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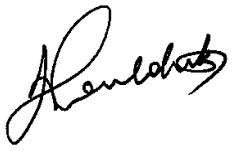
WOKINGHAM
BOROUGH COUNCIL

A Meeting of the **HEALTH AND WELLBEING BOARD** will be held at the Civic Offices, Shute End, Wokingham RG40 1BN on
THURSDAY 10 DECEMBER 2015 AT **5.00 PM**



Andy Couldrick
Chief Executive
Published on 2 December 2015

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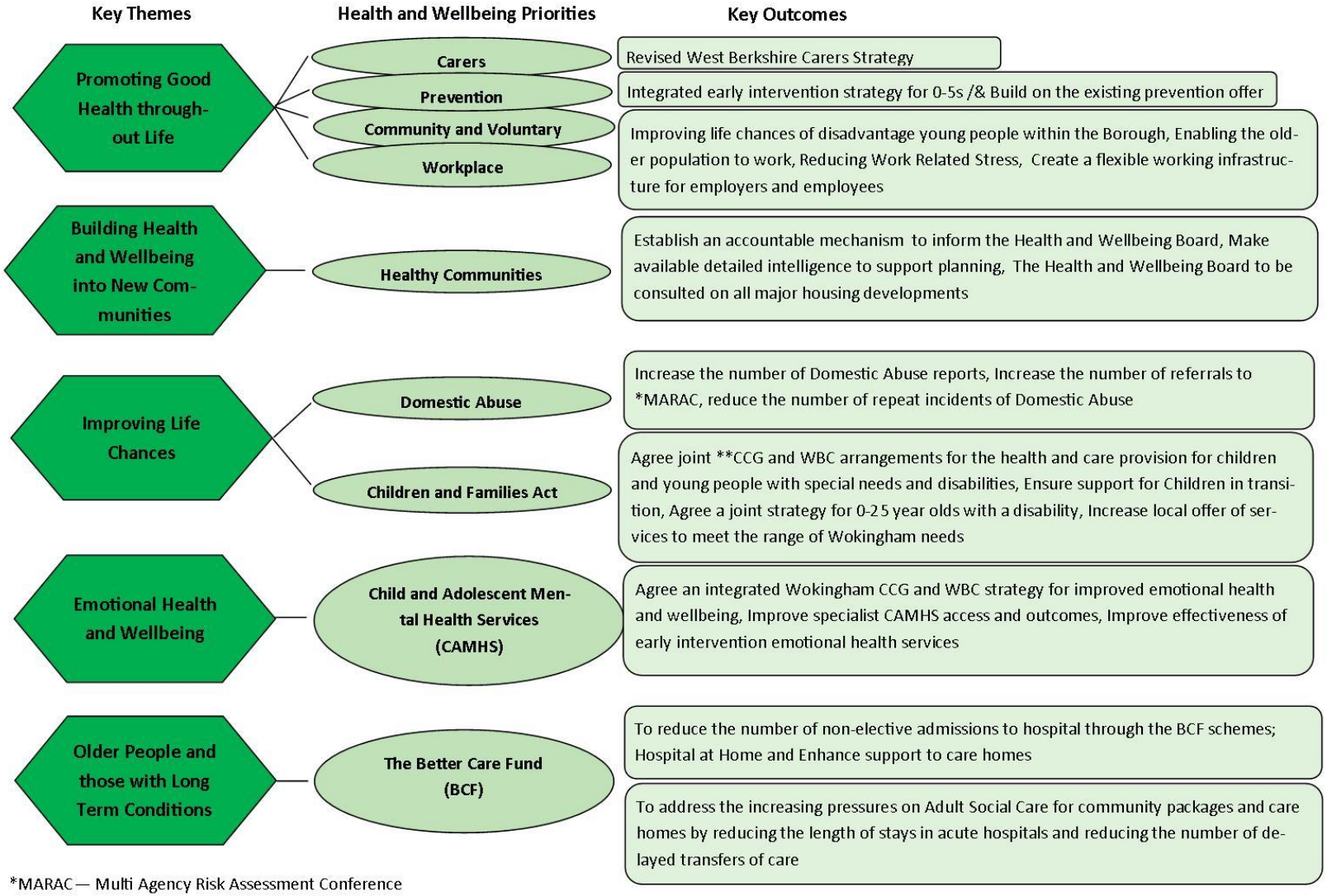
Wokingham's Health and Wellbeing Strategy 2014-2017



*MARAC— Multi Agency Risk Assessment Conference

**CCG and WBC—Clinical Commissioning Groups and Wokingham Borough Council

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Chief Inspector Rob France	Community Safety Partnership
Beverley Graves	Business Skills and Enterprise Partnership
Dr Lise Llewellyn	Director of Public Health
Nikki Luffingham	NHS England
Judith Ramsden	Director of Children's Services
Stuart Rowbotham	Director of Health and Wellbeing
Nick Campbell-White	Healthwatch
Katie Summers	NHS Wokingham CCG
Dr Cathy Winfield	NHS Wokingham CCG
Kevin Ward	Place and Community Partnership Representative
Clare Rebbeck	Voluntary Sector representative

ITEM NO.	WARD	SUBJECT	PAGE NO.
57.		**APOLOGIES** To receive any apologies for absence.	
58.		**MINUTES OF PREVIOUS MEETING** To confirm the Minutes of the Meeting held on 8 October 2015.	**7 - 14**
59.		**DECLARATION OF INTEREST** To receive any declarations of interest.	
60.		**PUBLIC QUESTION TIME** To answer any public questions. A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this Board. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	

61.		**MEMBER QUESTION TIME** To answer any member questions.	
62.		**ORGANISATION AND GOVERNANCE**	
63.	None Specific	**CAMHS TRANSFORMATION PLANS-IMPLEMENTING "FUTURE IN MIND" ACROSS BERKSHIRE WEST CCGS AND WOKINGHAM BOROUGH COUNCIL AND WOKINGHAM CCG EMOTIONAL HEALTH AND WELLBEING STRATEGY ACTION PLAN** To receive an update on CAMHs Transformation Plans-Implementing "Future in Mind" across Berkshire West CCGs and Wokingham Borough Council and Wokingham CCG Emotional Health and Wellbeing Strategy Action Plan.	**15 - 40**
64.	None Specific	**WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT** To receive the West of Berkshire Safeguarding Adults Board Annual Report.	**41 - 102**
65.		**PERFORMANCE**	
66.	None Specific	**PERFORMANCE METRICS** To receive updates on performance against the following: • Better Care Fund; • Public Health Outcomes Framework, NHS and Adult Social Care; • Health & Wellbeing Strategy 2014-17. Please note that this will be by exception only	**103 - 110**
67.	None Specific	**ADULT SOCIAL CARE OUTCOMES FRAMEWORK** To receive a report on the Adult Social Care Outcomes Framework.	**111 - 112**
68.		**INTEGRATION**	
69.	None Specific	**CONNECT CARE PROGRAMME** To be updated on the progress of the Connect Care Programme.	**113 - 116**
70.	None Specific	**BETTER CARE FUND QUARTERLY RETURN** To note the Better Care Fund Quarterly Return.	**To Follow**
71.	None Specific	**SECTION 75 FINANCE UPDATE** To receive a Section 75 Finance update.	**To Follow**
72.	None Specific	**UPDATE FROM HEALTH AND WELLBEING BOARD MEMBERS**	**Verbal Report**

To receive updates on the work of the following Health and Wellbeing Board members:

- Business, Skills and Enterprise Partnership
- Community Safety Partnership
- Place and Community Partnership

73.	None Specific	**PROPOSED S106 FOR WOKINGHAM MEDICAL CENTRE** To discuss a recommendation from the Health and Wellbeing Board Subcommittee.	**117 - 122**
74.		**FORWARD PROGRAMME** To consider the Board's work programme for the remainder of the municipal year.	**123 - 128**

Any other items which the Chairman decides are urgent
A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 8 OCTOBER 2015 FROM 5.00 PM TO 7.00 PM

Present

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Beverley Graves	Business Skills and Enterprise Partnership
Judith Ramsden	Director of Children's Services
Stuart Rowbotham	Director of Health and Wellbeing
Katie Summers	NHS Wokingham CCG
Kevin Ward	Place and Community Partnership Representative
Clare Rebbeck	Voluntary Sector representative
Andy Couldrick (substituting Chief Inspector Rob France)	Chief Executive
Darrell Gale (substituting Dr Lise Llewellyn)	Consultant in Public Health
Tony Allen (substituting Nick Campbell-White)	Healthwatch Wokingham Borough

Also Present:

Madeleine Shopland	Principal Democratic Services Officer
Brian Grady	Head of Strategic Commissioning
Helen Power	Board Manager Health and Wellbeing Board

37. APOLOGIES

Apologies for absence were submitted from Councillor Keith Baker, Nick Campbell-White, Chief Inspector Rob France, Dr Lise Llewellyn, Nikki Luffingham and Dr Cathy Winfield.

38. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 13 August 2015 were confirmed as a correct record and signed by the Chairman.

It was noted that Darrell Gale, Helene Dyson, Dean Corcoran, Sarah Griffiths and Jenny Selim had attended the meeting.

39. DECLARATION OF INTEREST

There were no declarations of interest made.

40. PUBLIC QUESTION TIME

There were no public questions.

41. MEMBER QUESTION TIME

There were no Member questions.

42. PERFORMANCE

43. PERFORMANCE METRICS

The Health and Wellbeing Board considered the Performance Metrics.

During the discussion of this item the following points were made:

- Although showing as amber the 'Number of patients going through reablement' performance indicator had significantly improved. Stuart Rowbotham felt that this was the result of the colocation of the reablement services. Further improvements were expected when the Service Manager took up their post in November.
- In response to a question from Councillor Bray, Stuart Rowbotham explained the Adult Social Care User Experience Survey questions performance indicators.
- Councillor Bray asked whether the Council was looking for the number of adult safeguarding referrals to increase or decrease and was informed that a balance was being sought between over and under reporting. Clare Rebbeck asked whether where the referral came from and if there were areas where reporting was low, was measured. Stuart Rowbotham commented that the data was not measured this way but that this data was held.
- In response to a question regarding the 'Improving Access to Psychological Therapies (IAPT) recovery rate' performance indicator, Dr Zylstra explained that an anxiety score and a depression score was taken from those entering IAPT, every two weeks. As the person recovered the score would decrease.
- Councillor Haitham Taylor queried why the benchmark for the 'Total non-elective admissions in to hospital (general & acute), all-age' performance indicator varied so widely from estimated and actual performance figures for the period. The Board was informed that the benchmark had been set against 2012-13 figures when Wokingham had been the top performer in the country for this indicator, which would have been very challenging to maintain. Wokingham was currently in the top quartile for this indicator. It was suggested that the benchmark figures and how the performance indicators could link more strongly to the Health and Wellbeing Strategy, should be considered at a future meeting.
- It was noted that the Hospital @ Home project had not worked as well as had been hoped for. The work force recruited for this project were being deployed differently and there was a greater focus on care homes and nursing homes. Teams would go into the home to treat an individual and it was hoped that this would reduce hospital admissions.

RESOLVED: That the Performance Metrics be noted.

44. BETTER CARE FUND QUARTERLY RETURN TO DEPARTMENT OF HEALTH QUARTER 1 2015

The Board considered Wokingham's Better Care Fund quarterly return to the Department of Health for Quarter 1 2015.

During the discussion of this item the following points were made:

- There had been no significant issues identified.
- Tony Allen noted that an underspend of approximately £0.5m was forecasted for Q1 and an overspend forecasted for Q4. He questioned the reason for the underspend. Stuart Rowbotham indicated that the Better Care Fund had commenced 1 April and that not all projects had been fully ready at that stage. The

Section 75 agreement detailed what would happen if there were an underspend, although it was anticipated that this would not be the case at the end of the year. The Better Care Fund pooled budgets were held in two section 75 agreements, one managed locally by the Council and one managed by the CCG which covered Berkshire West. Board members were reminded that the Wokingham Integration Strategic Partnership managed the Section 75 agreement and received monthly updates on the project spends.

- Funding for the Better Care Fund was recurrent.
- Councillor Haitham Taylor asked about the condition that the NHS Number be used as the primary identifier for health and care services. Katie Summers commented that health and care services used the NHS Number to match people to their health records. In October 80% of people in Wokingham had been matched with an NHS number. This percentage was influenced by issues such as people moving in and out of the area and it was anticipated that this percentage would increase. Those who did not have an NHS number, for example overseas visitors, and who required treatment, could be assigned a temporary NHS number if required.

RESOLVED: That the content of Wokingham's Better Care Fund quarterly return to the Department of Health (DoH) for Quarter 1 of 2015 be noted.

45. HEALTH AND WELLBEING

46. LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

Brian Grady, Head of Strategic Commissioning presented the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing.

During the discussion of this item the following points were made:

- The Transformation plan was an NHS England requirement for system wide transformation over 5 years with plans signed off by Health and Wellbeing Boards before additional recurrent funding was released to CCGs. The Plan outlined Wokingham's ambitions for children's emotional health and wellbeing and built on the Early Help and Innovation Strategy and Emotional Wellbeing Strategy. The Strategy identified a number of rapid improvement actions whilst the Plan outlined action for next 3-5 years.
- Councillor Bray questioned if each action had an action plan and metrics and was informed that they did. The draft Transformation Plan had previously been sent to NHS England and positive feedback had been received.
- Councillor Bray questioned why eating disorders had been specifically referred to whilst bullying and alcohol issues had not. Brian Grady commented that they were explicit in the Strategy and Dr Zylstra explained that eating disorder services were commissioned separately.
- Stuart Rowbotham asked how people could find out what was in the Strategy and Plan. Judith Ramsden questioned how Board members could help promote them.
- Darrell Gale, on behalf of Dr Llewellyn, commented that the Plan detailed links to the Early Help offer but that support for children who were not known to services was not obvious in the Plan. Dr Zylstra commented that the Plan set out pathways but not how to get onto a pathway. Brian Grady indicated that this could be made clearer in the Early Help and Innovation Strategy and the Emotional Wellbeing Strategy.
- The Board discussed the common point of entry.

- It was clarified that SHaRON was a self-help website.
- In response to a question from Councillor Bray regarding the tracking template to monitor and review progress, Brian Grady indicated that the CCG was federated and that there was a Berkshire West CAMHS Group. The different local authorities and CCG's shared the same intentions with some nuances.
- Beverley Graves questioned whether links had been established with Elevate as a source of information, and asked that the service map in the Emotional Wellbeing Strategy include Elevate.

RESOLVED: That the proposed plan be endorsed prior to its submission for approval at regional level on the 16th October 2015.

47. SCHOOL READINESS

Board members received a report on school readiness.

During the discussion of this item the following points were made.

- School readiness was an essential factor in ensuring that children could be well prepared to start school. The key aim was to ensure that all children met their development milestones on transition to pre-school, nursey, reception and Year One.
- The Good Level Development target had improved which bucked the national trend.
- Councillor Bray commented that a clear reviewing mechanism was in place. Judith Ramsden suggested that the Board be updated annually.
- Councillor Bray noted that the under the 'responsibilities' section of the action plan officers had been identified by their first name only. Judith Ramsden indicated that it was a working document but that she would feed back the comment.
- Kevin Ward asked how Wokingham compared nationally with regards to school readiness. Judith Ramsden emphasised that in the past Wokingham had not performed as well but in the last academic year there had been a good level of improvement. There were further improvements which the Council would be working towards. Kevin Ward asked whether this was covered in the action plan. Judith Ramsden offered to circulate further information.
- Councillor Haitham Taylor emphasised that it would be helpful to have a summary of what had been achieved, as a lot of positive work had been carried out.

RESOLVED: That the actions identified be noted and supported.

48. ORGANISATION AND GOVERNANCE

49. UPDATE FROM BOARD MEMBERS

Healthwatch Wokingham Borough:

- Tony Allen informed the Board that following the work that Healthwatch Wokingham Borough had undertaken with St Crispin's School on how young people felt, Healthwatch was working with some students to develop an emotional health app. Judith Ramsden commented that an app was being developed as part of the work coming out of the Emotional Health and Wellbeing Strategy. She went on to question whether there was duplication.
- Kevin Ward asked whether social funding had been sought to fund the development of the app.

- It was noted that the Piggott School had approached Healthwatch Wokingham Borough about undertaking a similar piece of work. However, there was not currently sufficient funding or resources.
- Healthwatch Wokingham Borough was also looking to appoint a young person to its Board to provide a young person's perspective.
- The Healthwatch Board had received a presentation on CAMHS from Louise Noble and Sally Murray.
- UllaKarin Clark had been appointed as Volunteer Coordinator.
- Board members were informed of the Enter and Views undertaken at Suffolk Lodge and Westmead Day Centre.
- Tony Allen referred to a video which had been made in a volunteer driver's car. Councillor McGhee Sumner questioned whether the purpose of the video was to make suggestions for improvement.
- Clare Rebbeck commented that the Wokingham Volunteer Transport Forum had looked at parking at the Royal Berkshire Hospital and spaces for volunteer drivers.
- Kevin Ward asked whether the work linked into that being undertaken in relation to 'Future' in Mind.' Judith Ramsden indicated that it currently did not but that further consideration could be given to this.

Business, Skills and Enterprise Partnership:

- Beverley Graves advised the Board that a meeting would be taking place with the Elevate Partnership Steering Group in October.
- It was anticipated that a draft Economic Development Strategy would be available from December. This would potentially have implications for the future of the partnership.

Community Safety Partnership:

- Andy Couldrick reported that crime rates remained low.
- The Partnership had recently discussed the Police and Council's response to traveller incursions.
- The Partnership was about to launch the Young Person's Survey on Community Safety, the results of which would be fed back to the Board. Councillor Bray expressed concern that in the past not all schools had participated fully in the survey. Judith Ramsden commented that links between schools and the Local Safeguarding Children's Board had strengthened.
- There had been engagement with the Home Office regarding a domestic homicide review which had been undertaken.
- The Partnership had considered the proposal of Thames Valley Police to merge the Wokingham and Bracknell police areas. The need for efficiencies was recognised but there were concerns that elements which were currently working well be preserved going forward.

Place and Community Partnership:

- Kevin Ward informed the Board that the Partnership would be making a presentation on 22 October on ensuring that its voice was heard, to the Deputy Executive Member for Regeneration and Communities.

- Kevin Ward raised the ongoing issue of the support that he required to be Chairman of the Place and Community Partnership and to participate in the Health and Wellbeing Board Sub Committee.

RESOLVED: That the updates from Board members be noted.

50. UPDATE FROM THE VOLUNTARY SECTOR INFRASTRUCTURE ORGANISATION INVOLVE

Clare Rebbeck updated the Board on the Voluntary Sector Infrastructure Organisation Involve.

During the discussion of this item the following points were made:

- Board members were encouraged to view the video on You Tube regarding the Wokingham Transport Forum. Clare Rebbeck offered to circulate the link. Dr Zylstra commented that it would be helpful if the GP practices could be sent a list of the volunteer transport providers as the criteria for transporting patients by ambulance had recently been tightened.
- Involve provided infrastructure support for charities, faith and community groups based or delivering services in Wokingham and Bracknell Forest and offered information, communication, development, funding and training support.
- Involve was hosting the new Community Navigator's project which was funded by the Better Care Fund as part of the Neighbourhood Clusters scheme. Further information regarding funding for this post was anticipated. The Board discussed the Community Navigator role in some detail. Dr Zylstra commented that it was a new position and could be developed. Katie Summers suggested that a briefing regarding the Community Navigator role be provided at a forthcoming meeting. Volunteers from GP practices and further Community Navigators would be recruited in the future.
- Involve were hosting a series of community awareness events. The first one would be held on 2 November and would focus on an update on Community Plans and how to get involved.
- The Council had planned a pop up event on Child Sexual Exploitation for November with a week of action for professionals. Involve would host a follow up event on Child Safeguarding in February.
- A joint event was being held with Bracknell in June. The CQC and Healthwatch had been invited to explain their roles and how residents could get involved following the local inspection of Wexham Park Hospital.
- Board members were invited to recommend any topics of interest which they would like to hold events on, for the meetings in May, September and November 2016.

RESOLVED: That the update from the Voluntary Sector Infrastructure Organisation Involve be noted.

51. NATIONAL INFORMATION BOARD - LOCAL DIGITAL ROADMAP

The Board received a report regarding the National Information Board (NIB) – Local Digital Roadmap.

During the discussion of this item the following points were made:

- In November 2014 NIB had agreed strategic priorities for digital health and care. These included ensuring that professionals in primary care, urgent and emergency

care and in other key transitions of care scenarios would operate with paper-free integrated records by 2018 and that all health and care professionals would be paper-free at the point of care, using integrated digital care records by 2020.
- Local areas would be asked to begin the process to produce a local strategy and a Local Digital Roadmap for integrated digital care record keeping.
- By April 2016 local health and care economies were expected to submit a local digital roadmap through coordination by Clinical Commissioning Groups with sign off to include Health and Wellbeing Boards.
- Local areas were required to submit a 'digital footprint,' the governance for the digital roadmap, by the end of October 2015. The Board noted the health and care organisations which the proposed governance footprint would incorporate. Katie Summers commented that some of these partners would also be part of the Berkshire East footprint or the Thames Valley footprint. The aspirations would be shared with and ratified by the Health and Wellbeing Board.
- The CQC and Monitor would monitor the digital roadmaps from 2016-17.
- All CQC providers would be expected to undertake a digital maturity index, a self-assessment to assess their readiness and ability to go paper free and if appropriate infrastructure was in place to enable this. Board members expressed concern that expectations regarding the digital maturity index were likely to be announced in November and the indexes due for completion by January.
- Board members were of the view that it would be difficult to achieve a paper free system by the proposed deadline. Dr Zylstra emphasised that it was the intention to be paper free at the point of care not for the system to be entirely paper free.
- Councillor Haitham Taylor questioned what would happen in an emergency such as a largescale IT failure and was informed that business continuity arrangements would be built into the roadmaps.
- It was confirmed that there would not be national software. Councillor Bray asked how the Board could be assured that the local system would be able to connect with other areas' systems.
- A number of Board members requested sight of a risk assessment.

RESOLVED: That the recommendation for the production of the Local Digital Road Map based on the Berkshire West Footprint be noted.

52. HEALTH AND WELLBEING BOARD PEER REVIEW

The Board considered a report on the Local Government Association Health and Wellbeing Board Peer Review.

During the discussion of this item the following points were made:

- The Board was advised that a Health and Wellbeing Peer Review would enable the Board to reflect on and improve the way it worked and made an impact. It would also provide an opportunity to reflect on how well it was meeting its responsibilities and if it was operating effectively.
- It was intended that the review would comprise three Health and Wellbeing Boards: Wokingham, Reading and West Berkshire, the first time that a multi Board review had been carried out. The benefit of this approach was that in addition to three individual Health and Wellbeing Board Reports and Recommendations, the Peer Review would also include recommendations in the context of common areas across Berkshire West and identify possible opportunities for collective working.
- The review would take place on site and over 4/4.5 days. It was likely to take place in early March 2016.

- It was emphasised that the review would require the availability and commitment of key stakeholders in order to be successful. It was confirmed that individuals such as the Chairman, Directors and the Chief Executive would be expected to be heavily involved whilst other Board members were likely to be requested to participate in a one off interview.
- Tony Allen asked how the Board could better involve the public in its work. Darrell Gale emphasised that public engagement tended to vary by geography and the items on the agenda. Kevin Ward commented that Brighton was an example of good practice and that he would be attending one of their Board meetings in the near future to understand how they engaged with the public.

RESOLVED: That

1) the purpose and benefit of an LGA led Peer Review be noted;

2) the proposed on-site dates – early to mid-March 2016 be noted;

3) it be agreed to commission and take part in an LGA led Berkshire West peer challenge to include the Wokingham, Reading and West Berkshire Health and Wellbeing Boards.

53. PHARMACY APPLICATION

The Board considered NHS England's response to a pharmacy application offering unforeseen benefits within 100 metres of 95B Bean Oak Road, Wokingham. It was noted that the Committee that had considered the application had concluded that the application should be refused.

RESOLVED: That NHS England's response to a pharmacy application be noted.

54. FORWARD PROGRAMME

The Board considered the Forward Programme for the remainder of the municipal year.

During the discussion of this item the following points were made:

- It was agreed that the following items would be taken to the Board's December meeting; Joint Strategic Needs Assessment, Connect Care Programme and the Children's Disability Strategy.
- It was agreed that the draft CCG Operating Plan would be taken to the Board's February meeting.
- It was agreed that the following items would be taken to the Board's April meeting; the final CCG Operating Plan, Children and Young People's Partnership – update on Early Health and Innovation Programme and National Information Board – Local Digital Roadmap.
- It was suggested that an additional workshop regarding the Health and Wellbeing Strategy be held in late November and that non Board members who might be able to contribute to the production of the Strategy, also be invited.

RESOLVED: That the Forward Programme 2015/16 be noted.

NHS Wokingham Clinical Commissioning Group | NHS South Reading Clinical Commissioning Group | NHS North and West Reading Clinical Commissioning Group | NHS Newbury and District Clinical Commissioning Group

CAMHs Transformation Plans-Implementing "Future in Mind" across Berkshire West CCGs

Sally Murray Head of Children's Commissioning

Background

https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people

"Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing", the report of the government's Children and Young People's Mental Health Taskforce, was launched on 17 March 2015 by Norman Lamb MP, Minister for Care and Support.

It provides a broad set of recommendations across comprehensive CAMHs that, if implemented, would facilitate greater access and standards for CAMHS services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

In August 2015, NHS England published guidance on how Local Transformation Plans should be developed, assured and publicised. There is a requirement for system wide (i.e. across health, Local Authority, voluntary sector and education) transformation over 5 years with plans signed off by the local Health and Wellbeing Board before additional recurrent funding is released to CCGs.

http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf

At the same time, access and waiting time standards for children and young people with Eating Disorders was published. The emphasis is on treatment in the community. The population size required for the recommended specialist Eating Disorder service is commensurate with the Berkshire population. This element of transformation work therefore needs to be developed with Berkshire East CCGs. Additional recurrent funding for 5 years is attached to the Eating Disorders service transformation and the trajectory for change had to be incorporated in the wider CAMHs Transformation Plans. Funding for the Eating Disorders work has already been released to CCGs.

Three local Transformation Plans were developed and submitted, one for each of the Local Authority areas. The majority of the narrative was the same but there was variation in Tier 1 and 2 arrangements and how workforce training needs are approached. Ideally these plans will align in the longer term as a more efficient use of resources across Local Authority areas.

I am pleased to report that all 3 Berkshire West plans have now passed the assurance process.

CAMHS plan assurance - West Ber

The Wokingham local transformation plan is embedded here

Transformation plan- Wokingham Borough

Latest performance data

As of 31 October the Common Point of Entry internal data reports were showing that the longest waiter was 42 days.
The highest number of waiters continues to be in the ASD pathway. New staff have been recruited to the ASD pathway and BHFT are reviewing the service model to explore any and all options to increase the number of assessments that they can undertake while retaining the clinical standard. New staff have started in the Anxiety and depression pathway and the Specialist Community Team for Wokingham. Staff have been appointed to the ADHD pathway for the locality but are not yet in post.
BHFT are also retaining the current agency staff to ensure continued risk mitigation work.

BHFT have systems in place to ensure communication with the families waiting in all teams and pathways and to ensure that they are able to contact the service if they have concerns or their needs change.

Wokingham CCG waiting times for Tier 3 specialist CAMHs as of the end of September 2015

CCG_Band	NHS WOKINGHAM CCG				
Pathway	0-4 wks	5-7 wks	8-12 wks	Over 12 wks	Grand Total
CAMHs A&D Specialist Pathway	4	2	12	19	37
CAMHs ADHD Specialist Pathway	6	3	19	38	66
CAMHs ASD Diagnostic Team	12	13	17	227	269
CAMHs Bracknell Specialist Community	2	1	1	2	6
CAMHs CPE & Urgent care	35	5	3		43
CAMHs Reading Specialist Community		2		1	3
CAMHs Wokingham Specialist Community	16	5	6	39	66
Grand Total	75	31	58	326	490

Pan Berkshire West performance against the Key Performance Indicators at the end of Quarter 2

Clinical Indicator	Threshold	Method of Measurement	Consequence of Breach	Frequency of reporting	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
% of Berkshire West CAMHS patients (excluding ASD) that are seen within 6 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report using the following methodology; Numerator; Total number of patients seen within the month that were seen within 6 weeks Denominator; Total number of patients seen within the month	GC9	Monthly	46.39	44.71	53.45%	39.42%	33.78%	34.38%
% of Berkshire West CAMHS patients (excluding ASD) that are waiting at the end of the reporting period that have waited less than 6 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report using the following methodology; Numerator; Total number of patients waiting at the end of the month who have waited longer than 6 weeks as at the last day of the month Denominator; Total number of patients waiting at the end of the month	GC9	Monthly	15.01	5.36	29.34%	31.14%	19.08%	30.35%
Number of Berkshire West CAMHS patients (exclusing ASD) waiting longer than 12 weeks as at the last day of the month	0 from October 2015	Reported within the monthly quality schedule report	GC9 Unless evidence can be provided at point of submission that there were valid reasons for the delay, for example, family/patient choice	Monthly	213	259	298	297	298	300
% of Berkshire West CAMHS ASD patients that are seen within 12 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report using the following methodology; Numerator; Total number of patients seen within the month that were seen within 6 weeks Denominator; Total number of patients seen within the month	GC9	Monthly	3%	3.45%	6.06%	8.00%	6.90%	10.00%
% of Berkshire West CAMHS ASD patients that are waiting at the end of the reporting period that have waited less than 12 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report using the following methodology; Numerator; Total number of patients waiting at the end of the month who have waited longer than 6 weeks as at the last day of the month Denominator; Total number of patients waiting at the end of the month	GC9	Monthly	11.79	7.51	11.62%	16.57%	15.66%	13.44%
Number of Berskhire West ASD patients waiting longer than 18 weeks as at the last day of the month	0 from December 2015	Reported within the monthly quality schedule report	GC9 Unless evidence can be provided at point of submission that there were valid reasons for the delay, for example, family/patient choice	Monthly	653	669	689	686	691	700
Number of Berkshire West patients waiting on the total CAMHS waiting list	Q2 = Q1 minus 20% Q3 = Q2 minus 20% Q4 = Q3 minus 20%	Reported within the monthly quality schedule report	GC9	Quarterly			1695			1650

Next steps

The first meeting of the Berkshire West Children & Young People's Mental Health & Wellbeing Transformation Group (now renamed as the Future In Mind group) took place on 26 November. This group will provide oversight of the implementation of the Transformation Plans.
Progress will be reported through the Health and Wellbeing Boards.

