

To: All Members of the Health and
Wellbeing Board

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9 January 2025

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NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 17 JANUARY 2025

A meeting of the Health and Wellbeing Board will be held on **Friday, 17 January 2025 at 2.00 pm** in the **Council Chamber****, **Civic Offices, Bridge Street, Reading RG1 2LU**. The Agenda for the meeting is set out below.

** see new information about access to the Civic Offices at the end of the agenda

AGENDA	Page No
1. APOLOGIES & DECLARATIONS OF INTEREST	
2. MINUTES OF THE MEETING HELD ON 11 OCTOBER 2024	5 - 14
3. QUESTIONS	
Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.	
4. PETITIONS	
Consideration of any petitions submitted under Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by the Assistant Director of Legal & Democratic Services no later than four clear working days before the meeting.	
5. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT	15 - 68

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A report giving 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. A copy of the Reading Suicide Prevention Action Plan is provided in Appendix C.

- 6. COMMUNITY WELLNESS OUTREACH PROJECT UPDATE** 69 - 88

A report on progress made by the Community Wellness Outreach Project.
- 7. SEND STRATEGY 2022-2027 UPDATE** 89 - 164

A report giving an update on the delivery of the Reading partnership Special Educational Needs and Disabilities (SEND) Strategy 2022-2027.
- 8. BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP (BWSCP) ANNUAL REPORT 2023/2024** 165 - 192

A report presenting the Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report 2023/24.
- 9. BUILDING BERKSHIRE TOGETHER - ROYAL BERKSHIRE HOSPITAL REDEVELOPMENT UPDATE** 193 - 208

A presentation giving an update on the progress of the Royal Berkshire Hospital redevelopment programme Building Berkshire Together.
- 10. MENTAL HEALTH INPATIENT TRANSFORMATION PROGRAMME** 209 - 220

A report giving an update on the 3-Year Plan for Adult Mental Health inpatient services which is part of the national Mental Health, Learning Disability and Autism Quality Transformation Programme (2024-2027).
- 11. RIGHT CARE RIGHT PERSON UPDATE** 221 - 236

A presentation giving an update on the Right Care Right Person programme, a national initiative to ensure an appropriate response from the appropriate agency was given to incidents where there were concerns for welfare linked to mental health, medical or social care issues.
- 12. ONE TEAM - ONE NEW VISION FOR BERKSHIRE'S MENTAL HEALTH** 237 - 246

A presentation on the Berkshire Healthcare NHS Foundation Trust's project One Team to develop a new and integrated model of primary and community mental health care for all adults with severe mental illness (SMI).

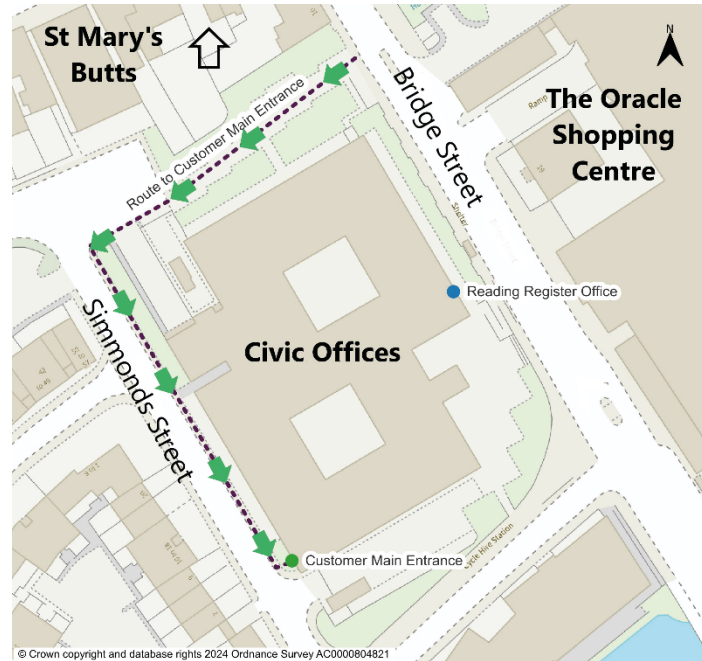
13. **BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST'S HEALTH INEQUALITIES STRATEGY 2024-26** 247 - 256
- Presenting the BHFT's Health Inequalities Strategy 2024-26
14. **READING PHARMACEUTICAL NEEDS ASSESSMENT** 257 - 262
- A report outlining the methodology for developing the Reading Pharmaceutical Needs Assessment (PNA) and seeking approval for the proposed oversight and sign-off arrangements.
15. **BOB ICB UPDATE BRIEFING** 263 - 266
- A report giving an update on matters from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

INFORMATION REPORTS

16. **READING ARMED FORCES COVENANT AND ACTION PLAN** 267 - 278
- A report presenting an annual update on progress against the actions outlined in the Armed Forces Covenant Action Plan, in particular the health-related actions, and on the general development of the Armed Forces Covenant.
17. **BETTER CARE FUND INTEGRATION UPDATE** 279 - 298
- 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 September 2024 (Quarter 2), and also outlining the spend against the BCF Plan, including the Discharge Fund to support hospital discharges in 2024/25. It also presents the Better Care Fund (BCF) Quarter 2 return for 2024/25, attached at Appendix 1, and the position with the Section 75 Framework Agreement with the Integrated Care Board, for pooled funding, covering the period 2024/25.
18. **DATE OF NEXT MEETING - 14 MARCH 2025**

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Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Andy Ciecierski	Clinical Director for Caversham Primary Care Network
Rachael Corser	Chief Nursing Officer, BOB ICB
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Councillor Wendy Griffith	Lead Councillor for Children, RBC
Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Gail Muirhead	Prevention Manager, Royal Berkshire Fire & Rescue Service (RBFRS)
Matt Pearce	Director of Public Health for Reading and West Berkshire
Katie Prichard-Thomas	Chief Nursing Officer, RBFT
Rachel Spencer	Chief Executive, Reading Voluntary Action
Councillor Liz Terry	Leader of the Council, RBC

Also in attendance:

Jamie Evans	Area Director, Healthwatch Reading, Healthwatch West Berkshire & Healthwatch Wokingham Borough
Lara Fromings	Assistant Director for Transformation, Commissioning and Performance, RBC
Tariq Gomma	Engagement Officer, Healthwatch Reading
Mary Maimo	Public Health & Wellbeing Manager, RBC
George Mathew	Inequalities Lead, Alliance for Cohesion and Racial Equality (ACRE)
Bev Nicholson	Integration Programme Manager, RBC
Dayna White	Neighbourhoods and Partnerships Manager, RBC

Apologies:

Steve Leonard	West Hub Group Manager, Royal Berkshire Fire & Rescue Service (RBFRS)
Caroline Lynch	Trust Secretary, Royal Berkshire NHS Foundation Trust (RBFT)
Councillor Alice Mpofu-Coles	Chair of the Adult Social Care, Children’s Services and Education Committee, RBC
Lara Patel	Executive Director of Children’s Services, Brighter Futures for Children (BFfC)
Melissa Wise	Executive Director – Community & Adult Social Care Services, RBC
Martin White	Consultant in Public Health, RBC

15. MINUTES

The Minutes of the meeting held on 12 July 2024 were confirmed as a correct record and signed by the Chair.

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

Mary Maimo presented a report and gave a presentation 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 both the overarching strategy and in the locally agreed implementation plans.

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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.

17. INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report and gave a presentation giving an update on the Integration Programme and the performance of Reading against the national Better Care Fund (BCF) targets for April to June 2024 (Quarter 1) and outlining the spend against the BCF plan, including the Adult Social Care (ASC) Discharge Fund to support hospital discharges in 2024/25.

The BCF metrics had been agreed with system partners during the BCF Planning process. Outcomes, recorded at the end of June 2024 (Quarter 1), were:

- The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (Not 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 (Met)
- The number of older adults whose long-term care needs were met by admission to residential or nursing care per 100,000 population (Not 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 Quarter 1 return for 2024/25, attached at Appendix 1. The Quarter 1 return had been signed off through the delegated authority process in advance of submission by 29 August 2024. One of the National Conditions to be met was that the Council and the Integrated Care Board should have agreed the Section 75 Framework Agreement with the Integrated Care Board, for pooled funding, covering the period 2024/25. The Agreement was still in the process of being reviewed, with a view to signing and sealing by 29 October 2024, in order to remain compliant with the National BCF Conditions.

Resolved –

- (1) That the Quarter 1 (2024/25) BCF Return be noted;

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- (2) That it be noted that the Quarter 1 (2024/25) BCF Return had been formally signed off and submitted by the deadline of 29 August 2024;
- (3) That it be noted that the Section 75 Framework Agreement for 2024/25 was in the process of being agreed between the Council and the Integrated Care Board to be signed and sealed by 29 October 2024, ahead of the Q2 BCF return, to remain compliant with the BCF National Conditions.

18. GP ACCESS PROJECT – NEW WAYS OF WORKING – HEALTHWATCH REPORT

Further to Minute 20 of the meeting held on 6 October 2023, Alice Kunjappy-Clifton submitted a report by Healthwatch in Berkshire West presenting the results of a project to get local views of the new ways of working introduced at GP practices and the impact on accessing GP-led services. The Reading-specific data from the project was also presented in a separate report.

The report explained that, following the introduction of new ways of working at GP practices, Healthwatch had heard that people registered with local GPs were not aware of the new ways of working and their expectations did not match what they might experience when contacting their practice or seeking help. Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham Borough had therefore joined together for a collaborative project to raise awareness of the new ways of working and explore public understanding of them, in order to support GP surgeries to improve communication with the public, make efficient use of pathways, increase appropriate access to services and reduce complaints.

The report explained the new ways of working, which included: cloud telephony; care navigation/triage and involvement of other professionals; digital services and consultation alternatives. It stated that Healthwatch had conducted an online survey and focus groups and a total of 555 people had participated in the project across Berkshire West (total in Reading 185), 205 through focus groups (58 in Reading) and 350 through the survey (127 in Reading). The report gave details of the demographic data of respondents in Reading.

The report set out the results of the survey, covering the following areas, and setting out recommendations for each section, as well as giving examples through individual stories and quotes:

Accessing GP services

- how people accessed GP services
- difficulties accessing services
- the impact of the cost of living
- the impact of increased use of technology
- what went well with appointments

Care Navigation/Triage

- Raising awareness, including the production of a simple infographic
- Triage concerns, including trust, privacy, difficulties, efficiency and other issues

The NHS App

- Awareness and usage

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- Issues and concerns, including problems downloading/setting up, appointment booking, complex/confusing/difficult to use, limited functionality

Communication

- Inclusivity
- Listening to messages
- Consultation methods
- Communication methods
- Publicising information

The report had appended responses from the Head of Primary Care Operations at BOB ICB and the Strategy and Partnerships Lead at Brookside Group Practice.

Alice Kunjappy-Clifton explained that, since the new ways of working had been introduced in 2022, the services available for access to GP-led services varied greatly, and good communication of a consistent message was key, not just by the NHS but also with the Council, partners and community organisations. So far, since completion of the report, the feedback being received from the public was that things had not improved.

Rachael Corser referred to the response in the report from the BOB ICB and explained that the report would help inform some of the improvements planned in the recently launched Primary Care Strategy and that the report would be taken through the ICB's Quality Committee.

Andy Ciecierski acknowledged the issues raised in the report and explained that there was no NHS England mandate for all GP practices to provide a uniform system and there was also poor national messaging about the changes. It would be important for practices to work with patients and stakeholders across the health system to look at how to utilise the technology and systems available to the best effect, and this was a national challenge for General Practice. He said that there were useful messages within the report to take away and work on with colleagues and Patient Participation Groups to get messages out in as clear and consistent a way as possible.

Resolved – That the report be noted.

19. HEALTHWATCH READING – KEY ACTIVITIES UPDATE

Alice Kunjappy-Clifton submitted an update on key activities being carried out and planned by Healthwatch Reading, including:

- GP Access Project
- Talking Together: NHS Billing Errors Event
- Thinking Together: Interpreters Services Event
- Review of Healthwatch Reading Workplan
- Update on the Women's Hub project in Berkshire West and the impact for Reading.

Resolved –

- (1) That the report be noted;
- (2) That a report giving an update on the Women's Hub project be brought to a future meeting.

20. READING URGENT CARE CENTRE PILOT EVALUATION SUMMARY

Rachael Corser submitted a report giving a high-level summary of the evaluation of the Urgent Care Centre (UCC) pilot, which had been commissioned by the BOB ICB, located at Broad Street Mall and operational from 5 December 2022. The report gave an update on the service activity and the emerging conclusions from the pilot to inform future commissioning intentions.

The report stated that demand across NHS urgent care services had consistently increased in recent years, resulting in significant pressure on the local system, particularly in emergency and primary care. Several actions had been taken across the BOB area to ease pressures over the winter of 2021/22, including commissioning additional capacity in primary care and trialling primary care overflow hubs with the ability to divert patients from the Royal Berkshire NHS Foundation Trust Emergency Department (ED). However, these initiatives, although helpful for a small number of patients, had not had a significant impact on levels of ED demand related to minor illness presentations.

Subsequently, BOB ICB had agreed in July 2022 to pilot a primary care-led UCC until the end of March 2024 that allowed appropriate Berkshire West and non-Berkshire West patients to be diverted from the ED, provided additional appointments for GP practices when reaching capacity and allowed patients to self-present to the service. A procurement process had been undertaken through which HCRG Care Services Ltd had been identified as the preferred provider.

The UCC had opened on 5 December 2022 and HCRG had been contracted to provide the service until March 2024. The contract had subsequently been extended until March 2025 to enable the procurement of a further pilot, responding to and incorporating the findings of the evaluation.

The report gave details of the evaluation, setting out details of activity, capacity, impact on the ED and patient attendance. It stated that the UCC had been commissioned on a pilot basis and, although not delivering all of the intended benefits, the data had shown that a primary care-orientated service had been used by a large number of patients.

The conclusions drawn had noted the following points:

- A significant majority of practices with the highest utilisation of registered patients were within central and south Reading which suggested a Reading location would best meet need.
- The highest Did Not Attend rates reported had been for those patients booked in by the RBH ED which would indicate the redirection of patients was not having the desired impact on ED demand. A model of co-location at the RBH would both improve the volume of attendances from ED patients while also increasing the possibility of reaching 100% utilisation and meet the need from those registered with central and south Reading practices.
- It was likely that the large number of patients accessing the service who were registered outside of BOB ICS would reduce if the service was co-located on the RBH site. While a balance should be sought, a number of those patients accessed this service for ease and alternative models of same day access were available within their host localities. It was important that the needs of the Reading population were met.
- Co-location at the RBH would better support access outside of the shopping mall's core hours.

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- BOB ICB's position following the analysis of the pilot, allied with a commitment to improving access to emergency and primary care health services for the local population, was to progress the work under way to commission a service that responded to the evaluation outcome and delivered an improved offer to patients to be co-located at the RBH site.

Members of the Board discussed the report and the points made included:

- How was it known that the presence of the UCC did not reduce ED attendances if it was only those who did not go to the UCC from their referral by the ED that were monitored? Surely those who did go to the UCC without having been referred might have ended up in ED if the UCC had not been there, in which case that might have reduced the pressure?
- Out of the 2,500 attendees from outside the BOB area, how many of these overlapped with the unregistered patients? Had they been asked if they worked in Reading, as these might have been people who worked in Reading town centre even if they lived elsewhere, and easy access to a GP near their work was a useful benefit of the UCC, assisting both their health and Reading's economy.
- These other benefits of the UCC being in the town centre, including as a walk-in GP clinic, may have proved its worth for some patients and undermined the logic of the proposal to co-locate. It would be important to monitor patients who were attending the ED and/or the UCC because they were unable to get on a GP list.
- It was noted that 1,300 unregistered patients had attended the UCC and it was queried what was in place to support those patients to register or what would be in place in the new UCC.
- Rachael Corser said that national evidence was that co-locating a UCC with a main ED had more impact on reducing ED attendances. She said that she would see if more information could be obtained on the detail of attendees from out of the BOB area and on unregistered attendees - who they were and how they were supported - as well as ensuring that it was clear in the next evaluation about the intention of the UCC (about moving some of the non-emergency care but urgent care needs of the population) and looking separately at gaps/unmet need in primary care access.
- Katie Prichard-Thomas noted that if people referred by the ED to the UCC did not then attend the off-site UCC, this could also cause re-attendance at ED at a later date. She also noted that co-location could stream off 70-90 patients every day out of the ED and travel from the RBH off-site to the UCC could be negative for patient experience and safety. She said that she thought the decision to co-locate was the right one and noted that a pilot had started the previous week.
- Alice Kunjappy-Clifton said that the terminology itself was confusing to people outside the NHS. It was not clear to the public what the difference was between urgent and emergency care, so this needed to be clearly set out for the public in communications. Rachael Corser said that RBFT could work with Healthwatch on how to promote the use of emergency and urgent care appropriately.
- Co-location on one site would be helpful if you needed referral between the two, especially because of problems with parking.

Resolved –

- (1) That the report be noted;

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- (2) That Rachael Corser find out further information as set out above and give an update on this, and on progress with the UCC, to the next meeting.

21. DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2024

Matt Pearce submitted the Director of Public Health's Annual Report on the health of the local population for 2024.

The report explained that Directors of Public Health had a statutory requirement to write an annual report describing the health of the population, which was evidence-based and a way of informing local people about the health of their community. It was underpinned by the Joint Strategic Needs Assessment for Reading and set direction for the local public health system. It would inform decision makers in local healthcare services, partner agencies, voluntary partners and communities to take preventative action that would prevent health inequalities and protect and improve health.

The 2024 Annual Report was the first standalone Reading Borough Council report for many years and set out the ambitions of the Council's public health team and outlined how they would work to improve the health and wellbeing of the local population and reduce health inequalities over the coming year.

The Annual Report also outlined the current position of public health in Reading and described the work carried out in the context of the three main domains of public health – health protection, health improvement and healthcare. It also explained that the Council had established a Public Health Board, which would oversee how the public health grant (from the Office of Health Improvement and Disparities) was invested and provide guidance and direction to the Council and its associated bodies.

The strategic priorities set out in the 2024 Annual Report formed 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 could not be set in stone as they might 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.

Resolved – That the report be noted.

22. REVIEW OF THE READING HEALTH AND WELLBEING BOARD

Matt Pearce submitted a report proposing a review of the Health and Wellbeing Board's governance arrangements and working practices to increase its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities. A draft brief for the review had been prepared and was attached at Appendix A, which included current strengths, drivers for change and next steps, including the following initial key lines of enquiry:

- How can we strengthen the role of the Health and Wellbeing Board so that it can oversee improvements to population health?
- How can we ensure that all system partners and stakeholders have a shared understanding of the purpose of the Health and Wellbeing Board, the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and to what extent do they currently believe this is being fulfilled?

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- What does effective governance and accountability look like for the Health and Wellbeing Board and how should it operate/link across the different geographical footprints, eg neighbourhood, place and system?
- Provide clarity on the role and status of the Health and Wellbeing Board within the current committee system and its interface with other committees eg the Adult Social Care, Children's Services and Education Committee, which is the Council's Health Overview & Scrutiny Committee.

The report explained that Health and Wellbeing Boards were a formal statutory committee of the local authority, and provided a forum where political, clinical, professional and community leaders from across the health and care system could come together to improve the health and wellbeing of their local population and reduce health inequalities. They had been in place since 2013 and were a single point of continuity in a constantly shifting health and care landscape.

The last few years had been a time of significant and complex change, with the Health and Care Act 2022 introducing major reforms to the NHS landscape, including the formation of Integrated Care Systems, and a greater focus on 'place' level activity. Health and Wellbeing Boards needed to evolve and adapt to operate within this new context.

With the appointment of a new substantive Director of Public Health for Reading and West Berkshire, this provided a timely opportunity to review the governance arrangements of the Health and Wellbeing Board to strengthen its role in the new system architecture and operate effectively.

The Local Government Association had been approached and had confirmed that they would be able to support a review within the 2024/25 financial year. It was therefore proposed to undertake reviews of the Reading and West Berkshire Health and Wellbeing Boards in tandem. This would allow for synergies and opportunities for joint working at the Berkshire West Place level to be identified. It was proposed that the review be carried out towards the end of 2024.

Members of the Board suggested that the review should include looking at how to encourage more participation and involvement from members of the public in the Board.

Resolved –

- (1) That the carrying out of a review of the Health and Wellbeing Board, facilitated by the Local Government Association, be approved, in line with the brief set out in Appendix A, and also to include looking at public participation and involvement in the Board;
- (2) That members of the Board participate actively in the review.

23. COMMUNITY HEALTH CHAMPIONS PROGRAMME UPDATE

Dayna White submitted a report and gave a presentation giving an update on the Community Health Champions (CHCs) programme and the progress being made towards the programme goals since the last update report to the Board on 15 March 2024 (Minute 45 refers).

The report explained that the Community Health Champions project was a partnership project, delivered by the Public Health and Wellbeing team, the Alliance for Cohesion and

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Racial Equality (ACRE) and New Directions, which aimed to build a supported network of champions through the delivery of a growing programme of training and promotional events, to develop health knowledge amongst communities and strengthen community action, self-help and engagement with health-promoting activities and interventions.

It set out a summary of the progress during the past four months of the programme, including the progress on champion recruitment and training, the community groups who had been engaged, the events delivered by the programme and the award of small project grants for health and wellbeing community projects.

George Mathew addressed the Board, speaking about his experience of the programme, and noting that it was hoped that the target of 100 Community Champions would be achieved by the end of October 2024.

Resolved – That the report and presentation be noted.

24. BOB ICB UPDATE BRIEFING

Rachael Corser submitted a report presenting a briefing from the BOB Integrated Care Board, as at September 2024.

The report covered the following areas:

- ICB Board meeting – 16 July 2024
- GP Collective Action
- BOB ICB Operational Model
- Place Update – Berkshire West

Rachael Corser reported at the meeting that there had been another ICB Board meeting on 17 September 2024, as well as an extraordinary private ICB Board meeting to sign off the new BOB ICB Operational Model, which was now in the first stages of implementation.

She also reported that Sarah Webster had now had her baby and that Rachael Corser would be the ICB representative on the Board whilst Sarah was on maternity leave.

It was noted that it would be helpful for all partners to be given information about who was doing what in the new ICB Operational Model and who the new contacts were, and also to know what impact the current financial situation in the healthcare system was likely to have on local activities and strategies.

Rachael Corser said that she would ensure that changes in the ICB and new contacts would be shared with partners and suggested that a brief update on the financial position of the healthcare system could be included in the update to the next meeting.

Resolved -

- (1) That the report be noted;
- (2) That Rachael Corser include a brief update on the financial position of the healthcare system in the update to the next meeting.

25. ROYAL BERKSHIRE FIRE AND RESCUE SERVICE HUB PLAN – WEST HUB 2024/25 – INFORMATION ITEM

A web link was provided to the Royal Berkshire Fire and Rescue Service's Hub Plan for the West Hub (which included Reading) for 2024/25, setting out strategic priorities and objectives. The Hub Plans had replaced the Service's previous Local Service Plans that had represented each of the unitary authority areas in Berkshire.

Resolved – That the plan be noted.

26. BERKSHIRE SEASONAL INFLUENZA AND COVID-19 CAMPAIGN – INFORMATION ITEM

The Board received an information report giving an update on the 2024-25 seasonal flu campaign across Berkshire West, the communications plans, local outreach programmes and the arrangements for employees of Reading Borough Council.

Resolved – That the report be noted.

27. ROYAL BERKSHIRE NHS FOUNDATION TRUST INTEGRATED PERFORMANCE REPORT – INFORMATION ITEM

A web link was provided to the Royal Berkshire NHS Foundation Trust's Integrated Performance Report from August 2024.

Resolved – That the report be noted.

28. BOB ICB ANNUAL REPORT AND JOINT CAPITAL RESOURCE USE PLAN – INFORMATION ITEM

The Board received a report providing web links to the BOB ICB's Annual Report for 2023/24 and the BOB ICS's Joint Capital Resource Use Plan for 2024/25.

Resolved – That the report and plan be noted.

29. DATE OF NEXT MEETING

Resolved – That it be noted that the next meeting of the Health and Wellbeing Board would be held at 2.00pm on 17 January 2025.

(The meeting started at 2.00 pm and closed at 4.01 pm)



READING HEALTH AND WELLBEING BOARD

Date of Meeting	17 January 2025
Title	Health and Wellbeing Strategy Quarterly Implementation Plan Narrative and Dashboard Report
Purpose of the report	To note the report for information
Report author	Mary Maimo
Job title	Public Health and Wellbeing Manager
Organisation	Reading Borough Council
Recommendations	<p>That the Health and Wellbeing Board notes the following updates contained in the report:</p> <p>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.</p> <p>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.</p> <p>Priority 3 – Tasks supporting Actions 1 - 7 have been revised to Actions 1 - 3, focusing on; access to nursery places for disadvantaged 2-year-olds, increase and develop the support available for children with SEND needs in early years (at home and when accessing early years provision) and promote availability of information for vulnerable families in Reading, including those with</p>

	<p>no recourse to public funds. As some actions are new, progress in this this priority area will continue to be monitored.</p> <p>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).</p> <p>Priority 5 – Tasks supporting Actions 1 - 8 have been updated with progress in awareness raising of local mental health support, strengthening a partnership approach to prevention and training, including suicide prevention action planning.</p>
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1. Executive Summary

- 1.1.1 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.
- 1.1.2 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). A copy of the Reading Suicide Prevention Action Plan is provided in Appendix C.

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 2024/25 is therefore as follows:

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

3 The Proposal

3.1.1 Overview

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

The Reading Integration Board (RIB) is leading on this priority as the Board 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. The Programme of work includes a range of projects to support people who may find it more difficult to access services, and as a result there is a difference in their expected health outcomes. Through the

Better Care Fund we commission services to support people who are experiencing Dementia, Young Onset Dementia and Stroke recovery. This is alongside a range of community-based projects that are based within our communities providing services to reduce the impact of difference and support positive outcomes in addressing health and wellbeing needs.

Grants provided in 2024/25 covered a range of community-based services to address inequalities:

- **ACRE: Men-2-Men Project** to improve access to health services and promote health and wellbeing among participants and their friends.
- **Berkshire Vision:** Part-fund the Sight Loss Support outreach service supporting visually impaired people in Reading.
- **BOB ICB Autism and Crisis Care:** Project to reduce distress, anxiety and crisis of autistic people requiring paramedic intervention and being taken to hospital by ambulance.
- **Mustard Tree:** Starting Point Navigators provide support to young people aged 11-25 admitted to A&E and wards of the Royal Berkshire Hospital.
- **Parenting Special Children:** Specialist support for families and children with a range of Special Educational Needs and Disabilities, or SEND, including early life trauma by Reading-based charity.
- **RABBLE Theatre:** Programme of activity which is financially and physically accessible and encourages positive mental and physical health supporting a healthy life and building confidence.
- **Reading Gateway Church, Parish Nurse:** Help fund another nurse to combat loneliness and improve health and wellbeing, support those with mental health issues with health advice, and signpost to additional assistance. Establish a new garden wellbeing project.
- **Mencap, Family Health Advisor:** To help clients maintain and improve their physical and mental health by providing information, advice, casework, and practical support.
- **Refugee Support Group:** Mental Health awareness and activities programme to support refugees and asylum seekers in Reading to engage in social and wellbeing activities, build networks and get to know the local area.
- **Torch:** Set up a new service to appoint a new Parish Nurse to focus on areas of need and deprivation in West Reading.

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

Our Community Wellness Outreach project continues and operates on both a drop in and appointment basis. In Reading we had large cohorts of people that had not had an NHS Health Check and who are at higher risk of poor health outcomes. 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, and 53% of people seen are from these ethnically diverse groups, which will enable preventative support to be provided and reduce likelihood of developing more serious conditions. The data as at the end of October shows that there have been 1,943 Health Checks. Of the cohorts seen 66% of people were found to have very high/high body mass index (BMI) scores, 23% had high or very high blood pressure and 26% with high blood glucose levels, a pre-indicator of diabetes. The usual age range for the NHS Health checks is from 40 years to 74 years. This project has delivered the checks to everyone over 18 years of age in Reading in order to take an early detection and prevention approach. So far 29% of people have been below age 40. The service has received a lot of positive feedback on the impact in communities and these outcomes demonstrate the impact:

“An ex-military veteran needed an on the day appointment following their Health Check. The community leader, RVA and MeetPeet worked together to make a GP appointment that day. The community leader was able to report that the person had attended their appointment and were being monitored for the reason that had been brought up in the check.

- *A non- English speaker had his check and needed to be referred to Social prescribing. He was sure he was registered with a GP but was unable to remember which practice he was registered with. RVA worked with different agencies to find out his GP practice so that he could be referred to and supported by a Social prescriber.*

Priority 3 – Help families and children in early years

There is a current refresh of the early help strategy and imminently there will be a tactical group established that will seek to further drive and develop the strands across the One Reading Partnership under this priority area.

Efforts continue to increase the number of 2-year-olds (who experience disadvantage) accessing Nursery places across Reading, there has been a lot of activity to promote the offer and access through various platforms and targeted information sharing.

There is a commitment across the partnership to increase and develop the support available for children with SEND needs in early years (at home and those accessing early years provision) and the actions agreed are to support emerging needs with a view to meet need, minimise problems escalating and reduce the demand for high-cost interventions as children grow. The work underway has focussed on supporting practitioners to identify need and offer support early on and to provide families with the spaces, advice, skills and resources that will support children to thrive.

The third main strand of priority 3 is a focus on the availability of and access to information for vulnerable families regarding community based, targeted and statutory services. Reading Borough Council is a Council of Sanctuary and information needs to be freely available on what support and services are available for families with young children across all demographic groups and immigration status, including those who have no recourse to public funds. Reading serves a richly diverse community with nearly 60% (57.8%) of children of Global Majority heritage of which the largest groups are those from White Other (10.3%) and Asian Indian (12.9%). Nearly 40% of children in primary schools speak English as an additional language (22.8% nationally) whilst at secondary level around 32.3% (18.6%) do so. There are more than 150 different languages spoken throughout the reading community; information needs to be accessible and available to all on the help and support available to improve health outcomes.

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 (ix) partnership working for children and young people’s mental health including digital counselling offer.

The Consistent Approaches to the Mental Health and Emotional Wellbeing for Children and Young People Group has focused on the following: inequalities in emotional health and well-being. Whole school approaches to emotional wellbeing, provision of the Mental Health Support Teams, Primary Mental Health Team and Educational Psychology Service in schools, support and interventions for children and young people, and training for professionals and parent/carers. Following the previous report to the Health & Wellbeing Board, the Board is asked to note that the Emotionally Based School Avoidance service has finished its period of dedicated funding has come to an end.

We have a good mental health and emotional wellbeing offer for children and young people in Reading, from getting advice through to specialist services. The BfC school based mental health support offer is provided by the Mental Health Support Teams, the Primary Mental Health Team and the Educational Psychology Service. These services offer a range of interventions for mild to moderate mental health needs, working with schools, families, and practitioners across Early Help and Social Care. There is a shared focus across these services of improving outcomes for children, and for example the Primary Mental Health Team saw 94% of children in Quarter 1 and 93% of children in Quarter 2 make progress towards their goals. The work of these mental health services sits in the context of our Therapeutic Thinking Schools and our Autism Growth Approach, both of which offer tools for understanding and implementing the trauma informed approach. We work systemically with partners using the THRIVE model, a stepped-care needs led approach that encourages partnership working.

Particular attention has been given to the experience of children and young people receiving these support and impact on outcomes. The impact and effectiveness of the Mental Health Support Teams is notable. BOB ICB has invested in additional emotional health system investment in the voluntary and community sector, the MHST offer will be expanded to all Reading schools from September 2025 and the Educational Psychology and Primary Mental Health Services lead emotional health clinics in all schools, to support and advise schools. Recent MHST performance demonstrates of the 118 children supported in Quarter 1, 96% of children made progress towards their goals and in Quarter 2 of the 118 children, 83% made progress. In Quarter 1 and Quarter 2 children made excellent progress in improved outcomes following MHST support, with 79% (Q1) and 72% (Q2) progress Revised Child Anxiety and Depression Scale (RCADS) evident for Reading's children.

- Between 1 June 2023 to 31 May 2024 MHSTs supported 577 children in total. In response to the increasing strategic response to Special Educational Needs and Disabilities (SEND) attention has been given to SEND. Of the 577 children supported in the period 1 June 2023 to 31 May 2024, 158 children were reported to be on SEN support; and 28 children were reported to have EHCPs.

Of these 186 children with SEND, 83 were closed because treatment was completed, 32 no longer needed treatment, 33 were referred to other services, 32 did not attend or requested discharge, 1 was a duplicate referral and 3 moved out of area. Of those who have closed to MHST, the goal ratings for children on SEN support and those with EHCPs were at 3/10 before MHST intervention, and 7/10 after MHST support (a higher score indicates being closer to the goal). The Routine Outcome Measures (Revised Child Anxiety and Depression Scale, RCADS) scores also show that they reported a reduction in anxiety and low mood, as illustrated in the table below (mean change score -4.62).

Since September 2023, MHST has also started to record if a child is neurodivergent. Over the last 9 months (i.e. 1 September 2023 to 31 May 2024), MHST has supported:

- 55 children with autism, suspected and diagnosed,
- 38 children with ADHD, suspected and diagnosed.

Of those who have closed to MHST, the goal ratings for the neurodivergent children were at 3/10 before MHST intervention, and 8/10 after MHST support. The RCADS scores also show that they reported a reduction in anxiety and low mood (mean change score -7.31).

In addition to direct work, MHST supports the whole school approach to mental health in a wide variety of ways (e.g. by attending Senior Mental Health Lead Network Meetings, circulating key documents/information, discussions at MHST Planning Meetings, delivering assemblies, staff training, coffee mornings for parent/carer(s), etc). MHST also plays a key role in signposting and liaison between services (e.g. by responding to referrals, completing triage assessments, responding to enquiries and attending multi-agency meetings, including the One Reading Partnership Hub). Throughout the year, schools, parents and young people are invited to complete the Service User Feedback Form, to help us understand the impact of MHST. This is summarised annually and the summary from last year is attached; this report is also available on the MHST webpage – www.brighterfuturesforchildren.org/MHST.

- Qualitative feedback from families collated in August 2024 demonstrates that a significant majority of respondents (61%) rated their experience of working with MHST staff as ‘excellent’; 24% rated their experience as ‘very good’ and 14% gave a rating of ‘good’. The feedback collected demonstrates that the service provided by the MHST has been overwhelmingly positive and effective in meeting the needs of users. Many service users highlighted the usefulness of practical strategies, particularly around managing anxiety, stress, and emotional wellbeing. Techniques such as hand breathing, grounding exercises, and specific workshops on topics like self-esteem and separation were frequently mentioned as valuable. The staff’s approachability, knowledge, and ability to provide tailored support were also highly appreciated, contributing to a sense of being understood and supported. Overall, the diverse range of interventions and support options alongside the personalised, empathetic delivery have significantly impacted service users’ mental health and wellbeing, providing them with the tools to navigate their challenges more effectively.

In partnership with Berkshire, Oxfordshire and Buckinghamshire (BOB) ICB and through the development work associated with SEND (Special Education Needs and Disabilities), we have identified that there is opportunity to reconsider the emotional and mental health system, moving from a traditional medical model of diagnosis and treatment to a more preventative model of whole system support, which is well developed in Reading schools as outlined above. There is also commitment to begin a more strategic conversation about the approach to commissioning across the system (BFfC, RBC and ICB).

Priority 5 – Promote good mental health for all adults

All action areas under Priority 5 are progressing well as part of business as usual, the bulk of the work is delivered through the activities of the voluntary, community and social enterprise partner agencies of the Reading Mental Health and Wellbeing Network. The network has continued to meet on a quarterly basis to review the delivery of each other’s work, develop a shared understanding of a prevention approach to adult mental health and receive showcase presentations from network members and Reading Borough Council’s Public Health and Wellbeing Team. The Mental Health Needs Assessment is

undergoing final editing and preparation for publication on the Berkshire Observatory website, the home of the Reading Joint Strategic Needs Assessment. It is hoped that the publication will be in March.

The following examples illustrate the scope of this activity. The Men 2 Men Project is a specialist outreach project about men's mental and physical health. It is facilitated by the Alliance for Cohesion and Racial Equality and will build a volunteer support base founded on culturally tailored awareness training. It aims to reduce loneliness and social isolation and strengthen social and cross-cultural links developed with other men in the diverse communities in Reading. The Reading Green Wellbeing Network are promoting local awareness of the benefits of nature to mental wellbeing and in particular how this is incorporated into the work of Child and Adolescent Mental Health Services to benefit staff as well as patients. A further example with a focus on the needs of autistic people to support a project that is being undertaken to reduce distress, anxiety and presenting crisis of autistic people requiring paramedic intervention and conveyance to hospital. This includes the development of a video training resource for ambulance staff and the trail use of sensory boxes in ambulances. The work of two task and finish groups which were requested by the network at their April 2024 meeting because of the review of the implementation plan has been paused pending the outcome of the commissioning of Closing the Gap2. It should be noted that Closing the Gap 2 is the main investment of the public health grant in Adult Mental Health and Wellbeing As previously noted these groups had central themes of Mental Health Literacy and a Primary Prevention Approach to loneliness and physical activity and some progress was made in scoping new areas of work and may resume after the commissioning of Closing the Gap 2 has concluded.

The Reading Suicide Prevention Action Planning group has continued to meet quarterly. Members of the group have recently collaborated with wider Berkshire colleagues to secure the ongoing commissioning of the AMPARO bereavement service across the Thames Valley, a specification for a near real time surveillance system for Berkshire and provided support an inter authority suspected cluster response group. The most recent group meeting received presentations about a number of priorities that included the launch of the Suicide Prevention First Aid toolkit for front line staff in Reading Borough Council who experience contact with service users expressing suicidal ideation; case studies of drug and alcohol service users; the protocol for integrating the learning from safeguarding reviews and Regulation 28 notices into local practice and the findings from the Reading Child Suicide Rapid Review and the NCMD national CYP suicide thematic review. Members of the group are currently reviewing the local action plan which includes actions to 'target harden' potential high frequency locations in the borough this work has led to the installation of additional barriers to high rise carparks in Reading and consideration of further interventions at local railway stations. A copy of the Reading Suicide Prevention Action Plan is attached in Appendix C.

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

A. Health & Wellbeing Implementation Plans Narrative Update

B. Key Indicators for each Priority Area

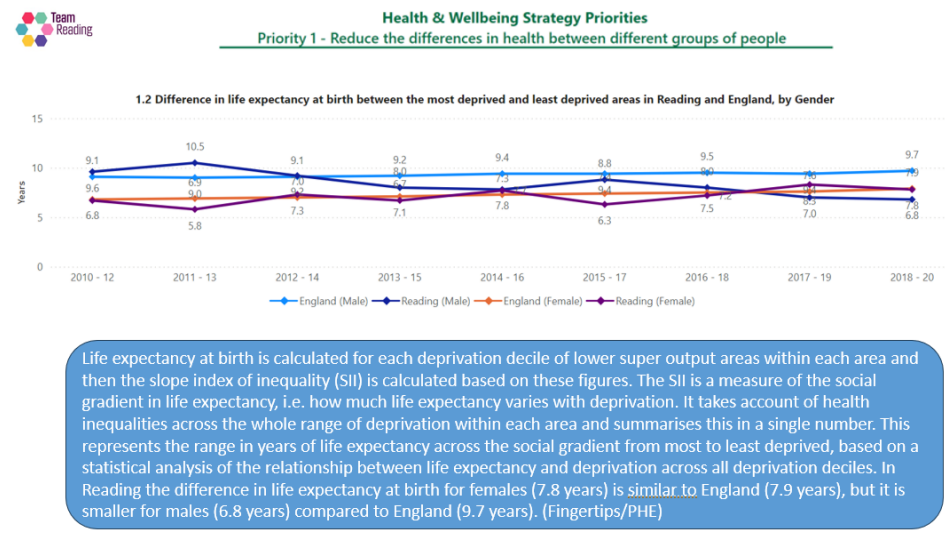
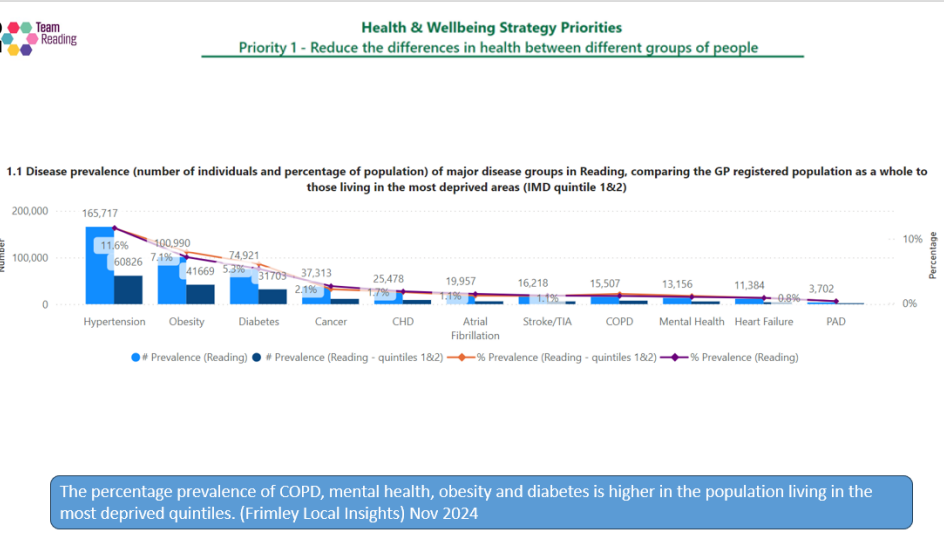
C. Reading Local Suicide Prevention Action Plan

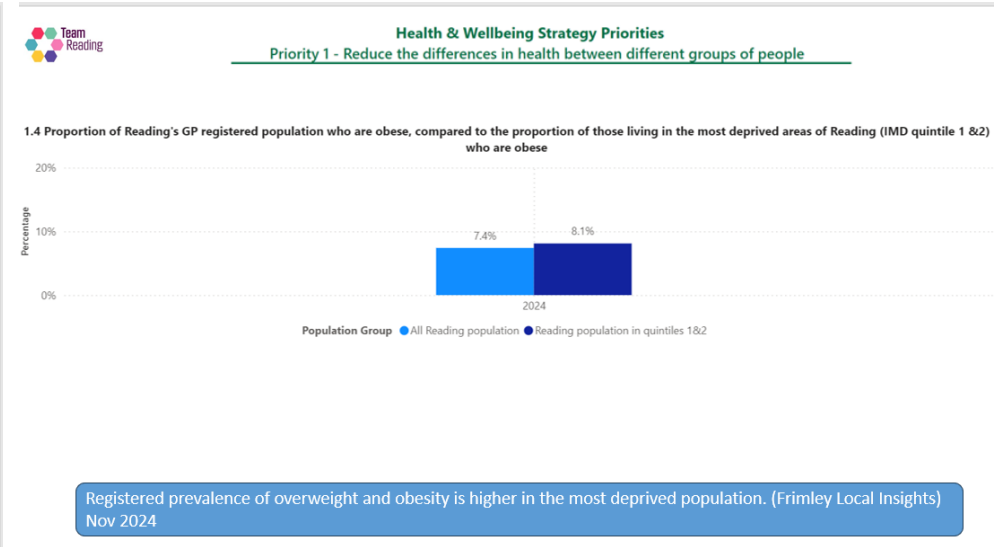
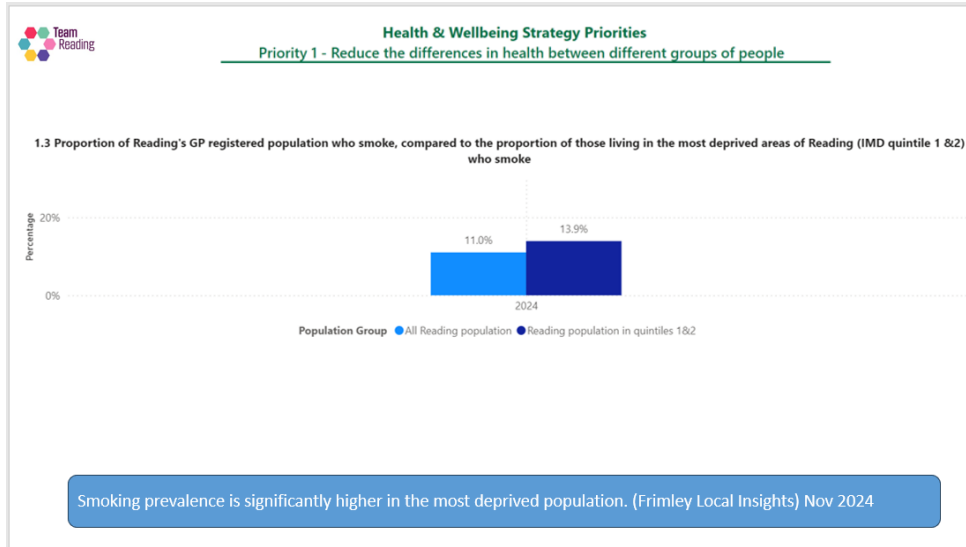
APPENDIX A - HEALTH AND WELLBEING IMPLEMENTATION PLANS NARRATIVE AND DASHBOARD REPORT UPDATE

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	Ensure Service Policy reviews and proposals for new services and policies undertake Equality Impact Assessments, which also consider the impact of climate change on our residents, e.g. increase in hospital admissions for respiratory conditions due to heatwave/extreme cold weather, as well as the impact of any new services on our climate. Information and advice is provided through our public health teams via alerts and general communications to support a healthy environment.
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	Ensure Services are delivered as far as possible, close to the communities that they are designed to serve, and are accessible via public transport, and also consider the impact on Climate. The Better Care Fund will offer Grants for Community based projects to meet the Health and Wellbeing needs of the localities, taking a Population Health Management (PHM) approach. These are based within communities and community hubs, to ensure they are accessible by the people in those locations.
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 a Population Health Management approach to identify people at risk of poorer outcomes, sharing information with system partners to enable risk stratification and identify service gaps. We continue to use the JOY App and Marketplace for referrals and signposting and use Connected Care and the Berkshire West Inequalities Dashboard to identify groups of people who may be at risk of poor health outcomes, and then provide targeted information, advice and support. The PHM Data shows that there has been improvement in the number of people who have had a health check, and conditions such as hypertension and diabetes are being identified at an earlier stage to improve outcomes. Jan 2023 health check data: Hypertension 49.5% all Reading and 47.3% in deprivation deciles 1 and 2 compared to Jan 2024 health check data: Hypertension 72% all Reading, and 69.6% in deprivation deciles 1 and 2. There remains a small percentage difference between general population and areas of deprivation, which we expect will adjust positively as a result of the community based health check programme once the new datasets are released.
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 Community Wellness Outreach service is delivering NHS Health Checks in community settings where uptake has been previously low. The focus is on 'place based' support services, where possible, including those offered by RBC, particularly those 'free at the point of use' - green spaces, libraries, some leisure facilities, Reading Green Wellbeing Network programmes. Hospital navigators supporting people into long-term mentoring. Outreach to faith-based organisations to build a network of 'Community Advocates', providing pastoral support to local communities.
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, New Directions College 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 education and promoting digital inclusion, all in a way that empowers communities	Green	The Social Prescribers, Community Health Champions, Community Connectors, Family Health Advisors and Parish Nurses are key to building relationships with people in our different communities across Reading, and in particular within our ethnically diverse populations. They 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 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. Information can be provided in different languages and mediums in order to reach different communities based on their needs.

to take ownership of their own health.		
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 alongside a programme of delivering Health Checks in community settings to reach into communities. A risk stratification guidance document has been shared with GP surgeries by the Integrated Care Board, in relation to Chronic Obstructive Pulmonary Disease (COPD), a respiratory condition that has led to the highest number of hospital admissions in Reading.





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 PHM 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 and are in areas of higher deprivation, 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. When someone attends one of the Community Wellness Outreach sessions, they can also be referred to one of the Social Prescribers for one to one support and referred to a range of other services, depending on their needs, 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	In Reading 67.5% of those aged 65 or over estimated to have dementia have a coded diagnosis of dementia as of September 2024, which is higher than England (65.5%)The Dement, and diagnosis rates have improved year on year since 2021. A Dementia Friendly Reading Steering Group was formed and a self-assessment was undertaken ahead of applying for Dementia Friendly Community status with the Alzheimer's Society and the data from the self-assessment is currently being processed. 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 through the Better Care Fund, to provide activities, advice and information for people with early onset dementia to enable them to remain active and engaged within their communities.

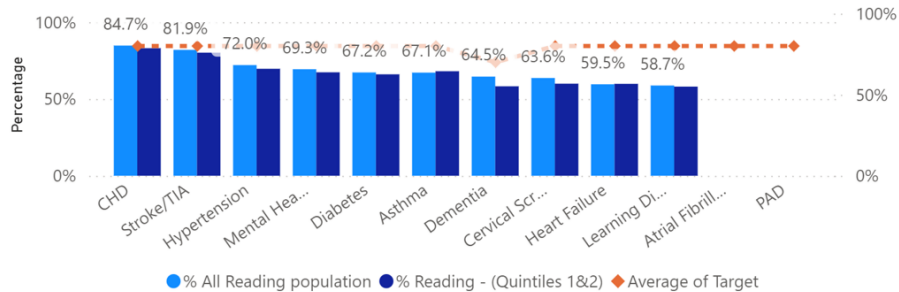
<p>3. Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers by giving them a break from their caring responsibilities, whilst allowing them to fulfil their caring role.</p>	<p>Green</p>	<p>The Unpaid Carer's Strategy has been implemented 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, and the proposal for the Carer's Breaks service offer is being developed based on the input from the co-production group. The identification of carer's is being undertaken at the BOB Consortium level to take a joint approach across all 5 Local Authority areas.</p>
<p>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.</p>	<p>Green</p>	<p>RBC has a dedicated Rough Sleeping Initiatives Team including a Rough Sleeping Initiatives Co-ordinator and Partnerships Officer and who commission all accommodation and support services for people that sleep rough. Services include a rough sleeping outreach service (managed by St Mungo's) and circa 250 supported accommodation units for this cohort (provided by Launchpad, St Mungo's, and The Salvation Army). Launchpad are one of our homelessness charity partners, and there are regular NHS Health Check sessions being provided for the people using their services every month. In Reading there are two other outreach teams working directly and specifically with those sleeping rough / who have formerly slept rough. These are the Health Outreach Liaison Team (HOLT) commissioned by the NHS and the Multiple Disadvantage Outreach Team (MDOT), commissioned by RBC Public Health.</p>
<p>5. Prevent, promote awareness, and provide support to people affected by domestic abuse in line with proposals outlined in the Domestic Abuse Bill.</p>	<p>Green</p>	<p>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. Provision of appropriate safe environments to support people affected by domestic abuse. Local media campaigns to advertise the range of Domestic Abuse support available to both men and women using online resources such as the Reading Services Guide, local newspapers, Reading Borough Council's Facebook and Twitter networks. We provided a grant to Parents and Children Together (PACT) to support more victims of domestic abuse through expanding a pilot project with the Royal Berkshire Hospital (RBH). The pilot began in April 2023 to refer patients from all departments of the Hospital who they believe are experiencing domestic abuse to PACT's trauma-informed Alana House team who come to the hospital to provide in-person support. Since April 2024, the project has supported 32 Reading residents, provided 623 hours of keywork to those referred for support, and of the 16 service users receiving accommodation support: 3 moved to settled accommodation; 6 moved from unsafe to safe accommodation; 4 were supported to sustain their existing accommodation; and 3 went from homelessness to being accommodated.</p>
<p>6. Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.</p>	<p>Green</p>	<p>Reading are 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. 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.</p>



Health & Wellbeing Strategy Priorities

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

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



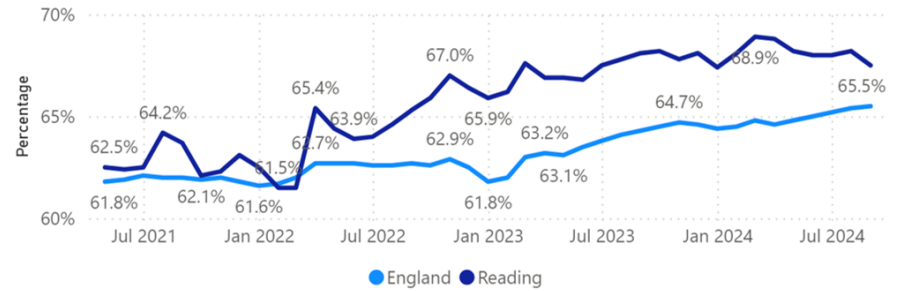
The percentage uptake of NHS health checks is lower for patients with hypertension, dementia and mental health in the most deprived areas. The uptake of cervical screening is also lower in the most deprived population. (Frimley Local Insights) Target 80%; Nov 2024



Health & Wellbeing Strategy Priorities

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

2.2 Percentage of those aged 65 years+ who are estimated to have dementia who have received a diagnosis, in Reading and England



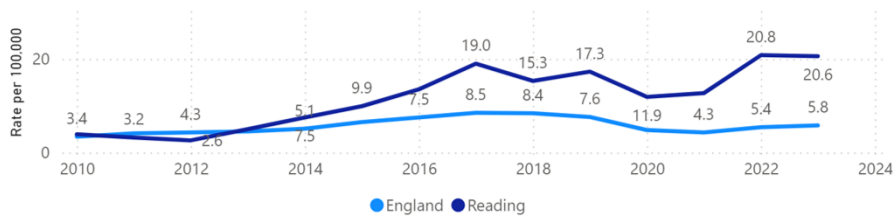
In Reading 67.5% of those aged 65+ estimated to have dementia have a coded diagnosis of dementia as of September 2024, which is higher than England (65.5%). (NHS Digital)



Health & Wellbeing Strategy Priorities

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

2.3 Rate of people sleeping rough in Reading and England (per 100,000 population)



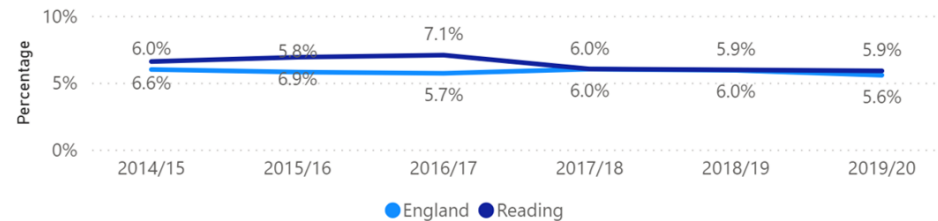
The rate of people sleeping rough in Reading has decreased slightly between 2022 and 2023 from 20.8 per 100,000 to 20.6 per 100,000. This is significantly higher than England with 5.8 per 100,000. (Department for Levelling Up, Housing and Communities)



Health & Wellbeing Strategy Priorities

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

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



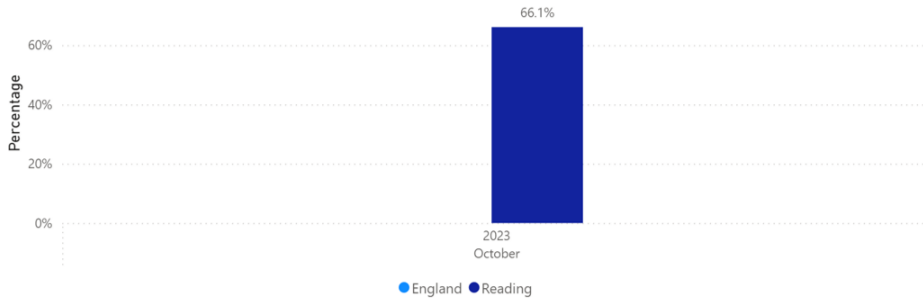
The percentage of supported working-age adults with learning disabilities who are in paid employment has declined over time in Reading and is currently 5.9%. This is similar to England (5.6%). (Fingertips/PHE)



Health & Wellbeing Strategy Priorities

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

2.5 Percentage of people who are registered as paid carers who have received a health check



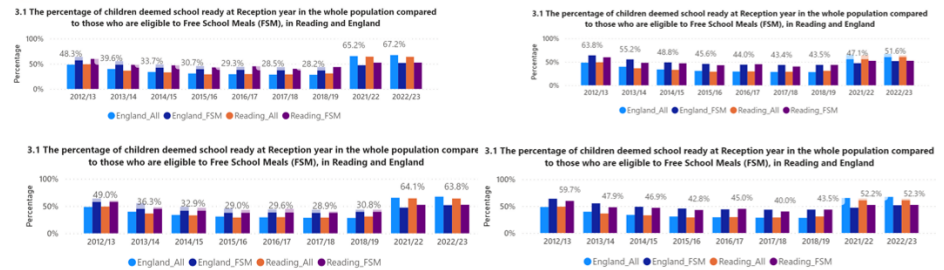
Nearly 7 in 10 registered paid carers received an NHS health check in October 2023. Note: There is currently no comparative data for England.

Page 29 **PRIORITY 3: Help families and children in early years, Implementation Plan narrative update**

Action name	Status	Commentary (100 word max)
1. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	Amber	Note early years provision will cover all, including childminders. To support an increase there has been dedicated publicity through the Family Information Service (FIS) and Brighter Futures for Children Comms to inform parents and carers, there along with mailing list updates via the Family Information Service, letters via the Early Years (EY) Team to eligible families, signposting to FIS for childcare options and guidance around applying for the code. Settings are encouraged to update their vacancy information quarterly and there are dedicated filters on the FIS directory supported by advice and guidance pages (that can be converted into many languages using google translate). 2-year funding leaflets are available in 12 most spoken languages in Reading and monthly and quarterly childcare stats are shared by FIS with the EY team so that we can monitor availability and take up etc. Weekly 'Time for Twos' sessions are hosted by all children's centre clusters to support families to apply, access and transition into a provision. 41 children have accessed this offer. There has been an increase of 273 early years places in Reading during the academic year of 2023-24, with a commitment for further growth 2024-25 (places will be offered across 0-4 age range and not specifically 2-year-olds).
2. Increase and develop the support available for children with SEND needs in early years (at home and accessing early years provision)	Amber	In regard to support for families with children with or without a diagnosis of Special Educational Need, currently 25 children are accessing SLCN resource bases. Tiny Talkers is offered, and the new updated Ordinarily Available Provision and General Offer is now on the SEND local offer. The new Ordinarily Available Provision document has been shared with early years settings. Targeted and Universal groups support 0-5's through attending Children's Centre groups, this is published on the regular termly timetable and added to the RSG and BFFC websites. An introduction to SLCN training is offered by the Early years team and attended by 27 practitioners. The 0-5 service runs parenting courses and services throughout the year, meeting the needs of over 100 parents, groups include Webster Stratton Toddlers, Mellow Bumps, Young Mums to Be and Dads to Be.

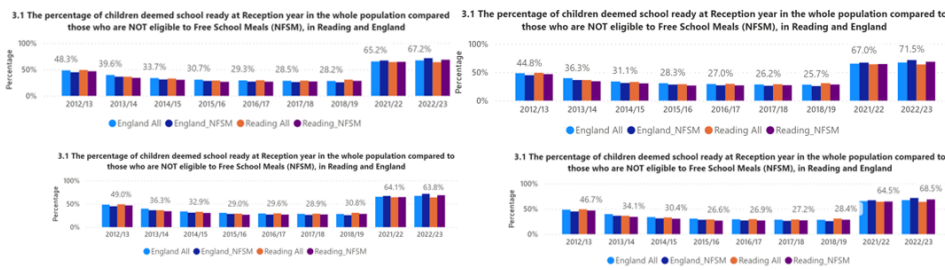
Action name	Status	Commentary (100 word max)
		14 practitioners attended the recent Portage workshop training and Schools have been identified for Dingleys Promise transition support pilot. Schools identified for the Dingleys Promise transition support pilot. Children's Centre staff recently accessed early years training around communication and S&L. The Early Years SEND Surgery has increased and there are 13 confirmed delegates for Level 3 SENCO Award starting in January 2025. The early years training programme suitable for early help and community professionals has also been highlighted across the partnership.
3. Promote availability of information for vulnerable families in Reading, including those with no recourse to public funds	Amber	<p>In Summer 2024, Brighter Futures for Children confirmed the timeline for launching the Pilot Family Hub at Ranikhet Children's Centre; from March 2025. BFfC Family Help are already in the process of adapting its offer to families across Reading by ensuring need is viewed through a poverty lens and providing specific support in relation to identified community needs. For example,</p> <p>The offer of resources and community groups will be reviewed every 3 months; the Children's Centres Co-ordinator will discuss as agenda item three monthly. This includes a review of quarterly targets such as increasing the reach within communities resulting in an increase in attendance at Children's Centres and groups held within.</p> <p>There is regular liaison with the Family Information Service to ensure information is shared through FIS/SEND Local Offer and BFfC Comms team; and family help will work with partner agencies and RBC regarding any events where information can be shared further and in a community setting.</p> <p>Training needs to be made available to the wider workforce/partnership that provides information on the legal framework, eligibility and support available for families with no recourse by end of 2025. Some of the Brighter Futures for Children workforce have received the training however not all; this is part of the Brighter Futures for Children training programme.</p> <p>Family help are meeting with the RBC Community and Engagement Officer to explore and understand the gaps of understanding in our pathway and eligibility where English is a second language (for example). From this, we will ensure we work with the community, RBC, and other organisations to update our pathway and eligibility information- by December 2024.</p> <p>Following the training / upskilling of the workers and hopefully successful pilot of Family Hub then roll out to area 2, family help will then provide a clear poster / updated information on our BFfC website regarding specific support and advice for NRPF families, including this being available in several key BAME languages - By Feb 2025.</p>

Team Reading
Health & Wellbeing Strategy Priorities
 Priority 3 - Help families and children in early years



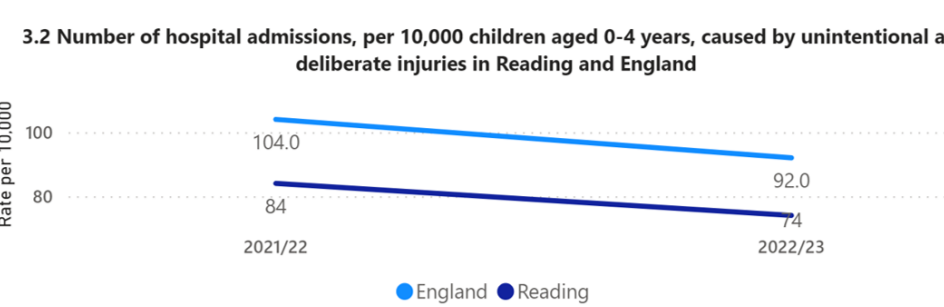
This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving a good level of development at Reception by free school meal status. Reading has a similar percentage (52.3%) of children with free school meals achieving good development than England (51.6%), and a similar percentage (68.5%) of children with no free school meals achieving a good level of development to England (71.5%). Note: the statistical releases for 2019/20 and 2020/21 were cancelled. 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. (Department for Education)

Team Reading
Health & Wellbeing Strategy Priorities
 Priority 3 - Help families and children in early years



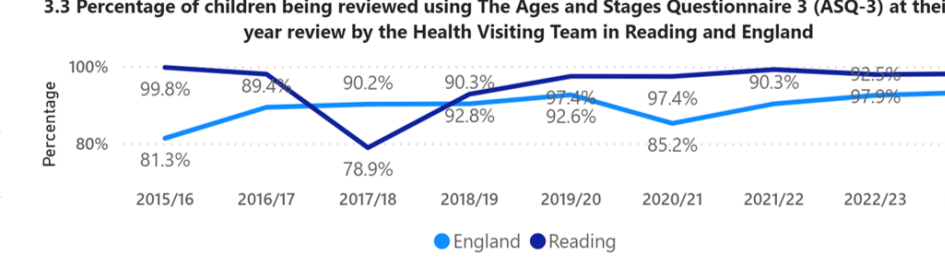
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Team Reading
Health & Wellbeing Strategy Priorities
 Priority 3 - Help families and children in early years



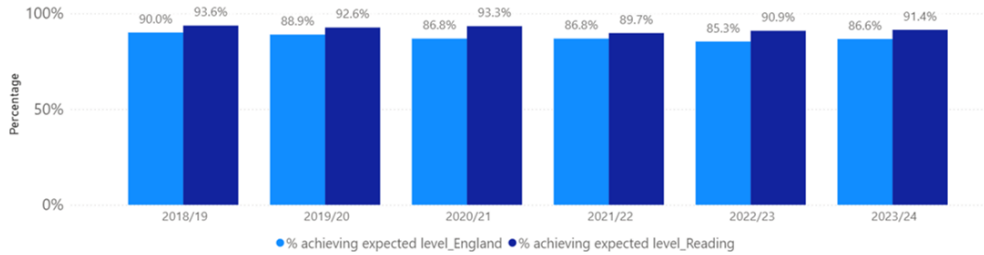
Reading has a significantly lower rate (73.8 per 10,000) of hospital admissions for unintentional and deliberate injuries in children aged 0-4 than England with 92.0 per 10,000. Note: there is no historic data for this indicator. (OHID/Child and Maternal Health)

Team Reading
Health & Wellbeing Strategy Priorities
 Priority 3 - Help families and children in early years



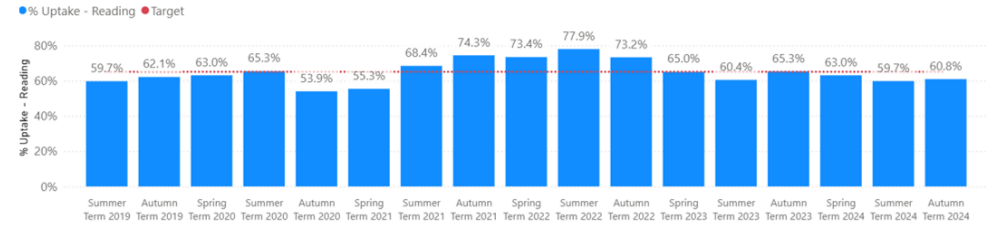
The Ages and Stages Questionnaire-3 (ASQ-3) covers five domains of child development: communication, gross motor skills, fine motor skills, problem-solving, and personal-social development. Health visiting teams should have been using ASQ-3 as part of HCP two year reviews from April 2015. This indicator shows the proportion of 2-2½ reviews that use the ASQ-3. Reading has a similar percentage (97.9%) of children receiving ASQ-3 to England (92.5%). (OHID/Public Health Profiles).

3.4 Percentage of children achieving the expected level in communication skills at 2 to 2 and a half years in Reading and England



This indicator comes from the public health outcomes framework and shows the percentage of children achieving the expected level in communication skills. Reading has a higher percentage (91%) than England (87%). (Fingertips)

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



Currently the proportion of uptake of funding for eligible disadvantaged 2-year-old children is below the target of 65% at 60.8%. (Early Years Team) Target 60%

3.6 Health Visiting Data

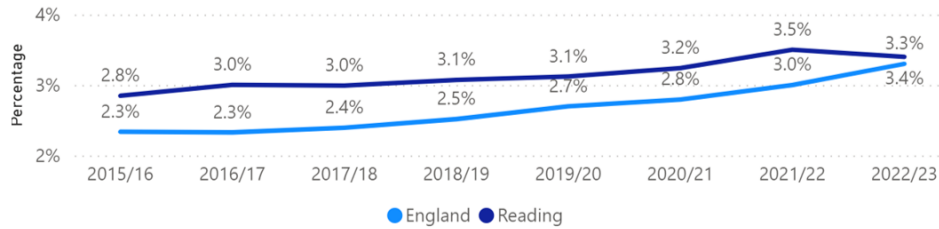
Time Period	Quarter	Antenatal numbers seen (Target 100%)	New Birth Visits within 14 days (Target 95%)	6-8 Weeks Review Uptake within 8 weeks	6-8 Weeks Breast Feeding Recorded	6-8 Weeks Breast Feeding at all	One Year Review Uptake	15 Months Review Uptake	2.5 Years Review Uptake
2022/23	Q2	44	83	72	92	65	83	87	74
2022/23	Q3	51	52	70	85	57	78	80	59
2022/23	Q4	45	77	74	87	59	66	77	97
2023/24	Q1	46	81	62	82	83	82	83	99
2023/24	Q2	44	84	84	91	64	84	82	98
2023/24	Q3	37	84	87	93	67	82	83	98
2023/24	Q4	53	86	84	91	67	87	82	98
2024/25	Q1	72	87	89	94	70	86	87	100
2024/25	Q2	50	93	91	93	71	84	86	100
Total		998	1543	1499	1668	1180	1437	1455	1414

Source: OHID

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

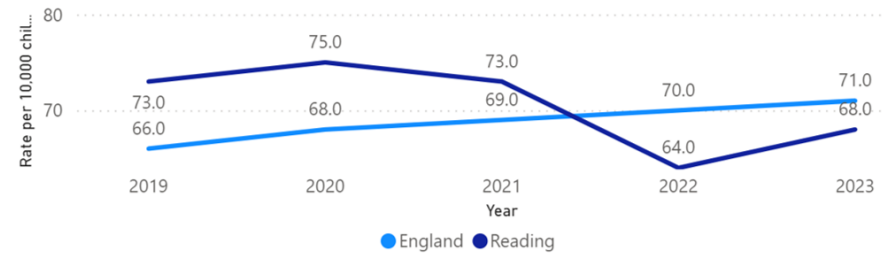
Action name	Status	Commentary (100 word max)
1. Provide early intervention for children and young people with the right help and support at the right time	Green	Our 2 Mental Health Support Teams and our Primary Mental Health Service, alongside our Educational Psychologists, continue to promote whole school approaches to mental health, and offer a range of training and workshops to nursery, school and college staff. Impact on outcome data and the feedback from children and young people demonstrates a positive experience of these services and improved outcomes for the children.
2. Support settings and communities in being trauma informed and using a restorative approach	Green	Through the development of new SEND resources for schools significant guidance on managing social and emotional ill health needs at ordinarily available (OAP at universal level) and in Graduated Responses (GR) to children with more significant needs in partnership between BfC and ICB leaders, has been developed and will be launched in October.
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	Co-production continues to progress and parents/caregivers and young people have been working closely with BfC to co-produce the new guidance for schools and the wider system in the OAP and GR resources, which includes emotional health specific guidance for schools staff, early years settings and the wider partnership. Co-production has included senior leaders for children's services in BfC sitting alongside children, young people and parents/carers to listen to their experiences, an EDI cultural humility approach has been taken to these conversations and associated child level audit activity.
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners	Amber	There is current early system consideration of whether a partnership emotional health triage system would be of benefit to Reading's children in line with national best practice, early scoping discussions are underway. Following Rapid Review learning there is an urgency to progress this area and additional resource will need to be identified to undertake this work.
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	The targeting of BfC resources is currently subject to review, following the strategic system analysis associated with SEND developments.
6. Recovery after Covid-19/ adolescent mental health	Green	The initial impact of the EBSA team (funded until March 2024) demonstrates that of 39 young people (aged 11-16y) and 36 have returned to education, at an average cost of £6400 per child. MHST and Primary Mental Health Offers and wider Family Help have been updated to respond to post Covid emotional health needs. The children's attendance and mental health continues to be tracked for longitudinal impact.
7. Local transformation plan	Green	In place and embedded in BOB ICB strategic planning

4.1 Percentage of all school pupils who have social, emotional and mental health needs as their primary Special Educational Needs (SEN) identified in Reading and England



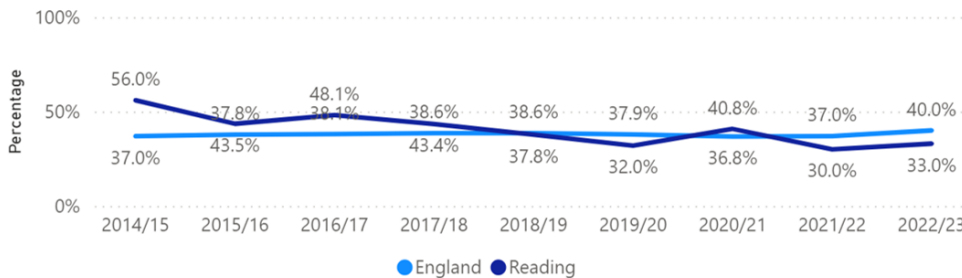
The indicator shows the proportion of school children with Special Education Needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, expressed as a percentage of all school pupils. Reading has a slightly higher percentage (3.4%) of pupils with social, emotional and mental health needs than England (3.3%). (OHID/Public Health Profiles)

4.2 Rate of children in care per 10,000 under 18 population in Reading and England



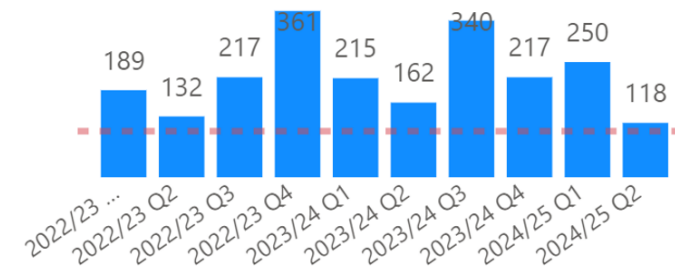
The indicator shows the rate of children looked after at 31 March for each year (rate per 10,000 population aged under 18 years). Reading has a similar rate of looked after children compared with England, with 68 per 10,000 and 71 per 10,000 respectively. (Explore Education statistics GOV.UK)

4.3 Children looked after whose emotional well-being is a cause for concern in Reading and England



The indicator shows the 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 lower proportion (33.0%) of looked after children whose emotional well-being is a cause for concern than England (40.0%). (OHID/Public Health Profiles)

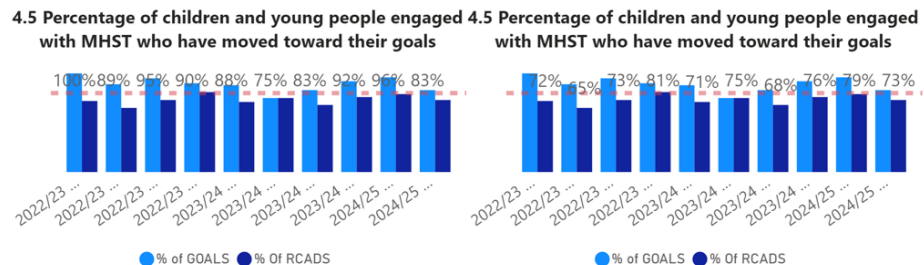
4.4 Number of referrals of children aged 18 years and under to the Mental Health Service Team in Reading against the target



Source: Brighter Futures for Children (BFFC)



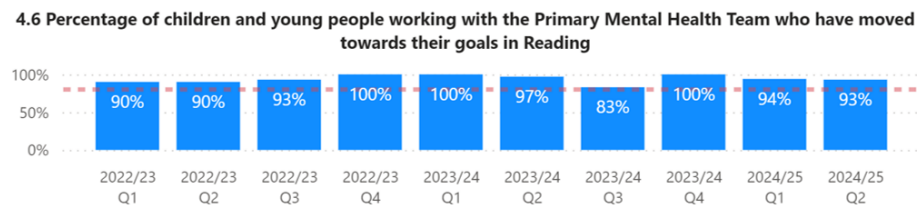
Health & Wellbeing Strategy Priorities
Priority 4 - Promote good mental health and wellbeing for all children and young people



Source: Brighter Futures for Children (BFFC)



Health & Wellbeing Strategy Priorities
Priority 4 - Promote good mental health and wellbeing for all children and young people



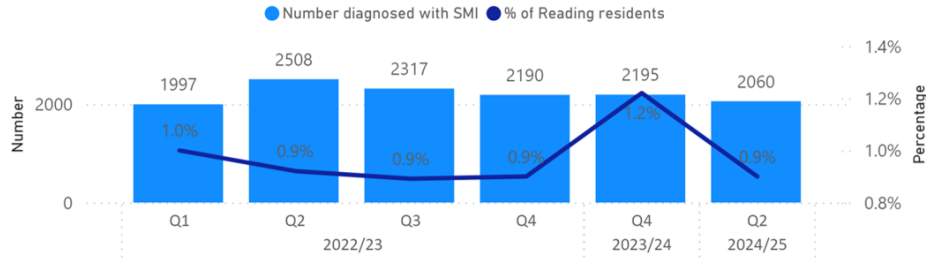
Source: Brighter Futures for Children (BFFC)

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 now business as usual. The Public Health Communications contract with Blue Lozenge continues to have mental health and wellbeing and suicide prevention as priorities for the current year. An upcoming example in the coming quarter will be the launch and promotion of the Staff Suicide Prevention First Aid Toolkit. This supports frontline staff to respond effectively to expressions of suicidal ideation, to effectively support and signpost those in crisis while self-caring.
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. Further work on a primary prevention approach to mental health and wellbeing is under consideration following the completion of the two recent task and finish groups. This will be progressed through the development of the commissioning specifications for the mental health components of Closing the Gap 2.
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 action falls within the scope of the Mental Health and Wellbeing Network's oversight of the implementation of priority 5. It has also become part of business as usual through the Reading Community Health Champions network. See also the comment above about the commissioning of Closing the Gap 2.

