another area where vaccine coverage is low among adults in Reading is Shingles. Between 1st April 2022 to the end of March 2023, uptake in Reading was below the regional average in both measured cohorts (aged 71 years and aged 75 years) and performing under the national average for aged 71 years. However, rates are in line with the national average for 75 years.

However, improvement is needed in some areas. Flu vaccination rates are similar to the national average but could be higher, especially among younger adults who are considered at clinical risk.

Key stats:

0-1
91.9%
91.9% of babies aged one year in Reading were vaccinated against diphtheria, whooping cough, polio, meningitis, and pneumonia.

2/5
90.7%
90.7% of two-year-olds in Reading were vaccinated against measles, mumps and rubella (MMR, one dose), compared with the England average of 89.3%. At five years of age, uptake for one dose was 93.5%, and 84.4% for two doses compared with 92.5% and 84.5% for England.

12-13
82.9%
82.9% of girls aged 12-13 in Reading received one dose of the HPV vaccination, which helps protect against cervical and some other cancers.

14-15
95.2%
95.2% of boys and girls aged 14-15 in Reading had received the MenACWY (meningococcal bacteria strains A, C, W and Y) vaccination, which helps protect against meningococcal meningitis, compared with 79.6% in England.

65+
71.1%
In 2020/21, 71.1% of adults aged 65 and over in Reading received the PPV pneumococcal polysaccharide vaccine, which helps protect older people against diseases including bronchitis, pneumonia, and septicaemia.

65+
49.1%
49.1% of residents at clinical risk under age 65 were vaccinated against influenza.

What we will do

We have started work on a Health Needs Assessment to better understand vaccine hesitancy at a local level. This will help us focus initiatives on improving vaccine uptake in Reading. This will cover all cohorts, including seasonal vaccinations.

Drugs and alcohol

Where are we now?

Health protection also applies to protecting the population against threats and hazards arising from the social, physical and economic environment, including those that are commercially influenced and determined.

Existing public health programmes, including smoking cessation and the provision of drug and alcohol services, have begun to address some of these threats to health but more needs to be done. Problematic drug and alcohol use is often associated with homelessness, poor mental health, unemployment, domestic abuse, and ill health. The impact is not only felt by the individual but also by families, friends and communities.

In Reading, we have an ambition to support sustained recovery, thereby reducing harm to individuals and the wider community. Over the past few years – in response to the new national 2020 Drug and Alcohol strategy 'Harm to Hope' – there has been significant action around drug and alcohol use.

The public health team has:

- Completed a drug and alcohol needs assessment.
- Established a Drug-Related Death Forum – a multi-disciplinary panel, involving all partners to review the data and learning from drug and alcohol sudden deaths.

- Contributed to the national drug strategy, which requires local areas to establish a Combating Drugs Partnership (CDP). The Berkshire-wide CDP brings together relevant organisations and key individuals and provides them with proactive oversight of the implementation of the strategy's priorities.
- Established the Berkshire Local Drug Information System – a multi-disciplinary panel that uses existing local expertise and resources to manage warnings regarding new, novel, potent, adulterated and contaminated drugs.
- Secured funding for a Multiple Disadvantage Outreach Team. This generated over £2.5m of investment in Reading between 2022-25, to help people sleeping rough who are dependent on drugs or alcohol. The funding was from the Ministry of Housing, Communities and Local Government and Department of Health and Social Care, via the Rough Sleeper Drug and Alcohol Treatment Grant.
- Used the Supplementary Substance Misuse Treatment and Recovery Grant to improve the criminal justice response to drug dependence. The aim is to increase the number of treatment places and improve the quality of treatment, increase access to rehabilitation resources and reduce drug-related deaths.
- Worked with South Central Ambulance Service to distribute naloxone – the emergency antidote for overdoses caused by heroin and other opiates or opioids.
- Commissioned the Dame Carol Detoxification Service – a residential detox unit – as part of the Central South Coast Consortium.

What we will do

Over the next four years, we must ensure residents can access a responsive drug and alcohol treatment service. The early preventative treatment of drug and alcohol use will be a priority to enable us to become more efficient and effective and avoid the damage of long-term dependency.

To achieve this, we will:

- Commission drug and alcohol treatment services that are based on the best available evidence and good practice to improve the take-up and outcomes of these services.
- Commission a pilot service in 2024-25 that offers Buvidal as an alternative to prescribed substitute medication to support the withdrawal from opioids. Buvidal is used to treat opioid dependence in patients who are also receiving medical, social and psychological support.
- Reduce drug-related deaths. The increase in the use of synthetic opioid drugs has been identified as a national, regional and local issue. Synthetic opioids pose an increased risk of harm as they are more potent than heroin. To address this challenge, we plan to:

    1. Improve the timeliness of intelligence from forensic toxicology to prevent further drug-related harm.
    2. Improve our understanding of the local drug markets.
    3. Improve communications with the South Central Ambulance Service and the Royal Berkshire Hospital concerning overdoses and near misses.
    4. Issue quicker and more accurate drug alerts through the current local drug information system process.
    5. Increase the availability of naloxone – a medication that can reverse the effects of an opioid overdose – in pharmacies and public spaces where drug taking is prevalent.

In 2024-25 we will:

- Develop and implement a strategic drug and alcohol delivery plan.
- Collaborate with our system partners to procure a Berkshire Individual Placement and Support Scheme (IPS). This will improve the employment prospects of those with complex needs, and drug and alcohol problems.

- Contribute to a project that explores the options for a Berkshire Family Drug and Alcohol Court (FDAC).
- Work collectively to plan and ensure better-integrated services. The aim is to prevent people with substance misuse issues from falling through gaps in the system and maximise the benefits of using services. These people also often have physical and mental health needs and are unemployed or homeless.
- Invest in an outreach worker as part of the young people's treatment services.
- Use the Supplemental Substance Misuse Treatment and Recovery Grant to implement a lived experience recovery organisation model. This model ensures that peer-based support services and communities of recovery are linked to and embedded in drug treatment systems.

Other health protection work

The Berkshire West Health Protection and Resilience Partnership Board (HPRPB) has been formed to protect and safeguard the health of residents across Berkshire West (West Berkshire, Wokingham, Reading). The HPRPB is chaired by the Wokingham Director of Public Health and reports every quarter to the Health and Wellbeing Boards for West Berkshire, Wokingham, and Reading. It will also report annually offering a clear analysis of risks, mitigation efforts, and incidents to both the BOB Integrated Care Board Unified Executive and the three health and wellbeing boards.

The Berkshire Health Emergency Planning Group (HEPG) has been reinstated since the pandemic as a dedicated health forum for responders, focusing on health-related emergency preparedness, response and recovery within Berkshire. The group's goals include preparing, reviewing and ensuring the robustness of health-related plans and arrangements. This involves fostering co-operation, liaison and information sharing among the six Berkshire unitary authorities and other health partners. Collaboration extends to health-related emergency planning, aligned with national and Thames Valley arrangements to prevent duplication. A task and finish group, led by the Interim Consultant in Public Health, has reviewed the group's work plan for 2023–2024.

The Reading Interim Public Health Protection Principal has formed a health protection practitioner group to standardise health protection across Wokingham, Reading and West Berkshire. This collaborative effort with the Interim Consultant in Public Health helps spread best practice, skills, capacity building, professional development and peer support.

The remit of the Berkshire HEPG is to:

- Provide a specific health forum for responders who may be required to work together concerning health-related emergency preparedness, response and recovery within Berkshire.
- Prepare and review health-related plans and arrangements, and ensure they are robust and fit for purpose.
- Encourage appropriate co-operation, liaison and information sharing across the footprint of the six Berkshire unitary authorities and other health partners. This applies to health-related emergency planning preparedness and response at all levels, complementing national and Thames Valley arrangements and avoiding replication.
- To review lessons learned from incidents, training and exercises and incorporate them into relevant plans and procedures.

Section two: Health improvement – adults

Overview

Reading Borough Council's goal is to help people stay healthy through adulthood and into later life. We aim to support people's mental and physical wellbeing and reduce dependency on statutory services by working with local communities and encouraging healthy behaviours through adulthood.

Achieving this depends on a range of factors, from biological inheritance to physical, social, economic and environmental influences and behavioural choices.

We want to create conditions that promote health and avoid risk behaviours that cause ill health – all underpinned by access to high-quality clinical and social care services.

Effective action in these areas can minimise the impact of the major causes of physical and mental ill health, including communicable diseases, anxiety, depression, musculoskeletal problems, cardiovascular disease, diabetes, and cancers.

Adults receive support through a range of public health programmes and other council services, such as NHS health checks, stop-smoking programmes, services for managing a healthy weight and for those who require support to address alcohol and drug problems.

These involve the council and NHS working in partnership with local communities and a range of statutory and voluntary agencies to ensure that interventions promote health and wellbeing at a neighbourhood level.

Healthy weight

Where are we now?

Reading Borough Council implements a range of universal programmes that aim to help everyone in Reading maintain a healthy weight

Our work includes:

- Promoting physical activity, leisure and green spaces – via the newly-formed Physical Activity Alliance in Reading.
- Employing a community food worker to collaborate with the voluntary and community sector and engage the local population. The role focuses on improving access to healthy foods, supporting people to move more and promoting health and wellbeing. It also helps educate local people on issues related to cooking healthily and growing food.
- The community food worker played a key role in in the launch of Reading Food Partnership in May 2024. This Reading-focused website is a one-stop shop for support and information about eating well, aimed at people particularly affected by the cost of living.
- We aim to widen the remit of the role to focus on food poverty and how this impacts access to healthy foods.

- The Healthwise physical activity referral programme and cardiac referral pathway through the GLL (Greenwich Leisure Ltd) leisure contract. This supports people with long-term conditions, weight management issues and low confidence.
- Organising group walks around the town. These walks promote physical activity and connection with nature and community. You can find out more on the Reading Borough Council website.
- A reconditioning programme, delivered by Get Berkshire Active to increase physical activity in older people.
- A Healthy Weight Needs Assessment, which allowed us to gain a better understanding of current needs and the impact of Covid-19 on the issue of excess weight. Produced with potential service users and system partners who make referrals, it explored the impact of the cost of living, access to healthy food, physical activity and weight management support.

We also operate programmes that aim to support specific sections of the local population – also known as tier two services.

Healthwise, operated by GLL (Greenwich Leisure Ltd), is a 12-week adult weight management programme, which includes physical activity, behaviour change strategies and nutrition support. It also allows participants to access the gym during the programme and provides discounted entry to leisure facilities for two years.

We have also received funding from the Office of Health Development and Disparities (OHID) to help deliver other tier two weight management services targeted at 'seldom-heard groups'.

This refers to under-represented people who use, or might use, health or social services and are less likely to be heard by these service professionals and decision-makers.

As part of this work, we commissioned Slimming World to deliver a programme addressing diet, physical activity, and behaviour change among people most at risk of obesity and who are typically less likely to engage with services. These include:

- People diagnosed with long-term health conditions, including mental health conditions
- People with learning disabilities
- Men
- Black and minority ethnic groups
- Other seldomly heard community groups.

What we will do

On the issue of weight management, primary prevention means focusing on the wider commercial determinants of health, in addition to campaigns that encourage healthy eating and physical activity. A whole-systems approach will address the structural and policy barriers to good health and aim to reverse the rise of excess weight in the population of Reading.

We will collaborate with people living with excess weight and colleagues in the council, primary care, the integrated care system and the voluntary and community sectors to share the findings of the Healthy Weight Needs Assessment. The aim is to:

- Adopt and establish a whole-system approach with upstream primary prevention that embodies a compassionate approach and addresses the stigma attached to overweight and obesity.
- Establish a Reading Food Partnership, led by a range of partners. This will take a broad approach to food security, health and sustainability, with a focus on ensuring high-quality nutritious food for all.
- Commission a holistic service that provides longer-term support for targeted groups and reflects the diversity and vibrancy of Reading.

Smoking cessation

Where are we now?

In Reading, 14.4% of people smoke, which is similar to the England average and part of a general downward trend. However, this rate obscures prevalence between routine and manual groups, placing Reading amongst the highest rates in the country for this group. People in this group are over four times more likely to be smoking tobacco. It also highlights the steep social gradient that exists in Reading and so smoking cessation remains central to the prevention and reduction of health inequality There is significant variation in smoking prevalence from ward to ward. These range from 10% in Peppard Ward, (equivalent to 760 smokers), to 18.0% in Katesgrove Ward (1,880 smokers).

Aside from the geographical variation, there are greater differences between population groups. For example, people employed in routine and manual occupations in Reading are over four times more likely to be smokers than those employed in other occupations. The rate among people in treatment for substance misuse is even higher – 82%. Supporting people to quit smoking and preventing young people from taking up smoking are priorities if we are to reduce the harm caused by tobacco.

Smokefreelife

Smokefreelife Berkshire is the local NHS stop-smoking service that serves Reading and Berkshire West. Any adult or young person who wishes to quit smoking can contact them for free, confidential advice and support.

Nicotine is highly addictive, and many people find that trying to quit on their own is extremely difficult and that it takes many attempts before they achieve it. The most effective way is to get support from an NHS stop-smoking service. This helps people manage nicotine cravings along with a nicotine replacement therapy to suit individual needs. The evidence shows that smokers are up to four times more likely to quit using this method, than by 'going it alone'.

In 2021-22, Smokefreelife Berkshire helped 364 Reading residents quit smoking. This represents nearly 60% of smokers who set a date to quit smoking.

Smokefreelife Berkshire also:

- Provides training throughout the year to NHS staff and other professionals, such as drug and alcohol treatment providers and social care staff. This gives them the knowledge and skills they need to talk to people about their smoking and to signpost them to the service.
- Produces regular tailored communications, via social media and local networks, to support national campaigns such as Stoptober, No Smoking Day and other key events such as Ramadan. They have created a video for clinicians and regularly share case studies of people who have successfully quit smoking.
- Provides regular outreach at community venues – including Reading College, Morrissons Basingstoke Rd, Lidl Oxford Rd and Broad St Mall – and set up new clinics at Emmer Green Surgery and South Reading Leisure Centre.
- Attends local events – for example, Southcote Wellbeing Day, Waterfest and coffee mornings held at Reading Central Library – to welcome newcomers to the town.

Smoking cessation in the NHS

Our partners in the NHS also have a clear remit to support and reduce the prevalence of smoking by increasing the number of people who access support. This forms part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) Joint Forward Plan. The ambition is that NHS-funded treatment services are offered to all in-patients, pregnant women and their partners, long-term users of specialist mental health services and those in learning disability services.

So far, over 75% of all pregnant women who smoke are routinely seen by a tobacco dependency advisor as they book into the maternity clinic at the Royal Berkshire Hospital. They are offered specialist support every week along with nicotine replacement therapy (NRT). A tobacco dependency advisor is also active at Prospect Park Hospital to ensure that patients who smoke can access specialist stop-smoking advice and NRT during their stay.

Smokefree Sidelines

Smokefree Sidelines (SFS) is an initiative that aims to prevent young people from taking up smoking by changing social norms linked to smoking, vaping and work. One of the ways it aims to achieve this is by encouraging people not to smoke or vape next to outdoor spaces used by children – namely football pitches. In the 2022-23 season, two Reading youth football clubs, AFC Reading and Elite FC both signed up to take part along with 17 clubs from across Berkshire West and others from Buckinghamshire and Oxfordshire.

The initiative was publicised on the Berks and Bucks FA website and many clubs added information and links to this from their sites. Local press releases were picked up in Bracknell, Newbury and Reading.

The Smokefree Sidelines Podcast (on YouTube) was created by partners and sent to all youth football clubs in Berkshire West that belong to the Bucks and Berks FA. Supporting resources, including banners, selfie boards and flags, were provided to participating clubs.

The evaluation of Smokefree Sidelines found that:

- Coaches understood the importance of de-normalising smoking behaviour and identifying secondary benefits of non-smoking environments. This includes spectators being less exposed to second-hand smoke and the potential to improve health outcomes for smoking spectators.
- Parents and carers believe that youth football has a role to play in promoting healthy lifestyles to young players.
- Many parents had witnessed smoking and vaping on the sidelines. Most respondents stated that they had noticed fewer people smoking on the sidelines at home matches when the campaign resources were in use and the intervention was live. This suggests that, overall, the intervention had a positive impact.
- An expansion of the Smokefree Sidelines initiative into more youth football clubs and other youth team sports, such as rugby and hockey, could play an important role in de-normalising smoking and vaping around children in public open spaces.

What we will do

Prevent the inflow of young people recruited as smokers and vapers

It is estimated that over 80% of smokers took up the habit before the age of 20 and became addicted to nicotine in their teenage years. The advent of e-cigarettes or vapes is another route by which young people can become addicted to nicotine. They have a growing popularity with some young people. From 2022 to 2023, the rates of experimentation with e-cigarettes amongst 11-17-year-olds increased from 15.8% to 20.5%. All Reading secondary schools have been provided with resources and lesson plans to support teachers in delivering health education around smoking and vaping to pupils, as part of personal, social and health education (PSHE) lessons. All schools have been provided with the latest advice and guidance on managing vapes in schools and lesson plans that provide pupils with the facts about smoking and e-cigarettes.

The annual school survey on smoking and drinking was sent to all secondary schools in January 2023. Data from the survey provides insight into the behaviours and beliefs of 11-17-year-olds and about smoking and vaping at a local level. The survey enables schools and other partners to focus on preventing young people from taking up smoking or vaping. It also informs the Berkshire West Tobacco Control Alliance about how best to co-produce smoking and vaping resources with young people.

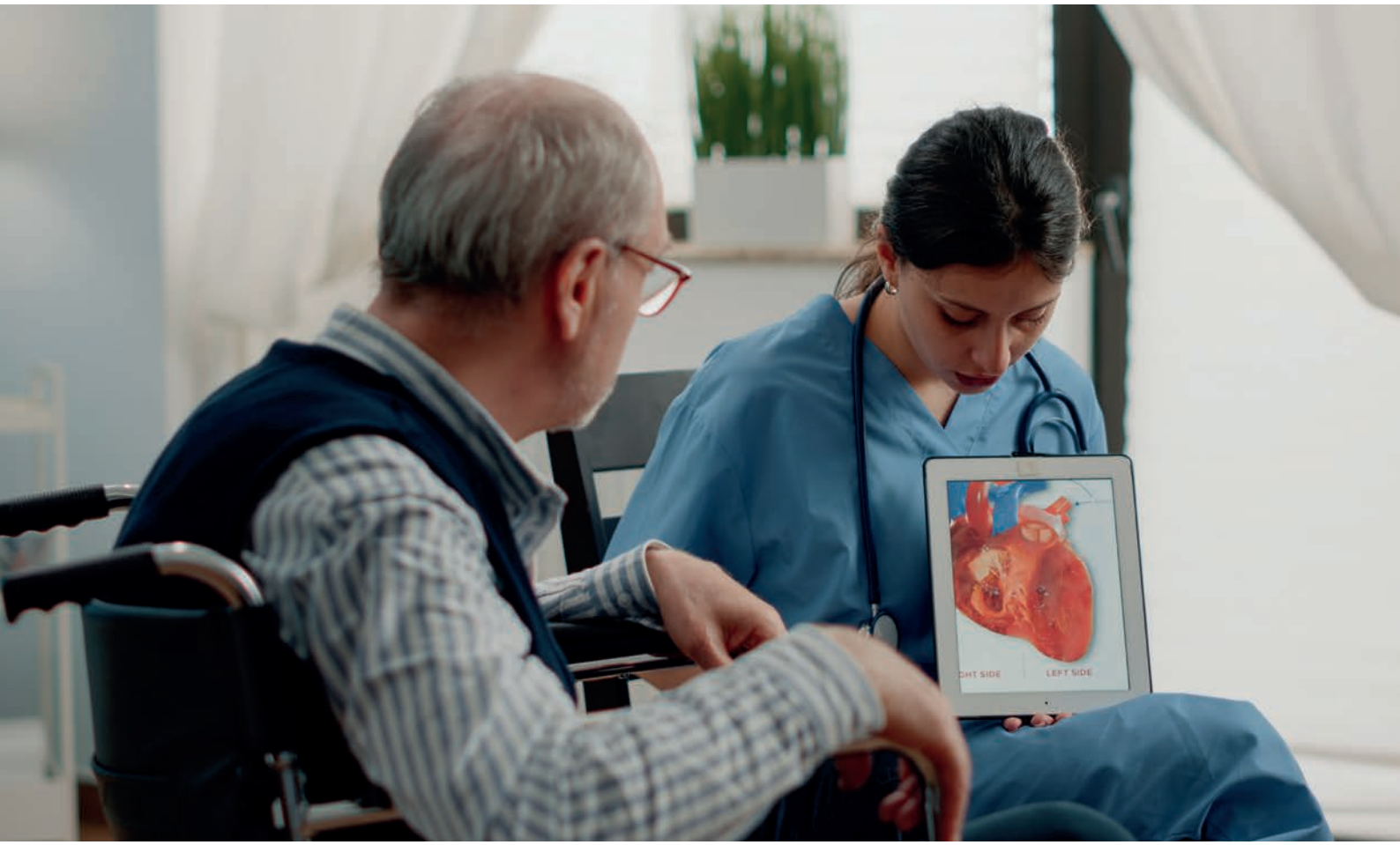
Protecting families and communities from tobacco-related harm

Creating smoke-free environments in which people live, work and play is an important way to protect families and communities from tobacco-related harm.

Children and young people are at risk the more they are exposed to smoke and by the acceptance of smoking in our society. Furthermore, young people are most at risk of becoming smokers themselves if they grow up in communities where smoking is the norm.

Despite the significant progress made through legislative changes, such as the ban on smoking in public places in 2007, families and communities are exposed to tobacco in many ways. This is especially true amongst populations where the rates of smoking are disproportionately high – for example, routine and manual occupations, people with severe mental illness, people who live in rented accommodation, people who are homeless or in treatment for substance misuse, young leavers of care and young offenders.

Cardiovascular disease (CVD) and the Community Wellness Outreach Service



Where are we now?

The Community Wellness Outreach Pilot aims to provide access to an enhanced NHS Health Check for people in under-served population groups who may be at risk of cardiovascular disease and poor mental health. These checks are provided in non-clinical settings and provide appropriate care. Where necessary, this includes onward referral by using social prescribing to put people in touch with activities that will improve their physical and mental health.

In partnership with the BOB Integrated Care Board, the Reading Integration Board including the public health team has commissioned Royal Berkshire NHS Foundation Trust's 'Meet PEET (Patient Experience Engagement Team) and Reading Voluntary Action to deliver this service in community settings across Reading. The service aims to engage groups who are disproportionately affected by cardiovascular disease and under-served by the current universal NHS health check offer.

Working with partners in the voluntary, community and social enterprise sectors, the engagement programme will ensure that the Community Wellness Outreach Service reaches the priority groups. It is underpinned by an asset-based approach that links the service and participants with existing community resources, networks and assets. This will avoid placing demand on primary care and help sustain community assets.

The community engagement work will also lead to a better understanding of the barriers that priority groups face in gaining access to universal services. Feedback will be used to improve the service and ensure that the offer is accessible to those who need it most.

What we will do

Reading Borough Council plan to build on their existing partnership with Royal Berkshire NHS Foundation Trust to deliver enhanced CVD health checks within both organisation's workplaces.

The delivery plan for this pilot project comprises two elements:

- To scale up the existing NHS Health Check to include people aged over 30.
- To offer NHS health checks to employees within Reading Borough Council workplaces.

Sexual health

Reading Borough Council's public health team jointly commissions integrated services that promote good sexual and reproductive health for Reading, West Berkshire and Wokingham.

These offer advice, information, education and treatment services related to contraception and sexually transmitted infections, including HIV.

Failure to provide these services can lead to unplanned pregnancies, abortions, psychological harm from sexual abuse, the spread of sexually transmitted infections (STIs) and potential complications, such as pelvic inflammatory disease.

Everyone who is sexually active is at risk of an STI. However, some groups are at higher risk, including young people, individuals from some black and ethnic groups, gay, bisexual, and other men who have sex with men and those living in socially or economically disadvantaged areas. In Reading, young people are 10% of the population but have the highest rates of STI diagnoses and represent a significant percentage of new STI cases.

Where are we now?

Data from integrated services shows that levels of sexual disease appear to be lower than in England. Recorded rates of new sexually transmitted infections in Reading are lower than the national average, but continued efforts are needed to maintain this positive trend and there remains a clear lag in the timely diagnosis of HIV.

Reading's key stats:

520

559

The rate of all new STI (sexually transmitted infection) diagnoses (excluding chlamydia in under 25s) in Reading was 559 per 100,000 population in 2023 (which is significantly higher than the England rate of 520 per 100,000 population.

1,546

1,288

The chlamydia detection rate among young people aged 15-24 was 1,288 per 100,000, lower than the England rate of 1,546 per 100,000.

2.34

2.94

In 2022, 11 new cases of HIV were diagnosed. There were also 335 people aged 15-59 living with HIV. The diagnosed prevalence rate was 2.94 per 1,000 – higher than the rate in England (2.34).

In the past year, we extended the provision of emergency hormonal contraception (EHC) and long-acting reversible contraception (LARC) provisions. We have partnered with neighbouring local authorities to create a local sexual health action plan that outlines our main priorities. We are collaborating with our sexual health service provider to update the service to meet post-Covid needs, closely monitor service data and improve access to high-quality data.

Over the past year, we have worked with the voluntary sector organisations on campaigns to promote the importance of HIV testing and increase the number of tests that are carried out in Reading.

Working with our sexual health service provider, we are updating the service to meet the demands of the post-Covid-19 'new normal', focusing on close monitoring and service improvement. This year they have revised their opening hours and have ensured that young people can access online STI testing.

Our focus for the next year is to review condom distribution, review and support women's health hubs, and enhance links with substance misuse services and those supporting individuals with learning disabilities. Additionally, we aim to improve data collection and update our sexual health needs assessment.
Services are delivered at the main Florey clinic in central Reading, and via outreach services across Berkshire.

Services include:

- STI testing and treatment
- General education and information on safer sex practice
- Access to a range of contraception, including LARC methods
- Emergency contraception
- Support to reduce the risk of unplanned pregnancy
- Free pregnancy tests
- Appropriate onward referral to abortion services or maternity care.

What we will do

We will:

- Ensure access to sexual health services for everyone. This covers free STI testing and treatment, notification of infected persons' sexual partners, free contraception and access to all methods of contraception.
- Support women of reproductive age to continue to have access to the full range of contraception in the setting that is most appropriate.
- Ensure residents have wider access to face-to-face and online STI testing.
- Enable integrated sexual health services to continue to be supporting wider safe sex educational campaigns and activity commissioned by the public health team.
- Provide young people with information, advice and services they need to make informed decisions about their sex lives, sexual health and wellbeing.
- Continue to work with providers and other partners to promote the importance of HIV testing and information and improve awareness and access to pre-exposure prophylaxis treatment (medication taken to prevent HIV).
- Continue to work with the service provider to assess and ensure the longer-term sustainability of the service in the face of increasing activity. This is taking the form of an 'open-book' approach to service finances and joint work on activity reporting.
- Work with our health colleagues across the ICB to develop an integrated whole-system approach to sexual and reproductive health.
- Explore options for expanding digital and remote access and online testing as an alternative access route for residents.
- Continue to offer accessible and timely provision of services (including pre-exposure prophylaxis treatment) through the Royal Berkshire Hospital NHS Trust.
- Work with our voluntary sector partners to identify barriers to accessing early HIV testing and deliver an awareness campaign to address these barriers.

Health and wellbeing – adults

Where are we now?

When surveyed, adults in Reading report similar levels of wellbeing as the rest of the country. However, public health data shows that their mental health may not be as good – they also report lower levels of physical activity, eat less fruit and vegetables and carry more weight.

Prevalence of long-term conditions, such as depression, hypertension and diabetes, tends to be lower than in England, as is the rate of suicide. Deaths from cancer and admissions for self-harm were similar to the rest of the country but there are challenges for those growing old in Reading with higher levels of recorded falls and hip fractures.

The health of Reading – a snapshot:

- In the 2021 Census, 1% of residents in Reading described their health as "very bad" and 3.7% described it as "bad" a fall from 4.0% in 2011.
- In 2020-21, 69.7% of adults aged 18 and over were classified as overweight or obese (the rate for England was 63.8%). 33.5% of these adults were obese, it was 25.9% in England.
- In 2021-22, there were 315 emergency hospital admissions for self-harm in Reading.

- In 2020-22 there were 44 suicides in Reading; a rate of 9.2 per 100,000 (England – 10.3).
- In 2021-22, there were 1,989 hospital admissions for alcohol-related conditions. The admission rate was 1,493 per 100,000 (England – 1,734).

With partners, we have continued to monitor the five priority areas from the Joint Health and Wellbeing Strategy and contributed to a range of health improvement projects. For example:

- Working to embed a community development approach to health improvement alongside partners including the Reading Sustainable Communities team, Adult Social Care colleagues and wider voluntary and community sector partners.
- The Reading Community Health Champions network, delivered in partnership with the Alliance for Cohesion and Racial Equality and the wider voluntary and community sector. This is a group of trained and trusted community volunteers, who connect communities to evidence-based health and wellbeing information, empowering them to champion their own health priorities.
- Embedding the findings of the 2021-22 Community Participatory Action Research report into local practice, and continuing to work with the University of Reading and community organisations to develop opportunities for community researchers.
- Supporting the Community Wellness Outreach project to bring NHS Health Checks and holistic wellbeing support to those who need it most, and aligning this work with ongoing health improvement programmes
- Working alongside the Social Inclusion Board to support place-based pilots in Whitley and Church wards, aiming to improve education and employment outcomes.

What we will do

- Continue to deliver the Joint Health and Wellbeing Strategy for Reading with our council, community and system partners.
- Continue to support and implement the projects described above.
- Work more closely with council colleagues to ensure that a public health approach and the building blocks of good health are in place for everyone who lives in Reading.
- Deliver a Falls Prevention Programme through GLL. This aims to address falls risks and promote independence in older adults through a structured and evidence-based approach. By targeting strength, balance and mobility, the programme aims to enhance participants' physical health, functional ability and quality of life. Ongoing exercise maintenance sessions will provide opportunities for long-term adherence and continued progress.
- A Falls Prevention Diagnostic review and needs assessment is currently underway in Reading. This aims to inform the design and development of a complete falls service and pathway.

Mental health – adults, children and young people

We promote a prevention approach to mental health, which means trying to stop mental health problems before they start.

The public health team collaborates with colleagues in Brighter Futures for Children and hosts the Reading Mental Health and Wellbeing Network to guide and monitor the Joint Health and Wellbeing Strategy priorities 4 and 5 – promoting the mental health and wellbeing of children, young people and adults.

This includes co-ordinating support for those with poor mental health and enabling equitable access to mental health services. We also promote an understanding of what leads to good mental health, such as adequate housing, access to lifelong education, worthwhile employment and opportunities to connect and participate with the community and neighbourhood. In addition, we promote self-care and personal resilience using national campaign resources such as Every Mind Matters.

Where are we now?

Reading's Mental Health and Wellbeing Network facilitates a partnership approach to supporting the mental health of residents in Reading.

In the last year, this has included delivering programmes such as the Physical Activity for Mental Health (PAMH) Partnership.

The PAMH Partnership looks to break down the barriers between physical and mental health, an action outlined under priority 5 of the Health and Wellbeing Strategy. The public health team facilitated this partnership and through this project, 110 people from 39 organisations, including voluntary and community sector partners, took part in a range of training sessions.

Training included mental health first aid training, culturally tailored mental health awareness, walk leader training and coaching qualifications.

A key partner within the PAMH Partnership is Compass Recovery College, which not only attended training as part of the project but was a core training delivery partner.

Compass Recovery College sits within the public health team. The Compass team develop and deliver free mental health and wellbeing workshops and social drop-in sessions for anyone in Reading aged 18 or over who may be affected by mental health or wellbeing challenges. All workshops are co-produced by recovery workers, experts with lived experience, volunteers and mental health professionals.

Workshops offer tools and support to enable residents to self-manage challenges, becoming experts in their wellbeing. Workshops are varied, focusing on anything from managing specific mental health challenges to introducing wellbeing tools and strategies. Workshop topics are suggested by participants and volunteers and are then developed by the Compass team with partners, which serves to embed co-production at every level of Compass's work.

Compass Recovery College also works closely with the voluntary sector to develop and deliver workshops in partnership. The team run workshops in local communities to reach people who may not otherwise access formal mental health services, to support people before they reach crisis point.

Compass receives additional support from the Reading Integration Board, which enables additional outreach in areas of high deprivation and work with in-patients at Prospect Park Hospital, who are soon to be discharged from mental health wards. This provides support once back in the community, to reduce the risk of re-admission to hospital.

Suicide Prevention

Where are we now?

In 2020-2022, the suicide rate in Reading was 9.2 per 100,000 among people aged over 10 years (lower than the England rate of 10.3), while almost three times as many males died by suicide than women.

The rate of emergency hospital admissions for intentional self-harm was 162.6 per 100,000 (for all ages), similar to England's rate of 163.7 and far lower than the south-east regional rate of 197.3.

Suicide can be prevented, but the causes of each suicide are complex, and no agent or agency can take preventative action alone.

In 2023, the Berkshire Suicide Prevention Strategy was reviewed and agreed upon by the Reading Health and Wellbeing Board. The strategy helps align local suicide prevention action planning with the Suicide Prevention Strategy for England: 2023 to 2028.

It also facilitates links with the wider Thames Valley network and countywide with the audit of coroner's reports, bereavement support services and the development of a real-time surveillance system.

The latter will help with providing timely bereavement support for those affected by suicide and has the potential to identify suspected clusters more quickly and apply preventative action around emerging methods of suicide.

What we will do

The suicide prevention action plan for Reading is steered and monitored by a multi-agency group that meets every quarter. The group reviews the objectives of the local action plan, identifies priorities and co-ordinates preventative action.

The action plan's priorities are to:

- Ensure that preventative action has been completed in potentially high-frequency locations across the borough.
- Provide a programme of licensed suicide prevention training for frontline public sector employees delivered by the public health team.
- Ensure that learning from child death overview panels, recent inquests and safeguarding reviews informs future ways of working, particularly for those working with vulnerable people.

The action plan for Reading also has several priorities that are focused on actions for children and young people. These include supporting schools to take up government funds for mental health support teams; suicide awareness and prevention training for educational staff and improving data collection about self-harming behaviours across Reading.

Section two: Health improvement – children and young

Overview

This aspect of Reading Borough Council's public health work aims to promote the physical, mental and emotional wellbeing of children and young people.

The overarching goal is to ensure that children and young people have the best possible start in life and are equipped with the resources and support they need to thrive as they grow and develop.

The work includes initiatives aimed at preventing illness and injury, promoting healthy behaviours, and addressing any health inequalities or vulnerabilities that may exist.

Working with children and young people is the most effective and cost-effective way of preventing ill health in later life. In public health terms, this is where primary prevention has its best chance of success for the whole population.

The Covid-19 pandemic has been particularly detrimental to children and young people and has widened inequalities. It has affected the psycho-social development of many children at a critical phase of their lives, with some experiencing mental ill health. Outbreaks of scarlet fever and other preventable childhood infections also highlight the lower levels of immunity among children.

Mitigating the impact of the Covid-19 pandemic on children and young people will be critical over the next few years.