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Wokingham Borough Council and Wokingham CCG Emotional Health and Wellbeing Strategy Action Plan UPDATED NOVEMBER 2015					
NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
1	Reduce waiting times for help and increase resources to meet the increased demand.	Berkshire West CCGs have secured additional winter resilience funding from NHS England for 2014/15 to provide enhanced CAMHs help that reduces the number of young people whose needs escalate to crisis point.	CCGs	Dec 2014	• Some posts have been recruited to. Others are still vacant. BHFT working proactively to fill all vacancies. • Service partially up and running since Dec 2014. Monthly update reports being provided. RECURRENT FUNDING NOW IN PLACE- ACTION CLOSED
		Berkshire West CCGs have committed to increasing Tier 3spend in Berkshire West by £1M recurrently and £500K non recurrently from 15/16.	CCGs	April 2015	• CCGs are working with BHFT to establish service outcome changes as a result of the additional investment RECURRENT FUNDING NOW IN PLACE, SERVICE SPECIFICATION UPDATED & KPIS AGREED- ACTION CLOSED
		Redesign the CAMHs care pathway so that more help and advice is available at an earlier stage, meaning that fewer children and young people will a service from specialist CAMHs.	Local Authority (children's services), LA (Public Health), CCGs, BHFT	Dec 2015	• Pilot underway in Slough for anxiety and depression and self-harm. Learning to be disseminated to Berkshire West authorities. • Other pathways to follow. TRANSFORMATION PLAN NOW WRITTEN AND ASSURED BY NHSE ENGLAND WHICH ARTICULATES THE CHANGES THAT WILL HAPPEN OVER THE NEXT 5 YEARS ACROSS THE WHOLE SYSTEM. BHFT EATING DISORDERS, SELF HARM &

					EARLY INTERVENTION IN PSYCHOSIS PATHWAYS DEVLOPED AND BEING IMPLEMENTED AS NEW STAFF ARE RECRUITED. ASD AND ADHD PATHWAYS BEING REVIEWED AND RECRUITED TO BY BHFT.
		Consideration of business case to increase investment into Tier 3 CAMHs.	BHFT and CCGs	July 2015	• Business case approved by CCGs from BHFT- Feb 2015. • Commissioners and provider will use learning from additional winter resilience funded projects to shape investment. RECURRENT FUNDING NOW IN PLACE, SERVICE SPECIFICATION UPDATED & KPIS AGREED- ACTION CLOSED
		Work with schools, children's services voluntary sector and CAMHs to develop a more integrated approach to accessing help when ASD is suspected or diagnosed. Access to help should be based on the child's needs not just the presence/ absence of a diagnosis.	Local Authority (children's services), CCGs, BHFT, schools	March 2016	• Discussed at CCGs Feb 15 • Discussed in principle by CCG and BHFT March 2015 • Business case submitted to CCGs includes additional resources to support Tier 3 ASD diagnostic pathway. RECURRENT FUNDING NOW IN PLACE, SERVICE SPECIFICATION UPDATED & KPIS AGREED.STAFF RECRUITMENT UNDERWAY. ASD AND ADHD PATHWAY BEING REVIEWED BY BHFT TO ENSURE THAT PHYSICAL AND MENTAL HEALTH NEEDS ARE ADDRESSED TOGETHER. BID RECEIVED FOR ADDITIONAL FUNDING TO VOLUNTARY SECTOR TO SUPPORT FAMILIES WAITING FOR DIAGNOSIS. WHOLE SYSTEM

					WORK REQUIRED
NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
2	Increase Tier 2 provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services.	To agree how existing and new resources and services at Tier 2 become a shared Early Help responsibility across the Children's Partnership.	Local Authority (children's services)	July 2015	JOINT TRANSFORMATION PLAN ARTICULATES VISION
		Pilot and research studies are underway to • evaluate online (Young SHaRON/online counselling), telephone and face to face support. • A CAMHs app to be finalised following engagement with service users. • Identify and support women with perinatal and postnatal mental health issues earlier. • Develop the workforce, including GPs, Early Years, schools, children's centre staff, school nurses, youth workers	BHFT and CCGs Local Authority (Public Health) LA (Public Health) with CCGs	Dec 2015 June 2015 March 2016 March 2016	• Young SHARON being developed and trialled. AUTUMN 2015 LAUNCH FOR CARERS VERSION YOUNG SHARON FOR CAMHS SERVICE USERS TO LAUNCH ONCE ADDITIONAL STAFF ARE IN PLACE • Online counselling being trialled in a nearby Local Authority- learning to be disseminated. • CAMHS App being trailed in 3 Slough schools to then refine prior to national launch. • Finances secured. Project manager appointed. Training is taking place on an ongoing basis. PPEP CARE TRAINING BEING ROLLED OUT TRANSFORMATION PLAN HAS LARGE WORKFORCE ELEMENT TO IT OVER 5 YEARS- PLANS TO BE

					REFINED. INCLUDES TRAINING THE RIGHT NUMBER OF FUTURE CAMHS WORKERS AND TEACHERS AS WELL AS UPSKILLING EXISTING STAFF FUNDED PLACES ON CYP IAPT COURSE BEING OFFERED TO SUITABLY QUALIFIED STAFF IN THE WIDER WORKFORCE. NEGOTIATIONS UNDERWAY WITH UNIVERSITY OF READING & CCG RE ADDITIONAL WEBSTER STRATTEN TRAINING
NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
3	Free CAMHS staff to work more collaboratively with partner agencies.	Consideration of business case to increase investment into Tier 3 CAMHs to enable this to happen.	BHFT and CCGs	July 2015	• Initial options appraisal was submitted June 2014. Following discussion with CCG leads, formal business case was submitted in August 2014. Business case approved by CCGs from BHFT- Feb 2015. • Commissioners and provider will use learning from additional winter resilience funded projects to shape investment. RECURRENT FUNDING NOW IN PLACE, SERVICE SPECIFICATION UPDATED & KPIS AGREED. TRANSFORMATION PLAN STATES OBJECTIVES OVER THE NEXT 5 YEARS

4	Improve support in schools.	A pilot project on school based management of ADHD in Reading. To be considered for roll out into the WBC area after evaluation.	BHFT and LA (children's services)	Dec 2015	• Pilot started in January in a single school in the South of Reading. PILOT HAS BEEN PAUSED AS OUTCOMES WERE NOT AS HOPED. ADDITIONAL WORK UNDERWAY ON CARE PATHWAY
		Offer schools a package of support, supervision and training to further enhance the current Nurture Assistant role in schools.	LA (children's services)	Sept 2015	• Package of support is on school websites.
		To provide regular training opportunities for school staff in the general field of mental health as well as specific topics such as self-harm or anxiety.	LA (children's services) LA (Public Health) BHFT	March 2016	• Training is taking place on an ongoing basis. • Regional conference on self-harm taking place on 27-2-15. • PPEP Care training to be offered to GPs, schools and LA staff from July 2015 TRANSFORMATION PLAN HAS LARGE WORKFORCE ELEMENT TO IT OVER 5 YEARS- PLANS TO BE REFINED. INCLUDES TRAINING THE RIGHT NUMBER OF FUTURE CAMHS WORKERS AND TEACHERS AS WELL AS UPSKILLING EXISTING STAFF

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
5	Provide more detailed information about services and how to access them.	Make sure that up to date information is on key websites including the local offer including access criteria and clarity about what to expect from each service.	LA (children's services) LA (Public Health) BHFT CCGs	July 2015	• Local authorities have compiled lists of services that are available at Tier 2 and this is improving signposting within CAMHs. This directory of services supports teachers, GPs and others working with CYP, detailing where services are available and how to access them easily. • BHFT have developed a new CAMHs website which will include a 'Supporting You' section. This section will contain information and links to other agencies offering local support to families, as well as links to online resources and top tips.
		Following engagement with service users, BHFT to update information, resources and the website.	BHFT	June 2015	• Engagement with service users to develop website and resources underway ONGOING WORK AS NEW RESOURCES ARE DEVELOPED AND EXISTING RESOURCES ARE REFINED

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6	Deliver improved communications and administration.	Engage with service users and their families to find out what they want to know about the service • Service leaflet on what to expect from BHFT CAMHs. • Review service letters to be clear on wait times and service offer. • Improve website, add a section called “Our service”. Site to be available as an App for smart phones and tablets • Improve information in waiting areas. • Text reminder system to be set up. • Implement online tool “CAMHs web” which will facilitate shared decision making with young people- they will be able to access their own care plans which they have jointly agreed and developed with their clinician using tablets and smart phones. This will facilitate the self-reporting of outcomes.	BHFT	March 2015 March 2015 July 2015 May 2015 May 2015 April 2015	• Process in place for service users to be consulted on all forms of communication and publicity. • “CAMHs web” and new website under development CAMHS WEB TRIAL UNDERWAY WAITING ROOMS HAVE BEEN IMPROVED. CCG CARRIED OUT AN ASSURANCE VISIT TO WOKINGHAM CAMHS AND WERE ASSURED BY THE IMPROVEMENTS MADE.

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
7	Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of toys	Service users suggestions to improve clinical spaces and waiting rooms are • Artwork, produced by service users, to be displayed throughout CAMHs buildings. • Positive and inspiring messages within CAMHs buildings. • Uplifting posters. • Access to helpful and reliable information on the issues they are experiencing within the waiting areas. • Fidget toys and stress balls as distraction aids. • A selection of up-to-date magazines. • Annuals and other books to 'dip into' whilst they are waiting for their appointment. • Less "gloomy" information and publicity on issues that are not directly related to young people's mental health.	BHFT	March 2015 March 2015 March 2015 March 2015 April 2015 April 2015 April 2015 March 2015	• 2 art workshops held to date. Plans to continue this as part of ongoing service user engagement • Materials ordered • Materials ordered • Materials ordered • Materials ordered • Materials ordered • Materials ordered CCG CARRIED OUT AN ASSURANCE VISIT TO WOKINGHAM CAMHS AND WERE ASSURED BY THE IMPROVEMENTS MADE BERKSHIRE ADOLESCENT UNIT HAS BEEN UPGRADED

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
8	Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).	To discuss how existing and new resources and services that support children with ASD and ADHD can be better coordinated across the LSCB partnership.	Local Authority (children's services) CCG BHFT	March 2016	• CCG have awarded grants to voluntary sector organisations who support young people with ASD • Discussed at CCSG Feb 15 • Discussed in principle by CCG and BHFT March 2015 ACTION IS WITHIN THE TRANSFORMATION PLAN. LINKS TO WOKINGHAM CHILDREN'S DISABILITY STRATEGY

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
9	Provide better access to services in a crisis and out of hours.	Secure additional resources to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays.	CCGs	Jan 2015	• Temporary funding has been secured using mental health operation resilience funding. RECURRENT FUNDING NOW IN PLACE, SERVICE SPECIFICATION UPDATED & KPIS AGREED. CAMHS CPE NOW OPEN 8AM UNTIL 8PM MON TO FRI. SHORT TERM CARE TEAM BEING TRIALLED LIAISON SERVICE FOR PEOPLE PSYCHOLOGICAL AGED 16 YRS+ AT RBH COMPLIES WITH CORE 24 STANDARDS. BID HAS BEEN SUBMITTED FOR A TRIAL OF A CORE 24 COMPLIANT SERVICE FOR CYP AGED UNDER 16 YRS.
		Secure staff to be able to offer this service.	BHFT	Feb 2015	• Partial delivery due to vacancies SUPERCEDED BY RECURRENT INVESTMENT AND TRANSFORMATION PLAN
		Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds.	BHFT and CCG	May 2015	COMPLETED
		Enhance the Early Intervention in Psychosis service for young people.	BHFT	March 2015	• Finance has been secured using mental health operation resilience funding Dec 2014. • Partial delivery due to vacancies. COMPLETE

		Evaluate the new Psychological Medicines Service for teenagers aged 16+ that has opened at Royal Berkshire Hospital (RBH), providing rapid response mental health assessments for people who are being treated for physical conditions.	BHFT with RBH	March 2016	• This service works across the hospital, including in A&E, so that children and young people who are in hospital for physical health problems can be assessed for any mental health issues without a further referral. This enables more rapid access to mental health services when required. ONGOING AS THE SERVICE DEVELOPS- NOW LINKED TO SHORT TERM CARE TEAM.
		CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and BHFT to develop and implement the action plan as part of the Crisis Care Concordat.	BHFT, CCG, LA, SCAS, Police, RBH	May 2015	• Action plan drafted band being consultation with service users is underway. • Crisis Care Concordat Declaration was signed off Dec 2014. • Engagement with service users on the Crisis Care Concordat action plan is underway ONGOING BUSINESS AS USUAL
NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
10	Provide a local 24/7 inpatient service for those CYP with the most complex needs.	To increase opening hours of the Berkshire Adolescent Unit from 4 nights per week to 7 nights per week.	NHS England BHFT	Dec 2015	• Since September longer term plans have been agreed in principle with the CCGs and NHS England to change the Berkshire Adolescent Unit, based in Wokingham from a Tier 3 unit (with some Tier 4) into a Tier 4 provision so that it can be open for 7 days, 52 weeks per year. It will eventually be expanded (7 beds currently) to form a larger in-patient residential unit (12-15 beds) as well as
		To increase the number of Tier 4 beds available in Berkshire	NHS England BHFT	March 2017 TBC	

					catering for day patients. This unit could also provide some crisis intervention beds. Under this new proposal a proportion of the funding for running the provision will transfer to NHS England. The remaining Tier 3 resources for the community based Eating Disorders service and Early Intervention in Psychosis will be included within the Tier 3 CAMHs service specification. • Other centrally funded grants will be considered and applied for as and when opportunities arise UNIT HAS UNDERGONE BUILDING WORK. UNIT NOW COMMISSIONED 24/7 WITH ADDITIONAL BEDS. NOW COMMISSIONED BY NHSE

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Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Wokingham Primary Child and Adolescent Mental Health Service:

Summary of Activity April – November 2015

Table of Contents

1. Introduction: Primary Mental Health in Wokingham

BHFT are commissioned to provide a primary CAMH Service within Wokingham, which sits alongside a range of other early intervention services including parent support, behaviour support, youth counselling and targeted youth services. The T2 CAMHs (PCAMH) service within Wokingham offers direct treatment of mild to moderate mental health issues to children, young people (CYP) and their families. All staff are registered professionals and collectively have a significant experience of working with children and families. Clinical skills include a broad scope of experience and training; this includes individual treatments such as Cognitive Behaviour Therapy for Anxiety and Depression, Psychological interventions, and Family and Systemic interventions. The Wokingham PCAMH Practitioners have all worked in Berkshire Specialist CAMHS and their work is frequently integrated both with other frontline Tier 2 services and with the Tier 3 specialist CAMH service.

In addition to direct work with families the team offer consultation and training to other frontline Tier 2 services that regularly come into contact with CYP and their families. Consultation offers the opportunity for professionals to discuss their concerns about the mental health of CYP - these CYP may or may not have an open referral to the CAMHS service.

Specific consultation sessions are provided to the LAC and YOS teams. A Primary CAMHS worker is part of the multiagency triage within the early intervention hub and the team engage with local opportunities to discuss our more vulnerable CYP on a case by case basis by attending the CAF panel meetings, CANMAP and other multi professional meetings in order to offer a CAMHS perspective on more complex CYP and families.

In addition, individual consultation is offered to colleagues across agencies (i.e. school nurses and community parenting team) and specific training is available on MH issues in CYP such as self-harm, anxiety disorders and ADHD although capacity for this work is dependent on the number of referrals for intervention.

2. Current Staffing

Cadence Linthwaite. Primary Mental Health Practitioner. RMN. RSCN. Post graduate diploma in evidence based psychological therapies. Recently completed family and systemic psychotherapy training).

Helen Liston. Primary Mental Health Practitioner. (SRN, RM, HV Cert, MSc inter-professional practice: CAMHS, City and Guilds level 3 Working with Families).

Currently there is a vacancy of 1.8 WTE within the PCAMHS team, created through a combination of 0.8WTE substantive post vacancy and 1.0WTE fixed term post vacancy created by the maternity leave of the primary CAMHS practitioner for the Families First programme.

These vacancies have been covered by locum staff while we undertake recruitment to these posts.

The difficulty recruiting to fixed term posts at present should be noted.

Data reporting

The tables below show the number of referrals submitted to the PCAMHS team through 2015-16 with the data for 2014-15 given for comparison.

Number of Referrals

Referrals into Team	2015-04	2015-05	2015-06	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016 – 01	2016-02	2016-03	Total
PCAMHs Wokingham	5	7	12	11	22	7	14	7					85

Referrals into Team	2014-04	2014-05	2014-06	2014-07	2014-08	2014-09	2014-10	2014-11	2014-12	2015-01	2015-02	2015-03	Total
PCAMHs Wokingham	26	24	11	23	12	24	14	13	10	8	17	10	193

Referrals have been lower through most of 2015/16. Reasons for this are not known but are thought to include the following:

- A change in practice within CPE meaning that referrals identified as being more appropriate for Tier 2 services other than the PCAMHS team are directed to those services straight away

- PCAMHS input to the early help hub
- The development of PCAMHS input to the Here 4 U team

It is also possible that some colleagues are not referring to PCAMHS due to concerns about long waiting times.

Reasons for referrals have included:

Low mood

Anxiety – this can be due to a variety of reasons including bullying,

Phobias

Sleep difficulties

Issues related to ASD and ADHD

Panic attacks

Anger management

Caseload

PCAMHs Wokingham as of 30/11/2015	**117**
Currently being seen	**42**
Waiting	**75**

Client contact time

ApptBand	FinYear	Apr	May	Jun	Jul	Aug	Sept	Oct	Total
F2F	2014-15	20	55	54	65	36	79	92	371
F2F	**2015-16**	**62**	**76**	**93**	**92**	**29**	**35**	**27**	**414**

Appointments reduced during August as per the usual seasonal pattern which is due to school holidays and families cancelling appointments.
Face to face contact has remained low through September and October due to a new vacancy, difficulty recruiting to short term posts and turnover in locum staffing.

Confirmation of funding for 2016/17 will allow for substantive recruitment.

DNA:

ApptBand	FinYear	Apr	May	Jun	Jul	Aug	Sept	Oct	Total
DNA	2014-15	2	6	10	9	1	12	8	48
DNA	**2015-16**	**9**	**11**	**13**	**17**	**12**	**6**	**1**	**69**

DNA rates have been higher this year, particularly through the summer, although still lower than the national average for CAMH services. There does not appear to be any significant reason for this. The PCAMHS team follow the Trust Missed Appointments Policy, reviewing for risk associated with missed appointments. Action is being taken to instigate reminder systems to reduce the DNA rate.

Number of waiters:

PCAMHs Wokingham as at 30.11.2015	from CPE
Waiting Wks.	Nos Waiting
0-4	5
5-13	11
14 – 18	19
>18	33
Grand Total	53

Total number of waiters has increased slightly due to vacancy in the past few months. Locum staff currently in post will enable a reduction and recruitment to substantive posts is on-going.

Trainees

The service are supporting 2 colleagues from Wokingham Borough Council who are undertaking Enhanced Evidence-Based Practice training through the Children and Young Peoples Improving Access to Psychological Therapies (CYP IAPT) training programme at the University of Reading. Clinical supervision is provided weekly by a senior clinician in the specialist service, with additional support provided by the PCAMHS staff.

Feedback on this training has been that it is extremely challenging academically and that colleagues have found it difficult to identify but that the skills being learnt are highly valuable.

Helen Liston remains on the CYPIAPT CBT training but is due to complete this shortly.

YOS/LAC work

Currently Cadence Linthwaite is the Primary Mental Health Practitioner whose role includes half a day at Here4U and half a day Wokingham YOS.

Young people supported through consultation are additional to those shown in the data reporting above. Current data for the PCAMHS LAC worker shows 26 referrals from the Here 4 U team open for advice and consultation.

The Here 4 U and YOS Teams have been provided with training on emotional regulation and distress tolerance, specialist CAMHS roles and when to referrer. Training on self-harm & suicide prevention, ASD and ADHD, and evidence based practice for depression and anxiety is being implemented through the autumn and winter.

Outcomes

The PCAMHS team use the CAMSWeb/Include Me interactive shared care portal as a way of supporting young people to be more involved in making decisions about their care and to collect outcome data using Routine Outcome Measures. At present we do not have the information technology systems to enable routine reporting on these outcomes but are able to use them in individual clinical sessions and in staff supervision and development. The Trust are working to enable reporting as part of the new Mental Health Minimum Core Data Set which is due to come into place early in 2016.

The team use experience of service questionnaires both at the beginning and end of an episode of care (Chi-ESQ questionnaire) and in session through session rating scales, goal based outcome measures and where appropriate, symptom trackers.
A session rating scale (SRS) is used by the PCAMHS worker in all consultation sessions with the Here 4 U team and YOS.
A manual review of consultation outcomes over the last quarter shows all scored >8 on a scale of 1-10 for the following domains:

Relationship (where 10= I felt heard, respected and understood)
Goals and Topic (where 10= we worked on and talked about what I wanted to work on and talk about)
Approach or method (where 10 = the therapists approach/method is a good fit for me)
Overall (where 10 = overall today's session was about right for me)

Some comments received from the team are given below:
'Has helped me to think about how best to manage my clients behaviour, especially when presenting with aggression'.
'Helped me define the approach and tasks I need to undertake with my client'
'Good discussion and outcome'
'Actions around positive praise have really helped the young person make significant progress in his personal life'
'Helped me understand how to manage aggression by letting the client know that anger is ok but aggression is not'

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

West of Berkshire Safeguarding Adults Board

Annual Report 2014-15

West of Berkshire Safeguarding Adults Board Annual Report 2014-15

Contents

1. Introduction

The West of Berkshire Safeguarding Adults Board (SAB) covers the three local authority areas of Reading, West Berkshire and Wokingham. It is a statutory mechanism for ensuring that there is a robust multi-agency safeguarding framework in place and for monitoring the effect this has on protecting adults.

Care Act 2014

With the introduction of the Care Act 2014, Safeguarding Adults is now based on a legal framework. The safeguarding provisions of the Care Act include:

- A requirement for all areas to establish a Safeguarding Adults Board to bring together the local authority, NHS and police to coordinate activity to protect adults from abuse and neglect.

- A duty for local authorities to carry out enquiries (or cause others to do so) where it suspects an adult is at risk of abuse or neglect.

- A duty for Local Safeguarding Adults Boards to carry out safeguarding adults reviews into cases where someone who experienced abuse or neglect died or was seriously harmed, and there are concerns about how authorities acted, to ensure lessons are learned.

- A new ability for Safeguarding Adults Boards to require information sharing from other partners to support reviews of cases or other functions.

A development session took place in June 2014 to ensure a shared understanding of the SAB's functions as outlined in the Care Act. Between June 2014 and March 2015, the Board undertook a self-assessment exercise which has served as a foundation for the Strategic Plan 2015-2018.

2. Key Achievements of 2014-15

- Independent Safeguarding Adults Board website.
- Board's Constitution and Memorandum of Understanding.
- Safeguarding Adults Review Panel and supporting guidance and processes.
- Participation in SCIE Learning Together training.
- Multi-agency Performance Indicator set.
- Joint Children's and Adults Safeguarding Conference on Domestic Abuse.
- Threshold Guidance document.
- Out of Area Reviews Guidance document.

Partner Contribution to delivery of the Board's Goals

Through single- and multi- agency initiatives and an ongoing commitment to the work of the subgroups, partner agencies have contributed to the delivery of the SAB's four goals, to embedding Making Safeguarding Personal and to the learning and development of the workforce.

Goal 1 - Establish effective governance structures to align the Board to new statutory requirements, improve accountability and ensure the safeguarding adults agenda is embedded within other organisations, forums and Boards.

- Representation of all six funding partner agencies on the Governance Subgroup. Review of function and Terms of Reference of the Governance Subgroup.

- Promotion of safeguarding adults through representation of Board members on a range of local boards, forums and network meetings.

- Development of stronger links between operational safeguarding and care governance frameworks within the three Local Authorities, enabling earlier identification of emerging themes and concerns and proactive quality assurance intervention in line with the prevention principles of the Care Act.

- Care Act training delivered to adult social care front line staff, providers and forums, including information about the Board and its statutory responsibilities.

- Safeguarding adults embedded within the CCG provider contracts, supported by a quality assurance schedule through which key areas for safeguarding are monitored quarterly.

- Annual Safeguarding Audit and Action Plan monitored by the CCG for Health Care Providers include adult and children safeguarding.

- Development of stronger links between health and social care professionals through quarterly meetings of the Partnership Group.

- Quarterly meeting of the Berkshire Healthcare Foundation Trust (BHFT) Safeguarding Group feed into the Trust governance structure.

- Six monthly meetings of the Royal Berkshire Foundation Trust (RBFT) Strategic Safeguarding Committee, chaired by the Executive Director of Nursing, with external scrutiny provided by a Designated Professional for Safeguarding provides Board assurance including monitoring the annual safeguarding plan and managing emerging safeguarding issues and risks.

Goal 2 – Develop oversight of safeguarding activity and need in order to target resources effectively and improve safeguarding outcomes.

- Development of forms, templates and IT systems to improve collection and analysis of key safeguarding data. Information from a range of reports generated from case recording and referral information provides detailed operational data and contributes to strategic oversight.

- Improved links between some partner agencies' IT systems allow the efficient extraction of more meaningful and relevant information on safeguarding.

- Monthly audits of 10% of safeguarding enquiries focussing on quality, outcomes and the voice of the person, their family and advocate. Themes arising from audits inform training.

- Sharing of performance and practice development information at the Berkshire Health and Social Care Safeguarding Leads group, enabling early identification of and appropriate response to interagency issues.

- Implementation of the CCGs' self-assessment safeguarding tool for adults and children for contracted providers. 100% of commissioned health service providers submitted a completed self-assessment, establishing a base line for compliance which will continue to be built upon and monitored in 2015-2016.

- Identification of local issues that may develop into safeguarding by the Care Quality Intelligence Group which includes a range of partners, including the CQC and local health representatives.

- Clear oversight of performance of contracted provider health services provided by the CCG's quality schedule, which includes information from on-site visits and the views of patients.

- Production of the CCGs' supervision policy for staff working in Continuing Health Care with the aim of improving oversight, participation and collaborative working across health and social care.

- Joint assessment and quality visits by the Continuing Health Care Team and Local Authority colleagues aimed at improving oversight and outcomes for adults in residential and nursing care.

- Implementation of Quality Assurance framework and audit programmes to meet the requirements of the Care Act and Making Safeguarding Personal. Performance information reported to management teams, committees and Health and Wellbeing Board Boards.

Goal 3 - Raise awareness of safeguarding adults, the work of the SAB and improve engagement with a wider range of stakeholders

- Care Act and Safeguarding training include reference to the SAB and its statutory role, with a focus on multi-agency participation in learning from local reviews.

- Introduction of a health network meeting for independent and contracted providers, to increase awareness of the SAB across the independent sector.

- Further development and widening membership of local authority safeguarding forums.

- Better Care Fund established and implemented locally to transform integration between health and social care with a focus on people's wellbeing. Safeguarding processes and the role of the SAB highlighted in the local implementation document.

- Links established with the Independent Trauma Advisor Steering Group, (pan-Thames Valley group supporting a Police and Crime Commissioner funded pilot to identify and support victims of Modern Slaver), leading to improved understanding, identification and support for people identified as living in conditions of modern slavery. Multi-agency support for survivors of modern slavery, involving Berkshire Healthcare Foundation Trust, Thames Valley Police and the voluntary sector organisation, Rahab.

- Development of toolkit for Trading Standards Officers by Wokingham's prevention worker in conjunction with the Chartered Trading Standards Institute, to aid understanding of Adult Safeguarding and provide examples of good practice.

- Good outcomes achieved by the "Choice Champions" project, an initiative delivered by people who use services to raise awareness of personal budgets, safer recruitment and safeguarding. The Champions attended many community events, delivering their own presentation to a wide range of stakeholders.

- New awareness raising publicity material has been developed. Members of Wokingham's CLASP (Caring Listening and Supporting Partnership) supported the production of "easy read" formats for awareness raising publicity material. "Easy read" publicity material will be published in West Berkshire and Reading in the following year.

- Raising awareness of safeguarding issues by health commissioners through the quarterly Safeguarding Practice Lead meetings at local GP surgeries that include safeguarding topics, external speakers and shared learning.

Goal 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.

- Establishment of a Safeguarding Adults Review (SAR) Panel, chaired by an Independent Chair.

- Development of Berkshire-wide Guidance for Multi-Agency Reviews of Serious Cases to ensure:
  - Processes for learning and reviewing are flexible, proportionate and open to professional and public challenge.
  - Local decision about what type of review is appropriate, dependent on the nature of the case and the agencies involved.
  - A culture of transparency and shared learning.

- Increased local capacity for carrying out safeguarding adults reviews through participation of 16 staff in a three-day SCIE Learning Together Foundation Training. Two members of staff attained lead reviewer accreditation with two more committed to achieving it in the following year.

- Following the completed Safeguarding Adult Review (SAR) in 2014, bespoke workshops held to share findings and encourage staff to reflect on implications for practice and learning. The findings informed safeguarding refresher training, giving attendees the most relevant and up to date knowledge.

- Development of a learning log by the West Berkshire forum to share learning from local and national reviews.

- Learning reports provided for CCG committee meetings, board meetings, GP forums and training events. Care Quality Commission inspection reports and other local intelligence shared with health commissioners.

- Information from audits used to improve practice. A feedback mechanism aligned with line management structures developed between community and safeguarding teams.

- HealthWatch Reading presented to the Board during 2014 as part of an initiative to help bring alive the service user's voice. The story of 'Dorothy' was presented, a case study from a project on delayed discharges, which highlighted her journey from falling in sheltered housing to eventually dying in a care home, with many failures in care and missed opportunities to support her.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. Locally, steps have been taken to develop person centred, outcome-focused practice, including:

- Sign up to the national LGA Making Safeguarding Personal project by the three Local Authorities.

- Review and amendment of level 1, 2 and 3 training to reflect the MSP agenda and promote broader understanding of duty of care and legal requirements.

- Revision of internal templates, forms and processes to support frontline workers and promote best practice to ensure that people have an opportunity to discuss the outcomes they want at the start of safeguarding activity and have follow-up discussion at end of safeguarding activity to see to what extent their desired outcomes have been met.

- Development of data collection forms to scrutinise how MSP has been approached, recording the results in a way that can be used to inform practice and provide aggregated outcomes information.

- Implementation of QA audit tool designed to evaluate application of the six principles and give direct feedback to workers and supervisors.

- Review of the *Safeguarding Children and Adults At Risk Policy* by the CCGs to include MSP.

- The Continuing Health Care team have supported LAs in quality assurance visits and safeguarding cases allowing a more personalised approach by clinicians who know their patients.

- Choice Champions have received training and aim to promote MSP in all aspects of partnership work.

Learning and Development Activities

The annual Joint Adult and Children's Safeguarding Conference, planned with the three West of Berkshire's Local Safeguarding Children's Boards, took place on Friday 26 September at Easthampstead Park in Wokingham. The conference was based on the theme of domestic abuse and was again a well-attended and thought provoking event where delegates also had the opportunity to learn about support services available locally.

- Review of the Workforce Development Strategy and publication of the updated version in April 2014 .

- Safeguarding training level 1, 2 and 3 reviewed and delivered to a wide range of stakeholders from various sectors with very positive feedback. Training data is included in section 5 below. Specifically, targeted training was delivered to providers

of concern to promote partnership working, engagement and compliance with the West of Berkshire safeguarding policy and procedures.

- Safeguarding Adults Train the Trainer programme reviewed to make the standards for the Level 1 Train the Trainer more robust and consistent in line with changes required to meet the Care Act. Train the Trainer programme offered to the independent sector to develop skills to deliver in-house training, to the SAB's agreed training standards. 10 delegates from the independent sector attended sessions in the reporting year. Quality assurance processes in place to ensure continued good practice.

- Royal Berkshire Hospital NHS Foundation Trust (RBFT) is the only Trust in the Thames Valley to have met Health Education England's target to train 75% of staff on the issues faced by patients with dementia by December 2014. As a result the Trust received £25k funding that has been used to employ a nurse to deliver level 2 dementia training. From April 2015, this additional training will be provided for staff who work frequently with patients who have dementia, including training in the simulation centre and e-Learning.