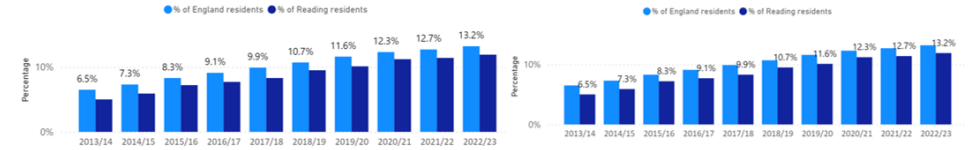
Action name	Status	Commentary (100 word max)
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Green	Collaboration is the basis of the Mental Health and Wellbeing Network's oversight function for the implementation of Health and Wellbeing Strategy Priority Area 5. The agenda for the quarterly meetings considers and plan effective collaboration between existing and newer partners.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Green	Work with smaller voluntary sector groups continues through the Reading Community Health Champions Network. Befriending and Volunteer schemes from part of the offer from partners across 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 business as usual progressed through the Mental Health and Wellbeing Network. Opportunities to invite new partners from the Voluntary Community and Social Enterprise sector are continually under discussion following the annual conference and workshop activities and in advance of the commissioning of Closing the Gap 2.
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. Loneliness and isolation have been under consideration by a Mental Health and Wellbeing network task and finish group that has now concluded and will be taking findings to the next meeting of the Mental Health and Wellbeing Network.
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	The initial draft of the mental health needs assessment is still in the final stages of preparation. The capacity for additional analyst to support this work will be resolved when the new public health and wellbeing team operating model is completed in Q4 2024. The draft is being proofread and recommendations will be shared with the next quarterly meeting of the Mental Health and Wellbeing Network.

5.1 Number and proportion of the population diagnosed with Serious Mental Illness in Reading



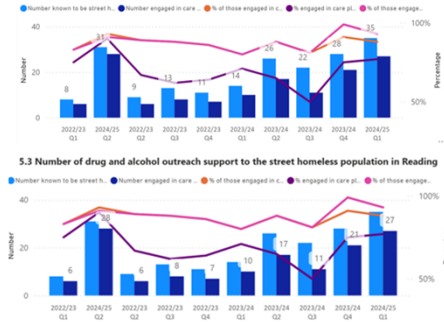
The prevalence of Serious Mental Illness is currently at 0.9% in quarter 2 in Reading.

5.2 Number and percentage of people diagnosed with Depression in Reading



The prevalence of depression is currently 11.9%. (Quality and Outcomes Framework (QOF), NHS England)

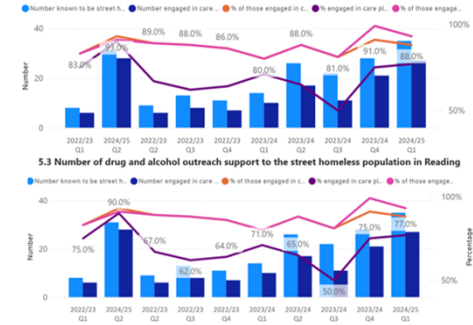
5.3 Number of drug and alcohol outreach support to the street homeless population in Reading



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. (Intensive and Engaging Rough Sleeper Service/IAE)

Blue = Number known to be street homeless
Navy = Number engaged in care planned treatment with drug and alcohol outreach team

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



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. (Intensive and Engaging Rough Sleeper Service/IAE)

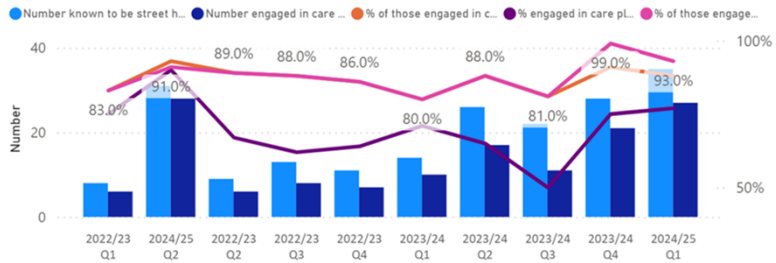
Orange = % of those engaged in care planned treatment who remain in treatment for at least 3 months
Purple = % engaged in care planned treatment with the drug and alcohol outreach team



Health & Wellbeing Strategy Priorities

Priority 5 - Promoting good mental health and wellbeing for all children and young people

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



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. (Intensive and Engaging Rough Sleeper Service/IAE)

Magenta = % of those engaged in care planned treatment who receive a health intervention



Health & Wellbeing Strategy Priorities

Priority 5 - Promoting good mental health and wellbeing for all children and young people

5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low happiness score



5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low happiness score



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"). Source: Annual Population Survey (APS), Office for National Statistics (ONS)



Health & Wellbeing Strategy Priorities

Priority 5 - Promoting good mental health and wellbeing for all children and young people

5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low satisfaction score



5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low satisfaction score



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"). Source: Annual Population Survey (APS), Office for National Statistics (ONS)



Health & Wellbeing Strategy Priorities

Priority 5 - Promoting good mental health and wellbeing for all children and young people

5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low worthwhile score



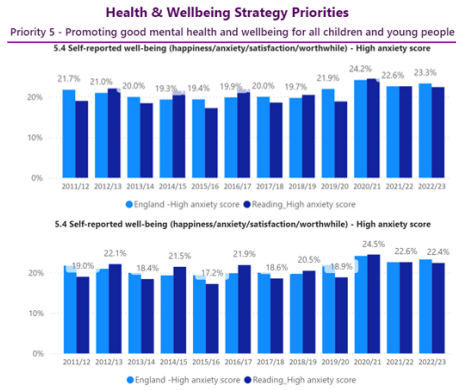
5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low worthwhile score



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"). Source: Annual Population Survey (APS), Office for National Statistics (ONS)

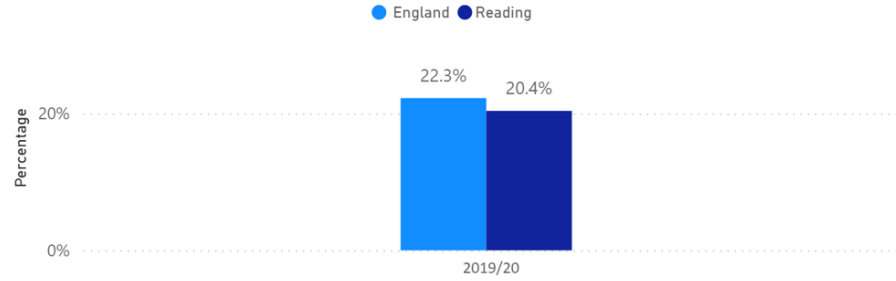


The indicators comes from the Annual Population Survey (APS). The indicators are based on the four questions below:
 Overall, how satisfied are you with your life nowadays?
 Overall, how happy did you feel yesterday?
 Overall, how anxious did you feel yesterday?
 Overall, to what extent do you feel the 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"). Source: Annual Population Survey (APS), Office for National Statistics (ONS)

Health & Wellbeing Strategy Priorities

Priority 5 - Promoting good mental health and wellbeing for all children and young people

5.5 Percentage of people who feel lonely often, always, or some of the time in Reading and England

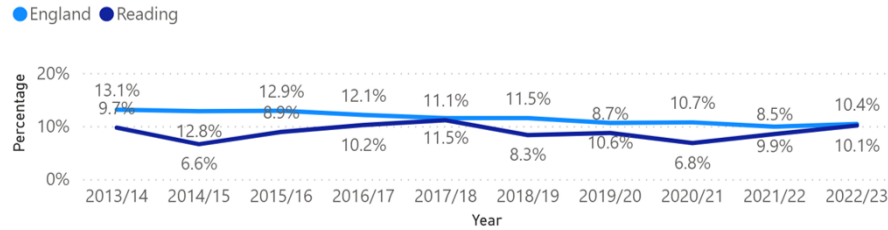


This indicator comes from the Active Lives Adult Survey, Sport England. It shows the percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time". (OHID/Public Health Profiles)

Health & Wellbeing Strategy Priorities

Priority 5 - Promoting good mental health and wellbeing for all children and young people

5.6 The percentage point difference between the percentage of those with a physical or mental health long term condition (aged 16-64 years) who are classified as employed and the percentage of all respondents classified as employed in Reading and England

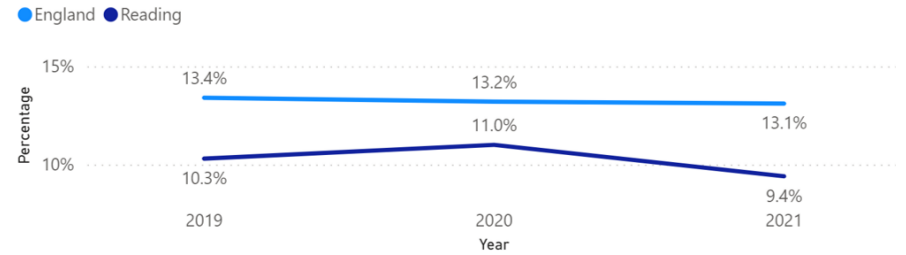


This indicator shows the percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). In Reading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

Health & Wellbeing Strategy Priorities

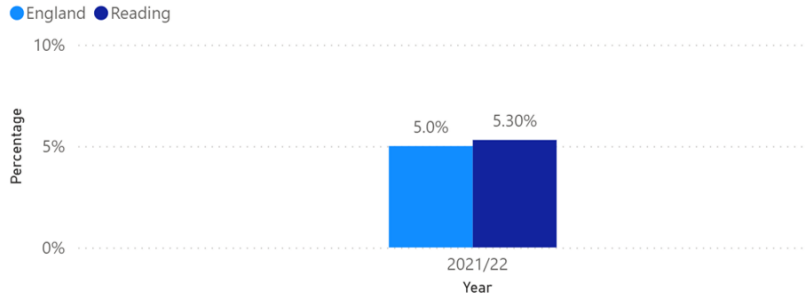
Priority 5 - Promoting good mental health and wellbeing for all children and young people

5.7 percentage of households that experience fuel poverty (based on low income, low efficiency methodology) in Reading and England



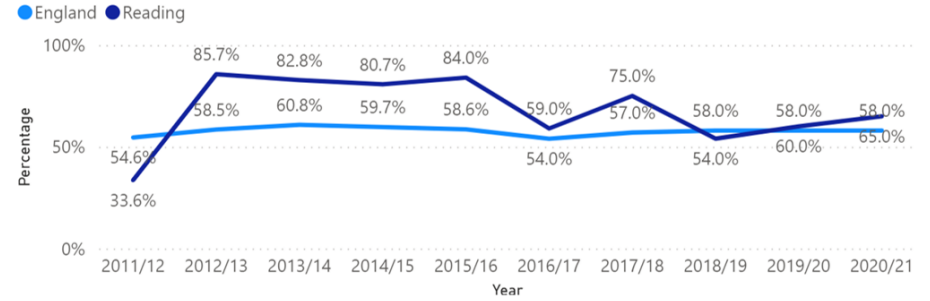
The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology. Reading has a lower percentage of households experiencing fuel poverty (9.4%) than England (13.1%). (OHID/Public Health Profiles)

5.8 Unemployment rate (%) in working age population in Reading and England



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 no comparable historical data. (OHID/Public Health Profiles)

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 (65%) than England (58%). (OHID/Public Health Profiles)

APPENDIX B - KEY INDICATORS FOR EACH PRIORITY AREA

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 (N)	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.gisson@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.jockey@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.jockey@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.jockey@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 SM	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
	5.7 Fuel poverty (low-income low energy efficiency methodology)	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2019 to 2021
	5.8 Unemployment rate (% of working age population claiming out of work benefits)	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2021/22
	5.9 Adults in contact with secondary mental health services who live in stable and own	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2021/22

APPENDIX C: SUICIDE PREVENTION ACTION PLAN

- a) Reading Local Suicide Prevention Action Plan
- b) LA Suicide Prevention Action Plan Guide

Appendix C

PRIORITY	ADULTS	CYP	BROAD ACTIONS	DETAILED PARTNERSHIP ACTIONS	pre-requisites, resources needed	BY	RAG	Risks	Achieved (tick)
				Primary Mental Health deliver to Reading College young men & staff Recovery College deliver same programme to <25y old men Autism Berkshire deliver it to young men (ADAPTED VERSION)	PMHT are trained Rec Coll staff & volunteers are trained staff trained	Easter 2024 Easter 2024 Easter 2024			
			agree a training /awareness programme for staff Groups for young men groups for adolescent boys	RVA train VOs to deliver the programme OR to signpost	staff trained	Easter 2024			
1 Reduce the risk of suicide in key high-risk groups	men	young men							
(i) vulnerable populations	people who self-harm (see section 5.7) people who misuse alcohol and drugs people in the care of mental health services people in contact with the criminal justice system specific occupational groups Autistic people Children and young people Pregnant women & new mums People who have previously self-harmed	CYP who self-harm CYP who use substances CYP known to MH services CYP known to YOS Vulnerable groups CYP: neurodiversity Vulnerable groups CYP: poverty Vulnerable groups CYP: SEMH Vulnerable groups CYP: care leavers Vulnerable groups: long term ill	consensus on screening of risk? identify those who are (i) suicidal ideation; (ii) self-harming; (iii) depression						
2. Training	Suicide prevention awareness and skills training for professionals: eg schools, colleges, frontline staff, housing, all teams across VO, RBC, BFC, RBFT etc	schools, colleges	Look at established programmes eg POPYRUS	Every school in Reading has whole staff training Every school in Reading has a SMHL who attends networks					

TAILORED AND TARGETED SUPPORT TO PRIORITY GROUPS

Children and young people

National strategy actions	Corresponding local actions: whats in place now Sept 2023	RAG	next steps - broad actions	DETAILED PARTNERSHIP ACTIONS	pre-requisites, resources needed	BY	RAG	Risks	Achieved (tick)
		Sep-23							
Expand the number of mental health support teams in schools so that, by the end of the 2024 to 2025 financial year, at least 50% of pupils and further education learners in England will be covered by a team.	2/3 of Reading schools are covered by mental health support teams. Primary Mental Health Team (PMHT) provide mental health support to all Reading schools for those young people experiencing moderate mental health difficulties.	Green	How do we increase this to 100% schools in Reading?						
All state schools and colleges to be offered funding to train a senior mental health lead.	X % Reading schools have taken up the training. We have a Senior Mental Health Lead Network in place.	Yellow	Several schools haven't claimed the funding so it doesn't show that they have taken up the training. How do we increase the number of take up, monitoring and claiming the funding by schools?	suicide awareness & prevention training to SEMHLs	research & agree on programme (i) initial programme and (ii) more in-depth training programme for staff. (iii) consideration to Neurodiverse CYP - needs further research				
Fund anti-bullying organisations to support schools to tackle bullying.	Reading Family Forum have asked for support to run a campaign on anti bullying	Yellow	DH ask MHST what they do around anti-bullying						
Commission research via NIHR to advance understanding of why rates of suicide have been increasing in certain age groups.	Local data reports and research	Yellow	Insert local data here; add research by Mairi Evans here?	initial targeted group with Mairi Evans and colleagues					
Strengthen guidance Promoting the health and wellbeing of looked-after children, including extending it to cover care leavers up to age 25.	Focussed Ofsted visit on CIC Sept 2023 highlights good EWB & MH support available for CIC	Green	Invite the Head of Virtual School to comment on next steps and extending to cover care leavers up to age 25y						
Ensure data and evidence from child death overview panels and the National Child Mortality Database are harnessed to support learning and future interventions.	Enter local data here	Yellow	what does local data tell us?						
Identifying vulnerable populations of CYP (see also Autistic People tab for ND CYP)	YOS - Clinical Psychologist - seek update Global majority heritage CYP	Green	invite YOS to focused meeting of the Reading Suicide Action Plan Group look at national and local data	gather good examples of EWB and MH work with this population and put in place preventative work from there identify targeted local communities	initial meeting with YOS & research community partners				
Linked to all of above		Green	Suicide prevention awareness and skills training for professionals: eg schools, colleges, educational staff, all teams across VO, RBC, BFC, RBFT who work with CYP workshop	agree on the training programme for staff and the training programme for CYP. 6th December	Look at Papyrus proposal for a SEMH/EWB programme for schools planned roll out of suicide awareness and prevention programme to educational staff PH email workshop details				
Work with Universities UK (UUK) to support universities to embed its Suicide-safer universities guidance, which covers both prevention of suicide and compassionate responses to suicide in universities. Guidance developed in partnership with PAPYRUS-UK.	With DfE	Green							
Support the higher education mental health implementation taskforce. The taskforce will set out a plan to improve mental health support and suicide prevention in higher education.	DfE	Green							
Review relationships, sex and health education (RSHE) guidance to consider the inclusion of suicide and self-harm prevention as an explicit part of the curriculum.	With DfE until 2024	Green							

TAILORED AND TARGETED SUPPORT TO PRIORITY GROUPS

Middle-aged men

National strategy actions	Corresponding local actions: whats in place now Sept 2023	RAG	next steps - broad actions	DETAILED PARTNERSHIP ACTIONS	pre-requisites, resources needed	BY	RAG	Risks	Achieved (tick)
Embed initiatives to support other risk factors for suicide in middle-aged men. For example, initiatives to support those experiencing financial difficulty, improve treatment and support for men who misuse alcohol and drugs through the 10-year drugs strategy, and progress initiatives to reduce suicide among those in contact with the justice system – such as safer cells, suicide and self-harm prevention training to staff – and support on release for people with complex needs.			1. Reading's priority is for MH First Aid Training for Suicide training for all services and VCOs on reacting and talking about suicide, with clear signposting.	Prioritise those practitioners who are front line eg housing, debt management, community groups.	1. who will provide the training/ train the trainer model and each service then trains others? Use the expertise in PH and ACRE as a good model. 2. Funding.			funding for training programme	
			1. what specific initiatives are there?	gather this information at focused Reading Suicide Preventin group	plan date in advance				
Through local guidance, encourage local government, NHS and voluntary sector organisations to work together to ensure that there are initiatives that reach men in places that suit them, encourage the reduction of stigma and support their needs.			develop a local partnership Comms plan to reach out to middle aged men across cultures and communities, across workplaces and leisure centres; link with local counsellor, leaders of the Council	map what is available now and where any gaps are for future funding bods.	training needed to those groups.			funding for training programme	
Work with organisations that represent, work with or are popular among largely male populations to explore further options to support men, and share innovative and good practice.			find good national and local examples and roll out ; link to comms plan above	community engagement events, experts through experience, local sports					
Encourage employers, including in largely male industries, to have adequate and appropriate support in place for employees – including, for example, people trained in mental health first aid, mental health support and suicide prevention awareness.			develop our Reading Priority of a training programme in Mental Health First Aid Suicide as far and wide as possible. Companies can be encouraged to buy this in, as part of the Comms plan above.		1. who will provide the training/ train the trainer model and each service then trains others? Use the expertise in PH and ACRE as a good model. 2. Funding.			funding for training programme	
Ensure appropriate support and signposting for suicide prevention from services men commonly interact with, especially within primary care, as well as other government agencies and wider physical and mental health services.			Barbers, bar staff, railway staff	mapping and comms plan for good signposting to effective services	all members of group to map what is available and check Maryam on LO				
Linked to all of above	A focus on preventing suicide by middle-aged men through focusing on good EWB & MH in adolescents and young men		Groups for young men	Primary Mental Health deliver to Reading College young men & staff Recovery College deliver same programme to <25y old men Autism Berkshire deliver it to young men (ADAPTED VERSION) RVA train VOs to deliver the programme OR to signpost	PMHT are trained Rec Coll staff & volunteers are train staff trained	Easter 2024 Easter 2024 Easter 2024		funding for training programme	
			groups for adolescent boys	VI Form Colleges workshops and assemblies in schools whole school approach via MHST Focus on Reading Boys	staff trained staff trained staff trained staff trained	Easter 2024 Easter 2024 Easter 2024 Easter 2024			

TAILORED AND TARGETED SUPPORT TO PRIORITY GROUPS

Autistic people

National strategy actions	ADULTS: Corresponding local actions: Sept	RAG	next steps - broad actions	DETAILED PARTNERSHIP ACTIONS	BY	Pre-requisites , resources needed	BY	RAG	Risks	Achieved (tick)
Work with NCISH to develop a clearer national picture of suicides in autistic adults, children and young people.										
Draw learning from the Learning from Lives and Deaths - people with a learning disability and autistic people (L4DeD) programme to identify areas for improvement to prevent suicides.										
Consider the results of the NIHR-funded study that is testing the effectiveness of adapted suicide safety plans to reduce self-harm, suicidal thoughts and behaviours among autistic people, once it is completed.										
Consider opportunities for provide support for autistic children within the education system and any tailored support that might be needed for different groups, including autistic children. As part of the RSHE review, DE will consider whether more specific guidance is needed to support those teaching RSHE to pupils with special educational needs and disabilities, including autism.										

Neurodiverse CYP	<p>Speak to adult focus groups about what life was like growing up for them and what they would like to see changed</p>		<p>arrange via the Autism Strategy group</p>	<p>ask & research into what ND CYP would like to be different.</p> <p>use data from Autism Growth Approach to look at progress e.g. number of schools trained in AET, take up of SCERTS, Intensive Interaction</p> <p>identify specific programmes for suicide awareness & prevention for ND CYP</p> <p>look at mental health support & advice for ND CYP</p>		<p>?</p> <p>targeted group with Mairi Evans, Autism Berks, PSC, other partners.</p> <p>Dec 6th Workshop with Papyrus?</p> <p>in ND MH T& F group</p>				
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TAILORED AND TARGETED SUPPORT TO PRIORITY GROUPS

People who have self-harmed

National strategy actions	ADULTS: Corresponding local actions: Sept 2023	RAG	next steps	RAG	CYP: Corresponding local actions: Sept 2023	RAG	next steps
<p>Publish data outlining whether the 80% target for psychosocial assessments was achieved and explore plans to support psychiatric liaison teams in continuing to provide psychosocial assessments in line with National Institute for Health and Care Excellence (NICE) guidance at these levels.</p> <p>Continue to fund the Multicentre Study of Self-harm in England to improve our understanding of emerging issues, informed by data, evidence and trends, so that we can continue to act on the determinants and factors associated with self-harm risk.</p>	local data?		local data?		local data on assessments by Mental Health Support Teams, Primary Mental Health Teams, CAMHS, others? 1. add in numbers and percentages of CYP that our Getting Advice & Support, Early Help, More Help and Risk groups have for self harm . 2. list what is available for CYP who SH.		what does this local data on self-harm tell us? DH contact Bracknell Forest re their Self-Harm project. Close liaison with CAMHS
	local data?		local data?		as above		as above
<p>Support NHS integrated care systems (ICSS) across England to improve community-based services and care for people who self-harm. (National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), Manchester self-harm project, Patient Safety Translational Research Centre, NHSE)</p>					as above		as above
<p>Expand the new offence of encouraging or assisting serious self-harm to cover engagement or assistance given in ways that are outside of the Online Safety Bill, such as the provision of physical assistance.</p>	n/a		n/a		n/a		n/a

TAILORED AND TARGETED SUPPORT TO PRIORITY GROUPS

People in contact with criminal justice system

National strategy actions	ADULTS: Corresponding local actions: Sept 2023	RAG	next steps	RAG	CYP: Corresponding local actions: Sept 2023	RAG	next steps	RAG
Commit £625,000 of funding per year until March 2025 to maintain delivery of the Samaritans Listener scheme and postvention service.								
Develop new suicide prevention training to be rolled out among probation practitioners and approved premises staff.	Are our community partners doing this for adults?			?			Check with YOS - invite them to a focused meeting What suicide training do our YOS staff have? What training do our social care staff have? See priority groups action plan.	
Continue to provide RECONNECT and Enhanced RECONNECT services.								
Continue to consider advice from the Independent Advisory Panel on Deaths in Custody, and maintain links between this group and the National Suicide Prevention Strategy Advisory Group, so that recommendations and good practice to prevent suicide are a core part of policy considerations.								
Continue to roll out suicide and self-harm prevention training among prison staff, encouraging a joined-up approach to prison safety.	n/a				n/a			
Install new ligature-resistant cells, focusing on the highest-priority prisons.	n/a				n/a			

Making suicide prevention everyone's business

National strategy actions	ADULTS: Corresponding local actions: Sept 2023	RAG	next steps	RAG	CYP: Corresponding local actions: Sept 2023	RAG	next steps	RAG
Collate and promote training and guidance that helps guide constructive conversations and empowers people to check in on those around them. Training and guidance will be available to support people working in environments where effective suicide prevention can be provided. This includes national government, local government and voluntary sector services.	ACRE, Alafia are supported by PH to roll out First Aid Suicide training		How do we roll out this excellent model to all VCOs and Reading BC and BFC? The political engagement and support of councillors is essential to the prioritisation and progress of suicide prevention work. Is there a local councillor with specific responsibility for suicide prevention?		Have made contact with Papyrus who have suggested December 6th for workshops		1. PH with partners plan the workshop focus & media engagement. 2. How do we roll out training to all practitioners who work with CYP to give them confidence in use of language and responses including signposting when a CYP or parent/carer talks of suicidal ideation. 3. Use experts through experience and the National Survivor User Network Framework cycle of learning i.e. Find out -> make a plan -> make things happen -> watch & listen -> Think & discuss -> chane your plan -> make things happen.....	
Use occupation information provided on death certificates to improve understanding of the suicide rates in different occupations.								
Explore the government's role in supporting employers to improve the support they provide for the mental wellbeing of themselves and their employees. This will include updating and highlighting best practice guidance to support employers in supporting their employees. DWP, DHSC 2024			training across RBC staff on language and confidence on talking to peope about suicide				training across BFC staff on talking to people about suicide ; Comms on Amparo and Rlpple	
Launch a mental health impact assessment tool to inform broader policy making across central and local government. DHSC 2023-24			use of this tool when it is out				use of this tool when it is out	
DHSC will work with DLUHC to understand local authority-level analysis and mapping of suicides and associated risk factors to ensure the actions taken following publication tackle geographical disparities, building on work of the Levelling Up agenda including the Levelling Up Partnerships.								
DHSC 2024: Work with VCSE and local authorities to create a short resource outlining appropriate language to use when talking about suicide. This resource will be disseminated widely to support both online and in-person conversations.								

TAILORED AND TARGETED SUPPORT TO PRIORITY GROUPS

People in contact with mental health services

National strategy actions	ADULTS: Corresponding local actions: Sept 2023	RAG	next steps	RAG	CYP: Corresponding local actions: Sept 2023	RAG	next steps	RAG
<p>Identify and implement actions to further prevent suicides, including reviewing and implementing evidence-informed recommendations such as those outlined in the NCISH annual reports.</p>	<p>Lead: Mental health trusts across England; https://sites.manchester.ac.uk/ncish/reports/annual-report-2023/ Compass Recovery College use their data to identify gaps and target marketing</p>		<p>see separate Adults action plan for these vulnerable groups</p>		<p>see CYP action plan for these vulnerable groups</p>		<p>https://sites.manchester.ac.uk/ncish/reports/annual-report-2023/</p>	
<p>Ensure that patients receive good-quality (in line with NICE guidelines) follow-up support within 72 hours of being discharged from <u>inpatient</u> mental health settings. This includes developing effective integrated pathways.</p>					<p>We are not notified in Education or EH about discharges from inpatient care</p>		<p>DH follow up who is notified</p>	
<p>Convene a safety planning working group, which brings together experts and people with personal experience, to identify opportunities to improve the quality and culture of <u>inpatient services</u>, including risk management of suicide and self-harm across different settings. Guidance on safety planning will be developed and published by March 2024 and training and quality improvement (QI) programmes will be scoped, with the aim to begin delivery by March 2025.</p>	<p>BHFT</p>							
<p>Explore opportunities to better support those with specific diagnoses of conditions associated with higher rates of suicide, by working with policy, clinical and personal experience experts to provide bespoke suicide prevention activity where needed. DHSC with NHSE intend to explore opportunities to improve the quality of care for patients with these diagnoses to ensure compliance with NICE guidelines.</p>					<p>Add in feedback from CYP MH services</p>		<p>see action plan on vulnerable groups of CYP - these will be informed by experts through experience and in partnership with Health and community colleagues.</p>	

The British Transport Police (BTP) has started rolling out bereavement support training for officers who may be the first contact for families, friends and loved ones after someone has died. The NPCC recommends that all forces develop and roll out similar training.					
Make use of local near real-time suicide surveillance systems in connecting families, friends, carers and loved ones to bereavement support.					
Develop a resource in collaboration with key stakeholders that all first responders can access. This will aim to provide advice and support to bystanders who may have witnessed a suicide or attempted suicide. DHSC, suicide prevention VCSE organisations by 2024					
Continue to work with VCSE sector stakeholders to better understand the personal experiences of people bereaved by suicide, and explore opportunities to improve access and support.					
Work with experts to update relevant guidance and improve employer support.				Amparo webinar	
Work with relevant organisations to consider opportunities to embed recommendations from their prevention and postvention support framework (including Supporting mental health staff following the death of a patient by suicide.			Continue to assist NHS trusts in developing and implementing a process to manage the impact of an employee suicide on colleagues, supported by the postvention toolkit developed by Samaritans, in partnership with the NHS Confederation.		Continue to assist NHS trusts in developing and implementing a process to manage the impact of an employee suicide on colleagues, supported by the postvention toolkit developed by Samaritans, in partnership with the NHS Confederation.

Domestic abuse - National strategy actions	ADULTS: Corresponding local actions: Sept 2023	RAG	next steps	RAG	CYP: Corresponding local actions: Sept 2023	RAG	next steps	RAG
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Collation of data on victim suicides at a national level.								
Continue to implement actions in the Tackling Domestic Abuse Plan.								
Consider how to improve training for staff and better embed routine enquiry around domestic abuse, including links to suicide through the Domestic Abuse and Sexual Violence Programme.								
Support the development of methods to comparably measure the effectiveness of different interventions that support children experiencing domestic abuse.								
NHS integrated care boards (ICBs) have a duty to set out in their joint forward plans how they meet the needs of domestic abuse victims. NHSE guidance recommends that this includes appropriate training, identification and referral pathways to meet the needs of victims of domestic abuse.								
Invest up to £7.5 million on domestic abuse interventions in healthcare settings to better equip healthcare professionals to respond to domestic abuse disclosures, enhance referral pathways and build on best practice.								

Physical illness - National strategy actions	ADULTS: Corresponding local actions: Sept 2023	RAG	next steps	RAG	CYP: Corresponding local actions: Sept 2023	RAG	next steps	RAG
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Improve suicide prevention signposting and support to people in contact with primary care services, including those receiving care for physical ill health.								
Publish a major conditions strategy outlining what we will do to ensure health services are more preventative and person-centred.								

Financial difficulty and economic adversity - National strategy actions	ADULTS: Corresponding local actions: Sept 2023	RAG	next steps	RAG	CYP: Corresponding local actions: Sept 2023	RAG	next steps	RAG
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Consider the links between suicide and debt, using the Government Debt Management Function's Vulnerability Toolkits to explore how the support and training offer for suicide prevention can be strengthened in frontline services.								
Identify opportunities to review and strengthen existing guidance that supports customers who disclose that they are experiencing suicidal thoughts or feelings, with consideration to the role of financial difficulty.								
Procure a call alert and transcription service across the DWP telephony estate to support the quick identification of callers who raise suicidal thoughts.								
Continue work to improve access and signposting to debt support to ensure people are not struggling alone and know what options are available to them.								

Gambling - National strategy actions	ADULTS: Corresponding local actions: Sept 2023	RAG	next steps	RAG	CYP: Corresponding local actions: Sept 2023	RAG	next steps	RAG
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Develop clinical guidelines to support the identification, assessment and management of harmful gambling.

Implement NICE Guidelines due out spring 2024

Update guidance for local authorities on gambling-related harms, and encourage public health teams to consider the potential links between their work on suicide prevention and harmful gambling.

Implement LGA Guidance 2023

Royal College of Psychiatrists will develop a continuous professional development resource to improve professionals' understanding of harmful gambling. This will include suicide risk as a result of gambling.

Implement training by Royal College of Psychiatrists 2024

Alcohol and drugs misuse - National strategy actions

ADULTS: Corresponding local actions: Sept 2023

RAG

next steps

RAG

CYP: Corresponding local actions: Sept 2023

RAG

next steps

RAG

Continue to implement actions set out in the 10-year drugs strategy.

Include guidance for clinicians and support staff working in alcohol treatment services on identifying and managing immediate risk of suicide or self-harm in the upcoming UK clinical guidelines for alcohol treatment.

Consultation summer 2023, final publication by 2024

Online safety, media and technology - National strategy actions

ADULTS: Corresponding local actions: Sept 2023

RAG

next steps

RAG

CYP: Corresponding local actions: Sept 2023

RAG

next steps

RAG

Test digital therapeutics that can reduce suicidal ideation and behaviours in the short and long term.

TellMI have urgent response and safeguarding procedures in place.

Responsible portrayal of suicide in the media - National strategy actions

ADULTS: Corresponding local actions: Sept 2023

RAG

next steps

RAG

CYP: Corresponding local actions: Sept 2023

RAG

next steps

RAG

Continue to review resources, including guidelines, to ensure that they reflect current and emerging issues; Collaborate with Samaritans to support the media to understand and act on evolving issues in suicide prevention.

worked closely with national charities and advisors re media responses in recent suicides

High frequency locations - National strategy actions

ADULTS: Corresponding local actions: Sept 2023

RAG

next steps

RAG

CYP: Corresponding local actions: Sept 2023

RAG

next steps

RAG

Work together to improve data collection and data sharing

monitor data of location of suicides

Update the guidance for local suicide prevention partnerships on suicide clusters and contagion to support effective local responses where there may be more suicides than expected in a particular area or a suspected link between suicides. Publication in 2023 to 2024

Theme (from National Strategy)	Specific Risk Groups	Action in 2023-24	Timescale	Outcome Measure	Progress to date	Action owner	RAG
1. Reduce the risk of suicide in key high risk groups	people experiencing relationship breakdown	Map local services & contact points relevant to people experiencing relationship difficulties.	Jun-Nov 2019	Local suicide prevention communication & support can be targeted more effectively on people at risk through relationship breakdown.			
	people experiencing financial difficulties	Identify key partners who are in communication with people in financial difficulty.	Jun-Nov 2019	Local suicide prevention communication & support can be targeted more effectively on people at risk through financial difficulty.			
2. Tailor approaches to improve mental health in specific groups	people experiencing difficulties at work	Review access to support for work-related stress within key employer organisations.	Jun-Nov 2019	Strengths & gaps will be identified to support targeting suicide prevention support to complement existing resources.		Time to Change Champions	
	men; people with long term health conditions; people with a mental diagnosis; people with a history of self-harm.	Review Compass Recovery College enrolment data & forms to: identify if these demonstrate any gaps in reaching groups at higher risk of suicide; and use this to develop data capture, marketing or promotion as appropriate.		and use this to develop data capture, marketing or promotion as appropriate.			
3. Reduce access to the means of suicide	people who have experiencing mental health difficulties	Through the Compass Recovery College develop & deliver a range of recovery-focused courses for people living with mental health challenges and/or supporting others with experience of mental health challenges.	on-going			Recovery College team lead supported by Governance Board	
4. Provide better information and support to those bereaved or affected by suicide	people bereaved / affected by suicide	Support delivery & evaluation of a 12m support after suicide pilot	on-going	Availability of one to one support for people bereaved by suicide; improved understanding of how best to support this group across partners.		Reading Wellbeing Team	
	people bereaved/affected by suicide	support colleagues of people who die by suicide by sharing information & resources with relevant employers & HR departments as identified.	on-going	People bereaved by the suicide of a work colleague have greater awareness of support available.			

	people bereaved/affected by suicide	Map local services & contact points to reach those bereaved by suicide e.g. funeral directors, places of worship, community settings & counselling services.		People bereaved by suicide have greater awareness of support available.			
5. Support the media in delivering sensitive approaches to suicide & suicidal behaviour.	all	Promote a media summit to refresh awareness of the Samaritans Responsible Suicide Reporting guidelines across Reading media partners.		Improved awareness across Reading media of how to report suicide in a sensitive way.			
6. Support research data collection & monitoring	all	Incorporate the Berks Suicide Audit findings into the Reading Joint Strategic Needs Analysis.	Jul-19	Local suicide action planning can be informed by Berkshire Audit findings.		Reading PH Intelligence Officer.	

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PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	OWNER	THEME	NATIONAL
2. Children and Young People	2.a) To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector	Berkshire; Local Authority	Needs and links across lifecourse (including transitions see 2f); Identify key partner organisation/s and roles	Berkshire Suicide Prevention Group	Health Promotion Training	Addressing common population level risk factors
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community	Neurodiverse children and young people pre-diagnosis and supported and adaptations made for their needs, reducing suicide risk	Berkshire; Berkshire West Local Authority	Identify best-practice for needs led approach; Agree scope of support offer to system and identify leads	tbc	Training Health Promotion	Tailored, targeted support for priority groups
	2.e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach	Berkshire Local Authority	Map of local organisations and charities working across Berkshire/s to support LGBTQIA+ communities Understanding commissioning/funding arrangements for groups; Review reporting and outcomes;	Berkshire Suicide Prevention Group Local Authority Leads	Partnership	Providing effective bereavement support (postvention) Tailored, targeted support for priority groups
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector	Berkshire Local Authority	See 2a) Identify best practice in relation to training and what is available locally; Identify gaps and support required;	Berkshire Suicide Prevention Group Local Authority CYP/ASC and Public Health Leads	Training Health Promotion	Addressing common population level risk factors Tailored, targeted support for priority groups
	3.a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience	Berkshire West Local Authority	Identify and share best practice in relation to prevention of self-harm and resilience building in CYP; Identify local data and reporting in relation to at risk CYP/Schools;	tbc	Partnership Data and Evidence	Addressing common population level risk factors Tailored, targeted support for priority groups

3. Self-harm	3.b)Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;	tbc	Health Promotion	Addressing common population level risk factors
	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;		Health Promotion	Addressing common population level risk factors Providing effective crisis support
	3.d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.	Further understanding of the impact of self-harm on parents and sibling's mental health and wellbeing, allowing future interventions into how to support these groups to be well informed	Berkshire	Undertake a review of evidence around impact/risk on others re self-harming behaviours	TBC	Research	Addressing common population level risk factors Providing effective crisis support
4. Female Suicides	4.b) To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.	Improved understanding and insight into the risk factors and link to suicide within the perinatal period.	BOB Frimely & RBH Berkshire	See 4a) Review links between maternal system data and RTSS;	Berkshire Suicide Prevention Group Thames Valley Police RTSS	Surveillance Partnership	Improving data and evidence
	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services	Berkshire Local Authority	Understand best practice in relation to pathways between services; Review local authority pathways and reporting;	Berkshire Suicide Prevention Group Local Authority Leads (PH, CMHT, CSP)	Partnerships	Tailored, targeted support for priority groups Providing effective crisis support
	4.d) Improve data collection of domestic abuse data in RTSS.	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.	Thames Valley	Identify gaps in data collection of domestic abuse in RTSS; Idetrify solution (training?) Agree and assign actions and improvement target;	TV Police RTSS Officer; TV SPIN/BOB ICS	Surveillance Training	Improving data and evidence
	4.e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.	Berkshire	Linked to 1c)	Berkshire Suicide Prevention Group	Data & Intelligence	Improving data and evidence

	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need	Berkshire Local Authority	Identify best practice in relation to responding to self-harm/suicide ideation in all people in contact with DA services (all sex/gender).	Berkshire Suicide Prevention Group Local Authority Leads	Training	Tailored, targeted support for priority groups Providing effective crisis support
5. Economic Factors	5.a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help	Berkshire Local Authority	Review evidence and local need in relation to debt, MH and suicide risk; Identify key partner organisation/s and roles Agree awareness raising campaign/messages	Berkshire Suicide Prevention Group Local Authority Leads	Health Promotion Training	Addressing common population level risk factors
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.	Berkshire Local Authority	Identify training and support for frontline staff:	Berkshire Suicide Prevention Group	Training	Addressing common population level risk factors
	5.c) Support Berkshire local authorities with a single point of access information site around money matters	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.	Berkshire Local Authority	Review need regarding SPA and information around money matters;	Berkshire Suicide Prevention Group	Partnership Health Promotion	Addressing common population level risk factors
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.	Berkshire Local Authority	Review actions taken in relation to compassionate debt collection by LA; Identify need for any further action;	Local Authority Leads	Partnership Policy (?)	Addressing common population level risk factors Providing effective crisis support Tailored, targeted support for priority groups
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk				Health Promotion	Addressing common population level risk factors Tailored, targeted support for priority groups

	5.f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress	Berkshire West Local Authority	Linked to 5c) Review local processes in relation to content/signposting for debt/economic stress factors	Berkshire Suicide Prevention Group Community Mental Health Team/s	Partnerships Training	Providing effective crisis support
	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk	Local Authority	Review current system partnerships; Identify local referral pathways	Local Authority Leads	Partnerships	Addressing common population level risk factors Tailored, targeted support for priority groups
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.	Berkshire Local Authority	Identify local data and intelligence sources regarding gambling; Ongoing monitoring of Government/LGA Guidance in relation to gambling (due 2024)	Berkshire Suicide Prevention Group	Data & Intelligence	Improving data and evidence
6. Bereaved by Suicide	6.a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.	BOB Local Authority	Review commissioned service/s and relevant KPI/outcomes	BOB ICS Commissioner	Partnership	Providing effective bereavement support (postvention)
	6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer-to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service	Berkshire	To review local volunteer lead SoBS arrangements and support needs	Berkshire Suicide Prevention Group	Partnership	Providing effective bereavement support (postvention)
	6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing	Berkshire Local Authority	Review local arrangements and needs		Commissioning	Providing effective bereavement support (postvention)
	6.d) Continue to commission suicide bereavement support services and monitor its impact.	Bereavement support services are available and accessible across Berkshire, providing consistent support for those bereaved.	BOB Thames Valley Berkshire	BOB ICS to continue to commission suicide bereavement support services and contract/performance manage service/s.	BOB ICS Commissioner	Commissioning	Providing effective bereavement support (postvention)
	6.e) Explore training opportunities for staff impacted by suicide	Training for staff impacted by suicide in place and being delivered where appropriate, potentially improving emotional and mental wellbeing for staff following suicide	BOB/Thames Valley Berkshire	Review of organisation employee/workplace support	All - Individual organisation led	Training	Providing effective bereavement support (postvention)

	6f) Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers	Employers able to better support their staff who have been affected by suicide	BOB/Thames Valley Berkshire	See 6e)	See 6e)	Partnership Training	Tailored, targeted support for priority groups Providing effective crisis support
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PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT	
Children and Young People: including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQIA+ and transitions.	2.a) To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector	Berkshire; Local Authority	Needs and links across lifecourse (including transitions see 2f); Identify key partner organisation/s and roles Agree awareness raising campaign/messages	Health Promotion Training							
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community	Neurodiverse children and young people pre diagnosis and supported and adaptations made for their needs, reducing suicide risk	Berkshire; Berkshire West Local Authority	Identify best-practice for needs led approach; Agree scope of support offer to system and identify leads	Training Health Promotion							
	2.e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach	Berkshire Local Authority	Map of local organisations and charities working across Berkshire/s to support LGBTQIA+ communities Understanding commissioning/funding arrangements for groups; Review reporting and outcomes;	Partnership							
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector	Berkshire Local Authority	See 2a) Identify best practice in relation to training and what is available locally; Identify gaps and support required;	Training Health Promotion							

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT
Self-harm; as a risk factor, groups vulnerable to self-harm, hospital admission, mental health, young people and self-harm	3.a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience	Berkshire West Local Authority	Identify and share best practice in relation to prevention of self-harm and resilience building in CYP; Identify local data and reporting in relation to at risk CYP/Schools;	Partnership Data and Evidence						
	3.b)Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;	Health Promotion						
	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;	Health Promotion						

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT
Female suicide deaths; including perinatal mental health, domestic abuse, parental or carer stress	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services	Berkshire Local Authority	Understand best practice in relation to pathways between services; Review local authority pathways and reporting;	Partnerships						
	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need	Berkshire Local Authority	Identify best practice in relation to responding to self-harm/suicide ideation in all people in contact with DA services (all sex/gender).	Training						

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT
Economic factors; including the impact of COVID-19, debt, mental health, benefits, socio-economics disadvantage and gambling	5.a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help	Berkshire Local Authority	Review evidence and local need in relation to debt, MH and suicide risk; Identify key partner organisation/s and roles Agree awareness raising campaign/messages	Health Promotion Training						
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.	Berkshire Local Authority	Identify training and support for frontline staff:	Training						
	5.c) Support Berkshire local authorities with a single point of access information site around money matters	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.	Berkshire Local Authority	Review need regarding SPA and information around money matters;	Partnership Health Promotion						
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.	Berkshire Local Authority	Review actions taken in relation to compassionate debt collection by LA; Identify need for any further action;	Partnership Policy (?)						
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk			Health Promotion						
	5.f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress	Berkshire West Local Authority	Linked to 5c) Review local processes in relation to content/signposting for debt/economic stress factors	Partnerships Training						
	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk	Local Authority	Review current system partnerships; Identify local referral pathways	Partnerships						
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.	Berkshire Local Authority	Identify local data and intelligence sources regarding gambling; Ongoing monitoring of Government/LGA Guidance in relation to gambling (due 2024)	Data & Intelligence						

RECOMMENDATION	OUTCOME	SYSTEM LEVE	ACTION	OWNER	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT
6.a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.	BOB Local Authority	Review commissioned service/s and relevant KPI/outcomes	BOB ICS Commissioner	Partnership						
6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer-to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service	Berkshire	To review local volunteer lead SoBS arrangements and support needs	Berkshire Suicide Prevention Group	Partnership						
6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing	Berkshire Local Authority	Review local arrangements and needs		Commissioning						
6.d) Continue to commission suicide bereavement support services and monitor its impact.	Bereavement support services are available and accessible across Berkshire, providing consistent support for those bereaved.	BOB Thames Valley Berkshire	BOB ICS to continue to commission suicide bereavement support services and contract/performance manage service/s.	BOB ICS Commissioner	Commissioning						
6.e) Explore training opportunities for staff impacted by suicide	Training for staff impacted by suicide in place and being delivered where appropriate, potentially improving emotional and mental wellbeing for staff following suicide	BOB/Thames Valley Berkshire	Review of organisation employee/workplace support	All - Individual organisation led	Training						
6f) Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers	Employers able to better support their staff who have been affected by suicide	BOB/Thames Valley Berkshire	See 6e)	See 6e)	Partnership Training						

PRIORITY AREA
Supporting those who are bereaved or affected by suicide, including local suicide bereavement support, specialist suicide bereavement support, and those impacted by suicide in the workplace.

PRIORITY AREA	RECOMMENDATION	OUTCOME	(STARTING POSITION) CURRENT ACTIVITIES	ACTIONS NEEDED	OWNER	RESOURCE REQUIREMENTS / COSTS	COMMENTS / NOTES
2. Children and Young People	2.a) To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector					
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community	Neurodiverse children and young people pre-diagnosis and supported and adaptations made for their needs, reducing suicide risk					
	2.e) To work with local organisations and charities who work with the LGBTQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach					
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector					
3. Self-harm	3.a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience					
	3.b) Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care					
	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family					
	3.d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.	Further understanding of the impact of self-harm on parents and sibling's mental health and wellbeing, allowing future interventions into how to support these groups to be well informed					
4. Female Suicide	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services					
	4.d) Improve data collection of domestic abuse data in RTSS.	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.					
	4.e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.					
	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need					
5. Economic Factors	5.a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to: • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help					
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.					
	5.c) Support Berkshire local authorities with a single point of access information site around money matters	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.					
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.					
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk					
	5.f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress					
	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk					
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.					
6. Bereaved by Suicide	6.a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.					
	6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer-to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service					
	6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing					
	6.d) Continue to commission suicide bereavement support services and monitor its impact.	Bereavement support services are available and accessible across Berkshire, providing consistent support for those bereaved.					
	6.e) Explore training opportunities for staff impacted by suicide	Training for staff impacted by suicide in place and being delivered where appropriate, potentially improving emotional and mental wellbeing for staff following suicide					
	6.f) Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers	Employers able to better support their staff who have been affected by suicide					

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	17 January 2025
Title	Community Wellness Outreach Project Update
Purpose of the report	To note the report for information
Report author	Beverley Nicholson
Job title	Integration Programme Manager
Organisation	Reading Borough Council / BOB Integrated Care Board
Recommendations	1. That the board note the progress made in the Community Wellness Outreach project

1. Executive Summary

- 1.1. This report is being brought to Reading Health and Wellbeing Board to provide an update on progress made by the Community Wellness Outreach Project.
- 1.2. The Integrated Care Board have received funding from the Prevention and Inequalities fund, part of which was passported to Reading Borough Council, through the Integration Board, to set up a Community Wellness Outreach project that encompasses the NHS Health Checks as a core service and offering wrap around support from Voluntary and Community sector parties to provide a holistic support offer. This pilot project will run until the end of June 2025. There is a target to complete 5,200 NHS Health Checks within the project period, with particular emphasis on identifying those at risk of cardiovascular disease.
- 1.3. This report summarises the progress made up to the end of November 2024. The team are continuing to work with our Community partners to ensure an appropriate reach. The clinics are now operating on a dual option of drop in or book online model (in some cases venues have a 25% drop in and 75% booked arrangement), and more capacity has been provided by recruiting additional nursing staff delivering the checks at some of the venues, where there is space to do this.

2. Policy Context

- 2.1. This project aligns with several key objectives from the Council's Corporate Plan.
- 2.2. Firstly, the project demonstrates 'Collaborating with others', in particular that we are stronger in partnership and we collaborate with organisations from major corporations to local groups; with the business sector, charities, education institutions, health and social care, the police, faith groups, and the voluntary sector in Reading and across the Thames Valley to achieve our vision for Reading.
- 2.3. Secondly, the project contributes to the objective of achieving a 'Healthy Environment'. Our Health and Wellbeing Strategy aims to reduce the differences in health between different groups of residents and support those who are at high risk of poor health outcomes. This is exactly the aim of the Community Wellness Outreach project. The programme is focusing on reaching the Core20 Plus5 population groups i.e. those in deprivation deciles 1 to 4, alongside people from priority groups such as homeless/rough sleepers, carers, people from ethnically diverse groups, where we know there are higher risks of developing heart disease and diabetes, who have not had contact with their GP for some time.

- 2.4. Thirdly, the project supports an aim of 'Thriving Communities': Committed to tackling inequality in our society, to ensure everyone has an equal chance to thrive wherever they live and whatever their economic, social, cultural, ethnic or religious background.

3. The Proposal

- 3.1. The Programme was built on an existing model of mini-Health Checks that were being delivered within the Community as there were already links with community providers within the areas we wished to reach, e.g. Whitley and Church Wards. We now have several sessions running in different locations across Reading in order to enable access to the Health Checks, including the Atrium, Acre, Whitley Community Development Association, Southcote, and Coley Park. Working with the Royal Berkshire Hospital Meet PEET (Patient Engagement and Experience Team) service and Reading Voluntary Action (RVA) as the key delivery partners for the outreach NHS Health Checks, being delivered in community settings, and the wrap around support services for wellbeing to which people could be referred or to discuss issues impacting their overall wellbeing on the day with the Social Prescribing Team and Community Volunteer groups.
- 3.2. This is a pilot programme, which will run to the end of June 2025, to primarily increase the number of NHS Health Checks delivered for people in Reading, and focused in areas where we are more likely to reach cohorts of people who may be more disadvantaged e.g. may include (but not exclusively so): rough sleepers, socially isolated, military veterans; substance users; refugees and asylum seekers; those in financial hardship; not registered with a GP; ex-prisoners; ethnically diverse groups and Unpaid Carers).
- 3.3. The usual age group for eligibility for the NHS Health Check is 40 to 74 but this pilot will open the offer up to all people over the age of 18 in Reading with an aim of early identification of health or welfare conditions that could potentially cause poor health or wellbeing outcomes and working with that person to address these and support them to achieve their health and wellbeing goals.
- 3.4. As at 30th November there had been 2,214 people seen (42% of our target). There had been an initial soft launch of the programme and scaling up in the third phase to ensure we were able to meet the demand.
- 3.5. The outcomes for the cohorts seen so far are that 23% had high or very high blood pressure readings, 67% had high or very high BMI, 25% had high blood glucose readings and 7% had high cholesterol. Follow up action was recommended, including referral back to their GP for health related issues identified in the health check process, and social prescribing for weight management and smoking cessation, as well as mental health support. The ethnicity breakdown of people attending was 38% White, 39% Asian/Asian British, 15% Black, African, Caribbean or Black British and 5% other ethnically diverse groups. People seen to date have spanned 22 GP surgeries in Reading and 14 people have been supported to register with a GP since the start of the project.
- 3.6. Of those seen, 38% were outside the usual age range of people eligible to receive the Universal Health Checks (40 to 74), 8% above 74 and 30% below 40, ensuring a wider reach and more likelihood of picking up early indicators that impact on health and wellbeing outcomes. The number of checks carried out for those within the age range of 40 to 74yrs is being included in the nationally reported health check data via our Public Health Team.
- 3.7. We are working with primary care partners and "point of care testing equipment" providers to enable the flow of the Health Check information back into the GP records as an automatic uploaded directly to the care records following the checks. There have been some delays in this due to reconciling SNOMED Code lists to ensure the right coding but the process has now started and testing has been successful. The bulk upload of records will commence once the tests have been completed with all the GPs who have patients who have been seen for their health check at one of the community venues. We are keen that the outputs from this collaborative approach are impactful for all our key partners, and ultimately benefit our residents, with a focus on early intervention and prevention.

3.8. Case Studies and Feedback:

- *A Pakistani female was provided with further support and has since joined the active exercise class provided by Cumberland Road Mosque. She also called for support when speaking to the receptionist at her GP surgery and an appointment was made with the receptionist by RVA on her behalf.*
- *A non- English speaker had his check and needed to be referred to Social prescribing. He was sure he was registered with a GP but was unable to remember which practice he was registered with. RVA worked with different agencies to find out his GP practice so that he could be referred to them and supported by a Social prescriber.*
- *We also had someone who was referred to CWO via their case worker, on talking to them it was discovered they had had the check 3 months ago but needed an appointment as they had been suffering from temporary blackouts. The person was homeless, vulnerable and found it difficult to understand the health system. The team worked with staff at his surgery to organise an appointment which he attended and is now being followed up accordingly.*
- *An ex-military veteran needed an on the day appointment following their Health Check. The community leader, RVA and Meet PEET worked together to make a GP appointment that day. The community leader was able to report that the person had attended their appointment and were being monitored for the reason that had been brought up in the check.*
- *Calm, serene, peaceful, harmonious vibe and atmosphere the moment you step inside the venue.*
- *Great initiative! I had the best healthcare appointment in the last 10 years. Everybody very patient and explanation received on my understanding.*
- *This is an exceptional example of taking services to the communities you serve! Very easy to sign up to; very lovely staff. Quick checks done and you go with your result. Thank you, NHS and RVA. Well done to all involved!*

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

4.1. The desired outcomes of the project are very much in line with the overall direction of the [Berkshire West Joint Health & Wellbeing Strategy 2021-30](#) by contributing to the following priorities (in bold):

- 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. The project aims to reduce the differences in health between different groups of people and support individuals at high risk of bad health outcomes by targeting those who may not be accessing their GP and therefore are not accessing an NHS Health Check. By not engaging with their GP, these groups are at higher risk of complications from medical conditions (such as cardiovascular disease) that could have been identified earlier. By offering the health check in a community setting where they feel comfortable, this difference can be reduced.

4.3. Through the wrap around service provided by the Voluntary Sector and the Social Prescribers this project will also promote good mental health and wellbeing for all adults (as Reading is extending the offer of a health check and onward support to people from the age of 18).

5. Environmental and Climate Implications

- 5.1. There are no environmental or climate implications arising from this project as sessions will continue to be facilitated in community venues that are already active, often linked to other activities taking place within the centres and close to public transport.

6. Community Engagement

- 6.1. We worked with our Voluntary and Community sector, Primary and Secondary Care Health providers, Public Health Community Champions and Academic services to develop the pilot programme, including the Communications Plan, Training, Monitoring and Evaluation and reporting. There has been effective collaboration and engagement and a shared vision for this new way of working. The Meet PEET nurses from the Royal Berkshire Foundation Trust (RBFT) and Reading Voluntary Action (RVA) co-ordinator received Grass Roots Communities Awards in October 2024, for “Community education” and “Empowering communities through education for health and wellbeing”, and the project team are proud to have supported a collaborative programme across health, social care and voluntary and community sectors. Healthwatch and the Community Health Champions were honoured in this category as well.

“Individuals dedicated to advancing educational opportunities within the community. Honourees demonstrate exceptional commitment to improving access to learning, fostering education equity, and empowering individuals through knowledge and skill-building.”

- 6.2. Where appropriate we have also worked in conjunction with neighbouring Local Authority services in West Berkshire and Wokingham to ensure the approach was aligned across the Berkshire West Place. Whilst there are some variances in the delivery model, which will enable evaluation of the effectiveness in each locality, there has been a shared approach in respect of clinical and digital pathways, and key performance reporting to ensure consistency.

7. Equality Implications

- 7.1. An Equality Impact Assessment was started and the outcome was that a full assessment was not required, the reasons are set out below:
- 7.2. This programme will not have any differential impact on people with protected characteristics. The aim of the programme is to reach people who may be disadvantaged due to a number of factors impacting on their ability to access health and wellbeing services within their locality. By delivering the health checks and other wellbeing support within the community settings that they are more likely to attend, as well as targeting those that may be more at risk of poor health outcomes, we are aiming to address inequalities and ensure equity of service and support for all adults in Reading.

8. Other Relevant Considerations

- 8.1. The proposals for the project were scrutinised through the Reading Integration Board and Procurement and Legal services.
- 8.2. Officer Decision Notices were completed, and a briefing provided to Councillors.

9. Legal Implications

- 9.1. Procurement of services was through direct award under Regulations 12 and 72 of the Procurement Regulations and the subsequent Memorandums of Understanding and Deeds of Variation have been agreed in alignment with current policy.
- 9.2. Guidance was provided by Legal Services and the Procurement Hub at the Council.

10. Financial Implications

- 10.1. Funding for this scheme is via the Prevention and Inequalities Fund. Reading Borough Council have been allocated £811k by the Integrated Care Board to deliver this community outreach programme up to the end of June 2025. The programme aims to deliver 5,200 Health Checks as well as the wrap around wellbeing support, training and evaluation.
- 10.2. Confirmation of funding has been received from the Integrated Care Board via a Letter of Intent setting out the funding and the payment schedule. Invoicing has commenced and funding received to enable the onward funding support to our core health and community partners.
- 10.3. Governance of the funding and monitoring of spend against the plan has been incorporated into the Section 75 Framework Agreement 2023/24, for the Better Care Fund, grant funding as the funding for this programme will operate within the same governance structure.

11. Timetable for Implementation

- 11.1. The programme has taken a phased approach:

Phase 1: Aug – Sep 2023 – Preparing for upscale. **Complete**

Phase 2: Oct 2023 – Dec 2023 (Q3 23/24) – Initial upscale. **Complete**

Phase 3: Jan 2024 – Mar 2024 (Q4 23/24) – Building momentum. **Complete**

Phase 4: Jul 2024 – Dec 2024 (Q1-Q3 24/25) – Fully Established. **Complete**

Phase 5: Jan 2025 – Jun 2025 (Q4 24/25 - Q1 25/26) – Final phase of pilot. **In progress.**

- 11.2. Sessions are currently being delivered and an overview of what to expect, alongside the timetable of events, is available via the RVA Web pages set up for this pilot programme: Posters and leaflets include a QR code linking to the web pages, along with a telephone number for anyone wishing to speak with someone to find out more information.

Info and clinic list: <https://rva.org.uk/community-wellness-outreach/>

Details of the health check: <https://rva.org.uk/nhs-health-check/>

Calendar of the clinics: <https://rva.org.uk/health-checks-grid-calendar/>

12. Background Papers

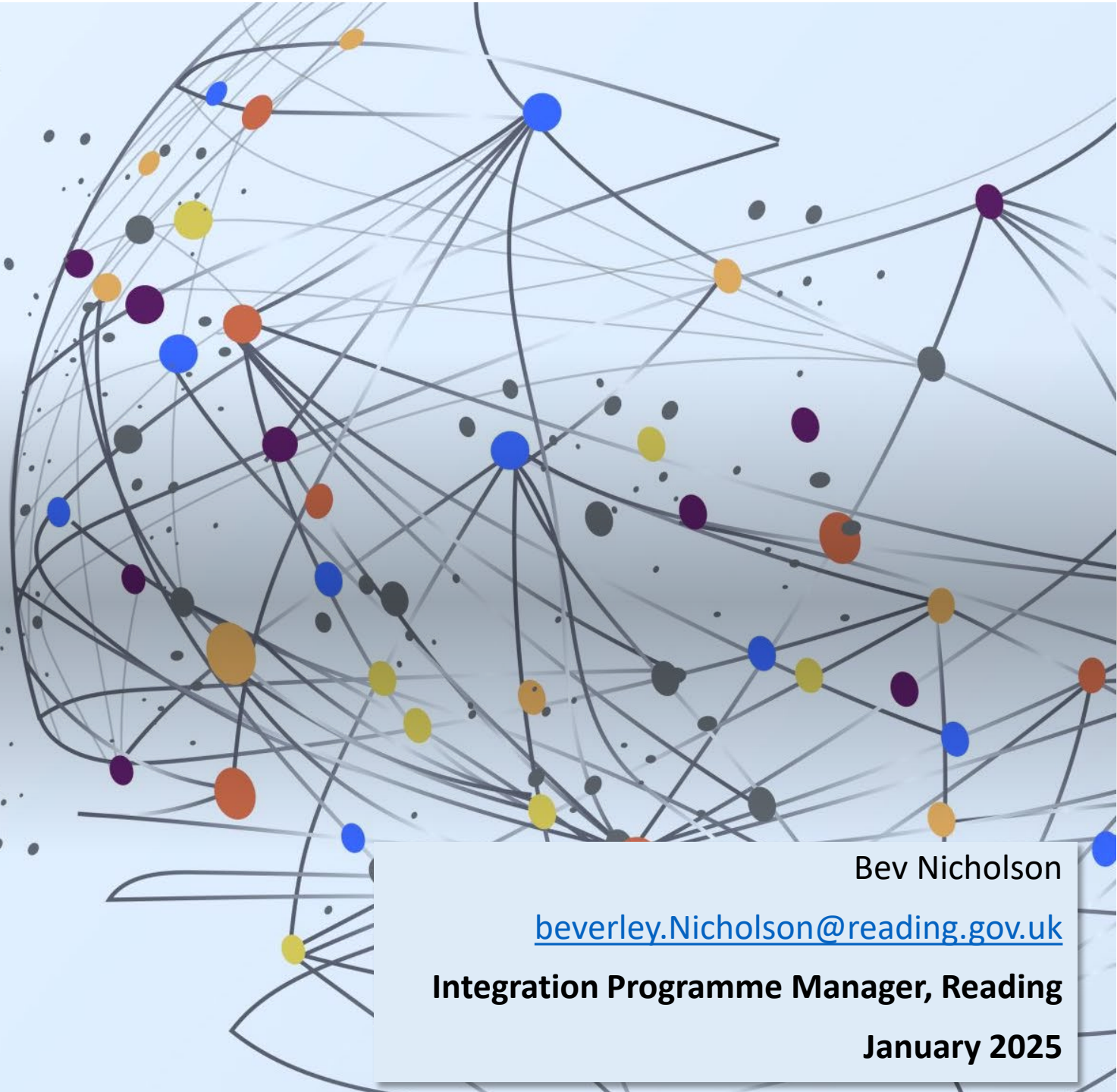
- 12.1. There are none.

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Community Wellness Outreach Programme

A collaborative programme
across Berkshire West

Reading specific Model



Bev Nicholson

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Integration Programme Manager, Reading

January 2025



Community Outreach Delivery Method

Through Health Inequalities funding from the BOB ICB for Berkshire West Place, a programme of NHS Health Checks delivered within community settings was agreed. Each of the three areas within Berkshire West; Reading, West Berkshire and Wokingham, have taken a slightly different approach to how these checks would be delivered, alongside some wrap around social prescribing, advice and wellbeing support from community sector providers, such as debt advice and mental health support and much more. This update report will provide information about the delivery of the programme in Reading, and the outcomes for our residents who have been supported.

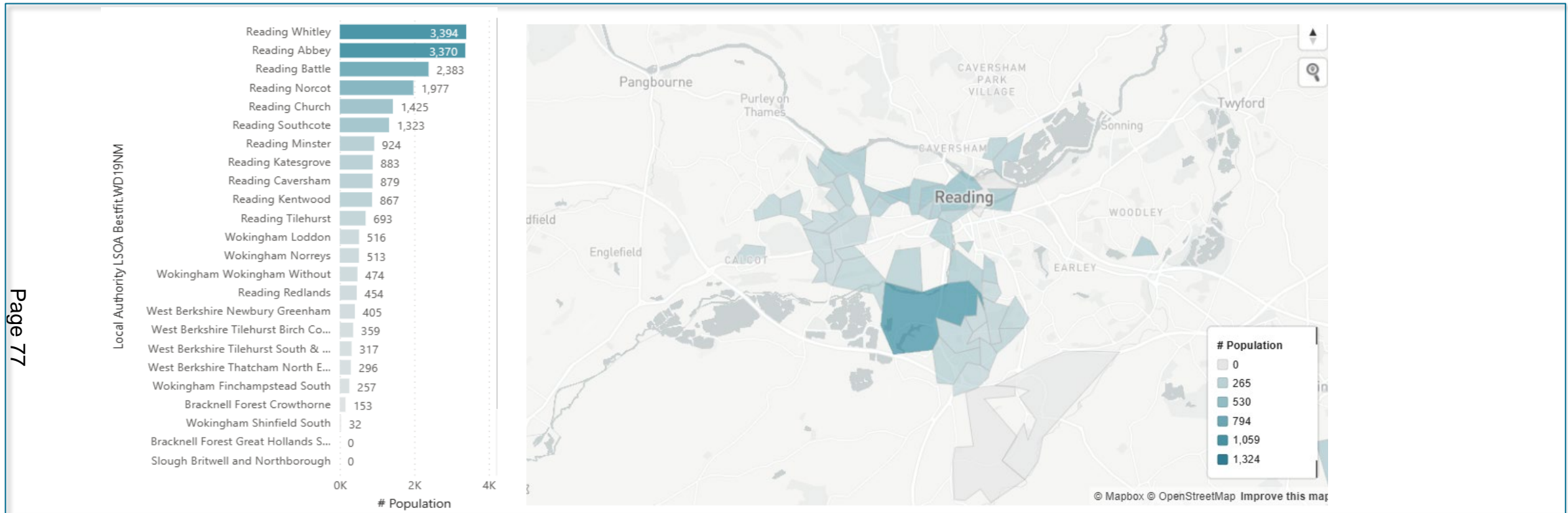
The collaboration with our Primary Care, Voluntary and Community Sector led by Reading Voluntary Action (RVA), and the Royal Berkshire Hospital's Patient Experience and Engagement Team (Meet PEET) service, *(who had a team of Nurses delivering a programme of mini-health checks, working with RVA, and upon which we developed the service model)* has been absolutely vital, and it is noted that there is a clear alignment of this project delivery model with the current review of the NHS 10 year plan which is proposing three key shifts to underpin future reform:

- Shift 1: moving more care from hospitals to communities
- Shift 2: making better use of technology in health and care
- Shift 3: focussing on preventing sickness, not just treating it

We have focused on priority groups (aligned with the Core20Plus5 model for addressing inequalities) in areas of deprivation and included other priority groups who may be more at risk of poor health outcomes.



READING: Eligible for NHC and NOT completed (Areas of Deprivation) as at the start of the project (2023/24). (Ages 40 to 74)

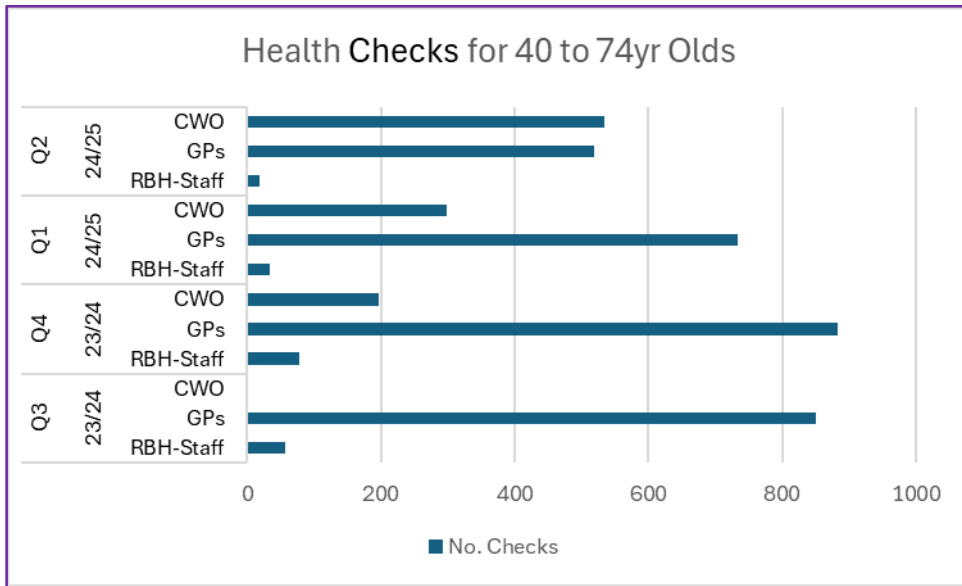


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Key insights

- Whitley and Abbey Wards have a greater number of residents eligible for an NHC but have not completed it living in Deprivation deciles 1-4.

