



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in Council Chamber - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 9 FEBRUARY 2023 AT 5.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', written in a cursive style.

Susan Parsonage
Chief Executive

Published on 1 February 2023

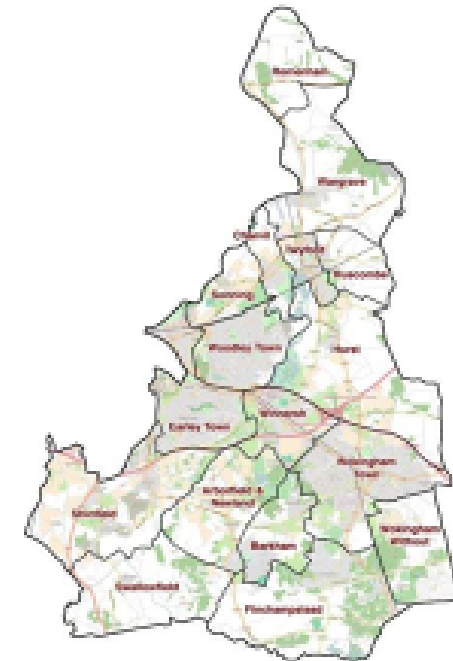
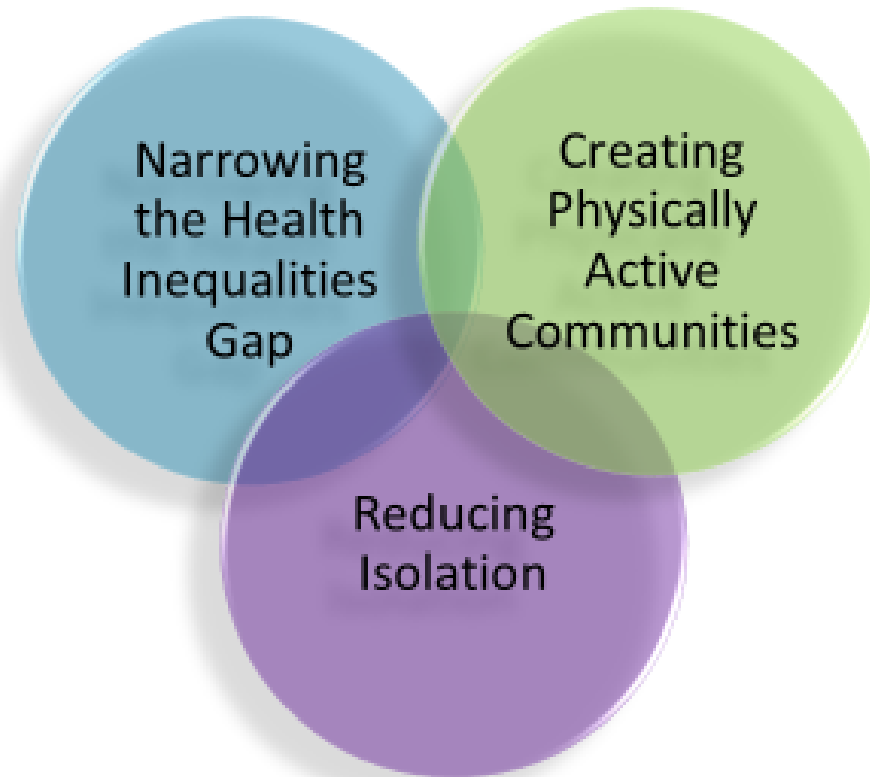
Note: Non-Committee Members and members of the public are welcome to attend the meeting or participate in the meeting virtually, in line with the Council's Constitution. If you wish to participate either in person or virtually via Microsoft Teams please contact Democratic Services. The meeting can also be watched live using the following link:

<https://youtube.com/live/WmDGs9L9Sql?feature=share>

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Creating Healthy & Resilient Communities

Key Priorities



WOKINGHAM
BOROUGH COUNCIL

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

David Hare	Wokingham Borough Council
Debbie Milligan	NHS
Prue Bray	Wokingham Borough Council
Philip Bell	Voluntary Sector
Simon Dale	Interim Director, Place and Growth
Tracy Daszkiewicz	Director Public Health - Berkshire West
Sarah Deason	Healthwatch Wokingham Borough
Graham Ebers	Deputy Chief Executive
Nick Fellows	Voluntary Sector
Clive Jones	Wokingham Borough Council
Charles Margetts	Wokingham Borough Council
Susan Parsonage	Chief Executive
Matt Pope	Director, Adult Social Care & Health
Helen Watson	Interim Director Children's Services
Sarah Webster	BOB ICB