- Prevent awareness forms part of the level 1 training with the 1 hour WRAP training as part of the level 2 day. Additional WRAP (3) sessions delivered to Emergency Department staff.

- Reading BC contributed funding to the development of an e-learning safeguarding module through its partnership with Log onto Care, which is freely available across the sector.

- Mental Capacity task and finish group established by RBFT to identify which staff needed enhanced MCA training and agree structure and content of training. New awareness leaflet highlighting the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards published.

- Secured funding via the Mental Capacity Act innovations bid to deliver two focused conferences to promote application in practice of the MCA across partnership agencies in Berkshire.

3. Safeguarding Adults Reviews

Safeguarding Adult Reviews (SARs) are about learning lessons for the future. They will make sure that Safeguarding Adults Boards get the full picture of what went wrong, so that all organisations involved can improve their practice. Under the Care Act, each member of the SAB must co-operate in and contribute to the carrying out of a review.

In the past 12 months, the Board has undertaken and completed one Safeguarding Adult Review. The circumstances leading to this review had a devastating impact on the lives of the individual and her family, as well as all the carers and professionals involved.

An executive summary of the review is included as Appendix B. Partner agencies have cascaded the findings to staff and have considered how the learning can be embedded in their agency, leading to the development of action plans and also the delivery of workshop style learning sessions.

4. Priorities for 2015-16

Priority 1 - Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and Boards.

Priority 2 – Making Safeguarding Personal.

Priority 3 - Raise awareness of safeguarding adults, the work of the Board and improve engagement with a wider range of stakeholders.

Priority 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.

Priority 5 – Co-ordinate and ensure the effectiveness of what each agency does.

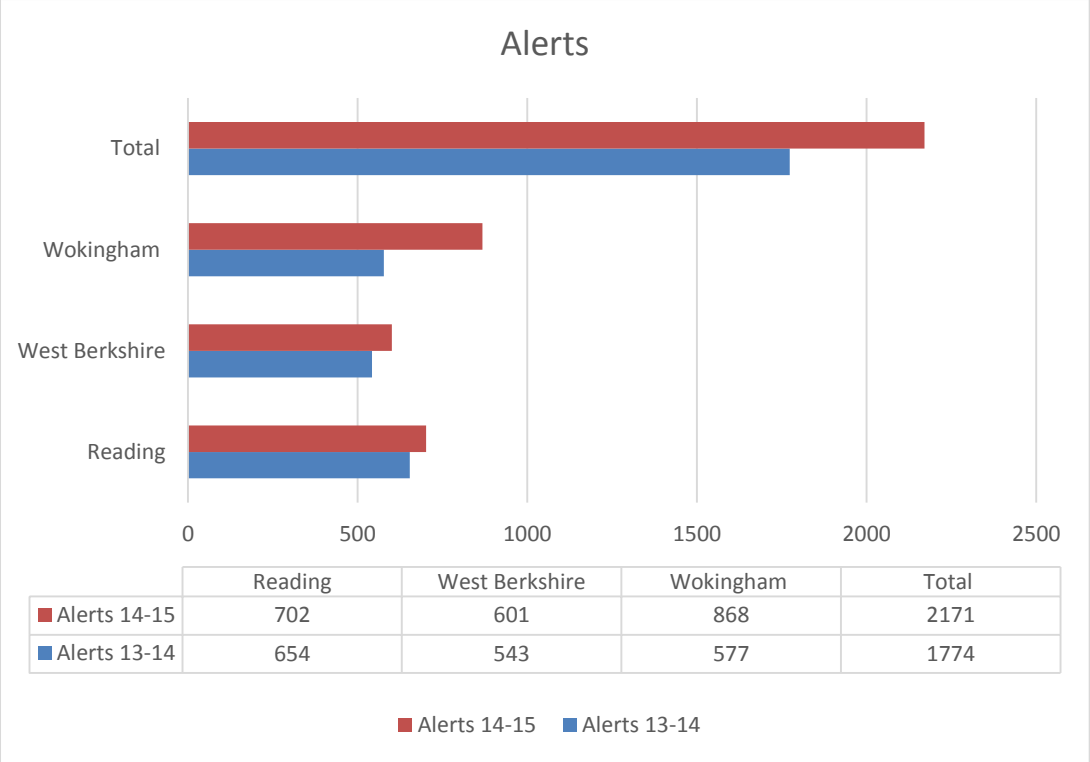
The Board's **Safeguarding Strategy 2015-18** is included as Appendix A. Further details about the way in which partner agencies will contribute to delivering these priorities can be found in the Business Plan 2015-16.

5. 2014-15 Combined Headline Data

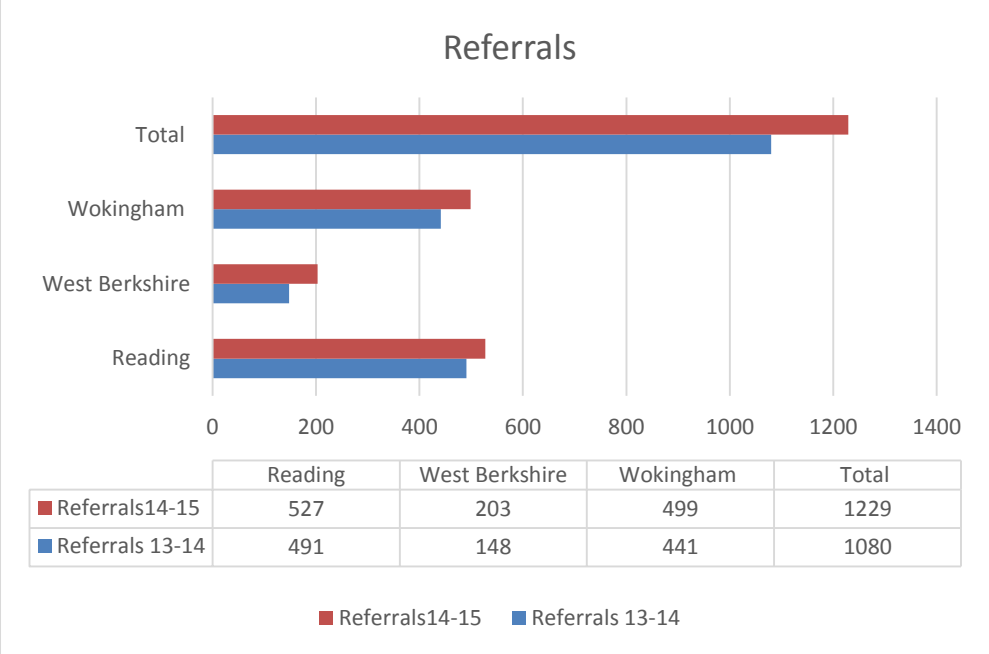
This report covers the year 2014-15, the last year before safeguarding adults became a statutory duty under the Care Act (2014). Much of the terminology used in this report, therefore, is no longer in use under current practices. Direct comparison with previous years cannot always be achieved due to changes in reporting requirements. However, it is envisaged with the introduction of new Safeguarding Adults Collection requirements for 2015/2016 greater consistency will be achieved.

Total no. Alerts and Referrals,

Last year, 2171 alerts were made, an 18 per cent increase on the previous year. 1229 referrals were made, a 12 per cent increase on the previous year.



	Reading	West Berkshire	Wokingham	Total
Alerts 14-15	702	601	868	2171
Alerts 13-14	654	543	577	1774



	Reading	West Berkshire	Wokingham	Total
Referrals14-15	527	203	499	1229
Referrals 13-14	491	148	441	1080

Referrals by Age and Primary Client Group

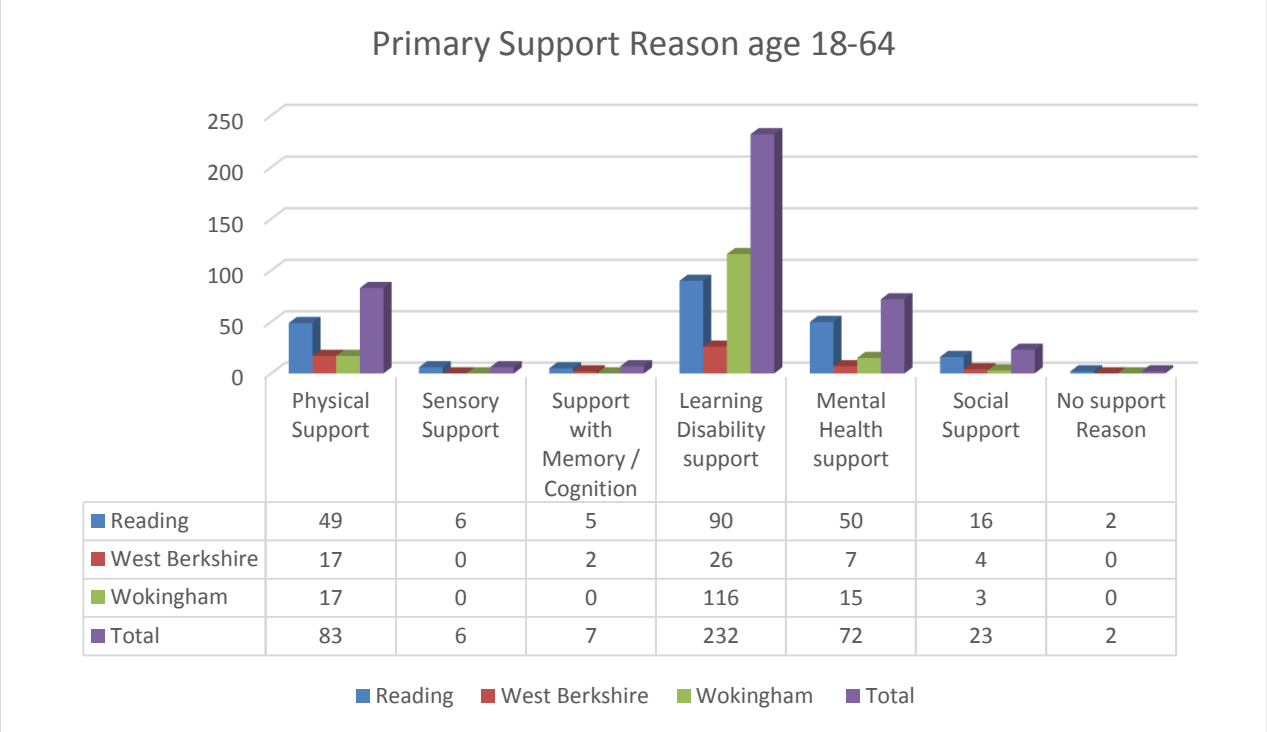
For the first time in 2014-15, data were collected on Primary Support Reason. This classification focusses on the main reason that a person requires social care services at any particular time and provides a better description of the impairment impacting on the individual's quality of life and creating a need for support and assistive care. It may not be related to any underlying health conditions.

The tables below shows the breakdown of individuals with referrals by Primary Support Reason and Age.

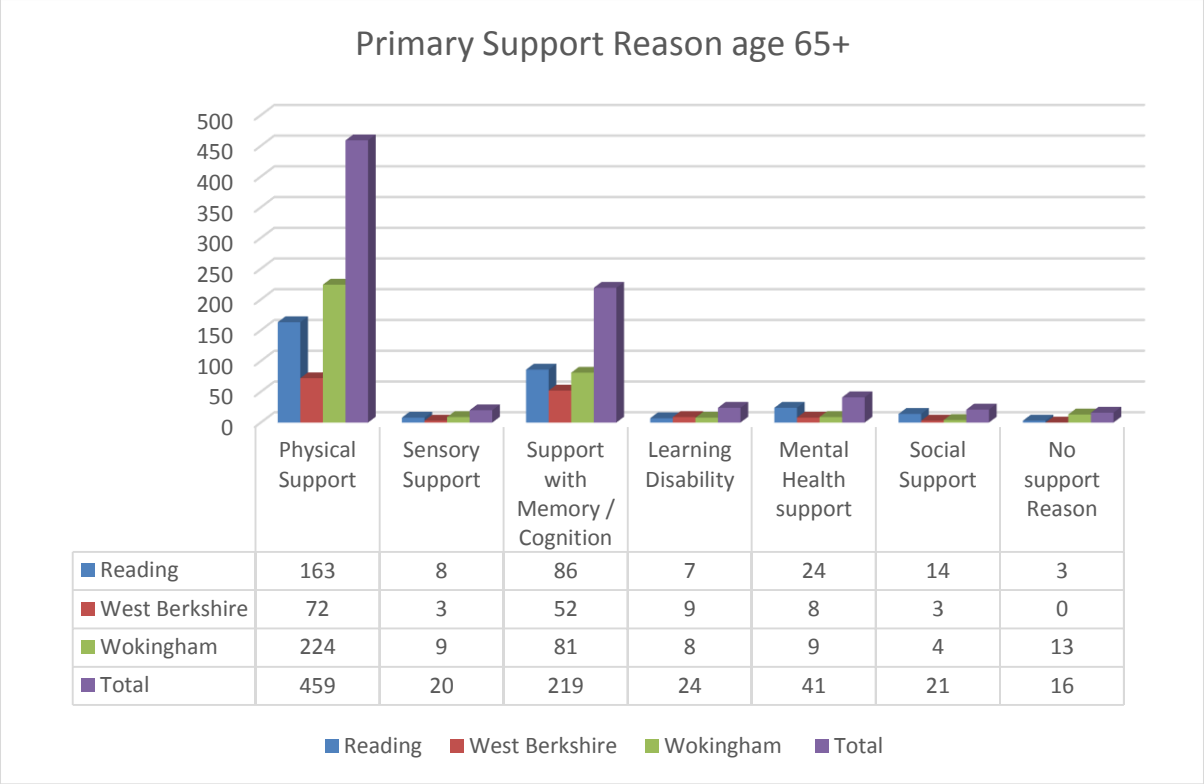
At 55 per cent, Learning Disability accounts for the majority of cases involving individuals aged between 18 and 64, with Physical Support next at 20 per cent.

In the 65 plus age group, Physical Support accounts for the majority of cases with 37 per cent of individuals, and those with support needs for memory / cognition next at 18 per cent.

Trends are largely in line with last year, although additional categories have been included for 2014-15 making direct comparisons difficult especially for Mental Health data.



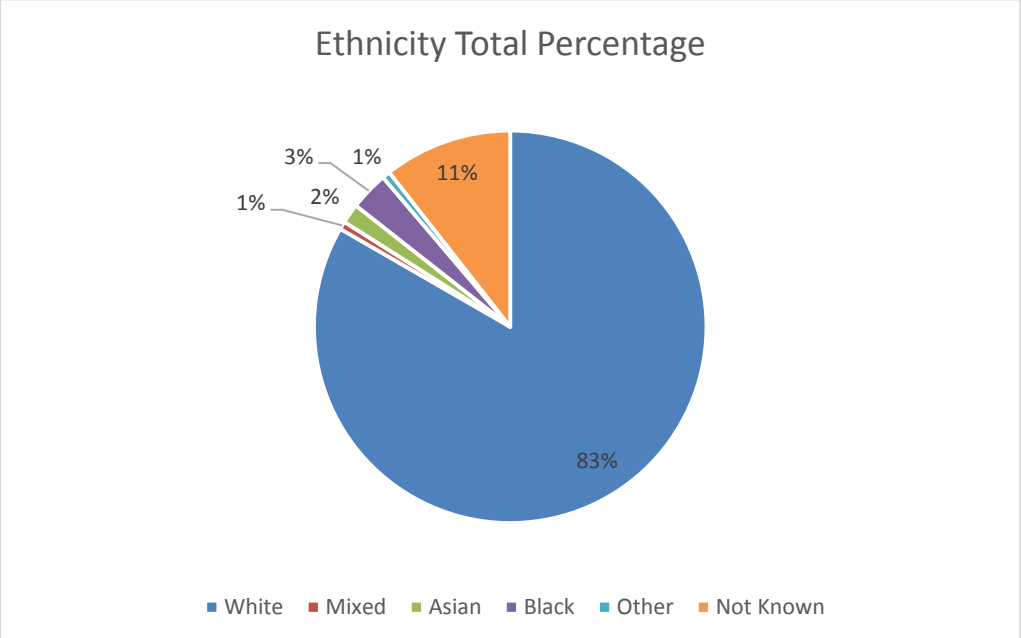
	Physical Support	Sensory Support	Support with Memory / Cognition	Learning Disability support	Mental Health support	Social Support	No support Reason
Reading	49	6	5	90	50	16	2
West Berkshire	17	0	2	26	7	4	0
Wokingham	17	0	0	116	15	3	0
Total	83	6	7	232	72	23	2

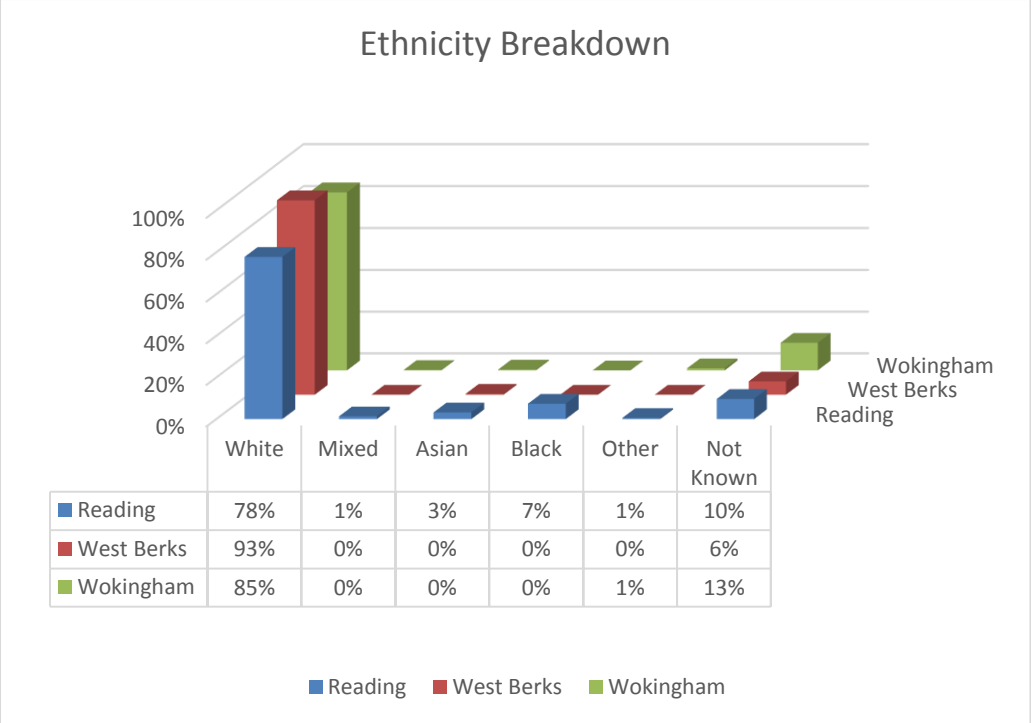


	Physical Support	Sensory Support	Support with Memory / Cognition	Learning Disability	Mental Health support	Social Support	No support Reason
Reading	163	8	86	7	24	14	3
West Berkshire	72	3	52	9	8	3	0
Wokingham	224	9	81	8	9	4	13
Total	459	20	219	24	41	21	16

Referrals by Ethnicity

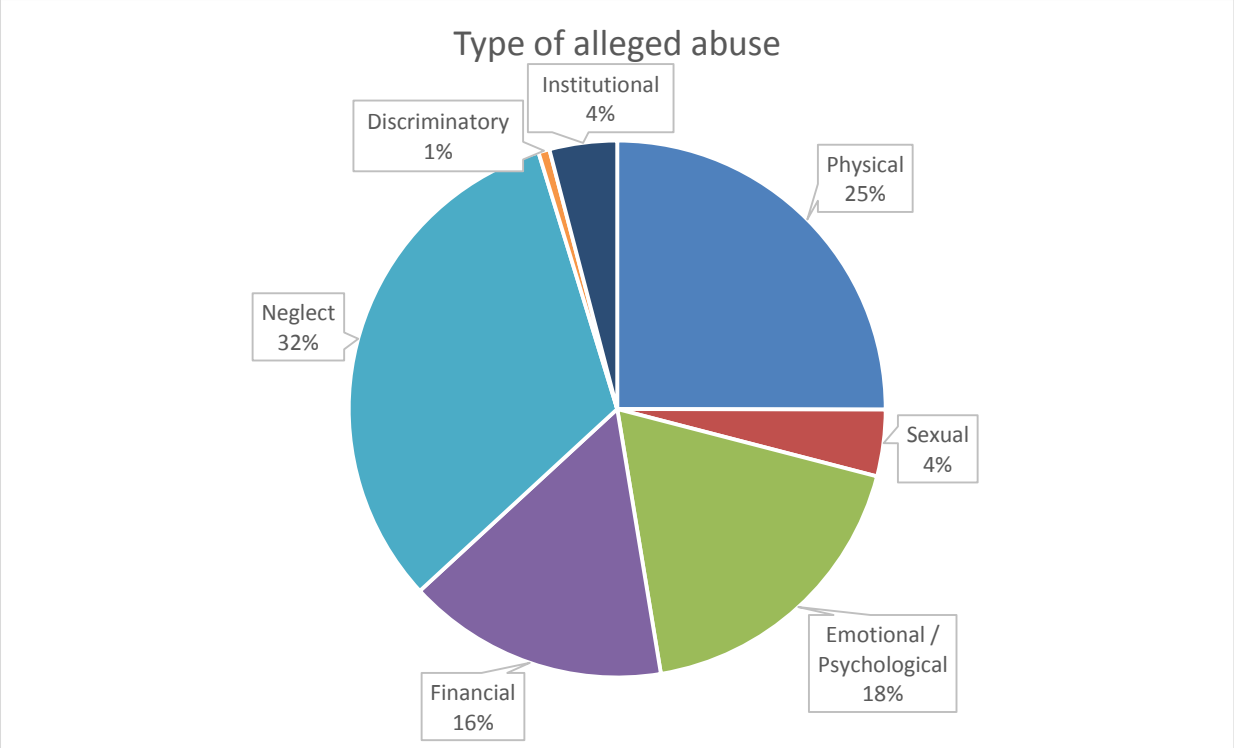
The charts below show how many referrals there were for individuals from different demographic categories in 2014-15. We aim to reduce the number of cases where ethnicity is categorised as *Not Known* in future years.

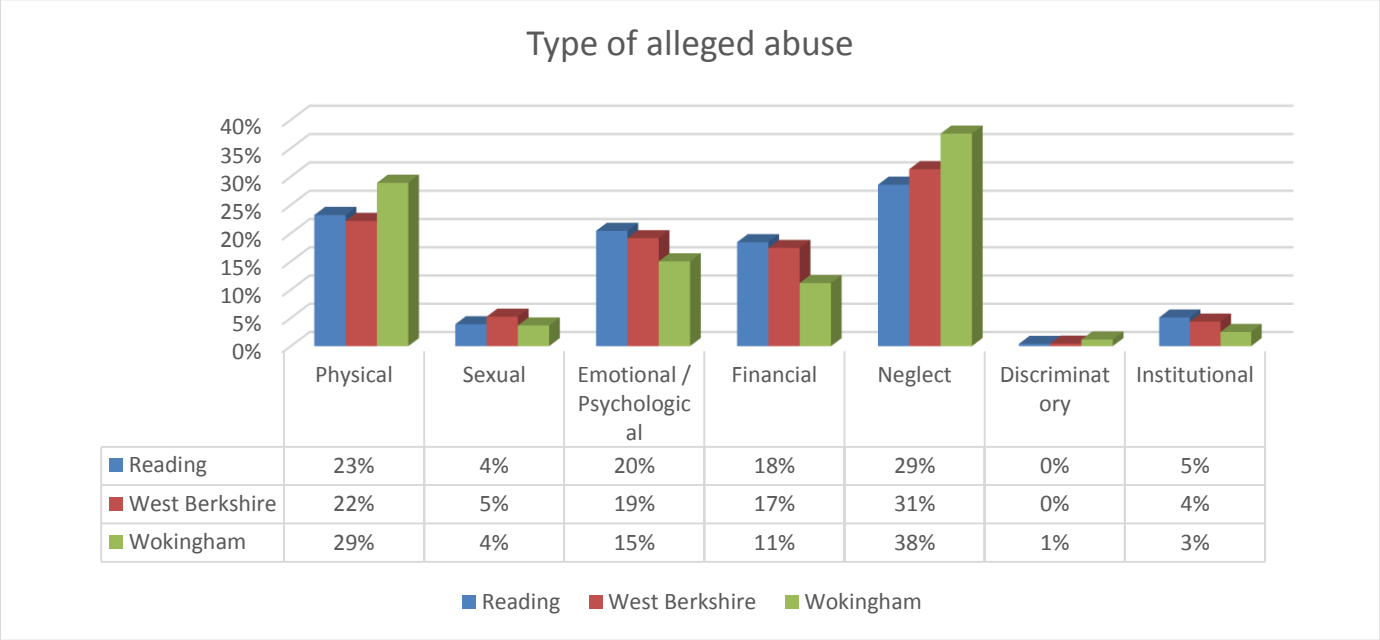




Type of Alleged Abuse

The most common type of alleged abuse was neglect and acts of omission, which accounted for 32 percent of allegations, followed by physical abuse with 25 percent. This is in line with national trends for the year. In the previous year the most common type of alleged abuse locally was physical abuse (27 per cent) followed by neglect (26 per cent.) Financial abuse has dropped by 3 per cent from last year and emotional and psychological has dropped by 2 per cent.





	Physical	Sexual	Emotional / Psychological	Financial	Neglect	Discriminatory	Institutional
Reading	23%	4%	20%	18%	29%	0%	5%
West Berkshire	22%	5%	19%	17%	31%	0%	4%
Wokingham	29%	4%	15%	11%	38%	1%	3%

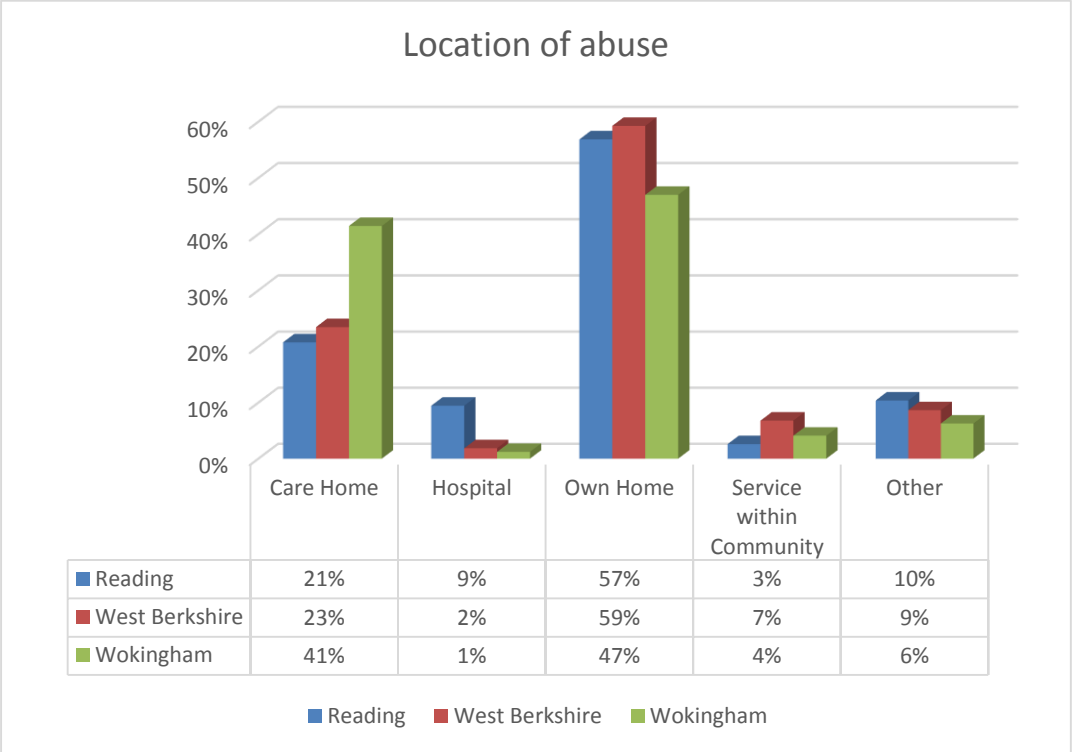
West Berkshire data in the table above includes 27% multiple types of abuse and Reading 27% multiple types of abuse. No examples of multiple types of abuse were recorded in Wokingham.

From 2015-16 four new voluntary categories will be added to this section of the national data collection (domestic abuse, sexual exploitation, modern slavery and self-neglect). Some

of these new categories may have been previously recorded under one of the other categories, so this is likely to impact on comparable data next year.

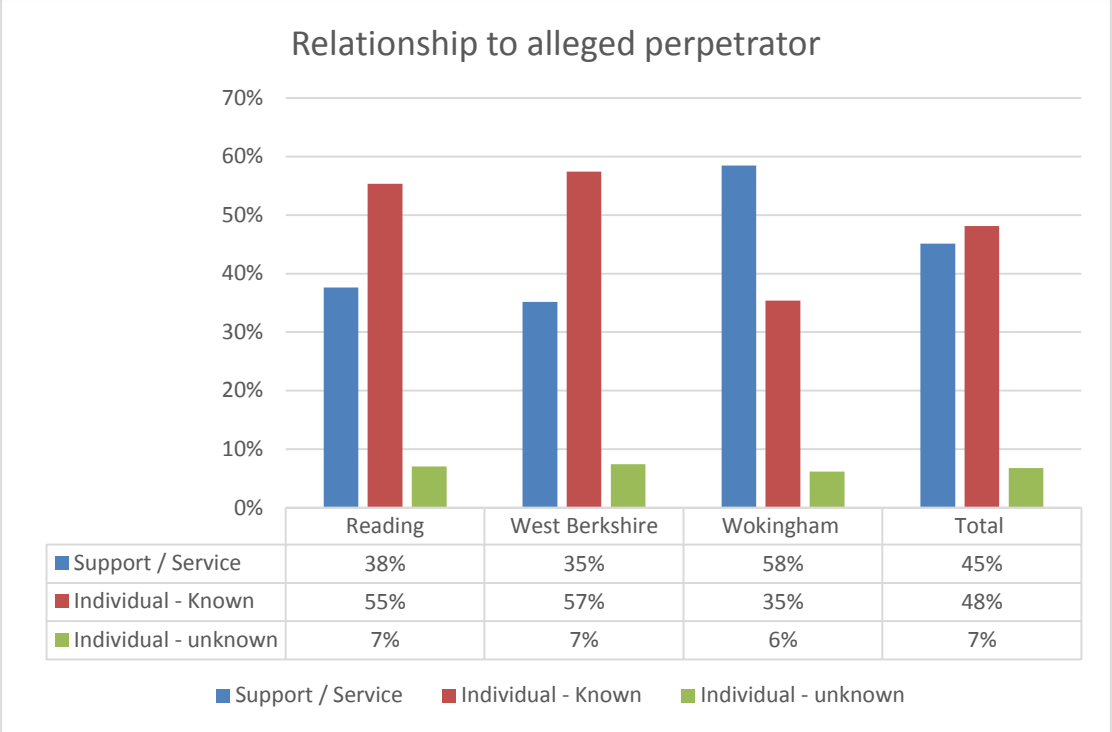
Location of Abuse

Data taken from completed referrals shows that the location of risk was most frequently the home of the adult at risk (54 per cent of allegations in total) or in a care home (29 per cent). Nationally, although the pattern is the same, the margin between these two locations is narrower, with the home of the adult at risk 43 per cent and care home 36 per cent.