Health Check Data (Reading)



- In 2022/23 the number of NHS Health Checks was low, and this was a driver for taking a different approach through the investment from the Health Inequalities funding, which started in 2023/24. The Universal NHS Health Check is delivered to people aged between 40 and 74 years of age, who have not had a check within the previous 5 years.
- We have extended the age group range that we see for the Community Wellness Outreach (CWO) sessions to anyone over the age of 18 in Reading (*Note: of the checks completed in the community, only data on 40-74 yr olds is reported to the Office for Health Improvement and Disparities as part of the quarterly reporting to OHID*)).
- We also knew that there were people in our communities that did not attend a GP for a variety of reasons and may also be within the focused “Core 20 Plus 5” group i.e. “Those identified in System Insights as being on any of the following lists; Homeless, learning disability, left military service, refugee or asylum seeker, released from prison, requires support to communicate, social isolation”, we have also included people who are unpaid carers for the CWO sessions.

Data for 2023/24, shows that 4,526 NHS Health Checks were provided to eligible people in Reading, which represents just over 10% of the total eligible population. This compares favourably with the previous year, when only 2,502 Checks were provided, representing 6.0% of the eligible population.

In addition to the long-standing provision of NHS Health Checks in GP surgeries, the Community Wellness Outreach pilot has been raising awareness of cardiovascular disease in local communities and providing even more NHS Health Checks since December 2023 (1,172 to 40-74 yr old age group, as at the end of October 2024), and represents 25% of the total checks that were delivered in 2023/24 for this age group. **At the end of Q1 2024/25, and for the first time in any financial year since 2013-14, Reading have performed significantly better than the England average.**

Web page for calendar of events



ACRE, 344 Oxford Road, RG30 1AF

- How to find us: on Oxford Road, go through the blue gates underneath the old Battle Hospital sign.
- This hub is on the sky blue 15, sky blue 16 and purple 17 bus routes, bus stops Beresford Road and West
- Small car park on site.

The Atrium, Friar Street, RG1 1EH

- How to find us: enter the glass door to the café next to Greyfriars Church.
- Closest bus stops in town to walk to The Atrium are on Cheapside (Oxford Road) and Friar Street.
- Car parking: Broad Street Mall, Chatham Place

Coley Park Community Centre, 140 Wensley Road, RG1 6DW

- How to find us: enter through the double doors.
- This community centre is on the bronze 11 bus route, bus stop Coley Park House.
- A few car parking spaces are available on site, or park in nearby streets.

Hexham Road Community Centre, 1A Bamburgh Close, RG2 7UD

- This community centre is on the emerald 5 bus route, bus stop Corbridge Road.
- Limited parking available on nearby streets.

Reading Central Library, Abbey Square, RG1 3BQ

- How to find us: the library is on Kings Road. Use the stairs or the lift to the third floor, Community Place.
- Buses: Closest bus stops in town to walk to the library are on Market Place and Kings Road.
- Car parking: Queens Road Car park, The Oracle.

Southcote Community Hub, Coronation Square, RG30 3BA

- How to find us: enter through the doors to Southcote Library.
- This hub is on the yellow 26 bus route, bus stop Coronation Square.
- There is parking available on nearby streets.

Book a health check

- You can also walk in for an appointment. Waiting times may vary.
- New appointments become available all the time, so please check back soon if you would prefer to book in advance.
- Call 0118 304 8841 if you have any questions – spoken translation is available when you call.
- What's involved in the NHS Health Check
- Community Wellness Outreach main page

December 2024					
Mon	Tue	Wed	Thu	Fri	Sat
2	3	4	5	6	7
	Reading Central Library, 3rd Floor, RG1 3BQ	The Weller Centre	Reading Central Library, 3rd Floor	The Atrium	
9	10	11	12	13	14
	Coley Park Community Centre Reading Central Library, 3rd Floor, RG1 3BQ	Whitley Wood Community Centre	ACRE Reading Central Library, 3rd Floor		Indian Community Centre 10am to 4pm

As well as the drop in option, letters / messages are being sent to eligible patients with a link to enable them to book an appointment at one of the regular sessions:

<https://booking.appointy.com/healthchecks>

Call 0118 304 8841 if you have any questions.

Spoken translation is available when you call.

A video has been created to talk through the health check process:

https://www.youtube.com/watch?v=Ap3HsIN_B7U

Info and clinic list: <https://rva.org.uk/community-wellness-outreach/>

Details of the health check: <https://rva.org.uk/nhs-health-check/>

Calendar of the clinics: [Events in Reading – Community Wellness Outreach calendar – Reading Voluntary Action](#)

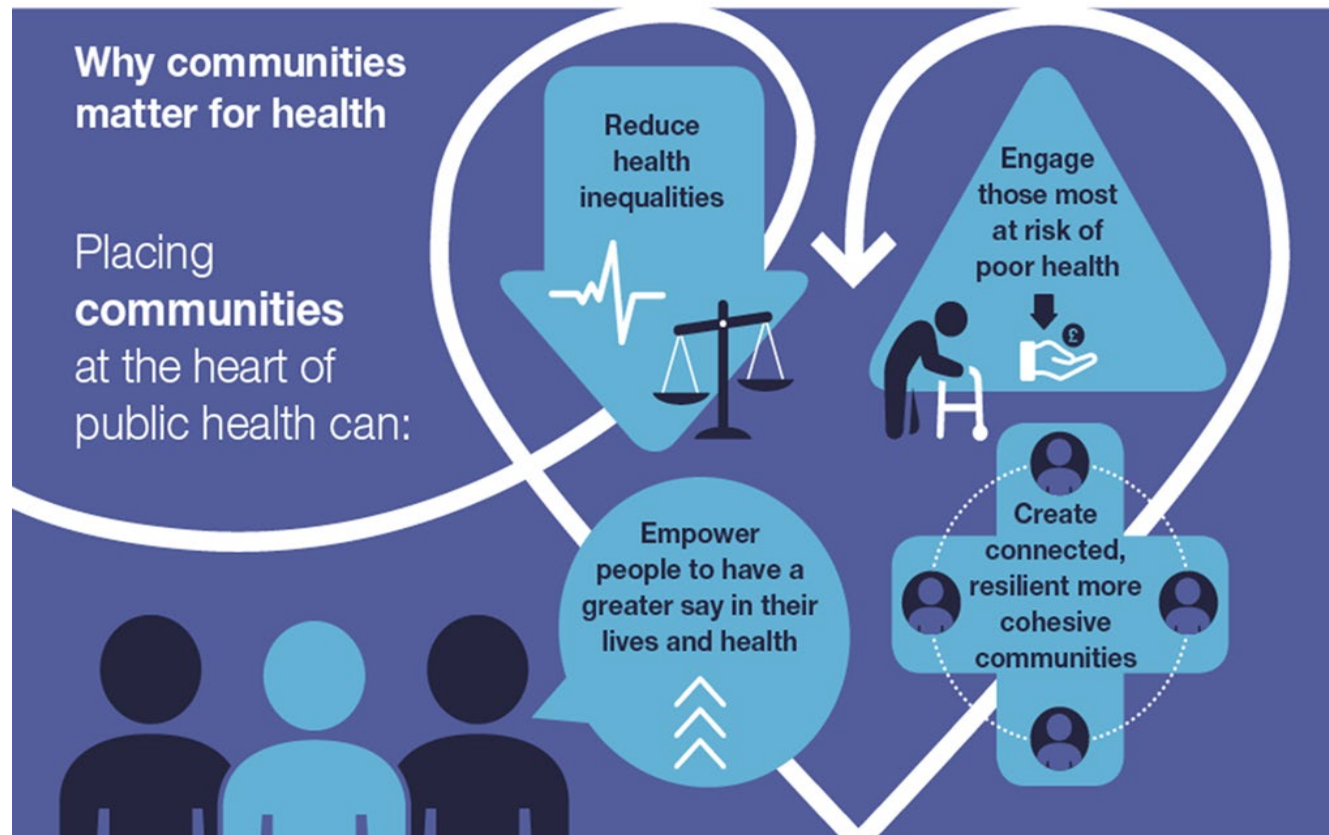
Adopting the Public Health approach

It is all about improving access, experience and the health outcomes.



Healthmatters

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- The NHS Health Check data will be automatically fed into the GP records system, which will enable risk stratification through Connected Care on a person-centred basis, as well as a Population Health Management basis.
- Where someone is not registered with a GP, the programme team supports them to register.
- They will also be able to take away the outcomes of their check and this can either be delivered via a digital transfer or on a “results” card, whichever suits their needs best.

ETHNIC HEALTH INEQUALITIES IN THE UK



BLACK WOMEN ARE **4x** MORE LIKELY THAN WHITE women to **DIE** in **PREGNANCY** or childbirth in the UK.

Ref: <https://bit.ly/3ihDwcN>



SOUTH ASIAN & BLACK PEOPLE ARE **2-4x** MORE LIKELY TO DEVELOP Type 2 diabetes than white people.

Ref: <https://bit.ly/3ulDy88>



IN BRITAIN, SOUTH ASIANS HAVE A **40%** HIGHER DEATH RATE from **CHD** than the general population.

Ref: <https://bit.ly/3iifo9V>



IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO **3x** more likely to **DEVELOP PROSTATE CANCER** than white men of the same age.

Ref: <https://bit.ly/39KWqEs>



ACROSS THE COUNTRY, FEWER THAN **5%** OF BLOOD DONORS are from **BLACK AND MINORITY ETHNIC** communities.

Ref: <https://bit.ly/3ulg17r>



BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO **2x** the mortality risk from **COVID-19** than people from a **WHITE BRITISH BACKGROUND**.

Ref: <https://bit.ly/3EzS2Qd>



BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER **8x** more likely to be subjected to **COMMUNITY TREATMENT ORDERS** than White people.

Ref: <https://bit.ly/3zK5jL>



ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE **10 YEARS** LOWER FOR BANGLADESHI MEN living in England compared to their White British counterparts.

Ref: <https://bit.ly/3urjmlt>



24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019, were caused by **CARDIOVASCULAR DISEASE** in Black and minority ethnic groups.

Ref: <https://bit.ly/3CYz22P>



CONSENT RATES FOR ORGAN DONATION ARE AT **42%** for Black and minority ethnic communities and **71%** FOR **WHITE ELIGIBLE DONORS**.

Ref: <https://bit.ly/3ogH3tm>

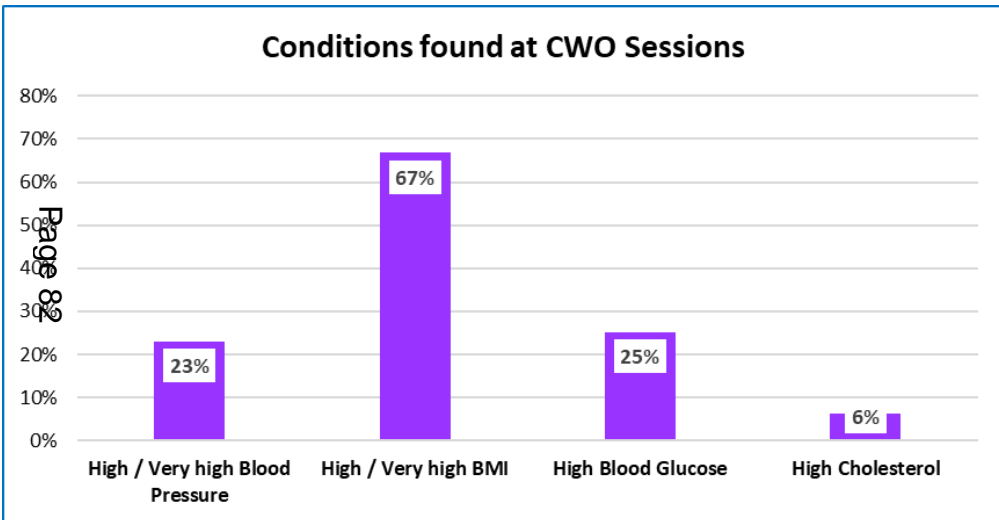
Data from the Race & Health Observatory (2021) indicated that:

- South Asian and Black people are 2 to 4 times more likely to develop Type 2 Diabetes than White people
- 40% of South Asians have a higher death rate from Coronary Heart Disease than the general population
- 24% of all Deaths in England and Wales in 2019 were caused by Cardiovascular Disease in Black and minority ethnic groups.

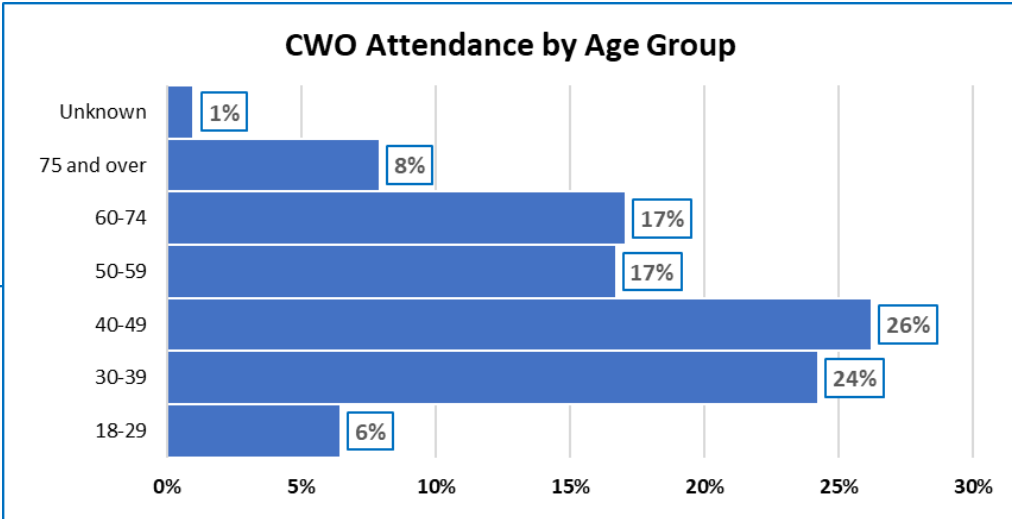
Reading's Progress so far...

- 23% of people had High or Very high Blood Pressure
- 67% had High or Very high BMI.

Note: Percentages do not total to 100% because some people had more than one health risk identified.

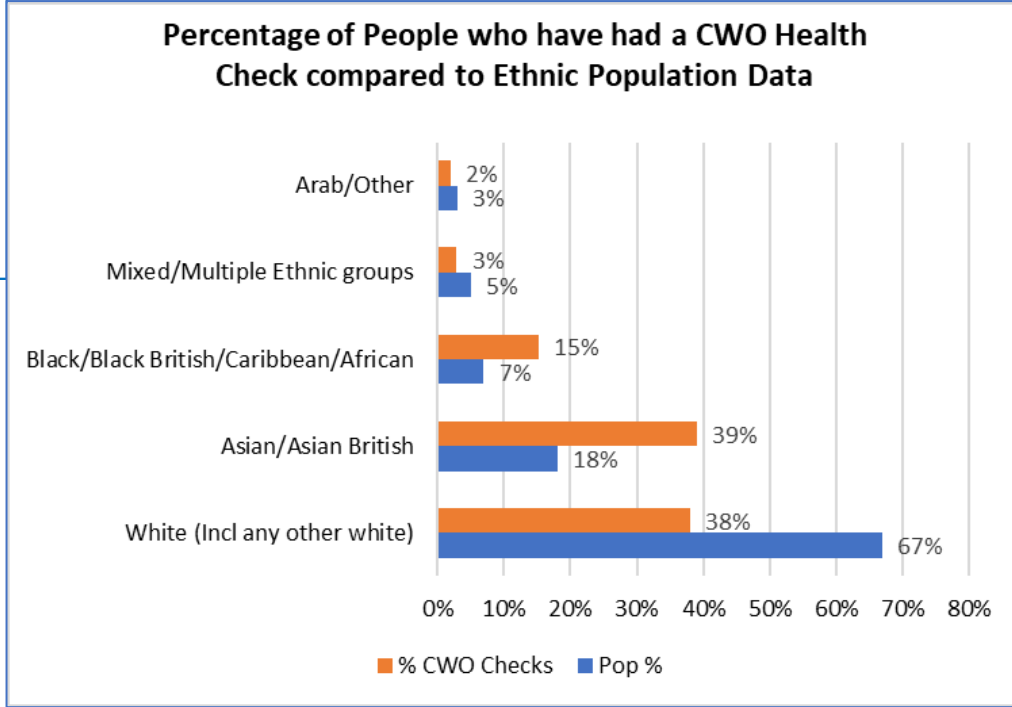


- **2,214 people seen (over age 18) in Reading as at the end of November 2024 out of a Target of 5,200 by end of June 2025 (42%).**
- **Approx. 38% of bookings following GP messaging, remaining bookings as a result of community engagement and word of mouth.**
- There was a significant increase in October in appointments booked by people from RG1 area



38% were outside the usual age range (40-74) for NHS Health Checks

- 8% aged 75+
- 30% below aged 40

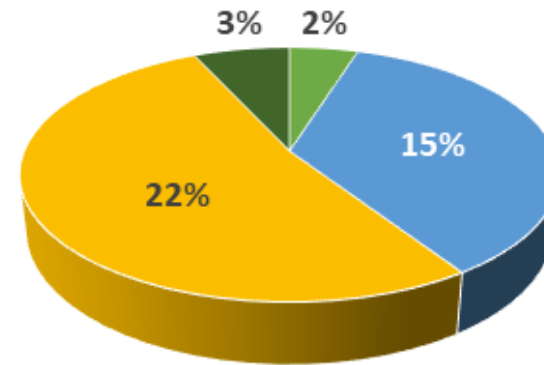


- 59% of people attending sessions are from ethnically diverse backgrounds and 54% of people were from an Asian or Black ethnic background, and higher than the population % of those groups in Reading as a whole.

Onward referrals



% People referred/signposted for further support



- Residents signposted/referred to Social Prescriber for further assessment
- Referrals to Health Behaviour Change Support (Lifestyle)
- Referred/Signposted to GP for further Assessment
- Other support

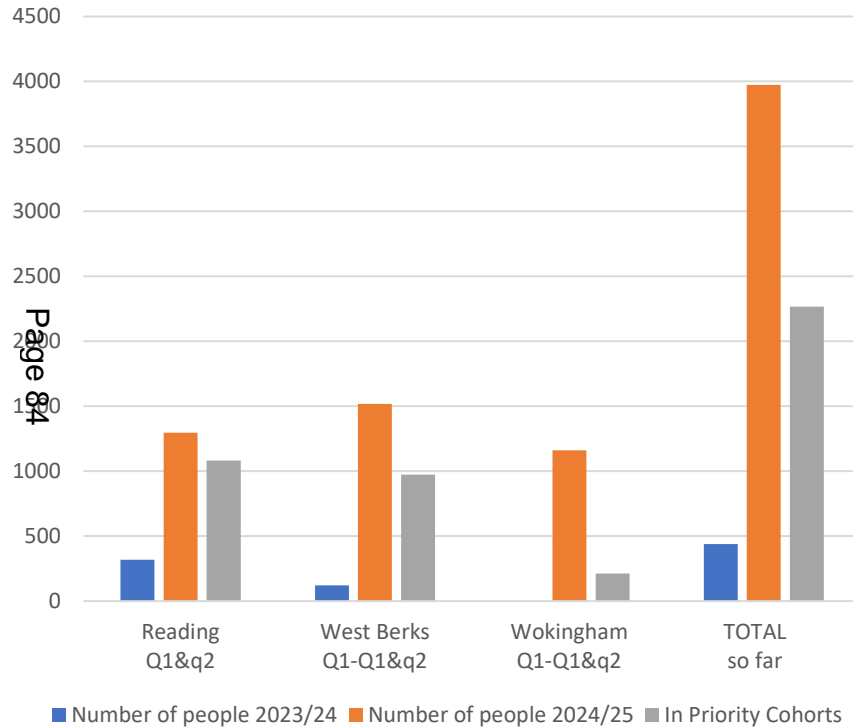
22% of people are referred back to their GP for follow-up, and where required support is provided to register with a GP or to book an appointment, including urgent on the day requirements.

Other referrals: Carer's Partnership and Carers Monthly drop in. Refugee support and Food provision, Communicare, Art and Craft, ADHD and Autism services, Bereavement counselling, Samaritans, Reading Community Learning Centre (RCLC) classes, English learning classes, Volunteering appointments and queries with RVA.

Berkshire West Activity – Number of people who attended the Community Wellness Outreach sessions as at end Q2 2024/25



CWO No. of People attended CWO as at end Q2 2024/25



26 people who are registered within a non-Berkshire West GP practice (out of area) attended Community Wellness Outreach sessions.

20 people who attended Community Wellness Outreach sessions are not registered with a GP practice; of these 20 were supported to register with a GP.

36% of people have accessed the health checks by booking in and the remainder by drop-in sessions.

Total number of people attending: 3610 (4048 since the programme started); of these 2267 are in the **priority cohorts, 83% of Reading’s activity, 72% of West Berks activity and 22% of Wokingham’s activity.**

In Berkshire West, 41% of attendees are male (5% more than Q1 2024/25, and 52% are female. **In Reading this is 53% Female, 45% Male and 2% Other.**

Case Studies and Feedback



Case Studies:

- A Pakistani female was provided with further support and has since joined the active exercise class provided by Cumberland Road Mosque. She also called for support when speaking to the receptionist at her GP surgery and an appointment was made with the receptionist by RVA on her behalf.
- A non- English speaker had his check and needed to be referred to Social prescribing. He was sure he was registered with a GP but was unable to remember which practice he was registered with. RVA worked with different agencies to find out his GP practice so that he could be referred to them and supported by a Social prescriber.
- We also had someone who was referred to CWO via their case worker, on talking to them it was discovered they had had the check 3 months ago but needed an appointment as they had been suffering from temporary blackouts. The person was homeless, vulnerable and found it difficult to understand the health system. The team worked with staff at his surgery to organise an appointment which he attended and is now being followed up accordingly.
- An ex-military veteran needed an on the day appointment following their Health Check. The community leader, RVA and Meet PEET worked together to make a GP appointment that day. The community leader was able to report that the person had attended their appointment and were being monitored for the reason that had been brought up in the check.

Feedback received via the monitoring and evaluation forms:

- Calm, serene, peaceful, harmonious vibe and atmosphere the moment you step inside the venue.
- Great initiative! I had the best healthcare appointment in the last 10 years. Everybody very patient and explanation received on my understanding.
- This is an exceptional example of taking services to the communities you serve! Very easy to sign up to; very lovely staff. Quick checks done and you go with your result. Thank you, NHS and RVA. Well done to all involved!

Outcomes



Client sounded much happier and more confident, has joined Slimming World with a friend. We discussed Healthwise programmes - Client advised to look at PARS which requires GP referral or Adult Weight Management course plus activity i.e. food and nutrition behaviour changes plus £25 per month access to activity which can be self-referral. Client will choose self-referral and has agreed to be contacted again later in the year to check progress.

Client emphasised the difference that the health check followed by a face-to-face meeting with the social prescriber has made to their home/life balance. They have already introduced an element of healthier eating and will go for the Healthwise adult weight management in the autumn.

Four men attended after hearing about the project from their wives. Two Asian Pakistani, two Black Caribbean. One White British male came with support from a female community leader – the man **had not visited his doctor in 6 years**. All were advised to increase physical activity and attend GP for high cholesterol/bp and/or blood sugar.

Thank you so much for your help with our Ukrainian client who came in for a health check with you. The lady saw her doctor that same day, they took her blood pressure and arranged for her to have a phone translator and explained the risk of elevated blood pressure again. She was given a prescription for some tablets and a follow up appointment was arranged for her, too. I saw her again a few times and she was so grateful for your help and concern. She would never have gone to see her doctor about it without your advice.

(Resettlement/Outreach worker - Ukraine).

“I’ve just got back to the centre, and a lady has just thanked me for the health check as Angina, cholesterol and high blood pressure were picked up and she is now under the care of a consultant.”

Community Health Champion

I wanted to give you some positive feedback from our session at the Forgotten British Gurkhas. One person needed a phone call to the surgery due to high blood pressure. When we got through to the receptionist, she was very helpful in taking down the details from the nurse and said she would speak to the doctor. The doctor called back, and the person was able to go to the pharmacy and receive some medication today as the doctor had sent the prescription through and gave an appointment for the following day. This also happens to be with a Nepalese doctor and the person is Nepalese and without any English, which was a great bonus.

We have had some positive experiences of calling surgeries and experiences like this during the project.

My client had shoulders slumped and was sad before coming to see you. After he had spoken to you and had his health check, his face looked a lot brighter, and he said he felt much better as he was being heard.

Job Centre Case Worker



Our team engagement



Our delivery partners have continued to be actively engaged from the start, very much with a co-production focus, working with our voluntary and community providers and our primary care clinical/health specialists to design a delivery model, with the ability to adapt and flex as the programme develops. We have scaled up delivery and increased bookings through messaging via our Primary Care partners to core groups using the Core 20 Plus 5 datasets, to draw lists from our Shared Care Record “Connected Care”, alongside wider communications through newsletters, leaflet drops and word of mouth. Those invited can book onto an available session, a function that has been available from April 2024 in Reading. One of the key workers on the project and the Meet PEET team, achieved Grass Roots Community Awards for Communication and Education in Health and Wellbeing in October 2024:

“Individuals dedicated to advancing educational opportunities within the community. Honourees demonstrate exceptional commitment to improving access to learning, fostering education equity, and empowering individuals through knowledge and skill-building.”

Questions





READING HEALTH AND WELLBEING BOARD

Date of Meeting	17 January 2025
Title	SEND STRATEGY 2022-2027 UPDATE
Purpose of the report	To note the report for information
Report author	Brian Grady
Job title	Director of Education
Organisation	Brighter Futures for Children
Recommendations	<ol style="list-style-type: none"> 1. That Board notes the progress on delivering the partnership SEND Strategy for Reading 2022-2027 2. That Board notes the key challenges for the year ahead. 3. That Board endorses next steps to continue to deliver the 2022-2027 strategy through the end of 2024 and 2025.

1. Executive Summary

- 1.1. This report provides an update regarding the delivery of the Reading partnership Special Educational Needs and Disabilities (SEND) Strategy 2022-2027.
- 1.2. This report summarises the further progress made in 2024 on the ambitions and actions set out in the strategy. The over-riding key performance indicator for the new strategy, as previously reported to Health and Wellbeing Board in October 2023 is that the future local area inspection in Reading, in the complex national context, identifies the effectiveness of all partners to improve outcomes for children and young people with SEND and their families.
- 1.3. The strategy ‘went live’ from January 2022 and work strands have driven priority actions, reporting to the SEND strategy group.
- 1.4. On 17th October 24 a strengthened Reading SEND Strategy Board was launched, with strengthened senior leadership. The revised SEND Strategy Board is co-chaired by The Executive Director of Children’s Services, Reading Borough Council and Brighter Futures for Children, and the Director of Vulnerable People, Buckinghamshire, Oxfordshire and Berkshire West NHS Integrated Care Board (BOB ICB).
- 1.5. Significant progress has been made in 2024 to review the impact and effectiveness of the SEND strategy and examples of the partnership’s impact on outcomes for children are included [here](#). In addition, detailed work on the self-evaluation framework (SEF) of the SEND partnership system in Reading has been completed, responding in the first instance to the lived experience of our children and families, and is attached to this report for reference (Appendix 1).

2. Policy Context

- 2.1. As reported to Health and Wellbeing Board in October 2022, the Reading partnership SEND Strategy 2022-2027 sets out how the local area partnership will deliver support and

services in collaboration with children, young people, families and carers to meet local needs and national responsibilities.

- 2.2. Our strategy for children and young people with SEND is rooted in our vision for Reading's children and young people:

All children and young people with SEND will be supported through the provision of the right support at the right time to be as independent as possible and have their emotional, social and physical health needs met. They will have choice and agency in adult life and be able to access and navigate services to lead rich and fulfilling lives and flourish in a healthy, thriving and inclusive borough.

- 2.3. Our strategy is aligned to the aims and objectives of the 2023 HM Government SEND and Alternative Provision Improvement Plan, to deliver 'The right support, in the right place, at the right time.' It reflects the positive outcome of the June 2021 local area inspection and the key areas for development identified through that report. Our strategy is co-produced with local parent carers and children, is informed by related key national documents such as the SEND Code of Practice (2015), National Autism Strategy (2021), the National Disability Strategy (2021) and the NHS Long Term Plan. It also takes account of national advocacy campaigns that promote the rights of disabled people. Our strategy will continue to be informed by any consultation results announced by HM Government.
- 2.4. Reading partnership have completed a Self Evaluation Framework (SEF), following strategic analysis of the Reading partnership system's strengths, strategic risks and gaps. The SEND SEF is attached to this report at Appendix 1 and provides a more detailed update to the Health & Wellbeing Board.

3. Progress on the SEND Strategy 2022-2027

- 3.1. The SEND Strategy 2022-2027 is being delivered through the following work strands:

- Strand 1: Communications
- Strand 2: Early intervention through to specialist support
- Strand 3: Emotional wellbeing
- Strand 4: Preparing for adulthood
- Strand 5: Short breaks
- Strand 6: Local Area Inspection

Each work strand is overseen by a steering group, with representation from Reading Borough Council, Brighter Futures for Children, NHS, and parents and carers. Progress in 2024 on each strand is set out below, with next steps for 2025 identified.

- 3.2. In response to the updated SEND Strategic Risk Assessment for Reading and the Self Evaluation (SEF) the focus of each workstream has been strategically refocussed in October 2024, in specific and measurable strategic workplans, to make best use of partnership resource.

3.3. Strand 1: Communications

- 3.4. Work strand 1 continues to be highly effective and productive.

- 3.5. Reading Family Information Service and SEND Local Offer have continued to effectively support families with information advice and support and are seen as trusted and impartial by parent carers. The Family Information Service have received recognition for their impact and quality as Winners of the National Association of Family Information Services (NAFIS) Coram Family & Childcare award for Best Community Engagement 2022 and 'Best SEND Local Offer' 2022.

- 3.6. Considerable attention has been given to co-designing and updating SEND resources for Reading families and for the wider partnership support system. This has included significant time and energy invested in:
- Preparation for Adulthood resources
 - Updated [Ordinarily Available Provision and Graduated Response](#) advice and guidance
- 3.7. These resources have been actively contributed to by SEND families, supported by Reading Families' Forum and wider community groups, and by the wider partnership spanning BfC, education, health and voluntary sector partners.
- 3.8. Special United/Me2Club, our children and young people's participation group for children with SEND, BOB ICB and Brighter Futures for Children have worked together to build upon the videos to help boost understanding of children & young people with autism and/or additional needs; their lived experience has informed the Ordinarily Available and Graduated revised guidance to early years settings, schools and the wider system.
- 3.9. Reading Information Advice and Support Service have continued to provide videos and webinars for children and young people and parents and carers on what the service is and how it can help; an introduction to SEND support and an introduction to EHCPs.
- 3.10. In response to direct requests from parents and caregivers, a [condensed summary of the SEND system](#) (SEND Roadmap) has been developed in close partnership with Reading Families Forum and wider community groups.
- 3.11. In partnership with the health economy, new simplified guides to accessing speech and language therapy support have been produced and published.
- 3.12. Impact of our communications and engagement continues to be tested out through parent carer and young people surveys, which are providing positive feedback. Close attention has been paid to the lived experience of families and young people, including the design of a new SEND quality assurance thematic learning programme, which embeds cultural humility into learning.
- 3.13. The Cost of Living crisis continues to impact local families in Reading. The Family Information Service have a dedicated page on the directory to support families access information quickly, local charities ensure we are kept informed about any specific support and offers for families to access. The Family Information Service and SEND Local Offer are linked in on the Money Matters page.
- 3.14. **Communications: next steps**
- 3.15. The new strategic workplan for the communications workstream focuses on the promotion of the many newly produced resources and guidance for SEND families and for the local system of professionals.
- 3.16. Following communications support to capture Reading partnership's positive impact on outcomes for children and young people with SEND, promotion of the achievements and learning of the partnership is underway.
- 3.17. Improved information and communications with parents and carers while awaiting an ADHD or ASD assessment remains a priority.
- 3.18. Ongoing communication with parent carers about new SEND school places in Reading will remain a priority, as more provision becomes available.
- 3.19. We will continue to communicate new developments, including the delivery of the new Reading Inclusion Support in Education service to families through Local Offer newsletters, social media and the Local Offer homepage.

3.20. Strand 2: Early intervention through to specialist support

- 3.21. Following Reading Borough Council having been successful in securing a £1M grant as part of the Department of Education's (DfE's) 'Delivering Better Value' (DBV) programme, significant investment was made in establishing the RISE programme to provide support and advice to educational settings, to develop the most inclusive practice for children with SEND. The impact of this work on outcomes for children is currently being reviewed.
- 3.22. Significant work has been undertaken to improve the quality of information and support to partners and to families, on clear expectations for Ordinarily Available Provision (OAP) and Graduated Response guidance. These significant improvements to local guidance were approved by the SEND Strategy Board in October 2024.
- 3.23. A whole system review of the SEND system from early intervention through to specialist support has been undertaken to inform a whole system Reading SEND strategic risk assessment; identification of impact on outcomes for children; gaps analysis and detailed Self Evaluation (SEF). This has led to a redesign of SEND Strategic governance and all workstreams.
- 3.24. Early Years Early Intervention Fund rollout commenced on schedule in April 2024. Initial uptake has been strong, and a number of EHCNAs for children in EY have been diverted towards early intervention, thereby evidencing EIF's impact on improving Ordinarily Available Provision.
- 3.25. The changes to the Speech and Language system have improved timely access to speech and language support in the early years, i.e. there are currently no children on the waiting list for support in the early years, which is a crucial systems improvement for early intervention.
- 3.26. Capacity in the Early Years Portage team has increased following recruitment and change of model resulting in 92 families now able to receive home visits and 20 families can be invited to group.
- 3.27. As part of the delivery of their children and young people's strategy, Royal Berkshire NHS Foundation Trust has responded to identified areas for improvement in relation to completion of EHC assessments and simplifying the referral pathways for therapies for children. The Trust have instigated a more streamlined process allowing professionals to complete EHC assessments in a timelier fashion which has led to an improvement in compliance.

3.28. Early intervention through to specialist support: next steps

- 3.29. Following the implementation of the Delivering Better Value Programme, and in particular the introduction of the new Reading Inclusion Support in Education service, the impact of the RISE offer is being reviewed.
- 3.30. Many parents and carers continue to be concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD. The team have continued to work very hard including holding weekend clinics so that we can offer more appointments to families. Work is also being undertaken by the ND team with Healios and Psychiatry-UK to reduce the waiting lists for Autism and ADHD. Reading Families Forum and wider community groups report an experience of waiting times that requires further consideration. ICB leaders are actively reviewing how the whole system might move from a traditional medical model to an early intervention, needs-led system. Timescales and proposals on the approach to this necessary development for the system are welcomed and awaited.
- 3.31. Some families still experience services and pathways across the partnership of providers which don't work together seamlessly. Some pathways to health services are not clear

enough and can be confusing. An ICB commissioned review is underway and anticipated to address these concerns through 2024, the results of this review are awaited.

- 3.32. Data sharing from across the health system remains challenging. Data sharing is one of the top 3 priorities for the BOB ICB. Work has been undertaken to provide local (i.e., Reading-specific) data, a data dashboard is required.
- 3.33. Progressing plans for increasing the sufficiency of local provision through the SEND Commissioning Strategy and the School Place Planning strategy is a key priority. Whilst significant success has been achieved in delivering additional places for children for academic year 2023/2024, more places will be needed for academic year 2024/2025 onwards and a programme of significant development for specialist educational provision to meet demand has commenced.
- 3.34. Working with schools to focus on reducing suspensions and exclusions of SEN children is a key priority for the Reading area SEND partnership and the Reading Education Partnership. Work is being undertaken to embed the range of training, resources and support to schools so as to increase inclusion of Reading's children and young people and reduce exclusions of SEN children in mainstream education (recognising that vulnerability to extrafamilial harm, exploitation and other forms of harm, increases significantly for our children when they are excluded from school).
- 3.35. Intentional work with early years and education providers is underway to increase cultural curiosity, humility and sensitivity to marginalisation and minoritisation, and how lived experience of prejudice and discrimination impacts on proactive inclusion practice, and specifically the importance of understanding and proactively responding to intersectionality for SEND children.
- 3.36. There continues to be a need to increase special educational provision from early years to KS4. Proactive Commissioning Strategic intention and co-design with the system, spanning Workstream 2 and Workstream 4, will progress the range of provision available in the coming years. Proposals for expanded and new local special school provision is being considered by Reading Borough Council.
- 3.37. SEND early identification opportunities are informing the design and development of family support, including the development of Reading's Family Hubs; and are informing preventative Youth Justice support.
- 3.38. Educational attainment for SEND children starts off strongly in Early Years, but deteriorates by the time children reach Key Stage 4. Improving outcomes at later Key Stages is a key strategic priority for the Reading Education Partnership and the Reading area SEND partnership.

Strand 3: Emotional wellbeing

- 3.39. 'Therapeutic Thinking Schools' networks and training are strategically crucial to Reading's preventative approach to inclusion of all children in Reading schools. Therapeutic Thinking continues to be supported in the vast majority of Reading schools, with positive impact on inclusion and support for Reading children. Educational Psychologists and the Primary Mental Health Teams are offering mental health surgeries to all Reading schools and this is well received. Feedback given before and after surgeries by school staff showed an average of 98% increase in confidence of all participants across all four quarters of the year. In the last financial year, 2023-2024, the Primary Mental Health Team, jointly with the Educational Psychology Service, offered 109 School Surgeries, which 97 schools attended, and care and support was provided for 242 children. Strategic conversations are underway to give consideration to a more systemic approach to emotional health triage in Reading.
- 3.40. There is a comprehensive training offer to schools, early years settings and colleges and this supports schools in applying therapeutic thinking to reduce exclusions and promote mental wellbeing. As reported to the H&WBB in October 24, the impact and effectiveness of Mental Health Support Teams in Reading is strong with the mature partnership delivery

model of BFfC delivery allowing close operational and strategic partnership with schools. It will be crucial to sustain this effectiveness during the period of tender for MHST provision.

- 3.41. The impact and effectiveness of the Mental Health Support Teams is notable. For example, the experience of working with MHST colleagues demonstrates that the majority of respondents (61%) rated their experience of working with MHST staff as 'excellent'; 24% rated their experience as 'very good' and 14% gave a rating of 'good'. The feedback collected demonstrates that the service provided by the MHST has been overwhelmingly positive and effective in meeting the needs of users. Many children and young people highlighted the usefulness of practical strategies, particularly around managing anxiety, stress, and emotional wellbeing. Techniques such as hand breathing, grounding exercises, and specific workshops on topics like self-esteem and separation were frequently mentioned as valuable. Similarly, impact on outcome data demonstrates a marked emotional health improvement for children and young people receiving MHST support. For example, in the trailblazer MHST, 96% of children reported progress towards meeting their goals and 78% of children and young people showed an improvement in at least 1 RCADs (Revised Childhood Anxiety and Depression Scale) subscale and were also below clinical threshold at the point of closure. 88% of children/young people report at least one RCADs subscale below clinical threshold at the end of the intervention. Similarly in the Wave 5 MHST, 100% of children/young people reported progress to their goals and 83% of children and young people showed an improvement in at least 1 RCADs subscale and were also below clinical threshold at the point of closure and the end of the support. 83% of children/young people report at least one RCADs subscale below clinical threshold at the end of the intervention.
- 3.42. The Reading Primary Mental Health Team (PMHT) has been similarly impactful, providing 1:1 direct time-limited therapeutic support for Reading children and young people aged 5-18 who are at risk of developing serious mental health problems, or those who are experiencing significant impairment due to their emotional or mental health problems; most if not all of whom would not otherwise receive any specialist help. In the last financial year the PMHT received 123 referrals. Out of those 123 referrals 50 had SEN, 12 had an EHCP, and a further 2 were going through an EHCP needs assessment. 100% of these children demonstrated improved outcomes. The PMHT service offers a flexible, needs-led approach, working with children who are too complex for MHST teams, but do not receive support from CAMHS without subscribing to one medical model.
- 3.43. Families continue to raise concerns regarding waiting times for specialist CAMHS (Autism, ADHD, etc). ICB colleagues are exploring a systems change in Berkshire West to improve outcomes for children.
- 3.44. Learning Disability CAMHS has been implemented across Berkshire West, for children and young people with a moderate to severe Learning Disability. Impact on outcomes information is awaited.
- 3.45. Reading Families Forum have seen a large increase in children presenting with Emotionally Based School Avoidance (EBSA), which is further evidenced by feedback from young people. The new EBSA team for children in a Reading school established in 2023 worked with 34 children, with over 560 contacts with families and over 370 contacts with the child. Of the 34 children, 95% were successfully reintegrated back into Education and 80% of the children showing improvements in mental wellbeing. The EBSA service's time-limited funding came to an end. The learning from the service is being utilised to inform the development of the RISE programme.
- 3.46. The reducing inequalities Task & Finish Group has focused on improving access for children and young people from ethnic minority backgrounds and cultures to mental health and emotional wellbeing support, information, and services. An Assistant Educational Psychologist is employed to lead on this work.
- 3.47. **Emotional wellbeing: next steps**

- 3.48. The work of the emotional wellbeing group is of significant importance for the SEND Strategy. There is a particular need to move from a medical model of system response to children and young people with need, to a whole system preventative support that enables early identification of emotional health needs, in line with the strategic direction set by the Principle Educational Psychologist. This includes continuing to focus on addressing inequalities in mental health services, including for children with SEND, which remains a key priority for 2024 and 2025.
- 3.49. A continued partnership approach to improving children's mental health with a focus on building the skills and resilience of our local communities, parents and carers, by offering training and workshops to those people most important to children's wellbeing, has continued.
- 3.50. In partnership with Berkshire, Oxfordshire and Buckinghamshire (BOB) ICB and through the development work associated with SEND (Special Education Needs and Disabilities), we have identified that there is opportunity to reconsider the emotional and mental health system, moving from a traditional medical model of diagnosis and treatment, to a more preventative model of whole system support, which is well developed in Reading schools as outlined above. There is also commitment to begin a more strategic conversation about the approach to commissioning across the system (BFfC, RBC and ICB).
- 3.51. The partnership is continuing to develop and embed our Autism Growth Approach in 2024, which focuses on all children having a positive experience of being in school; including training from the Autism Education Trust, workshops for parents, Intensive Interaction and specialist training, and the application of this learning in the revised Ordinarily Available Provision and Graduated Response guidance.
- 3.52. Strand 4: Preparing for adulthood**
- 3.53. Preparing for adulthood is an area of significant strategic focus for the newly formed SEND Strategy Board.
- 3.54. The panel for preparation for adulthood is established and overseeing improved transitions and preparation for adulthood work across the partnership. Transition work in Year 9 upwards is an area of focus and is being addressed through joint working for children aged 14+ between Brighter Futures for Children and Adult Social Care. This continues to be an area of particular strategic focus for improvement.
- 3.55. Coproduction with local young people and families, a Preparing for Adulthood Guide has been developed by the Communications team and recently approved by the new SEND Strategy Board (October 24).
- 3.56. BOB ICB leaders and Reading Families Forum led a Transitions whole systems event and discussion with young people, parents/carers and professionals to develop practice and learn from the experiences of young people transitioning to adult services and eradicate unwanted variation. A Community of Practice has been established to share and embed learning.
- 3.57. The pilot to develop supported internships in Reading has been taken up by young people with EHC Plans and led to successful outcomes for eight young people. Partners like the RBHFT continue to work hard to create employment opportunities for SEND young people.
- 3.58. Preparing for adulthood: next steps**
- 3.59. Transitions continues to remain high on the agenda for parents and carers. The experience of transitioning from children's to adult's social care is benefitting from particular dedicated attention, as a key area of continued improvement. This is a specific area of focus for Reading's SEND Strategic Board,
- 3.60. Integrated commissioning is crucial for the onward development of the SEND system for Reading's children and to make adequate preparedness for adulthood (and readiness

within the adult system to receive young people with complex lifelong needs). This is a specific area of strategic focus for Reading's SEND Strategic Board.

- 3.61. A clear Commissioning Strategy, with a five year forward view, is being developed for SEND children (0-25) with a view to transitioning successfully to adulthood, bringing the BFfC, RBC and ICB Commissioning functions into closer partnership, and building on progress that has been made individually in specific areas. Priorities include:
- Ensuring individual young people requiring transition to adult services are considered early (from age 14) and actively, and effectively, planned for together by education, health and social care providers, to ensure clear partnership planning and investment, with families, in preparation for adulthood (in close partnership with Work stream 5).
 - Ensuring sufficiency of Special Educational provision (for more complex children) from Early Years to KS4, based on existing forecasting (in close partnership with Work stream 2).
 - Taking a transformational approach to the service design and commissioning of a renewed needs-led whole system approach to SEND (moving away from a medical model), to be more responsive to the needs of children and families and improve the accessibility and effectiveness of timely support (in close partnership with Work stream 3).
 - Ensuring the effectiveness and delivery of Integrated Therapies, and specifically commissioned services, in reaching the children that need support in a timely and effective way (with demonstrable impact on outcomes for children).
 - Co-design of Supported Living and Respite provisions, based on the analysis of need, and in close partnership with families and children's leads.
 - Dedicated resource to support employment pathways into adulthood for SEND young people, building on the learning from supported internships.
- 3.62. Employment Education and Training for young people with SEND remains a key priority. Developing more pathways to fulfilling destinations for all young people with SEND remains an important priority for the partnership. Increasing links with Reading's business community and expanding the offer of supported internships are key objectives for 2024.
- 3.63. Developing college places and post special school provision for continuing participation, enablement and positive activities for young people with Physical Disability and Profound and Multiple Learning Disability remains a priority.
- 3.64. Further developing the housing pathway and the SEND pathway for young people not known to Early Help or Children's Social Care was planned for 2024, but has not yet progressed. Leadership of SEND Workstream 4 has been reinvigorated to progress these actions.
- 3.65. In order to support the timely progression of the areas that require leadership from this workstream, the strategic focus, membership and leadership of workstream 4 has been reviewed and is being reinvigorated.
- 3.66. **Strand 5: Short breaks**
- 3.67. The dedicated area on the SEND Local Offer providing information, advice and guidance on short breaks, continues to be well received. Co-production with Reading Families Forum, Special United and the wider SEND community-based services developed further in 2024 with a conference with families reviewing the quality and availability of provision, and reviewing that information is accessible, meets the needs of local families and that the services commissioned are structured around the feedback provided.
- 3.68. Progress is being made to enable the systematic collection of short break information for all children, to enable forward planning and strategic forecasting for this cohort of children. A new system is expected to go live in early 2025.

- 3.69. The Family Intervention Service offer a brokerage service to vulnerable parent/carers helping them to access short breaks. This support has enabled many families and children to access universal short breaks.
- 3.70. Reading's Accessibility Strategy has been reviewed and updated to respond to learning in 2023 and feedback from families, and changes to the landscape of provision in Reading, following a large expansion of Alternatively Resourced Provision in the proceeding twelve months.
- 3.71. The Family Information Service has proved effective in helping the partnership better understand the feedback from commissioned providers and this is also an integral part of how local offer information is communicated to families. The Family Information Service capture feedback from parent carers and evidence of positive outcomes to further improve our offer. This co-productive approach to engagement has resulted in the creation of various short breaks.
- 3.72. **Short breaks: next steps**
- 3.73. System developments to enable central registration for short breaks is progressing well, to subsequently provide the data/informatics that is required to inform future design and commissioning within the system (in close partnership with Work stream 4).
- 3.74. Consideration is being given to the sufficiency of Occupational Therapy resourcing, short break and respite provision in response to analysis of current and forecast need (in close partnership with Work stream 4).
- 3.75. In light of the priorities to develop integrated commissioning, work is underway to develop clearly defined expectations between Adults' and Children's social care services, and in turn with the health economy (e.g., ICB Commissioning, Continuing Care, specialist equipment, etc), to ensure clearly defined roles and responsibilities and expectations for integrated planning and commissioning for children with complex needs, spanning CYPDT and children in special educational settings.
- 3.76. Work is underway on ensuring that inequities in commissioning arrangements for specialist provision (e.g., PA hourly rate) are resolved promptly, in the context of the local adults' and regional children's payment arrangements, to remove inequity in securing care for Reading's children with complex needs.

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

- 4.1. The information contained in this report and its appendices are in line with the overall direction of the Reading Health and Wellbeing Strategy, contributing to the following strategy priorities:
- *Help children and families in early years*
 - *Promote good mental health and wellbeing for all children and young people*

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 direct environmental and climate implications have been identified regarding the actions undertaken to implement the SEND Strategy 2022-2027 in 2023. Going forward, delivery of services local to children may reduce transport emissions, thereby positively contributing to Reading Borough Council's ambitions to be net zero.

6. Community Engagement

- 6.1. The development and delivery of the SEND Strategy is directly informed by coproductions with local families and by the proactive work undertaken with and by Reading Families' Forum and Special United/Me2 Club (i.e., young people's forum), as set out in this report.
- 6.2. A Coproduction charter is under development with Reading Families Forum to formalise the considerable time and efforts put into coproduction 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. The SEND Strategy 2022-27 aims to ensure the changing diverse and special education needs of Reading children are met, to raise the education standards for all and address inequality due to social disadvantage, disability (including multiple complex needs) and/or other protected characteristics, and contributes to the delivery of the Council's equality duties. The strategy will be reviewed and updated regularly to reflect changing demographics and to ensure that the diverse and special education needs of Reading children continue to be effectively met.

8. Other Relevant Considerations

- 8.1. Not applicable.

9. Legal Implications

- 9.1. Not applicable.

10. Financial Implications

- 10.1. Not applicable.

11. Timetable for Implementation

- 11.1. The delivery of the SEND Strategy 2022-2027 will continue throughout 2024. A further update on progress will be provided on an annual basis.

12. Background Papers

- 12.1. There are none.

13. Appendices

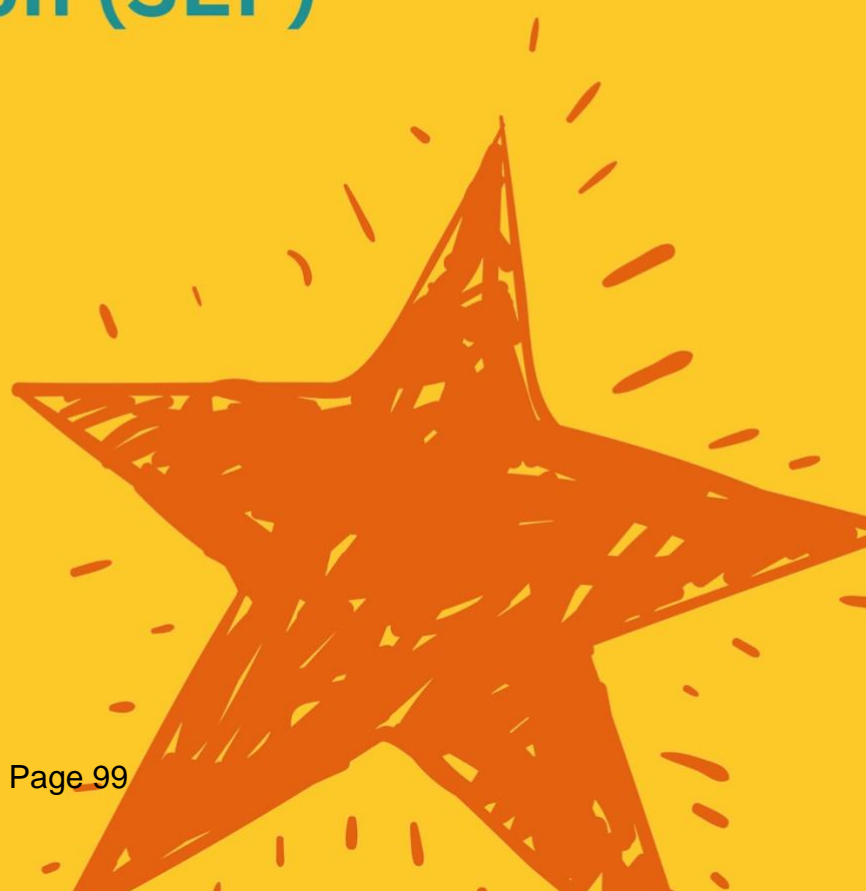
Appendix 1 – Reading Area SEND Self Evaluation Framework (SEF)



Reading Area

Special Educational Needs and/or Disabilities (SEND) Self Evaluation (SEF)

OCT 2024





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Executive summary

Improving outcomes for children, young people and families with SEND is at the heart of Reading's partnership vision for SEND. Together, we want to build an inclusive Reading, where all of our children can thrive and diversity is embraced, supporting our children to become the independent and fulfilled adults of tomorrow.

The Reading Area SEND Strategy 2022-2027, clearly articulates Reading's vision for children and young people (children) with SEND. This Reading Local Area Partnership SEND SEF seeks to demonstrate the progress that Reading is making against the aims set out in the SEND Strategy 2022-2027. Reading's vision is that:

"All children and young people with SEND will be supported through the provision of the right support at the right time to be as independent as possible and have their emotional, social and physical health needs met. They will have choice and agency in adult life and be able to access and navigate services to lead rich and fulfilling lives and flourish in a healthy, thriving and inclusive borough."

We will do this by ensuring:

- SEND is everybody's business, embedded in the practice of all those that work with children, young people and families
- 'co-production' happens at every level – 'working with' families not 'doing to'. Co-production is at the heart of what we do: changing the way in which we work together with families operationally and strategically
- we deliver the right support in the right place at the right time, ensuring the availability and development of high quality universal and specialist provision to meet needs locally
- we improve outcomes for children and young people. We focus on working together to identify and assessing needs early, and through transparent and evidenced based decision making, ensuring equitable resource allocation to meet agreed outcomes and support aspirations
- we unlock all the resources in the borough of Reading.


The full version of the Reading Area SEND Strategy 2022-2027 can be found [here](#).

In addition to aligning with the commitments of the Reading SEND Strategy 2022-2027, this 2024 SEND SEF aims to fulfil the brief set by the Department for Education in its updated guidance on Annex A (available [here](#)).



What we are proud of

- Reading has a broad range of effective and well-regarded SEND support and emotional health services available to schools and families, with more than 200 support services in the voluntary and community sector.
- We are increasingly working towards being partners that provide support based on the needs of our children and young people and families with SEND, informed by the lived experience of our children and families, our partnership data, needs analysis and qualitative evaluation of practice.
- In the last academic year, 241 additionally resourced provision places for children with SEND (from early years through to KS4) have been added within Reading, significantly increasing the number of specialist placements available within the borough.
- There has been significant investment in Reading in working closely with the early years, school and further education providers supporting Reading's children with SEND. Frontline workers and leaders in these settings have been trained in therapeutic, autism and assessment skills resources (SERTS), to promote the inclusion of every Reading child and to keep learning engaging and interesting. This supports the system to set high expectations for learning for our children with SEND, working closely with families and personalise learning for each individual child, by identifying the sources of stress in education and trying to reduce them, adapting learning, making a plan together to meet needs and build on each child's strengths, interests and talents.
- The Reading Inclusion Support in Education (RISE) team has been set up, providing free, expert SEND advice to all Reading schools.
- Reading's Mental Health Support Teams have been further extended and now cover all Reading schools
- We have continued to learn together as strategic and operational partners and this learning has informed new service design and adaptation, including the recently commissioned new services in Health, in particular the key worker service and Dynamic Support Register for children at risk of Tier 4 admission and the Learning Disability CAMHS Service.
- Reading's Portage service has been redesigned in response to significant demand and has reduced waiting times for children and families and demonstrates notable improved outcomes for the children the service supports.
- Reading's investment in Early Years SEND advisory support is well received by settings and by families and has led to above national and regional average achievement for Reading's children with SEND in the Early Years Foundation Stage.
- A high percentage of Reading's children looked after (CLA) are also children with SEND supported by Education Health Care Plans (EHCPs) and Reading is proud to continue to achieve above national averages for CLA educational attainment.



Attainment outcomes for 2022/2023 exceeded national outcomes for CLA in the following measures: Key Stage 1 Maths; Key Stage 2 Reading; Key Stage 4 Attainment 8; Key Stage 4 Progress 8; Key Stage 4 GCSE English and Maths 9-4 and 9-5.

- There have been no permanent exclusions for children looked after (CLA), including children with SEND for a number of academic years. The Virtual School continue to challenge schools who are considering exclusions for children we care for (CLA). Feedback to support this includes:

“We have found the Virtual School very supportive and open to discussions around the needs for the students, especially those with high needs, or potential risk of PEX, being very solution-focused in order to support the students, whilst also recognising the efforts made by school, and the other support measures in place. This also extends to helping identify the correct support needed for CLA students too.” – Designated Safeguarding Lead and Deputy Headteacher, Reading School.

- Reading has consistently completed a higher proportion of assessments on time as compared England (and the southeast) over the past three years. In 2023, Reading completed 74.9% of assessments within 20 weeks compared to 50.3% nationally. As of July 2024, our year-to-date timeliness completion rate is 82%
- Reading benefits from a high quality of local special schools and has invested in high quality resourced provision in mainstream schools
- Provisional 2024 KS2 results have 24% of Reading children with SEND achieving the expected standard in reading, writing and maths (RWM) compared to 22% nationally. In 2023, 30% of children with SEND achieved the expected standard in RWM in Reading and England
- Reading has relatively low numbers of young people (16-17yr olds) with SEND 6.6% (7.8%) who are NEET
- Reading has participated in the supported internship Programme over 2023/24 and will participate again in 2024/25 with a view to increasing the number of supported internships available to young people in Reading. In the 2023/24 academic year we increased the number of young people accessing supported internships from 10 to 17
- Delivery Partners Ways into Work and Shaw Trust also reached out to mainstream secondary schools and local employers to expand the offer alongside delivering training for employers on disability awareness and neurodiversity which was well received and attended.

Children were asked: “Can you share your experiences with the support provided by the BfC and the SEND team?”

One child stated that “Service is good. Especially the EHCP, (the) annual review is good for finding our special educational need. (It) helped our families to understand our additional needs.”

Another child said that they “like(d) the EHCP annual review because it improve(d) the(ir) support after considering the criteria.”

However, one child shared that they “Don’t know what BfC do.” Once their teachers explained about BfC’s work around EHCPs, they then said that they “don’t know much about EHCP plans either.” This last comment was shared with colleagues in the post-16 SEND team, to ensure that the team are keeping children as engaged in the EHCP process as possible.

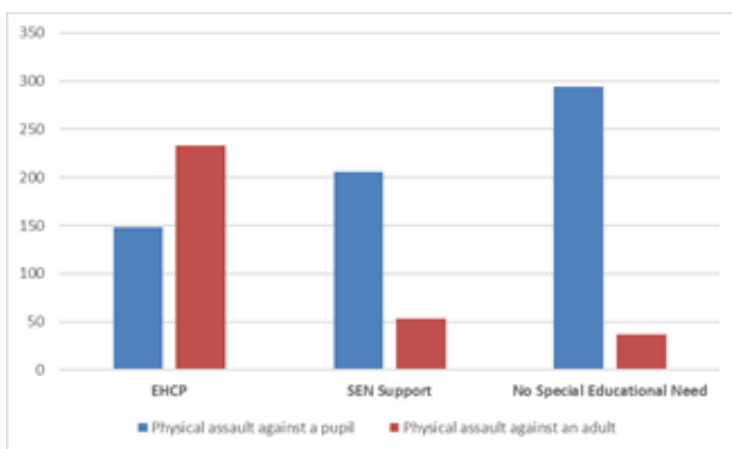
We continue to raise awareness with children and young people to help understand the nature of ordinarily available and graduated support for children with SEND in Reading. This has included SEND strategic leads sitting with Special United, SEND children, to talk about their lived experience of SEND support in Reading.

Key areas of development

- Parents and carers remain concerned about the waiting times for children and young people needing autism and ADHD assessments despite significant investment into the service. The diagnostic pathway has experienced unprecedented demand in line with the national picture. Pathway redesign has commenced supported Berkshire, Oxfordshire and Buckinghamshire (BOB) ICB.
- The emotional and mental health system is under pressure, and children with SEND often encounter waiting times for support reflecting national picture of increase in prevalence. New MHSTs have been allocated to Reading through the ICB and national programmes.
- There has been a lack of timely access to speech and language therapy at an early stage to avoid escalation of needs (both for children under 5 and school age children), a helpline system has been introduced to provide more timely access to support and advice, the impact of this is being closely monitored and early indications are positive.
- Reading has an insufficient number of local specialist placements for children with learning difficulties (including PMLD) and for children with Autism/SEMH, and overall lacks a coherent strategic commissioning approach for SEND children (all age) that

coordinates health economy and local authority/BfFC commissioning and plans forward into adulthood

- In the context of significant training and support investment in education, to support school and early years staff in their practice with SEND children, there remains variation in inclusive practice in mainstream schools and quality of transitions needs further development, the development of the RISE team is directly responding to this need
- We are concerned about a rise in suspensions of children with SEND and have initiated partnership qualitative analysis and review. We are intentionally exploring an indicative picture that suggests that children identified as having SEND are more likely to have been suspended for physical assault on an adult or another child.



- Lower than average performance of children with SEND in Writing, which is an overall development area for all children in primary education in Reading. School Effectiveness activity is specifically focusing on the acquisition of basic skills to address this issue for Reading children.
- There is a need for more routes into employment for post 16 children with SEND, including expansion of supported internships, and a wider post 16 educational offer for young people with SEND.
- Joint Strategic Needs Assessment and a collaboratively owned BfFC and ICB data dashboard, needs to be developed to better support joint strategic planning and progression towards a more integrated approach to commissioning

Reading Data Snapshot

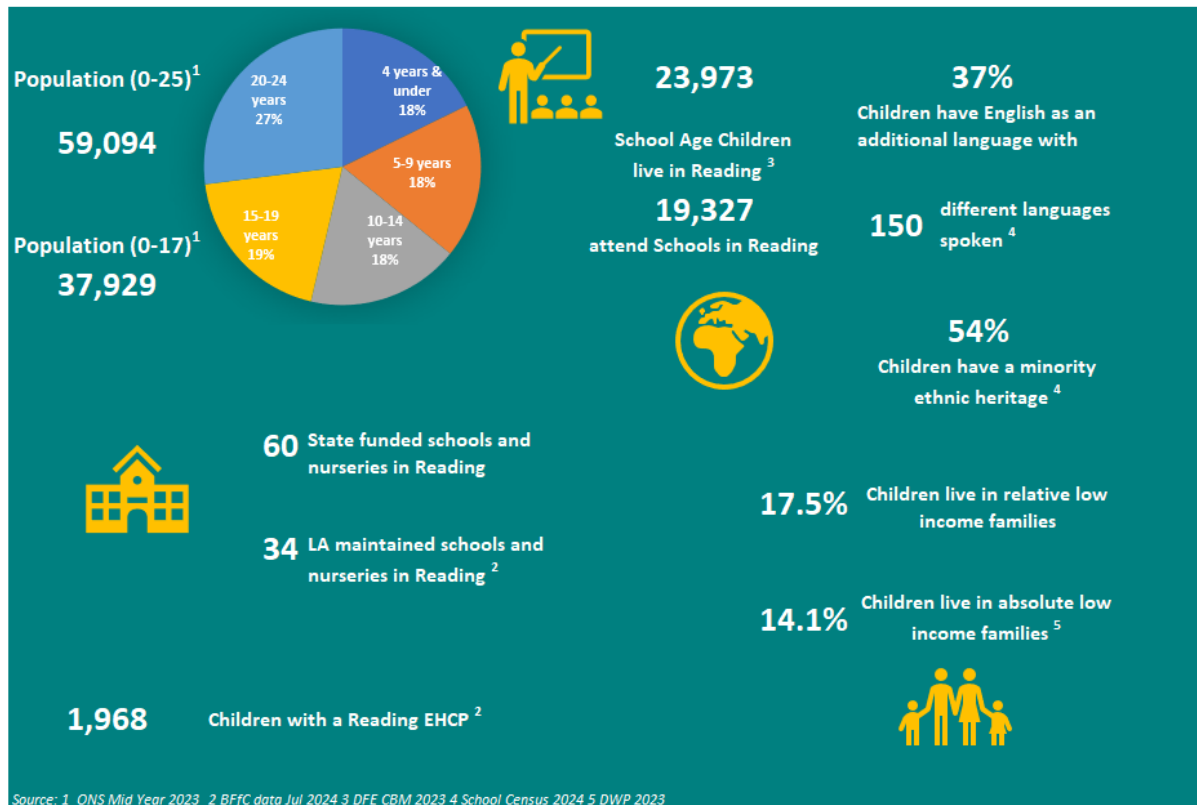
Reading has just under 60,000 children aged 0-25 years. In 2023 approximately 17% (6,476 children) of under 16s lived in relative low-income families (lower than the national average of around 20%).

However, in 2024, 22% of our primary aged children were entitled to free school meals, lower than the national figure (24%) similar at secondary age where the entitlement to free school meals was less than the national figure (18.8% compared with 24.1%). 7% of children

are living in one of the 20%LSOAs (Lower-layer Super Output Areas) in England that are exposed to an unhealthy retail environment and poor air quality.

These include neighbourhoods in Abbey, Battle, Park and Redlands. The main contributory factors for this are proximity to unhealthy retail environment and air quality.




Reading serves a richly diverse community with nearly 60% (57.8%) of children with global majority heritage. The largest groups are those from White Other (10.3%) and Asian Indian (12.9%). Nearly 40% of children in primary schools speak English as an additional language (22.8% nationally) while at secondary school level around 32.3% (18.6%) do so.



Demand for education, health, care and needs assessments (EHCNAs) remains high. Reading currently has 159 children within statutory assessment as at 24 May 2024 which is up from 143 reported in April 2024.

The timeliness of EHCPs for Reading’s children and young people compares favourably to the South East and national performance. **Table 1** illustrates the trends in Reading’s EHCP numbers and 20-week timeliness data.

Table 1: A table depicting Reading’s EHCP numbers and 20-week timeliness data as current figures and as trends over the last 12 months

Education Health Care Plans											2023		
Aug-24	Contract KPI	Previous	Current	Target	(basis)	On Target	12 mths		YTD	LA	SE	Nat	
Children with an EHCP		1966	1968	1606	270	SN21	R ▲		Increase	0.7%	10.2%	9.1%	11.4%
New EHCPs on Time	1	82%	96%	70%		CM	G ▲		%	81%	74.9%	46.1%	50.3%
New EHCPs issued		11	24						No	136	327		

Overall, Reading has 1968 EHCPs, this represents 5.11% of Reading’s 0-25 population. This percentage is higher than that of our statistical neighbours, the South-east and England. Work is ongoing with public health to understand why Reading has a higher proportion of EHCPs.

Early analysis indicates that Reading has a higher number of children with speech, language and communication difficulties (SLCN) than the national average (13.1% compared to 8.7% nationally, based on the most recent 22/23 DfE dataset) and also has a lower proportion of children deemed ready for school (Reading is in the lowest quartile for school readiness nationally). These factors may contribute to higher-than-average EHCP rates. **Table 2** depicts 5-year EHCP trends in Reading and nationally.

Table 2: A table depicting 5 year upward trend in EHCP numbers in Reading, Reading’s statistical neighbours, the South East and England

Year	Reading	Southeast	Statistical Neighbours	England
2019-20	3.72%	3.24%	3.00%	3.13%
2020-21	3.94%	3.58%	3.30%	3.40%
2021-22	4.13%	3.91%	3.61%	3.72%
2022-23	4.47%	4.36%	3.93%	4.09%
2023-24	5.11%	4.76%	4.30%	4.47%

As can be seen from Table 2, Reading has a consistently higher than average percentage over the last five years of its 0-25 population with EHCPs than either national, regional or statistical comparators. This data is represented graphically in **Figure 1**, below.

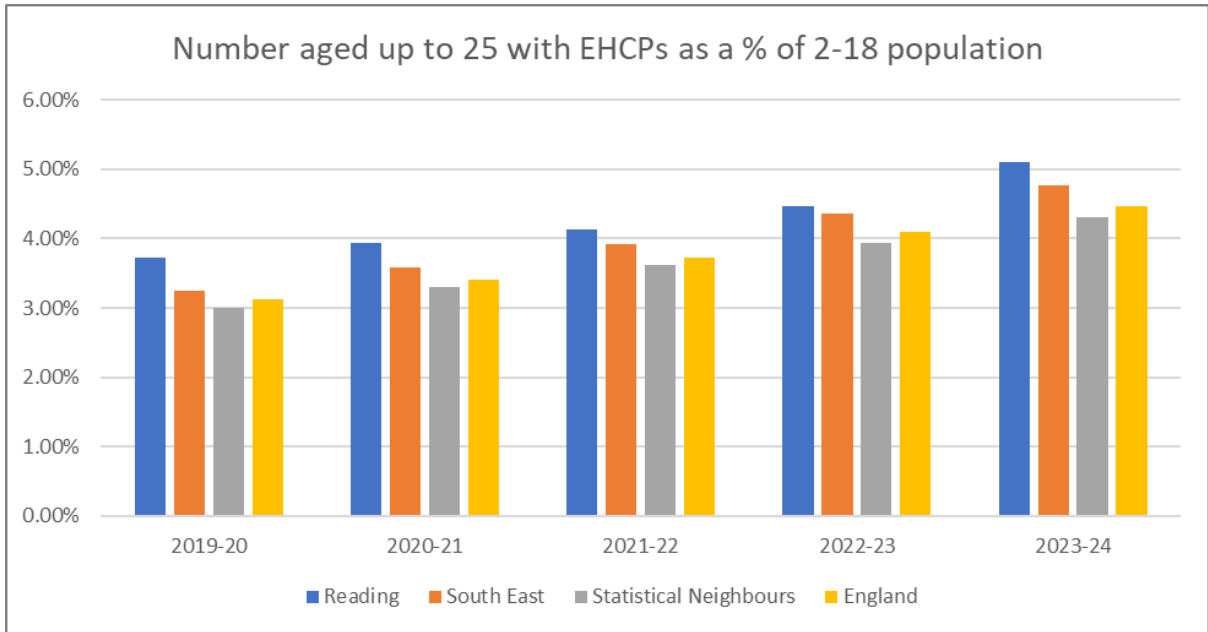
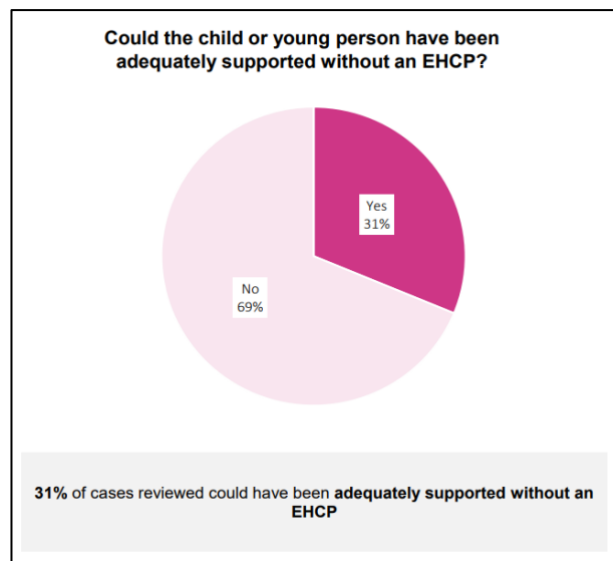


Figure 1: A bar graph depicting the number of children in Reading with an EHCP aged up to 25 as a percentage of the 2-18 population as compared with the South East, Reading’s statistical neighbours and England (Source: DfE)

The data clearly indicates that the number of children with an EHCP in Reading is growing year on year. The whole systems changes to the SEND system in Reading, suggest that the rate of growth of EHCPs has slowed in the most recent period, but this requires longer term tracking.

Analysis derived from Reading’s engagement with the Department for Education’s ‘Delivering Better Value’ (DBV) project highlighted that **the needs of 31% of Reading children with an EHCP, could have had their needs met without an EHCP**. In mainstream, the figure was higher, with 40% of children with an EHCP being identified as children whose needs could have been met without an EHCP.



What this tells us

Number of residents with EHCPs in Reading, South East, Statistical Neighbours and England has continued to grow over the last five years

.....

