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To: All Members of the Health and Wellbeing Board

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29 September 2025

Your contact is: Nicky Simpson - Committee Services

NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 7 OCTOBER 2025

A meeting of the Health and Wellbeing Board will be held on **Tuesday, 7 October 2025 at 2.00 pm** in the **Loddon Room, Greyfriars Centre, Greyfriars Church, Friar Street, Reading RG1 1EH**. The Agenda for the meeting is set out below.

AGENDA Page No

A report presenting the Director of Public Health's (DPH) Annual Report 2025, 'Setting the Foundations for Lifelong Health'.

7. READING PHARMACEUTICAL NEEDS ASSESSMENT 2025-28 91 - 208

Following the conclusion of the stakeholder consultation, a report presenting the final statement of need for pharmaceutical services in Reading for 2025-28 for approval.

INFORMATION REPORTS

8. BOB ICB UPDATE BRIEFING 209 - 214

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

9. DATES OF FUTURE MEETINGS - UPDATE

Following the Board's agreement on 11 July 2025 to change the frequency, day and venue of Board meetings, the remaining meeting of the 2025/26 Municipal Year will now be held on:

• Tuesday 10 February 2026

(previously meetings were scheduled for:
• Friday 16 January 2026
• Friday 13 March 2026)

****Getting to the Meeting Venue – Greyfriars Church**

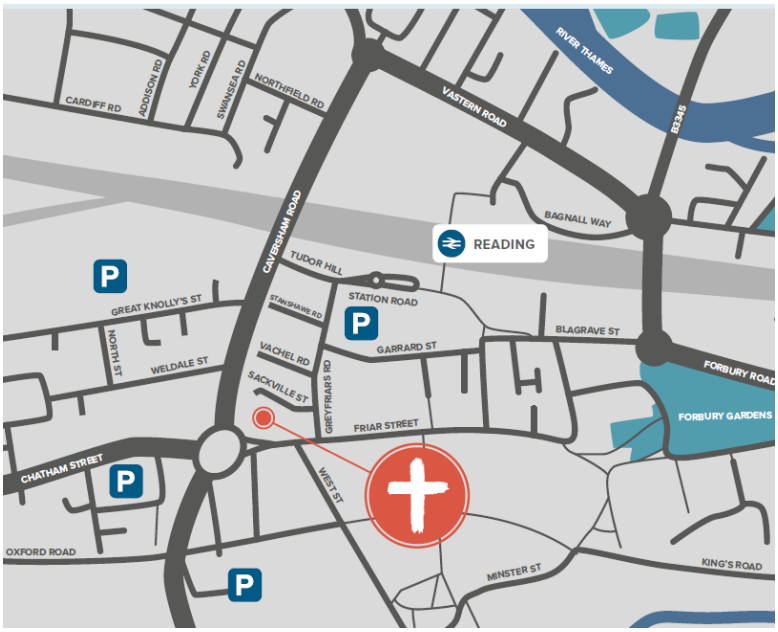
The meeting will be held **in the Loddon Room on the first floor of the Greyfriars Centre** at RG1 1EH. (see location map below – Greyfriars is marked with a large Cross logo and is at the western end of Friar Street).

The Centre is at the northern end of the Greyfriars site, and can be accessed by first entering the Atrium building connected to the west end of the Church (large glass windows with 2 double doors, containing a coffee shop and book shop – with "meet, revive serve" written on the outside), off Friar Street. (see photo of the Atrium from Google maps below)

Once inside the Atrium, please walk away from the actual church building and the coffee and bookshop, to the left, down the link corridor to the Centre, and then either walk up the curved staircase or use the lift to the first floor.

On the first floor, the Loddon Room is to the right at the top of the staircase, or to the left if you use the lift.

If you have any questions about access, please contact Nicky Simpson – contact details above.



Access to the Greyfriars Centre is through either of the two double doors into the Atrium – then follow the link corridor to the left.

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Present:

Councillor Rachel Eden (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Andy Ciecierski	Clinical Director for Caversham Primary Care Network
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, RBFRS
Matt Pearce	Director of Public Health for Reading and West Berkshire
Katie Prichard-Thomas	Chief Nursing Officer, Royal Berkshire NHS Foundation Trust (RBFT)
Ben Riley	Chief Medical Officer, BOB ICB
Rachel Spencer	Chief Executive, Reading Voluntary Action
Councillor Liz Terry	Leader of the Council, RBC
Melissa Wise	Executive Director – Community & Adult Social Care Services, RBC
Theresa Wyles	Interim Chief Operating Officer, BHFT

Also in attendance:

Jamie Evans	Area Director, Healthwatch in Berkshire West
Lara Fromings	Assistant Director for Transformation, Commissioning and Performance, RBC

Apologies:

Colin Hudson	Reading LPA Commander, Thames Valley Police (TVP)
Steve Leonard	West Hub Group Manager, RBFRS
Lara Patel	Executive Director of Children's Services, Brighter Futures for Children (BFfC)
Helen Troalen	Interim Chief Finance Officer, RBFT

1. MINUTES

The Minutes of the meeting held on 14 March 2025 were confirmed as a correct record and signed by the Chair.

2. DELEGATED DECISIONS

The Board received the list of delegated decisions from previous meetings.

3. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Tom Lake in accordance with Standing Order 36:

a) Virtual Hospital/Hospital at Home

The Royal Berkshire Hospital (RBH) has a well-established "Virtual Hospital" programme with sometimes over 100 patients on its pathways, being treated at home. The programme provides treatment stated to be equivalent to hospital care in the patient's home and can have significant benefits for patient and hospital trust.

But it provides no personal care, no nutrition, hydration, washing, toileting assistance, shopping or housework or cleaning, which could become impossible

for a patient at home without a carer able to perform these functions. The services are described as hospital care at home but would be better described as hospital treatment at home.

The RBH "Virtual Acute Care Unit" covers the more acute pathways of the "Virtual Hospital" service where patients require continued monitoring at home.

The BOB ICB website states that "Hospital at Home" services in West Berkshire are delivered by RBH under the local name "Virtual Acute Care Unit" (VACU) and by Berkshire Healthcare under the name "Frailty Wards"/"Urgent Care Response" (UCR).

Berkshire Healthcare website states that their "Frailty Ward" or "Urgent Care Response" services put you under the care of either your GP or a geriatrician. But this does not cover people needing personal care who are placed in the VACU system by RBH.

RBH have stated that patients placed in the VACU service can be referred to the "Hospital at Home" service but there is no information on what that is - perhaps it is one of the Berkshire Healthcare services.

The decision to refer a patient to "Hospital at Home" for the personal care element seems to be relatively informal and I am aware of this having led to very poor experience in the past.

The VACU service can only operate safely if there is a clear protocol for decision making by staff with appropriate expertise on the need for personal care support. There is apparently a Frailty Team at the RBH but it is not automatically involved. Is the present situation satisfactory?

There is clear confusion in the various public sources of information and no single complete account for the public of how services cooperate where no carer is available at home. Can this situation be cleared up with a clear statement of how these services operate and cooperate?

(I apologise for the length of this question, but it is just the complexity and lack of clarity about these new services which gives rise to concern.)

REPLY by Katie Prichard-Thomas (Chief Nursing Officer, Royal Berkshire NHS Foundation Trust) on behalf of the Chair of the Health and Wellbeing Board (Councillor Eden):

Thank you for your question and for highlighting the need for greater clarity around the scope, eligibility criteria, and coordination of services provided through the Royal Berkshire Hospital’s Virtual Hospital programme, including the Virtual Acute Care Unit (VACU).

I can confirm that the Virtual Hospital service does not provide any form of personal care, including support with nutrition, hydration, washing, toileting, shopping, housework, or cleaning tasks. Our service is designed to provide clinical treatment and monitoring at home for patients who would otherwise require hospital-based care. While the term “hospital at home” is used, it is important to recognise that

our remit is limited to medical care, not social care provision. A more accurate description may be “hospital treatment at home,” as you have noted.

To ensure patient safety and suitability for home-based care, we follow a strict referral and admission criteria. Patients referred to the Virtual Hospital must be:

- Clinically stable and appropriate for remote monitoring or treatment,
- Able to manage independently at home or have a reliable support network,
- Not reliant on assistance with personal care or basic daily living activities.

If a patient is unable to manage their personal care needs or lacks the necessary support at home, they will not meet the criteria for admission to the Virtual Hospital. In such cases, referrals would be declined, and the referring team advised to explore more appropriate care pathways.

We recognise that some patients being discharged home from the Emergency Department may present with frailty or reduced ability to manage independently. In such cases, they may be assessed by the Frailty Team prior to discharge. Where needed, support can be sought via the Urgent Community Response (UCR) service, delivered by Berkshire Healthcare NHS Foundation Trust. UCR may provide time-limited assistance to help individuals manage at home while other longer-term care solutions are considered. More information about the UCR service can be found here: https://www.berkshirehealthcare.nhs.uk/our-services/physical-and-community-healthcare/urgent-community-response-service/.

Although the Virtual Hospital team can liaise with services such as UCR when appropriate, we are not responsible for arranging or delivering personal care. It is important to understand that these services are provided by different organisations, and the pathways are distinct but complementary.

We are aware that public-facing information can sometimes cause confusion, particularly given the range of terms used (e.g., Virtual Hospital, Hospital at Home, UCR, Frailty Wards). The terminology "virtual ward" itself is not nationally standardised, which increases the risk of it being interpreted differently across the country. This contributes to inconsistency and confusion for patients, carers, and professionals alike. We agree that clearer and more accessible communication is needed to ensure patients, families, and carers understand how these services operate and interact.

Over the last month, we have launched a dedicated Virtual Hospital webpage on the Trust’s internet site, which provides patient information leaflets and a clear explanation of the Virtual Hospital service and what it offers. The page can be accessed here: https://www.royalberkshire.nhs.uk/wards-and-units/virtual-acute-care-unit-vacu. In addition, our patients are contacted directly and are provided with information from the point of admission to the Virtual Hospital to ensure they understand the service, how it operates, and what support is available. We continue to work closely with our partners across the system to improve coordination, transparency, and ensure patients are directed to the right service at the right time.

Lastly, while I am unable to comment on individual cases, I would like to reassure you that all referrals to the Virtual Hospital (including VACU) are reviewed by clinical staff. The patient's ability to cope at home independently is a core consideration in determining suitability for the service. If it becomes apparent that the patient is unable to manage safely at home, then they may need to attend the Emergency Department, where a frailty assessment may be offered. This often helps guide appropriate ongoing care or support arrangements. However, there are occasions when patients are assessed and support is offered, but they choose to decline it. In such circumstances, we ensure the patient is fully informed of the risks and that decisions are documented appropriately.

Thank you again for raising these important points. We welcome ongoing feedback and remain committed to delivering safe, effective, and appropriately targeted care for all patients.

The following question by Francis Brown was answered in writing:

b) Is the Health and Wellbeing Strategy Quarterly Implementation Dashboard sound?

It is like a toolkit inventory. A sophisticated check list that seeks to confirm that the various action plans to support the five priorities identified in the RBC Health and Wellbeing Strategy are present. Each action is updated every three months with a status of green amber or red. The wording of the actions has been honed over time to improve the chances that the entire strategy will be delivered on time. Indeed, the development of a dashboard is an essential step on the pathway to delivering the strategy. The completeness of this large tool kit is not questioned. The timeliness of the metrics for each action is its potential weakness.

Two worrying observations:

1 The commentary clarifies the scope of each action and the identity of the associated partners. The text is invariably qualitative but never quantitative.

2. In the Jan 2025 report the text is supported in Appendix A by 50 charts. In more than half of these the latest data is for the year 22/23 or earlier. These data series are helpful in identifying relevant historic trends. However, they are of little relevance as dashboard indicators. The feedback loop is far too long.

These two observations challenge the integrity of the dashboard which currently shows the majority of the dashboard ratings as green. To continue with the analogy: we have the tools (the actions) but we will not know (in some cases for years) if the tools are being used effectively and efficiently. It may be a while before it is realised that the desired strategy is not on track for delivery. This is very risky.

The completeness of this large tool kit (of actions) is not questioned. The lack of timely and meaningful dashboard metrics is questioned.

- Does the Board commend the progress so far but share my concerns?

To make a second analogy: a grower is interested in the overall yield, every step of the way losses can be expected. A proportion of seeds geminate, a proportion will show two leaves and so on. These are timely "proxy" measures. Each wave of sowings can be progressively assessed. The probability of achieving the seasons target becomes clearer as time progresses.

- Does the Board feel that using proxy measures would increase the probability of a timely delivery of the strategy?

REPLY by the Chair of the Health & Wellbeing Board (Councillor Eden):

Thank you for this well-timed question. You raise important points including about the timeliness of the measures in the Joint Health and Wellbeing Strategy dashboard.

You are right that there is a risk of measures becoming meaningless because they are dependent on outcomes that are measured with an unavoidable time lag. This is part of the conflict between ensuring the level of quality to identify trends over time, and promptness for monitoring purposes. You are also right to ask about the potential imbalance between the use of quantitative and qualitative data.

There are a range of ways the board could do this, including proxy measures as you suggest.

It is important to ensure that we are using our scarce resources most effectively to achieve the outcomes that are our priorities.

This is not easy and in some of the priority areas within the strategy it is particularly difficult. This may partly explain your observation about an apparent dependence upon qualitative data.

As you know, the Joint Health and Wellbeing Strategy for Reading is the responsibility of the Health and Wellbeing Board and this problem has been recognised by the board.

Our Director of Public Health and his team have been taking action to address this by engaging the Local Government Association to conduct an independent review of the Reading Health and Wellbeing Board over the past six months.

The review interviewed board members and held workshops with stakeholders to develop a shared view of the role, purpose and priorities of the Board, to consider best practice and new ways of working that will drive action and impact.

We will be discussing their recommendations at this meeting and I hope you will be able to stay to listen to this discussion, but I would certainly encourage you to take a look at the report.

One of the recommendations was a desire for the board to reduce the number of priorities which they wish to focus on.

A 'rapid' Joint Strategic Needs Assessment is being undertaken that will come to the next Health and Wellbeing Board meeting to inform our key priorities.

As well as informing the work of the health system locally it will also give us an opportunity to identify the most valid indicators so that our dashboard can be most useful. I also hope that we will be able to refresh the way our board works to be more dynamic and responsive to the needs of our town.

4. REVIEW OF THE READING HEALTH AND WELLBEING BOARD

Matt Pearce submitted a report presenting the findings of the Local Government Association (LGA) review of the Reading Health and Wellbeing Board (HWB) and setting out proposals for how the Board could revise its governance arrangements and working practices in response to the feedback received. The LGA feedback was attached at Appendix A to the report.

The report explained that, further to the Board's decision on 11 October 2024 to undertake a review (Minute 22 refers), the LGA had been invited to carry out a review of the Health and Wellbeing Board's governance and working practices to evaluate its effectiveness in improving the health and wellbeing of the local population and reducing health inequalities and make recommendations for improvement. The LGA had undertaken interviews with HWB Members and other stakeholders between December 2024 and February 2025. The intelligence gathered in those conversations had then been triangulated and compared with best practice and understanding of what made for an effective HWB. A workshop had been held on 24 March 2025 for the LGA to provide feedback and for HWB Members to reflect on the findings. The report summarised the main points raised at the workshop.

A Task and Finish Group had been set up to consider the outputs from the workshop and to develop a plan setting out the steps that the Board could take in response to the feedback received. The Task and Finish Group's recommendations had formed the basis for the proposals set out at paragraph 4.1 in the report, as follows:

- A Health and Wellbeing Board Compact would be developed that defined the shared principles and jointly set expectations for how Reading Health and Wellbeing Board members would work collectively as a strategic partnership to drive meaningful action and achieve the vision of its Joint Health and Wellbeing Strategy.

- It was proposed to move from four formal HWB meetings per year to three – these would be in-person and relatively brief, being focused on reports where formal decisions were required.

- Given that the HWB was a committee of the Council, meetings would be required to take place in public, with publication of formal agendas and minutes. It was proposed that members of the public would still be able to ask formal questions, but meetings would not be live-streamed. Alternative meeting venues would be explored, to address concerns about the formality of the Council Chamber, but any venue would need to have sufficient capacity and be accessible to the public.

- Formal HWB meetings would be followed by informal strategic meetings focused on the 'plan–do–review' cycle in relation to agreed priorities, and on the efficacy of partnership working arrangements.

- In addition, there would be informal deep-dive workshops in between HWB meetings, which would bring in additional partners and stakeholders – these would be focused on discussing barriers and challenges related to the agreed priorities,

sharing best practice and building on evidence-based approaches, as well as seeking to develop innovative solutions.

- The JSNA (State of the Borough Report) would be updated and brought back to the October HWB meeting – this would be used to identify a small list of priorities which the board wished to focus on.
- Once the priorities were agreed, subgroups would be established and tasked with developing a implementation plan which would be brought back to the March meeting (or earlier if possible).
- There would be a focus on raising the public profile of the Board, including:
    - A regular newsletter for stakeholders (and possibly residents)
    - Improving online information provision about the Board, including an interactive version of the performance dashboard and links to the Joint Strategic Needs Assessment, the Pharmaceutical Needs Assessment, and the Health and Wellbeing Strategy/implementation plan.
    - An annual conference to update stakeholders and residents on the previous year's activities, and priorities for the coming year, including workshop sessions.

The report stated that officers would work on the proposals and bring further details of any amendments needed to the HWB's Terms of Reference and operational arrangements to a future meeting for formal decision, informed by the new priorities of the Board.

The report also stated that one of the findings from the review had been confusion about the roles of and difference between the HWB and the Adult Social Care, Children's Services and Education (ACE) Committee in its role as the Council's Health Overview and Scrutiny Committee, and the report set out guidance to inform how each committee would operate and how the scope of their agendas would be determined, as well as a table summarising the key differences between them.

The report noted that the NHS 10 Year Plan that had been published on 4 July 2025 would need to be considered alongside the proposals in the report. In particular, the 10 Year Plan outlined future conversations between the LGA and the Government regarding democratic oversight and accountability within the new NHS operating model and the role of mayors and reforms of local government. The new plan also stated that a neighbourhood health plan would be developed under the leadership of the Health and Wellbeing Board.

Resolved –

That the proposed changes to the Health and Wellbeing Board following the LGA Review, as set out in paragraph 4.1 of the report, be approved.

5. JOINT STRATEGIC NEEDS ASSESSMENT REVIEW

Matt Pearce submitted a report on the process and timeline for reviewing and refreshing the Joint Strategic Needs Assessment (JSNA) in Reading, a key shared intelligence resource that enabled the Health and Wellbeing Board (HWB) and its partners to understand local population needs and informed strategic decision-making.

The report explained that the current JSNA, hosted on the Reading Observatory, included a wide range of thematic needs assessments and data. However, upon a public health self-assessment using the LGA Strengths and Risk tool, issues and opportunities relating to the JSNA had been identified and discussed, highlighting the need for improvement to ensure the JSNA was fit for purpose.

The recent LGA review of the Health and Wellbeing Board had identified a desire by board members to focus on a smaller number of priorities that were informed by evidence of need. A relatively short overview of the key health needs of Reading would be produced using data and intelligence that was readily available. This would be reviewed by HWB members in a workshop in the autumn to inform decisions about the Board's priorities for action in the short to medium term.

The report proposed an approach combining the delivery of this rapid "State of the Borough" JSNA, in parallel with conducting a broader review of the JSNA's structure, content, and delivery model. The latter process would run until October 2025 and involve cross-sector collaboration, including the formation of a Steering Group, stakeholder workshops, and a survey to inform development.

A further report including the outcomes of the review and an updated State of the Borough JSNA, would be brought back to the Board later in the year.

Resolved –

(1) That the production of a rapid "State of the Borough" JSNA, in parallel with conducting a review of the current JSNA, be approved;

(2) That the members of the Board commit to actively supporting the JSNA review process;

(3) That the HWB partners identify and nominate suitable representatives from their organisations to participate in the JSNA Steering Group.

6. HEALTHWATCH READING ANNUAL REPORT 2024-25 – UNLOCKING THE POWER OF PEOPLE-DRIVEN CARE

Alice Kunjappy-Clifton submitted the 2024/25 Annual Report for Healthwatch Reading "Unlocking the Power of People-Driven Care" which gave details of the work carried out by Healthwatch Reading in 2024/25.

The report explained who Healthwatch Reading were and how they had: made a difference during the year; worked together for change; made a difference in the community; listed to people's experiences; heard from all communities; provided information and signposting and showcased volunteer impact.

The report gave details of Healthwatch Reading's full and diverse engagement programme in 2024/25, centred around the following core projects:

- Language Matters
- NHS Eligibility to Treatment
- GP Access
- Improving Sexual Health Awareness and Services for Young Women (16-24)
- Oral Health and Dentistry (Core20Plus5 project)

The report also gave details of Healthwatch Reading's 2024/25 finances and set out its priorities for 2025/26:

- Primary Care
- Women's Health
- Men as Carers

Alice Kunjappy-Clifton and Jamie Evans explained that, whilst there had been recent national announcements about the abolition of Healthwatch, Healthwatch England's functions would be moved into the Department of Health and Social Care, and Healthwatch Reading would be continuing with its work until legislation had been passed, which was not expected to be for at least another 12-18 months. Members of the Board expressed gratitude for the valuable work of Healthwatch and noted its importance in providing an independent public and community voice and scrutiny, and the need to replace this work in future following the legislative changes.

Resolved - That the report and position be noted.

7. AUTISM STRATEGY YEAR 3 (2024/25) ACTION PLAN UPDATE

The Board received an information report on the progress of the Year 3 (2024/25) All Age Autism Strategy Action Plan across Reading.

Resolved - That the report be noted.

8. BOB ICB UPDATE BRIEFING

The Board received a briefing note from the BOB Integrated Care Board, as at June 2025.

The report covered the following areas:

- BOB ICB Board meetings
- BOB ICB Capital Resource Use Plan 25/26
- Update on Key Priorities
- Urgent Dental Appointments

Resolved - That the report be noted.

(The meeting started at 2.00 pm and closed at 2.57 pm)

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	07 October 2025
Title	West of Berkshire Safeguarding Adults Partnership Board (SAB) Annual Report 23/24
Purpose of the report	To note the report for information
Report author	Lynne Mason
Job title	Business Manager SAB
Organisation	SAB
Recommendations	1. That the SAB Annual Report 23/24 be noted

1. Executive Summary

1.1 The Safeguarding Adults Board (SAB) must lead adult safeguarding arrangements across its authority and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.

1.2 The overarching purpose of a SAB is to safeguard adults with health and social care needs. It does this by: Assuring itself that local safeguarding arrangements are in place, as defined by the Care Act 2014, and statutory guidance; requiring that Local Authorities demonstrate that:

- Safeguarding practice is person-centred and outcome-focused;
- They are working collaboratively to prevent abuse and neglect where possible;
- Agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- Safeguarding practice is continuously improving;
- The quality of life of adults in its area is enhanced.

1.3 The Annual Report 2023-24 presents what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2023-24. This is both as a partnership, and through the work of its participating partners. It provides a picture of who is safeguarded across the area, in what circumstance and why. It outlines the role and values of the SAB, its ongoing work and future priorities.

1.4 The report has been published on the SAB Website (Priorities, Plans and Reports | West of Berkshire Safeguarding Adults Board (sabberkshirewest.co.uk) and shared with all Health and Wellbeing Boards across the West of Berkshire.

1.5 One of the areas identified in the report for improvement is for the West of Berkshire Safeguarding Adults Partnership to strengthen its links with Health and Wellbeing Boards, Community Safety Partnerships, and Children's Safeguarding Boards. In response to this, the Safeguarding Adults Board, in collaboration with the Children's Safeguarding Board, is developing a proposal for all strategic partnerships across the West of Berkshire to adopt a shared protocol. This protocol would require each partnership board to provide biannual update reports to the collective strategic partnerships in the area. The protocol aims to enhance strategic collaboration by promoting:

- Shared situational awareness of safeguarding activities
- Alignment on shared priorities
- Identification of opportunities for collaboration
- Avoidance of duplication
- Stronger collective impact

At the time of writing this report an invitation letter to request Reading HWB to sign up to this protocol was being drafted.

2. Policy Context

2.1. The SAB has a duty to develop and publish a strategic plan setting out how it will meet its objectives and how the partnership will contribute. The annual report (attached) details how effectively these have been met.

2.2. The priorities for 2023/24 were that the SAB will focus on priorities that have been identified through its reflective learning practice:

2.2.1. Priority 1: To seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West Berkshire residents is monitored effectively and there is a proportionate response to concerns.

2.2.2. Priority 2: Embedding a good understanding of Mental Capacity Act within the practice of our statutory partners.

2.2.3. Priority 3: Serious Violence and Exploitation, understanding the gaps from an adult safeguarding perspective.

2.2.4. Priority 4: Review and relaunch of the SAB Quality Assurance Framework.

2.3. The priorities for 2024/25 were:

2.3.1. Priority 1: Embedding a good understanding of Mental Capacity Act within the practice of our statutory partners.

2.3.2. Priority 2: Serious Violence and Exploitation, understanding the gaps from an adult safeguarding perspective.

2.3.3. Priority 3: Fire Safety – to address the learning from the Fire Safety SAR in January 2024 and to improve awareness across the West of Berkshire around the increased fire risks for vulnerable people.

2.4. The priorities for 2025/26 are:

2.4.1. Protection of Vulnerable Adults from Exploitation and Violence - understanding and addressing the gaps from an adult safeguarding perspective.

2.4.2. Preventing financial exploitation of adults with care and support needs

2.4.3. Addressing the Impact of Diversity on Abuse and Neglect, to understand and mitigate the impact of race, ethnicity, religion, gender, sexual orientation, age, disadvantage, and disability on abuse and neglect, and to develop effective strategies to address these issues.

3. The Proposal

3.1. To acknowledge the strategic contributions of the SAB and identify areas of alignment that may present opportunities for collaborative working.

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

4.1. The SAB is a statutory function and has set priorities for 24/25 as detailed in section 2.3 of this report.

5. Environmental and Climate Implications

5.1. There is no impact noted as a result of this report.

6. Community Engagement

6.1. The SAB have a dedicated subgroup with representation from the voluntary care sector and HealthWatch across Reading, West Berkshire and Wokingham.

6.2. The SAB have created a new role, which will be filled by mid-March 2025, increasing capacity within the business unit to support with community engagement.

7. Equality Implications

7.1. Not applicable

8. Other Relevant Considerations

8.1. Not applicable

9. Legal Implications

9.1. The SAB is set up under the Care Act 2014 (legislation.gov.uk)

10. Financial Implications

10.1. Not applicable

11. Timetable for Implementation

11.1. Not applicable

12. Background Papers

12.1. There are none.

Appendices

1. Annual Report 2023/24

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West of Berkshire Safeguarding Adults Board

Reading, West Berkshire & Wokingham

Annual Report 2023-24

If you would like this document in a different format, contact Lynne.Mason@Reading.gov.uk

Endorsed by Board: 4th December 2024

Published: 13th December 2024

Concerned about an adult?

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

If you are concerned about yourself or another adult who may be being abused or neglected, in an emergency call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101 or contact Adult Social Care in the area in which the person lives.

In an emergency situation call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101.

If you are concerned about yourself or another adult who may be being abused or neglected, contact Adult Social Care in the area in which the person lives, on the numbers, email address or by completed an online form below:
Reading – call **0118 9373747** or email at CSAAdvice.Signposting@reading.gov.uk or complete an online form
West Berkshire – call **01635 519056** or email safeguardingadults@westberks.gov.uk or complete an online form
Wokingham call **0118 974 6371** or email Adultsafeguardinghub@wokingham.gov.uk or complete an online form
For help out of normal working hours contact the **Emergency Duty Team** on 01344 351 999 or email edt@bracknell-forest.gov.uk

For more information visit the West of Berkshire Safeguarding Adults Partnership Board website:
http://www.sabberkshirewest.co.uk/

Message from the Independent Chair

This is my third year as Chair of the West of Berkshire Safeguarding Adults Board (2023/2024). As I have commented previously, it really has been my privilege to see the dedication of staff from across the health and social care sector to provide the best care they can possibly deliver. At the beginning of this annual report, I want to pause to reflect on this further. We are referring to staff from across the formal, informal and voluntary sectors who work with some of the most vulnerable members of society. Although there is often a great sense of personal and professional pride in the fact that these staff can see the value of what they do and the difference it makes to peoples' lives, they often have to work under immense pressure in complex and difficult situations. As a society we recognise that the demand and need for care increases every year due to societal changes, yet the level of resource never seems to be able to keep up with this demand. It is therefore often front-line staff, caring for our most vulnerable who pick up and bear this burden. We owe them so much and so I want to say a big **THANK YOU** to all those staff and volunteers working on the front line to support and assist vulnerable adults in our community. You make an immense difference to those people that you care for and as the Chair of this Board I want you all to know that we really value and appreciate all your efforts. You are all an inspiration and, put simply, without you the fabric of our society would unravel - we all owe you so much.

I am pleased to be able to report that during the past year the Board has been able to increase its funding as members have agreed to increased contributions. Given the difficult economic times we live in, this is both a remarkable achievement and evidence of how much the work is valued by its members. This additional funding is designed to allow the Board to recruit an additional member of staff to allow the Board to undertake additional performance and quality assurance in the future. Care is a complex business, and we need to be constantly assured as a Board that it is effectively and safely delivered. This new post will aid us in this process, and it will allow us to be more effective in our communication strategies. I look forward to reporting next year as to how this additional resource has assisted the work of the Board.

I trust the content of this annual report speaks for itself in demonstrating the sheer hard work and endeavours of its members over the past year, coupled with its aims and ambitions for the coming year, and I commend it to you. I wish to conclude this message with my personal thanks to the Board Staff and Members. It is this team who delivers the outcomes mentioned in this report. They commit their time to Board meetings, subgroups and task and finish projects in order for this work to be undertaken, and it really is a privilege to work with you all. In particular, I want to comment this year on the role of the Business Manager. The Business Manager drives the activity of the Board and ensures its business is completed in a timely and effective way. We are so fortunate to have Lynne as our Business Manager; it is hard to put into words how valuable you are to the Board. Lynne you are ‘ Simply the Best', thank you.

Professor Keith Brown

Independent Chair, West of Berkshire Safeguarding Adults Board

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

About us

What is the Safeguarding Adults Board?	The West of Berkshire Safeguarding Adults Partnership Board (SAB) covers the Local Authority areas of Reading, West Berkshire and Wokingham. The SAB is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. Mandatory partners on the SAB are the Local Authorities, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and Thames Valley Police. Other organisations are represented on the SAB such as health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. A full list of partners is given in Appendix A the SAB structure in Appendix B. We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.
Who do we support?	Under the Care Act, safeguarding duties apply to an adult who: • Is experiencing, or is at risk of, abuse or neglect; and • As a result of their care and support needs, is unable to protect themselves.
Our vision	Adult safeguarding means protecting people in our community so they can live in safety, free from abuse and neglect. Our vision in West Berkshire is that all agencies will work together to prevent and reduce the risk of harm to adults at risk of abuse or neglect, whilst supporting individuals to maintain control over their lives and make informed choices without coercion.
What is safeguarding adults?	Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs, regardless of whether or not they are receiving support for these needs. There are many different forms of abuse, including but not exclusively: Disability hate crime, Discriminatory, Domestic, Female genital mutilation (FGM), Financial or material, Forced marriage, Hate crime, Honour based violence, Human trafficking, Mate crime, Modern slavery, Neglect and acts of omission, Organisational, Physical, Psychological, Restraint, Self-neglect, Sexual and Sexual Exploitation.
Safeguarding Adults Policy and Procedures	Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter: Berkshire Safeguarding Adults - Berkshire Policies & Procedures for Safeguarding Adults

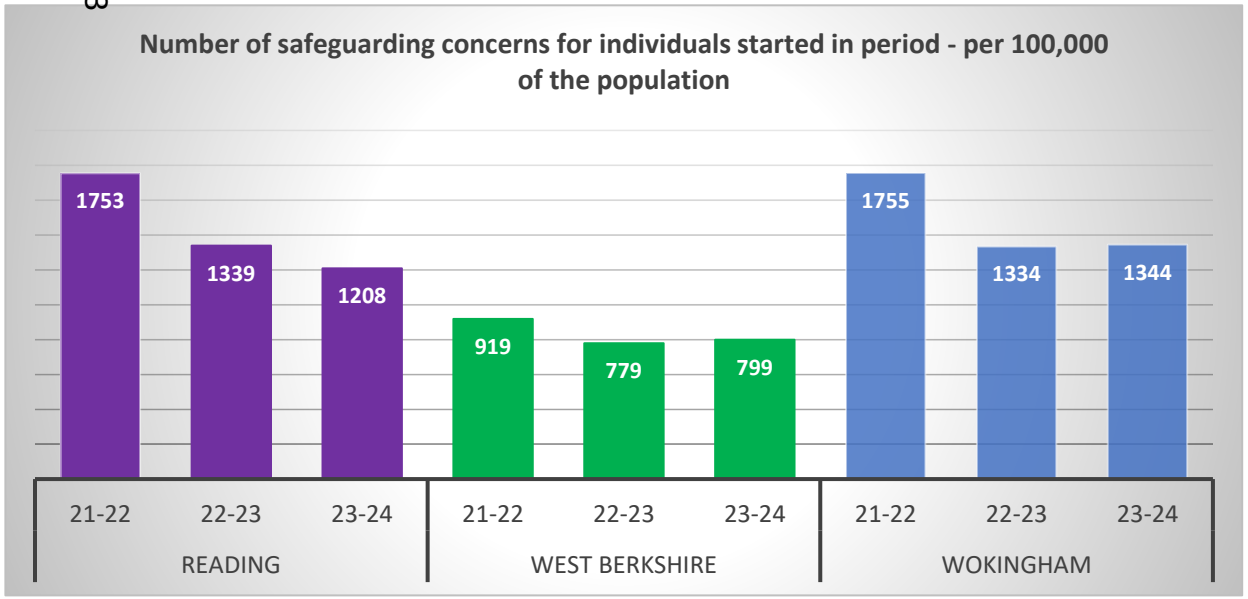
Number of safeguarding adult concerns and enquiries 2023-24

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

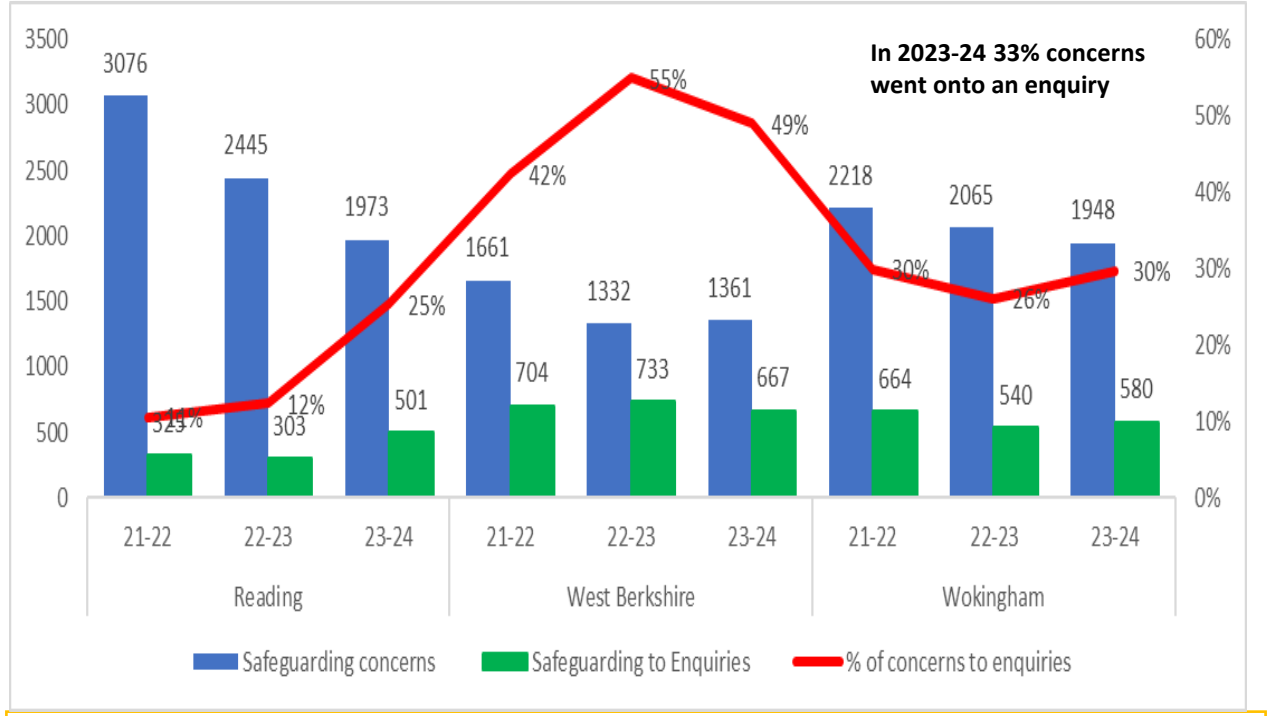
Due to the high % of out-of-scope safeguarding concerns received by our Local Authorities Partners from the Ambulance Service and the Police, there have been some changes to how Local Authorities manage these concerns to ensure that the concern is considered by the correct team and that it does not overwhelm their safeguarding pathways. For this reason, there has been a reduction in the number of safeguarding concerns from 21/22 to now, with a more consistent outturn between 22-23 and 23-24 and an increase in the % of safeguarding concerns that have led to a safeguarding enquiry.

The chart below demonstrates, in 2023-24 the total number of safeguarding concerns for individuals started in period - per 100,000 population, has decreased by 3% in the West of Berkshire, when comparing with 2022-23 and a 24% decrease when comparing with 2021-22. The SAB understands that this decrease is due to the amended pathways adopted by Local Authorities to address out of scope concerns and that there has not been an actual reduction in the number of in scope safeguarding concerns received.

It is important to note that this indicator will only count an individual once during the reporting period and therefore does not account for any multiple safeguarding concerns raised for individuals over the year, therefore the number of safeguarding concerns received is much higher than this outturn.



The table below demonstrates the number of safeguarding concerns, safeguarding enquiries and conversion rate between safeguarding concern and enquiry over the last three years by local authority.



In 2023-24 there were a total of 1748 enquiries started in the West of Berkshire

- 501 enquires in Reading an increase of 65% compared with 2022-23
- 667 in West Berkshire a decrease of 9% compared with 2022-23
- 580 in Wokingham an increase of 7% compared with 2022-23

Safeguarding Concern Trends across the area 2023/24

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Types of Abuse
As in previous years neglect and acts of omission was the most frequent abuse type, equating to 30% of enquiries. This was followed by financial, psychological or emotional abuse and physical abuse.

In 23-24 there was 362 enquiries with the abuse type of financial a 25% increase compared with the previous year.

Self-Neglect has also seen an increase of 27% with 287 enquiries completed.

There is a 35% increase in Domestic abuse which in the previous year had seen a 17% increase. 202 enquires were completed.

Modern slavery saw the largest increase of 40% when compared with 2022/23, however due to the lower number of enquiries this equates to an increase of 2 enquiries.

Organisation abuse has seen the biggest decrease of 72%, there were 21 enquiries completed compared with 75 in 2022/23, which in that year this abuse type saw the biggest increase. The number of enquires in 2023/24 are like 2021/22 so it appears that 2022/23 was an outlier.

56% of enquires were in relation to women, this is consistent with previous years.

For the majority of enquiries (35%), the individual primary support reason was physical support, this is consistent with 2022/23. This was followed by no support reason, Learning Disability Support and Mental Health Support.

Social Support has seen a 490% increase with 124 enquiries completed this year compared with 21 last year.

Have seen an increase in the number of concerns raised by the fire service, as a direct result of the thematic Fire Safety SAR completed by the Board this year.

81% of enquires were for individuals whose ethnicity is White; this is a slight decrease with last year. The ethnicity of the remaining 19% of individuals is as follows: Not Known 8%, Black 4%, Other 4%, Asian 3%, Mixed 1%.

The Performance and Quality Subgroup (now referred to as the Scrutiny and Impact Group) routinely consider the ethnicity data to ensure it is consistent with our demographics.

Location of alleged abuse
64% of enquiries completed were where the alleged abuse took place in the persons own home, this is a slight increase compared with 22/23 and the first time in three years that an increase has been seen.

There has been a 5% decrease in enquiries completed where the location of abuse was in hospital, equating to a total of 83 enquiries.

Care Homes saw a decrease of 15, with a total of 357 enquires.

There was a 2% increase in Service within Community (Commissioned service in community setting) with 48 enquiries.

59% of enquiries relate to people over 65 years in age, this has seen a minor decrease compared with last year.

25% of enquires completed were for individuals with no support reason, this evidences that Local Authorities are discharging their duty for self-funders, out of area placements and those not in receipt of services.

Risks and Mitigations

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

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

Risk	Consequence/Impact	Mitigation
People who raise safeguarding concerns do not receive feedback	Impaired partnership working.	Key Performance Indicator (KPI) in place to monitor percentage of referrers that receive feedback. As reported in the 22/23 annual report Reading Borough Council are currently unable to supply this information. Repeated assurance has been provided to the Performance and Quality Subgroup that plans are in place to address this.
There is inconsistent use of advocacy services to support adults through their safeguarding experience.	The voice of the service user is not heard.	Improve oversight of advocacy offer in the West of Berkshire: • KPI on SAB's dashboard, • Advocacy representation at SAB and subgroups, • Advocacy audit added to the SAB 24/25 Business Plan.
Responsibilities under the Mental Capacity Act (MCA) 2005 are not fully understood or applied in practice as a safeguard for people who may lack capacity (SAR finding)	Significant harm to adults as risk.	Learning resources around MCA is promoted by the SAB: Mental Capacity Act and DoLs | West of Berkshire Safeguarding Adults Board (sabberkshirewest.co.uk) SAB Business Plan priority 23/24 and 24/25.
In response to the government's decision to delay Liberty Protection Safeguard (LPD) implementation there are capacity issues within the supervisory bodies to obtain timely DoLS assessments and provide appropriate authorisation.	Risks that vulnerable people do not have the opportunity to live within the least restrictive regime possible for their condition.	A KPI on the dashboard, concerns around performance have been highlighted to the SAB. KPI introduced to the dashboard in response to waiting lists for community DoLs, Performance and Quality subgroup are monitoring data and will update the SAB when data trends are understood.
The SAB is not complying with its Quality Assurance Framework (QAF).	That the SAB do not have assurance in regard to the quality of safeguarding in its area.	Action plan in place to monitor compliance with QAF.
Recruitment and retention of staff across all the partnership.	Staff shortages will impact on risk prevention and response to safeguarding concerns.	None identified, will address issues that are in the SAB's control as and when they arise.

Achievements through working together

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Our priorities for 2023/24 and outcomes to those priorities were:

Priority 1: To seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West Berkshire residents is monitored effectively and there is a proportionate response to concerns.

- Berkshire West, Care Homes Strategic, Performance Forum delivered a presentation to the SAB, providing assurance on how health and social care partners work together to jointly lead on quality assurance and monitoring through scrutiny of identified issues, discussions and assurance of all Care Homes (inclusive of learning disability care homes, supported living establishments and domiciliary care providers who operate and deliver services.
- Creation of a webpage on care governance practice learning briefs on:
  - Identifying and responding to concerns in health and social care services
  - Out of area reviews best practice guidance
- Considered a reflective learning report on a large-scale organisational safeguarding investigation, involving multiple SAB partners completed in 23/24.
- Assurance sought on the timeliness and quality of reviews conducted by partners who have commissioned services for individuals outside their Local Authority boundaries, to ensure that the learning from previous SARS and assurance exercises was embedded.

Priority 3: Serious Violence and Exploitation, understanding the gaps from an adult safeguarding perspective

Agreed and published Missing People Multi-Agency Response Guidance, implementation plan is in place and is expected to be delivered in 24/25.

Carried over priority into 24/25 as it had been previously agreed by this SAB this will be a priority for several years the next action for this priority will be: Sexual and Criminal Exploitation

Priority 2: Embedding a good understanding of Mental Capacity Act within the practice of our statutory partners

Undertook a survey with the aim being for the SAB to better understand the current support available and the challenges within the partnerships for those supporting vulnerable adults in identifying and managing and supporting people with issues around mental capacity. There were an amazing 199 responses to this survey and the results were considered by the Board in June 2023, this link provides a copy of the presentation. Key learning from the survey was that there is a lack of confidence in practice in the:

- Assessment of executive function when assessing capacity
- Understanding the criteria for referring to advocacy services
- Assessing capacity when the individual has or may have fluctuating capacity.

Completed a full review of MCA/DoLs webpage and added additional WoBC guidance.

Safeguarding Adults Week – included a webinar on Executive Function.

Undertook a deeper analysis of SAB Dashboard data in relation to MCA.

Considered the internal MCA audits findings from partners and identified common themes and recommendations for the SAB.

SAB Partners are included in the local integrated care boards MCA steering group.

Partners have introduced advice sessions for practitioners to discuss issues they have about MCA.

Purchased MCA textbooks for all SAB statutory partners at a discounted rate.

Carried over the priority for 2024/25 to further support better understanding of practice in regard to MCA.

Priority 4: Review and relaunch of the SAB Quality Assurance Framework has been endorsed and published by the SAB and there is an implementation plan in place to support the SAB to follow the Framework.

Achievements through working together continued….

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Safeguarding Adults Week 2023
In November 2023 the West of Berkshire Safeguarding Adults Partnership Board is supported the Ann Craft Trust Safeguarding Adults Week. Each day of the week our partners hosted a wide variety of free webinars to cover the themes on: Safeguarding yourself and others, these were open to all health and social care practitioners and volunteers within the West of Berkshire. The partnership provided learning resources to support awareness on these key themes. The week was a success with a total of 358 delegates attended the 8 webinars covering:

- Safeguarding Vs safeguarding
- Executive Function : understanding fluctuating mental capacity and how best to care with these issues
- Trauma informed approach to Safeguarding – 2 sessions delivered
- The Prevent Duty
- Learning from Safeguarding Adult Reviews
- Domestic Abuse and Adult Safeguarding
- Ask the Experts Session (adult safeguarding and domestic abuse)

All learning resources and webinars that were recorded can be found here: Safeguarding Adults Week | West of Berkshire Safeguarding Adults Board (sabberkshirewest.co.uk)

Advocacy People Berkshire SAB presentation June In June 2023, the Advocacy presented to the Board their advocacy offer in the West of Berkshire, also highlighting the importance of advocacy in safeguarding.

Commissioned and launched a new website after previous website host ceased trading.

Updated our escalation protocol

Modern Slavery in Care Webpage Created.

Published 4 Safeguarding Adult Reviews

Whistleblowing Webpage Created.

Created a pre-recorded webinar on the learning from the Pauline SAR.

Published a case study A case study sharing learning from an internal review in West Berkshire, following the death of a 70-year-old lady, who died in hospital with pressure wounds acquired at home.

The Department for Work and Pensions (DWP) have introduced Advanced Customer Support Team, whose role is to offer more support vulnerable individuals which will sometimes overlap with safeguarding interventions. In June 2023 the DWP delivered a presentation to the Board detailing the function of this new team and joined our SAB as a new member. DWP Presentation June 2023

In the absence of an effective Multi-Agency Audit Framework Strategy the SAB carefully considered learning from internal audits undertaken by its statutory partners over a 12-month period. A Task and Finish Group was also set up to review and relaunch a Multi-Agency Audit Framework Strategy which is due to be launched in early 24/25.

In response to learning from Safeguarding Adults Reviews the following guidance documents were produced in order to support health and social care practitioners in their response to safeguarding concerns:

- Considerations before raising a safeguarding concern
- Pathways for Multi-agency Planning
- Multi-Agency Strategy Discussion-Meeting Guidance

Launched a webpage for: Recorded Webinars/Training Sessions

Purchased Hidden Harms, video focusing on Domestic Abuse and Older People, that was edited for the West of Berkshire.

MARM – Supporting Individuals to Manage Risk and Multi Agency Framework
Key Performance Indicator introduced to monitor the effectiveness of the MARM across the partnership.
Local Authorities provided video guides to support the partnership to under their processes for managing MARM.

Highlights from the Voluntary Sector and Healthwatch Subgroup

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Celebratory Points

- Being able to address and be part of the SAB that **enables better understanding of advocacy**
- Being part of the **safeguarding week plans** and events that take place under the SAB banner.
- Knowing that SAB takes **issues that arise from SARs seriously** and acts on the recommendations that come from the reports
- **Commitment and agility of the Voluntary, Community and Social Enterprise Sector.** Despite the plethora of societal challenges facing communities, the determination to support those most in need continues. Within this, some charities have been able to build in additional offers of service delivery, for example grants to support the heating of the homes of local people.
- **More consortiums and partnerships.** Whist charities are having to work hard to support their own sustainability, many are realising the advantages of working in partnership. In the last year, Wokingham Borough has developed its Dementia Alliance and Carers Alliance. In both cases, three of more charities are working together to realise a collective ambition, utilising and sharing resources to best achieve for local people.