Relationship of Alleged Perpetrator to Vulnerable Adult

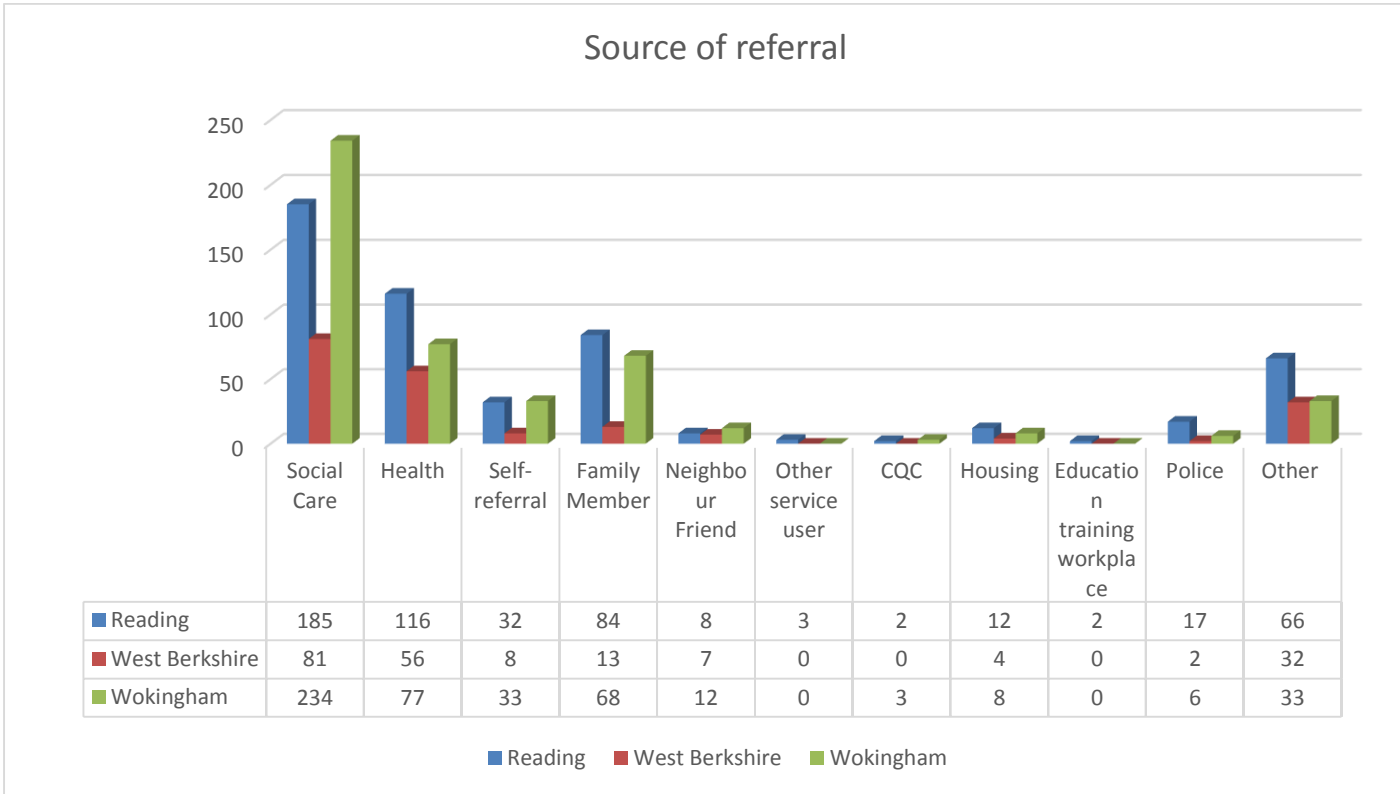
The source of risk was most commonly someone known to the adult but not providing a support service, accounting for 48 per cent of referrals. Someone providing support service was the source of risk in 45 per cent of referrals and for the remaining 7 per cent the source was someone unknown to the individual. This is largely in line with the national trend. The pattern in Wokingham is different to the other two areas.



	Reading	West Berkshire	Wokingham	Total
Support / Service	38%	35%	58%	45%
Individual - Known	55%	57%	35%	48%
Individual - unknown	7%	7%	6%	7%

Source of Referral

In 2014-15, 42 per cent of referrals were reported by social care staff (compared to 46 per cent in the previous year) and 21 per cent were from health care staff (compared to 17 per cent in the previous year.) Trends across all other sources are very stable.

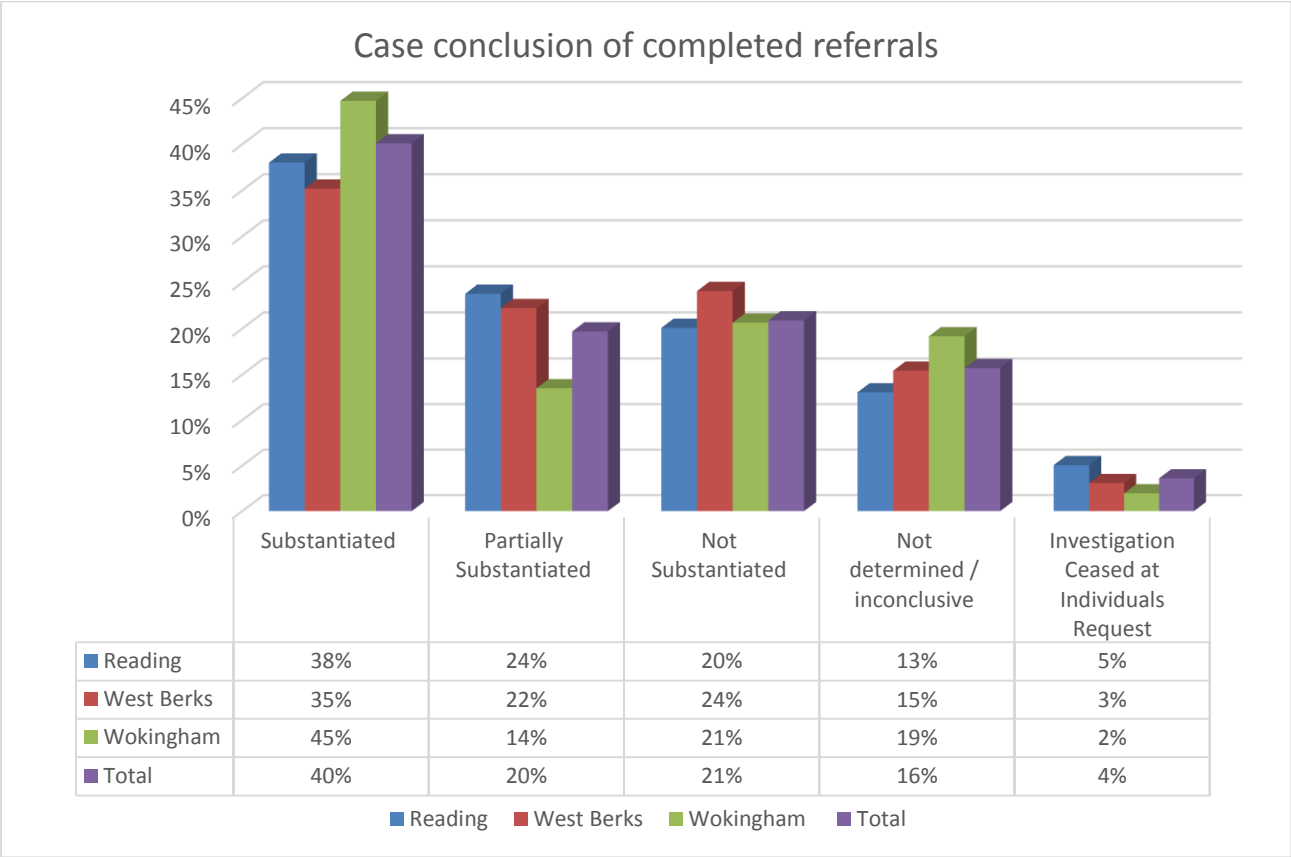


	Social Care	Health	Self-referral	Family Member	Neighbour Friend	Other service user	CQC	Housing	Education training workplace	Police	Other
Reading	185	116	32	84	8	3	2	12	2	17	66
West Berkshire	81	56	8	13	7	0	0	4	0	2	32
Wokingham	234	77	33	68	12	0	3	8	0	6	33

Case Conclusion of Completed Referrals

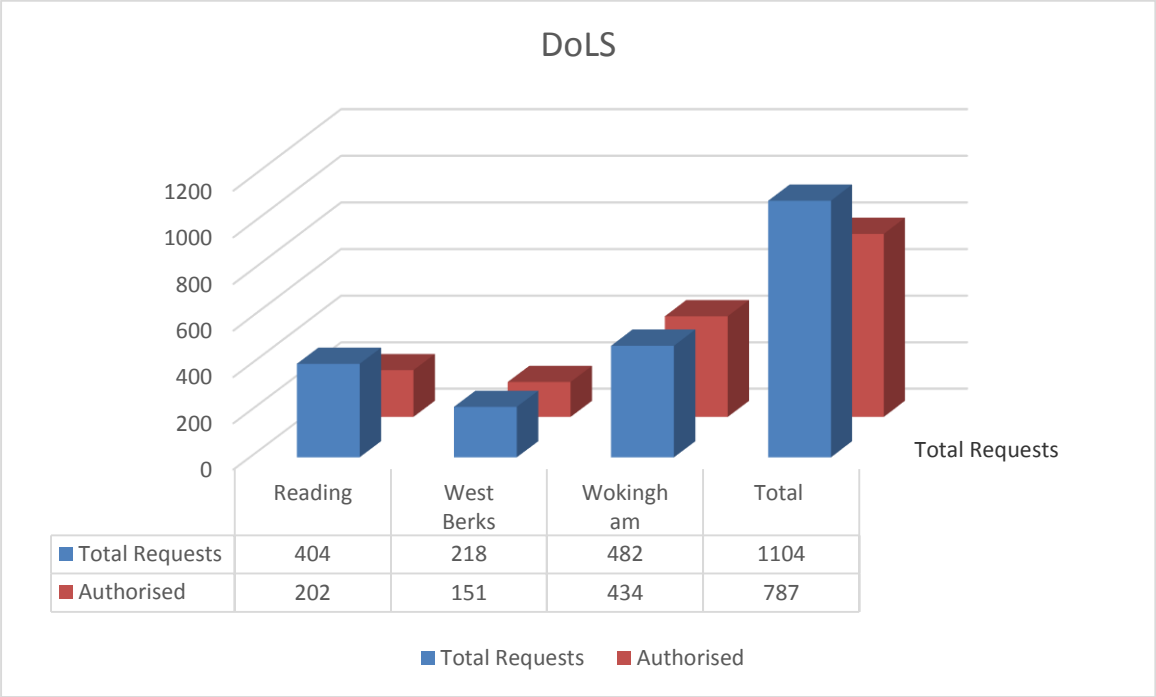
A case conclusion is the outcome of the investigation for a concluded referral and is categorised as Substantiated, Partly Substantiated, Inconclusive (or Not Determined) or Not Substantiated. The decision around substantiation is based on the 'balance of probabilities'. If an allegation of abuse can be proved on the balance of probabilities then it can be categorised as substantiated.

The table below shows the case conclusions for concluded referrals in 2014-15. There has been little change in the proportion of cases in each category from the previous year in the West of Berkshire. The allegations in over 40 per cent of cases were fully substantiated compared to 30 per cent nationally. 20 per cent of cases were partially substantiated compared to 10 per cent nationally and 21 per cent not substantiated, compared to 29 per cent nationally. Nationally, 22 per cent of cases were categorised as inconclusive, compared to 16 per cent locally.



	Substantiated	Partially Substantiated	Not Substantiated	Not determined / inconclusive	Investigation Ceased at Individuals Request
Reading	38%	24%	20%	13%	5%
West Berks	35%	22%	24%	15%	3%
Wokingham	45%	14%	21%	19%	2%
Total	40%	20%	21%	16%	4%

Deprivation of Liberty Safeguards (DoLS)



	Reading	West Berks	Wokingham	Total
Total Requests	404	218	482	1104
Authorised	202	151	434	787

During 2013-14, the total number of requests across the three areas was 27, with 13 of these applications authorised. The dramatic rise in applications is as a result of the Supreme Court's judgement in March 2014 which suggests that the definition of a deprivation of liberty is wider than previously thought.

Safeguarding Adults Training Activity

From 1st April 2014 to 31st March 2015

	Number of staff attended training in 2012-13, per sector						
Reading Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**	
Level 1	75	253	0	0	0	134	
Level 1 Refresher N/A							
Level 1 E-learning							
Level 2	26	45	1	0	1	73	
Level 3	4	29	0	0	2	35	
Advanced refresher	11	3	0	0	0	14	
Level 1 Train the Trainer	1	13		0	0	14	
RBC Total	**117**	**343**	**1**	**0**	**3**	**270**	**734**
West Berkshire Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**	
Level 1	55	80		0	6	188	
Level 1 Refresher	46	61	1	0	0	0	
Level 1 E-learning	65	88		0	0	0	
Level 2	8	5		0	0	0	
Level 3	3	2		0	0	0	
Level 1 Train the Trainer	0	0	0	0	0	0	
WeBC Total	**177**	**236**	**1**	**0**	**6**	**188**	**608**
Wokingham Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**	
Level 1	93	74	1	0	0	87	
Level 1 Refresher N/A					0	0	
Level1 E-learning N/A					0	0	
Level 2	60	24	3	0	6	0	
Level 3	12	0	1	0	0	0	
Level 1 Train the Trainer	0	0	0	0	0	0	
WoBC Total	**165**	**98**	**5**	**0**	**6**	**87**	**361**
Berkshire Healthcare NHS Foundation Trust	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**		
Level 1	318	0	0		1		
Level1 E-learning	709	0	0	0	0		
Level 2	46	0	0	0	0		
BHFT Total	**1073**				**1**		**1074**
Royal Berkshire Hospital NHS Foundation Trust	**Staff**	**PVI**	**BHFT**	**RBH**	**Others**		
Level 1	0	0	0	0	0		
Level 1 E-learning	0	0	0	0	0		
Level 2	0	0	0	0	0		
RBH Total	**0**	**0**			**0**		
West Berkshire CCG	**Staff**	**PVI**	**BHFT**	**RBH**	**Others**		
Level 1	0	0	0	0	247	GPs	
Level 1 E-learning	18	0	0	0	0	CCG	
Level 2 (if deliver?)	0	0	0	0	0		
West Berks CCG Total	**18**	**0**	**0**	**0**	**247**		

6. Appendices

Appendix A

Strategy for Safeguarding Adults in the West of Berkshire 2015-2018

Commitment by the West of Berkshire Safeguarding Adults Board

The West of Berkshire Safeguarding Adults Board is a partnership committed to working together to ensure that adults who may be at risk are:

- Able to live independently by being supported to manage risk;
- Able to protect themselves from abuse and neglect;
- Treated with dignity and respect; and
- Properly supported by agencies when they need protection.

The Safeguarding Adults Board and its partners will achieve the above commitment through the delivery of the following strategic priorities and objectives:

Priority 1 - Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and Boards.

Objective 1.1 Develop oversight of the quality of safeguarding performance.

Outcomes for 2015-16 include:

a. Quality Assurance Audit used for cases across social care teams who carry out safeguarding investigations will assure staff, managers, elected members and the community that all investigations are carried out to a high standard and comply with legislation in terms of quality and timeliness.
b. Safeguarding Forums will encourage group conversation and reflective practice.
c. Royal Berkshire Hospital Foundation Trust multidisciplinary adult safeguarding clinical governance committee established with responsibility for oversight of clinical performance.
d. Quality performance measures developed by Protecting Vulnerable People Senior Managers in Thames Valley Police to review size of current investigations, workloads and themes.
e. Internal quality assurance framework will give direct feedback to staff and managers, inform on-going training and development needs, improve practice around standards in line with Berkshire safeguarding policy and improve staff recording.

Objective 1.2 Have in place an effective framework of policies, procedures and processes for safeguarding adults.

Outcomes for 2015-16 include:

a. Review of Adult Safeguarding Policy in response to the Care Act 2014 will provide assurance that compliant policies and processes are in place across agencies.
b. Review of the new operational process for Individual and Organisational safeguarding investigations and the Safeguarding Team duties in Reading Borough Council will allow amendments to be made based on real issues that have occurred.
c. Berkshire Healthcare Foundation Trust and Royal Berkshire Hospital Foundation Trust Mental Capacity Act Policies will provide clarity concerning the MCA, including training to support knowledge, audit of practice and interdependency with other policies.
d. Review of current practice and gap analysis report and action plan in response to report on *Jimmy Saville NHS investigations: Lessons Learnt, Feb 2015*, will provide additional assurance and clear lines of accountability concerning the lessons learnt in other organisations.

Priority 2 – Making Safeguarding Personal

Objective 2.1 The views of adults at risk, their family/carers are specifically taken into account concerning both individual decisions and the provision of services.

Outcomes for 2015-16 include:

a. Programme of external information and support planned for providers and service users in West Berkshire Council will ensure the Making Safeguarding Personal agenda is central to their understanding when raising safeguarding concerns.
b. The views of adults at risk and their family/carers will be reviewed as part of the Quality Assurance Audit in Reading Borough Council.
c. Achieve, as a minimum, bronze level compliance with the Making Safeguarding Personal programme in Reading Borough Council.
d. Safeguarding Forum meetings will provide service users and their representatives with an opportunity to share their views in a safe environment.
e. Audit of individual patient journeys by Royal Berkshire Hospital Foundation Trust will identify good practice and gaps, improve learning, and ensure patient focused actions.
f. Duty of Candour is applied to safeguarding investigations within Berkshire Healthcare Foundation Trust.
g. Feedback as a result of the implementation of the fire safety guide for adults used to identify good practice and gaps by Royal Berkshire Fire and Rescue Service.

Priority 3 - Raise awareness of safeguarding adults, the work of the Safeguarding Adults Board and improve engagement with a wider range of stakeholders

Objective 3.1 Raise awareness of safeguarding adults and the work of the Board within all organisations.

Outcomes for 2015-16 include:

a. Redeveloped Safeguarding Adults Forum in West Berkshire with renewed focus on membership and action planning to reflect the priorities of the Board, will increase awareness and understanding across the professional sector.

b. Links developed from staff intranets to Safeguarding Adults Board's website.
c. Awareness raising of safeguarding adults and improved communication to improve learning and practice.
d. Review of feedback systems within adult social care and joint health and social care teams in Wokingham to improve practice.

Objective 3.2 Increase public awareness of safeguarding adults and the work of the Board.

The Board has a Communication Strategy which outlines its aims and objectives for clear communication, its target audiences, the types of information it needs to share and the methods of communication. In addition, outcomes for 2015-16 include:

a. Launch of the Safeguarding Adults Board website.
b. Review and update safeguarding literature and promotional material to raise awareness amongst services users, families and the public.

Priority 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.

Objective 4.1 Continue to ensure staff receive appropriate and effective level of safeguarding and other relevant training.

Outcomes for 2015-16 include:

a. Events to embed learning from reviews of significant incidents will ensure staff have various opportunities to access learning outside of the formal training programme.
b. Partners contribute to the work of the Learning and Development Subgroup and support peer observations and reviews of training across the area.
c. Improved safeguarding knowledge, competence and confidence within Royal Berkshire Hospital Foundation Trust workforce through a review of safeguarding training and a Strategy and Training Plan for 2015/16.
d. Training requirements for Berkshire Healthcare Foundation Trust reviewed in light of the Care Act.
e. Content and intentions of the Royal Berkshire Fire and Rescue Service's 'Adult At Risk' and associated 'Memorandum of Understanding' documents are understood by staff and partners.

Objective 4.2 Improve mechanisms to critique good and bad practice and share learning more widely.

Outcomes for 2015-16 include:

a. Maximise learning from reviews of significant incidents across the partnership using the Learning Together model.
b. Development of the operational Care Quality Intelligence Partnership Group and the strategic Care Quality Board in West Berkshire to identify good and bad practice and share

learning.

c. Quality Assurance Audits used in Reading to critique practice in order to ensure all investigations are carried out to a high standard which complies with legislation in terms of quality and timeliness.
d. Opportunities for sharing learning, concerns and best practice in a safe environment via Reading's Safeguarding Working Group and Forum will increase staff confidence in their practice.
e. Safeguarding practice included in Royal Berkshire Hospital Foundation Trust CQC peer review of wards/units will enable testing of knowledge and practice and targeted improvement.
f. Royal Berkshire Fire and Rescue Service embed 'Fatal Fires and Near Misses' process and associated communications for staff and partners.
g. Good and bad practice used to inform safeguarding training in Royal Berkshire Hospital Foundation Trust so that it is more relevant and supports staff development.

Priority 5 – Coordinate and ensure the effectiveness of what each agency does

Objective 5.1 Challenge staff and organisations where poor practice is identified.

Outcomes for 2015-16 include:

a. In West Berkshire, improved information sharing processes between teams, operational and strategic groups, to co-ordinate opportunities to challenge poor practice.
b. Improved information sharing between Safeguarding and Contract and Commissioning teams in Reading to support timely identification of potential organisational abuse and appropriate action.
c. Performance information collected and submitted by partners will be understood by Board members and used to inform planning.
d. Processes are reviewed to ensure pathways and responsibilities are clear and agreed by all parties in Wokingham.
e. Evidence from external reviews in Wokingham is used to improve service design.

Objective 5.2 Develop the role of the Forums to provide feedback on the effectiveness of what each agency does.

Outcomes for 2015-16 include:

a. Redeveloped and well-attended Safeguarding Adults Forums across all three localities, with functions and actions aligned with the Board's priorities.
b. Through the Forums, opportunities for feed-back by organisations and service users will ensure that practice is aligned to what works best for partners and service users.

Key actions in support of the strategy:

- Awareness raising and communication of key information to the public and professionals.
- Workforce planning by all member agencies to meet the demands of safeguarding work and develop the necessary knowledge and skills at all levels. Each organisation to have in place a training strategy.

- Collection and analysis of annual safeguarding performance data by the relevant agencies.
- Governance arrangements in place in each member organisation to monitor the standards of practice to safeguard vulnerable adults from abuse. These arrangements will include: formal links between the Board, senior managers and Local Authority Members; regular audits; clear responses to local and national incidents and inquiries; quality assurance process and data to inform forward planning and service development; information dissemination; prevention and intervention.
- Prevention is key: there is a clear programme of work to reduce the risk of abuse/neglect across the range of settings.
- The inclusion of safeguarding in commissioning strategies and in contracts.
- Continually updating policy and procedures in line with national and local developments both within safeguarding and in other key agendas.
- Carrying out Safeguarding Adults Reviews and acting on them.
- Development of services capable of responding to those who have been abused or are at risk of abuse or neglect, or those who are perpetrators of abuse or neglect.
- Engagement with the whole range of stakeholders including service users and carers.

Implementation and Monitoring

Implementation of this Strategic Plan will be achieved through the work of the Subgroups and through delivery of the actions in the Business Plan.

An annual Business Plan has been developed which gives detail about how the priorities of this Strategic Plan will be implemented. The Business Plan includes key actions that partner agencies have committed to delivering in the next year.

Progress against the Business Plan will be reported to the Safeguarding Adults Board at six monthly intervals and the Annual Report will provide an overview of achievements and any areas for further development.

Although the Strategic Plan is a three-year plan, it will be reviewed on an annual basis and updated where necessary.

Glossary:

BHFT – Berkshire Healthcare Foundation Trust

CQC – Care Quality Commission

MCA – Mental Capacity Act

RBFT – Royal Berkshire Foundation Trust

RBFRS – Royal Berkshire Fire and Rescue Service

SAB – Safeguarding Adults Board

SE ADASS – South East Association of Directors of Adult Social Services

Further information about how partner agencies will contribute to the delivery of this Strategic Plan can be found in the Business Plan 2015-16.

Appendix B

Learning from Safeguarding Adults Reviews - The Case of Ms F

1. Purpose of the Safeguarding Adult Review

Safeguarding Adult Reviews (SARs) are about learning lessons for the future. They will make sure that Safeguarding Adults' Boards get the full picture of what went wrong, so that all organisations involved can improve their practice.

Organisational systems are complex. Therefore findings are not presented as recommendations but as a series of problems and puzzles for consideration and local prioritisation.

A case review plays an important part in efforts to achieve safer and more effective systems. Consequently, it is necessary to understand what happened and why in the particular case, and go further to reflect on what this reveals about gaps and inadequacies. Case Review findings say something more about local agencies and their usual patterns of working. They exist in the present and potentially impact in the future. **The six findings are presented in section 4 below.**

It is important that local agencies review the findings from a Safeguarding Adult Review and consider what changes can be made in local processes and practices to prevent such a case reoccurring.

2. Succinct summary of case

Ms F was a woman of 22 at the time of her death. She had a baby removed and adopted in 2010 and she was not open to any service until just before her death, with the exception of her GP, when she was referred to Adult Social Care by the Police. She subsequently died of sepsis in May 2013. Other members of the household were well known to many services in Reading including Antisocial Behaviour and the Police, both as victims and perpetrators.

3. Appraisal of professional practice in this case – a synopsis

Various members of Ms F's household were well known separately as individuals to agencies for many years and many appropriate interventions were offered to them prior to the period under review and during it. The focus of these services was around the tenancy, in particular the state of the property and rent arrears, as well as the impact of anti-social behaviour on neighbours. **The differing drivers for services are explored further in Finding 2**.

This cycle of intervention and engagement is explored in Finding 2.

It is notable that for much of the review period, professional engagement was focused on other individuals in the family unit of which Ms F was a part, without specific interventions for her. It is also notable that the strong interdependency between members of the family went unrecognised, although this is not unexpected given that adult assessments are about individuals only. **This is explored in Finding 6.**

Prior to the period under review the case has some unique aspects. The treatment of another member of the family led to the first case that Reading Borough Council took to the Court of Protection on grounds of neglect, and one of the first Deprivation of Liberty Safeguards that was carried out on another member. Neither of these people forms part of the family unit during the

period under review but the historical background is significant. **The consequences of historical knowledge is explored further in Finding 6**

Ms F gave birth in 2010 but her baby was removed because of concerns of neglect and subsequently adopted in December 2011 and the case closed by Children's Services. Following this, Ms F had no subsequent support, with the exception of her GP who had prescribed anti-depressants. This was standard practice at the time. Since then the importance of support following removal and adoption of children has been recognised, and has led to the establishment of the Future Families Project.

In February 2012, the Police were called to the household after Ms F had reportedly attempted to cut her wrists with a knife. The Police response was compassionate and well-judged: they took Ms F to A&E away from the chaotic home situation.

After this event, no further services were requested or provided to Ms F in her own right until May 2013. Between February 2012 and March 2013 professionals from a number of different agencies attended the family home, largely as part of plans to implement an eviction on the grounds of antisocial behaviour and rent arrears. Ms F was present during all of these visits, but usually as a 'background' member of the household: most interventions were targeted at her mother, as she was the tenant, and mother's partner who had a diagnosed learning disability.

The Review Team has considered carefully whether any of these professionals could have picked up at any earlier stages that Ms F, or any other members of the family were at risk, and this is discussed below. However, in general it seems that there were no reasons why visiting professionals would have singled Ms F out within the family. Ms F appeared articulate and had a reasonable level of cognition compared to other individuals living in the household. **The impact that an individual's presentation can have on assessments of vulnerability is further discussed in Finding 5.**

The Police were called to the house on numerous occasions during the review period following alleged ASB or domestic abuse and drunken behaviour.

ASB visits were made at intervals during the Review period for the clear purpose of reducing anti-social behaviour. The ASB Officers were concerned about the vulnerability of the family as a whole, and in October 2012 contacted Safeguarding Adults to check if any household members were known to ASC because of concerns about their possible vulnerability. Whilst ASB were beginning to prepare the case for eviction, the Rents Section of Housing had already gained a possession order from the Courts for substantial arrears. This had been suspended as the household had undertaken to pay back arrears. The Neighbourhood Officer did not act effectively as the conduit between the Rents Team and ASB to pull the two eviction processes (via ASB and via rent arrears) together. This was in part due to the blurring of the role of Neighbourhood Officer and ASB Officer in terms of antisocial behaviour for Council tenants at the time. Roles have been subsequently defined.

It was not until ASB formally approached the Council's Legal Team to begin the Court process in June 2012 that they became aware that the tenant was already being taken through the eviction process due to substantial rent arrears. The current reorganisation of Housing to bring the Recovery Team into the Department rather than remain in Finance should prevent this dislocation occurring.

At the same time Recovery Officers continued to try to engage the tenant using a variety of methods including phone calls and visits as well as standard letters. There is a strange effect of the Court process that Council Officers have to repeat attempts to engage and support tenants time and again because they know that the Court will refuse the eviction unless they can prove over time that the actions have not been effective by citing non-payment of arrears, state of the property, or ASB. In order to evict, the ASB Team had to establish a large body of evidence of extreme behaviour as well as the poor state of the property. They also have to prove that they have tried to provide support to vulnerable tenants. **This is explored further in Finding 2**

In December ASB visited the house. They noticed that Ms F looked unwell and advised her to contact her GP. This was appropriate and above expected standards.

ASB contacted Safeguarding Adults again in December 2012 to discuss their concerns about family member's vulnerability as the eviction process was continuing. They were aware that a person with a Learning Disability (the tenant's partner) was living in the house but they were concerned about the tenant and her sister. They had no concerns about Ms F. This led directly to a series of joint visits between ASB and Community Learning Disability Team (CLDT).

The decision by CLDT to assess both the tenant and her partner was above expected standards. Historical knowledge indicated that only one household member was potentially eligible for community care support but consideration was given that the tenant's needs may have changed over the time. **See Finding 4 for further exploration of this.**

CLDT and ASB joint visits and attempts to engage were tenacious and beyond what would have been expected and were made as a genuine effort to support the family. During the visit when they were given entry, Ms F was sitting on the sofa, but it was the only furniture in the room. On that occasion in February Ms F's mother volunteered that she thought Ms F was unwell and she was advised to contact the GP and ask her to visit. This was appropriate given that both women had mobile phones, and from medication on the table it was clear that Ms F was in contact with her GP.

In February 2012, ASB took the case to the ASB Multi Agency Panel (MAP), a panel established in order to agree eviction of tenants who may have implications for other agencies. This was the only forum where there was a wider discussion of needs of the family as a group rather than individuals. The Review Team felt multi agency discussion would have been helpful much earlier. There is no structure to support this but a multi-agency strategy meeting could have been convened. MAP is not designed to take a holistic view of alternative actions, although this did in fact occur e.g. the decision to refer Ms F, her mother and aunt to the ASC Risk Enablement Panel (REP). REP is designed to examine 'stuck' cases and is used for individuals who don't necessarily reach community care criteria but who are high risk or resource intensive. In fact the referral did not take place and in any case was too late to impact on the subsequent eviction.

It is notable that the referrals to REP were INDIVIDUALS not as a family group. Ms F again does not feature as being of concern compared to others. **See Findings 1 and 2 where there is consideration of panel use, Finding 5 which explores innate bias and Finding 6 which explores the impact of assessment of individuals only**.