Higher proportion of resident children with an EHCP in Reading

Reading: **5.11%**

South East: **4.76%**

Statistical Neighbours: **4.3%**

England: **4.47%**

This has been true for each of the last five years

.....

14.3% increase in the number of Reading children with an EHCP.

This is higher than the national rate of increase over the same period (9.3%)

.....

Since 2020, this represents an increase of **20.2%** in the percentage of children with EHCPs

Figures 3, 4 and 5 below illustrate the current and shifting needs profiles of Reading children with an EHCP.

As can be seen, Reading has seen a significant rise since 2019 in the number of children with EHCPs presenting with speech, language and communication needs (SLCN) as their primary area of need. In order to respond to this shift in the needs of Reading's children with SEND, the RISE team, in collaboration with Berkshire Healthcare Foundation Trust and the University of Reading has initiated a number of projects targeted at increasing SLCN support in Reading (for further details see below).

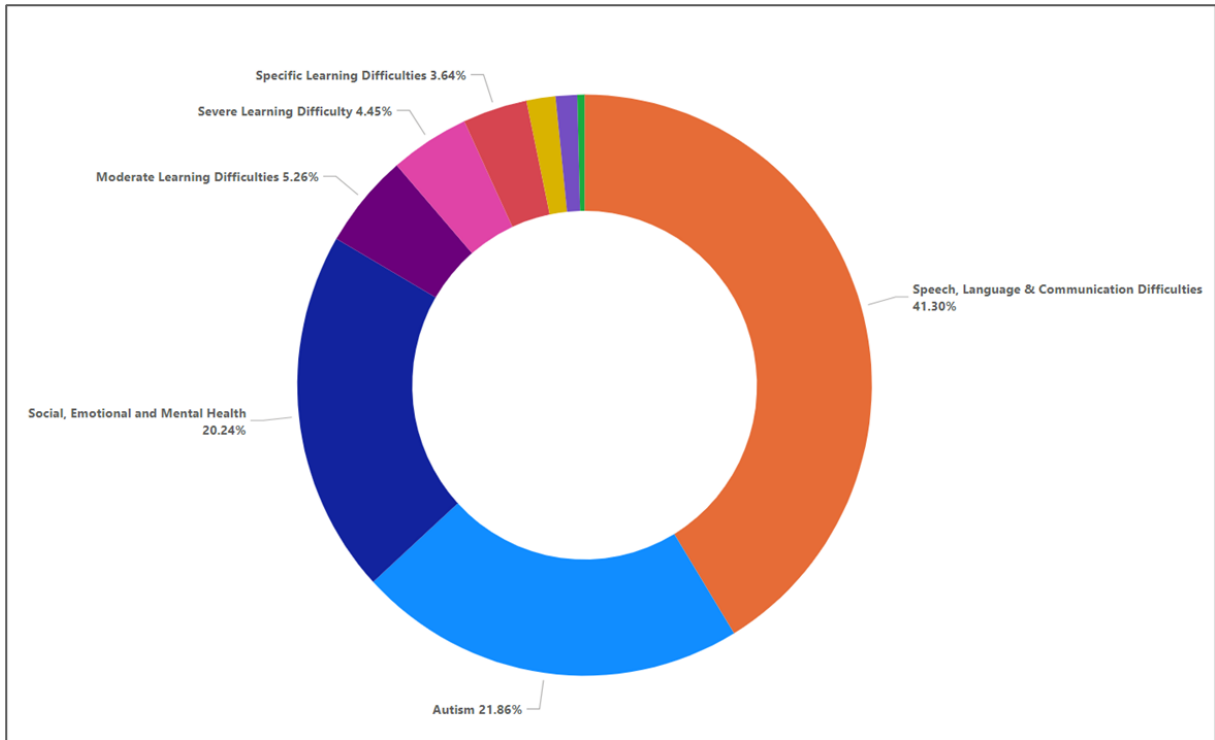


Figure: SEND demographics of EHCPs issued to Reading children in the 2023/24 academic year

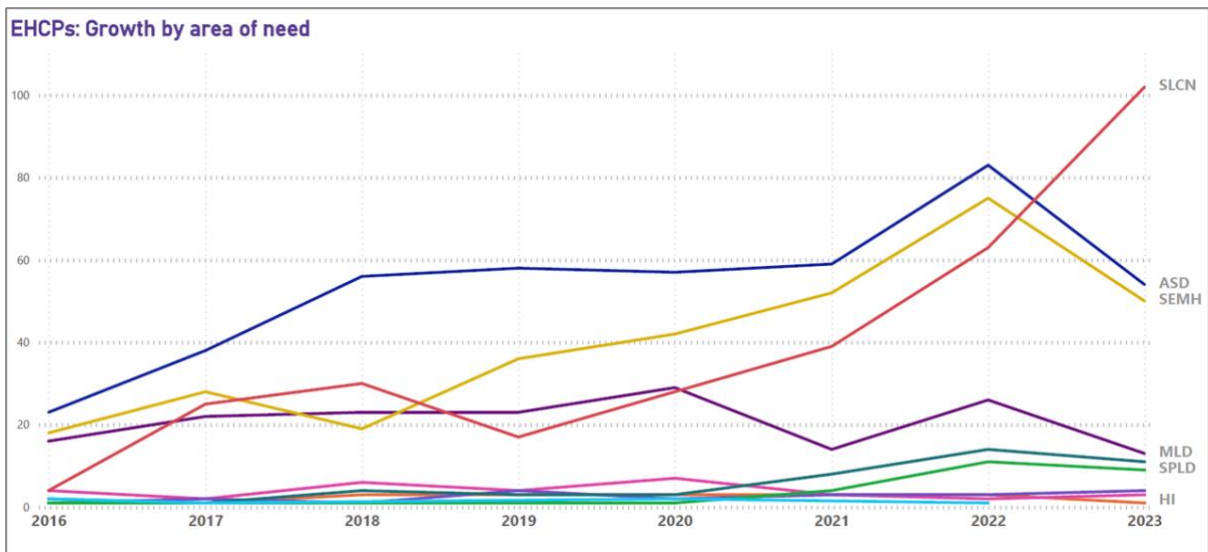


Figure: The changing demographics of all Reading children with an EHCP, 2016-2023

What this tells us

Of EHCPs funded by Reading, issued in 23/24: **Speech, Language & Communication Difficulties (SLCN) is now the main area of need at 41.3%** of all children with an EHCP (102 Children)

Since 2019, where there were 17 children with SLCN as their main area of need, **this represents an increase of:**

500 % +

What this tells us

Autism is overall the highest category at 32.99%, with 666 autistic children.

Since 2019, where there were 413 autistic children, **this represents an increase of:**

61%

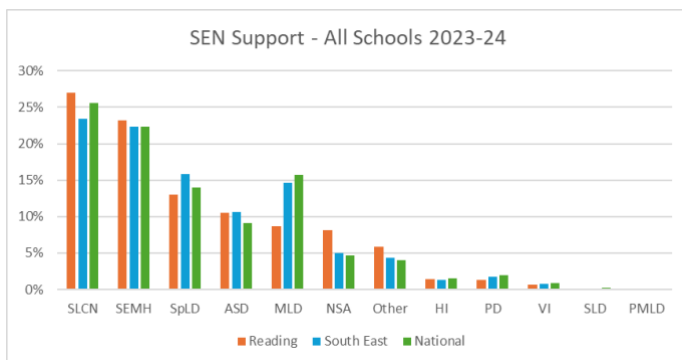
Reading's Autism (ASD) rate at 33% is in line with England (32.2%) and SouthEast (32.4%)

Combined Autism, SEMH and SLCN are aligned: Reading (68%), Regional (68%) and National (66%)

In response to these predominant needs, Reading’s partnership leaders have undertaken to jointly respond to these shared pressures on services.

For example, BOB ICB has invested in additional services to support children with autism whilst they wait for help and support and Brighter Futures for Children hosts an Autistic Education Training hub, which has undertaken evidence-based neuro-positive training with all schools on autism and implementation of the five-point plan. In addition, learning from good practice in early years, rapid changes have been undertaken to introduce a speech and language helpline in Reading, to enable prompt access to speech, language and communications advice. Early indications suggest that this is having positive benefits in terms of timely support to families.

In terms of the demographics of children in Reading on SEND support, we see a similar – though not identical - profile to our children with EHCPs. **Figure 5** depicts the SEND profile of Reading’s children on SEND support in 2022/23.



What this tells us

3,318 children were receiving SEND support in 2022/23

SLCN, SEMH, NSA and other needs was higher than the South East and England

MLD and SPLD percentages are significantly lower than the values for the South East

Figure: SEND profile of Reading’s 2022/23 SEND support cohort

The tables (below) illustrate the difference in the SEND profiles of Reading children on SEND support in primary, as compared with secondary, school. These differences inform the choices that Reading makes as a Local Area when it comes to making decisions about how best to support children with SEND. For example, work with the early years teams has focussed on early intervention in speech and language to ensure that more children are able to start school with a level of communication that will enable them to access the curriculum (for further details see 'Early Years' below).

Table illustrating the SEND profile of Reading children in primary school on SEND support

SEN Support - Reading Primary Schools	2021-22	2022-23	2023-24	DoT
Speech, Language and Communications needs	38.31%	39.36%	36.78%	↘
Social, Emotional and Mental Health	20.35%	19.82%	21.35%	↗
SEN support but no specialist assessment of type of need	7.41%	7.76%	10.00%	↗
Moderate Learning Difficulty	9.64%	9.72%	8.94%	↘
Specific Learning Difficulty	9.59%	8.79%	8.08%	↘
Autistic Spectrum Disorder	6.34%	6.88%	6.54%	↘
Other Difficulty/Disability	4.62%	4.00%	5.24%	↗
Physical Disability	1.52%	1.51%	1.20%	↘
Hearing Impairment	1.37%	1.46%	1.15%	↘
Visual Impairment	0.66%	0.49%	0.48%	↘
Multi- Sensory Impairment	0.15%	0.10%	0.14%	↗
Severe Learning Difficulty	0.05%	0.10%	0.10%	-

Table illustrating the SEND profile of Reading children in secondary school on SEND support

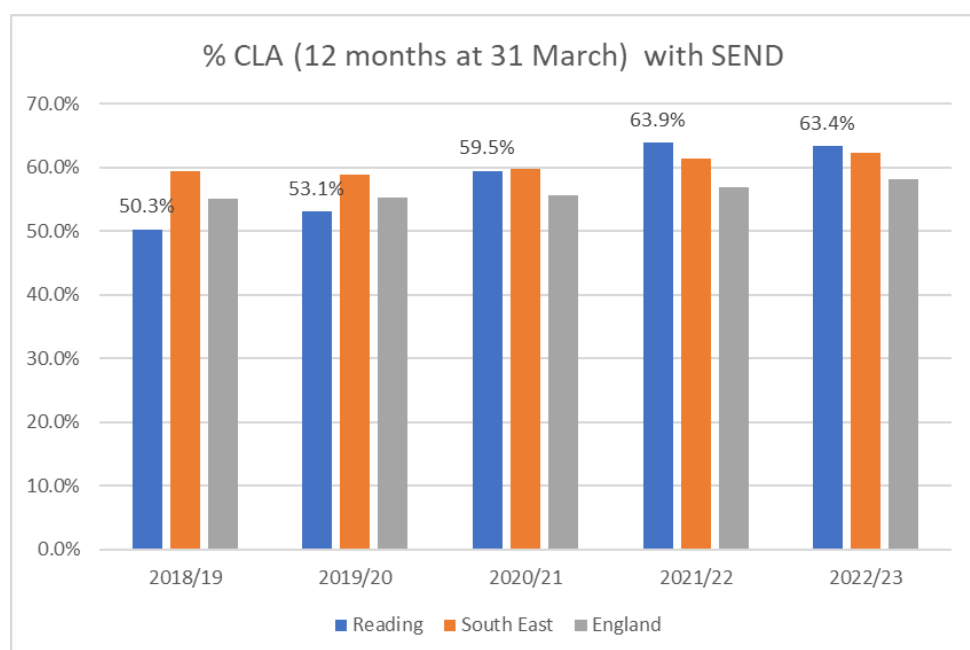
SEN Support - Reading Secondary Schools	2021-22	2022-23	2023-24	DoT
Social, Emotional and Mental Health	26.54%	26.32%	25.34%	↘
Specific Learning Difficulty	19.79%	18.68%	23.63%	↗
Autistic Spectrum Disorder	16.60%	17.74%	18.96%	↗
Moderate Learning Difficulty	6.95%	5.94%	9.07%	↗
Speech, Language and Communications needs	8.59%	8.58%	8.36%	↘
SEN support but no specialist assessment of type of need	11.10%	12.64%	5.30%	↘
Other Difficulty/Disability	4.54%	4.72%	4.40%	↘
Hearing Impairment	2.32%	1.98%	2.07%	↗
Physical Disability	1.93%	1.98%	1.44%	↘
Visual Impairment	1.06%	1.13%	1.17%	↗
Multi- Sensory Impairment	0.39%	0.28%	0.27%	↘
Severe Learning Difficulty	0.19%	0.00%	0.00%	-

The significant neuro-positive and therapeutic thinking investment in education settings in Reading (from Early Years to KS4), has been an important whole system investment to support education providers to maximise child-centred adaptations and promote inclusion of all children in Reading education provision.

SEND and Children Looked After Reading Data Snapshot

Time has been taken to review and understand the shared needs of children with EHCPs and children receiving support from social care services. Reading has seen 13.1% increase in Children Looked After (CLA) with EHCPs and is above South East and national averages.

Reading has seen a greater rise of children looked after (CLA) with SEND than the national or South East picture, from 50.3% to 63.4%



What this tells us

There is a greater rise in Reading %CLA with SEND, than for South East or England

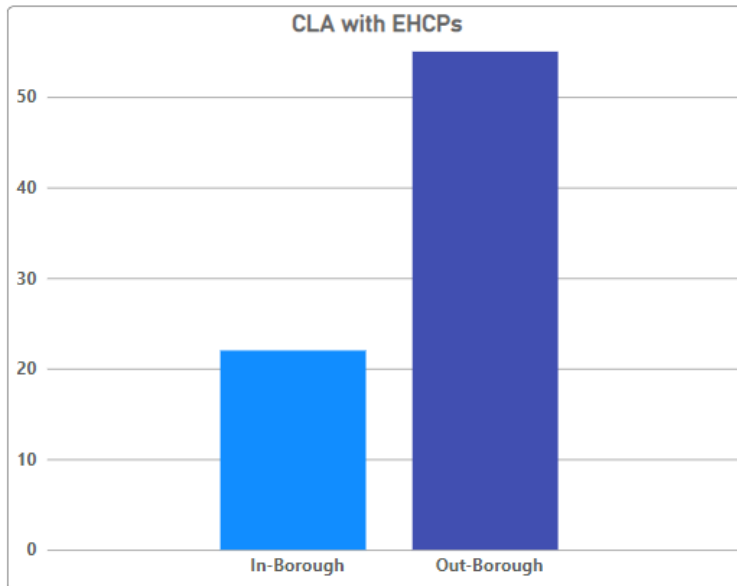
Reading %CLA with SEND has increased from 50.3% to 63.4%, an increase of

13 percentage points.

Significantly Higher than for South East and England

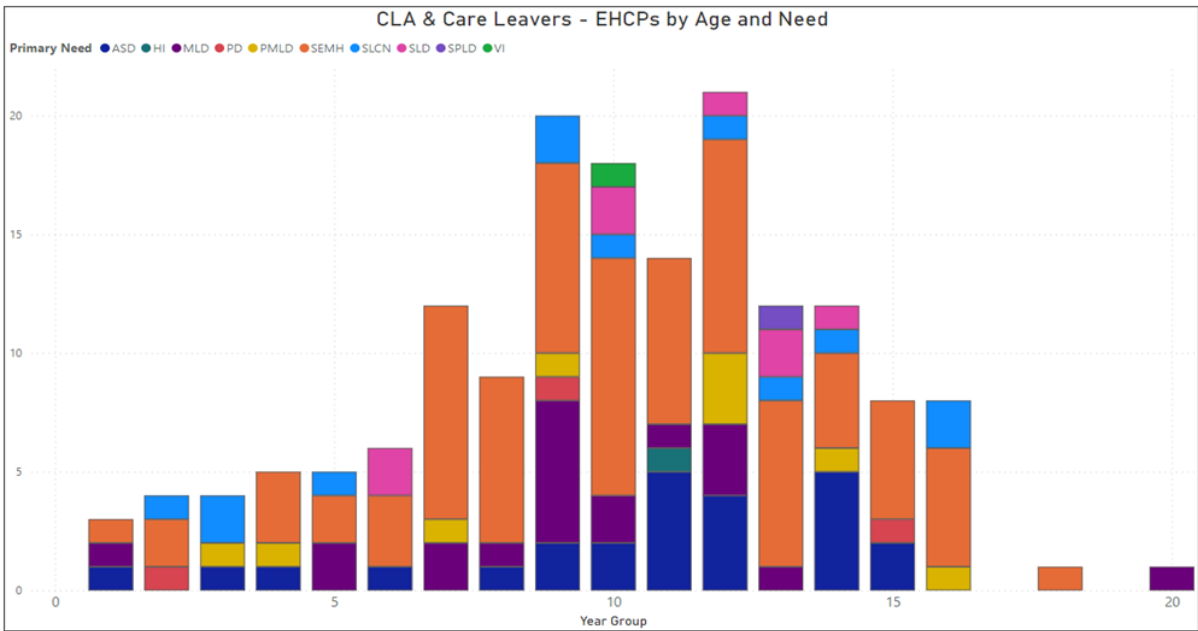
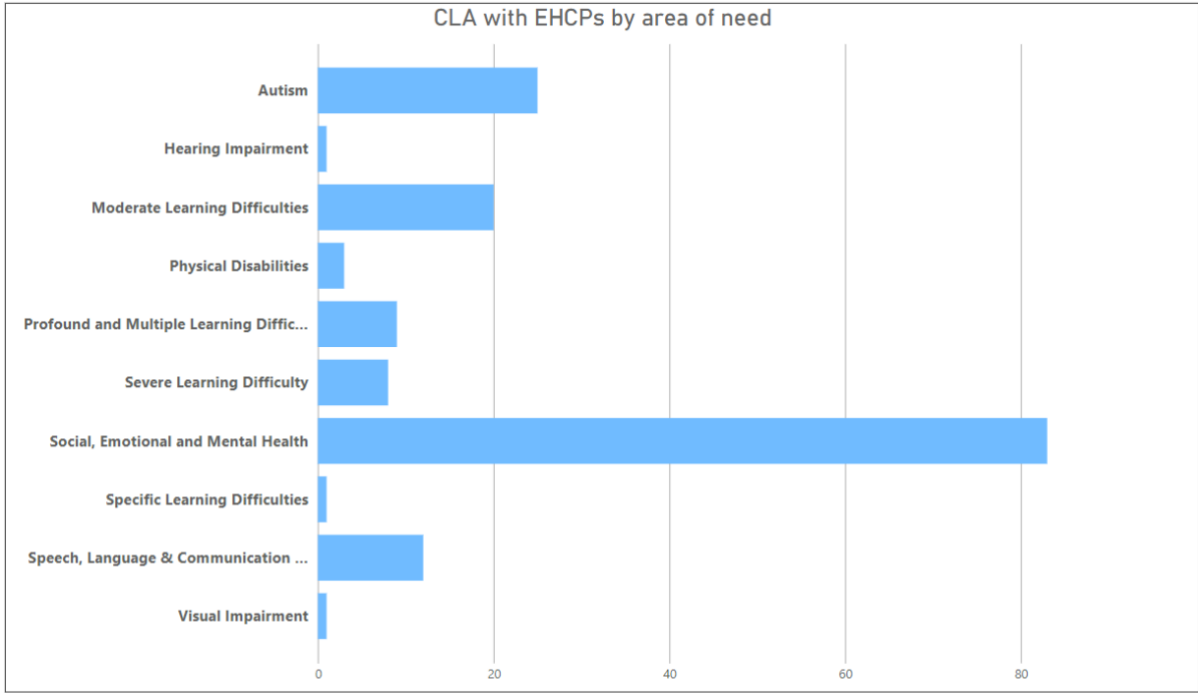


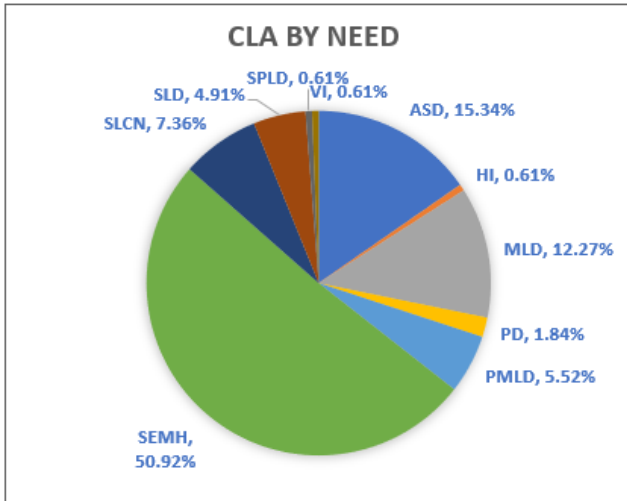
The work of the Virtual School is one example of how as a system, we enable a coordination across the partnership to support a careful consideration of each child looked after with an EHCP on a child by child basis. This is an important aspect of coordinating the operational support for children in care with SEND, reviewing the effectiveness of the support offer and to problem solving difficulties with partner agencies too.



Year: 23-24
Funding LA is Reading

The analysis of children looked after demonstrates that the most common need of Reading’s children looked after who have an EHC Plan was Social, Emotional and Mental Health needs. Virtual School Emotional Health and Wellbeing Triage Support Group, which is held monthly with representatives from: Virtual School, Health, Children in Care CAMHs, Primary Mental Health, Educational Psychology and Children’s Social Care; 63 children and young people have been discussed during the last financial year. In April 2024, 61.8% of children discussed at the group had a reduced SDQ after 1 year.





What this tells us

51% of CLA have **SEMH** as the primary need.
 This is prevalent across most year groups

.....

ASD at **15.3%** and **MLD** at **12.7%** are the next highest categories

.....

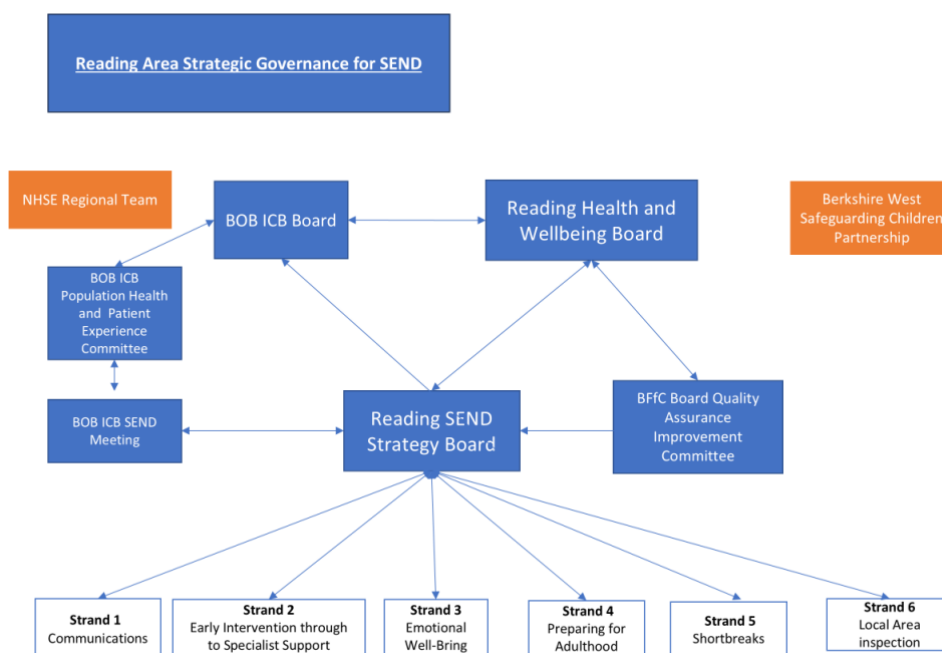
- ASD** Autistic Spectrum Disorder
- HI** Hearing Impairment
- MLD** Moderate Learning Difficulty
- PD** Physical Disability
- PMLD** Profound & Multiple Learning Difficulty
- SEMH** Social, Emotional and Mental Health
- SLCN** Speech, Language and Communication Needs
- SLD** Severe Learning Difficulty
- SPLD** Specific Learning Difficulty
- VI** Vision Impairment

Responding as a whole system to the social, emotional and mental health needs is a strategic leadership priority for Reading’s strategic leaders (see further information below).

Reading Local Area Partnership SEND Governance Structure

Reading has benefitted from consistent SEND governance and leadership, and a strong commitment from strategic partnership leaders and from families with lived experience.

The Integrated Care Board have developed a governance structure to ensure senior leaders have oversight on SEND across Reading. The governance structure is pictorially depicted here:



The governance structure for the SEND Strategy Group is currently being reviewed, to ensure sufficient senior leadership capacity in SEND leadership.

Following review of the progress of the SEND workstreams in summer 2024, strong improvements and activity have been identified in a number of the workstreams, leading to strategic review and focus of the workstream activity moving forward in light of the progress that has been made and the analysis of strategic risks and gaps in the system.

Outcomes and experience of SEND children and families

Children and Young People’s Needs are identified in a timely way

Strengths


- Reading’s Early Years team supports children under 5 with SEND from as early as 10 months old. The EYFS outcomes for children with SEND in Reading demonstrates progress above the regional and national averages.
- Resources to support identification in the early years: including an expanded early years inclusion fund and training offer have been effective in supporting improved outcomes for SEND children in the early years.
- Families benefit from the support of the SEND brokerage service, which provided timely support and advice to 2,482 families in 2023 alone
- The partnership with voluntary and community providers in Reading is strong, with more than 200 local support services listed in the Local Offer to support children and families with SEND
- An additional 241 Additionally Resourced Places (ARPs) have been created in education provision in the Reading period (2023/24) in response to child need.

- Increased resources through the Portage team with two additional Portage workers appointed to the service and a revised Portage service offer (including groups available through children's centres and drop-in sessions for families) has been implemented, resulting in earlier identification of needs from a wider range of partners.
- The extended range of SEND support and advice available to assist schools with identification and response to need, through the Reading Inclusion Services in Education (RISE) has been well received by schools:

"I would absolutely recommend RISE to other schools. It has been invaluable in supporting our students and staff" (Hugh Farrington Secondary School Leader).

"We are really, really satisfied with all of the support. The resources have been brilliant" (Thameside School Leader)

- Our EHCPs are completed in a timely way, comparing favourably with other areas, providing timely understanding of, and response to, children's needs
- All children considered for EHC assessment are routinely screened for social care needs
- All referrals to the Berkshire Healthcare Foundation Trust & the Royal Berkshire Hospital Trust are triaged by the relevant clinicians to ensure that children with the highest level of need are prioritised.
- The ICB commissions support for families on pathway for autism assessment, including parent advice/workshops, access to "Young Sharon" online resource, Neurodiversity newsletter & Autism Assessment Team helpline, to ensure the system of support is more needs led.
- Joint commissioning arrangements have been developed for TellMi Counselling, children looked after (CLA) emotional health support and Mental Health Support Teams.
- As part of the Thrive model, a helpline is now available for neurodiverse young people and their families which can be accessed by all (no requirement to be on a pathway)
- Health attendance at EHC Panel has improved feedback to schools on graduated approach for children with speech and language or physical / motor needs
- The Health Visiting (0-19) service within Berkshire Healthcare provides several contacts for all children within Reading including a new birth visit, a three and six month face to face contact. This provides relevant healthcare advice and promotion and fosters closer relationships with families to support early identification and targeted support for any additional needs.
- All children in Reading are invited to attend a two year developmental review with a member of the Health Visiting team. The team use the Ages and Stages Questionnaire (ASQ) tool to support this review which aids early identification and



onward signposting as appropriate. In addition, the service is looking to embed the use of the Early Language Identification Measure (ELIM) to support early identification of speech, language and communication difficulties. The service is working with children's centres in the locality to increase the uptake of these reviews including working towards offering integrated development reviews with Early Years settings. Those children where additional needs are identified are moved to a targeted caseload and offered additional support and/or signposting. There is a lead Health Visitor for SEND who works to support the wider 0-19 team in embedding good practice to meet the needs of children and their families.

- The Health Visiting (0-19) service has undertaken a targeted piece of work to support children and their families with school readiness and where children with specific needs have been identified there is a seamless transfer of care directly from the health visitor to school nursing teams working within mainstream schools.
- Reading has committed to being a learning system and having introduced mediation to support finding solutions with families who have been disappointed with the outcomes of statutory assessment, Reading Family Forums 2024 survey demonstrates that of ten families who experienced mediation, eight reported significant improvements in communication with statutory partners and improved outcomes for children.
- The wait time for initial wheelchair assessments and follow up appointments has been reduced to zero.

How do we know we are making a difference – portage

The number of children referred to portage has increased by 121% since 2017. Since 2021-2022, referrals from the Health Visiting team to Portage have more than doubled and there is also positive evidence of earlier engagement from Early Help, Paediatricians at the Dingley Child Development Centre, all indicating a positive trend in earlier identification of needs.

Children accessing the Portage service are very likely to achieve their development goals with 95% achieving these goals over the last 4 years. This demonstrates the positive impact Portage has on children's development both through teaching children directly as well as supporting parents to understand how they can continue to support their child's development.

The table below illustrates the developmental gains made by children accessing support from Portage 2017-2022. Parental feedback continues to be positive evidenced by the feedback received on the transition questionnaires completed by parents. Parents report an increased confidence in playing with and supporting their child's development.

Table: The developmental gains made by children accessing support from Portage 2017-2022

% Achieving Long Term Goals	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Reading %	89%	95%	96%	96%	97%
Boys %	89%	95%	95%	95%	98%
Girls %	90%	95%	96%	96%	92%

How do we know we are making a difference – early years

To further improve support for EY children with SEND in Reading, the EY team have adopted a revised approach to EY advisory support that includes a dedicated SEND helpline, support to promote effective use of Ordinarily Available Provision, partnership visits, along with individual child visits for those whose needs cannot be met through universal provision, an intensive targeted coaching approach for providers with high SEND or low confidence levels, reviewed regularly to assess impact, working with school Reception classes and class teachers to support with SEND and transitions from nursery to school (an offer which has been coproduced with schools, parents, EY settings and the RISE team), developing the 'Readiness for School' project in collaboration with family hubs, the Communications team, wider EY teams and RISE to reduce the number of children starting school unprepared, Inclusion funding devolved to maintained nursery schools (who make up 33% of inclusion funding applicants), updated EY SEND hub on BfC website [Under 5s with SEND - Brighter Futures For Children](#), and the creation of a dedicated web page for parents of children under 5 with SEND [Under 5s with SEND - Brighter Futures For Children](#).

The number of EHC plans issued for children under 5 has continued to increase overall since 2018 with 100% increase by 2023. For early years children, this can partly be attributed to earlier identification of needs and a more clearly defined process for Early Years settings in how to apply for an EHCP.

The impact of early years support can be seen in Reading's SEND children are achieving a good level of development (GLD) has increased and is above the national average.

GLD data for Reading children with SEND and nationally, 2017-2023


	Year	2017	2018	2019	2022	2023
SEN achieving a good level of development	SEN	23.9%	16.4%	21.2%	24.4%	23.9%
	SEN National Average	23.5%	24.0%	24.3%	18.8%	19.9%
SEN GAP	SEN Gap Reading	52.3%	61.9%	54.4%	47.4%	44.2%
	SEN Gap National Average	52.5%	53.1%	53.1%		

Areas for development

- As a partnership, we have recognised that there are some children presenting at school in reception/Year 1 with potentially significant SEND needs that were not previously known to any local service.
- Speech, language and communication needs are predominant needs for many of Reading's children, like many areas in the country, Reading has struggled with timely access to speech and language support for children.
- The wait times for autism and ADHD specialist assessment for Reading's children remain too long and although have improved since the last SEND inspection they still stand at 2 years.
- Children, young people and families with SEND in Reading who also need additional emotional health support, can struggle to get access to timely help and support.
- Reading has a well-established SEND youth forum, Special United. Many young people from Special United have raised concerns about not being fully included in schools, colleges and employment. These concerns are being addressed through the RISE team, the PINS project and local employment forums.
- There has been a significant investment in early years and education training, evidence-based resources and support to maximise our collective identification of SEND, and make adjustments in education settings, but we recognise that the quality and consistency of this identification and support remains variable.
- SEND children are very visible in suspensions and exclusions from school (overall, suspensions and exclusions are starting to reduce in Reading).
- The early help and support commissioned to support families, is not yet integrated across the ICB and BFFC and RBC, integrated commissioning and service design would support improved outcomes for children.

What we are doing

- A qualitative audit approach (partnership learning audit) has been introduced to understand the journey of children with SEND needs identified in reception/Year 1 who were previously not known to universal or targeted services.
- Berkshire Healthcare children and young people's therapy service is now offering an advice line for parents of children under 5 with speech and language needs and professionals. There is now no waiting time for an initial conversation with a speech and language therapist
- Berkshire Healthcare Foundation Trust is now offering weekend clinics for children on the autism and ADHD pathways in order to gather pre assessment information, as



a way of speeding up the assessment process. The neuro diverse assessment pathways and the wider clinical model of the system is subject to active leadership review across the ICB and BfFC.


- Berkshire Healthcare has developed Sensory processing online workshops which are open to all parents and carers, professionals and young people who may have concerns in relation to a child's sensory needs. They aim to give practical advice, and you do not need to have been referred into the service to access them. The BHFT children's website also has practical sensory processing information and advice as well as videos which can be accessed at any time.
- The ICB is in the process of redesigning speech and language therapy and occupational therapy services in order to improve access and strengthen the Ordinarily Available Offer.
- Berkshire Healthcare is streamlining neurodiversity assessment pathways, including a new pre assessment NDQ questionnaire for parents to cut down length of assessments, prioritise the children who need to be seen more quickly and identify which type of assessment is needed. Length of assessment will be varied depending on complexity.
- The Therapies Review in the ICB is intended to: 1) improve child access to support by providing more timely help in the right place at the right time; 2) strengthen the EHCNA pathway to become more needs led; 3) ensure the new SEND framework is reflected by the therapies services; 4) review pathways for children who need more specialist/complex therapeutic care.
- The investment in the emotional health preventative support in Reading continues to be a priority for all partners. BOB ICB has invested in additional emotional health system investment in the voluntary and community sector, the MHST offer will be expanded to all Reading schools from September 2025 and the Educational Psychology and Primary Mental Health services lead emotional health clinics in all schools, to support and advise schools.
- Commissioning and design of the SEND and emotional health system would benefit from further strategic integration across the ICB and Local Authority/BfFC, and strategic discussions about how this might best be achieved have commenced
- SEND children continue to feature notably in the suspensions and exclusions from school. A partnership 'key lines of enquiry' exercise has been initiated to understand the picture of suspensions and exclusions and the support available to children in advance of suspension or exclusion, and in line with the Education Strategy, a mature support and challenge conversation with school leaders is underway to focus on the importance of the inclusion of all children. The learning from this analysis is informing the onward development of Family Help (early intervention support).
- There is an evident gap around access to timely emotional and mental health support for children and young people with SEND,

- Across the system it has been recognised that the current default model of diagnostic provision for children and young people with neurodivergent behaviour rather than a needs led model has led to lengthy waiting times for diagnosis without the system working together to identify and meet the child's needs. This has been identified as a shared gap by BfC and ICB leaders.
- It is anticipated that neuro diverse whole system transformation, the therapies review spanning community providers and emotional health system development will be key ICB development priorities for 25/26.

Children, young people & families participate in decision making about their individual plans & support

Strengths

- Families have access to independent advice via SENDIASS, highly rated by parents (100% said service was easy to contact, advice & information was very useful and support had made a difference to their situation, July 23 feedback survey)
- In the Early Years Reading's children with SEND achieve above the regional and national average for their development.
- Ofsted told us in our inspection in our children's services ILAC inspection in April 2024 that we were providing a good partnership service for Reading's children with disabilities, including evidence of a 'competent', 'skilled', 'highly attuned' and 'child-focussed' workforce operating in integrated partnership support of disabled children.
- The SEND Team has been restructured to place an emphasis on the involvement of children and young people in the initial assessments of their EHC Plans and a feedback loop has been introduced to evaluate this change for all families who have EHC Plans issued in the future.
- In response to feedback from families, together with our health colleagues in BHFT and the ICB, we have established a new Learning Disabilities Mental Health support service and ensured Crisis mental health support is available 24 hours a day.
- Reading Family Information Service (FIS) have been recognised with national awards in 2021 and 2023 for the quality of support offered, and the way that the Family Information Service promotes the participation of parents and carers and children and young people.
- The SEND Local Offer (LO), which is co-produced in collaboration with Reading Families Forum, other parents through the SEND Local Offer network and through Special United. Involving children and their families has increased awareness and usage of the Local Offer.
- In response to feedback from families, a simplified 'Roadmap' of the SEND offer has been co-designed with families. An intentionally EDI (equity, diversity and inclusion)



humble approach has been taken to reach out to families of diverse heritage and identity in the co-design of these materials.


- Co-production with young people is also really important in Reading, this has including working in partnership with [Special United](#) to help improve information and access to local services, as well as blogs from every event
- Despite over a 200% increase in requests from families for Portage support since 2017¹, an expanded Portage service in Early Years has reduced the time families in Reading have waited for help significantly and shows significant improvement in outcomes for 100% of the children and families the service has helped.
- Children and young people receive impartial information, advice and support as part of the “Ready, Steady, Go!” Programme and Learning Disability Annual Health Checks to enable them to make informed choices about their health in the future
- Health Plans are routinely coproduced with families
- ‘Reasonable adjustment [passports](#)’ have been introduced in Health (Royal Berkshire Hospital), coproduced with the young person, which young people can take to health appointments with them
- Complex Needs Health Transition Plans have been introduced at the Royal Berkshire Hospital. These are coproduced by the clinician and the young person and their family at transition clinic appointments.
- The RBH has an embedded Patient Engagement Strategy.

How do we know we are making a difference – SEN Parent Survey 2024 views on involvement/ coproduction

Parent survey results are very strong with 106 parents and carers completing a 2023/24 survey. Reading Strategic Leaders value and pay careful attention to the lived experience of parents and carers, informing areas of good practice development, risk identification and mitigation and further development. The strength of co production through the Local Offer is leading to improved access to support as well as coproduced solutions for families.

The SEND Local Offer (LO) is co-produced in collaboration with Reading Families Forum, other parents through the SEND Local Offer network and through Special United. Involving children and their families has increased awareness and usage of the Local Offer. Outreach & Events – Local Offer co production sessions each quarter – are taking services into the community to help inform parent carers about SEND support in Reading, this included SEND targeted information events, transitions events and community groups. Total of 21 outreach sessions attended in 2023.

¹ 2.21 (increased from 57 to 126 since 2017)



SEND Brokerage service is provided to any family or young person with SEND to access information, and services to support their needs. Supported 2482 families by providing a brokerage service in 2023.

Peer review with Hackney Local Offer – navigating each other’s local offer’s sites – using the Mott McDonald framework, involving parent carers and young people, evidenced a strong and impactful offer, as well as areas for further improvement. The outcome of the review is published on the Local Offer feedback page.


The SEND Local Offer Newsletter published three times per year (spring, summer and winter) has a significant reach, to 1,792 parent carers registered on the Local Offer mailing lists to receive regular updates from the Local Offer (almost 80% engagement and coverage for parents of children with an EHCP). The Local Offer is also set up to syndicate with Berkshire Health Foundation Trust (BHFT). Our systems directly connect to ensure parent carers can access all the information they need via the SEND Local Offer. This was a co-produced project between all the Berkshire LAs, Parent carer forums and FIS/Local Offer teams, and has been very successful since it was implemented in 2015.

Robust links with the voluntary, community and faith sector have helped outcomes for families, children & young people, accessing specialist community-based services to improve social activity access and support; and schools’ SEND Local Offer Information Reports are leading to improved access and understanding for families.

An auto update tool now added to the new platform, which means schools can update their information anytime (not just annually). This online process was introduced in 2023, and we have had a good response from schools as it is much easier to update, but also allows parent carers to access the information in an accessible format. 80% of school and 80% of childcare setting updated their SEND Local Offer Information reports (2023) having the information accessible has resulted in parent carers making informed choices around schools and childcare settings.


Areas for development

- Multi agency audit of EHCPs has identified that the young person’s voice is not consistently strong in all EHCPs and the quality of EHCPs can be variable.
- There is a lack of feedback / data on the impact of individual Health Plans, including Complex Needs Transition Plans
- Reasonable adjustment passports are being rolled out and promoted with families and clinicians
 - Educational outcomes for children with SEND from KS1 to KS4 are below national and comparator performance. KS4 performance is as follows:
 - The picture of suspensions and exclusions for SEND children (EHCP and SEND support) is too high, it requires active engagement of all partners and direct action in partnership with schools

- 
- Post 16 transition to adulthood and education, employment and training opportunities are currently under developed and insufficient in number and breadth to meet Reading's children's needs and maximise aspiration and potential.

What are we doing?

- A qualitative audit programme for EHCPs has been formalised, to routinely review the strength of child voice in plans, and to thematically explore areas of practice development for the SEND system in response to feedback from families. A new Section A form will be introduced in September 2024 as feedback from families and SENCOs indicate that the current form is not as user friendly as it could be. The SEND Team has been restructured to create a new assessment team focusing purely on the assessment process and engaging parents and children from the very start of the process.
- Reasonable Adjustment passports are a new development, which are subject to review, to ensure that they are being embedded
- BOB ICB is introducing a quality assurance framework for the under 18's Learning Disability Annual Health Checks with GP's acting on feedback from parents and carers. The framework is to be developed against national standards.
- Following a Transitions to Adulthood event with young people, parents carers and professionals to develop practice and learn from the experiences of young people transitioning to adult services and eradicate unwanted variation, a Community of Practice has been established to share and embed learning.
- As strategic partners, analysis of suspensions of Reading children with SEND from schools is under way and will inform the practice focus of the RISE service (SEND support for education settings) and opportunities for partnership early identification of risk, including the design of Family Hubs.
- The Director of Education is undertaking support and challenge conversations with school leaders to promote inclusion in all Reading schools and to share the findings of the suspension key lines of enquiry analysis.
- The RBH Transition Steering Group is working on a system for getting feedback on health plans.
- There is a particular strategic partnership gap in KS4 education providers engagement in improving educational outcomes for SEND children (below national and comparator analysis from KS1 to KS4). The picture of suspension and exclusions for SEND children, further compounds an adverse impact on outcomes for SEND children. A new strategic support and challenge conversation has been undertaken with schools leaders, including CEOs of MATs at KS4, has been initiated, to create a shared systems leadership imperative to create a systems commitment to inclusion.

- 
- A review of Post 16 pathways to training and employment is required, to develop a comprehensive roadmap of support for SEND children. Investment in a dedicated SEND employment worker (cosponsored by Adult and Children's) would be of benefit.

Children in Reading with SEND receive the right help and support at the right time

Strengths

- Reading leaders have developed and disseminated a wide range of resources to support early years, schools and other settings, to support children and young people with SEND. This has included guidance on what should be “ordinarily available” provision for children with SEND, Autism Education Trust and therapeutic thinking in schools training and support in summer 2024; and an enhancement of the Graduated support advice for education settings. There is an extensive suite of early years resources.
- Children & Young People's Integrated Therapy Service materials for supporting children with speech & language or occupational therapy needs have also been produced and shares.
- There are a wide range of preventative services which can be accessed without EHCP, including Educational Psychology Service, Early Years Team, and the expanded Mental Health Support Teams, which will be available to every Reading school from September 2024. RISE and School Effectiveness team leading continued development and embedding of therapeutic thinking approaches in all schools.
- Reading Local Area Partnership is participating in the national Participation for Inclusion of Neurodiversity in Schools (PINS) pilot. This is a partnership between the Department for Education, Department for Health and Social Care, and NHS England to enable Integrated Care Board (ICBs) to support the wider ambition to build capacity in mainstream education so all those working with children and young people with SEND have the knowledge and skills to do so. It seeks to develop innovative ways of working to support the needs of neurodiverse children, learning from the Autism in Schools pilots.
- In the early years, to increase the flexibility and availability of support, funding streams are available for children without an EHCP.
- All new/ first time entrants to the Youth Justice Service are routinely reviewed by Education, Access and Support, to ensure that their education provision is supporting these children to maximise their potential; 38% (2024) of YJS children have SEND needs.
- All Academy and LA maintained schools within Reading have been supported to significantly improve the quality of SEND support over the past year, regardless of the education governance model (e.g., Academy and maintained).

- The range of additionally resourced provision in mainstream schools has been hugely expanded in the past 12 months with an additional 241 places, quality assured by BfFC with schools.

How do we know we are making a difference – developing more specialist provision

An increase in the number of children requiring an EHCP has resulted in a rise in the number of children requiring specialist settings. In order to respond to this, Reading has created an additional 241 places in additionally resourced provisions (ARPs) for children aged 0-16 since April 2023, a rise of 219%.

There are further plans currently at the committee stage to create an additional maintained special school within Reading to ensure that Reading children can have their needs met in a local school in a timely fashion. At the post-16 level, the SEND team has worked closely with two local, specialist providers of supported internships and Reading has increased the number of children with SEND accessing supported internships consistently for the last three years.

This year, the SEND team collaborated with a provider to negotiate placements for children who had SEND, but who did not have an EHCP, to ensure that this did not serve as a barrier to their accessing this educational offer.

Feedback from a headteacher on the impact of having an ARP:

“It has been fantastic to have the funding for our ARPs in place since Easter. It is already making such a positive impact to pupils and staff - largely due to the school being able to fund and organise CPD for our ARP staff e.g. Attention Autism and Intensive interaction training (and more!).

Skilled and knowledgeable staff who have positive relationships with the children is key to the success of our ARPs; therefore, it makes sense to invest in upskilling adults to ensure that interactions with children are effective in supporting children to make progress in their communication and language skills. Without funding, this would not have been possible. Having ARP funding has also meant that the school feels valued for its investment over the last decade on meeting (or putting in best efforts to meet) the needs of children with SEND. Staff morale is higher as a result and other schools ask for visits to see what we do.”


This headteacher is one of six Reading schools who are set to benefit from over £1m of capital investment in improving facilities for children with SEND in their schools. Whilst some frustration has been expressed owing to the amount of time these works are taking (owing to delays in planning etc.), staff are nevertheless looking forward to the benefits these works will bring once completed. Figure 2, below, depicts the plans for one specialist SEND playground due to be installed in a Reading primary school.

PROPOSED NEW PLAY AREA



The plans for a specialist SEND play area due to be installed at a mainstream Reading primary school

- A whole system approach to prioritising the emotional health of children has been undertaken in Reading. Recognising the pressure on getting more help emotional health services, a range of alternative VCFS and BfFC led emotional support is also available to Reading's children and young people, including through Educational Psychology led emotional health surgeries for all schools and support available for mental health needs including emotionally based school avoidance, through EPS, Primary Mental Health Team and Mental Health Support Teams
- Children awaiting assessments from the Neurodiversity Service receive support including on line resources and support groups. Support Hope and Recovery/Resource Online Network (SHaRON), [SHaRON | Berkshire Healthcare NHS Foundation Trust](#) Autism Berkshire [Autism Berkshire Reading - Autism Berkshire](#) and the digital platform TellMi which is jointly commissioned by the Integrated Care Board and Brighter Futures for Children.
- A new CAMHS Learning Disability Service has been introduced to address a previous gap in service
- A 24 hour mental health crisis service has been introduced to give rapid access to support and prevent A & E admissions
- Berkshire Healthcare have been part of a project to implement PEACE which is a Pathway for Eating disorders and Autism developed from Clinical Experience, in the CYP ED service. The project has now ended but the learning has been embedded within the Berkshire Eating Disorders (BEDS) CYP team and next steps are to distil and roll out the



learning that is relevant to the adult eating disorders provision and to the wider CAMH (& other CYP) services

- BFFC's in house residential short breaks services, provide overnight respite and are rated Good by Ofsted.

How do we know we are making a difference: early mental health support

The Mental Health Support Team (MHST):

The MHST supports children with SEND in mainstream schools across Reading (including all Reading schools from September 2025), in specialist resources attached to mainstream settings, and in specialist settings for children with SEMH needs. Over the past year (i.e. 1 June 2023 to 31 May 2024) MHST has supported 577 children in total. Of these:

- 158 children were reported to be on SEN support,
- 28 children were reported to have EHCPs.

Of these 186 children with SEND, 83 were closed because treatment was completed, 32 no longer needed treatment, 33 were referred to other services, 32 did not attend or requested discharge, 1 was a duplicate referral and 3 moved out of area. Of those who have closed to MHST, the goal ratings for children on SEN support and those with EHCPs were at 3/10 before MHST intervention, and 7/10 after MHST support (a higher score indicates being closer to the goal). The Routine Outcome Measures (Revised Child Anxiety and Depression Scale, RCADS) scores also show that they reported a reduction in anxiety and low mood, as illustrated in the table below (mean change score -4.62).

Since September 2023, MHST has started to record if a child is neurodivergent. Over the last 9 months (i.e. 1 September 2023 to 31 May 2024), MHST has supported:

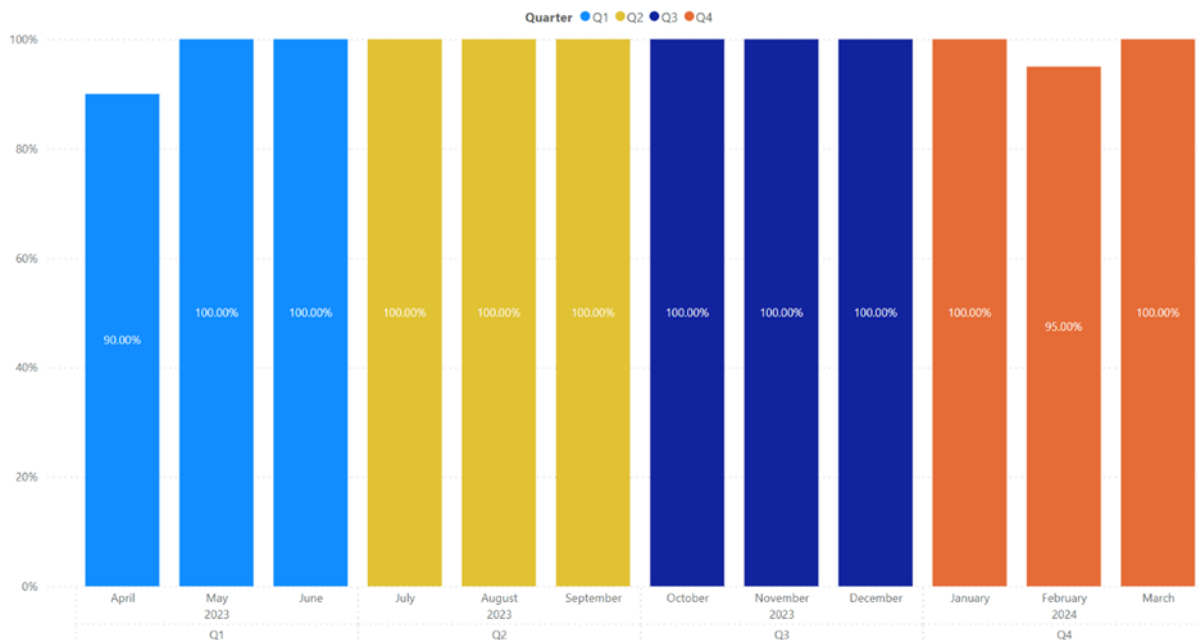
- 55 children with autism, suspected and diagnosed,
- 38 children with ADHD, suspected and diagnosed.

Of those who have closed to MHST, the goal ratings for the neurodivergent children were at 3/10 before MHST intervention, and 8/10 after MHST support. The RCADS scores also show that they reported a reduction in anxiety and low mood, as illustrated in the table below (mean change score -7.31).

In addition to direct work, MHST supports the whole school approach to mental health in a wide variety of ways (e.g. by attending Senior Mental Health Lead Network Meetings, circulating key documents/information, discussions at MHST Planning Meetings, delivering assemblies, staff training, coffee mornings for parent/carer(s), etc). MHST also plays a key role in signposting and liaison between services (e.g. by responding to referrals, completing triage assessments, responding to enquiries and attending multi-agency meetings, including the One Reading Partnership Hub). Throughout the year, schools, parents and young people

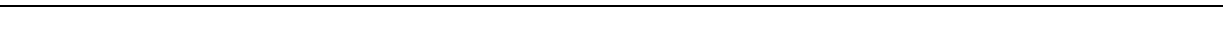
are invited to complete the Service User Feedback Form, to help us understand the impact of MHST. This is summarised annually and the summary from last year is attached; this report is also available on the MHST webpage – www.brighterfuturesforchildren.org/MHST.

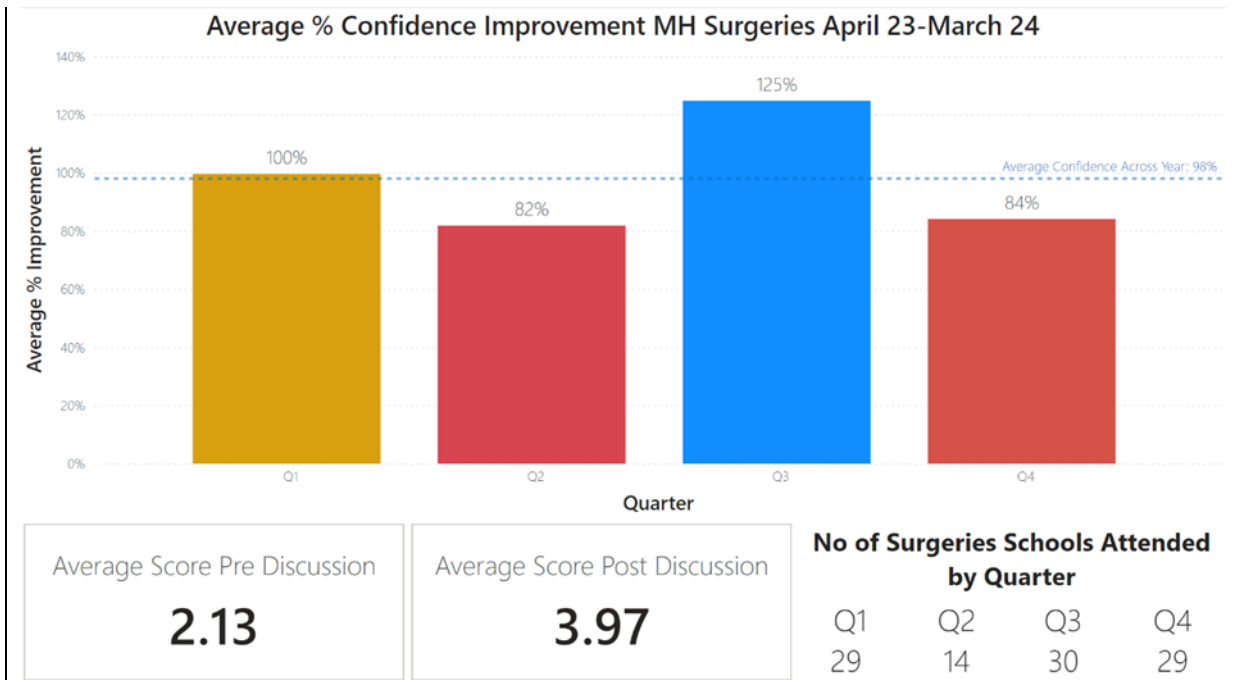
Average Feedback Rating of PMHT Consultations (Max 100%) 2023/2024



Average feedback ratings for PMHT consultations that took place in the 23/24 financial year

The Primary Mental Health Team serves all Reading schools, including Special Schools. They offer a range of support for schools with children with SEND. The PMHT offers weekly Mental Health Surgeries to all Reading schools (delivered jointly with the EPS); pre and post rating scales are used as part of the consultation process to measure the effectiveness and enable school staff to give immediate feedback. In the 23/24 financial year, 253 children were discussed of which 59 had an EHCP. Figure 8 (below) demonstrates the impact of PMHT consultations - it shows improved confidence ratings of the school staff across the whole of the previous financial year 23/24 (the average % being 98% across all four quarters and Q3 showing 125% improvement meaning all the post scores were over double that of the pre discussion score).





The impact of PMHT school consultations in the 23/24 financial year.

The PMHT has shown consistently good outcomes for our therapeutic interventions. The PMHT predominantly uses child-led measures such as goals-based outcomes which are shown below. The impact of the PMHT work shows 95% average improvement on goal ratings across the last financial year, this includes work with children with SEND.

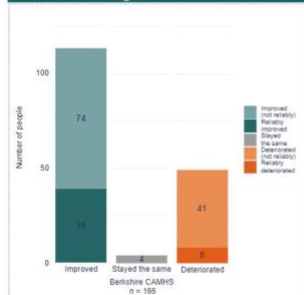
- Applying THRIVE principles to the Reading system has also been applied to understanding the effectiveness of the getting more help, children’s mental health support services i.e., impact on child outcomes. Analysis of Outcome Measures in CAMHS services demonstrates the following improvement in outcomes:

CORC Report July 2024



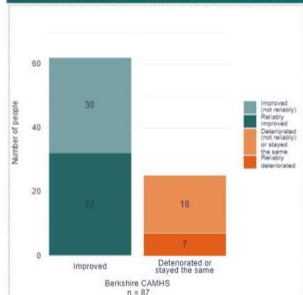
We are members of the Child Outcomes Research Consortium (CORC) which undertakes analysis of outcomes data.

Anxiety and depression - self-reported: individual changes



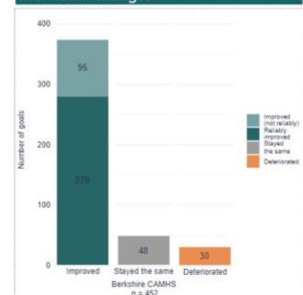
113 young people (68.1%) improved and 53 young people (31.9%) deteriorated or stayed the same

Anxiety and depression - parent or carer-reported: individual changes



62 young people (71.3%) improved and 25 young people (28.7%) deteriorated or stayed the same

Progress towards goals - self-reported: individual changes




374 goals (82.7%) improved and 78 goals (17.3%) deteriorated or stayed the same

- In addition, a qualitative review of children experiencing greater complexity, demonstrates the benefits of the new key working system for children and young people with multiple needs, in contact with a number of different professionals, as illustrated in Emily's and Leroy's journey below:

How do we know we are making a difference - case studies from CAMHS (Getting More Help)



About Emily

Emily is a 15-year-old female, she has a close relationship with mum and has a younger brother who lives at home.

Following a recent diagnosis of ASD parents are applying for DLA and social worker supporting the family to set up direct payment

Emily has always found social interaction difficult, she has very few 'friends' within school

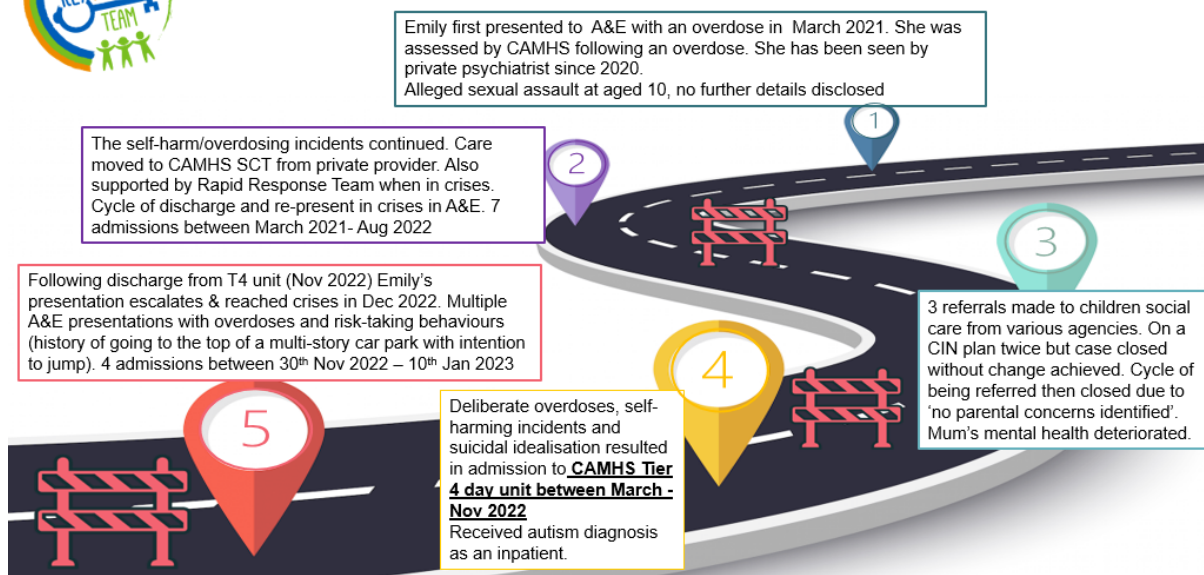
'Poppy and Ted' are Emily's 'four legged' best friends. Emily also has friends from an inpatients unit but these friendship may not always positive.

Emily is academically able. She was accepted onto the gifted and talented programme when she moved to her current secondary school in Y7. She is now in Year 11. Emily has not been able to attend school since 2020.

Parents separated in 2020. This was difficult for Emily. She has a close relationship with her dad and his new partner. She also feels close to her grandmother and maternal auntie, but they live far away.



Emily's Journey – Pre Keyworking Team

Emily first presented to A&E with an overdose in March 2021. She was assessed by CAMHS following an overdose. She has been seen by private psychiatrist since 2020. Alleged sexual assault at aged 10, no further details disclosed

The self-harm/overdosing incidents continued. Care moved to CAMHS SCT from private provider. Also supported by Rapid Response Team when in crises. Cycle of discharge and re-present in crises in A&E. 7 admissions between March 2021- Aug 2022

Following discharge from T4 unit (Nov 2022) Emily's presentation escalates & reached crises in Dec 2022. Multiple A&E presentations with overdoses and risk-taking behaviours (history of going to the top of a multi-story car park with intention to jump). 4 admissions between 30th Nov 2022 – 10th Jan 2023

Deliberate overdoses, self-harming incidents and suicidal idealisation resulted in admission to **CAMHS Tier 4 day unit between March - Nov 2022**. Received autism diagnosis as an inpatient.

3 referrals made to children social care from various agencies. On a CIN plan twice but case closed without change achieved. Cycle of being referred then closed due to 'no parental concerns identified'. Mum's mental health deteriorated.



Emily's Journey – Keyworking Team

Young person started engaging with DSN – going on dog walks
Care Education and Treatment Review (CETR) was held - DSN is liaising with all agencies to ensure the actions are being completed in a timely manner.
Appointment map completed with all agencies to enable the family to plan and prepare in advance.
This gives structure to Emily's day and ensures she has no more than one appointment a day.
Referral to SALT and OT completed (sensory need)

Dynamic Support Navigator (DSN) completed a chronology/deep dive of young person and family journey so far.
DSN met with parents and Emily to look at personalised plan and attended appointments with parents to support and advocate. DSN provided the family's journey to prevent them having to repeat their story time and time again



Parents feeling they can no longer manage and wanted psychiatric inpatient admissions
Emily's inpatient admission is imminent.
LAEP Dec 2022 to prevent hospital admission
Referred to the Keyworking service.



Since Referral:
1x A&E admission
Emily has been on holiday with family abroad.
Meets with a DSN weekly – Emily's views/needs regularly discussed.
Mid March 2023 completed 6 GCSE mock exams.
Engaging with Therapy for the first time.
Regular professionals meetings – we are working together keeping Emily in the centre
Risk of inpatient admission reduced. RAG rating changed from RED to AMBER.



Support with EHCP application.
Liaising with school for alternative provisions and 1:1 tutoring started
Emily is re-engaging with school.
Waiting to start horse-riding sessions.
Started trampolining.
She has reconnected with some of her school friends.



Feedback

Mum's feedback:

'Thanks Monika! You gave me renewed hope which is in short supply right now. So, appreciated'

'Thanks so much for seeing Emily, Monika. She really likes you and it gave her a focus for her day'

Emily's feedback:

'Super grateful for all you are doing'





About Leroy

Leroy is a 17-year-old young man who is currently under s3 of MHA 1983 in a psychiatric unit and subject to a full care order.

Leroy is interested in animals and drama. He describes himself as a foodie. He loves Caribbean cuisine.

Leroy enjoys English and science and would like to have a job or apprenticeship.



Leroy has experienced a significant amount of adverse childhood experiences. He has a diagnosis of a mixed disorder of conduct and emotions, underpinned and maintained by a disorganised attachment to his biological parents, ADHD, Klinefelters syndrome and Mild Learning Disability.

Leroy is looking forward to gain his own space and sense of freedom outside of the hospital setting. He enjoys utilising his section 117 leave to visit his family and spending time with them.

Leroy is looking forward to having his own space and being home in the community.



Leroy's Journey – Pre-Keyworking Team

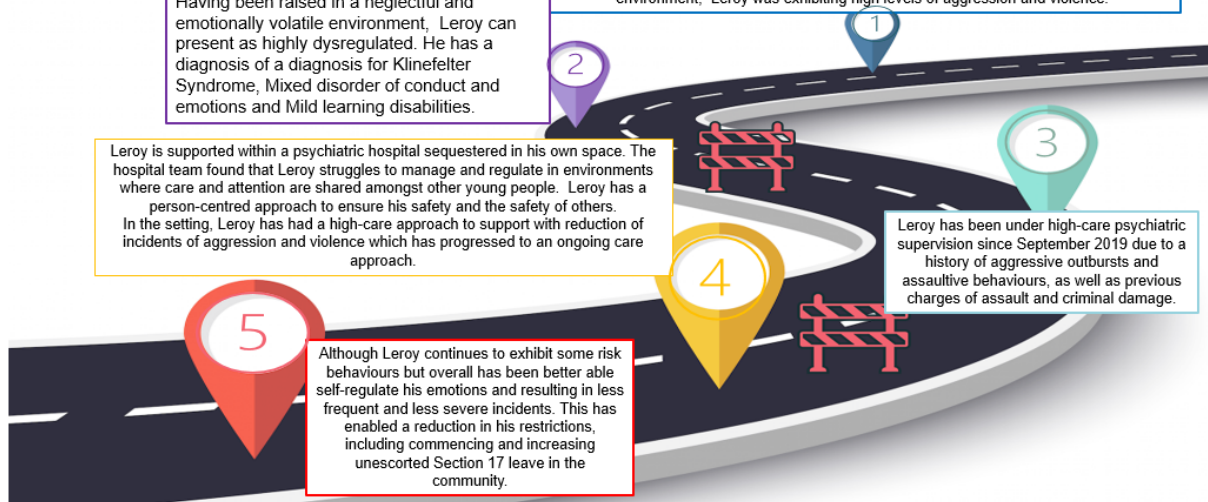
Due to the profound impairments in parenting capacities, Leroy and his siblings have experienced a significant amount of trauma. Because of the adverse childhood experiences, Leroy was removed from the care of his primary caregivers and was placed in the care of Children's Services in 2011. Having been raised in a neglectful and emotionally volatile environment, Leroy was exhibiting high levels of aggression and violence.

Having been raised in a neglectful and emotionally volatile environment, Leroy can present as highly dysregulated. He has a diagnosis of a diagnosis for Klinefelter Syndrome, Mixed disorder of conduct and emotions and Mild learning disabilities.

Leroy is supported within a psychiatric hospital sequestered in his own space. The hospital team found that Leroy struggles to manage and regulate in environments where care and attention are shared amongst other young people. Leroy has a person-centred approach to ensure his safety and the safety of others. In the setting, Leroy has had a high-care approach to support with reduction of incidents of aggression and violence which has progressed to an ongoing care approach.

Although Leroy continues to exhibit some risk behaviours but overall has been better able self-regulate his emotions and resulting in less frequent and less severe incidents. This has enabled a reduction in his restrictions, including commencing and increasing unescorted Section 17 leave in the community.

Leroy has been under high-care psychiatric supervision since September 2019 due to a history of aggressive outbursts and assaultive behaviours, as well as previous charges of assault and criminal damage.





Leroy's Journey – Keyworking Team

Professional networks have facilitated several meetings, such as CPAs, CETRs, Mental Health Tribunals, and Weekly Transition Planning, to advance discharge planning and search for necessary provisions. Leroy has been part of the hospital-based meetings to ensure his view are obtained. The process has been ongoing for over a year with plans falling through (Properties falling through/ recruitment difficulties).

Delays in sourcing placement for Leroy have had a detrimental impact on his mental health recovery. Leroy was becoming more and frustrated by the length of the process often telling staff " I'm stuck in hospital".

10

Since Referral:

- Property secured and located with the support of the commissioner in meetings.
- Children in Care team involved and available to support with training.
- Leroy starting to visit the property and plans in place for reintegration into the community.

7

Active discharge planning commenced in 2022 along with local authority as the clinical team requested community placement with the gradual transition into the community. He presents with ongoing risks (primarily to others) significantly precipitated by the environment and relationship dynamics that are inevitable within psychiatric settings.

9

Dynamic Support Navigator completed a chronology and deep dive of Leroy's journey through services. DSN met with the young person and contacted the professional network to establish a personalised plan. Community link workers whilst DSN advocates and supports with transition plan back to the community.

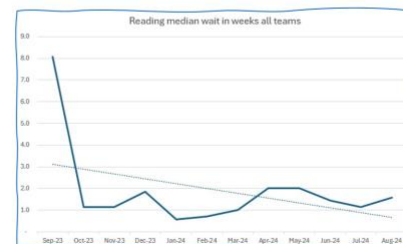
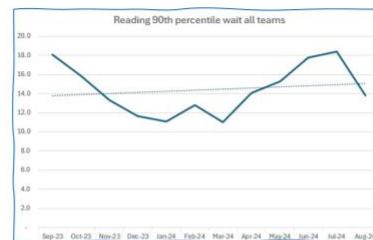
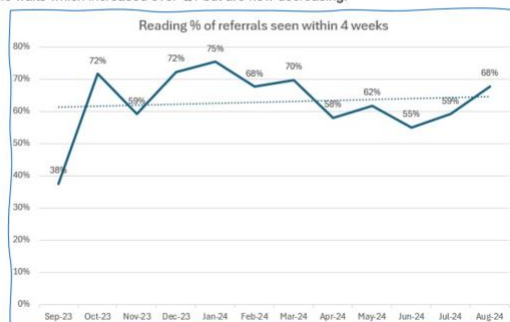
Areas for development

- The lived experience of 106 parents and caregivers tells us in the 2023/24 survey that they are very concerned about the wait times for ADHD and Autism Assessment and wheelchair assessments and repairs; that communication and coproduction with schools needs to improve in some circumstances; that integration with children's social care planning (for children with EHCPs) and learning from complaints needs further development and that transition to adulthood would benefit from targeted development work. This feedback has been listened to with care and has directly informed Reading's SEND Strategic Risk and Gaps Analysis, and the revised workplans of the SEND workstreams.
- Berkshire Healthcare Trust analysis of CAMHS waiting times depicts the following picture:

Waiting Times

Reducing waiting times is a Driver Metric for the service. We are working to implement a 'no wrong door' approach across all of our CAMH services and to ensure that our waiting times across all services are compliant with the current NHSE definitions of 'clock-stop' activity. The data shown is for all referrals for Reading children and young people to all CAMH services.

Metrics are those currently monitored by NHSE for all CAMH services. 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 2024/5. BHFT CAMHS are showing an improvement trajectory for all metrics apart from 90th percentile waits which increased over Q1 but are now decreasing.




- As in line with the national picture the current waiting times for our children and young people in Reading awaiting an Autism and ADHD assessment remain:

Quarter 1 data for 2024-2025

	0-29wks (0-6 m)	30-55wks (07-12m)	56-82wks (13-18m)	83-104wks (19-24 m)	105+wks (2y+)	TOTAL
ADHD Reading	278	218	223	91	109	919
AAT 0-5 years Reading	58	93	77	47	21	296
AAT 5-18 years Reading	152	204	223	129	37	745

- There is still too much emphasis on EHCPs as a means of accessing support, the partnership system is often reliant on statutory assessment, rather than being needs led.
- Access to some support services has been reduced by increase in demand
- Annual Reviews of EHCPs are taking too long to process due to significantly increased workload in the SEND Team
- Children sometimes wait too long for special school places due to increasing demand and continued shortage of local provision – places remain insufficient to meet the needs of all children
- Children who are Emotionally Based School Avoiders do not always receive timely support
- Recent changes now ensure that the wider systems school effectiveness development work is informed by the experience of YJS children with SEND

- 
- Transition from early years settings to primary and from primary to secondary do not always work well which can result in children not being properly supported in their new setting.
 - There are insufficient special education places and provision to respond to the level of need in Reading.
 - Transition from children’s social care to adult’s social care for children with complex needs and disabilities is not always smooth or timely
 - Some parents and staff in schools lack awareness about what is available which can impact on timely support
 - Placements in non maintained and independent schools continue to rise
 - Data and intelligence on the use of short breaks and respite is currently manually gathered, which impacts on the capacity of the system to think strategically, commission and plan ahead
 - There is not yet a clearly defined ICB, RBC and BfC Commissioning Strategy that clearly integrates and prioritises the needs of SEND children in the short to medium term
 - There is as yet little data on the impact of newly commissioned health services
 - Wait times for autism and ADHD are still too long and access to therapies is not timely for children in schools who don’t have EHCPs. Berkshire Healthcare have an advice line for children under the age of 5 years and there is currently no wait for access to this.