The public health team's priorities for this area of work are:

- Planned parenthood
- The first 1,000 days of life, beginning with conception
- Support for parenting
- Prevention of adverse childhood experiences (ACEs)
- School readiness
- Prevention of school exclusions
- Readiness for the world of work and adult life.

Where are we now?

Many children in Reading and across the country need extra support – however, there are many opportunities for preventative action to give every child the best start in life.

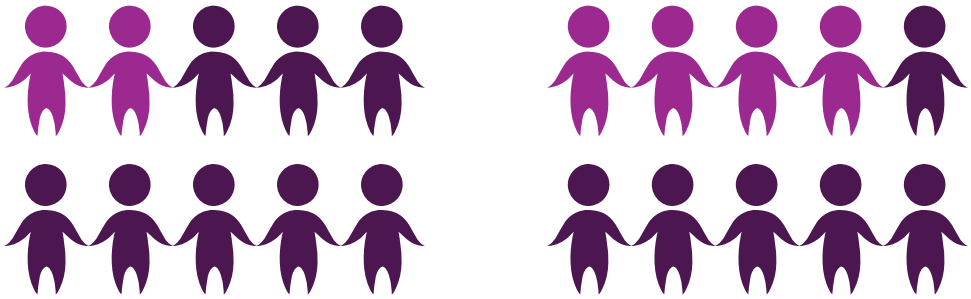
In Reading the level of parents who smoke during pregnancy is lower than at a national level and breast-feeding rates are relatively high and have been steady for many years.

However, as with the national picture, the number of children who are overweight or obese increases with age, with 21.7% carrying excess weight at the start of primary school, increasing to 36.6% by the time they leave. Although similar to the worrying national trend, this is significantly higher than the regional average.

This table summarises the findings.

Age	Weight category	Reading	South East	National
Reception (4 and 5 years old)	Overweight	12.3%	12.1%	12.2%
	Obese	9.4%	8%	9.2%
	Combined (excess weight)	21.7%	20.1%	21.3%
Year 6 (10 and 11 years old)	Overweight	13.2%	13.6%	13.9%
	Obese	23.8%	19.4%	22.7%
	Combined (excess weight)	36.8%	33%	36.6%

Unhealthy weight in school children in Reading



Over 2 in 10 pupils in Reception Year are overweight or obese

Over 4 in 10 pupils in Year 6 are overweight or obese

Dental caries is often linked with excess weight so, unsurprisingly, tooth decay rates in Reading are higher than across England.

Children in Reading also appear to be less active than their peers across the nation, with 42.7% of children and young people aged 5-16 classified as being physically active, compared to the England average of 47.2% in 2021/22.

In later teen years and early adulthood, the risks to the physical and mental health of local young people in Reading appear to be higher than national rates. The rates of unplanned pregnancy suggest that contraception needs to be more accessible for our residents. Observed rates of injury, substance misuse and self-harm in Reading are all higher than in England.

Key stats:

2,026

In 2021 there were 2,026 babies born in Reading

71.7%

81.5%

In 2020/21 945 babies first feed was breastmilk which is 81.5% and higher than England at 71.7%

0-4

6,575

In 2022/23 there were 6575 children in Reading aged 0 to 4 who attended Accident and Emergency. The hospital attendance rate was 646.8 per 1,000 higher than the England rate of 414.7.

0-5

40

From 2018/19 to 2020/21 40 children aged 0-5 were admitted to hospital for tooth decay. The hospital admission rate was 309 per 100,000 higher than the England rate of 221.

4-5

21.7%

In 2022/23 21.7% of reception year children aged 4 to 5 years were overweight or obese, similar to the England average of 21.3%.

≤18

29.3

From 2018/19 to 2020/21 the hospital admission rate for alcohol-specific conditions among children under 18 was 18.0 per 100,000, similar to the England rate of 29.3.

15-24

95.1

From 2018/19 to 2020/21 the hospital admission rate for alcohol-specific conditions among children under 18 was 18.0 per 100,000, similar to the England rate of 29.3.

In partnership with the West Berkshire and Wokingham local authorities, Reading Borough Council commissions Berkshire Healthcare NHS Foundation Trust to provide school nursing and health visiting services for all children living in Reading.

The Healthy Child Programme (HCP) is a prevention and early intervention programme that lies at the heart of the universal service for children and families. The service aims to support parents and carers, promote child development, improve child health outcomes, and ensure that families, children, and young people at risk are identified at the earliest possible opportunity.

The current public health nursing service is for young people aged up to 19 (up to 25 years for people with special educational needs and disabilities) and delivers the Healthy Child Programme. This service includes the health visiting and school nursing service and follows an evidence-based framework which health visitors and school nurses use to maximise their contribution.

Health visiting service

The health visiting service leads the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged five and under. This is achieved through health and development reviews, health promotion and parenting support.

The health visiting service consists of specialist community public health nurses and teams, who provide expert information, assessments and interventions for babies, children, and families. This service is available to families with children aged up to five in Reading. Over the years residents have reported that they valued the reassurance, encouragement and support offered by the health visitors and that they were able to contact their health visitors when needed. A confidential 'ChatHealth' texting service is available for parents, carers and young people to access advice and support around health issues. ChatHealth continues to be extensively accessed by parents and carers across Reading.

Health visiting and school nursing service delivery model - GOV.UK (www.gov.uk)

School nursing service

The school nursing service provides public health expertise and support to enable schools to become healthy environments and contribute to improving health outcomes for their pupils.

The service also provides targeted support to children and young people who require extra help or who are identified as vulnerable and at risk of poor health outcomes. This includes pupils with long-term health conditions, poor emotional health and wellbeing, and in instances of child protection and safeguarding concerns.

The service is offered to children and young people who attend state-funded primary and secondary schools, special schools and pupil referral units in Reading. School nurses also deliver a variety of health promotion and awareness sessions, related to sexual health education, healthy eating, mental health wellbeing and substance misuse. School staff receive training, including medical awareness sessions, throughout the year in response to school requests. School nurses in Reading make a vital contribution to children's health and wellbeing at schools with a focus on prevention.

What we will do

The public health team aims to better understand the health and wellbeing needs of children and young people in Reading, and particularly gain the perspective of parents, children and young people themselves.

To achieve this, we are committed to carrying out a 'children and young people's needs assessment', which provide insight into issues such as smoking, food, physical activity, weight and mental health. The findings will help shape future services for people aged 0-19 and also support wider activity across the council.

We will also work with our commissioning partners and provider organisations to understand how we can address a shortfall in the national supply of qualified health visitors, to maintain a balanced universal and targeted programme for children and parents in Reading.

Section four: Healthcare Public Health

Overview

Healthcare Public Health, also known as Population Health Management, refers to the planning, provision and evaluation of healthcare in a defined population. It aims to improve health at a population level by preventing diseases or improving health-related outcomes through proactive preventative healthcare interventions or treatments.

To support this goal, Reading Borough Council's public health team, in partnership with public health colleagues in West Berkshire and Wokingham, provides specialist advice and leadership to partners in the NHS as part of its 'core offer'. The overall aim is to ensure that the planning, design and delivery of healthcare services prevents and reduces health inequalities by ensuring that they are accessible to all and delivered effectively and efficiently.

Population health management is one of the core responsibilities of Integrated Care Systems (ICSs). (ICSs are local partners – such as the NHS, councils, voluntary sector and others – working together to create better services based on local needs. They were created in 2022.)

It is delivered through primary prevention and proactive care such as:

- Vaccination and screening programmes
- Community outreach and early intervention to prevent disease progression
- Collaboration with social care to support rehabilitation in the community.

NHS hospitals and specialist clinics mainly play a tertiary role in prevention, by providing lifesaving treatment and by mitigating the impact of ill health on everyday living. But, increasingly, they have a role to play in the primary and secondary prevention of ill health and disease.

The NHS Long Term Plan highlights the prevention role of the NHS as an 'anchor institution', an employer and as the owner of assets that are of potential wider social benefit to local communities. Its key role in local communities involves supporting those at an early stage of illness and identifying opportunities to prevent ill health from occurring.

Council public health teams have continued working closely with the NHS, aligning with the Core20PLUS5 strategy, which aims to maintain a system-wide focus on the priorities that will prevent and reduce health inequalities across the NHS system. Our local authority-mandated public health services are commissioned to ensure that the most deprived 20% have their needs met within a universal offer. They also ensure that the 'core five' clinical areas of inequality – particularly diabetes, oral health and mental health – have a prevention focus at a local level.

Where are we now?

The formation of the NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and Integrated Care System (BOB ICS) and the Berkshire West Integrated Care Partnership (ICP) has provided fresh opportunities to align the priorities of the Forward Plan with the Joint Health and Wellbeing Strategy. This ensures the ICS focuses on improving the health of Reading's population by preventing and reducing inequalities.

What we will do

We will:

- Provide strong, visible public health leadership within the Berkshire West Integrated Care Partnership to maintain a strong focus on the prevention of ill health.
- Apply public health expertise and intelligence to the use of prevention and inequality funding and the delivery and evaluation of the Community Wellness Outreach pilot project.
- Develop an integrated approach to generating and using public health evidence and intelligence in the planning of services and decision-making within the NHS and across the Berkshire West ICP.
- Promote primary prevention and the prevention of inequalities in health outcomes throughout healthcare planning and commissioning processes and the delivery of NHS functions. This means a clear focus on the NHS anchor institution role in the determinants of health, including employment, education, housing, community cohesion, the natural environment and climate emergency.
- Collaborate with partners in the NHS and the United Kingdom Health Security Agency to ensure good knowledge, systems and processes are in place for responding to health protection threats.

Section five: Public health delivery support

This section focuses on areas of work that support the core functions of Reading Borough Council's public health team.

Commissioning

A significant portion of Reading's public health grant goes towards services that are provided by organisations outside of the council. This is known as commissioning.

In its role as a commissioner, the public health team is required to design the requirements of the services, find suitable organisations to deliver them, monitor performance and work with providers to ensure services are continuously improving.

The main commissioned services include:

- Children's services and public health nursing (for people aged 0-19), such as health visitors and school nurses
- Drug and alcohol services
- Specialist integrated sexual health services
- NHS Health Checks
- Smoking cessation services
- Weight management
- Others, such as preventative oral health; accessible leisure services; voluntary and community sector wellbeing services addressing health inequalities through the Closing the Gap initiative.

The political, regulatory and economic context of commissioning continues to develop rapidly with inflation, workforce challenges and increased competition for organisations to deliver services. Public health commissioners must respond to these issues to ensure equity of access and a focus on achieving public health outcomes.

Research, evidence, and intelligence

Evidence and intelligence constitute the cornerstone of public health.

Our work is driven by understanding patterns of health and disease, identifying the needs of our local population and prescribing the most effective interventions.

We must also monitor and evaluate the performance of our local services while understanding the economic impact of our decisions.

Evidence and insight gained from qualitative methods, such as interviews and focus groups, are equally as important as the analysis of quantitative data. We need to use intelligence from people with lived experience to design services and public health programmes. Locally, Participatory Action Research methods are continuing to develop as a way to capture this intelligence.

Reading's public health team has committed to continue developing Participatory Action Research as a method to engage communities locally in topics which are important to them.

We continue to work alongside the University of Reading and voluntary and community sector partners to develop and support these opportunities, building on the success of the Community Participatory Action Research project which took place across 2021-2022.

There will always be gaps in understanding, so strong links with academic institutions, especially our local University of Reading are essential. Such links provide educational and career opportunities for local people; a sustainable local pipeline of staff for local health, social care, and wellbeing services; and access to appropriate research expertise to throw light on pressing issues.

What we will do

We will:

- Work with partners across and beyond the council to develop a joined-up evidence and intelligence function that supports planning and commissioning decisions.
- Build on new digital tools and techniques for data linkage to measure the impact of changes in the system.
- Work with stakeholders to develop the Joint Strategic Needs Assessment and Asset mapping, reflecting the priorities of the Integrated Care Partnership and Reading Health and Wellbeing Board.
- Strengthen the evaluation of public health interventions delivered across the council and wider integrated system, to provide clarity about health outcomes and economic impact.
- Improve the experience of Joint Strategic Needs Assessment users, including commissioners and managers, enabling them to access public health intelligence through tools such as Microsoft Power BI.
- Build relationships with academic institutions and research networks across the Integrated Care Board geography and beyond, to develop a public health research programme within the council.
- Use citizen science (the involvement of volunteers in science), human learning systems, and insights from people with lived experience to remove barriers to health and develop accessible services.
- Continue to work alongside partners including the University of Reading and voluntary and community sector organisations to support the training and development of community researchers

Communications

Clear messaging and information are central to any modern public health service. To achieve our objectives, we must be visible in, and trusted by, our communities. The tone and content must be right to ensure that the desired outcomes are achieved, whether this is informing, warning or advising.

The use of multimedia was critical during the Covid-19 pandemic, a period that highlighted the value of communications, but also that it should not be overused.

Effective campaigns also help people better manage their health.

What we will do

We will:

- Work with Blue Lozenge, our public health communications contractor, to deliver a public health communications plan. This will advocate for local priorities such as the uptake of childhood vaccinations and smoking cessation in addition to promotion of national health campaigns.
- Communicate national adverse weather warnings to system partners and local communities. This is done via social media and internal channels using United Kingdom Health Security Agency (UKHSA) resources.
- Continue to promote Covid-19 and flu vaccines via social media and internal channels using UKHSA resources.
- Collaborate with council colleagues and services to identify opportunities for joint communications.
- Continue to provide expert public health advice that is underpinned by intelligence, and data and informed by behavioural insights.
- Innovate in our use of social media to target population groups in Reading.
- Respond to public health issues as they arrive through open and transparent communications.
- Continue to work alongside voluntary sector partners to mobilise the strong network of Community Health Champions – connecting, informing and empowering local people with evidence-based health and wellbeing information.

A diverse and skilled workforce

The competency and capacity of the Reading public health team – and the skills of the wider workforce – are essential to the delivery of programmes and services.

The team is diverse, highly skilled and well-trained. It draws upon expertise from a range of professional and social backgrounds, both clinical and non-clinical, and comprises highly motivated staff who are involved in continual professional development and ongoing public health training.

Workforce development is an escalator of opportunity that provides the working environment and resources for individuals to develop new skills and maintain their competencies. Through a programme of development, we intend to build capacity and capability for the public health function both within the public health team and across the council.

To do this we jointly employ a Public Health Workforce Development Officer who is funded one day a week by NHS England and works with the three Berkshire West public health teams. The development officer works closely with the Director of Public Health in Wokingham who is the named lead for Berkshire West public health workforce development and representative on the Thames Valley Public Health School Board.

Over the last 12 months, the workforce development officer has facilitated several continued professional development (CPD) days that support career development, enhance skills, and expand knowledge.
The Reading team has also recruited and hosts a Berkshire West Public Health Practitioner graduate trainee. This is a 2.5-year placement opportunity that enables someone who has experienced disadvantage to begin a career in public health.

What we will do

We will:

- Continue to deliver workforce development training and opportunities to the public health team and the wider workforce. This includes the continued delivery of behaviour change training, such as Making Every Contact Count, Alcohol Identification and Brief Advice and Very Brief Advice training related to smoking.
- Support all stages of a career in public health, including developing an apprenticeship for those in the early stages and providing specialist training for aspiring consultants.
- Ensure that our ways of working foster a diverse workforce, where staff from all backgrounds feel they belong, and are equally valued and accepted.
- Develop innovative approaches to public health training and development to position Berkshire West and Reading Borough Council as leaders across the system and as an employer of choice.
- Provide the necessary training and support to ensure strong public health leadership at all levels.

Building and maintaining a strong public health function

Where are we now?

Reading's public health team is placed within the Directorate of Communities and Adult Social Care. It reports to the Executive Director – Communities and Adult Social Care and the shared Director of Public Health for Reading and West Berkshire.

Alongside the core public health team is the Compass Recovery College, which provides a mental health recovery programme that is accessible to all.

The public health team commissions a range of mandated and eligible public health services in partnership with neighbouring councils in West Berkshire. The team also works with a range of partners – including the NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), and local voluntary community and social enterprise organisations to deliver public health outcomes across council services.

What we did

In 2023-24, the public health team continued to work in the recovery phase after the Covid-19 pandemic. It has also improved training and professional development and provided a stable platform from which to plan the restructuring of the Berkshire West Public Health system in preparation for a new permanent shared Director of Public Health.

The Public Health Board has been re-established and has conducted a quality assurance review of the contracted spending.

The team has continued to commission, monitor and report on mandated public health services that are described in other parts of this report. They have interviewed, recruited and hosted interim members of the Berkshire West shared team to strengthen the public health intelligence function in support of the Joint Strategic Needs Assessment and Healthcare Public Health. The interim staff have played a vital role in strengthening the public health protection function and local health resilience for emergency planning and incident response.

Most importantly, the team has entered into a public health communications contract which provides the capacity to undertake much-needed public health advocacy and targeted social media communications projects.

What we will do

In the coming year, we will:

- Develop new ways of working in partnership with our colleagues in the public health team at West Berkshire Council. This will ensure that back-office services are efficient and that governance and accountability are clear to our stakeholders in both councils and wider system partners.
- Deliver targeted communications for smoking cessation and tobacco control; the uptake of the childhood vaccinations programme, including measles; and the whole-systems approach to healthy weight.

- Develop the team's competency and professional capacity with an inclusive programme of continuous professional development. This will comprise, peer-to-peer and team learning sessions, and professional training and courses with support to acquire essential professional qualifications. Members of the team will continue to complete their training as public health practitioners and specialists registered with the UK Public Health register.
- Build strong foundations to ensure the public health function and specific public health services are delivered effectively and efficiently.
- Following the Covid-19 pandemic, seek new partnerships that develop in line with modern public health values and aspirations to meet local needs.
- Establish effective processes that lead to efficiencies and ensure we deliver excellent function and public health services in line with statutory requirements and grant conditions.
- Continue to invest in services that promote, protect, prevent ill health and reduce inequalities.

Acknowledgements

It has been an immense privilege to act as Interim Director of Public Health for Reading for the past year and to work with such dedicated and committed colleagues. I am very proud of the members of the Public Health Team and their collaborators who have given so much of themselves in 2023-24.

I would like to thank them for the support they have given to me during my time here and trust that we have together put in place sound public health foundations for the people of Reading.

I wish especially to acknowledge the following for their work in public health in Reading and their contributions to this report:

Reading Borough Council

- Martin White – Consultant in Public Health
- Amanda Nyeke – Public Health and Wellbeing Manager
- Sally Andersen Senior Commissioner Drugs and Alcohol
- Chris Stannard – Public Health Programme Officer
- Rojina Manandhar – Public Health Programme Officer
- Yasmine Illsley – Public Health Programme Officer Health Improvement
- Marisa Alexis – Public Health Protection Principal (interim)
- Kedei Ettah – Public Health Practitioner, Graduate Trainee
- Dayna White – Public Health Neighbourhood and Partnerships Manager
- Lara Stavrinou – Compass Recovery College Manager
- Nina Crispin – Public Health Information and Engagement Officer.

Berkshire West Team

- Mike Bridges – Consultant in Public Health (interim)
- Gayan Perera – Public Health Intelligence Manager (interim)
- Sabrina Kwaa – Senior Public Health Intelligence Analyst
- Lyndon Mead – Business Manager (interim)
- Nana Wadee – Information Analyst
- Nerys Probert – Public Health Workforce Development.

Prof. Dr John R Ashton C.B.E. Interim Director of Public Health Reading and West Berkshire

Notes

1. *Ashton, J. (2019). Practising Public Health - An Eyewitness Account. Oxford University Press.*
2. *Frazer, W.M. (1947). Duncan of Liverpool. An account of the work of Dr w. H. Duncan, Medical Officer of Health of Liverpool, 1847-63. Hamish Hamilton Medical Books, London.*
3. *Winslow, C. E.A. (1920). The Untilled Fields of Public Health, Science.*
4. *Health and Social Care Act 2012 (legislation.gov.uk)*
5. *NHS commissioning » Integrated care systems (ICSs) (england.nhs.uk)*

Produced by Blue Lozenge https://bluelozenge.co.uk/
Please contact hello@bluelozenge.co.uk for more information.

Reading Borough Council
Working better with you

READING HEALTH AND WELLBEING BOARD

Date of Meeting	12 July 2024
Title	Public Health Protection Report
Purpose of the report	To note the report for information
Report author	Marisa Alexis
Job title	Public Health Principal
Organisation	Reading Borough Council
Recommendations	1. That the contents of this report are noted.

1. Executive Summary

This report is being brought to the board as an update on Health Protection activities in Reading. At the last Health and Wellbeing board, it was agreed that the Berkshire West Health Protection & Resilience Partnership board would be established and there would be regular reports from it to this board. Developing the governance structure took precedence and this was detailed in the report brought to this board in March 2023 on the Establishment of a Berkshire West Health Protection & Resilience Partnership Board (West Berkshire, Wokingham, Reading). However, the reporting arrangements are yet to be finalised. While these are being determined, the following is a report on Health Protection activities for Reading.

Health Protection is one of the principal domains of Public Health. It aims to prevent, assess, and mitigate risks and threats to human health at population level. These risks come from communicable diseases, cyber threats and exposure to environmental hazards such as chemicals and radiation. The effective delivery of local Health Protection services at local government level requires close partnership working between UK Health Security Agency, Integrated Care System, Voluntary services and other key stakeholders.

Core health protection functions are expected of local health systems. The purpose of this report is to provide members of the Health and Wellbeing Board with an update on Health Protection assurance and activities in Reading. This includes performance against key performance indicators at both system and local level. The priorities for Health Protection during 2023-24 were focussed on developing the Health Protection service in Reading.

In Reading, during the 2023/24 financial year, low rates of outbreaks and communicable disease incidents were reported in the community. However, several healthcare associated infections breached national thresholds. Uptake for seasonal and some routine childhood and adult vaccines were below national average. Screening for cervical cancer was also reported as an issue due to low uptake. The rates of sexually transmitted infections show an upward trend and Reading is the worst performing in the South East for late diagnoses. Air quality has improved in parts of Reading, however overall levels of harmful particulates remain high. Public Health improvement plans for healthcare associated infections, communicable disease management, routine vaccination uptake and air quality are in place.

2. Progress Against Strategic Priorities

Below is a headline summary of the strategic priorities for Health Protection in Reading set out in 2023.

Priorities	Status
Development of strategic relationships in the council and across the system to facilitate system working including strategising to improve population health outcomes.	COMPLETE
Re-establishment of the joint Berkshire West Heath Protection and Resilience Partnership Board with Wokingham and West Berkshire.	COMPLETE
Design and implementation of the Health Protection Assurance framework.	Awaiting board ratification
Development of communicable disease management processes	COMPLETE
Developing a Memorandum of Understanding for individuals with pulmonary Tuberculosis who have no recourse to public funds.	COMPLETE
Defining the Health Protection function and delivering a structured service for Reading	In progress

Table1: Health Protection strategic priorities 2023-24

3. Healthcare Associate Infections (HCAI)

The term HCAI covers a wide range of infections. The most well-known include those caused by methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C. difficile). HCAIs pose a serious risk to patients, staff and visitors both in acute settings and primary care. They can exacerbate existing medical conditions, create long term disability and increase resistance to antibiotics and adversely affect quality of life.

To drive improvement of HCAI rates, annual thresholds are set by NHS England for individual healthcare provider trusts and systems (including primary care). Reportable HCAIs that are monitored for breaches include MRSA, C. difficile, Gram- negative blood stream infections including Escherichia coli (E. coli), Klebsiella spp., Pseudomonas aeruginosa, and Methicillin sensitive staphylococcus aureus (MSSA). Infection Prevention and Control (IPC) strategies are vital to preventing HCAIs.

3.1. Progress against the Buckinghamshire Oxfordshire and Berkshire West (BOB) Joint Forward Plan for IPC (Infection Prevention and Control)

The BOB system wide IPC strategy to deliver improvements focuses on reduction of the following HCAIs: -

- Clostridioides difficile infections

- Gram-Negative Blood stream infection
- Achieving antibiotic prescribing targets
- Establishing partnership and collaborative working across the newly formed integrated care Partnership.

Table 2 show HCAI counts and 12-month rolling rates compared with national counts up to quarter 3 of 2023/24.

Healthcare Associated Infections 12-month rolling rates by ICB compared with national - December 2023

Source: HCAI Mandatory Surveillance Data

Area	Organism					
	E Coli	Klebsiella spp	P. aeruginosa	MRSA	MSSA	C. difficile
	Value*	Value*	Value*	Value*	Value*	Value*
England	72.8	15.5	7.8	1.5	23.5	28.5
BOB	↓71.9	↓15.4	↑10.1	↓1.3	↓20.7	↓22.3
Buckinghamshire	↓70.2	↓15.1	↑10.4	↓0.7	↓19.1	↓18.9
Oxfordshire	↓72.7	↓15.0	↑10.1	↑1.6	↓19.7	↓23.5
Berkshire West	↑72.9	↓15.4	↑9.7	↑1.6	↑23.7	↓24.4

*Value per 100,000 population

Table 2: Source AMR local indicators - produced by the UKHSA - Data - OHID (phe.org.uk)

3.1.1 Clostridioides difficile infections

BOB is currently reporting below the national average rate of C. difficile cases. BOB sits at 22.3 cases per 100,000 and therefore below the national average of 28.5. However, data up to the end of the financial year shows that Berkshire West reported 119 cases, 1 case above the threshold of 118 cases.

To improve infection rates a C. difficile action plan was developed. It involves the piloting of a new data analysis tool and methods for monitoring antibiotic stewardship.

3.1.2 Gram-Negative Blood stream infection (GNBSI)

BOB has exceeded all GNBSI thresholds set by NHSE (NHS England) for 2023-2024), However, rates remain below the national average in each category with the exception of P. aeruginosa.

To improve infection rates a GNBSI action plan was developed. Key initiatives include system wide collaboration to implement the NHS England Catheter Passport prevent catheter associated urinary tract infections; Implementation of a hydration of programme for at risk individuals >65 years in the community; Introduction of primary care Aseptic Non-Touch Technique training with the aim to improve aseptic technique practice.

3.1.3 Achieving antibiotic prescribing targets

To achieve optimum antimicrobial stewardship, the One Health Anti-Microbial Stewardship group was established to agree system level priorities and facilitating opportunities for cross sector collaboration.

3.2. Infection Prevention and Control (IPC) interventions to manage and prevent HCAIs in primary care

The IPC team provided the following support to care homes including residential homes and supported living settings in Reading during 2023-24: -

- Specialist support during outbreaks of infection
- Onsite visit for IPC training and auditing
- Monthly infection prevention webinar
- Urinary catheter management and quality improvement support
- Publication of a monthly IPC Newsletter
- Telephone consultation, to provide real time IPC advice
- Post infection reviews of reportable HCAIs

4. Communicable Disease Control

Communicable diseases are illnesses caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air. Public Health plays a lead role in protecting the local population from infection through surveillance and monitoring, operational support, advice, education, training and research.

4.1. Measles

The recent resurgence of measles cases in Europe, resulted in significant measles outbreaks in England, mainly in London and the West Midlands. The number of cases reported in the South East have been consistently below the national average. With only 2% of cases reported when compared to the national figure. For the period January 2024- April 2024, 54 confirmed cases were reported in the South East with 3% of these cases confirmed in Reading. However, the risk of transmission in Reading was high due to low preventative vaccine uptake in at risk cohorts.

Local Action

A measles action plan was co-produced by the Health Protection Lead with Blue Lozenge to focus public health initiatives with the aim of improving uptake of the Measles, Mumps and Rubella (MMR) vaccine. This included messaging to schools and an innovative social media campaign, which would be included in future reports.

The Reading Community Health Champions received training on Measles including the risks to unvaccinated individuals to cascade in their communities.

Training on Measles was delivered by the Health Protection Lead to head teachers, it was designed to help them recognise and respond to measles to prevent onward transmission in education settings.

4.2. Whooping cough

There has been a recent rise in Whooping cough (Pertussis) infection across England. With cases in the South East rising by 83% when compared to rates of infection in 2023. For the time period January 2024- April 2024, 873 confirmed cases and 1244 possible cases were reported in the South East. The highest rate of infection was reported in most deprived population areas. Despite the high number of cases across the South East, Reading was among 3 boroughs who reported the lowest number of cases, less than 1% of the total. Whooping cough is a respiratory spread illness therefore the risk of transmission to residents from non-residents is high and we need to take preventative action.

Local Action

A communications plan was developed to raise awareness across the borough targeting high risk groups who are susceptible to severe illness if infected. An article was published in the Reading resident's newsletter and an innovative social media messaging campaign was developed, to help drive the uptake of vaccines. This will be included in future reports.

4.3 Incidents and Outbreaks

Reports for Reading up to April 2024: -

- Cluster of influenza/ flu like illness cases in a care home.
- Outbreaks of Norovirus in care homes.

5. Vaccinations & Immunisation

Immunisation offers protection against some infectious diseases. Vaccines stimulate the body to produce antibodies that fight infection. A full dose of vaccination generally provides immunity similar to that provided by the natural infection, but without the risk of the disease or its complications.

To reduce the spread of infection and prevent outbreaks, achieving high levels of immunity against vaccine preventable diseases is vital. This can result in herd immunity, whereby the protection from immunisation programmes extends to individuals who cannot be vaccinated for a number of reasons.

5.1 Vaccine uptake in Reading

5.1.1 Seasonal vaccines

The Flu vaccination programme came to an end on 31st March, with data available to end of February as below. BOB compared well with uptake, performing second best in the South-East region.

At local authority level, Reading continues to trend below the national average and below our geographical neighbours. See table 3.

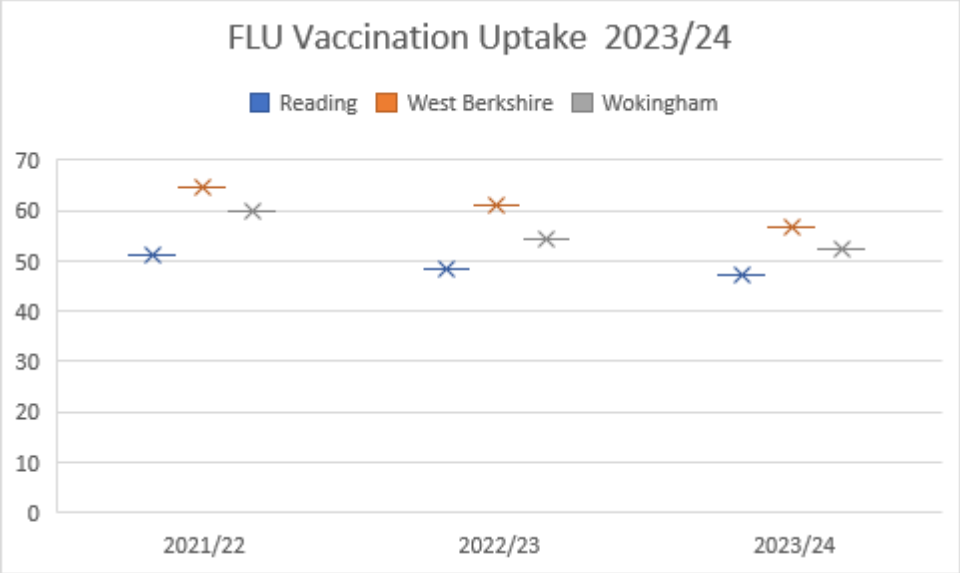


Table3: Seasonal flu vaccination uptake 2023-24 season average for all cohorts. Source: ImmForm. Through Berkshire West Public Health Informatics

Local Actions

Preparations for the 2024-25 flu vaccination programme has already commenced at a regional level. Local plans will focus on increasing uptake in underserved communities.

The Covid Spring Booster Campaign 2024 Covid vaccination programme is an 11-week programme from 15th April to 30th June with the initial week focusing on care homes only and full programme to commence 22nd April. Vaccinations will focus on:

- All aged over 75 years old
- Those living in care homes for older people.
- Those who are vulnerable due to immunosuppression.

5.1.2 Childhood vaccinations

During the 2022-23 financial year childhood population vaccination coverage for two doses of MMR was below required threshold and both national and regional averages. Complete data for 2023-24 has not been published but the data shows that the situation has worsened, to the point that Reading was cited as an area of concern in the South East for low MMR uptake.

Coverage for other routine school aged vaccines (Diphtheria, Tetanus, Pertussis) during 2022-23 aligned with the national average. Complete datasets for 2023-24 are not yet accessible, however early reports from UKHSA show a decreasing trend.

Adolescent vaccine coverage for Human Papilloma Virus (HPV) was below the threshold for 2022-23. Meningococcal ACWY coverage was also found to be within the threshold for 2022-23. Complete datasets for 2023-24 are not yet accessible, however early reports show a linear trend.

Local action

As referred to above, a measles action plan was developed to increase awareness among the population to increase MMR vaccine uptake.

6. Screening

Screening is one of main methods used to identify apparently healthy individuals who are at increased risk of developing a particular condition. The aim is of screening programmes is to offer early treatment or intervention to reduce the incidence and/or mortality of the health problem or condition within the population.

For further information on the national screening programmes and vaccines that are routinely offered to everyone in the UK free of charge on the NHS please visit the NHS website: NHS screening.

6.1 Screening coverage in Reading

Reports of screening coverage for bowel cancer screening, antenatal and newborn screening, breast screening showed that performance was above the national average or targets met.

Thresholds for cervical screening are not being met in Reading. Coverage has been below the national target and continues on a downward trend.

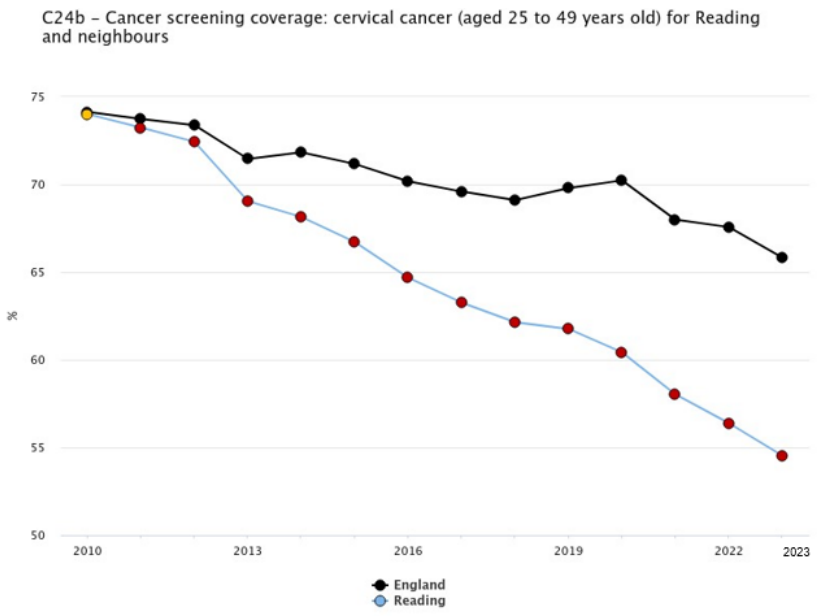


Figure 1: Cervical screening coverage in Reading. Data up to December 2023Source: Public Health Outcomes framework

6.2 Reducing health inequalities in screening & immunisation programmes

2023

- A Health Needs Assessment on vaccine preventable illness is being undertaken to determine the root of cause of low vaccine uptake in both adults and children in Reading.