Emerging Issues

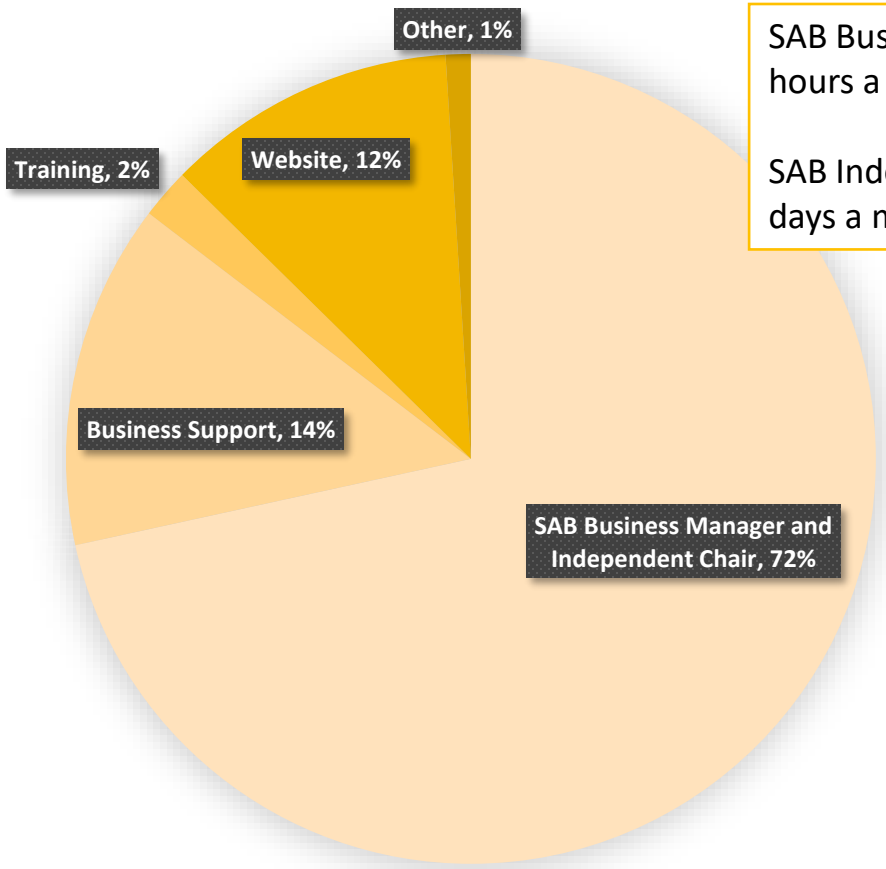
- Lack of enough **advocacy funding** to provide enough early intervention i.e. community advocacy to act as a prevention of escalating problems.
- Learning from SARs evidences there is **a gap in advocacy referrals**.
- **Support for Asylum Seekers**. There are many asylum seekers who are successfully receiving their leave to remain in the UK. Upon receiving this notification, these individuals are given 28 days-notice and are then required to move on from their temporary accommodation. This notification is often delayed in arriving with the individual in question which is then not allowing sufficient time for professionals and volunteers to help secure income, find housing and begin to build the lives of those who are often highly vulnerable.
- **Cost of Living.** There are an ever-increasing number of residents who are presenting to our foodbanks and who are working. Following increases to mortgages, rent, utilities and other outgoings, those who have previously lived well or sufficiently within their means are now in financial hardship. Approximately a quarter to a third of those coming to the attention of food services have never had to use these facilities before.
- **Statutory Funding Pressures and Impact on Local Charities.** As statutory organisations come under increasing funding pressures, funds historically allotted to the Voluntary and Community Sector are under increasing scrutiny. Whilst we have not seen any cuts to funding at this stage, the prognosis of this happening is ever more present. This, alongside the increasing competition for funds from national and local funding organisations will see income to charities and other community assets go down which in turn will see services reducing their provision, with a potential risk of insolvency.

Annual Budget and Financial Contribution, 2023/24

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

The 2023/24 annual budget for the Board was £79,488 the annual budget is established through a financial contribution from statutory partners. The SAB also had £43,859 carry over from previous years. The name of the agency and their contribution; shown as a percentage of the overall cost in the table below and the pie chart demonstrates where the money was spent.

Partner	Agreed % Contribution
Reading Borough Council	16.07%
West Berkshire Council	16.07%
Wokingham Borough Council	16.07%
Buckinghamshire, Oxfordshire, West of Berkshire ICB	16.07%
Berkshire Healthcare Foundation Trust	9.52%
Royal Berkshire Hospital	9.52%
Thames Valley Police	16.66%



SAB Business Manager 21 hours a week

SAB Independent Chair 2.5 days a month

The 2023/24 expenditure was £74,861 and the SAB have carried over £48,485 into 2024/25. Which will be used to support the SAB to achieve its priorities.

Safeguarding Adults Reviews (SARs)

The SAB has a legal duty to carry out a SAR when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died, and abuse or neglect is suspected to be a factor in their death; or when an adult has not died but suffered serious abuse or neglect. The aim is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The SAB has a SAR Panel that oversees this work.

During the reporting year, the SAR Panel have worked on 6 SARs of which 4 have been endorsed and published and the remaining 2 SARs are due to go to SAB for endorsement and publication in 2024-25. The SAR Panel also considered 3 notifications that were assessed as not meeting the SAR criteria.

The SAR Panel considered the SAR in Rapid Time guidance produced by the Social Care Institute for Excellence and concluded that its current SAR process complements the principles within this guidance and that there was not a requirement to adopt the rapid time module.

The SAR Panel remains focused on ensure that it produces learning from SARs that is helpful to the partnership and will support improved practice both locally and nationally. The SAB has a dedicated webpage for its SAR process and published learning: Safeguarding Adults Reviews | West of Berkshire Safeguarding Adults Board (sabberkshirewest.co.uk)

Sandra Full report on the Case of Sandra and Practice Note

Sandra was 65 years old at the time of her death in 2022, having died in hospital from a sepsis infection acquired from an injury received in her home. Prior to her death, Sandra had been living independently in a flat provided by a local housing association. Sandra had several long-term health issues. Sandra's health issues were supported by her GP and wider NHS services, who found it difficult to engage Sandra with this support. Sandra had two children with whom she was in contact, including a son who suffered from poor mental health and himself had significant needs. Due to his vulnerabilities, she felt compelled to support his needs despite this severely affecting her own wellbeing. The first concerns for Sandra's safety were raised 9 years prior to her death, with a report that her son had moved into her flat after being evicted from his own accommodation. There were concerns about him physically assaulting her, causing damage to the flat, and hoarding. Shortly after these concerns were raised, Sandra was evicted from the property due to its condition and was supported by the local authority in being rehoused. She was provided a flat with a single occupancy tenancy and a condition that no other person should reside with her. During the subsequent years several safeguarding concerns were raised about Sandra's son taking over her flat, whilst exposing her to physical, emotional, and financial abuse. At the time of her death, Sandra was actively being supported by Adult Social Care, who allocated a Social Worker to Sandra, following a safeguarding concern received.

Key Learning points from this review were:

- **The Assessment of Safeguarding Referrals and Social Care Prevention Pathways:** Improvement is required in the way that referrals and contacts are initially assessed and allocated for further social work. New prevention pathways are required to ensure that social work teams are structured and resourced to manage cases of differing complexity.
- **The Quality-of-Care Act Assessments and Management of Risk:** Social workers and managers need further guidance in how to prepare person centred Care Act assessments and safeguarding plans.
- **Multi-Agency Information Sharing and Planning:** There is a need to promote the current multi-agency arrangements to share information and develop joint safeguarding plans. This should include improving the understanding of when a referral would still be appropriate in the absence of consent.
- **Developing Professional Curiosity:** Agencies have identified how a greater level of professional curiosity by their staff would have helped to better identify vulnerability and improve the submission of safeguarding referrals.

Published July 2023

Safeguarding Adults Reviews (SARs) continued…..

Tina Full report on the Case of Tina and Practice Note

Tina was a retired nurse living with her husband who was her main carer. A home care agency visited their home once a week to assist with housework and shopping, this was arranged and funded privately. Concerns were raised to adult social care about Tina's health and social care needs and how Tina and her husband were coping. Tina died shortly after being admitted to hospital.

Key Learning points from this review were:

Mental Capacity Act: if a person's decision making is putting them at high risk and/or they repeatedly make unwise decisions, that raises questions their mental capacity and should prompt a mental capacity assessment, this was not considered for Tina.

Professional Curiosity: would have been beneficial to establish why Tina was refusing support. There was mention of alcohol use on several occasions by agencies involved although professional curiosity was not applied to establish more information. No consideration was given to the impact alcohol may have on Tina's ability to make decisions.

Risk Assessment: there was an ongoing known history of Tina refusing equipment that she had been assessed as needing. A multi-agency risk assessment and management plan was not in place despite professionals identifying concerns and risks while working with Tina. A comprehensive risk assessment and management plan could have been completed to take full account of Tina's home situation, state of mind, and physical condition, this could have been shared with all agencies involved to enable a holistic approach to working with Tina.

Information Sharing: the limited multi-agency information sharing hindered a holistic view of Tina's evolving situation. It would have been valuable to have more information sharing between all agencies as not everyone involved with Tina and her husband were aware of the concerns and risks.

Care Act Assessment: was not carried out at any point. Carrying out an assessment of need was an important opportunity to understand Tina's whole situation and views. The objective of a needs assessment is to determine whether the adult has care and support needs and what those needs may be. No consideration was given to the Care Act 2014 Section 11 refusal of assessment, if an adult refuses a needs assessment the local authority need not carry out the assessment, unless the adult is experiencing, or is at risk of, abuse or neglect which the SAR found Tina clearly was.

Published November 2023

Fire Safety Full report on the Fire Safety SAR and Practice Note .

In late 2022 in the West of Berkshire there were 2 serious fire incidents involving people with care and support needs that lead to the SAR Panel commissioning a thematic SAR to look at the local and national picture around fire risk for vulnerable people.

The National Picture:

Older adults (65+) with care and support needs, particularly those who already exhibit self-neglecting behaviours or have reduced ability to meet their care needs due to frailty and immobility are more likely to die in fires.

Over the five years to 2020, 70% of all fatal dwelling fires happened in a living room, followed by the bedroom (though in some of these incidents the living room was being used as a bedroom).

The predominant source of ignition at fatal fires is smoking related (32% of all fatal fires), with a further 14% involving matches and candles. Heating and cooking equipment accounted for less than 10% each as the source of ignition for fires where there were fire related fatalities (including in dwelling fires)

In the year ending March 2022 there were 272 fire related fatalities (an increase of 15%). Because of numerous SARs into fire deaths nationally and national fire incident reports, the main contributory factors of a fire fatality have identified as:

- how able the person was to respond to the fire (i.e. were they mobile; were they awake; were they impaired by drugs or alcohol);
- how early the fire is discovered, how quickly fire service is called and the arrival time/ response of the fire service;
- the materials involved in the fire (smoking, non-retardant bedding and pressure relieving mattresses, clothing or hoist materials, emollient creams all increase risk);
- the size and construction of the room/building;
- the proximity of the victim to the fire.

In response to this SAR the SAB have set the following priority for 23/24:

Fire Safety – to address the learning from the Fire Safety SAR in January 2024 and to improve awareness across the West of Berkshire around the increased fire risks for vulnerable people.

Published January 2024

Safeguarding Adults Reviews (SARs) continued…..

Bree Full report on the Case of Bree and Practice Note

Bree died in February 2022 after falling from a bridge, she was 24 years old. An inquest held in June 2023 recorded a conclusion of suicide. Bree was a White British female who had learning difficulties and may have had undiagnosed autism spectrum condition.

Bree had been living in supported accommodation since 2019. The placement was within one local authority boundary but commissioned by another local authority. Bree received support from a care agency which specialises in providing support to people with learning disabilities and autism.

In January 2022 Bree's presentation deteriorated markedly. Her self-harming behaviours intensified as did her suicidal ideation. The Crisis Resolution and Home Treatment Team (CRHTT) supported her for a period and discharged Bree when her presentation appeared to have stabilised and at a time when her unhappiness in her supported accommodation was shortly to be addressed by a placement move.

However, the SAR has identified that Bree was living with complex trauma and a placement move would not have solved the underlying issues that led to Bree's her self-harming and suicidal ideation. The incident in which Bree fell from the bridge took place on the day after she presented at her GP practice expressing suicidal thoughts and was seen by a specialist mental health practitioner within primary care who considered referring her back to the CRHTT, but after consulting with the latter service, provided Bree with reassurance that her placement move was imminent.

Learning from this SAR identified that Bree had experienced traumatic events, including those that would fall under the category of abuse and neglect, throughout her life; which would have attributed to her self harming behaviours and suicidal ideation, therefore consideration of the safeguarding pathway would have been appropriate. This would have equipped all professionals working with Bree to understand the reasons why Bree's presentation had deteriorated significantly and to agree an appropriate risk management plan.

Published March 2024

How is learning from SARS embedded within in practice?

The SAB captures all recommendations from SARs on a SAR Multi- Agency Action Plan.

Actions are agreed for each recommendation that are then considered and signed off by the SAB when they endorse the SAR.

All SAR recommendations are allocated to a responsible agency and the most appropriate SAB subgroup. Update reports on SAR recommendation progress including themes is presented to the SAB on a quarterly basis.

When considering SAR recommendations, the SAR Panel will refer to the SAR Multi-Agency Action Plan to ensure that recommendations are not a duplication of previous recommendations.

Status of Current SAR Recommendations
From all SARs endorsed from the SAB since April 22 there are a total of 30 recommendations equating to 45 Actions. Of these 45 actions:

Action Embedded	40%
Action Completed	22%
Action being implemented and on track for completion within timescales	27%
Action not being implemented, or serious delays/concerns identified, or Action being implemented but with possible delays/concern	11%

Reflection

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

In December 2023 all SAB members were invited to take part in a SAB effectiveness survey, where the following areas of success and improvement were identified, this survey will be repeated every 2 years as per our Quality Assessment Framework requirements.

Success		Improvement	
Partnership	The SAB works in an atmosphere and culture of cooperation, mutual assurance, accountability and ownership of responsibility	Links	Improve our links with Health and Wellbeing Board, Community Safety Partnership and Children's Safeguarding Board.
Leadership	The SAB demonstrates effective leadership and coordinates the delivery of adult safeguarding policy and practice across all agencies, with representatives who are sufficiently senior to get things done.	Engagement	Improve mechanisms to ensure that the views of people who are in situations that place them at risk of abuse and carers inform the work of the SAB.
Reporting Mechanisms	Reporting mechanisms (to the SAB and from the SAB to the LA's and the boards of partner organisations) are clear and effective.	Integration	Establish clear protocols that integrate different agency procedures.

Key Priorities for 2024/25

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

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

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

Through its reflective learning practice, the SAB have identified the following priorities:

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

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Appendices

Reference	Description
Appendix A	SAB Member Organisations
Appendix B	SAB Structure
Appendix C	Achievements by partner agencies
Appendix D	2022/23 SAB Business Plan
Appendix E	2023/24 SAB Business Plan
Appendix F	Partners' Safeguarding Performance Annual Reports:
	Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board
	Berkshire Healthcare Foundation Trust
	West Berkshire Council
	Wokingham Borough Council
	Royal Berkshire NHS Foundation Trust
	Reading Borough Council
	South Central Ambulance

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	07 October 2025
Title	Director of Public Health Annual Report
Purpose of the report	To note the report for information
Report author	Dr Matt Pearce
Job title	Director of Public Health
Organisation	Reading Borough Council
Recommendations	1. To note the content of the Director of Public Health report in Appendix A, and for Health and Wellbeing Board members to share with respective organisations and networks to consider the recommendations contained within.

1. Purpose of the report

1.1. To share the Director of Public Health's (DPH) Annual Report 2025 with the Health and Wellbeing Board. The focus of the 2025 report is 'Setting the Foundations for Lifelong Health'

2. Executive Summary

2.1. The DPH annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.

2.2. The Director of Public Health's Annual Report for 2025 - 'Setting the Foundations for Lifelong Health', sets out the health of infants and parents in Reading and the challenges they face, alongside the work and achievements made in giving our children the best opportunities for good health, both now and in the future.

2.3. The report provides an overview of the health and wellbeing status of parents and children during infancy (0-5 years), highlighting areas where Reading benchmarks well, and areas that need attention. The report sets out several recommendations which the Health and Wellbeing Board and partner agencies may wish to consider going forward.

3. Background / Context

3.1 Since 1988 Directors of Public Health (DPH) have been required to publish an annual report on the health of their population, this can be an overview assessment or based on a specific theme.

3.2 The annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.

3.3 The annual report remains a key method by which the DPH is accountable to the population they serve.

3.4 The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following:

a. Contribute to improving the health and well-being of local populations

b. Reduce health inequalities.

c. Promote action for better health through measuring progress towards health targets.

d. Assist with the planning and monitoring of local programmes and services that impact on health over time.

3.5 The Public Health Annual Report is the DPH's independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been considered, the assessment and recommendations made in the report are those held by the DPH and may not necessarily reflect the position of the employing and partner organisations.

3.6 For the 2025 report, the topic of 'best start in life' was chosen and highlights the following:

- What happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood
- Chronic stress in early childhood has a negative impact on a baby's development and can have long-lasting effects on health and wellbeing.
- Significant progress has been made over the last few years across a range of health indicators in Reading, including reducing tooth decay and smoking in pregnancy
- Whilst Reading tends to have better outcomes for young children compared with most national and regional averages, there are still areas for improvement including:

    - Reading has the highest rate of low birth weight in the South East of England, with 4.1% (76 babies) of all babies born with low birth weight
    - The number of children living in poverty has been steadily rising and now stands at 17.0% of children under the age of 16, which equates to 5,700 children
    - The under 18 conception rate is significantly higher than the England rate
    - Around a quarter of people in early pregnancy in Reading are categorised as obese
    - 5.9% of women smoked during pregnancy, which is equivalent to 78 pregnant women.
    - Reading has some of the lowest immunisation uptake rates in the South East for 0-5-year-olds
    - 35% of babies are not breastfed at 6-8 weeks
    - Approximately one in three eligible parents are not claiming Healthy Start vouchers which equates to approximately £166k of unclaimed food vouchers locally per year.
    - Childhood obesity at reception age remains high, with significant differences between the most and least deprived parts of Reading
    - Some areas (most notably antenatal visits and 6-8 week visits) within the Healthy Child Programme need to improve.
    - Whilst levels of tooth decay have decreased over the last few years (38.0% in 2007/8 to 32.9% 2021/22)., one in three five-year-olds have tooth decay which is significantly higher than England (23.7%).
    - 7,890 homes in Reading are estimated to be non-decent, 11.5% of the total housing stock
    - Whilst child development at the end of Reception is similar to England in 2023/24. The proportion of children achieving at least the expected level in communication and language skills is significantly lower.

3.7 The report highlights good practice that local organisations are doing to support the outcomes of infants and parents across the Borough. These include Home-start, Get

Berkshire Active, Royal Berkshire NHS Foundation Trust, Dingley's Promise plus many others.

3.8 The recommendations included in the report outline how public health and the wider system can further improve the health and wellbeing of Reading infants and reduce health inequalities. The high-level recommendations are based on evidence of what works to reduce health inequalities;

1 Invest in parent support programmes

2 Increase uptake of healthy start vouchers

3 Ensure the successful implementation of family hubs

4 Improving oral health

5 Empowering families to plan for pregnancy

6 Improve vaccination uptake

7 Adopt a whole system approach to trauma informed practice

8 Become a 'child friendly' Borough

9 Develop a health promotion programme for early years settings

10 Better data and information sharing across agencies

11 Have a high performing Healthy Child Programme

3.9 These recommendations will need to be delivered through a whole system approach with a focus on joint working across organisations to enable the whole to become more than the sum of its parts.

3.10 Given the importance of the recommendations contained within the report, it may be prudent to review progress against actions that underpin these in 12-months' time, should the Council or partner organisations decide to adopt them.

3.11 Since work on this report had commenced, the Government have announced a series of policy measures through their Giving Every Child the Best Start in Life Strategy, that will in part, support the implementation of the recommendations set out in the report. It is advised that these recommendations are viewed within this context.

4 Contribution to Reading's Health and Wellbeing Strategic Aims

4.1 The Health and Wellbeing Board has responsibility for delivery of the objectives set-out in the Berkshire West Joint Health & Wellbeing Strategy 2021-30. This report directly supports priority 3 – help families and children in the early years.

4.2 The report also supports several priorities within the Council Plan including:

- Priority 1 - Promote more equal communities in Reading
- Priority 4 - Safeguard and support the health and wellbeing of Reading's adults and children.

5 Environmental and Climate Implications

5.1 There are no general implications for the environment arising from this report

6 Community Engagement

6.1 Community and stakeholder engagement is not a requirement of the Director of Public Health Annual Report.

7 Equality Implications

7.1 This report demonstrates the stark health inequalities and poorer outcomes that are systematically experienced by young children in the most deprived areas. The inequalities that develop in early years can become embedded throughout their lives. However,

providing high quality services for infants and parents can prevent ill health in later life, create healthier communities and reduce demand for services.

8 Other Relevant Considerations

8.1 Not applicable.

9 Legal Implications

9.1 In England, Directors of Public Health have a statutory duty to produce an annual report. This duty is outlined in Section 73B(5) of the 2006 NHS Act, as amended by Section 31 of the 2012 Health and Social Care Act.

9.2 The local authority also has a statutory duty to publish this report. This ensures that the Director of Public Health can make an independent judgment about the health of the local population and that the report is publicly available.

10 Financial Implications

10.1 There are no direct financial implications of this Annual Report, although implementation of the recommendations may incur costs for organisations should they be supported. However, many actions are already underway to support these recommendations through business as usual activity and recent national policy announcements.

Appendices

Appendix A – Director of Public Health Annual Report

The Director of Public Health Annual Report 2025

Setting the foundations for lifelong health

Reading Borough Council
Working better with you

Contents

Foreword by Director of Public Health

Welcome to my first Director of Public Health Annual Report which is one of the ways in which I can highlight specific issues that will improve the health and wellbeing of the population of Reading. For this report I have decided to focus on the first 1001 days of a child's life which are critical to a child's development and set the foundations for lifelong emotional and physical wellbeing. The format of the report is based on the 'red book', officially known as the Personal Child Health Record (PCHR), which is recognised as an important source of information for new parents.

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

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

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

This report demonstrates that a failure to act early comes at great cost, not only to individuals but to society as a whole. Every child, regardless of the circumstances into which they are born, should be able to maximise their potential and future life chances. I hope this report raises awareness of why investing and prioritising the first 1001 days is key to giving children the best start in life and how the council and partners can enhance the health and wellbeing of the 12,526 children aged 0-5 years in Reading and future generations.

Dr Matthew Pearce
Director of Public Health

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

Foreword by Councillor Rachel Eden

For all of us who live in Reading and care about our community, our Public Health Annual Report is essential reading. This year it focuses on the earliest years of life, particularly the first 1,001 days that shape a child's future. This is so important to give every child in Reading the chance to live life to the full.

This report isn't just for professionals or policymakers: it is for all of us. It's about how we, as neighbours, parents, carers, and residents, can help build a town where wellbeing and health are part of everyday life.

Whether it's supporting families, improving access to education, or making sure our parks and public spaces are safe and welcoming, this is about ensuring we live good lives.

The Government's recent announcements as part of the 10-Year Health Plan focus on prevention of ill health, fairness, and putting people at the heart of health services.

In Reading, we're already working to make that vision real. Our council is investing in early years support, tackling inequalities, and making sure that every child—no matter their background—has the opportunity to thrive.

I'm proud not just of the work the Reading Public Health team are doing, but also the work of other council staff, the NHS , charities and community organisations, volunteers, families, carers and schools. To make lasting and real change, we all need to play our part.

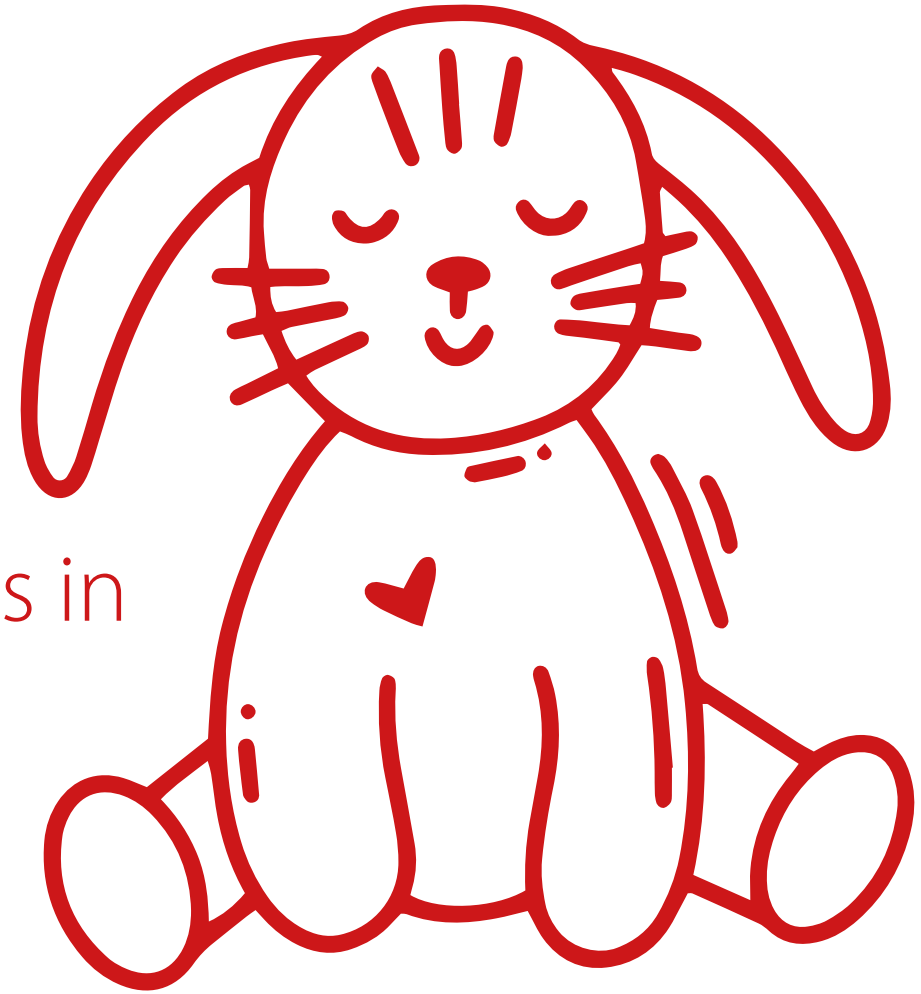
I'm also constantly inspired by the resilience and kindness I see across our communities and from our young people in particular.

This report highlights challenges, and it also shows the strength we have when we come together.

Thank you to everyone who plays a part in making Reading a healthier, happier place to live. Let's keep going—because every child deserves the best start in life, and every resident deserves to live well.

Councillor Rachel Eden
Lead Councillor for Education & Public Health

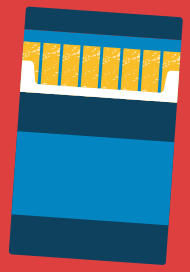
Section 1: The early years in Reading at a glance



If Reading were a town of 100 children:

Pregnancy and birth

4 newborn babies would have a low birth weight



6 babies would be born to women who are smoking

79 babies would be breastfed at birth

24 pregnant people would be overweight

56 new babies would be from an ethnic minority group

65 babies would be breastfed at 6-8 weeks after birth

42 babies would have been delivered by caesarean

Early Years

91 children would reach the expected level in communication skills at 2-2.5 years

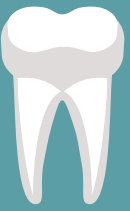
68 children would reach the expected level of development in communication, language and literacy skills at the end of Reception

91 children will have had one dose of MMR at 2 years of age

Physical Health

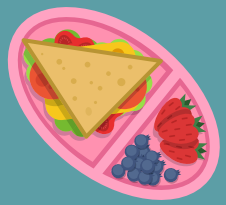
22 children would be overweight or obese at Reception (4-5 years)

33 children (aged 5) would have tooth decay



Wider determinants of health

17 children would be living in poverty



21 children would be eligible for free school meals

Figure 1 – Infographic representing a town of 100 children in Reading

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

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

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

Babies do not yet have the language skills to advocate for themselves, the word "infant" comes from the Latin for "to have no voice". We have an opportunity to change that and give a voice to babies, if we can offer enriching and supporting experiences to babies and families, we know we will reap the rewards in future years.

During the period from conception to age two, babies are uniquely susceptible to their environment. Babies are completely reliant on their caregivers and later development is heavily influenced by the loving attachment babies have to their parents. Influences during this crucial time also impact on experience of the wider determinants of health, which are often outside their control.[1]

Factors such as parental diet and health behaviours impact the development of disease across the life course of the child, including cardiovascular and lung disease, diabetes, some cancers and mental disorders. Figure 2 illustrates that interventions in childhood are likely to be more effective at reducing the risk of developing a disease across the life course. In adulthood, problems may be harder to treat and resistant to change and therefore intervening early is important.

Despite decades of evidence, that tell us that the time from conception until the baby's second birthday (the first 1001 days) is essential for a whole host of future outcomes, recent research found that there is limited awareness of the importance of early years[2]. What happens in the first 1001 days does not determine a child's entire development but getting things right in pregnancy and the first two years puts children on a positive developmental course, so they can take advantage of other opportunities.

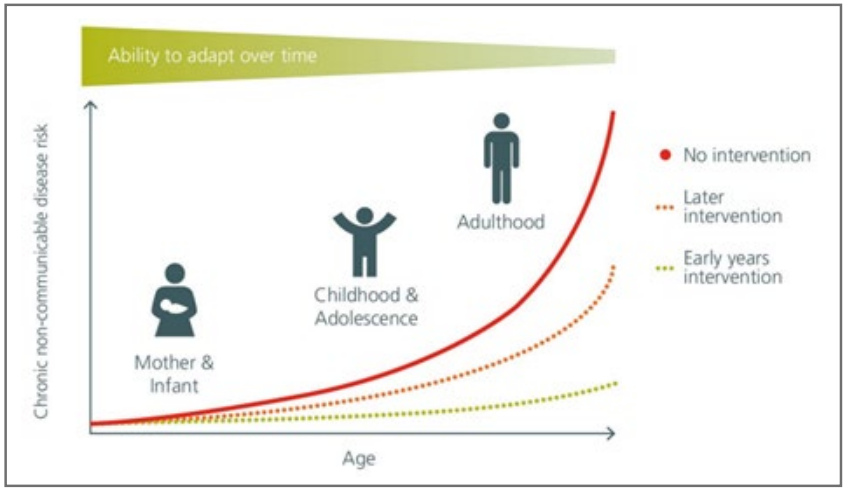


Figure 2 - Theory of development and impact of early intervention on chronic diseases

Brain development and the first 1001 Days

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

In the first years of life the babies' brain will be very much affected by the emotional experiences they have with those caring for them.

A baby's brain is receiving information all the time from how they are being cared for and what they can see, smell, feel and taste. Just like any new learning this can take time. Inside the brain, lots of neuro-connections are being made so that these messages and learning can be stored for the future. Just like any new learning, this takes time. To make the best use of these experiences and form strong neuro-connections, a baby's brain sometimes needs to pause and reduce stimulation from the outside world. This quiet time helps the brain focus on processing and organising what it has taken in.

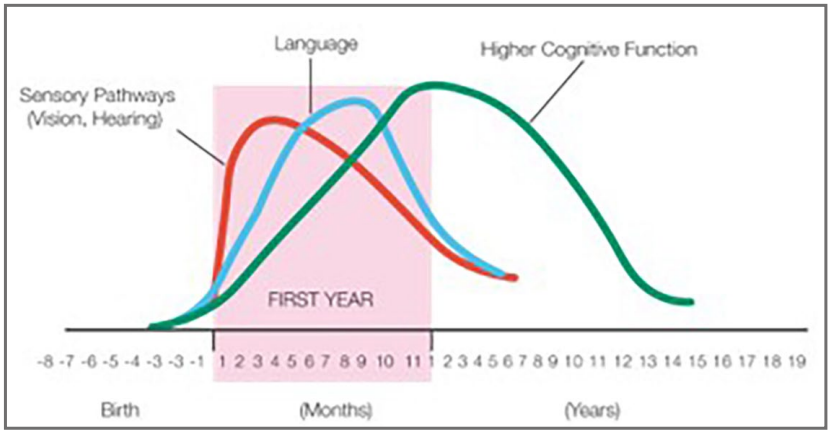


Figure 3 - Brain development from conception to 19 years (Nelson, 2000)

Connection is the foundation of healthy brain development. While often discussed alongside attachment, connection refers more broadly to the child's experience of being emotionally seen, safe, and valued.

Connection is what allows children to develop resilience, empathy, and emotional regulation. When children feel deeply connected to their caregivers, their brains are more likely to develop the neural pathways needed for learning, self-regulation, and social interaction. Connection is not a luxury—it is a biological necessity.

Research shows the quality of relationships and emotional connections during the earliest stages of life can outweigh the detrimental effects of later adversities. Studies have shown that stable and positive early relationships are essential for healthy brain development and can mitigate the effects of later stressors. For instance, research indicates that infants require stable emotional attachments with primary caregivers to promote positive growth in cognitive and caring potentials.[5,6,7,8]

The way our brains develop is a product of the interplay between our genes and our environment. Our environments play a crucial role in shaping the developing brain in the first 1001 days. This is a period when we are particularly susceptible to positive or negative experiences, which strengthen or harm brain development. As a result, exposure to adversity during this period could have long term implications.[9]

Trauma and adversity in childhood

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

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

SPOTLIGHT – Home-Start Reading

Home-Start Reading has been supporting families with children under the age of 5 for over 40 years. They recruit, train and supervise volunteers who are carefully matched with a family in need. They help the volunteer to build a trusted and respectful relationship with the family they support. Through taking an empathetic, non-judgemental approach, parents feel enabled to share their worries and the challenges that they are facing and are open to consider the impact on their child and family life. Their support is highly responsive to the individual needs of the family on a week-by-week basis.

Their volunteers visit families in their homes every week for 6 to 9 months providing practical and emotional support to parents so they feel more confident and better able to provide the positive experiences that are essential for a child's formative years. They help families recognise their qualities and capabilities and build resilience creating independence and less reliance on external support. They support families a range of families including single parent households, domestic abuse, alcohol / drug dependency, post traumatic stress, asylum seekers, neurodivergence and disability.

With just 3 full time staff and approximately 25 active volunteers at any one time, they help around 55 families a year through the home visiting service alone. They also deliver antenatal and mental health courses as well as providing group sessions for under 2s and their carer. Over a year, we provide around 120 services to approx. 95 individual families.

Chronic unrelenting stress in early childhood – such as exposure to conflict or abuse – can be extremely damaging to the developing brain, particularly if a child does not have a secure relationship with an adult who can help to 'buffer' the impact of this early adversity. This stress, known as 'toxic stress', leads to prolonged activation of the stress response systems which can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, into the adult years[10].

The term Adverse Childhood Experiences (ACEs) is frequently used to describe "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity"[11].

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

Figure 4 Impact of adverse childhood experiences on future outcomes

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

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

Based in national research we can estimated the number of ACE's amongst the 0-18 year old population in Reading (see Figure 5).

Adverse childhood experience	Estimate
Parental separation or divorce	18-25%
Emotional/psychological/verbal abuse	17-23%
Childhood physical abuse	14-17%
Exposed to domestic violence	12-17%
Household mental illness	11-18%
Household alcohol abuse	9-14%
Household drug abuse	4-6%
Childhood sexual abuse	3-10%
Household member in prison	3-5%

Figure 5 Estimated number of 0-18 year olds experiencing specific adverse childhood experiences in Reading (2023) [14,15]

Health inequalities

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

The conditions to promote and protect child health affect pregnant people, families and young children throughout Reading. It is known that socioeconomic status is associated with greater risk of ACEs /maltreatment

Income inequality is correlated with so many social and economic factors that impinge on the health of a child and its parents during the first 1001 days.

Lower income is likely to, but not necessarily, mean poorer quality housing and local living environments, poorer parenting skills, poorer nutrition and greater likelihood of harmful environmental exposures. Figure 6 highlights some of the national and local differences in health and wellbeing depending on where people live.

Evidence shows that some black and minority ethnic groups are more likely to experience negative outcomes in pregnancy and early childhood. A report found that Black women in the UK are 3.7 times more likely to die during or up to six weeks after the end of their pregnancy than White women, and Asian women are 1.8 times more likely to die than White women.[16] Furthermore, infant mortality rates are shown to differ by ethnicity of the baby, with babies from black ethnic backgrounds having the highest infant mortality rates, followed by Asian ethnic backgrounds, with white ethnic backgrounds having the lowest rates.[17] Children from urban areas are also more likely to die than those from rural areas.[18]

Children with learning disabilities face significant health inequalities. These disparities are often linked to unmet health needs, delayed diagnoses, and barriers to accessing timely and appropriate care.

Marmot stated in his 2010 report, 'Fair Society, Healthy Lives[19]', that: 'giving every child the best start in life is crucial to reducing health inequalities across the life course.' The report sets out the evidence on how best to improve health and wellbeing to ensure all children have the best start in life.

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

Figure 6 Differences in health outcomes and risk factors between the least and most deprived areas in Reading

Most Deprived

Life Expectancy at birth (females) **80.1 years**

Life Expectancy at birth (males) **73.7 years**

Infant Mortality (Deaths per 1,000 live births)* **5.5 per 1,000**

Maternal mortality rate* **18.7 per 100,000**

Maternal Obesity* **32.4%**

Low birth rate of babies* **8.4%**

Breastfeeding at 6-8 weeks* **51%**

Women attending 1st Antenatal appointment* **56.9%**

Child Obesity (Reception) **26.4%**

Under 18's Conception Rate* **1.8 per 1,000**

Babies whose first feed was breast milk* **59.1%**

Women taking Folic Acid Supplements* **10.1%**

Tooth Decay in 5 years olds* **35.1%**

Expected level development in Reception age **40.5%**

Least Deprived

Life Expectancy at birth (females) **88.2 years**

Life Expectancy at birth (males) **80.1 years**

Infant Mortality (Deaths per 1,000 live births)* **2.5 per 1,000**

Maternal mortality rate* **9.79 per 100,000**

Maternal Obesity* **19.8%**

Low birth rate of babies* **6.3%**

Breastfeeding at 6-8 weeks* **62%**

Women attending 1st Antenatal appointment* **69.6%**

Child Obesity (Reception) **16%**

Under 18's Conception Rate* **7.7 per 1,000**

Babies whose first feed was breast milk* **81.3%**

Women taking Folic Acid Supplements* **27.9%**

Tooth Decay in 5 years olds* **12.8%**

Expected level development in Reception age **51.5%**

Sources: **Child and Infant Mortality and in England and Wales 2021; National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022; Fingertips; Maternal mortality 2021-2023; Child and maternal health profiles** **Denotes national data for illustrative purposes only*

Child Poverty

It is important to consider the effects of childhood poverty on health outcomes both in childhood and later in life. Childhood poverty has been shown to cause lower birth weight and reduced breastfeeding as well as other negative health outcomes including increased risk of contracting diseases, higher levels of obesity, and a higher likelihood of developing a mental disorder.[20]

Evidence also shows that poverty can increase mortality risks.[21] The effects of childhood poverty can go on to have implications in adulthood, with poor educational attainment being a predictor of poverty or severe material deprivation at a later stage in life.[22] Those at highest risk of childhood poverty include children from lone parent families, black and minority ethnic backgrounds, and larger families.[23]

The Marmot Review suggests that there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.[24] There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health. The Marmot Review recommended a policy objective of giving every child the best start in life.

In 2023/24, 17.0% of children under the age of 16 were living in child poverty in Reading, which is 5,760 children . Since 2014/15, levels of child poverty in Reading have increased (in relative terms) by 51.8% compared with an increase of 37.3% in England (See Figures 7 and 8).[24]

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

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

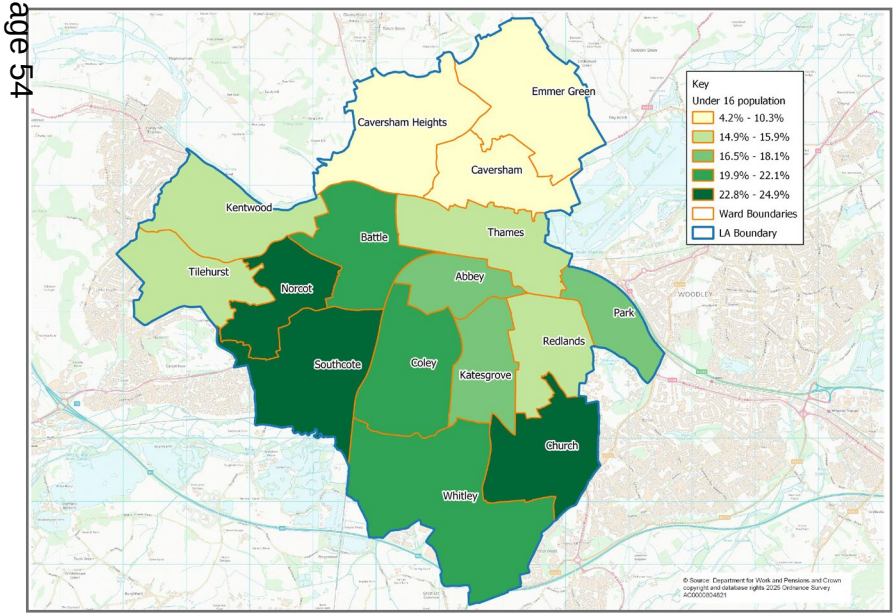


Figure 8 - Child poverty (%) in children under 16 in Reading (2023/24)

SPOTLIGHT – Encouraging Black African women to access maternity services

A project was launched in 2024 by the Royal Berkshire Maternity Unit and Reading Maternity and Neonatal Voices Partnership to find ways to improve the number of Black African women who access maternity care early enough in their pregnancy to allow them to access appropriate screening tests.

Through engagement with community partners including Women of the Future East African Women's Group, Utulivu, ACRE and Reading Borough Council Community Health Champions the barriers to accessing services were explored and information was co-produced to publicise the importance of accessing services right at the start of the pregnancy.

This information is due to go on display in the community this summer and it is anticipated that the percentage of Black African women booking by 10 weeks gestation will increase.

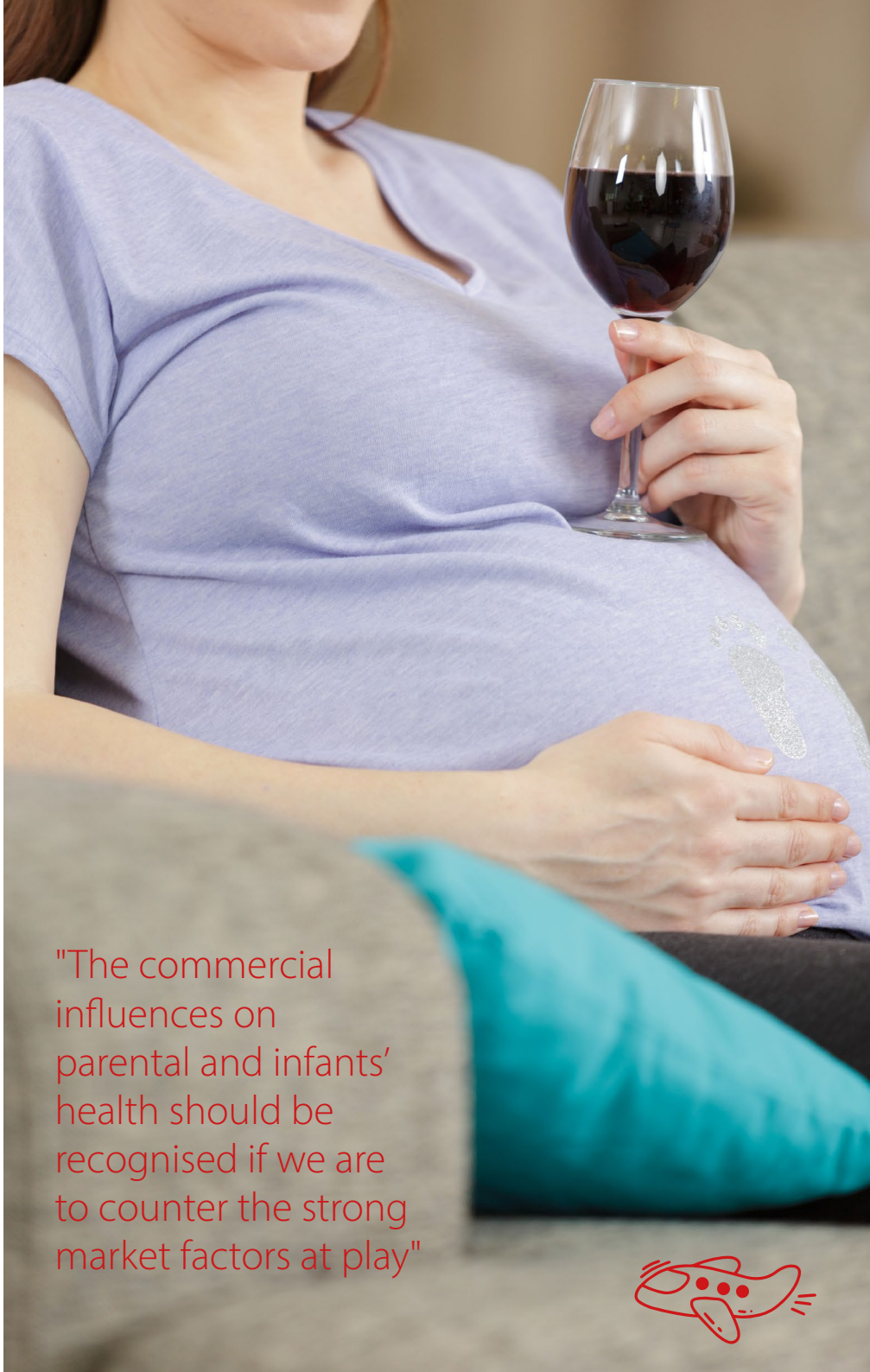
Commercial Determinants of Health

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

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

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

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



Section 3: Demographics

Children aged 0-5 represent 7.0% of the population of Reading, which is 12,526 children. Over the next 20-years, the proportion of the children aged 0-5 years is projected to fall from 7.1% to 5.8% of the population.

The wards of Battle, Norcot, and Whitley had the highest rates (per 100,000) of children aged 0-5 in Reading; Redlands, Caversham Heights, Emmer Green, and Tilehurst are among those wards with the lowest rates.

Births

There were 1,975 live births in Reading in 2023[25]. Over the past decade, the number of live births in Reading have fallen from 2,617 to 1,975, and during this time, the General Fertility Rate (GFR) fell from 65.2 (per 1,000 females aged 15-44) to 46.8. Across the wards of Reading, the GFR ranged from 22.9 (per 1,000) in Redlands to 62.8 in the ward of Thame (see figure 9).

Ethnicity

In Reading, there were 10,239 children under the age of five, based on the 2021 Census[26]. Of these, 4,816 (47.0%) were from a non-White background. Across all ages, non-White children under five made up 2.8% of the total population in Reading. Across the wards of Reading, the proportion of children under five from non-White backgrounds ranged from 27.5% in Caversham Heights to 68.5% in Abbey. Proportions were also high in the wards of Redlands (55.6%) and Park (62.3%). (see figure 10)

Infant Mortality

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

Most infant deaths occur during the first year and particularly during the neonate period (up to 28 days) where around 80% of infant deaths occur. Pre-term birth accounts for 40% of neonate deaths.

This is often due to immaturity or underdevelopment of respiratory and cardiac systems. Congenital malformations are the next leading cause of death at around 33%, followed by other causes that include trauma and sudden unexpected deaths in infants (SUDI).