What we are doing

- Funding streams which can be accessed without EHCP have increased, as evidenced in early years and access to funding for children without EHCPs is being planned for 2024-25 through DBV initiatives.
- Strategic discussion with BfC and ICB senior leaders are underway to plan for a move to a more needs led system, that prioritises early intervention and prevention.
- A new 42 place secondary provision was opened in Wokingham in 2022, in partnership with Wokingham Borough Council.
- YJS (Youth Justice) have been offered a regular place around the table for the termly School Effectiveness
- Integrated strategic commissioning would make a significant difference to the lived experience of SEND children and families, and be supportive to a smoother transition to adulthood, discussions have started between BfC, RBC and the ICB to explore the next steps

- Options for a new 180 place MLD /SLD provision are being explored through rationalisation of primary school places for 2026
- Expanded places at local special schools are planned over the next three years through the School Place Planning Strategy 2022-2027
- Expanded autism support within the community, whilst children are waiting for specialist assessment, is demonstrating some early signs of benefit to some parents and carers, this needs to be review and evaluated, and further embedded.

Feedback from a Parent/Carer receiving help from Autism Berkshire

“It was a great help to have our own experiences acknowledged but also it was very thought provoking and reassuring at the same time. I would encourage anyone to undertake the workshop because even if you only learn one new thing or recognise one new instance that you can connect with, that in itself would make it worthwhile both for the child/adult and for the parents/carer.”


“I have gained so much support by being part of this group from sharing my worries and concerns about my children, to learning and being educated by the organisers and other mums’ experiences. There is so much value in hearing another mum’s advice, being further on the journey than you are has been invaluable.”

(Parent feedback)

Children achieve positive outcomes

Strengths

- Reading has developed – and is further enhancing – a comprehensive and high-quality educational offer for children with SEND. The impact of this offer on outcomes for children with SEND can be seen in the educational attainment of children with SEND.
- The EYFS (Early Years) attainment of children with SEND is a particular strength in Reading and demonstrates impact of the whole system support and advice offer to early years providers for children with SEND.
- Reading schools, settings and education partners continue to achieve strong outcomes for many of our SEND children, young people, and staff.
- Strong inclusive practice is a feature in the majority of nursery, primary and Special schools and is increasingly a feature of secondary provision. This is evidenced in outcomes and monitoring visits to locally maintained schools and curriculum and behaviour judgements from Ofsted inspections.
- With most Reading schools judged good or outstanding and in findings from school/setting assurance activities, there is clear evidence that schools/settings in Reading offer strong provision for our young people with SEND and are



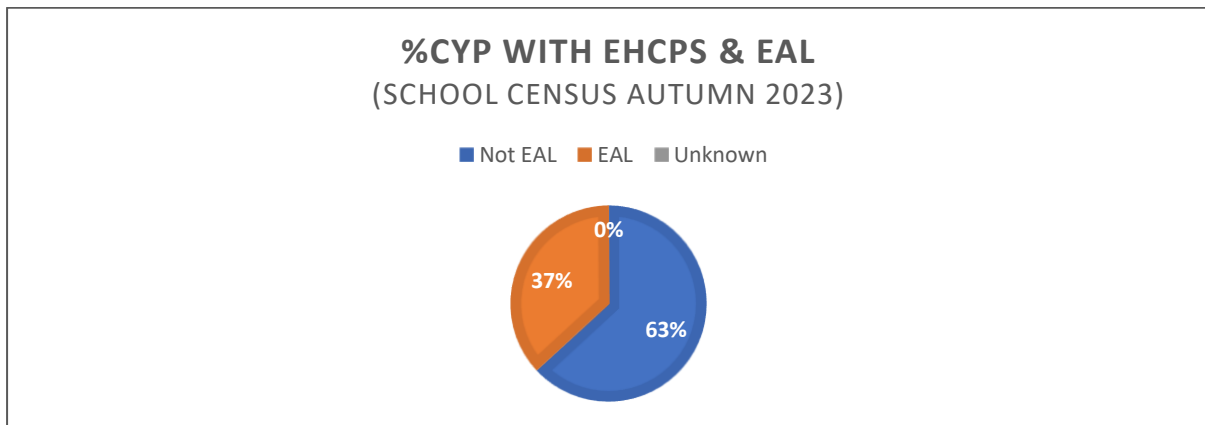
increasingly effectively implementing research informed approaches to improve standards.

- There is a powerful sense of community and support, and stakeholder engagement shows the extent and depth of system wide commitment to shared values in terms of inclusion, care for each other and educational excellence. This has been shown through school engagement in the SEND Strategy, Education Partnership Board and SENCO networks. This year's SENCO conference in neurodiversity was attended by the majority of schools.
- The Family Help (early help system) achieves excellent impact on outcomes for Reading's children, as reflected in the most recent Ofsted ILACS inspection of Reading's children's services. The ILACs noted, '*BFfC delivers a range of impressive and impactful Family Help services that are reducing children's needs for statutory intervention*'.
- Evidence of the impact of Family Help interventions has been sourced through case examples provided by Family Help staff. For example, a recent intervention offered by Family Help focused on supporting parents of a child with SEND around access to appropriate, safe housing and offering targeted self-esteem support to the children whilst also ensuring their parents emotional wellbeing was supported. The key issue for the family was their accommodation, which was unsafe for their child with additional needs. Working closing with the Occupational Therapist, Family Help we were able to evidence the family's needs which led to them being re-assessed against the housing criteria; this ultimately led to the family being moved from Band 4 to Band 1, likely decreasing the waiting time to access appropriate housing. Alongside this there is evidence that interventions offered by Family Help result in lasting change. Over the last year the rate of re-allocations where families have required previous Family Help intervention within the last six months has never risen above 6%.
- Many parents and young people value the work of schools, settings and other stakeholders and there is strong political support for the work of educationalists and our education institutions. This is evident in evidence from our school effectiveness visits, from Ofsted parent view feedback and in engagement with parent carer forums.

How do we know we are making a difference: a multi-agency village raising every child

Multi-agency working and the additional community offer provided by many Reading schools and education establishments is a real strength and our schools/settings have been the first point of contact and lifeline for many families and young people through the cost-of-living crisis. This has particularly benefited children with SEND, many of whom have multiple educational vulnerabilities beyond national averages for the group. For example, 2022/23 data from the DfE shows that whilst the number of Reading children on SEND

Support who are also classed as economically ‘disadvantaged’ is roughly in line with national figures at 40.4%, the number of Reading children on SEND support who are of a global majority background stands at 39.7% (10.8% higher than the national figure) and who have English as an additional language stands at 21.8% (6.5% higher than the national average). However, the number of children who have an EHCP and who have EAL is 37%, which closely aligns with Reading’s overall figure of 36%. The pie chart below depicts the percentage of Reading children with an EHCP who also have EAL vs. those with an EHCP for whom English is not an additional language.



The percentage of Reading children with an EHCP who also have EAL vs. those with an EHCP for whom English is not an additional language

- Outcomes for children who need SEND Support in primary are strong, compared to national benchmarks for the group, reflecting the impact of the work undertaken to improve SEND support in early years. Figures 11 and 12, below, depict the outcomes in terms of ‘Good Level of Development’ and ‘Early Learning Goals’ for Reading children with an EHCP and on SEND Support, respectively, as compared with South East and national figures. It can be seen that Reading is performing well in this area.

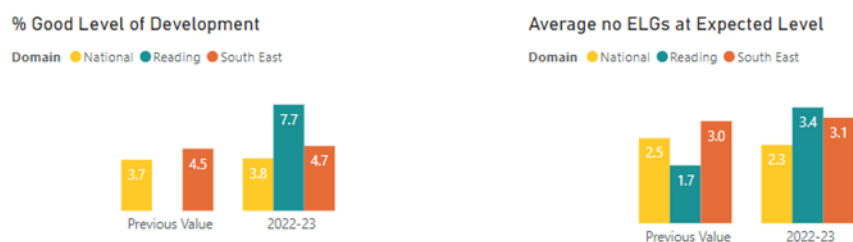
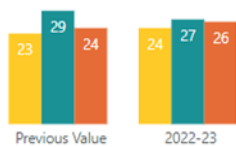


Figure 11: A bar graph depicting the outcomes in terms of ‘Good Level of Development’ and ‘Early Learning Goals’ for Reading children in Reception with an EHCP as compared with South East and national figures

% Good Level of Development

Domain ● National ● Reading ● South East



Average no ELGs at Expected Level

Domain ● National ● Reading ● South East

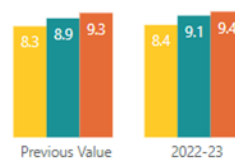


Figure 12: A bar graph depicting the outcomes in terms of ‘Good Level of Development’ and ‘Early Learning Goals’ for Reading children in Reception on SEND Support as compared with South East and national figures

- Reading primary schools understand the importance of securing early reading skills for all children and systematic phonics is provided for all children with SEND. The school effectiveness team provide support and guidance for schools including phonics training, intervention training and curriculum reviews. Many schools buy in to LA and RWINC training and support. Pedagogy in phonics is a strength in primary schools as evidenced in school effectiveness visit reports and Ofsted inspections. Outcomes at the end of KS1 for EHCP children are above national and South East averages, as are the proportions of children requiring SEND support that achieve the standard in phonics at the end of year two.
- Reading was above national, regional and statistical neighbours in attainment of RWM at the expected standard for children with SEND support and the rate of improvement in Reading was above the national rate of improvement. However, EHCP attainment was well below national attainment for the group with attendance being identified as a potential issue that may have impacted the progress made by some children. This issue is being further explored.
- At KS2, SEND children make progress in reading and writing that is just below the national average, and above average in Maths (this disparity in progress may partially reflect the relatively higher numbers of neurodivergent children educated in Reading schools in comparison with national averages, a population that can have maths as a particular area of strength). Improvements in progress for this group are well above national improvement rates in all measures.

Areas for development

- Though SEND support outcomes are broadly consistent with the national average, writing is a weaker element in outcomes for all children at KS1. Support has been provided to schools in line with Education Endowment Fund (EEF) and DfE guidance on improving writing with a focus on ensuring that core components of phonics, transcription, vocabulary and grammar are retained in long term memory. We have identified that some children repeat mistakes that are not identified in assessment and more network training will be provided in 24-25 to address this issue.

- Outcomes for children with SEND are less convincing at the end of KS4 and both school effectiveness visits, Ofsted inspections and parental feedback highlights that more work to embed and support inclusive practice in the secondary phase will benefit children. The Education Partnership Board (inclusive of all schools and governance types) have agreed a vision that makes commitment to collective action in this area.
- Some children with SEND support attain well on average at KS4, though there is too much variability between schools, (with children with multiple vulnerabilities performing poorly in comparison with national benchmarks). Children with EHCPs do not make enough progress or attain well against national benchmarks. In the past the Local authority has had less influence in the secondary sector (as all but one secondary school are part of a MAT). However, the development of RISE has allowed for closer working and has led to an increase in uptake of training relating to the ordinarily available offer. In addition, the Education Partnership Board has identified SEND as an issue and an area for strategic action. Progress and attainment for children with SEND in mainstream schools is better than average progress in the special and alternative sector.

Absence data for children with SEND

- In May 2024, the attendance figures for children on SEND support were 89.7% and 83.80% for children with an EHCP. This compares to an average attendance figure of 93.8% for children without SEND in Reading schools. Whilst the lower attendance of children with SEND as compared to those without reflects national trends, the disparity between these figures remains of concern and is an area being explored by the education, access and support teams.
- The numbers of children registered as EHE in Reading was 331, of whom 46 (13.9%) were on SEND Support and 15 (4.5%) had an EHCP. 331 children on EHE represents 1.4% of Reading's school age population.

Suspensions and Exclusions

- Reading's current overall suspension rate for children aged 5-16 stands at 2.2% for primary, 14.7% for secondary and 35% for special. These figures represent a decrease in overall suspensions at primary level and in special schools as compared with the 2022/23 academic year (which were 3.1% and 38.2% respectively), but an increase in overall suspensions at secondary as compared with the 2022/23 academic year (13.2%). National comparators for this academic year are not currently available.²
- In Reading this year there have been 16 permanent exclusions (an exclusion rate of 0.06%). Of these, none were in primary and only one was for a child with an EHCP (and they were excluded from a special school). Of the remainder, 6 were on SEND support. This means that 44% of children permanently excluded in Reading this

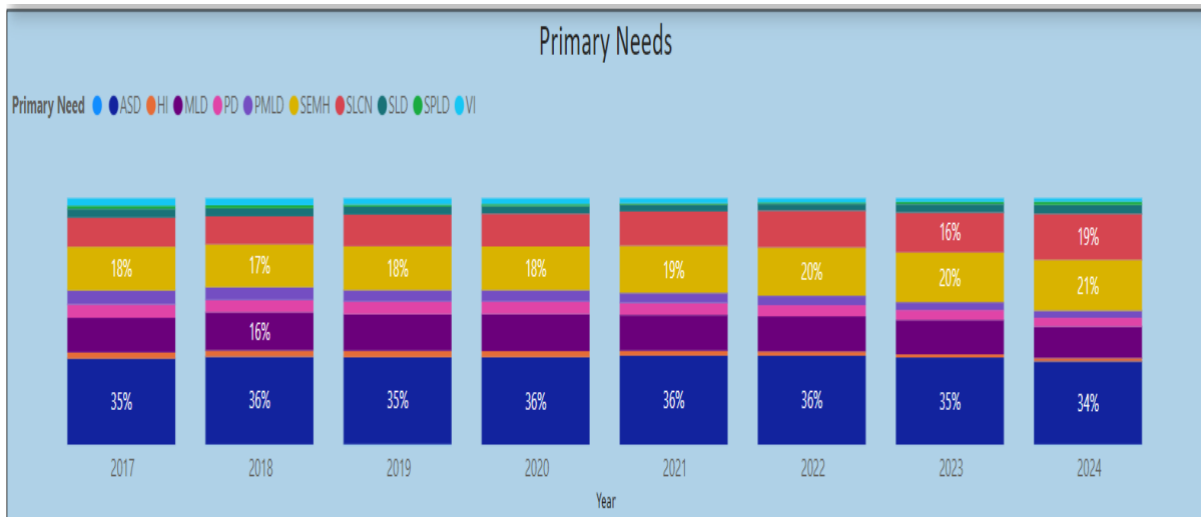
² The most recent national dataset is for the 22/23 autumn term and it is felt this may not present a helpful comparison given the pace at which the exclusions/suspensions landscape is changing.

academic year were identified as having SEND (6.25% had an EHCP, 37.5% were on SEND support).

Suspension rates by SEND category and geographical location in Reading schools (primary, secondary and special) for children aged 5-16 is the 23/24 academic year to date

Area	Total number of suspensions	Number of suspensions for a child with an EHCP	% of suspensions for children with an EHCP	Number of suspensions for a child on SEND Support	% of suspensions for children on SEND support
South	895	55	6.14%	375	42%
North	214	34	16%	120	56%
East	337	132	39.1%	101	30%
West	520	85	16.3%	205	39%
Total	1966	306	-	801	-

- Reading schools are suspending and permanently excluding children with SEND (both with an EHCP or on SEND support) at a disproportionate rate as compared children without SEND. For example, whilst only 17.9% of children in Reading schools are identified as having SEND, they account for 44% of all permanent exclusions and 56% of suspensions across the school estate.
- When data is further explored to understand the possible factors contributing to the disproportionate rates of exclusion and suspension of children with SEND, two key factors stand out: Firstly, there are significant variations in the rates at which children with different types of SEND are excluded. Secondly, there exists inconsistency between Reading schools both in terms of their overall rates of exclusion and suspension and regarding the rate at which they do/do not exclude and or suspend children with SEND.
- Children whose primary need is SEMH account for 61% of the suspensions of children with SEND. 21% are children with autism and 12% from children with speech, language and communication needs (SLCN). This shows that 94% of suspensions for children with SEND come from three key areas of need: SEMH, ASC and SLCN. This finding is noteworthy, given that the rates at which children with these areas of need are suspended do not consistently correlate with the rate at which these areas of need are identified within Reading’s school population.



Rates of SEND by area of need in Reading primary and secondary schools, 2017-2024

- Though children with SEMH account for only 21% of Reading’s SEND population, they account for 61% of suspensions for children with SEND and are thus overrepresented. Conversely, though children with autism account for 35% of children with SEND, they only account for 21% of suspensions of children with SEND and are thus underrepresented. Children with SLCN as their primary area of need account for 15% of children with SEND in Reading, and 12% of suspensions of children with SEND – roughly consistent.
- While rates of suspension of children with SEND remain concerning for children in Reading, given the significant overrepresentation of children with SEMH needs in this category, work is being targeted to focus on this highly vulnerable group.

What are we doing?


- Research informed practice principles- Locally agreed approaches to school improvement. The following evidence-informed approaches have been in place over the last 4 years to support curriculum excellence, inclusive practice, and school improvement. Where these have been implemented effectively, they have had significant impact on outcomes locally, nationally, and internationally. Work continues to ensure these approaches are embedded in a sustainable way:
 - High expectation low threat approaches to relationship management and mental health (Therapeutic thinking schools),
 - Mastery approaches to curriculum design (curriculum training),
 - Evidence informed pedagogy (principles of instruction and instructional coaching),
 - Good autism practice (Autism education Trust GAP, SERTS and Intensive interaction)
 - Anti Racist schools (racial literacy training)

- Redesigning the Behaviour Support Service and integrating it with RISE, the CME, school effectiveness and EP teams to address poor attendance and suspensions:
 - Using the RISE team to increase take up and high-fidelity implementation of a trauma informed approach (TTS) in all Reading schools,
 - Using the RISE team to increase take up and high-fidelity implementation of an autism growth approach (AET) in all Reading schools,
 - Using the RISE team to increase take up and high-fidelity implementation of a whole school approach to SLCN (ELKLAN) from September 2024,
 - Creating a knowledge transfer partnership with the University of Reading and BHFT to place a SALT trainee in every Reading primary school for a 20-week placement from September 2024.
- The ICB is developing a data dashboard which will capture health outcomes for children.

Children in Reading with SEND are well prepared for their next steps

Strengths

- SEND children who stay in education post-16 achieve well, and above the national average. Reading is in quartile A and B for outcome measures at level 3 and 2 by age 19 for SEND support and EHCP cohorts. If children with SEND start courses, they are likely to be attending in March beyond national averages suggesting that both adaptation and pastoral support post 16 is strong.
- “Ready, Steady, Go” transition programme is used by Royal Berks Hospital to support transition to adult health services. Information about adult health services is given from the age of 16 years
- BOB ICB have worked with young people to develop a series of videos about their experiences of transition. These are now being used as a training resource
- The RBH provides a transitions clinic for children and young people with neuro-disability from the age of 14 years
- From Year 9 all children with EHC Plans will have Preparation for Adulthood Outcomes routinely in their EHC Plans and this will include an evaluation of their ability to travel independently to college and/or work post 16
- The personalised care and quality of support available for Pinecroft and Cressingham is rated ‘Good’ by Ofsted and helps prepare our children for adulthood:
- Ofsted feedback on Pinecroft, March 2024:
- “Children benefit from nurturing care from the caring staff. Staff are patient in their approach and take time to get to know the children. They recognise the importance of children being supported to have a voice and are proactive in seeking the children’s feelings and views. Staff meet the children’s needs well in all areas of their lives. To achieve this, staff work closely with network professionals and children’s



families from the outset. This helps staff to have a well-rounded understanding of children’s particular needs and how best to meet them. Children are encouraged to be themselves in an inclusive environment, where differences in people are respected.”

- Ofsted feedback on Cressingham, July 2024:
- “Children are happy and content when they visit the home because staff have developed positive relationships with them and their families. Staff have a good understanding of children’s needs and are responsive to any changes in behaviour. They have respectful interactions with children and support them to make choices using their preferred method of communication. Children are supported to make good progress. Managers and staff have established strong working relationships with parents and external professionals, who speak positively about the care children receive.”


Areas for development

- Reading Family Forum and partners led a patient engagement event on 6 June 2024 for parents / carers of young people with SEND to get feedback on their experiences. Workshops included neurodiversity, early support for mental health, therapies and transitions.
- The quality and smoothness of transition from children’s social care to adult social care is subject to review and development; this includes a revised and focussed SEND strategic workplan for the working group with oversight of this area and a focused thematic audit on the transition of CYPDT children to adulthood.
- In addition, developing an integrated commissioning strategic approach to commissioning will be of great benefit to the readiness of the system to receive children who need ongoing support into adulthood.

Children with SEND are valued, visible and included in their communities

Strengths

- A comprehensive Local Offer website, newsletter, further information on the BfC website and use of social media accounts provide families with information about available activities.
- Reading Family Information Service (FIS) has been recognised with national awards in 2021 and 2023 for the quality of support offered, and the way that the Family Information Service promotes the participation of parents and carers and children and young people.
- The SEND Local Offer (LO), which is co-produced in collaboration with Reading Families Forum, other parents through the SEND Local Offer network and through Special United.



Involving children and their families has increased awareness and usage of the Local Offer.

- In response to feedback from families, a simplified 'Roadmap' of the SEND offer has been co-designed with families. An intentionally EDI (equity, diversity and inclusion) humble approach has been taken to reach out to families of diverse heritage and identity in the co-design of these materials.
 - Co-production with young people is also really important in Reading, this has including working in partnership with [Special United](#) to help improve information and access to local services, as well as blogs from every event. This contract has just been re-let to Me2, with an emphasis on gaining the voice of the child. The current membership of the group includes 50% of children and young people with global majority heritage.
- A range of specialist short breaks is available including after school and holiday clubs, weekend activities, youth clubs
- Support is also available from local short breaks providers for children to attend mainstream activities in the community
- Local cultural offer including Reading Rep Theatre, Rabble Theatre, South Street Arts Centre and museum partners, and local cinemas provide inclusive sessions for children with SEND. There is also a Theatre Company run by and for young people with neurodiversity called The Make Sense Theatre Company.
- Tier 4 social prescribers link young people back into the community following discharge from a Tier 4 inpatient hospital as part of the discharge plan.

Areas for development

- There is a shortage of short breaks provision for children with more complex needs
- There is a shortage of short breaks provision for young people over 16
- Work continues to embed an EDI humility and embed good allyship and antiracist practice in the wider children's systems in Reading, building on a strong foundation of change and a value-led systems leadership in Reading

What we are doing?

- We are working with local short breaks providers to support & encourage development of short breaks provision in areas where there are gaps
- Continuing the implementation of EDI humble, culturally curious, antiracist practice in Reading



Leaders are ambitious for children and young people with SEND

Strengths

- The support to the early years and education system has focused on setting high ambition for the achievement of SEND children in education. The strong performance of SEND children in the early years and the strong academic performance of children looked after who also have SEND are two key examples of the impact of this approach.
- The quality and personalised care of provision in Pinecroft and Cressingham, has been rated Good by Ofsted and reflects the social care ambition for children with SEND to receive good quality care and support.
- Systems leaders have worked closely together in Reading for many years to jointly commit to shared priorities for SEND Strategic development and an ambition for SEND children, co-designed with families, that supports SEND children to achieve their potential. This is further reflected in ICB governance structures and priorities, and in the Berkshire West Unified Executive agreeing that SEND will be one of the top five priorities for development at Place (Reading).
- The multi-agency SEND Strategy Steering Group provides governance of the SEND Strategy and activity and performance measures are reported to the Council's Executive on a quarterly basis, providing Executive support, challenge and rigorous oversight of SEND progress and development, with a focus on the impact on outcomes for children and families.
- A monthly SEND data dashboard is used by SEND Managers in the Council to monitor performance
- The Designated Clinical Officer for SEND in the ICB reports quarterly on SEND performance to the ICB and the Local Authority
- There is evidence of SEND briefings of the most senior systems leaders (at Chief Executive level), engaging the most senior leaders in supporting better outcomes for children with SEND.

Areas for development

(includes what we are doing)

Following review of the progress made with the initial strategic ambition of the SEND Strategy in summer 2024, the focus of the workstreams is being strategically refocussed. The refocus concentrates on the strategic change that is responsive to analysis of strategic strengths, risks and gaps, to make best use of partnership support to improve outcomes for children with SEND.

- The SEND Strategy Group membership and focus will similarly benefit from review and development, in response to this strategic analysis.

- Following DBV investment, close attention is being given to the input and value of this investment and the difference it is making to outcomes for children and families with SEND. This has included the specific investment in a data analyst post, to improve the granular understanding of data.
- There are particularly challenges with providing equipment to children with complex physical needs, this is on the ICB risk register.
- A SEND dashboard is under development by BOB ICB to respond to some of the ongoing challenges with receiving timely health economy data, which is sufficiently focussed on impact on outcomes.

Leaders actively engage with children and young people and their families

Strengths

- Strategy and key developments have been fully coproduced with families and this has been extended to partnership coproduction with a wide range of SEND families to co-design a simple two page summary of the SEND offer, in response to a direct request from SEND parents and carers, and the co-design of the Local Offer and Ordinarily Available Provision.
- Reading Family Forum communicates with 1792 families with SEND children in Reading and is a crucial conduit to local families. The voices and experiences of these families are then represented on the SEND Strategic Group and parents/carers are actively involved in co-design.
- Through the work of the RISE team, EDI (equity, diversity and inclusion) humble community outreach to a wide group of small community groups who have SEND children has also been undertaken. The approach has enabled conversations to be undertaken in a range of different languages, with different communities with diverse identities, heritage, culture and faith contexts, to strengthen the capacity of the SEND systems leaders to listen to minoritised lived experience and actively consider intersectionality.
- Parent Carer Forum involvement in 2022-27 SEND Strategy and subsequent improvement work has been consistently strong and due to multiple pressures on parents and carers time, a focus on using time to best effect in the SEND Strategy Group has been agreed from 2024.
- Parent / carers are very active in the current RBH Transitions Project
- Young people from Reading Borough Council with a learning disability took in part co-produced videos around the key challenges of moving to adult services.
- The SEND Joint Implementation Group (West Berks, Reading & Wokingham LAs, ICB, Health provider trusts and PCF from each area) gives parents a strong voice in local SEND developments and the chance to provide robust challenge to leaders

- The Royal Berkshire Hospital has an embedded children engagement strategy
- The RBH has coproduced its new website with children and young people and is developing a virtual tour of the hospital with children and young people Areas for development
- BHFT has a Participation lead for the Children’s directorate who ensures that coproduction is at the heart of all service developments. The Trust uses information gathered from its service user feedback system (I Want Great care) to inform service changes and developments as well as via direct engagement with children and families.
- The SEND Youth Forum Special United sessions are popular with young people and enable young people’s lived experience to be heard, shared and responded to. The regular blogs from every event enable young people to keep in touch with the latest news and developments.
- Two cohorts of supported interns have presented to the Reading Employment Forum since 2023 stating what they enjoy about being a supported intern, what they have gained from the programme and what they want to do going forward.

Areas for development

(includes what we are doing)

- Reading’s DCO and Reading Family Forum, the support of partners, led a patient engagement event on 6th June 2024 for parents / carers of young people with SEND to get feedback on their experiences. Workshops included neurodiversity, early support for mental health, therapies and transitions
- There are plans in place to include members of the SEND Youth Forum on the Royal Berkshire Hospital Membership Board
- The children and young people with disabilities team (CYPDT) hold data on the of number of children supported by and open to CYPDT, Short Breaks and OT services. To enable children to share their views with staff, staff are trained in using Makaton and PECS to undertake direct work with children and young people to seek their views. Children open to the service are visited at home and at school as part of statutory requirements and their plans (child in need/Child protection/CLA plans) are reviewed according to statutory requirements. Children and young people are able to have experiences they would not usually have with the support of a Personal Assistant provided by BfFC, or through accessing one of BfFC’s two children’s homes, Cressingham (that provides respite) and Pinecroft (that provides shared care).
- EDI sensitive and humble parent, carer and young person dialogue is a priority for Reading and will continue to progress and grow.



Leaders have an accurate, shared understanding of the needs of children and young people with SEND

Strengths

- Partnership leaders across Reading met together with South East Sector Led Improvement partners for a day to focus exclusively on SEND. This facilitated courageous conversation has helped refresh the partnership strategy to focus on the most impactful actions for the final three years of the strategy, including reviewing detailed data on incidence of SEND, trends and outcomes for children.
- An analysis of the strategic strengths, needs, risks and gaps within the Reading SEND system has informed a partnership refocussing of activity in the SEND workstreams and a renewed focus on the system working together to review the impact on outcomes for children, young people and families with SEND.
- Specific SEND related discussions and briefings with Executive leaders are managed within the partnership to ensure the most senior leaders have an accurate and shared understanding of the SEND needs of children and young people and the current pressures and achievements in the system. This includes for example, briefings for the Chief Executive of BOB ICB, focused strategic discussions with Brighter Futures for Children's (BFfC's) Senior Leadership Team and regular reporting to BFfC Board.
- Multi agency SEND Strategy workstream groups are well attended by a wide range of stakeholders and inform leaders on changing and emerging needs
- Health economy leaders within the ICB have worked together to gather and regularly report information quarterly monitoring the needs of the population.

Areas for development

- SEND content of JSNA could be expanded to ensure joint planning long term to meet the needs of children with SEND
- An integrated strategic Commissioning approach (0-25) spanning BFfC, RBC and BOB ICB is required to further develop and integrate the partnership provision for Reading's SEND children and young people; and prepare for adulthood for those children whose level of need will require lifetime care and support.

What we are doing?


- The SEND content of JSNA will be reviewed and revised SEND content agreed
- An executive leadership dialogue (spanning BFfC, RBC and ICB) about the shared commissioning intention and options for closer strategic alignment is under way
- The DBV Programme will provide resource for increased data capacity and analysis

- Briefings of the ICB CEO and dedicated SEND transformation discussions with BfFC Senior Leadership Team and Board, enable an integration of SEND systems development in wider systems transformation and medium-term strategic planning.

Leaders commission services and provision to meet the needs and aspirations of children and young people with SEND

Strengths

- New services are developed in partnership with children / young people and parents and in response to areas of identified need. For example, the significant increase in ARP provision in partnership with Reading schools; the design and development of the new Learning Disability CAMHS Service; and the recently introduced Key Worker service for young people at risk of Tier 4 admission; are all examples of how the whole system has responded to identified needs and gaps.
- BOB ICB is taking a needs-led approach to service design and delivery. This has led to investment in a 24 hour mental health crisis service; an Epilepsy Transition Nurse role; a specialist eating disorders service for young people with autism; a helpline for neurodiverse children and the new Health Reasonable Adjustments passports.
- There has been significant work undertaken to support commissioning colleagues to understand the needs of SEND children and young people from the age of 14, to inform service design and commissioning in advance of transition to adulthood, and ensure personalised Care Act assessments are undertaken with families.
- There has been excellent and agile strategic thinking in BOB ICB, which has enabled an innovative commissioning of MHST (Mental Health Support Team) delivery overseen by Local Authorities, to ensure strong integration with schools and the wider early help suite of services that BfFC and RBC oversee.
- Some examples of joint commissioning and design of services spanning the ICB and LA functions are evident in Reading, including the Children & Young People's Integrated Therapy Service and Children in Care Service (commissioned by the three Local Authorities in Berkshire West)
- BOB ICB have commissioned a pilot CAMHS Mental health early support service based in one of the Reading GP practices. The Practitioners offer very timely help, advice and self-help sessions to children and young people under 18 who have worries about their emotional or mental health. Early data is positive in terms of the impact of the service and shows that a significant number of the young people using this service have neurodivergent profiles. The Practitioners have been able to support them to access appropriate services.
- The Royal Berkshire Hospital held a patient engagement event for young people with epilepsy and neurodiversity to gather families' views. As a result, peer to peer support for parents was set up.

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- In response to the investment of DBV funding, careful consideration has been given to the most effective use of the resource in response to children and young people's need and the strategic priorities for SEND development.

Areas for development

- Commissioning arrangements for Alternative Provision is in the process of ongoing development, formalisation and quality assurance
- Discussions with ICB colleagues will ensure health economy oversight of alternative provision
- There is a need for an integrated commissioning framework for SEND children spanning BOB ICB, RBC and BfFC, the first priorities for this framework would be:
- Ensuring individual young people requiring transition to adult services are considered early (from age 14) and actively, and effectively, planned for together by education, health and social care providers, to ensure clear partnership planning and investment, with families, in preparation for adulthood (in close partnership with Work stream 5).
- Ensuring sufficiency of Special Educational provision (for more complex children) from Early Years to KS4, based on existing forecasting (in close partnership with Work stream 2).
- Taking a transformational approach to the service design and commissioning of a renewed needs-led whole system approach to SEND (moving away from a medical model), to be more responsive to the needs of children and families and improve the accessibility and effectiveness of timely support (in close partnership with Work stream 3).
- Ensuring the effectiveness and delivery of Integrated Therapies, and specifically commissioned services, in reaching the children that need support in a timely and effective way (with demonstrable impact on outcomes for children).
- Co-design of Supported Living and Respite provisions, based on the analysis of need, and in close partnership with families and children's leads.
- Dedicated resource to support employment pathways into adulthood for young people with SEND, building on the learning from supported internships.

What we are doing / next steps


- Work is under way in the ICB involving senior managers and safeguarding leads to ensure that the commissioning of health services includes children in alternative provision

- Executive discussions on the development of a more integrated commissioning system are under way, to progress the identified development areas

Leaders evaluate services and make improvements

Strengths

- The regular reporting of SEND system effectiveness and impact on outcomes for children and young people, and their families, informs a 'learning system' approach that enables service effectiveness to be reviewed and evaluated.
- In response to leaning and listening to families, further improve the service provided to children with send and their parents/carers, the SEND team has been re-structured: from a primary/secondary/post-16 team to a age 0-Year 8, Year – age 25 and a 20 week team. Dividing SEND teams in this way has been found to support improved Preparation for Adult (PfA) outcomes as well as a more supportive transition experience between key stages which is a key area of improvement for Reading.
- Extensive work has been undertaken in the CYPDT services to review each child's plan and provision, individually, and adjust care planning and service provision accordingly.
- Feedback from quarterly reports is used to inform future service planning. For example, the biggest single reason for referral is consistently SEMH needs, and many of these children are neurodivergent. This information informed the decision to invest in SCERTS training for the EPS/RISE/MHST teams.
- Thematic lines of enquiry are identified by SEND systems leaders and explored collaboratively as a whole system to identify how, as a system, changes need to be made. For example the analysis of children and young people with SEND who have been suspended from school, is directly informing the design and focus of the new Behaviour Support provision in Reading and the focus of the RISE service, as well as informing the Director of Education's support and challenge conversation with school strategic leaders.
- Contract monitoring includes monitoring of children's outcomes, e.g., Children & Young People's Integrated Therapy contract and has been used effectively to emphasise the importance of all services understanding their impact on outcomes for children (rather than measuring outputs).
- Services have been commissioned on the basis of learning from pilots which have demonstrated impact on outcomes, e.g., Therapeutic Thinking Team, EBSA Team, Autism Higher Level Teaching Assistants. New groups support for children and families with SEND has also followed these areas of learning, for example a specific course for children awaiting neuro diverse assessment who were struggling to eat:



“This course has been a life-changer for my son. He's now eating things he wouldn't have six months ago and I also have more knowledge to guide him and understand it all. Would highly recommend to all.”


(Parent who took part in first intensive Food Refusal course)

- Quarterly reporting to the BOB SEND Board and an established Berkshire West Partnership Service Leads Meeting between providers and the DCO enables service improvement is discussed in the health economy.
- Multi agency EHCP audits involving the three Berkshire West Local Authorities, ICB, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Trust and Parent Carer Forums demonstrate good practice in many of Reading's EHCPs
- All training delivered is evaluated. Participants (e.g. school staff and parents) are invited to give feedback. This feedback is used when planning future training and there are excellent examples in the Early Years team of an iterative and intelligent response to feedback from Early Years leaders to iteratively inform the shared training and priority areas of focus for the development programme for early years leaders. 40% of early years group settings and childminders have identified SEND training as a priority, the training offer has been expanded in response and focuses on inclusive universal learning and supporting children with SEN in small steps to learning.
- Longer-term impact questionnaires are being implemented (a term after attending a training session) which asks them to feedback on the impact it has had on their practice. The training offer is revised annually to ensure that what is offered meets demand.
- There has been close liaison and collaborative working across services to ensure a cohesive and integrated training offer across SEND services.
- Mental Health Surgeries (delivered jointly with the Primary Mental Health Team) use pre and post rating scales as part of the consultation process so school staff can give immediate feedback to professionals. Data is also held on which schools access this service so that coordinated support can be used to encourage uptake from schools who have not participated in training and support.

How do we know we are making a difference: RISE

The RISE team is an entirely new service (started January 2024 and currently funded by a DfE DBV [grant](#) until March 2025) that supports Reading schools. Its aim is to upskill Reading schools so that all Reading children, regardless of their level of need and which school they attend, can access the amazing opportunities presented to them at their local school.

Reading children said that they wanted to attend their local schools – they wanted to go to school with their siblings, with their neighbours and stay close to home. The aim of RISE is to



upskill schools so that all Reading schools are able to support as many children as possible to achieve this wish.

The RISE Service includes SEND specialists and consultants, with experience and knowledge of the different areas of need (e.g., mental health, neurodiversity, behaviour, speech, language and communication needs and sensory needs). RISE supports schools through a free, comprehensive yet bespoke training programme, the modelling of best practice and support to develop school systems that promote early intervention and a strong graduated response when children are needing that extra bit of help and support.

RISE also works to strengthen local school networks, to ensure that good practice can be shared and schools can work together to share knowledge and expertise.

Though early in its implementation, initial feedback from schools on the RISE project has been very positive:

Feedback from Headteacher on RISE team:

“I would just like to give you all feedback on the RISE team. I have had the pleasure of having the RISE teams in both of my school. Their support has been invaluable and every member of the team has been highly professional and incredibly helpful to my SEND team. We are thrilled with the support we have received and would really like to be able to thank you all for making this happen. We feel incredibly lucky to benefit from this support and would like you to pass on our thanks to the team. Every interaction we have had has led to improved outcomes for our young people and my staff have really praised the professional development that they have received.”

Feedback from SENCo on RISE team:

“I just wanted to congratulate you on your RISE project. So far, the advice and support we have received has been amazing! We've received swift replies, the research that has gone into the core of the advice is thorough, totally on point and has been greatly appreciated. The consultants are super helpful and have provided over and above what I would have expected. I just wanted to feed that back to you - a great idea and so well implemented.”

All members of staff in RISE have received training in the Goal Reality Options Will (GROW) Approach to coaching. Staff in RISE may also use approaches such as Solution Circles to support school staff to identify solutions. This approach will enable RISE to provide extra support to schools, to support implementation of evidence-based approaches, actively promoted within Reading.

Areas for development

- More systematic feedback from parents / carers and children and young people on their experience of the EHCP process is required
- More feedback from parents / carers and children and young people on their experience of the Disability Support Register / key worker process is needed, as well as more multi agency engagement at a leadership level around the DSR / key worker process.

- There are specific systems difficulties with Continuing Healthcare arrangements for children in Berkshire West with complex needs, which have required the attention and involvement of Executive leaders across BfFC, RBC and BOB ICB.
- A thematic audit programme is required for SEND (in addition to Reading and Berkshire West EHCP audit programme), to enable thematic exploration of areas of partnership learning and development for SEND children and continually improve the SEND system.


What we are doing?

- The ICB is developing a parent / carer forum meeting which will meet on a 6-weekly basis with the purpose of developing the key worker service in coproduction with families who have used it
- Strategic partnerships will develop greater multi agency engagement on the DSR/ key worker service in order to inform development
- The partnership SEND Courageous Conversation partners are overseeing the design and development of a SEND thematic audit programme, focused on understanding the child journey through the SEND system more effectively and informing onward both practice, and system, design and development.
- RBC and ICB CEOs are in active dialogue about the challenges with Continuing Healthcare arrangements. In lieu of a sustainable solution being reached, Berkshire West Directors of Children's Services and BOB ICB's Director of Nursing have agreed a set of interim arrangements for Berkshire West children, which will be piloted.

Leaders create an environment in which effective practice and multi-agency working can flourish

Strengths

- Reading partnership leaders demonstrate a values-led approach to leadership, that is supportive and enabling to multi-agency and frontline practice, and prioritises compassionate child focus in all partnership discussions.
- Clinics for children with complex health needs take place in schools, bringing together parents / carers, health professionals from RBH and BHFT and school staff. Team around the Child approach is used in complex cases.
- The Virtual School coordinates regular meetings with social care, education, health economy and SEND colleagues, to review Children Looked After and children with asocial worker, individually, to coordinate care, support and management of risk.
- A weekly SEN Panel enables multiagency review of children with SEND who benefit from partnership coordination and shared oversight.
- The significant investment in Therapeutic Thinking in schools and the wider education system, led by the School Effectiveness Service, enables a trauma informed and compassionate approach to supporting and understanding children



with SEND, and provides conditions for SEND children to thrive. This is experienced by many frontline colleagues across the partnership as a supportive and compassionate system in which to work.

- There is a good understanding of the capacity and skills in mainstream, schools, and the priority learning and development gaps. There is an extensive SEND training programme and guidance for schools, as well as tailored guidance and support for SENCOs. On demand training has been developed since the pandemic to facilitate access for practitioners. Training programme for schools includes training from Health, e.g. Children & Young People's Therapy Service. An updated audit of schools' training needs was completed in Summer 2024 and is informing enhanced training for September 2024 onwards.
- All children under 5 with complex health needs are offered a joint meeting with health staff from across health providers including RBH and BHFT.
- SEND training, development and resource provision has been tailored to health economy professionals in response to their roles, practitioners within BHFT and RBHFT undertake EHCP training (provided by DCO and staff from SEN Team in Education or from within BHFT from internal staff SEND advisors). In addition, health economy staff undertake the Oliver McGowan training to ensure that children with autism are appropriately supported
- In the 2023-34 academic year, Reading has invested significantly in its SEND team. To improve the quality of service provided to children with SEND, their families and schools, three additional case officers and an additional senior case officer have been added to the team. This investment in the team has enabled Reading to maintain strong performance in its 20-week deadlines, with current 20 week figures running at over 80% performance. This has also enabled a restructure of the team to create 3 smaller teams focusing on 1. Assessment, 2. 0-13 age group of children and 3. 14-25 age group and preparing for adulthood.

Areas for development

- Skill levels and confidence in schools vary and staff capacity is stretched and staff can have difficulty attending training
- There is a need for more targeting of training to schools with less confidence or where parents are expressing more concerns about SEND provision. Plans are in place through the RISE and PINS programmes to resolve identified gaps in training
- The pressures and strains of the complexity of the SEND system (national context) on the frontline SEND officers and on clinical colleagues providing autism and ADHD assessments for example, are recognised and understood by SEND strategic leaders. A compassionate leadership model that prioritises frontline staff welfare has been a values-led approach from Reading's strategic leaders.

- Continued promotion of what is ordinarily available across all services, including Health, is needed in order to avoid escalation of need, and a reduction in potentially avoidable EHCP statutory processes being undertaken.
- There have been specific local challenges relating to the establishment and sustaining of shared continuing healthcare arrangements, which have created specific challenges for children's care and integrated planning.

What we are doing?


- Enhanced and targeted RISE/PINS joint schools staff development programme launching September 2024, informed by the summer 2024 training audit.
- SEN support teams and RISE are adapting the SEND training programme, and advice to schools, to offer more bespoke training to target individual schools.
- Following the South East Sector Led Improvement (SESLIP) review of the partnership oversight of SEND in Reading, a six monthly review of the progress made with partnership recommendations and learning will be undertaken in November 2024, to ensure leadership and management oversight of timely progress with the SEND system transformation and development.
- The SEND Communications workstream is working tirelessly on raising awareness of services which are ordinarily available through the Local Offer (including Health services), working closely with the RISE and PINS programmes.
- The challenges relating to continuing healthcare are subject to the consideration of BOB ICB CEO and RBC's CEO and while these matters are reviewed and addressed, Berkshire West Directors of Children's Services and ICB Nursing Director have agreed a new pilot arrangement for Continuing Healthcare Panels in Berkshire West.

Conclusion

In the context of a complex national and regional context and high demand for SEND support, Reading has a strong, values and needs led, approach to SEND transformation, with a focus on improving outcomes for Reading's SEND children to maximise opportunities for them to flourish.

The commitment of all partners to improving outcomes for children and to learning together has led to a significant amount of activity in Reading, across the partnership, in close collaboration with parents and carers who have invested significant time and effort to help continually improve the system.

Reading's partnership openness to reflecting together on areas of ongoing development, transformation and integration, has led to a refresh of the SEND strategic focus in 2024;



Reading is a system continually growing, innovating and improving to improve outcomes for SEND children and families.

We finish with the voice of Reading SEND families:

Parent carer feedback on support to access short breaks. I really didn't have a clue where to start! Autism Berkshire told me to contact you guys, and so glad I did! My son now attends short breaks, which I didn't know he could all these years and thank you for all the other information too, wow, and I wish my school and other people who I've known would have told me about you year ago, better late than never! **(March 2023)**

Parent carer feedback on support provided by FIS/SEND Local Offer - school SENCO signposted the family to the SEND Local Offer team for information and guidance on wrap around childcare option and support for the family. 'if the school hadn't told me about the local offer I would still be lost in the system to find out what support was available, thank you for all your help, it has allowed me to continue working and get some activities for my child' **(May 2023)**

Short Breaks - Summer 2023 - feedback from parent carer - FIS/Local Offer have been supporting a parent to access information and local services to support her and the young person. The parent thanked us for keeping her updated on all things SEND through the Local Offer, however she also wanted to thank her words 'the short breaks organiser'. This year is the first time she has used short breaks for her child and was so impressed and appreciative of the offer. Wanted me to pass on her thanks to the team. **(September 2023)**

Parent carer feedback - the hospital told me contact the local offer to help me find support services, as my child has just been diagnosed. I'm so pleased they gave me your details as we were so stuck and felt worried about where are we going to get help. Thank you for spending the time explaining and signposting to some great services, who we have contacted and they are already helping us with lots of support. Thank you again, what a great service. **(December 2023)**

Outreach event attended by FIS/SEND Local Offer Team - Addington Special School - Preparing for Adulthood & Opportunities event for young people/parent carers - 17th April 2024 - Feedback from the school - We would like to say a heartfelt thank you for joining us at our Opportunities evening here at Addington School. Your time and effort to attend were truly appreciated. Your presence and participation helped make it a memorable and instructive evening for our parents/carers and young people. The feedback we received from our parents/carers showed that they all valued having such an event at school where they can speak to organisations such as yourselves who could be valuable to them now or in the future. Some also mentioned that it was more beneficial talking to someone face to face than on the phone or through email. We hope that you also gained some insight into the needs of our young people and how you might mutually benefit in the future. Once again we thank you for attending and look forward to seeing you at our next Opportunities evening. Martina Christie. **(April 2024)**



Feedback from the Destination event at The Avenue School - attended by FIS/SEND Local Offer team - 'Huge thank you for taking the time to attend the Destination Event, Parents have already start to feedback they feel well informed and students were delighted to research their next steps options, activities, and services that are available to them locally. The event so well attended, thank you for making it such a success!' Helen Bardsley (**May 2024**)

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	17 January 2025
Title	Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report 2023/2024
Purpose of the report	To note the report for information
Report author	David Goosey
Job title	BWSCP Independent Scrutineer
Organisation	Berkshire West Safeguarding Children Partnership
Recommendations	Not applicable

1. Executive Summary

- 1.1. Working Together to Safeguard Children 2023 (WTSC23) provides the statutory guidance for all safeguarding children partnerships in England. From March 2019, the safeguarding partners across the west of Berkshire (Reading, West Berkshire and Wokingham) joined to become the Berkshire West Safeguarding Children Partnership (BWSCP). BWSCP is the key statutory partnership whose role is to co-ordinate the partners safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.
- 1.2. This Annual Report, required by WTSC23, is being presented to the Health and Wellbeing Board to ensure members are informed about the work and achievements of the BWSCP for the 2023/2024 financial year.
- 1.3. Although not identified Delegated Safeguarding Partners (DSP) or Lead Safeguarding Partners (LSP) as defined in WTSC23, Public Health Directors across Berkshire West, including Reading's Public Health director are now part of the BWSCP, in terms of named members of the DSP & LSP meeting groups.

2. Policy Context

- 2.1. As required by WTSC23, the BWSCP is required to publish an annual report on the effectiveness of child safeguarding arrangements and promotion of the welfare of children in Berkshire West, detailing the work and progress undertaken within the year, giving an account of how it has discharged its duties against statutory guidance. This is a Berkshire West report, but information in relation to Reading is included within it. Generally, the current policy position will set the parameters of the options available to consider.
- 2.2. For information on the published safeguarding arrangements and links to previous annual reports, follow this link:

<https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/about-the-scp/berkshire-west-multi-agency-safeguarding-arrangements>.

3. The Proposal

- 3.1. The BWSCP entered 2023/24 with 5 main priority areas:

- Creation of a Berkshire West Wide Neglect Strategy
- Extra-familial Harm: Contextual Safeguarding, Exploitation and Serious Youth Violence

- Establishing a Berkshire West wide Multi-Agency Safeguarding Hub (MASH) & Front Door Arrangements Leadership Group
 - Development of the Partnership Learning and Development Group Training offer
 - Continuing Development of the BWSCP Partnership
- 3.2. The Berkshire West Wide Neglect Strategy is complete and is due to be published online before the end of December 2025. Alongside the strategy will be the publication of the Tool's used by each local authority area, used to identify neglect. A key part of the strategy is to understand that Tools are understood and used across the Berkshire West Partnership. An oversight group – which was formerly the Neglect Task and Finish group – will transition to this group to monitor progress from 2025.
- 3.3. Extra-familial Harm: Contextual Safeguarding, Exploitation and Serious Youth Violence. This priority is under review and will likely be an on going focus of the partnership. A work group met during 2024 to progress the idea of having a single Berkshire West strategy in response to Extra-familial harm. The feedback from the group was that the concept is not currently realistic, in part due to the differences in each local area's demographics and children known or of concern, with regards to Exploitation.
- 3.4. Establishing a Berkshire West wide Multi-Agency Safeguarding Hub (MASH) & Front Door Arrangements. An oversight group exists and meets quarterly in person. A data dashboard is in place and continues to be refined. The agencies involved in this group recognise the benefit of an ongoing dialogue to better understand how each local areas arrangements operate. There are processes which differ behind each 'front door', including language. The partnership recognises that as children and families move between local areas, that an understanding of local area process is advantageous, for examples in cases which do not meet a statutory threshold.
- 3.5. Development of the Partnership Learning and Development Group Training offer. New chairs of the Learning Development group were established during late 2023 following the chair stepping down and leaving their agency. Continued work needs to happen to form an annual training plan, which is to be managed by the group. A learning improvement framework has been established in 2024. Plans are in place to deliver several sessions in Q1 of 2025 on the topic of 'Professional Curiosity'. A partnership wide survey is underway in November 2024 to understand agency training in place and to establish what priority training topics agencies require. The responses to the survey, combined with learning from case reviews – one repeated theme is the lack of 'Professional Curiosity' – will help inform the future partnership multi-agency training offer.
- 3.6. Continuing Development of the BWSCP Partnership. Public Health colleagues have been engaged in the BWSCP across several subgroups including the DSP and LSP groups to help with the alignment of priorities. The BWSCP is keen to adopt a Public Health approach to children safeguarding.
- 3.7. WTSC23 was released in December 2023 and requires partnerships nationally to revisit their arrangements. Some key topics which partnerships nationally had to consider include:
- Establishing DSP and LSP groups.
 - Engaging all Education settings within Partnerships at an operational and strategic level.
 - Establishing a Partnership Chair.
 - Ensuring that Independent Scrutiny is established and that that role does not include Charing of Partnerships.
 - Publishing local area Multi Agency Safeguarding Arrangements (MASA) by December 31, 2024.

- 3.8. The BWSCP has responded to all items in 3.7 above. Arrangements have been made to accommodate the changes. The MASA is due to be published in December 2024.
- 3.9. The BWSCP held its first in person conference in October 2024, since pre COVID. This event has been the platform to have a Berkshire West wide multi-agency discussion to help inform the future direction of the BWSCP and its priorities. The priorities are being established during the December 2024 DSP meeting.
- 3.10. The BWSCP published one LCSPR in the 2023/2024 year. This case referred to as 'Alex', who sustained serious accidental injuries at the age of 7 years whilst in the care of his mother. Because Mother failed to seek medical treatment the consequences could have been life threatening.

[overview_report_-_reading_alex_cspr.pdf](#)

- 3.11. Some of the key areas of learning from the cases include:

- When safeguarding referrals are received in CSPoA late in the day (the 'Front Door'), especially on Fridays, it is important to ensure there will be an effective handover with Emergency Duty Team (the out of hours team).
- It is important that practitioners obtain the names of fathers.
- When there are difficulties gaining access to children and families, strategy meetings can be used as appropriate forums to collectively focus on the lived experience of the children.

- 3.8 Recommendations and action plans are in place for this review; they are being actively monitored and acted upon through the Berkshire West Case Review Group and the locality based Independent Scrutiny and Impact Groups.

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

- 4.1. The work of the BWSCP aligns with the Health and Wellbeing Strategy by contributing to the Strategy's priorities of 'Help children and families in early years' and 'Promote positive mental health and wellbeing in children and young people'.

5. Environmental and Climate Implications

- 5.1. Not applicable

6. Community Engagement

- 6.1. The Annual report has been written with contributions from all BWSCP partners and circulated to and agreed by the Statutory Safeguarding Partners. It was disseminated to all partners and published on the Berkshire West Safeguarding Children Partnership website in October 2024.

7. Equality Implications

- 7.1. An Equality Impact Assessment (EIA) is not applicable; however, equality and diversity continue to be a key theme for the safeguarding partnership arrangements.

8. Other Relevant Considerations

- 8.1. Not applicable.

9. Legal Implications

- 9.1. Not applicable.

10. Financial Implications

- 10.1. Not applicable.

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. There are none.



Reading | West Berkshire | Wokingham

Berkshire West Safeguarding Children Partnership Annual Report 2023/2024



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board



WOKINGHAM
BOROUGH COUNCIL



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EXECUTIVE SUMMARY

Welcome to the Berkshire West Safeguarding Children Partnership (BWSCP) Annual report for 2023/2024, which provides a summary of activity for the work and progress undertaken by the multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire, and Wokingham.

At time of writing the BWSCP operates with over 20 sub-groups in its structure (see Appendix 1). Through the last financial year there were roughly 100 multi agency related meetings that took place across the partnership.

As well as the national reforms concerning Working Together to Safeguard Children 2023 (WTTSC 2023), there were some significant changes to the BWSCP that have had an impact on the activity and progress during this reporting year.

Through May 2023 to October 2023 the Business unit (4 members) had 3 personnel changes resulting in 3 new members being recruited, including a new Strategic Partnership Manager (SPM). During the recruitment of the new SPM an interim manager was in place for 4 months. As of October 2023, the unit was fully staffed however a secondee in post has returned to their original agency during June 2024. The post is being recruited to time of writing. The financial details of the partnership are captured in Appendix 4.

Two new Directors of Children's services joined the BWSCP during November 2023 (West Berkshire) and April 2024 (Wokingham) replacing previous interim arrangements at each local authority. Thames Valley Police (TVP) representation changed during December 2023 with new colleagues joining the Partnership in September 2023 and from March 2024.

The Partnership entered 2023/2024 with five main priority areas:

- Creation of a Berkshire West Wide Neglect Strategy
- Extra-familial Harm: Contextual Safeguarding, Exploitation and Serious Youth Violence
- Establishing a Berkshire West wide Multi-Agency Safeguarding Hub (MASH) & Front Door Arrangements Leadership Group
- Development of the Partnership Learning and Development Group Training offer
- Continuing Development of the BWSCP Partnership

Progress against these priorities is discussed within this report. All are carrying over to financial year 2024/2025.

The BWSCP Independent Scrutineer, David Goosey, has remained in post but has stepped away from chairing the Executive group (now known as the Delegated Safeguarding Partners group) since March 2024, as per the guidance outlined in WTTSC 2023.

The BWSCP enters financial year 2024/2025 with a renewed vigour, guided by the new Partnership chair, appointed during July 2024. Furthermore, the BWSCP will be hosting its first in person wide Conference for several years, in October 2024. A key aim will be to establish the Partnership priorities for the next 3–5-year period as well as the opportunity for Safeguarding colleagues, including Education, to meet in person.

On behalf of the Lead and Delegated Safeguarding Partners in the BWSCP, we would like to thank those who continue to collaborate and support the BWSCP across our Tri Borough footing in what has been and continues to be a transitional period of activity.

STRATEGIC PRIORITIES FOR THE FINANCIAL YEAR 2023/2024

Strategic Priority	Strategic Intent
Creation of a Berkshire West Wide Neglect Strategy	To develop an agreed Berkshire West approach to Neglect in relation to principles, training, and evaluation of service provision, enabling consistency but flexible enough to allow each area to deal with the issues relevant to their population.
<p>Update on actions and impact:</p> <ul style="list-style-type: none"> Two Neglect 'Tools' (questions to use when engaging with families) for practitioners have been developed. One Tool is shared with Wokingham and West Berkshire Local Authorities. A second Tool has been created by Reading, Brighter Futures for Children. The need to differentiate between tools was due to local area needs. The three education engagement subgroups in the Partnership were consulted on the Neglect Screening Tools and if they might be useful as part of schools' own assessment processes. Colleagues found the Tools useful as it provides guidance on signs of neglect and could be used by schools to substantiate evidence as part of their referral processes to the local authorities. It was suggested that a simplified version for schools, and a section on Affluent Neglect would be useful. The strategy is due for completion in late 2024. Local authorities are already using the new Tools. Programme of multi-agency auditing to assess approach and impact. 	

Strategic Priority	Strategic Intent
Extra-familial Harm: Contextual Safeguarding, Exploitation and Serious Youth Violence	To work towards locality-based strategies for Extra-Familial Harm that are more aligned, supporting a more combined and collaborative approach across Berkshire West.
<p>Update on actions and impact:</p> <ul style="list-style-type: none"> This priority was particularly delayed however an in-person multi-agency workshop took place during May 2024. Safeguarding Partnership colleagues, including those across the 3 local authority community safety partnerships, discussed what alignment would be desirable. Data from all Safeguarding agencies has been shared. Public Health data was also provided. Colleagues agreed that alignment across the three areas would be beneficial. However, due to the disparities in local need, overall complexity, and the operational differences of the three local authority teams, it was decided that a single Berkshire West strategy was not currently a viable consideration. Police colleagues would value a more aligned approach. This topic will be revisited at the BWSCP October 2024 conference. 	

Priority	Strategic Intent
Establishing a Berkshire West wide Multi-Agency Safeguarding Hub (MASH) & Front Door Arrangements Leadership Group	Development of a Berkshire West MASH Oversight Group to provide scrutiny, advice, and challenge on how the MASH arrangements are working in each locality and identify improvements.
<p>Update on actions and impact:</p> <ul style="list-style-type: none"> Group was formed with terms of reference as of October 2023. Meetings are quarterly. In person meetings – rather than Teams based meetings - have taken place across all 3 local authorities. Key MASH staff across the Partnership have been able to walk and engage with each local authority MASH departments. A Berkshire wide data dashboard has been created, with the aim to improve knowledge, practice, and outcomes for children. Regional benchmarking data has been included as part of the data dashboard. The group is responsible for the review of each local areas Threshold of Need guidance, which was initiated in April 2024 & will form part of the response to Working Together 2023. As of August 2024, this group was surveyed to establish views and direction on what the Partnership themes should be for its Multi-Agency audit cycle. 	

Priority	Strategic Intent
Partnership Learning and Development Group	Develop a comprehensive BWSCP Learning and Development offer
<p>Update on actions and impact:</p> <ul style="list-style-type: none"> • A significant task of the partnership in this reporting year has been the relaunch of the learning and development programme due to staff changes, following the long-term chair stepping down. • A comprehensive Learning Improvement Plan has been produced - bwscp_lif_v3.pdf (berkshirerwestsafeguardingchildrenpartnership.org.uk) - providing a clear strategy on how learning is identified, disseminated, and implemented in practice within a multi-agency context across the partnership. • Co-Chairing arrangements have been taken on by the Brighter Futures for Children Local Authority Designated Officer and a Wokingham Borough Council Learning and Development Manager. A member of Thames Valley Police’s training team and a Director of Safeguarding from Newbury College are part of the membership. • The first partnership wide training offer will be for ‘Professional Curiosity’ with proposed delivery in September 2024. Following the recent National Review publication, a session on ‘Children with Disabilities and Complex Health Needs Living in Residential Settings’ has been identified as the next training offer proposed delivery in November 2024. Training following the finalisation of the BWSCP Neglect Strategy, and a focus on Domestic Abuse, will inform future topics. • It is acknowledged that there is more work to do to establish the Partnership wide live training offer. There is currently no dedicated role in the business unit to support the training activity however noted that each statutory agency has their own respective L&D offer. Work is to be undertaken to further understand synergies and opportunities to deliver across the partnership. • The Universal Safeguarding Training offered to the Partnership continues to be well received and accessed. Nearly 4,200 colleagues working with children across Berkshire West, completed the training. 	

Strategic Priority
Continuing Development of the BWSCP Partnership
<p>Update on actions and impact:</p> <ul style="list-style-type: none"> • Formalise the relationship between those who are statutorily accountable for safeguarding and those that hold the delegated responsibility. <ul style="list-style-type: none"> ○ In anticipation of the amended WTTSC23, a ‘scheme of delegation’ was created in April 2023. The formation of the Delegated Safeguarding Partner and Lead Safeguarding Partner groups were formed with terms of reference during the last financial year (see appendix 1 for details of the subgroups). • Exploring a systems leadership approach/develop the Partnership leadership capacity to incorporate a systems perspective. <ul style="list-style-type: none"> ○ Chief Executives and leaders from health and the police have been meeting prior to the introduction of the formal Lead Safeguarding Partners and so when WTTSC23 was published which required a Lead Safeguarding Partners group to take overall responsibility for the safeguarding system, the BWSCP was well placed and building on an effective strategic partnership. The group was joined by Public Health leaders since some safeguarding services are commissioned by those departments. This offered the group a wider perspective on the system and where intervention was needed strategically. • Actively respond to the Social Care Review and Working Together to Safeguard Children 2023 consultation when published, and proactively discuss and take forward the areas for joint agency and partnership ownership of work. <ul style="list-style-type: none"> ○ As indicated in the previous paragraph the changes to WTTSC23 were realised quickly in respect of Lead Safeguarding Partners. Other changes, relating to which practitioners could lead on child protection matters were resolved by each local authority resulting in minor changes only. The work emanating from the Social Care Review has generated a number of pilot sites and the BWSCP is awaiting developments from these sites before engaging with further structural changes. • Review the subgroup structure, form, processes, and practice to ensure the system remains fit for purpose, can support delivery of partnership priority areas of work, and that subgroups Chairs are in place and feel supported to lead the workstreams. <ul style="list-style-type: none"> ○ Meeting subgroups have been reviewed: <ol style="list-style-type: none"> I. A Partnership wide Independent Scrutiny and Impact group (ISIG) was formed in April 2024. This was in response to acknowledging that Health and Police updates across the Partnership were being

presented in triplicate across the 3 local area ISIGs. Senior level leaders, across the Safeguarding Partnership also now can discuss themes across Berkshire West.

- II. The Local area place based ISIG's are still in existence but are under review.
 - III. The 3 Education Engagement subgroups were consulted on moving to a single Partnership meeting during the early stages of 2024. This will for example allow sharing of themes and concerns. Police representation is currently limited for Reading. A Partnership meeting is planned to happen before the end of 2024.
 - IV. In response to the changes in WTTSC 23, the 3 Education Engagement groups, during July 2024 were asked to reflect on the value of the Education Engagement meetings and their effectiveness. The 3 Education Subgroups attendees represent a small percentage of schools in each local area (less than 10%). There are on-going discussions with the 3 groups exploring whether in the long term, the Education Engagement groups should cease and that the local area Primary and Secondary Education Forums, linked to the Education Partnership Forums – which are attended by a significantly higher percentage of schools in each local area – should be the platform and forum to take forward Education Safeguarding themes and concerns.
 - V. The 3 Education Engagement group chairs have been invited to attend the DSP group meeting from September 2024. This is the start of engaging Education partners at strategic level in the Partnership.
- Form closer links between the Executive (now DSP) and Subgroup Chairs by inviting the Chairs to periodically join the DSP to discuss how the work of the groups can be better understood and shared.
 - During financial year 2023/2024 this has not occurred. This is due to the personnel changes within the DSP. This topic will be revisited once the review of the subgroups above haven taken place.
 - Embed the Quality Assurance Framework, providing assurance and evidence of progress and impact.
 - At each ISIG meeting the Calendar of Assurance is referenced and reviewed. The Calendar of Assurance is a summary of Partnership annual agency service reports, working with children, expected through the year. This has given the Independent Scrutineer visibility of activity and the opportunity to challenge services and process, regarding the safeguarding of children.
 - Single-agency audits took place within the last reporting year however multi-agency audits at a Partnership level did not occur in the reporting year. Discussions with the DSP in June 2024 have resulted in the formation of a working group to address the shortfall. A day of auditing is planned for September 2024, with a programme being drafted in Autumn 2024.

LOCAL CHILD SAFEGUARDING REVIEWS AND RAPID REVIEWS – LEARNING

A Child Safeguarding Practice Review case is triggered when a child has died or been seriously harmed, and abuse or neglect of a child is known or suspected. Prior to a Practice Review case being commissioned, a Rapid Review, involving the three safeguarding partners and any other involved agencies takes place first. During the 2023-2024 reporting year, two Rapid Reviews were undertaken. No new Safeguarding Practice Reviews were commissioned.

Rapid Reviews

Reading – a baby suffered probable non-accidental injuries whilst in the care of their family. One family member was known to probation for a prior offence. Identified learning included:

- Learning event focussing on ‘safe uncertainty’, risk assessments and checks when placing children with family and friends.
- Explore the need for Multi Agency Safeguarding Hub (MASH) checks within the Children’s Single Point of Access.
- Discussions to take place between specialist Mental Health Services to ensure specialist knowledge and support is provided when a parent is exhibiting mental health concerns.

Reading – a young person suffered a physical assault whilst out. They had been on a Child in Need Plan due to concerns around vulnerability and risk of exploitation. Identified learning included:

- Bespoke training for Paediatric Emergency Department staff to ensure that referrals are made when vulnerable young people (present with injuries that could be connected with exploitation, assaults, drug and alcohol, or mental health).
- Implementation of weekly checks on Hospital Emergency Department portal to check overnight reports for under 18’s who have attended the Emergency Department, why they represented, and track back what happened to them. This should provide another layer of support for this age group to minimise risk and ensure referrals are made to other agencies.

To further learn from reviews BFFC held a multi-agency Workshop (August 2024) to explore learning from early life experiences, including but not limited to; the impact of Early Help services; adultification; police disruption activity and impact and how race and culture impact on practitioners working with children and young people.

Local Child Safeguarding Practice Reviews

There were no new Local Child Safeguarding Practice Reviews commissioned in the last financial year however there were legacy reviews on going as follows:

Reading ‘Alex’ – Following an incident in 2021, the final report was published in May 2024 - [overview report - reading_alex_cspr.pdf \(berkshirewestsafeguardingchildrenpartnership.org.uk\)](#) along with a supporting Learning review - [BWSCP CSPP Learning Briefing - Alex .pdf](#)

Alex suffered a serious injury and was also subject to neglect. The action plan generated during the review identified system learning which is being progressed during 2024 including:

- The need for a Partnership wide response to neglect via a neglect strategy.
- The need for a multi-agency audit to assist agencies to understand:
 - the impact when referrals are made late in the day, during the cross over period between the Children’s Single Point of Access (CSPoA) and the out of hours Emergency Duty Teams.
 - whether or not fathers’ names and dates of birth are being recorded by practitioners, including when mothers present for antenatal care and all referrals to the Children’s Single Point of Access.
- Seeking assurance from social housing providers that they will contact the Children’s Single Point of Access if they become aware that any utilities for a household including children is at risk of or has been disconnected.
- BFFC Children’s Single Point of Access, via an audit, to addresses any challenges that frontline practitioners experience in identifying whether a child protection medical is required and then offering and/or securing one.

Reading ‘Edward’ – This review was commissioned following an incident in 2017. Long running criminal proceedings, which concluded in 2024 prevented publication. An updated report has now been completed and will be published following consultation with the family.

Case Closure Reports

During the reporting year, the Partnership agreed that the production of Case Closure reports would be beneficial for revisiting historical actions and their impact, against the original report recommendations. See Case Review Group details below.

Thematic Analysis of Published Local Child Safeguarding Practice Review

The Independent Scrutineer produced an analysis (May 2024) of 6 recent Local Child Safeguarding Practice reviews, spanning the last 4 years. The review identifies the areas for further development shortfalls in the frameworks, practices, and coordination efforts intended to protect vulnerable children. The report is included in full as **Appendix 3**.

The paper has been discussed via the Partnership subgroups including the Delegated Safeguarding Partners and will feed into a strategy planning meeting happening within the October 2024 Conference.

BERKSHIRE WEST SUBGROUP SUMMARY

Case Review Group

The group's purpose is to monitor and discuss Rapid Reviews and Local Child Safeguarding Practice Reviews. Reviews outside of the Partnership are encouraged to be presented to the group, as learning opportunities. Near misses or areas of learning are also discussed.

- A new chair was secured from Berkshire Health Foundation Trust (BHFT) - Head of Children's Safeguarding in November 2023.
- The Case Review Process Guidance and Terms of Reference have been revised and are available [here](#). This also includes the recommendations in WTTSC 23 around the guidance of cases involving the Notification of the Death of a Care Leaver.
- Learning from the 'Gloucestershire Child C' have been shared, as well as Safeguarding themes raised by the NSPCC through the reporting year.
- Aiden, Bobby, Aisha & Ciara, Harry, and David Local Child Safeguarding Practice published reviews were agreed to be progressed to Case Closure Reports during 2024. These will be published when ready. These closure reports will reflect the impact of the associated actions plans, alongside the original recommendations captured in the Local Child Safeguarding Practice published reviews.
- Meeting frequency has reduced from 6 meetings per year to 4.

Independent Scrutiny and Impact Groups - ISIGs

The groups' purpose is to understand the impact of services delivered to children and any safeguarding concerns and or themes. Agency annual services reports are shared through the year. Meetings are currently chaired by the Independent Scrutineer, on a quarterly basis.

- A Partnership wide meeting has been introduced to enable senior agency colleagues to discuss concerns and themes. Police and Health are able to avoid repeated updates to 3 groups. The meetings' structure (local area and partnership wide meetings) remains under review through 2024, to understand that they are proportionate and effective as a forum to understand child safeguarding themes.
- Data continues to inform the Independent Scrutineers understanding of services and themes concerning the safeguarding of children. The data dashboard consolidates Childrens Social Care, Education, Health and Police key indicators. A supporting narrative supports the data, per agency and continues to be refined. Public Health data is being reviewed with the intention of being added during 2024.
- The Safeguarding of Children with Complex Needs in Residential Care by The National Safeguarding Practice Review Panel (2022) was reviewed, learning opportunities are being established.
- The entire Partnership was updated regarding the Neurodiversity service available to children across Berkshire.

Local Area Child Exploitation, Adolescent Risk and Serious Violence Groups

Each local area has its own response and structure to Child Exploitation and Serious Violence. These groups include members of each local areas Community Safety Partnership.

Reading Adolescent Risk Strategic

- Main priority in the reporting year has been a focus on the Reading Thematic action plan in response to the Thematic Review [1. bwscp thematic cspr reading into serious youth violence - final.pdf](https://www.berkshirerestatesafeguardingchildrenpartnership.org.uk/1-reading-into-serious-youth-violence-final.pdf) ([berkshirerestatesafeguardingchildrenpartnership.org.uk](https://www.berkshirerestatesafeguardingchildrenpartnership.org.uk))
- The group was governed by the One Reading Children and Young People's Partnership and the Community Safety Partnership and as of June 2024 ceased as an Early Help workstream. A new tactical group is being developed to tackle adolescent risk and extra familial harm in Reading. This will be supported by the development of an Adolescent Risk Strategy.
- A revised Reading partnership Early Help Strategy is due for publication before the end of 2024.