In May 2013 the Police were called to the house due to a neighbour dispute. During this visit, the Police Officer became concerned about Ms F because she appeared unwell. There was appropriate practice in recognition and referral of Ms F to ASC by the Police via the Protection of Vulnerable Adults Unit. It took almost 24 hours for the referral to be passed to Adult Social Care which was appropriate as the Police Officers attending had no reason to suspect the severity of Ms F's illness.

However, this meant that referral was sent late on a Friday afternoon prior to a Bank Holiday and was not picked up by the Single Point of Contact in ASC until the following Tuesday morning, below acceptable standards. The system for receipt of police referral has since been changed.

Once the referral had been triaged it was swiftly passed appropriately to CLDT as they knew the household. Because the referral was not marked as urgent, CLDT appropriately researched the household. It was appropriate to include a nurse as part of the joint visit that same afternoon given the nature of the referral. It was luck that the nurse was male and that Ms F's mother assumed he was a GP and allowed them access into the house. They chose not to insist on a physical examination due to the distress of Ms F but obtained permission to contact Ms F's GP.

The GP had Ms F flagged on the system as having LD which was incorrect but it meant she acted swiftly to make a home visit that evening, above appropriate standards. She called paramedics who took Ms F to hospital.

Safeguarding alerts made by paramedics and acute hospital staff, and the subsequent multi-agency safeguarding investigation adhered to the Berkshire Safeguarding Adults' Policy and Procedures.

Staff at RBH made every effort to understand Ms F's wishes and responded to these despite being understandably shocked at Ms F's physical condition. There was a strong multi-agency communication and joint working throughout the time period around the criminal investigation.

The efforts by Housing Needs to develop a supportive relationship and to ensure that the tenant understood the eviction process were above the expected standards particularly when the remaining family members were living in temporary accommodation.

What is notable was that the eviction process continued in parallel throughout the criminal investigation. To some extent officers were constrained by the statutory framework within which they operate but nevertheless the Review Team were surprised that the process continued. The death of her daughter coupled with the criminal investigation would have had a considerable impact on the tenant's ability to comply with the process.

Findings

FINDING 1

In Reading, the Multi-Agency Pathway for non-engagement is not consistently followed, with the consequence that multi-agency perspectives and resources are not brought to bear when previously-managed risk becomes less controllable.

SUMMARY

Reading has substantial numbers of adults who are either vulnerable or at risk, and who do not engage with services. Whilst this Safeguarding Adults Review was under way, the Safeguarding Adults' Partnership revised and re-launched an existing pathway to try and increase the likelihood of professionals, led by a senior practitioner, thinking collectively about possible new solutions in each instance of non-engaging adults where risk starts to increase. If practitioners and their managers are not familiar with the pathway, it cannot drive improvements.

Questions

- How do practitioners view the issue of non-engagement? How much of a block and a risk is it to the local safeguarding adults' system?
- What attempts have there been to tackle the safeguarding risks that can come with non-engagement?
- How can the development of the Multi-Agency Safeguarding Hub promote earlier professionals' meetings?
- How do we empower practitioners to make decisions about service users?

FINDING 2

Assessment tools cannot predict the impact of the eviction process, which results in years of preventative work being swept aside in response to a crisis

SUMMARY

Numbers of evictions are growing nationally and there is insufficient understanding of the impact of eviction on vulnerable adults. This is particularly concerning because despite recognition that the boundaries between antisocial behaviour and safeguarding are blurred, it is hard to find any analysis of existing assessment tools and how they can predict the effects of eviction on adults with vulnerabilities.

Questions

- Do Board members know of any examples of assessment tools that can help predict the impact of eviction on vulnerable adults?
- How will the Care Act 2014 be implemented, particularly around prevention?

What can be done to encourage multi-disciplinary assessments in line with the practice seen in the case at the centre of this Review?

FINDING 3

When agencies with different drivers are all working with a complex family, managerial panels do not always have their intended effect and vulnerabilities get lost

SUMMARY

The Review Team examined the role of the various managerial panels in Reading. For many cases these are working effectively to manage risk. However some agencies are either referring too late or not at all which means that safeguarding risks are not being anticipated and managed, and this is a heightened risk if certain panels receive the bulk of their referrals from the agency that convenes them.

Questions

- How can agencies ensure that workers refer early to panels?
- Are the criteria for referral clearly understood?
- Could referral sources to each of the panels listed above be explored, to see if the patterns mean that some cases are not being referred at all?

How can the use of panels improve joint working between agencies?

FINDING 4

Are chaotic childless families losing out because there are fewer tools or mechanisms such as the Troubled Families initiative for professionals to use compared to when a child is present, leading to less

alternatives for those adults?

SUMMARY

The risk in the safeguarding system is that when professionals in adult services are focussed on individuals (as set out in Finding 6), and in addition, lack the resources that come with programmes like Troubled Families, those professionals are more likely to struggle with services and solutions for the chaotic childless families, who according to the Case Group, are becoming an ever larger cohort within their caseloads.

Questions

- What learning from the Turnaround Families programme can be transferred across to vulnerable adults without children, whose antisocial behaviour is problematic for all agencies?
- Do agencies think a 'think family' approach is important?
- How can we reconcile the tension between focus on the service user and consideration of their wider family's needs, particularly in complex situations?

FINDING 5

Young and assertive service users are less likely to be seen as vulnerable, even in the face of known risk factors, and this has the consequence that crises are missed.

SUMMARY

The way some individuals present may preclude their being judged as vulnerable. Ms F had particular vulnerabilities due to events in her life, and for professionals working with adult service users, it is a complex task to assess what different sorts of vulnerabilities lie behind the way in which young and assertive service users present. Understanding and responding to those vulnerabilities might reduce the risk of a distressing crisis for that young person in the future.

Questions

- When do you have to intervene?
- How can we ensure a shared understanding of what constitutes vulnerable?
- Do workers understand the impact of obesity on Mental and physical health?
- How can we skill staff up to allow them to differentiate between 'vulnerability' they perceive but cannot use to ensure support through Adult Social Care?
- Do practitioners understand the impact of situational incapacity?

FINDING 6

Assessment for adults is about individuals, without scope for focussing on co-dependent needs, which means services struggle to understand patterns of need and behaviour amongst co-dependent groups of adults.

SUMMARY

Assessment is a crucial opportunity to understand the world of an adult service user, and most families have interdependencies of some kind which it could be fruitful for assessment to explore. Doing this consistently, perhaps considering what approaches have been effective in children's services, enables professionals to

understand risks that otherwise are not made transparent.

Questions

- How can we provide young people with a self-protection strategy when they live in chaotic household?
- How can staff balance being inquisitive about households and being driven by the process of individual assessment?
- Should agencies begin to map adult households with multiple needs in the same way as the troubled Families Programme has mapped households with children?

Appendix C

Membership of Board and Subgroups

The Safeguarding Board itself is made up of senior managers from a wide range of partners and agencies. As in previous years, attendance at the Board has been high. The Board is made up of representatives from the following agencies:

- Berkshire Healthcare Foundation Trust
- Berkshire West Clinical Commissioning Groups
- Emergency Duty Service
- HealthWatch Reading
- Joint Legal Services
- Reading Borough Council
- Royal Berkshire Fire and Rescue Service
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Trust
- Thames Valley Community Rehabilitation Company
- Thames Valley Police
- National Probation Service
- West Berkshire District Council
- Wokingham Borough Council

Membership of subgroups in 2014-15

Partnership and Best Practice Subgroup

The Partnership and Best Practice Subgroup assists the Board in promoting good quality safeguarding practice.

Sylvia Stone (Chair)	Kathy Kelly - CCG	Sarah O Connor - WBC
Natalie Madden (minutes)	Sue Brain - WBDC	Jo Wilkins – RBC
Elizabeth Rhodes – RBFRS	Elizabeth Porter – RBFT	Cathy Haynes - BHFT

Performance and Quality Subgroup

The Performance and Quality Subgroup oversees performance of adult safeguarding activity in the West of Berkshire, highlighting the effectiveness and risks of key processes and practices.

Natalie Madden (Chair and minutes)	Jessica Higson - RBFT	Nailah Mukhtar - WBDC
Debbie Ferguson – RBC	Kathy Kelly - CCG	Sairah Parkar - WBC
Sarah O'Connor - WBC	Michelle Tenreiro Perez – RBC	

Governance Subgroup

The purpose of the Governance Subgroup is to ensure the Board has robust governance arrangements, with clarity of purpose and public accountability.

June Graves – WBDC (Chair)	Michelle Tenreiro Perez – RBC	Natalie Madden (minutes)
Kathy Kelly – CCG	Patricia Pease – RBFT	Nancy Barber –BHFT
Suzanne Westhead - RBC	Sarah O'Connor – WBC	

Communication and Publicity Subgroup

The Communication and Publicity Subgroup supports the messages that safeguarding is everyone's business and that good communication is the responsibility of all partners sitting on the Safeguarding Adults Board.

Sylvia Stone - SAB (Chair)	Sarah O'Connor –WBC	Natalie Madden – SAB (minutes)
Nikki Malin – BHFT	Peta Stoddart- Compton - WBDC	Kathy Kelly – CCG

Learning and Development Subgroup

The purpose of the Learning and Development Subgroup is to develop, implement, review and update the multi-agency Workforce Development Strategy for the protection of adults at risk. The aim of this Strategy is to provide an effective, coordinated approach to learning in order to support all agencies to prevent abuse and respond to safeguarding concerns with timely, proportionate and appropriate action.

Eve McIlmoyle – RBC (Chair & minutes)	Kathy Kelly - CCG	Catherine Haynes - BHFT
Jo Wilkins – RBC	Natalie Madden – SAB	Edwin Fernandes – WBC
Neil Dewdney – WBDC	Sue Brain – West Berks Council	Elizabeth Porter – RBFT
Stefan McLaughlin - TVP	Johan Baker - Wokingham BC	Kathy Gonzalez-Atowo – BHFT
Joy Baker – Bracknell & Wokingham College (PVI rep)		

Reading Borough Council Safeguarding Adults Annual Summary 2014/15

Performance Data

This summary is based on the data used to collate the SAR (Safeguarding Adult Return) for 2014/15 and previous SAR/AVA (Abuse of Vulnerable Adults) returns for earlier years.

Please note this is provisional data as the final results have not yet been published (as at Sept 15).

The figures in this summary do not match the SAR submission but is based on the same data. The SAR looks at individuals rather than individual safeguarding incidents. In order to conduct a fair comparison to previous results, the data reported below is looking at incidents too.

From 2015/16 the SAR is changing to the SAC (Safeguarding Adults Concerns) and will be looking at slightly different things and the terminology will be changing, from Alerts and Referrals to Concerns and Enquiries.

Volumes

Reading only began recording "Alert only" cases from 2012/13 prior to this all safeguarding incidents were recorded as a Referral.

The figures below are looking at Alerts and Referrals started in period (1st April – 31st March) and Closed Referrals are referrals ended during the period regardless of when they started.

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Alerts only	-	-	-	87	163	175
Referrals	219	523	668	538	491	527
Total	219	523	668	625	654	702
Closed Referrals	225	532	662	539	451	513

- Alert Only -
    - Numbers have increased slightly on last year, but are almost double what was recorded in 2012/13. We think this increase is due to better recording and better understanding of what constitutes a safeguarding referral.
- Referrals -
    - Numbers of actual referrals have shown a slight increase this year (approx. 6%).

- The total of alert only's and referrals in period has shown a steady increase over the last 3 years - 625 in 12/13, 654 in 13/14 and 702 this year (approx. 6.8% increase on last year's total.

- These total figures work out at approx. 54 reports per month in 13/14 and 58 per month this year.

- The percentage of Alerts which go on to become referrals had reduced since 12/13 and this year remains at the same level - 86% in 12/13, 75% in 13/14 and 75% this year.

- Closed Referrals –

  - The percentage of completed referrals of all referrals is 91% for 13/14 and 97% for 14/15 indicating better use of documentation.

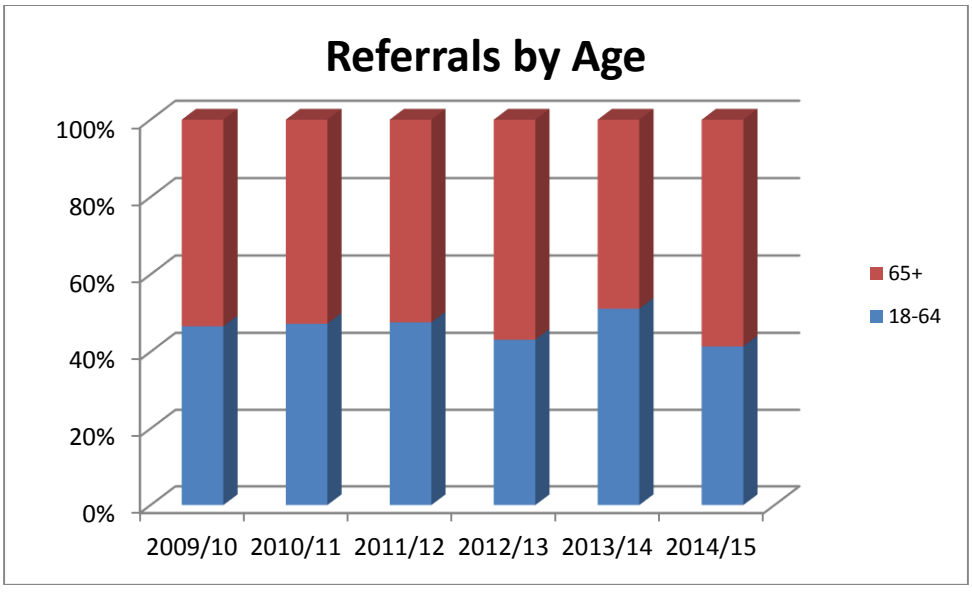
Referral Data

The next set of tables look at referrals received in the year broken down into different categorisations.

- Age Grouping

  - Last year was the first time the 18-64 group had more referrals than the 65+. This year it has reverted back to the norm.

Numbers by Age	2012/13		2013/14		2014/15	
	No's	%	No's	%	No's	%
18-64	232	43%	251	51%	218	41%
65+	306	57%	240	49%	309	59%
Total	**538**		**491**		**527**	



- Gender

    - The trend for this has remained the same – there is a higher proportion of referrals for females than males, with percentages this year matching last year's figures.

Percentages - Gender	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
M	-	44%	38%	40%	44%	44%
F	-	56%	62%	60%	56%	56%
Total	**0%**	**100%**	**100%**	**100%**	**100%**	**100%**

- Ethnicity

    - Again the continuing trend with ethnic origin is mostly white (78%) – percentages are not much different to previous years.

    - However the "not known" percentage is creeping up and may need to be monitored.

Percentages - Ethnicity	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2001 Census (ONS)
White	78%	82%	77%	80%	79%	78%	75%
Mixed	3%	1%	1%	1%	2%	1%	4%
Asian	6%	7%	6%	5%	5%	3%	14%
Black	5%	5%	5%	7%	6%	7%	7%
Other	2%	1%	0%	1%	0%	1%	1%
Not Known	6%	4%	12%	6%	7%	10%	
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

    - We can see that Asian residents are under represented by 11% when compared to the data from 2011 Census, however the 10% of referrals whose ethnic identity is not known significantly hampers the reliability of performance information in this area.

- Client Group / Primary Support Reason

The categorisations for 14/15 have changed to previous years as the reports are now looking at Primary Support Reasons which makes direct comparison to previous returns much harder.

    - However we have seen that most remain in the Physical Support Category 41%.

Percentages - Support Reasons	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
PDFS (incl sensory **pre** 2014/15)	61%	46%	45%	57%	47%	41%

Sensory Support						3%
MH (incl Dementia **pre** 2014/15)	9%	24%	25%	20%	24%	15%
Support with Memory/Cognition (new 2014/15)						17%
LD	22%	23%	22%	19%	24%	19%
Subs Misuse	0%	3%	5%	1%	3%	
Social Support (New 2014/15)						6%
Other Vulnerable	7%	4%	3%	4%	1%	
No Support Reason (new 2014/15)						1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

- Repeat Referrals

This looks at the number of repeat referrals as a percentage of all referrals received in the period.

Referrals are counted regardless of the incident so it could be the same incident being re-referred or different incidents involving the same safeguarding adult.

Percentages - Repeat Referrals	2010/11	2011/12	2012/13	2013/14	2014/15
Percentage	12.5%	15.4%	19.5%	16.5%	9.9%

  - The numbers of repeat referrals have been dropping which potentially demonstrates more effective resolution and risk management of issues reported.

- Source of Referral

The table below looks at the source of referrals i.e. who raised the concern.

Source of Referral	2010/11	2011/12	2012/13	2013/14	2014/15
Social Care	**34.8%**	**32.6%**	**33.5%**	**37.7%**	**35.1%**
Health	**12.6%**	**22.6%**	**16.5%**	**22.0%**	**22.0%**
Self Referral	15.3%	12.1%	10.2%	10.2%	6.1%
Family Member	17.8%	15.1%	16.4%	14.9%	15.9%
Friend/Neighbour	2.9%	3.9%	4.3%	1.8%	1.5%
Other Service User	0.8%	0.0%	0.2%	0.6%	0.6%
CQC	0.6%	0.4%	0.2%	0.8%	0.4%
Housing	4.2%	3.9%	5.8%	5.7%	2.3%
Education/Training/Workplace	0.0%	0.4%	0.2%	0.4%	0.4%
Police	3.1%	4.2%	5.8%	2.4%	3.2%
Other	8.0%	4.6%	7.1%	3.5%	12.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

- Most years the figures have remained fairly settled although for this year we can see a slight dip in Self Referrals from 10% to 6%, and a significant rise in "Other" referrals from 3.5% to 12.5%, which may be a recording issue but may need monitoring.

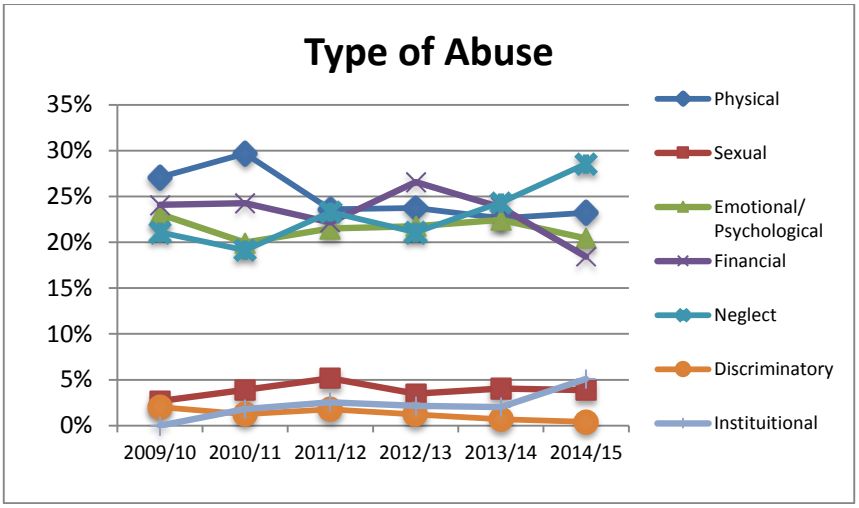
Closed Referral Data

The new SAR for 13/14 and 14/15 return looks at closed referrals during the period for the next tables (most of these would've come from cases opened in previous year's results which may skew the comparison a little.

- Abuse Types

Percentages - Abuse Types	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Physical	27%	30%	24%	24%	23%	23%
Sexual	3%	4%	5%	3%	4%	4%
Emotional/ Psychological	23%	20%	22%	22%	22%	20%
Financial	24%	24%	22%	27%	24%	18%
Neglect	21%	19%	23%	21%	24%	29%
Discriminatory	2%	1%	2%	1%	1%	0%
Institutional	0%	2%	3%	2%	2%	5%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

- The top 4 remain the same. Last year however the top 4 had very similar percentages (22-24%) this year they cover a much larger range (19-29%):
  - Neglect (29%)
  - Physical (23%)
  - Emotional/Psychological (20%)
  - Financial (19%)
- Financial abuse has been declining over the last 3 years – from 27% in 2012/13 to 18% this year.
- Neglect has increased over the same 3 year period from 21% in 2012/13 to 29% this year.
- Organisational abuse has more than doubled from 2% to 5% from last year reflecting, we believe, an improved identification and investigation process. This increase is also reflected in Location of Abuse information which is also showing increases in Care Home (Res/Nurs) and Hospital location percentages and Alleged Perpetrator statistics showing an increase in abusers from Social Care Support.



- Location of Abuse

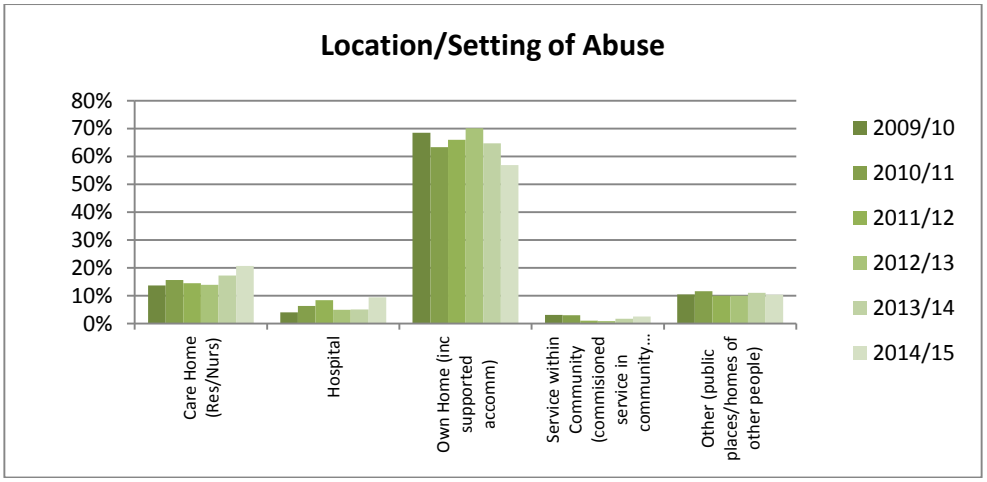
The categorisations for this option were reduced for SAR 13/14, so we have mapped previous year's options into the reduced options.

Percentages - Location/Setting	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Care Home (Res/Nurs)	14%	16%	15%	14%	17%	21%
Hospital	4%	6%	8%	5%	5%	9%
Own Home (inc supported accomm)	68%	63%	66%	70%	65%	57%
Service within Community (commissioned service in community setting)	3%	3%	1%	1%	2%	3%
Other (public places/homes of other people)	11%	12%	10%	10%	11%	10%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

- Most alleged abuse occurred in "Own Home" (57%) although this is decreasing year on year since 2012/13.

- Alleged Abuse in Care Homes and Hospital locations has shown an increasing trend over the same period from 14% in 2012/13 to 21% this year in Care Homes and from 5% in 2012/13 to 9% this year for Hospitals.

This may not mean that more abuse is occurring within these institutions but may just be that recording/reporting of incidents has improved.



- Action under Safeguarding

This is a new question which was added to the SAR from 2013/14.

Percentages - Risk Action	2013/14	2014/15
No further action under Safeguarding	54%	21%
Action Taken - Risk Remains	8%	9%
Action Taken - Risk Reduced	32%	55%
Action Taken - Risk Removed	6%	15%
Total	**100%**	**100%**

  - Last year we were concerned that 54% were recorded as "no further action" even though we were confident action would've been taken. We think this was a lack of understanding within the teams. This has decreased significantly to 21% this year, evidence of improved training and process changes therefore making more skilled staff.

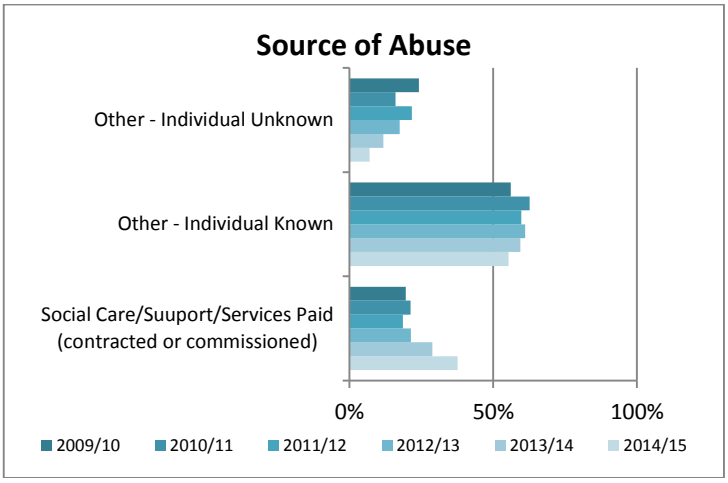
  - "Risks Reduced" has increased significantly from 32% last year to 55% and "risk removed" has also increased from 6% to 15% this year.

- Source of Abuse

These options have been reduced for SAR (13/14) so we have mapped previous year's options into the reduced listing for easier comparison. However there are 2 graphs at the end of this section looking at the options in a bit more detail.

Percentages - Source of Risk	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Social Care/Support/Services Paid (contracted or commissioned)	20%	21%	19%	21%	29%	38%
Other - Individual Known	56%	63%	60%	61%	59%	55%
Other - Individual Unknown	24%	16%	22%	17%	12%	7%

Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

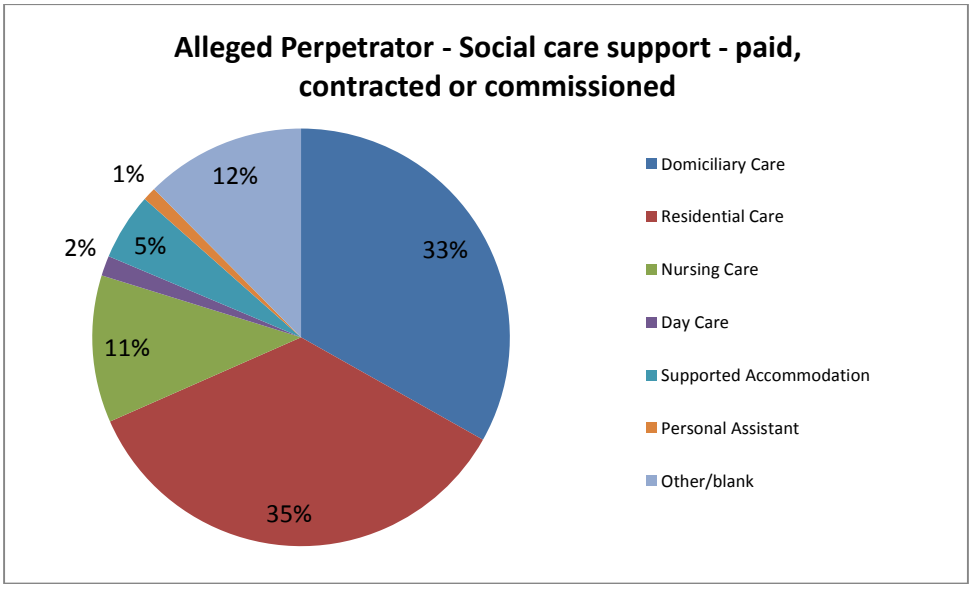


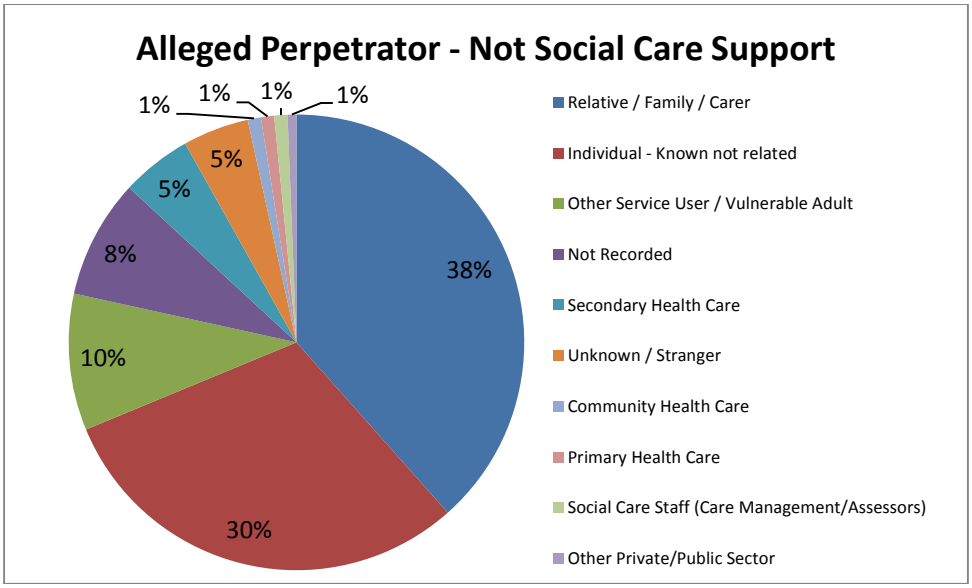
- The majority of alleged abusers are – known individual (55%) as in previous years, although this is showing a declining trend.

- Social Care/Support/Services Paid – has been increasing over the last 4 years from 19% in 2011/12 to 38% this year, which links in with the increase we have seen in care home abuse.

- Unknown Individual – has been decreasing over the last 4 years from 22% in 2011/12 to 7% this year. This is an improving picture which provides evidence of more consistent and tenacious work by our staff.

Below are two graphs breaking down the relationship of the alleged perpetrator in more detail.





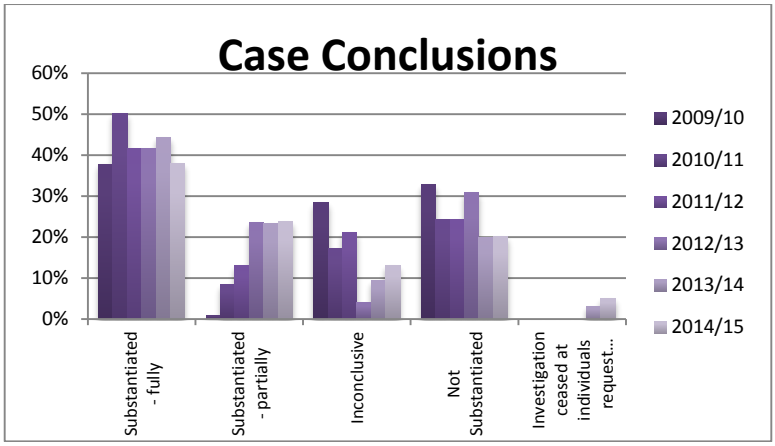
- Case Conclusion

This is no longer being counted in the return after this year. From next year we will be looking at Making Safeguarding Personal outcomes.

Percentages - Case Conclusions	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Substantiated - fully	38%	50%	42%	42%	44%	38%
Substantiated - partially	1%	8%	13%	24%	23%	24%
Inconclusive	28%	17%	21%	4%	9%	13%
Not Substantiated	33%	24%	24%	31%	20%	20%
Investigation ceased at individuals request (new for 13/14)	0%	0%	0%	0%	3%	5%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

- Most cases were Substantiated fully (38%) although this is a decrease on last year's 44%.

- Inconclusive has increased over last 3 years from 4% in 2012/13 to 13% this year.