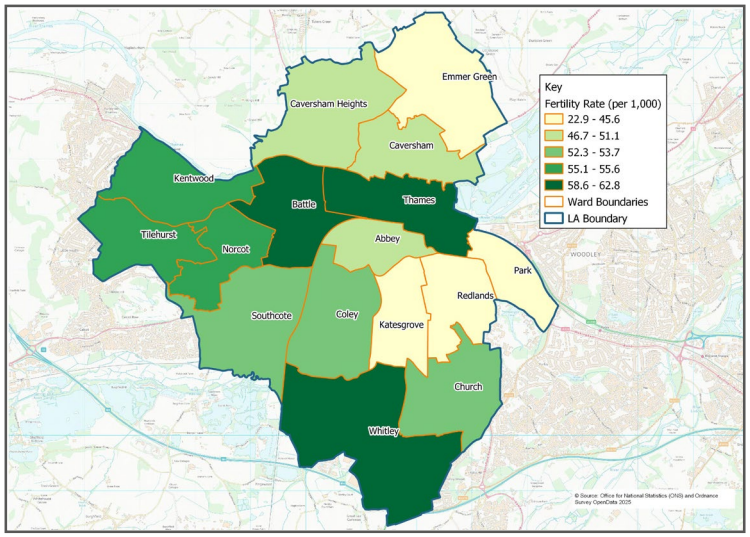


Figure 9 - General Fertility rate (per 1,000 females aged 15-44) by wards in Reading (2023)

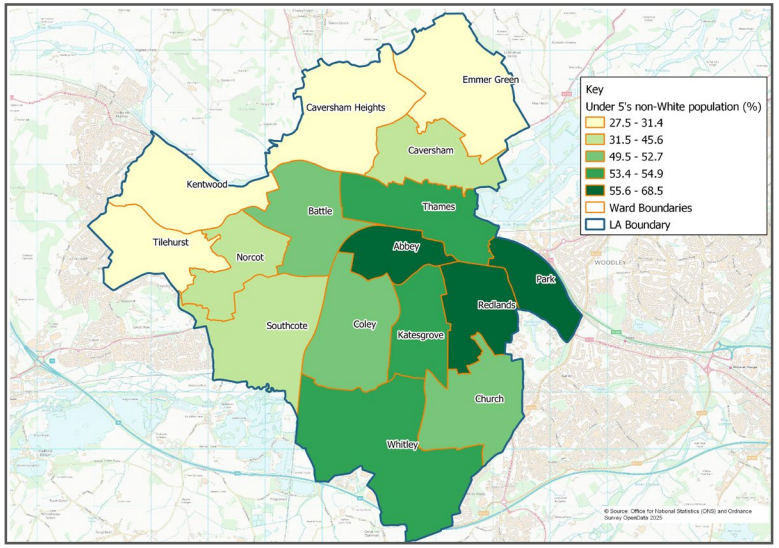


Figure 10 - Children (%) under 5 from non-White backgrounds by wards in Reading (2021)

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

The Reading rate (4.9 per 1,000) for 2021-23 is statistically similar to England (4.1). During the latest three-year period, the rate has remained unchanged with 30 infant deaths[27]. Reducing infant mortality requires a combination of health interventions and actions on the wider social determinants of health by the NHS, local authorities and voluntary organisations, charities and social enterprises. These interventions must start before birth.

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

Low Birth Weight

Being born with a low birth weight significantly increases the risk of infant mortality and has serious consequences for health in later life. In Reading has the highest rate of low birth rates in the South East of England, with 4.1% (76 babies) of all babies born with low birth weight, which is significantly higher than both the regional and national rate of 2.6% and 2.9% respectively (see figure 11). Smoking in pregnancy, alcohol and substance misuse and poor maternal nutrition are significant contributing factors to low birth weight, which are all preventable.

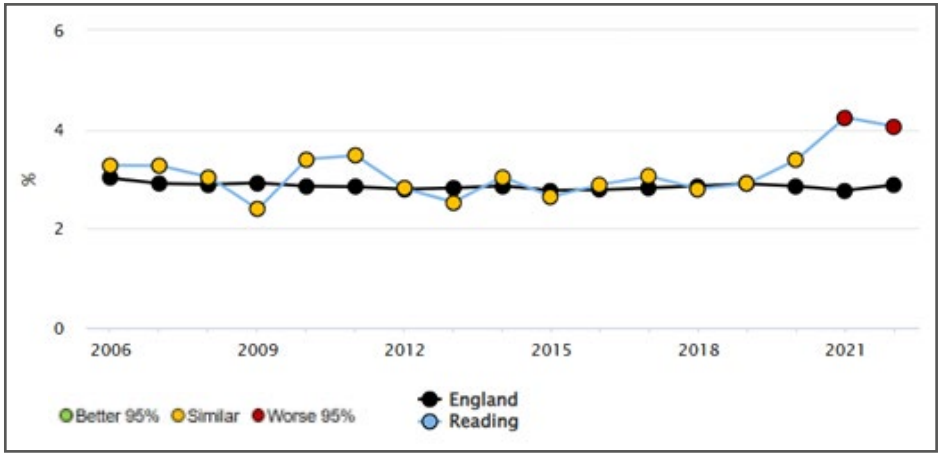


Figure 11 – Low birth weight of term babies in Reading over the last 20 years

Section 4: Preparing for Parenthood

Being well prepared for parenthood will have benefits for the future health and wellbeing of the whole family. Evidence shows that women who are healthier in pre-pregnancy have a better of chance of becoming pregnant, having a healthy pregnancy and giving birth to a healthy baby. Teenage pregnancy is more likely to represent an unintended pregnancy, and there is evidence that pregnancy intention is important for maternal and child health. Therefore, a programme of sex and relationship education can be effective in preventing unintended pregnancies.

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

Teenage Pregnancy

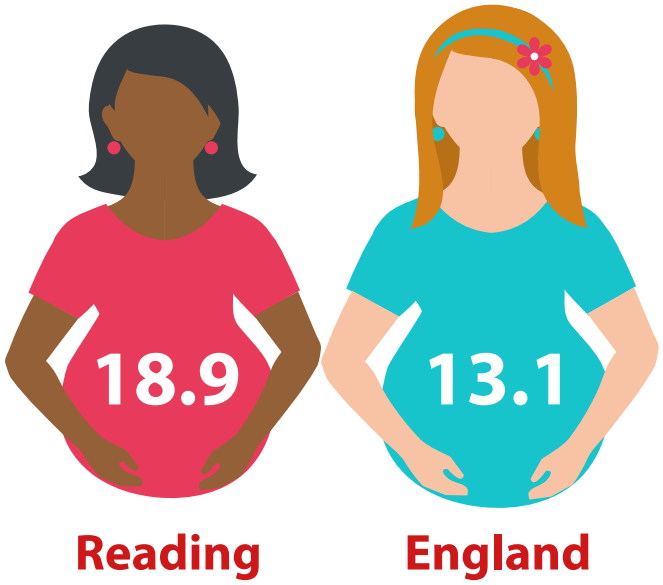
In England and Wales, infant mortality rates are highest where babies are born to mothers aged under 20 years or over 40 years old. Teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and other related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

The under 18 conception rate in Reading was 18.9 (per 1,000 females aged 15-17) in 2021, significantly higher than the England rate (13.1 per 1,000). In 2021, 50 young people under 18 were pregnant in Reading, and of these, 32 (64.0%) had an abortion. The proportion of abortions locally was similar to the England average of 53.4%.

National Institute for Health and Care Excellence (NICE) guidance for women who have complex social risk factors[29] is clear; the vulnerabilities most commonly found with poor or delayed access to the antenatal pathway are in women include first time mothers under the age of 20 years[30].

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

Figure 12 – Teenage pregnancy rates in Reading compared to the national rate.



SPOTLIGHT – Seeking Sanctuary

The Royal Berkshire Hospital run a specialist clinic providing maternity care and additional support for refugees, asylum seekers and their families. It involves collaboration between sexual health, screening, housing, Reading Refugee Support group, Maternity and Neonatal Voices Partnership, Obstetricians, Midwives, charities and translation services.

A full antenatal appointment is provided along with bespoke parent education, well man check-ups, social interaction, signposting to agencies and a tour of the maternity unit in preparation for the birth. Those who attend also receive a complementary set of essentials for birth sponsored by The Cowshed. The hospital run this clinic approximately every three months and have between 9-15 families attend each time.

Perinatal mental health

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

During the perinatal period (pregnancy and first year of life), women are at risk of experiencing and developing a range of mental health challenges. Poor maternal mental health has important consequences for the baby's health at birth, along with the child's emotional, behavioural and learning outcomes. Poor mental health can also impact a parent's ability to bond with their baby[31].

Perinatal mental health challenges are estimated to affect between 10-20% of women during pregnancy or within the first year of having a baby[32]. Estimates for Reading indicate that between 198 and 397 mothers experienced perinatal mental health challenges in 2023. The estimated number of women who may have been affected by a range of mental health challenges are shown in Figure 13.

Mental health challenge	National prevalence	Reading	South East
Postpartum psychosis	0.2%	4	177
Chronic serious mental illness	0.2%	4	177
Severe depressive illness	3%	60	2,654
Mild-moderate depressive illness & anxiety	10-15%	198- 298	8,847 - 13,271
Post-traumatic stress disorder	3%	60	2,654
Adjustment disorders & distress	15-30%	298 - 595	13,271 - 26,541

Figure 13 Estimated number of women with perinatal mental health challenges (2023)[33]

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Specialist services provide care and treatment for women with complex mental health needs and support the developing relationship between parent and baby. They also offer women with mental health needs advice for planning a pregnancy. Good quality perinatal mental health care is set out in NICE guidelines and quality standards.[34,35]

It is vital that every new parent and carer has access to compassionate and timely mental health support if they need it, from the moment they find out that their baby is on the way. This is not just because of the negative consequences to both the parents and their baby if mental health goes untreated – the effects of mental health challenges come with a heavy financial cost. For every one-year cohort of births in England, the NHS has estimated that the long term cost from lack of timely access to quality perinatal mental health care is £1.2 billion to the NHS and social services and £8.1 billion to society.[36]

To give every child the best start in life, the pioneering report by Marmot (2010), recommended the development of "high quality maternity services to meet need across the social gradient" and giving "priority to pre and post-natal interventions that reduce adverse outcomes of pregnancy and infancy". [37]

Maternal physical and emotional health and wellbeing during pregnancy and the year after childbirth (perinatal period) has a profound impact on the health of children throughout their lives[38]. By improving maternity care[39], reducing maternal obesity, reducing smoking, increasing breastfeeding rates, and improving perinatal mental health there is potential to improve outcomes for mothers and infants.

SPOTLIGHT – Dingley's Promise

Dingley's Promise support children in the early years with special educational needs and disabilities to achieve their full potential.

Dingley's Promise Reading continue to support children under 5 with SEND through their specialist nursery on Kenavon Drive. They also provide outreach support for families in the community, providing strategies information and guidance to support their child's SEND needs and learning and development, whilst also helping them to access entitlements and local support and networking them with other families.

Ensuring that all women receive access to the right type of care during the perinatal period is needed to reduce the impact of maternal mental health problems during pregnancy and the first 2 years of life on infant mental health and future adolescent and adult mental health. Infant mental health is vital to the long-term development of brain development and good mental, physical and emotional health and wellbeing through the course.[40]

Maternal obesity

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

Maternal obesity is an issue for about one quarter of pregnant people seen by the health visiting service. Midwives, health visitors and other professionals support mums and families by establishing or referring to community groups or services provided by the local authorities before, during and after pregnancy to ensure continuity of care. Healthy eating can be promoted to families through nationally available resources and local support, for example via community-led cooking programmes in family hubs in Children's Centres in Reading . Physical activity opportunities are offered to support families during and after pregnancy, including community-based walking groups and initiatives in Reading.[42]

In 2023/24, 23.7% of women in early pregnancy in Reading (500 women) were categorised as obese (body mass index (BMI) ≥30kg/m2). This was significantly lower than the England average of 26.2%.[43]

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

Smoking in pregnancy

Smoking is one of the most modifiable factors for improving infant health. Babies who are exposed to maternal smoking are more likely to die in infancy, be born early, small or stillborn, experience reduced lung function and congenital abnormalities of the heart, limbs and face[44].

Smoking during pregnancy is a risk factor associated with inequalities in complications in pregnancy, stillbirths, neonatal death and serious long-term health implications for mothers and babies.

SPOTLIGHT - Supporting women who smoke to quit

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

As part of the Government's commitment to a smokefree generation, Reading Borough Council have been awarded additional funding to support people to quit smoking. Over the next five years the council will be aiming to support 3569 people to quit, including people who are pregnant.

There are differences in maternal smoking rates, depending on age, geography, socio-economic status, and ethnicity. Women from disadvantaged backgrounds are more likely to smoke before pregnancy; less likely to quit in pregnancy and, among those who quit, more likely to resume after childbirth.[45]

In Reading, 5.9% of women smoked during pregnancy in 2023/24, which is equivalent to 78 pregnant people. This proportion is significantly lower than the England average of 7.4%. Since 2010/11, the proportions of women smoking during pregnancy in Reading have fallen from just over 7% to their current levels of 5.9%.[46]

SPOTLIGHT – Fresh Street Scheme

Fresh Street Community was **launched in Reading in November 2023**. at the Whitley Community Development Association (WCDA) hub.

Fresh Street Community focuses on the role of community hubs as centres for health and social connectivity and support, providing a point to buy fresh vegetables and fruit, but also to access wellbeing, healthcare and social activities that provide more wide-ranging support for local communities.

Vouchers are delivered to the door, or distributed via a community centre where they can be used with local independent fresh fruit and vegetable vendors. Four hundred households in thirteen streets are now eligible for the voucher scheme and the availability of the added support systems at the hub. Those who have used the scheme speak of benefits to their health and social connectivity.

Alcohol and substance misuse

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

Alcohol and recreational drugs can affect the baby's development in the mother's womb causing birth defects or complications in pregnancy. Drinking alcohol during pregnancy increases the risk of miscarriage, premature birth and low birthweight babies[47]. The risk increases with the amount of alcohol consumed and can result in foetal alcohol spectrum disorder (FASD) which can leave the child with a wide range of mental and physical problems.[48]

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

Section 5: Early Growth

Immunisations

One of the most important ways to protect babies and children against ill health is to ensure they receive the full programme of childhood immunisations. This protects individual children against many serious and potentially deadly diseases, as well as protecting other people in the community by reducing the spread of disease. The World Health Organisation recommends that at least 95% of children are immunised nationally, with at least 90% coverage in each local area.[49] The Department of Health has adopted these coverage targets for all routine childhood immunisations.

Reading had some of the lowest immunisation uptake in the South East for 0-5-year-olds during 2023/24. The latest coverage levels for childhood immunisations across Reading and whether they met national targets are shown in Figure 14. The uptake of immunisations in Reading are below the national target of 95% for all immunisations for children aged under five and below the minimum standard of 90% for many of these.

National research has found timing of appointments (49%), availability of appointments (46%) and childcare duties (29%) were the main barriers to people getting vaccinated.[50] Low level of immunisation is also associated with socioeconomic deprivation and is commonly found amongst people from ethnic minority backgrounds, refugees, and children whose families are travellers.

SPOTLIGHT – Increasing MMR uptake

During Summer 2024, Reading Borough Council worked with their communications partner Blue Lozenge to develop a social marketing campaign in response to persistent vaccine hesitancy and suboptimal immunisation rates in parts of Reading.

The campaign aimed to increase awareness and uptake of the MMR vaccine among parents of children aged 0–7, particularly in communities with lower health literacy and higher deprivation. This approach was informed by behavioural science and public health research, with a focus on building trust, improving convenience, and countering misinformation.

The campaign resulted in 988,583 Impressions (number of times a person saw the ad with an avg. 11.5 exposures per person – evidence shows people need at least three exposures before they take action). At nearly 1 million impressions this campaign continues to be Reading Borough Council's best performing social media campaign with early data suggesting that the campaign contributed to a one percentage point increase in vaccination uptake.

Immunisation	Age group	Reading	South East	England
DTaP IPV Hib HepB	12 months	92.0	93.5	91.2
MenB	12 months	89.4	92.9	90.6
Rotavirus	12 months	89.8	90.8	88.5
PCV	12 months	93.0	94.9	93.2
DTaP IPV Hib HepB	24 months	93.1	94.0	92.4
MenB booster	24 months	87.7	90.3	87.3
MMR (one dose)	24 months	90.6	91.5	88.9
PCV booster	24 months	89.3	90.7	88.2
Hib & MenC booster	24 months	89.4	91.0	88.6
DTaP & IPV booster	5 years	83.7	85.5	82.7
MMR (one dose)	5 years	92.8	93.5	91.9
MMR (two doses)	5 years	85.3	86.8	83.9

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

Figure 14 Percentage of immunisations among children aged 0-5 in Reading (2023/24) [51]

Nutrition

The speed of postnatal growth is highest following birth, when an infant is still entirely dependent on its mother or primary carer for obtaining nutrition. The health risks arising from insufficient nutrition in this phase are self-evident, but the prevailing cultural belief that rapid growth is always good may not be a helpful one, as rapid catch-up growth or excessive weight gain may be linked to obesity later on and other risks.[52]

Breast feeding

The earliest nutrition a newborn child receives is milk, either through breastfeeding or through bottle feeding. Compositional regulations ensure that infant formula meets the basic nutritional needs of the exclusively formula fed infant. However, it must be remembered that breast milk remains nutritionally superior due to several components that cannot be replicated in formula and additionally provides non-nutritional benefits, including immunity protection and hormonal processes that support bonding and attachment.[53]

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

Research has shown that infants who are not breastfed are more likely to have infections in the short-term such as gastroenteritis, respiratory and ear infections, and particularly infections requiring hospitalisations. Prevalence of Sudden Infant Death Syndrome is lower in infants who are breastfed.[54]

SPOTLIGHT – Breastfeeding Network

The Breastfeeding Network (BfN) Reading service is commissioned by Berkshire Healthcare NHS Foundation Trust to provide a high-quality peer support service for breastfeeding women and parents in Reading. BfN peer support volunteers offer free, confidential, evidence-based information and emotional support to families at any stage of their breastfeeding journey, at any age of child/ren, and support families in their feeding choices.

Establishing the service

The focus for the first year was to train a cohort of peer support volunteers. Six trainees completed BfN's Helper level accredited training, and the service worked with the children's centre and Health Visiting teams to introduce and develop support sessions across Reading.

The volunteers currently offer support alongside baby groups and attend well-baby clinics at Caversham, Sun Street and Whitley children's centers. In addition, one volunteer undertook additional upskill training which enables the service to offer weekly bookable video call slots, for those who are unable to, or may prefer not to, attend a group.

Between September 2024 and March 2025 BfN Reading offered 47 support sessions and volunteered over 250 hours.

In the longer term, evidence suggests that infants who are not breastfed are more likely to become obese in later childhood, which means they are more likely to develop type-2 diabetes and tend to have slightly higher levels of blood pressure and blood cholesterol in adulthood.

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

In 2023/24, 79.1% of babies in Reading were breastfed at birth, significantly higher than the England average of 71.9%. At 6-8 weeks after birth, the proportion of babies breastfeeding in Reading fell to 64.9%, although this was still significantly higher than the England average of 52.7%[55].

The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months (26 weeks) of an infant's life. Thereafter, breastfeeding should continue while gradually introducing the baby to a more varied diet of supplementary foods until the child's second birthday or for as long as the mother and baby wish. Current UK policy is to promote exclusive breastfeeding (feeding only breast milk) for the first 6 months.

Heathly Start

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

SPOTLIGHT – Roots and Flowers Gardening Programme

The Roots and Flowers gardening programme supports Muslim mothers and young children who homeschool in the Reading area. The programme takes place at the Weller Community Centre Garden in Caversham and aims to create a positive relationship with nature and food growing through exploration and play in a wildlife friendly garden environment.

Weekly one hour programme focused on growing vegetables, herbs and flowers for the garden and to take home. The programme is run in partnership with the Muslim Roots Collective, a CIC based in Reading. The sessions fit with this ethos by focusing on engagement with nature in an explorative, play-based approach. The community connection is built via the nurturing of a space that is enjoyed by the whole community, as well as other interactions with the active community centre such as use of the food surplus shop, community café and children's activities groups provided there. Participants taking part in the programme have reported increased feelings of confidence in gardening and social connections with others and the wider community.

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

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

Due to errors in eligibility data, the most recent uptake data we have for Reading is from 2022. This showed that In March 2022, 965 (68%) eligible individuals had applied and received vouchers. This equates to £166,855 unclaimed food vouchers locally per year*. The number of parents claiming healthy start vouchers for subsequent years have largely remained the same (see Figure 15).

Year	Number of vouchers claimer	Uptake
August 2021	883	59%
March 2022	965	68%
March 2023	908	Data not available
August 2023	925	Data not available

Figure 15 Healthy Start Uptake between 2021 and 2023
**costs derived by dividing 454 unclaimed vouchers into three eligible cohorts (from 10th week of pregnancy, from birth to 12-months and 1 year to 4 year olds)*

The Government has recently pledged in to restore the value of the Healthy Start scheme from 2026 to 2027 with pregnant people and children aged one or older but under 4 to receive £4.65 per week (up from £4.25). Children under one year old will receive £9.30 every week (up from £8.50).[54]

Newborn hearing

Newborn hearing screening helps identify babies who have permanent hearing loss as early as possible. This means parents can get the support and advice they need right from the start. 1 to 2 babies in every 1,000 are born with permanent hearing loss, rising to approximately 1 in every 100 babies who have spent more than 48 hours in intensive care.[58] Hearing loss can significantly affect babies' development. Finding out early can give these babies a better chance of developing language, speech and communication skills. It will also help them make the most of relationships with their family or carers from an early age.

In 2023/24, 99.0% of babies were screened for hearing in Reading, the same proportion as England.[59] This means that only 20 babies did not have their hearing screened following birth in Reading.

The **UK NSC** recommends screening for permanent hearing loss in newborns. Research shows that

- without systematic hearing screening, 400 of the 840 babies born in the UK each year with significant permanent hearing loss were missed
- hearing impaired children are at high risk of delayed development of language and communication skills, which can affect their educational achievement, mental health and quality of life
- there is no evidence of undue parental anxiety caused by very early identification of hearing impairment[60]

Oral Health

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

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

SPOTLIGHT – Reading Children Centres

Reading Children's Centres serve over 2,000 families with children under five, offering services like community midwives, health visiting, early education, childcare, free activities for ages 0–5,health reviews, and family support. With four hubs (East Reading–Sun Street, South Reading–Northumberland Avenue, West Central–Southcote, West Reading–Ranikhet) and three satellites (Caversham, Coley, Battle Library), they aim to give children the best start in life.

Reading Children's Centres have seen a steady increase in the number of children aged 0–5 registered under the Universal Offer from the first to the fourth quarter in 2024–25. Across the four centres, West Central, East, South, and West, the total registered children rose from 3,506 to 3,798.

They provide a range of services including parenting courses and workshops including infant feeding, weaning, home safety advice, safe sleeping advice child behaviour and routines and mental health support and sign posting and support to access more specific services.

Poor oral health in children can lead to tooth decay causing pain, infection, and difficulty eating, tooth loss and affecting overall health. Risk factors for oral diseases among children include poor oral hygiene from poor tooth brushing, insufficient exposure to fluoride, having a diet that is high in sugar. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable.

There is a strong relationship between deprivation and both obesity and dental caries in children. The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children.

In Reading, 32.9% of five year olds experienced tooth decay in 2021/22, significantly higher than England (23.7%). Since 2007/08, the prevalence of tooth decay in Reading has fallen from 38.0% to 32.9%.

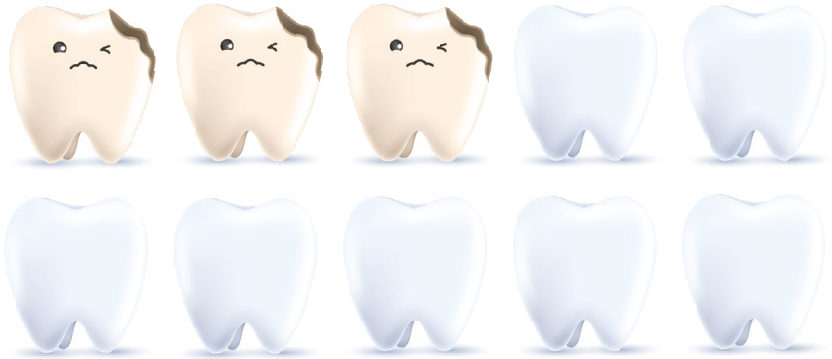


Figure 16 Illustration showing the proportion of 5 year olds with tooth decay in Reading

In March 2025 the Government announced plans to implement a national targeted supervised toothbrushing programme for children aged 3, 4 and 5 year olds in the most deprived communities. Reading has been allocated £27,000 as part of this initiative with plans to expand the existing supervised toothbrushing programme by the end of 2025.

SPOTLIGHT – Brushing for Life

The aim of Brushing for Life is to encourage the development of early toothbrushing habits, improving the oral health of children and reducing tooth decay. In Reading, Brushing for Life is a health visitor-led initiative, designed to promote regular brushing of children's teeth using toothpaste with a middle range (1,000 ppm) of fluoride content. Packs containing toothpaste, a toothbrush and a health educational leaflet are distributed to the parents of infants at their 9 – 12-month development checks.

This is supported by advice from the health visitor/nursery nurse on the care of the child's teeth, including the importance of registering the child with a dentist and taking the child to the dentist from when their first milk teeth appear. This is so they become familiar with the environment and get to know the dentist.

The dentist can advise you on how to prevent decay and identify any oral health problems at an early stage. Packs are distributed universally at 9-12 month development checks. Any surplus packs are allocated to targeted families during additional visits as needed. The health visiting service and family hubs may also use the packs to deliver additional oral health promotion sessions for families.

Healthy Weight

The foundations for a healthy weight are laid early - often before a child even starts school. The first 1001 days, from conception to age two, are a critical period for shaping lifelong eating habits, physical activity patterns, and metabolic health. Maternal nutrition during pregnancy, infant feeding practices, and the early food environment all influence a child's risk of developing overweight or obesity. Supporting families during this window with evidence-based guidance and access to healthy food and active lifestyles is essential to preventing childhood obesity and promoting long-term wellbeing.

Childhood obesity and excess weight in children are significant health issues for children and families. There may be implications for a child's physical and mental health, continuing into adulthood. Healthcare professionals play a key role in supporting families, they work with other professionals and public health by delivering whole systems approaches to influence the population to tackle sedentary lifestyles, excess weight, and reduce drivers of excess calorie intake.[29]

Childhood overweight and obesity are associated with increased risk of overweight and obesity in adulthood, and earlier onset of non-communicable diseases such as Type 2 diabetes and cardiovascular diseases.[31] An analysis found that 55% of children living with obesity remained so into adolescence. 80% of adolescents who were living with obesity, also experienced obesity as adults.[32] Obesity also causes health problems in childhood, being a risk factor for Type 2 diabetes, dyslipidaemia, asthma and other conditions and socio-emotional consequences.[61]

1 in 5 children in Reading are overweight or obese when they start school which is similar to the England average. 1.9% of pupils in Reading are underweight, which was significantly higher than England (1.2%). By the time children prepare to leave primary school at ages 10/11 years, the proportion of overweight or obese children increases to around 1 in 3 children (see figure 17).

Weight group	Reading		South East	England
	Number	%	%	%
Underweight	35	1.9	1.0	1.2
Healthy weight	1,395	76.2	78.1	76.8
Overweight	215	11.7	12.2	12.4
Obese	185	10.1	8.6	9.6
Excess weight (overweight/obese)	400	21.9	20.8	22.1

Figure 17 Weight of Reception children (4-5 year olds) in Reading (2023/24)[62]

The prevalence of excess weight (overweight or obese) among Reception school children living the top 20% most deprived areas of Reading was 26.4% (2021/22-2023/24). This was significantly higher than the prevalence among children living in the 20% least deprived areas (16.3%); in Year 6, the prevalence of excess weight was 43.8% among children living in the top 20% most deprived areas, which was significantly higher than the prevalence (26.4%) in the 20% least deprived areas. (see figure 15).[63]

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

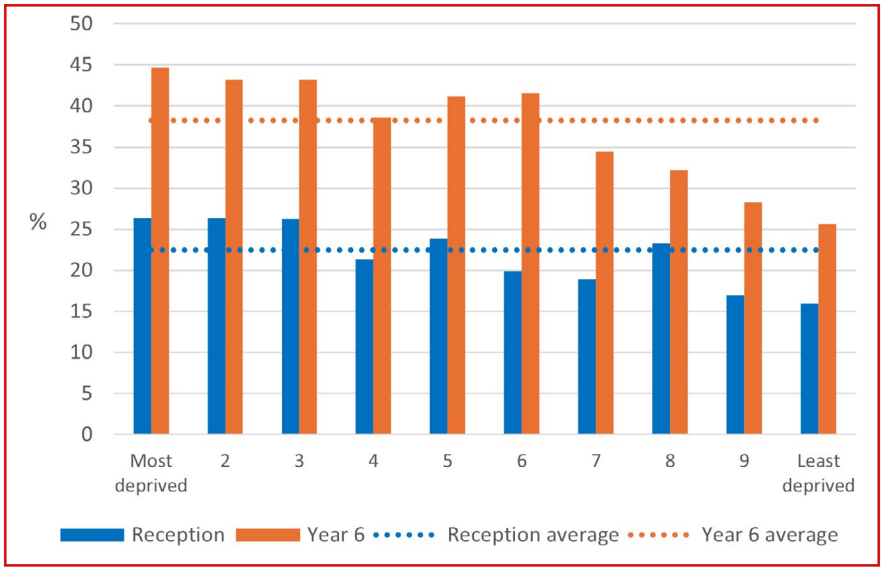


Figure 18 Prevalence of excess weight (overweight or obese) in Reading among Reception and Year 6 children (2021/22 - 2023/24)

Being physically active

Whilst little research has been conducted on the health benefits of physical activity in early years, compared with adults, there is growing evidence that being physically active every day is important for the healthy growth and development of babies, toddlers and pre-schoolers.[64] Research suggests that being active in the early years can enhance gross motor skills, improve bone health, cognitive, social and emotional wellbeing.[65]

During the first years of life, the brain undergoes a rapid period of development and it is likely that physical activity plays a key role. The benefits of physical activity for brain development are likely to accrue through a variety of mechanisms including the formation of neural structures necessary for practising physical skills.[66] Emerging evidence from a small number of studies in the early years have linked physical activity with improved language, attention and self-regulation.
The formation of neural structures as mentioned above are also necessary for children under five to practise social skills and express emotion.

In 2011, physical activity guidelines for the early years were published for the first time, recognising the benefits which being active during the early years brings to a child's health. They have since been updated and advise the following[67]:

- **Infants (less than 1 year)** should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g. crawling.
- **Infants not yet mobile,** at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over).
- **Toddlers (1-2 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day.
- **Pre-schoolers (3-4 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play.

SPOTLIGHT – Get Berkshire Active (The Active Partnership for Berkshire)

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

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

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

School Readiness

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. This is often described as having strong social skills, being able to cope emotionally with being separated from parents, being relatively independent in their own personal care and to have a curiosity about the world and a desire to learn[68].

Whilst children are born ready and eager to learn, in order for each child to reach their full potential, they need opportunities to interact in positive relationships and to be in environments that enable and support their development. Therefore children need to be ready to learn at age two and ready for school at age five. Children who do not achieve a good level of development by the age of five will often struggle with reading, maths, social and physical skills leading to long term impacts on their educational attainment and life chances.

Readiness for school is assessed as every child will have reached a level of emotional development, which enables them to:

- communicate their needs and have good vocabulary
- become independent in eating, getting dressed and going to the toilet
- take turns, sit still and listen and play
- socialise with peers and form friendships and separate from parent(s)
- have physical good health, including dental health
- be well nourished and within the healthy weight for height range
- have protection against vaccine-preventable infectious diseases, having received all childhood immunisations

Research has found that children who start school having not met the expected level of development on half of their early learning goals through to the end of primary school do less well than their peers in education and social outcomes.[69]

These children are much more likely to have been excluded by the end of primary school and be struggling with reading and writing at age 11, with poorer outcomes continuing into adolescence and adulthood.

Child development at the end of Reception in Reading was similar to England in 2023/24.[70] This was particularly the case for children achieving a good level of development, and for those achieving at least the expected level of development in communication, language and literacy skills. (see figure 19)

The proportion of children achieving at least the expected level in communication and language skills in Reading (77.2%) was significantly lower than England (79.3%). In Year 1, children achieving the expected level in the phonics screening test were similar between Reading and England, although among children receiving free school meals, they were significantly higher in Reading (73.3%) compared with England (68.1%). Child development in Reading in Reception and Year 1 tended to be lower among boys.

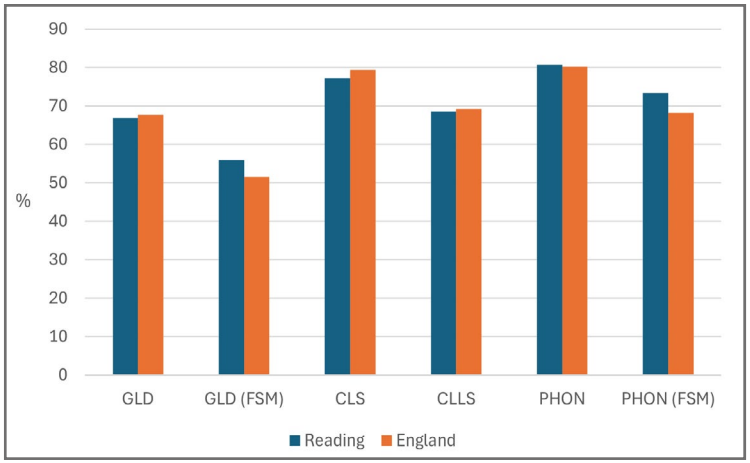


Figure 19 - Child development (%) in Reading during Reception and Year 1 (2023/24)

GLD = good level of development (free school meals)
CLS = communication and language skills
CLLS = communication, language and literacy skills
PHON = phonics (free school meals)

Figure 20 – The importance of school readiness

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

Childcare Standards

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

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

In March 2025, providers judged by Ofsted as 'good' or 'outstanding' in Reading found that 100% of early years childminders and 98% of group early years providers achieved this rating.

Vulnerable Children - Children in Care, Child Protection

Children who are looked after are cared for in a foster or residential home, such as a children's home. Children in care are often among the most socially excluded children in need and often experience significant inequalities in health and social outcomes. On 31 March 2024, there were 266 children in care in Reading[71] and the children in care rate of 70.1 (per 10,000 children under 18) was similar to the England rate of 69.7 (per 10,000). 51 of the 266 children in care in Reading were aged under five (19.2%) compared with 22.4% in England.

The local demographics of children in care (31 March 2024) are similar to the national picture with a higher proportion of children aged 10 and over, and more males.

9.2% of children in care in Reading were unaccompanied asylum-seeking children (25 children). Nationally, this sub-group of children in care are older (16 years and over), males, and are in need of care due to not having any immediate family in the UK.

Housing Quality

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

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

In 2020/21, 7,890 homes in Reading were estimated to be non-decent, 11.5% of the total housing stock, which is significantly lower than the England average of 15.1%. 14.3% of private rented homes were estimated to be non-decent, 10.6% of owner-occupied homes, and 9.7% of socially rented homes.[72] An estimated 980 non-decent homes in Reading are likely to contain children under the age of five.

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

Certain groups of people, such as children and young people, the elderly or people with pre-existing illness, are at a greater risk of ill health associated with cold or damp homes. Some groups of people are more likely to live in these conditions, including households with a lone parent, households with children, low-income households and households with people from minority ethnic backgrounds.[73]

Based on the 2021 Census, an estimated 10.1% of households in Reading were overcrowded, significantly higher than England (6.4%).[74]

Air Quality

Air pollution is the largest environmental risk to the public's health, and there is growing evidence that it may even be causing damage both before and during pregnancy. Research has previously found an increased risk of miscarriage from long-term exposure to dirty air, and more recent research has pointed to an increased risk arising from short-term increases in exposure to nitrogen dioxide (NO2), a very common contaminant, produced by internal combustion engines.[75]

The mechanism by which unborn children are affected by polluted air is not certain, but other recent research has shown that air pollution particles can cross to the foetal side of the placenta.[76] Reading is taking actions to address areas of high concentration of NO2, for example, through measures to restrict traffic speeds, but there will always be some pollutants in the air. There are opportunities for individuals to make a difference, both with respect to their contribution to air pollution, and in what they can do to reduce exposure, such as avoiding busy roads, where concentrations are likely to be higher.

Reading Borough Council has reduced its emissions by 71% since 2008/09, and it has plans to reduce this still further – by 85% by 2025 and to 'net zero' by 2030.

Respiratory Illness

In Reading, 245 children under five had an emergency hospital admission for a lower respiratory tract infection in 2023/24 . Although the hospital admission rate in Reading fell from 249.1 (per 10,000 aged 0-4) in 2022/23 to 234.1 in 2023/24, numbers of admissions to hospital remain high and were nearly double the number seen five years ago (125 in 2018/19). There is growing evidence that respiratory problems among children may be exacerbated by indoor air pollution in homes, schools and nurseries

A&E Attendances

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

7,380 children under five attended A&E in Reading in 2023/24, and the hospital attendance rate of 705.3 (per 1,000 aged 0-4) was significantly lower than England (750.7)[77].

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

Spotlight – Family First Programme

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

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

Section 6: Investing in the early years

The brain can adapt and change throughout life, but its capacity to do so decreases with age. This means it is much easier to influence a child's development and wellbeing if we intervene earlier in life. Later interventions are also more likely to have an impact if a child has had a good start early on. Because interventions in the first 1001 days can have pervasive and long-lasting impacts on development, there is a strong case to invest in services during this period. (see figure 21).

Evidence suggests that investment in pregnancy and the first years of life is key, with investment in early years bringing a 9–10 times return on every £1[78], see figure 21. The returns are evident through a more educated adult workforce, and avoiding costs from unemployment, alcohol and substance use, crime, child abuse and other poor health and social outcomes.

A recent report on children's services spending for the period 2010 - 2023 showed that overall spending on early intervention services across England has fallen by almost £1.8 billion since 2010, a decrease of 44%.[79] For children's services budgets, costs for late interventions have risen by almost £3.6 billion, a 57% increase. Furthermore, costs for care are greater than spending on early intervention.

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

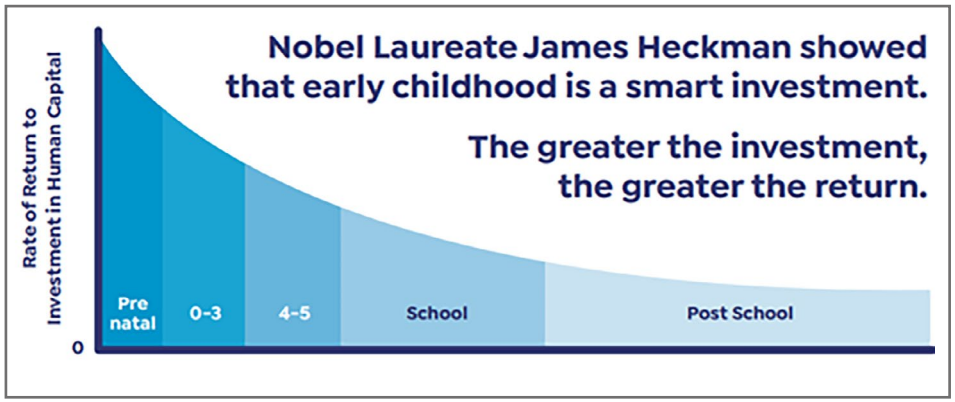
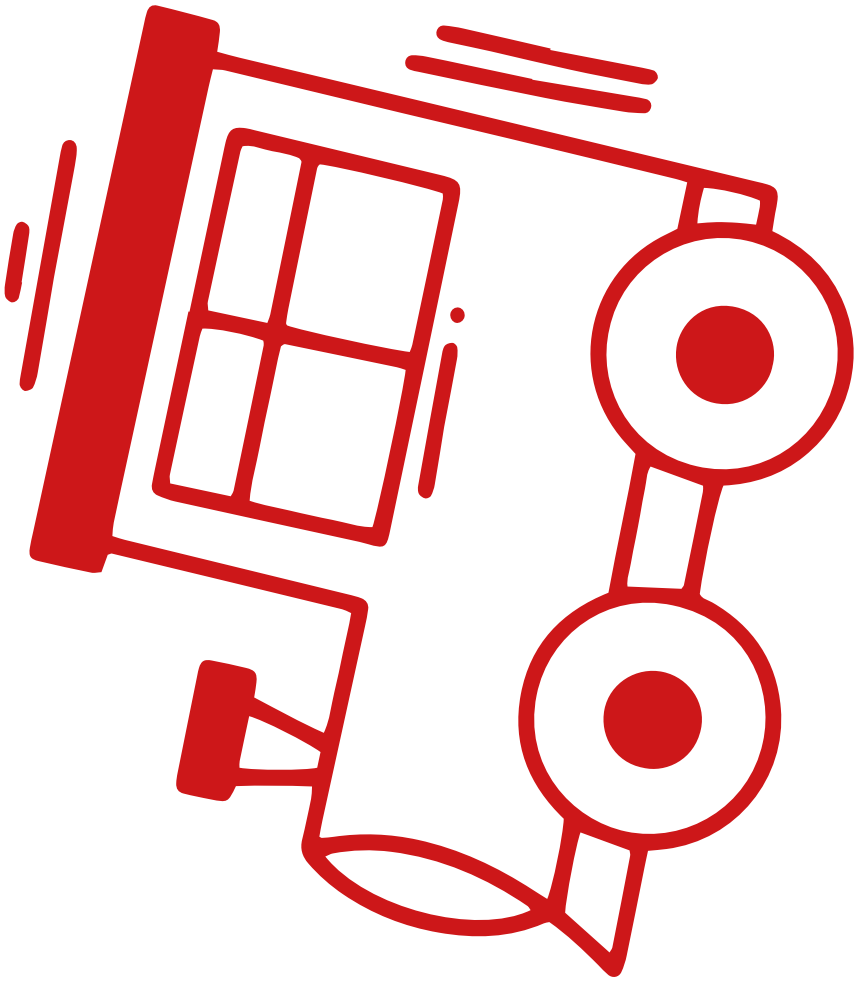


Figure 21 - Heckmans investment curve[1]



Section 7: Healthy Child Programme

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

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

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

These early contacts explore key public health priorities such as breastfeeding, parent-infant attachment, safe sleep, smoking cessation, and home safety. The two-year review, a crucial milestone in a child's development.

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

Year	Target	22/23	23/24	24/25
Antenatal contacts	N/A	232	180 (22%)	235 (19%)
New baby review at 14 days	90%	1,478 (73%)	1,591 (84%)	1,316 (91%)
New baby review at 14 days (including reviews after 14 days)	100%	384	276 (15%)	129 (7%)
6-8 week review	95%	1,501 (73%)	1,607 (83%)	2,006 (83%)
12-month review by 12 months of age	85%	1,390	1,730 (84%)	1,282 (85%)
12-month review by 15 months of age	N/A	1,659	1,729 (83%)	1,676 (84%)
Children receiving 2 to 2.5 year review	85%	1,399 (67%)	1,564 (77%)	1,648 (78%)

Figure 22 - Current performance of Health Child Programme

Section 8: Giving our children the best start

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

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

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

This means that just focusing on the most disadvantaged people and communities will not reduce inequalities sufficiently.[80] Instead action must be universal but with scale and intensity that is proportionate to the disadvantage – this is also known as 'proportionate universalism'.

Such an approach has the additional benefit of avoiding stigmatisation of people in receipt of those services. Marmot recommends that areas should ensure high quality maternity services to meet need across the social gradient and give priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy.[81]

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

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

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

Recommendations

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

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

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

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

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

6. Improve vaccination uptake
Interventions should be tailored to increase vaccination uptake for different social and cultural groups, particularly those that are seldom heard. Research should be undertaken to understand why specific groups have lower uptake.

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

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

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

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

11. New and existing parents are supported through universal and targeted programmes
Ensure that at a minimum the Healthy Child Programmes achieves (and ideally exceeds) the national targets across all mandated reviews.

Footnotes

[1]What can be done about inequalities in health? Whitehead, M et al. The Lancet, Volume 338, Issue 8774, 1059 - 1063
[2]Royal Foundation – Centre for Early Childhood
[3]Our impact and evidence base - Solihull Approach | Parenting
[4]The Social Baby, L Murray & L Andrews, 2010
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READING HEALTH AND WELLBEING BOARD

Date of Meeting	07 October 2025
Title	Reading Pharmaceutical Needs Assessment 2025-2028
Purpose of the report	To make a decision
Report author	Zoe Campbell
Job title	Business Manager, Reading & West Berkshire Public Health
Organisation	Reading Borough Council
Recommendations	1. The Health and Wellbeing Board is asked to approve the statement of need for pharmaceutical services for the Reading population to cover the period from 1 October 2025 to 30 September 2028.

2. Executive Summary

2.1. Following conclusion of the stakeholder consultation, the attached final statement of need for pharmaceutical services is presented for approval.

2.2. The report highlights that the 27 pharmacies supported by 1 Dispensing Applicance Contractor and 1 Distance Selling Pharmacy in Reading, and the 6 pharmacies in neighbouring areas that are within a mile of the district boundary, provide adequate community pharmacy services for the needs of Reading's population.

3. Policy Context

4. The Government's 10 Year Plan commits to increase the role of community pharmacy as part of the new Neighbourhood Health Service.

5. The Proposal

5.1. Each Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

5.2. Inform local plans for the commissioning of specific and specialised pharmaceutical services to meet the current and future health needs of the local population

5.3. Support the decision-making process for applications for new pharmacies or changes of pharmacy premises and/or opening hours.

5.4. The PNA provides an overview of the demographics and the health and wellbeing needs of the Reading population. It also captures the views of residents and pharmacy service users. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of residents and whether there will be any gaps in provision within the lifetime of the PNA.

5.5. Consultant, Healthy Dialogues, was appointed to prepare the PNA, reporting to a local Task and Finish Group of key stakeholders. The process was overseen by a Buckinghamshire, Oxfordshire and Berkshire West Steering Group. The process included:

- A review of the current and future demographics and health needs of the Reading population.

- A survey of Reading patients and the public on their use and expectations of pharmaceutical services and an equality impact assessment.

- An assessment of the commissioned Essential, Advanced, Enhanced and Locally Commissioned services and, services delivered by dispending GPs in Reading.

6.6 A consultation draft of the PNA was published for formal consultation between 14th May and 13th July 2025. Responses to the consultation were considered by the task group and steering group before final publication of the PNA.

6.7 There are currently 27 community pharmacies, 1 Dispensing Appliance Contractor and 1 Distance Selling Pharmacy in Reading, with a further 6 community pharmacies located in neighbouring local authority areas within a mile of Reading's boundary.

5.6. The PNA includes an assessment of whether the current and future pharmacy provision meets the health and wellbeing needs of the Reading population. It also considers whether there are any gaps in the provision of pharmaceutical service either now, or within the lifetime of this document.

5.7. The findings show that essential services provided at all premises, including those though outside the Reading area, contribute towards meeting the need for pharmaceutical services. Adequate provision of advanced, enhanced, and locally commissioned services meet the need of the local population, including premises which although outside the Reading area, have secured improvements, or better access to pharmaceutical services in its area.

5.8. The proposal is to approve the PNA as presented, which would ensure that the Board discharges its statutory requirements within the required timescale.

5.9. Other Options considered;

The Health and Wellbeing Board could approve the PNA as presented. This is the preferred option.

Alternatively, the Health and Wellbeing Board could choose not to approve the PNA and request further changes. This is not the preferred option, since it would incur delay and the Board would fail to comply with the statutory requirement to adopt an updated PNA by October 2025.

5.10. Conclusion(s);

This PNA has concluded that there is good access to essential, advanced and other NHS pharmaceutical services for residents of Reading.

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

6.1. The proposal will support the overall direction of the Berkshire West Joint Health & Wellbeing Strategy 2021-30 by contributing to the following priorities;

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

7. Community Engagement

7.1. A survey of Reading patients and the public on their use and expectations of pharmaceutical services and equality impact assessment.

8. Equality Implications

8.1. An EIA was carried out as part of the PNA (see Chapter 6). No substantial differences or identified needs were found amongst protected characteristics groups in pharmacy usage.

9. Other Relevant Considerations

9.1. Not applicable.

10. Legal Implications

10.1. The Reading Pharmaceutical Needs Assessment has been prepared in accordance with the relevant legislation and fulfils the Health and Wellbeing Board's obligation to publish an updated assessment by 1 October 2025.

11. Financial Implications

11.1. Not applicable.

12. Timetable for Implementation

12.1. The statement of need for pharmaceutical services for Reading population to cover the period 1 October 2025 to 30 September 2028.

13. Background Papers

13.1. Not applicable.

Appendices

1. Reading Pharmaceutical Needs Assessment (2025-2028)

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Reading

Pharmaceutical Needs Assessment 2025-2028

Healthy Dialogues LTD

Reading Borough Council
Working better with you

Executive Summary

Introduction

All Health and Wellbeing Boards (HWBs) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population every three years. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is twofold, namely to:

- Support NHS England in their decision-making related to applications for new pharmacies, or changes of pharmacy premises and/or opening hours.
- Support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population.

This PNA provides an overview of the demographics and health and wellbeing needs of the Reading population. It also captures patients' and the public's views of pharmacy services they access. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the Reading residents and whether there are any gaps, either now or within the lifetime of the document, from the date of its publication to the 30th September 2028. It assesses current and future provision with respect to:

- Necessary Services – defined here as provision of Essential Services.
- Other Relevant Services – defined here as Advanced, Enhanced and Locally Commissioned Services.

Methodology

In November 2024, a Task and Finish group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations. This was in addition to a wider BOB-wide (Buckinghamshire, Oxfordshire and Berkshire West) Steering Group. The process included:

- A review of the current and future demographics and health needs of the Reading population determined on a locality basis.
- A survey to Reading patients and the public on their use and expectations of pharmaceutical services and an equality impact assessment.

- An assessment of the commissioned Essential, Advanced, Enhanced and Locally Commissioned services provided in Reading.

A PNA consultation draft was published for formal consultation between 14th May and 13th July 2025. Responses to the consultation were considered by the steering group before final publication of the PNA.

Findings

Key population demographics of Reading

Reading is an urban unitary authority in Berkshire with an estimated population of 174,249. Its population is relatively young with a median age of 35 years.

While there is less deprivation in Reading compared to England as a whole, there are pockets of deprivation across the borough. In total, ten of the its 97 LSOAs are among the most deprived 20% in England.