West Berkshire Child Exploitation

- A Youth Survey was carried out in the reporting year involving 10 schools in the area, with the aim of understanding how safe children feel. Young people responded with a higher concern around mental health (30%) worries than concerns around Exploitation (4%). Wishes for additional support around bullying in schools was raised as an issue. 26% of respondents felt that young people carrying a weapon was a concern however only 4% felt that they knew or was aware of a young person carrying a weapon. These findings have been added to the Child Exploitation action plan.
- Serious youth violence is not a concern in West Berkshire however the rise in low level violence (Group B) crime is a concern.
- 'Risking It All' (2engage theatre) performed in 10 schools during February 2024, aimed at Year 9 students. The performances reached 1400 students. The aim of the performances was to help educate on risk taking behaviour to raise awareness around child exploitation, e-safety, substance, and alcohol misuse, grooming and inappropriate relationships.

Wokingham Serious Violence And Exploitation Strategic Board

- To help drive the current Serious Youth Violence plan, 6 workstreams have been created in the reporting year, chaired by different members of the Strategic Board.
- Workstreams are:
 - Data and Targeting
 - Communities and Partnership
 - Early Intervention and Prevention
 - County Lines and the misuse of drugs
 - Law Enforcement and Criminal Justice
 - Children and Young People survey, consultation, and engagement events

Education Subgroups

The partnership structure currently has three locality-based education engagement subgroups which provide a mechanism for two-way dialogue with a section of education partners, which have been in place for several years. These currently take place every half term for each area, which, in addition to the Designated Safeguarding Leads meetings, total 30 meetings per year. This year, education colleagues have used the meetings to raise safeguarding concerns such as:

- **Behaviour** – an escalation in the number of behaviour incidents, but also an increase in the severity of incidents. For example, violence on site has been more extreme, and a sense that students are feeling they are 'invincible'.
- **SEND** – impact on safeguarding as a result of insufficient local SEND provision. Children with complex needs being placed in mainstream education can cause risk to staff and other students, as well as the children themselves.
- **Mental Health** - struggling to meet the needs of an increasing number of students with issues relating to mental health, self-harm, and suicidal ideation.

It is recognised that agendas and information sharing can be inconsistent across the three localities. An acknowledgement that children, their families, and safeguarding risks do not stop at borders also means that the sharing of information, good practice and resources could benefit all.

A proposal was made and agreed by the three subgroups, that meetings from 2025 onwards will include a merged tri-locality session for partnership wide discussions. This would also alleviate key speakers from external agencies,

police and health colleagues attending in triplicate. Separate sessions will be run to focus on location-specific discussions, data and services.

Furthermore, with changes in WTTSC 23 and the requirement to engage all schools across Berkshire West at an operational level all three subgroups (during July 2024) have been approached to discuss:

- Alternative ways to engage schools to discuss Safeguarding related matters, as it is acknowledged that the current subgroups, although representative of different types of schools in each area, are only a small percentage of the **actual schools** in the area (circa 10%).
- A proposal has been made to each subgroup to consider moving safeguarding conversations to existing and well attended by schools Primary and Secondary network forums that exist in each local area.
- Each subgroup local area meeting chair has been approached to attend the Delegated Safeguarding Partners meeting going forward from September 2024, to help build the Education sectors overview of the strategic topics under discussion in the Partnership.

Reading Festival

Festival Republic alongside colleagues across the Partnership footprint undertake safeguarding work in preparation for Reading Festival on an annual basis. Learning from previous years informs safeguarding practice and Reading Festival 2023 saw enhanced safeguarding measures and messaging put in place. Air Hubs, a safe space for festival goers if they need support, were a positive introduction. A Safeguarding Coordinator is always on site alongside welfare teams which include our key safeguarding partners. The Festival maintains strong links with the social care out of hours emergency duty team, local hospitals, Thames Valley Police, and South-Central Ambulance Service.

Designated Safeguarding Leads Groups

The partnership runs separate Designated Safeguarding Lead / Designated Teacher (DSL/DT) Forums for Reading, West Berkshire, and Wokingham. Representatives from all education settings in each area are invited to attend, so these meetings are seen as the most effective tool in disseminating key safeguarding information and presentations more widely. For assurance of this, sign-in registers have been introduced during the financial year 2023/2024 to record attendance and flag up any regular non-attendance. Recordings of the sessions have also been made available via secured links for those not able to attend the live sessions or for those wishing to share presentations with colleagues.

Presentations this year at education engagement and DSL / DT meetings have included:

- **TellMi** – an NHS-funded digital peer support service for children aged from 11 to 18 years, which provides year-round access to an age-banded, anonymous space to discuss feelings and seek support.
- **Cyber Choices** – a national strategy run by the South East Regional Organised Crime Unit which aims to identify those at risk of committing cyber offences and provide alternative outcomes to prosecutions. Concerning national statistics show that teenagers are more likely to hack (5%) than smoke (3%), have sex (2%), or be in a gang (2%). Schools were provided with statistics, resources, and advice about how to make referrals.
- **NSPCC** - updates on free programmes available for schools including 'Speak Up / Stay Safe' teaching primary-aged children to recognise abuse in all its forms and that they have the right to be safe. 'PANTS' ([Let's talk PANTS with Pantosaurus! | NSPCC](#)) aimed at children aged from 3 to 11 years which helps introduce the concept of bodily autonomy, consent, and help seeking, and 'Talk Relationships' which supports secondary school teachers to confidently deliver sex and relationship education.

Education colleagues were also given opportunity to attend online sessions including:

- **Online Safety Live** – a free virtual briefing in response to the 'Filtering and Monitoring' online safety responsibilities published in Keeping Children Safe in Education 2023. The session, run by the UK Safer Internet Centre, provided advice and assurance to school staff on how to keep pupils safe when using school IT systems.
- **Affluent Neglect** – presented by Professor Claudia Bernard from the Department of Social, Therapeutic and Community Studies at Goldsmiths, University of London on the findings of her national study exploring how social workers engage with parents from affluent backgrounds in suspected child neglect cases. Schools, particularly from the independent sector, have reported finding Affluent Neglect a growing cause for concern.

The Designated Safeguarding Lead groups are recognised as being an effective way of sharing information to our school colleagues involved with safeguarding children across Berkshire West. There is no current plan to change these forums.

Section 175/157

Section 175 of the Education Act 2002 in the United Kingdom places a legal duty on schools and educational institutions to make arrangements to safeguard and promote the welfare of students. This includes those in early years settings. Berkshire West Local Authorities capture provider feedback using the online NSPCC tool. In the reporting year the following was noted:

- Positive - high level of returns (nearly 100%) across the 3 Local Authorities.
- The current audit format is not specific enough and therefore does not provide the assurance we are seeking.
- The process for each Local Authority to consolidate returns is timely. The format makes it difficult to identify training needs with accuracy.
- Some schools are not bought into the process and don't view it as a good use of time.
- There are concerns for the authorities around the validity of the returns including:
 - No external validation of the responses.
 - A level of subjectivity to responses.
 - The risk that schools see the audit as a 'tick box exercise' and don't review the audit year on year.
 - Concerns that staff who are new in post and won't know the school well enough to be responding, were submitting and audit very similar to the audit from the previous year.
- The timing of the annual audit needs to be moved to further into the new school year, to allow any new members (Headteachers and DSLs) time to adapt and understand their setting.

Training needs identified in the reporting year included:

- DSL guidance and handbooks
- Updates of changes to statutory guidance
- Managing health needs in schools
- Schools would value area wide model policies – such as intimate care
- Support for Unaccompanied Asylum-Seeking Children

Going forward:

- The audit cycle is proposed to move from the Autumn term to the Spring term in the reporting period 2024/2025.
- Validation of data – due to inconsistency in structure and capacity, each LA will arrange its own additional scrutiny of the audit findings. Findings will still be reported through the ISIGs.
- Phew platform – has been investigated as an option going forward to improve the efficiency of the auditing and data gathering process, there are no current plans to adopt it for the S175 process.

PAN BERKSHIRE ARRANGEMENTS (working with the Three Children Safeguarding Partnerships in East Berkshire)

The BWSCP continues to support Pan Berkshire safeguarding arrangements through:

Pan Berkshire Policy and Procedures – the multi-agency group responsible for scrutinising amendments suggested by the procedure's provider, tri.x, and a timetable of chapters for local review (on a 2-year cycle). Members from the group share the reviewing process of the chapters. This approach ensures the practitioners across the Berkshire locality have access to up-to-date localised online procedures. The group is well attended by colleagues across Berkshire. 33 chapters were reviewed through the reporting year and 18 chapters were amended and subsequently published. The BWSCP Business Unit continues to administrate and chair this meeting for Berkshire.

Section 11 – the auditing process to enable agencies to demonstrate and provide evidence that they are fulfilling their safeguarding duties under Section 11 of the Children Act 2004. A member of the BWSCP Business Unit sits as one of the S11 panel members responsible for scrutinising returns and providing feedback on areas for improvement. The S11 panel and organisation happens care of the business unit at the Royal Borough of Windsor and Maidenhead. The last Section 11 panel was held in September 2024.

Child Exploitation Forum – The Slough Safeguarding Partnership business unit organised a webinar by Dez Holmes, for practitioners and colleagues across Berkshire. Full recording here: [Slough Safeguarding Children Partnership - Child Sexual Exploitation and Missing \(sloughsafeguardingpartnership.org.uk\)](https://www.sloughsafeguardingpartnership.org.uk)

Child Death Overview Panel (CDOP) – The Partnership remain committed to being part of the Bracknell hosted group. The CDOP Coordinator will be attending each area Education Engagement Group to remind and update on the importance of notifying deaths at schools and the process to follow, from September 2024. The Bereavement Pack can be found on the BWSCP site [Berkshire West Safeguarding Children Partnership -](#)

NATIONAL REFORMS

This annual report has outlined its response to the updated Working Together To Safeguard Children 2023 guidance including the formation of the DSP and LSP groups in the Partnership, as well as the ongoing work to further engage education groups across the Berkshire West footprint at an operational and strategic level.

Safeguarding Children Partnerships in the country received a grant of £47,300 to further strengthen their local area Partnerships in late 2023. The BWSCP has not committed to how they will invest this money yet, but part of the funding will go toward the October 2024 Conference. This conference will also allow members of the DSP and LSP to discuss the future business operation and goals of the BWSCP over the next 3 – 5 year period.

SAFEGUARDING PARTNER FEEDBACK – THAMES VALLEY POLICE

Contribution to the Partnership

Thames Valley Police continues to actively support the BWSCP and during the last year we have strengthened our oversight and delivery of our own safeguarding functions.

Impact of our work

We have introduced a new Public Protection and Safeguarding Command under the direction of an experienced Detective Chief Superintendent with force wide responsibility for safeguarding functions such as Domestic Abuse and Child Protection. We have also recruited a number of additional senior leaders to improve our oversight of this important work and invested in more specialist child protection investigators too. They all work alongside local police teams and has led to more offenders being brought to justice, especially for sexual crimes against children.

We have increased our staffing within our police MASH teams and improved our management and functions in this vital work. This has reduced the time taken to process requests for police information and helped us to ensure that any backlogs are identified and addressed quickly.

We have speeded up our assessment and response to missing children in the county and are working closely with our partners to adopt nationally recognised missing people protocols. We now work closely with our partners to ensure we can protect children quickly where we identify risks from online harm.

Contextual Safeguarding Meeting, EMRAC and ETAC

TVP are actively engaged in the Exploitation and Missing Risk Assessment Conference (EMRAC) which is co-chaired by the Local Safeguarding Inspector. The EMRAC is well established with strong interagency relationships. TVP is working on improving multi-agency child exploitation processes, including standardisation across the three Berkshire West areas and creating joint datasets to better understand the exploitation landscape. A force wide Child Exploitation problem profile is being developed using the National Child Sexual Exploitation Task Force template to identify cross cutting themes and areas of risk.

TVP's MASH Exploitation Team is leading a multi-agency Task & Finish group with representatives from all nine Local Authority areas. TVP is also revitalising their approach to Operation Makesafe and is engaged with a regional Task & Finish research group lead by the Children's Protection Society to enhance safeguarding opportunities with national hotelier companies, thus making children safer in Berkshire West.

Violence Against Women and Girls (VAWG)

We continue to prioritise effective action to protect those at risk of harm & abuse and to bring offenders to justice. We identified over 4500 domestic incidents and crimes involving children last year and worked closely with our partners to keep children safe. In addition to police enforcement and investigation we seek to address domestic abuse through effective joint working. The Multi Agency Tasking and Co-ordination (MATAC) meeting meets regularly and is jointly chaired by the police and the Domestic Abuse leads from the local authority areas. The meeting has representatives from across the partnership and aims to reduce the ongoing risk of domestic abuse, such as

delivering the DA perpetrator intervention programme (DRIVE) which has been integrated into the MATAC process locally.

Intelligence and information sharing

We completed multi-agency training with partner agencies locally to promote understanding of the police intelligence process. Our partners report an increase in confidence and are now submitting more key information to the police, especially around youth exploitation. TVP are represented in multi-agency meetings to improve information flow with the education sector locally.

Training

Our staff have undergone training in tactical options to tackle exploitation, vulnerability and risk, especially among young people and have also participated in the multi-agency training offered by the partnership.

Feedback and engagement

We have issued revised guidance for our front-line staff on capturing the voice of the child and vulnerable adults to assist them in identifying intervention and safeguarding opportunities for the most vulnerable. This helps us to respond to both to their issue or concern, but also enables us to seek feedback about how they have experienced policing. We already seek feedback from some victims of crime and are exploring how we might do this consistently from children and families whom we deal with.

Diversity and legitimacy

We have recently achieved national recognition (Silver status) as a Race Equality Matters Trailblazer organisation. This was awarded following a detailed assessment by an independent panel of experts with lived experience of workplace racial inequality in recognition of our decisive steps to tackle race inequality and to promote race equality.

It shows that our initiatives have made a significant impact across our entire organisation, moving us closer to our goal of becoming a more diverse, inclusive, and equal workplace.

SAFEGUARDING PARTNER FEEDBACK – BUCKINGHAMSHIRE OXFORDSHIRE INTEGRATED CARE BOARD (BOB ICB)

BOB ICB as a statutory partner of the BWSCP is well established and supported by Designated Nurse Safeguarding Children and Looked After Children (LAC), Director of Safeguarding and Chief Nurse (Safeguarding Executive Lead/Delegated Safeguarding Partner) for the ICB. There are effective working relationships which continue to be fostered and recent changes in personnel was acknowledged as a challenge to this. However, with a period of more stability and substantive staff in post, this should further enhance the interface and work (both strategic and operational) through the various workstreams.

Effective working includes the collaborative work throughout the year has between health and the local authorities to improve the timeliness of health assessments for LAC both in and out of area and activity to support learning from local and statutory reviews is being facilitated across primary care.

Multi-agency forward planning within the partnership is a clear shared priority. The opportunities for more effective and impactful joint working, auditing and learning are being realised and embedded and the roles of LSP and DSP with the clear responsibilities, offering increased opportunities to strengthen partnership with challenge from the scrutineer.

SAFEGUARDING PARTNER FEEDBACK – BRIGHTER FUTURES FOR CHILDREN (READING BOROUGH COUNCIL)

Incorporated on 5 April 2018, Brighter Futures for Children (BFFC) is a company limited by guarantee. It is an alternative delivery model for children's services which are delivered on behalf of Reading Borough Council (RBC). The Company is wholly owned by, but independent of, the Council and is governed by a Board of Directors.

During 2023/24, we have built on our positive progress in delivering our continuous improvement programme, which is aligned with our newly implemented transformation programme. This reflects our genuine ambition to achieve the very best outcomes for Reading's children and families.

In January 2024 our targeted early help teams (family help) were integrated with children's social care to form one service, known as Family Help & Safeguarding. Many families require some early help to flourish and some families need more help from targeted and specialist teams. This new, combined service means that the support can be delivered with seamless transitions for families and the least possible changes of workers and teams for them.

The umbrella service covers children's social care (including include statutory assessment and care planning for children in need and at risk of significant harm; provision for children looked after, unaccompanied asylum-seeking children and provision for young people leaving care), family work, targeted youth/outreach work, children's centres, contact centre, Children's Single Point of Access, partnership hub, the Youth Justice Service, young people's drug and alcohol support, Independent Fostering Agency, adoption and permanence services (a Voluntary Adoption Agency), children's disability service, occupational therapy, children with disabilities shared care and short breaks homes and, alongside our other service areas, support for young parents.

The number of contacts received at our front door increased from 11,199 in 2022/23 to 12,847 in 2023/24 representing a 15% increase in the demand for our services. Referrals to children's social care increased from 2,843 to 3,003 (6% increase) and early help referrals went from 1,381 to 1,547 (12% increase). As of March 2024, there were 235 children on a child protection plan compared to 179 in the previous year (31% increase). During the year, 120 children became looked after compared with 97 in the previous year (13% increase). We supported 192 care experienced young people throughout the year compared to 164 the previous year (17% increase).

In 2023/24 we reframed our priorities to respond to the changing landscape, recognising that the reality of children's lives is continually shifting as are the difficulties they face. Our work over the last year consolidated what has been achieved to date and built on delivering more services and support with greater impact by increasing our momentum and pace. We have responded on a timely basis to those most in need and strive to ensure quality is firmly rooted into our practice and culture, with a focus on greater collaboration, coproduction and partnership working.

We are proud of the key achievements made by BfFC over the past year. Some – but not all – are listed below:

- We have strengthened our corporate parenting ambition and offer, continuing to work jointly with Reading Borough Council to develop our corporate parenting offer so that it reflects our ambitions for children looked after and care leavers.
- Care experience was recognised formally as a protected characteristic by the Council in October 2023, with a further commitment to extend council tax relief on a sliding scale to care leavers up to age of 25 years from 2024/25.
- With the support of the Council, we invested in and started to implement our ambitious Transformation Programme.
- We secured DfE funding for an 18-month project and, in February 2024, we launched our Reading Inclusion Support in Education (RISE) service to support all Reading schools to improve their offer of Ordinarily Available Provision (OAP), Graduated Response (GR) and to better support all children and young people (CYP), including those with Special Educational Needs and Disabilities (SEND).
- We successfully secured single and regional funding bids including the DfE funded South East Regional Fostering Hub, Local Authority Fostering South East, and ICB funding to extend Mental Health Support Teams across all Reading schools.
- We rolled out our Practice Framework handbook in November 2023 to embed a consistent trauma-informed, systemic and attachment aware approach and tools across our children's workforce.
- We have improved the permanency of our workforce, with 100% permanent senior leaders and managers and 83% permanent social workers. The recruitment of social workers in local children's services remains a national issue and the introduction of a variety of local initiatives and incentives has supported this ongoing improvement.

- We developed a new 2024-2026 Sufficiency strategy to ensure we remain fit for purpose in a changing context and landscape. As a result of this, we are now working on developing our own children's home provision in Reading, as well as continuing with the block purchase of eight local beds, ensuring as many children as possible in residential care can live locally in stable, loving homes.
- Our participation work with our children in care won a national award from Coram BAAF.
- Following a retender of our advocacy service we have created an Opt Out service, inclusive of advocacy for parents resulting in a 50% increase in the number of children accessing advocacy.
- Family support workers work alongside social workers to support parents where neglect and domestic abuse is identified as concern. Audit findings evidence the positive impact they have in reducing the escalation of risk for these children and supporting families to safely step down to early help and universal services.
- More than 200 quality audits completed, and 580 children reviewed in panels, dip sampling & thematic audits. Through these audits we have seen evidence of changes in quality of practice across assessments, visits, plans and supervision, enabling us to target our continuous improvement activity in the right areas.
- We have increased the use of Family Group Conferences for all children.
- Pinecroft, our short breaks provision for disabled children, was remodelled to provide shared care and keep families together.
- We opened 145 Additionally Resourced Provision places in Reading schools so that more children can have their needs met in their local mainstream school.
- Reading remains in the 1st quintile of local authorities with the best performance for young people being in education employment and training, with one of the lowest combined not in education, employment and training (NEET) and not known positions.
- In February 2024 we launched our Reading Inclusion Support in Education (RISE) service to support all Reading schools.
- BFFC's Mental Health Support Team was shortlisted for 'Medium Team of the Year' at the annual LGC Awards 2024.
- At the National Association of Family Information Services (NAFIS) Coram Family & Childcare conference in November 2023, Reading Family Information Service were nominated for two categories, 'Best SEND Local Offer' and 'Best Promotion of the two-year funding'. We are very proud to have won both awards at the national conference.
- As evidenced in our Ofsted Focused Visit in September 2023, care leavers (18-25 years) are supported by dedicated social workers and personal advisors who remain in touch with them (98%), are placed in suitable accommodation (90%) and supported to engage in education, employment, and training (29% NEET).

SAFEGUARDING PARTNER FEEDBACK – WEST BERKSHIRE COUNCIL

Opportunities- Challenges- Impact- Outcome

In West Berkshire Council (WBC) we actively engage in developing our services and practices to bring valuable, effective and beneficial outcomes for children and their families who need help and support. In response to the National Social Care reforms-Stable Homes Built on Love and the National Framework, a bespoke practice model has been developed; implemented and embedded within our innovative Early Response Hub. Aligned practices have been introduced within our Contact Advice and Assessment Service that streamline and compliment this innovative practice model ensuring the 'Right Service at the Right Time from the Right Person in the Right Place' for our cohort of children in need of support who sit across the spectrum of need. WBC's Children's Services enhanced screening tools have had further enhancement and development bringing an additional layer of professional curiosity and inquiry to earlier identification and 'hidden harm'. **Page 183**

Children and families receive individualised support according to their level of need, should children and young people require protection, this streamlining of service and resource ensures prompt identification and swift response.

WBC's strategy and activity in the early help space has led to the creation of the Family Help and Achievement model of practice that has enhanced our ability to work both collaboratively and in partnership with children and their families, innovatively utilising the numerous agencies and community services linked to the Early Response Hub. This way of working has enhanced our ability to work with families earlier; and within their own community to prevent escalation of the challenges faced. We are working to expand our reach in the community and evolve and extend our partnership working to ensure a robust and evidence-based approach informed by both quantitative and qualitative data and feedback. The Family Help and Achievement model compliments West Berkshires Relationship Based Practice Framework that has incorporated a refresh of our Family Safeguarding model of practice. This strategic and operational focus across West Berkshire's Children and Family Services is prevention and support through the development of relationships, partnerships and collaboration to ensure the needs of children requiring support in West Berkshire are met.

Enhanced screening tools developed during the covid pandemic have continued to be developed and utilised increasing our ability to identify earlier and support 'hidden harm' and our most vulnerable children and their families.

Recently appointed Missing and Exploitation worker has seen the improved quality of information and identification of exploitation with increased use of mapping and multi-agency reflective learning with oversight of the Child Exploitation (CE) strategic group and our Exploitation & Missing Risk Assessment Conference (EMRAC). Screening tools are used consistently and are presented to EMRAC which has excellent multi-agency attendance and is a forum for learning, challenge, with children at risk of exploitation being identified early and a multi-agency response crafted to safeguard and support.

We remain invested in and are currently refreshing our Family Safeguarding practice model and have successfully employed permanent staff to all specialist roles of; (*domestic abuse practitioners, mental health workers and psychologists and substance misuse specialists*), who are co located in social work teams working collaboratively with practitioners and families to build resilience and invoke longer term positive change through motivational interviewing and strengths based practice.

Bringing further opportunity and a response to current challenges, is the Kennet Valley Provision for children with Social, Emotional and Mental Health Needs which will be opened in autumn 2024. The provision is the culmination of multi-disciplinary work across the council and is testament to the small steps taken throughout the design and build process, listening to the needs of our children.

West Berkshire's Children in Care benefit from a highly experienced stable workforce who have strong relationships with children and young people in our care. Children in Care have access to a dedicated Children Adolescent and Mental Health service (CAMHS), and children are supported to live with their family and friends whenever possible. The Corporate Parenting Panel is co-chaired and attended by our Children in Care and care leavers. WBC's children and care experienced young people increasingly have a voice to shape decision making against a backdrop of a corporate and strategic commitment to plans that support them to grow, develop and thrive.

West Berkshire Children's services have a stable leadership and management team, and have significantly reduced the use of agency social workers with majority services benefitting from a full compliment of permanently employed staff who plan and deliver high quality services that are innovative and transformative with a focus on prevention.

An essential function of the council in responding to challenge is scrutiny, the council uses scrutiny for essential systematic examination and evaluation of the services we deliver and has included a high-cost placement review, and progress so far of our 'Delivering Better Value Programme'. Governance essential to ensure leaders are sighted on the effectiveness of services provided, and the trajectory of continuous service developments and improvements for our children and families.

SAFEGUARDING PARTNER FEEDBACK – WOKINGHAM BOROUGH COUNCIL

In Wokingham we are actively engaged in developing our response to the National Social Care reforms (Stable Home Built on Love & National Framework) and have a number of programmes addressing transformation already in train, in response to identified service development needs. Below is a summary of work that has taken place in the last year to develop our response and improve children's outcomes.

Helping Early/Family Help

To strengthen our helping early offer, we created a new Head of Service role 'Helping Early, Community and Prevention'. This role will lead on strategy and activity within the Council and across Wokingham's partners to ensure there is a robust and evidence-based approach to delivering on early intervention and support for families, children and young people who have additional needs but do not require a statutory intervention. It will focus on developing relationships with both statutory and voluntary partners to enhance the services and offer to Wokingham children and their families, meeting need and offering support in the right place, at the right time.

The additional head of service role leads to us having a Head of Service for Children with Disabilities. This will provide greater capacity to focus on this area of service delivery along with the development of the Designated Social Care Officer (DSCO) for SEND. The aim and focus of the DSCO is to achieve; better outcomes for children and families, improved social care input to Education, Health and Care Plans (EHCP) and bringing the Social Care and SEND systems together with greater levels of alignment and integration, leading to an improved knowledge and understanding of services that make a difference for children at earlier points.

Our Helping Early strategy is currently subject to review and will be finalised in early 2025. This will bring together the local area offer for children and families who require additional help and support.

A new Exploitation Lead Post was also created and recruited to in Wokingham. This role will work across Children Adults and Community Safety, supporting our partnership work with children and vulnerable adults up to the age of 25.

We are currently undertaking a review of Short Breaks for children with disabilities, with a view to expanding the range of Short Break opportunities within Wokingham. In early autumn we intend to have developed an options paper, (a high-level document that sets out the strategic options for ways to increase the breadth and capacity of short breaks), sought agreement from the Council's Leadership Team for the recommend approach/es and commenced a process of implementation. We are working with SEND Voices Wokingham, partners and key stakeholders to co-produce this work. The process of implementation will include opportunities for children and parents to co-produce service specifications to design additional or increased short break provision.

The Neglect screening tool was launched in Wokingham, in September 2023 and the QA Service Manager has been involved in the co creation of the BWSCP Neglect Strategy with a multi- agency audit planned, focussing on the 'front door' across the partnership planned for late 2024.

Stable and Loving Homes

Transformation work has been undertaken of our fostering team focusing on changes to how we recruit, assess and support our foster carers to care for our children. This included the recruitment of two family support workers to support carers and the introduction of our first Mockingbird constellation. The model nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community.

Wokingham has been involved in a joint bid across the south-east as part of the Regional Fostering Hubs (RFH). After being introduced in the Independent review of Children's Social Care (2022), the concept of RFH's has been taken forward in 'Stable Homes Built on Love'. This provided grant funding to support councils to address sufficiency of foster placements across the region. As a result of a successful bid, we are currently in the process of launching our second Mockingbird constellation and most recently launched the largest local authority fostering recruitment partnership, with the aim to increase the number of foster carers across the region. Launched on the 8th July 2024 'Local Authority Fostering South-east' is a new virtual fostering hub bringing together the expertise of 20 councils from across the region.

Wokingham Children Services have invested additional funding to commission Step by Step to recruit Supported Lodgings carers for Wokingham's children or care leavers, with the aim of adding 10 new households. Supported Lodgings is similar to foster care and can support young people who are 16+ or leaving our care, experience the transition to adulthood in a safe and secure environment, whilst learning emotional and practical skills that will help them thrive.

Later this autumn, Wokingham will be opening its own residential children's homes. Providing care locally for children where a residential setting is the most appropriate to meet their needs. This will complement our developing portfolio of care settings and also support local sufficiency and in achieving best value in respect of our placement budget.

In 2022 we opened a Semi-Independent living provision offering supported accommodation to children in care aged 16+ and care leavers who are transitioning to adulthood. We plan to double this offer in 2025.

In 2023 Wokingham successfully bid for 'staying close' grant funding, which provided £350,000 to provide enhanced support for care-leavers moving on from semi-independent provision (SILs) supporting their move into step-down accommodation and independence.

In 2024 we also added a further 2 transitional accommodation buildings for 10 of our care leavers with floating support, with further developments planned in 2025.

In 2023 Wokingham successfully bid for 'Staying Close' grant funding, which provided £350,000 to provide intensive support for young people transition from in supported accommodation to transitional living.

Workforce

Wokingham children's services have in place a range of approaches for recruitment of social workers to reduce the reliance on locums. Current forecast is showing a significant reduction in the use of agency social workers over the next quarter. These include:-

The introduction of a market supplement. This has supported stability and led to a number of agency workers converting to permanent posts and seen an increase in experienced workers applying for roles.

Rachel Bedford was appointed as Head of the Academy/ Principle Social Worker in September 2024, leading a strong and supportive program, for social workers in their first-year post qualification (Assessed and Supported Year in Employment, ASYE). This year we have already recruited 8 ASYE's who will join us in the autumn. To support their development and first year in practice they receive good quality support and development opportunities, there is also a period of overlap between them commencing and the agency workers departure. This program was commented on during our recent focused inspection: Newly qualified social workers who are in their assessed and supported year of employment are provided with regular support, learning and reflective supervision. This enables them to develop and progress their knowledge and skills and equips them for their developing social work roles (OFSTED 2024).

Four of our existing workforce in Childrens services who were alternatively qualified or experienced have been appointed into social work apprenticeship roles. A blend of supported working in the directorate, placements and university tuition will lead to them being able to gain a social work qualification over the next 2 to 3 years.

Four student social workers will be joining children services over the next few weeks as part of the Frontline scheme. Frontline is England's largest social work charity. They fund the arrangement and the in-borough support and management to support the students learn, develop and qualify as social workers. They will qualify over the next two years and then progress as ASYE's at Wokingham.

New Practice and Outcome Groups are being established across the social care services.

New governance has been put in place to ensure that practice is purposeful, planned and focussed, that links learning about what works to help and support children, families and their carers, across a range of interventions. The meetings are reviewing both quantitative and qualitative data and information, alongside

learning from audit. This is ensuring that teams, managers and practice leaders are sighted on our achievements to celebrate, our areas for improvement and continued learning. Ultimately this system of governance will ensure that we know ourselves and that we have the right plans in place to support continuous improvement for children open to social care and for those children who have additional needs.

INDEPENDENT SCRUTINEER CLOSING THOUGHTS

The Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report for 2023/2024 outlines various successes and ongoing challenges in safeguarding children across Reading, West Berkshire, and Wokingham. The development of two Neglect Screening Tools, with input from local authorities and education partners, demonstrates progress towards a coherent response to neglect. While tools were adapted for local needs, the input from education professionals highlighted their usefulness in evidence collection and potential referrals. This demonstrates useful multi-agency activity.

Establishing a Berkshire West MASH Oversight Group has fostered increased scrutiny, advice, and challenge on local arrangements. Meetings held across the three authorities have enhanced direct engagement with key MASH staff. Additionally, the development of a data dashboard, which includes regional benchmarking, reflects efforts to improve data-driven decision-making and oversight.

Some priorities, particularly the Extra-familial Harm strategy, experienced delays and may not come to fruition as a whole Partnership approach since alignment across Berkshire West has proven complex due to differences in local authority needs and operations.

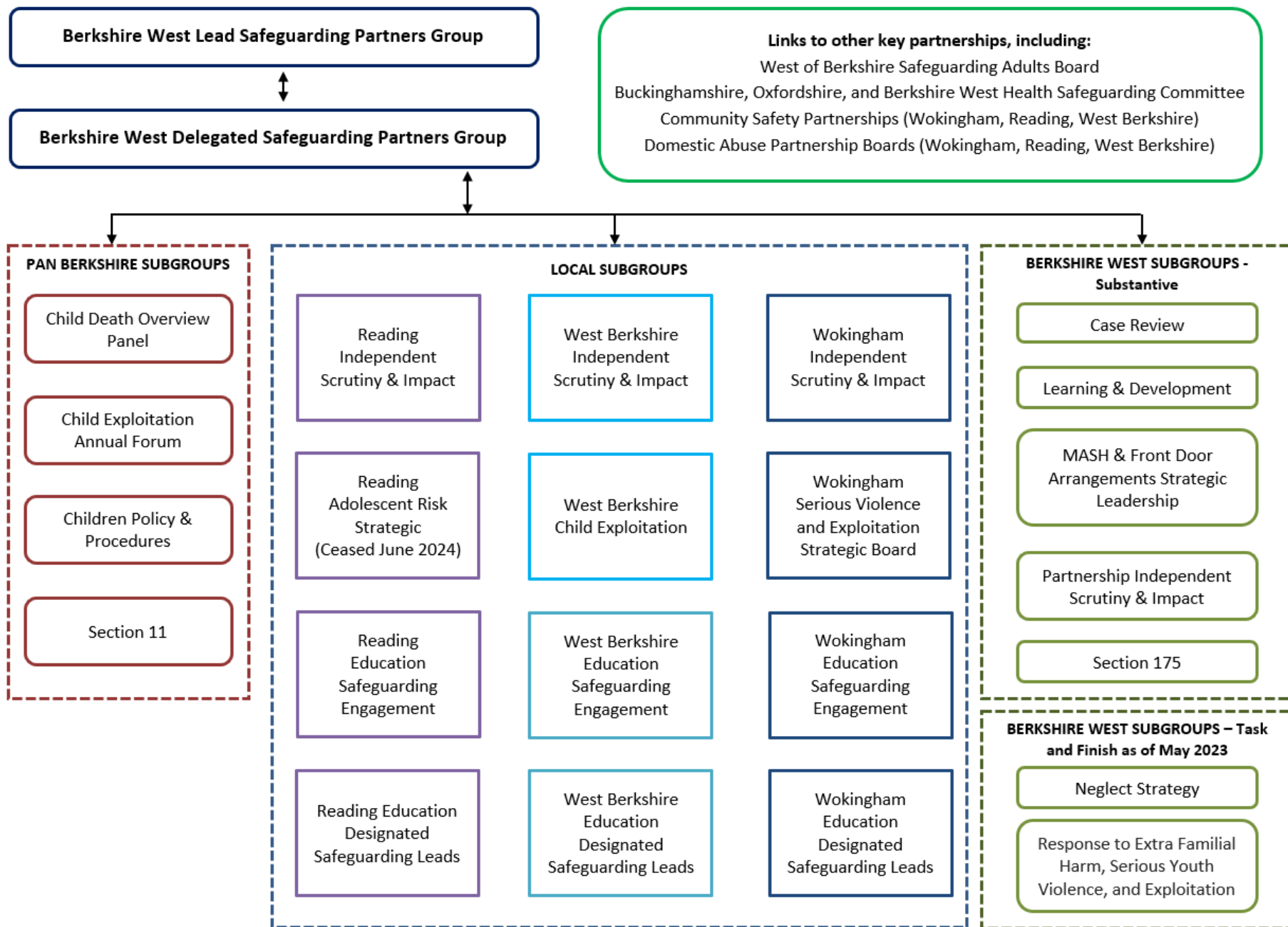
Education safeguarding concerns especially exclusions and suspensions, mental health issues amongst young people and SEND (Special Educational Needs and Disabilities), remain significant. Not all schools in the region are engaged in the safeguarding partnership work. Proposal to move these discussions to broader educational forums recognises this gap.

While universal safeguarding training is well received, there is still more to do to develop a partnership-wide, live training offer. There is no dedicated role within the business unit to support this activity, which limits the scope of training and its potential impact. Expanding training capacity is crucial for future improvements.

The safeguarding system, while showing elements of strength, such as the formation of the MASH Oversight Group and ongoing multi-agency collaboration, has areas where further refinement is needed. The BWSCP has demonstrated an ability to adapt and improve through multi-agency initiatives, such as the development of strategic tools and some training programmes. The creation of data dashboards and benchmarking reflects an increasing reliance on data-driven insights, which strengthens oversight and accountability.

There remains a need for better alignment of safeguarding approaches across the tri-borough area, particularly regarding strategies for addressing extra-familial harm. Furthermore, safeguarding professionals have called for greater engagement in education settings, where schools' involvement in multi-agency work currently is inconsistent.

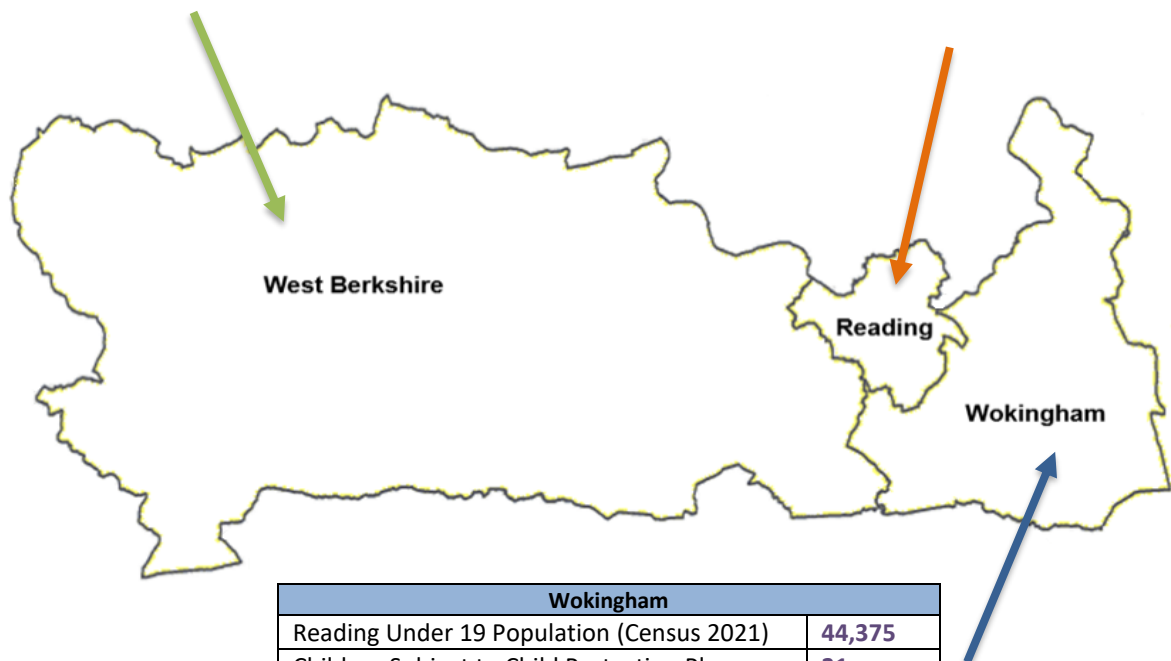
APPENDIX 1: BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP STRUCTURE CHART



APPENDIX 2: KNOWING OUR CHILDREN - STATISTICAL OVERVIEW OF THE CHILDREN ACROSS BERKSHIRE WEST

West Berkshire	
West Berks Under 19 Population (Census 2021)	37,122
Children Subject to Child Protection Plan (Rate per 10,000) March 2024	53
Number of Children in Need (Rate per 10,000) March 2024	317
Children in Care (Rate per 10,000) March 2024	52
Domestic Crimes involving Children Q4 2023/2024	190
Total number of children 0-18-year-olds admitted to RBFT (including MH & Self-Harm) - Q4 2023/2024	46

Reading	
Reading Under 19 Population (Census 2021)	41,808
Children Subject to Child Protection Plan (Rate per 10,000) March 2024	62
Number of Children in Need (Rate per 10,000) March 2024	466
Children in Care (Rate per 10,000) March 2024	74
Domestic Incidents involving Children Q4 2023/2024	279
Total number of children 0-18-year-olds admitted to RBFT (including MH & Self-Harm) - Q4 2023/2024	48



Wokingham	
Reading Under 19 Population (Census 2021)	44,375
Children Subject to Child Protection Plan (Rate per 10,000) March 2024	31
Number of Children in Need (Rate per 10,000) March 2024	151
Children in Care (Rate per 10,000) March 2024	32.3
Domestic Incidents involving Children Q4 2023/2024	179
Total number of children 0-18-year-olds admitted to RBFT (including MH & Self-Harm) - Q4 2023/2024	23

APPENDIX 3: INDEPENDENT SCRUTINEER THEMATIC ANALYSIS

Thematic Analysis of Published BWSCP Child Safeguarding Practice Reviews

The reports titled Reading Thematic CSPA Serious Youth Violence, West Berkshire Bobby CSPA, Reading Aiden CSPA, Wokingham David CSPA, Wokingham Harry CSPA, and Wokingham Aisha and Ciara CSPA collectively highlight enduring shortcomings in the frameworks, practices, and coordination efforts intended to protect vulnerable children. This synthesis, drawn from an analysis of these reports, aims to provide a comprehensive overview of the recurring issues that signal systemic weaknesses in child safeguarding practices.

1. Recognition of Neglect and Inadequate Care

Systemic failures in recognizing and addressing various forms of neglect, including emotional, educational, and health neglect, are prominently noted across all reviews. Each report documents instances where neglect was either poorly identified or inadequately addressed, leading to adverse outcomes for the children involved. For example, emotional neglect was a significant concern highlighted in cases like those detailed in the "Reading Thematic CSPA Serious Youth Violence" and "West Berkshire Bobby CSPA," where professionals missed critical emotional cues that indicated broader welfare issues.

2. Insufficient Multi-Agency Collaboration

A recurring theme across the reports is the inefficacy of multi-agency collaboration and communication. The reviews consistently cite examples of fragmented communication channels and poor information sharing between agencies, such as education, health, and social services, which compromised the safety and well-being of children. For instance, in "Reading Aiden CSPA" and "Wokingham David CSPA," there were noted failures in sharing critical information about children's injuries and family circumstances that could have influenced intervention strategies.

3. Inconsistencies in Case Management

Inconsistencies in handling cases, from initial assessments to escalation processes, were noted across all reviews. Disparities in the application of protocols and subjective interpretations of policies led to variations in how similarly situated cases were managed, as evidenced in reports like "West Berkshire Bobby CSPA" and "Wokingham Harry CSPA." These reports detailed instances of delayed or premature escalations that negatively impacted the interventions provided.

4. Lack of Professional Curiosity

The reports uniformly criticized a lack of professional curiosity, where professionals failed to probe deeper into the circumstances surrounding the children's lives. This lack was particularly evident in cases detailed in "Wokingham Aisha and Ciara CSPA," where signs of distress or abnormal family dynamics were not adequately investigated, leading to missed opportunities for early intervention.

5. Inadequate Training and Support for Safeguarding Roles

All reports pointed to significant gaps in training and support for those in safeguarding roles, affecting their ability to handle complex cases effectively. For example, "Wokingham Harry CSPA" highlighted the challenges faced by professionals dealing with cases involving mental health complexities, where they felt underprepared and unsupported.

6. Early Intervention and Prevention Failures

Failures in early intervention and prevention strategies were widely noted, with early warning signs often overlooked or inadequately acted upon. This issue was consistently documented across the reviews, including in "Reading Aiden CSPA," where initial signs of a child's distress, such as withdrawal and aggression, were not acted upon promptly.

7. Service Accessibility and Equity Issues

Issues related to the accessibility and equity of services were highlighted, particularly affecting vulnerable groups such as children with disabilities, non-English speakers, or those from socioeconomically disadvantaged

backgrounds. Reports like the "Reading Thematic CSPA Serious Youth Violence" discussed delays and barriers these children faced in accessing timely and appropriate support.

8. Resource Constraints and Funding Issues

Resource and funding constraints were a pervasive concern across all reports, with limited resources leading to overburdened services and delayed responses. The "West Berkshire Bobby CSPA" specifically connected these constraints with the inability to provide timely and adequate interventions in complex safeguarding scenarios.

Recommendations

1. Enhance Multi-Agency Collaboration and Communication

Given the recurring issues related to the inefficiency of inter-agency communication and coordination, greater efforts are necessary to improve information sharing. In the long term, integrated software systems that allow real-time data sharing (such as Thames Valley Together) and the creation multi-disciplinary teams dedicated to complex cases could significantly improve coordination. The Stable Homes innovation projects are currently exploring how to create the multi-disciplinary teams which would extend beyond that already seen in West Berkshire with the Family Safeguarding model.

2. Training

This training should focus on developing a high level of professional curiosity, comprehensive risk assessment skills, and familiarity with legal frameworks. The Partnership has a negligible training offer and next to no resource available to improve that offer although individual agencies provide their own training. Training which brings different professions together could help to improve professional curiosity and risk assessment skills and generate trust across agencies. In line with other Partnerships, it is recommended that BWSCP invests in a Training Manager with a budget to provide a multi-disciplinary offer.

3. Early Intervention

Given the highlighted failures in early intervention, it is imperative to establish approaches that can identify and address risks at an early stage.

APPENDIX 4: BWSCP FINANCIAL CONTRIBUTIONS

BWSCP FINANCE REPORT 2023/2024

BWSCP 2023/2024 Finance – contributions	Amount
Reading (Brighter Futures for Children) – hosting agency	£50,000
West Berkshire Local Authority	£50,000
Wokingham Local Authority	£50,000
Thames Valley Police	£20,000
Buckinghamshire, Oxfordshire, Buckinghamshire Integrated Care Board	£50,000
Total	£220,000

BWSCP 2023/2024 Finance – outgoings	Amount
Business Unit (Including TASP membership, website, marketing, travel, room hire)	£196,502
Independent Scrutineer	£25,457
Total	£221,959*

BWSCP 2024/2025 Finance – contributions	Amount
Reading (Brighter Futures for Children) – hosting agency	£50,000
West Berkshire Local Authority	£50,000
Wokingham Local Authority	£50,000
Thames Valley Police	£20,000
Buckinghamshire, Oxfordshire, Buckinghamshire Integrated Care Board	£50,000
FY 23/24 Underspend**	£45,341
Total	£265,341

*Overspend in the financial year was due to interim staffing changes in the business unit.

**The Section 31 grant received by all Children Safeguarding Partnerships in late 2023 (£47,300) has been accounted for as an underspend and carried over to FY24/25. The £1,959 spend overspend in FY23/24 has been offset against the grant, as agreed by the Delegated Safeguarding Partners.



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Building Berkshire Together

READING BOROUGH COUNCIL
HEALTH AND WELLBEING BOARD

ALISON FOSTER, PROGRAMME DIRECTOR
17 JANUARY 2025

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Agenda Item 9



OUR NEW HOSPITAL PROGRAMME



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Agenda

- New Hospital Programme & Background
- Programme update (programme plan slide)
- Location-led Impact Assessment
- Next Steps
 - Options Development
 - Clinical Model
 - Environmental
 - Travel and Transport Assessment

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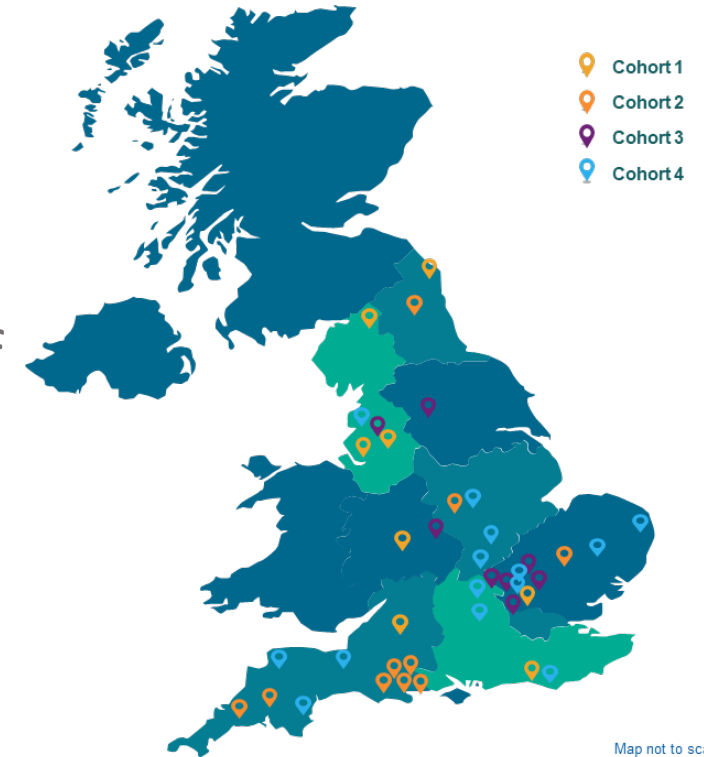


OUR NEW HOSPITAL PROGRAMME

New Hospital Programme

- Major Government programme investing in hospitals across England
- Centralised programme which will use a common set of designs to save money and time – this is called Hospital 2.0
- Construction for Royal Berkshire is currently scheduled to begin in 2031
- NHP Review – expected outcome in the new year

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OUR NEW HOSPITAL PROGRAMME

Options for Royal Berkshire Hospital

A once in a generation opportunity
Strong case for change

Our current site is challenging to build on;

- Landlocked site and limited space to expand
- Hospital 2.0 requirements
- Geology of the site

Focus on a whole new hospital on a new site



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OUR NEW HOSPITAL PROGRAMME



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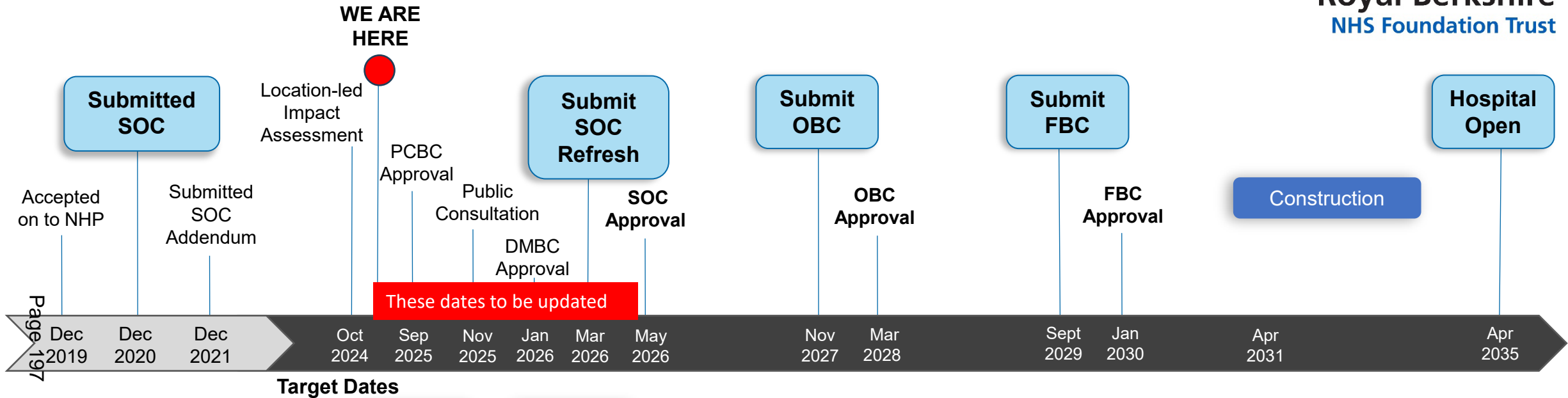


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Building Berkshire Together Roadmap



Royal Berkshire
NHS Foundation Trust



Options Appraisal Feasibility Study

Construction Handover

Assumption is funding confirmed in February 2025

- PCBC – Pre-Consultation Business Case
- DMBC – Decision Making Business Case
- SOC – Strategic Outline Case
- OBC – Outline Business Case
- FBC – Full Business Case



Current position

- Outcome of NHP review in January 2025
- Location-led Integrated Impact Assessment
- Pre-Consultation Business Case (PCBC)
 - Options Development
 - Clinical Model
 - Environmental and Sustainability
 - Travel and Transport Infrastructure
- Land acquisition
 - Site selection
 - Securing options for consultation





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Location-Led Integrated Impact Assessment

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Integrated Impact Assessment (IIA) Background



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- Ran between May 2024 – September 2024
- Two sites met the site criteria – Thames Valley Park & Thames Valley Science Park
- Quantitative / Qualitative – over 10,000 individuals contributed through;
 - Staff workshops
 - One to one briefings with Healthwatch & Council officers
 - Community Leader workshops
 - Public survey
- Iterative

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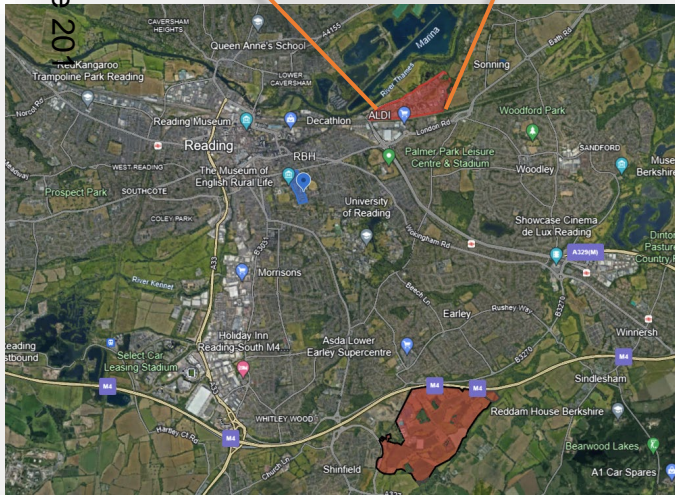
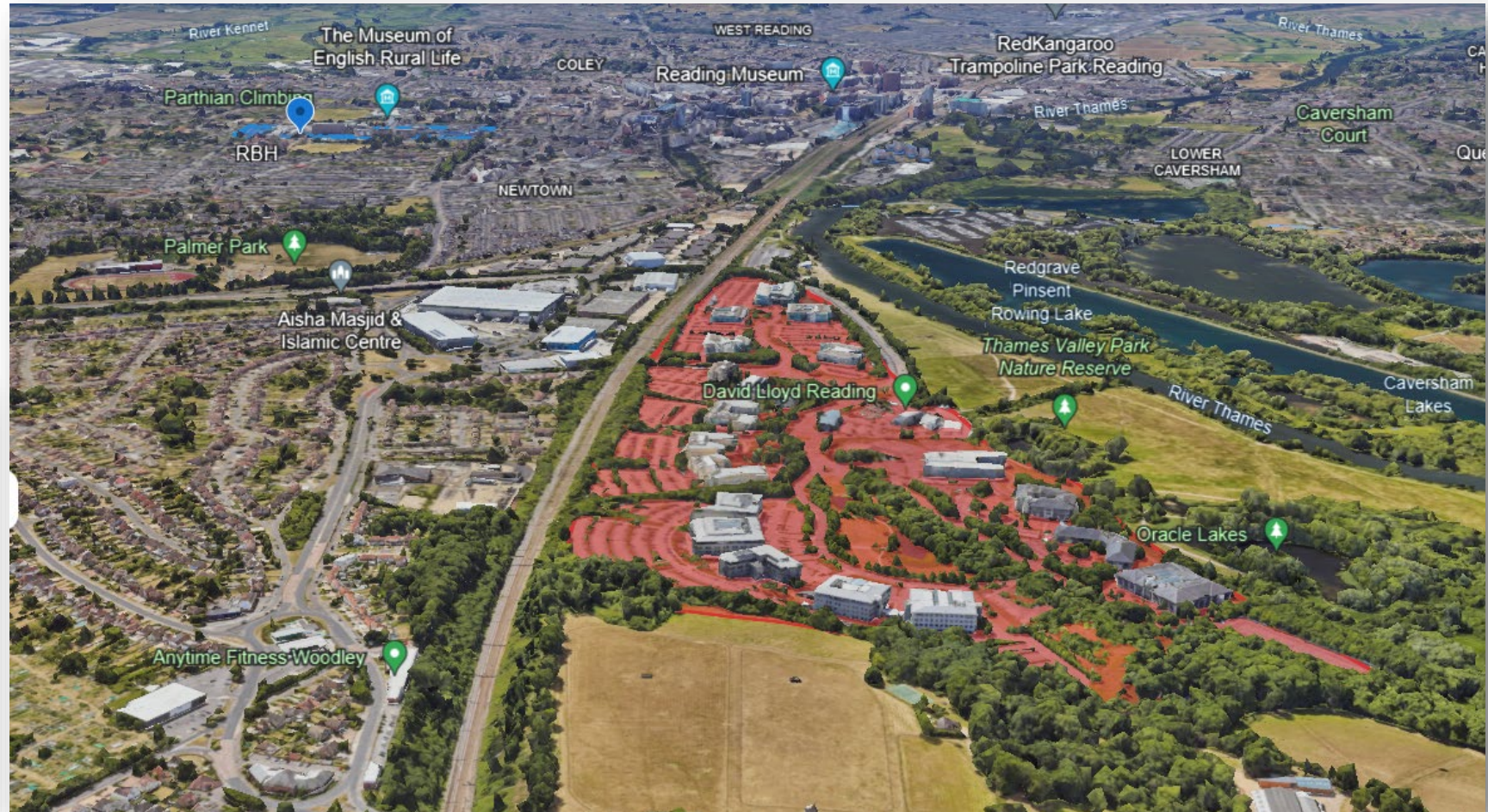


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Thames Valley Park



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2.2 miles from current site

Note that the sites are approximate areas and do not show exact site boundaries proposed for the new hospital. Distances are based on driving route from RBH main entrance

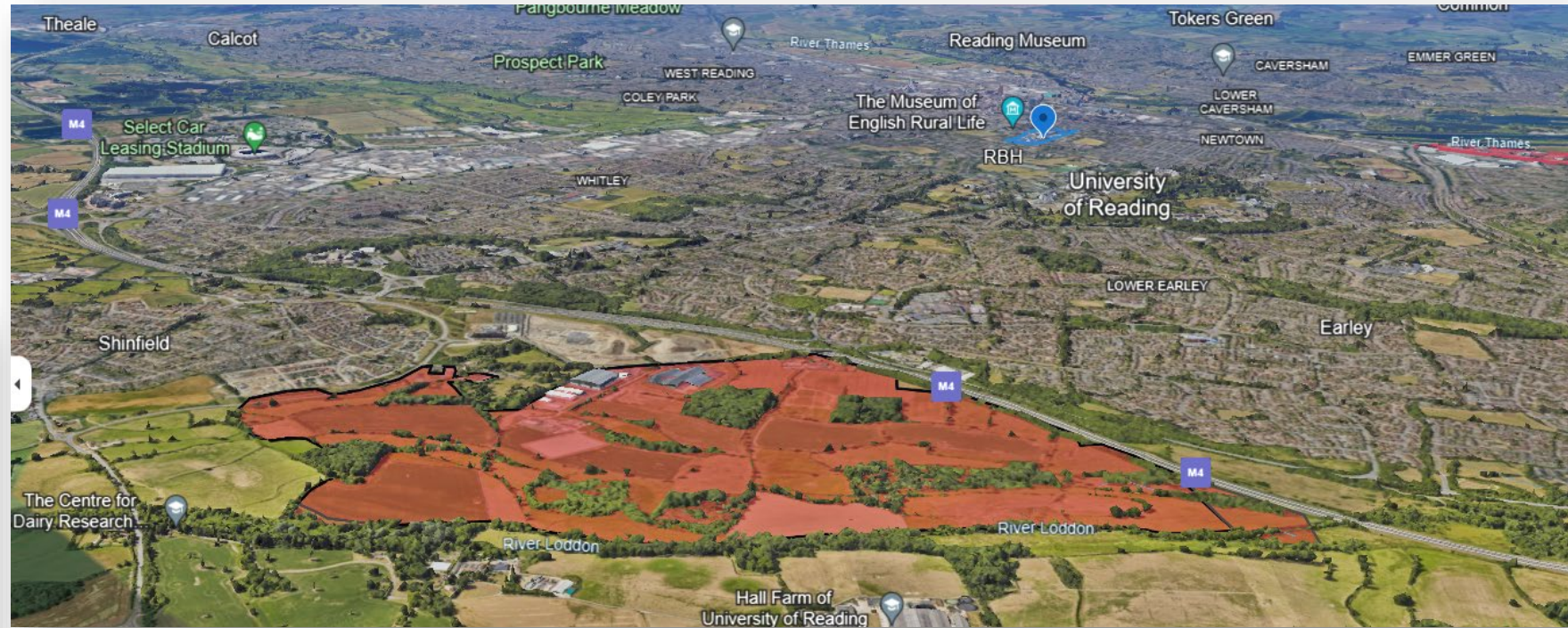
Thames Valley Science Park



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Note that the sites are approximate areas and do not show exact site boundaries proposed for the new hospital. Distances are based on driving route from RBH main entrance

3.7 miles from current site

Key Chapter Takeaways



Royal Berkshire
NHS Foundation Trust

Chapter

Key Message

Health Services Impact Assessment

Relocating to TVP or TVSP provides **infrastructure upgrades** and **access to modern facilities**, aligning with NHP Hospital 2.0 goals. Any move will **reduce clinical risks associated with the hospital infrastructure**, though the full impact on health services will depend on the development and assessment of the clinical model.

Traffic & Transport Impact Assessment

Relocating to TVP or TVSP **increases travel times for patients using public transport, walking, or cycling**, with TVP performing better than TVSP. While **TVP sees 62% of patients within a 60-minute public transport ride, TVSP only has 35%**, and both sites have fewer patients within walking or cycling distance compared to the current location.

Local Health Economy Impact Assessment

Relocating to TVP or TVSP **aligns with the ICB strategy and local health plans**, aiming to improve patient care and outcomes. The **gravitational analysis predicts a 4.9% increase in patient numbers for RBFT at TVP, but only a slight 0.1% rise at TVSP** due to its more rural location.

Health Inequalities Impact Assessment

Relocating to either site **could increase travel times for all 13 protected and underserved groups**, potentially limiting access. **Impact on inequalities will be clearer once the care model is assessed**, with significant variations in accessibility, such as a 10% reduction for low-income individuals at TVP and 73% fewer over-65s at TVSP, alongside concerns about transport, parking, and access for groups like refugees.

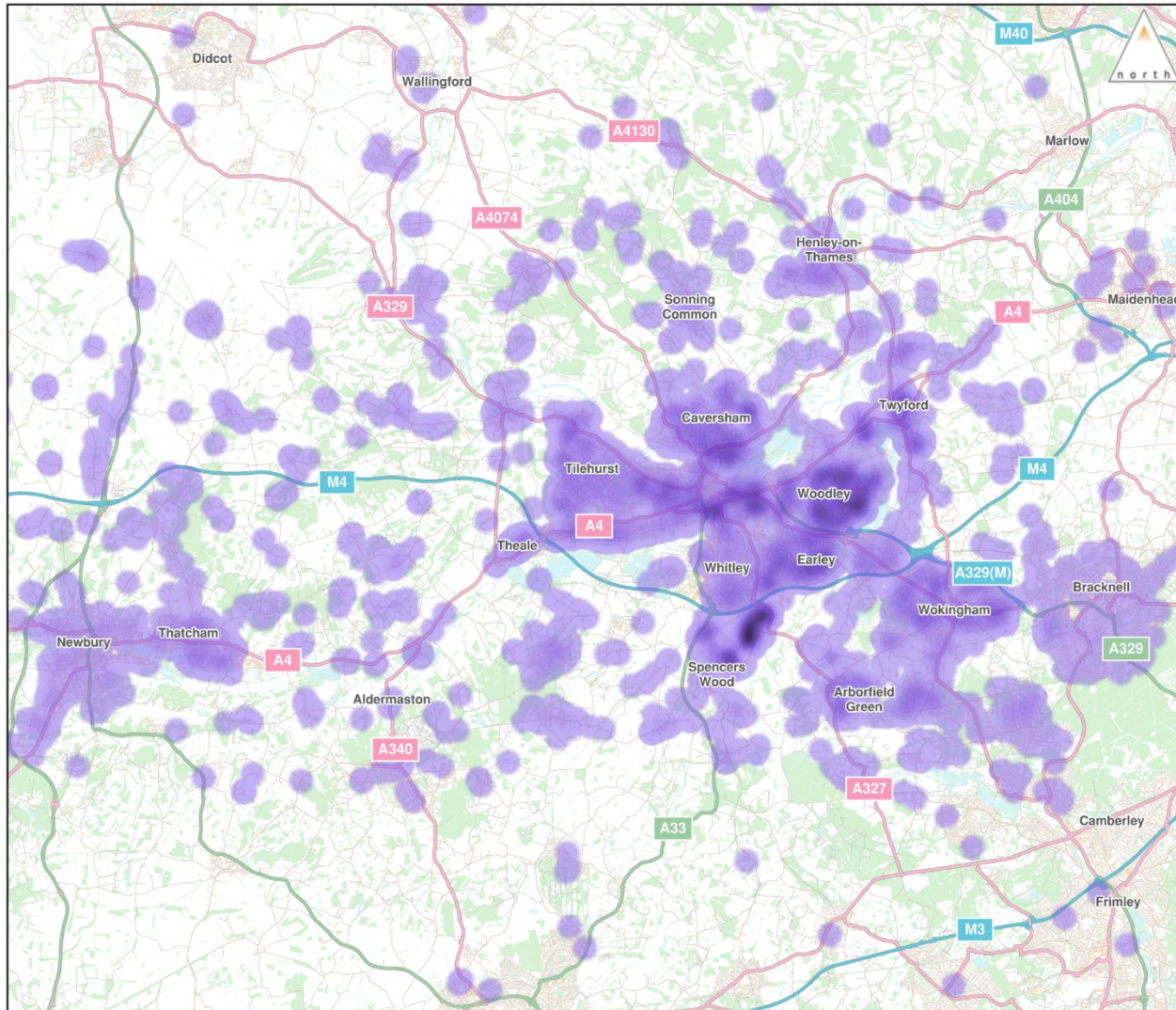
Community Impact Assessment

Our **qualitative assessment suggests both TVP and TVSP align with regional and local council policies**, with **potential biodiversity and environmental risks that can be mitigated**. Local residents and businesses near the sites were generally positive or neutral about the relocation, and the impact on the RBFT supply chain is considered neutral.

Economic Impact Assessment

So far the location-led Economic Impact Assessment shows **both sites provide significant economic benefits**, with TVSP offering the highest economic benefits driven by a higher land value uplift and cost savings. Both sites generate similar economic benefit from construction jobs, and both have similar environmental benefits.

Reading Survey Respondents



- 9642 respondents to the public survey
- 8873 gave their postcode
- 3186 Reading Borough postcodes (RG1, RG2, RG4, RG30 and RG31) = 36%

Reading Feedback

- Residents in Reading were **mixed in their opinions** regarding the impact of a move out of the town centre. One of the benefits of the current site highlighted in the free text related to the available **options for public transport** and the **ability to walk and cycle** to and from the hospital.
- Specific local challenges included those from Caversham and South Oxfordshire who noted that improvements were required to bus services whether the hospital remains at the current site or moves.
- **Travel time** for local patients, staff and visitors and **parking** were the top two concerns from residents.
- Community leaders who represented a range of patients in and around Reading expressed concern about **barriers to access** if the hospital moves but acknowledged that better facilities could improve patient experience and waiting times.

One of the benefits of the current site highlighted in the free text related to the available options for public transport, in terms of direct routes and frequency, a connection to Reading rail station, and the ability to walk and cycle to and from the hospital.

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‘...Why move the hospital? Why not just build a new hospital instead? There are probably enough people in Reading that we require 2 hospitals.....’

Access to all three sites were seen as challenging for those who live in South Oxfordshire particular, with TVSP for the latter being preferable of the two sites due to its proximity to the M4. TVP was seen as moving too far east. Mitigations mentioned for this issue lay around a third Thames Bridge, which would make TVP attractive on terms of accessibility for South Oxfordshire residents.



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Next steps

- Await the outcome of the New Hospital Review – expected in the new year
- Follow the process to lead us to a formal public consultation
- Options Development
 - Clinical Model
 - Travel and Transport Analysis &
 - Environmental/Sustainability
 - Pre-Consultation Business Case
- In parallel with this work we are working out which services we need in the future to determine the right size of hospital
- Engagement opportunities - workshops and focus groups to be part of options development

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	08 January 2025
Title	3yr Plan for MH Adult Inpatients
Purpose of the report	To note the report for information
Report author	Niki Cartwright
Job title	Director of Performance and Delivery – All Age Mental Health, Community Services, All Age Learning Disability, All Age Neuro-Divergence, All Age PEoLC & SEND
Organisation	BOB ICB
Recommendations	1. Noting the contents of the plan that has been submitted to NHSE and that the Provider Collaborative will be the delivery group for this work.

1. Executive Summary

This paper provides an update on the 3-Year Plan for Adult Mental Health inpatient services which is part of the national Mental Health, Learning Disability and Autism Quality Transformation Programme (2024-2027). The NHSE Priorities & Operational Planning Guidance in 23/24 and 24/25 identifies a requirement for Integrated Care Boards to co-produce a strategic plan to localise and realign mental health inpatient services over a 3-year period. The plan was recently submitted to NHSE and this paper summarises:

- Why are we doing this piece of work
- What work has been completed Q1, Q2 and Q3 2024
- What work is planned in Q4 2025

2. Policy Context

NHSE Priorities & Operational Planning Guidance in 23/24 and 24/25 establishes the requirement for Integrated Care Boards to co-produce a strategic plan to localise and realign mental health inpatient services over a 3-year period. This work is one of five themes within the wider NHS England Mental Health, Learning Disability and Autism Quality Transformation Programme.

3. The Proposal – please see slides attached in Appendix 1

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

- 1. Support individuals at high risk of bad health outcomes to live healthy lives**
- 2. Promote good mental health and wellbeing for all adults**

This program will support the above strategic priorities by:

- Improving the quality of the mental health services we offer
- Facilitating access to our mental health services
- Improving mental health service performance and productivity

5. Environmental and Climate Implications

None identified

6. Community Engagement

This work is across the whole system and has been developed through engagements with Trust representatives as well as consultation with provider collaborative colleagues. This plan places co-production at the centre of our approach over the next 3 years.

7. Equality Implications

Considered as part of the development of the approach described.

8. Other Relevant Considerations

Not applicable

9. Legal Implications

Not applicable

10. Financial Implications

- As part of the national Mental Health Inpatient Quality Transformation programme, NHS England has committed to provide an additional £980,000 Service Development Funding (SDF) per year for the duration of this initiative.
- NHS England has issued technical guidance on how this funding is ringfenced and can only be allocated across the ICS to localise and realign patient care according to the Mental Health Inpatient Commissioning Framework.
- The Provider Collaborative has agreed to be the delivery group for this programme and it will identify the necessary resources.

11. Timetable for Implementation

This is a 3yr plan and part of our Mental Health, Learning Disability and Autism Quality Transformation Programme(2024-2027). The ICB, Provider Collaborative and key stakeholders will agree the outcomes to be delivered. The ICB's role will be one of assurance, support and assistance, working with the Provider Collaborative to ensure mental health inequalities are addressed and towards the delivery of better experiences and outcomes for our patients and our population.

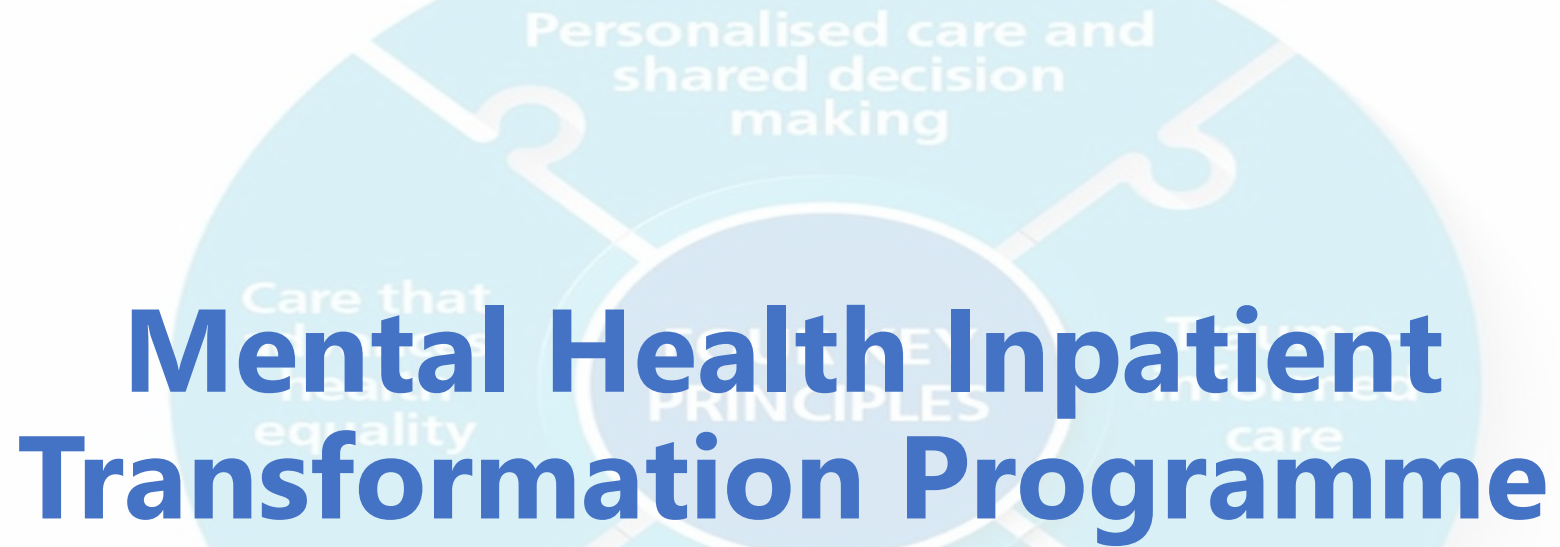
12. Background Papers

There are none.