ITEM NO.	WARD	SUBJECT	PAGE NO.
40.		APOLOGIES To receive any apologies for absence	
41.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 8 December 2022.	5 - 12
42.		DECLARATION OF INTEREST To receive any declarations of interest	
43.		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	
44.		MEMBER QUESTION TIME To answer any member questions	

45.	None Specific	WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2021-22 To receive the West of Berkshire Safeguarding Adults Partnership Board Annual Report 2021-22.	13 - 32
46.	None Specific	PHARMACEUTICAL NEEDS ASSESSMENT - WOKINGHAM DECISION-MAKING PROCESS To receive a report regarding the Pharmaceutical Needs Assessment - Wokingham Decision-Making Process.	33 - 36
47.	None Specific	PHARMACY CLOSURE - FE713 - LLOYDS PHARMACY, WINNERSH RG41 5AR To receive a report regarding the Pharmacy closure - FE713 - Lloyds Pharmacy, Winnersh RG41 5AR.	37 - 42
48.	None Specific	HEALTHWATCH WOKINGHAM BOROUGH WORKPLAN 1 APRIL 2022 TO 31 MARCH 2023 To receive the Healthwatch Wokingham Borough Workplan 1 April 2022 to 31 March 2023.	43 - 66
49.	None Specific	FORWARD PROGRAMME To receive the forward programme for the remainder of the municipal year.	67 - 68

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

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 8 DECEMBER 2022 FROM 5.00 PM TO 6.20 PM**

Present

David Hare	Wokingham Borough Council
Debbie Milligan	NHS
Prue Bray	Wokingham Borough Council
Philip Bell	Voluntary Sector
Tracy Daszkiewicz	Director Public Health - Berkshire West
Nick Fellows	Voluntary Sector
Sarah Webster	BOB ICB
Alice Kunjappy-Clifton (substituting Sarah Deason)	Healthwatch Wokingham Borough
Viki Elliot-King (substituting Helen Watson)	Assistant Director Strategic and Operational Delivery

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Karen Buckley	Consultant Public Health
Andrew Price	BOB ICB
Ingrid Slade	Assistant Director Population Health, Integration and Partnerships
Rob Bowen	BOB ICB
	Public Health
Dan Devitt	

31. APOLOGIES

Apologies for absence were submitted from Sarah Deason, Graham Ebers, Councillor Clive Jones, Councillor Charles Margetts, Steve Moore, Susan Parsonage, and Helen Watson.

32. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 13 October 2022 were confirmed as a correct record and signed by the Chair.

33. DECLARATION OF INTEREST

There were no declarations of interest.

34. PUBLIC QUESTION TIME

There were no public questions.

35. MEMBER QUESTION TIME

There were no Member questions.

36. UPDATE FROM TRACY DASZKIEWICZ

Tracy Daszkiewicz provided an update on Strep A.

- There had been a lot in the media recently regarding Strep A and scarlet fever. A number of children had become very ill and some had sadly died.
- Strep A could cause mild illness but could also escalate. Incidents were primarily being seen in children under the age of 10.
- Scarlet fever was a condition caused by Strep A and was more common in Spring. The fact that there were a larger number of cases during winter, was unusual.
- In very rare cases Strep A could advance into Invasive Strep A infection, a sepsis type infection.
- Scarlet fever gave those infected, a temperature, an almost strawberry red, tongue, and an abrasive red rash on the cheeks. It usually cleared up after a few days and antibiotics could be given where needed.
- If children became more unwell and symptoms were escalating e.g., increased temperature, unable to eat or drink or dry nappies in very young children, medical attention should be sought as a precaution. Parents could phone NHS 111 or find information on the Council's website about symptoms and where to get help. However, most cases were very mild.
- Alice Kunjappy-Clifton asked what advice would be given to the vulnerable elderly community. Tracy Daszkiewicz indicated that it was the same advice for all age cohorts. Whilst it could infect anyone, it primarily infected those under 10, who were also less able to communicate their symptoms.

37. SUICIDE PREVENTION STRATEGY UPDATE

Tracy Daszkiewicz provided an update on the Suicide Prevention Strategy.