Key population health needs of Reading

Both life expectancy and healthy life expectancy are higher in Reading that the national average. Circulatory diseases, cancer, COVID-19 and respiratory diseases were the biggest causes of life expectancy gap between the most and least deprived in the borough.

Reading is doing better than or similar to, national figures in terms of the major risk factors explored in this PNA with a few exceptions:

- Successful completion of treatment for alcohol dependence.
- Successful completion of drug treatment for opiates.
- Chlamydia detection rate.
- HIV testing rate.
- Flu vaccination update in those over 65.

Patient and public engagement

A patient and public survey was disseminated across Reading to explore how people use their pharmacy and their views on specific ‘necessary’ pharmaceutical services. A total of 471 people responded.

Most respondents based their choice of pharmacy on where their GP sends their prescriptions, proximity to home or work, or they were satisfaction with the overall experience provided by the pharmacy. Nearly all respondents (95%) can reach their pharmacy in 20 minutes or less. Walking and cars are most common modes of transport to pharmacies. No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

Health and Wellbeing Board statements on service provision

There are 27 community pharmacies, one dispensing appliance contractor and one distance selling pharmacy located within Reading. There is also a further 5 community pharmacies located within a mile of Reading's borders.

The PNA steering group, on behalf of the Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Reading population. It has also determined whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, from the date of its publication to the 30th September 2028.

Reading is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to necessary and other relevant services with no gaps in the current and future provision of these services identified.

Contents

Chapter 1 - Introduction

What is a Pharmaceutical Needs Assessment?

1.1 Community pharmacies are essential in providing quality healthcare within local communities. In addition to dispensing prescriptions, they frequently serve as the first point of contact for patients and the public. In some cases, they are the only interaction individuals have with a healthcare professional.

1.2 A Pharmaceutical Needs Assessment (PNA) outlines the pharmaceutical service needs of a specific population. It details the services currently available, including when and where they are available. This PNA specifically assesses and evaluates the pharmaceutical needs of the Reading population.

1.3 NHS pharmaceutical services are delivered within a regulated and controlled market. Any pharmacist or dispensing appliance contractor wishing to provide NHS pharmaceutical services must apply to NHS England to be included on the pharmaceutical list of the Health and Wellbeing Board.

1.4 The purpose of the PNA is to facilitate the planning and commissioning of pharmaceutical services and to support decision-making regarding new applications or changes to pharmacy locations. This includes:

- Supporting the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes in pharmacy premises.
- Informing commissioning of enhanced services from pharmacies by NHS England, and the local commissioning of services from pharmacies by the local authority and other local commissioners.

1.5 The Reading PNA can also be used to:

- Help the Health and Wellbeing Board (HWB) communicate the borough's pharmaceutical needs to stakeholders and support the planning, development and delivery of services for the community.
- Assist the HWB in working with providers to target services of areas of need, whilst reducing duplication in regions with adequate provision.

PNA legislation

1.6 From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised statements.

1.7 With the abolition of Primary Care Trusts and the creation of the Clinical Commissioning Groups (CCGs) in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Servies, Public Health, Adult Social Care, Children's services and Healthwatch.

1.8 The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

PNA requirements

1.9 The PNA covers the period of 1st October 2025 to 30th September 2028. It must be produced and published by 1st October 2025. The development of and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:

- The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- The Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards.

1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:

- **Necessary Services – current provision**: services currently available that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the health and wellbeing board's area.
- **Necessary Services - gaps in provision:** services that are not currently available but are deemed necessary by the HWB to address an existing need for pharmaceutical services.
- **Other Relevant Services – current provision**: any services delivered or commissioned by the local authority, NHS England, the ICB, an NHS trust, or

an NHS foundation trust that impact the need for pharmaceutical services in the area or where future provision could enhance quality or improve access to specific pharmaceutical services.

- **Improvement and better access - gaps in provision**: services that are not currently available but are considered by the HWB to enhance quality or improve access to pharmaceutical services if introduced.

1.11 Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- Consideration of the varying needs across different localities.
- Assessment of how the needs of individuals with protected characteristics have been addressed.
- Evaluation of whether expanding pharmaceutical services would enhance access or improve service quality.
- A report of the 60-day consultation on the draft PNA.

Consultation

1.12 A draft PNA must be put out for consultation for a minimum of 60-days prior to its publication.

1.13 The PNA was published for consultation between 14th May to 13th July 2025. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer, and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS Trust or NHS Foundation Trust in the HWB area.

- NHS England.
- Any neighbouring HWB.

1.14 All comments received will be considered in the final PNA report to be presented to the HWB before the 1st October 2025.

Revisions and updates

1.15 The PNA must reflect any changes that affect the need for pharmaceutical services in Reading. As such, it will be updated every three years.

1.16 If the HWB becomes aware of a significant change to pharmaceutical service provision, the local area and/or its demography, the PNA may be required to be updated sooner. The HWB will make a decision to revise the PNA if required.

1.17 Not all changes will result in a change to the need for pharmaceutical services. If the HWB identifies a change that warrants a review, they may issue a supplementary statement explaining the changes since the PNA was published.

Chapter 2 - Strategic Context

2.1 This section provides an overview of key policies, strategies and reports that shape the strategic context of community pharmacy services at both a national and local level.

National Context

2.2 Throughout the last decade, the health and social care system has transformed and evolved to meet a range of challenges. Consequently, it has seen significant changes towards greater integration between health and social care services, increased emphasis on preventative care and growing use of technology for remote monitoring and consultations. This has been undertaken whilst also facing challenges with an ageing population, more people experiencing long-term health conditions, and continued funding pressures.

Health and Care Act (2022)[1]

2.3 The Health and Care Act 2022 builds on NHS proposals from the Long-Term Plans. It emphasises the importance of collaboration, drawing on lessons from the pandemic to enhance system responsiveness. The Act focuses on three key areas: integrating NHS services with local government to tackle health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing clear accountability mechanisms.

Health Equity in England: Marmot Review 10 years on[2]

2.4 The objectives outlined in the Marmot review are intended to ensure the health life expectancy gap between the least deprived and most deprived are reduced. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present the role of community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

1 Department of Health and Social Care (2022). Health and Care Act 2022. Available at: Health and Care Act 2022 (legislation.gov.uk)

2 Institute of Health Equity (2020). Marmot Review 10 Years On. Available at: Marmot Review 10 Years On - IHE

Plan for Change[3]

2.5 In 2024, HM Government launched their 'Plan for Change' outlining five missions to deliver a decade of national renewal. A focus on bringing care closer to where people live underpins the Health and Wellbeing ambitions which include transitioning how elective care is delivered, transforming patients' experience of care and transforming the model of care to make it more sustainable.

2.6 As part of this, on the 28th January 2025, the Department of Health and Socia Care entered into consultation with Community Pharmacy England regarding the 2024-2025, and 2025-2026 funding contractual framework[4]. This is intended to set the future direction for community pharmacy recognising it will play a vital role in supporting the delivery of the reforms that are set out in this plan.

Pharmacy Integration Fund

2.7 The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include: collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.

2.8 Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns. These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

3 HM Government (2024). Plan for Change: Milestones for mission-led government. Available here: Plan for Change – Milestones for mission-led government

4 GOV.UK (2025). Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract. Available at: Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract - GOV.UK

Local Context

Joint Strategic Needs Assessment (JSNA)[5]

2.9 Reading approaches JSNA as a key programme of work which encompasses a wide range of assessment, planning and commissioning processes taking place on behalf of the local population. The key aims are:

- To ground these processes in a core, single evidence base.
- To bring their outputs together in one place which can provide a document of the assessment of need, and further expand the local evidence base.

2.10 JSNA's have informed the development of 'Joint Health and Wellbeing Strategies' and local implementation plans.

Berkshire West Health and Wellbeing Strategy 2021-2030[6]

2.11 This strategy sets out how professionals across health and social care will work together to improve the health of the population. It covers Reading, Wokingham and West Berkshire local authority areas. The strategy is based around five health and wellbeing priorities:

- Reduce the differences in health between different group 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.

2.12 The focus throughout the 9 years prioritises the recovery of population health, rebuilding likelihoods and adapting to a new normal, whilst levelling health inequalities across the three areas. To achieve this, local delivery plans are implemented to support the strategy.

5 Reading Borough Council (n.d.) Welcome to the Reading Observatory. Accessible here: Berkshire Observatory – Reading – Welcome to the Reading Observatory
6 West Berkshire (2021). Berkshire West Health and Wellbeing Strategy 2021-2030. Accessible here: Berkshire West Health and Wellbeing Strategy 2021-2030 - West Berkshire Council

Berkshire West Health & Wellbeing Strategy: Reading Implementation Plans (2022-2025)[7]

2.13 The implementation plan outlines five key priorities to enhance health outcomes in Reading:

- Reduce health inequalities: Implement a 'Health in All Policies' approach to ensure equitable access and outcomes across all services.
- Support at risk individuals: Utilise data and local resources to identify and assist individuals at risk of poor health outcomes.
- Assist children and families in early years: Focus on early intervention and support to promote healthy development in children.
- Promote mental wellbeing for youth: Develop initiatives to support the mental health of children and young people.
- Enhance adult mental health: Implement programmes aimed at improving mental health and wellbeing for adults.

2.14 These priorities guide the implementation plan for 2022-2025, aiming to improve overall health and wellbeing in the community.

7 Reading Borough Council (2022). Berkshire West Health & Wellbeing Strategy 2021-2030: Reading Implementation Plans (2022-2025). Accessible here: 00.PUBLIC-VERSION-HWBS-Implementation-Plans-v1.7-RBC-website-version.pdf

Chapter 3 - The development of the PNA

3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies. This includes:

- Nationally published data, including data sets from Office for Health Improvement and Disparities (OHID) and Office for National Statistics (ONS).
- The Reading Borough Joint Strategic Needs Assessment.
- Local policies and strategies such as the Joint Health and Wellbeing Strategy.
- Local Pharmaceutical Committee data.
- A survey to the patients and public of Reading.
- Local Authority and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB commissioners.

3.2 These data have been combined to describe the Reading Borough population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.

Methodological considerations

Geographical Coverage

3.3 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. A ward-based structure was chosen by the HWB as it is in-line with available population health needs data and enables us to identify differences at ward level with respect to demography, health needs or service provision. There are 16 wards in Reading as illustrated in Figure 3.1.

Figure 3.1 Reading Borough electoral wards

3.4 The PNA Task and Finish Group determined provision and choice of pharmacies by travel time. The following criteria were considered reasonable by the steering group in terms of accessibility to pharmacy provision:

- Within rural areas: 20-minute drive from a pharmacy
- Within main urban areas: 1 mile

3.5 Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas), travel time by car, and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

Patient and Public Survey

3.6 Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. Responses were collated and the views within them explored, including detailed analysis of the Protected Characteristics. The findings from the survey are presented in Chapter 6 of this PNA.

Governance and Steering Group

3.7 The development of the PNA was advised by a steering group who oversaw the process of all Buckinghamshire, Oxfordshire and Berkshire West PNAs. Its membership included representation from:

- BOB ICB Clinical Lead for Medicines Optimisation, Chair.
- Public Health Local Authority leads.
- Community Pharmacy Thames Valley (LPC).
- ICB Pharmacy Contracting.
- Local Authority Communications leads
- HealthWatch representatives.
- Local Medical Committee(s).

3.8 The membership and Terms of Reference of the Steering Group is described in Appendix A.

3.9 In addition, it was supported by a local Task and Finish group of representatives from:

- Reading Borough Council Public Health team.
- West Berkshire Public Health team.
- Community Pharmacy Thames Valley (LPC).
- Healthwatch West Berkshire.
- Healthwatch Reading.
- West Berkshire Council Communications team.
- Reading Council Communications team.

Regulatory consultation process and outcomes

3.10 A draft of this PNA was published for statutory consultation between the period of 14th May 2025 and 13th June 2025. Comments received during the consultation period were considered and incorporated into the final report to be published by 1st October 2025.

Chapter 4 - Population demographics

4.1 This chapter presents an overview of Reading's population demographics, highlighting aspects that are likely to influence the demand on pharmacy services. It examines that the characteristics of the borough's residents, expected changes in population sizes and the wider determinants of health.

About the area

4.2 Reading is a principal regional and commercial centre of the Thames Valley in Berkshire, and home to the University of Reading, which has over 27,000 students. The borough is centred on the large town of Reading. Reading contains good transport links to London via the Elizabeth Line and has a rapidly growing economy.

4.3 The borough's neighbours include West Berkshire to the west, Oxfordshire to the north, and Wokingham to the east.

4.4 Reading is known for its entertainment events, including its annual summer festival and The Hexagon modern theatre in the town centre. Its heritage and culture sites include the ruins of Reading Abbey, the Ure Museum of Greek Archaeology, the Riverside Museum, and Basildon Park.

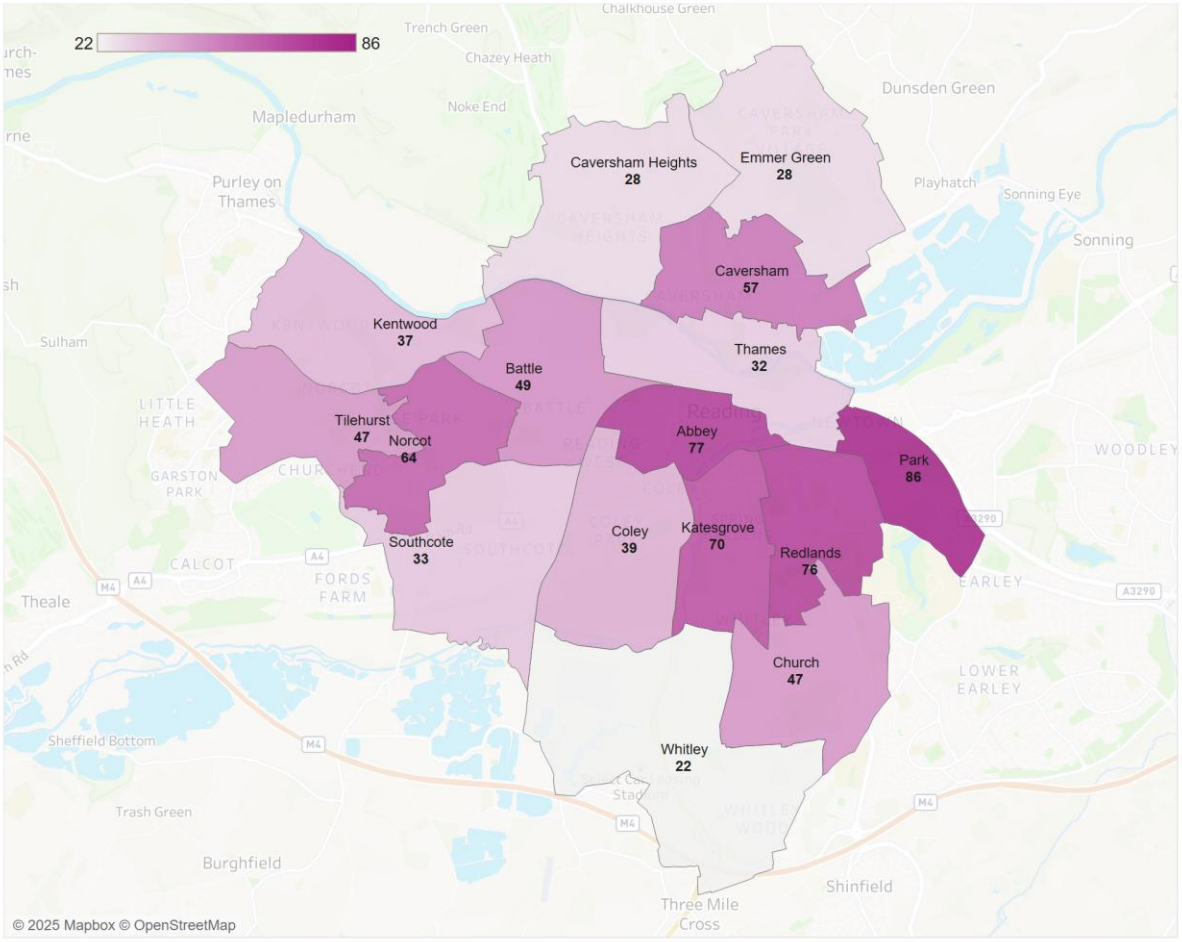
Demography

Population size and density

4.5 Reading's resident size of 174,249 people equates to a population density of 43 people per hectare (ONS, 2021 Census). This makes reading the 4th most densely populated borough in South East England, with only Portsmouth, Southampton and Slough having higher population densities.

4.6 The eastern portion of the borough has the highest population density, peaking at Park ward which has 86 people per hectare. Conversely, Whitley ward has the lowest population density at 22 people per hectare (Figure 4.1).

Figure 4.1: Population density of Reading per hectare by ward



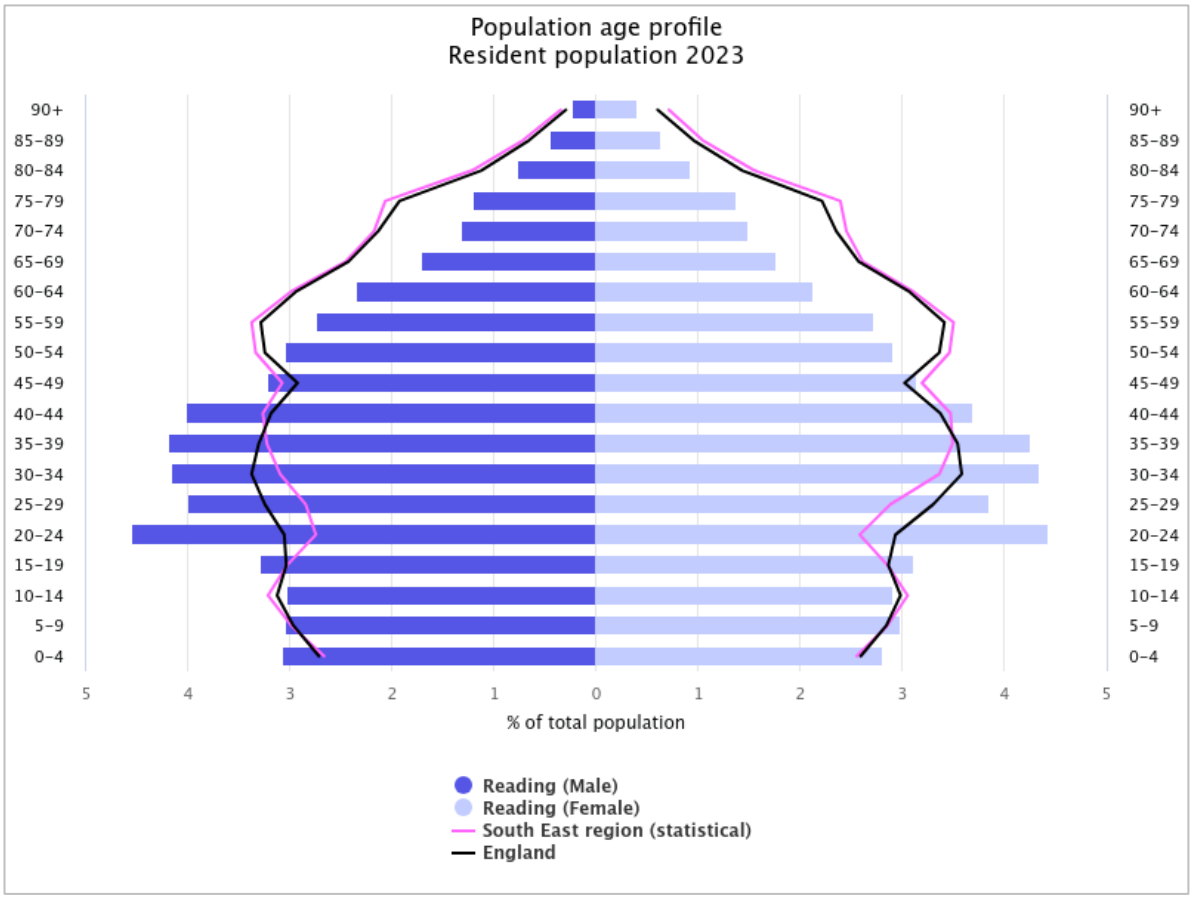
Source: ONS, 2021 Census

Age profile

4.7 Reading has a relatively young population, with a median age of 35 years, which is younger than the median age for England (40 years), and for the South East region (41 years).

4.8 Around one-fifth (19%) of the borough's population are aged 0-15 years, 69% are of working age aged 16-64 years and 12% are aged over 65. Figure 4.2 shows a breakdown of the age and gender proportion of Reading residents.

Figure 4.2: Proportion of Reading resident population by age-band and gender

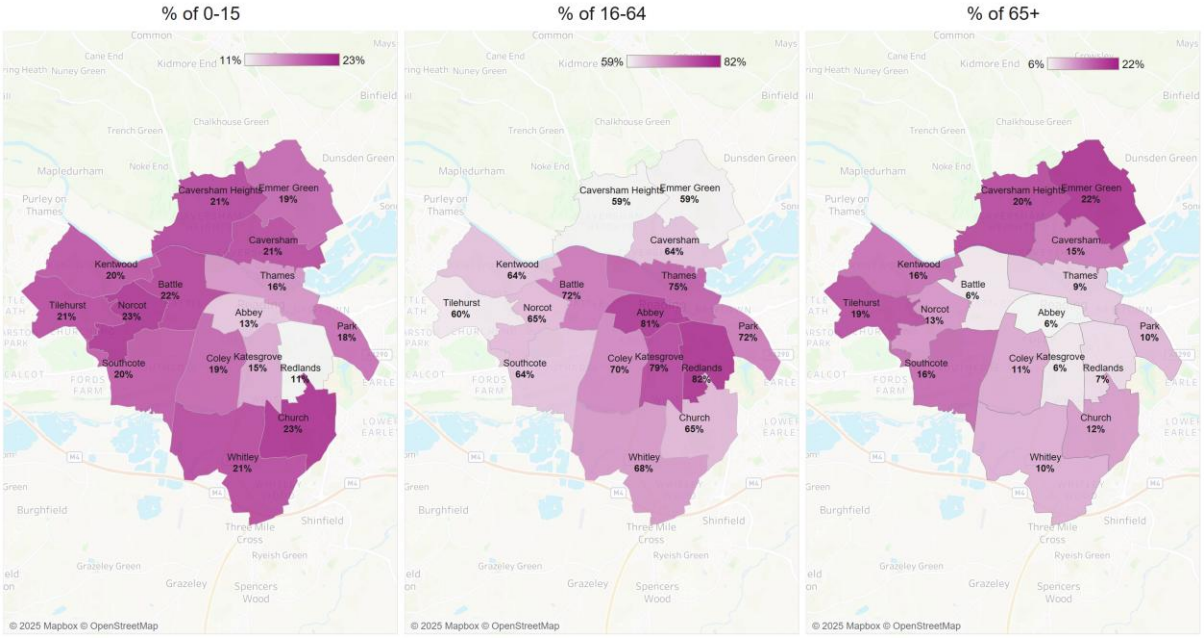


Source: OHID, Public Health Profiles

4.9 As seen in the population pyramid above, Reading's age profile broadly mirrors the national picture across many of the age groups. The largest difference is in people in their 20s and 30s where the proportion of population is markedly greater in Reading compared to the national average. There are also a smaller proportion of people aged 65 and over within Reading compared to England and South East England.

4.10 At a ward level, Norcot and Whitley wards have the highest proportion of young people, with 23% of residents in them aged 15 or below. Conversely, Emmer Green ward has the highest proportion of those aged 65 and over (Figure 4.3).

Figure 4.3: Proportion of age groups by ward



Source: ONS, 2021 Census

Ethnicity and diversity

4.11 Cultural and language barriers can create inequalities in access to healthcare, which can negatively affect the quality of care a patient receives and reduce patient safety and patients' satisfaction with the care they are given. However, pharmacy staff often reflect the social and ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other healthcare services.

4.12 NICE Guidance[8] recommends that community pharmacists take into consideration how a patient's personal factors may impact on the service they receive. Personal factors would include, but are not limited to, gender identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any language skills staff members may have.

4.13 Reading is one of the most multicultural boroughs in England, with a third of its resident population identifying as being from an ethnic minority (Table 4.1).

Table 4.1: Proportion of Reading population by ethnicity

Ethnicity	Reading	South East	England
Asian or Asian British	18%	7%	10%
Black, Black British, Caribbean or African	7%	2%	4%

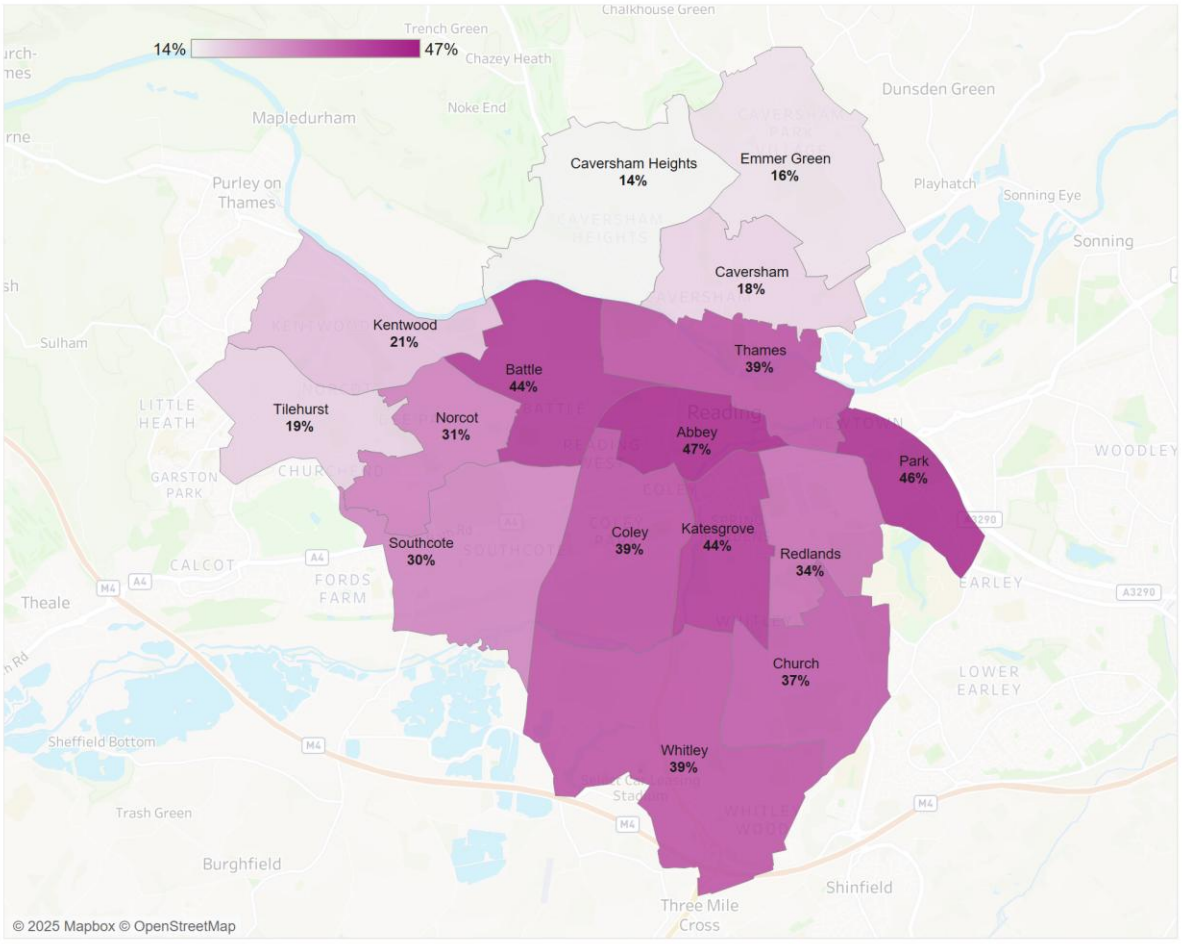
8 NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

Mixed or Multiple ethnic groups	5%	3%	3%
White	67%	86%	81%
Other ethnic group	3%	1%	2%

Source: ONS, 2021 Census

4.14 There are large differences in the proportion of ethnic minorities at a ward level, with the highest proportion being 47% at Abbey ward, while the lowest proportion is 20% at Caversham Heights ward.

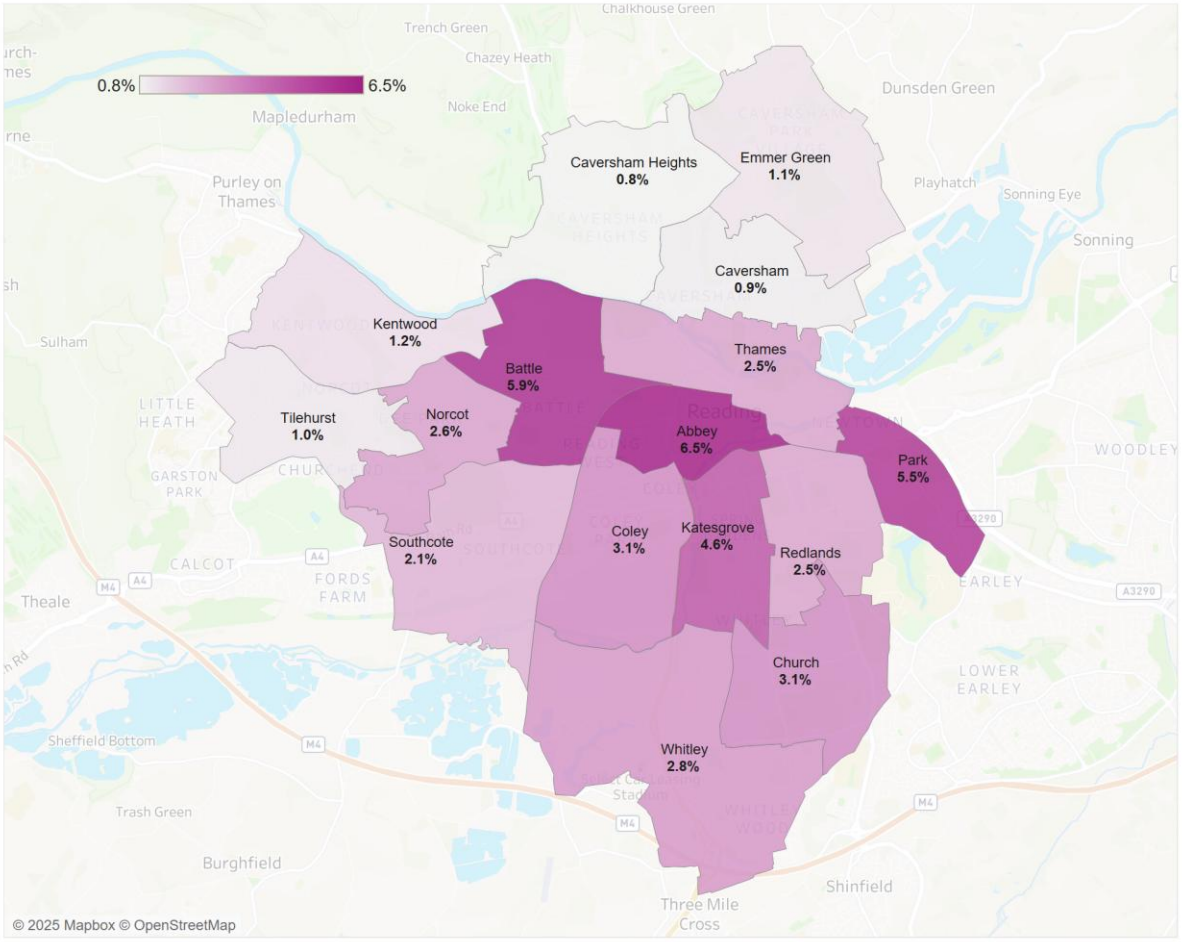
Figure 4.4: Percentage of ethnic minorities in Reading by ward



Source: ONS, 2021 Census

4.15 This pattern is replicated in the language proficiency, with Abbey being the ward with the highest proportion of residents that cannot speak English well or at all, while Caversham Heights has the lowest. Overall, 2.9% of the borough's residents reported not being able to speak English well or at all.

Figure 4.5: Proportion of residents that cannot speak English well or at all, by ward



Source: ONS, 2021 Census

4.16 Polish, Nepalese and Romanian are the top main languages spoken in Reading after English.

Table 4.2: Main languages spoken in Reading – Top 10

Main Language	Percentage
English	81.1%
Polish	2.5%
Nepalese	2.5%
Romanian	1.6%
Urdu	0.9%
Portuguese	0.9%
Spanish	0.8%
Italian	0.6%
Arabic	0.6%
Panjabi	0.6%

Source: ONS, Census, 2021

Population changes

4.39 Any population increases sustained in the lifetime of this PNA need to be taken into consideration. Population increases will likely place increased demands on community pharmacy services with different population groups having different needs.

Population size projections

4.40 The total population size is expected to remain largely unchanged with the latest population projections predicting a 0.2% increase (344 people) in the population of Reading from 2025 to 2028 (ONS 2018-based subnational population projections, 2020). Factoring in the age of the dataset, the new dwelling forecasts are likely to be more indicative of population changes.

Future residential development and housing requirements

4.41 The latest Annual Monitoring Report (AMR) for the authority anticipates that an additional 1,885 dwellings will be completed during the PNA's lifetime (2025/26 to 2028/29). Abbey and Thames wards are expected to have the greatest number of new housings completed during that period.

Table 4.3: Anticipated new dwelling in Reading by ward[9]

Ward	2025/26	2026/27	2027/28	2028/29	Ward Total
Abbey	0	482	190	22	694
Thames	0	0	103	414	517
Peppard	11	53	53	53	170
Whinfield	0	0	0	148	148
Katesgrove	0	29	75	0	104
Whitley	0	0	0	98	98
Battle	0	0	43	8	51
Park	0	43	0	0	43
Southcote	0	0	0	32	32
Caversham	0	0	0	20	20
Tilehurst	9	-32	19	12	8
Year Total	**20**	**575**	**483**	**807**	**1,885**

[9] This dataset made use of the old electoral wards

Source: Reading Borough Council, Authority Monitoring Report, December 2024

4.42 At a site level, the largest sites are:

- Soane Point, 6-8 Market Place in Peppard ward with 182 new dwellings
- Weldale Street with 144 new dwellings planned
- Chatham Street in Abbey ward with 126 new dwellings planned.

Wider determinants of health

4.43 Reducing the differences in health between different groups of people is a priority area for the Berkshire West Health and Wellbeing Strategy.

4.44 Fair Society, Healthy Lives: (The Marmot Review)[10] and later the Marmot Review 10 Years On[11] describe the range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and, ultimately, health outcomes. They include factors such as deprivation, education, employment and fuel poverty.

Index of Multiple Deprivation

4.45 The Index of Multiple Deprivation (IMD) is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.

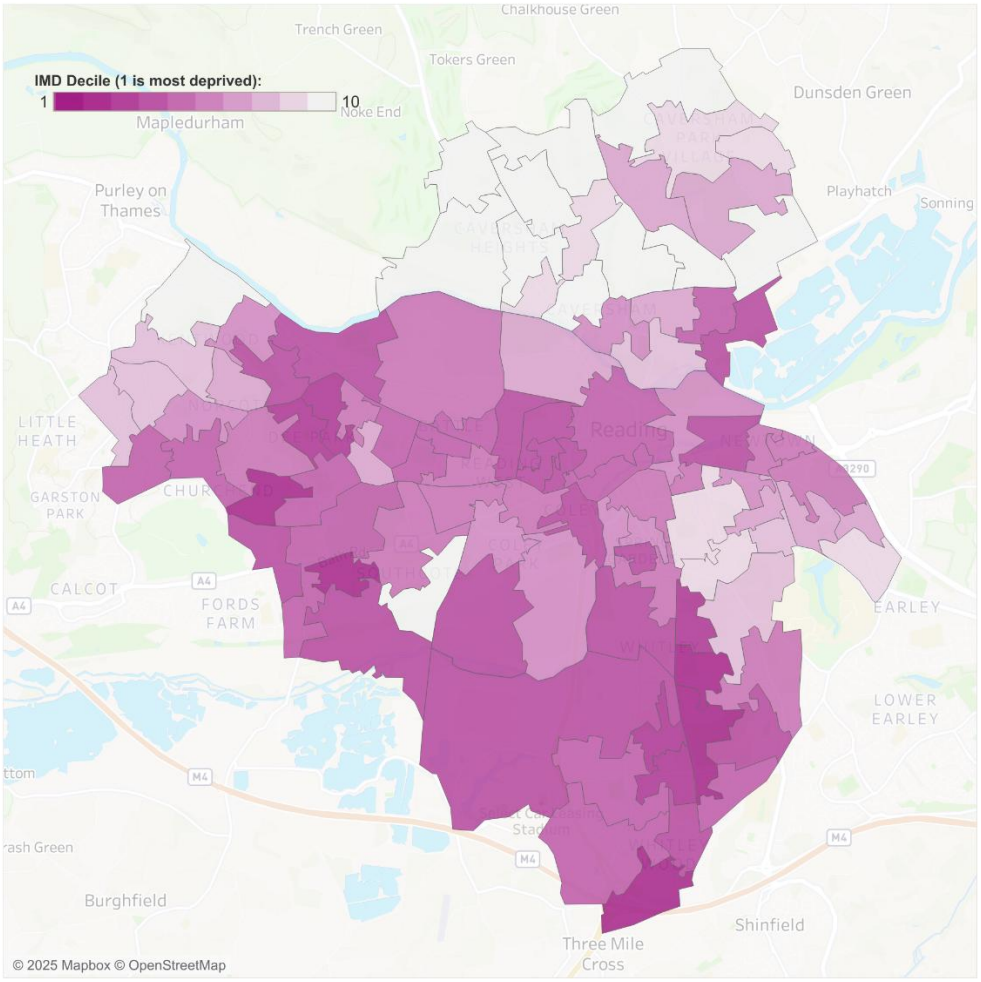
4.46 A Local Authority Summary of each index is compiled, which gives an average score and average rank for each Upper and Lower Tier Local Authority in England. Reading is ranked 92 out of 151 upper tier local authorities, where 1 is the most deprived.

4.47 Ten of Reading's 97 neighbourhoods (LSOAs) are among the 20% most deprived in the nation (deprivation decile of 1 or 2).

10 Fair Society Healthy Lives (The Marmot Review): http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

11 Marmot Review 10 Years On (February 2020): http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on

Figure 4.6: IMD Deciles in Reading by LSOA, 2019



Source: Ministry of Housing, Communities & Local Government, 2019

Other economic markers

4.48 However, in measures of poverty, Reading is similar to or better than national figures. For example, 15.6% of children were living in relative low-income families in 2022/23, compared with 19.8% nationally and 15.6% regionally. Average weekly earnings of £574.40 are similar to the national figure of £449.90 and regional figure of £565.70 (OHID, Public Health Profiles, 2025).

Patient groups with specific needs

People who are homeless

4.49 Homelessness is an area of concern in Reading in comparison to regional and national figures.

4.50 In 2023/24, 305 households in Reading (4.6 per 1,000 households) were in temporary accommodation. This rate is similar to the national average for England (4.6 per 1,000 households) and slightly higher than the South East region (3.4 per 1,000 households). However, in the same period, 1,592 households in Reading (24.2 per 1,000 households) were owed a duty under the Homelessness Reduction Act, meaning they were within 56 days of becoming homeless and required council support to prevent homelessness. Reading ranks as the second highest in the South East for this measure. In 2024, 32 per 100,000 people were sleeping rough in Reading (Annual rough sleeping snapshot in England: autumn 2024).

4.51 Pharmacists can play a role in helping improve the health and wellbeing of people who are homeless. Pharmacies are an accessible service that are often located in areas of high deprivation and need. 'Underserved' communities, such as those who are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service[12]. This is because pharmacies provide a safe space for confidential discussions with patients.

4.52 Pharmacies can help people who are homeless with support in areas such as medicines management, provision of health information about hygiene, sexual health and vaccinations and can provide signposting to other health and wellbeing services. Also, Pharmacies play a critical role in offering advice about harm reduction, distributing clean needles for people who inject drugs and can also provide services such as supervised consumption to patients where necessary to homeless individuals who face substance misuse issues.

4.53 In Reading, pharmacies work closely with local agencies to offer support for homelessness. This includes agencies such as the Salvation Army and Launchpad and which can direct people to pharmacies or collaborate to ensure essential services are accessible.

Refugees/ Asylum seekers

4.54 There are a small number of asylum seekers and refugees in Reading. As of 30th September 2024, there were 79 people in Reading under the Afghan Resettlement Programme, 382 under Homes for Ukraine and 651 in Supported Asylum. This

12 NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

equates to 1,112 people or 0.62% of the population (Home Office, Immigration System Statistics, 2024).

4.55 Pharmacies are often trusted and accessible resources for asylum seekers, helping bridge the gap between them and the wider healthcare system. They are vital in providing immediate healthcare support and guiding them toward appropriate services.

4.56 Language barriers are often one of the challenges faced by asylum seekers in the healthcare system. Many pharmacies provide access to interpreters to assist asylum seekers who may not speak English to ensure they can understand medical advice and how to take medications properly.

Students

4.57 The main campus of Reading University is situated in the southeast part of the town, within the Reading urban area and just inside Wokingham. The university has a workforce of 3,835, with 59% identifying as female and 21% from Black and minority ethnic backgrounds. It also hosts over 27,465 students from more than 160 countries globally. Among the students, 54% identify as female, 38% are from an ethnic minority background, and 15% have declared a disability[13].

4.58 Additionally, the University of West London operates a campus in Reading, known as The Berkshire Institute of Health, which is located in the town centre.

4.59 Pharmacies in Reading support students in several ways, especially given the diverse student population in the area, which includes those attending the University of Reading and other educational institutions. These services help ensure students stay healthy and have access to essential health resources while managing their busy academic and personal lives.

4.60 Many students, especially those living away from home for the first time, rely on pharmacies for health advice because the pharmacy environment is often seen as a trusted and confidential space where students can ask questions without fear of judgment. Pharmacies in Reading provide a welcoming atmosphere, making it easier for students to access healthcare and receive professional advice on both physical and mental health. Additionally, for international students who may not be familiar with

13 University of Reading (2024) At a Glance 2024

the UK healthcare system, pharmacies can play an essential role in explaining how the National Health Service (NHS) works, helping students access GP services, and offering advice on how to navigate health issues in the UK.

4.61 With many students living in close quarters for instance halls of residence, they are more susceptible to colds, flu, and other contagious illnesses. Pharmacies in Reading offer flu vaccinations to students, often at a discounted price. Some also offer other vaccinations for travel or to meet specific university requirements. They also provide advice on travel health precautions and medications for malaria prophylaxis or signposting students to appropriate travel health clinics.

Summary of population demographics

Reading is a densely populated urban unitary authority in Berkshire with an estimate population size of 174,249. It is at the centre of Thames Valley and home to Reading University.

It has a relatively young population with a median age of 35 years. It is also one of the more ethnically diverse local authorities in the country. Park, Abbey, Battle, and Katesgrove wards have the largest ethnic minority populations within Reading. 2.9% of the borough are not proficient at English.

There are pockets of deprivation in Reading, particularly in the southern and west parts of the borough.

Groups with specific pharmaceutical needs in Reading include people who are homeless, refugee and asylum seekers and students. These groups often face unique challenges in accessing healthcare and pharmacies can play a vital role in ensuring easy access to essential services, advice and provision of tailored support to them.

Chapter 5 - Health Needs

5.1 This chapter presents an overview of health and wellbeing in Reading, particularly the areas likely to impact on needs for community pharmacy services. It looks at life expectancy and healthy life expectancy in Reading and includes an exploration of health and behaviours and major health conditions.

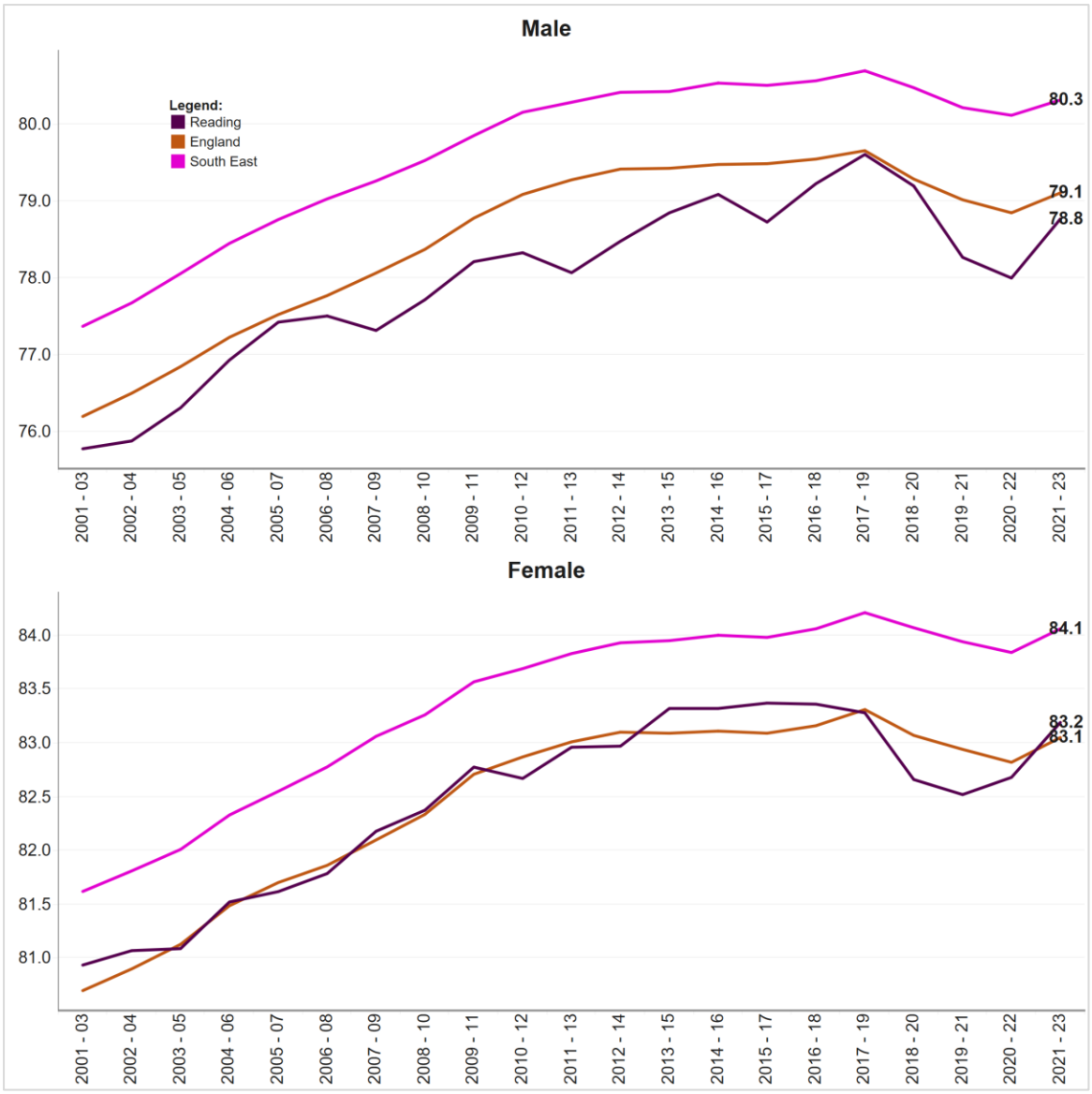
5.2 All the data in this chapter is sourced from Office for Health Improvement and Disparities, Public Health Profiles, 2025.

Life expectancy and healthy life expectancy

5.3 Life expectancy is a statistical measure indicating the average duration a person is expected to live. Healthy life expectancy at birth represents the average number of years an individual can expect to live in good health, taking into account age-specific mortality rates and the prevalence of good health in their area.

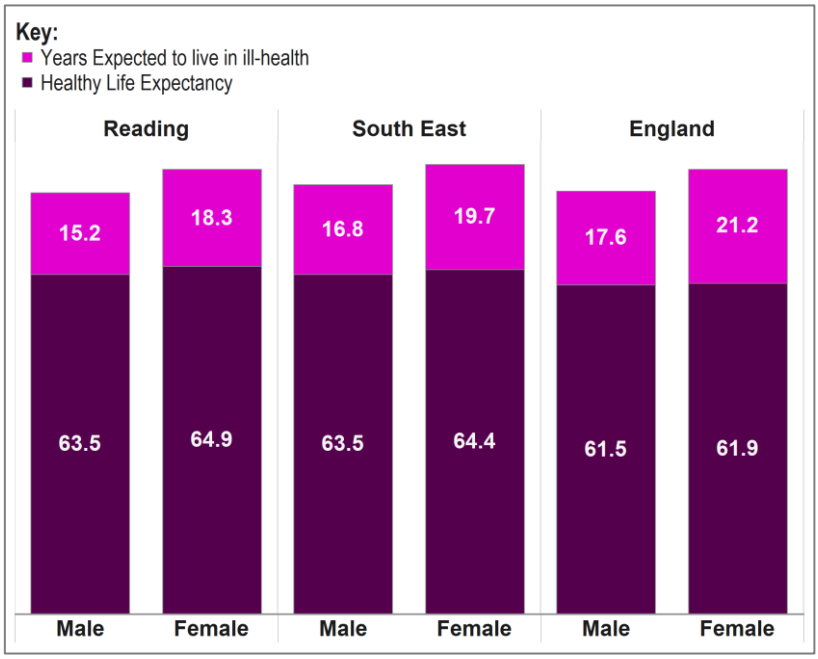
5.4 In recent years, life expectancy at birth for both males and females in Reading experienced a slight decline, particularly around the COVID-19 pandemic. However, encouragingly, it has started to rise again in 2021–2023. Currently, females in Reading have an average life expectancy of 83.2 years, while males can expect to live 78.8 years. These figures closely align with both national and regional averages (Figure 5.1).