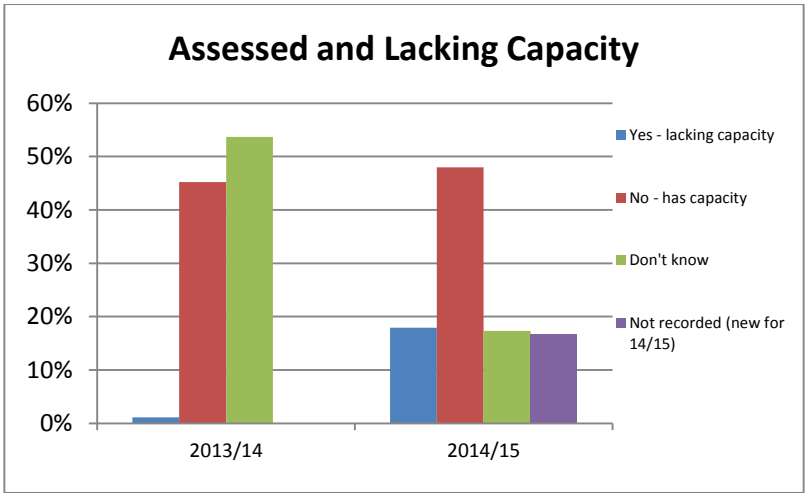


- Capacity

This is a new question added to the SAR from 2013/14. Not Recorded is a new categorisation added for this year (14/15).

Percentages - Capacity	2013/14	2014/15
Yes assessed and lacking capacity	1%	18%
No not assessed - has capacity	45%	48%
Don't know	54%	17%
Not recorded (new for 14/15)		17%
Total	**100%**	**100%**

- Most recorded as “Having Capacity” – 48%, similar to last year.
- Those lacking capacity has increased from 1% to 18% - we believe this to be better recording and understanding of this question from when it was introduced last year.
- “Don’t knows” decreased significantly from 54% last year to 17% (although an additional 17% were not recorded at all this year).
- We expect this picture will continue to improve next year as renewed training on MCA takes effect.


Assessed and Lacking Capacity
60%
50%
40%
30%
20%
10%
0%
2013/14
2014/15
Yes - lacking capacity
No - has capacity
Don't know
Not recorded (new for 14/15)

West Berkshire Council Safeguarding Performance Executive Summary

1. Performance in 2014/2015 (based on SAR statutory reporting)

The data is sourced from the statutory SAR (Safeguarding Adults Return) for 2014/15. This is still provisional data as the DoH have not published the final cut and includes all episodes of alerts and referrals.

It should be noted that the data provided below for SAPB reports on safeguarding episodes to allow comparison with previous years reporting.

The data published in the SAR only reports on client numbers and can therefore not be directly compared.

With the introduction of the new SAC (Safeguarding Adults Collection) for 2015/16, and the SAB dashboard there will be greater consistency.

1.1 Volume of Episodes for Safeguarding Adults

The overall number of alerts and referral episodes has increased by 12% (707 in 2013/14 to 804 in 2014/15).

Alerts saw an increase in volume of 10% on the previous year (601 compared to 543 in 2013/14)

Referrals have increased by 19% in 2014/15; this is as a result of a higher number of alerts but also a higher conversion rate of alert to referral (34%). A higher alert to referral conversion rate suggests improved recording of alerts requiring referral stage 2 investigations.

Completed referrals as a percentage of all referrals was 82% this year compared to 76% last year.

Number of alerts, referrals and completed referrals over past 3 years

(includes repeat referrals)

	Alerts	Referrals	Total	Concluded Referrals	% Alerts leading to Referral
2012-13	630	202	832	176	***32%***
2013-14	543	164	707	125	***30%***
2014-15	601	203	804	167	***34%***
% increase from previous year	***10%***	***19%***	***12%***	***25%***	

Completed referrals are the number of referral and strategy meeting forms that have been closed within the reporting period. The completed referral total is often different from the total number of referrals because it can include those referrals opened in the previous reporting year that then end in the current reporting year.

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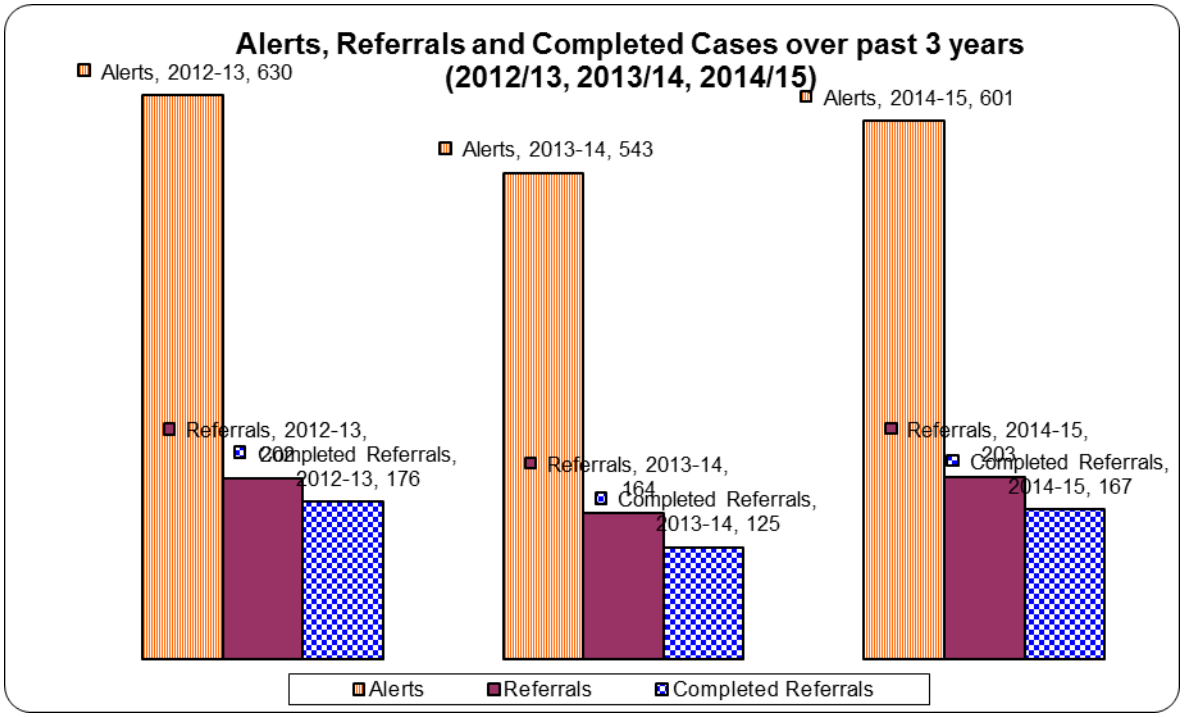


1.2 Alerts and Referrals by Age, Client Group and Gender

	2013/14			
Alerts and Referrals	18 - 64	65 and over	Total	%
Physical Disability	41	255	**296**	***42%***
Mental Health (excluding dementia)	50	35	**85**	***12%***
Dementia	4	161	**165**	***23%***
Learning Disability	83	5	**88**	***12%***
Other (inc Vul People and Substance Misuse)	30	43	**73**	***10%***
Total	**208**	**499**	**707**	
	29%	**71%**		

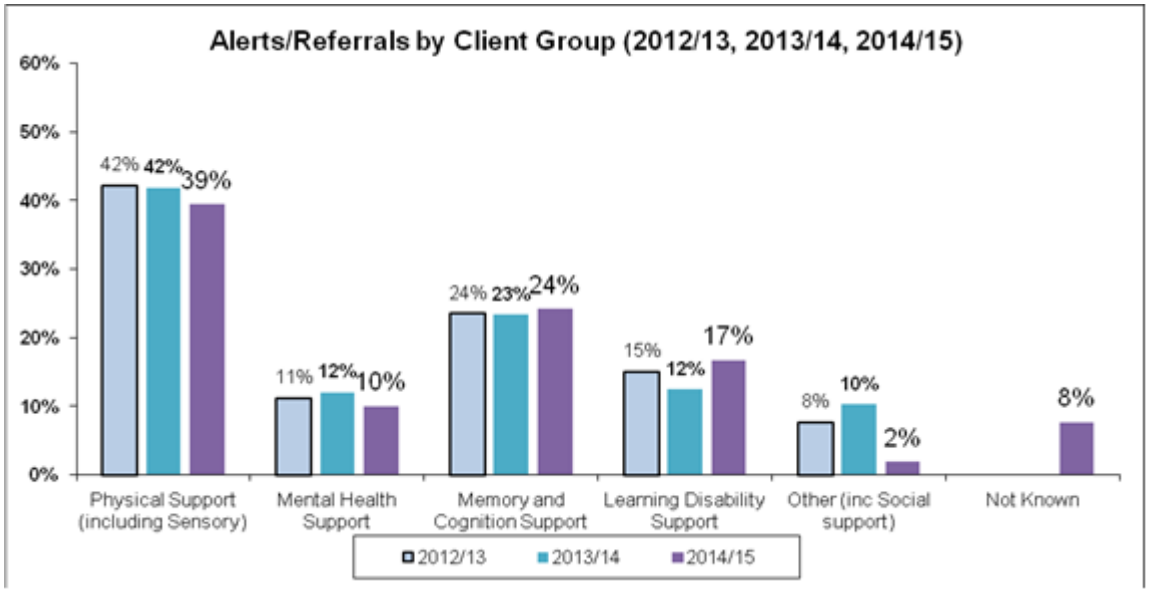
	2014/15			
Alerts and Referrals	18 - 64	65 and over	Total	%
Physical Support (including Sensory)	52	257	**309**	***39%***
Mental Health Support	38	41	**79**	***10%***
Memory and Cognition Support	5	185	**190**	***24%***
Learning Disability Support	109	22	**131**	***17%***
Other (inc Social support)	8	7	**15**	***2%***
Not Known	6	54	**60**	***8%***
Total	**218**	**566**	**784**	
	28%	**72%**		

Changes in statutory reporting means that we no longer report on 'Client group' and now report in relation to 'Primary Support Reason'. This distinction can be seen in the tables above.

In 2014/15:

Client Primary Support reason

- The highest percentage of alerts and referrals were in the physical support category which remains static compared to the previous year category of 'physical disability'.
- There has been an increase in the percentage of alerts / referrals from learning disability clients this year (17% compared to 12% in the previous year).
- The number of alerts/referrals by clients with a PSR of Memory and Cognition (previously under dementia) has increased – the proportion increased from 23% to 24%)



Age Group

- The number of alerts/referrals by age group 18-64 (28%) and 65+ (72%) has remained relatively static this year.

Gender

- The overall number of alerts/referrals by gender remains static, 40% male and 60% female.

	2013/14		
Alerts and Referrals	**Female**	**Male**	**Total**
18 - 64	111	97	**208**
65+	316	183	**499**
Total	**427**	**280**	**707**
	60%	40%	

	2014/15		
Alerts and Referrals	**Female**	**Male**	**Total**
18 - 64	121	101	**222**
65+	360	222	**582**
Total	**481**	**323**	**804**
	60%	40%	

1.3 Repeat Referrals

Referrals are classed as repeat referrals when they involve a separate incident about the same vulnerable adult within the same reporting period. A low level of repeat referrals can demonstrate effective resolution and risk management of issues.

The repeat referral rate this year was 11.3% compared to 9.8% in the previous year. A target of 8% or below was set for 2014/15 and although this has not been achieved, there is continued monitoring around the numbers of repeat referrals.

Further analysis of the repeat safeguarding referrals shows that this relates to a small number of individual that fall into three broad categories.

1. Chronic, multiple allegations where, for example a person with capacity continues to act unwisely with their finances and they prove difficult to engage / help or where a carer and cared for person continue to live together by choice but the carer has their own health or other problems that generate multiple expressions of concern.

2. Repeat referrals for the same incident are being reported by different agencies

3. Repeat referrals that are entirely unrelated, for example, the behaviour of a daughter towards her mother when visiting her in her care home and a minor assault on the mother by another resident of the care home.

Number of repeat referrals by age band of vulnerable adult

	18 - 64	65 - 74	75 - 84	85 and over	Total	% Referrals that are Repeats
2012/13	5	0	5	10	**20**	***9.9%***
2013/14	5	2	6	3	**16**	***9.8%***
2014/15	4	5	8	6	**23**	***11.3%***

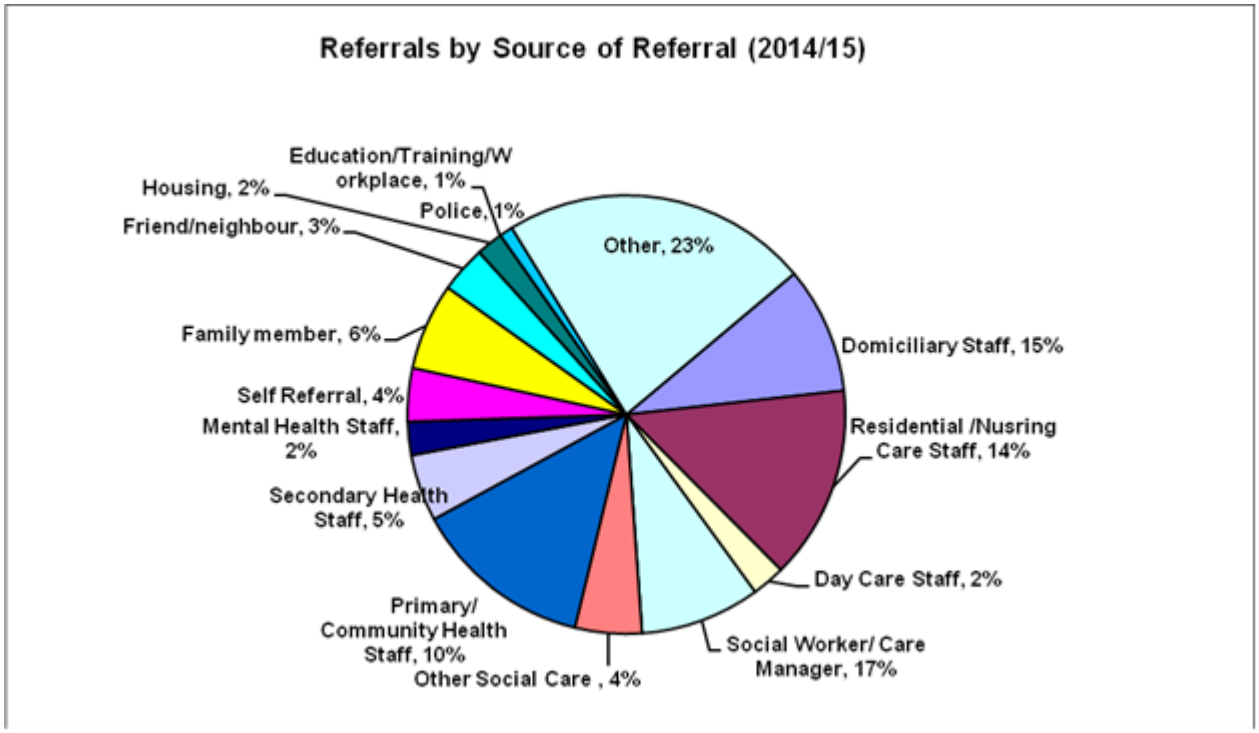
Analysis of those repeat referrals on a monthly basis ensures patterns and trends are identified and acted upon at the earliest opportunity. However, it is recognised this is not a particularly useful measure of overall performance because of the uncontrollable nature of the client group. As a result, the Department of Health has decided this measure is no longer required from April 2015 and therefore it will not feature in future reports.

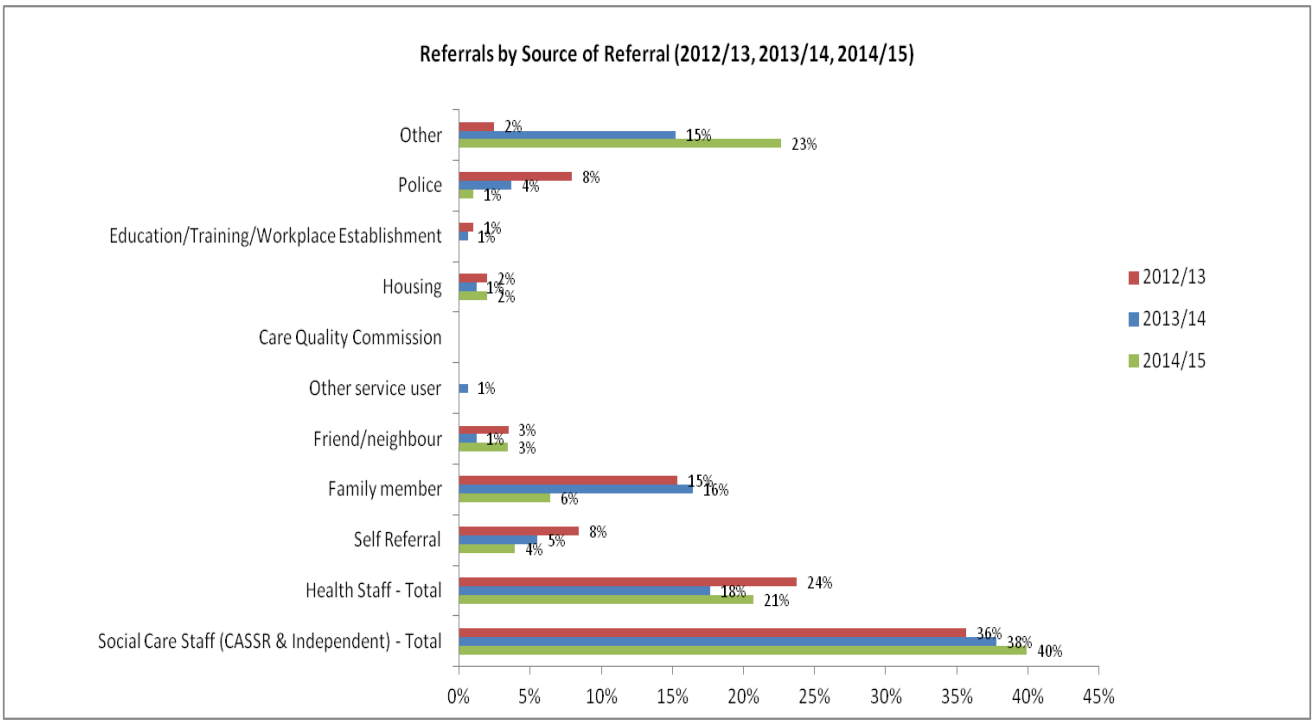
1.4 Referrals by Referrers/Source of Referral (who reported the concern)

This year, there has been an increase in the number of referrals where the abuse was reported by Social Care staff (40% compared to 38% in the previous year) and a significant increase in the number of referrals reported by other sources (23% compared to 15% in the previous year). This increase may indicate that there is a wider awareness of safeguarding within the community.

The number reported by self, family, friends and neighbours has decreased this year (14% compared to 23% last year) and our referrals from the Police have also decreased from 4% to 1% this year. The referrals from Housing have increased to 2% from 1% last year.

	Referrals	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15
Social care staff	Social Care Staff (CASSR & Independent) - Total	72	62	81	36%	38%	40%
	of which: Domiciliary Staff	15	21	19	7%	13%	9%
	Residential /Nusring Care Staff	35	14	29	17%	9%	14%
	Day Care Staff	5	5	5	2%	3%	2%
	Social Worker/Care Manager	9	18	18	4%	11%	9%
	Self -Directed Care Staff	0	2	0	0%	1%	0%
	Other	8	2	10	4%	1%	5%
Health staff	Health Staff - Total	48	29	42	24%	18%	21%
	of which: Primary/Community Health Staff	23	18	27	11%	11%	13%
	Secondary Health Staff	19	6	10	9%	4%	5%
	Mental Health Staff	6	5	5	3%	3%	2%
Other sources of referral	Self Referral	17	9	8	8%	5%	4%
	Family member	31	27	13	15%	16%	6%
	Friend/neighbour	7	2	7	3%	1%	3%
	Other service user	0	1	0	0%	1%	0%
	Care Quality Commission	0	0	0	0%	0%	0%
	Housing	4	2	4	2%	1%	2%
	Education/Training/Workplace Establishment	2	1	0	1%	1%	0%
	Police	16	6	2	8%	4%	1%
	Other	5	25	46	2%	15%	23%
	Total	202	164	203			





1.5 Referrals by Alleged Abuse Type and Multiple Abuse

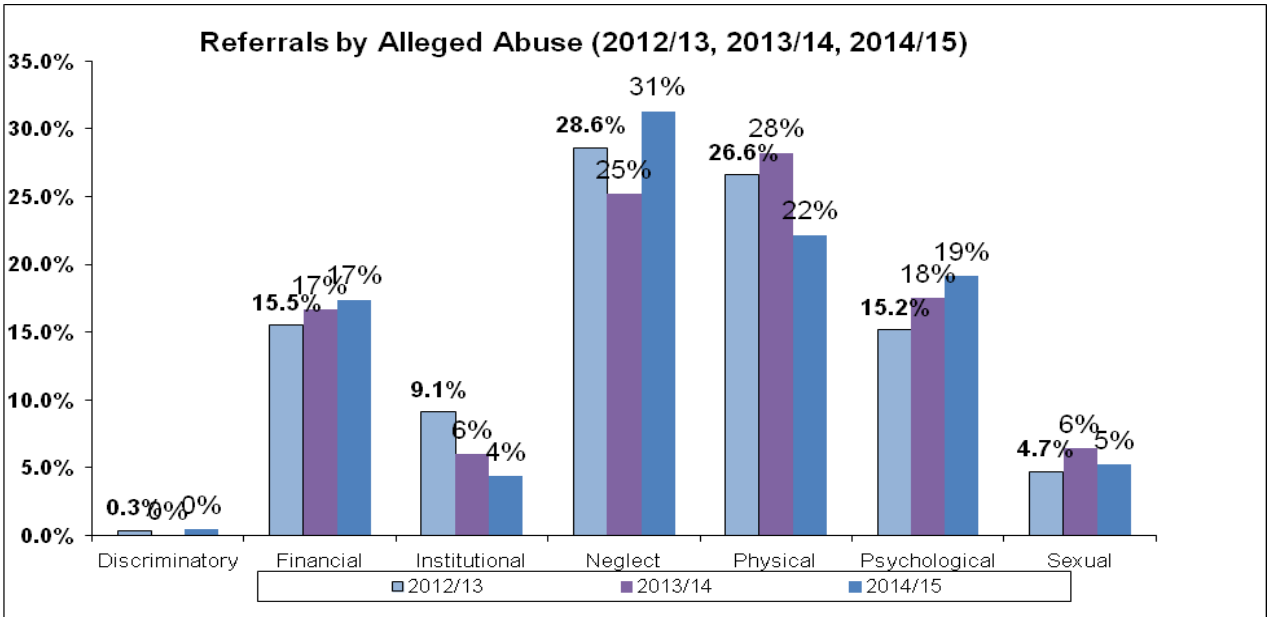
- Referrals reporting neglect has increased (31% this year compared to 25% in the previous year)
- Alleged psychological abuse has increased (19% psychological compared to 18% last year).
- Financial abuse has remained static at 17%
- Referrals reporting alleged institutional abuse has decreased this year (4% institutional compared to 6% last year)
- Physical abuse has also decreased from 28% to 22% in 2014/15

The two most prevalent types of abuse are **neglect** and **physical abuse,** closely followed by financial and psychological abuse. This is the same as the trend indicated in previous years.

Cases which recorded multiple abuses increased from 30% to 31% in 2014/15, indicating that there are a high number of referrals received by safeguarding which have an increased complexity (% calculated as a proportion of referrals started in the reporting period).

Number of Referrals by alleged abuse type

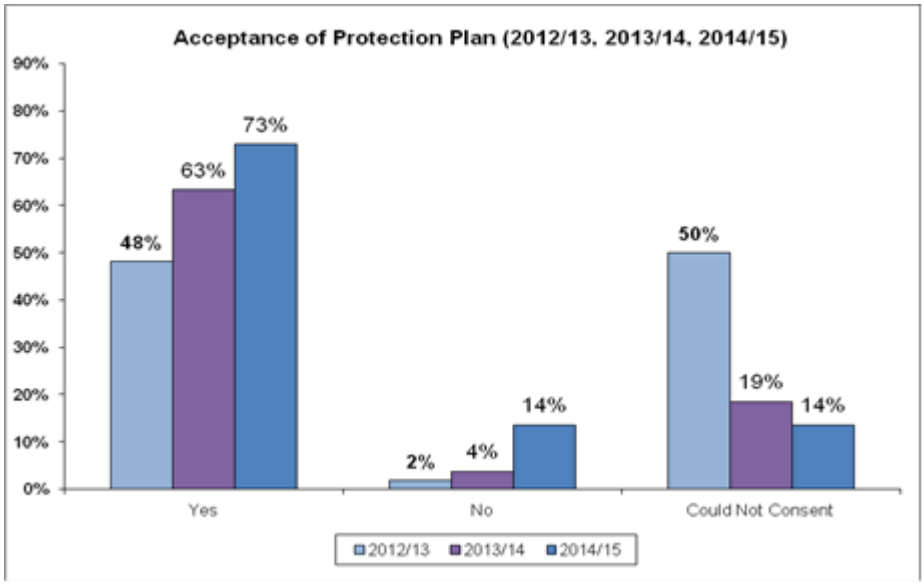
Referrals	2012/13	2013/14	2014/15	% 2012/13	% 2013/14	% 2014/15
Discriminatory	1	0	1	***0.3%***	***0%***	***0%***
Financial	46	39	40	***15.5%***	***17%***	***17%***
Institutional	27	14	10	***9.1%***	***6%***	***4%***
Neglect	85	59	72	***28.6%***	***25%***	***31%***
Physical	79	66	51	***26.6%***	***28%***	***22%***
Psychological	45	41	44	***15.2%***	***18%***	***19%***
Sexual	14	15	12	***4.7%***	***6%***	***5%***
Total Abuse	297	234	230			
Of which:- Multiple	69	50	63			



The percentage of protection plans accepted by those with the capacity to consent is shown below. This demonstrates the level to which the adult at risk engages with the safeguarding process.

Acceptance of Protection Plan (completed referrals where plan offered)

Acceptance of Protection Plan?	*2014/15*	2013/14	2012/13
Yes	86	62	78
No	16	6	3
Could Not Consent	16	30	81
Total Plans	**118**	**98**	**162**
84.31% of protection plans offered where there was capacity to consent were accepted			



Theoretically, a high percentage indicates a high level of service user involvement in the risk management and decision making process in line with best practice for service user engagement. However, it is important to note that the numbers are small and so therefore can have a significant impact on the overall % figure. It is also important to note that not all successful safeguarding interventions result in a protection plan being offered and accepted.

With the new SAC return, protection plans will no longer be reported on and there is a move towards reporting on outcomes

Appendix F

Wokingham Annual Performance Report 2014-15

Executive Summary

Annual Performance Report 2014-15 Safeguarding Adults At Risk

Performance in 2014/2015 is based on SAR statutory reporting.

The data provided within this report is sourced from the Safeguarding Adults Return (SAR) for 2014/2015. The data is currently provisional pending Department of Health release of final publication.

Data provided within this report is for the purpose of the Safeguarding Adults Board to enable comparison with previous years reporting. Direct comparison cannot be achieved due to changes in reporting requirements however it is envisaged with the introduction of new Safeguarding Adults Collection requirements for 2015/2016 greater consistency will be achieved.

Volume of episodes for Safeguarding-Alerts and referrals

(Alerts are safeguarding concerns received by the Local Authority; Referrals are episodes which progressed into a Safeguarding investigation.)

Alerts and referrals

There were 868 alerts received by Wokingham Borough Council in 2014-15. 57% of these alerts progressed on to a referral (499 out of 868 alerts progressed to a part 2 investigation). There were 408 individuals who received a safeguarding referral in 2014-15.

Referrals increased by 13% in 2014-15 (499 compared to 441 referrals in 2013-14). The number of repeat referrals increased from 15% in 2013-14 to 18% this year.

	2012-13	2013-14	2014-15
Alerts		577	868
Referrals	812	441	499
Individuals who had referral	558	373	408
% of repeats	31%	15%	18%

Gender

61% of referrals started in the year were for females and 39% were for males. As with the previous year there were more referrals for females than males.

Age groups

The table below shows age groups for individuals referred in 2014-15 and the previous year. Following last year's trend there were more referrals from individuals aged 65 years or over than 18-64.

In 2014-15, 71% of referrals were from people aged 65 years or over. This is an increase from the previous year where 62% of referrals were from the 65+ age group.

Age band	2013-14	*% of total*	2014-15	% of total
18-64	143	38%	117	29%
65-74	31	8%	36	9%
75-84	81	22%	98	24%
85-94	106	28%	131	32%
95+	12	3%	23	6%
Age unknown	0	0%	3	1%
Grand total	373		408	

Ethnicity

85% of all individuals with referrals started in period were of white ethnicity and 2% were of other ethnic groups. 13% did not have any ethnicity recorded.

Primary support reason

For 2014-15 we have changed from the previous categorisation of primary client group (PCG) to primary support reason (PSR) so there are no direct comparisons with last year. The majority of people who had a referral in 2014-15 had a primary support reason of physical support or learning disability support. 48% of referrals were for individuals who had a primary support reason of physical support.

Primary support reason	Individuals	% of total
Physical support	197	48%
Sensory support	8	2%
Support with memory and cognition	69	17%
Learning disability support	99	24%
Mental health support	17	4%
Social support	6	1%
No support reason	12	3%
	408	

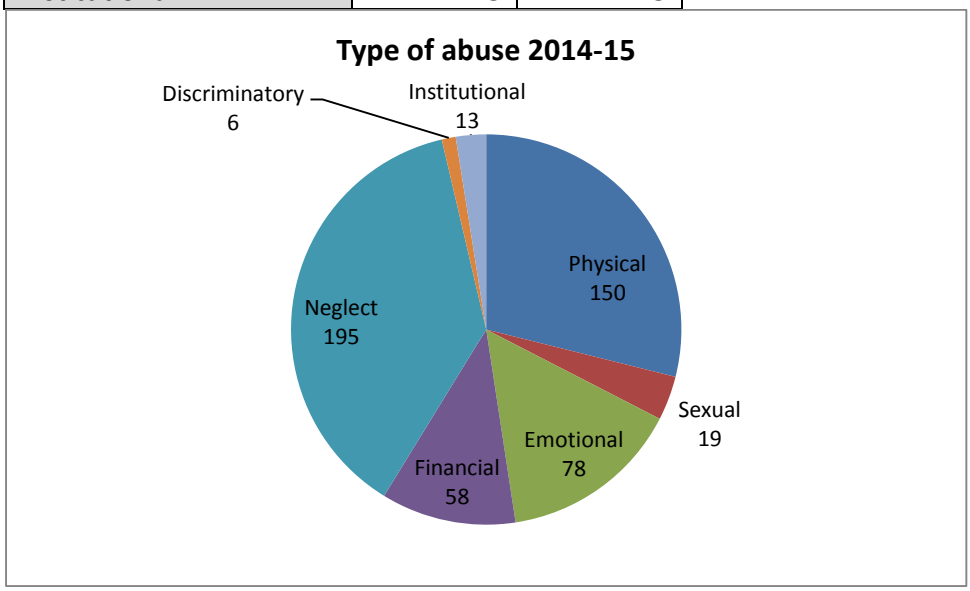
Reported health conditions

There were 11 people who had a safeguarding referral in 2014-15 with a reported health condition of Autism or Asperger's syndrome.