- Healthwatch Reading are leading on a series of qualitative research studies to improve understanding around low uptake of cervical screening in south Asian women and other ethnically diverse communities.
- A BOB cervical screening task & finish group has recently had its first meeting, including membership stakeholders across the patch it aims to work with GP practices in Berkshire West to increase uptake in cervical screening.
- Although standards were met locally for breast screening, the programme is currently undergoing a national Health Equity Audit by NHS England, when complete this will inform an action plan.

7. Sexual Health

Sexual health is not equally distributed within the population of Reading. There is evidence to suggest strong links exist between deprivation and sexually transmitted infections (STIs), teenage contraception and abortions. The highest burden is borne by women, men who have sex with men (MSM), trans community, teenagers, young adults and black and minority ethnic groups. Some groups who at higher risk of poor sexual health, face stigma and discrimination, which can influence their ability to access services.

7.1 Sexual Health in Reading

The current rate of sexually transmitted infections (STI) is increasing in Reading. This is a continuing trend from 2022-23. New STI diagnoses remain above the threshold and national average. A key concern is that Reading has the highest late STI diagnoses rate in the South East. The main challenge for Reading is working with some asylum seekers and refugees due to language barriers.

7.1.1 Human Immunodeficiency Virus (HIV)

HIV positive people in Reading live with more long-term health issues because they are diagnosed late, they experience more mental health issues, and their quality of life is poorer than their HIV positive peers in other areas of Berkshire. Reading has the highest late diagnosis rate in the southeast.

An early diagnosis of HIV leads to better long term health outcomes and makes living with HIV manageable. Late diagnosis is far more likely to result in multiple co-morbidities and a poorer quality of life. 53.8% of those diagnosed with HIV in Reading are diagnosed late, compared to a regional average of 43.3%.

<u>Local Actions</u>

- HIV Awareness and Testing Campaigns

The aims of this campaign were to reduce late diagnosis amongst heterosexual men and heterosexual and bisexual women; to increase repeat testing in men who have sex with men; to raise awareness in underrepresented cohorts.

- Monkey pox vaccination programme

Supporting service providers and high-risk population groups around awareness and vaccination.

- Sexual Health Relationship Education memorandum of understanding

Collaboration with Brighter Futures for children to engage with high-risk young people to provide long term support. The aims are to reduce STI transmission among young people and educate vulnerable young people on risky sexual behaviours.

- Sexual Health Access audit and results showed that all providers are performing well against key performance indicators for testing and contraception.

Priorities for the Reading Health and Wellbeing Programme 2024-25

- Focus on National Chlamydia Screening Programme (NCSP) to reduce the health harm caused by untreated chlamydia infection.
- Reducing late HIV diagnosis rates in Reading.
- Improve access to sexual health service and increase the referral pathways to reach the most vulnerable members of the community.

8. Environmental Hazards

8.1 Air Quality

Poor air quality is the largest environmental risk to public health in the UK. Air pollution can cause, complicate, or exacerbate many adverse health conditions. It usually manifests in respiratory or cardiac symptoms and can lead to chronic health issues. Recent studies show that poor air quality can affect every organ in the body and even cause damage to cognitive performance. Exposure to poor air quality is directly related to diseases such as cancer, asthma, strokes, heart disease, diabetes, obesity and dementia. Air pollution can affect people from different ethnicities, ages, and social groups. It is likely to have greater impacts on those who experience high amounts of exposure and those who have greater susceptibility. The most vulnerable are those with pre-existing health conditions, children, or the elderly.

8.1.1 Air Quality in Reading

The local situation continues to improve even after discounting the influence of the pandemic on air quality trends. The greatest rate of improvement has occurred at monitoring sites within Reading's town centre (Air Quality Action Plan, 2024).

8.1.2 Areas of Concern

Within Reading, there is currently one location identified as being in exceedance of any of the legal UK Air Quality Objectives-Caversham Road.

Particulate pollution – although this does not exceed any objectives, small particulates (PM2.5) evidence shows this to be the most harmful to health, with no known lower threshold. Levels of particulates have not been decreasing in Reading in recent years.

8.1.3 Local Improvement Initiatives

A Reading local plan was developed that will play a key role in how the town evolves, with core objectives for sustainable growth. The Local Plan seeks to deliver new homes and employment space in Reading, alongside critical infrastructure to accommodate forecast housing demands and job creation, and to ensure the town remains an attractive place to work, live and study.

An expression of interest for funding to carry out a project to expand particulate matter monitoring to better understand levels, the local impact on health and cost to NHS.

9. Emergency Planning

The Berkshire wide Health Emergency Planning Group was re-instated in 2023 and Reading Public Health team is an active member. The terms of reference for this group are in development. This group feeds into the Thames Valley Local Health Resilience Partnership. The HEPG responsibilities include: -

- Facilitating the production of local sector-wide health plans to respond to emergencies and contribute to multi agency emergency planning.
- Provide support in assessing and assuring the ability of the health sector to respond in partnership to emergencies at a local level.

The following Berkshire West plans are on a schedule for review: -

- Heat health plan
- Pandemic plan
- Flood plan
- Reading specific adverse weather plan update

10. Next Steps to be carried for the Public Health Team

- Continue collaborative working with the BOB ICB around infection prevention and control and health resilience projects.
- Increase assurance for screening programmes and work with partners to improve delivery, coverage, and uptake, focusing on population groups at greater risk of poor outcomes or who face more disadvantage in accessing services.
- Continue collaborative working with commissioners, providers, community champions and communications team to raise awareness of Health Protection risks and locally amplify national communications.

- Focus efforts to prevent and reduce health inequalities, in particular health protection pathways for migrant and homeless communities
- Undertake a vaccine preventable diseases Health Needs Assessment to understand behaviours around vaccine hesitancy to focus initiatives for improvement.
- Collaborate with the Reading Borough Council Emergency Planning colleagues to update adverse weather plans.

This page is intentionally left blank

NHS
Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare CAMHS

Update for Reading HWBB

Louise Noble, Service Director, Children, Family & All-age Services

July 2024

BHFT Children, Families and All Ages Services (CFAA) which include

Neurodiversity Service

- Autism Assessment Team
- ADHD Team

Public Health Nursing

- Health Visiting
- School Nursing
- School-aged Immunisation Service

Children in Care Team

Children's and Young People's Integrated Therapies

- Speech and Language Therapy
- Occupational Therapy
- Physiotherapy

(Early Years and School Age Years)

Specialist Children's Services

- Paediatricians (East Berkshire),
- Community Children's Nursing and special schools
- Continuing healthcare
- Respite (East)
- Dietetics

CAMHS & BEDS

- Common Point of Entry (CPE)
- Locality-based Getting Help teams
- Schools Mental Health Support Team
- Locality-based Specialist Community Teams
- Anxiety and Depression Team (county-wide)
- All-age Eating Disorder Service (county-wide)
- Rapid Response service (county-wide)
- Health & Justice Service & Children in Care worker
- Children in Care CAMHS worker
- Early Intervention in Psychosis service
- Tier 4 Alternative to Admission service (Thames Valley Provider Collaborative)

NHS
Berkshire Healthcare
Children, Young People and Families services

THRIVE FRAMEWORK FOR CHILDREN AND YOUNG PEOPLE MENTAL HEALTH SERVICES

- Replaces the tiered model with a conceptualisation of a whole system approach that seeks to identify resource-homogenous groups rather than an escalator model of increasing severity or complexity (it is appreciated that there will be large variations in need within each group). Outlines groups of children and young people based on the sort of support they may need.

- Provides a set of principles for creating coherent and resource-efficient communities of mental health & wellbeing support for CYP&F. Focuses on a wish to build on individual and community strengths wherever possible

- Suggests that all those involved in the delivery of care across health, education, social care and the voluntary sector work closely with one another to meet these needs, agree on aims, and review progress.

- Enables a common language to talk about mental health and mental health support that everyone understands. Tries to draw a clearer distinction between treatment on the one hand and support on the other.

- Stresses the importance of drawing on the evidence base, alongside being transparent about the limitations of treatment, emphasising that decisions on how best to support a child's mental health cannot be based purely on their diagnosis or presenting symptoms.

- Aims to ensure children, young people and families are active decision makers, explicitly engaging them in shared decision-making about the type of help or support they need.

THRIVE Framework for system change | i-THRIVE (implementingthrive.org)

THRIVE Framework for System Change – 5 groups

NHS
Berkshire Healthcare
Children, Young People and Families services

CYP with mild or temporary difficulties
And
Those with fluctuating or on-going severe difficulties who are managing their own health
Intervention is in the community &/or self-support

There will be risk management aspects in all domains but this domain acknowledges the needs of CYP & F who are currently unable to benefit from evidence-based treatment but remain a significant concern & risk e.g. those who routinely go into crisis; who self-harm or who have emerging personality disorders

CYP who need focused, evidence-based help & support with clear aims & criteria for assessing whether those aims have been achieved.

Includes CYP unable to participate in daily activities in at least one domain; experience stress on a daily basis and may need constant supervision; may have a range of overlapping needs.

BHFT CYP MH Services

Berkshire Healthcare NHS Foundation Trust

GETTING ADVICE LEVEL SUPPORT
People referred into CAMHS CPE may be identified as requiring advice level support, therefore referrals may be signposted to access the following support and be discharged

Other agencies
Including charities, counselling services

Online/digital resources

GETTING RISK SUPPORT
For those who have not benefitted from or are not able to use help, but are of such a risk that they are still in contact with services

CAMHS Rapid Response (RRT)
RRT provide immediate access to crisis assessment and support

CAMHS Intensive Treatment Team (ITT)
CYP who require a short period of intensive support to manage & de-escalate a crisis may be stepped up to ITT before being discharged to appropriate community services or transferred to another CAMHS team for treatment.

Additional referrers for this service
- Local acute hospital (RBH, WPH, FPH)
- Place of safety
- Other CAMHS/BEDS Team

Referrers:
- Young person / family
- Healthcare professionals
- Social workers
- GPs
- Education staff

CFAA Health Hub
Triage, referring to the appropriate place and/or urgent care

CAMHS Common Point of Entry (CPE)
Triage and/or assessment, referring to the appropriate place and/or urgent care

Pilot CYPMH Workers in Primary Care – direct access via the GP surgery

GETTING MORE HELP LEVEL SUPPORT
For those who need more extensive and specialised goal-based help

Local Specialist Community Teams (SCT)
Interventions for young people presenting with complex mental health difficulties

Berkshire Eating Disorder Service (BEDS)
Berkshire wide community service for adults and young people with an eating disorder

GETTING HELP LEVEL SUPPORT
Work with young people in the community and support other professionals (like social workers, school nurses, health visitors and GPs) through link working, consultation, advice and training

Early intervention in Psychosis (EIP)
Support for those experiencing symptoms of psychosis, and people at risk of developing psychosis

TARGETED SERVICES
For specific, vulnerable groups of the population. Services may work across all groupings of THRIVE

Refer through locality authority Early Help Hub:
- **PCAMHS** (Berkshire West)
- **Getting Help Team** (Berkshire East)

Children in Care (East & West)

Youth Health & Justice (East & West)

Anxiety Disorder Treatment Team (ADTT)
Intervention for anxiety disorders and depression, OCD and single event PTSD

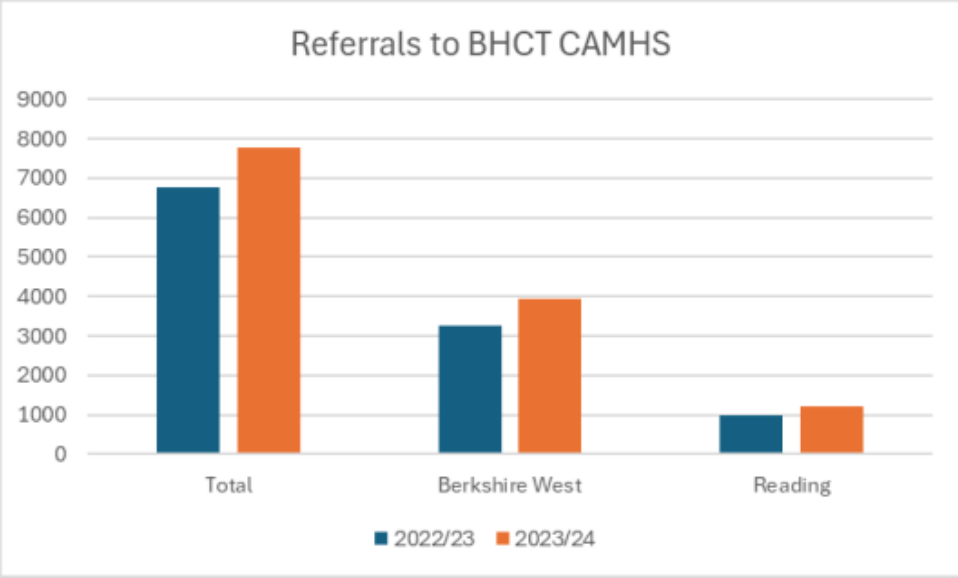
CAMH Service for CYP with a Learning Disability (county-wide)

Berkshire Link Service (County-wide)

Direct access/Referral through school SENCO/Safeguarding Lead → **Mental Health Support Team (MHST) Berkshire East**

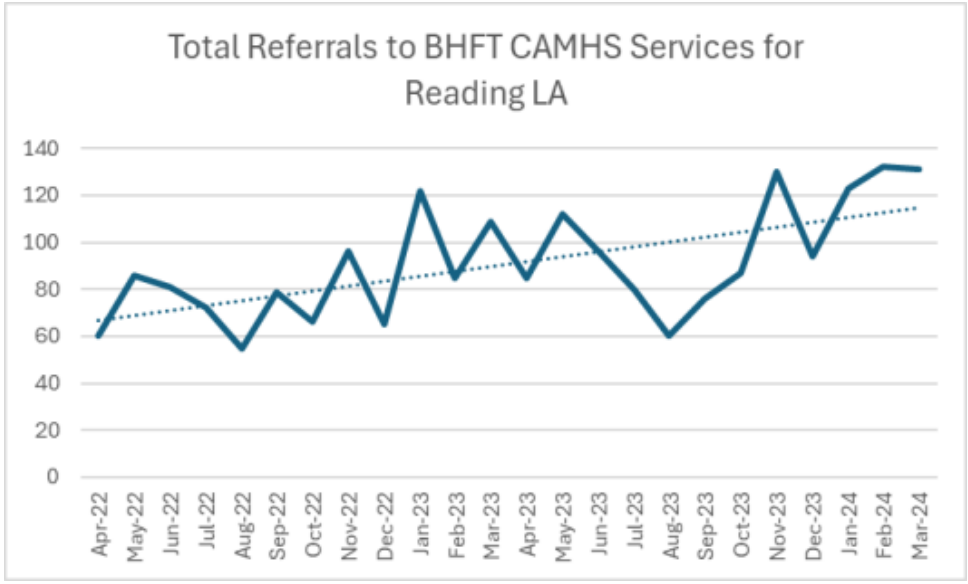
Phoenix unit
Specialist Tier 4 alternative to admission service for young people presenting with acute mental health need

Referral Trends



15% increase in total referrals to all BHFT CAMH Services between 2022/23 and 2023/24
40% of the increase is due to new service provision (Children in Care, CAMHS LD, Berkshire Link, Primary Care Pilots)

Greater increase in referrals for Reading LA children & young people (23.5%).
47% of the increase is from referrals to new services, including the Primary Care Pilot which is only running in Reading in Berkshire West.



Waiting Times

Berkshire Healthcare NHS Foundation Trust

NHSE guidance on measuring waiting times for Children and Young People's Community Mental Health services has been issued for the first time this year.

Children & Young People specific guidance

The following summarises and provides additional guidance on the Children and Young People's Community Mental Health Waiting Times metric.

Clock start and clock stop definitions

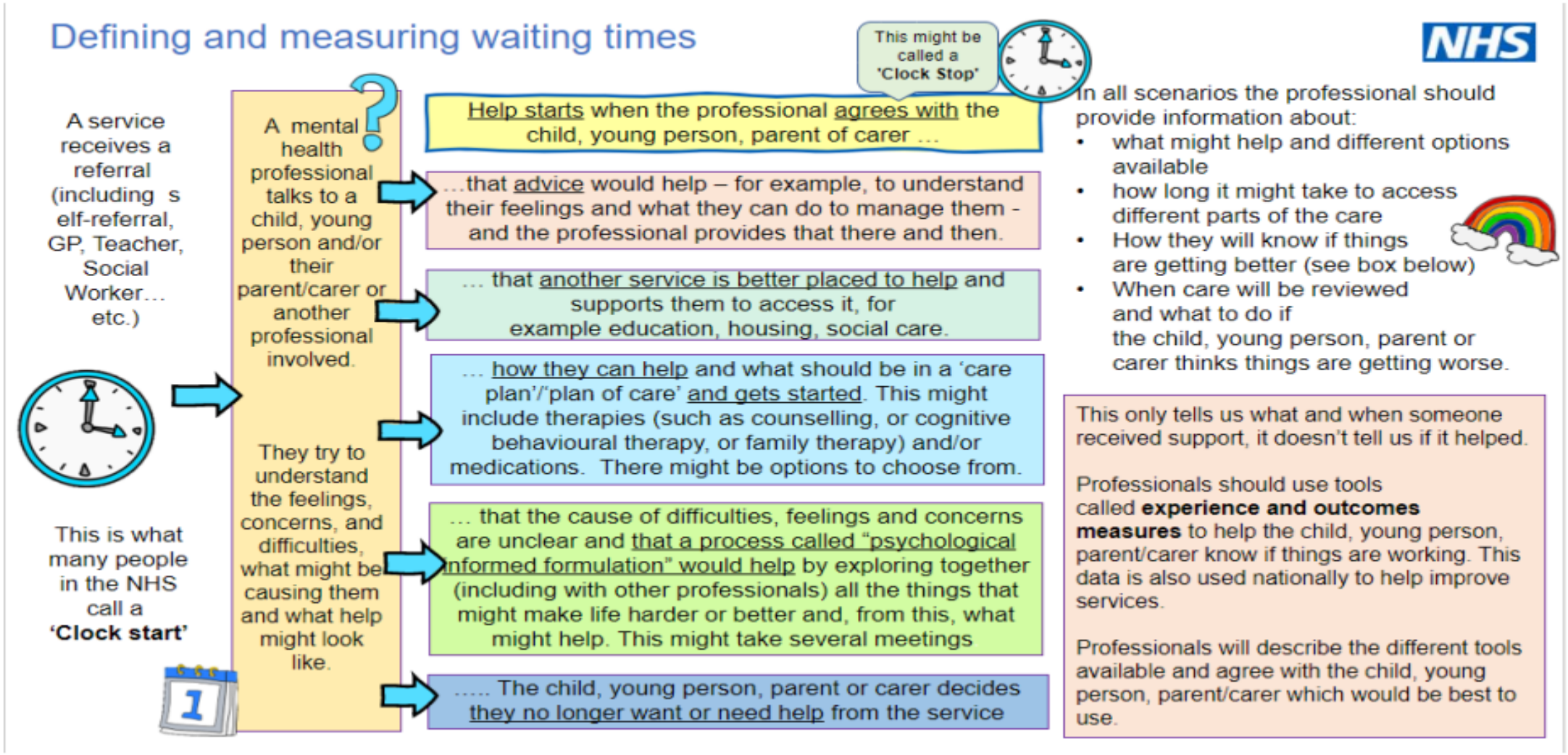
	Metric definition
Clock Start:	First request for mental health service received
Clock stop:	• Child or young person is seen (face to face, telephone or videocall) • indirect contact between professionals AND An intervention code detailing the nature of the contact [a full list of codes that stop the clock can be found in the SNOMED refset. All clinically appropriate SNOMED codes will stop the clock] AND An outcome and/or experience* measure is recorded **we are aware that there are few experience measures that can be used at this stage, however the inclusion of experience measures is aspirational and future proof.*

- NHSE will start to publish the metrics from Q2 2024/25
- no waiting times standard will be set at this time
- The headline metric for CYPMH is; The proportion of people waiting 4 weeks or less to start receiving help
- The additional contextual measures are;
  - Median waiting time to clock stop
  - 90th percentile waiting time to clock stop
  - Number of those still waiting to receive help
  - % of people who have received help with clocks stops for: advice/signposting vs care plan vs consultation vs intervention (CYP metric only)
- Exclusions: The new metrics will not include referrals to the following services:
  - Eating disorders
  - Referrals to certain more specialist Community Learning Disability teams
  - Early Intervention in Psychosis (EIP)
  - Crisis
  - In patient
  - Digital MH providers
  - Single Point of Entry

*Single Point of Entry is described as an administration only hub. BHFT CPE undertakes clinical triage and assessment so would not be excluded from the new metrics.

There is no longer a **single** point of access to our services, with referrals now being received directly by some services (e.g. Children in Care, Berkshire Link). We are working to implement a 'no wrong door' approach across services and to ensure that activity delivered at all 'entry' points meets the requirement for 'clock-stop' activity.

This diagram was created by two Experts by Experience to support conversations with children and young people, parents and carers

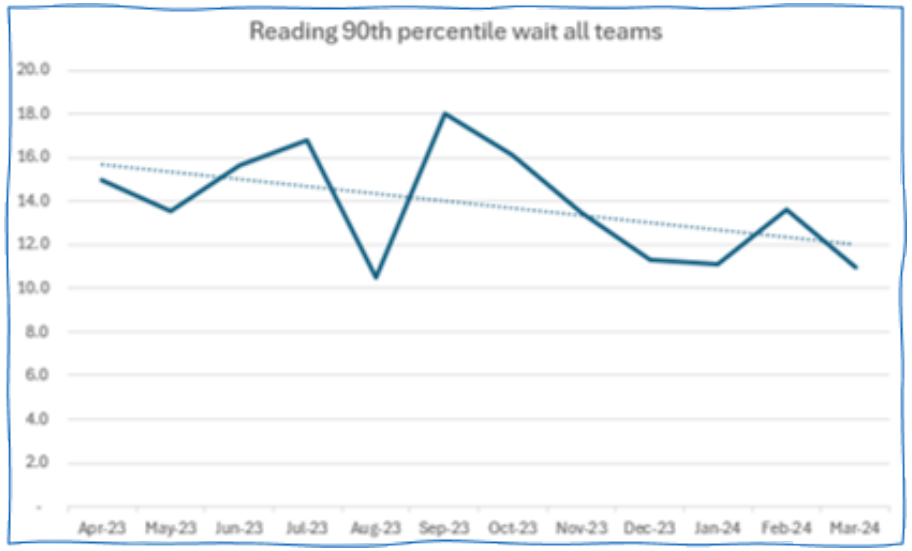


Waiting Times

Berkshire Healthcare NHS Foundation Trust

Reducing waiting times is a Driver Metric for the services and as such has been the focus of dedicated quality improvement work.
There are currently no national mandated targets for generic CAMHS waiting times however it is likely that a target of 4 weeks will be implemented in 2025/6 so we are using the new metrics to monitor current performance and support us to drive improvement activity.
.
The data shown is for referrals for Reading children and young people to all CAMH services.

Despite an increase in referrals and growing complexity of cases we are seeing a positive improvement trajectory for all metrics.



Current waiting times by team

Team		Current average waiting time in weeks
Access, advice & support		8.9
Getting Help		
Getting More Help		9.9
Crisis		0.4
CYP Eating Disorders		2.3
Eating Disorders FREED team age 18-25		5.6
EIP		0.4
Targeted services		
	CAMHS Berkshire Link Team	1.5
	CAMHS Children in Care	4.9
	CAMHS Learning Disability Team	7.3
	CAMHS PEACE Service	6.7
Total		**6.3**

Waiting times vary considerably across the different Services, with those that have been developed and resourced to meet national waiting time standards having lower waits than the core Services.

We are not able to show data for waiting times to Getting Help Services currently. The main Teams delivering Getting Help activity are the MHST's and Primary Mental Health Services, which in Reading are provided by the LA. Some Getting Help activity is delivered by BHFT services however we cannot yet separate out data by THRIVE domain.

A piece of transformation work on our EPR system is currently underway which will enable the following:

- Accurate coding and recording of activity in line with clock stop definitions
- Oversight of the full clinical care pathway to enable us to see any waits and blockages within clinical pathways and develop action to manage flow

Changes are going live in some services from July. We anticipate that required changes will have been implemented across all teams by the end of Q3, with PDSA cycles complete by the end of Q4, so we will have confidence in the accuracy of our data against the new definitions in readiness for 2025/26. .

Outcomes & Experience of Service

Berkshire Healthcare NHS Foundation Trust

Outcome measures

The service uses a wide range of measures covering symptoms, functioning, bespoke goals, and service/session feedback, collecting information from different perspectives, i.e. children and their parents or carers.

ROMS are included within all clinical pathways and have been built into the RiO electronic record system to enable data to flow to the MHSDS.

Recommended ROMs to prioritise:

Goal Based Outcome Measure (GBO) – a goal rating scale for intervention, which can be used to rate a young person's current achievement of this goal out of 10.

Revised Children's Anxiety and Depression Scale (RCADS) – an anxiety and depression symptom tracking tool for child/young person and/or parent/carer. Subscales of RCADS can be used to track Depression, Generalised Anxiety, Obsessions/Compulsions, Panic, Social Phobia, Separation Anxiety.

Strengths and Difficulties Questionnaire (SDQ) – a measure of conduct, emotional symptoms, hyperactivity, peer problems, and social and behavioural difficulties. Completed by the child/young person, parent/carer and/or teacher.

Systematic Clinical Outcome and Routine Evaluation-15 (SCORE-15) – a measure of family processes and aspects of family functioning.

Generalised Anxiety Disorder 7 (GAD-7) – a screening tool and severity measure for generalised anxiety disorder (GAD).

Patient Health Questionnaire (PHQ-9) – a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.

Current View – a 'snapshot' measure of complexity and presenting problems.

Outcome Rating Scale (ORS) – a brief, 4 question measure of life functioning (personal or symptom distress: individual wellbeing); interpersonal wellbeing (how well the user is getting along in intimate relationships); social role (satisfaction with work/school and relationships outside of home); and overall wellbeing).

Session Rating Scale (SRS) – a brief, 4 question session feedback tool, for use at the end of a session.

The Anxiety Scale for Children with ASD (ASC-ASD) – a 24 item self-report anxiety questionnaire, with four sub-scales: Separation Anxiety, Uncertainty, Performance Anxiety and Anxious Arousal.

CRIES-8 (Children's Revised Impact of Events Scale) – a screening tool for post-traumatic stress symptoms.

EDE-Q (Eating Disorder Examination Questionnaire) – a measure of eating disorder cognitions and behaviours.

Children's Obsessional Compulsive Inventory-Revised-Self Report/Parent (ChOCI-R-Child/Parent) – a measure to assess the content and severity of compulsions and obsessions.

Yale Global Tic Severity Scale Revised (YGTSS-R) – a measure to assess the number, frequency, intensity, complexity, and interference of tics.

Experience of Service

ESQ – used at the end of an episode of care. Data flows to CORC so enables national comparison. Links to NHSE definitions of Waiting time for help'

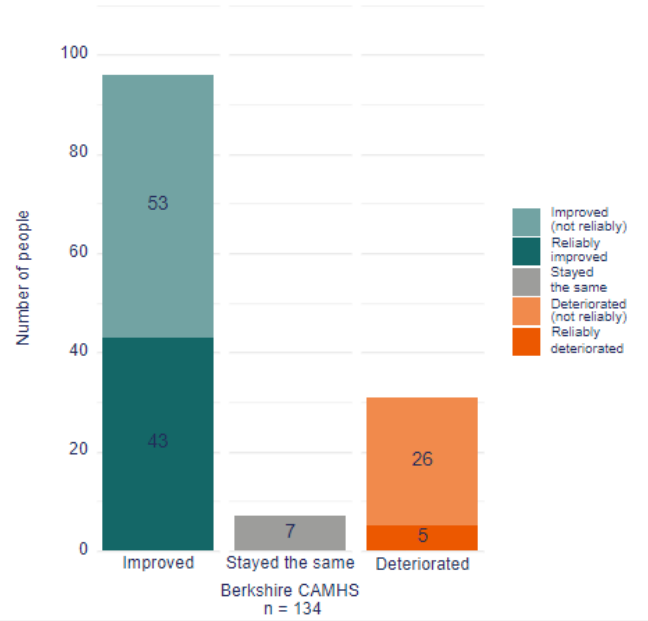
iWGC – feedback can be given at any point in a YP's journey, provides immediate information, enables Trust service comparison

Improving recording of outcome measures and positive experience of care are Driver Metrics for the service.

CORC Report February 2024

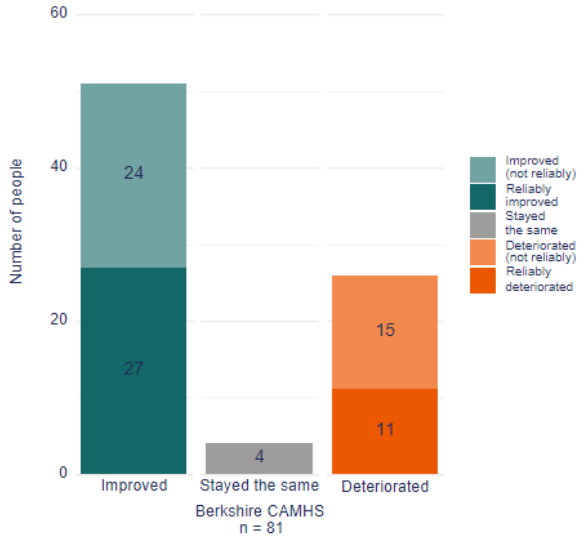
We are members of the Child Outcomes Research Consortium (CORC) which undertakes analysis of outcomes data.

Anxiety and depression - self-reported: individual changes



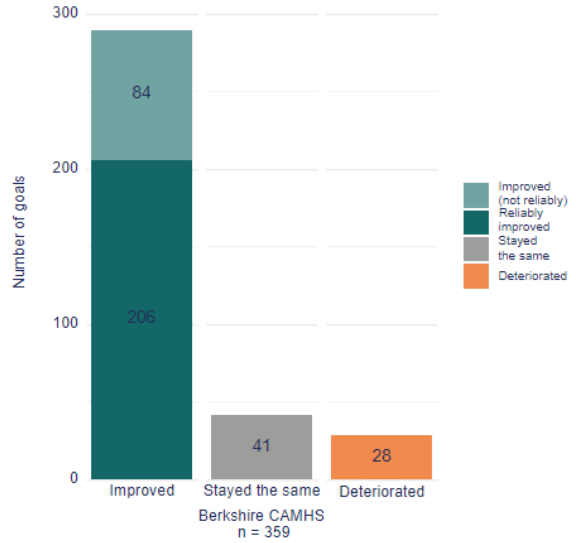
96 young people (71.6%) improved and 38 young people (28.4%) deteriorated or stayed the same

Anxiety and depression - parent or carer-reported: individual changes



51 young people (63%) improved and 30 young people (37%) deteriorated or stayed the same

Progress towards goals - self-reported: individual changes



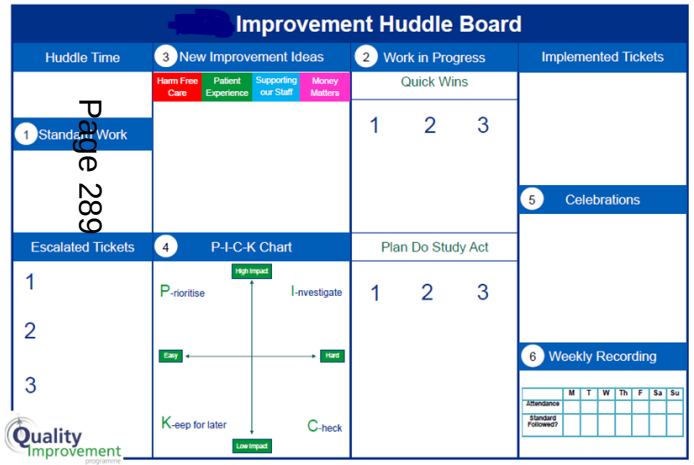
290 goals (80.8%) improved and 69 goals (19.2%) deteriorated or stayed the same

Improving Flow & WaitingTimes

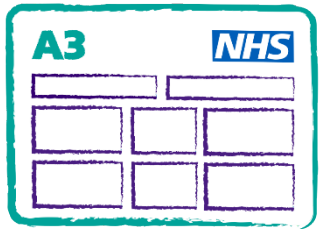
Berkshire Healthcare NHS Foundation Trust

QMIS

Improvement Huddles



Individual team driver metrics



- Aligned to the driver metrics of the service

E.g.