Figure 5.1: Life expectancy trends (male and female) in Reading, the South East and England, 2001-02 to 2021-23



5.5 Beyond overall life expectancy, it is important to consider the number of years people live in good health. As shown in Figure 5.2, males in Reading are expected to enjoy 63.5 years of healthy life, while females can expect 64.9 years. These figures are broadly in line with regional and national trends.

Figure 5.2: Reading life expectancy and healthy life expectancy for males and females (2021-23)



5.6 Life expectancy is not the same for everyone, and disparities between different areas highlight wider social and health inequalities. The gap between the most and least deprived areas of Reading is 6.8 years for men and 7.8 years for women (2018–20). While this inequality is lower in Reading than the South East and England overall, the gap for men is among the smallest in the country, whereas for women, it is the largest in the region. Nationally, the life expectancy gap stands at 9.7 years for men and 7.9 years for women.

5.7 The life expectancy gap between Reading's most and least deprived areas is attributable to different causes of death for males and females, and these issues are explored in the section below on major health conditions.

Our health and behaviours

5.8 Lifestyle and the personal choices that people make can significantly impact their health. Behavioural patterns contribute to approximately 40% of premature deaths in England. Just under half of all years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, high blood pressure, being overweight or obese, alcohol and drug use.

5.9 Community pharmacy teams support the delivery of community health programmes, for example, through the provision of stop smoking services, flu vaccinations and blood pressure checks. They also promote sexual health services and initiatives such as

Dementia Friends. In addition, pharmacy team members provide advice on healthy living and where appropriate, signpost people to other health and social care providers.

5.10 This section of the chapter explores different health behaviours and lifestyles where people affected can seek help from community pharmacies. By supporting their local communities in this way, pharmacies can improve the overall health of the population of Reading Borough.

Smoking

5.11 Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for 15% of all deaths in people aged 35 or over in England, including 52% of cancer deaths and 47% of deaths from respiratory diseases[14].

5.12 Smoking rates are similar to national figures. In 2023, 11.8% of Reading's adult population smoked, which is similar to the percentage for England (11.6%) and slightly higher than the percentage for the South East region (10.6%). The smoking rate among people aged 18 to 64 who are employed in routine and manual occupations, however, is much higher than in the general population. In 2023, 25.7% of routine and manual workers in Reading smoked which, while similar to the England rate of 19.5% is the 3rd highest in the region.

5.13 Smoking prevalence rates are also monitored for pregnant women, due to the detrimental effects of smoking on the growth and development of the baby and the health of the mother. In 2023/24, 11.2% of Reading mothers smoked in early pregnancy which was better than the England rate (13.6%) and slightly lower than the South East England (12.3%) figure.

5.14 Community pharmacies often provide leaflets and booklets that contain useful information on how to quit smoking and health risks associated with smoking. As detailed in chapter 7, they also offer smoking cessation services which encompasses provision of brief advice on stopping smoking, advice on vaping, provision of nicotine

14 House of Commons Library, Statistics on Smoking, 2023

replacement therapies as well prescription medicines such as varenicline and bupropion that can help individuals manage their cravings.

Alcohol

5.15 Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental health. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.

5.16 In 2023, 47 Reading deaths were classified as 'alcohol-related mortality'. This rate of 35.3 per 100,000 population was similar to the England rate of 40.7 per 100,000 population and slightly below the South East rate of 35.6 per 100,000 population.

5.17 In 2023/24, there were 506 admissions to hospital where an alcohol-specific condition was the primary diagnosis. This is equivalent to 337 per 100,000 population which is better than the England rate (504 per 100,000 population) and below the South East figure (429 per 100,000 population).

5.18 In 2023, 62 adults left treatment free of alcohol dependence and did not represent within a 6-month period. This was 24.7% of all Reading adults in structured treatment for alcohol dependence during this year. This 'success rate' was worse than the England rate of 34.2% and below the South East region rate of 34.3% (OHID, Fingertips, 2025).

5.19 Community pharmacies play a crucial role in connecting individuals to local addiction services. Some pharmacies are also able to provide medicine used in the treatment of alcohol use disorder (alcoholism) such as acamprosate.

Drug misuse

5.20 Drug misuse is a significant cause of premature mortality in the UK. The latest figures show that there were 33 deaths from drug misuse in the borough over the period 2021-23. This equates to a rate of 6.6 per 100,000 population, which is similar to the England rate (5.5 per 100,000 population), but higher than the South East rate (4.3 per 100,000 population).

5.21 In 2023, only 22 adult opiate drug users in Reading successfully completed treatment. This equated to 3.0% of all adults in treatment for opiate use during the year which is

worse than the England rate of 5.1%. Reading had the lowest 'success rate' in the South East where the average rate was 6.5%.

5.22 Community pharmacies provide harm reduction services such as offering needle exchange, opioid substitution therapies such as methadone and Buprenorphine as well as supervised consumption services as documented in chapter 7. Some pharmacies are also able to provide medicine such as naloxone for the reversal of opioid overdoses.

Weight management

5.23 Obesity is a significant factor in early death and preventable health issues. It raises the likelihood of various diseases, such as certain cancers, heart conditions, and type 2 diabetes.

5.24 Obesity levels in Reading are lower than national figures. In 2023/24, 10.5% of adults living in Reading Borough were classified as obese which was lower than the England (12.8%) and the South East (11.4%) figures.

5.25 Childhood obesity is on the rise and can have significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver disease, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

5.26 Childhood obesity rates are increasing nationally and locally and are a significant challenge for health services and local government, as well as individual families. The National Child Measurement Programme (NCMP) measures the height and weight of children in their first year (Reception Year, ages 4-5) and last year (Year 6, ages 10-11) of primary school. In 2023/24, 21.9% of Reception Year children and 36.7% of Year 6 children in Reading were overweight or obese. This was similar to the England figures (22.1% for Reception Year and 35.8% for Year 6) and slightly higher than the South East region ones (20.8% and 32.7%).

5.27 Community pharmacy teams can now identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme which provides opportunity for one-to-one coaching from a weight loss expert.

Physical Activity

5.28 People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular diseases such as coronary heart disease and stroke compared to those who lead a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. The Global Burden of Diseases showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality[1].

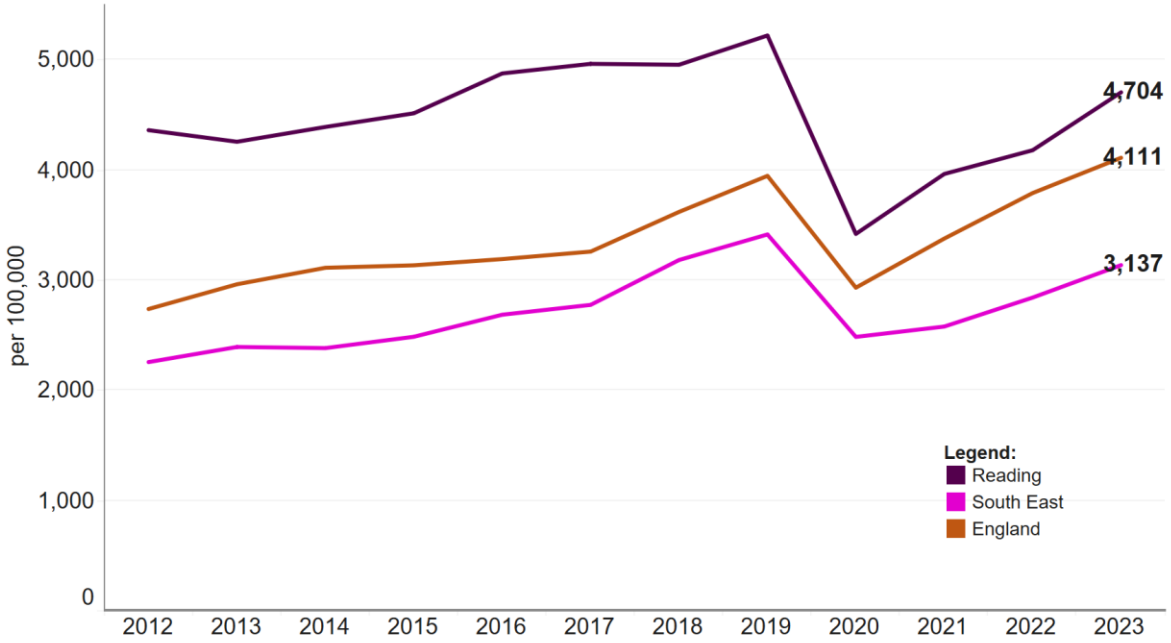
5.29 Physical activity levels for adults in Reading are broadly in line with national and regional rates. In 2022/23, 69.1% of people aged 19+ in Reading were considered 'physically active' which was similar to the England rate (67.1%) and slightly lower than the South East England figure (70.2%). 21.7% of people aged 19+ were estimated to be 'physically inactive' which was again similar to the England figure (22.6%), but slightly higher than in the South East region (19.3%).

Sexual health

5.30 Sexual health encompasses the provision of advice and services related to contraception, relationships, sexually transmitted infections (STIs), and abortion. According to the Office for Health Improvement and Disparities, the effectiveness of sexual and reproductive health services relies on the entire system working collaboratively to ensure these services are as accessible, relevant, and user-friendly as possible, ultimately enhancing public health.

5.31 The rate of new STI diagnoses in Reading is higher than the national and regional rates, but this may be driven by Reading's higher STI testing rate. In 2023, the new STI diagnoses (excluding people with chlamydia under the age of 25) rate for Reading was 559 per 100,000 population which was worse and substantially higher than the England rate (520 per 100,000 population) and substantially higher than the South East England figure (369 per 100,000 population). However, the STI *testing* rate (excluding chlamydia testing for those aged under 25) was 4,704.3 per 100,000 population which is better than England (4,110.7 per 100,000 population) and the third highest in the South East region (3,136.6 per 100,000 population). The trend shows that STI testing rate for Reading has been rising slightly since 2020.

Figure 5.3: STI testing rate (exclude chlamydia aged under 25) per 100,000 for Reading, the South East and England, 2012-2022.



5.32 Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. In 2023, the chlamydia detection rate for people aged 15 to 24 in Reading was 1,288 per 100,000 population which was lower than the England rate of 1,546 per 100,000 population and slightly higher than the South East rate of 1,271 per 100,000 population. In the same year, for people aged 25 and older, the chlamydia diagnostic rate for Reading was 216 per 100,000 population. This was similar to the England rate (223 per 100,000 population), and the fifth highest in the South East region.

5.33 In 2023,18.1% of females aged 15-24 who accessed specialised sexual health services in Reading were screened for chlamydia, compared with 20.4% for England and 18.2% for the South East.

HIV

5.34 Reading Borough has a significant number of residents who are living with an HIV diagnosis. The latest figures (from 2023) show that there were 325 Reading residents aged 15-59 years who were HIV positive. This equates to an HIV diagnosed prevalence rate of 2.78 per 1,000 population which is similar to the England rate of 2.40 per 1,000 population and slightly higher than the South East region figure of 1.91 per 1,000 population. In 2023, the HIV testing rate for Reading Borough was 2,572.4 per 100,000 population which was worse than the England rate (2,770.7 per 100,000

population) but slightly higher than the South East England rate (2,272.2 per 100,000 population).

5.35 In 2023, the antiretroviral therapy (ART) coverage in people accessing HIV care in Reading Borough was 96.9% compared with England and South East England coverage of 98.5% and 98.9% respectively. The prompt initiation of ART in people newly diagnosed with HIV for the period 2021-2023 was 82.8% which was similar to the England percentage (84.4%) and below the South East region figure (87.4%).

Flu vaccination

5.36 The flu vaccination is offered to people who are at a greater risk of developing serious complications if they catch flu. This includes older people, people with long term health conditions such as heart disease, respiratory disease or diabetes, residents in care homes and pregnant women. In Reading, flu vaccination uptake has fallen in recent years and is particularly poor for the 'at risk' population where uptake is now closer to 40% than 50% and a long way from the 75% uptake target. This is in line with national and regional trends.

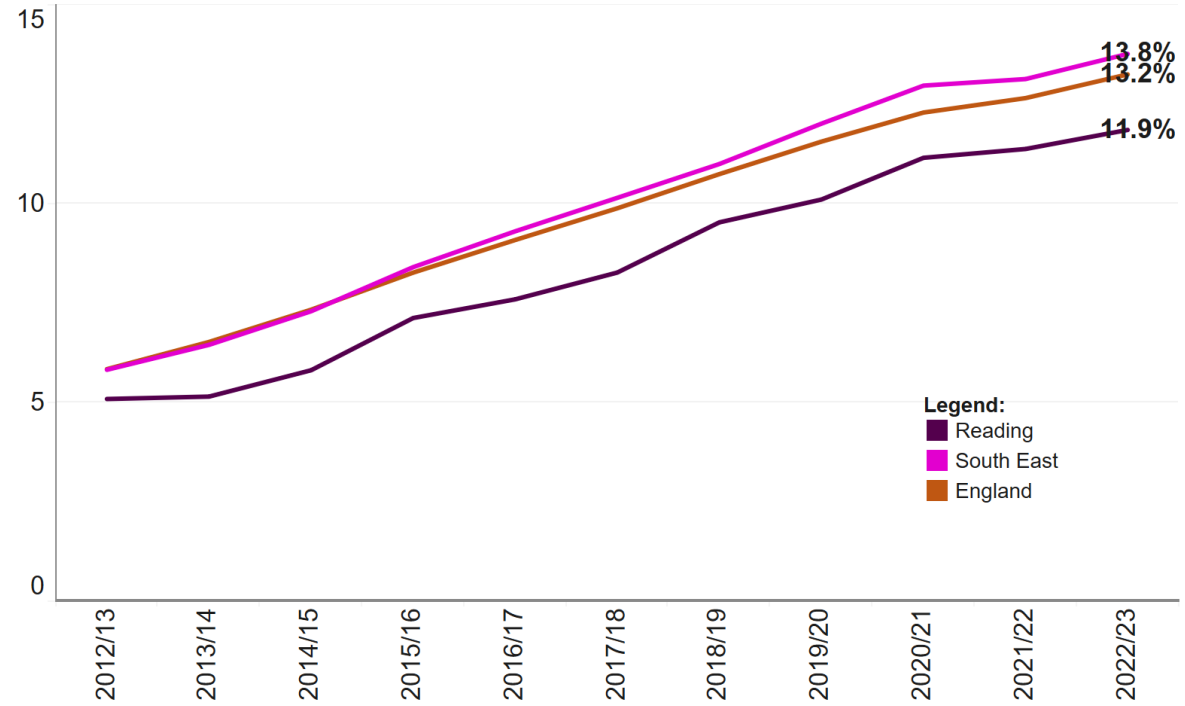
5.37 In 2023/24, 74.9% of the over 65 population in Reading received a flu vaccination which was worse than the England uptake (77.8%). Reading Borough had the third lowest uptake among the South East local authorities where the average uptake was 79.9%. Only 42.2% of the 'at risk' population of Reading were vaccinated against the flu in 2023/24 which is comparable to the England uptake (41.4%), but slightly lower than the South East England figure (44.2%).

Mental health and wellbeing

5.38 Mental health and wellbeing is a priority area for the Berkshire West Health and Wellbeing Strategy 2021-2030. Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.

5.39 The number of adults in Reading who have a diagnosis of depression has increased steadily over the last decade and the number of people who are newly diagnosed each year is also rising at relatively high rate. The most recent data (from 2022/23) shows 11.9% of patients registered with a GP in Reading Borough had a diagnosis of depression compared with 13.2% of patients in England and 13.8% in the South East region. For 2023/24, the incidence of new diagnoses of depression in Reading was 1.6% and presents an increasing trend (Figure 5.4). For England and South East England, the incidence of new diagnoses was 1.5% and 1.6% respectively.

Figure 5.4: Depression: QOF prevalence in Reading, the South East and England, 2012/13-2022/23

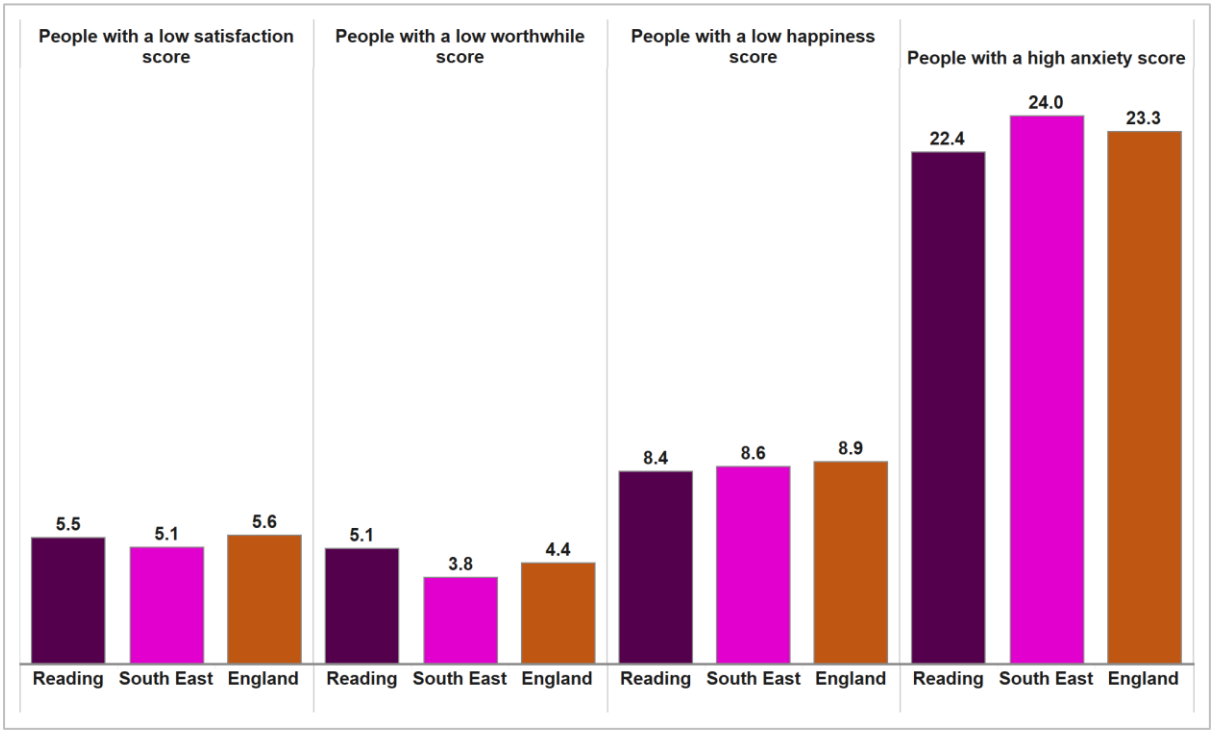


5.40 Dementia is the leading cause of death in England. It is estimated that there are currently 1 million people living with dementia in the UK and that this figure will exceed 1.6 million by 2040[15]. In 2024, the estimated dementia diagnosis rate in people aged 65 and over in Reading was 68.9 per 100 population which was similar to the England rate (64.8 per 100 population) and slightly lower than the South East England figure (62.9 per 100 population).

5.41 The dataset 'Personal well-being estimates by Local Authority' uses four measures to access personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Figure 5.5 below presents the results from the latest survey (2022-23), showing the percentage of people who had a low score for each of the variables. It shows Reading Borough has results broadly comparable to England and South East England.

15 OHID, Dementia: applying All Our Health, 2022

Figure 5.5: Personal wellbeing scores in Reading, the South East and England, 2022/23



Social Isolation and Loneliness

5.42 Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from heart attacks and strokes.

5.43 Many older Reading residents live on their own and these numbers are likely to increase as the population ages. The latest Census data show that in 2021, 19,705 Reading residents were aged 65 or above and nearly one-third - 6,230 (31.6%) - of this group were living on their own, accounting for 9.2% of all Borough households. The percentage of people aged 65+ living on their own in Reading is higher than the England (30.6%) and South East region (29.5%) figures (ONS, Census 2021, 2025).

5.44 Each year, all councils in England that provide adult social care services are required to conduct an annual survey. The Adult Social Care Survey (ASCS)[16] is sent to a random sample of people who access long-term support from social care and asks about their experiences. The ASCS includes questions about social isolation and

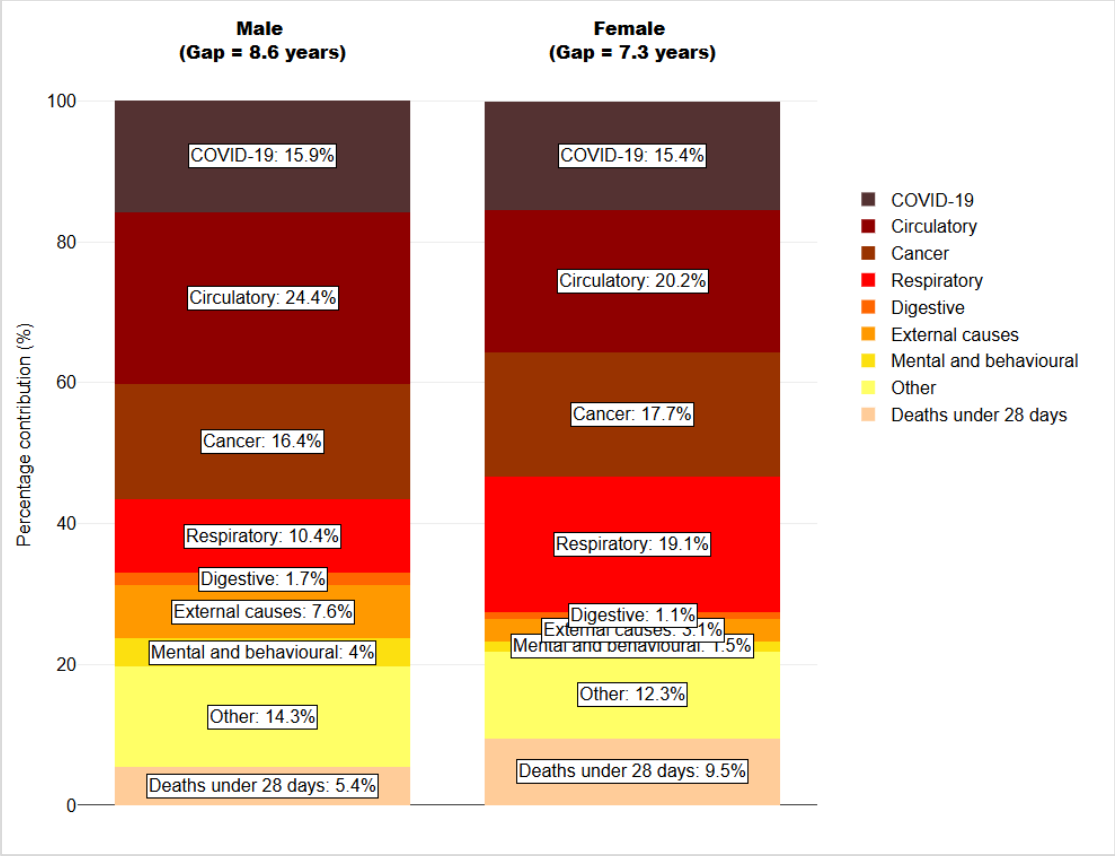
16 NHS Digital, Personal Social Services Adult Social Care Survey, England, 2023-24 - NHS England Digital, last accessed Feb 2025

loneliness. In 2023/24, 9.5% of all respondents and 14.6% of respondents aged 65 and over in Reading reported that they often or always felt lonely. 5.3% of all respondents and 4.5% of those aged 65 and above said that they had little social contact and felt socially isolated. These figures were comparable to equivalent national and regional percentages: across England and the South East region respectively, 11.7% and 11.4% of all respondents reported often or always feeling lonely, and 6.8% and 6.6% reported feeling isolated due to little social contact. (NHS England, Adult Social Care Survey, England 2023/24 - Interactive Report).

Major health conditions

5.45 The stacked bar chart in Figure 5.6 shows, for each broad cause of death, the percentage contribution that it makes to the overall life expectancy gap in Reading.

Figure 5.6: Breakdown of the life expectancy gap between the most deprived and least deprived quintile of Reading, by broad cause of death, 2020-21



5.46 In 2020/21, circulatory diseases were the biggest cause of the differences in life expectancy between deprivation quintiles for males and females, accounting for 24.4%

and 20.2% of the gap respectively. These were followed by cancer deaths, which contributed to 16.4% of the gap for males and 17.7% of the gap for females.

5.47 Typically, respiratory diseases are the third major contributor to life expectancy gaps in Reading. In 2020-21, however, the world was in the middle of the COVID-19 pandemic and this disease had a significant impact, both on death rates and life expectancy gaps at this time. In Reading, COVID-19 deaths alone accounted for 15.9% of the life expectancy gap between deprivation quintiles for males and 15.4% for females. Other respiratory diseases accounted for 10.4% of the gap in males and 19.1% in females during this time.

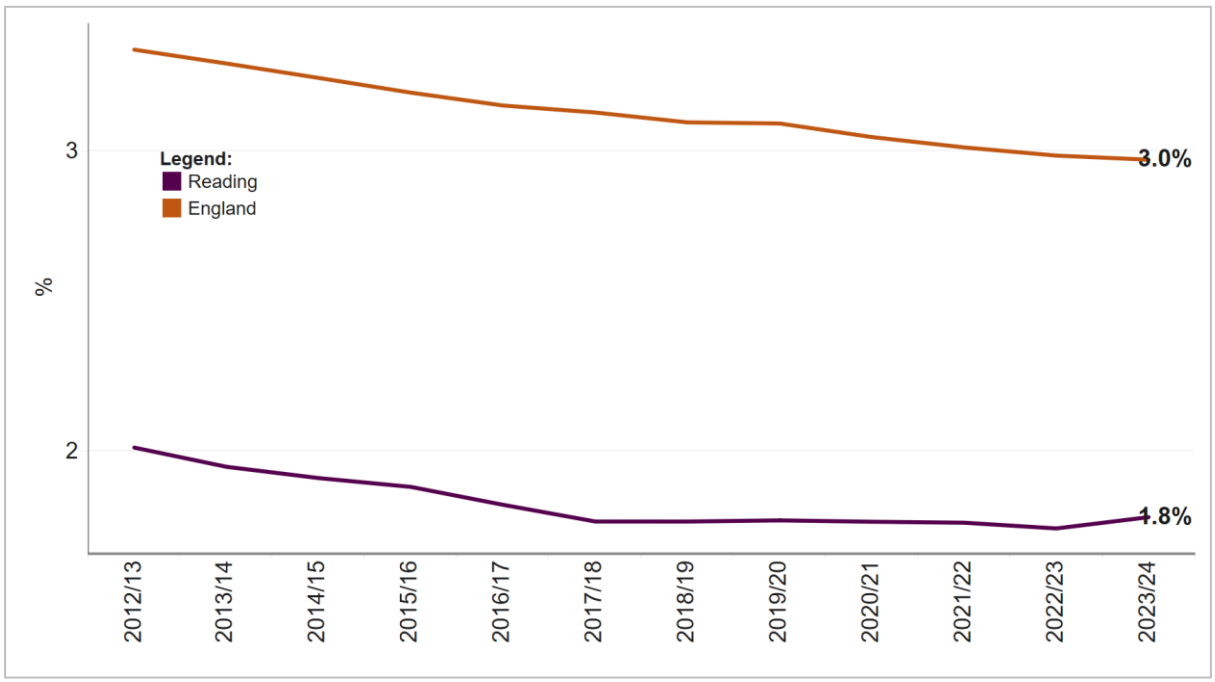
5.48 We will take a closer look at circulatory diseases, cancer, COVID-19 and respiratory diseases and their impact in Reading.

Circulatory Diseases

5.49 Circulatory diseases, including coronary heart disease (CHD) and stroke, were the biggest cause of the differences in life expectancy in Reading for both males and females. For the period 2021-23, the under 75 mortality rate from cardiovascular disease was 82.9 per 100,000 population which was similar to the England rate (77.1 per 100,000 population) and the South East region figure (62.8 per 100,000 population).

5.50 The most recent prevalence of CHD patients in Reading general practices (1.8%) was the lowest of all local authorities in the South East region (2.8%) and below the overall England rate (3.0%). Reading is in lowest quintile in England for this indicator. The trend in Figure 5.7 shows that the Reading prevalence for CHD has remained below regional and national figures since 2012/13.

Figure 5.7: Prevalence of coronary heart disease (all ages) for Reading, 2012/13 to 2023/24



5.51 Stroke prevalence is also relatively low in Reading. In 2023/24, 1.2% of patients registered with a Reading GP had a stroke or transient ischaemic attack (TIA) diagnosis. This was lower than both the England prevalence (1.9%) and South East region prevalence (1.9%).

Cancer

5.52 In 2022, the NHS announced plans to enable community pharmacists to arrange tests for possible cancer symptoms as a way of getting them involved in detecting symptomatic cancer and transforming the way cancers are found and treated. Since then, pharmacies have continued to play important role in the early detection and diagnosis of cancer. They also raise awareness through public health campaigns and talking to patients about signs and symptoms of different cancers which can result in earlier diagnosis and therefor better treatment options for patients.

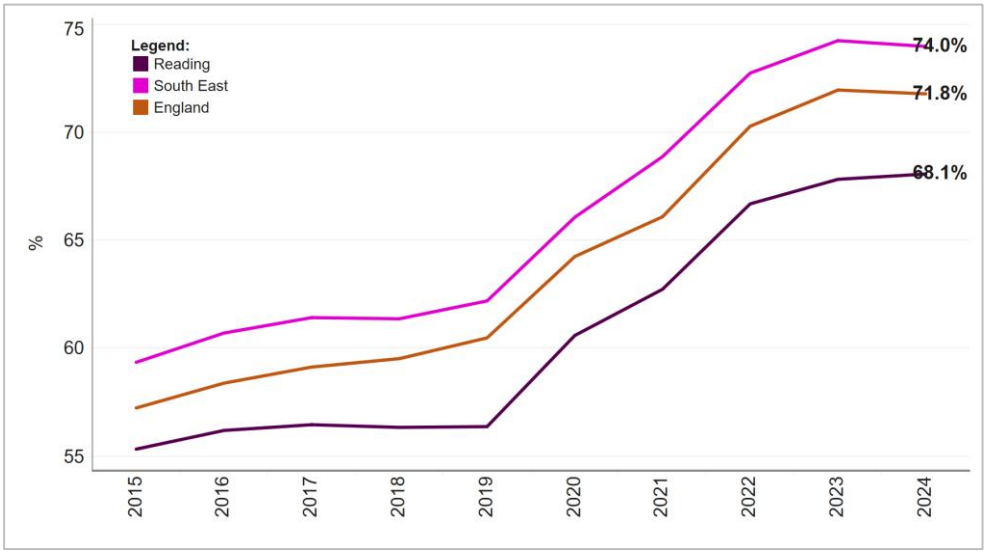
5.53 For 2021-2023, the under 75 mortality rate from cancer was 124.4 per 100,000 population which was similar to both the England rate (121.6 per 100,000 population) and the South East region rate (112.9 per 100,000 population).

5.54 Screening coverage for breast cancer, bowel cancer and cervical cancer is poor in Reading compared to England and most other local authorities in the South East region.

5.55 In 2024, breast screening coverage in Reading was 67.9% compared with 69.9% for England and 72.8% for the South East region, it was the forth lowest in the region. Breast screening coverage has fallen across the country over the last decade, however, 2024 saw a slight improvement in rates for Reading, the South East region and England.

5.56 For bowel screening, the Reading coverage was 68.1% compared with 71.8% for England and 74.0% for South East England, it is the third poorest coverage in the region. Bowel screening coverage in Reading has been gradually improving since 2018 in line with national and regional trends.

Figure 5.8: Cancer screening coverage for bowel cancer in Reading, the South East and England, 2015-2024



5.57 Reading has the second worse cervical screening coverage rates in the South East region. In 2024, the Reading coverage for the 25 to 49 year cohort was 56.4%, much lower than the England (66.1%) and South East England (67.8%) rates. The difference in coverage was less pronounced for the 50 to 64 age group: in this instance, the Reading coverage was 68.6% compared to 74.3% for England and 74.5% for the South East region.

COVID-19

5.58 The COVID-19 pandemic highlighted the impact of deprivation on health risks and health outcomes. COVID-19 morbidity and mortality are more pronounced in more deprived areas and in people from minority ethnic backgrounds who typically experience more social inequality due to income, housing, education, employment,

and conditions of work. Nationally, the people who have suffered the worst outcomes from COVID-19 have been older, of Black or Asian heritage and have underlying health conditions such as obesity or diabetes.

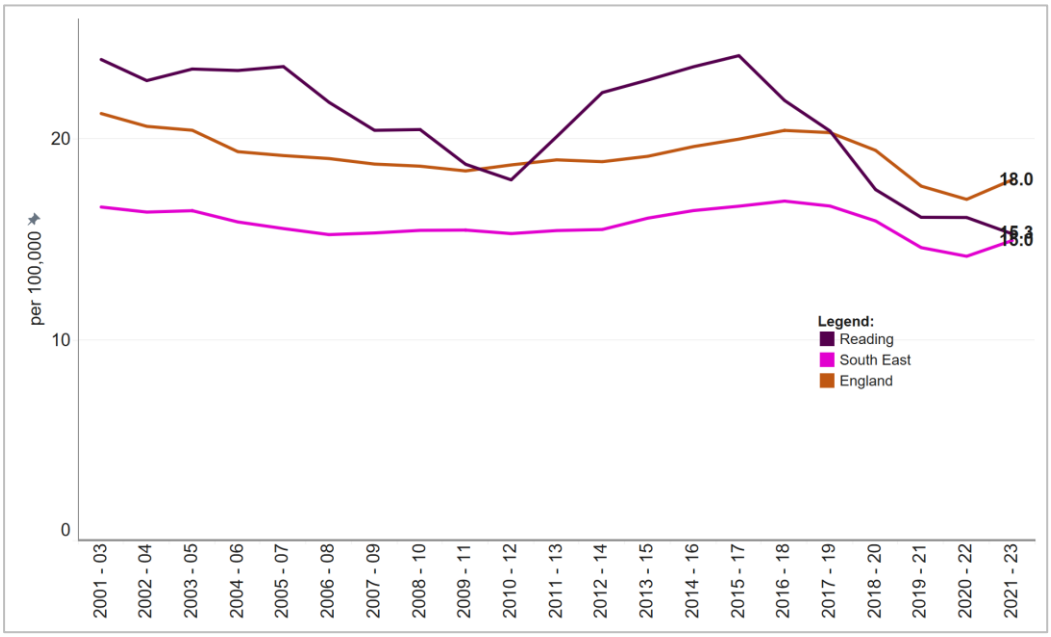
5.59 The impact of COVID-19 in Reading reflects the national picture. The Reading mortality rate for deaths due to COVID-19 across all ages for the period 2021-23 was 56.5 per 100,000 population. This was similar to the England rate of 57.5 per 100,000 population and slightly higher than the South East region rate of 54.6 per 100,000 population.

Respiratory diseases

5.60 Respiratory disease is one of the top causes of death in England in under 75s. Respiratory disease encompasses flu, pneumonia and chronic lower respiratory disease.

5.61 For 2021-2023, the under 75 mortality rate from respiratory disease was 29.9 per 100,000 population which was similar to the England rate (30.3 per 100,000 population) and the South East region rate (24.8 per 100,000 population). For the same period, the under 75 mortality rate from respiratory disease considered preventable was 15.3 per 100,000 population compared with England and South East England rates of 18.0 per 100,000 population and 15.0 per 100,000 per population respectively. The trend in Figure 5.9 shows that this rate has been falling since 2015-2017.

Figure 5.9: Under 75 mortality rate from respiratory disease considered preventable in Reading, the South East and England, 2001-03 to 2021-23



5.62 One of the major respiratory diseases is chronic obstructive pulmonary disease (COPD). In 2023/24, the rate of emergency hospital admissions for COPD for persons over 35 years in Reading was 305 per 100,000 population, which was lower than the England rate of 357 per 100,000 population, but higher than South East region rate of 260 per 100,000 population. Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

5.63 Community pharmacies in Reading play a vital role in supporting individuals with respiratory diseases. They offer various services and support aimed at helping manage conditions such as asthma, chronic obstructive pulmonary disease (COPD), and other respiratory conditions.

5.64 Services provided by community pharmacies include dispensing of medicines for respiratory conditions, providing advice on medicines use (both for over-the-counter medicines and prescribed medicines via the new medicines service), lifestyle modifications and management of exacerbations. They also provide inhaler support which includes inhaler technique guidance and device check

5.65 Community pharmacies also offer smoking cessation services as documented in chapter 7. Additionally, some pharmacies offer respiratory assessments as well as flu and pneumonia vaccinations to patients with COPD, asthma and other respiratory

conditions which is crucial for individuals with respiratory diseases, as they are at higher risk for complications from respiratory infections.

Summary of health needs

Overall, the life expectancy, health and behaviours and major health condition figures explored in this chapter are similar to the national picture.

There were a number of areas where Reading fared worse than England or the South East Region. These were:

- Successful completion of treatment for alcohol dependence (2023).
- Successful completion of drug treatment for opiates (2023).
- Chlamydia detection rate per 100,000 aged 15-24 years (2023).
- HIV testing rate per 100,000 population (2023).
- Flu vaccination uptake in over 65 population (2023/24).
- Cancer screening coverage for breast, bowel and cervical cancers (2024).

Circulatory diseases, cancer, COVID-19 and respiratory diseases were the biggest causes in the differences in the life expectancy gap in Reading in 2020-21.

Chapter 6 - Patient and public engagement survey

6.1 To gather patient and public views on pharmacy use in Reading, a survey was widely disseminated across the area between January and February 2025. This survey aimed to gain insights into people's experiences of accessing local pharmacies and the services they provide.

6.2 An equality impact assessment was conducted by reviewing the use and experiences of pharmacies by individuals with specific protected characteristics identified during this process. A "protected characteristic" refers to those listed in section 149(7) of the Equality Act 2010. Additionally, there are particularly vulnerable groups that face a higher risk of poverty and social exclusion than the general population. These groups often encounter difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

6.3 These protected characteristics include age, ethnicity, gender, pregnancy and/or breastfeeding, sexual orientation, employment status, relationship status, carer status and disability status.

6.4 Before dissemination, the survey received approval from the PNA Task and Finish Group for use with the population of Reading.

6.5 This chapter presents the findings of the survey and equality impact assessment.

Communications engagement strategy

6.6 The public and patient survey received a total of 471 responses from people who live, work and/or study in Reading.

6.7 Working with the Reading Borough Council communications team, the survey was shared on social media platforms such as Facebook and Twitter, on local resident e-newsletters and the Councillor Bulletin.

6.8 Buckinghamshire, Oxfordshire and Berkshire West (BOB), Integrated Care System also shared the survey with their Voluntary Sector organisations across Buckinghamshire, Reading and West Berkshire and posted it on their social media

channels. They also shared it in the GP bulletin and presented it on the Digital Screens within Reading.

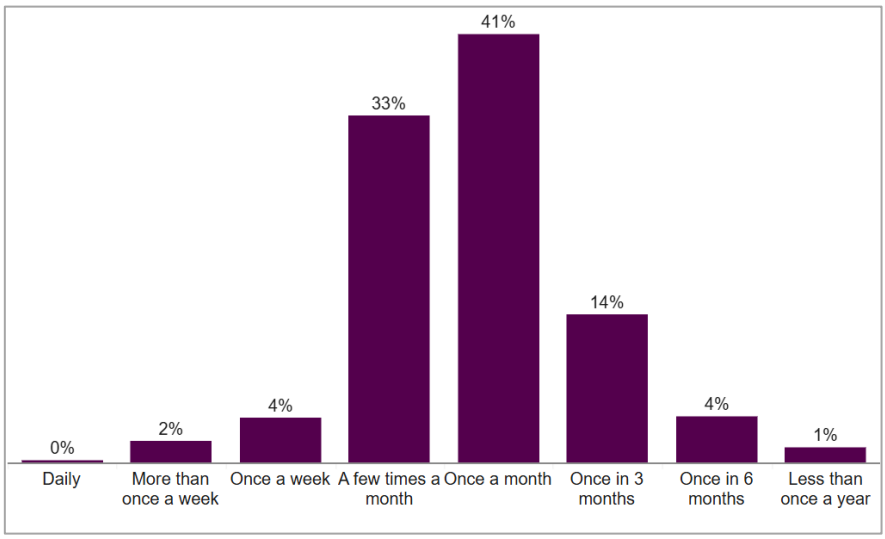
6.9 In addition, the survey was shared with:

- Community Health Champions who reached out to seldom heard groups.
- University of Reading students attending the Student Union Freshers Fair.
- Sanctuary Partner's forum (including 80 stakeholders).
- Salvation Army to share with clients.

Results of the public survey

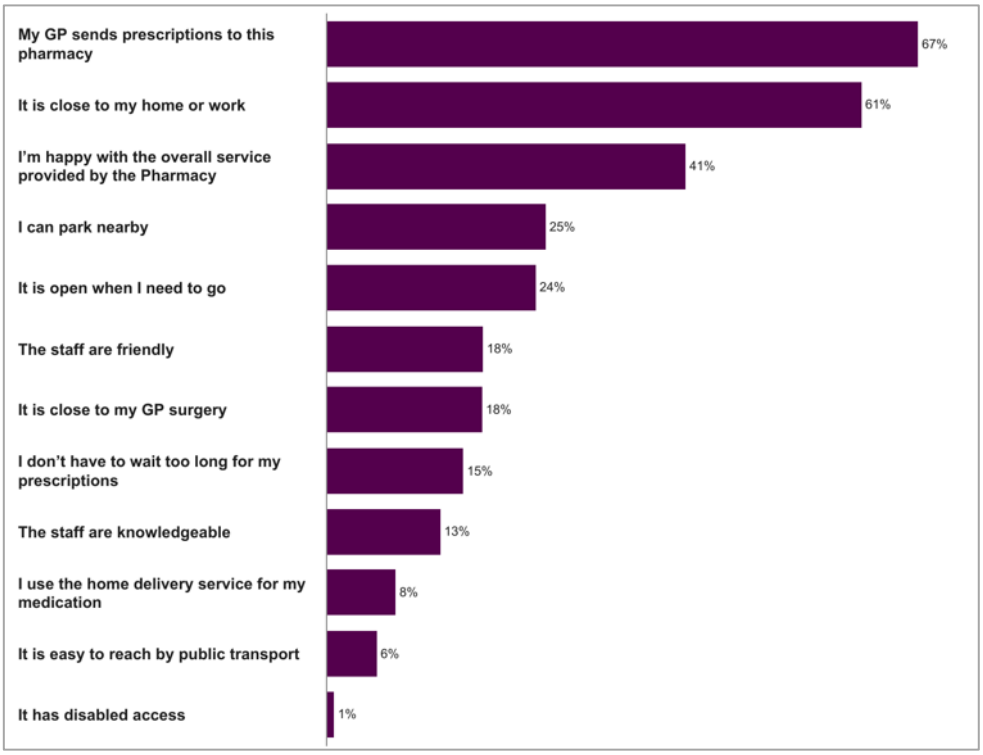
6.10 Local pharmacies are well used by the Reading community. When asked how often they used their pharmacy in the past 6 months, 41% reported using their pharmacy once a month, a third (33%) a few times a month, 14% once in 3 months, 4% once in 6 months, 4% once a week, 2% more than once a week and only 1% less than once a year (Figure 6.1).

Figure 6.1: Survey responses on frequency of pharmacy use



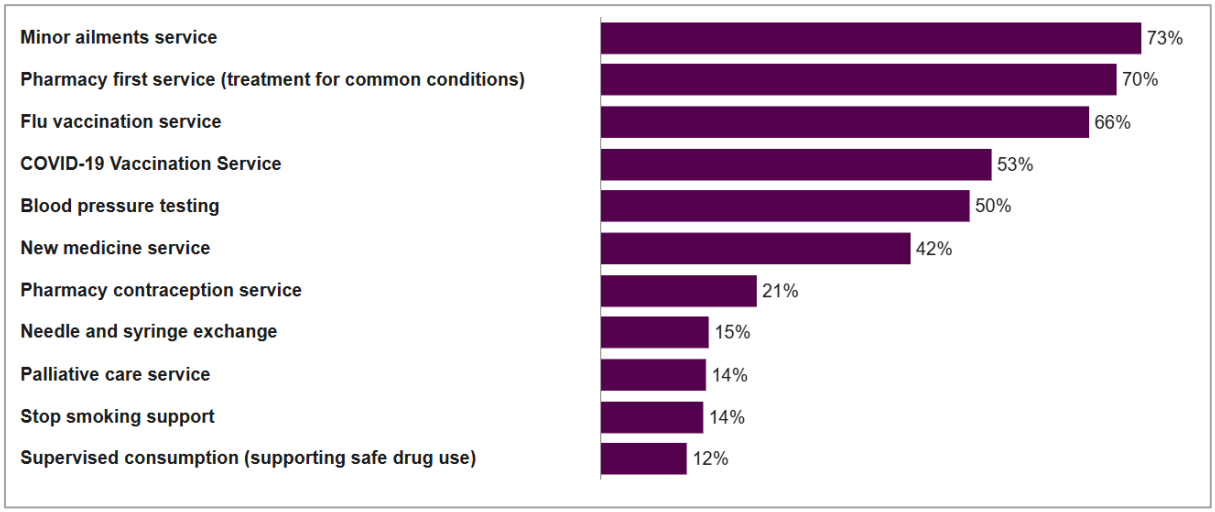
6.11 When asked to provide the top three reasons they chose their particular pharmacy, two thirds (67%) reported that it was because it was where their GP sends their prescriptions, 61% said that it was close to their home or work, 41% are happy with the overall service provided, a quarter (25%) can park nearby and for just under a quarter (24%) it is open when they need to go (Figure 6.2).

Figure 6.2: Survey responses on reasons for pharmacy choice



6.12 When asked what services they would like to see provided by their pharmacy, nearly three quarters (73%) of respondents reported that they would like a minor ailments service, 70% a pharmacy first service, about two thirds (66%) would like to see a flu vaccination service, over half (53%) a COVID-19 vaccination service, half (50%) blood pressure testing and 42% a new medicine service (Figure 6.3).

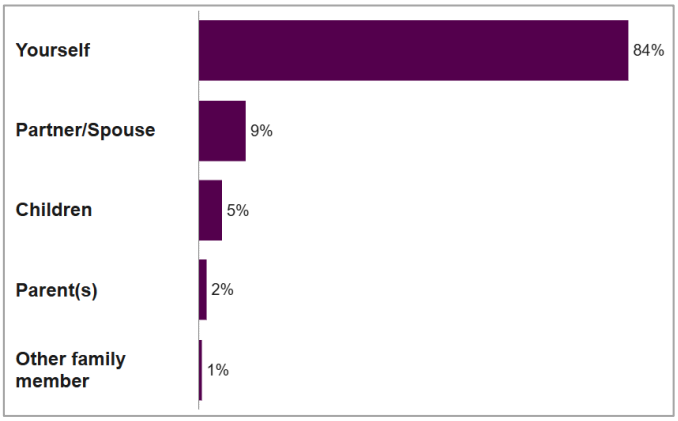
Figure 6.3: Survey responses on services respondents would like to see at their pharmacy



6.13 The vast majority (84%) of respondents reported that they primarily use a pharmacy for themselves, 9% primarily use a pharmacy for their partner/spouse, 5% use a

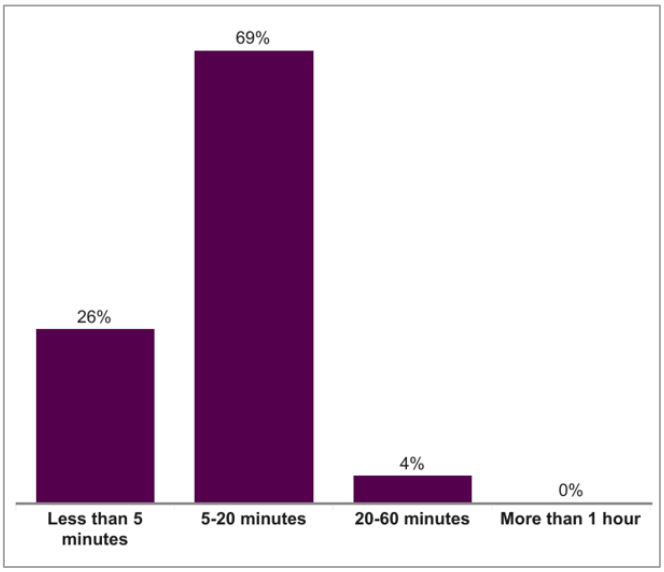
pharmacy primarily for their children, 2% for their parent(s) and 1% for another family member (Figure 6.4).