Type of alleged abuse

Referrals	2013-14	2014-15

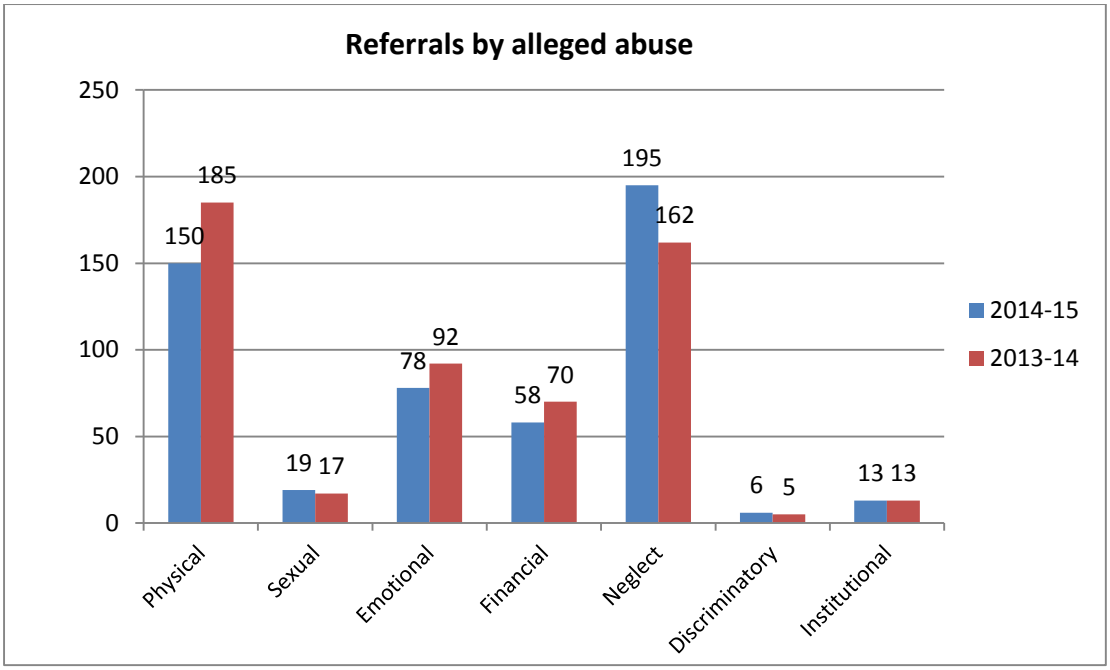
Physical	185	150
Sexual	17	19
Emotional/Psychological	92	78
Financial	70	58
Neglect	162	195
Discriminatory	5	6
Institutional	13	13



As with previous years the highest levels of alleged abuse remain in the physical and neglect categories.

- Referrals for physical abuse have decreased by 19% from previous year.
- Referrals for neglect have increased by 20% from previous year.

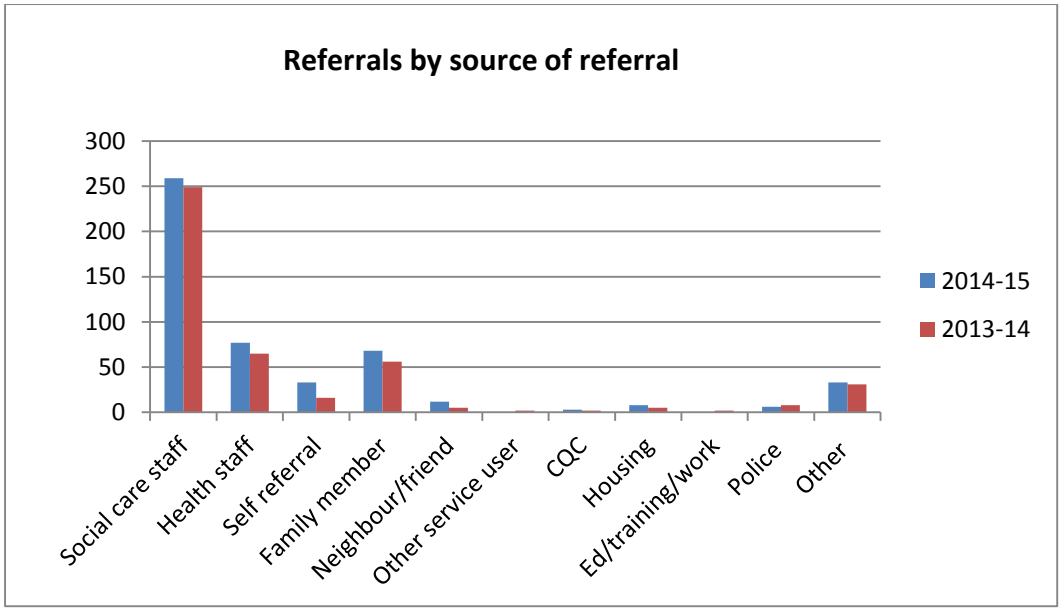
From 2015-16 four new voluntary categories will be added which will be domestic abuse, sexual exploitation, modern slavery and self-neglect. This may impact comparable data as some of these new categories may have been previously recorded under one of the other categories.



Referral Source

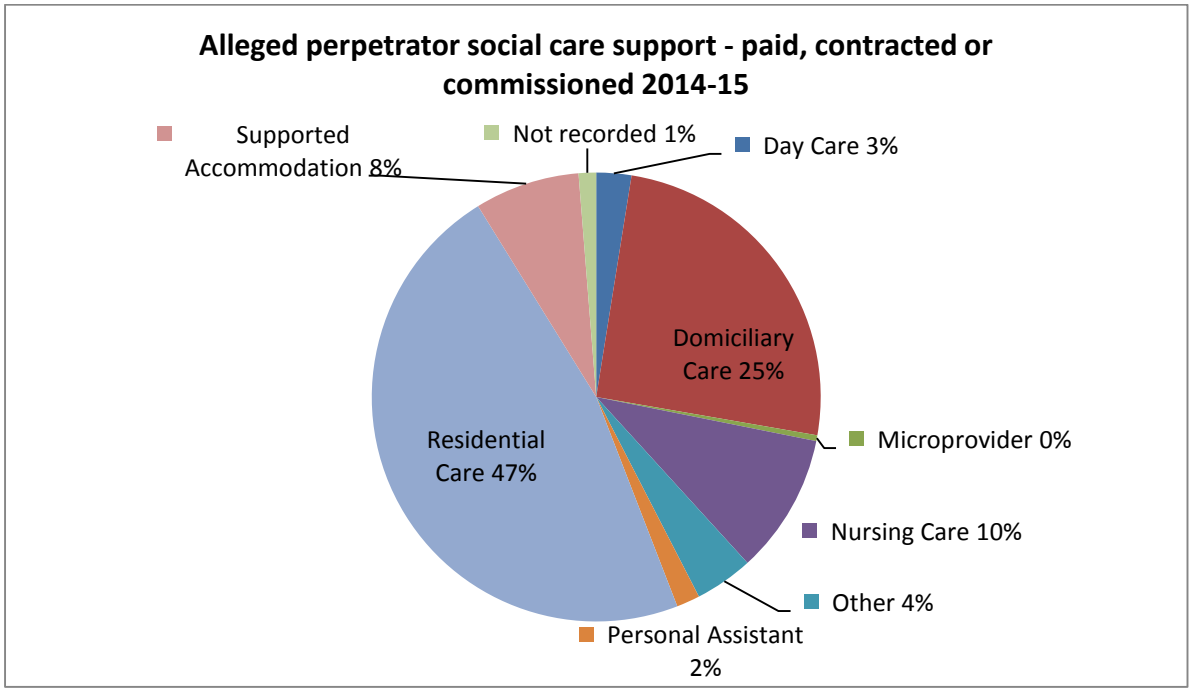
In 2014-15 52% of referrals were reported by social care staff and 15% were from health care staff. The number of self-referrals has increased this year (7% compared to 4% in 2013-14) showing an increasing awareness and leading to self-reporting of perceived abuse.

	Referrals	2013/14	2014/15
Social Care Staff	Social Care Staff total (CASSR & Independent)	249	259
	Of which: Domiciliary Staff	37	48
	Residential/ Nursing Care Staff	155	139
	Day Care Staff	12	21
	Social Worker/ Care Manager	25	25
	Self-Directed Care Staff	2	3
	Other	18	23
Health Staff	Health Staff - Total	65	77
	Of which: Primary/ Community Health Staff	41	38
	Secondary Health Staff	10	21
	Mental Health Staff	14	18
Other sources of referral	Self-Referral	16	33
	Family member	56	68
	Friend/ Neighbour	5	12
	Other service user	2	0
	Care Quality Commission	2	3
	Housing	5	8
	Education/ Training/ Workplace Establishment	2	0
	Police	8	6
	Other	31	33
	Total	**441**	**499**

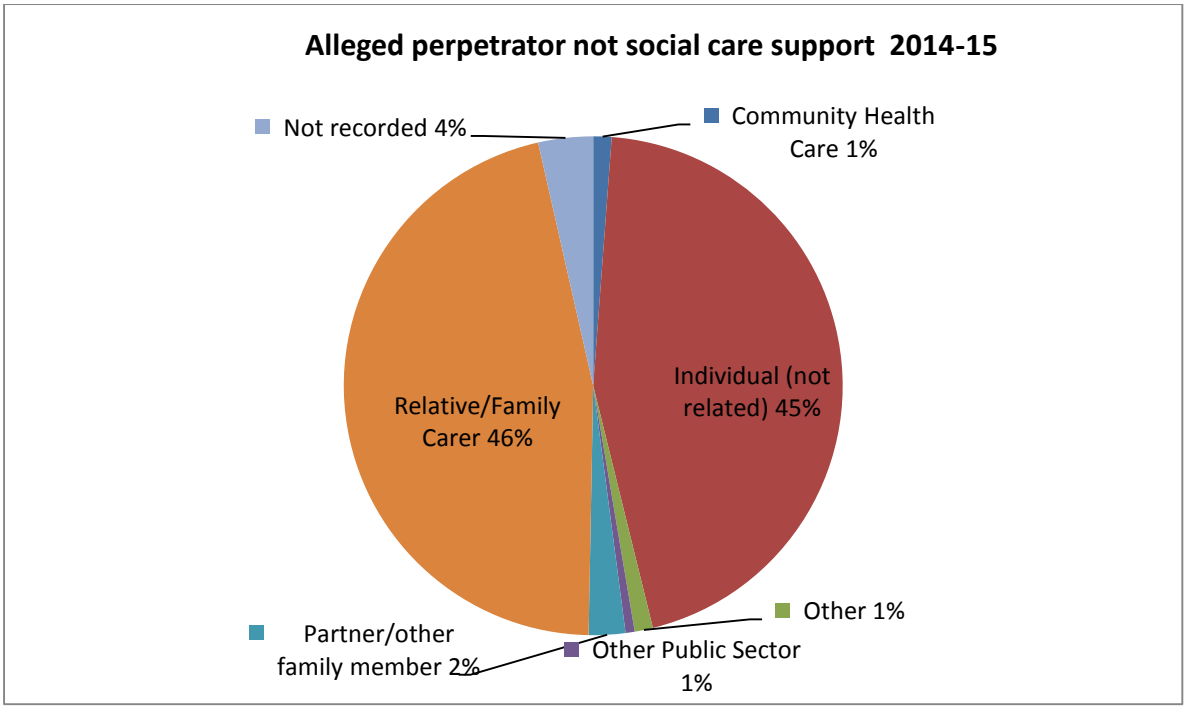


Alleged perpetrator

The chart below shows the service type where the alleged perpetrator was social care support and refers to any individual or organisation paid, contracted or commissioned to provide social care support.



The following chart shows where the alleged perpetrator was not paid, contracted or commissioned social care support.



Location of alleged abuse

The table below shows the location the alleged abuse was reported to have taken place for 2014-15. As with previous years the main locations where the alleged abuse took place was in the persons own home and care home.

Location of abuse	2013/14	2014/15
Care home	195	172
Hospital	6	5
Own home	166	195
Community service	38	17
Other	40	26

Case conclusions and outcomes

There were 407 concluded referrals in 2014-15.

The table below shows case conclusions for 2014-15 by result.

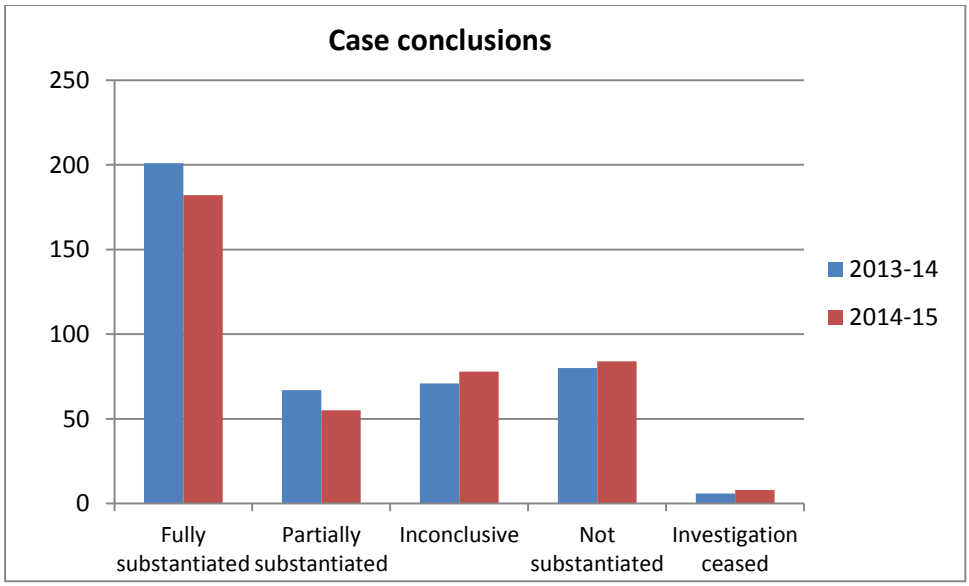
Result	2013/14	2014/15
Action Under Safeguarding: Risk Reduced	333	265
Action Under Safeguarding: Risk Removed	40	46
Action Under Safeguarding: Risk Unchanged	14	20
No Further Action Under Safeguarding	38	76
Total	425	407

In 2014-15, in 65% of referrals risk to the individual was reduced as a result of action taken.

The majority of cases in 2014-15 were fully substantiated. However this is a decrease from last year's figures (45% of cases were fully substantiated in 2014-15 compared to 47% last year).

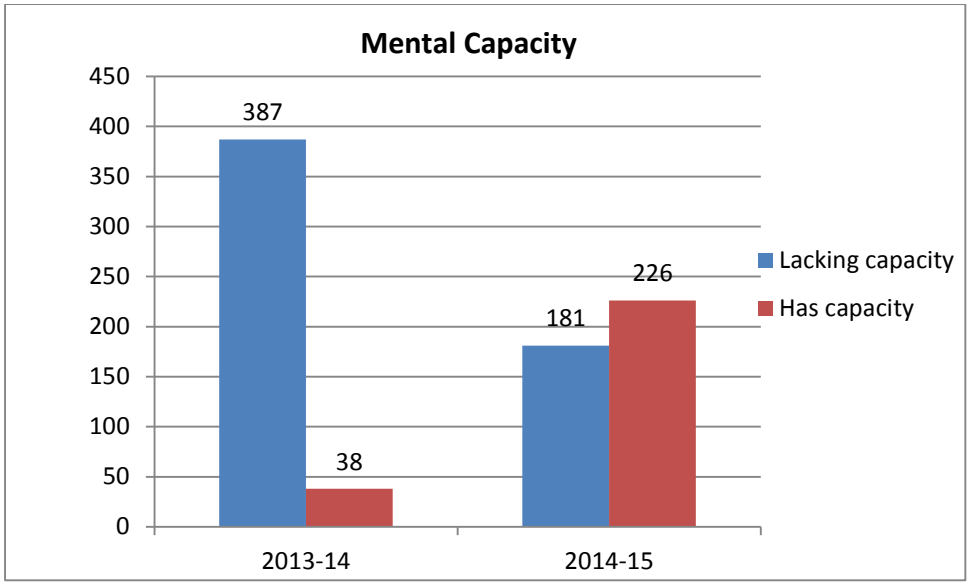
Conclusion	2013-14	2014-15
Fully substantiated	201	182
Partially substantiated	67	55
Inconclusive	71	78
Not substantiated	80	84
Investigation ceased	6	8

The chart below shows that the number of cases not substantiated has increased slightly from 19% last year to 21% in 2014-15.

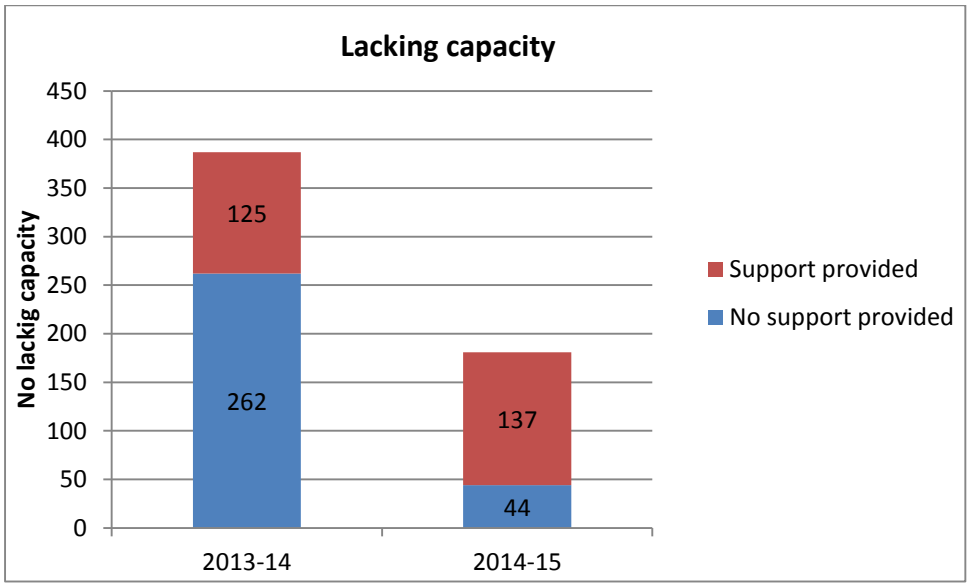


Mental capacity

Of the 407 concluded referrals in 2014-15, there were 181 referrals where the individual lacked capacity.



Of those lacking capacity in 2014-15, 76% of individuals were provided support by an independent advocate, friend or family member. This is an increase from 32% last year, it is likely that is a result of focused training and awareness raising of requirements under the Mental Capacity Act 2005.



Health and Wellbeing Board Performance Report

Reporting Period: April to October 2015

Key:	⇧	Performance Improving compared to previous period
	⇩	Performance Deteriorating compared to previous period

HWB Priority	HWB Strategy Objective	Performance Indicator (Better Care Fund Indicator are in BOLD)	Year End Target 2015-16	Benchmark	Provenance of Benchmark	Reporting Frequency	Period	Expected Performance this Period	Actual Performance this Period	RAG this Period	Direction of Performance (see key)	Expected Performance to Date	Actual Performance to Date	RAG to Date	Projected Year End Performance	Commentary
BCF	5a	**Total non-elective admissions in to hospital (general & acute), all-age**	Q3 (Oct 15 - Dec 15) 2,977	1,695	Berkshire West CCG Average per 1,000 population. Wok is 1,650 per 1,000 population	Quarterly	Quarter 2	2,699	3,044	Green	⇩	2,699	3,044	Green	2,977	Nov 15 Updated to include September 2015, Q2 complete. 25% more activity compared to September 2014. Q2 13% over plan.
BCF	5a	**Permanent admissions of older people (aged 65 and over) to residential and nursing care homes**	167 (619 per 100,000)	588 per 10,000 population	National Data published by HSCIC for the Adult Social Care Outcomes Framework. 588 per 100,000 is the 2014/15 average for SE Region and 669 nationally	Monthly	Oct-15	14	5	Green	⇧	97	66	Green	158	November 15 YTD Sep - 28 less permanent admissions compared to 2014-15.
BCF	5a	**Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services**	70% (2013/4 outturn was 65.6%)	SE Region 80.1% in 2013/4	SE Region 80.1%, English average 82.5% in 2013/4. Collected in the annual SALT return, published by HSCIC	Annual	January to March	70%	77.9%	Green	⇧	70%	77.9%	Green	NA	The indicator changed for 15-16 to monitor every person who is discharged from hospital into reablement. The indicator has only been in place since 1st April 2015. There is currently no data to report for 15-16.
BCF	5a	**Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).**	4,265	269	NHS Statistics website: Monthly average for Berkshire Unitary Authorities for September 2015. (Monthly average for SE region 1,536)	Monthly	Sep-15	255	390	Green	⇩	2,040	1,992	Green	3,204	Nov 15 September by sector: NHS 285, Social Care 91, Both 14, YTD 563 fewer days compared to 2014-15. Achieved target for Q2
BCF	5b	**Number of patients going through reablement**	900	105	National Data published by HSCIC for Short & Long Term Services 2014/15. Berkshire Unitary Authorities average figure for end of year snapshot for those receiving short term rehabilitation	Monthly	Oct-15	75	102	Green	⇧	525	565	Green	969	Whilst START's capacity is below where it should be, START is actually delivering in excess of the block contract. There is an on-going recruitment programme to build capacity.
BCF	5b	**Adult Social Care User Experience Survey: Q3b Do care and support services help you in having control over your daily life?**	87.2%	89.1%	National data published by HSCIC of the Adult Social Care Survey 2014/15. South East Region average	Annual	2014-15	87.2%	89.0%	Green	⇧	87.2%	89.0%	Green		Because of changes to the cohort and methodology it is not possible to make direct comparisons between data for 2014-15 and previous years.
		National GP survey is Section 8 Question 32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.	Not set	64%	England	Annual	2014-15	66%	Survey currently being undertaken	NA	NA	66%	Survey currently being undertaken	NA	Not set	Data is based on collection during July-September 2014 and January-March 2015. Current performance is 66% which consists of fieldwork from January-March 2014 and July-September 2014.
		Adult Social Care User Experience Survey: Question 2. Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?	89.9%	92.4%	National data published by HSCIC of the Adult Social Care Survey 2014/15. South East Region average	Annual	2014-15	88%	91.5%	Green	⇧	88%	91.5%	Green		Because of changes to the cohort and methodology it is not possible to make direct comparisons between data for 2014-15 and previous years. This indicator is a percentage of all respondents to the survey who said their quality of life was 'So good, it could not be better', 'Very good', 'Good' or 'Alright'.
		Number of Adult Safeguarding Referrals	Not set	257 Berkshire average for individuals	In 2013/4 the English average was 246 per 100,000 population) . Taken from the Annual Safeguarding Adults Return, published by HSCIC	Monthly	Oct-15	43	37	NA	⇧	301	184	NA	315	This is an area of significant concern and impact nationally and is something we need to monitor closely as a Board.
CCG - Local quality priority		Increase the number of referrals to the BHFT memory clinic	612	Average of 543.8 patients assessed and average of 1,206.2 patients seen	Taken from the findings of an audit of memory clinics in England between July and September 2013 by the Royal College of Psychiatrists. Figures are based on 2012-13	Quarterly	Quarter 2	130	144	Green	⇧	505	556	Green	Awaiting 15-16 figures	Local target, to support increase in diagnosis of Dementia. Awaiting Quarter 1&2 data as at 25th November 2016
CCG - Local quality priority		Dementia Diagnosis Rate: Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	62.6%	59.3%	National data published by HSCIC as part of Quality Outcomes Framework in support of the Dementia Strategy & Dementia Challenge	Annual	Aug-15	66%	62.1%	Green	⇧	63%	62.1%	Green	NA	Figures relate to 14/15. methodology changed in 15/16. Expectation to achieve 67% for March 2016. Data will be published in October by National Team
CCG national quality priority		IAPT Access: The proportion of people with depression /anxiety that have entered psychological therapies	15.9%	21.3%	Average 14-15 IAPT recovery for Wokingham, South Reading, North and West Reading and Newbury and District CCGs	Quarterly	Quarter 4	4.6%	4.5%	Green	⇧	15.9%	16.7%	Green	Awaiting 15-16 figures	Increased investment from the CCG to the IAPT service in 2014-15.
CCG national quality priority		IAPT recovery rate	50%	57.4%	Average 14-15 IAPT recovery for Wokingham, South Reading, North and West Reading and Newbury and District CCGs	Quarterly	Quarter 4	50%	59.9%	Green	⇧	50%	59.9%	Green	Awaiting 15-16 figures	Increased investment from the CCG to the IAPT service in 2014-15.

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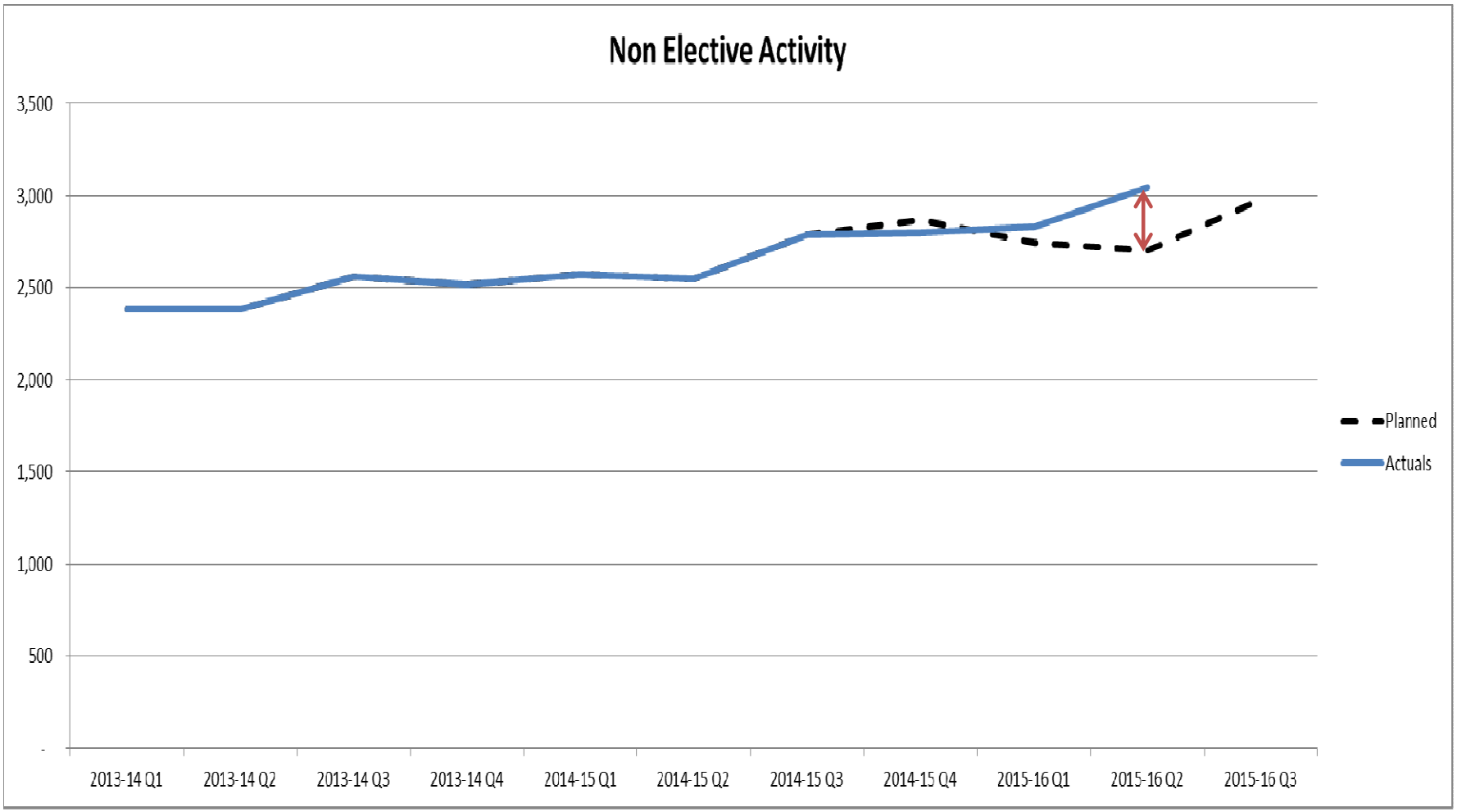
BCF Metrics