- CPE = Reducing waiting times
- SCTs = maximising clinical activity

Other projects/developments

- CAMHS Clinical Care Pathways Programme
- Digital CAMHS Project.
- Pilot projects with VCSE providers
- New service developments

QI Projects

- CYPF wide referral project
- East Getting Help improving referrals process project
- Rapid Response staff retention project – improving staff joy
- Anxiety and Depression Team – flow, value stream mapping

Reimagining Community CAMHS
Structure and Governance

Berkshire Healthcare NHS Foundation Trust

CFAA Division/ Business & Finance Executive

Steering Group

Core Workstreams

No Wrong Door
(Improving & streamlining request for help processes & systems)

Help we offer
(Clinical Care Pathways - embedding, streamlining, reviewing & developing new to fill gaps)

Planning for when our help finishes
(Flow; enabling/improving discharge/Transition)

Workforce & Training
(Leadership (operational, clinical, professional; TNA, CAMHS Academy, THRIVE)

Data, Quality, Reporting and Documentation
(RiO Transformation, contracts & spec review)

Comms & Stakeholder Engagement
(our staff, wider BHFT, system partners)

Enabling/ Supporting Workstreams

Our model of care "How we do things here"
Promoting the THRIVE principles, embedding a person-centred culture & MDT working

Established workstreams / Projects
Clinical Care Pathways
Request for Help/website redesign
ND needs-led programmes

QI Projects
Getting Help QI work
Health in schools work
Transition

Collaboration and Co-design
Experts by experience

Digital Developments
RiO
SilverCloud
Robotics/IA

Contracts & legal frameworks
Provider Collaboratives Framework for VCSE contracts

Reimagining Community CAMHS

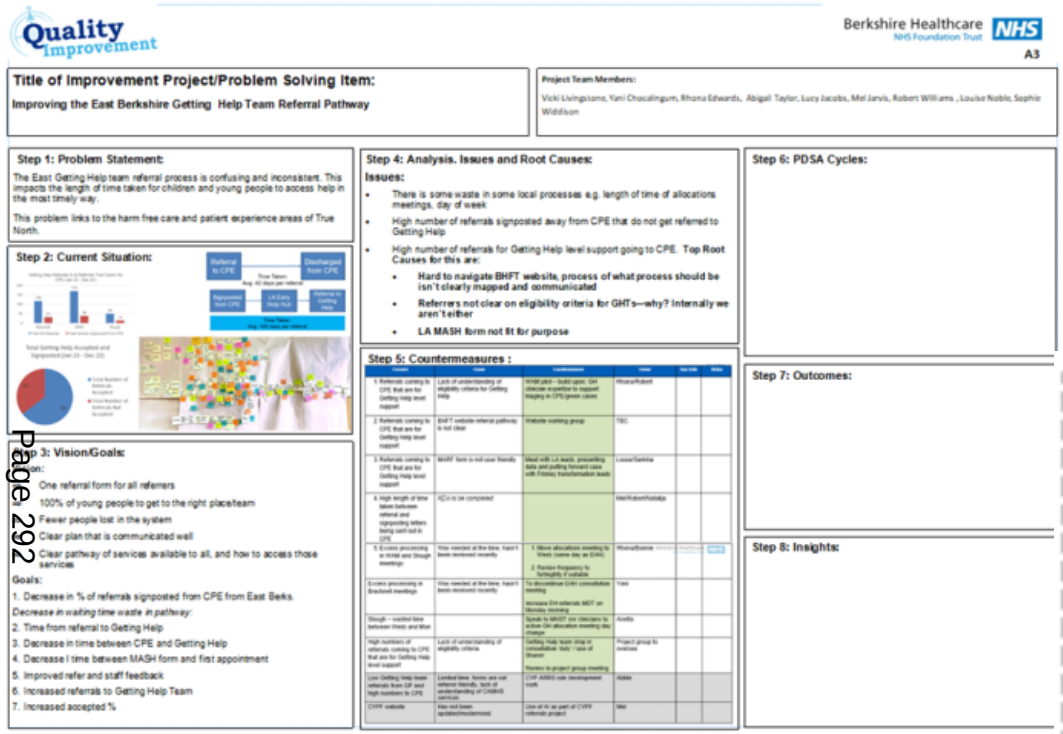
Core Workstreams

NHS Berkshire Healthcare

No Wrong Door	Help we offer	Planning for when our help finishes	Workforce & Training	Data, Quality, Reporting and Documentation (RiO Transformation, contracts & spec review)	Comms & Stakeholder Engagement (our staff, wider BHFT, system partners)
Aims: • To streamline referral processes to enable us to support CYPF to access the right help, quickly, easily and efficiently, irrespective of which 'door' they arrive at. • To ensure that our triage and assessment processes are designed to enable us to achieve the expected national 4-week waiting time standard for non-urgent CAMHS	**Aims:** • Building on the CCP, define our clinical offer against the needs-led groups within the THRIVE Framework • Streamline care across all clinical care pathways, minimising transitions, gaps and waits. • Develop evidence-based clinical care pathways to fill gaps identified • Provide clarity of the care being offered through our services, including what is not provided.	**Aims:** • To enable safe, timely transitions/discharges • To ensure efficient flow through our services	**Aims:** • To understand the demands on, capacity & skills of our workforce against the needs-led groupings of THRIVE. • To develop a workforce and training strategy to mitigate current risks to service delivery, meet current and predicted future needs. • To ensure that we have a service model that enables development and progression for all disciplines.	**Aims:** • To improve and streamline data recording and reporting to ensure visibility of performance and quality data to enable & support service delivery and improvement. • To ensure data systems enable flow to the MHSDS where required for performance monitoring. • To identify and implement efficiency & quality improvements in data recording.	**Aims:** • To ensure all stakeholders including staff, service users, other internal colleagues and external partners are engaged, involved and influencing workstreams where required. • To ensure all stakeholders are informed & kept updated on the project in a timely manner. • To ensure communication is delivered appropriate to stakeholder needs.
Related Projects & Interdependencies: CYPF R4H Redesign Project Trust Website redevelopment Getting Help QI Project	**Related Projects & Interdependencies:** Clinical Care Pathways Implementation Trust Digital Strategy One Team	**Related Projects & Interdependencies:** Trust Waiting & Flow project CFAA Transitions QI project One Team Transition	**Related Projects & Interdependencies:** CFAA review of clinical/professional leadership CAMHS Academy	**Related Projects & Interdependencies:** CAMHS RiO transformation project. NHSE MHNRG Pilot Trust Digital Strategy	**Related Projects & Interdependencies:** CYPF R4H Redesign Project Trust Website Redesign Service User Engagement QI

Improving Access to Help

Berkshire Healthcare
Children, Young People and Families services



Quality Improvement

Berkshire Healthcare NHS Foundation Trust

A3

Title of Improvement Project/Problem Solving Item:

Improving the East Berkshire Getting Help Team Referral Pathway

Project Team Members:

Vicki Livingstone, Yani Chocalingum, Rhona Edwards, Abigail Taylor, Lucy Jacobs, Mel Jarvis, Robert Williams, Louise Noble, Sophie Widdison

Step 1: Problem Statement:

The East Getting Help team referral process is confusing and inconsistent. This impacts the length of time taken for children and young people to access help in the most timely way.

This problem links to the harm free care and patient experience areas of True North.

Step 2: Current Situation:

Step 3: Vision/Goals:

Vision:

- One referral form for all referrers
- 100% of young people to get to the right place/team
- Fewer people lost in the system
- Clear plan that is communicated well
- Clear pathway of services available to all, and how to access those services

Goals:

1. Decrease in % of referrals signposted from CPE from East Berks.

Decrease in waiting time waste in pathway:

2. Time from referral to Getting Help
3. Decrease in time between CPE and Getting Help
4. Decrease I time between MASH form and first appointment
5. Improved refer and staff feedback
6. Increased referrals to Getting Help Team
7. Increased accepted %

Step 4: Analysis. Issues and Root Causes:

Issues:

- There is some waste in some local processes e.g. length of time of allocations meetings, day of week
- High number of referrals signposted away from CPE that do not get referred to Getting Help
- High number of referrals for Getting Help level support going to CPE. **Top Root Causes for this are:**
  - **Hard to navigate BHFT website, process of what process should be isn't clearly mapped and communicated**
  - **Referrers not clear on eligibility criteria for GHTs—why? Internally we aren't either**
  - **LA MASH form not fit for purpose**

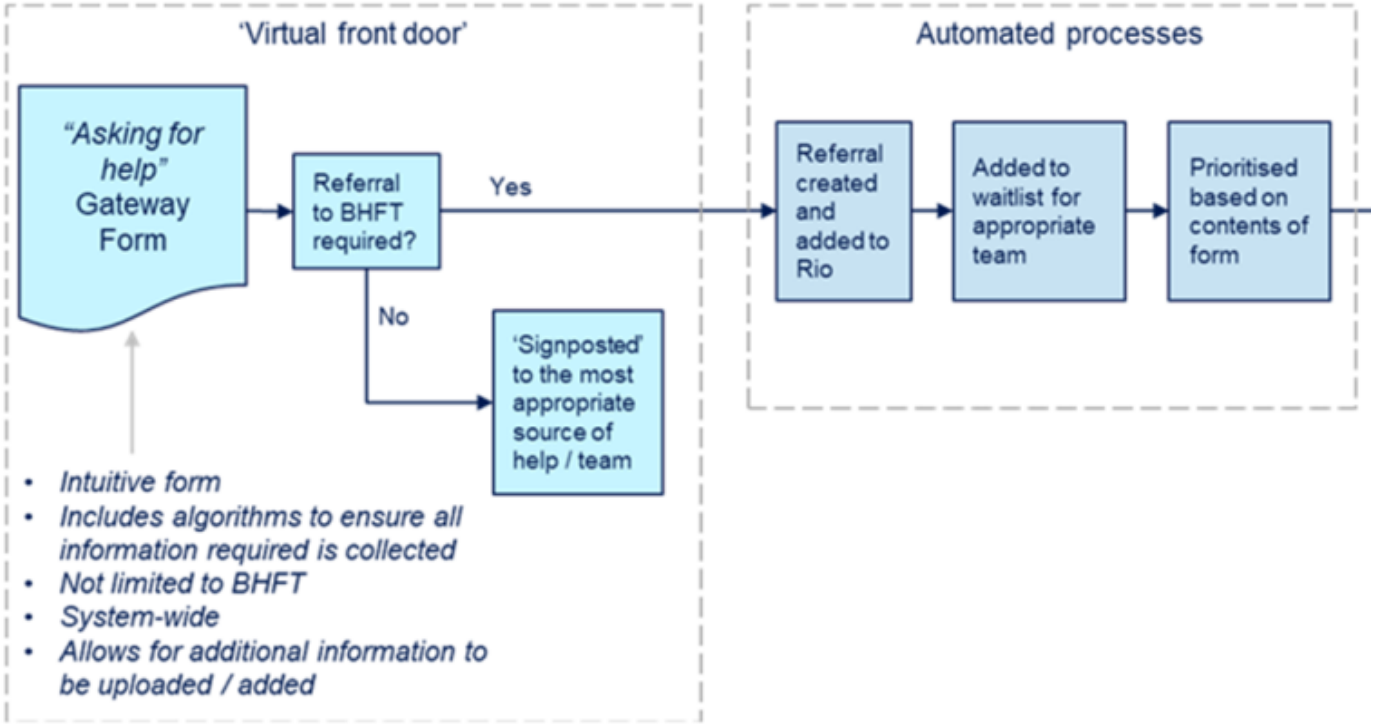
Step 5: Countermeasures :

Step 6: PDSA Cycles:

Step 7: Outcomes:

Step 8: Insights:

~ 40 days for routine referrals to complete their journey through the CYPF Hub
~100 days once signposted to access 'help' from signposted service (if they access them)

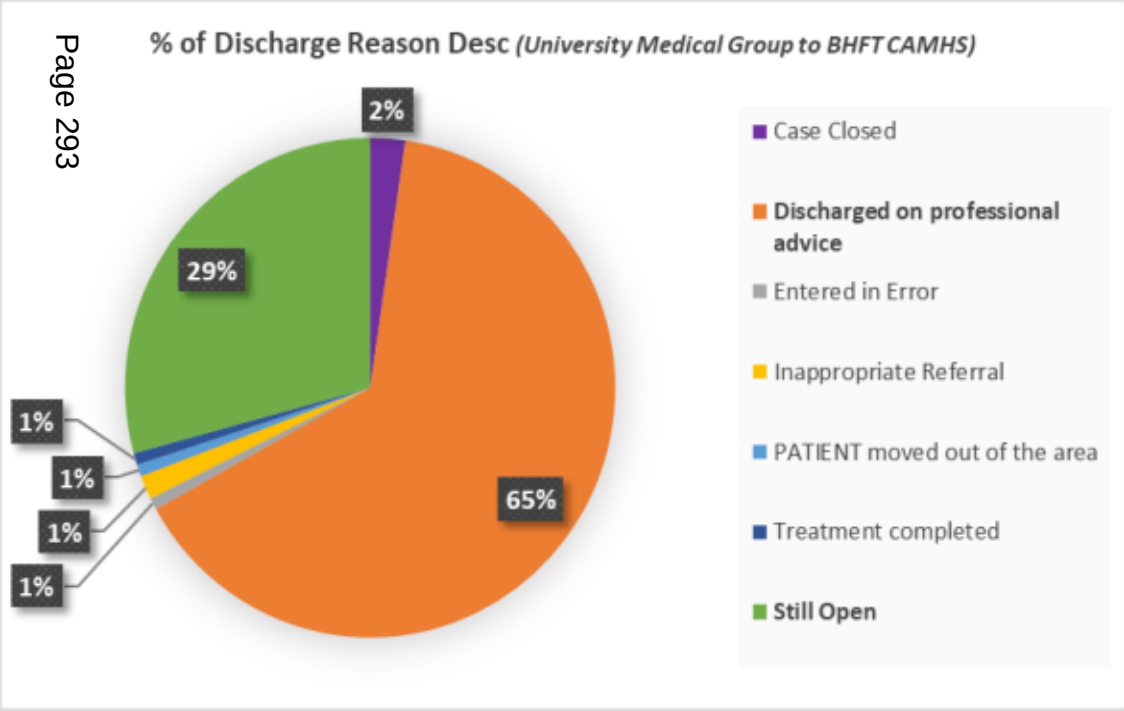


- RBWM Pilot: 60% needed GH/MHST; 30% were helped by assessment, formulation & advice; None needed Getting More Help/Getting Risk Support services
- Some (? many) CYP are not accessing the services they are signposted too

Mental Health Support in Primary Care Pilot; What we knew

NHS
Berkshire Healthcare
Children, Young People and Families services

- 65% of referrals from the Reading University Medical Group PCN to CAMHS Common Point of Entry (CPE) were discharged on professional advice, mainly due to referrals being better suited to early help services
- A large % of young people waiting on the CPE waitlist, waited for over 8 weeks to be discharged and signposted
- There is a 100 days average once young person is signposted to access 'help' from signposted services
  - *It is perceived many of the discharged or signposted CYP are not accessing the signposted support*



GP colleagues told us:

- They **don't understand the services available**, which is the right service, how to refer to other services, they don't have the time to work out which is the right service, they are often just seeing the parent and not the child *(and this can also sometimes be for a limited time)*
- Berkshire Healthcare referral process is familiar and straightforward, although they **don't always have all the information we are asking for** or the time to find out/complete the referral form
- People think that a **GP referral carries more 'clout'** and will be responded to more quickly so seek referrals from GP's
- Parents tell the GP that school have asked them to ask the GP to make a referral & / or **the parents/school are in disagreement** about the YP needs/difficulties and aren't aware of the self-referral route
- People have **confidence in the 'NHS' brand** – GP first point of contact; request referral to NHS services

We asked in a questionnaire, "do you have any identified training needs for mental health and emotional wellbeing?", you told us:

Better ways of indicating we care but developing boundaries	How to communicate with children about their emotional well being	How to help support parents with children who do have MH issues
Understanding about CAMHS and how the services fit under CAMHS, also what school are able to provide	More understanding how to help support children and families, as lack of resources available	Understand the process of referral and that current challenges of patients being seen in a timely manner

CYP ARRS Pilot - Expected Benefits

NHS
Berkshire Healthcare
NHS Foundation Trust

Support primary care by reducing demand on GP's and other primary care colleagues

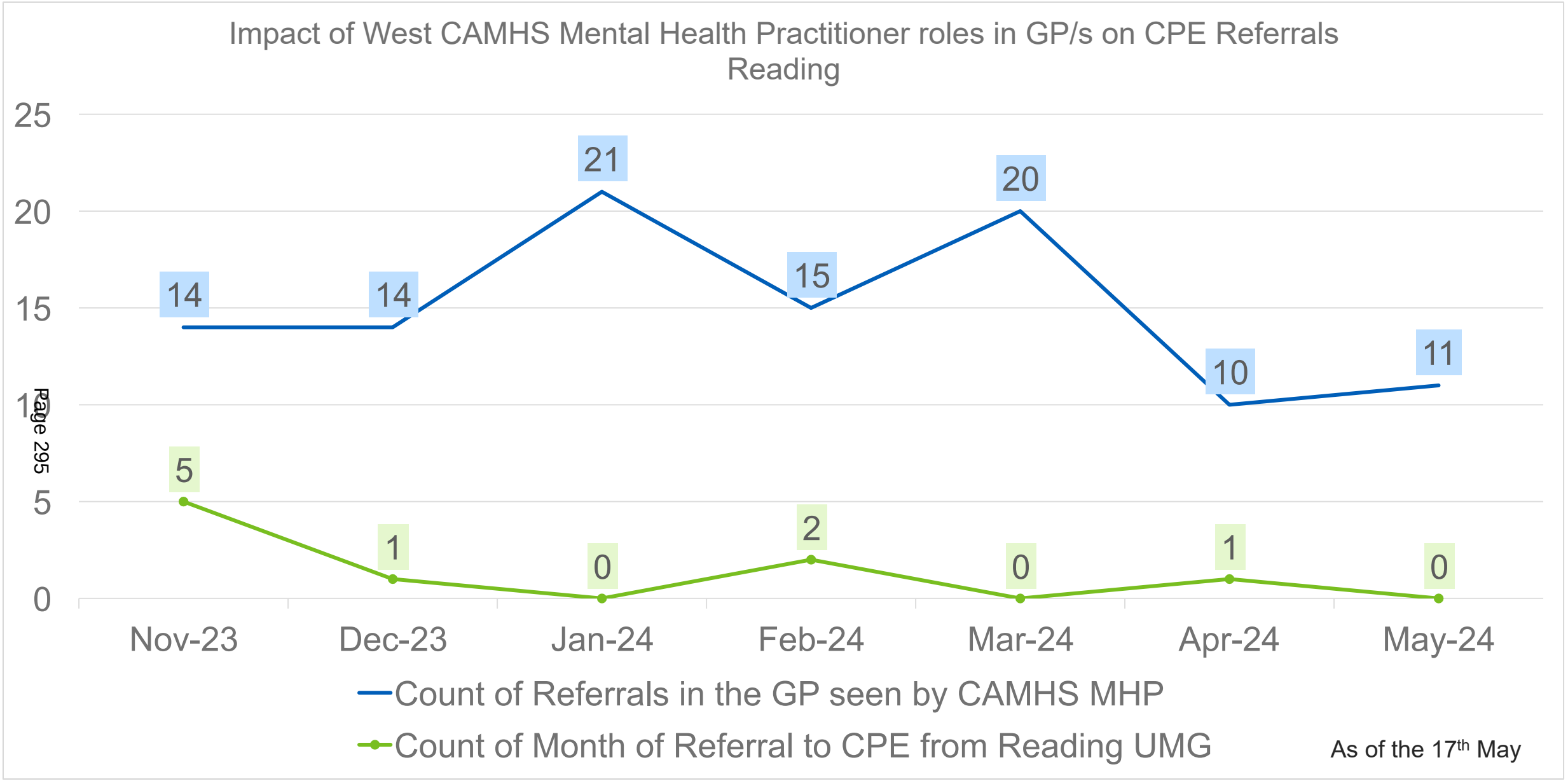
Improve patient experience, making it quicker and easier for children, young people and their families to obtain the help they need

Support implementation of the THRiVE framework, shifting referral routes away from Primary Care where appropriate

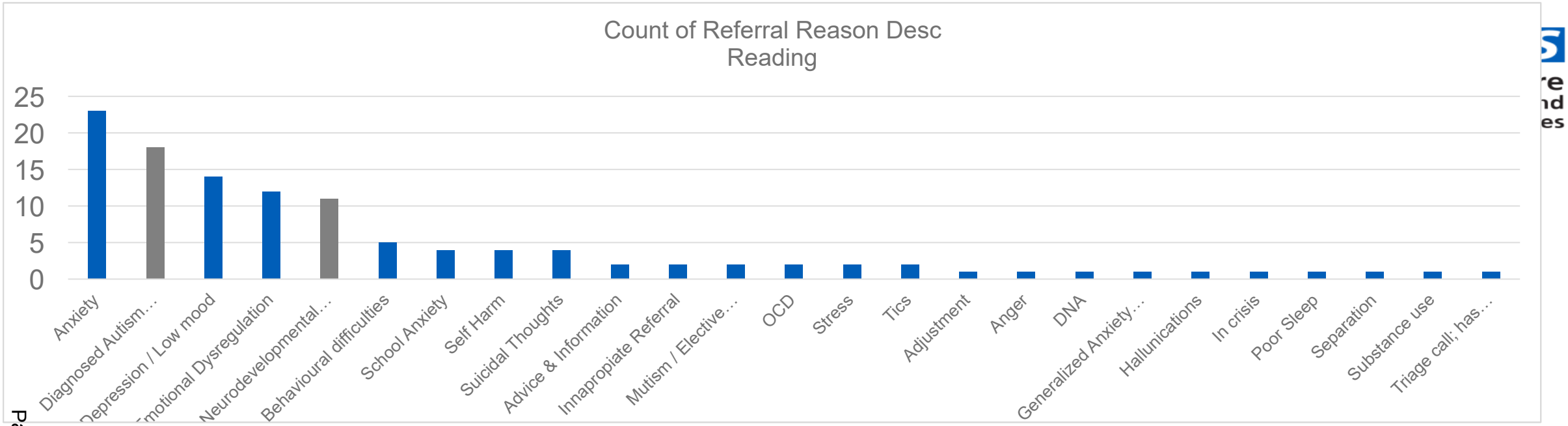
Reduce demand on CAMHS staff in the CYPF Health Hub and specialist teams by preventing escalation of need/unnecessary referrals to specialist services & providing assessment/formulation and screening information, releasing clinical capacity to provide specialist level clinical interventions and reduce waiting times

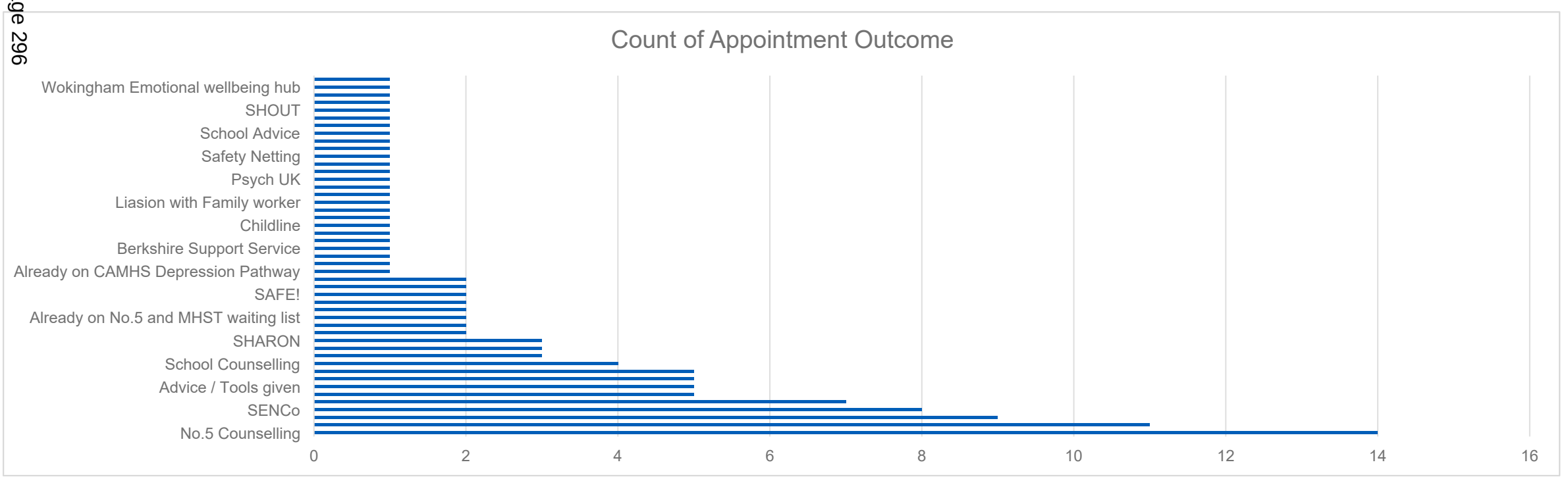
Improve access to the wide range of help and support available from the network of emotional wellbeing and mental health services within the locality, streamlining care and facilitating support at the lowest suitable level, reducing 'medicalisation' of needs and difficulties

ARRS – Additional Roles Reimbursement Scheme. Pilot of specialist CAMHS practitioner roles in Primary Care. 3 schemes currently underway, 2 in Berkshire East; 1 in Reading.

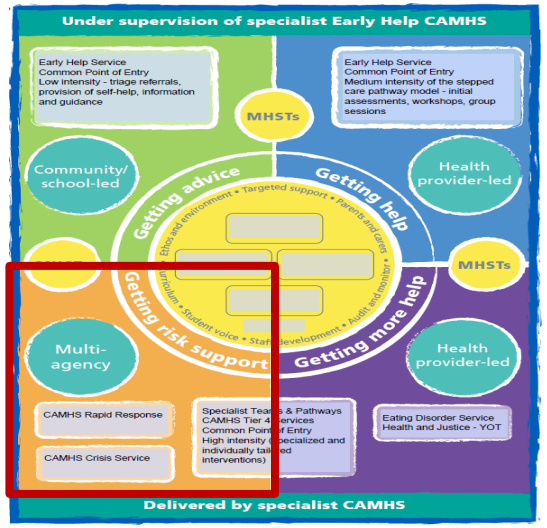


Reduce demand on CAMHS staff in the CYPF Health Hub and specialist teams by preventing escalation of need/unnecessary referrals to specialist services & providing assessment/formulation and screening information, releasing clinical capacity to provide specialist level clinical interventions and reduce waiting times


Count of Referral Reason Desc
Reading
25
20
15
10
5
0
Anxiety
Diagnosed Autism…
Depression / Low mood
Emotional Dysregulation
Neurodevelopmental…
Behavioural difficulties
School Anxiety
Self Harm
Suicidal Thoughts
Advice & Information
Innapropiate Referral
Mutism / Elective…
OCD
Stress
Tics
Adjustment
Anger
DNA
Generalized Anxiety…
Hallunications
In crisis
Poor Sleep
Separation
Substance use
Triage call; has…


Count of Appointment Outcome
Wokingham Emotional wellbeing hub
SHOUT
School Advice
Safety Netting
Psych UK
Liasion with Family worker
Childline
Berkshire Support Service
Already on CAMHS Depression Pathway
SAFE!
Already on No.5 and MHST waiting list
SHARON
School Counselling
Advice / Tools given
SENCo
No.5 Counselling
0
2
4
6
8
10
12
14
16

Getting Risk Support



CAMHS Crisis Service

Berkshire Healthcare NHS Foundation Trust

Berkshire wide crisis service consisting of two teams:

RRT Assessment team

- Crisis/Urgent comprehensive mental health assessments & brief response
- Generally no more than 3 patient contacts

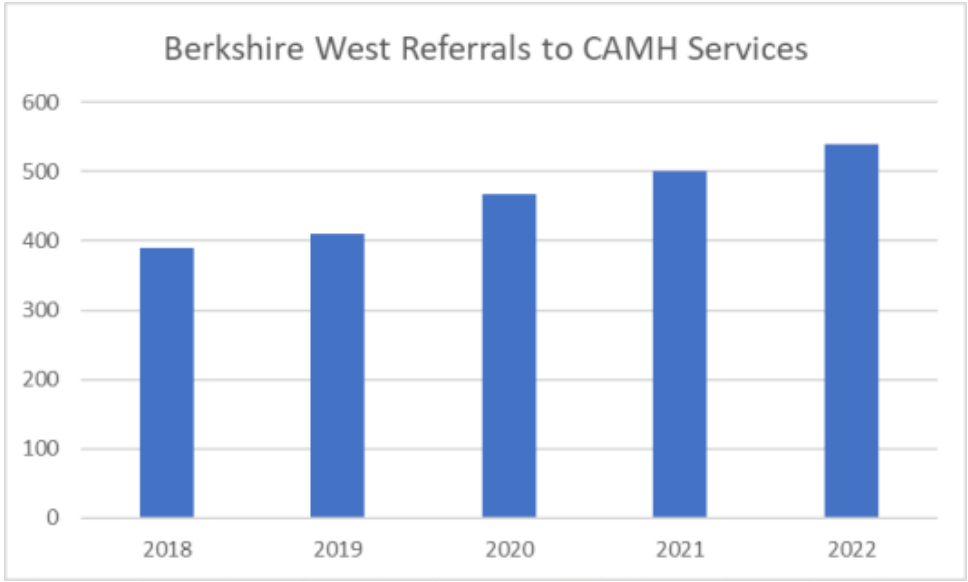
RRT Intensive Treatment Team (from Sept 2022)

- Short term Intensive intervention for up to 8 weeks
- Group and individual work with young people and their families
- Work with those young people where they require support/intervention ‘urgently’ in order to maximise safety and prevent imminent significant deterioration.

RRT assessment team operate 24/7

Provide assessment & brief support to CYP in mental health crisis to de-escalate crisis. Referrals - emergency presentations to A+E, POS, NHS111, via CPE & pts known to CAMH services who are at risk of crisis presentation to emergency services.

ITT operates 9-5 Mon-Fri with extended hours at weekends. Access is via RRT/core CAMHS



CAMHS Crisis Service

Berkshire Healthcare NHS Foundation Trust

Deep dive audit:

- 75% of crisis presentations are the CYP first presentation to CAMH services
- 5% waiting mental health assessment
- 5% waiting mental health treatment
- 21% had a diagnosis or were waiting an autism assessment
- 16% had a diagnosis or were waiting an ADHD assessment
- 40% A&E presentations do not require emergency medical attention
- Issues related to school & relationships top contributors to crisis

Following crisis presentation, approx 35% are referred to Getting Help level services, 10% for an ND assessment, 10% to CIC and 5% to a Getting More Help CAMHS team.

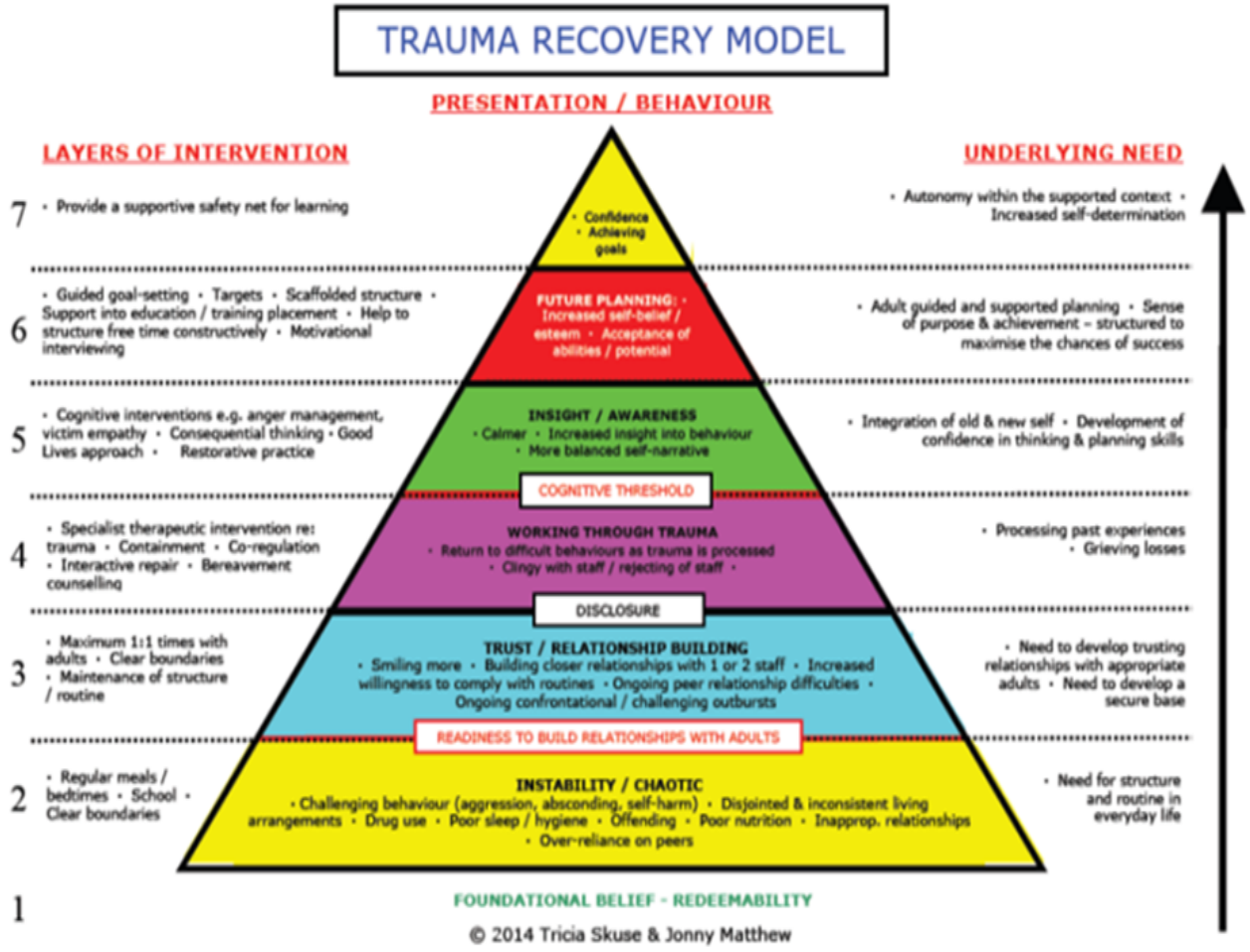
Sharing this with system partners as part of thinking together about how we understand and respond to crisis.

NHS
Berkshire Healthcare
NHS Foundation Trust

- Youth Health & Justice Service
- CAMHS Children in Care Service
- Berkshire Link Team
- (Thames Valley Forensic CAMHS)

Services work through offering:

- **Initial consultation – signposting/advice as required**
- **Ongoing therapeutic consultation to the system around a young person. Interventions are based on the:**
- **Trauma recovery model**
- **Mentalisation based approaches**
- **Whole system approaches**
- **Training to teams**



Supporting children and young people in complex situations

Berkshire Healthcare
Children, Young People and Families services

‘Berkshire Link Service

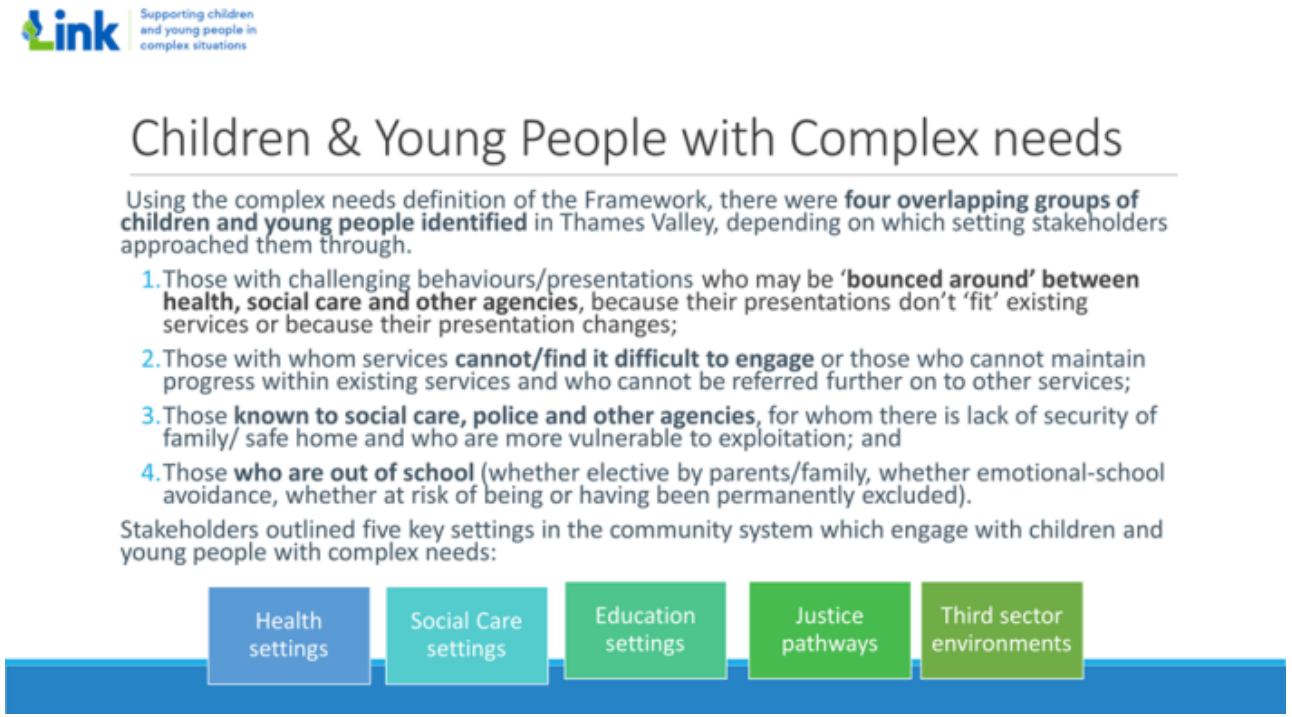
New Service that is part of the Thames Valley Vanguard project implementing a local model for ‘The Framework of Integrated Care’

A national gap in concerted service provision for children and young people sometimes referred to as having ‘complex needs’.