Figure 6.4: Survey responses on whom the pharmacy is primarily used for



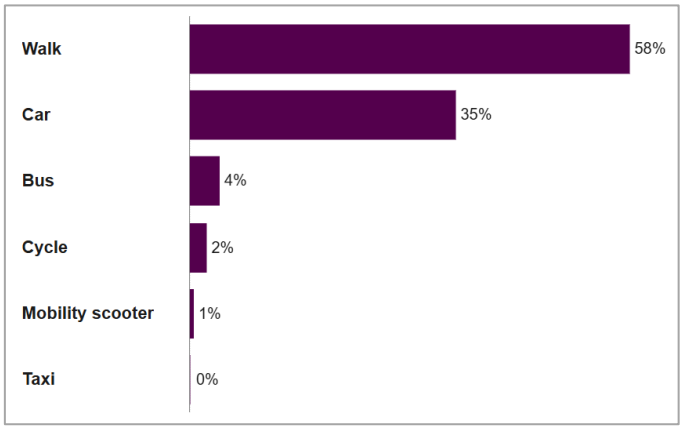
6.14 For over two thirds of respondents (69%), it takes between 5 and 20 minutes to travel to their pharmacy, with over a quarter (26%) reporting that it takes them less than 5 minutes and only 4% spend between 20 and 60 minutes travelling to their pharmacy (Figure 6.5).

Figure 6.5: Survey responses on length of the journey to travel to their pharmacy



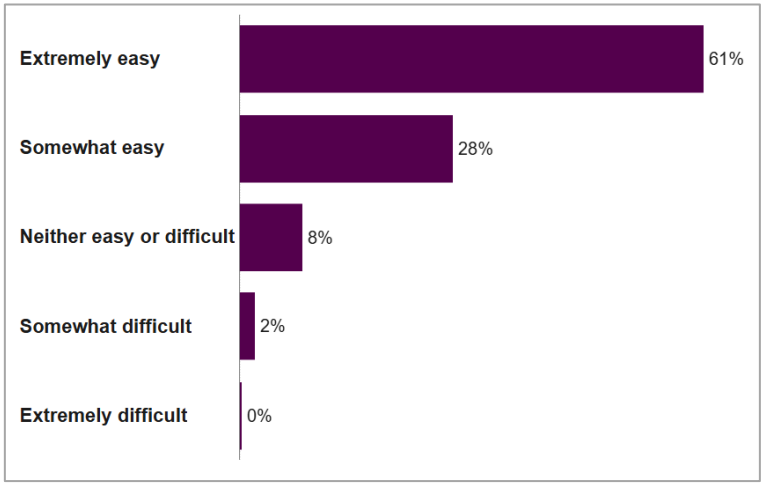
6.15 The majority of respondents (58%) walk to their pharmacy, over a third (35%) use a car, only 4% travel by bus, 2% cycle and 1% use a mobility scooter (Figure 6.6).

Figure 6.6: Survey responses on how respondents travel to their chosen pharmacy



6.16 Generally, respondents are happy with the journey to their pharmacy, with the majority of respondents (61%) finding the journey to reach their pharmacy extremely easy, a further 28% finding it somewhat easy, only 8% finding it neither easy nor difficult and 2% finding it somewhat difficult (Figure 6.7).

Figure 6.7: Survey responses on how respondents find their journey to their pharmacy



6.17 Over half of respondents (51%) preferred to visit their pharmacy on a weekday, 42% did not have a preference for whether they visit their pharmacy on a weekday or weekend and only 9% preferred to go on a weekend (Figure 6.8). When asked what time of the day they usually visit their pharmacy, findings were mixed with 42% responding between 9am and 12pm, 30% between 3pm and 6pm, a fifth (20%) between 12pm and 3pm, only 6% between 6pm and 9pm and a small number (1%) between 6am and 9am (Figure 6.9).

Figure 6.8: Survey responses on the preferred day for pharmacy use

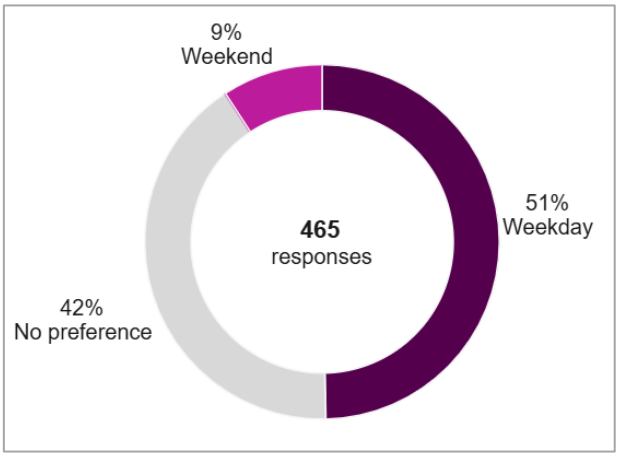
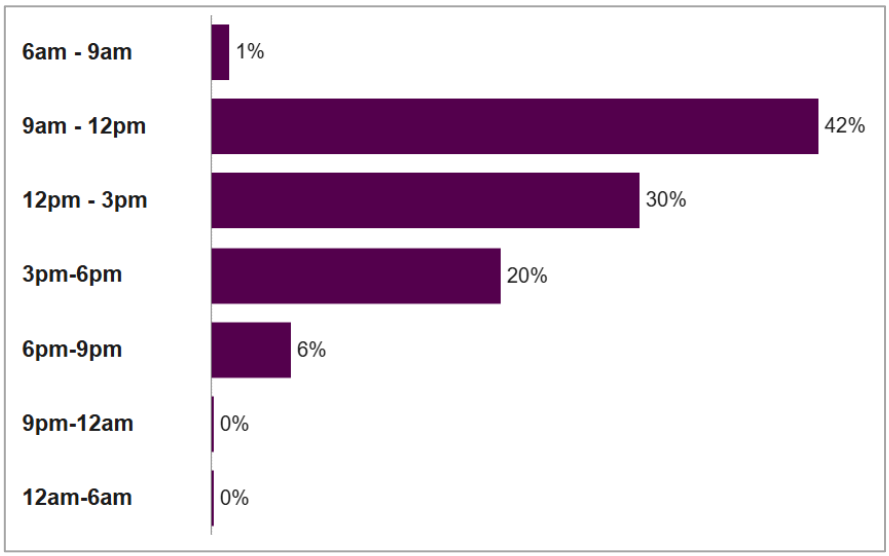


Figure 6.9: Survey responses on the time of day preferred to go to their pharmacy



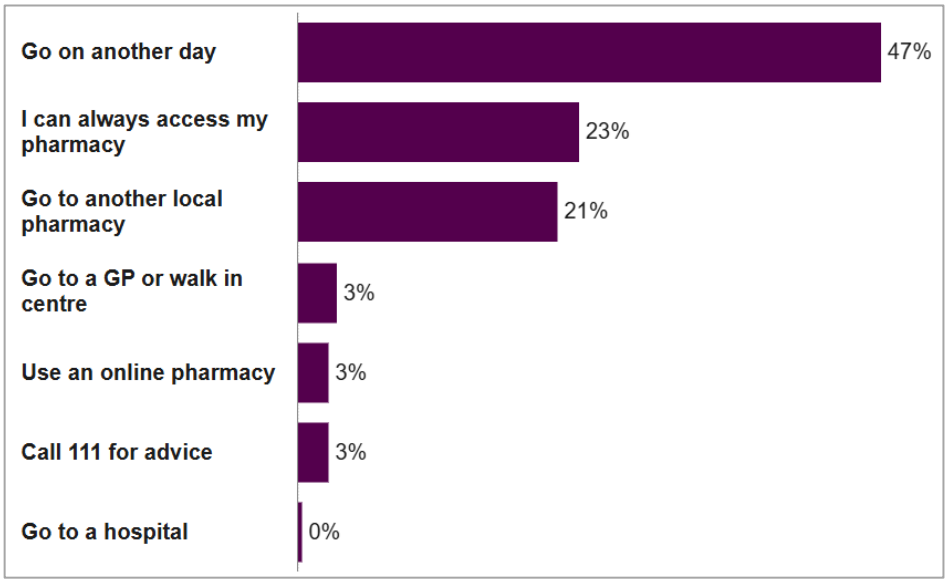
6.18 Many respondents expressed a need for extended pharmacy opening hours in Reading, particularly in the evenings and on Sundays. Several people highlighted difficulties in accessing medication outside of standard working hours, with some suggesting a rota system to ensure at least one late-opening pharmacy in each area.

6.19 There were also concerns about emergency prescriptions, as the limited availability of late-night or weekend services forces people to travel further, sometimes to less accessible or unsafe areas. Some respondents noted that pharmacies are increasingly taking on more healthcare responsibilities but are not being given the necessary resources to meet demand.

6.20 When asked what they would do if they could not access their pharmacy, nearly half (47%) would go on another day, just under a quarter (23%) report that they can always access their pharmacy, just over a fifth (21%) would go to another pharmacy, 3%

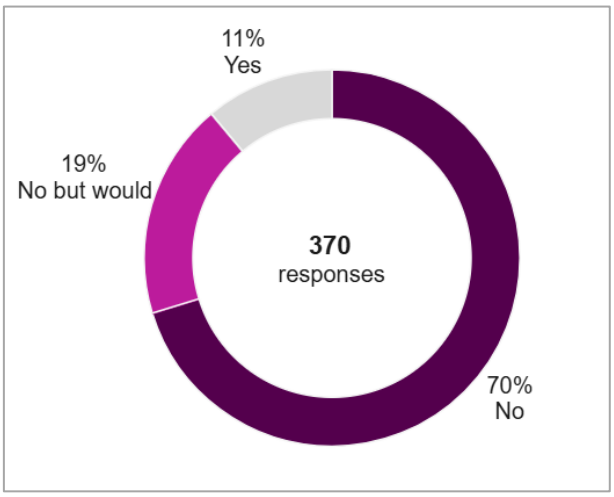
would go to a GP or walk-in centre, 3% would use an online pharmacy and 3% would call 111 for advice (Figure 6.10).

Figure 6.10: Survey responses on what they would do if they had no access to their pharmacy



6.21 Of those who usually use a community pharmacy which offers a delivery service, only 11% reported that they use the service (Figure 6.11).

Figure 6.11: Survey responses on whether they use a delivery service



6.22 When asked if they would like to leave further comments, there was a mix of positive and negative comments about the local pharmacies. Many respondents praise their pharmacists for being knowledgeable, polite, and efficient, especially when providing vaccinations or urgent advice. Certain pharmacies received high praise for their service and reliability. However, concerns are raised about long wait times, lack of communication, and inconsistent availability of medications. Some people have opted

for online pharmacies due to frustration with delays and poor service at their local branches.

6.23 A recurring theme is the pressure on pharmacy staff, with many feeling that they are overworked and under-resourced. Respondents suggest improvements such as increased funding, longer opening hours (including Sundays and evenings), better communication between GPs and pharmacies, and greater autonomy for pharmacists to issue emergency prescriptions. There is also a call for more 24-hour pharmacies and additional services like minor ailment consultations and supervised medication management.

Equality impact assessment

6.24 This section examines the patient and public survey responses by different groups representing protected characteristics to understand similarities and differences between groups.

Age

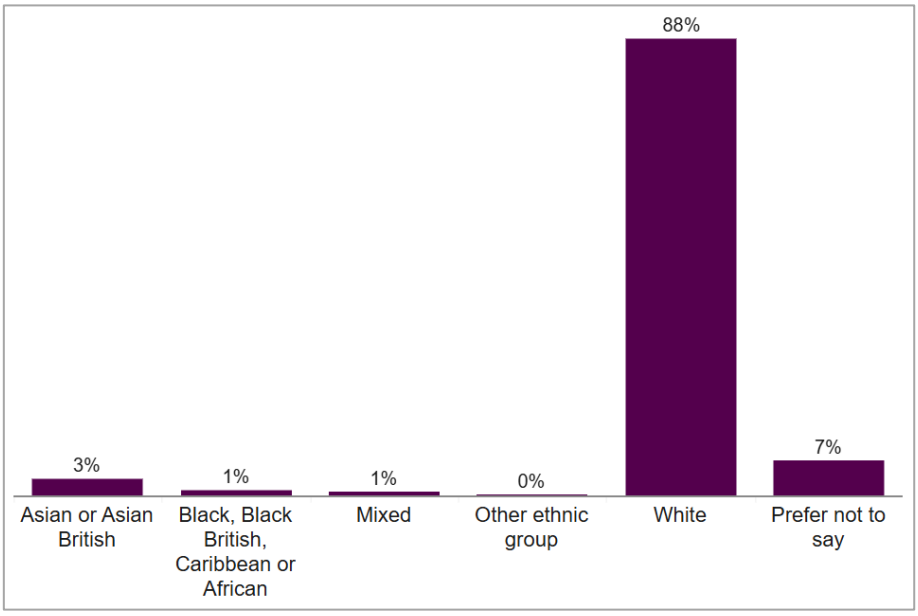
6.25 To understand any differences between age groups, we compared differences between those aged over 65 (n=259), and individuals aged 65 and under (n=201).

6.26 There were no differences between age groups in access to or use of pharmacies.

Ethnicity

6.27 Most (88%; n=414) respondents were from White ethnic groups, although they make about two thirds (67%) of the Reading population. Despite making up 18% of the Reading population, only 3% (n=15) of the respondents were from Asian or Asian British ethnic groups. People from Black ethnic groups make up 7% of the Reading population, but only 1% (n=5) of the survey responses were from Black, Black British, Caribbean or African ethnic groups. Furthermore, 1% (n=4) of the survey respondents were from Mixed ethnic groups, although these groups make up 5% of the Reading population (Figure 6.12).

Figure 6.12: A breakdown of ethnic groups of respondents



6.28 People from Asian or Asian British ethnic groups were less likely to primary use a pharmacy for themselves (60%).

6.29 People from Black ethnic groups were less likely to walk to their pharmacy (33%) and were more likely to use a delivery service (33%).

Gender

6.30 Respondents were asked what sex they were registered with at birth. Nearly two thirds (65%; n=307) were registered as female, under a third (31%; n=145) registered as male and 4% (n=19) preferred not to say. Respondents were also asked how they would describe their gender identity, with nearly two thirds (64%; n=301) identifying as female, 30% (n=142) identifying as male and 6% (n=27) preferring not to say. Only 1 respondent reported that they were Trans or had a Trans history.

6.31 There were no substantial differences in gender for access to or use of pharmacies.

Pregnancy and breastfeeding

6.32 When asked if they were currently or recently pregnant and/or currently breastfeeding, only 2% (n=11) reported that they were currently or recently pregnant and a small number (2%; n=7) reported that they were breastfeeding.

6.33 Those who were currently or recently pregnant were less likely to report using a pharmacy once a month (18%) and were more likely to choose a pharmacy because it is close to home or work (91%). Those who were breastfeeding were more likely to

choose their pharmacy because it is close to home or work (100%), were more likely to use their pharmacy primarily for their children (29%) and were less likely to use their pharmacy between 9am and 12pm (14%).

Employment status

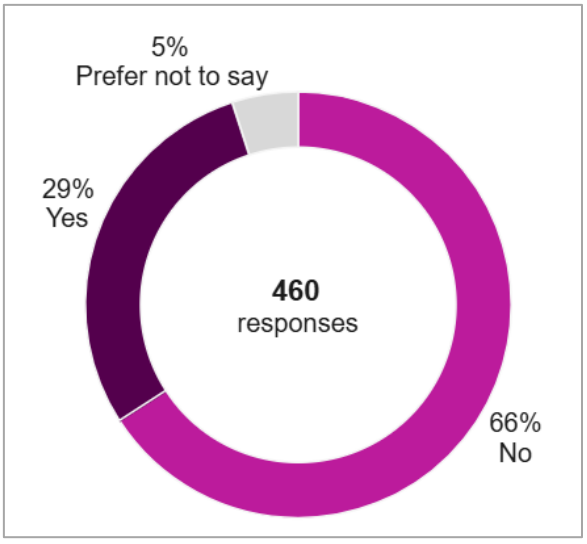
6.34 Employment status was grouped into those in employment, those not in employment and students. Over half (53%; n=246) were in not employment, 41% were in employment (n=194), 2% (n=8) were students and 4% (n=19) preferred not to say.

6.35 Students were more likely to report using their pharmacy less than once a year (25%), were less likely to choose their pharmacy because their GP sends their prescriptions there (25%), were less likely to use a car to get to their pharmacy (13%), were less likely to report that their journey to their pharmacy was extremely easy (25%) and were less likely to prefer to use their pharmacy between 9am and 12pm (13%).

Caring responsibilities

6.36 About two thirds (66%; n=303) did not have caring responsibilities, whilst 29% (n=134) did and 5% preferred not to say (n=23) (Figure 6.13).

Figure 6.13: A breakdown of caring responsibility groups of respondents



6.37 There were no differences between those with caring responsibilities and those without in access to or use of pharmacies.

Long-Term Conditions

6.38 A little over half (51%; n=235) had a long-term physical or mental health condition or illness, whilst 43% (n=199) did not and 7% (n=31) preferred not to say (Figure 6.14).

When asked if their condition or illness reduces their ability to carry out day-to-day activities, 40% (n=105) responded with 'yes, a little', 39% (n=103) responded 'not at all', 14% (n=37) said 'yes, a lot' and 8% (n=20) preferred not to say (Figure 6.15).

Figure 6.14: A breakdown of long-term condition status of respondents

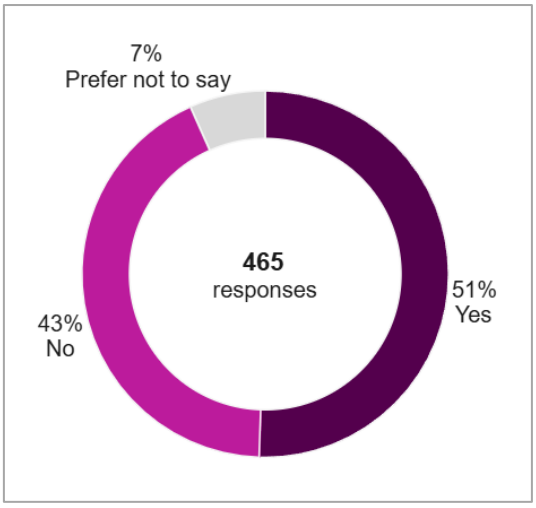
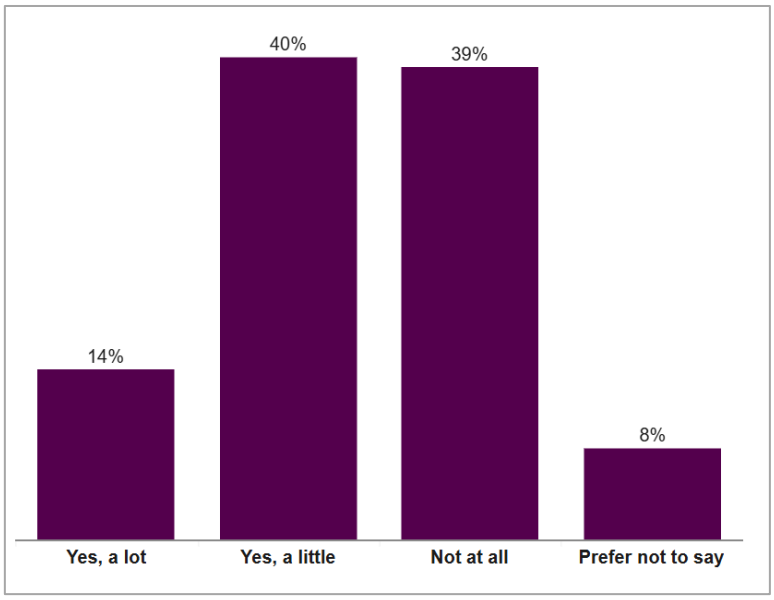


Figure 6.15: A breakdown of reduced ability related to long-term condition status of respondents

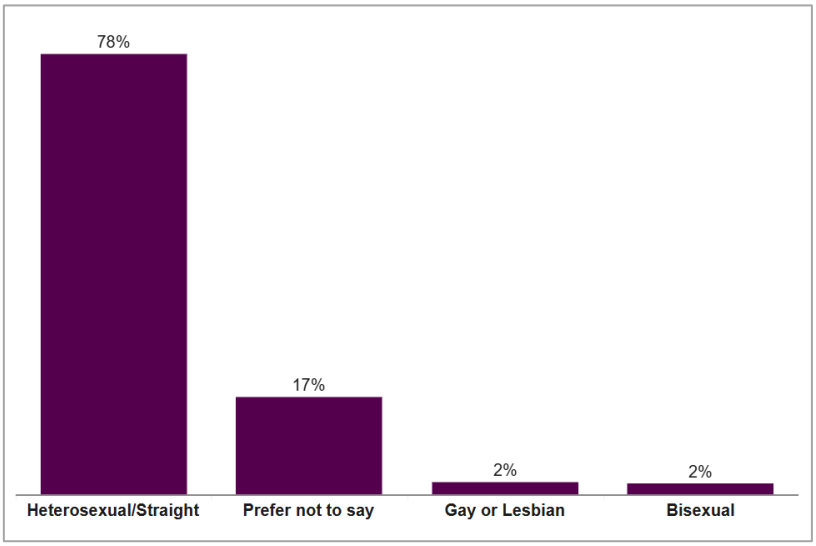


6.39 Those who responded 'yes, a lot' to having a reduced ability were less likely to find their journey to their pharmacy to be extremely easy (41%) and were more likely to use a delivery service (25%).

Sexual orientation

6.40 The majority of respondents (78%; n=369) identified as heterosexual/straight, with 17% (n=82) preferring not to say, 2% (n=11) identified as gay or lesbian and 2% (n=9) identified as bisexual (Figure 6.16).

Figure 6.16: Breakdown of sexual orientation of respondents

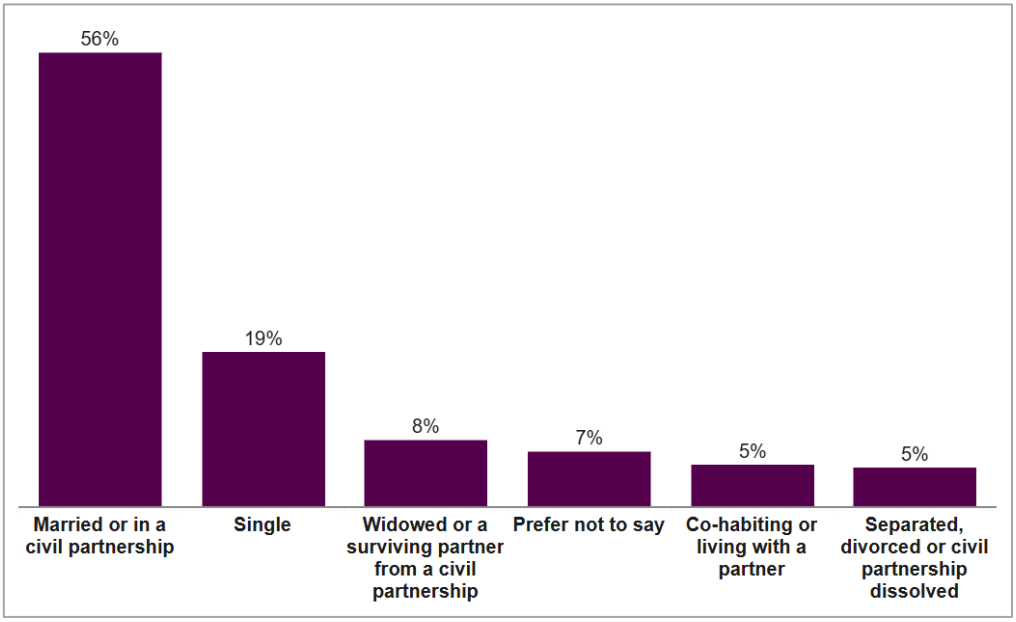


6.41 Those who identified as bisexual were more likely to choose a pharmacy because it is close to their home or work (89%), were more likely to be able to reach their pharmacy in less than 5 minutes (56%), were more likely to walk to their pharmacy (89%) and were more likely to choose to use a pharmacy between 3pm and 6pm (44%).

Relationship Status

6.42 Most (56%; n=259) of respondents were married or in a civil partnership, while nearly a fifth (19%; n=88) were single, 8% (n=38) were widowed or a surviving partner from a civil partnership, 7% (n=31) preferred not to say, 5% (n=24) were co-habiting, and 5% (n=22) were separated, divorced or had their civil partnership dissolved (Figure 6.17).

Figure 6.17: Breakdown of relationship status of respondents



6.43 There were no differences between relationship status groups in access to or use of pharmacies.

Summary of the patient and public engagement and equality impact assessment

For patient and public engagement, a survey was conducted to examine how pharmacies are being used by local residents in Reading. This assessed how local people use their pharmacies, as well as how and when they access them. To understand the health needs of people with protected characteristics and from vulnerable groups, an equalities impact assessment was undertaken.

The survey received 471 responses from people who live, work and/or study in Reading. The majority of respondents used their pharmacy at least once a month over the last 6 months.

Most respondents have a journey of 20 minutes or less to their pharmacy, with most opting to walk there or use a car.

Overall, survey respondents felt that this was an easy journey. Most respondents preferred to access their pharmacy on a weekday, with most preferring to go between 9am and 6pm. No substantial differences or identified needs were found amongst protected characteristics groups in pharmacy usage.

Chapter 7 - Provision of pharmaceutical services

7.1 This chapter identifies the pharmaceutical service providers available in Reading, the variety of services they provide and accessibility to these services.

7.2 It evaluates the adequacy of pharmaceutical services by considering:

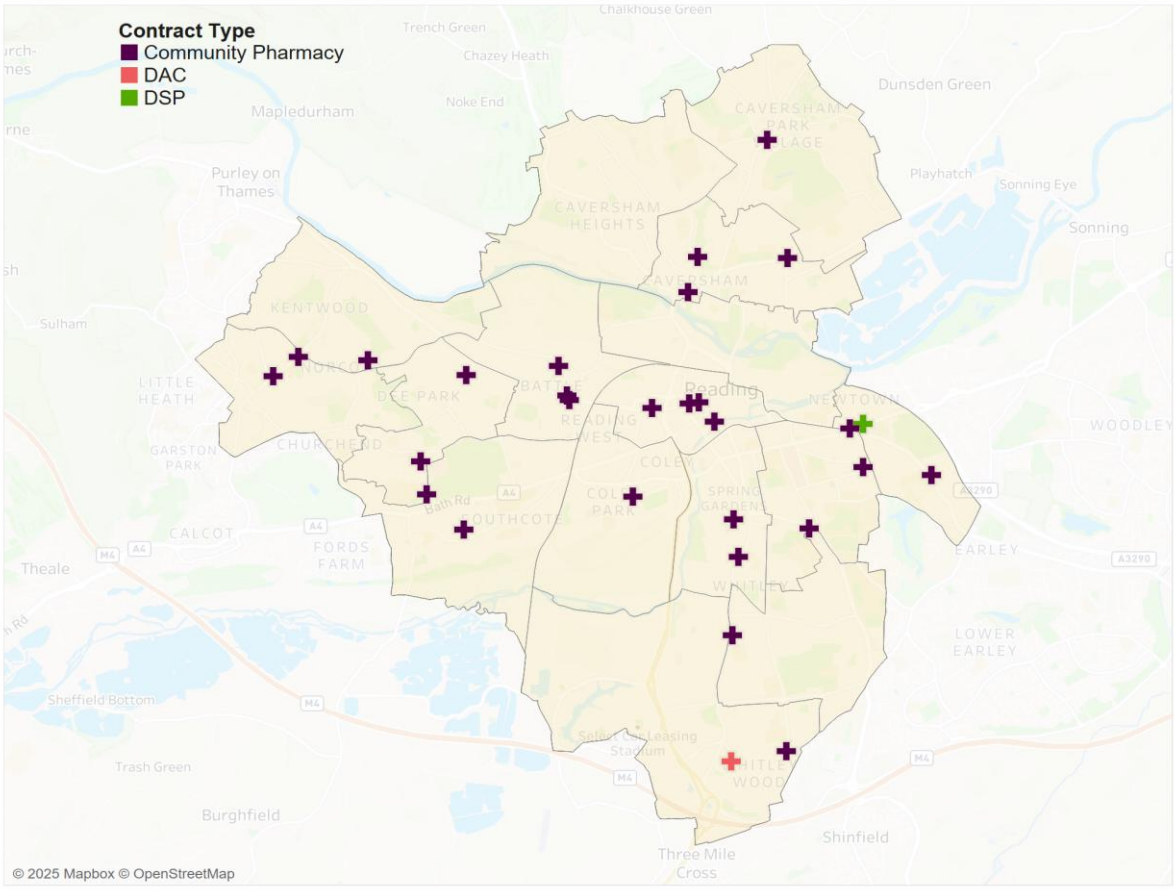
- The types of pharmaceutical service providers available
- The geographical spread and variety of pharmacies both within and near the borough
- Operating hours
- Dispensing by the service providers
- Pharmacies offering essential, advanced and enhanced services

7.3 Where appropriate, a mile radius has been included around service providers to highlight their coverage.

Pharmaceutical service provider

7.4 As of July, 2025, there are 29 pharmacies included in the pharmaceutical list for the Reading HWB area, 27 of which are community pharmacies. The pharmacies are presented in the map in Figure 7.1 below. All providers in the HWB area as well as those within 1 mile of its border are also listed in Appendix B.

Figure 7.1: Pharmaceutical service providers in Reading



Source: NHSE

Community Pharmacy

7.5 Reading has 27 community pharmacies, equating to approximately 1.5 pharmacies per 10,000 residents. Though this equals the South East region average, it is slightly below the England average, which has declined from 2.2 pharmacies per 10,000 residents in 2014 to 1.7 per 10,000 in 2023 (NHSBSA).

Dispensing Appliance Contractor

7.6 A Dispensing Appliance Contractor (DAC) is a contractor that specialises in dispensing prescriptions for appliances, including any necessary customisations. However, they are not authorised to dispense prescriptions for drugs.

7.7 There is one DAC on Reading's pharmaceutical list: Fittleworth Medical Limited.

GP Dispensing Practice

7.8 These are general practices that are authorised to dispense medications directly to their patients, typically in rural or remote areas where community pharmacies are not easily accessible.

7.9 There is no GP Dispensing Practice in Reading.

Distance Selling Pharmacies

7.10 Distance selling pharmacies (DSPs) are pharmacies that, under the 2013 regulations, cannot provide essential or advanced services in person. They receive prescriptions electronically or by post, dispense them, and deliver the medications by mail or courier. DSPs must offer services to anyone in England as needed but cannot provide any essential or advanced services while the patient is on the premises.

7.11 There is only one DSP in Reading (Orange Pharmacy).

Local Pharmaceutical Services

7.12 A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements.

7.13 There are no Local Pharmaceutical Service (LPS) contracts within Reading.

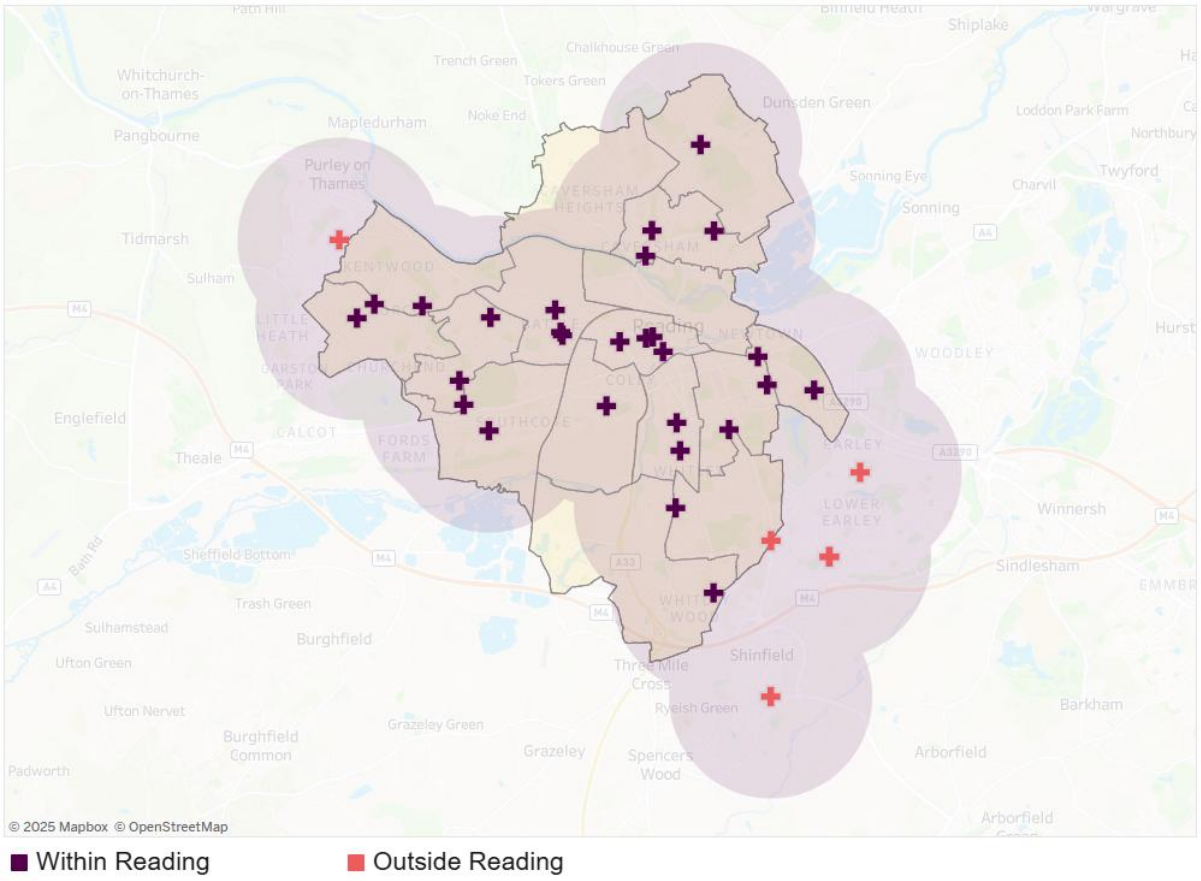
Accessibility

Distribution and choice

7.14 The PNA Steering Group agreed that the maximum distance for residents in Reading to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk. If residents live within a rural area, 20 minutes by car is considered accessible.

7.15 Figure 7.2 shows the 27 community pharmacies located in Reading as well as the 5 within one mile of its border.

Figure 7.2: Distribution of community pharmacies in Reading and within 1 mile of the borough boundaries

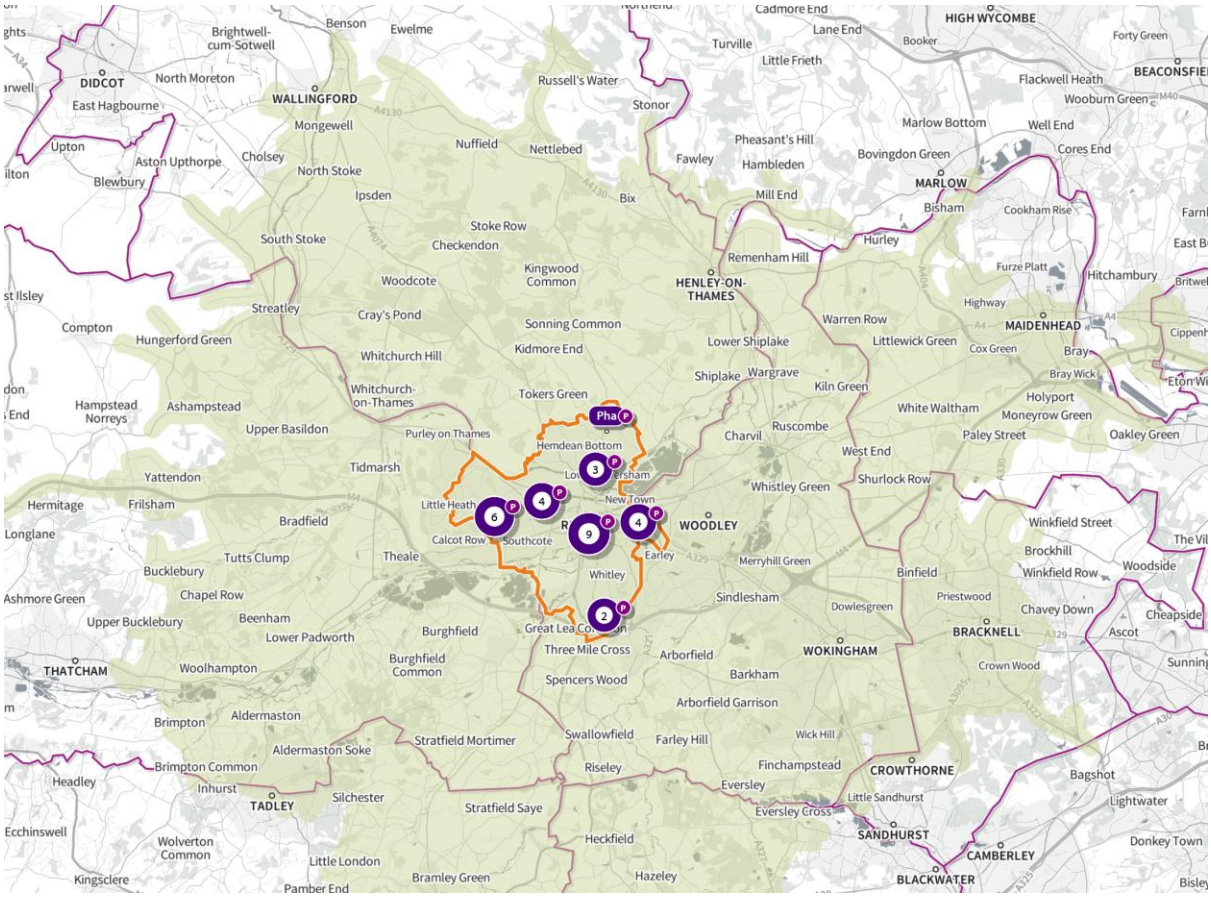


Source: NHSE

7.16 As can be seen in Figure 7.2, most of the borough is within one mile of a community pharmacy. There are small portions of Whitley and Caversham Height wards, that are not within a mile of a pharmacy (a total of 1,563 residents). These areas outside one-mile coverage are known to have low population densities and car ownership is high in those communities.

7.17 Their entire borough is within reach of a pharmacy within 20 minutes as shown in Figure 7.3. In the figure, Reading's border is highlighted in orange while the area shaded in green shows areas than can be reached from a Reading pharmacy within 20 minutes. The figure shows how Reading pharmacies are also easily accessible to neighbouring HWB areas.

Figure 7.3: Areas covered by 20-minute drive time to a Reading pharmacy



Source: Strategic Health Asset Planning and Evaluation Atlas Tool

7.18 The distribution of pharmacies across Reading's electoral wards is outlined in Table 7.1 below. As seen, two of the Reading wards do not have any pharmacy within them (Thames and Caversham Heights). However, pharmacies in neighbouring ward are within accessible reach of residents of these wards as seen in the maps showing pharmacy coverage.

Table 7.1: Distribution of community pharmacies by ward

Ward Name	Number of Community Pharmacies	Population Size	Community pharmacies per 10,000 residents
Abbey	4	10,155	3.9
Caversham	3	11,418	2.6
Battle	3	11,439	2.6
Tilehurst	2	9,869	2.0
Southcote	2	10,988	1.8
Redlands	2	14,716	1.4
Park	2	11,448	1.7
Norcot	2	11,416	1.8
Katesgrove	2	11,929	1.7

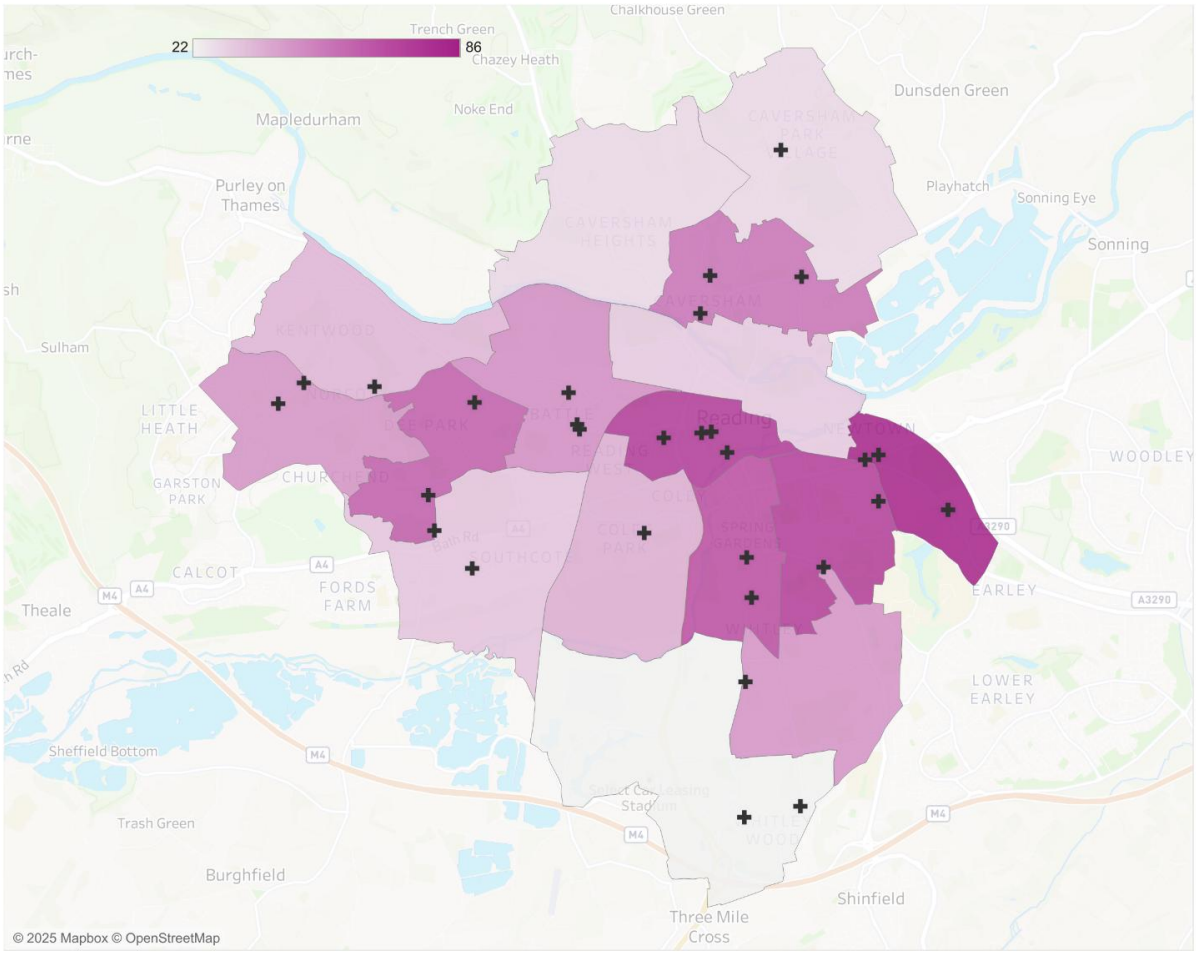
Whitley	1	11,506	0.9
Kentwood	1	9,250	1.1
Emmer Green	1	9,574	1.0
Coley	1	11,033	0.9
Church	1	12,166	0.8
Thames	0	7,811	0.0
Caversham Heights	0	9,531	0.0
Total	**27**	**174,249**	**1.5**

Source: ONS (2021 Census) and NHSE

Pharmacies distribution in relation to population density

7.19 There is a good distribution of pharmacies across densely populated areas as seen in Figure 7.4 below.

Figure 7.4: Community pharmacy locations in relation to population density by ward



Source: ONS (2021 Census) and NHSE

Pharmacies distribution in relation to GP Practices

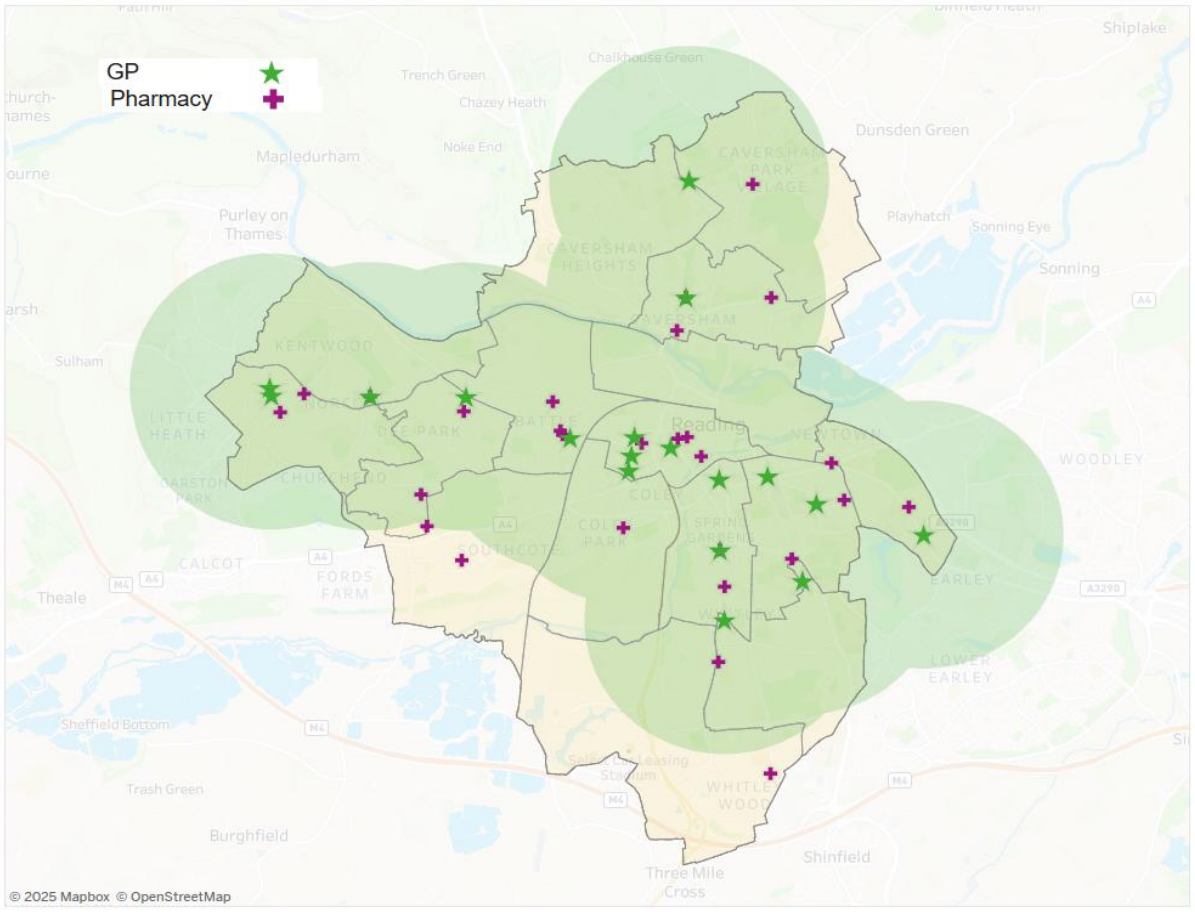
7.20 There are 17 Primary Care Networks covering the span of Berkshire West, of which 18 GP Practices are situated in Reading.

7.21 Each network has expanded neighbourhood teams consisting of various healthcare professionals, including GPs, district nurses, community geriatricians, allied health professionals, and pharmacists. Active collaboration between community pharmacies and PCNs is crucial to enhancing service delivery for patients and residents.

7.22 Patients registered with Reading GP Practices primarily collect prescriptions from local pharmacies, with **78% of items dispensed within the borough**. Other common dispensing locations include Wokingham (7.9%), West Berkshire (3.6%) and Leeds (4.2%) where multiple large DSPs operate from.