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

- An update had been provided earlier in the year, following a review of the Suicide Prevention Strategy published in October 2021. The reason for the review was a number of changes in policy and updated datasets which had been delayed due to Covid.
- The Suicide Prevention Partnership had been re-established and had good multi agency representation.
- The Strategy would be launched for consultation at the Suicide Prevention Summit on 12 December 2022.
- The changing landscape around suicide prevention, understanding the risks of harm and the impact on different areas of the population, such as the impact of social media on young people, were important.
- Around 6,000 suicides were recorded a year, nationally. However, this was likely to be a large under reporting.
- Despair leading to suicide could happen in very small timescales, as short as 15 minutes. If diversions could be in place for people facing moments of despair more people could potentially be protected from suicide.

RESOLVED: That the Suicide Prevention Strategy update be noted.

38. VACCINATION UPDATE - COVID AND FLU

Andrew Price, Locality Manager for Wokingham, BOB ICB, provided an update on Covid and flu vaccinations.

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

- The focus of the Covid booster had been those in the at risk groups, either by age or by clinical condition. Delivery sites had included the Broad St Mall Mass Vaccination Centre (now closed), community pharmacies, PCNs, the Health on the Move Van, and the Outreach site at Shute End.
- 72% of the 50 plus population in Wokingham had taken up the Autumn Covid booster (as of 30 November). The figure for the ICB and England was 70% and 62% respectively.
- Andrew Price highlighted the location of the fixed Covid vaccination delivery sites in the Borough. The Board was reminded that community pharmacies and PCNs were able to decide whether they wanted to participate in the programme. All six of the PCNs in the Borough had taken part.
- With regards to the flu vaccination programme, the eligible cohorts differed slightly to those of the Covid vaccination programme.
- Providers had been encouraged to co-administer the Covid and flu vaccines where possible. Local data indicated that around 26% of people were having their two vaccines at the same time.
- As of 30 October 2022, 66% of the Wokingham 65+ population had received a flu vaccination and 67% of the corresponding age group within the ICB and 65% in England.
- The governance and monitoring around vaccinations was highlighted. The Berkshire West Vaccination Action Group chaired by Susan Parsonage was the key oversight mechanism within Berkshire West.
- A lot of work had been undertaken regarding communications since September. However, the communication around Covid had been competing with a number of largescale interest items, such as the cost of living crisis.
- The Board was updated on vaccination rates by various cohorts.
- Wokingham had performed very well for delivering the booster vaccination to over 65s in care homes. Performance was also very good for the 75+ population and the immunosuppressed.
- There was not easily available data at a specific locality level for housebound residents, but it was believed that approximately 79.1% of the housebound population in Berkshire West had been vaccinated.
- There was a much lower take up in women who were currently pregnant. Discussions had been had with the Maternity lead at the Royal Berkshire Hospital, who would be attending the next Berkshire West Vaccination Action Group meeting to talk further about some of the initiatives that were being undertaken to improve vaccination levels. The Board was informed that a video was being shot of a pregnant midwife at the hospital, explaining why having both the Covid and the flu vaccinations was beneficial. In addition, there would be further training for midwives on how they offered the vaccine, and a midwife would go out on the Health on the Move van on some occasions, which would help to target areas of deprivation or where take up was low.
- Performance was lower than previously for the vaccination of health and social care workers. This was possibly partly the result of vaccination resourcing levels being less than previously. There was also some evidence of vaccine fatigue.
- The Board noted take up levels in the 65+ ethnicities. Cohort sizes were small for non-White groups in the 65+ age groups. Small numbers could mean identification of communities for targeted work was challenging.
- With previous vaccinations the delivery level for the Indian population had largely matched that of the White British population.