Presentation to WISP

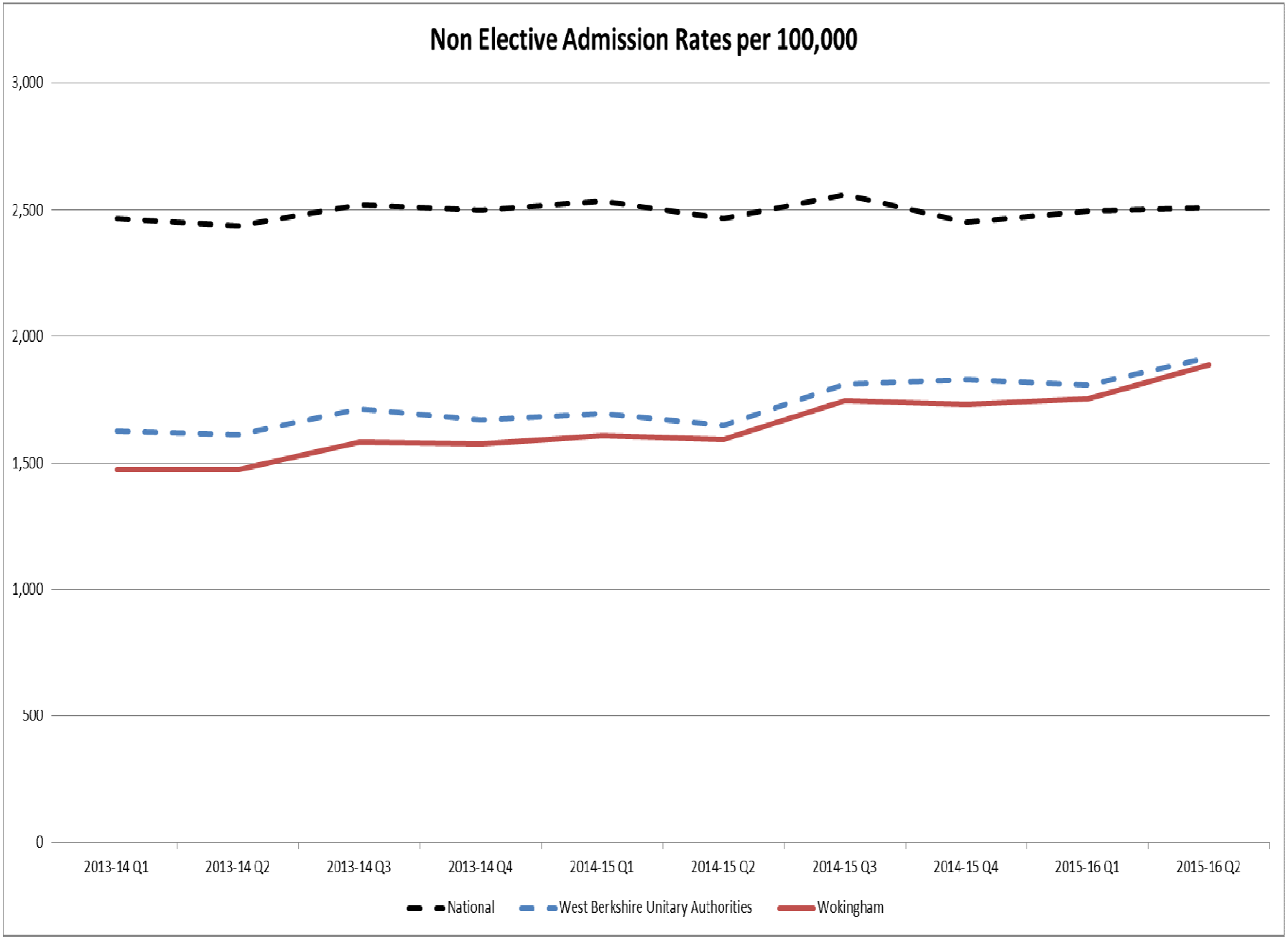
28 November 2015



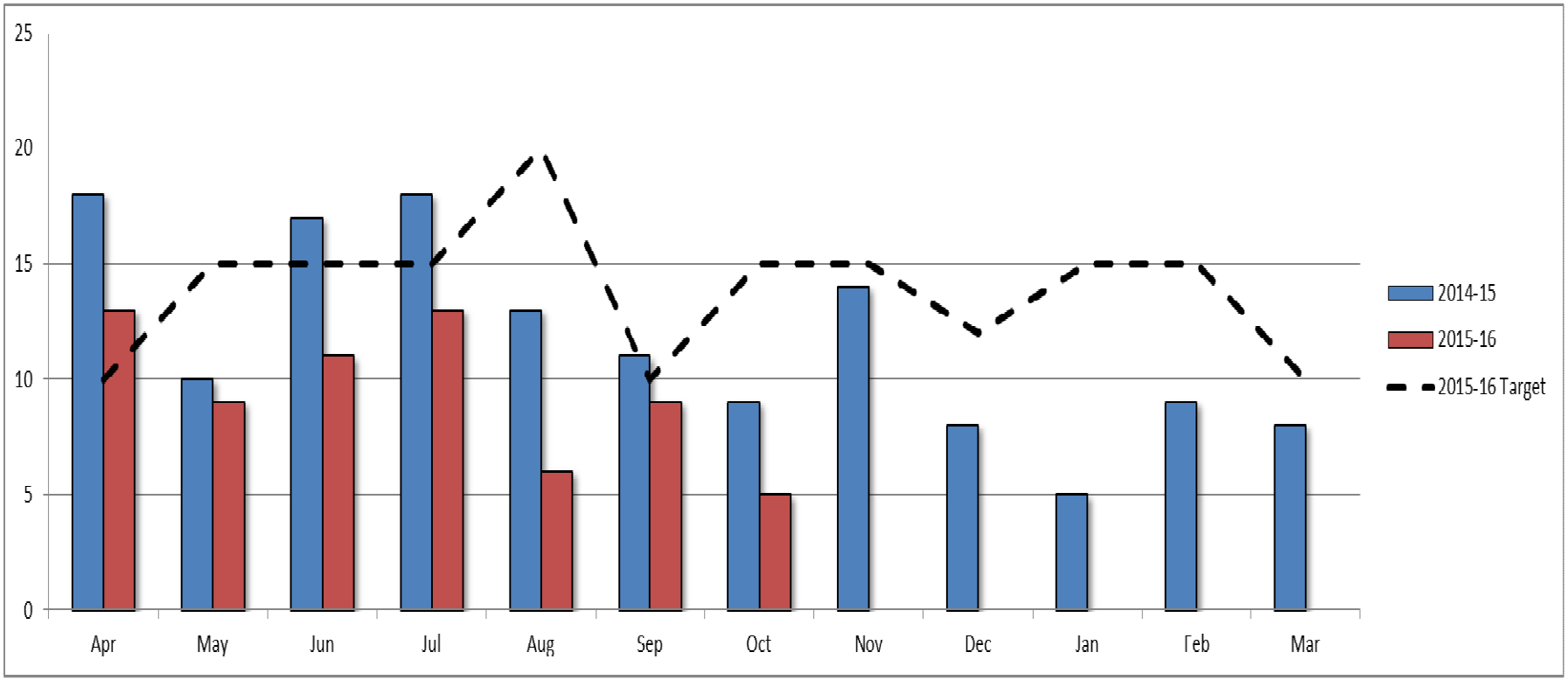
Q2 Planned: 2699

Q2 Actual: 3044

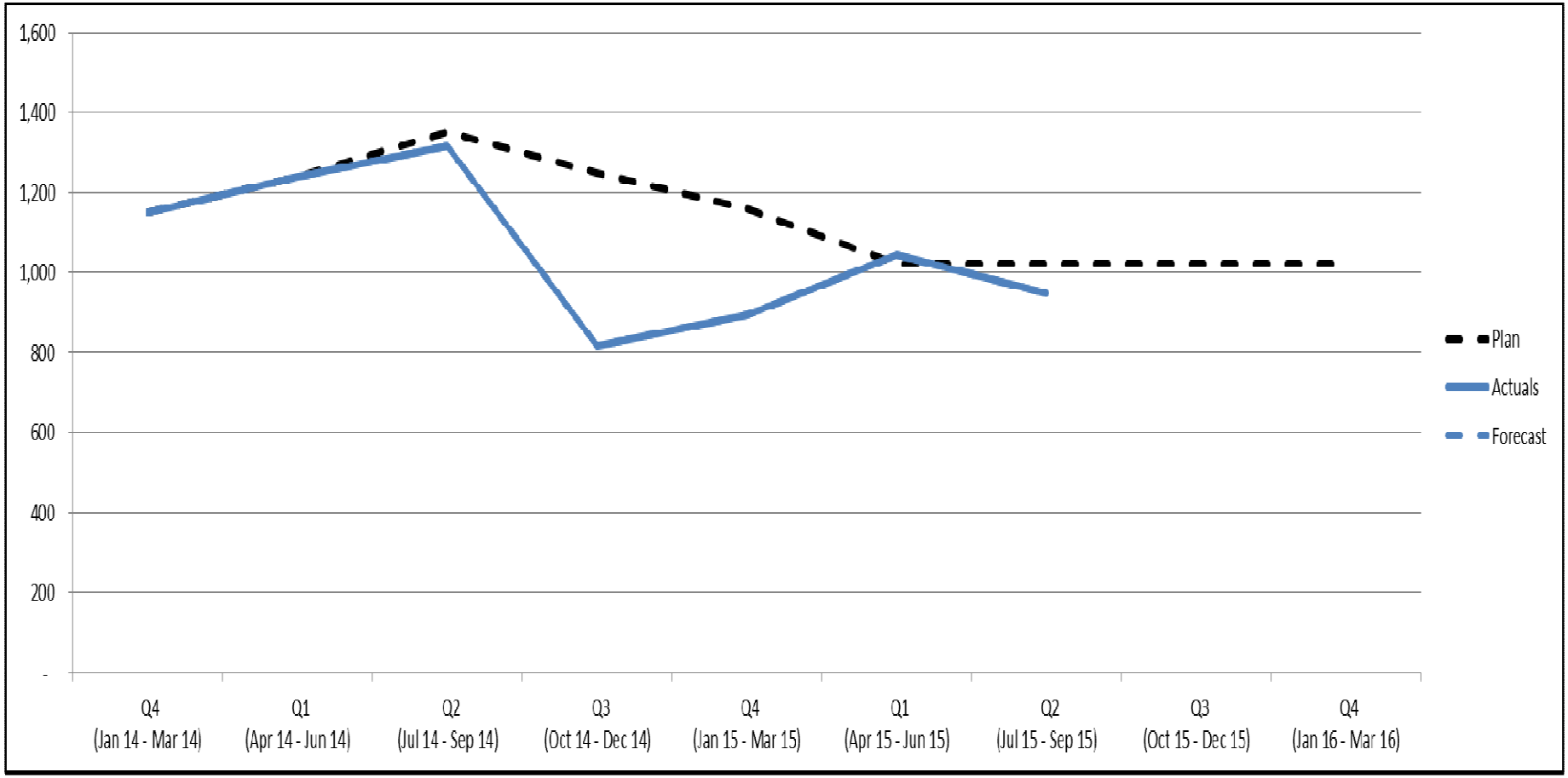
Q2 Difference: 345 over


Non Elective Admission Rates per 100,000
3,000
2,500
2,000
1,500
1,000
500
0
2013-14 Q1
2013-14 Q2
2013-14 Q3
2013-14 Q4
2014-15 Q1
2014-15 Q2
2014-15 Q3
2014-15 Q4
2015-16 Q1
2015-16 Q2
National
West Berkshire Unitary Authorities
Wokingham

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population



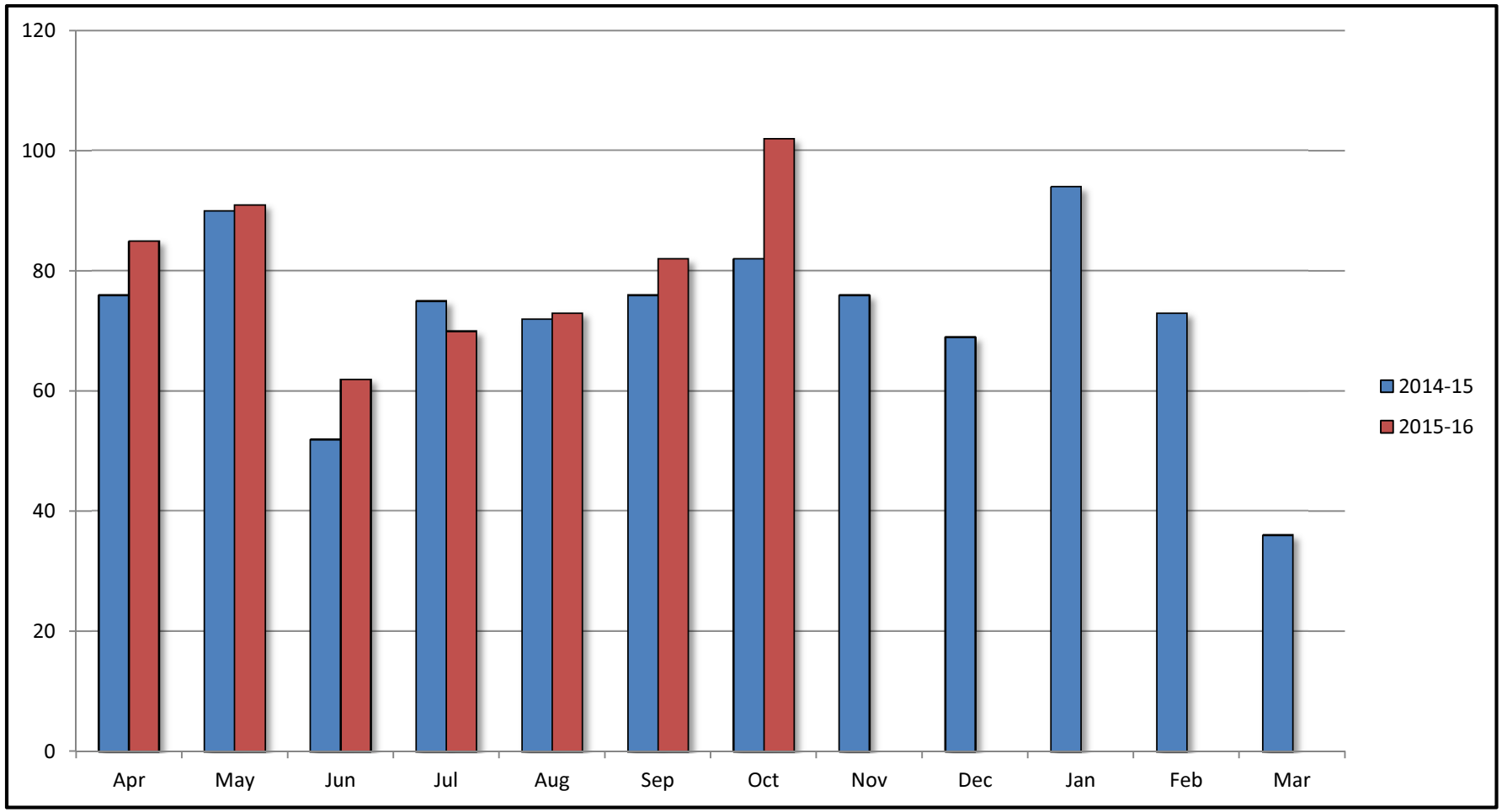
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)



Apr to Sep Target Days 2040

Actual Days 1992

No.patients going thru reablement



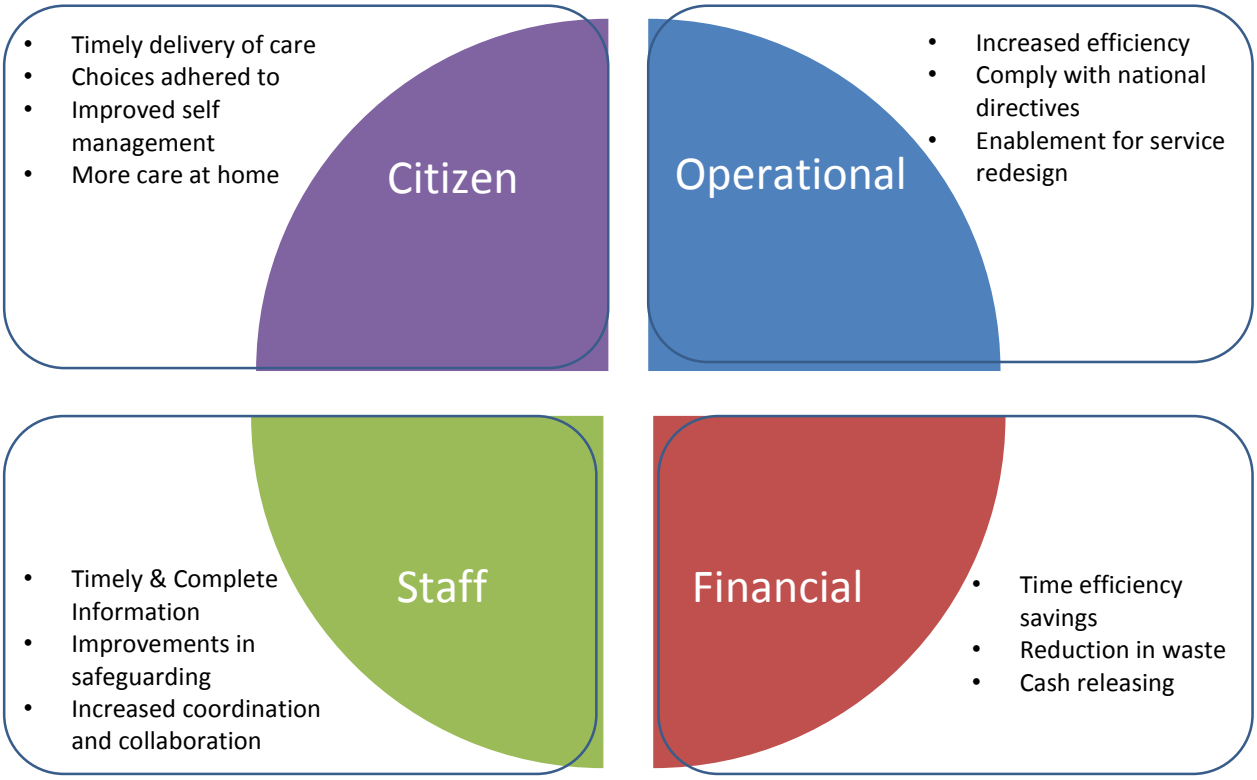
Year to date	Straight line forecast	Planned
565	969	900

Adult Social Care Outcomes Framework (ASCOF) **Notes:** There was no Survey of Adult Carers in 2013/14 so there are no related results for that year. Blank cells in some of the results are either because the outcome is no longer used, or a new outcome has been introduced since last year	Wokingham		SE Region		England	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
Domain 1: Enhancing quality of life for people with care and support needs						
(1A) Social care-related quality of life: T*his measure gives an overarching view of the quality of life of users of social care. It is based on the outcome domains of social care-related quality of life identified in the Adult Social Care Outcomes Toolkit (ASCOT) developed by the Personal Social Services Research Unit. The domains included are as follows: Control, Personal care, Food and nutrition, Accommodation, Safety, Social Participation, Occupation, and Dignity*	19.2	19.4	19.1	19.4	19	19.1
1B - Proportion of people who use services who have control over their daily life	76.9	82.1	79.1	80.1	76.8	77.3
1C(1) - Proportion of people using social care who receive self-directed support	60.3		65.8		61.9	
1C(2) - Proportion of people using social care who receive direct payments	26		17.8		19.1	
1(1A) - Proportion of adults receiving self-directed support		85		86.2		83.7
1C(1B) - Proportion of carers who receive self-directed support		100		91.5		77.4
1C(2A) - Proportion of adults receiving direct payments	26	36.4	17.8	28.3	19.1	26.3
1C(2B) - Proportion of carers who receive direct payments for support direct to carer		100		87.8		66.9
1D Carer-reported quality of life		7.8		7.7		7.9
1E - Proportion of adults with a learning disability in paid employment	15.1	13.1	8.1	7.5	6.7	6
1F - Proportion of adults in contact with secondary mental health services in paid employment	14	14.5	6.6	6.7	7	6.8
1G - Proportion of adults with a learning disability who live in their own home or with their family	74.1	73.2	70.7	68.5	74.9	73.3
1H - Proportion of adults in contact with secondary mental health services living independently, with or without support	93	89.8	51.5	51	60.8	59.7
1I(1) - Proportion of people who use services who reported that they had as much social contact as they would like	47.9	44.5	45.3	47.1	44.5	44.8
1I(2) - Proportion of carers who reported that they had as much social contact as they would like		33.8		35.5		38.5
Domain 2: Delaying and reducing the need for care and support						
2A(1)_1415 - Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population		7.4	15	13.1	14.4	14.2
2A(2)_1415 - Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	577.9	484.1	625.8	587.5	650.6	668.8
2B (1) - Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	65.6	77.9	80.1	79.4	82.5	82.1
2B(2) - Proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital (offered the service)	3.5	2.2	3	3.1	3.3	3.1

2C(1) - Delayed transfers of care from hospital, per 100,000	**8**	**8.9**	**9.8**	**11**	**9.6**	**11.1**
2C(2) - Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	**2.5**	**4**	**3.4**	**4**	**3.1**	**3.7**
2D - Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level (%) (New measure for 2014/15)		**81.2**		**74.5**		**74.6**
Domain 3: Ensuring that people have a positive experience of care and support						
(3A) - Overall satisfaction of people who use service with their care and support	**66.9**	**67.8**	**65.2**	**65.6**	**64.8**	**64.7**
3B - Overall satisfaction of carers with social services		**39.7**		**41.2**		**41.2**
New measure for 2014/15: 3E: Improving people's experience of integrated care						
3C- Proportion of carers who report that they have been included or consulted in discussion about the person they care for		**72.6**		**72.7**		**72.3**
3D(1) - Proportion of people who use services who find it easy to find information about services	**78.9**	**80.3**	**74.4**	**75.9**	**74.5**	**74.5**
3D(2) - Proportion of carers who find it easy to find information about support		**69**		**65**		**65.5**
Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm						
(4A) - Proportion of people who use services who feel safe	**66.2**	**72.4**	**66.4**	**70.7**	**66**	**68.5**
(4B) - Proportion of people who use services who say that those services have made them feel safe and secure	**85.6**	**87.2**	**79.8**	**85.5**	**79.1**	**84.5**

TITLE	**Connected Care**
FOR CONSIDERATION BY	Health and Wellbeing Board on 10th November 2015
WARD	None Specific
DIRECTOR	NHS Wokingham Clinical Commissioning Group

OUTCOME / BENEFITS TO THE COMMUNITY



RECOMMENDATION

To procure and implement a solution that will enable information and data sharing across health and social care organisational boundaries.

SUMMARY OF REPORT

The Berkshire West Connected Care project is a key enabler in developing commissioning and transforming care services across the geography. By making data (currently stored in separate systems and unavailable to those outside each organisation) available to health and social care professionals it supports a number of strategic themes:

- Joined up, person centered care;
- Prevention and enablement of self-care;
- Streamlined urgent care pathways;
- Enhanced primary care both in and out of hours;
- Acute hospital admission avoidance, care closer to home.

To support these themes, the two objectives that Berkshire collectively now needs to achieve are:

- Interoperability and information exchange between health and social care organisations to allow the flow of real time data to be sent between two or more organisations for the benefit of coordinating current and future service provision across care pathways, improving care and data analysis.
- Having a person held health and social care record for the citizens of Berkshire that contains accurate real time data from commissioners and health and social care providers, enabling the individual to hold and manage their care and give consent to providers of care to view their record based on an agreed data set.

Berkshire West has been developing and implementing an interoperability strategy for the past 18 months. This was designed to provide quick wins (limited information sharing) as well as educating the partner organisations as to what would be required to achieve the overall goals. The overall project was split into three phases:

- Phase 1: Sharing primary care information with Out Of Hours.
- Phase 2: Procurement (preparation & supplier selection) / pilot portal.
- Phase 3: Full portal implementation.

In October 2014, Berkshire West went live with phase 1 of the interoperability project enabling 53 of the 54 GP practices to share a sub-set of their information with three Out of Hours services.

In November 2015, Berkshire West went live with a pilot portal. This extended the information being shared and the number of care providers that could access the information.

In the same month four responses to the Invitation To Tender (distributed to the market in October) were received. Organisations across Berkshire are now in the process of marking the supplier responses.

The procurement process is on target to select a vendor and have contracts in place this financial year (ending March 2016).

Background

Please see above.

Analysis of Issues
All risks and issues are being tracked, actively managed and have mitigating actions assigned. The following table highlights to top 5 only.

#	Description	Implication
1	Post contract signature, the year on year funding is not forthcoming.	Committed budgets must be maintained meaning there will be an impact on other organisational projects. Inability to meet national 2018 and 2020 initiatives.
2	Contract signature does not happen in FY15-16, i.e. by 31 March 2016. FY15-16 budgets relating to health organisations cannot be carried through to the following year.	Project becomes unaffordable. Potential delay to project start due to funding restrictions.
3	Benefits (financial - cost reduction, transformation – efficiency/service transformation) cannot be realised or measured accurately.	Unable to set targets and measure performance against stated goals. Lack of focus as to where the key benefits can be realised (quick wins) leading to reduced momentum. Inability to transform services based on data driven intelligence.
4	Limited Berkshire partnering organisation capability and capacity to assist the vendor during the implementation (configuration and integration) phase.	Lack of partner organisation involvement during the design stage will lead to sub-optimal configuration and poor take-up. Lack of integration involvement will lead to late availability of information which will affect take-up. Excessive partner organisation resource commitment will reduce participation.
5	The Local Authorities in Berkshire may not be ready to implement a portal solution, e.g. due to high entry costs (N3 connectivity), IG compliance, etc.	LA’s delay their involvement. Key benefits not achieved.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

Other financial information relevant to the Recommendation/Decision
Funding is being managed via the Berkshire West Finance Sub Group.

Cross-Council Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

ITEM NO:

TITLE:	Section 106 payment to Wokingham Medical Centre
FOR CONSIDERATION BY	Health and Wellbeing Board on 10th December 2015
WARD:	Emmbrook, Evendons; Norreys; Westcott; and Wokingham Without, directly, and all other wards indirectly.
STRATEGIC DIRECTOR:	Stuart Rowbotham, Strategic Director, Health and Wellbeing

OUTCOMES/BENEFITS TO THE COMMUNITY

With the major population growth deriving from the building of Wokingham Borough's Strategic Development Locations (SLDs) and other housing growth, ensuring that all residents have access to high-quality and responsive primary healthcare services is an important outcome for the Authority.

The support for increased infrastructure provision in primary healthcare through the release of capital funding from Section 106 and Community Infrastructure Levy (CIL) contributions is one mechanism that the Council can use to ensure existing and new residents have access to the high quality primary healthcare provision that meets their needs.

RECOMMENDATION

That the subcommittee agrees to recommend that the Council Executive approves the capital payment of £150,000 to Wokingham Medical Centre as specified in this report.

SUMMARY OF REPORT

The former Rectory Road and Tudor House Medical Practices based in Wokingham town centre have merged and have planned, built and now occupied a brand new state of the art primary healthcare facility in Rose Street, Wokingham. The expected growth of the population of Wokingham town wards, which form the catchment area of the practice due to the new housing of the North and South Wokingham SDLs, was one of the drivers for the expansion of facilities contained within the new building. Discussions are understood to have taken place between the Practice and the former Primary Care Trust that this met the then strategic vision to ensure facilities kept apace of growing patient number demands.

Based upon these discussions, Wokingham Borough Council made an offer of £150,000 capital contribution towards the building of the new surgery on the basis that it serves both existing and new residents in and around Wokingham Town Centre. Now that the requisite number of new home occupations has been reached, the Practice should now be paid this sum, for which Council Executive approval is

required.

Background

An agreement was made in November 2012 that capital funding from Section 106 contributions be made to the new practice. Appendix 1 is a copy of the agreement letter between WBC and Wokingham Medical Centre, in which the Council agrees to make a £150,000 contribution towards the above development of the new medical centre (planning application reference F/2012/0321).

Money is yet to be receipted as there have been delays caused by indexation queries between WBC and the developers. These have now been resolved.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION
The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	£150,000	Yes	Capital
Next Financial Year (Year 2)	None agreed		
Following Financial Year (Year 3)	None agreed		

Other financial information relevant to the Recommendation/Decision

None.

Cross-Council Implications

As progress on the build out and occupation of homes in the Strategic Development Locations and at other major sites within the Borough proceeds; there will be increasing demand on primary care services and facilities. The Council has received recommendations made in the Grimes Report, which it commissioned in 2013, identifying sites and practices which were best suited to expansion to meet this increasing need.

List of Background Papers

Terms of Reference of Health and Wellbeing Board Sub Committee
Meeting the Health Needs of Wokingham Borough Council's Major Growth Areas; Grimes Ltd. 2014
Wokingham Borough Health and Wellbeing Strategy 2014-17
Wokingham Needs Assessment (JSNA) 2014-15

WBC Core Strategy - Development Plan Documents 2010

Contact: Mark Cupit	**Service:**
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Date 6th November 2015	**Version No: 2**

Appendix 1

Tel: (0118) 974 6479 (Direct Line)
Email: sandra.fryer@wokingham.gov.uk
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Date: 22 November 2012
My ref: [Click here to type reference details]
Your ref: [Click here and type recipient's reference]
File ref: Document4

WOKINGHAM
BOROUGH COUNCIL

Development & Regeneration Service
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Dr Vipan Bhardwaj
Tudor House and Rectory Road Medical Practice
14 Rectory Road
Wokingham
Berkshire
RG40 1DH

Dear Vipan,

ASH COURT ADDITIONAL FUNDS FROM COUNCIL'S DEVELOPMENT PROGRAMME

Thank you for your letter of 8 November 2012 and sorry I haven't been able to reply more promptly. I am writing to confirm our offer of £150,000 contribution to your new surgery which we understand will serve existing and new residents in and around Wokingham Town Centre.

On 4 April 2012 the Planning Committee resolved to grant outline planning permission for a development of 650 dwellings and associated development at Buckhurst Farm in Wokingham subject to legal agreements to secure infrastructure impact mitigation.

Negotiation of the detail of the legal agreement has been progressing steadily since and completion is imminent. It will secure a included a financial contribution of £220,600 towards the off-site provision of enhanced, additional facilities or new facilities for health purposes at within Wokingham . The contribution will be payable in payable in four instalments with the first instalment of £110,300 being prior to the occupation of 100 dwellings and three subsequent instalments of £36,667.67 payable prior to the occupation of 400, 500 and 600 Dwellings.

It has been agreed that this money will be available for a range of health projects in and around the town centre of which £150,000.00 can be directed towards the new medical centre being developed at Ash Court, Rose Street, Wokingham (planning permission F/2012/0321refers).

The applicant for Buckhurst Farm, David Wilson Homes, intends to submit details to comply with conditions and the first of a series of reserved matters applications by the end of the year with a view to work commencing on site in spring 2013 and first occupations in spring 2014. They anticipate achieving a build out rate of 100 dwellings per annum so, as far as it is possible to predict at this stage, the first instalment of the health contribution can be anticipated in Spring 2015.

There is also a planning permission in place for a development of 274 dwellings at Kentwood Farm in North Wokingham. This secures a further contribution of £147,960 towards health provision in and around Wokingham town centre to be phased in three instalments: two instalments of £54,000 payable prior to occupation of 100 and 200 dwellings and the third instalment of £39,960 payable prior to occupation of the 272nd dwelling. We expect the first

phase of houses to be completed in 2015. Some of this money can also be put to the Ash Court project.

I hope that this letter provides sufficient certainly to allow you to secure interim funding to progress the ‘upgraded’ proposals for Ash Court. If I can be of further assistance or your bank would like to speak to me directly please do not hesitate to contact me.

Yours sincerely,

Sandra Fryer

Development Delivery

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Agenda Item 74.

HEALTH AND WELLBEING BOARD

Forward Programme from June 2015

Please note that the forward programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda / are dealt with at the scrutiny meeting.

All Meetings start at 5pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

HEALTH AND WELLBEING BOARD FORWARD PROGRAMME 2015/16

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
11 February 2016	**Performance metrics**	To receive an update on performance regarding: • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework	To monitor performance	Health and Wellbeing Board	Performance
	Joint Strategic Needs Assessment	To approve the updated Joint Strategic Needs Assessment	To approve the updated Joint Strategic Needs Assessment	Health and Wellbeing Board	Health and Wellbeing
	Director of Public Health Annual Report	To receive the Director of Public Health's Annual Report	Report is a requirement of Health and Social Care Act 2012	Dr Lise Llewellyn	Health and Wellbeing

	Local Account	**Inform** : HWB to monitor performance via the Local Account	**Strategy Theme**: Older People and those with Long Term Conditions **H&W Priority** : The Better Care Fund **Objective**: 5a and 5b, To reduce the number of non-elective admissions to hospital through the BCF schemes; Hospital at Home and Enhance support to care homes To address the increasing pressures on Adult Social Care for community packages and care homes by reducing the length of stays in acute hospitals and reducing the number of delayed transfers of care	Stuart Rowbotham	Organisation and governance
	CCG draft Operating Plan	To receive the CCG draft Operating Plan	For information	CCG	Organisation and governance
	Wokingham CCG Co-Commissioning Delegation	To be informed of Wokingham CCG Co-Commissioning Delegation	For information	CCG – Dr Winfield ad Dr Zylstra	Organisation and governance

	Children's Disability Strategy	For information	**Strategy Theme**: Improving Life Chances **H&W Priority**: Children and Families **Objective**: 3d, Agree joint WBC / CCG arrangements for the education, health and care provision for children and young people with special educational needs and for those with disabilities and difficulties	Judith Ramsden, Director of Children's Services	Organisation and governance
	Update on Neighbourhood Clusters	To update the Board on the work regarding Neighbourhood Clusters	To monitor progress	Public Health/ CCG	Health and Wellbeing
	Health and Wellbeing Strategy	To sign off refreshed Health and Wellbeing Board	To sign off refreshed Health and Wellbeing Board	Health and Wellbeing Board	Health and Wellbeing
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
14 April 2016	**Performance metrics**	To receive an update on performance regarding: • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework	To monitor performance	Health and Wellbeing Board	Performance
	CCG Operating Plan	For approval	For approval	CCG	Organisation and Governance
	National Information Board – Local Digital Roadmap	For approval	For approval	CCG	Organisation and Governance
	Children and Young People's Partnership – Early Health and Innovation Project	Update	Update	Judith Ramsden, Director of Children's Services	Health and Wellbeing\
	Emotional Health and Wellbeing Strategy performance scorecard update	To receive an update on the progress of the Emotional Health and Wellbeing Strategy performance scorecard	Update on progress	Judith Ramsden, Director of Children's Services/CCG	Integration/ Organisation and governance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance

	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

Site visits:

- Wokingham Hospital - TBC