7.23 All GP practices have a pharmacy within an accessible distance as seen in Figure 7.5.

Figure 7.5: GP practices in Reading and their 1-mile coverage in relation to community pharmacies



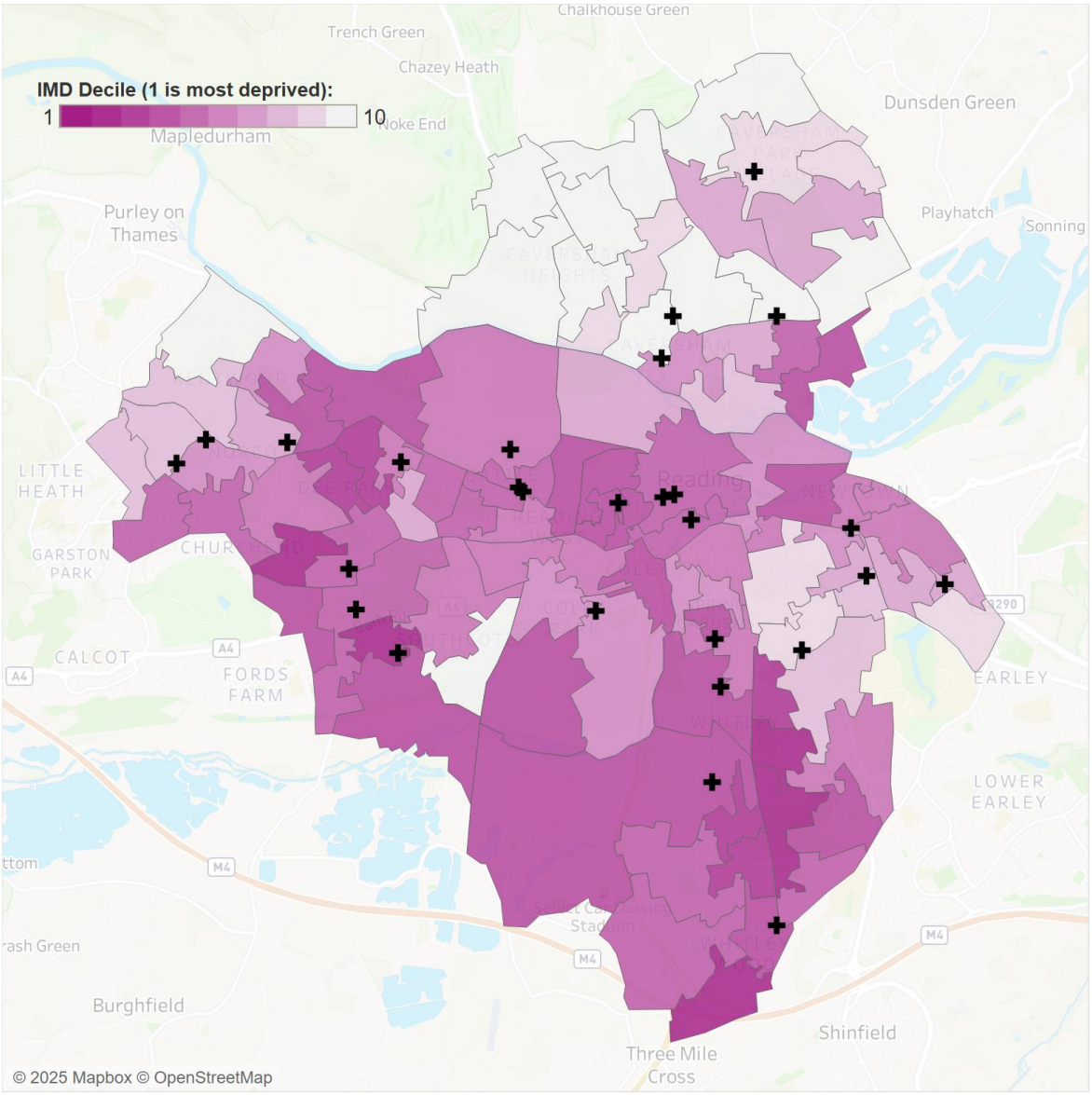
Source: NHSBSA and NHSE

7.24 The PNA Task and Finish group is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

Pharmacy distribution in relation to index of multiple deprivation

7.25 Areas in Reading of relatively higher deprivation are within accessible distances to community pharmacies as seen in Figure 7.6.

Figure 7.6: Community pharmacy locations in relation to deprivation deciles



Source: MHCLG & NHSE

Opening Times

7.26 Pharmacy contracts with NHS England specify the core hours that each pharmacy must be open, typically under 40-hour contracts (and some 100-hour contracts). Pharmacies may choose to operate beyond their required core hours, referred to as supplementary hours. However, due to increase in pharmacy closures which was found to particularly affect 100-hour pharmacies, the NHS terms of service was

amended to allow 100-hour pharmacies to reduce to no less than 72 hours without needing to demonstrate a change in need. Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays as well as leave the total core hours on Sunday unchanged so as to maintain out-of-hours pharmacy provision.

7.27 The PNA Task and Finish Group defined 9am to 5pm as regular opening hours. The assessment of opening hours was based on total hours, i.e. both core and supplementary hours, and is reflective of the status at the time of drafting.

100-hours pharmacies

7.28 Reading has two 100-hour pharmacies:

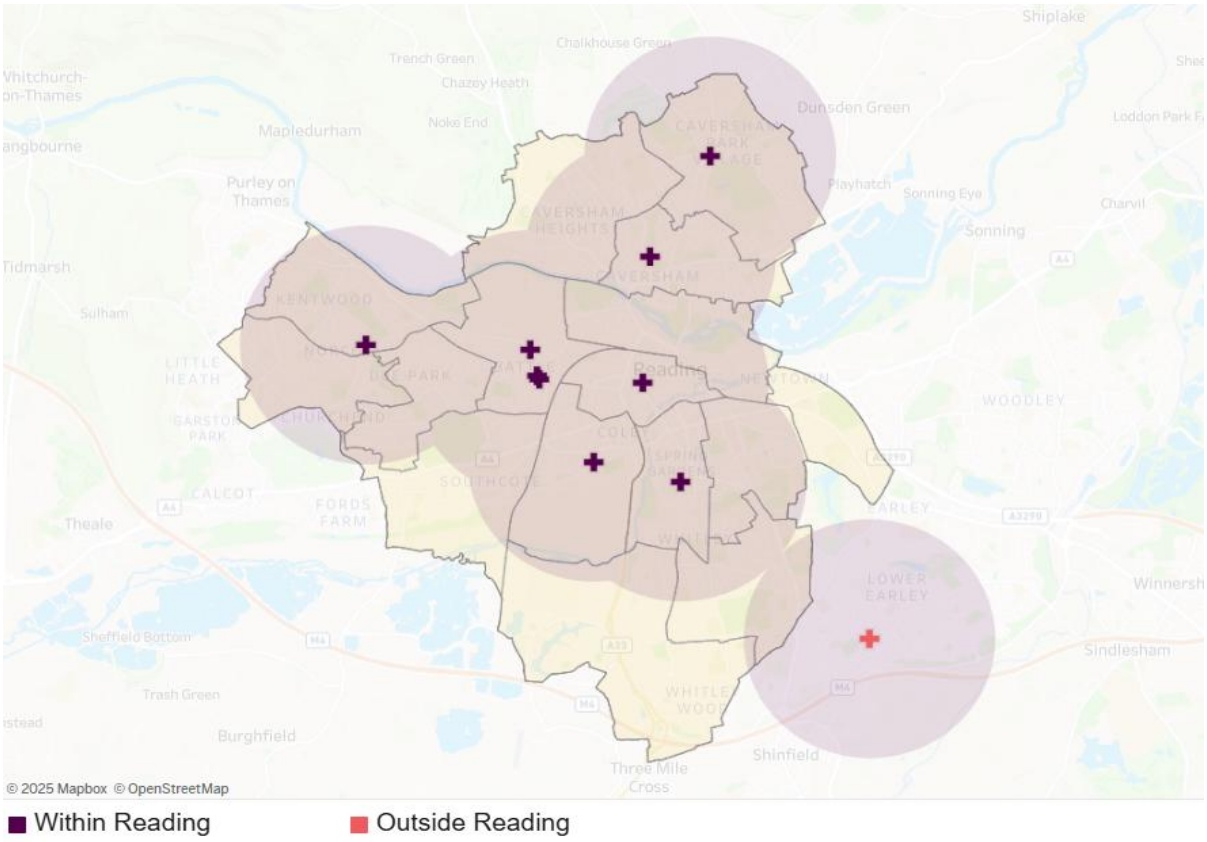
- Oxford Road Pharmacy.
- Asda Pharmacy on Honey End Lane.

Early Morning Opening

7.29 As per the above definition, any pharmacy open before 9am was deemed to have early morning opening.

7.30 Nine pharmacies across Reading provide early opening hours on weekdays. Additionally, one pharmacy located in Wokingham complements this coverage by serving areas near the Reading boundary. See Figure 7.7.

Figure 7.7: Distribution of community pharmacies open before 9am on weekdays



Source: NHSE

Table 7.2: Pharmacies open in early morning in Reading

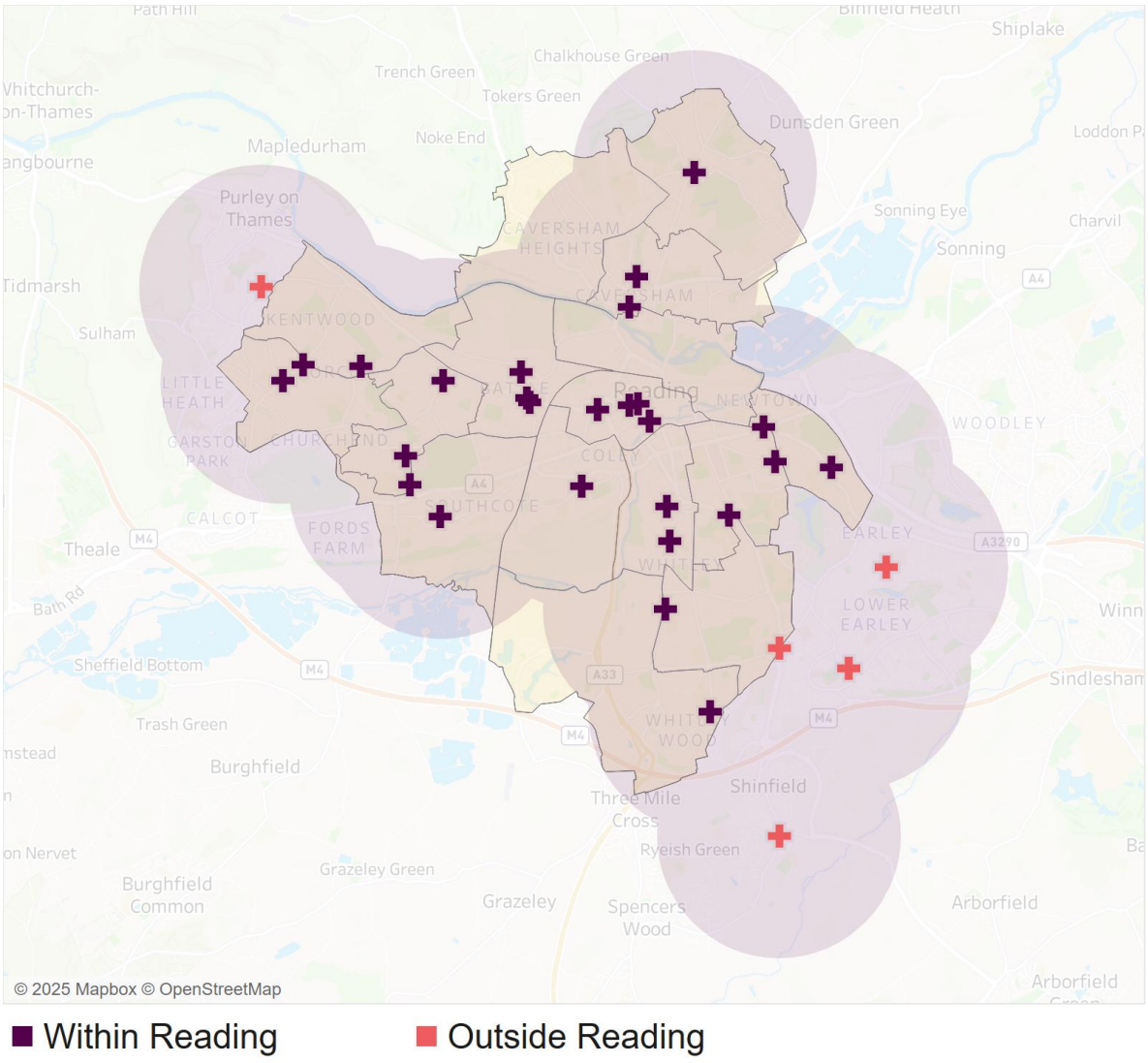
Pharmacy	Address	Ward
Tesco Instore Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	Battle
Milman Road Pharmacy	Milman Road Health Centre, Ground Floor Milman Road, Reading, Berkshire	Katesgrove
Superdrug Pharmacy	55-59 Broad Street, Reading, Berkshire	Abbey
Newdays Pharmacy	60 Wensley Road, Coley Park, Reading	Coley
Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	Caversham
Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	Battle
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Emmer Green Pharmacy	5 Cavendish Road, Caversham Park, Reading, Berkshire	Emmer Green
Pottery Road Pharmacy	2a Tylers Place, Pottery Road, Tilehurst, Reading, Berkshire	Kentwood

Source: NHSE

Late Opening

7.31 All 27 of Reading's community pharmacies are open past 5pm on weekdays. Additionally, there are 6 late-closing pharmacies located within a mile of Reading's boundaries (Figure 7.8).

Figure 7.8: Distribution of community pharmacies that are open past 5pm on weekdays



Source: NHSE

Table 7.3: Number of community pharmacies in Reading that remain open past 5pm by ward

Ward	Number of pharmacies
Abbey	4
Battle	3
Caversham	3
Tilehurst	2
Southcote	2
Redlands	2

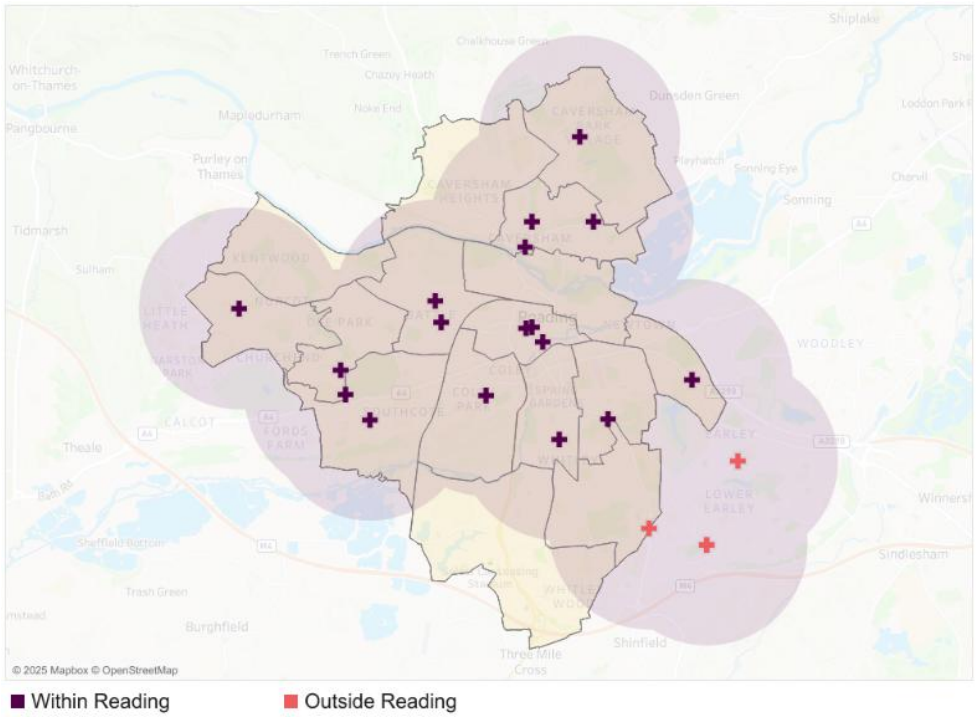
Park	2
Norcot	2
Katesgrove	2
Whitley	1
Kentwood	1
Emmer Green	1
Coley	1
Church	1
Total	**26**

Source: NHSE

Saturday Opening

7.32 A large majority of the pharmacies in Reading (17 out of 27) are open on Saturdays. Additionally, there are 4 pharmacies near the borough's borders that also provide Saturday services (see Figure 7.9).

Figure 7.9 Distribution of community pharmacies that open on Saturdays



Source: NHSE

Table 7.4: Number of community pharmacies in Reading that open on Saturdays by ward

Ward	Number of community pharmacies
Caversham	3
Abbey	3
Southcote	2
Battle	2
Tilehurst	1

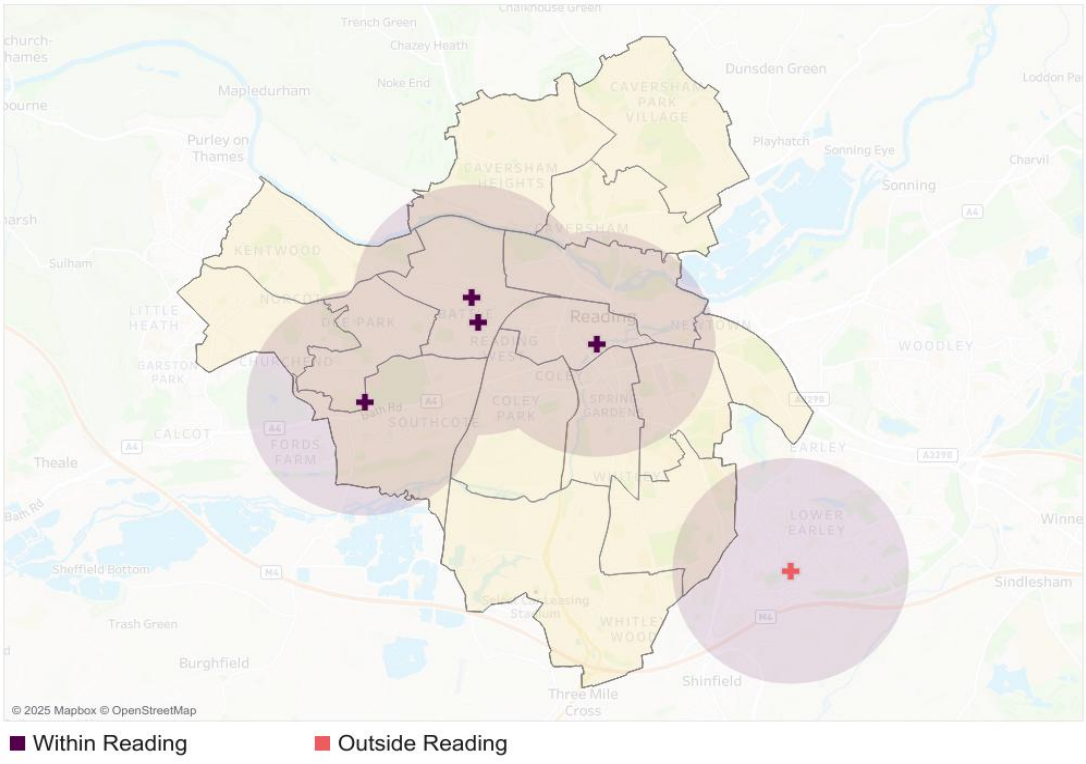
Redlands	1
Park	1
Norcot	1
Katesgrove	1
Emmer Green	1
Coley	1
Total	**17**

Source: NHSE

Sunday Opening

7.33 There are 7 pharmacies in Reading and 5 others within one mile of its borders that are open on Sundays as shown in Figure 7.10.

Figure 7.10: Distribution of community pharmacies open on Sundays



Source: NHSE

Table 7.5: Community pharmacies in Reading that are open on Sundays

Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	Battle
Boots the Chemists	25 Town Mall Walk, The Oracle, Reading, Berkshire	Abbey
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Asda Pharmacy	Honey End Lane, Tilehurst, Reading, Berkshire	Southcote

Source: NHSE

Summary of the accessibility of pharmacies in Reading

Overall, there is a good pharmacy coverage to provide pharmaceutical services to Reading residents. Most of the borough is within 1-mile reach of a pharmacy and the entire borough is within a 20-minute drive of a pharmacy. There is adequate pharmacy coverage within areas of high population densities and relative deprivation and adequate access of service outside regular working hours.

Essential services

7.34 Essential Services are a core component of the NHS Community Pharmacy Contractual Framework (CPCF or the 'the Pharmacy Contract') they are as follows:

- Dispensing medicines
- Dispensing appliances.
- Repeat dispensing and electronic Repeat Dispensing (eRD).
- Disposal of unwanted medicines.
- Healthy Living Pharmacies.
- Promotion of healthy lifestyles (public health).
- Signposting.
- Support for self-care.
- Discharge Medicines Service (DMS).

Dispensing

7.35 Reading pharmacies **dispense an average of 7,813 items per month** (NHSBSA, 2024/25 financial year). This is lower than both the South East's average of 8,077 and the national average of 8,698, suggesting there is capacity amongst Reading pharmacies to meet current and anticipated need in the lifetime of this PNA.

Advanced Pharmacy services

7.36 Advanced services are NHS Integrated Care Boards commissioned pharmacy services (NHSE delegated function) that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.

7.37 There are currently nine advanced services within the CPCF:

- Pharmacy First Service.
- Flu Vaccination Service.
- Pharmacy Contraception Service (CPS).
- Hypertension case-finding service.
- New Medicine Service (NMS).
- Smoking Cessation Service.
- Appliance Use Review (AUR).
- Stoma Appliance Customisation (SAC).
- Lateral Flow Device (LFD) Service.

Pharmacy First Service

7.38 This service builds upon the Community Pharmacist Consultation Service (CPCS) by extending its scope to provide clinical consultations and NHS-funded treatment for a comprehensive list of minor illnesses. The Pharmacy First pathway integrates seamlessly into community pharmacy services, improving patient access to care and reducing demand on GP surgeries and urgent care. It allows pharmacists to clinically assess and treat eligible patients for the following conditions:

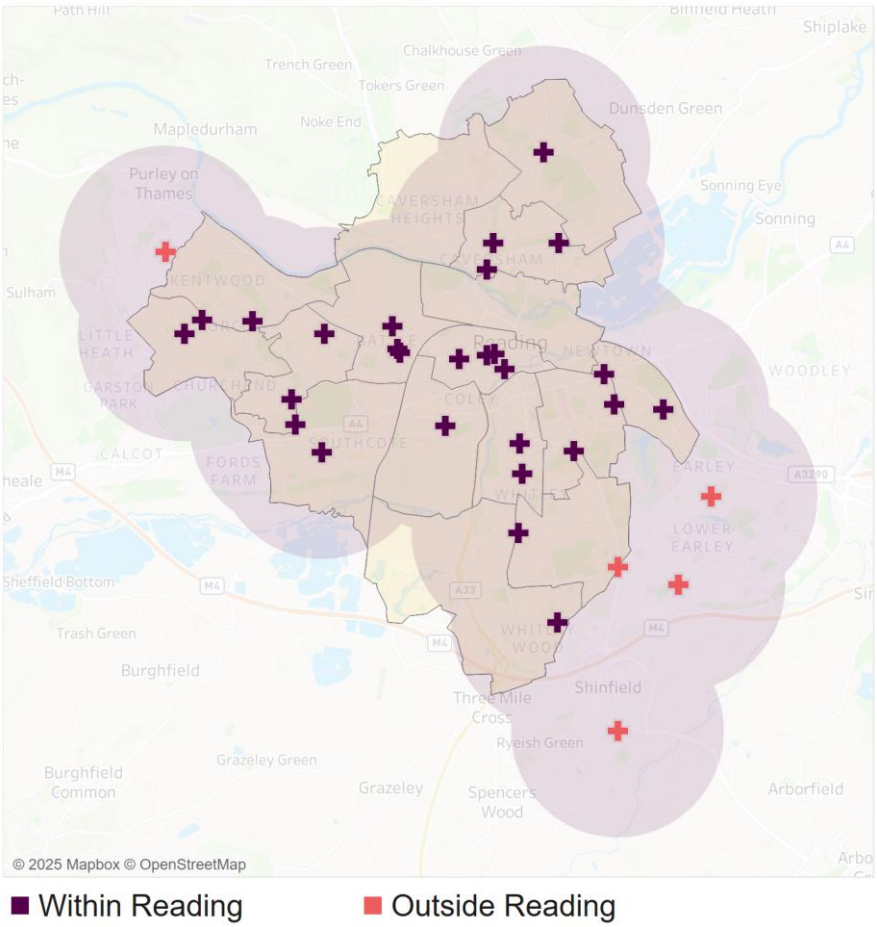
- Acute sore throat (5 years and above).
- Acute otitis media (1 – 17 years).
- Sinusitis (12 years and above).
- Impetigo (1 year and above).
- Shingles (18 years and above).
- Infected insect bites (1 year and above).
- Uncomplicated Urinary tract infections (UTIs) in women (aged 16-64).

7.39 Referrals can be done by GP Surgeries or be walk-in consultations. This does not limit the existing minor ailments that pharmacies have historically seen.

7.40 The funding and other arrangements for community pharmacies for 2024/25 and 2025/26 which was published in April 2025 shows that following the success of the pharmacy first service since its launch in January 2024, additional funding has been secured to enable the service to continue to grow. NHS England has undertaken a clinical review of the clinical pathways, and the updated pathways is expected to be published shortly.

7.41 Despite being a new service, its take up has been overwhelming, with all 27 of Reading's community pharmacies offering it. The service is further available in another 12 pharmacies in neighbouring authorities.

Figure 7.11: Distribution of pharmacies that provide Pharmacy First Service



Source: NHSE

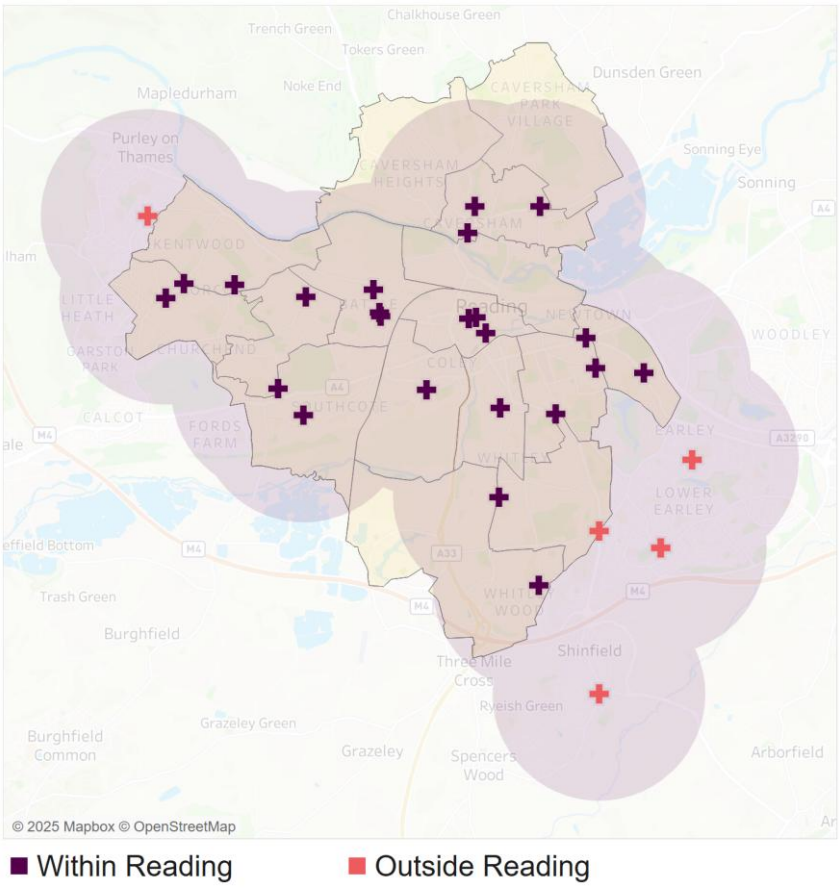
Flu Vaccination Service

7.42 Many community pharmacies administer NHS-funded seasonal flu vaccinations to eligible patients, including older adults, individuals with chronic conditions, pregnant women, and frontline healthcare workers. By increasing accessibility, particularly for vulnerable and hard-to-reach populations, the service enhances vaccination uptake.

It plays a critical role in reducing flu-related complications, hospitalisations, and pressures on healthcare services during flu season.

7.43 Flu vaccination services are available at 23 pharmacies within Reading, and a further 6 in adjacent authorities.

Figure 7.12: Distribution of pharmacies that provide flu vaccinations



Source: NHSE

Table 7.6: Number of pharmacies in Reading by ward that provide flu vaccination service

Ward	Number of pharmacies
Caversham	3
Battle	3
Abbey	3
Tilehurst	2
Southcote	2
Redlands	2
Park	2
Whitley	1
Norcot	1
Kentwood	1
Katesgrove	1

Coley	1
Church	1
Total	**23**

Source: NHSE

Pharmacy Contraception Service (PCS)

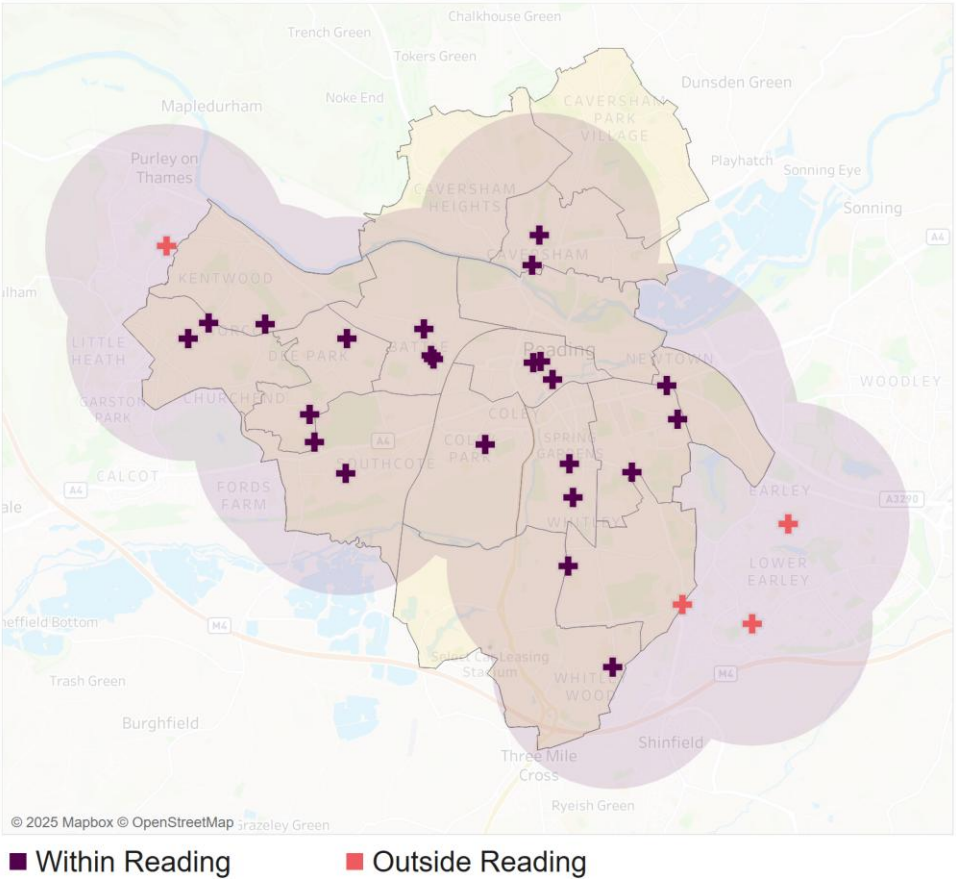
7.44 The CPS provides ongoing access to oral contraception through community pharmacies, including initial and repeat supplies of contraceptives. Pharmacists offer consultations to assess patient suitability, provide advice on proper contraceptive use, and support adherence to treatment. This service ensures easier and more convenient access to contraceptive services, particularly for patients unable to attend GP clinics, and plays an important role in reducing unplanned pregnancies.

7.45 As part of the agreement within the 2025/2026 CPCF, the PCS will be expanded to include emergency hormonal contraception (EHC) from October 2025. This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EHC for patients. This expansion will move away from the regional variation seen to date. Contractors will have the opportunity to maximise the service's benefits by initiating a patient on oral contraception as part of an EHC consultation. Additionally, better use of skill mix for the PCS has been agreed through enabling the delivery of parts of these services by registered and non-registered pharmacy staff. This includes enabling the delivery of patient group directions (PGDs) by pharmacy.

7.46 All pharmacists, and other registered pharmacy professionals intending to provide the service, must complete Centre for Pharmacy Postgraduate Education (CPPE) emergency contraception training.

7.47 Reading offers contraceptive services in 23 pharmacies, with another 4 pharmacies in neighbouring areas also offering the services.

Figure 7.13: Distribution of pharmacies that offer Pharmacy Contraception Service



Source: NHSE

Table 7.7: Number of pharmacies by ward in Reading that offer PCS

Ward	Number of pharmacies
Battle	3
Abbey	3
Tilehurst	2
Southcote	2
Redlands	2
Norcot	2
Katesgrove	2
Caversham	2
Whitley	1
Park	1
Kentwood	1
Coley	1
Church	1
Total	**23**

Source: NHSE

Hypertension Case-Finding Service

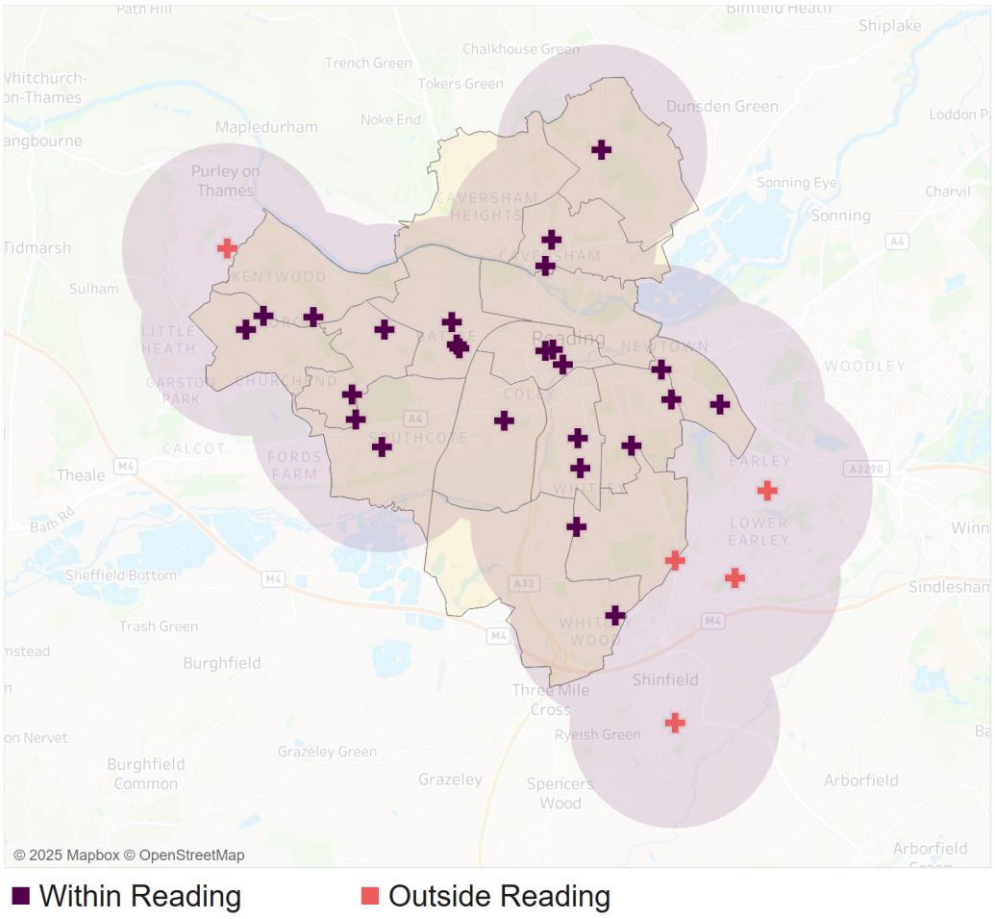
7.48 This service focuses on identifying and managing individuals with undiagnosed hypertension (high blood pressure), a major risk factor for cardiovascular disease, which remains a leading cause of morbidity and mortality in the UK. Community pharmacists offer blood pressure checks to patients aged 40 years and over, or to those under 40 with a family history of hypertension, or where clinical judgement indicates a need. If elevated readings are identified during the consultation, pharmacists provide ambulatory blood pressure monitoring (ABPM) where necessary to confirm a diagnosis. Patients with confirmed hypertension or readings indicating potential risk are referred to their GP for further diagnosis and treatment.

7.49 By detecting hypertension early, this service enables timely intervention to prevent complications such as stroke, heart attacks, and other cardiovascular events. It also supports public health priorities by addressing health inequalities, empowering patients with awareness about their cardiovascular health, and helping reduce the burden on general practice and secondary care services.

7.50 As part of the agreements made in the 2025/2026 CPCF which was finalised in March 2025, updates to the Hypertension Case Finding Service specification will be made to further align the service to National Institute for Health and Care Excellence (NICE) guidelines, which will place explicit restrictions on the number of funded clinic check consultations a patient can have within a specified time period. Changes will also be made to clarify when it is appropriate for general practices to refer patients to the service for a clinic check consultation. NHS England has also committed to re-look at home blood pressure monitoring to further support the diagnosis of hypertension.

7.51 Hypertension Case-Finding Service is widely available in Reading with all but 2 pharmacies (25 out of 27) offering them. This is supplemented by 6 pharmacies in neighbouring areas also offering the service.

Figure 7.14: Distribution of pharmacies offering Hypertension Case-Finding Service



Source: NHSE

Table 7.8: Number of community pharmacies by ward offering Hypertension Case-Finding service

Ward	Number of pharmacies
Battle	3
Abbey	3
Tilehurst	2
Southcote	2
Redlands	2
Park	2
Norcot	2
Katesgrove	2
Caversham	2
Whitley	1
Kentwood	1
Emmer Green	1
Coley	1
Church	1
Total	**25**

Source: NHSE

New Medicine Service (NMS)

7.52 The NMS supports patients with long-term conditions who have been prescribed new medicines. It aims to improve adherence, ensure patients understand their medicines, and address any issues such as side effects or concerns. Community Pharmacists provide structured consultations over three key stages: the initial discussion, an intervention follow-up, and final review within four weeks or starting the medicine.

7.53 The 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. One of the key developments include the expansion of NMS to include support for patients with depression from October 2025. All pharmacists must complete Centre for Pharmacy Postgraduate Education (CPPE) Consulting with People with mental health problems online training to be able to support patients with dementia under the NMS.

7.54 NMS focuses on medicines for the following conditions:

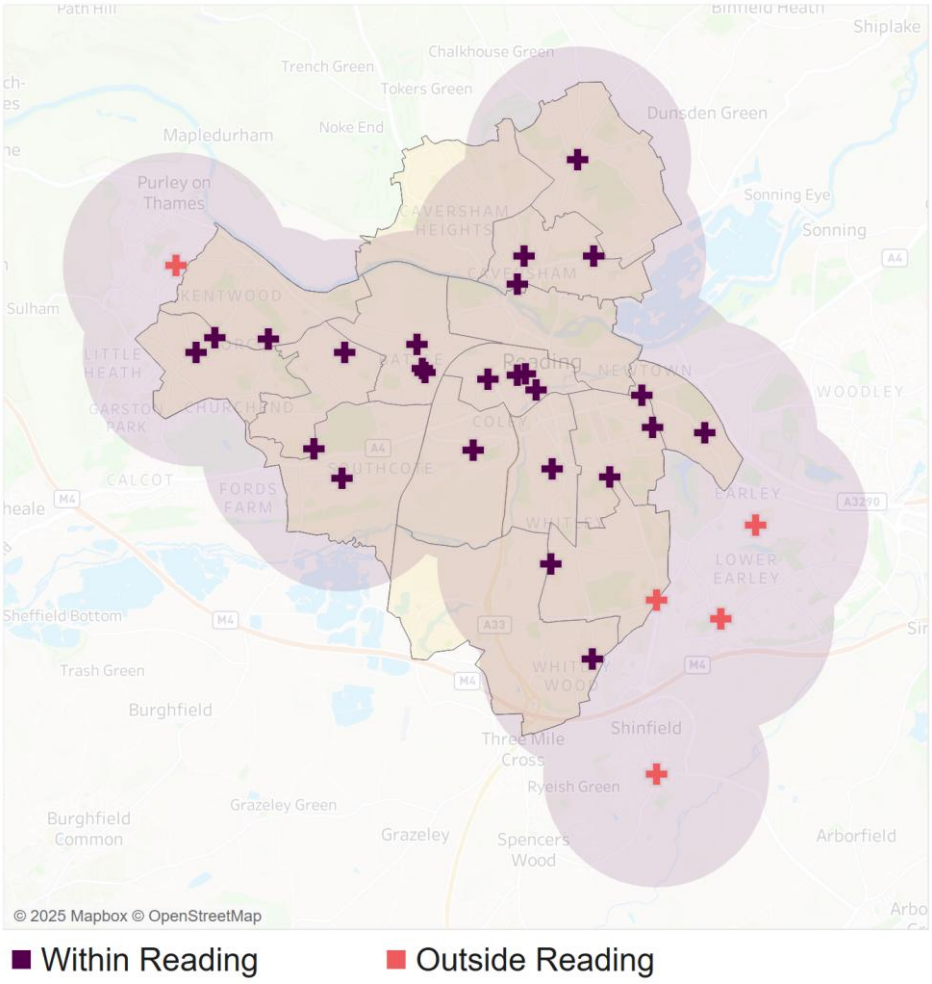
- Hypertension.
- Respiratory conditions such as Asthma and COPD.
- Type 2 Diabetes.
- Blood Thinners (including antiplatelet and anticoagulants).
- Hypercholesterolaemia.
- Osteoporosis.
- Gout.
- Glaucoma.
- Epilepsy.
- Parkinsons disease.
- Urinary incontinence/retention.
- Heart Failure.
- Acute Coronary Syndromes.
- Atrial Fibrillation.

- Stroke/TIA.
- Coronary Heart Disease.

7.55 Through this service, pharmacists play a crucial role in supporting patients to optimise the use of their medicines, improve adherence and resolve potential issues early.

7.56 NMS is available from 25 pharmacies in Reading. A further 6 pharmacies in neighbouring authorities also offer the service.

Figure 7.15: Distribution of community pharmacies offering NMS



Source: NHSE

Table 7.9: Number of community pharmacies by ward offering NMS

Ward	Number of pharmacies
Abbey	4
Caversham	3
Battle	3
Tilehurst	2
Southcote	2
Redlands	2

Park	2
Whitley	1
Norcot	1
Kentwood	1
Katesgrove	1
Emmer Green	1
Coley	1
Church	1
Total	**25**

Source: NHSE

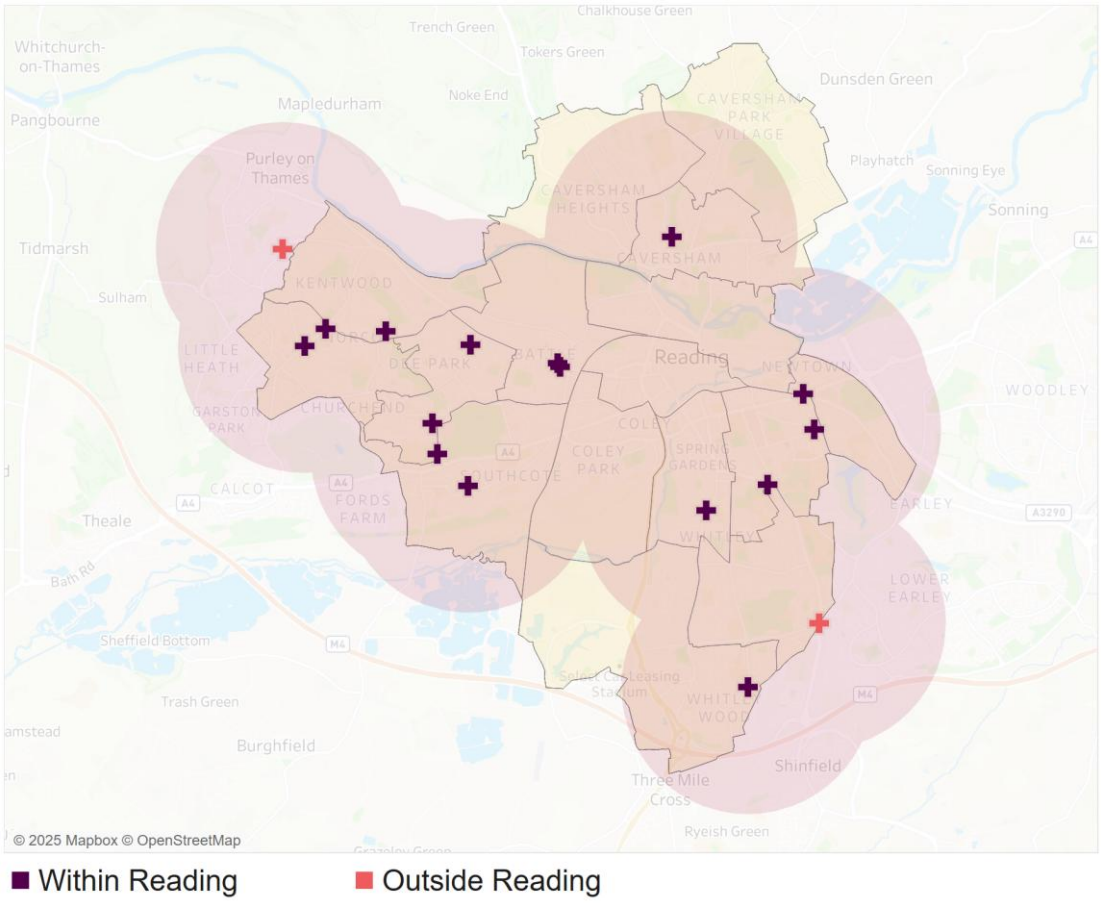
Smoking Cessation Service (SCS)

7.57 Community pharmacies currently support patients who are ready to quit smoking by providing structured, one-to-one behavioural support alongside access to nicotine replacement therapy (NRT). This service supports patients who started a "stop smoking programme" in hospital to continue their journey in community pharmacy upon discharge. Thereby promoting healthy behaviours to service users which is an important part of the NHS Long Term Plan. At present, only NRT and behavioural support are available through the service.

7.58 Planned updates will expand the service to include the supply of Varenicline and Cytisinicline (Cytisine). Patient Group Directions (PGDs) will be introduced to allow suitably trained and competent pharmacists and pharmacy technicians to supply these medications so as to apply better use of skill mix. However, these changes are not yet in place. Before implementation, several key steps are required. This includes updates to the service specification, amendments to the Secretary of State Directions, development of supporting IT infrastructure and finalisation and publication of the relevant PGDs. A formal announcement is expected to be made in due course regarding the date from which the updated service model will apply.

7.59 Fifteen Reading pharmacies offer the service, but residents can also access it in a further two pharmacies in neighbouring local authorities (Figure 7.16).

Figure 7.16: Distribution of community pharmacies that provide Smoking Cessation Service



Source: NHSE

Table 7.10: Community pharmacies that provide Smoking Cessation Service in Reading

Pharmacy	Address	Ward
Erleigh Road Pharmacy	85-87 Erleigh Road, Reading, Berkshire	Redlands
Fourways Pharmacy	195 London Road, Reading, Berkshire	Park
Trianglepharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	Tilehurst
MedWay Pharmacy	32 Meadway Precinct, Tilehurst, Reading, Berkshire	Norcot
Basingstoke Road Pharmacy	71 Basingstoke Road, Reading, Berkshire	Katesgrove
Tilehurst Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	Tilehurst
Southcote Pharmacy	36 Coronation Square, Reading, Berkshire	Southcote
Whitley Wood Pharmacy	534 Northumberland Avenue, Reading, Berkshire	Whitley

Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	Caversham
Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	Battle
Grovelands Pharmacy	2 Grovelands Road, Reading, Berkshire	Norcot
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Asda Pharmacy	Honey End Lane, Tilehurst, Reading, Berkshire	Southcote
Pottery Road Pharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	Kentwood
Christchurch Road Pharmacy	68 Christchurch Road, Reading, Berkshire	Redlands

Source: NHSE

Appliance Use Review (AUR)

7.60 AURs are for patients using prescribed appliances including stoma appliances (such as colostomy or ileostomy bags), incontinence appliances (such as catheters and urine drainage bags) and wound care products. Community pharmacists review appliance use to ensure proper usage, resolve issues, and offer tailored advice, either in the pharmacy or at the patient's home. This helps address problems such as discomfort or leakage, improving appliance performance and enhancing patient comfort and confidence.

7.61 No pharmacies within or bordering the borough are reported to have delivered this service. However, AURs are available to Reading residents via prescribing health and social care providers.

Stoma Appliance Customisation (SAC)

7.62 The SAC service ensures stoma appliances are customised to meet individual patient needs. Community Pharmacists make necessary adjustments to stoma bags to ensure a proper fit, improving comfort and functionality whilst addressing issues like leakage or skin irritation. This service helps prevent complications, enhances quality of life and supports patients in managing their stoma effectively.