13. Appendices

Appendix 1 – slides on Mental Health Inpatient Transformation Programme.

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Quarter 2, 3 and 4 2024

Contents



- Provider Collaboratives 3-Year Plan for Adult Mental Health Inpatient Services - “getting to work”
 - Slides 3-5
- Actions undertaken by Trusts and Provider Collaborative.
 - Slides 6-7
- Next steps: Q4 2024/25
 - Slide 8



Adobe Acrobat
Document

Three-Year Timeline:



Mental Health, Learning Disability and Autism Quality Transformation Programme

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3 Year Adult Inpatient Plan



Timeline-July-September 2024 :



Commence mobilisation of the plan: establish detailed governance, risk management and confirm project management arrangements

Approach provider trust networks and Healthwatch to invite people with lived experience to co-produce detailed plans, solutions and approaches

Stakeholder engagement events and co-production activities commence

Determine the metrics and benefits realisation approach for each change initiative

Determine resourcing requirements and phasing for 2025/26 and 2026/27

Week 1

Week 2

Week 2

Week 3

Week 4

Week 6

Week 8

Week 9

Week 11

Week 12

BOB Mental Health Provider Collaborative continue the work to identify any additional opportunities to share good practice

Build on capacity and demand assessments already undertaken, map interfaces with Learning disability and autism (LDA), Special Educational Needs and Disabilities (SEND), People Learning from lives and deaths of people with a learning disability and autistic adults (LeDeR) and other programmes

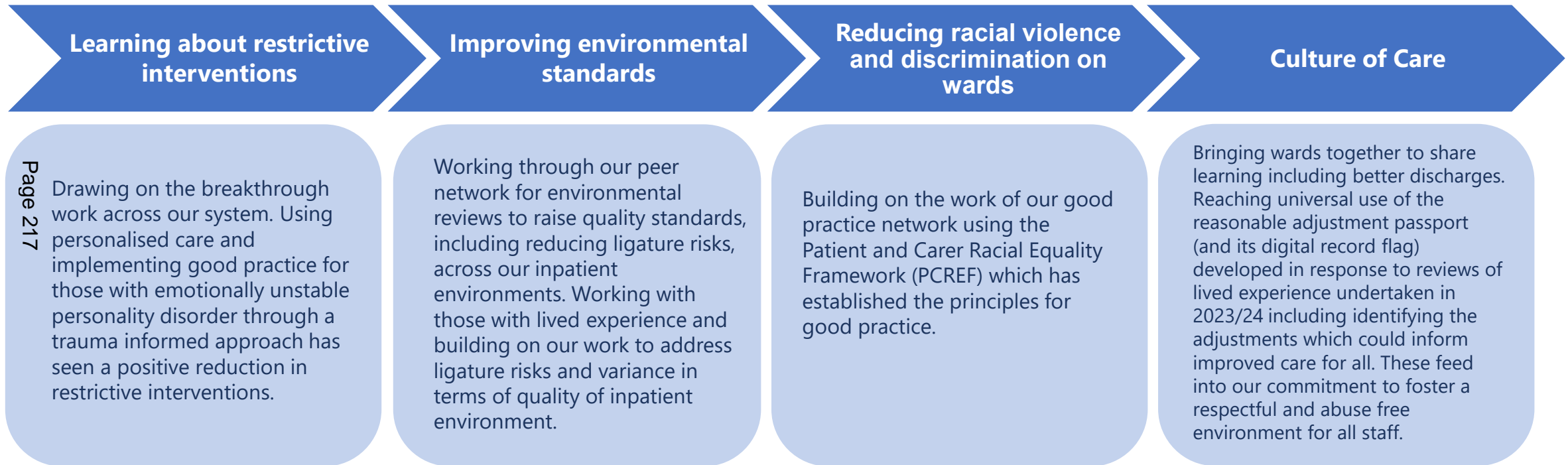
Map national benchmarking and requirements to local caseloads – look at co-morbidities, explore social care and housing data, detailed work on out of area placements

Determine data requirements to report on progress and impact and begin baseline data collection

Establish routine reporting



Timeline-October -December 2024



Summary of progress to date for BOB 3-Year Plan for Adult Mental Health Inpatient Services July-December 2024:



	Activities
Identify baselines and areas of good practice, develop approach	<ul style="list-style-type: none"> • Scoping exercise completed to identify current positive work and the gaps • Programme Outcome Document produced to align the work being undertaken and confirm the benefits the programme will bring. •
Co-produce detailed plans and develop detailed data sets	<ul style="list-style-type: none"> • Collaboratively agreed KPI's and outcomes measures to be used throughout the three-year programme. • A data and analytic working group in place to support this. Work • Experts by Experience (EbE's) strategy in place with Patient and Involvement co-ordinator in place to support Senior Programme Manager.
Roll-out of good practice accelerated	<ul style="list-style-type: none"> • ICB and place-based services have agreed a robust governance structure to support the sharing of good-practice. • Facilitating an inpatient celebration event in January to support shared work and good practice.

Summary of progress to date for BOB 3-Year Plan for Adult Mental Health Inpatient Services October -December 2024:



	Activities
Learning about restrictive interventions	<ul style="list-style-type: none"> • Learning through our scoping exercise the benefit and the gap around trauma informed approaches • Quality improvement project underway lead by our inpatient consultant psychiatrist specifically focusing on trauma informed care, supported by an external peer advocacy group.
Improving environmental standards	<ul style="list-style-type: none"> • Currently carrying out SPELL audits across all wards in OHFT following successful completion of SPELL audits in BHFT. • The project team consists of a Multi-disciplinary team and lived experience to provide a detailed report of recommendations and advice to improve our inpatient environments.
Reducing racial violence and discrimination on wards	<ul style="list-style-type: none"> • OHFT and BHFT working collaboratively in this area to share learning and best practice and understand from our current support pathways what else we can do to support our staff and patients better.

Q4 24/25:



Action	Details	Estimated completion date
Governance	All PC and Trust governance in place overseeing quality, assurance and strategy including monthly highlight reports submitted to Provider Collaborative	End of January
Culture of Care proxy measures	Governance in place with submission to Culture of Care national team active	End of January
KPI and outcomes	Working collaboratively to confirm what measures and outcomes would align with the programme to understand if the initiatives undertaken have had an impact.	End of February
Joint working	Working group across BHFT and OHFT focussing on support for staff within inpatient wards after violence and aggression	End of February
KPI Dashboard	Creation of KPI dashboard which will be reviewed at PC governance meeting which is held b-monthly	End of March

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Right Care Right Person

Reading HWB

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D/C/Supt Emma Garside

Agenda Item 11



TVP RCRP National Partnership Agreement heat map

Overall RAG: Amber

Governance	Access to advice	Removing TVP involvement in...	Multiagency working	Escalation	Data
Multiagency governance	Universal access to 24/7 NHS111 Mental Health	Initial response to mental health crisis	Embed multi-agency ways of working to support decision making on who should respond	Local escalation protocol for significant system delays	Data collection to enable understanding of local urgent/emergency MH need
Lived experience participation in governance	Access to advice for professionals	Responding to Concern for Welfare when other services already in contact	Ensure arrangements in place to minimise delays to handovers of care between police and MH services	Local escalation protocol for detentions in custody	Data collection to enable understanding of police involvement in MH related pathways
ICB key role in coordinating and supporting RCRP	Communicate availability of NHS111 Mental Health services to public	Instances of Missing from MH facilities	Develop join approach to quickly identify best place to take someone detained under S136	Local escalation protocol for situations when health feel RCRP is met but police do not respond	Data collection to enable understanding of impact of changes both operationally and on outcomes for individuals
Shared understanding of aims, roles & responsibilities		Walkouts from other health facilities			
Agree remit of various health partners		Conveyance in Police Vehicles			
Agree remit of Local Authorities, voluntary and community orgs					Training Multiagency training for RCRP and MHA

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Mixture of RAG ratings across different areas as shown on next slide.

Generally governance, NHS111 access, Concern for Welfare (Phase 1) and AWOL from MH facilities (Phase 2) are rating "greenest"

The "reddest" is Conveyance in Police Vehicles

Berkshire

Green	3	Governance	Access to advice	Removing TVP involvement in...	Multiagency working	Escalation	Data
	2.75	Multiagency governance	Universal access to 24/7 NHS111 Mental Health	Initial response to mental health crisis	Embed multi-agency ways of working to support decision making on who should respond	Local escalation protocol for significant system delays	Data collection to enable understanding of local urgent/emergency MH need
	2.5	Lived experience participation in governance	Access to advice for professionals	Responding to Concern for Welfare when other services already in contact	Ensure arrangements in place to minimise delays to handovers of care between police and MH services	Local escalation protocol for detentions in custody	Data collection to enable understanding of police involvement in MH related pathways
	2.25	ICB key role in coordinating and supporting RCRP	Communicate availability of NHS111 Mental Health services to public	Instances of Missing from MH facilities	Develop join approach to quickly identify best place to take someone detained under S136	Local escalation protocol for situations when health feel RCRP is met but police do not respond	Data collection to enable understanding of impact of changes both operationally and on outcomes for individuals
	2	Shared understanding of aims, roles & responsibilities		Walkouts from other health facilities			
	1.75	Agree remit of various health partners		Conveyance in Police Vehicles			Training
	1.5	Agree remit of Local Authorities, voluntary and community orgs					Multiagency training for RCRP and MHA

Buckinghamshire

Green	3	Governance	Access to advice	Removing TVP involvement in...	Multiagency working	Escalation	Data
	2.75	Multiagency governance	Universal access to 24/7 NHS111 Mental Health	Initial response to mental health crisis	Embed multi-agency ways of working to support decision making on who should respond	Local escalation protocol for significant system delays	Data collection to enable understanding of local urgent/emergency MH need
	2.5	Lived experience participation in governance	Access to advice for professionals	Responding to Concern for Welfare when other services already in contact	Ensure arrangements in place to minimise delays to handovers of care between police and MH services	Local escalation protocol for detentions in custody	Data collection to enable understanding of police involvement in MH related pathways
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	1.75	Agree remit of various health partners		Conveyance in Police Vehicles			Training
	1.5	Agree remit of Local Authorities, voluntary and community orgs					Multiagency training for RCRP and MHA

Oxfordshire

Orange	2	Governance	Access to advice	Removing TVP involvement in...	Multiagency working	Escalation	Data
	1.75	Multiagency governance	Universal access to 24/7 NHS111 Mental Health	Initial response to mental health crisis	Embed multi-agency ways of working to support decision making on who should respond	Local escalation protocol for significant system delays	Data collection to enable understanding of local urgent/emergency MH need
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	1	Shared understanding of aims, roles & responsibilities		Walkouts from other health facilities			
	0.75	Agree remit of various health partners		Conveyance in Police Vehicles			Training
	0.5	Agree remit of Local Authorities, voluntary and community orgs					Multiagency training for RCRP and MHA

Milton Keynes

Green	3	Governance	Access to advice	Removing TVP involvement in...	Multiagency working	Escalation	Data
	2.75	Multiagency governance	Universal access to 24/7 NHS111 Mental Health	Initial response to mental health crisis	Embed multi-agency ways of working to support decision making on who should respond	Local escalation protocol for significant system delays	Data collection to enable understanding of local urgent/emergency MH need
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	1.5	Agree remit of Local Authorities, voluntary and community orgs					Multiagency training for RCRP and MHA

Berkshire local implementation team

- Helen Robson Director for mental health community urgent care is co chair with TVP.

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- Jacob Daly Berkshire Health Foundation Trust recruited to coordinate RCRP activity – see separate PowerPoint for update from Jacob.

RCRP Phases and progress to date

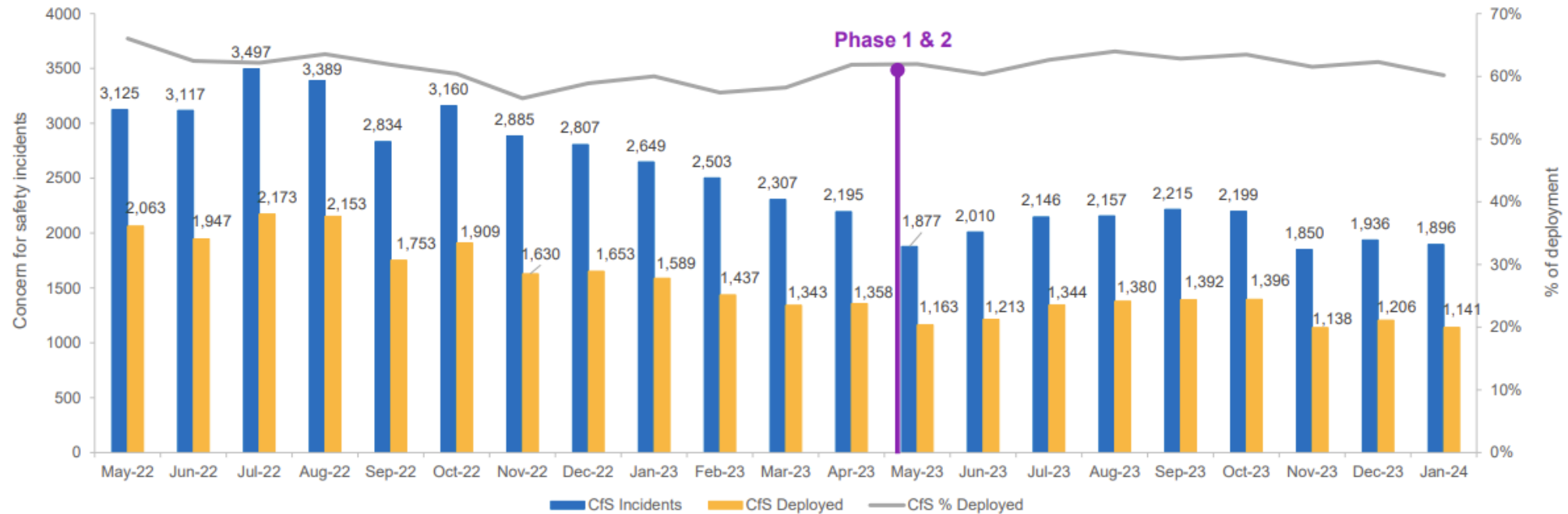
- Phase 1 - Concern for Safety reports - Live since May 2023
- Phase 2 - Walk out from healthcare setting – Live since May 2023
- Phase 3 - AWOL psychiatric hospital – Live since May 2023
- Phase 4 - Voluntary attendance policy – Live since September 2024
- ****Live only with adults at this time****

Home Office evaluation

Concern for Safety Demand

Prior to implementation of RCRP, the number of CfS incidents had been gradually decreasing. Following implementation, the number of incidents have remained relatively consistent at lower levels. There was no noticeable change in the proportion of CfS incidents deployed to following implementation. When comparing Jan 2023 to 2024, the rate of deployment was the same (60% in Jan 2023 and Jan 2024). This suggests that while CfS incidents have reduced, the proportion that are deployed to is similar before and after the implementation of RCRP.

Thames Valley Police concern for safety (CfS) incidents and deployments between May 2022 and January 2024





All Concern for Welfare and Mental Health incidents in Berkshire between November 2023 and October 2024

Data up to...
27 November 2024

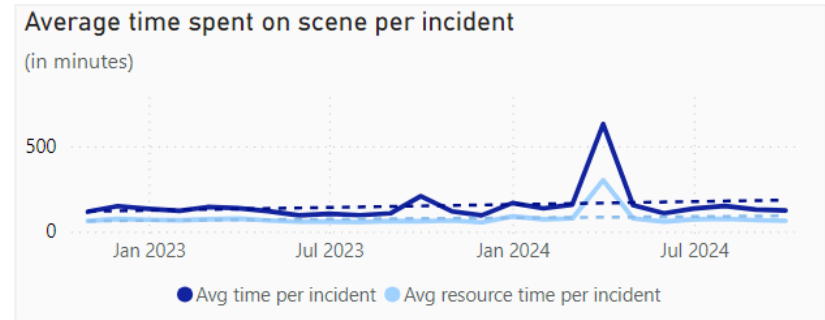
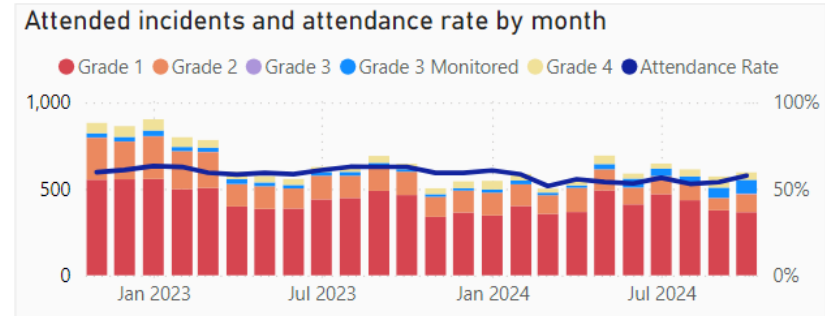
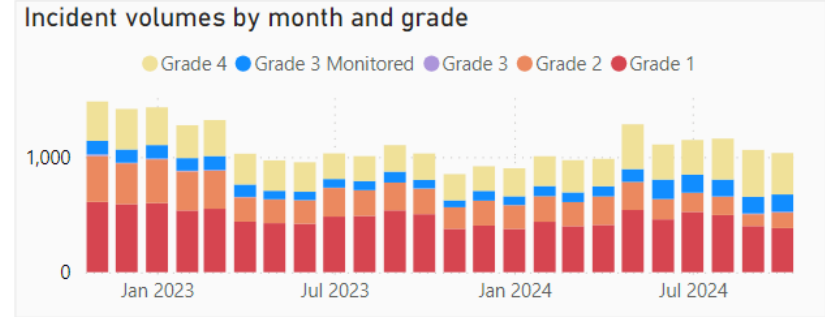
Incident Type
All

Time Period
 Current Month
 Last month
 Year to last complete month
 Last 12 complete months
 Rolling 12 months

County
 Berkshire
 Buckinghamshire
 Milton Keynes
 Oxfordshire

Grade
 Grade 1
 Grade 2
 Grade 3
 Grade 3 Monitored
 Grade 4

	Previous Period 01/11/2022 31/10/2023	Selected Period 01/11/2023 31/10/2024	Change
Incidents:	14,032	12,414	-12%
Attended Incidents:	8,546	6,929	-19%
Attendance Rate:	61%	56%	-5%
Resources Attended:	16,935	13,432	-21%
Per attended incident:	2.0	1.9	0.0
Travelling Time (TT) (in hours):	4,900	3,932	-20%
Avg TT per attended incident (in mins):	34	34	0
Avg TT per attending unit (in mins):	17	18	0
At Scene Time (AST) (in hours):	18,189	19,943	10%
Avg AST per attended incident (in mins):	128	173	45
Avg AST per attending unit (in mins):	64	89	25





All Concern for Welfare and Mental Health incidents in Berkshire between 01 October 2024 and 31 October 2024

Data up to...
27 November 2024

Incident Type

All ▼

Time Period

- Current Month
- Last month
- Year to last complete month
- Last 12 complete months
- Rolling 12 months

County

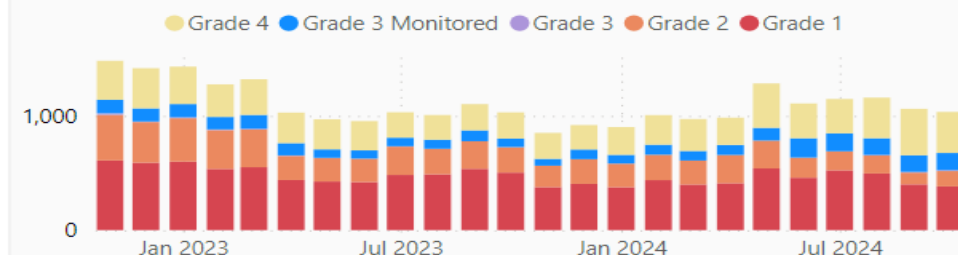
- Berkshire
- Buckinghamshire
- Milton Keynes
- Oxfordshire

Grade

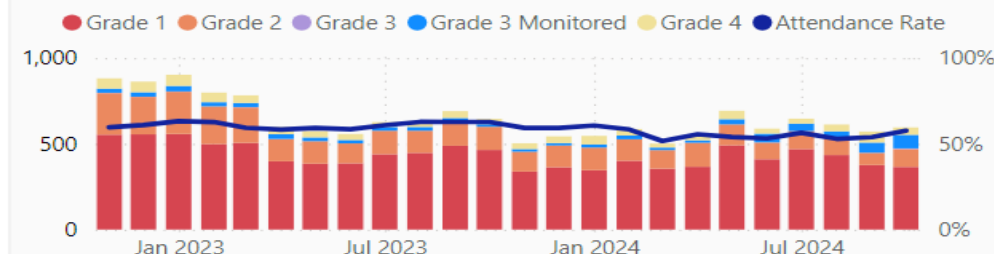
- Grade 1
- Grade 2
- Grade 3
- Grade 3 Monitored
- Grade 4

	Previous Period 01/10/2023 31/10/2023	Selected Period 01/10/2024 31/10/2024	Change
Incidents:	1,029	1,033	0%
Attended Incidents:	645	595	-8%
Attendance Rate:	63%	58%	-5%
Resources Attended:	2,248	1,172	-48%
Per attended incident:	3.5	2.0	-1.5
Travelling Time (TT) (in hours):	616	339	-45%
Avg TT per attended incident (in mins):	57	34	-23
Avg TT per attending unit (in mins):	16	17	1
At Scene Time (AST) (in hours):	2,229	1,216	-45%
Avg AST per attended incident (in mins):	207	123	-85
Avg AST per attending unit (in mins):	59	62	3

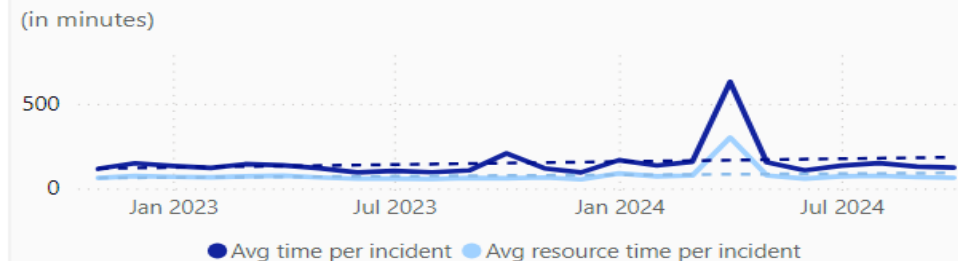
Incident volumes by month and grade



Attended incidents and attendance rate by month



Average time spent on scene per incident



RCRP Dashboard Data – 12 month view



All Concern for Welfare and Mental Health incidents in TVP between November 2023 and October 2024

Data up to...

5 November 2024

Incident Type

All

Time Period

- Current Month
- Last month
- Year to last complete month
- Last 12 complete months
- Rolling 12 months

County

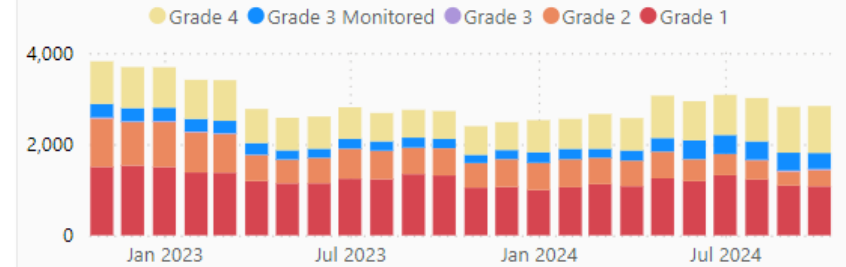
- Berkshire
- Buckinghamshire
- Milton Keynes
- Oxfordshire

Grade

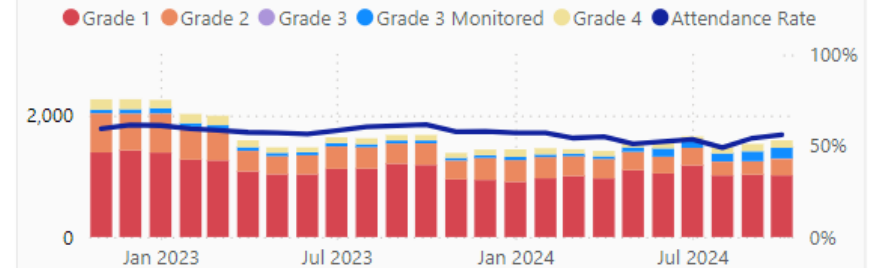
- Grade 1
- Grade 2
- Grade 3
- Grade 3 Monitored
- Grade 4

	Previous Period 01/11/2022 31/10/2023	Selected Period 01/11/2023 31/10/2024	Change
Incidents:	36,951	32,963	-11%
Attended Incidents:	21,977	17,946	-18%
Attendance Rate:	59%	54%	-5%
Resources Attended:	43,128	33,961	-21%
Per attended incident:	2.0	1.9	-0.1
Travelling Time (TT) (in hours):	13,393	11,956	-11%
Avg TT per attended incident (in mins):	37	40	3
Avg TT per attending unit (in mins):	19	21	2
At Scene Time (AST) (in hours):	49,514	48,484	-2%
Avg AST per attended incident (in mins):	135	162	27
Avg AST per attending unit (in mins):	69	86	17

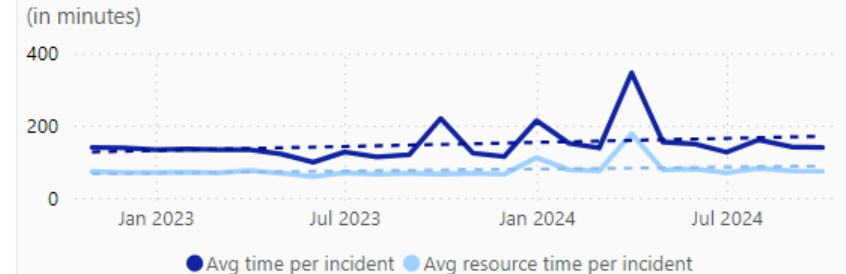
Incident volumes by month and grade



Attended incidents and attendance rate by month



Average time spent on scene per incident



RCRP Dashboard Data – Last month view



All Concern for Welfare and Mental Health incidents in TVP between 01 October 2024 and 31 October 2024

Data up to...
5 November 2024

Incident Type

All

Time Period

- Current Month
- Last month
- Year to last complete month
- Last 12 complete months
- Rolling 12 months

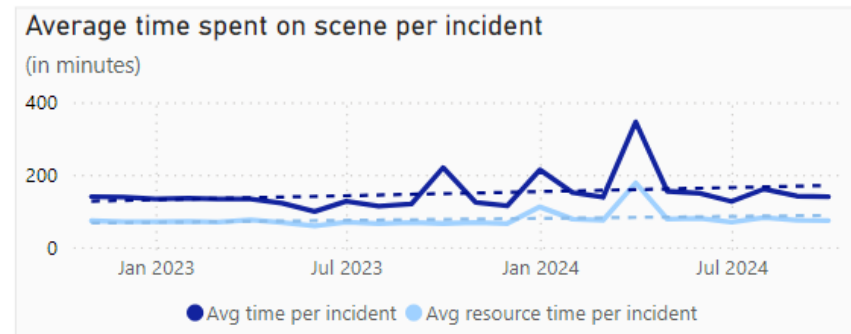
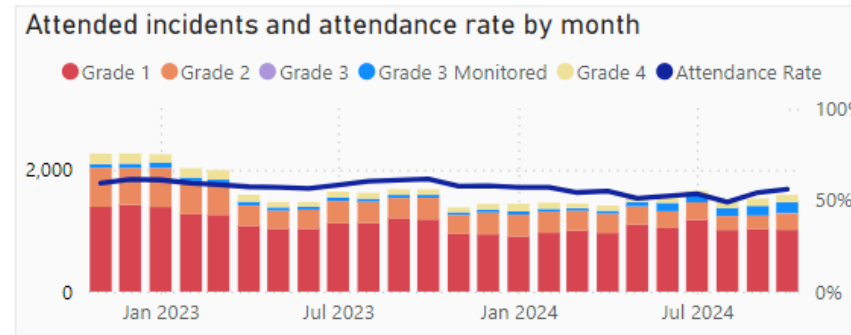
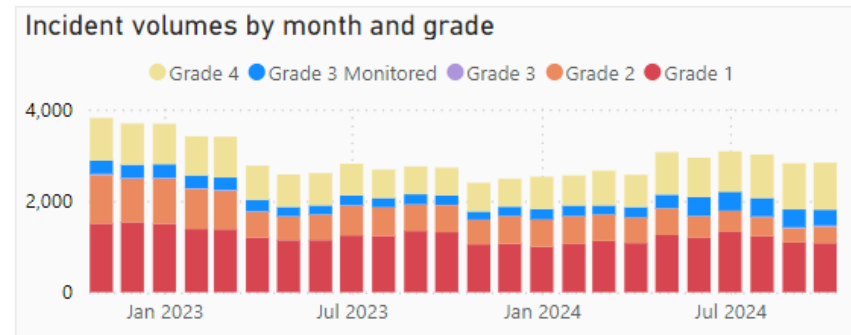
County

- Berkshire
- Buckinghamshire
- Milton Keynes
- Oxfordshire

Grade

- Grade 1
- Grade 2
- Grade 3
- Grade 3 Monitored
- Grade 4

	Previous Period 01/10/2023 31/10/2023	Selected Period 01/10/2024 31/10/2024	Change
Incidents:	2,727	2,837	4%
Attended Incidents:	1,680	1,591	-5%
Attendance Rate:	62%	56%	-6%
Resources Attended:	5,631	3,003	-47%
Per attended incident:	3.4	1.9	-1.5
Travelling Time (TT) (in hours):	1,622	936	-42%
Avg TT per attended incident (in mins):	58	35	-23
Avg TT per attending unit (in mins):	17	19	1
At Scene Time (AST) (in hours):	6,151	3,689	-40%
Avg AST per attended incident (in mins):	220	139	-81
Avg AST per attending unit (in mins):	66	74	8



Phase 5 – Section 136 - live but not fully implemented

01/11/2023

31/10/2024

LPA	S136 Last year	S136 Current year	S136 % chng
Buckinghamshire	289	257	-11%
Milton Keynes	239	220	-8%
Oxfordshire	89	107	20%
Windsor and Maidenhead	97	99	2%
Slough	99	85	-14%
Oxford	117	84	-28%
South and Vale	110	80	-27%
Bracknell and Wokingham	70	70	0%
Reading	101	52	-49%
West Berkshire	18	30	67%
Out of Force	2	1	-50%
Total	1231	1085	-12%

RCRP Target – handover patient within 1 hour of arriving at HBPOS. (health based place of safety)

In 95% cases when at HBPOS we are handing over within an hour, can be as short as 15mins

However, issues with availability of HBPOS beds and delays waiting for ambulances to transport. Time delay is not once arriving at HBPOS.

If HBPOS not available default is to take patient to A&E.

Criticised by HMIC for allowing people to wait in police station until HBPOS became available – policy changed

Phase 6 – Conveyance – Reduce use of police vehicles for transportation of patients – live but not fully implemented

In comparison to some Forces TVP use police vehicles far less than other Forces for transportation of patients. SCAS used on average in 72% cases.

For Berkshire this ranges from 88% utilisation in Slough to 58% in Bracknell and Wokingham. Reading 63%, West Berks 77% and Windsor & Maidenhead 83%

It is the delays in waiting times that are the concern. Current MOU is 4hr response time in crisis situation.

NHS England procured mental health ambulances for use in the TVP area however, funding was only for the vehicles and local ICB's could not fund the staff required to utilise the vehicles. Work is ongoing to secure funding from alternative sources.

**** 28 Forces live with all phases, all Forces live with at least two phases****

Independent Office Police Complaints as at 06/11/24

12 x DSI (death/serious injury) following police contact referrals to IOPC - All reviewed and none warranted further investigation and no concerns raised with RCRP decision making

2 x public complaints 1 still live, 1 subject to an appeal by IOPC but IOPC upheld original decision of no case to answer

Next Steps

- Roll out to Under 18's – Decision already made as part of NPA (national partnership agreement) that U18's should be included. Likely go live in TVP Spring 2025. Given enhanced vulnerabilities and enhanced duties to protect children it is not anticipated that there will be any adverse impact and Police likely to still attend.
- Changes to Single online home platform to better direct users to most suitable agency (online contact with police forces)
- TVP to engage in Peer review with other Forces to share best practice/critical friend review
- Specific RCRP meetings and governance to morph back into existing Strategic MH Partnership meetings over next 6-9 months
- Mental health Police constables in new harm reduction units to drive RCRP principles across local command units
- Opportunities to review Street Triage provision

Any Questions?

- Chief Superintendent Emma Garside
- Emma.Garside@thamesvalley.police.uk
- Request a retrospective review of an RCRP decision
- rcrpincidentreviews@thamesvalley.police.uk
- Need to escalate concerns at time of call – ask for a control supervisor to review call handler decision at the time

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One Team

One new vision for
Berkshire's Mental Health



Update for Reading Health and Wellbeing Board



Project One Team Background

- Established in response to the Long-Term Plan and Community Mental Health Framework.
- Overall aim being development of a new and integrated model of primary and community mental health care for all adults with severe mental illness (SMI).

Key objectives at programme start up:

- Improve access and flow between community mental health services (CMHTs)
- Reduce boundaries and barriers between primary/secondary care/VCSE as well as those between existing secondary care services
- Reduce unwarranted variation across the six CMHTs and Older People's Mental Health Teams (OPMHs) within Berkshire Healthcare
- Improve patient and staff experience of using and delivering services

And to also:

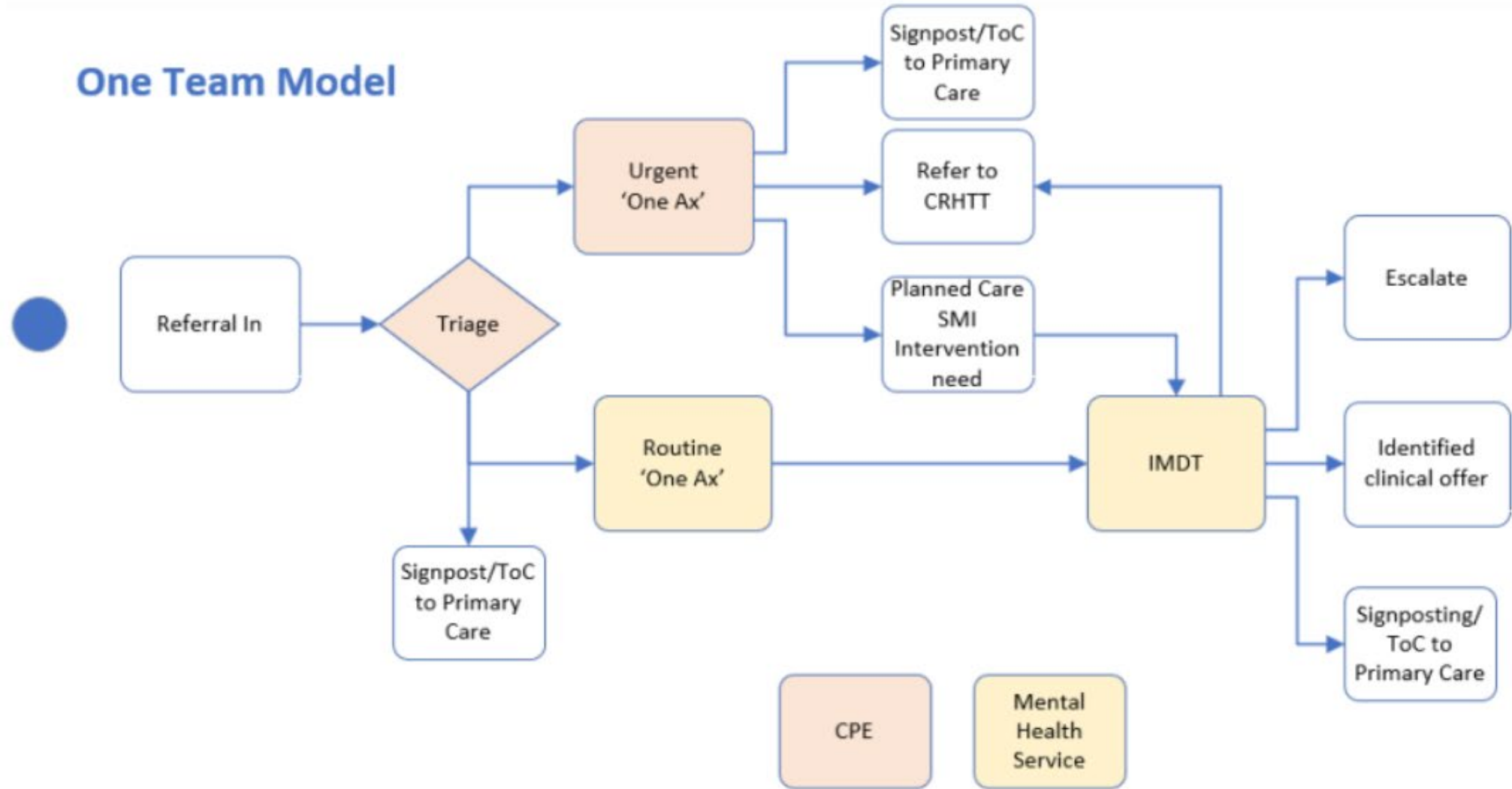
- Support delivery of the alternative to CPA (Care Programme Approach) project
- Support outcome measure CQUIN
- Share good practice
- Deliver a new risk assessment process which aligns with the One Assessment.
- Make full use of social prescribing functionality and access to available social capital.

Project One Team Objectives

We worked extensively with a range of stakeholders, including people with lived experience, patients and families/carers, voluntary and community groups (VCSE), health and social care partners and our staff. Following initial workshops, the programme set out to deliver a new model of care that would:

- Have clear points of entry that reduce multiple access points, referrals, triage and assessments and dissolve the primary and secondary care barriers (**Easy In**).
 - Facilitated through a new single triage form and a “one assessment” form and process supported and delivered by a fully integrated MDT at place. A single triage and assessment process will reduce waiting lists, reduce duplication and patients having to repeatedly tell their story and better meet the needs of the PLACE.
- Have a consistent offer that is clearly communicated with clear expectations of who will deliver, when and where (**Offer**).
 - This person-centred offer will include core, evidence-based/best practice interventions, and non-clinical provision such as peer and social support.
- Deliver planned end points and supported transitions that will improve patient flow and provide flexible step down with easy re-entry to services when required (**Easy Out**).
 - This will be facilitated through a collaborative inter-agency approach and the use of partner agencies to facilitate discharge.

One Team Model



The changes we have implemented so far



Place Teams

- The new One Assessment form is live and helps to identify SMI needs.
- Post assessment Multi-Disciplinary Teams (MDTs) for joint decision making and care planning including identifying the interventions recommended within the treatment offer have commenced.
- Additional Roles (ARRS) and Mental Health Integrated Care (MHICS) now meet jointly
- Teams are using the post assessment MDT and escalated MDT to discuss complex issues and risk not arising from a mental illness and how this is communicated to referrers with a clear rationale for the decision.
- Digital flow and process for stopping the clock in place (working towards the 28-day referral to care plan target)
- New approach to risk formulation and safety planning and how paired PROM's and SNOMED codes will now be used to monitor the interventions being used.
- Work has commenced with OPMH to focus on getting ready for new treatments and reducing variation in waits.
- MHICS are now working closer with primary care in facilitating the transfer of patients back to primary care – this is also supported by the new care passport
- (Crisis Response Home Treatment Team (CRHTT) are implementing One Assessment and pathway to place MDT and have launched gatekeeping formulation.

Clear and consistent treatment offer

We are implementing the recommended, evidence-based clinical offer for Significant Mental Illness (SMI) along with the social and wellbeing-focused interventions required to meet significant mental health needs. These include interventions offered by health care providers as well as voluntary and statutory organisations.

The changes we have implemented so far



CPE

- Planned assessments have moved to Place with changes to the triage process and the management of urgent and soon assessments.
- New mental health navigator roles are in place to follow up on patients not referred for assessment.
- Elemental is soft launching in Common Point of Entry (CPE) – this will improve the referral and feedback process for VCSE partners.
- ARRS are now working to support on the day demand in PCNs.

Psychological Network

The first phase of the psychology review is now implemented. A single Trust waiting list for all psychological therapies is now operational – providing oversight of numbers waiting and for what specific interventions. This will allow us to use of clinical resource across the trust and address unwarranted variation in waits.

Digital enablers and dashboards

Development of the digital enablers that underpin the operational changes are a substantial part of the programme and support will be required to the end of 2024/25. Work is currently in progress to implement SNoMed codes for stop the clock and evidencing the offer, care plan and named worker, Elemental will be rolled out by Dec 24. Passport builds and specialist form builds are also in progress. A formal review of Rio changes and new forms will be undertaken in October.

We have set down a clear plan of what we need to deliver – some elements constitute the “project” elements of the programme others will enable the transition to business as usual. These are summarised in the following tables:

The changes we have implemented so far



Easy Out

- Regular review for caseload cleansing as part of creating capacity for one team has transferred to business as usual – it has been renamed “Patient Flow Status Exchange” and will provide a regular 6 weekly cross locality view and enable intervention if build up occurs.
- Depot patients identified as suitable to transfer / with shared care GP arrangements are being supported to transfer safely. Ongoing need will either be absorbed into a wider Pharmacy project or within the patient flow status exchange (the depot passports will enable this further)
- Standard work for caseload monitoring as part of place MDT and supervision has been produced and circulated and has been incorporated into SOPS for One Team – will be maintained and reviewed by the community flow team.

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Let's Connect

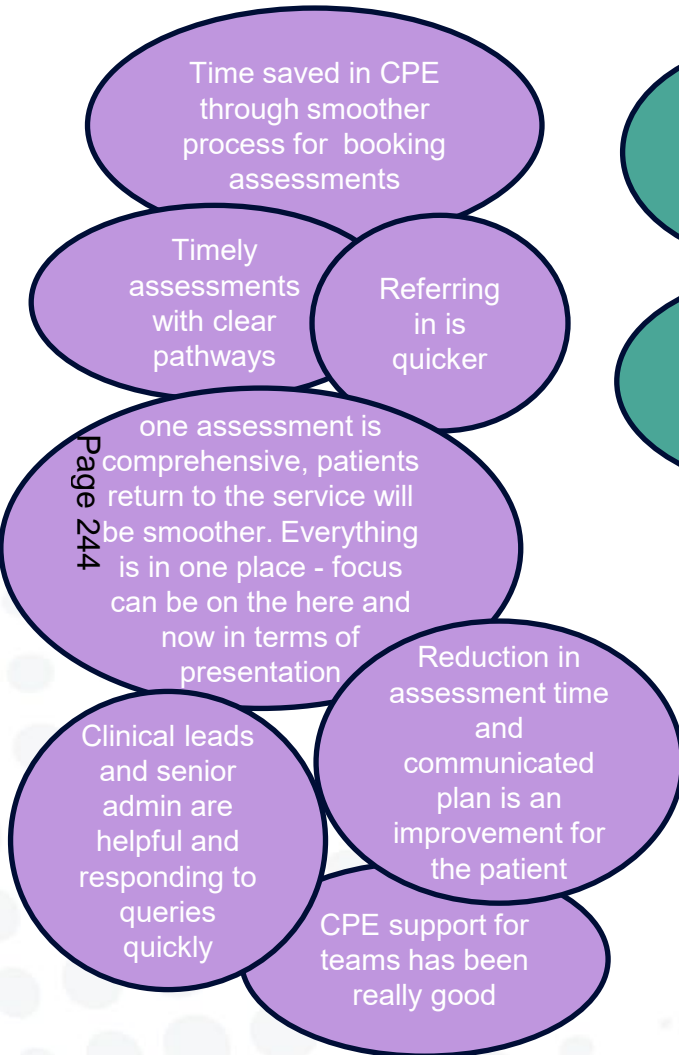
- Now Berkshire wide providing non-clinical social and 1:1 contact for the population of Berkshire – does not require a patient to be in treatment to access

Training and Workforce

- Interim leadership structure in place to support go-live, new leadership model will be fully implemented by March 25.
- Training Needs Analysis for the offers are complete and a detailed training and workforce plan is in development. Key elements of the plan are summarised on the next two slides:

What is going well (feedback from teams)

Easy in



Planned Care



RiO / Process



Workforce / Other



Transitioning to business as usual

- Remaining project elements to be completed by the end of December 2024.
- Transition will commence in December 2024 with a key focus on training & Development.

Transition to business as usual will include:

- Monitoring group in place from January 2025 (12 – 18 months) to oversee the transition and manage any risks.
- Regular reviews and adjusting of the model where required (PDSA cycles)
- Full roll out of offer pathways
- Ongoing development and implementation of the training plan.
- Focus on four key elements of the workforce plan:
 - New model for Duty
 - Clozapine pathway
 - Occupational Therapy service model
 - Implementation of the Elemental Social Prescribing System
- Waiting list review and merging of the MHICS/CMHT teams/internal referrals
- Continued digital transformation to support and embed the changes (inc. PDSA review of forms and processes)
- Completion of the OPMH Service Review
- Delivery of the patient portal project
- Continued networking events and briefings to support staff through the change period
- Formal project review and closure report (submission to Business, Finance & Strategy Executive June 25)

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Berkshire Healthcare Health Inequalities Strategy (Interim)

Working with our community to provide equitable and accessible health services for all.

2024 - 2026



Introduction

Thank you for taking the time to read our 2024/25 health inequalities strategy.

As a provider of mental and community health services, we are committed to ensuring that we are delivering equitable and accessible services that support people to achieve the best outcomes possible.

We recognise however that we can only do this by working better with our communities. This strategy therefore represents our commitment to working in partnership to co-produce a health inequalities strategy for 2026.

The following pages provide:

- The definition of health inequalities we are working to
- Data on our population health
- A picture of what we are already doing
- And our commitment to engagement with our communities and Voluntary and Community Sector Enterprises (VCSE) to build a new health inequalities strategy for 2026

We hope you find this interim strategy informative. We look forward to working with you on the current actions and building a new strategy for 2026.



For any comments and/or suggestions, please contact
Kathryn.macdermott@berkshire.nhs.uk

What are health inequalities

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups.

They are the result of a complex combination of environmental and social factors that affect the population of a local place or area.

These include the accessibility and quality of health and care services, individual behaviours and, most importantly, wider determinants such as housing and income.

This complexity gives rise to a number of lenses through which we may view health inequalities.

Inequalities can arise through the gap in health status and in access to health services between different groups, for example, those with different socioeconomic status or different ethnicity or populations in different geographical areas.

From a provider of community and mental health services, inequalities can manifest in various ways, such as uneven access to services, unequal availability of services and inconsistent experiences with services. All of these can lead to inequalities in outcomes.

Looking more holistically at health inequalities, differences in health reflect the differing social, environmental and economic conditions of local communities.

The most deprived places in Berkshire are Slough and Reading

There is a proven strong link between deprivation and health inequalities. People living in more deprived areas may have less access to healthy foods, safe places to exercise and preventive health services. They may also experience more stress, which can negatively impact on health. On average, people in the most deprived 10% of local places are expected to live a shorter life than those in the least deprived areas. They are also more likely to spend more of their life in poor health.

The Index of Multiple Deprivation (known as IMD), shown below is a measure of relative deprivation of an area across seven domains. The seven domains are income, employment, education, health, crime, access to housing and services, and the living environment.

Reading is the only place in Berkshire which has residents living in the highest area of deprivation. Slough is the only place with no areas of higher relative prosperity.

Places with high levels of income deprivation have higher rates of poor physical and mental health

All of the domains listed above can contribute to health inequalities, but income deprivation* is a significant factor. Areas with more income deprivation are more likely to have a range of health conditions, including serious mental illness, obesity, diabetes and learning disabilities.

Race and deprivation are also significant drivers of health inequalities

The largest racialised grouping in Berkshire identify as Asian or Asian British at 18.57% of the total Berkshire population.

Less than 20% of the Berkshire population that identify themselves as white live in the highest areas of deprivation while 40% of those identifying as Asian or Asian British and 44% of those identifying as Black or Black British live in the most deprived places.

The data tells us that Reading and Slough have the highest number of people from racialised communities living in these two areas and have the highest number of people from racialised communities living in the most deprived areas.

What the data is telling us

The data tells us that we have two significant places of income deprivation in Berkshire – Reading and Slough – but also pockets of income deprivation across the county. We know that people in areas of deprivation are more likely to lead shorter lives and experience less healthy lives. They are also more likely to encounter poorer outcomes, a poorer experience and barriers to accessing health services.

The data also tells us that children in Reading and Slough are more likely to live in areas of deprivation than children in other parts of the county. Children born in the most deprived areas will typically live shorter and less healthy lives. Slough and Reading have the highest number of children aged under 5 years.

More than 65% of the children under 5 in Slough and 47% of the children under 5 in Reading live in the most deprived areas of the boroughs.

There is evidence to show that children under 5 from more deprived backgrounds are more likely to attend A&E services, compared to older ages and those from the least deprived areas. Children that Did Not Attend (known as DNAs) or 'Was Not Brought' rates are higher for children in areas of higher deprivation². This means it is likely that these children will experience less healthy lives and possibly die sooner.

We also know from the data that a high proportion of the population living in areas of higher deprivation are from Culturally, Ethnically Diverse communities (otherwise known as racialised communities). In addition to the inequalities brought on by deprivation, these communities will face problems in accessing services due to language and cultural barriers and issues of racism within society and the NHS³.

We are committed to making the changes we can as a healthcare provider of community physical and mental health services across Berkshire for children, young people, adults and older adults.

Our Ambition

"We will reduce health inequalities by ensuring equitable access to our services and improving health outcomes for our most vulnerable patients and communities. We will address the wider determinants of health by looking at our day-to-day activities to see where we can generate wider social, economic and environmental benefits."

The Marmot framework...

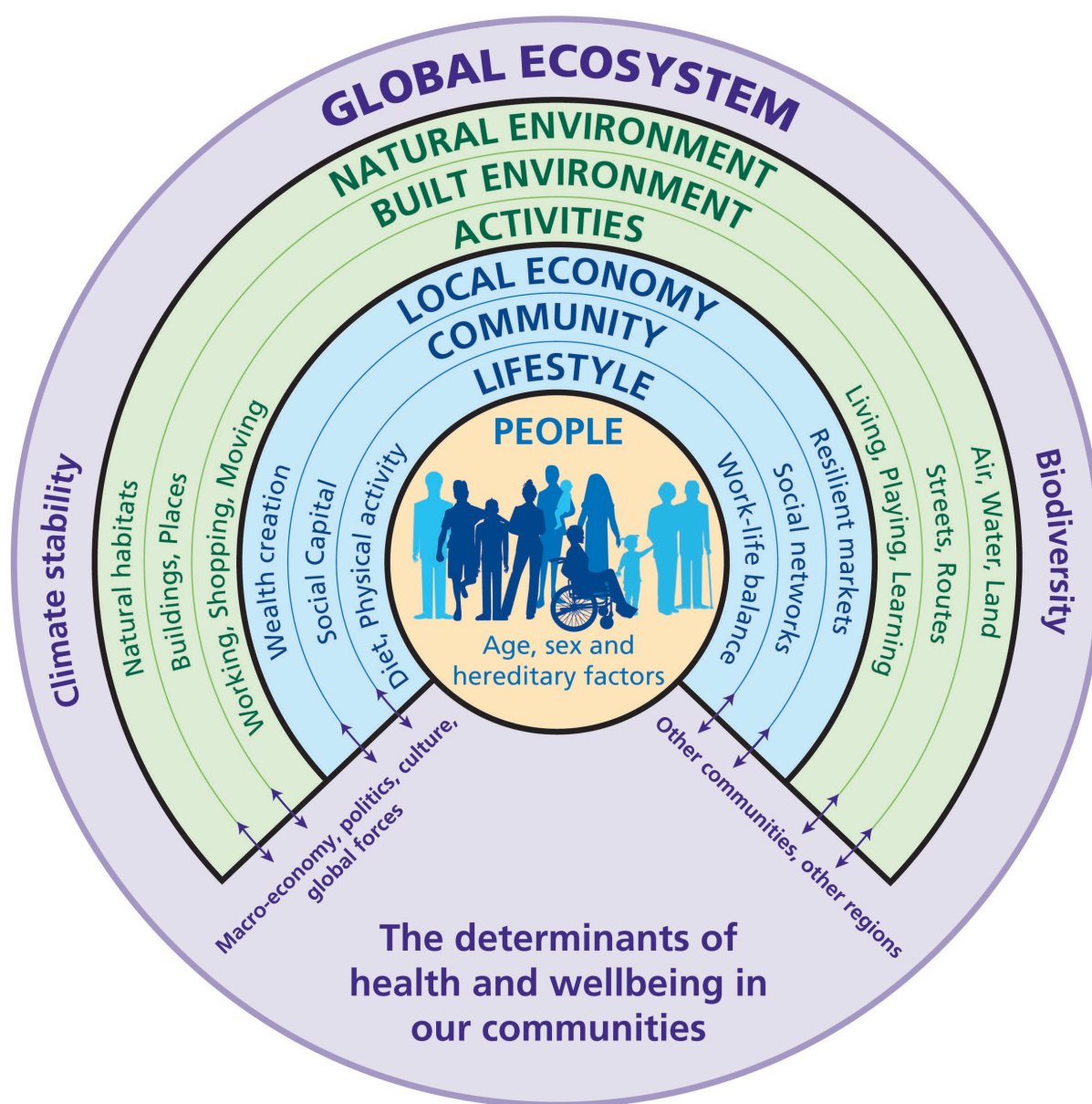
for reducing health inequalities

In 2010, **Professor Sir Michael Marmot** highlighted that poor health outcomes are not exclusively the result of genetics, personal health choices or the availability of medical treatment, despite the significance of these aspects, but differences in health reflect the differing social, environmental and economic conditions of local communities.

Professor Marmot set out eight principles for a fairer, healthier society:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle racism and its outcomes*
8. Tackle climate change and health equity in unison*

The image below is typically used to illustrate the various layers that impact on our health and wellbeing.



We recognise that as a Trust our primary area of influence in reducing health inequalities is around ensuring equitable availability, outcomes and experience of the services we provide. However, we also recognise that up to 80% of health inequalities are linked to the wider determinants of health. We have developed our anti-racist strategy and are exploring plans to address inequalities through some of our day-to-day activities, such as developing more inclusive recruitment practices to address this.

The Government and Department of Health and Social Care have a national drive on reducing health inequalities through the CORE20+5 framework. The approach targets nationally known inequality areas and allows the local NHS to add 5 key local health inequality areas (the plus 5 areas). Berkshire Healthcare NHS Foundation Trust has an important role to play in contributing to these nationally defined areas and local plus 5 areas, but we have also set some Berkshire Healthcare NHS Foundation Trust priorities based on our data.

Our strategy to reduce health inequalities has three elements

Area of focus	Why is this important?
<p>Focussing on outcomes, access and experience of our services: focussing specifically on the variation in any of those three experiences by racialised groups and/or those from areas of income deprivation.</p>	<p>From a healthcare provider perspective, inequalities can manifest in various ways, such as uneven access to services, unequal availability of services and inconsistent experiences with services. All of these can lead to inequalities in health outcomes.</p> <p>As an organisation committed to anti-racism is it important that we understand the impact of structural racism on the way our community access and experience our services.</p>
<p>Understanding the needs of our communities: co-produce our reducing health inequalities strategy, building the trust and resilience of our local communities to positively impact on health inequalities in Berkshire.</p>	<p>By actively involving communities in a process of co-production (and in particular communities we don't usually hear from because we don't engage in a way that empowers them to engage with us), Berkshire Healthcare NHS Foundation Trust will be better placed to provide services that meet the needs of the whole population.</p>
<p>Addressing the social determinants of health by generating social value through our core functions.</p> <p>Efforts to create social value are closely linked with efforts to address health inequalities.</p> <p>We are already undertaking activities to enhance our social value, such as the focus of school outreach in areas of deprivation and the creation of the award-winning gardens in West Berks Community hospital.</p>	<p>Many inequalities in health outcomes are a result of inequalities in the wider determinants of health, such as housing, employment and other social, economic and environment factors. We are one of the largest employers in Berkshire. By focusing on social value, we can effectively tackle the social determinants of health.</p>

What we're already doing?

We have a programme of work focussed on Mental Health Act (MHA) detentions.

Recent data analysis shows that black individuals are 2.43 times more likely to be detained under the Mental Health Act than white individuals. In addition, there is significant variation across localities. Depending on which locality a black individual resides in, they may be significantly more/less likely to be detained under the MHA. (For example, black individuals in the Royal borough of Windsor and Maidenhead are 2.99 times more likely to be detained. In Bracknell Forest, they are 2.95 times more likely, in Wokingham 2.7 times, and in Slough 1.07 times.

The Berkshire Healthcare **Quality Improvement (QI) approach to reducing health inequalities.**

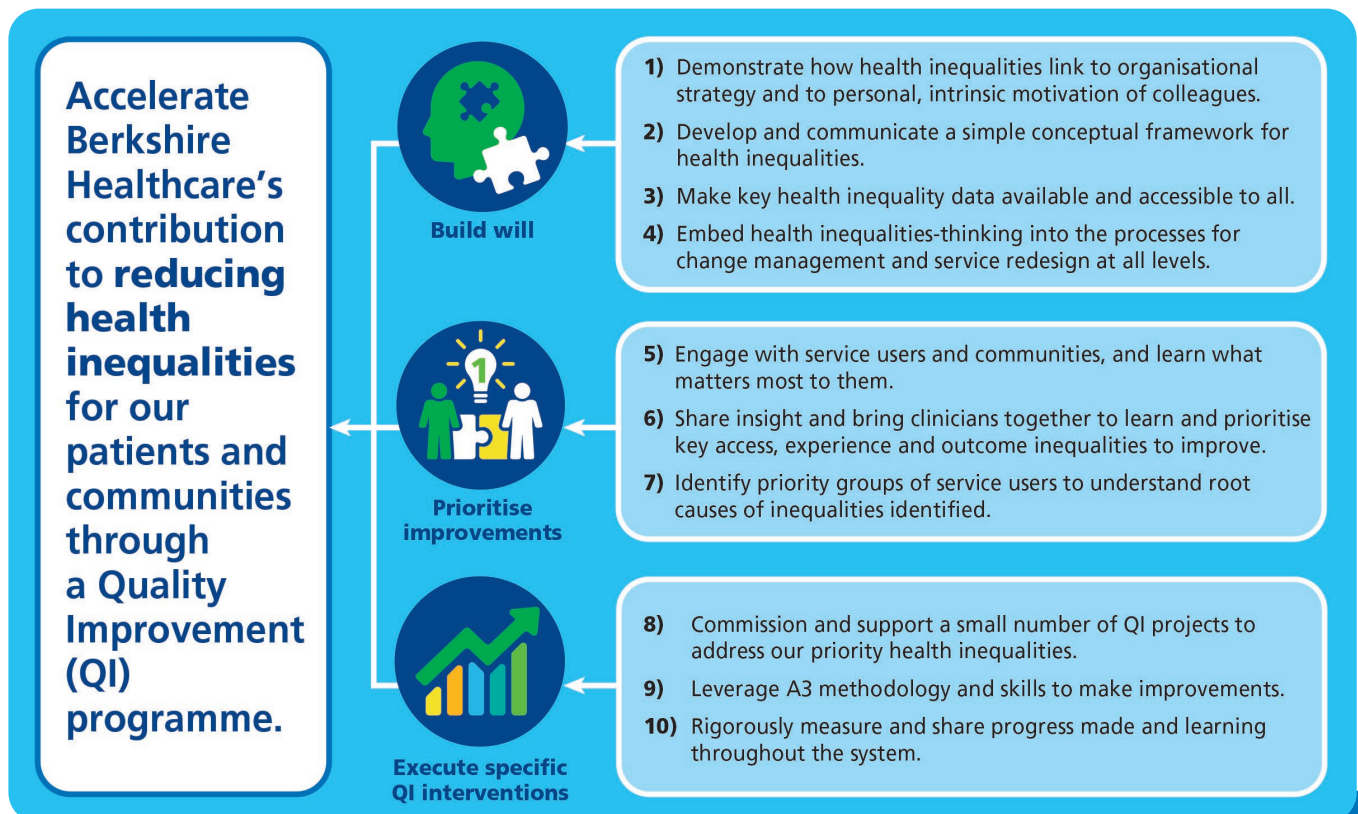
In 2017, the Trust decided to introduce a quality improvement programme into all its services. We adopted a proven way of working and it has been successfully used in many areas of work, as well as being instrumental in changing our services.

The Berkshire Healthcare board asked the quality improvement team to implement an approach to addressing our health inequalities. We are leading the way nationally in doing this.

We looked at the data that told us which population groups are most likely to be most in need, and those that may experience barriers to healthcare.

Having the data that sets out the inequalities and challenges, we then set about 'building will' within the Trust. We asked each team to build into their plan one page that sets out what they can do to contribute to reducing health inequalities.

Using the data we had, we held a health inequalities prioritisation workshop in September 2024 and prioritised the following six QI programmes of work.



The QI initiatives currently cover:

1. Improving physical health outcomes for people with severe mental illness (SMI)
2. Reducing DNAs for our physical health services for people from racialised communities
3. Improving access to Talking Therapies for people from culturally and ethnically diverse backgrounds
4. Improving Health Visiting contacts in Reading
5. Reducing suicide for people with autism
6. Improving access to child and adolescent mental health services (CAMHS) early help services for young people in Slough
7. Improving physical health outcomes for people with learning disabilities

Social value

Addressing inequality by generating social value in our activities

Social value initiatives can tackle health inequalities by addressing the underlying social factors that influence our health.

By enhancing social value, we positively influence critical factors such as access to education, employment opportunities, social networks and overall well-being. The following factors show social value actions that could be taken mapped against the key social determinants of health areas for action as recommended in the Marmot Review.

Addressing inequality by generating social value in our activities

Marmot policy objective	How we contribute
<p>Enable all people to have control over their lives and maximise their capabilities.</p>	<p>Skill development programmes; Training and apprenticeships; Working with schools and young people, including curriculum support and careers.</p> <p>Widening the net on apprenticeships.</p>
<p>Create fair employment and good work for all.</p>	<p>Employ local residents (in local labour market); Reduce unemployment through targeted recruitment; Employment of particular groups, for example, ex-offenders and those with long-term health conditions.</p> <p>Defining inclusive recruitment.</p>
<p>Ensure a healthy standard of living (income) for all.</p>	<p>Pay living wage.</p>
<p>Create and develop healthy and sustainable places and communities.</p>	<p>Environmental improvements, including recycling, carbon reduction, energy efficiency and waste reduction; Stimulating demand for environmentally-friendly goods, services and works; Safety and anti-social behaviour projects; Community centres and hubs</p> <p>Addressing social value through procurement.</p>
<p>Strengthen the role and impact of ill-health prevention.</p>	<p>Reduce sick absence of employees through improved health and wellbeing support.</p>
<p>Tackle, discrimination, racism and their outcomes.</p>	<p>Delivering our anti-racism strategy</p>

Building the 2026 health inequalities strategy

Building the 2026 health inequalities strategy

The draft Berkshire Healthcare NHS Foundation Trust health inequalities strategy has been shared in several forums. Two important forums have been the Berkshire Healthcare NHS Foundation Trust and Berkshire VCSE Partnership Conference in April, and the Health Innovation Partnership event on tackling Health Inequalities in May 2023.

A very clear message from both events was the desire from community and VCSE partners to be better engaged and involved in the design and delivery of the Berkshire Healthcare NHS Foundation Trust health inequalities strategy.

This is an exciting and positive challenge. This strategy therefore presents the current work and plans for the next 12 to 18 months, which will include active engagement with our communities and VCSE to ensure that the health inequalities strategy for 2026 is genuinely more co-produced.

This represents a new way of working for Berkshire Healthcare NHS Foundation Trust. It aligns positively with the work we are taking forward under the anti-racism strategy and the patient and carer race equality framework (PCREF). We are currently working with our VCSE forums to understand how best we can engage in a sustainable way from now on.

We have made a commitment to engage our communities and VCSE in developing a health inequalities strategy for 2026 through co-production.

This will be a new way of working for us, but it builds on many existing but separate examples of engagement in Berkshire Healthcare NHS Foundation Trust.

We are currently working with our VCSE forums to understand how best we can build sustainable engagement that support the health inequalities and anti-racism commitments within the Trust.

Moving forward, we will take an integrated approach to health inequalities, equalities, diversity and inclusion, and the social value contribution Berkshire Healthcare NHS Foundation Trust can make.

Our engagement plans

Identifying inequalities through community engagement is not a one-off process. It requires an ongoing process of relationship building, consultation and prioritisation.

We will develop a model of consultation with community and VCSE members to define and prioritise health inequality projects to be taken forward as part of developing a health inequalities strategy for 2026.



We will be polite and kind and we expect you to treat our staff in the same way. We will take action against anyone who is verbally, racially, physically or sexually abusive, including stopping access to our services.



READING HEALTH AND WELLBEING BOARD

Date of Meeting	17 January 2024
Title	Reading Pharmaceutical Needs Assessment
Purpose of the report	To make a decision
Report author	Dr Matthew Pearce Zoe Campbell
Job title	Director of Public Health
Organisation	Reading Borough Council and Healthy Dialogues
Recommendations	<ol style="list-style-type: none"> 1. That the proposed process for developing the Reading PNA is noted. 2. That you agree that the Director of Public Health will take responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner. 3. That the decision to approve the consultation draft version of the PNA be delegated to the Director of Public Health in consultation with the Steering Group.

1. Executive Summary

- 1.1. This report outlines the methodology for developing the Reading Pharmaceutical Needs Assessment (PNA) and seeks approval for the proposed oversight and sign-off arrangements.
- 1.2. Appendix A: Reading Pharmaceutical Needs Assessment Project Plan

2. Policy Context

- 2.1. Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations), set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development.
- 2.2. The current version of the Reading PNA was adopted in September 2022 and expires at the end of September 2025. This report describes how the PNA will be updated.

3. The Proposal

- 3.1. It is proposed that the Board nominates the Director of Public Health to take overall responsibility for ensuring the PNA meets the regulatory requirements and is published in a timely manner. This is the logical choice, since the Public Health Team has procured the consultant Healthy Dialogues to develop the PNA.
- 3.2. It is proposed to delegate approval of the consultation draft PNA to the Director of Public Health, in consultation with the Steering Group, since meetings of the Steering Group could more easily be convened at short notice than meetings of the Health and Wellbeing Board.
- 3.3. There are eight key stages to developing a PNA. These are set out below with details of how it is proposed these will be progressed in Reading, reflecting government guidance

provided in the Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards.

3.4. Stage 1 – Governance

3.5. The Board has a statutory duty to produce and publish its next PNA by the end of September 2025, so it is important that sufficient resources are identified and that there is Board level support for the development of the document, with a named Board member taking overall responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner.

3.6. Due to the serious consequences of not following due process in developing the PNA, the guidance recommends that this is captured in the Council's risk register. (This has been flagged with the Council's Performance Research & Consultation Manager.)

3.7. The guidance strongly recommends that a steering group is established to support the process. Officers are exploring whether a steering group can be convened at the Buckinghamshire, Oxfordshire and Berkshire West (BOB) level. This would include representation from:

- Each of the local authority public health teams
- Each of the local authority comms and engagement teams
- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC) (for those local authorities with dispensing practices)
- Each of the Healthwatch services
- The Integrated Care Board (ICB)

3.8. The benefits of this include:

- Opportunities to share learning and best practice between the local authorities
- Achieving a consistency of approach across the BOB ICB area
- Minimising the number of meetings for key partners, such as the LPC, LMC and ICB representatives

3.9. The Steering Group is responsible for agreeing the following:

- The project timeline
- How areas will be split up into localities
- The content of questionnaires for contractors/dispensing doctors
- The content of the public engagement questionnaire, how it will be made available, and any other ways of engaging with the public
- The structure of the document

3.10. Although it is proposed to have a common Steering Group across BOB, each local authority must develop its own LPA. Reading and West Berkshire have undertaken a joint procurement exercise and have appointed Healthy Dialogues to progress their LPAs. A separate Task Group is being set up to oversee this work. This will have regular meetings in between Steering Group meetings. A draft project timeline is included in Appendix A. If it is not feasible to have a BOB Steering Group, then membership of the Task Group will be expanded, and it will act as the Steering Group.

3.11. Stage 2 – Gathering of Health and Demographic Data

3.12. Data can mostly be supplied by the Public Health Team, but input will also be sought from other Council departments, including Highways and Planning for information on known housing developments, regeneration projects or transport developments that are current or will occur within the lifetime of the PNA.

3.13. Stage 3 - Pharmaceutical Services Information

3.14. Much of the information on the provision of local pharmaceutical services can be sourced from the NHS Business Services Authority website, with supplementary information

obtained from NHS England. However, some information can only be gathered directly from contractors via questionnaires (see below).

3.15. Stage 4 - Public and Contractor Engagement

3.16. Whilst not required by the regulations, the guidance strongly recommends that the views of the public are gathered to allow testing of assumptions around how and where people access services. It is proposed to run public surveys between January and March 2025 (although timescales may change to harmonise with the timescales of the other local authorities and Steering Group meetings).

3.17. Also, it is proposed to run the survey of pharmaceutical contractors and dispensing doctors in parallel with the public surveys.

3.18. Stage 5 - Analysis and Drafting

3.19. Drafting of the PNA will take place as the required data and information is gathered. A checklist of the statements that must be included will be produced in order to ensure the document meets the requirements of the 2013 Regulations.

3.20. Stage 6 - Consultation Draft PNA Review and Sign-Off

3.21. Once the data analysis and drafting of the PNA are complete, the Steering Group will then need to: review the draft document, identify any gaps in provision that currently exist or that will arise within the three-year lifetime of the PNA, and articulate these as needs for, or improvements or better access to, a pharmaceutical service or services. The consultation draft PNA will then be produced for sign-off. The guidance indicates that the Health and Wellbeing Board may delegate sign-off to the Steering Group.

3.22. Stage 7 - Consultation

3.23. The Health and Wellbeing Board must consult certain organisations on the contents of the PNA at least once, and that consultation must run for a minimum period of 60 days. It is proposed to run the consultation between May and July 2025 (although timescales may change to harmonise with the timescales of the other local authorities and Steering Group meetings).

3.24. Review, Sign-Off and Publication

3.25. A report on the consultation must be included in the final version of the PNA. The Steering Group will need to review the consultation responses and agree what, if any, changes are to be made to the document.

3.26. Once the document is finalised it will then need to be signed-off by the Health and Wellbeing Board and published. The PNA will be published on the Reading Observatory website, but a link to that site will be included on the Council's own website, as the Health and Wellbeing Board is under a duty to ensure that NHS England has access to the document and any supplementary statements that are included alongside it.

3.27. Options Considered

3.28. The Board could nominate any of its members to take overall responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner.

3.29. The Board could choose to discharge the responsibility to approve the consultation draft PNA, or delegate it to the Director of Public Health in consultation with the Steering Group.

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

4.1. The PNA's aims contribute to the Berkshire West Health and Wellbeing Strategy (2021-2030), by contributing to the following priority:

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

- 4.2. The PNA will support this by offering commissioners insights regarding the availability of health promoting services based in pharmacies and this may influence commissioning that supports individuals to live healthier lives.

5. Environmental and Climate Implications

- 5.1. There are no environmental or climate implications arising from the decision, because the needs assessment does not indicate any changes that would impact on environmental or climate hazards positively or negatively.

6. Community Engagement

- 6.1. The PNA will be published for the statutory 60 day consultation on Reading Council's website, used to inform the assessment of pharmaceutical needs. See 3.15 – 3.23.

7. Equality Implications

- 7.1. An Equality Impact Assessment (EIA) is not relevant to the decision as the PNA has not identified any inequitable needs affecting the protected characteristics groups; these were assessed via a public survey to assess need including analysis of responses from these groups. An engagement plan will be prepared to help target the survey to groups the local Healthwatch, public health and communications teams identified as being priority groups to access responses from in the context of a PNA.

8. Other Relevant Considerations

- 8.1. Not applicable.

9. Legal Implications

- 9.1. The HWBB have a statutory responsibility to refresh the PNA and publish it by 1st October 2025.

10. Financial Implications

- 10.1. Not applicable.

11. Timetable for Implementation

- 11.1. See Appendix A.