An integrated framework of care derived from longstanding experience of working with children and young people whose needs appear particularly complex

Collaborative ‘whole system’ approach – underpinned by a trauma sensitive organisational philosophy.

- Foundations of an ethos based on trauma/attachment framework that promotes **front-line staff and relationships as primary facilitators of change** (‘therapeutic parents’). Get the basics right - the ‘therapeutic value of ordinariness’.
- Psychologically informed, formulation driven, developmentally attuned approach with each YP underpinned by a ‘**meta-framework**’ that draws on **multiple theoretical base**

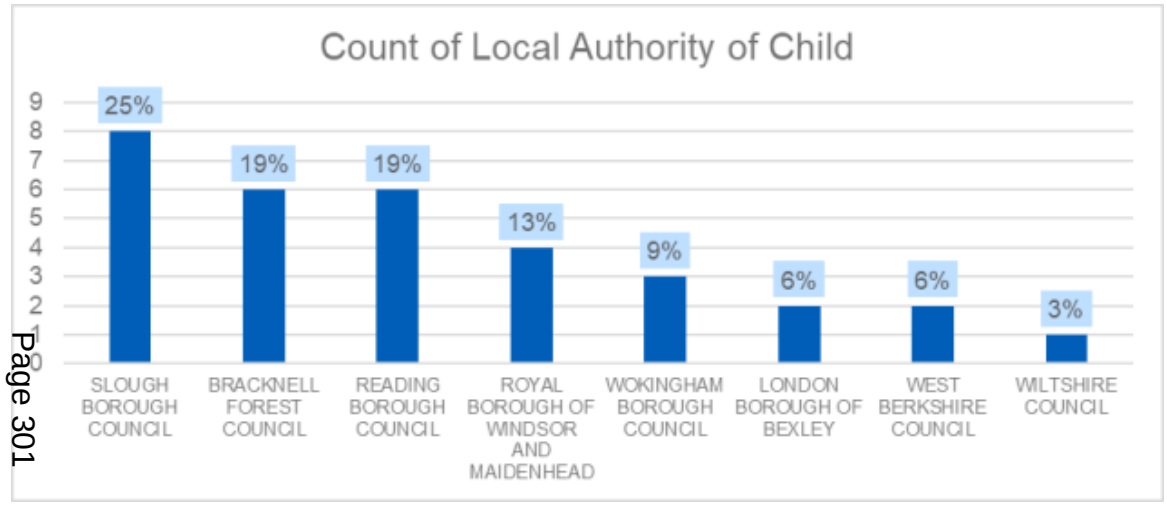


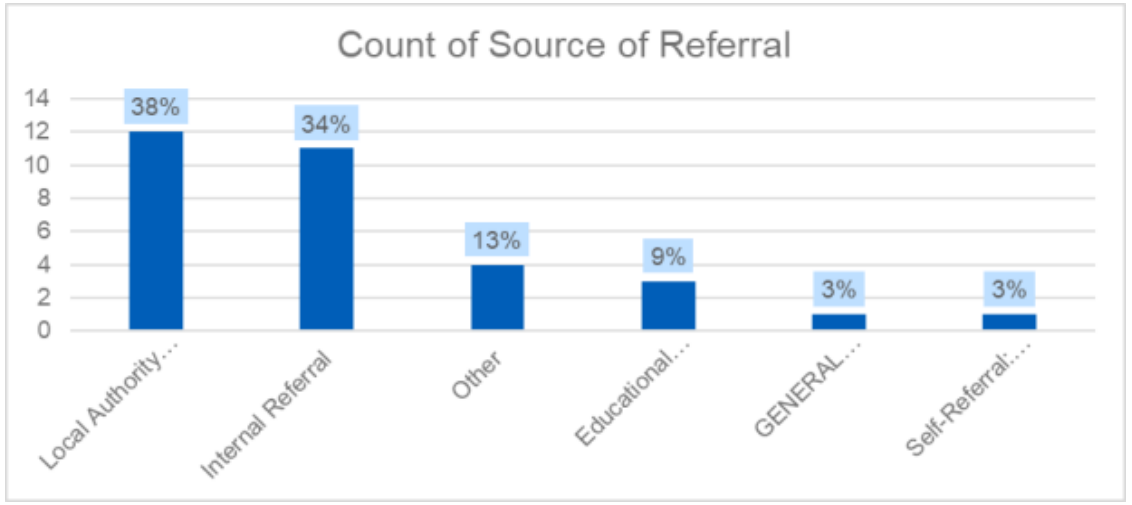
Thames Valley are operating a ‘Hub & Spoke’ model lead by Oxford Health. The Berkshire ‘spoke’ went live at the end of January 2024

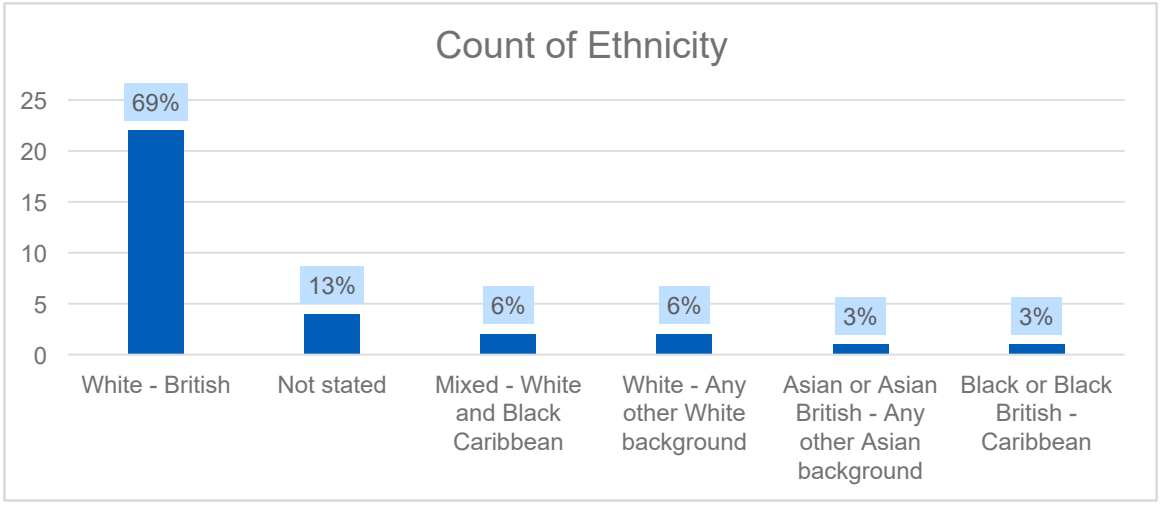
Berkshire Link DATA

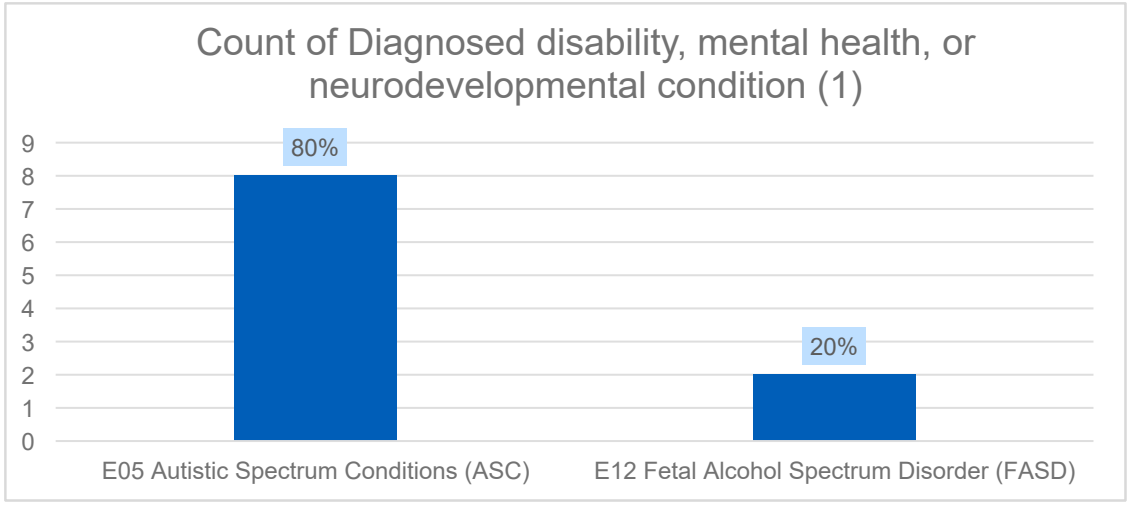
Supporting children and young people in complex situations

NHS Berkshire Healthcare Children, Young People and Families services










Any
questions?

NHS
Berkshire Healthcare
Children, Young People and Families services

CYP and Adult Neurodiversity Services

Reading Borough Council Health & Wellbeing Board Meeting – 12/07/2024.

Helen Alderman Service Director for Universal and Specialist Children's, Family and Neurodiversity Services

Berkshire Healthcare

System Support

Berkshire Healthcare
NHS Foundation Trust

- Berkshire Healthcare provide the diagnostic service for autism and ADHD and medication support for children/young people with ADHD. However, many of their needs are met by other providers across the system.

- Strong emphasis on needs led support – much of the support is the same before assessment/after diagnosis

  In Berkshire we are fortunate to have a wide range of support available for families, most of which is available at any point (prior to an assessment, as well as after diagnosis).

- **New referral packs:** provide information on all sources of family support to ensure families access this as soon as possible. Referral pack also contains a letter for school to emphasise the need for needs–led support and that nothing should wait.

Reading Families' Forum

NHS Berkshire Healthcare

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Berkshire West Autism & ADHD Support Service

Autism Berkshire

Parenting Special Children

NHS Berkshire West Clinical Commissioning Group

West Berkshire Parent Carer Forum WBPCF

tellmi

Spencer3D

SENDIASS

West Berkshire Autism Team

SEND Voices Wokingham

University of Reading

kooth Free online counselling support for young people!

CENTRE for AUTISM

WOKINGHAM BOROUGH COUNCIL

West Berkshire COUNCIL

Reading Borough Council

MHST MENTAL HEALTH SUPPORT TEAM

ARC

ASSIST Championing an autism perspective. Autism Spectrum Service for Information Support & Training

Alliance for cohesion and racial equality

Emotional Health Academy

No5

ACRE Family Support Team (Alafia)

ASD Family Help

Brighter Futures for Children Reading SEND LOCAL OFFER

Context and Challenges

Berkshire Healthcare NHS Foundation Trust

- There continues to be a high and growing demand for diagnostic service, with a huge increase in the numbers of referrals for autism and ADHD assessment year on year. This is a national picture.

- Additional pressures include the impact of Covid-19 and the national shortage of qualified staff, alongside the pressures created by the national shortage of ADHD medication.

- ADHD is a ‘balloon service’ as referrals outweighs the number appropriate to discharge and the team caseload continues to grow.

- Services are also experiencing more complex presentations for both adults and children/young people.

- Reducing the waiting time remains a top priority.

Current Picture

Berkshire Healthcare NHS Foundation Trust

Adult – Berkshire wide	Autism	ADHD
Number waiting	1256	2189*
Average wait in weeks for those waiting	82	69
Average wait in weeks for those who attended appts in June 24	164	78
% waiting more than 2 years	29%	15%**

*this refers to waits for all types of appts, i.e. assessment. medication initiation, medication review
**this refers specifically to those waiting for ADHD assessment

Referral patterns generally show a 60% West and 40% East pattern. Assessments completed this financial year indicated that 48% waited up to 2 years and 52% waited 3-4+ years.

Children and Young People – Berkshire wide (Reading in brackets)	Autism	ADHD
Number waiting	4609 (965)	4803 (870)
Average wait in weeks for those waiting	59 (60)	59 (59)
Average wait in weeks for those who attended appts in June 24	101 (105)	106 (103)
% waiting more than 2 years	5% (5%)	12% (13%)

In Reading, West Berkshire and Wokingham, autism referrals are higher as the service also hosts the Under 5 autism assessment service (this is not the case in East Berkshire).

ADHD referrals for Reading also tend to be higher.

Actions (CYP Focus)

Berkshire Healthcare NHS Foundation Trust

- **Early needs led support (system offer):** Support and advice is available prior to and post assessment. This includes the NHS commissioned autism and ADHD support service in West of Berkshire (which provides a wide range of support including advice, workshops and courses which are all available to families at any point). Provision of free PPEPcare training to empower settings to understand and meet needs. Neurodiversity newsletters provide updates to families and other stakeholders.
- **Collaboration and shared learning:** with other service providers across the region to share learning and innovation to respond to the challenges that are being faced by all services. This includes the role of Artificial Intelligence in supporting assessments and a pilot of Spencer3D in schools (digital tool to profile and support identified needs in school settings).
- **Increasing capacity:** Partnership working with external providers; recruitment to new posts, offering weekend clinics leading to increased number of appointments offered but off set by increase in referrals
- **Quality Improvement and continuous improvement:** Identifying any further opportunities to create additional efficiencies, release capacity and to improve family experience, with a particular focus on using digital solutions and automation of some tasks. Projects include improvements to the referral process, reducing DNAs, concluding assessments in as few appointments as possible, automating tasks to release more capacity.
- **Prioritisation of referrals:** including children/young people who are in care, on a child protection plan, involved in Criminal Justice System, unable to access education/when educational placement requires formal diagnosis or present with high levels of risk that an assessment may help to reduce

Actions (Adult focus)

Berkshire Healthcare NHS Foundation Trust

- **Referral and triage process:** clients referred to the service are provided with avenues for support (Autism Berkshire, and signposting for ADHD strategies/support) & links to support with mental health
- **Reducing wait for annual ADHD medication review:** additional short-term funding has been provided to reduce the wait for an annual medication review.
- **Autism assessment process:** Reducing the time required to reach diagnostic decision by enhanced information gathering prior to assessment.
- **ADHD post diagnostic Support Options:** Enhanced guidance and support provided to clients to choose behavioural, psychological and environmental strategies. Including a range of online support guides (including education, work, sleep, managing mood, relationships etc) and on demand webinar. These resources are available at any point (including prior to assessment or without a referral).
- **Quality improvement projects:** current projects include improving the transition for CYP

This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

Date of Meeting	12 July 2024
Title	Autism Strategy: Year 2 Action Plan update
Purpose of the report	To note the report for information
Report author	Sunny Mehmi
Job title	Assistant Director: Adult Social Care
Organisation	Reading Borough Council
Recommendations	1. That the Health and Wellbeing Board note the report

1. Executive Summary

1.1. The purpose of this report is to inform the Health and Well-Being Board of the progress of the Year 2 (2023/24) All Age Autism Strategy Action Plan across Reading.

1.2. The Reading Autism Strategy and the Action Plan is unfunded and delivered within the existing resources of the partner members of the Autism Partnership Board.

2. Policy Context

2.1. The Autism Act 2009 set out the requirements for local authorities and NHS bodies to work with local partners to improve services and support autistic people. The Act put a duty on Government to produce and regularly review an 'Autism Strategy' to meet the needs of children, young people and adults with autism in England. The latest Autism Strategy was published in July 2021: 'The national strategy for autistic children, young people and adults: 2021 to 2026. Reading's strategy and action plan enables us to align the national priorities with local demands and needs of residents in Reading with autism.

2.2. The Reading All Age Autism Strategy was agreed at the Health and Wellbeing Board on the 20th January 2023. It was agreed at that Board that regular updates on the progress of the action plan would be presented back to the Board.

2.3. Public and partner engagement was a core element of developing Reading's Autism All Age Strategy (2022-2026), including autistic people and their families and carers, third sector and voluntary organisations and professionals from across Reading. Engagement and coproduction took place via interviews, workshops, surveys, forums, existing local groups, targeted outreach to groups and feedback sessions. This insight was used to inform and shape the strategy and its action plan, and to test emerging findings, recommendations, priorities, and vision development.

2.4. As a result of the engagement and feedback **Seven** priorities were developed:

1. Improving awareness, understanding and acceptance of autism
2. Improving support and access to early years, education and supporting positive transitions and preparing for adulthood
3. Increasing employment, vocational and training opportunities autistic people
4. Better lives for autistic people – tackling health and care inequalities and building the right support in the community and supporting people in inpatient care
5. Housing and supporting independent living
6. Keeping safe and the criminal justice system
7. Supporting families and carers of autistic people

2.5. The Reading All Age Autism Strategy and its associated Action Plan is developed and delivered by the Reading Partnership Board. This Board reports directly into the Health and Well Being Board to ensure this strategy remains a priority and owned by all partner agencies. The Partnership Board has presentation from the following agencies:

- RBC Adult Social Care (Chair)
- Reading Families Forum
- BOB Integrated Care Board
- Brighter Futures for Children (Operational and Commissioning representatives)
- Adults Commissioning & Contracts
- Autism Berkshire
- Royal Berkshire Hospital
- Thames Valley Police

3. Overview of the Year 2 Autism Action Plan

3.1. The following outlines the progress Partner agencies have made in delivering Year 2 of the All Age Autism Strategy. Some of the key developments include:

Autism Training

- Oliver McGowen training, provided by a Skills for Care (as an endorsed provider) is now mandatory for care staff.
- All SENDCOs have been offered Good Autism Practice (GAP) training at a conference in May 2024, the majority of schools attended. The RISE team have been trained in Autism Education Trust GAP and are now working with schools to support implementation and audit practice

Early Years Support

- Early Years Special Educational Needs and Disabilities (SEND) continue to attend where capacity allows Education, Health and Care Plan panel & update master spreadsheet of children who may require specialist provision at school.
- Early Years SEND meet with SEND health visitor to share information and planning provision available to meet need of families before starting education.

Transitions to Adulthood

- Preparing for Adulthood policy is being refreshed and will be presented to ACE in July 2024
- Implemented and roll out of the enablement project

Employment Support

- SEND Employment Forum has been meeting frequently. Both the Elevate and SEN Teams oversee the delivery of the 3-year action plan aiming to increase participation of the young people 16 to 25 with an EHCP in supported internships.
- Elevate has a robust tracking system which allows us to identify who is not in education, employment or training (NEET) and to allow us to offer information, advice and guidance.
- Over 100 young people aged 16 to 25 accessed information, advice and guidance.
- The latest official DfE data for March 2024, our official DfE data return for the young people with SEND aged 16 to 25 in Reading shows that:
    - 74% of the same cohort was registered in mainstream education, compared with 49.5% in Southeast and 53.8% in England.
    - 10.4% was NEET (not in education, employment or training). This figure is above the average for Southeast 8.2% and England 10.1%.
    - Not Known figure for Reading in March 2024 was 2%, which is below the average for Southeast 37.1% and England 30.7%.

- Between February and April 199 young people aged 16 to 25 accessed information, advice and guidance appointments with Elevate Careers Service. 72 out of those young people were neurodivergent.
- Ways into Work and Shaw Trust, our providers of supported internships in Reading, have delivered training to schools, colleges and employers raising awareness of the supported internship pathways among professionals and parents. In Reading, 2.8% of the 16 to 25 cohort are participating in supported internships, above the average for Southeast at 0.3% and England at 0.6%.
- ASC have completed and commissioned a new provider to support adults into employment.

Healthcare Support

- BOB ICB Five Year plan has been published and available for viewing on website: Joint Forward Plan | BOB ICB
    - By March 2028, we will ensure that all neuro-divergent children and young people will receive the right support, at the right time and in the right place dependent on their needs and not dependent on a diagnosis
    - Improving access to assessing, understanding and supporting a person's neurodiversity.
    - Ensuring infrastructures are in place and are effective to reduce unnecessary admissions under the MHA.
    - Improving the experience for any neurodiverse people using our Mental Health Inpatient Services.
    - Improving equity of access through anticipatory and reasonable adjustments.
    - Ensuring that staff working across BOB have the skills and knowledge to identify Neurodiversity. Understand and meet the needs of this service user group.
    - Co-producing community-based assets that support the social and emotional needs of neurodivergent people.
- ICB working to develop the BHFT Neurodiversity implementation strategy. Examples of ward environmental interventions include: non-ticking clocks / temp control in buildings / signage and notice boards reduced - inpatients / estates check list for new builds and refurbs / sensory kits trialled / improving outdoor spaces.
  This is ongoing work being led within BHFT by CNS Dr Reuben Pearce

Supported Living Accommodation

- Adult Social Care Support Living provision to be tendered in Autumn 2024, analysis has been completed and part of the data gathering a workshop will be held with the Autism Board.
- Supported Living accommodation has been mapped and in Reading, there are 6 providers potentially meeting the needs of autistic person. These providers are being used by ASC brokerage for placements.

Criminal Justice Support

- There have been significant improvements in The Loddon Valley Custody Suite. TV's have been installed to provide an 'info-mercial' type commentary around the custody process. It is located in the prisoner waiting area to give prisoners an insight into what to expect. It is in the format of pictures, bullet points and a running narrative. There is also special paint on the walls in the cells to allow detainees to chalk on the walls.
- Thames Valley Police (TVP) have installed 'vista' murals on the walls within the main custody areas to provide a distraction from the plain harsh interior walls and to provide some calming scenery to focus on.
- TVP have also provided feedback on lighting which will be changed to provide a uniformed style of lighting throughout custody and hopefully reduce the sensory issues caused by the unnatural lighting and lack of natural light.
- TVP are taking part in a consultation group regarding the provisions for a new custody block that will be built in the near future, with specific neurodiversity requirements in mind.
- TVP have established / official Staff support network 'Neurodiversity Support Network', with an Executive Committee, which focuses on the external provisions for the Force

and how TVP can better educate Police officers to be more Neurodiversity friendly. There has been Force wide front line training provided by Autism Berkshire. This has proven very popular and has enabled many of our colleagues to feel less alone and more confident within the workplace.

Carers and Family Support

- BFFC have further developed the Short Breaks offer with high take up:
    - December short breaks, attendance 97.5%, 16 spaces
    - Feb half term short breaks, 16 places, 100 % capacity
    - Easter short breaks, 32 places. 100 % attendance.
- Make Sense Theatre developing and presenting work as part of ongoing partnership with South Street, working with the neurodivergent community in education and community settings using drama and dance as a means to unlock potential.
- Museums, My Way (partnership with The MERL and Berkshire Autism) - Drop-in breakout space and resources now provided every Saturday at Reading Museum for neurodiverse visitors and their families.
- An updated visual story for museum visits has been created and provided on the museum website
- Whitley library was assessed by Dimensions on being Autism Friendly and have received extremely positive feedback on provision. The service are looking at lessons learned and seeing what can be replicated in other sites
- New Carers Partnership has now been commissioned to provide a more timely service for carers assessment and support.

3.2. The Autism Board will continue to give annual report to the Health and Wellbeing Board.

3.3. Appendix 3 shows the remaining areas of work outstanding which were outlined in the Autism Strategy and is planned in the next 2 years.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1 The formation of the Autism Partnership Board, the Strategy and Action Plan alongside key partners across the Health, Educational and Voluntary sector ensure that Strategic Aims set out in the Berkshire West Health and Wellbeing Strategy are met:

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

4.2 Furthermore the following ambitions are realised through the work plan of the Board, All age Autism Strategy and its Action Plan.

- To promote equality, social inclusion and a safe and healthy environment for all
- Contributions to Community Safety, Health and Wellbeing of children, young people and adults with autism.

5. Environmental and Climate Implications

5.1. There is no environmental or climate implications arising from this report.

6. Community Engagement

6.1. Since the developed on the Autism Strategy and Action Plan throughout 2022, no further consultation has taken place. However ongoing partnership work to deliver the strategy and its action plan continues.

7. Equality Implications

7.1. Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2. An Equality Impact Assessment (EIA) was completed as part of the development of the Autism Strategy and Action Plan for the January 2023, this has been reviewed and no amendments required.

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1 There are no duties for the Local Authority regarding the Autism Board however there is a requirement to carry out / implement the Autism Strategy which was published in July 2021: 'The national strategy for autistic children, young people and adults: 2021 to 2026 on a local level. The Local Authority also need to consider the needs of children, young people and adults as part of our legal duties under the Care and Families Act 2014 and Care Act 2014.

9.2 Under the Section 1 and 4 of the Care Act the Local Authority has a duty to 'Promote individual well-being' and 'Provide Information and Advice. We have a responsibility under Section 9 to 'Assess an adult care and support needs' and under section 18 a 'Duty to meet the care and support needs'.

10. Financial Implications

10.1. There are currently no significant budget implications regarding the implementation for the Strategy and Action Plan. The delivery of the Action Plan would be within existing resources and reviewing existing pathways to meet the needs of residents. The care and support needs of children and young people and adults who require social care are met as per our legal duties.

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. There are none.

Appendices

1. All Age Autism Strategy for Reading 2022 to 2026

2. Autism Action Plan – Year 2 2023/24

3. Reading All Age Autism Strategy Priorities - What we said we would do and is still outstanding

4. The Equality Impact Assessment

This page is intentionally left blank

Reading's **All Age Autism** Strategy 2022-2026

Brighter Futures for Children

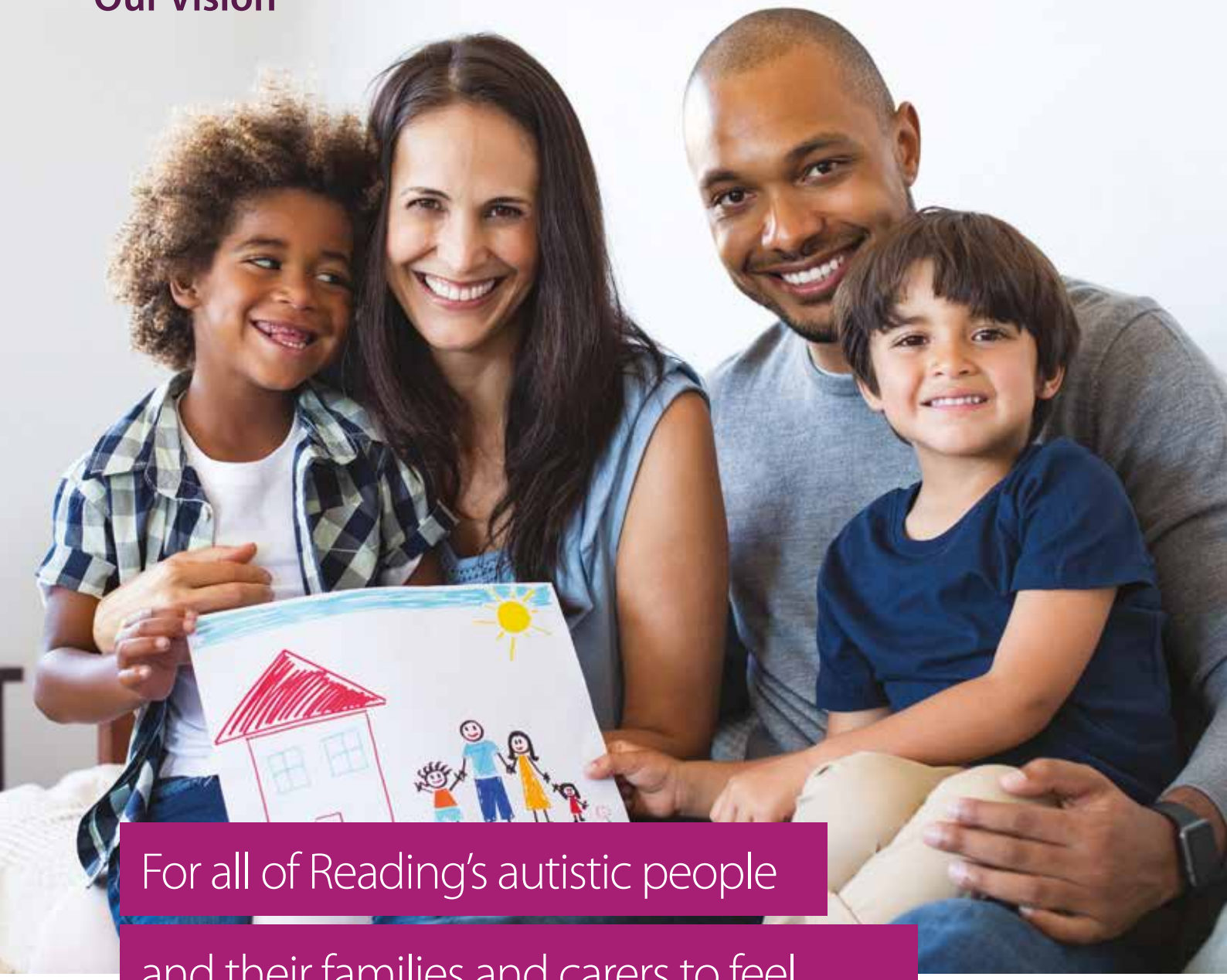
NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Reading Borough Council
Working better with you

Produced by: **Amanda Nyeke**: Public Health & Wellbeing Manager (amanda.nyeke@reading.gov.uk)
Source of key data and information: Readings All Age Autism Needs Assessment produced by
Amanda Nyeke (Amanda.nyeke@reading.gov.uk)
Kim McCall: Data Analyst (kim.mccall@reading.gov.uk)
Nina Crispin: Information and Engagement Officer (nina.crispin@reading.gov.uk)
Correspondence to: amanda.nyeke@reading.gov.uk

Version:2.0
Last Updated: 26 October 2022

Our Vision



For all of Reading's autistic people and their families and carers to feel supported, included and be enabled to live their best and healthiest lives through awareness and support across the life course

The evidence base for this strategy sits within the All-Age Autism Needs Assessment 2022 and the two documents are intended to complement each other.

Contents

Throughout this document, we have tried to use Identity-First language (i.e., 'autistic people' rather than 'people with autism') as an umbrella term for all autistic spectrum conditions and disorders, including Asperger Syndrome as it is acknowledged that for some, this is the preference of some autistic people. Where there is use of alternative language, this is because it is used in the national guidance, or the terminology is being cited from data provided in that format. It is acknowledged that these are not necessarily the terms everyone would choose. However, this strategy is intended to be inclusive to all those identifying with any of these terms, or related terms.

1.0 Introduction

Autism is a national priority. This Strategy has been brought together by a Steering group made up of autistic people, carers, professionals working with autistic people, members of the Autism Board and multidisciplinary professionals from across Reading's system to highlight our joint ambitions.

Those engaged throughout the development of this strategy

- Autistic people, parents, carers
- Brighter Futures for Children
- Berkshire West Hub
- Reading Borough Council, Public Health Officers
- Reading Borough Council, Public Health Analyst
- Berkshire West Public Health
- Autism Berkshire / Parenting Special Children
- Reading Mencap
- Thames Valley Police
- Berkshire Health Foundation Trust (BHFT)
- Healthwatch Reading
- Reading Families Forum
- Talkback CAMEO
- Liaison and Diversion Service
- Probation Service
- Youth Offending Service
- The Department for Work and Pensions (DWP)
- Job Centre
- New Directions
- Other Employments related organisations
- Special United group
- Reading Autistic Families Together (RAFT)
- Compass Recovery College - Autistic adults
- Reading Families Forum - Attendees
- Autism Berkshire - Parents/Carers
- Engine Shed Session - Children/Young people
- Parenting Special Children (Auticulate)

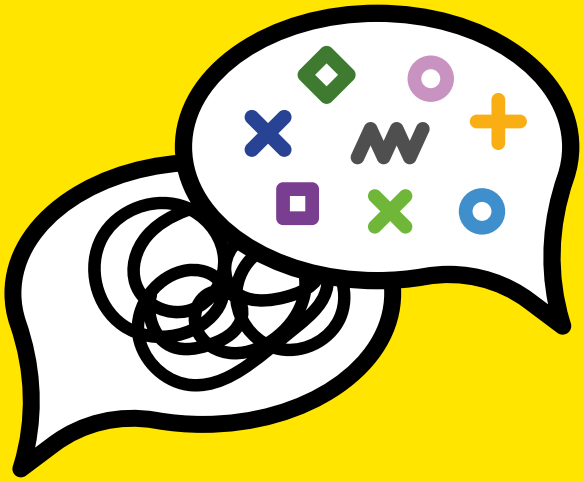
2.0 What is Autism?

Autism is a lifelong difference in brain functioning that affects how people perceive, communicate, and interact with and experience the world around them and others[1]. It is recognised as a difference, not a medical condition requiring a "cure".[2]Autism is not a learning disability, although various reports indicate that approximately 4 in 10 autistic people have a learning disability[3,4]. Within this strategy, we also talk about neurodiversity.

Neurodiversity

Neurodiversity is the fact that all human beings vary in the way our brains work.

- Take in information in different ways
- Process it in different ways
- Thus, behave in different ways



The Neurodiversity Paradigm

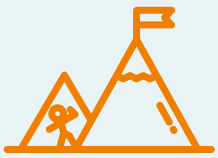
1. Neurodiversity is naturally occurring
2. No one way of being is better than another
3. Neurodiversity operates like other equality diversity dimensions
4. Strength in diversity itself – collective not individual value

Professor Sue Watson

There is growing support for the Neurodiversity Paradigm, which frames all neurodivergence (such as autism, attention deficit hyperactivity disorder [ADHD] and dyslexia) as a positive and creative concept to be embraced rather than regarded as a psychological issue.[5]

Autism varies widely and is often referred to as a spectrum condition, because of the range of ways it can impact on people and the different level of support they may need across their lives.

[1] National Autistic Society (2020). What is Autism? [online] Autism.org.uk. Available at: https://www.autism.org.uk/advice-and-guidance/what-is-autism
[2] NHS (2019). What Is autism? [online] NHS. Available at: https://www.nhs.uk/conditions/autism/what-is-autism/ [Accessed Dec. 2021]
[3] NICE (2018). Context | Learning disabilities and behaviour that challenges: service design and delivery | Guidance |[online] Available at: https://www.nice.org.uk/guidance/ng93/chapter/Context.
[4] Public Health England (2016). Learning Disabilities Observatory. People with learning disabilities in England 2015: Main report.
[5] Autism UK (2020). Neurodiversity. [online] Available at: https://autisticuk.org/neurodiversity/ [Accessed Dec. 2021].



Some common challenges experienced by autistic people include:

- Social communication and social interaction (including verbal and non-verbal communications; navigating the social world)
- Repetitive and restrictive behaviour (coping with unpredictability and change)
- Over or under-sensitivity to sensory stimuli (reaction to sound, touch, taste, etc.)
- Highly focussed interests or hobbies (may lead to neglect of other aspects of the person's life)
- Extreme anxiety (particularly in social situations or when facing change)
- Meltdowns and shutdowns (can be very intense and exhausting for the person)[1]

Some unique talents and skills that autistic people have include (but not limited to);

- Having logical and methodical approaches
- Good problem-solving skills
- Punctuality and reliability
- Exceptional attention to detail
- Creative thinking
- Strong technical skills (e.g., in IT) with some exceptionally talented and gifted

The causes of autism are unknown. It is common for signs of autism to present themselves from a young age. Needs led rather than diagnosis dependent support, with a recognition of neurodiversity is vital.

Reading strongly advocates for the importance of neurodiversity, describing autism **as a difference and not a deficit**, seeking to maximise the opportunities for neurodivergent children, young people, and adults[6,7].