7.63 Though no pharmacies within or bordering the borough are reported to have delivered this service, Reading residents can access the SAC service from non-pharmacy

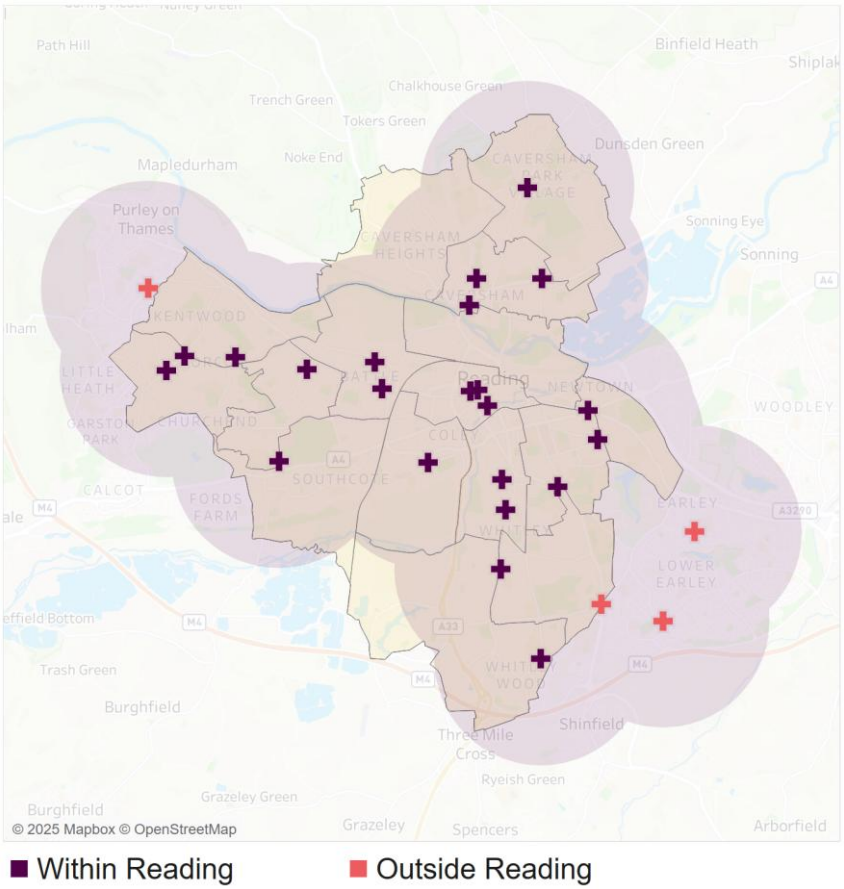
providers within the borough (e.g. community health services) and from dispensing appliance contractors outside the borough.

Lateral Flow Device (LFD) service

7.64 The LFD service provided patient with access to COVID-19 Lateral flow tests. Community Pharmacies distribute the kits, support correct usage and aid result interpretation. The service has currently been extended to 2024/25 and eligibility criteria updated for clarity.

7.65 The Lateral Flow Device (LFD) testing services is widely available in Reading with 22 pharmacies within the borough offering it, and 5 other pharmacies in neighbouring authorities having it on offer.

Figure 7.17: Distribution of community pharmacies providing Lateral Flow Device service



Source: NHSE

Table 7.11: Number of pharmacies in Reading by ward that offer LFD service

Ward	Number of pharmacies
Caversham	3
Abbey	3
Tilehurst	2

Redlands	2
Katesgrove	2
Battle	2
Whitley	1
Southcote	1
Park	1
Norcot	1
Kentwood	1
Emmer Green	1
Coley	1
Church	1
Total	**22**

Source: NHSE

Enhanced Services

7.66 These are a third tier of services commissioned by NHSE. There is currently one nationally enhanced service; COVID-19 Vaccination Service.

COVID-19 Vaccination Service

7.67 COVID-19 vaccination service was initially commissioned as a locally enhanced service by NHSE regional teams in consultation with the local pharmaceutical committees. However, in December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for the commissioning of nationally enhanced services. Hence, the Autumn 2022, Spring 2023, Autumn/winter 2023/24 and Spring booster covid-vaccination programmes were all commissioned as Nationally Enhanced Service

7.68 This service allows pharmacies to administer COVID-19 vaccinations, contributing to public health efforts and increasing vaccine coverage.

7.69 People who will provide the COVID-19 Vaccination Service must complete practical training that meet the national minimum standards and core curriculum for Immunisation training for registered health professionals

7.70 Pharmacy owners are expected to oversee and keep a record to confirm that all staff have undertaken training prior to participating in the administration of vaccinations. This includes any additional training associated with new vaccines that become available during the period of the service. They must ensure that staff are familiar with

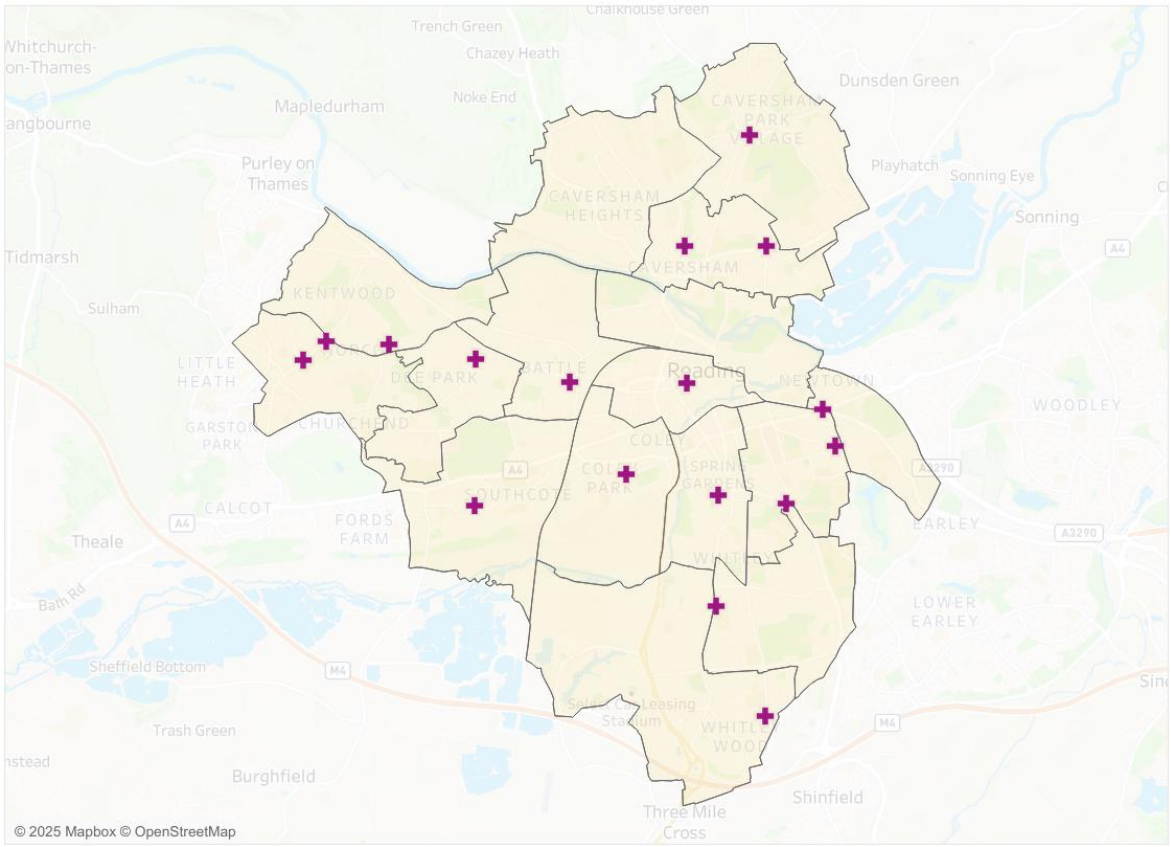
all guidance relating to the administration of the different types of vaccine and are capable of the provision of vaccinations using the different types of vaccine.

7.71 All persons involved in the preparation of vaccine must be appropriately trained in this and have appropriate workspace to do so.

7.72 All persons involved in the administration of the vaccine must have completed all the required online training and face to face administration training where relevant as well as reading and understanding any relevant guidance, patient group direction or national protocol for COVID-19 vaccines.

7.73 Seventeen pharmacies in Reading provide the COVID-vaccination service as shown in Figure 7.18.

Figure 7.18: Distribution of community pharmacies in Reading that provide the Covid-19 vaccination service



Source: Community Pharmacy Thames Valley

Table 7.12: Number of pharmacies that provide COVID-19 vaccination by ward

Ward	Number of pharmacies
Tilehurst	2
Redlands	2
Caversham	2
Whitley	1

Southcote	1
Park	1
Norcot	1
Kentwood	1
Katesgrove	1
Emmer Green	1
Coley	1
Church	1
Battle	1
Abbey	1
Total	**17**

Source: Community Pharmacy Thames Valley

Chapter 8 - Other NHS Services

8.1 This chapter looks at services that are part of the health service, that though not considered pharmaceutical services under the 2013 regulations, are considered to affect the need for pharmaceutical services.

Locally Commissioned services

8.2 These are the services commissioned locally in Reading by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). These services reduce the need for pharmaceutical services.

8.3 These services are designed to complement usual healthcare provisions with the aim of improving community health and providing accessible care. They include:

- Emergency Hormonal contraception (EHC).
- Supervised Consumption.
- Needle Exchange.
- Guaranteed Provision of Urgent Medication (including palliative care & antivirals).
- Minor Ailment Scheme (MAS).

Emergency Hormonal Contraception (EHC)

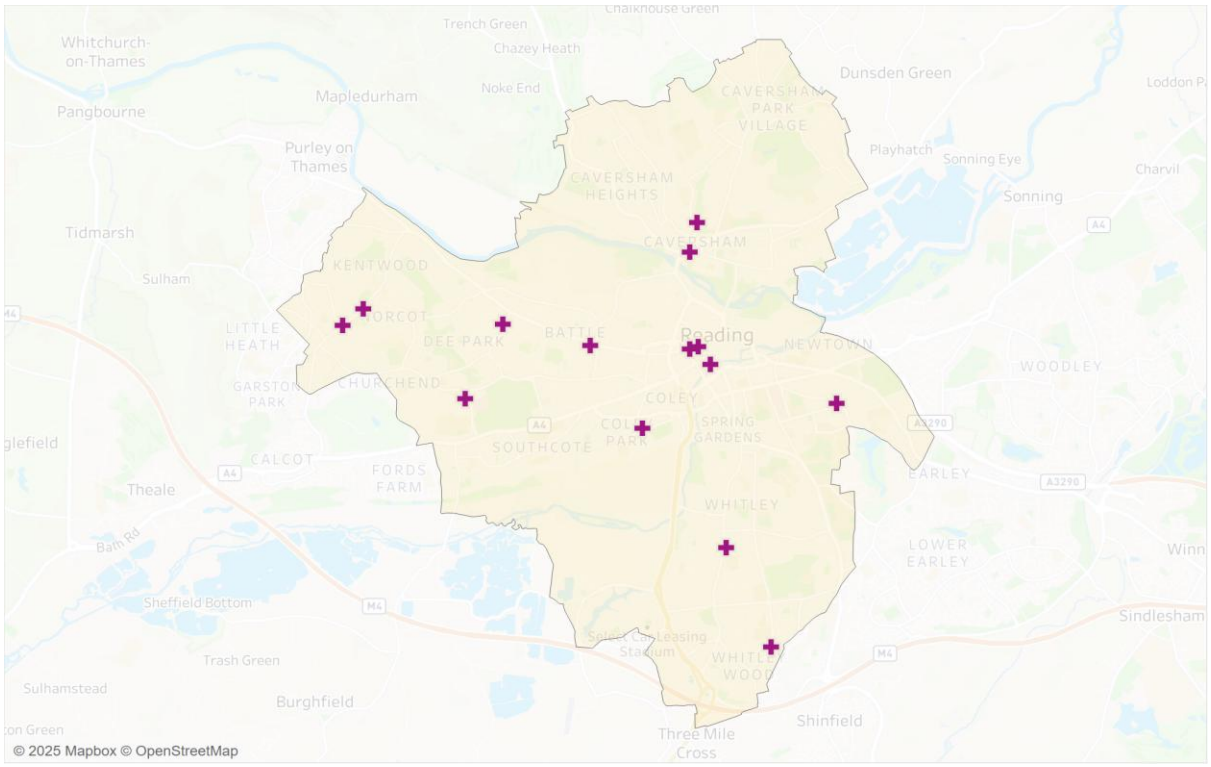
8.4 The Emergency Hormonal Contraception (EHC) Enhanced Service provides free access to Levonorgestrel and Ulipristal acetate (EllaOne®) through community pharmacies under a Patient Group Direction (PGD). Aimed at individuals aged 13-24, pharmacists assess suitability, ensuring safeguarding protocols, including Fraser Guidelines for under-16s. The service also offers free condoms, sexual health advice, and referrals to contraceptive and STI screening services.

8.5 This service aims to reduce unintended pregnancies, promote safer sex practices, and enhance access to emergency contraception in a confidential, community-based setting. Pharmacies play a key role in public health, integrating contraception advice with safeguarding measures and signposting to wider sexual health support.

8.6 Fifteen Reading pharmacies offer the service as shown in Figure 8.1 and detailed in Table 8.1.

8.7 It should be noted that, as discussed earlier in the chapter, from October 2025, EHC will become a national pharmaceutical offering under the PCS service.

Figure 8.1: Distribution of pharmacies that provide EHC Services



Source: Community Pharmacy Thames Valley

Table 8.1: List of pharmacies providing EHC

Pharmacy Name	Address	Ward
Erleigh Pharmacy	85-87 Erleigh Road, Reading, Berkshire	Redlands
Boots	47-48 Broad Street, Reading, Berkshire	Abbey
Triangle Pharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	Tilehurst
Whitley 277 Pharmacy	277 Basingstoke Road, Reading, Berkshire	Church
Boots	45 Church Street, Caversham, Reading	Caversham
Medway Pharmacy	32 Meadway Precinct, Tilehurst, Reading	Norcot
Boots	25 Town Mall Walk, The Oracle, Reading, Berkshire	Abbey
Tilehurst Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	Tilehurst
Superdrug Pharmacy	55-59 Broad Street, Reading, Berkshire	Abbey
Whitley Wood Pharmacy	534 Northumberland Avenue, Reading, Berkshire	Whitley
Newdays Pharmacy	60 Wensley Road, Coley Park, Reading	Coley

Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	Caversham
Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	Battle
Grovelands Pharmacy	2 Grovelands Road, Reading, Berkshire	Norcot

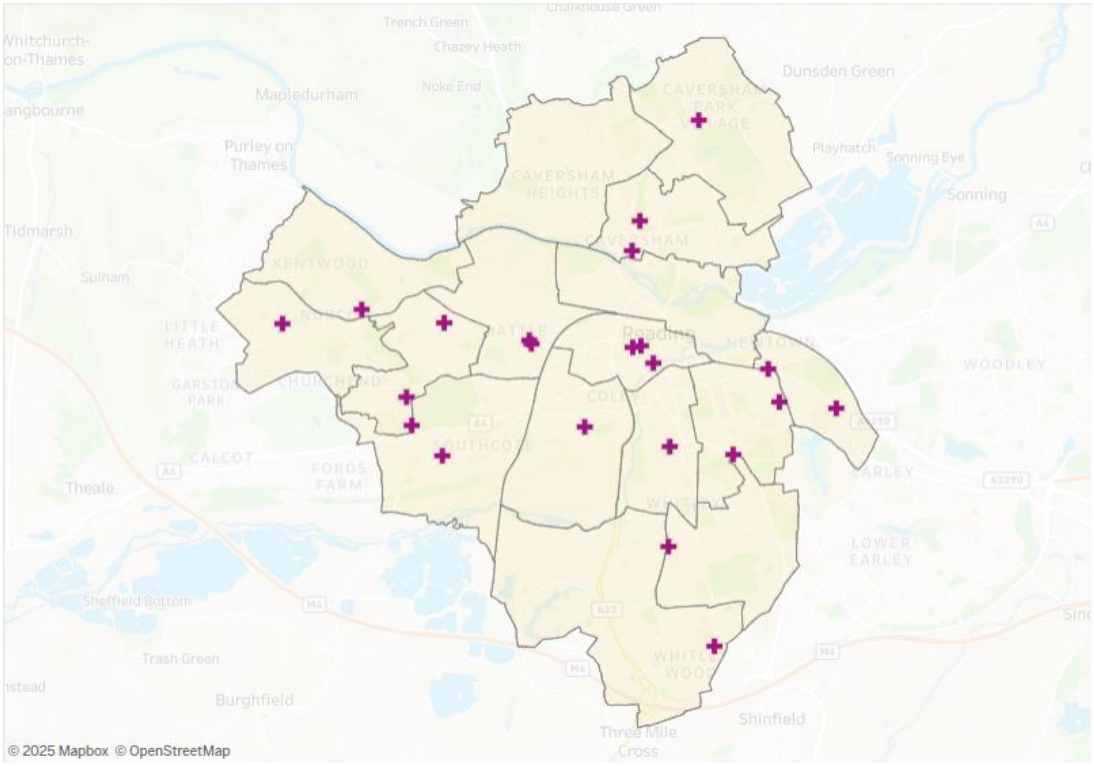
Source: Community Pharmacy Thames Valley

Supervised Consumption

8.8 Community pharmacies play a key role in supporting individuals managing substance misuse. This enhanced service includes supervised consumption of opioid substitution therapies (e.g., methadone or buprenorphine) to ensure proper administration and reduce the risk of diversion or misuse.

8.9 Supervised consumption services are available at 22 pharmacies across Reading.

Figure 8.2: Distribution of pharmacies that provide Supervised Consumption Services



Source: Community Pharmacy Thames Valley

Table 8.2: Number of pharmacies that provide supervised consumption by ward

Ward	Number of pharmacies
Abbey	3
Southcote	2
Redlands	2
Park	2
Norcot	2

Caversham	2
Battle	2
Whitley	1
Tilehurst	1
Kentwood	1
Katesgrove	1
Emmer Green	1
Coley	1
Church	1
Total	**22**

Source: Community Pharmacy Thames Valley

Needle Exchange

8.10 Pharmacists also provide needle and syringe exchange services, offering clean equipment to minimise the spread of bloodborne infections like HIV and hepatitis C.

8.11 Needle exchange services are available at six pharmacies across Reading.

Figure 8.3: Distribution of pharmacies that provide Needle Exchange Services

Source: Community Pharmacy Thames Valley

Table 8.3: List of pharmacies providing needle exchange services

Pharmacy	Address	Ward
Erleigh Pharmacy	85-87 Erleigh Road, Reading, Berkshire	Redlands
Fourways Pharmacy	195 London Road, Reading, Berkshire	Park

Whitley Wood Pharmacy	534 Northumberland Avenue, Reading, Berkshire	Whitley
Newdays Pharmacy	60 Wensley Road, Coley Park, Reading	Coley
Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	Battle
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle

Source: Community Pharmacy Thames Valley

Guaranteed Provision of Urgent Medication (Including Palliative care & antivirals

8.12 The Guaranteed Provision of Urgent Medication service ensures prompt access to essential medicines, including palliative care drugs and antivirals, for patients with immediate needs. This service helps improve health outcomes and reduces pressure on urgent care by ensuring timely support, especially for vulnerable patients.

8.13 Two pharmacies in Reading offer this service.

Minor Ailment Scheme (MAS)

8.14 The local Minor Ailment Scheme, open to pharmacies in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB area, has been extended to the end of March 2025. Targeted at patients on low income and their dependents, for a concise list of OTC medicines, the service is paid in addition to the referral fee or can be used for eligible walk-in patients. Claims are made through PharmOutcomes.

8.15 Seven Reading pharmacies provide the MAS service as listed below.

Table 8.4: List of pharmacies that offer Minor Ailment Scheme services

Pharmacy	Address	Ward
Markand Pharmacy	122 Henley Road, Caversham, Nr Reading, Berkshire	Caversham
Medway Pharmacy	32 Meadway Precinct, Tilehurst, Reading	Norcot
Southcote Pharmacy	36 Coronation Square, Reading, Berkshire	Southcote
Saood Pharmacy	104a Oxford Road, Reading	Abbey
Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	Battle
Emmer Green Pharmacy	5 Cavendish Road, Caversham Park, Reading, Berkshire	Emmer Green
Pottery Road Pharmacy	2a Tylers Place, Pottery Road, Tilehurst, Reading, Berkshire	Kentwood

Source: Community Pharmacy Thames Valley

Other prescribing centres

8.16 These are considered in the PNA as they have the potential to increase demand for pharmaceutical services.

Walk-in Centres

8.17 Reading has the following walk-in centres where urgent medical care can be provided without an appointment.

- Reading Urgent Care Centre located on the first floor of the Broad Street Mall.

GP extended access hubs

8.18 Primary Care Networks provide additional primary care appointments outside standard general practice hours (including weekday evenings and Saturdays) from multiple general practice locations.

End of life services

8.19 In Reading palliative care services are provided by the NHS and charities.

8.20 Palliative care services can be obtained from the Duchess of Kent Hospice at Liebenrood road.

Mental Health services

8.21 Reading offers a variety of mental health services to support individuals facing mental health challenges:

- Drug and Alcohol Service Reading at Weylen Street.
- Prospect Park Hospital at Honey End Lane.
- Erlegh House, University of Reading at Earley Gate.

Chapter 9 - Conclusions and Statements

9.1 This PNA has considered the current provision of pharmaceutical services across the Reading HWB area and assessed whether it meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document.

9.2 This chapter will summarise the conclusions of the provision of these services in Reading with consideration of surrounding HWB areas.

Current Provision

9.3 The Reading Task and Finish group has identified the following services as necessary to meet the need for pharmaceutical services:

- Essential services provided at all premises, including those though outside the Reading HWB area, but which nevertheless contribute towards meeting the need for pharmaceutical services in the area.

9.4 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to pharmaceutical services. The Reading Task and Finish group has identified the following as Other Relevant Services:

- Adequate provision of advanced, enhanced, and locally commissioned services to meet the need of the local population, including premises which although outside the Reading HWB area, but which nevertheless have secured improvements, or better access to pharmaceutical services in its area.

9.5 Preceding chapters of this document have set out the provisions of these services with reference to their locality, as well as identifying service by contractors outside the HWB area, as contributing towards meeting the need for pharmaceutical services in Reading.

Current provision of necessary services

9.6 Essential services are deemed as necessary services as described above. In assessing the provision of essential services against the needs of the population, the PNA Task and Finish group considered access as the most important factor in determining the extent to which the current provision of essential services meets the

needs of the population. To determine the level of access within the borough to pharmaceutical services, the following criteria were considered:

- Distance and travel time to pharmacies
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Demographics of the population
- Health needs of the population and patient groups with specific pharmaceutical service needs

9.7 The above criteria were used to measure access in each of the 16 localities within Reading's HWB.

9.8 There are 1.5 community pharmacies per 10,000 residents in Reading. Though this ratio is below the national average of 1.7 pharmacies per 10,000 residents. Majority of the borough's population is within 1 mile of a pharmacy. Additionally, all residents are within a 20-minute drive of a pharmacy. All GP practices are also within 1 mile of a pharmacy.

9.9 Factoring in all of this, the residents of Reading are well served in terms of the number and location of pharmacies.

Current provision of necessary services during normal working hours

9.10 All pharmacies are open for at least 40 hours each week. There are 27 community pharmacies in the borough, and a further 5 within a mile of the border of Reading, providing good access as determined in Chapter 7.

> Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services inside normal working hours in any of the localities.

Current provision of necessary services outside normal working hours

9.11 On weekdays, nine pharmacies in Reading are open before 9am and twenty-seven are open after 5pm. These are mapped out in Chapter 7 and show good coverage of services available on weekdays outside normal working hours.

9.12 Seventeen out of twenty-seven community pharmacies are open on Saturday while seven are open on Sunday. Considering these pharmacies and those in neighbouring boroughs, as shown in the maps in Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services outside normal working hours in any of the localities.

Current provision of other relevant services

Current provision of advanced pharmacy services

9.13 The following advanced services are currently available for provision by community pharmacies: Pharmacy First Service, New Medicine Service, Flu vaccination service, Pharmacy Contraception Service, Hypertension Case-finding service, Smoking Cessation Service, Appliance Use Reviews, Stoma Appliance Customisation and Lateral Flow Device tests supply service.

9.14 The Pharmacy First Service is provided by all the 27 pharmacies in the borough.

9.15 NMS is widely available with 23 out of 27 pharmacies in the borough providing it.

9.16 Flu vaccinations are also widely provided, with 23 out of 27 pharmacies in the borough offering them.

9.17 Twenty-five pharmacies provide the Hypertension Case-finding Service.

9.18 Twenty-three pharmacies in Reading offer the Pharmacy Contraception Service.

9.19 Fifteen Reading pharmacies currently provide the Smoking Cessation Service.

9.20 Though the available NHSBSA data does not show any Reading pharmacies delivering the AURs or SACs, these services are widely available from other health providers such as district nurses and dispensing appliance contractors.

9.21 The Lateral Flow Device test supply service is provided by 22 out of 27 pharmacies in Reading.

9.22 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Reading.

Current access to enhanced pharmacy services

9.23 COVID-19 vaccination service is a nationally commissioned enhanced service and is provided by 17 out of 27 pharmacies in Reading.

Current access to Locally Commissioned Services

9.24 These services are commissioned by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the Reading population. These services include Emergency Hormonal Contraception, Supervised Consumption, Needle Exchange, Guaranteed Provision of Urgent Medication (including palliative care and antivirals) and the Minor ailment scheme.

9.25 Fifteen pharmacies in Reading offer the Emergency Contraceptive Service.

9.26 Twenty-two pharmacies in Reading provide the Supervised Consumption Service.

9.27 Six pharmacies in Reading provide the Needle Exchange Service.

9.28 Two pharmacies in Reading offer the Guaranteed Provision of Urgent Medication service.

9.29 Overall, there is very good availability of locally commissioned services in the borough.

Based on the information available at the time of developing the PNA, no gaps were identified in services that if provided would secure improvements and better access to pharmaceutical services in general, or pharmaceutical services of a specific type in any of the localities.

Future Provision

9.30 The Health and Wellbeing Board has considered the following future developments:

- Forecasted population growth
- Housing Development information
- Regeneration projects
- Changes in the provision of health and social care services
- Other changes to the demand for services

Future provision of necessary services

Future provision of necessary services during normal working hours

9.31 The HWB is aware of new regulatory changes by the Department of Health and Social Care affecting DSPs. This includes that from 23rd June 2025, no new applications for DSPs can be accepted/are permitted under the Pharmaceutical and Local Pharmaceutical Services (PLPS) regulations. It is also expected that from 1st October 2025 (with exception of COVID-19 and influenza vaccination services), DSPs will no longer be permitted to deliver directed services (Advanced and Enhanced services) in person to a patient. They may continue to deliver the COVID-19 and influenza vaccination services onsite, face-to-face, at their premises, until 31st March 2026.

9.32 The PNA is aware of and has considered the proposed housing developments in Reading, particularly the larger developments in the Abbey and Whitney ward.

9.33 The analysis has considered these developments, as well as other causes of population increases. Reading pharmacies have relatively low dispensing numbers compared to the rest of the nation (7,813 items per month compared to 8,689 for the national average) with a pharmacy located Abbey ward dispensing as low as 3,739 items per month. This is suggestive that the pharmacies, including those around the new developments, have ample capacity to cater for the additional pharmaceutical provision demands created by the expected population increase.

9.34 It is therefore concluded that pharmacy provision within Reading is well placed to support these during the lifetime of the PNA.

> Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services during normal working hours in the lifetime of this PNA in any of the localities.

Future provision of necessary services outside normal working hours

9.35 The Health and Wellbeing Board is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

> Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services outside of normal working hours in the lifetime of this PNA in any of the localities.

Future provision of other relevant services

9.36 Through the LPC, local pharmacies have indicated that they have capacity to meet future increases in demand for advanced, enhanced and locally commissioned services.

9.37 The PNA analysis is satisfied that there is sufficient capacity to meet any increased demand of services.

9.38 The PNA did not find any evidence to conclude that the services these pharmacies offer should be expanded.

Based on the information available at the time of developing this PNA, no future needs were identified for improvement and better access, in any of the localities.

Appendix A - Buckinghamshire, Oxfordshire and Berkshire West-wide Pharmaceutical Needs Assessment Steering Group Terms of Reference

Background

From 1st April 2013, statutory responsibility for publishing and updating a statement of the need for pharmaceutical services passed to health and wellbeing boards (HWBs). Pharmaceutical Needs Assessments (PNAs) are used when considering applications for new pharmacies in an area and by commissioners to identify local health needs that could be addressed by pharmacy services.

Health and Wellbeing Boards have a duty to ensure revised PNAs are in place by October 2025. The coordination and high-level oversight of the PNAs covering the five local authorities across the Buckinghamshire, Oxfordshire and Berkshire West ICB footprint has been delegated to a steering group of partners. This collaborative approach aims to encourage the widest range of stakeholders and those with an interest in the PNA to participate in its development whilst reducing the burden on some partners to contribute to five separate PNAs. Following local discussions, it has been agreed to establish a BOB-wide Steering Group oversee the progress of the fives PNAs for BOB-area HWBs.

Remit and Functions of the Group

The primary role of the group is to oversee the PNA process across the BOB area, building on expertise from across the local healthcare community. In particular, this BOB Steering Group will:

- Ensure the PNAs comply with relevant legislation and meet the statutory duties of the Health and Wellbeing Boards.
- Ensure representation and engagement of a range of stakeholders.
- To support the five HWBs in the development of their PNAs by working collaboratively across the BOB area to ensure that the evidence base is joined

up to better support the Integrated Care Board and Local Authorities in their commissioning decisions.

- To communicate to a wider audience how the PNA is being developed.
- Ensure that the PNAs link with both national and local priorities.
- Ensure that the PNAs reflect future needs of the populations of the five respective Health and Wellbeing Board areas.
- Ensure that the PNAs become an integral part of the commissioning process.
- Ensure that the PNAs inform the nature, location and duration of additional services that community pharmacies and other providers might be commissioned to deliver.
- Ensure the PNAs guide the need for local pharmaceutical services (LPS) contracts and identify the services to be included in any LPS contract.

Frequency of Meetings

The Group will meet 5 times, as a minimum, during the production of the PNAs (between December 2025 and October 2025).

Governance

This BOB Steering Group will be chaired by the Clinical Lead for Medicines Optimisation from the ICB, or the Chief Pharmacist in the Chair's absence. This BOB Steering Group will be accountable to the HWBs of Buckinghamshire, Oxfordshire, Reading, West Berkshire, and Wokingham.

- Buckinghamshire – A project group chaired by Public Health has responsibility on behalf of the Buckinghamshire HWB to ensure the PNA is conducted according to the legislation. There will be direct reporting between this group and the Buckinghamshire project group.
- Oxfordshire – The Oxfordshire HWB has discharged the sign-off of the draft and final PNA to the Chair of the HWB and the Director of Public Health. An Oxfordshire project group chaired by Public Health has been established to ensure the PNA is conducted according to the legislation. The HWB has agreed to the alignment of the publication of the Oxfordshire PNA with other HWBs in

the region, allowing for a more coordinated approach with NHS colleagues. There will be direct reporting between this BOB PNA Steering Group and the Oxfordshire project group.

- Reading –The Reading HWB delegated responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner to the Director of Public Health, and delegated authority to approve the consultation draft version of the PNA to the Reading and West Berkshire Task and Finish Group and the BOB PNA Steering Group.
- West Berkshire – The West Berkshire HWB delegated responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner to the Director of Public Health, and delegated authority to approve the consultation draft version of the PNA to the Reading and West Berkshire Task and Finish Group and the BOB PNA Steering Group.
- Wokingham - The Wokingham HWB delegated responsibility for the delivery of the PNA to a steering group, including the sign-off of the pre-consultation draft to the BOB Steering Group. To ensure this sign-off, a local Wokingham sub-group has been formed. There will be direct reporting between the BOB Steering Group and the Wokingham sub-group. The sign off the final PNA remains the responsibility of the Wokingham HWB.

This steering group will be chaired by the Clinical Lead for Medicines Optimisation from the ICB.

Membership

Membership of the Group shall be as follows:

- BOB ICB Clinical Lead for Medicines Optimisation (Chair)
- Public Health leads of five Local Authorities
- Local Pharmaceutical Committee representative(s)
- BOB ICB pharmacy, general ophthalmic, and dental (POD) commissioning Representative

- BOB ICB South East Commissioning Hub – Pharmacy Commissioning Manager
- Healthwatch representatives
- Local Medical Committee representative(s)

Members will endeavour to find a deputy to attend where the named member of the group is unable to attend.

Other colleagues may be invited to attend the meeting for the purpose of providing advice and/or clarification to the group.

Quoracy

A meeting of the group shall be regarded as quorate provided that a ICB Pharmacy Contracting representative and at least 3 representatives from the 5 local authorities are present.

Confidentiality

An undertaking of confidentiality will be signed by group members who are not employed by the Local Authorities or the NHS.

During the period of membership of the Steering Group you may have access to information designated by the Local Authorities or NHS as being of a confidential nature, and you must not divulge, publish or disclose such information without the prior written consent of the relevant Organisation. Improper use of or disclosure of confidential information will be regarded as a serious disciplinary matter and will be referred to the employing organisation.

For the avoidance of doubt as to whether an agenda item is confidential, all papers will be marked as confidential before circulation to the group members.

Declarations of Interest

Where there is an item to be discussed for which a member could have a commercial or financial interest, the interest is to be declared to the Chair and formally recorded in the minutes of the meeting.

Date of final draft: 30 April 2025

Appendix B - Pharmacy provision within Reading and 1 mile of its boundary

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
Reading	Abbey	Community Pharmacy	FDT21	Boots	47-48 Broad Street, Reading, Berkshire	RG1 2AE	No	Yes	Yes	No
			FFY65	Boots	25 Town Mall Walk, The Oracle, Reading, Berkshire	RG1 2AH	No	Yes	Yes	Yes
			FGX83	Superdrug Pharmacy	55-59 Broad Street, Reading, Berkshire	RG1 2AF	Yes	Yes	Yes	No
			FLK26	Saood Pharmacy	104a Oxford Road, Reading,	RG1 7LL	No	Yes	No	No
	Battle	Community Pharmacy	FA368	Tesco Instore Pharmacy	Tesco Extra, Portman Road, Reading, Berkshire	RG30 1AH	Yes	Yes	Yes	Yes
			FMW33	Western Elms Pharmacy	351-353 Oxford Road, Reading, Berkshire	RG30 1AY	Yes	Yes	No	No
			FQP38	Oxford Road Pharmacy	270-274 Oxford Road, Reading, Berkshire	RG30 1AD	Yes	Yes	Yes	Yes
	Caversham	Community Pharmacy	FA597	Markand Pharmacy	122 Henley Road, Caversham, Nr Reading, Berkshire	RG4 6DH	No	Yes	Yes	No
			FEX35	Boots	45 Church Street, Caversham, Reading	RG4 8BA	No	Yes	Yes	No

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
			FMJ89	Caversham Pharmacy	59 Hemdean Road, Caversham, Reading, Berkshire	RG4 7SS	Yes	Yes	Yes	No
	Church	Community Pharmacy	FE270	Whitley 277 Pharmacy	277 Basingstoke Road, Reading, Berkshire	RG2 0JA	No	Yes	No	No
	Coley	Community Pharmacy	FLR49	Newdays Pharmacy	60 Wensley Road, Coley Park, Reading	RG1 6DJ	Yes	Yes	Yes	No
	Emmer Green	Community Pharmacy	FQV38	Emmer Green Pharmacy	5 Cavendish Road, Caversham Park, Reading, Berkshire	RG4 8XU	Yes	Yes	Yes	No
	Katesgrove	Community Pharmacy	FG814	Milman Road Pharmacy	Milman Road Health Centre, Ground Floor Milman Road, Reading, Berkshire	RG2 0AR	Yes	Yes	No	No
			FGD71	Basingstoke Road Pharmacy	71 Basingstoke Road, Reading, Berkshire	RG2 0ER	No	Yes	Yes	No
	Kentwood	Community Pharmacy	FVF36	Pottery Road Pharmacy	2a Tylers Place, Pottery Road, Tilehurst, Reading, Berkshire	RG30 6BW	Yes	Yes	No	No
	Norcot	Community Pharmacy	FFX18	Medway Pharmacy	32 Meadway Precinct, Tilehurst, Reading	RG30 4AA	No	Yes	Yes	No

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
			FQD26	Grovelands Pharmacy	2 Grovelands Road, Reading, Berkshire	RG30 2NY	No	Yes	No	No
	Park	Community Pharmacy	FAE42	The Reading Pharmacy	105 Wokingham Road, Reading, Berkshire	RG6 1LN	No	Yes	Yes	No
			FDP58	Fourways Pharmacy	195 London Road, Reading, Berkshire	RG1 3NX	No	Yes	No	No
		DSP	FEX81	Orange Pharmacy	237 London Rd, Reading, Berkshire	RG1 3NY	No	No	No	No
	Redlands	Community Pharmacy	FA288	Erleigh Pharmacy	85-87 Erleigh Road, Reading, Berkshire	RG1 5NN	No	Yes	No	No
			FW067	Christchurch Road Pharmacy	68 Christchurch Road, Reading, Berkshire	RG2 7AZ	No	Yes	Yes	No
	Southcote	Community Pharmacy	FHF90	Southcote Pharmacy	36 Coronation Square, Reading, Berkshire	RG30 3QN	No	Yes	Yes	No
			FT293	Asda Pharmacy	Honey End Lane, Reading, Berkshire	RG30 4EL	No	Yes	Yes	Yes
	Tilehurst	Community Pharmacy	FDX71	Triangle Pharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	RG31 5AW	No	Yes	Yes	No
			FGF17	Tilehurst Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	RG31 5AR	No	Yes	No	No

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
	Whitley	Community Pharmacy	FLG15	Whitley Wood Pharmacy	534 Northumberland Avenue, Reading, Berkshire	RG2 8NY	No	Yes	No	No
		DAC	FMV40	Fittleworth Medical Limited	3 Woodside Business Park, Whitley Wood Lane, Reading, Berkshire	RG2 8LW	No	No	No	No
West Berkshire		Community Pharmacy	FM678	Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	RG31 6PR	No	Yes	No	No
Wokingham		Community Pharmacy	FA448	Asda Pharmacy	Chalfont Way, Lower Earley, Reading, Berkshire	RG6 5TT	No	Yes	Yes	Yes
			FY485	Boots	Unit 2, Asda Mall, Lower Earley District Ctr, Lower Earley, Reading, Berkshire	RG6 5GA	Yes	Yes	Yes	No
			FNE16	Boots	5 The Parade, Silverdale Road, Earley, Reading, Berkshire	RG6 7NZ	No	Yes	Yes	No
			FA593	Shinfield Pharmacy	Shinfield Prim. Care Ctr, School Green, Shinfield, Berkshire	RG2 9EH	No	Yes	No	No

HWB	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
			FRP45	Vantage Chemist	231 Shinfield Road, Reading, Berkshire	RG2 8HD	No	Yes	Yes	No

Appendix C - Consultation report

This report presents the findings of the consultation for the Reading PNA for 2025 to 2028.

For the consultation, the draft PNA was sent to a list of statutory consultees outlined in Chapter 1, paragraph 1.13. In total 3 people responded to the consultation via email or via our consultation survey, they represented:

- Oxfordshire County Council.
- Royal Berkshire Foundation Trust.
- Unknown.

The PNA steering group constituted the majority of the stakeholders we must consult with for this consultation who fed into this PNA before it was presented for the 60-day consultation.

The responses to the survey regarding the PNA were positive. They are presented in the table below. Additional comments received via are presented in the table that follows.

Consultation survey Question	Yes	No	Unsure or not applicable
Has the purpose of the pharmaceutical needs assessment been explained?	3		
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	3		
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?		3	
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	3		
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	3		
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	3		

Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	2		1
Do you agree with the conclusions of the pharmaceutical needs assessment?	3		

The table below presents the comments received during the statutory 60-day consultation period and the response to those comments from the steering group.

Additional comments	PNA Steering Group response
• The assessment does not reference the potential impact of the evolving ICB blueprint model on pharmaceutical services. While the full implications are currently unclear, it is worth noting that this may affect service delivery over the lifetime of the PNA. • There is potential to expand advanced services in community pharmacy, particularly in support of the broader shift from treatment to prevention. These could include: Weight management clinics, offering structured support and treatment pathways for obesity and related conditions. Point-of-care testing services, such as cholesterol and other cardiovascular risk markers, to support early detection and proactive management in the community setting.	Thank you for your comment. Reference of Fit for the Future: 10 Year Health Plan for England which was published in July 2025 has now been referenced in Chapter 2 of this report. Thank you for your feedback. This will be shared with the steering group and HWB for consideration.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Health and Wellbeing Board Briefing Note

September 2025

BOB ICB Board meetings

The most recent BOB ICB Board meeting took place on 9 September 2025. The papers can be found on the BOB ICB website where details of future meetings are also published.

BOB ICB Transition Programme

Development of the Thames Valley Integrated Care Board (ICB)

The NHS Frimley ICB and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB are working collaboratively to establish a new strategic commissioning organisation: the Thames Valley Integrated Care Board (ICB). This transformation is part of a national programme to modernise the role of ICBs, in line with the NHS 10-Year Plan and the Model ICB Blueprint.

The new ICB will serve a population of approximately 2.49 million across Buckinghamshire, Oxfordshire, and Berkshire, and will operate within a streamlined financial envelope of £19.00 per head, a 50% reduction in running costs nationally. The aim is to create a more strategic, data-driven, and locally connected organisation that improves population health outcomes and reduces inequalities.

Frimley alignment with neighbouring ICBs and Local Authorities

The new configuration requires a three-way adjustment to the current Frimley ICB footprint:

- East Berkshire will come together with the geography of BOB ICB to form a new Thames Valley ICB
- Surrey Heath and Farnham will align to Surrey and Sussex ICB
- North East Hampshire will align to Hampshire and Isle of Wight (HIOW) ICB

Aligning the geographies and local populations of Surrey Heath and Farnham with Surrey and Sussex ICB and North East Hampshire with Hampshire and Isle of Wight (HIOW) ICB will affect stakeholders differently across the current Frimley footprint. We see this as an opportunity to strengthen alignment with local government boundaries, supporting more joined-up planning and service delivery. Frimley ICB is working closely with its stakeholders and neighbouring ICBs to ensure a smooth transition and to maximise the benefits of coterminosity.

Clustering of ICBs and Chair Appointment

Dr Priya Singh, currently Chair of both ICBs, has been confirmed as Chair of the Frimley and BOB ICB clustering arrangement, which will formally come into effect from 1 October 2025.

Dr Singh will ensure continuity of leadership throughout this important period of transition while ICBs move towards leaner and simpler ways of working as part of 10 Year Health Plan.

These clustering arrangements have been agreed by NHS England's Executive team and by ministers, and will allow those ICBs to harness a shared budget of sufficient size to improve efficiency and reduce running costs.

Clustering ICBs remain separate legal entities with unchanged boundaries, separate financial allocations and legal duties. Any future decisions on ICB footprints and mergers will be taken by ministers in light of the Local Government Reorganisation process.

In addition, we now have two Chief Officer roles working across both organisations.

Sarah Bellars, Chief Nursing Officer (CNO) at Frimley ICB will cover the CNO role at BOB ICB from 1 September, following the departure of Rachael Corser to Barts Health NHS Trust in London. Sarah will continue in her role as CNO at Frimley ICB.

Richard Chapman, Chief Financial Officer (CFO) at Frimley ICB, will cover the CFO post at BOB ICB from 1 October. Richard will continue as CFO for Frimley. BOB ICB's current interim CFO, Alastair Groom, will remain with the organisation until December to ensure a smooth handover.

All roles are interim and not confirmation of final appointments for a future Thames Valley ICB.

Staff and Stakeholder Engagement

Considerable work has been undertaken over the past few months to design the operating model and structure of the new organisation aligned to the Model ICB Blueprint and NHS 10 Year Health Plan. Between 21–31 July, 278 staff from Frimley and BOB ICBs participated in 13 workshops, generating over 4,000 contributions. These sessions focused on the proposed new ICB's purpose, enablers, culture, and ways of working. Staff appreciated the opportunity to connect across systems, with strong alignment and mutual respect evident. There was a shared commitment to learning from each other and building a unified culture.

We have been working closely not only with staff, but also with partners and wider stakeholders to help shape the future organisation.

While conversations with stakeholders across Frimley and BOB are ongoing and continue to inform our development, we've also completed an initial phase of formal engagement.

Stakeholder engagement is vital; it helps ensure that the new ICB is shaped by local insight and expertise. It will allow us to build on existing partnerships and effective ways of working, and ensure we're aligned with local priorities, governance structures, and the needs of our communities.

A letter and information pack were sent to a wide range of stakeholders including:

- Local NHS Trusts
- Primary Care Leadership
- Local Authorities including Scrutiny Committees and Health and Wellbeing Boards
- Voluntary, Community and Social Enterprise (VCSE) sector
- Healthwatch
- Academic, research and innovation organisations
- MPs

We received feedback from 40 partner organisations, including NHS providers, local authorities, public health teams, patient groups, VCSE alliances, Healthwatch, and other system partners. Many submitted detailed supporting letters and documents alongside their responses.

Key themes from this engagement have been compiled into reports and shared with senior leadership teams and the Joint Transition Programme design team. These insights are directly informing the development of the ICB's operating model and strategic priorities.

We extend our sincere thanks to all staff, partners, and stakeholders across the Frimley and BOB systems for their invaluable contributions. Their insights are helping to shape the future Thames Valley ICB.

Next steps

Next steps include further refinement of the ICBs functions and development of the new ICB's operating model and associated structures. A timeline for a staff consultation and further formal engagement with stakeholders on the operating model of the ICB is yet to be agreed.

While we are enthusiastic about the direction of travel, we recognise that our plans are still in development and subject to approval by the Secretary of State. We also remain responsive to national guidance and external factors, which may shape the final form of the new organisation. We see this as an opportunity to stay flexible, collaborative, and aligned with the evolving needs of our system and wider NHS.

Resident Doctors Industrial Action

Resident doctor (formerly known as junior doctors) members of the British Medical Association took part in industrial action from 7am on Friday 25 July until 7am on Wednesday 30 July.

The NHS trusts affected by this action in our area were:

- Buckinghamshire Healthcare NHS Trust
- Oxford University Hospitals NHS FT
- Oxford Health NHS FT
- Royal Berkshire NHS FT
- Berkshire Healthcare NHS FT

Based on early estimates, more than 10,000 extra patients received their care during the BMA strike compared with the previous industrial action (27 June 2024 – 02 July 2024).

The NHS took a more robust approach during the latest round of industrial action, with staff working round the clock to keep services open for patients.

The NHS maintained 93% of planned care during the action meaning operations, tests and procedures were carried out despite the disruption, as well as dealing with urgent and emergency cases.

Early data indicates that less than a third of resident doctors chose to strike with the number of strikers down by 7.5% (1,243) compared to the previous round of industrial action with most resident doctors choosing to join the NHS-wide effort to keep the services open.

Community Equipment Provider Change

BOB ICB worked at pace throughout July with all Local Authorities in Buckinghamshire, Oxfordshire and Berkshire and health partners to move to a new social care and community equipment provider from the start of August.

Community equipment includes daily living aids to support patients in their own homes and those being discharged from hospital, such as hospital beds, hoists and mobility aids, continence supplies and digital aids.

The contract is now with Millbrook Healthcare, following the liquidation of the previous supplier, NRS Healthcare.

Currently, equipment supplies are restricted to essential items while the new contract becomes fully operational. This may take up to three months, but local contingencies are in place to support patients who need equipment so they can be discharged from hospital and are safe at home.

There is more information, including links to local authority websites, on the BOB ICB website

Winter Vaccines Campaign Support

BOB ICB is preparing for the winter flu season by promoting early protection among colleagues, health and care partners, residents and patients.

Flu booster: 2 and 3-year-olds, school age children and pregnant women are the first cohorts to be offered the flu vaccine in early September. Cohorts also include frontline health and social care staff (who can self-declare if their organisation is not offering vaccinations), unpaid carers, people aged 65+, and those with long term health conditions. Read more here: Immunisation and vaccination - Stay Well (staywell-bob.nhs.uk)

Covid-19 booster: starting in early October, eligible cohorts will again be invited by the NHS to book via the national booking system or at a GP practice or community pharmacy. The eligible cohorts are people aged 75+ or immunosuppressed aged 6 months and over. Further information available here. We may also see some pop-up clinics which will be advertised as they arise.

RSV (Respiratory syncytial virus): this year-round vaccine programme helps to reduce the number of respiratory infections for those most at risk of complications if they become unwell. Cohorts include women from 28 weeks pregnant to protect their babies - vaccination can be accessed via maternity services or GP practice - and adults aged 75-79 years old will be vaccinated by their GP. Read more here: Immunisation and vaccination - Stay Well (staywell-bob.nhs.uk)

Reducing Medicines Waste Campaign

Working with the Medicines Optimisation team, a BOB-wide public-facing campaign has rolled out to draw attention to the 640,000 litres of NHS medicines waste which were collected from our community pharmacies over 12 months (August 2024 to July 2025).

The campaign aims to publicise how everyone can help to tackle this issue, which costs the NHS nationally around £300m each year. For BOB ICB, it is estimated that we are spending approximately £10 million per year on medicines that go unused.

The recent media release attracted significant interest from broadcasters and resulted in extensive coverage including interviews with Ben Riley, Chief Medical Officer, and local community pharmacist Olivier Picard.

There was coverage from Greatest Hits Radio, Heart Radio, That's TV, BBC News Online, Reading Online, BBC Radio Berkshire and a television feature on BBC South.

The campaign continues with social media posts and an internal staff engagement session on 9 September. In addition, details of the campaign have been shared with NHS partners, local authorities and other stakeholders (via the BOB Stakeholder Newsletter) to spread the message.