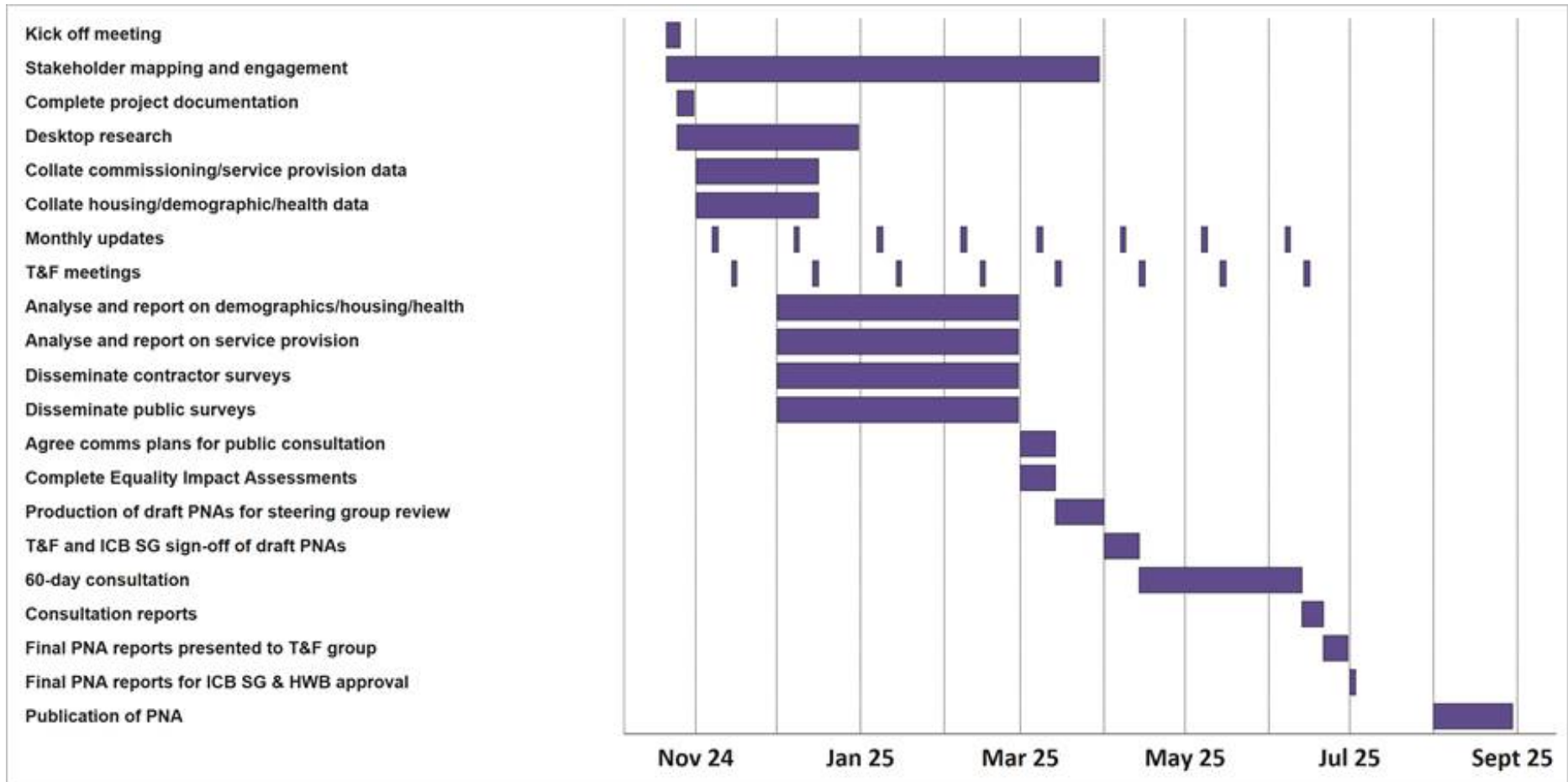
12. Background Papers

- 12.1. There are none.

Appendices

Appendix A: Reading Pharmaceutical Needs Assessment Project Plan

Appendix A: Proposed Timeline for Producing the West Berkshire and Reading Pharmaceutical Needs Assessment



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Health and Wellbeing Board Briefing Note November 2024

BOB ICB Board Meeting

BOB ICB Operating Model

BOB System Planning

Change NHS – 10 Year Plan

BOB Primary Care Strategy

Winter vaccinations

BOB ICB Board meetings

The most recent BOB ICB Board meeting took place on 19 November 2024. The papers can be found on the [BOB ICB website](#) .

The [Month 6 Finance Report](#) provides details of the ICB and system financial position.

The next Board meeting will take place on 14 January 2025. Please see the website for papers.

BOB ICB Change Programme

BOB ICB is now in the implementation phase of its Change Programme and over the next three months we will transition to new working arrangements to implement our new [Operating Model](#).

The work we have done will allow the ICB to:

- focus on what we are uniquely placed to do as a system leadership organisation
- deliver our core functions effectively and efficiently
- build the right culture and behaviours to work well across our teams and in collaboration with all our partners.

The ICB, in line with national policy, is committed to Place development, Place partnerships and over time, the delegation of responsibilities to Place for service delivery, allocating and managing resource, as the local partnerships mature.

As part of the operating model, a named member of the ICB executive team will have responsibility for strengthening relationships and collaboration between the ICB and each Place Partnership. This will create a direct connection between each place and the ICB Board.

The Director of Place and Communities will be responsible for overseeing and leading the ICB's activity at place including budgets and resourcing, supported by three place focused Associate Directors and the relevant joint commissioning leads. This approach aims to provide consistent and balanced support across our place partnerships.

BOB System Planning

Each year, the ICB and NHS Trusts go through an annual planning cycle, to set budgets, plan and prioritise activities and investments, as we seek to meet national standards and priorities across our organisations.

To support this, the ICB and NHS Trusts are required to submit specific operational and financial information to NHS England as part of the nationally co-ordinated NHS planning process.

As a system, we committed to learn from how we conducted this planning process last year and to identify opportunities for improvement. During July and August 2024, the NHS organisations in the BOB system undertook a structured review of the 2024/2025 planning round and identified a number of areas for improvement.

The core principles for our 2025/26 planning approach focus on moving the system towards breakeven, which we will seek to balance with quality and performance, agreeing as a system how best to do this. We recognise that this may require difficult decisions and trade-offs in the short term, while we build our longer-term shared strategic direction and new commissioning approach.

The ICB Board has also published its aim and ambitions for longer term system planning of services for the next three five and 10 years.

[The full report is available on the BOB ICB website.](#)

Change NHS – the 10 Year Plan

National public engagement on the Government's 10 Year Plan for the NHS was launched in October. The ICB has already promoted the new Change NHS through distribution of a media release, social media, on our website and information is available on how to get involved through [YourVoice](#) – our engagement portal.

A number of regional public events are taking place throughout the country and the South East event takes place in Folkestone on 1 December in Folkestone. Similarly, there will be NHS workforce events in each ICB area. The BOB event is on 25 February with invitations to a wide range of NHS employees across our geography.

The NHS national communications team have also developed a 'workshop in a box' for colleagues across the NHS to use locally with communities and staff. This was released to supplement the national work with local workshops. BOB ICB aims to run at least six 'local' workshops, focussing on Core20plus audience and disadvantaged communities.

In addition, we will run two workshop sessions across the ICB for staff in the New Year.

All feedback from our engagement work over the coming months will be channelled through to the national team but we will use the insight, along with that already gathered over the past two years, to inform the system planning process (see above).

BOB Primary Care Strategy

The BOB Primary Care Strategy sets out details of the ambition for a new model of primary and community-based care to streamline access, provide continuity of care for those with complex conditions and focus more on prevention.

In May 2024, the ICB Board ratified the final Primary Care Strategy and as the NHS reviews the 'left shift' of care into the community and addressing inequalities, the Primary Care Strategy will be key to delivering on that ambition.

A detailed update on the implementation of the strategy can be found in [the ICB Board papers](#).

The report provides examples of work already being undertaken such as:

- Access to primary care, with two examples in Berkshire West
- Integrated Neighbourhood Teams in Buckinghamshire and Oxfordshire
- CVD prevention work with dentists across BOB.

Winter vaccinations

The winter COVID and flu vaccination programme is progressing across our system. We have good coverage of flu and COVID vaccination clinics across BOB, including targeted support for those most at risk communities. We would particularly highlight the work Buckinghamshire Healthcare NHS Trust with their 'van on the move' which is focusing on increasing uptake of vaccinations in our women. We are also pleased that 43% of the eligible population who have been invited to get a vaccination for the respiratory syncytial virus (RSV) have received their vaccinations. All these vaccination efforts are a key component of our winter wellbeing programme.

The ICB's online Winter Health Hub [Winter health hub - Stay Well \(staywell-bob.nhs.uk\)](https://staywell-bob.nhs.uk) has information on seasonal vaccinations, NHS Choices, respiratory conditions and other topics, and is a one stop shop for all our winter advice and support.

Same Day Urgent Access Services

Building on work undertaken throughout 2024/25, a procurement exercise has commenced to establish a further pilot service which will be operational from 1 July 2025. The pilot will build on existing work and same day access services which have been operating in Reading in recent years.

The current Reading Urgent Care Centre (UCC) pilot will continue to run until the end of Q1 25/26. This service sees approximately 75 patients per day and is located in the Broad Street Mall in Reading. It is supported by an interim service based at Royal Berkshire Hospital Emergency Department (RBH ED) which has been introduced to reduce the

number of 'DNAs' (Did Not Attend) from emergency patients redirected to the UCC and to aid the transition to the new same day access model which will launch on 1 July.

Since the launch of the interim service at RBH ED, we have seen that approximately 8-9% of attendances at the emergency department have been able to be streamed into the new service to access appropriate, primary care-led care and, with appointments in the interim service now available to local GPs to book, we are seeing further growth in the number of patients seen per day.

The procurement exercise will run throughout January and February and the ICB anticipates awarding a contract in early March to allow a three-month period in which we can work closely with the successful provider to mobilise the service in readiness for 1 July. This will enable us to provide a consistent 10am-10pm GP-led service seven days per week to continue to meet the needs of our population requiring primary care services, but also improve the level of support available to the emergency department. Up to 120 appointments will be available per day and the service will be a mix of booked appointments (booked by GPs, by the emergency department and by 111) and walk-in appointments. This will continue to enable us to offer a service for all patients, including those who are not registered with a GP and/or or who are from outside of our ICB geography (*currently circa 10 patients/day in total*). As part of the procurement process, we are establishing a communications plan and strategy as we strive to balance publicity of the service with supporting patients to manage minor illness through self-care and alternative services such as Pharmacy First, as well as by accessing core primary care services.



READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	17th Jan 2024		
REPORT TITLE:	READING'S ARMED FORCES COVENANT AND ACTION PLAN		
REPORT AUTHOR:	Jill Marston	TEL:	72699
JOB TITLE:	Senior Policy Officer	E-MAIL:	Jill.marston@reading.gov.uk
ORGANISATION:	Reading Borough Council		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.2 This report presents an annual update on progress against the actions outlined in the Armed Forces Covenant Action Plan, in particular the health-related actions, and on the general development of the Armed Forces Covenant.
- 1.3 Appendix A – Armed Forces Covenant Action Plan.

2. RECOMMENDED ACTION

- 2.1 To note the progress against the actions set out in the Reading Armed Forces Covenant Action Plan (appendix A), in particular the section on Health and Wellbeing.

3. POLICY CONTEXT

- 3.1 In 2011, the Government published the Armed Forces Covenant, as a tri-Service document which expresses the enduring, general principles that should govern the relationship between the Nation, the Government and the Armed Forces community.
- 3.2 The Covenant also enables service providers to go beyond the national commitments. It allows for measures to be put in place at a local level to support the Armed Forces and encourages local communities to develop a relationship with the Service community in their area.
- 3.3 As part of the Armed Forces Act 2021, the Government has introduced a new duty on public service providers to take due regard of the Armed Forces community when writing policy and making decisions in implementing that policy in relation to healthcare, education, and housing.

4. THE PROPOSAL

Background

- 4.1 The aims of the Armed Forces Covenant are to:
 - encourage local communities to support the Armed Forces community in their areas
 - nurture public understanding and awareness amongst the public of issues affecting the Armed Forces community
 - recognise and remember the sacrifices faced by the Armed Forces community

- encourage activities which help to integrate the Armed Forces community into local life
- to encourage the Armed Forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

4.2 The Reading Armed Forces Covenant was launched in July 2012, signed by 7 Rifles on behalf of the Armed Forces and a range of other key partners.

4.3 Reading doesn't have a large military 'footprint', with no regular forces stationed in the town. However, Brock Barracks is the headquarters for the Territorial Army unit 7th Battalion The Rifles, and Reading is home to a large ex-Gurkha community. Reading's Armed Forces Covenant therefore focuses on Veterans and Reservists and aims to be proportionate in its scope to the size of the Armed Forces community in Reading.

4.4 The new pan-Berks Civil Military Partnership was officially launched in July 2022 and meets on a six monthly basis. The aim of the partnership is to bring about economies of scale, with shared action plans and joint initiatives, such as joint events for Armed Forces Week, joint MoD covenant grants, as well as wider but more focused support from the military. The last meeting was in September 2024.

4.5 The Reading Armed Forces Partnership Board continues to meet at the local level for information exchange and networking. Partners continue to report that the meeting is valuable.

Update on the Covenant Action Plan

4.6 Progress to date against the actions in the Action Plan is shown in Appendix A.

4.7 The Action Plan includes a section on health and wellbeing with the following actions:

- Feedback and input to the Health and Wellbeing Board
- Devise protocol for GPs to register Veteran status
- Raise awareness of and signpost to Veteran's Mental Health Service for the South Central region
- Development of a leaflet on accessing health services to be translated into Nepalese
- Develop and promote a discount scheme for serving personnel for arts and leisure facilities in Reading
- Consolidation of appropriate contact/ support lists in order to provide better signposting

4.8 In particular, re GPs recording Veteran status, the latest update is as follows:

- 8 practices have accredited since the last update.
- All Primary Care Networks in Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) area now have at least 1 accredited practice.
- 113 practices (72.9%) are accredited; 42 left to accredit. This places BOB ICB 1/6 ICBs in SE Region and 20/42 across all NHSE ICBs
- 2 ICBs now have all their practices accredited
- As at Census 2021 there are 12545 Veterans registered as living in the catchment areas of the unaccredited practices, which is 21.4% of total BOB ICB Veteran population

4.9 The Royal Berkshire NHS Foundation Trust has:

- Continued to build relations with partners in the local community and has delivered joint events during the year for those in the Armed Forces and Veterans – for example, they offered health checks on a promotional health bus parked in the City Centre. This was in collaboration with Op Courage and Berkshire Healthcare Foundation Trust and Brock Barracks.

- Continued to support our local Gurkha community – they continue to offer them regular health check sessions on a monthly basis in their community hub, as well as providing large health promotion events to over 150 Gurkhas. The most recent one was on dementia and cancer red flags.
- Continued to build their internal networks through their Staff Forces Forum which is aimed at those with links to the Armed Forces or who are passionate about supporting patients and staff who are. In a recent review of the Forum, staff were keen to build on the work which had already done and agreed to share actions to build the Forum. For example, building more of a Teams network, creating pages on the staff intranet and building time in Forums for staff to provide support to each other.
- Continued to support special events in support of the Armed Forces, for example holding services in their Chapel for Remembrance Service attended by staff and community partners.
- Started work to revise their Reservist policy and to broaden it to become an Armed Forces policy. This should encompass more staff involved in the Armed Forces and ensure none of them are disadvantaged.

Covenant Grant Fund Trust

- 4.10 The national Covenant grant fund was launched in 2015 by the Ministry for Defence, with £10 million available every year. Since April 2018, the fund has become the independent Armed Forces Covenant Fund Trust and makes grants to support members of the Armed Forces community.
- 4.11 The 'Force for Change' programme awards individual grants of up to £10,000 for community projects designed to reduce isolation and promote integration and to support post-Covid recovery in local Armed Forces communities affected by isolation. In 2022, 28 grants were awarded, worth £268,149. Current open programmes can be found [here](#).

5.0 CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

- 5.1 The work on the Armed Forces covenant is in line with the overall direction of the Reading Health and Wellbeing Strategy and contributes to a number of the Strategy's eight priorities, including the following as they relate to the Veteran community, through strengthening the support provided to Veterans and service leavers:
1. Supporting people to make healthy lifestyle choices
 2. Reducing loneliness and social isolation
 3. Reducing deaths by suicide
 4. Reducing the amount of alcohol people drink to safe levels
- 5.2 The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal addresses these by providing support to the Armed Forces community and their families, including Veterans.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

- 6.1 Two of the key aims of the Armed Forces Community Covenant are to:
- encourage local communities to support the armed forces community in their areas
 - encourage the armed forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

7. EQUALITY IMPACT ASSESSMENT

- 7.1 The covenant is intended as a vehicle for partners across Reading to help enable Veterans or Reservists to access health services, particularly mental health services, training and employment opportunities.

8. LEGAL IMPLICATIONS

- 8.1 The general power of competence, introduced as part of the Localism Act 2011, replaces the well-being power from February 2012. The Act gives local authorities the power to do anything which an individual generally may do, which they consider is likely to be of benefit (directly or indirectly) to the whole or any part of their area. It therefore gives local authorities the power to do anything they want, so long as it is not prohibited by other legislation.
- 8.2 The new legal duty to be due regard to the Armed Forces community is discussed at 4.5.

9. FINANCIAL IMPLICATIONS

- 9.1 £30m of central government funding was allocated over four years to 2014/15 to financially support Community Covenant projects at the local level which strengthen the ties or the mutual understanding between members of the armed forces community and the wider community in which they live. Reading submitted bids in three bidding rounds. £10m per annum was made available in perpetuity from 2015/16 onwards through the new Armed Forces Covenant Trust Fund.

10. BACKGROUND PAPERS

- 10.1 Armed Forces Covenant Fund www.covenantfund.org.uk

**READING ARMED FORCES COMMUNITY COVENANT
ACTION PLAN NOV 2024¹**

The Armed Forces Community Covenant's key objectives:

Recognise, Remember, Integrate and Support

Armed Forces community comprises serving personnel (regular and reserves) and their dependants; and veterans and their dependants.

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 25
HEALTH AND WELLBEING - <i>To ensure that the wellbeing of the Armed Forces community is not undermined by the nature of service life</i>				
Recognise: <i>Map and identify veterans status and represent special requirements of Armed Forces community in order to allow NHS to meet needs</i>				
1	Feedback and input to Health and Wellbeing Board	ROSO 7 Rifles	ongoing	<ul style="list-style-type: none"> Last report on health related actions to Health & Wellbeing Board in Jan 2024
3	Devise protocol for GPs to register Veteran status	Clinical Commissioning Groups	ongoing	<ul style="list-style-type: none"> 8 practices have accredited since the last update. All Primary Care Networks in Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) area now have at least 1 accredited practice. 113 practices (72.9%) are accredited; 42 left to accredit. This places BOB ICB 1/6 ICBs in SE Region and 20/42 across all NHSE ICBs 2 ICBs now have all their practices accredited As at Census 2021 there are 12545 Veterans registered as living in the catchment areas of the unaccredited practices, which is 21.4% of total BOB ICB Veteran population
4	Raise awareness of and signpost to Veteran's Mental Health Service for the South Central region	Covenant partnership/ Armed Forces charities/other	ongoing	<ul style="list-style-type: none"> JCP, SSAFA, RBL promote the service SSAFA and RBL working with South Central Veterans Mental Health Service within current casework

¹ Red= new note; yellow highlight = action

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 25
		partners		<ul style="list-style-type: none"> • CCGs have been raising awareness at council of practice meetings, on CCG websites, and on social media • Hotline number included on Council's web page for support for Veterans https://www.reading.gov.uk/leisure/funding/reading-armed-forces-covenant/ • Transition, Intervention and Liaison Service (TILS) and Complex Treatment Service (CTS) now rebranded as Op Courage • Plans for Medical Welfare Service to visit Royal Berks Hospital every week to seek out and offer support to veterans.
5	Development of a leaflet on accessing health services to be translated into Nepalese	Clinical Commissioning Groups/SSAF A/RBC	Spring 2014	<p>ACHIEVED</p> <ul style="list-style-type: none"> • SSAFA runs classes with ex-Gurkha community using leaflet • Funding gained from covenant fund to develop the booklet further and to print and translate into Nepalese; revision version now complete and printed • Royal Berks Hospital were running 6 weekly meetings with ex-Gurkha community on diabetes, blood pressure etc, using the booklet • Booklet used as basis for Kent health toolkit • Covid advice leaflets also produced for ex-Gurkha community
6	Develop and promote a discount scheme for serving personnel (both full time and reservists) for arts and leisure facilities in Reading	RBC/ ROSO 7 Rifles	Promotion summer 2013	<p>ACHIEVED</p> <ul style="list-style-type: none"> • Scheme developed and in place for leisure centres • Use of 'tickets for troops' by Hexagon
7	Consolidation of appropriate contact/ support lists in order to provide better signposting	ROSO 7 Rifles/ RBC	2014	<p>ACHIEVED</p> <p>Reading Borough Council website includes key support contacts at: Reading Armed Forces Covenant - Reading Borough Council</p>

ECONOMY AND SKILLS - Enhance the economic prosperity of Service personnel (including reservists), their families, and Veterans whilst benefitting the local economy wherever possible

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 25
Integrate: Ensure Armed Forces benefit from ongoing economic development in county				
Support: Facilitate a sustainable pathway for Service leavers into civilian employment				
8	Keep local authorities and business updated on re-structuring of Defence	ROSO 7 Rifles	ongoing half yearly	☐ Briefing provided at partnership meeting; recruiting is going well
9	Work with local businesses to encourage employment of Service leavers and Reservists	Reading UK CIC/ Jobcentre Plus/	ongoing	<ul style="list-style-type: none"> • MOD employer engagement strategy to promote to employers the value of employing Reservists • Ongoing briefing sessions between 7 Rifles and JCP (including Back to Work Programme and Armed Forces Employment Pathways Scheme) • 7 Rifles work with Gravity Personnel to promote the benefits of recruiting Reservists • UK CIC and Business Improvement District newsletters promotion of benefits of employing Reservists • 7 Rifles presence at job fairs
10	Encourage Jobcentre Plus to register Veterans	Jobcentre Plus	ongoing	<ul style="list-style-type: none"> • Universal Credit claim process doesn't now record Veteran status • DWP now have Armed Forces champions
11	Promote the Armed Forces (Regular and Reserve) as a career for the residents of Reading, particularly young people Not in Education, Training or Employment	Reading UK CIC/ 7 Rifles/ Jobcentre Plus	ongoing	<ul style="list-style-type: none"> • Regular recruiting activities in Oxon, Bucks and Berks in support of Operation Fortify recruiting initiative • JCP advisors kept up to date with Armed Forces vacancies, and promote Army Reserve generally • MOD employer engagement strategy • Ongoing briefing sessions between 7 Rifles and JCP • 7 Rifles presence at job fairs, including freshers' week fairs
12	Support Service leavers, former Armed Forces personnel and reservists to access careers guidance, CV support and interview preparation courses	Jobcentre Plus / New Directions/ other partners	ongoing	<ul style="list-style-type: none"> • New Directions offer an employability course in partnership with JCP, covering employability and essential IT skills - for Universal Jobmatch, CV creation, job applications and interview preparation • Advice and support contacts promoted via RBC Armed Forces Covenant web page: https://www.reading.gov.uk/leisure/funding/reading-armed-forces-covenant/ and new Armed Forces Covenant website: (www.armedforcescovenant.gov.uk)

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 25
				<ul style="list-style-type: none"> NHS guaranteed interview scheme for service leavers Plans for a SERFCA portal for AF leavers and cadets to find apprenticeships.
13	Defence discount service/ card	Reading UK CIC	2014/15	<ul style="list-style-type: none"> Awareness raised with Business Improvement District businesses A number of large companies with Reading branches already signed up to scheme
14	Promotion of relevant events to businesses/ employers	Reading UK CIC/ROSO 7 Rifles/Jobcentre Plus	ongoing	<ul style="list-style-type: none"> JCP and Reading UK CIC general promotion of relevant events Sandhurst Leadership Challenge (employers) Job fairs at Hexagon, Reading College and University of Reading
15a	Development of Reading Borough Council protocol for employment of Reserve Forces personnel	RBC	March 2014	ACHIEVED Agreed at Personnel Committee March 2014
15b	Promotion of Armed Forces Covenant to employers	RBC/ Reading UK CIC/ Covenant partnership	ongoing	<ul style="list-style-type: none"> Article in Reading UK CIC e-News Ongoing work with MOD Defence Relationship Management to engage employers RBC awarded Employer Recognition Scheme bronze award July 2017
<p>EDUCATION, CHILDREN AND YOUNG PEOPLE - <i>Develop a comprehensive understanding of the needs of Service children; remove and negate disadvantage which results from the mobility of Service life. Develop youth opportunities across the community, supporting the Cadet Forces.</i></p>				
<p>Integrate: <i>Promote an understanding of the needs of Service children so that they are not disadvantaged in the state education system</i></p>				
<p>Support: <i>Enable optimal educational opportunity for Service children within the context of the state education system</i></p>				
16	Survey schools to determine numbers of Service family pupils and ensure schools maximise the value of the Service Pupil Premium by encouraging registration and promoting best practice in utilisation of funding	RBC/ Schools in Reading Borough area/ 7 Rifles	annual survey (next due Jan 15)	<ul style="list-style-type: none"> 7 service children in Reading schools (Jan 21, School Census) Best practice examples of how service pupil premium spent in other areas circulated to schools

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 25
17	Being sensitive and supportive to the possible emotional and psychological needs of some Service children	RBC/ Schools in Reading Borough area/ 7 Rifles	ongoing	Reminders to encourage parents to inform school of Armed Forces status

ENVIRONMENT AND INFRASTRUCTURE - *Ensure that the wider Armed Forces' infrastructure requirements (inc Housing) are met in synchronisation with the Defence Infrastructure Organisation (DIO) and cognisant of the requirements of the local community. Where possible, create efficiencies with the local community*

Support: *Develop a common understanding of infrastructure needs of the Armed Forces community, in order to inform Local Authority planners to optimise provision. This incorporates a common, equitable housing protocol for Veterans within the local area.*

18	Develop and implement a plan for the identification of Veterans locating to the Reading area in order to ensure that they are informed and included in relevant initiatives	ROSO 7 Rifles / RBC/ charities	ongoing	<ul style="list-style-type: none"> Some Veterans claiming benefits can be identified and support offered Support, initiatives and opportunities disseminated via charities' existing mechanisms (e.g. SSAFA, RBL, Reading Ex-British Gurkha Association, Forgotten British Gurkhas) Total number of veterans in Reading – 3,643 (Census 2021) Tri-service Veterans breakfast every 2nd Sunday at the Beefeater at Reading Gateway
19	Ensure Veterans receive equitable treatment in allocation of social housing	RBC	ongoing	<p>ACHIEVED</p> <ul style="list-style-type: none"> Incorporated into Reading Borough Council's Housing Allocations Scheme 92 households have been given additional priority for housing via the Housing Register since 2011; to date, 14 have been re-housed and 12 applications are currently live on the register (Nov 2022)
20	Explore options for facility sharing in line with local needs and Defence Infrastructure Organisation plans	PSAO HQ Coy 7 Rifles/ RBC	ongoing	<ul style="list-style-type: none"> Use of Brock Barracks for community purposes promoted to <u>community groups via Reading Voluntary Action newsletter and Reading Services Guide.</u>

SAFER AND STRONGER COMMUNITIES - *Develop a stable and robust Armed Forces community which integrates into the wider society, whilst retaining a sense of itself*

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 25
<i>Integrate: Promote common understanding and closer integration between military and civil communities</i>				
21	Ensure that appropriate links are in place between the Local Authority and Armed Forces in order to allow the effective activation of Military Aid to the Civil Community (MACC) in the event of a civil emergency (e.g. severe weather event) and/ or community projects where manpower is required	RBC/ X0 7 Rifles	ongoing	<ul style="list-style-type: none"> • Civil emergency liaison in place, and protocol for civil emergency funding has been improved • Armed Forces assistance during flooding events in 2014 • During COVID, 80 7 Rifles soldiers supported the NHS through mobile testing under Op Rescript across the SE.
<i>Support: Support civil agencies in their dealings with members of the Armed Forces community, in order to optimise outcomes and use resource more efficiently</i>				
22	Establish and implement domestic violence protocol between Service and Civil Police, agencies and charities to recognise military needs and ensure equitable service	ROSO 7 Rifles	ROSO to advise	ACHIEVED Protocol in place
23	Identify key areas for application of Community Covenant grant funding which will benefit both the civil and Armed Forces communities	RBC/Covenant partnership/ ROSO 7 Rifles	Ongoing	<ul style="list-style-type: none"> • Grant fund promoted on RBC website and via Reading Voluntary Action • Successful bid for £21,730 for 'health weeks' project aimed at raising awareness of health and social care services amongst the ex-Gurkha community, December 2012 • Successful bid for £10,000 for museum centenary project, December 2013 • New Covenant grant fund launched Aug 2015 • Successful bid from REBGA for two Nepalese community development workers (£14,500) • Successful bid from SSAFA for funding to update, develop and print copies of a health booklet translated into Nepalese (£1,000).

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 25
				<ul style="list-style-type: none"> Force for Change programme is for bids up to £10k for projects which reduce isolation and promote integration.
24	Encourage organisations and communities to sign up to the Armed Forces Community Covenant	RBC/ Covenant partnership/ ROSO 7 Rifles	Ongoing	<ul style="list-style-type: none"> Signatories include Thames Valley Chamber of Commerce, Reading College and University of Reading Ongoing work with MOD Defence Relationship Management to engage employers
<p>RECOGNISE AND REMEMBER - <i>Encourage recognition and remembrance of the unique sacrifices made by Armed Forces personnel in defence of society</i></p>				
<p>Recognise: <i>Support civil events that allow the community to recognise the Armed Forces</i></p>				
25	Support the annual Armed Forces Day	PSOA HQ Coy 7 Rifles/RBC	Annual (June)	<ul style="list-style-type: none"> Armed Forces Day June 2023; flag raising at the Civic Offices Reserves Day June 2023 Remembrance events Nov 2023
26	Armed forces participation in public events as appropriate	RBC/ PSOA HQ Coy 7 Rifles (PSOA HQ Coy)	ongoing	<ul style="list-style-type: none"> Numerous recruiting and other community events throughout the year, although reduced in 2020/21 due to Covid-19
<p>Remember: <i>Commemorate those members of the Armed Forces who have made the ultimate sacrifice</i></p>				
27	Plan and conduct remembrance event at Brock Barracks as focal point for annual armistice event in Reading	PSOA HQ Coy 7 Rifles	ongoing	Event held in Nov 2023 in Forbury Gardens
28	Plan and conduct appropriate event(s) in support of the centenary anniversary of the outbreak of the First World War	RBC/ Adj 7 Rifles/ communities	Aug 2014 - 2018	<ul style="list-style-type: none"> Successful bid submitted to Community Covenant Grant Fund by Museum service for funding to support the 'Reading at War' exhibition in to mark the centenary of the beginning of the First World War Royal British Legion commemoration services on 6th July and 4th Aug 2014 at Reading Minster Operation Reflect activities including 7 Rifles visits to 5 primary schools Commemorative paving slabs for home towns of Victoria Cross

Ref	Outcome	Responsibility	Timescale	Progress to Health & Wellbeing Board Jan 25
				winners, placed with Trooper Potts VC Memorial <ul style="list-style-type: none"> • Trooper Potts VC Memorial unveiled in October 2015 outside the Crown Courts in Reading

List of abbreviations

SSAFA – Soldiers, Sailors and Airmen Families Association
 SERFCA – South East Reserve Forces and Cadets Association
 ROSO – Regimental Operations Support Officer
 RBC – Reading borough Council
 NHS – National Health Service
 GPs – General practitioners
 JCP – Jobcentre Plus
 CCGs – Clinical Commissioning Groups
 MOD – Ministry of Defence
 JSA – Job Seekers Allowance
 TBC – to be confirmed
 AF – Armed Forces
 BID – Business Improvement District
 PSAO HQ Coy – Permanent Staff Admin Office HQ Company
 TM or TM(V) – Training Major
 CCRF- Civil Contingency Reaction Force
 CIMIC – Civil Military Corporation
 Adjnt - Adjutant



READING HEALTH AND WELLBEING BOARD

Date of Meeting	17 January 2025
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	<ol style="list-style-type: none"> 1. To note performance in Quarter 2 against BCF Metrics 2024/25, 2. That the Health and Wellbeing Board note the BCF Quarter 2 return (2024/25), formally submitted by the due date of 31st October 2024. 3. To note that the Section 75 Framework Agreement for 2024/25 between Reading Borough Council and the Integrated Care Board has been submitted for signing and sealing in January 2025, to remain compliant with the BCF National Conditions.

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 September 2024 (Quarter 2), and also outline the spend against the BCF Plan, including the Discharge Fund to support hospital discharges in 2024/25.
- 1.2 The BCF metrics were agreed with system partners during the BCF Refresh Planning process for 2024-25.
 - a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) The target for Q2 was no more than 176, per 100,000 population, **Met**
 - b) The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. The target for Q2 was no more than 456, **Met**
 - c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence. The target for Q2 was not less than 92.2% **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. The target for Q2 was no more than 279. **Not Met**

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

The report also covers the Better Care Fund (BCF) Quarter 2 return for 2024/25, attached at Appendix 1. The Quarter 2 return was signed off through the Delegated Authority process in advance of submission by the due date of 31st October 2024. One of the National Conditions that remained outstanding on the Quarter 2 return, was that Reading Borough Council and the Integrated Care Board, were to sign off the Section 75 Framework Agreement, for pooled funding, covering the period 2024/25. This has now been submitted for signing and sealing.

2. Policy Context

- 2.1. The Better Care Fund Policy Framework¹ and the Addendum to this policy for refreshed plans in 2024/25² set out 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 and Community Sector partners and Healthwatch, across Reading. The aim of the board is to facilitate partners and other interested stakeholders to agree and deliver 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 the Integration Programme

3.1. Performance as at the end of Quarter 2, 2024/25

3.1.1 Admission Avoidance

This measure aims to show a reduction in avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). This measures how many people with specific long-term conditions, which should not normally require hospitalisation if their conditions were well managed, were admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and hypertension.

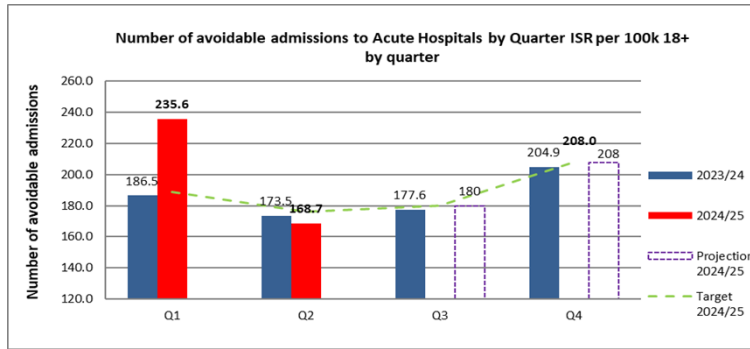
Our target for 2024/25 is to have no more than 753 admissions, per 100,000 population, for the year. The target for Q2 was no more than 176, per 100,000 population. The actual performance was 168.7. Analysis of the reported data shows that the top three conditions that people are admitted for are Chronic Obstructive Pulmonary Disease (COPD), Asthma and Heart Failure. We have a working group actively reviewing communications over the Winter period to ensure people are reminded to have their annual reviews with their GP and know what to look for in the early stages of their condition worsening, and take early action. The ICB have also issued risk stratification guidelines to GPs to enable early identification of any worsening COPD symptoms.

We continue to work with our public health, system partners and operational teams to reduce the number of admissions, and have the Community Wellness Outreach project running which provides Health Checks, with a particular focus on people who are at risk of poor health outcomes, and ensuring follow up with GPs where there are particular concerns raised during the check, that need to be addressed urgently.

Number of Unplanned hospitalisations for chronic ambulatory care sensitive conditions per 100,000 population - 18+, Acute hospitals	
Annual Target for 2024/25 (no more than)	753
Target performance for Quarter 2 (2024/25) (no more than)	176
Actual performance in Quarter 2 (2024/25)	168.7
Status	Green

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

² [Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements)

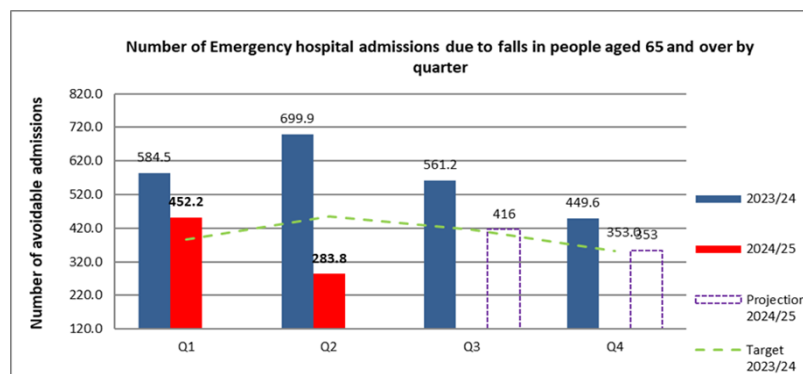


Note: As data is refreshed retrospectively, i.e. reported admissions are flagged at discharge date, the position reported here may change as some people are admitted but not discharged within the quarter, and for this reason we are using data one month after the end of the quarter to calculate the position for the risk share element of the BCF.

3.1.2 Falls

This metric is in relation to emergency hospital admissions due to falls in people aged 65 and over. The target for 2024/25 is to have no more than 1,612 per 100,000. The projection to the end of year is 1,544, and this is still significantly lower than performance in the same period in the previous year. We 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. A diagnostic review of falls was undertaken and the findings presented to the Reading Integration Board in November to inform further development of the falls service in Reading. An addendum will be included in the report for Health and Wellbeing Board in March to share the highlights of the review.

Number of Emergency hospital admissions due to falls in people aged 65+ per 100,000 population. Directly Standardised Rate (DSR)	
Annual Target for 2024/25 (no more than)	1,612
Target performance quarter 2 (no more than)	456
Actual performance in Quarter 2 (2024/25)	283.8
Status	Green



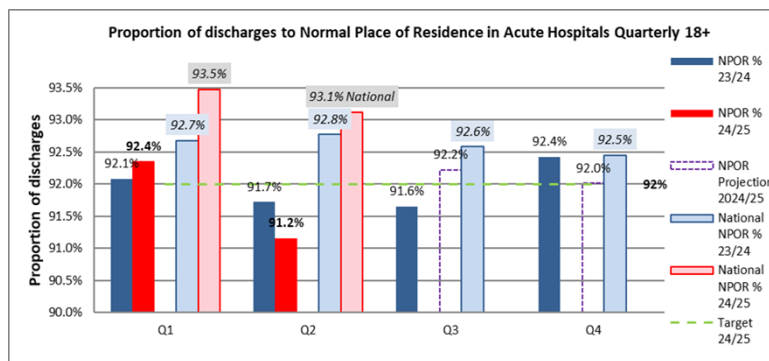
Note: Q1 data was updated and now shows Q1 target not being met, and previously reported as met. This is because updates are made to the dataset retrospectively when people are discharged from hospital, not on admission and this can span over two quarters.

3.1.3 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 quarter. This is based on hospital data for people “discharged to their normal place of residence”. Performance in Quarter 2 has slightly dropped by just under 1% but remains below the national average by 2% for this metric.

There is an impact on this metric of the numbers of people being admitted to residential/nursing homes (see 3.1.4) for their long term care. We continue to work with the multi-disciplinary team and the hospital discharge hub, to follow the ethos of “Home First”, in line with the Hospital Discharge Policy with support from domiciliary care and, if needed, through the use of TEC / equipment that can be installed to support independent living, and reablement.

Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Annual Target for 2024/25 (no less than)	92.2%
Target performance per quarter (not less than)	92.2%
Actual performance in Quarter 2 (2024/25)	91.2%
Status	Amber

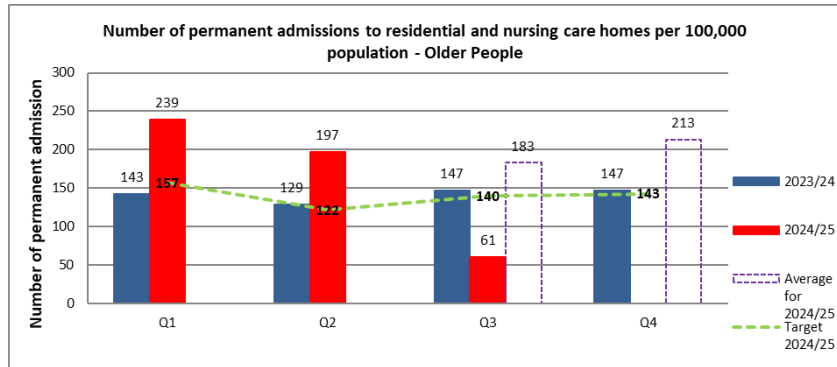


3.1.4 Permanent Admissions to Residential/Care Homes

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 562 admissions for the year. The target for quarter 2 was no more than 122 people per 100,000 and the actual rate for the quarter was 197, 38% higher than the target for the quarter.

We know that 49% of admissions were primarily for dementia beds, which is significantly lower than in 2023/24 (66%). We continue to work with our system partners to identify appropriate care for people to meet their needs and are aware of the work being undertaken by Buckinghamshire, Oxfordshire, Berkshire West (BOB) to develop a Dementia Strategy, which will also inform our specialist discharge pathways. We have a multi-disciplinary working group looking at the admissions to care homes and identifying any actions that can be taken to improve outcomes.

Quarterly Number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Annual Target for 2024/25 (no more than)	562
Quarterly Target for Quarter 2 (not more than)	122
Actual performance in Quarter 2 (2024/25)	197
Status	Red



Note: Updates are made to the dataset retrospectively when people are discharged from hospital/records updated. This can span over two quarters, and for this reason we are using data one month after the end of the quarter to calculate the position for the risk share element of the BCF.

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. The action plans were reviewed by the RIB membership in quarter 1 of 2024/25, against the 10-year strategy and have been updated, reflecting the positive progress to date in reducing difference in health and supporting people at risk of poor health outcomes.

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. One of the projects presented to RIB for Quarter 2 was the Family Health Advisor project with Reading Mencap, working with people with learning disabilities and their families and carers in Reading. They have exceeded their KPIs by 20% to date, and provide specialist information, advice, casework and practical support. The team shared these case studies showing the difference made by having this support

4.3.1 Case Study 1:

(Note: Names changed to protect anonymity):

- 'Silvia' has a mild learning disability and lives alone. She is very recently retired.
- Silvia was anxious about isolation and loneliness when she finished work. Our HA worked alongside another Family Adviser, making regular welfare calls to Silvia to keep an eye on her mental wellbeing.
- Silvia was recently diagnosed with cervical cancer and she will be receiving a course of cancer treatment at RBH. Our HA will offer support at hospital and other medical appointments and has also discussed involving the Learning Disability Liaison nurses to ensure reasonable adjustments at the hospital.
- Silvia has said that she is thankful and reassured by the support being offered.

4.3.2 Case Study 2:

- We looked at 'John's' case who has a learning disability and lives with elderly parents. The family have tended to be reluctant to engage with or access services.
- Our Health Adviser (HA) first got involved as John and his father urgently needed podiatry appointments. Our HA fixed the appointments, which were successful. She then worked hard to continue to build up trust with John's mother through regular welfare calls.
- John's father was recently diagnosed with Leukaemia, lung problems and liver disease and John is having tests for an enlarged prostate. Our HA is providing a listening ear as well as helping the family to keep on top of health appointments, and she is meeting up with John's mum for coffee. John's mum has expressed how grateful she is to have our HA on hand.

4.4. We are also delivering against Priority 2: identifying people at risk of poor health outcomes, through our Community Wellness Outreach project, which is reaching into communities where there are higher levels of deprivation, and where there are larger numbers of people from ethnically diverse backgrounds that are more at risk of developing conditions that can lead to cardiovascular disease, such as hypertension and diabetes. The project is funded from the Integrated Care Board (ICB) Inequalities Fund, which has been pooled into our Section 75 Framework Agreement for the Better Care Fund, and is funded to the end of June 2025. The service is being delivered by the Meet PEET Nurses from the Royal Berkshire hospital and supported by Reading Voluntary Action to co-ordinate venues, enable appointments to be booked and provide social prescribing services. A separate presentation on outcomes from these checks to date has been provided for the Board.

- 4.5. 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. Links with the strategic priorities of the Berkshire West Health and Care Partnership are also identified and a number of joint programmes of work are underway. The ICB provides a monthly update report including information on partnership priorities which are currently as follows:
- Future models of care (with links to RBFT New Hospital Programme)
 - Integrated neighbourhood team development
 - Same day access
 - Community wellness outreach programme
 - SEND
 - Therapies Review
 - Children and Young People's Mental Health – Mental Health Support Teams in schools

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, and the potential impact on avoidable admissions, particularly those related to respiratory conditions as we move into the Winter period.

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. The Service User feedback forms submitted by people using the Community Reablement Team, indicate 100% satisfaction rates with

the service. We have also held co-production sessions with Carer's to support us in shaping a Carer's breaks and respite service, funded through the Accelerating Reform Fund, and feedback from people engaged has been very positive.

- 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.

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. We continue to monitor equality data to ensure people are not adversely affected.

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.

The BCF refreshed plan submitted for 2024/25 has been approved and indicates, along with the quarterly reporting, that we are meeting the National Conditions.

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. In accordance with the Planning Requirements³, the Section 75 Agreement, which was pending at the time of the last report to the Health and Wellbeing board, was submitted for signing and sealing in January 2025. This reflects the refreshed BCF plans for 2024/25 in line with the Addendum for 2024/25⁴. In order that we remain compliant with all four National Conditions.

³ <https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

⁴ [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](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)

10. Financial Implications

10.1. BCF 202425 Expenditure to date against the Plan

Budgets are aligned to the refreshed Better Care Fund plan for 2024/25, including an increase in the Discharge Funding and reallocation of funds to complex care, following significant pressure in this area in 2023/24. We are currently showing all spend as committed as a plan is in place, however we will review this on a monthly basis at the Reading Integration Board, to ensure we report any slippage in schemes. **Note:** The budget sheet as at end Sept reported spend at RIB as £10,651,687 (see table below), pending adjustments to actuals, and alignment with the spend reported in the Quarter 2 BCF return. The Falls budget had been reported as partially spent within the budget table below but spend is pending the outcome of the Diagnostic review.

RIB Summary Report at P8	Original Budget £k	YTD Budget as at 30/11 £k	YTD as at 30/11 (Actuals) £k	Forecast to 31/03/25 £k	Variance £k
Reading Borough Council Hosted Schemes	12,177,724	8,118,483	8,068,451	12,077,503	100,221
BOB Integrated Care Board	1,795,924	1,197,283	1,197,283	1,795,924	0
Cross BOB ICB Hosted Schemes	3,483,173	2,322,115	2,322,115	3,483,174	0
ICB Portion of Adult Social Care Discharge Fund passported to Reading (Qtr2 data)	629,170	314,585	171,076	629,170	0
LA Adult Social Care Discharge Fund (Qtr2 data)	1,473,618	736,809	616,887	1,473,618	0
23/24 Under Spend	1,572,812		916,936	1,111,812	461,000
Total	21,132,421	12,689,275	13,292,748	20,571,201	561,221

It was agreed at the Reading Integration Board on 18/12/2024, that project funding from the underspend would be rolled forward into 2025/26.

10.2. BCF Return Q2 - Expenditure

2024/25 is the second year of a two-year BCF plan and expenditure in 2024/25 is as per our original submission with minor adjustments to increase the allocation in areas of greatest need and reduce in other areas based on actual spend in the previous year. The Quarter 2 BCF return (Appendix 1) shows expenditure to date.

Of the £2,102,788 budget for the Discharge Fund in 2024/25 we had spent 62%, £787,963, as at the end of Quarter 2.

The table below is an excerpt of the Quarter 2 return, where changes and additional notes were entered to refer to adjustments made to planned expenditure. We remain within the overall BCF budget allocations, but are retaining some flexibility to meet emerging needs:

Scheme ID	Scheme Name	Brief Description of Scheme	Previously entered Expenditure for 2024-25	Expenditure to date	Comments
1	Short Term / Hospital Discharge Team	Local Authority Social Work and Occupational Therapy	£2,030,421	£1,013,150	Updated planned expenditure £2,026,300
3	Step Down Beds - Discharge to Assess	Step Down Beds - Discharge to Assess	£301,872	£170,500	Updated planned expenditure £341,000. Longer lengths of stay, average 50.8 weeks due to complex issues to move on to accommodate long term needs.
4	Step Down Beds - Discharge to Assess (Physiotherapy)	Step Down Beds - Discharge to Assess	£87,428	£43,650	Updated planned expenditure, aligned to budget £87,300. This is for Physiotherapy support for people in D2A settings.
12	LA Discharge & Admission Avoidance projects	LA Discharge & Admission avoidance projects	£459,621	£219,900	Updated planned expenditure £439,800
26	Falls Service & Frailty	Falls service to reduce Admissions due to falls	£281,056	£0	Updated planned expenditure £266,000. Expected spend is pending the outcome of Diagnostic Review to inform Falls service development.
28	Discharge to Assess Beds	Hospital Discharge	£421,200	£210,600	Commissioned block of beds.
29	Hospital to Home Service (Extended)	Hospital to Home Service British Red Cross	£40,000	£10,000	Alternative VCS provision being sought. No activity in Q2.
32	Bed & Breakfast (Rough Sleepers/No recourse to public funds)	Bed & Breakfast (Rough Sleepers/No recourse to public funds)	£37,517	£61,657	Significant increase in demand. Overspend here will be offset against other discharge funding.
35	Hospital / CRT Delivering extended hours / Bank holidays	Hospital / CRT Delivering extended hours / Bank holidays	£30,000	£39,923	Additional hours hospital discharge team and CRT to support discharge. Original plan showed output as packages but should have been hours (although not all care hours).Awaiting details.
38b	Self-Neglect - Blitz Cleans	Self-Neglect - Blitz Cleans	£30,453	£27,544	A significant increase in demand to ensure safe homes for people to be discharged home.
39b	Social Care Workforce Development	Social Care Workforce Development and Retention	£20,000	£10,000	Outputs are not WTEs but number of Domiciliary Care staff trained in Reablement to increase capacity.

11. Timetable for BCF Reporting

- 11.1. Confirmation was received from the National Better Care Fund Team on 21st August 2024, that our refreshed BCF Plan for 2024/25 has been accepted.
- 11.2. The Quarter 2 BCF return, covering the period from 1st July 2024 to 30th September 2024, was submitted on 31st October, following the Delegated Authority procedure. Future returns will be prepared for submission in line with the BCF reporting schedule:

Task/Activity/Milestone description	Start Date	End Date	Submission Dates
Q1 Report Template completion period	29/07/24	29/08/24	
Q1 Report Submission			29/08/24
Q1 National and Regional Assurance Period	01/09/24	30/09/24	
Q2 Reporting Template Completion Period	16/09/24	31/10/24	
Q2 Report Submission			31/10/24
Q2 National and Regional Assurance Period	01/11/24	30/11/24	
Q3 Reporting Template Completion Period	16/12/24	31/01/25	
Q3 Report Submission			31/01/25
Q3 National and Regional Assurance Period	01/02/25	28/02/25	
Q4 EOY Return Completion Period	13/03/25	30/05/25	
Q4 EOY Submission			31/05/25
Q4 National and Regional EOY Assurance Period	02/06/25	30/06/25	

Note: The BCF National Team shared some updates to the reporting schedule in December 2024. The updates are that the Quarter 3 Report submission date has been moved to 14th February 2025 and the Quarter 4 End of Year report submission has been moved to 13th June 2025.

12. Background Papers

The BCF performance data included in this report is drawn from the Reading Integration Board Dashboard – November 2024 (*Reporting up to 30th September 2024*).

Appendices

1. Reading BCF Quarter 2 Return (2024/25)

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HM Government



Better Care Fund 2024-25 Q2 Reporting Template

2. Cover

Version 3.6

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be 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 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.

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

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:	
2. Cover	Yes	For further guidance on requirements please refer back to guidance sheet - tab 1.
3. National Conditions	Yes	
4. Metrics	No	
5.1 C&D Guidance & Assumptions	Yes	
5.2 C&D H1 Actual Activity	Yes	
6. Expenditure	Yes	

Note on Better Care Exchange: [BCF 2024-25 Q2 Template - Better Care Exchange - Better Care Fund](#)

A bug has been identified, after completing the metrics tab, the cover tab checklist for the metrics tab would continue to display "No." Please ignore the warning. This does not affect the overall functionality or reliability of the template, hence we are not introducing a new version of template.

<< [Link to the Guidance sheet](#)

Better Care Fund 2024-25 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Reading

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	30/11/2024
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	The delay has been due to multiple reasons i)the BCF approval timelines which led to approval late in August, and then impacted by annual leave for key personnel. ii) advice from Legal Services that a new full Section 75 Agreement document, rather than a Deed of Variation, would be required. iii) the governance structures and timelines within each of the Local Authority and ICB organisations, were not aligned to enable signing and sealing within the proposed timelines. iv)there were protracted discussions around how the Risk Share element of the Section 75 Agreement would be managed, as neighbouring Local Authorities thin BOB ICB operated these in a different way (i.e. not proportional as proposed in the original guidance for BCF planning, which is the way that Reading have been operating this and wanted to continue in this way, as this is what was also applied to 2023/24 - Y1 of the 2 year BCF Plans). Neither Oxfordshire nor Buckinghamshire,also both in the BOB ICB area, have a Risk Share at all, so there is already a precedence for a different approach within the ICB area. Support from the Regional BCF Team has been engaged to support both parties to resolve this issue.

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Jointly agreed plan	No	We are working with the ICB to agree our Section 75 Agreement, and this is currently going through internal governance processes and due to go to the ICB Board on 19th November 2024. We are hopeful that we can arrange signing and sealing soon after that board meeting, pending agreement on the Risk Share.
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2024-25 Q2 Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Reading

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

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs <i>Please:</i> - describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans. - ensure that if you have selected	Achievements - including where BCF funding is supporting improvements. <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics.</i>	Variance from plan <i>Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan.</i>	Mitigation for recovery <i>Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan.</i>
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3)	189.0	176.0	180.0	208.0	226.4	Not on track to meet target	Analysis of the conditions that people were admitted with shows that COPD was the largest contributor, and we had a heatwave in July which we have discussed with our Primary Care and Public Health colleagues and could have been a factor. The majority of admissions were in the age groups 70 to 79, and it is likely to worsen during the winter months unless these conditions are well managed during that period. We are developing a Multi-disciplinary Working Group to review the potential causes for example: Are annual reviews within Primary Care taking place for conditions such as COPD, Hypertension, Diabetes, Asthma etc., or are there other issues that can be identified? Once we have this deep dive data and outcomes, action plans will be drawn up to address these issues, where possible.	Not applicable	Our annual target is to have no more than 753 admissions per 100,000 population. As at the end of August (mid-way through Q2) actual performance was 352 (Cumulative data), and straight-line projections are 846 to the end of the year. We are continuing to see an increase in avoidable admissions, and current projections put us 12% above our maximum target. We have outlined, in Column J, the actions we are taking. Note: September data will not be available until mid-November, as there is a 6 week lag in data.	
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%	92.17%	Not on track to meet target	Our Hospital Discharge Teams and the Discharge Hub look to achieve a "Home First" approach but there has been a significant and continued increase in the number of admissions to Long Term Nursing or Residential Care, which has impacted on this target.	Quarter 1 actual performance was 92.3%, and Q2 actual performance mid-way (August) is 91.9%.	The forecast for the year is 91.9% based on straight line projections, 0.3% away from our target.	
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,612.2	433.3	On track to meet target	None at the moment, we remain on track.	Quarter 1 actual performance was 452 cumulative, and as at the end of August (mid-way through Q2) cumulative performance is 643, with a year end projection of 1,544. We believe that a different population figure may be being used for SUS data compared to that which was on our submitted and agreed BCF Plan (22,081), which is the same population group as used for the Long Term Admissions to Residential Homes (65+ Population).	None at the moment, we remain on track.	
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				562	not applicable	Not on track to meet target	We are seeing continuing increases in need for long term residential nursing care, particularly for dementia care beds.	Not applicable.	Against an annual target of no more than 562 per 100,000 population, cumulative data as at the end of August 2024, showed performance at 328, with a straight line projection of 788, which is 40% higher than the target. We have already reached more than 50% of the total admissions target at month 5. A Task and Finish group has been set up to look at the causes and any remedial actions that can be taken but this demand demonstrating the increasing trend of complexity and need.	

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2024-25 Q2 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board:

Reading

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.

We have noticed that on Pathway 1 discharges, referrals for short term domiciliary care have increased and they seem to have longer lengths of wait for discharge, and we are looking into the reasons for this to try and reduce waits for people referred for a domiciliary care package on this pathway. We are currently in the process of identifying alternative provision from the Voluntary Care Sector to support hospital discharge. A recent community bed audit was undertaken and actions are in train to maximise utilisation of community beds and reduce length of wait on Discharge Ready lists through the winter period.

2. How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?

As a system, Berkshire West Place has invested in and prioritised several programmes of work for 2024-25 in order to maximise impact and system resilience all year round with a particular focus on establishing admission avoidance initiatives ahead of Winter.

1. Same Day Urgent Access – pilot GP streaming service co-located on acute hospital site began on 1st October 2024, triaging minor illness patients from Emergency Department (ED) front door. This aims to reduce Type 1 ED attendances, reduce overcrowding in ED and ensure more patients are being seen appropriately. Early data indicates around 30-40 patients are being diverted daily. This compliments the re-direction of patients from ED to the OOH service available evenings, weekends and bank holidays from the same location.
2. Single Point of Access (SPoA) – our acute hospital continue to expand their SPoA to additional specialities including surgical specialities from late Oct/early Nov. This is alongside a re-launch of 'Call before Convey' ahead of Winter to increase non-conveyance rates and divert patients onto alternative pathways as opposed to ED.
3. Discharge Guidance & Protocol of Choice – refreshed and streamlined guidance launched Sept-24 to facilitate timely and effective discharge and reduce long hospital stays. Associated patient comms and leaflets have also been reviewed to ensure clear consistent messaging to patients, families and carers and reduce number of patients remaining in a hospital bed who no longer reach the Criteria to Reside.
4. Virtual wards - exploring further opportunities for remote monitoring, strengthening the admission avoidance pathways, streamlining the frailty/SCAS/acute interface and looking at the potential for risk stratification approaches.

3. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

Winter planning reviews and discussions have taken place at the Berkshire West local integration boards and Urgent and Emergency Care Board. We have plans to reduce demand where possible and escalation procedures have been adjusted for the winter period. We are working closely with Public Health and Primary Care services to ensure consistent messaging out to the public to reduce pressure on emergency services, and avoid hospital admissions, especially those due to chronic conditions that are not well managed. Local analysis shows the majority of avoidable admissions were related to COPD, Asthma and Heart Failure, and we are reviewing the communications as a system, across health, social care and voluntary and community sectors, to ensure people are well informed about where to get the appropriate support and how to avoid developing complications.

4. Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

We are aware of the continuing gap in Urgent Community Response (UCR) capacity compared to demand. Whilst capacity has increased by 26% above the planned activity, there has been a 37% increase in demand than planned in Reading. This has been escalated to the Executive level of the BOB ICB and as an interim mitigation some of the UEC funding that had been allocated to providing medical provision over weekends at community hospitals has been instead reprioritised to cover the gap in UCR for the remainder of this financial year. An in depth demand and capacity review of UCR and the wider community crisis response workstream has been flagged as a key priority area for Berkshire West Place and next steps are being agreed for Q3. In the interim, all referrals are discussed with the referrer to determine if an urgent response is necessary. If not, a more suitable alternative community and/or acute pathway is recommended, and if appropriate will move some same day referrals to next day to free up urgent activity and maximise the use of other pathways in both community and acute settings.

Berkshire Health Foundation Trust (BHFT) within their intermediate care services, are working towards improving workforce utilisation in line with the new community rehabilitation and reablement model*. Working with professional leads to explore how they can maximise the use of skill mix. Whilst demand for Urgent Care Response does still exceed capacity, effective triaging is in place to enable redirection where possible e.g. to Virtual Ward or Community Nursing, to ensure needs are met. *A new community rehabilitation and reablement model (england.nhs.uk)

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2024-25 Q2 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board:

Reading

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan						Actual activity (not including spot purchased capacity)						Actual activity through only spot purchasing (doesn't apply to time to service)						
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	123	126	93	107	96	93	73	70	80	79	67	49	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Actual 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	3	2	1	2	1	2							Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	10	17	11	17	12	25	25	29	23	24	18	14	0	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	7	8	8	11	11	7							Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	21	14	19	11	31	20	32	35	31	45	28	33	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual 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	2	3	2	4	2	3							Yes
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	5	3	6	3	4	3	5	5	2	1	3	2	0	0	0	0	0	0	Yes
Other short term bedded care (pathway 2)	Actual 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	1.5	6.5	7	0	2.5	1							Yes
Short-term residential nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	18	14	10	19	28	21	8	7	9	10	11	11	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)	Actual 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	26	16	19	27	28	20							Yes

Actual activity - Community		Prepopulated demand from 2024-25 plan						Actual activity:						
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
Social support (including VCS)	Monthly activity. Number of new clients.	15	10	16	9	15	16	21	16	11	0	0	0	Yes
Urgent Community Response	Monthly activity. Number of new clients.	95	119	134	130	138	137	145	151	143	124	99	117	Yes
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	143	144	149	128	130	104	143	130	164	176	126	154	Yes
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	35	31	43	22	34	32	28	28	32	39	34	31	Yes
Other short-term social care	Monthly activity. Number of new clients.	2	1	3	1	1	1	0	0	0	0	0	0	Yes

Better Care Fund 2024-25 Q2 Reporting Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board:

Running Balances	2024-25			
	Income	Expenditure to date	Percentage spent	Balance
DFG	£1,306,000	£653,000	50.00%	£653,000
Minimum NHS Contribution	£13,153,195	£6,146,815	46.73%	£7,006,380
iBCF	£2,692,624	£1,346,312	50.00%	£1,346,312
Additional LA Contribution	£1,468,920	£734,460	50.00%	£734,460
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£629,170	£384,724	61.15%	£244,446
ICB Discharge Funding	£1,473,618	£930,101	63.12%	£543,517
Total	£20,723,527	£10,195,412	49.20%	£10,528,115

<< Link to summary sheet

Comments if income changed
 Update to LA Contribution based on adjustments of c/fwd funding, as set out in S75 Schedule 1. £1,572,812, after final Year End adjustments, so total income adjusted to £21,132,421.

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		
	Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£3,468,488	£2,299,056	£1,169,432
Adult Social Care services spend from the minimum ICB allocations	£6,624,884	£3,665,800	£2,959,084

Checklist															
Column complete:											Yes		Yes		
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Commissioner	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
1	Short Term / Hospital Discharge Team	Local Authority Social Work and Occupational Therapy	Care Act Implementation Related Duties	Other	Hospital Discharge Support Team	1441	721		Social Care	LA	Local Authority	Minimum NHS Contribution	£2,030,421	£1,013,150	Updated planned expenditure £2,026,30
2	Reablement	Reablement & Rehabilitation Services	Home-based intermediate care services	Reablement at home (to support discharge)		800	400	Packages	Social Care	LA	Local Authority	Minimum NHS Contribution	£2,081,500	£1,040,750	
3	Step Down Beds - Discharge to Assess	Step Down Beds - Discharge to Assess	Bed based intermediate Care Services (Reablement, rehabilitation, wider short term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		24	6	Number of placements	Social Care	LA	Local Authority	Minimum NHS Contribution	£301,872	£170,400	Updated planned expenditure £341,000. Longer lengths of stay, average 50.8 weeks due to complex issues to move on accommodate long term needs.
4	Step Down Beds - Discharge to Assess (Physiotherapy)	Step Down Beds - Discharge to Assess	Bed based intermediate Care Services (Reablement, rehabilitation, wider short term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		8	4	Number of placements	Social Care	LA	Local Authority	Minimum NHS Contribution	£87,428	£43,750	Updated planned expenditure £87,300
5	Care Packages - Mental Health	Personalised Care at Home	Personalised Care at Home	Mental health /wellbeing		200	100		Social Care	LA	Private Sector	Minimum NHS Contribution	£139,800	£69,900	

Checklist															
Column complete:											Yes		Yes		
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Commissioner	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
6	Care Packages - Physical Support	Personalised Care at Home	Personalised Care at Home	Physical health/wellbeing		589	294		Social Care	LA	Private Sector	Minimum NHS Contribution	£854,100	£427,050	
7	Care Packages - Memory and Cognition	Personalised Care at Home	Personalised Care at Home	Other	Memory and Cognition	222	111		Social Care	LA	Private Sector	Minimum NHS Contribution	£538,100	£269,050	
8	TEC Equipment	TEC equipment	Assistive Technologies and Equipment	Assistive technologies including telecare		1200	600	Number of beneficiaries	Community Health	LA	Private Sector	Minimum NHS Contribution	£214,500	£107,250	
9	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		60	30	Beneficiaries	Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£202,000	£101,000	
10	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		200	100	Beneficiaries	Social Care	LA	Charity / Voluntary Sector	Additional LA Contribution	£305,000	£152,500	
11	Care Act Funding	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Other	Carer advice and support	0	0		Social Care	LA	Local Authority	Minimum NHS Contribution	£408,700	£204,350	
12	LA Discharge & Admission Avoidance projects	LA Discharge & Admission avoidance projects	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)			0		Social Care	LA	Local Authority	Minimum NHS Contribution	£459,621	£219,900	Updated planned expenditure £439,800
13	IMHA	Prevention / Early Intervention	Care Act Implementation Related Duties	Independent Mental Health Advocacy		0	0		Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£35,000	£17,500	
14	BCF Local Project Management	BCF Local Project Management	Enablers for Integration	Programme management		3.5	3.5		Social Care	LA	Local Authority	Minimum NHS Contribution	£168,000	£84,000	
15	Hospital to Home - Extended Settling In Services (Red Cross)	Post Hospital Discharge - Home from Hospital	Prevention / Early Intervention	Social Prescribing		81	40		Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£10,000	£5,000	
16	Care Home Selection (CHS) - Project in RBH	Care Home Selection (CHS) - Project in RBH	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes		1	1		Community Health	LA	NHS Community Provider	Minimum NHS Contribution	£62,000	£31,000	
17	Out Of Hospital Speech & Language Therapy	Eating & drinking referral service	Community Based Schemes	Low level support for simple hospital discharges			0		Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£63,673	£31,837	
18	Out Of Hospital Care Home in-reach	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes			0		Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£124,636	£62,318	
19	Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen within 2 days.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		1300	6500	Number of placements	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£131,408	£65,704	

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Commissioner	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
20	Out Of Hospital - Intermediate Care (including integrated discharge, discharge to assess service)	Rapid response services delivered for patients discharged from A&E or AMU, preventing a hospital admission.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short term services supporting recovery)	Bed-based intermediate care with rehabilitation accepting step up and step down users		800	400	Number of placements	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£1,060,748	£530,374	
21	Out Of Hospital Health Hub	Acute Single Point of Access to Community Health Services.	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£487,700	£243,850	
22	Out Of Hospital - Intermediate Care night sitting, rapid response, reablement and falls	Rapid response services delivered to patients in their own homes, avoiding hospital admission within 2hours.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		1680	840	Number of placements	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£349,518	£174,759	
23	Connected Care	Connected Care	Other				0		Other	NHS	Private Sector	Minimum NHS Contribution	£316,980	£158,490	
24	Carers Funding ICB	Support for Young People with Dementia (YPWD), Alzheimers	Carers Services	Other	Support Young People with Dementia / Alzheimers	80	40	Beneficiaries	Community Health	NHS	Charity / Voluntary Sector	Minimum NHS Contribution	£119,420	£59,710	
25	Street Triage	Street Triage service supporting Reading Rough sleepers	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Mental Health	NHS	NHS Community Provider	Minimum NHS Contribution	£173,404	£86,702	
26	Falls Service & Frailty	Falls service to reduce Admissions due to falls	Community Based Schemes	Integrated neighbourhood services			0		Social Care	LA	Local Authority	Minimum NHS Contribution	£281,056	£0	Updated planned expenditure £266,000. Expected spend is pending the outcome of Diagnostic Review to inform Falls service development.
27	Care Homes / RRaT	Intermediate Care Services	Home-based intermediate care services	Rehabilitation at home (accepting step up and step down users)		1730	865	Packages	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£655,686	£327,843	
28	Discharge to Assess Beds	Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		40	13	Number of placements	Social Care	LA	Local Authority	Local Authority Discharge Funding	£421,200	£210,600	Commissioned block of beds.
29	Hospital to Home Service (Extended)	Hospital to Home Service British Red Cross	Personalised Care at Home	Physical health/wellbeing		181	48		Social Care	LA	Charity / Voluntary Sector	Local Authority Discharge Funding	£40,000	£10,000	Alternative VCS provision being sought. No activity in Q2.
30	TEC Hospital Discharge	TEC Hospital Discharge Pilot	Assistive Technologies and Equipment	Assistive technologies including telecare		800	400	Number of beneficiaries	Social Care	LA	Local Authority	ICB Discharge Funding	£99,547	£50,000	
31	Home Care Hours to support Discharge	Home Care Hours to support Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		11132	5566	Hours of care (Unless short-term in which case it is packages)	Social Care	LA	Private Sector	ICB Discharge Funding	£242,000	£121,000	

Checklist															Column complete:		Yes		Yes	
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Commissioner	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments					
32	Bed & Breakfast (Rough Sleepers/No recourse to public funds)	Bed & Breakfast (Rough Sleepers/No recourse to public funds)	Housing Related Schemes			52	85		Social Care	LA	Local Authority	Local Authority Discharge Funding	£37,517	£61,657	Significant increase in demand. Overspend here will be offset against other discharge funding.					
34	Social Worker/OT posts within Hospital Discharge	Social Worker/OT posts within Hospital Discharge	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		4	4		Social Care	LA	Local Authority	ICB Discharge Funding	£360,000	£247,322						
35	Hospital / CRT Delivering extended hours / Bank holidays	Hospital / CRT Delivering extended hours / Bank holidays	Home-based intermediate care services	Rehabilitation at home (to support discharge)		21	21	Packages	Social Care	LA	Local Authority	Local Authority Discharge Funding	£30,000	£39,923	Additional hours hospital discharge team and CRT to support discharge. Original plan showed output as packages but should have been hours (although not all care hours).Awaiting details.					
36	Complex cases - High Cost Placement (including MH)	Complex cases - High Cost Placement (including MH)	Residential Placements	Care home		100	67	Number of beds	Social Care	LA	Local Authority	ICB Discharge Funding	£732,071	£493,213						
37	Brokerage staff	Brokerage staff	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		2	2		Social Care	LA	Local Authority	ICB Discharge Funding	£40,000	£18,566						
40	ICB PMO (BoB)	Share of Cross Berkshire West Programme	Enablers for Integration	Programme management			0		Other	LA	Local Authority	Minimum NHS Contribution	£87,418	£43,709						
41	iBCF	Community Reablement Services	Home-based intermediate care services	Reablement at home (to support discharge)		800	400	Packages	Social Care	LA	Private Sector	iBCF	£2,692,624	£1,346,312						
42	DFG	Supporting people with disability	DFG Related Schemes	Adaptations, including statutory DFG grants		80	40	Number of adaptations funded/people	Social Care	LA	Private Sector	DFG	£1,306,000	£653,000						
43	Risk Share-LA	Other	Integrated Care Planning and Navigation	Other	Risk Share		0		Other	NHS	NHS	Minimum NHS Contribution	£583,243	£0						
44	BHFT Re-ablement Contract	Reablement & Rehabilitation Services	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)		1809	904	Packages	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£1,114,937	£557,469						
45	ICB Contingency	ICB Contingency	Other				0		Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£10,326	£0						
46	Other	LA Care Act Implementation	Care Act Implementation Related Duties	Other	Care Act	0	0		Social Care	LA	Local Authority	Additional LA Contribution	£1,163,920	£581,960						
33b	Minor Works required to support people to be discharged from Hospital	Minor Works required to support people to be discharged from Hospital	Housing Related Schemes	0	0	80	40		Social Care	LA	Local Authority	Local Authority Discharge Funding	£50,000	£25,000						
38b	Self-Neglect - Blitz Cleans	Self-Neglect - Blitz Cleans	Housing Related Schemes	0	0	20	18		Social Care	LA	Local Authority	Local Authority Discharge Funding	£30,453	£27,544	A significant increase in demand to ensure safe homes for people to be discharged home.					
39b	Social Care Workforce Development	Social Care Workforce Development and Retention	Workforce recruitment and retention	0	0	0.5	7	WTE's gained	Social Care	LA	Local Authority	Local Authority Discharge Funding	£20,000	£10,000	Outputs are not WTEs but number of Domiciliary Care staff trained in Reablement to increase capacity.					

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