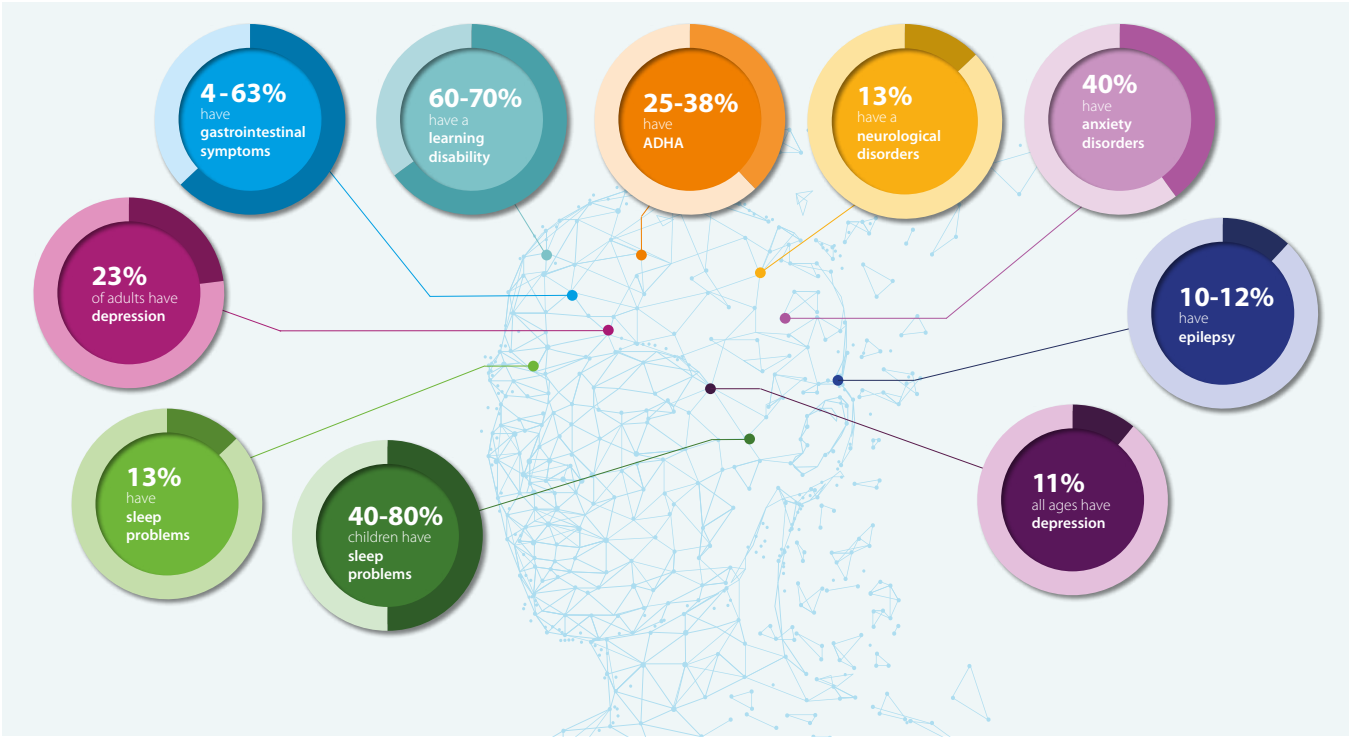
[6] Brighter Futures for Children (2021). A growth approach to autism. [online] Brighter Futures for Children. Available at: https://brighterfuturesforchildren.org/professionals/school-standards-services/school-standards-service-a-growth-approach-to-autism

[7] NICE (2011). Context | Autism spectrum disorder in under 19s: recognition, referral and diagnosis | Guidance | NICE. [online] www.nice.org.uk. Available at: https://www.nice.org.uk/guidance/cg128/chapter/Context.

2.1 Co-occurring conditions

Autistic people often have co-occurring conditions, including dyslexia, dyspraxia, epilepsy, depression, anxiety, ADHD and behaviours such as difficulty sleeping and self-harm. The frequency of co-occurring conditions, means autism is less likely to be diagnosed, leading to inequalities in access to health services and care. Recent studies have shown that approximately 70% of autistic people also meet diagnostic criteria for at least one other (often unrecognised) psychiatric disorder that has an impact on daily life. A learning disability occurs in approximately 50% of young autistic people.[8]

Figure 1: Co-occurring conditions



Caring and supporting an autistic person can be demanding but also rewarding. Demands on families providing ongoing care and support without breaks can be significant. Societal attitudes to autism and the level of support provided by local and national authorities are important factors determining the quality of life of autistic people.

Support needs

Some autistic people can live independent lives, but others may face additional challenges and require extra care and support. Amongst those that do, the type and level of support needed will vary considerably. Some autistic people need full time care, others will benefit from a small amount of support to help with certain activities or situations. Support aims to enable autistic people to live their lives in the way they choose.[9] Although a diagnosis of autism is not always necessary to access groups and some services, for many people, being diagnosed with autism helps to ensure they are able to receive the right support, including adjustments at work or school, and helps them to make sense of their experiences and some of the challenges they face.[10] This strategy aims to ensure actions are implemented that will benefit all autistic people in Reading whether they have a diagnosis or not.

[8] WHO (2017). Autism Spectrum Disorders. Available at: https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders.
[9] National Autistic Society. Available at: Varying support needs (autism.org.uk)
[10] National Autistic Society. Available at: Adults (autism.org.uk)

Priorities

This All-Age Autism Strategy for Reading and identified priority areas have been informed by the All-Age Autism Needs Assessment and what autistic people and their families, carers and those working with autistic people have told us.

1. Improving awareness, understanding and acceptance of autism within society

2. Improving support and access to early years, education, supporting positive transitions and preparing for adulthood

3. Supporting more autistic people into vocational training and employment

4. Better lives: tackling health and care inequalities for autistic people and building the right support in the community, and supporting people in inpatient care

5. Housing and independent living

6. Keeping safe and improving support within the criminal and youth justice system

7. Improving support for families and carers

Priority 1
Improving awareness, understanding and acceptance of autism within society

Our Ambition

An understanding and supportive society to empower autistic children, young people and adults to live fulfilling lives while fostering culture change towards acceptance of difference which reduces barriers.

What we know nationally

The national autism strategy puts emphasis on working towards meaningfully improving public understanding and acceptance of autism, and ensuring autistic people feel less isolated/lonely and feel more included in their communities. The long-term goal is for more public sector services, businesses, and organisations to be more autism inclusive.

What we know in Reading

Ensuring that autistic people of all ages can enjoy fulfilling lives in Reading depends on improving awareness, understanding and acceptance across a wide range of services and within the local area as a whole. Children's centres, schools, youth services, GPs and other health services, and voluntary and community organisations and activities – all play their part in helping families to identify the signs of autism and access diagnosis, and with developing strategies to support autistic people and ensuring that they can access support and opportunities. Universal services also play a key role for autistic adults. Emergency services, transport providers, health services such as hospitals, leisure services and other statutory services like the Job Centre must make reasonable adjustments to ensure that autistic people can access and benefit from their services.

Within Reading's Brighter Futures for Children's Autism Advisory Service, families that receive a diagnosis of Autism for their child are supported. The Autism Advisor works with various staff and organisations to raise awareness, understanding and support autistic people and their families. Training uptake is monitored and recorded. Specific training is provided to staff who carry out statutory assessments on how to make adjustments in their approach and communication for autistic people.
This training is available to staff in Adult Social Care, Children and Young People's Social Care, the Child and Adolescent Mental Health Service (CAMHS), and the NHS Neurodisability Team. Training and awareness delivery can take place through Family Involvements, Seminars, Staff Consultations, Home Visits, Virtual Visits and Parent Training through the Living with Autism 6-week course.

Autism training in schools varies depending on each individual school. The Reading Autism Education Trust (AET) training hub has been recently established which all schools can now access. This will ensure all schools have access to the same training to ensure consistency across Reading. Schools will be asked to embed the AET standards & competencies to help ensure a cultural of change is encourage.

Royal Berkshire Hospital has been accepted by National Autistic Society as a pilot site for Oliver McGowan Mandatory training. A training programme of Positive Behavioural Support for people with learning disability and or autism and behaviour that challenges is being rolled out to key staff in health, social care, education, support providers, the voluntary sector and family carers during 21/22.

Although various training has been developed and delivered, there is a need to address gaps and for a comprehensive multi-agency autism training plan, raising awareness and facilitating access especially for seldom heard autistic groups.

Priority 1
Improving awareness, understanding and acceptance of autism within society

What is important to Reading people

Through our engagement with autistic people, parent carers and supporting services and professionals across Reading, key areas highlighted included:

Education

- Behaviour within schools can be misunderstood resulting in inappropriate disciplinary action.
- Training is needed for both teachers and other children on autism.
- Build upon existing training resources such as Autism Education Trust (AET)
- Differing interpretations of meeting need, understanding of autism, is still low

Social Experience

- Bullying and exclusion from social events is a common significant problem for autistic children.
- There needs to be more inclusion and training for sports clubs
- Better awareness of what autism is and environmental/sensory impact on autistic people

Employment

- Better understanding, awareness, and acceptance of autism by employers and guidelines around autism would be beneficial
- Reasonable adjustments for autistic employees need to be improved
- There can be a lack of support or employment assistance those over 25 years
- There needs to be self-esteem building to get into the workplace

Pre and Post Diagnosis Support

- Need for ongoing improved understanding and awareness of autism within the Education sector (building on the AET training available to schools)
- Some parents find it easier to advocate for their children than others.
- There needs to be more general awareness, to help break social isolation
- Some people felt that post diagnosis support is not clear and there is limited information between referral and assessment for autism.

Transport

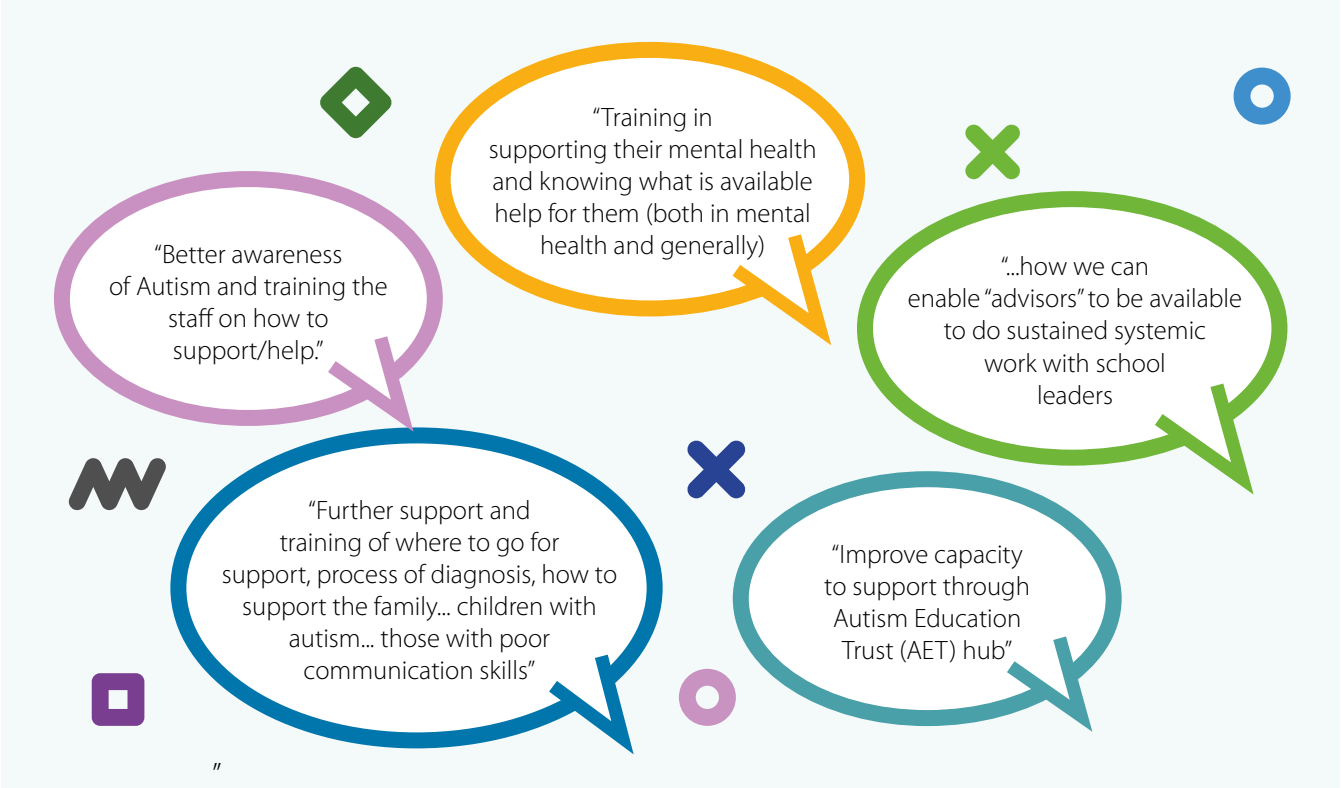
- Training for transport staff, and better awareness of autism is key to improving services
- Autism awareness has gone up significantly, but resources have gone down significantly.
- Support to navigate information, advice and guidance on a wide range of topics
- Many autistic people are not aware of the services available to them.
- Positive feedback received for local services provided by the Voluntary Community Sector.

Priority 1
Improving awareness, understanding and acceptance of autism within society

Training

- Autism awareness raising sessions to support autistic people for: healthcare and education professionals, businesses, employers, statutory professions
- Training for social care teams about parent carer needs assessments, disability legislation and clear pathways to support parents experiencing aggression or destructive behaviour from their autistic child. Families want their concerns and the impact it has on them acknowledged, honesty, and a clear system in place to support them, drawing on best practice.
- All professionals to ensure families have the SEND guide and know about the Local Offer and parent carer needs assessments
- Criteria for Community Team for People with Learning Disabilities (CTPLD) and children's social care are updated and publicised with parents and professionals.

More training/awareness raising/refresher courses would be welcomed, with an acknowledgement that hands on experience and learning to see autistic people as "individuals and not a series of conditions" are key. Training is often much more effective when delivered/co-delivered by experts by experience.



Priority 1
Improving awareness, understanding and acceptance of autism within society

What we aim to do as a partnership

Planning:

- Expand Autism Board to improve representation (autistic children, young people and adults, with lived experience of being diagnosed with autism and from diverse backgrounds, work and training providers, criminal justice diversion services, and more voluntary sector partners).
- Create opportunities for more regular and informal engagement (coffee mornings, autism forums)
- Review pathways to ensure these recognise specific needs of older autistic adults, women with autism, autistic people from ethnically diverse backgrounds.

Awareness and Training:

- Develop a comprehensive multi-agency training plan to ensure early years, educational settings and more public sector services, businesses, and organisations including the private sector become more autism inclusive within Reading and for all to be aware of safeguarding, a trauma informed approach & have a person-centred approach and understanding of need. (Including for staff in courts and probation services involving registered intermediaries where relevant).
- Address employment by improving understanding and guidelines for employers, including reasonable adjustments (applying anticipatory reasonable adjustments duty – Equality Act 2010).
- Improve public understanding of autism and inclusion across Reading Borough Council and Brighter Futures for Children.
- Develop and test an autism public understanding and acceptance initiative, working with autistic people, their families, and the voluntary sector.
- Use multiple methods of raising awareness of existing pre assessment and post diagnosis support provision and making it clear and easy to find including addressing language and cultural barriers for underrepresented groups, to aid proactive identification of people awaiting assessment, crisis prevention and prevention of avoidable admissions into inpatient mental health settings, making it easier to find and engage with the appropriate support, offered throughout the life course.

Priority 2

Improving support and access to early years, education, supporting positive transitions and preparing for adulthood

Our Ambition

Schools, staff, students to have a good understanding, awareness and respect of autism and for all autistic people to have equal access to life chances.

What we know nationally

- 6 in 10 young people, and 7 in 10 parents, say that the main thing that would make school better for them is having a teacher who understands autism.
- Fewer than 5 in 10 teachers said they are confident about supporting an autistic child.
- Autistic children are twice as likely to be excluded from school.

What we know in Reading

Many autistic young people have reported being bullied and/or isolated from their peers and struggling for schools and colleges to take this seriously. Many have reported anxiety preventing them from attending school or attending full-time.

- A joint inspection of Reading by Ofsted and the Care Quality Commission judged Reading's SEND local offer to be amongst the strengths of the partnership, identifying that families had widespread awareness of the online resource and that the local offer team were effective in following up contacts to ensure needs were met. The Local Offer team have also won a national award.
- About 2% of children in mainstream primary and secondary schools in Reading have had autism identified as a primary need, compared to a national rate of 1.44%. The average number of autistic children attending non-selective secondary schools in Reading is 19, with up to 30 attending the largest schools, and 7 autistic children attending each primary school in Reading, including up to 14 children in the largest primary schools. This proportion has increased over the last five years. Some local experts believe that schools with a good reputation for supporting autistic children may be more attractive to families, so a higher number of autistic pupils than average may attend those schools.
- Most autistic children are educated in mainstream schools. Numbers of autistic children in mainstream schools has increased over the last five years and are expected to continue to increase. Although this in part reflects that the total number of pupils in schools has also increased, autism prevalence in the under 25 population in Reading also increased from around 7 per 1,000 in 2017 to 9 per 1,000 in 2020
- Numbers of Reading EHCPs where autism is recorded as the primary need have increased and have consistently represented around 35% of all EHCPs each year; slightly higher than nationally (27% of children with EHCPs in 2017).
- 2,725 EHCPs were funded between 2017 and 2022. Reading has a higher rate of EHCPs than the national average and its statistical neighbours.
- Percentage of all children in Reading who received a permanent exclusion fell from 0.153% in 2016/17 to 0.06% in 2019/20 (15 exclusions in a school year), now in line with national averages and Reading's statistical neighbours (higher than the South-east average).
- There are currently 402 places at Reading schools with special provision. These include 301 places in dedicated special schools. Some schools support autistic children well, but this is not consistent across schools.

Priority 2

Improving support and access to early years, education, supporting positive transitions and preparing for adulthood

What is important to Reading people

Education and School life

- Ongoing improved understanding and awareness of autism within the education (building on the AET training available to schools) including applying a trauma informed approach to support.
- Some schools support autistic children well, but this is not consistent across schools.
- Insufficient support and signposting after completing school or to enter into employment
- Bullying within schools is common and can result in autistic children missing school

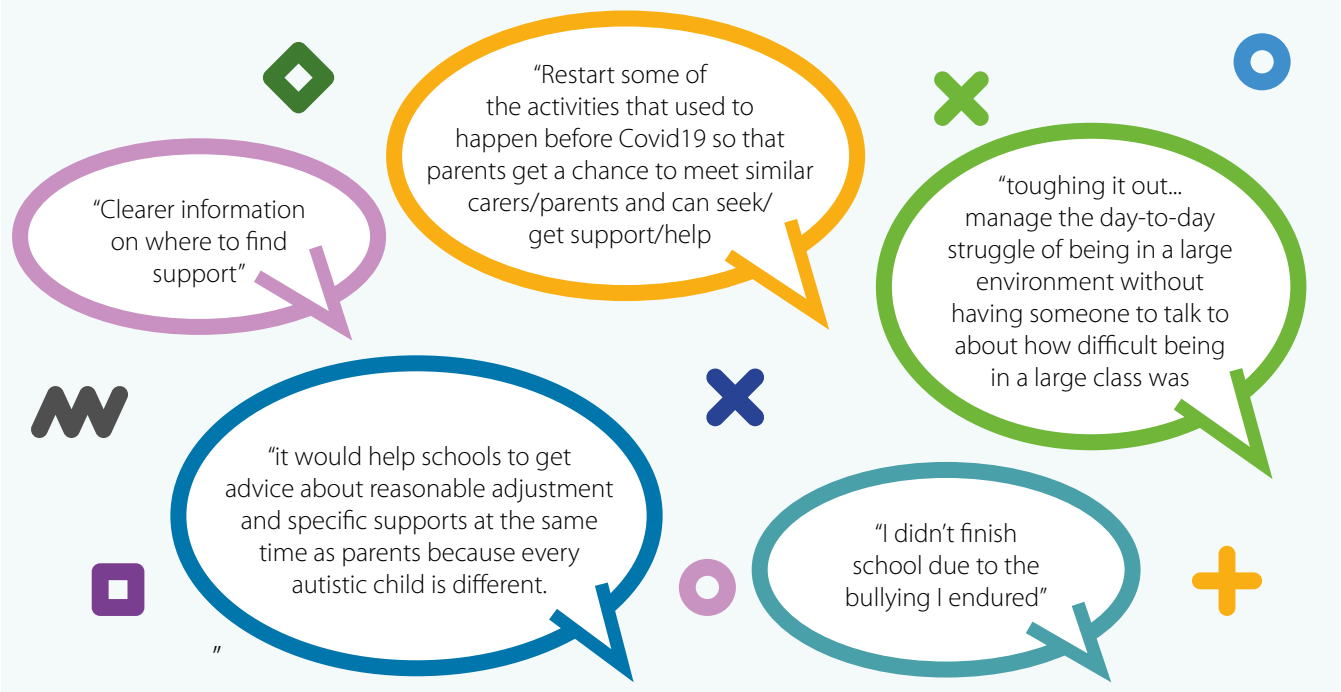
> 'I'm of the generation where ADHD/ASD wasn't a thing – It was just naughty children, so I never got any help.', and 'depressing - I didn't enjoy it, I was always being bullied'

> 'My school never recognised my issues and dismissed me when I was struggling. I was told to stop being anxious' constantly.'

> 'My experiences at school will always have an impact on me throughout my life.'

Several autistic people shared similar experiences of "bullying" and being "pulled out of school" due to mental health, "pressure of school as well as how they were treated by some of their teachers". Instead of being offered to "tell what you can do", they were "always told instead what they cannot do", 'making finding a job harder".

- Professionals expressed that "early identification and support of Education and Health Care Plan (EHCP) in place before entry to school would support children to thrive".
- Statutory services such as "teachers, social services, medics, counsellors, the police" and Employers… "all need to learn about autism without intellectual disability"
- "Mental health support needs urgent attention" for autistic people.
- "More financial support for disabled autistic people"
- Parent carers reported 'access to special needs school can be improved' and 'need universally accessible public services (starting with a suitable education for my child), and professionals who discharge their statutory duties according to the law.



Priority 2B
Supporting Transition and Preparation for Adulthood

What we know nationally

Guidance and best practice

NICE guidance on transition from children's to adult services covers the period before, during and after a young person moves from children's to adults' health or social care services, and how this transition should be managed and services work together to support a good transition. The guidance recommends that transitions should take place not by a rigid age threshold, but at a time of relative stability for the young person. This is also supported by the NHS Long Term Plan that commits to offering person centred and age-appropriate care for health needs, rather than basing transitions solely upon age.

Supporting smooth transition to adult services for young people going through the diagnostic pathway and ensuring data collection and audit of the pathway takes place (CG128)7 is a key guideline.

Transition to adult services (dependent on individual need)

- Provide information about adult services to the young person and their parents/carers, including their right to a social care assessment at 18 years of age
- Involve the young person in discussing and planning
- Train staff in autism awareness and skills in managing autism including the importance of key transition points, such as changing schools or health or social care services
- For those who are 16 years and older with complex and severe needs, a care programme approach (CPA) is recommended as an aid to transfer between services

A recent study reported that young autistic ethnic minority groups from lower income backgrounds were less likely to receive

health care transition services, participate in transition planning meetings, enrol in postsecondary education, find good employment after school or live independently compared to their autistic Caucasian higher income counterparts.

What we know in Reading

Moving on to further education, training or work is an important time for autistic young people. While there are several options available in Reading, person-centred support is important to help autistic young people to find the right opportunity. More internships, apprenticeships and meaningful work experience for young people would enhance prospects for autistic people. Within Reading, Children's Transitions to Adult Social Care services is outlined in the Preparing for Adulthood Policy (2019) which aims to ensure that young people and adults have appropriate support as they move into adulthood, and there are no gaps in the delivery of services. The strategy complements the Preparing for Adult Pathway. The Preparing for Adulthood Panel has responsibility for co-ordinating identification and monitoring of the children and young people who may or will require services as they transition into adulthood. Reading Mencap provide the Preparing for Adulthood service funded by Reading Borough Council that support young people and adults (16-25) and their families in preparing for adulthood. A Transitions Family Adviser offers an independent, outreach, information, advice and support service to guide young people and their families through the complexities of becoming an adult, to manage the changes in social care, benefits, housing, health, education, employment and financial management.

As of February 2022:

37%

of young people open to Preparing for Adulthood (PFA) have a **primary or secondary diagnosis of Autism**

33%

of young people open to Preparing for Adulthood (PFA) have **a diagnosis of a learning disability and Autism**

Youth Offending Service (YOS)

Young people transitioning from YOS will involve Adult Probation Services from age 17. Dependent on needs, the transfer may occur at age 18 but could be later.

Healthcare transitions

Within Berkshire Healthcare Children, Young People and Family Services, for young people with long term health conditions, transitions should begin at the age of 14, with the transition usually occurring between the ages of 16 and 19. The child or young person and their families should receive the following to support with their transition to adult care services[11].

- A named transition co-ordinator where appropriate
- Received information on the adult service(s) they're transitioning to
- Completed a transition health care plan and received a discharge summary

[11] Berkshire Healthcare NHS Foundation Trust (2022). Transition to Adult Services | Children Young People and Families Online Resource. Children Young People and Families Online Resource. Available at: https://www.berkshirehealthcare.nhs.uk/5940

Priority 2B
Supporting Transition and Preparation for Adulthood

What we aim to do as a partnership

Covering Priority 2 and 2b

Culture change

- Tackle bullying within schools, isolation, and inappropriate exclusions.
- As well as awareness raising in schools, additional measures to be implemented including zero tolerance policies for bullying, autistic champions in schools, and regular whole school and class discussions.
- Increase autism support in schools including access to support from Occupational Therapist/Speech and language therapists
- Ensure schools are reminded of the support available that they share with parents (resources shared to use inclusive language).
- Ensure person-centred support to help autistic young people to find the right opportunity.

Transitions & Diagnosis

- Strongly encourage schools share information they receive about local support and activities – need to ensure this information is shared with all children/families with additional needs.
- Ensuring school transport is appropriate for autistic children through training for drivers and escorts to know the needs of the autistic children and how best to communicate with them to provide better assistance. We will liaise with relevant Transport teams to achieve this.
- Support autistic children and young people to ensure better outcomes throughout their education by schools making reasonable adjustments and a commitment to address bullying towards autistic children.
- Increase support and signposting after completing school e.g., to enter employment (more choice, employment opportunities, work experience etc).
- Put in place effective planning for adulthood and social care after turning 18 and when finishing school or college, if later.
- Improve transitions planning for all (education/social care/health) children and adult services – more work to be done so Young People and family are provided with robust information to support.
- Supporting people into adulthood through volunteering opportunities
- Create additional internships, apprenticeships and meaningful work experience for young people and adults which enhance prospects for autistic people.
- Supporting smooth transition to adult services for young people including support for adults where needed.
- Ensuring data collection and audit of the diagnosis pathway takes place[8].

Priority 3
Supporting more autistic people into vocational training and employment

Our Ambition

Through understanding, awareness and acceptance of autism, autistic people can become integrated as part of society and gain employment and confidence. Including maximising life chances and opportunities and empowering autistic people to meet their potential.

What we know nationally

Training and Employment

- The National Autism Strategy, Equality Act 2010, Care Act 2014, Care and Families Act 2014 and the NHS Long Term Plan 2019 emphasise the importance of facilitating access to education, training and employment opportunities and sustained support, including skills development to empower people to independence wherever possible.
- Approximately 10-15% of autistic adults nationally are in full-time employment and overall, 22% of autistic adults (16 - 64 years) are in employment (any form).
- Disabled people with autism (21.7%) were among those disabled people with lowest employment rate and compared to 81% of non-disabled people, showing a significant employment gap for autistic people.

What we know in Reading

- Barriers for autistic adults wanting to be in employment include absence of effective transition from education; absence of reasonable adjustments at interview and in workplaces; unsuitable HR practices and recruitment methods; lack of employer awareness and difficulties accessing support to get into work or when in work.
- Positive changes are recognised in improved access to services, but further work is required.
- There are limited employment support options available for people over 25 years
- The gap between training and employment support needs bridging
- Remove the current cliff edge when young people enter employment after 18+
- Support provision for late diagnosis for people already in employment is needed
- Employers need organisations to go to for support and training

What is important to Reading people

Training and Employment

- Many autistic people want to work, are able to and would value support and awareness of pathways and available opportunities for employment.
- Improved understanding, acceptance, and guidelines for employers around autism, including reasonable adjustments and support for autistic young people to enter the workplace
- Improved support and employment assistance for those over 25.

[23] Berkshire Healthcare NHS Foundation Trust (2022). Transition to Adult Services | Children Young People and Families Online Resource. Children Young People and Families Online Resource. Available at: https://www.berkshirehealthcare.nhs.uk/5940.

Priority 3
Supporting more autistic people into vocational training and employment

What we aim to do as a partnership

- Increase volunteering opportunities
- Identify the strengths and needs of neurodivergent CYO and adults and support them to make good progress and have good outcomes.
- Improve options for young people to increase current opportunities
- Develop a clear pathway through, school, from school, in further and higher education and into vocational training and work opportunities through a coproduced approach with autistic people.
- Further develop and promote Elevate project for autistic young adults
- We will enable and address specific needs of autistic adults through Reading's Economic COVID Recovery Plan
- Establish peer mentorship/championship training
- Increase understanding of barriers faced with the benefits system and support to overcome these
- Support to get into employment and during employment
- Work with partners and local employers to increase employment opportunities and job support for all autistic adults of working age.
- Improve understanding and guidelines for employers, including reasonable adjustments both during recruitment and in employment.
- Improve support & employment assistance for those over 25
- Support for autistic young people to enter the workplace
- Organisational members of the Autism Board will seek and promote their recognition as employers of people with disabilities, leading by example when approaching commercial/ industry partners.

Priority 4

Better lives for autistic people: tackling health and care inequalities and building the right support in the community, and supporting people in inpatient care

Our Ambition

Strengthening understanding, recognition, and support to tackle health inequalities experienced by autistic people and to make life and health outcomes better for them. We will continue working across the system to achieve a culture shift moving towards needs-led rather than diagnosis dependent support and with a recognition of neurodiversity. We will have demonstrated improvements in reducing assessment and diagnosis times and support to ensure help is accessed based on need, as early as possible, promoting acceptance of neurodiversity, strength-based approaches, and shared language.

What we know nationally

Autism inequalities and barriers to support

- Inequalities experienced by autistic people include reduced access to public services and spaces, the gap in employment opportunities, poorer health outcomes, increased likelihood to report lower quality of life and social isolation.
- Contributory factors to inequalities in health include challenging communication in inaccessible environments, reduced likelihood to understand signs of poor-health, barriers to NHS service access when needed, uncertainty which brings on anxiety, sensory variances, different responses to pain and difficulty identifying own emotions.
- Early identification, improvements in diagnostic pathways for all ages and reductions in assessment waiting times are key to timely diagnosis and appropriate access to support. This enables autistic people and those supporting them to better understand their needs.
- Many children are diagnosed late; girls are particularly affected as signs of autism are frequently not recognised, resulting in delays in diagnosis until adolescence or adulthood.
- While the diagnosis of adult autism has improved over the years, in Reading adults have to wait years for a diagnosis rather than the National Institute for Health and Care Excellence (NICE) recommended 13 weeks between referral and first assessment.
- There is a gender gap in the prevalence of autism, with higher prevalence reported in males than females which may result from underdiagnosis of autism in females.
- Autistic people have a lower life expectancy (16-year gap) and are more likely to require hospital care or use emergency services than non-autistic people.
- Improving health and care staff's understanding of autism is crucial in enabling progress on reducing health inequalities for autistic people.
- It is suspected that 'detection bias' relating to socioeconomic status means diagnosis may be less likely in children from lower socioeconomic status households and with parents with lower educational attainment levels.
- Racial, ethnic, and socioeconomic disparities associated with autism exist throughout many service areas including access to early assessment, diagnosis, and therapeutic interventions.
- To tackle the health and care inequalities autistic people face, the government passed the Health and Care Act 2022, which included the Oliver McGowan Mandatory Training in Learning Disability and Autism, which will educate and train health and social care staff, at the right level for their role, to provide better health and social care outcomes for people with a learning disability and autistic people.

Priority 4

Better lives for autistic people: tackling health and care inequalities and building the right support in the community, and supporting people in inpatient care

What we know in Reading

Diagnosis

- In Reading we have implemented a Needs-led, rather than Diagnosis Led approach so that support in schools can be put in place before diagnosis.
- The Berkshire Healthcare NHS Foundation Trust (BHFT) Autism Assessment team based at University of Reading are responsible for diagnosis of children and young people under 17 and a half years. Unfortunately, due to strong demand, the waiting times are over 2 years, well in excess of the 13 weeks NICE guidelines
- Nationally £13 million is being invested in reducing waiting times for all, and Berkshire West CCG has received extra funding to recruit more staff to be able to offer more assessment to children and young people to reduce waiting times for assessment.
- The Neuropsychology ASD Team from BHFT based in Erleigh Road, are responsible for adult diagnosis. Unfortunately, due to strong demand, the waiting times for an adult diagnosis are approximately 4 years, well in excess of the 13 weeks NICE guidelines.
- In Berkshire autism assessment referrals for children and young people, increased from 1209 in 2016/17 to 2045 in 2021/22, a 69% increase. More resources have been commissioned, including a private online provider to reduce waiting times but these have remained stubbornly high.
- For the adults diagnostic pathway, there has been an increase in the number of people referred for a diagnosis but, there has been no increase in resources resulting in increasing waiting times.
- Due to the long waits, Berkshire West CCG commissioned the Pre and Post Autism and ADHD Service for 0 to 25 in 2019. The service was co-produced with partners from health, education and social care plus Reading Families Forum and the voluntary sector. Autism Berkshire, with Parenting Special Children won the tender and started delivery in 2020.
- The new Berkshire West CCG NHS Autism and ADHD Support service has been very successful. In 2021 Autism Berkshire supported over 500 families, with evidenced based graduated support from Helpline calls, one to one consultations, short courses and long courses. The Teen Life course for parents of young people from year 6 to 11 has proved to be particularly popular with parents as previously there was little support aimed at parents of teenagers.
- Half of the families supported by Autism Berkshire are on the waiting list and 40% of the children and young people supported are girls.
- For families of children who receive a diagnosis, support is available from Reading's Brighter Futures for Children Autism Advisor. The service is not available to families on the waiting list.
- The BHFT Autism Assessment Team (AAT) send referral packs providing information on all sources of family support to parents, once a child is added to the waiting list for assessment, to ensure families access this as soon as possible including provision of a letter for school to emphasise need for needs–led support. This includes information about the Berkshire West Autism and ADHD Support Service provided by Autism Berkshire. There are Comprehensive online resource provision with help and advice on a wide range of developmental, emotional/mental health concerns[12].
- BHFT AAT also run the SHARoN online support network (Support, Hope and Resources online Network) for parents of children and young people waiting for an assessment, or with a diagnosis. The service is moderated by professionals, including the voluntary sector and available online 24 hours a day to parents.
- BHFT deliver co-produced training courses such as the Psychological Perspectives in Education and Primary care (PPEPcare) which is commissioned by the CCG for delivery to health, education, social care and other agencies which equips settings to provide needs-led support.