- The Board noted the delivery level of the primary Covid vaccination course in 5-11 year olds. Whilst Wokingham was performing the best in Berkshire West, take up was still low.
- Vaccines were still available. As of 8 December, there was 4,000 available appointments until the end of December within the community pharmacies in the Borough.
- Alice Kunjappy-Clifton asked what more could be done to improve the take up of vaccinations in the Indian community. Ethnic minorities were disproportionately impacted by Covid. Andrew Price commented that he was not aware of any specific targeted initiatives for the Indian population. Previously take-up amongst the Indian ethnic group had been high, similar to that of White British. Other communities with low take-up such as the Pakistani community, had been targeted. Resources for engagement were much less than before. Alice Kunjappy-Clifton asked that the issue be raised with the Berkshire West Vaccination Action Group. Andrew Price added that work was being undertaken with a Muslim vaccine specialist whose work included looking at the ingredients of the vaccinations to determine if they were acceptable.
- Ingrid Slade praised the work of Sarah O'Connor and her team. She went on to ask what the offer would be for 5-11 year olds and 12-17 year olds from January, given that the Broad Street Mall vaccination centre had closed and the centre at Shute End was only commissioned until the end of December. PCNs did not deliver to these age groups. Andrew Price commented that a level of provision was being planned for across BOB, but at a much reduced level, and he would provide further detail outside of the meeting.
- In response to a question from Councillor Bray, Andrew Price agreed to provide information on vaccination levels in 12-17 year olds.
- Nick Fellowes questioned whether the low take up in health and social care in care homes was contributing to increased illness amongst workers and creating staff shortages. Ingrid Slade commented that it was hard to judge the impact on workforce and illness as Covid testing was not being carried out in the same way as before. There were capacity issues across health and social care, which were exacerbated by staff illness. She went on to state that the social care staff had had a poorer vaccine offer than the health staff. Vaccines were not offered to social care staff at their place of work. Andrew Price commented that Berkshire Healthcare Foundation Trust had had a bus which had visited sites. Communication and engagement as well as accessibility were also potential factors.
- Sarah Webster stated that there had been a significant focus on Covid vaccinations over the past 2 years and in the new year it was intended to have a reflective learning around the governance structure, as there was a move to making Covid vaccinations as part of 'business as usual.'

RESOLVED: That the Covid and flu vaccination update be noted.

39. DEVELOPING THE INTEGRATED CARE STRATEGY

Sarah Webster, Executive Director Berkshire West, BOB ICB, and Rob Bowen, Deputy Director Strategy, BOB ICB, provided an update on developing the Integrated Care Partnership Strategy.

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

- Rob Bowen emphasised that the Strategy had been developed on behalf of the Integrated Care Partnership. He thanked those, including Ingrid Slade and Tracy Daszkiewicz, who had been involved in the integral conversations in developing the Strategy.
- The Integrated Care Partnership were accountable for developing the Strategy. The Strategy would set a clear direction for the system and promote joint working to meet local population health, care and social need.
- It was intended that the Strategy would –
 - help to improve the public's health and well-being needs;
 - reduce health inequalities in access, experience, and outcomes across the system;
 - bring learning from across places and the system to drive improvement and innovation;
 - address the problems that would benefit from a system response and multiple partners.
- How this would be achieved included –
 - The Strategy would complement but not supersede existing priorities within the Health and Wellbeing Strategies;
 - Joint working with a wide range of ICS partners;
 - Co-develop evidence-based, system-wide priorities – engaging a broad range of people, communities, and organisations.
- Six thematic working groups which had provided a framework for more detailed conversations, were highlighted. Three of them followed a life event and the other three were cross cutting through that. Representations from different areas and organisations had been involved to ensure a wide range of perspectives.
- A draft set of 18 priorities had been identified, which linked into a vision and the following 5 principles –
 - Preventing ill health;
 - Tackling health inequalities;
 - Providing person centred care;
 - Supporting local delivery;
 - Improving join up between our services.
- Rob Bowen went on to outline the approach to engagement that would be taken. The draft Strategy would hopefully be published on Monday 12th.
- The Board noted the timescale of engagement. Rob Bowen commented that the previously identified period of engagement would not have provided sufficient time to carry out meaningful engagement.
- There would be two parallel streams to this engagement – engaging well with the Borough residents; and considering the different partner organisations that should receive the document when it was published.
- With regards to public engagement, information would be available online and there would be an engagement platform which enable people to access the Strategy and supporting documents, and also to complete a survey to give their views on the proposed priorities. It would also provide links to the Health and Wellbeing Strategies.
- Work would be undertaken with Healthwatch on public engagement and work had been undertaken with the Voluntary Sector forum. Existing patient engagement forums such as Patient Participation Groups would also be contacted.
- Where possible links had been made with the local authority Communications Teams in order to assist in the distribution of information.