[12] Mental and Emotional Health | Children Young People and Families Online Resource (berkshirehealthcare.nhs.uk)

- Many parents and adults are frustrated by the long waits and seek a private diagnosis.
- Through the engagement process for this strategy, we found that some parents who were waiting for an assessment or who had received an autism diagnosis for their child, were not aware of the Berkshire West CCG NHS Autism and ADHD Support Service, nor the Local Offer and Family Information Service.

Post Diagnostic support

- The BHFT Autism Assessment Team offer a diagnosis only service.
- Post diagnosis support is available from the Berkshire West CCG NHS Autism and ADHD Support Service provided by Autism Berkshire, a local charity set up in 1990 by families of autistic children and those with challenging behaviour. All staff have lived experience and professional training and qualifications in family support and autism. Research has shown that the most effective support for families is peer led support such as the Autism Berkshire service.
- Currently there is no Positive Behaviour Team to support parents whose autistic children have violent and challenging behaviour. It has been agreed this is a gap in services, and the local NHS commissioners, Berkshire West CCG had run a commissioning process in Spring 2022, but not awarded a contract.
- For adults the Neuropsychology ASD Team from Berkshire Health NHS Foundation Trust runs a post-diagnosis course 'Being Me' to help newly diagnosed adults understand autism and how it impacts their life.
- Reading Mencap run an Information and Advice Service which includes support around health and how to access the Annual Health Check for people aged 14 and older with a Learning Disability and those with Autism and a Learning Disability.
- BHFT run the Community Team for Learning Disability (CTPLD), many adults referred to them have autism as well as a learning disability. The team includes nurses, OTs, Physio, Psychiatrists, Psychologists Dieticians, Speech and language therapists. They work in partnership with social workers to make sure people with a Learning Disability and Autism get the best support possible.

Physical and mental healthcare

- The Royal Berkshire Hospital employs two Learning Disability nurses who are highly trained in autism and are available to anyone who has a Learning Disability or Autism and is visiting the hospital as an outpatient or staying as an inpatient.
- Following feedback from people with a Learning Disability and Autism, and their parents and carers, the Royal Berkshire Hospital implemented a Bleep system to reduce the stress of waiting for outpatient appointments[13].
- The Royal Berkshire Hospital also has a series of Easy Read leaflet for patients with Learning Disability and Autism available on their website[14].
- Many of Reading's GP have included details of the Berkshire West Autism and ADHD Support Service on their website under the Wellbeing section[15].
- Berkshire West has a Learning Disability Mortality Review, LeDeR Steering Group, which carries out a number of projects, including collating and sharing anonymised information about the deaths of people with learning disabilities, including those with LD and autism so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements, to try to reduce the early mortality of people with a Learning Disability and those with Autism with Learning disability .
- A training programme of Positive Behavioural Support for people with learning disability and or autism and behaviour that challenges is being rolled out to key staff in health, social care, education, support providers, the voluntary sector

[13] Your information and what we use it for (royalberkshire.nhs.uk) this should say Use the Bleep
[14] Disabled Patients | Royal Berkshire NHS Foundation Trust contains a list of Easy Read leaflets for LDA patients
[15] Autism | Balmore Park Surgery

and family carers during 21/22.

- BHFT is implementing a Neurodiversity strategy to make all BHFT services, everything from health visiting and school nursing to Integrated Pain and Spinal Management and continence service, accessible for people with a learning disability and/ or autism[16].

What is important to Reading people

- Better awareness of what autism is and the environmental/sensory impact on autistic people within healthcare settings.
- Assessment waiting times for children, young people and adults are too long and need to be reduced.
- Waiting times for children and young people who have anxiety and are out of school are too long and need to be reduced.
- Access to appropriate mental health services that understand autism and can make reasonable adjustments need to be improved and a priority.
- Specialist support and pathways needed to address complex health concerns
- Training for hospital staff and GPs about autism, mental health and in responding to autistic adults and children including what other support services are available in the community.
- Having continuity of care from their GP.
- Implementing reasonable adjustments for health appointments including vaccinations is important.

What we aim to do as a partnership

- Continue to work to reduce waiting times for assessment for children and young people. The project will continue to be monitored by the Berkshire Health Foundation Trust board.
- To tackle morbidity and preventable death in individuals with autism it is of utmost importance to provide regular physical health checks and to maintain high level of clinical suspicion towards physical health problems in autism[17].
- Work at addressing issues related to adult assessments in order to bring the waiting times down.
- Work towards addressing the lack of a Positive Behaviour Service in order to get the service commissioned
- All organisations will refer all parents needing pre-assessment or post-diagnosis support to the Berkshire West CCG NHS Autism and ADHD support service, as some parents, although sent a referral pack by the AAT, report not knowing about the support available either, whilst they are waiting to be assessed, or after diagnosis.
- All health and care organisations shall comply with their statutory duty under the Health and Care Act 2022 to ensure that all staff complete their Oliver McGowan Mandatory training in Learning Disability and Autism, so staff feel confident in supporting the individual needs of children, young people and adults with a learning disability and/ or autism.
- We will focus on ensuring there are no barriers to accessing health services for people with a learning disability and/or autism, including access to age 14+ Annual Health Checks for those with autism and Learning Disability. The care they receive will be provided in a suitable environment, by people who understand their needs, with suitable adjustments made when needed for them to receive excellent care.
- Through RBC commissioning, we will aim to support organisations to provide information advice and guidance, and activities to reduce loneliness and isolation to prevent help prevent mental ill health in people with learning disability and/or autism.

[16] Our Neurodiversity Strategy | Berkshire Healthcare NHS Foundation Trust
[17] Sala et al (2020))

Priority 4

Better lives for autistic people: tackling health and care inequalities and building the right support in the community, and supporting people in inpatient care

Building the Right Support in the Community and Supporting People in Inpatient Care

Our Ambition

For community support and services to reflect what autistic people and their families say they need.

What we know nationally

Play-based strategies to increase joint attention, engagement and communication including and group based social learning programmes focused on improving social interaction, or individual delivered for people who find groups difficult are encouraged[18] . Interventions focused on life skills/activities of daily living e.g., leisure activity programmes are also recommended.

Transport

- The National Autism Strategy highlights transport as a key enabler in helping autistic people become active members of society, through access to employment, leisure, and community activities.
- Many autistic people favour driving, walking and cycling as alternatives to using public transport which can sometimes be noisy, crowded and an uncomfortable experience.

Inpatient health settings

- Autism prevalence within adult inpatient mental health settings autism prevalence is estimated to be 2.4-9.9%[19] while autistic people account for 1 in 100 people.

What we know in Reading

Support groups

There are groups that support autistic children, young people and adults through social and leisure activities, or by helping autistic people to access education and employment. Some services providing support to autistic people in Reading expressed their experience of some services relying on a crisis response for people of all ages. However, CAMHS, Anxiety and depression as well as the MHSTs, offer counselling and other support for autistic people. Quality support around education, health (mental health) and social care have an important role. They emphasise the need for timely, accessible support.

Transport

- The Reading Transport Strategy 2036 outlines some actions that can be applied to an 'autism-inclusive' approach for this autism strategy.
- Reading has a vibrant transport system and an award-winning transport company Reading Buses, owned by the

[18] https://www.nice.org.uk/guidance/cg170

[19] Tromans S, Chester V, Kiani R, Alexander R, Brugha T. (2018) The Prevalence of Autism Spectrum Disorders in Adult Psychiatric Inpatients: A Systematic Review. Clin Pract Epidemiol Ment Health. 14:177-187.

Borough Council. Reading Buses are ranked as one of the most accessible in Europe, with colour coded buses and maps to help people easily navigate bus routes. Reading Buses are committed to accessibility. All buses are equipped with wheelchair ramps, high contrast strips on the floor and the seats, braille on the bell pushes, next stop announcements and next stop video signs, route maps on the bus. There is a bus app with timetables, maps and ticketing available. It also has a bus tracker, useful for when people are learning to travel independently.

- All bus drivers take part in disability training as part of their Certificate of Professional Competency and Reading Buses have worked closely with local charities such as Autism Berkshire, to implement a driver training course to learn about the needs of autistic people.
- Reading Station, managed by Network Rail, offers an assistance service to passengers with additional needs, including autistic people. A new travel lounge at the station opened in July 2021 for 'Passengers with additional needs. Station users can also pre-book journey assistance with all their needs considered, including a Quiet carriage, changes and connections that involve other train companies.
- BFfC offer School Transport contracts to companies that have applied to go on the framework and trained escorts are provided as required.
- Readibus is the local community transport provider. Readibus is a Dial-A-Ride bus service is for people of all ages who can't make use of the mainstream bus services offered in the area. This includes autistic people who have high anxiety or sensory issues. Readibus was judged in the 'Community Transport Provider of the Year' category at the Community Transport Awards in November 2021 as one of the top three community transport services in the UK for its service provision during the pandemic, and the best in England.
- Readibus is the specialist service used for School Transport, mostly for wheelchair users but provides 6 buses for the Avenue School – and an ambulance for the most complex needs pupils.

What is important to Reading people

Local (community) services

- Need a range of activities covering the full spectrum including those without significant support needs who live more independently.

Transport

- School transport is not always appropriate for autistic children.
- Suggestions on what needs to be done to improve on the experience of using transport services, included:
  - "better cycling integration"
  - "temporary blue badge scheme"
  - "joined up national transport strategy"
  - "additional support of getting driving licence for people with anxiety and sensory difficulties"

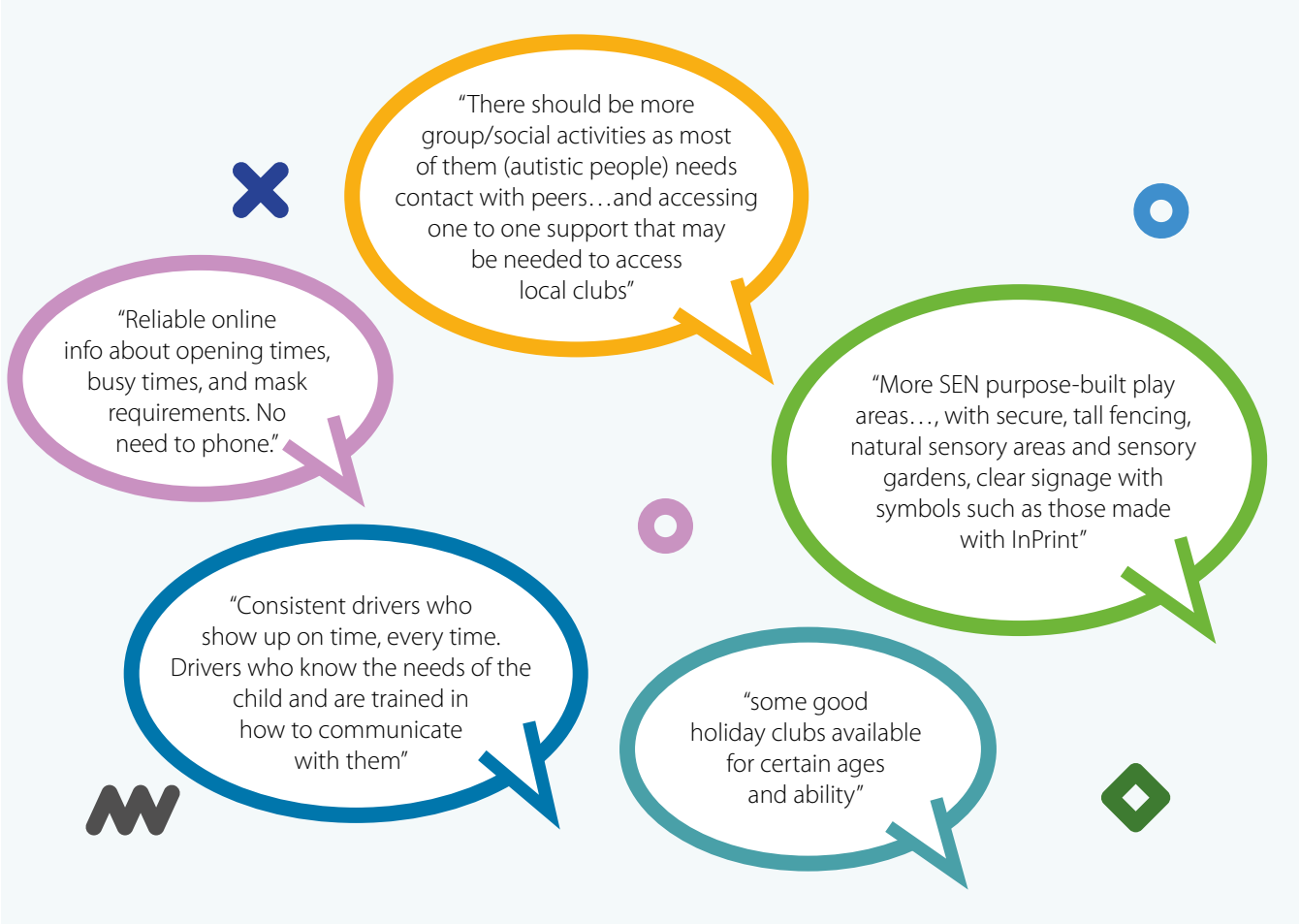
Priority 4

Better lives for autistic people: tackling health and care inequalities and building the right support in the community, and supporting people in inpatient care

Social Experience

- There is a limited range of activities for autistic children, young people and adults.
- Many of the activities that are for young people are very good but limited and often they reach capacity very quickly e.g., Make Sense Theatre, Chance to dance.
- Young people have expressed they're not interested in competitive activities that require performing - saying they want to spend time with other autistic children.
- Activities like Holiday Clubs are difficult to access due to "not enough support personnel available". Families where both parents are working find the situation "hard".

A gap in provision was identified for autistic adults who have received a late diagnosis "and who have different support needs to those who have grown up knowing why they are different" or who are "without learning disabilities". Local services for autistic adults who have "worked" or "lived independently" are reported "non-existent".



Priority 4

Better lives for autistic people: tackling health and care inequalities and building the right support in the community, and supporting people in inpatient care

What we aim to do as a partnership

Support groups, services & Training

We will:

- Increase availability of activities (across all ages), social opportunities and social enterprise projects run by local people with lived experience including online community options and opportunities outside of core business hours for autistic people
- Provide training to adapt holiday clubs to be more inclusive and suit the needs of the autistic person
- Look at funding streams for Autism Advisory service to employ additional Autism Advisors.
- Encourage cafes/shops to clearly indicate to their customers that they can support people who are neurodivergent and how they should let their staff know that adjustments are required.
- Implement a Zero tolerance for bullying and prevent inappropriate exclusion from social events
- Create groups for adults especially social clubs for diverse interests in spaces appropriate for autistic people due to noise and sensory stimulation (i.e., light, noise, volume of music)
- Make provision for autistic adults who received a late diagnosis and have different support needs to those who have had earlier diagnosis or who are without learning disabilities – an identified gap.
- Support Local services for autistic adults who have "worked" or "lived independently."

Local Services

We will:

- Provide a range of activities covering the full spectrum including for autistic people with less complex needs, as most autistic people need contact with peers, access to one-to-one support and/or local clubs.
- Make needed adjustments needed for everyday services to increase accessibility to autistic people.
- Invest into activities and services adapted/adjusted to meet the needs of autistic people and to minimise sensory impact.

Transport

We will:

- Provide training for bus drivers, taxi drivers and escorts to know the needs of the autistic person and are trained in how to best to meet these needs and communicate with them.
- Provide additional support of getting driving licence for people with anxiety and sensory difficulties.

Health

We will:

- Take action to tackle the over representation of autistic young people in mental health beds.
- Using Root Cause Analysis as part of the CTR/CETR process to address the expected high prevalence of autistic adults in inpatient mental health settings.

Priority 5
Housing and independent living

Our Ambition

A culture that promotes neurodiversity and creates environments that meet the needs of autistic people and empowers everyone to reach their potential. Environmental respect, integrating rather than segregating and improving autistic lives in Reading.

We embed a greater understanding of how neurodivergent people experience the built environment in different ways, and how choices made within streets and spaces may affect people differently, for instance in terms of colours, materials, patterns and levels of visual clutter.

What we know nationally

The National Strategy for Autistic Adults, Young People and Children: 2021-26[11] prioritises housing as an area for improvement, to be achieved through activities including:

- Support for keyworkers for children and young people with complex needs in inpatient mental health settings, and those at risk of being admitted to these settings.
- Increasing the provision of supported housing, enabling more people to access adaptations to their homes and reforming the social care system so it is fit for purpose.
- 10% of the homes built via the new Affordable Homes Programme will be supported housing by 2026.
- Work with the National Body for Home Improvement Agencies to offer support to local authority DFG teams and work with autism charities to raise autistic people's awareness of how the DFG can support autistic people.

There is no one size fits all solution for housing for autistic people. This should be based on individual needs[20]. In an absence of a needs-led approach and appropriate support, autistic people may be faced with specific difficulties, and a higher risk of homelessness. Lessening barriers within the housing sector is of utmost importance to improve independence, wellbeing and quality of life.

NHS England's 'Building the right home' emphasises that alongside physical adaptations within homes, geographical considerations should be made, particularly where there are sensory needs, e.g., housing away from noisy streets, bright lights and considering triggers which could exist in the surrounding area34. Needs of the autistic person that may be linked to the proximity of established sources of support.

What we know in Reading

Locally, the number of autistic people that live within social housing is unknown, as it is not routinely monitored within the housing allocation and sign-up process. There is no specific pathway for autistic people within the housing system, rather, individual needs are considered throughout the process and support referrals made or adaptations may be made to homes. Considerations such as whether it is suitable for children to share bedrooms and space allocated accordingly, may be one such consideration. The Disabled Facilities Grant (DFG) is available for Homeowners, Private Tenants or Housing Association Tenants for adaptations to the home with the aim of making adaptations to live more independently. Within Reading, the DFG has been utilised to make adaptations for autistic people.

[20] NHS England, LGA and ADASS (2016). Building the right home: Guidance for commissioners of health and care services for children, young people and adults with learning disabilities and/or autism who display behaviour that challenges. Available at: NHS England report template cobranded-supporting partners

Priority 5
Housing and independent living

The homelessness service reports low numbers of autistic people presenting in need to the service, however, some individuals are placed in emergency accommodation such as bed and breakfasts due to lack of alternative temporary accommodation. This accommodation is often unsuitable for autistic people's needs and can result in disruptive behaviour and exacerbate vulnerabilities.

- Housing services within RBC do not have access to support in relation to autistic people that approach for homelessness assistance that don't meet the criteria for adult social care.
- Lack of emergency housing options within adult social care and not meeting social care thresholds, may result in autistic people being placed in inappropriate accommodation unsuitable for needs.
- General needs accommodation is not always suitable for all autistic people due to the responsibilities that come with managing a tenancy, there are risks that the pressure of living independently can lead to chaotic lifestyles potentially resulting in rent arrears, eviction and homelessness.
- Training for front-line housing staff is needed to better understand autistic people's needs.
- Clarity is needed on where autism sits within the adult social care and housing pathways
- Adult social care delivering safe accommodation options that are available for those with specific needs through a safe, easily accessible emergency account would be highly beneficial.

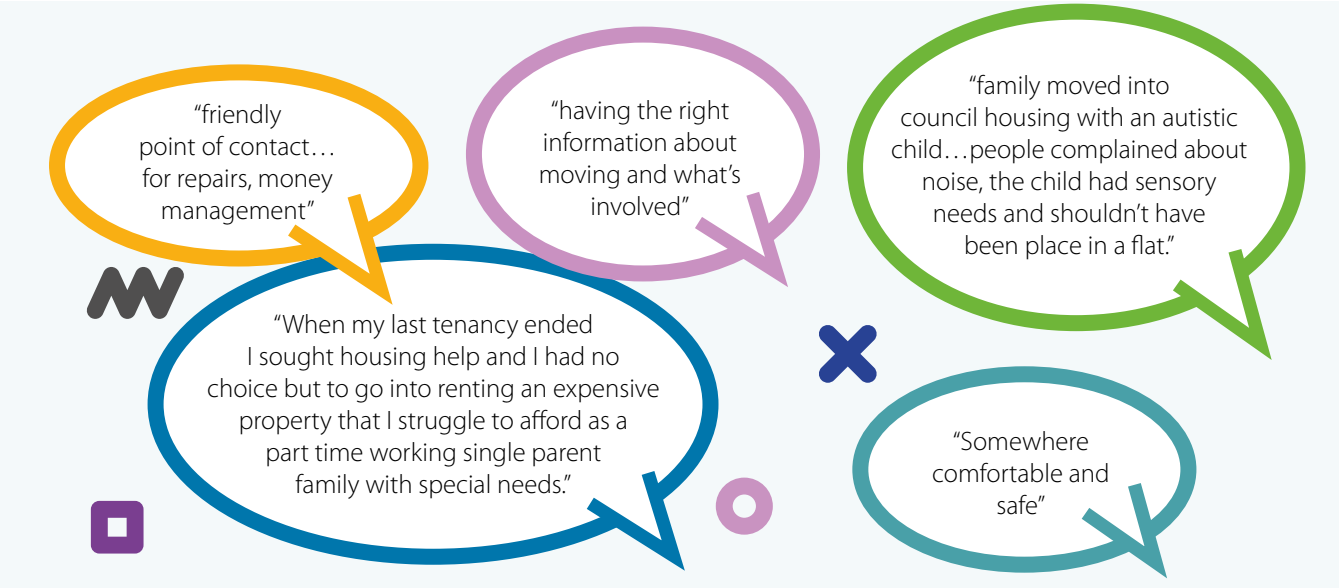
What is important to Reading people

Families and young people tell us that it is difficult to find information about what options are available and to obtain reliable support for a young person and adult in accommodation away from their family carers. Many parent carers provide an enormous amount of support to keep their autistic adult healthy and safe, sometimes at a cost to their physical and emotional health.

We asked autistic people and their families what is important to them about housing and what good housing should look like. Some of the responses are detailed below:

- The importance of feeling safe within their home - 'I don't want to move out of my parent's house, I like being there. I feel comfortable'.
- Maintaining their environment - 'I like everything to stay the same and I don't want to move.'
- An ideal home was described as being "tidy", with a "garden, lots of rooms and no noise from neighbours", in a "quiet and safe area" with "easy access to shops (with small wheelchair access) and green spaces" or "basic necessities". The home would be in easy reach of support such as 'housing officer', 'parents.' "On a main bus route" for regular bus schedules.
- For someone who needs "help with household chores", "supported living would be ideal" or "moving to a retirement place early".

Priority 5
Housing and independent living



What we aim to do as a partnership

Planning:

- Take account of best practice guidance in developing policies for the built environment including the Local Plan Review and Public Realm Strategy.

Accommodation:

- Improve data to help inform future commissioning of adapted / specialist housing through joint action
- Involve local partners to ensure autistic adults supported to access suitable accommodation
- Include housing-related staff and providers in autism training plans
- Address the specific needs of autistic adults in future housing and homelessness strategies
- Make better use of existing specialist housing
- Ensure there is clearer identification by BFfC of the requirements for children within their current homes so that adaptations may be considered.

Training

- Increase the number of trained support workers to run activities in the community
- Work towards increasing availability of activities across all ages.

Priority 6
Keeping safe and improving support within the criminal and youth justice system

Our Ambition

Greater awareness of the impact of autism x risk and need for autistic people involved with the Criminal Justice System (CJS).

What we know nationally

There is evidence that autistic people often have challenging, poor experiences when they encounter the CJS. Reasons cited include a lack of awareness, confidence and understanding amongst CJS staff and challenges surrounding adjustments required for autistic people to engage in processes[21]. It is the responsibility of local authorities under the Care Act, to assess all resident's needs, inclusive of those in prisons and ensuring that adequate support systems are in place for them. The National Autistic Society states that autistic people are more likely to be witnesses and victims of crime than offenders.

Certain features of autism may predispose young people to offend or be victims of crime, including social naivety, misinterpretation of social cues and poor empathy. Most evidence indicates overrepresentation of autistic people within the CJS, in particular the publication Nobody made the connection: The prevalence of neurodisability in young people who offend by the Children's Commissioner, identified a study which reported the prevalence of autism within youth custody, and suggested an incidence rate of 15% compared to the estimated 0.6 to 1.2% of autism diagnosis in the general population.

What is important to Reading people

- Reading has a Police Station, but the custody suite is located at Loddon Valley Police Station. Reading has a Magistrates and Crown Courts and a Probation office, but no prisons or Young Offenders Institutes.
- The CJS is not required to record autism as a condition. Where data was available, a limited analysis of the prevalence of autistic people in Reading was possible.
- Where a person has an autism diagnosis, there are challenges within the different information systems used by Police, Courts, Prison and Probation to transfer the information appropriately.
- In Reading we have the Liaison & Diversion (L&D) service based at Reading courts and at custody at Loddon Valley, that aims to identify people when they first encounter the CJS if arrested or charge, who may need additional support due to mental health, disability, substance misuse or other vulnerability. The service can assess needs, inform criminal justice decision-making and aid in people accessing the appropriate health and social care support as they move through the CJS, and enable people to be diverted away from the CJS into a more appropriate setting, if required.
- Health partners highlighted a lack of appropriate provision within the community post secure system, although the Ministry of Justice is undertaking a tender process in Spring 2022 for an autism support service.
- Families are advised by both Children's Social Care and CAMHS to contact the Police if their autistic child or young person are aggressive to them and they do not feel safe. However, parents have not wanted to call the Police, and when they have done some parents have reported it has not been helpful.
- Currently there is no Positive Behaviour Team to support parents whose autistic children have violent and challenging behaviour. It has been agreed this is a gap in services, and the local NHS commissioners, Berkshire West CCG had run a commissioning process in Spring 2022, but not awarded a contract.

[21] Helverschou, K. Steindal, J.A. Nøttestad, P. Howlin. Personal experiences of the Criminal Justice System by individuals with autism spectrum disorders. Autism, 22 (4) (2018), pp. 460-468, 10.1177/1362361316685554

Priority 6
Keeping safe and improving support within the criminal and youth justice system

- Reading has a multi-agency partnership to improve outcomes for children, the One Reading partnership includes Thames Valley Police, Reading Borough Council, Brighter Futures for Children, Royal Berkshire NHS Foundation Trust, and Reading Voluntary Action. They have produced the One Reading Young People and Extra Familial Harm Strategy 2021/22 to 23/24 which sets out how the partnership will work together across agencies and with young people and communities to prevent and respond to extra familial harm and keep young people safe in their communities.
- Autism Berkshire launched the Berkshire Autism Alert card in 2010 as a quick and easy way for someone to identify that they were autistic, and over 2000 cards were issued. In 2020, the scheme was updated to include a new online application process and the ability to share information with Thames Valley Police if the individual wished to. In 2021, the card was updated to the Thames Valley Autism Alert card to cover Buckinghamshire, Oxfordshire and Milton Keynes as well as Berkshire, and there are now more than 700 of the new cards in circulation including 200 issued to Reading residents during the 2021-22 financial year. Autism Berkshire has a data sharing agreement with Thames Valley Police and is supported by the Thames Valley Police and Crime Commissioner.

Areas important to Reading people

- To prevent offending and support rehabilitation and inappropriate involvement with the CJS, early identification and support to prevent entry into the CJS is vital.
- Ongoing use of and awareness raising of the Thames Valley Autism Alert Cards to appropriate services is encouraged.
- It is acknowledged that within the CJS the system is improving surrounding autism, as there is greater recognition, less stigma and better access to care, compared to some years ago.

Case Study 1:

Youth Criminal Justice Liaison and Diversion Service, Molly Scott, Assistant Psychologist

Reason for Referral

Jay was referred to the Berkshire Healthcare NHS Foundation Trust's Youth Criminal Justice Liaison and Diversion Service (YCJL&D) by a Forensic Paramedic who saw him in custody when he was arrested for being concerned in the supply of Class A drugs. He was 'Released Under Investigation' for this matter.

The YCJL&D service completed an assessment with Jay and his mother at the family home. The assessment indicated that Jay experienced difficulties with low mood and substance misuse. He was not engaged in Education or Training (NEET) and was not participating in any regular enjoyable activities. In addition, his mother was very open about experiencing low mood herself, chronic pain and the family were experiencing financial strain. Jay's Mother was not in receipt of Personal Independence Payments (PIP) or Employment Support Allowance (ESA). Jay was not in receipt of Carers Allowance, despite providing a significant caring role for his mother. Due to a mistake made by the Housing Association, the family were left with limited means to purchase food. Jay enjoyed football and was motivated to engage in education or training. Jay and his mother benefit from a close relationship and she demonstrated a sensitive understanding of his needs.

The YCJL&D service supported Jay's mother to complete a self-referral for Talking Therapies. Over coming weeks, the YCJL&D Assistant Psychologist (AP) completed referrals to the Specialist Mental Health Team and 'Source', which is the

youth Drug and Alcohol Service provide by the local Council. Also, a referral was made for Jay to attend an Education Provision within a local sports club. Support was additionally given to assist Jay's Mother to apply for PIP and ESA. Whilst Jay's Mother was awaiting an appointment for a PIP face-to-face interview, we referred the family to the local food bank who delivered weekly parcels of food and toiletries.

Outcomes

When the mental health referral was triaged, it was recommended that Jay was supported by a clinician from Source as it was felt that his mental health needs were secondary to his issues with substance misuse. In the weeks leading up to his first appointment, our Assistant Psychologist provided weekly individual sessions to Jay to provide short-term psychological support focussed on psychoeducation about mood and stress, sleep hygiene and scheduling enjoyable activities. Jay engaged well with the clinician from Source and they completed the appropriate work to support him in reducing his drug use.

The referral for Jay to attend an Education Provision within a local sports club was accepted. He attended the 12 week course and completed it, receiving his qualifications and inviting the YCJL&D service along to his graduation.
Jay's mother's PIP application was accepted and she was back paid for 3 months. We then supported Jay in applying for Young Carer's benefits, which were also accepted and he too was back paid for 3 months.
Jay's Mother attended Talking Therapies and found the support offered by them very useful.

YCJL&D had contact with Jay 10 months after the case was closed to the service, and Jay tells us that he is working night shifts at a local fast food restaurant and completing a plumbing apprenticeship with the local college. He reports that he and his mother are doing really well and he has had no contact with the police since.

We asked Jay and his mother a few questions on their experience with YCJL&D:

1) What have you found most useful about the Youth Criminal Justice Liaison and Diversion Service

"Everything!" Jay and his mother report that the YCJL&D service have been the only "people that have listened" to them properly. Jay's mother reported "the amount of pressure that you've taken off me is immense". Jay reported that he is pleased to be engaged with an education sports programme. Jay was glad that we could help his mother with the more practical help, such as letters, benefits and phone calls as he feels he doesn't understand it all.

2) What do you think would be different if the YCJL&D did not have an input?

Jay's mother said that they'd be 'homeless' due to the fact that they would have kept on struggling with their relationship, they felt that Jay would have carried on getting arrested as well. Jay's mother reported "We're off the merry-go-round and it's stopped", she reports that the merry go round is negative and they finally have some positives in their lives.

Jay and his mother took part in the making of a short film that tells their journey with the Youth Criminal Justice Liaison and Diversion Service.
With reassurance that only proportionate information from his clinical assessment would be shared together with his progress in the form of a report, consent was given by Jay and his mother to share information with criminal justice decision makers. Jay was invited in for a voluntary interview with the police for the offence. In recognition of the work that he completed, and the progress made, he was given a caution for possession of Class A drugs.

Priority 6
Keeping safe and improving support within the criminal and youth justice system

What we aim to do as a partnership

- Support Autism Berkshire in the continued roll out of the Thames Valley Autism Alert card.
- By supporting this collaboration work with Thames Valley Police and Autism Berkshire, officers will be better equipped, so that any interactions should be more positive for all concerned.
- Work with a partners so there is a much wider understanding of "county lines ", "mate crime" and "cuckooing" within all sectors and the wider community and provide a multi-agency response to the victim. The One Reading Young People and Extra Familial Harm Strategy 2021/22 to 23/24 covers these types of crime.
- The crime type itself will be better understood by partners and the community and the support package provided will be tailored to the needs of the victim to prevent and protect going forward.
- Work with partners to better understand the representation and needs of Autistic people within the CJ system. And ensure they are aware of and using the registered intermediary where appropriate.
- By effectively understanding the demand we will be better placed to provide support where appropriate.
- Universal use of a consistent screening tool within the CJS is needed along with an information sharing protocol for information sharing between services.

For autistic young people and adult to keep safe, we will:

- Through our commissioning, we will aim to support organisations to provide information advice and guidance, and activities to reduce loneliness and isolation.
- Support people who are vulnerable, including teaching anti-victimisation and personal safety skills.
- Support autistic people with paid employment and fixed activity routines, that they feel safe and confident doing, thus minimising the risk of vulnerabilities being exploited by others
- Mainstream services/local organisations to work in partnership with Prevent/Channel to identify those at risk of being drawn into extremism, assess and offer appropriate support plans to suit individual's needs.

Priority 7
Improving support for families and carers of autistic people

Our Ambition

Understanding and tailored support and communication so that autistic people, and their families and carers of children, young people and adults are enabled to live their healthiest lives to the fullest, throughout their life span.

What we know nationally

Families and carers of autistic people are often key to people being able to live independently in community settings. However, supporting another person, often for many years, can place a great deal of strain on the carer, especially if the person with autism does not want outside support, or struggle to engage with services or new people.

Caring for an autistic person can be rewarding but also demanding, both mentally and physically, and often isolating. Carers can benefit from training to help them better understand autism, support to plan for the future, peer support and opportunities to take breaks from caring.

National picture

There are an estimated 3 million family members and carers of autistic people in the UK[22].

Some autistic people will need very little or no support in their everyday lives while others need high levels of care, such as 24-hour support in residential care. The National Strategy for autistic children, young people and adults aims at putting in place effective measures to 'make a difference to autistic people and their families' lives' and for their life to be 'fundamentally better.' The Government has also pledged to provide support to facilitate engagement, including supporting Parent Carer Forums, to strengthen the engagement of parents and young people in the Special Educational Needs and Disability (SEND) system, the Transforming Care for Children and Young People accelerator programme, and a review of advocacy for families and carers to be able to speak up about the experiences of their loved ones.

The Care Act 2014 has given carers of adults the same rights as those they care for – the right to a carer's assessment and support plan if they have eligible needs and a personal budget, as well as information, advice and guidance on support available or that they are entitled to (e.g., carer's breaks) and how to access this. In Reading this can be provided through social care or the Reading Carers Hub. Under the Children and Families Act 2014, the Council has a duty to assess parent carers on the appearance of need or where an assessment is requested by the parent. The assessment covers the health and wellbeing of the parent carer and the need to safeguard and promote the welfare of the person cared for. The Council must be satisfied that the child and their family come within the scope of the Children's Act 1989[23].

What we know in Reading

- Parents and carers need to be supported and feel supported at the outset even whilst a child, young person or adult is waiting for an assessment as the waiting lists in Reading are significantly longer than the 13-week NICE guideline.
- Reading has a wide range of voluntary groups/organisations that offer support for autistic people with or without a learning disability, and their families. Details are on the Reading Services Guide and the Local Offer.

[22] Local Government Association (LGA) (2022). Support for autistic people | Local Government Association. [online] www.local.gov.uk. Available at: https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/autistic-and-learning-disabilities/autistic#:~:text=It%20is%20estimated%20that%20there

[22] National Autistic Society (2020b). Carers assessments in England. [online] www.autism.org.uk. Available at: https://www.autism.org.uk/advice-and-guidance/topics/social-care/social-care-england-carers/carers-assessments.