- Virtual meetings to outline the vision, principles, strategic themes, and priorities and seek feedback, would be held in January. Consideration was also being given to face to face meetings.
- The engagement period would run to the end of January. Following that an engagement report would be produced, and the Strategy updated. The Strategy would hopefully be published at the end of February pending ICP approval.
- Councillor Hare questioned whether there would be information on the local authority websites and was informed that it was hoped that there would be. Ingrid Slade agreed to follow this up with the Wokingham Communications team.
- Alice Kunjappy-Clifton questioned whether the information would be easy read and in different languages. She also suggested the use of a QR Code. Rob Bowen responded that an Easy Read version was being developed, which would hopefully go live the following week. He believed that the engagement platform would have the ability to flip between different languages on the online version. Requests for translations would also be considered.
- Philip Bell asked whether the BOB Voluntary Sector Forum had worked on engagement, and was informed that it had. Philip felt it was a good platform for distributing the wider message around the Strategy.
- Nick Fellowes indicated that the Wokingham Volunteer Centre and the local Voluntary Sector could also help to disseminate the engagement message across the Borough.
- Ingrid Slade asked whether there would be engagement with workforces. A lot of acute sector, health, social care, and local authority workers were also residents. Rob Bowen commented that currently there not anything specific for the workforce groups and further consideration would be given to this area.
- Councillor Bray questioned when the Strategy would start and how long it would be in place before it was refreshed. She also asked if there would be action plans supporting the Strategy, and if so, if these would also be joint pieces of work. Rob Bowen emphasised that there was not a specified end date. The guidance suggested that the Strategy should be strategic and provide a direction of travel, but it was for local areas to decide what this should look like. It was recognised that different systems were at different points of development and establishing partnership working across the system. It was likely to be for five years, but it was possible that would be refreshed prior to this as the system matured. He went on to outline the likely arrangements around underpinning action plans. Sarah Webster added that it was a national requirement that the Strategy come into effect from 1 April 2023. Berkshire West had some existing shared governance in place which would help to identify the key priorities for Berkshire West.
- Councillor Bray sought assurance regarding integrated working. Sarah Webster reaffirmed the commitment to joint working.
- Nick Fellowes expressed concern regarding Berkshire West being referred to as a 'Place' and cautioned against a generic approach being taken to the Berkshire West area which was made up of three distinct areas. Sarah Webster emphasised that 'Place' was a national term.
- Councillor Hare questioned where the Strategy would be signed off. Rob Bowen indicated that there was a requirement that it was signed off by the ICP. It was clarified that Councillor Hare was the Council's representative on the ICP.

RESOLVED: That the update on developing the Integrated Care Partnership Strategy be noted.

40. FORWARD PROGRAMME

The Committee discussed the forward programme for the remainder of the municipal year.

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

- Alice Kunjappy-Clifton requested that a presentation on the approach being taken by Healthwatch Wokingham Borough be added to the February agenda.
- It was suggested that an update on NHS dentistry be provided at the April meeting. Alice Kunjappy-Clifton confirmed that Healthwatch were seeking enquiries regarding dental services.
- The Board requested an update on how the Borough had performed in relation to winter preparedness, at its April meeting.
- Councillor Bray commented that she had been informed that the pharmacy in Sainsbury's at Winnersh was closing. Those living in Winnersh could now no longer walk to a pharmacy. Ingrid Slade agreed to establish whether the Council had been notified of this and the possible implications.

RESOLVED: That the forward programme be noted.

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West of Berkshire Safeguarding Adults Partnership Board

Annual Report 2021-22

If you would like this document in a different format or require any of the appendices as a word document, contact Lynne.Mason@Reading.gov.uk

Message from the Independent Chair

I am delighted to introduce this Annual Report for the West of Berkshire Safeguarding Adults Board 2021/2022. This has been my first year as the Independent Chair of this Board and it has been a pleasure to see the dedication and commitment of staff from across a range of sectors including the formal, informal, and voluntary sector, all committed to providing the very best health and social care possible.

This has not been an easy task; indeed, it has rather been a Herculean task. The impact of the Covid pandemic did not cease in 2021/ 2022. We saw a reduction in deaths and serious illness caused by the virus, but the legacy of the virus has left us with a health and social care sector stretched at times to the very limit (and occasionally beyond all normal limits). Staff have had to deal with high sickness rates and the emotional burden of caring for people through the pandemic, and this emotional and physical toll should not be underestimated.

Given this background I am delighted to be able to report that the Board continued to function well during this time and this report demonstrates the commitment and work output of its members in their responsibilities to ensure that adults receive safe and appropriate health and social services in its area. The Board has undertaken several safeguarding reviews and published their various learning points to help improve future practice. We have also held a strategy review day to help refine the priorities of the Board. One of our planned intentions is to review and pilot a rapid review process for safeguarding adult reviews. The aim here is to ensure that lessons learnt are reported in a timelier way, and in particular to prevent the process of a review dragging on for the relatives of a family member whose death is being reviewed. We hope to be able to report on the progress and implementation of this action next year.