Priority 7
Improving support for families and carers

- The Berkshire West Autism and ADHD Support Service has been commissioned by Berkshire West CCG and co-produced by stakeholders in health, education, social care and the voluntary sector. It is run by Autism Berkshire and delivers autism support for families and carers whilst they wait for their child or young person to be assessed or after diagnosis (see Priority 4)
- The Autism Berkshire service encompasses advice, support and workshops for families, of children and young people aged 5 to 25 who may or may not have Autism or ADHD or are waiting for assessment. Advice & strategies cover topics including child development, speech, play, food issues, toileting, sleep, supporting behaviour, sensory issues, puberty and supporting anxiety. Autism Berkshire also support parents in navigating the school and social care system.

The service includes a Helpline, one to one consultations and workshops:

- Home Visits – an in-depth one-to-one discussion online or face-to-face (where possible) with parents and carers
- Autism advice workshops: online workshops lasting 2 hours Understanding More About Autism; Sensory Differences plus Plan and Q and A session; and Supporting Behaviour plus Plan and Q and A session, parents can attend one or all three
- Teen Life, a National Autistic Society 6 week course for parents and carers of autistic children aged 10 to 16. Includes a workbook which parents can refer back to after the course.
- Additional workshops/webinars for parents and carers cover: Autism and Girls, with autism advocate Carly Jones MBE, Emotional Regulation, Food Refusal, Sleep Difficulties, Transitions to Adulthood

Support for children and young people includes:

- Tailored interventions, based on individual need, for children aged 5 to 7
- Social interaction skills groups for children/young people 8-16, to develop confidence and emotional wellbeing (run by Parenting Special Children)
- SocialEyes, a NAS course for autistic 17 to 25-year-olds, looking at further social interaction skills and strategies to boost wellbeing and independence.
- Parents can self-refer to the Autism Berkshire service using an online form Berkshire West Autism & ADHD Support Service referral form for parents, carers and autistic young people - Autism Berkshire this includes consent to store their data and to receive the newsletter.
- Professions can refer families Berkshire West Autism & ADHD Support Service referral form for professionals - Autism Berkshire Both referral forms are secure and comply with the NHS Data Protection and Security Toolkit.
- Short breaks are opportunities for children and young people with disabilities to spend time away from their families and carers, socialise with peers and have fun as well as provide opportunities for families and carers to have a break from caring responsibilities.
- Brighter Futures for Children commission a range of Short Breaks. These are advertised via the Local Offer[24] and are either free or subsidised. Currently we have a performing arts, dance, football, Lego and independence Short Breaks running.
- The Local Offer also listed other activities for children with SEND including autism. Parents can use the Local Offer website or phone to speak to one of the very knowledgeable staff

[24] Special Educational Needs & Disabilities - Reading's Local Offer | Reading Services Guide SEND Local Offer page

Priority 7
Improving support for families and carers

- The Local Offer staff can help families with individual queries, for example finding a SEND childminder or a Short Break for a child with a special interest.
- For children who have been assessed by a qualified social worker in line with Section 17 Children Act 1989 as being eligible for services as Child in Need may be eligible for an overnight residential Short Break service at Cressingham. This is for no more than 75 nights per year away from their families. The referral route to this service is via Brighter Futures for Children Single Point of Access (available online).
- For children who have been assessed by qualified social workers to need more than 75 nights per year of care away from their parents may be eligible for shared care at Pinecroft residential accommodation. The children are resident without their parents and have weekly and regular nights at Pinecroft to enable parents and siblings to have a break. Cressingham and Pinecroft are regulated childcare provisions and are managed by Brighter Futures for Children and regularly inspected by OFSTED with Cressingham rated Outstanding and Pinecroft Good at the last inspections in 2021.
- Pinecroft has been remodelled with a new sensory room and outside space. An Open Day was held in Spring 2022 and well attended by families and professionals.
- RBC's Adult Social Care team run a Preparing for Adulthood Team to support families when their child moves from children's to adult services. See section 2.
- Reading Mencap runs a highly regarded Family Adviser service providing information, advice and guidance, to support adults with Learning Disability and Autism, and their families, including advice about daily living, helping maintain a tenancy, health appointments and access to statutory services, including benefits. RM employ a specialist Transition Family Adviser.
- Reading Mencap runs day services and clubs for people with a Learning Disability, or a Learning Disability and Autism to reduce loneliness and isolation and improve mental wellbeing, and provide respite for carers.
- The Whitley Wood respite service is available to learning disability and autistic adults and is run by Reading Borough Council. It was rated Good at its last inspection by the CQC in 2017.
- Tuvida Carers Hub is commissioned by Reading Borough Council and BFfC to provide support to adult carers, including information, advice and guidance, respite breaks or crisis support with the Carers Break service.
- Parents and family carers can access the Reading Carers Card, allowing carers to be identified at various local outlets for easier access and targeted support.
- Carers can request a carer's assessment of their needs to identify areas where they need additional support or explore opportunities to improve their health and wellbeing. This could be through allocation of a personal budget specifically for the carer to use for an activity of their choice.
- Reading Families Forum (RFF) is funded by government grant and is an independent charity run by and for families of disabled children and young adults aged 0 – 25 years. RFF are part of the National Network of Parent Carer Forums. They work to ensure that local parent carers and young people with all additional needs co-produce local services that they use. Co-production means that families are at the heart of discussions, giving their views and experiences about what is needed and setting priorities.
- COVID-19 measures taken to reduce the spread of the virus have limited access to many services, including respite care. These services are now re-opening, but many carers have gone without a break for many months and are in great need of time off to recuperate.

[36] Special Educational Needs & Disabilities - Reading's Local Offer | Reading Services Guide

Priority 7
Improving support for families and carers

What is important to Reading people

We spoke to Reading parents and carers and found that less than 10% of respondents felt supported by statutory health, care services and voluntary community sector services in their caring role.

Some needs identified included the below:

- Facilitate access to breaks for families and carers
- Better child-care provision and activities during half-term and school holidays or weekend clubs needed for primary school age children
- Improve communication to keep parents informed of progress or additional services available

What we aim to do as a partnership

- Through our commissioning, we will aim to support organisations to provide information advice, guidance, and activities to reduce loneliness and isolation.
- Through commissioning of the new carers service later in 2022, we will support carers and families to access carers assessments, information, advice and guidance, respite and crisis support and more easily.
- To support carer better, all organisations will refer all parents needing pre-assessment or post-diagnosis support to the Berkshire West CCG NHS Autism and ADHD support service, as some parents, although sent a referral pack by the AAT, report not knowing about the support available either, whilst they are waiting to be assessed, or after diagnosis.
- To support carers better, all organisations will refer all parents to the Local Offer, so they can access information and signposting, as some parents are reporting that they are unaware of the service.
- Brighter Futures for Children, Adult Social Care, the Local Offer, Reading Services Guide, and Autism Berkshire and Reading Mencap will promote the Ordinarily available, and specialist autism and learning disability services to families and carers.
- Brighter Futures for Children will review the provision of Short Breaks to ensure it meets the needs of families.

7.0 Delivering our future priorities

Reading's multi-agency Autism Board must be supported to ensure that key work and insights contribute to timely, appropriate provision of services and resource for Reading's population of autistic people and those that support them.

Local Governance and Monitoring Arrangements

Progress made against the priorities, associated actions and any commissioning intentions set out in this strategy will be formally reported to and monitored by:

- Autism Board
- Health and Wellbeing Board

Using existing networks and partnerships the work included in this strategy's implementation plans will be communicated and updates provided to:

- Autism Board
- SEND Standards Board
- Health and Wellbeing Board
- Community Safety Partnership
- Transitional Care Partnership
- Learning Disability Partnership Board
- Mental Health Forum
- MH/LDA ICP Board and CYP ICP Board

The Autism Partnership Board

The Autism Partnership Board will lead on co-ordinating the implementation of the strategy through developing implementation plans and measures of success to support priorities across partners to achieve the planned outcomes, provide answerable leadership in partnership with all partners with the duty, knowledge and desire to improve the lives of autistic people and their families and carers. This board will consist of key stakeholders from across the system including autistic people and family representatives. The board will further define monitoring arrangements.

This strategy and implementation plans are live documents which will be used to monitor progress and work with partners to drive positive outcomes for autistic people and their families. A significant joint effort will be needed. As live working documents, the implementation plans will be updated to reflect any changes to need and develop as the strategy progresses.

.

Appendix 2: Reading All-Age Autism Action Plan Year 2 2023/24

Priority 1: Improving awareness, understanding and acceptance of autism		**Lead (s): Autism Partnership Board**		
Action	**Measure of Success / Outcome**	**By When**	**By Whom**	**Year end updates**
Train Reading schools in AET Good Autism Practice	Meet AET delivery targets for Academic Year 23/24	July 2024	School Standards	Increase in bookings since September continues this is being raised directly by Reading Inclusion Support in Education (RISE) Team and more bookings are coming in All special educational needs and/or disabilities coordinators have been offered Good Autism Practice (GAP) training at a conference in May, the majority of schools have booked on. The RISE team have been trained in Autism Education Trust GAP and are now working with schools to support implementation and audit practice.
Roll out of the Oliver McGowen – mandatory training in Learning Disability and Autism	Staff have a better understanding of Learning Disability and Autism	Mar 2024	Sunny Mehmi	Completed - This training is mandatory for all staff throughout Health and Adult Social Care.
Autism friendly audits of cultural sites	To ensure the sites are autism friendly and ensure reasonable adjustments	Mar 2024	Donna Pentelow	Dimensions have been approached to audit 2 cultural sites across Reading to determine how Autistic friendly and any reasonable adjustments required, awaiting final report.

Priority 2: Improving support and access to early years, education and supporting positive transitions and preparing for adulthood		Lead (s): BFFC & Adult Social Care		
Action	**Measure of Success / Outcome**	**By When**	**By Whom**	**Year end updates**
All EY SEND data to be moved to synergy	Enable better sharing of data, and ability to run accurate data reports	Sept 2024	Early Years SEND Team Manager	Early Years Data is now being submitted on Synergy and data performance team working on reporting so that we have regular data sharing.
Early Years and SEND continue to meet through Place planning meeting & EHCP placement meetings	Smoother transition and development of EHCP plans	Ongoing	Early Years SEND Team Manager	Achieved – Early Years special educational needs and/or disabilities (SEND) coordinator continue to attend where capacity allows Education, Health and Care Plan panels and update master spreadsheet of children who may require specialist provision at school.
Discussions regarding increasing early identification of need; and how to meet these needs	Earlier identification of child's health needs to offer joint approach	Ongoing	Early Years SEND Team Manager	Ongoing; Early Years SEND meet with SEND health visitors to share information and planning provision available to meet need of families before starting education.
Early Years Training linked to Autism	Better trained workforce	Ongoing	Early Years SEND Team Manager	Achieved; Autism Education Trust Training embedded into the Inclusive Practice Training Workshop.
Review of the transition of children to adult social care pathway / policy	Updated Policy	Dec 2023	ASC PfA Team	Completed – Preparing for Adulthood policy is being refreshed and will be presented to ACE in July 2024
Hold transition sessions to families	Feedback from YP and families on W/L	April 24	ASC PfA Team	Session in the Civic Centre were held in November 2023.
Promote and develop enablement project	Feedback from YP and families, cost avoidance and any savings	March 2024	ASC PfA Team	Ongoing - Project is in place and has worked with 10 service users with positive outcomes

Priority 3. Increasing employment, vocation and training opportunities autistic people		**Lead (s): BFFC Elevate & New Directions College**		
Action	**Measure of Success / Outcome**	**By When**	**By Whom**	**Year end updates**
EY SEND advisors continue to prioritise school leavers	Coordinated support on leaving school	Ongoing	Early Years SEND Team Manager	Achieved - capacity has still limited allocating families but alternative group offer is available for families to attend.
Running termly EHCP workshops for Early Years Sector to understand more about the EHCP process and how to make applications.	Coordinated support as part of EHCP planning process	Ongoing	Early Years SEND Team Manager	Achieved and ongoing to continue within the training programme.
Increase participation in the number of adult SEND learners in specialist 'pathway to employment' and 'independent living' courses at New Directions College.	Increase in number of adults with SEND participating in this provision in academic year 23-24 vs 22-23	March 25	Andrea Wood – New Directions College	Awaiting comments
Increase participation of autistic young people 16 to 18 (up to 25 with an EHCP) in accessing employment, education and training opportunities	Ensure that the number of Reading young people with SEND who are Not in Education, Employment or Training (NEET) and Not Known is aligned with South East and England or lower. Offer of Information, Advice and Guidance sessions to	Ongoing	Elevate, BFfC	• Over 100 young people aged 16 to 25 accessed information, advice and guidance. • The latest official DfE data for March 2024, our official DfE data return for the young people with SEND aged 16 to 25 in Reading shows that: o 74% of the same cohort was registered in mainstream education, compared with 49.5% in Southeast and 53.8% in England. o 10.4% was NEET (not in education, employment or training). This figure is above the average for Southeast 8.2% and England 10.1%.

	young people, parents, carers.			○ Not Known figure for Reading in March 2024 was 2%, which is below the average for Southeast 37.1% and England 30.7%. • Between February and April 199 young people aged 16 to 25 accessed information, advice and guidance appointments with Elevate Careers Service. 72 out of those young people were neurodivergent. • Ways into Work and Shaw Trust, our providers of supported internships in Reading, have delivered training to schools, colleges and employers raising awareness of the supported internship pathways among professionals and parents. In Reading, 2.8% of the 16 to 25 cohort are participating in supported internships, above the average for Southeast at 0.3% and England at 0.6%.
Priority 4. Better lives for autistic people – tackling health and care inequalities and building the right support in the community and supporting people in inpatient care		**Lead (s): BOB Integrated Care Board**		
Action	**Measure of Success / Outcome**	**By When**	**By Whom**	**Year end updates**
BOB ICB developing a Five Year plan to support autistic adults		April 2023	Simon Tarrant	Integrated Care Board Five Year plan has been published and available for viewing on website: Joint Forward Plan | BOB ICB ○ By March 2028, we will ensure that all neuro-divergent children and young people will receive the right support, at the right time and in the right place dependent on their needs and not dependent on a diagnosis ○ Improving access to assessing, understanding and supporting a person's neurodiversity. ○ Ensuring infrastructures are in place and are effective to reduce unnecessary admissions under the MHA.

				○ Improving the experience for any neurodiverse people using our Mental Health Inpatient Services. ○ Improving equity of access through anticipatory and reasonable adjustments. ○ Ensuring that staff working across Bucks, Oxford and Berks West have the skills and knowledge to identify Neurodiversity. Understand and meet the needs of this service user group. ○ Co-producing community-based assets that support the social and emotional needs of neurodivergent people.
Review the MH inpatient wards to improve the patient experience		April 2023	Simon Tarrant	Ongoing work and forms part of BHFT Neurodiversity implementation strategy. Examples of ward environmental interventions include: non-ticking clocks / temp control in buildings / signage and notice boards reduced - inpatients / estates check list for new builds and refurbs / sensory kits trialled / improving outdoor spaces. This is ongoing work being led within BHFT by CNS Dr Reuben Pearce
Priority 5. Housing and supporting independent living		**Lead (s): Adult Social Care Commissioning**		
Action	**Measure of Success / Outcome**	**By When**	**By Whom**	**Year end updates**
Housing and independent living data analysis	Needs assessment which helps to inform commissioning intentions Collate the number of autistic people that live within social housing and the type of support that they might need.	April 2024	Adult Social Care Commissioning	Support Living to be tender in 2024, analysis has been completed and part of the data gathering a workshop will be held with the Autism Board. Supported Living Accommodation list has been completed for providers who support Reading service users. In Reading, 6 providers potentially meeting the needs of autistic person.

	Identity the different types of accommodation available in Reading and is it meeting the required need			ASC Mosaic system does not offer any way of gathering data giving a number of people who have Autism and receiving services. Determining whether this could be changed. There are 16 care homes managed by 8 providers that offer Housing support for people with LD/Autism aged 18-64. In terms of care homes where people with Autism might be housed, any LD registered care home could in theory accept them.
Priority 6 Keeping safe and improving support within the criminal and youth justice system		**Lead (s): Autism Berkshire**		
Action	**Measure of Success / Outcome**	**By When**	**By Whom**	**Year end updates**
Improve the physical building as well as the knowledge of staff that work in Custody on Autism.	Reduce significant distress and incidences	April 2024	TVP	There have been significant improvements in The Loddon Valley Custody Suite. TV's have been installed to provide an 'info-mercial' type commentary around the custody process. It is located in the prisoner waiting area to give prisoners an insight into what to expect. It is in the format of pictures, bullet points and a running narrative. There is also special paint on the walls in the cells to allow detainees to chalk on the walls. Thames Valley Police (TVP) have installed 'vista' murals on the walls within the main custody areas to provide a distraction from the plain harsh interior walls and to provide some calming scenery to focus on. TVP have also provided feedback on lighting which will be changed to provide a uniformed style of lighting throughout custody and hopefully reduce the sensory issues caused by the unnatural lighting and lack of natural light. TVP are taking part in a consultation group regarding the provisions for a new custody block that will be built in the near future, with specific neurodiversity requirements in mind.

Further develop a Neurodiversity Support Network for officers and Staff	Helping to raise awareness across the board and officers, which aims to normalise Neurodiversity in the workplace.	April 2024	Thames Valley Police	TVP have established / official Staff support network 'Neurodiversity Support Network', with an Executive Committee, which focuses on the external provisions for the Force and how TVP can better educate Police officers to be more Neurodiversity friendly. There has been Force wide front line training provided by Autism Berkshire. This has proven very popular and has enabled many of our colleagues to feel less alone and more confident within the workplace. Specialist teams within TVP are getting training around Autism and other neurodiversity's as they are all recognising the huge impact Autism and neurodiversity (ADHD especially) can have on an individual that often leads them down a path that finds them in the CJ system.
Priority 7: Supporting families and carers of autistic people		**Lead (s): Autism Partnership Board**		
Action	**Measure of Success / Outcome**	**By When**	**By Whom**	**Year end updates**
Provide cultural and leisure activities that enable autistic people to enjoy and participate in.	Adapted performances in theatres – relaxed performances and specifically adapted programme. Visual stories for venues to prepare for attendance. Meet and greets where possible to enable familiarity with cast to	Ongoing	Hexagon/ South Street. Lucy Griffin, Reading Museum	The panto Sleeping Beauty hosted 2 relaxed performances in December and January. These played to over 1,253 people, with adapted performances and meet and greets after. Cinderella, this years panto is now on sale with 2 x relaxed performances as part of the schedule. Visual stories for venues available on whatsonreading.com for example https://whatsonreading.com/hexagon/access The https://whatsonreading.com/ website is being adapted by the developers to better filter access events, with tags like Relaxed,

Page 364	encourage repeat attendance. Provide resources and break out space at Museum Visual story for museum updated			Audio Described and Signed Performance being made visible clearly on the site. Make Sense Theatre developing and presenting work as part of ongoing partnership with South Street, working with the neurodivergent community in education and community settings using drama and dance as a means to unlock potential. An Access Scheme has been launched to ensure bookers are able to access specific requirements from the venue – companion seats / specific seating for example. The scheme enables visitors to let the venues know in advance any requirements and gives https://whatsonreading.com/access-reading-venues Museums, My Way (partnership with The MERL and Berkshire Autism) - Drop-in breakout space and resources now provided every Saturday at Reading Museum for neurodiverse visitors and their families. Museums Partnership Reading activity. Best practice being shared at Slough through ACE funding for MPR. An updated visual story for museum visits has been created and provided on the museum website Whitley library was assessed by Dimensions and had extremely positive feedback on provision, we could extend in future. We are looking at lessons learned and seeing what can be replicated in other sites Library has a meeting in for May 24 regarding developing visual stories for space
Increase participation in Short breaks sessions at the Ranger Station.	Support the short Breaks strategy that aims to Increase number of children with SEND learning	Ongoing	Dan Peters Ranger Station team	Short Breaks are opportunities for children and young people with learning disabilities, autism and special educational needs to spend time away playing and accessing activities away from their families / carers to socialize with their peers and have fun; and provide

	disabilities accessing short breaks. Increase in physical activity. Increase options to access services for families.		FIS service and short breaks coordinator promote services	opportunities for families / carers to have a break from caring responsibilities. BFFC have further developed the Short Breaks offer with high take up: • December short breaks, attendance 97.5%, 16 spaces • Feb half term short breaks, 16 places, 100 % capacity • Easter short breaks, 32 places. 100 % attendance.

This page is intentionally left blank

Appendix 3 - Reading All Age Autism Strategy Priorities - What we said we would do and is still outstanding

PRIORITY 1 – IMPROVING AWARENESS, UNDERSTANDING AND ACCEPTANCE OF AUTISM WITHIN SOCIETY

Planning

- Create opportunities for more regular and informal engagement (coffee mornings, autism forums)
- Review pathways to ensure these recognise specific needs of older autistic adults, women with autism, autistic people from ethnically diverse backgrounds.

Awareness and Training

- Employment - Improved understanding and guidelines for employers, including reasonable adjustments (applying anticipatory reasonable adjustments duty – Equality Act 2010).
- We will develop and test an autism public understanding and acceptance initiative, working with autistic people, their families, and the voluntary sector.
- Use multiple methods of raising awareness of existing pre assessment and post diagnosis support provision and making it clear and easy to find including addressing language and cultural barriers for underrepresented groups, to aid proactive identification of people awaiting assessment, crisis prevention and prevention of avoidable admissions into inpatient mental health settings, making it easier to find and engage with the appropriate support, offered throughout the life course.

PRIORITY 2 – IMPROVING SUPPORT AND ACCESS TO EDUCATION, SUPPORTING POSITIVE TRANSITIONS AND PREPARING FOR ADULTHOOD

- Ensuring school transport is appropriate for autistic children through training for drivers and escorts to know the needs of the autistic children and how best to communicate with them, so provide better assistance. Liaise with relevant Transport teams.
- Additional support of getting driving licence for people with anxiety and sensory difficulties
- Autistic CYP are supported to ensure better outcomes throughout their education by schools making reasonable adjustments and a commitment to address bullying towards autistic children.
- Improve transitions planning for all (education/social care/health) children and adult services – more work to be done so Young People and family are provided with robust information to support.

PRIORITY 3 – SUPPORTING MORE AUTISTIC PEOPLE INTO VOCATIONAL TRAINING AND EMPLOYMENT

- Identify the strengths and needs of neurodivergent CYO and adults and support them to make good progress and have good outcomes.
- Develop a clear pathway through school, from school, in further and higher education and into vocational training, volunteering and work opportunities
- Peer mentorship/ championship training
- Improved understanding and guidelines for employers, including reasonable adjustments both during recruitment and in employment.

PRIORITY 4 – BETTER LIVES FOR AUTISTIC PEOPLE – TACKLING HEALTH AND CARE INEQUALITIES FOR AUTISTIC PEOPLE, BUILDING THE RIGHT SUPPORT IN THE COMMUNITY AND SUPPORTING PEOPLE IN INPATIENT CARE

- Continue to work to reduce waiting times for autism assessments for children and young people.
- In order to tackle morbidity and preventable death in individuals with autism it is of utmost importance to provide regular physical health checks and to maintain high level of clinical suspicion towards physical health problems in autism
- Raise the long waiting times for adult assessments in order to increase resources to bring the waiting times down.
- Provision for autistic adults who received a late diagnosis and have different support needs to those who have had earlier diagnosis or who are without learning disabilities – an identified gap.
- Action to tackle the over representation of autistic young people in mental health beds.
- Groups for adults especially social clubs for diverse interests in spaces appropriate for autistic people due to noise and sensory stimulation (i.e. light, noise, volume of music)
- Invest into activities and services adapted/adjusted to meet the needs of autistic people and to minimise sensory impact.

PRIORITY 5 – HOUSING AND INDEPENDENT LIVING

- Improved data to help inform future commissioning of adapted / specialist housing.
- Autistic adults supported to access suitable accommodation
- Improve transitions planning to support independent living
- Develop innovative models of accommodation with agile care and support options including reablement.

PRIORITY 6 – KEEPING SAFE AND IMPROVING SUPPORT WITHIN THE CRIMINAL AND YOUTH JUSTICE SYSTEM

- Work with partners to better understand the representation and needs of Autistic people within the CJ system
- Ensure partners are aware of and using the registered intermediary where appropriate.

PRIORITY 7 – IMPROVING SUPPORT FOR FAMILIES AND CARERS OF AUTISTIC PEOPLE

- In order to support carers better, all organisations will refer all parents needing pre-assessment or post-diagnosis support to the Berkshire West NHS Autism and ADHD support service,
- To support carers better, all organisations will refer all parents to the Local Offer, so they can access information and signposting, as some parents are reporting that they are unaware of the service.

Appendix 4 - Equality Impact Assessment (EIA)

For advice on this document please contact Clare Muir on 72119 or email Claire.Muir@reading.gov.uk.

Please contact the Project Management Office at pmo@reading.gov.uk for advice and/or support to complete this form from a project perspective.

Name of proposal/activity/policy to be assessed:

Reading's All Age Autism Strategy 2022 - 2026

Directorate:

Directorates of Adult Care and Health Services and Council wide services

Service: **Adult Social Care and Public Health and Wellbeing Team**

Name: **Sunny Mehmi**

Job Title: **Assistant Director: Adult Social Care**

Date of assessment:**02/07/2024**

Version History

Version	Reason	Author	Date	Approved By
1.0	Creation	Amanda Nyeke	07/06/2022	
2.0	Reviewed	Sunny Mehmi	09/06/2022	
3.0	Reviewed	Sunny Mehmi	11/10/2022	
4.0	Reviewed	Amanda Nyeke	03/11/2022	
5.0	Reviewed	Sunny Mehmi	09/06/2024	

Scope your proposal

1. What is the aim of your policy or new service/what changes are you proposing?

The proposal is to adopt a Reading All Age Autism Strategy for the period 2022-2026 in accordance with The Autism Act 2009 which sets out the requirements for local authorities and NHS bodies to work with local partners to improve services and support autistic people. The Act put a duty on Government to produce and regularly review an 'Autism Strategy' to meet the needs of adults with autism in England. Following the publication of the latest "**The national strategy for autistic children, young people and adults: 2021 to 2026",** Reading has started the development of a local autism strategy. This aligns the national priorities in conjunction with local demands and needs of those autistic residents in Reading.

Reading's All Age Autism Strategy 2022-2026 sets out key priorities across Reading and the services which serve the Reading autistic population, their families and carers.

The Strategy identifies 7 priorities. These are:

1. Improving awareness, understanding and acceptance of autism
2. Improving support and access to early years, education and supporting positive transitions and preparing for adulthood
3. Increasing employment, vocation and training opportunities autistic people
4. Better lives for autistic people – tackling health and care inequalities and building the right support in the community and supporting people in inpatient care
5. Housing and supporting independent living
6. Keeping safe and the criminal justice system
7. Supporting families and carers of autistic people

2. Who will benefit from this proposal and how?

It is intended to be an important strategy in improving the health, wellbeing and wider outcomes of Reading autistic people, their families and carers;

3. What outcomes does the change aim to achieve and for whom?

Adopting the 2022-2026 Reading All Age Autism Strategy will give the Autism Partnership Board a focus on the 7 identified priorities (see above), and set a framework for ensuring that plans to address these are monitored effectively and help to:

4. Promoting the partnership working and integration of services.
5. To promote equality, social inclusion and a safe and healthy environment for all
6. Contributions to Community Safety, Health and Wellbeing of residents with autism.

In turn, the commissioning plans over the next four years should also be driven by and reflect Reading's All Age Autism Strategy 2022-2026 priorities.

The Strategy is aimed at the entire autistic population in Reading including their families and carers and adopting it should co-ordinate efforts to outcomes for any resident potentially affected by the priority issues.

The Autism Partnership Board will drive performance forward in the chosen priority areas as set out in the Strategy. In addition, the Autism Board will continue to work collaboratively and receive reports and monitor strategy action from other local strategic partnerships involved in supporting autistic people and improving health and wellbeing.

Reading's All Age Autism Strategy 2022 - 2026 acknowledges the risks related to climate change but is not designed to address those risks at this point in time. However, the implementation plans will endeavour to include detailed actions wherever relevant to address those risks and the health implications of climate risks.

7. Who are the main stakeholders and what do they want?

- Current autistic children, young people and adults

- Carers and family of autistic people

- Staff and volunteers across care and support providers in the statutory, private and voluntary sectors that support autistic people.

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; advancing equality of opportunity; promoting good community relations?

1. **Do you have evidence or reason to believe that some (racial, disability, sex, gender, sexuality, age and religious belief) groups may be affected differently than others?**
2. **Make reference to the known demographic profile of the service user group, your monitoring information, research, national data/reports etc.**

Priority 1 and 4 of the strategy, address raising awareness, acceptance, understanding and reducing the health differences between groups based on the data analysis and consultation we have undergone to ensure all in the population benefit from the strategic aims.

3. Is there already public concern about potentially discriminatory practices/impact or could there be? Make reference to your complaints, consultation, feedback, media reports locally/nationally.

No

If the answer is **Yes** to any of the above, you need to do an Equality Impact Assessment.

If **No** you **MUST** complete this statement.

An Equality Impact Assessment is not relevant because:

Lead Officer

Sunny Mehmi

Assistant Director: Adult Social Care

Assess the Impact of the Proposal

Your assessment must include:

1. **Consultation**
2. **Collection and Assessment of Data**
3. **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

See section 7. Community Engagement and Information

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

(Please delete relevant ticks)

1. **Describe how this proposal could impact on racial groups**
2. **Is there a negative impact?** No

No negative impact in terms of different racial groups has been identified.

Where take up of other services is disproportionately low for some racial groups which may face particular barriers to access, there will be a focusing of resources on those communities as part of the drive to reduce inequalities.

There is an ongoing need to recognise that cultural norms and barriers such as language may impact on access to support, and the All Age Autism Strategy should be a tool to address this.

Responses to the initial engagement raised the importance of ensuring that information and advice about health and wellbeing and other key information is accessible to all groups.

3. Describe how this proposal could impact on Sex and Gender identity (include pregnancy and maternity, marriage, gender re-assignment)

4. **Is there a negative impact?** No

No negative impact in terms of gender has been identified.

5. Describe how this proposal could impact on Disability

6. **Is there a negative impact?** No

No negative impact in terms of disability has been identified.

7. Describe how this proposal could impact on Sexual orientation (cover civil partnership)

8. **Is there a negative impact?** No

No negative impacts on the grounds of sexual orientation have been identified.

9. **Describe how this proposal could impact on age**

10. **Is there a negative impact?** No

No negative impacts on the grounds of age have been identified

11. **Describe how this proposal could impact on Religious belief**

12. **Is there a negative impact?** No

No negative impact in terms of religion or belief has been identified.

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be

you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

No negative impact identified – Go to sign off

1. How will you monitor for adverse impact in the future?

The long-term impact of adopting Reading's All Age Autism Strategy 2022 - 2026 should be a reduction in health inequalities and improvement in outcomes for autistic people, their families and carers. In order to track progress towards this goal, Action Plans will be developed with progress reports made to the Autism Partnership Board and fed into the Health and Well Being Board.

Lead Officer

Sunny Mehmi

Assistant Director: Adult Social Care

This page is intentionally left blank

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Health and Wellbeing Board update

May 2024

BOB ICB Board Meeting

BOB ICB Primary Care Strategy

Covid-19 Spring Booster Campaign

BOB ICS performance data

1. ICB Board Meeting

BOB ICB board meeting 21 May 2024; papers on the BOB ICB website

2. BOB ICB Primary Care Strategy

The Buckinghamshire, Oxfordshire and Berkshire West (BOB) Primary Care Strategy has been approved by the BOB Integrated Care Board.

The strategy has been in development since July 2023 by BOB ICB and sets out details of the ambition for a new model of primary and community-based care. It describes how primary care should streamline access, provide continuity of care for those with complex conditions and focus more on prevention.

It is expected that as an Integrated Care System, we will improve health outcomes for our population, tackle variation and reduce inequalities, using the resources available across BOB in the most effective and efficient way.

Integration remains at the heart of the model with the following high-level priorities:

- Everyone who lives in BOB to be able to receive the right support when it is needed and with the right health and/or care professional. Our communities are finding it difficult to get an appointment in General Practice or with an NHS dentist, and this needs to change.

- Integrated Neighbourhood Teams to care for those people who would benefit most from proactive, personalised care from a holistic team of professionals, for example those at most risk of emergency hospital admissions.
- To help communities stay well with an initial targeted focus on our biggest killer and driver of inequalities, cardiovascular disease (CVD).

The development of the strategy has been informed by research, analysis, and engagement. The nine-month journey, with initial support from delivery partners KPMG, has been complex but insightful, providing a glimpse of the challenges ahead for its implementation.

As part of this programme of work, extensive engagement was undertaken with a wide range of partners, stakeholders, and the public. The supporting documents 'Primary Care Strategy Development Public Engagement Report' and 'Our Response to the Feedback Report' provide details of activity undertaken, identify the key themes from all the feedback and how this insight has been used to inform the final version of the Primary Care Strategy.

3. Covid-19 Spring Booster Campaign

The Spring COVID-19 vaccination campaign started on 22 April and runs until 30 June 2024 for the following eligible groups:

- Adults aged 75 years and over.
- Residents in a care home for older adults.
- People aged six months and over who are immunosuppressed (as defined in the Green Book).

We have been well prepared for the campaign across BOB. Where gaps in coverage have been identified due to slightly lower levels of GP practice participation, we have arrangements in place with alternative providers to ensure local availability of vaccination clinics and visiting services for care homes and housebound patients.

Access and inequality funding was secured for 15 projects, to improve uptake and reduce variation across communities including:

- Communications
- Vaccine hesitancy training
- Maternity events
- Health on the move vans
- Immunosuppressed clinics and outreach through pop-up and roving services.

As a result of our work, we are among the top systems in the country with our uptake of vaccinations in those who are most vulnerable.

4. BOB ICS performance – latest data

Emergency Department (ED) 4-hour performance across Buckinghamshire, Oxfordshire and Berkshire West recovered in February and showed a further small improvement in March. Ambulance handover performance has improved slightly during March and Trusts are continuing to work with SCAS to reduce ambulance handover delays to support ambulance Cat 2 response times.

Within elective (planned care) the system reduced the number of patients waiting more than 78 weeks through February starting at 264 and ending with 208. All three Trusts forecast achieving the system's plan and national ambition to reach zero patients waiting over 78 weeks for elective treatment except for a small number of complex patients by the end of March 2024.

The total number of NHS Provider open pathways (people waiting for care) was 163,664 against the end of February plan of 137,629.

Diagnostics performance is challenged across BOB, however the percentage of patients waiting over six weeks in February was 19%. That is the lowest percentage since October 2022.

The system has been challenged in cancer 62-day performance for some months. However, we are now seeing sustained improvement with all BOB Trusts showing consistent reductions in the number of patients waiting over 62 days. An increase in percentage of patients treated within 31 days of a decision to treat and within 62 days of an urgent GP referral for suspected cancer. BOB achieved the faster diagnosis standard in February. Only Buckinghamshire Healthcare (BHT) missed the 75% target (by 1.1%).

In terms of access to Primary Care appointments, general practice continues to improve the percentage seen within two weeks increasing to 85.9% -the highest percentage since February 2023.

This page is intentionally left blank