There are other developments that we are engaging with such as reviewing our communications strategy and our engagement with service users and their carers. I trust you will have confidence in the actions and workings of the Board within your community that we seek to serve.

Finally, I would like to personally thank the Board staff and Board members, firstly for making me feel so welcome as your Chair, but more importantly for all your hard work and dedication in the area of Safeguarding Adults. It is an area that is rapidly growing and developing in terms of scope and scale, and you continue to respond with energy, wisdom and tenacity. It is a privilege to work alongside such dedicated people in our commitment to prevent and protect adults at risk of abuse and neglect.

Prof Keith Brown

Independent Chair, West of Berkshire Safeguarding Adults Board

Concerned about an adult?

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

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

- Reading - call 0118 9373747 or email at CSAAdvice.Signposting@reading.gov.uk or complete an online [form](#)
- West Berkshire - call 01635 519056 or email safeguardingadults@westberks.gov.uk or complete an online [form](#)
- Wokingham call 0118 974 6371 or email Adultsafeguardinghub@wokingham.gov.uk or complete an online [form](#)

For help out of normal working hours contact the Emergency Duty Team on 01344 351 999 or email edt@bracknell-forest.gov.uk

For more information visit the SAB's website: <http://www.sabberkshirewest.co.uk/>

Introduction

What is the Safeguarding Adults Board?

The West of Berkshire Safeguarding Adults Board (SAB) covers the Local Authority areas of Reading, West Berkshire and Wokingham. The SAB is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. Mandatory partners on the SAB are the Local Authorities, Berkshire West Clinical Commissioning Group ¹ and Thames Valley Police. Other organisations are represented on the SAB such as health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. ***A full list of partners is given in [Appendix A](#) and the SAB structure in [Appendix B](#).***

We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.

Who do we support?

Under the Care Act, safeguarding duties apply to an adult who:

- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of their care and support needs, is unable to protect themselves.

Our vision

Adult safeguarding means protecting people in our community so they can live in safety, free from abuse and neglect.

Our vision in West Berkshire is that all agencies will work together to prevent and reduce the risk of harm to adults at risk of abuse or neglect, whilst supporting individuals to maintain control over their lives and make informed choices without coercion

What is safeguarding adults?

Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs, regardless of whether or not they are receiving support for these needs. There are many different forms of abuse, including but not exclusively:

- Disability hate crime,
- Discriminatory,
- Domestic,
- Female genital mutilation (FGM),
- Financial or material,
- Forced marriage,
- Hate crime,
- Honour based violence,
- Human trafficking,

¹ As of the 1st July 2022, BWCCG was legally dissolved and has been replaced by a new organisation: Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

- Mate crime,
- Modern slavery,
- Neglect and acts of omission,
- Organisational,
- Physical,
- Psychological,
- Restraint,
- Self-neglect,
- Sexual,
- Sexual Exploitation,

Changes to our membership

In 2021-22 we saw some significant changes in our membership, we said thankyou and goodbye to Patricia Pease (MBE) who has represented the Royal Berkshire NHS Foundation Trust so effectively for many years and we said thankyou and goodbye to Teresa Bell, who has been the SAB's independent chair for five years and welcomed Professor Keith Brown who takes on the role of independent chair from April 2022. We also welcomed Jane Barnett who joined as our Business Support Officer.

Message from Teresa Bell: *"I want to thank the partnership for being such a great group of people to work with over the last 5 years. I have learned and gained so much from working with you in this role and I believe that together we have achieved many good things in these most difficult times. Thank you for your support, commitment, and tenacity in making this large partnership work. I know that with Keith as your new Independent Chair, the Board will continue to progress well in its aims to achieve the best safeguarding outcomes for people in the West of Berkshire."*

About our new Independent Chair

Professor Keith Brown was the founding Director of the National Centre for Post Qualifying Social Work and Professional Practice, and he is an Emeritus Professor at Bournemouth University where the social work department was ranked number 1 in the UK in the 2020 Guardian League Table. He is the series editor for the Sage /Learning matters post qualifying social work series which has sales more than 150,000 in the past 10 years.

In 2005 Keith was awarded the Linda Ammon memorial prize sponsored by the Department for education and skills awarded to the individual making the greatest contribution to education and training in the UK. He was awarded a Chartered Trading Standard Institute [CTSI]' Institutional Hero' award in 2017 recognising the significance of his research into financial fraud and scams. He sits on the DHSC safeguarding advisory board, the joint DHSC and MOJ National Mental Capacity Leadership forum and the Home Office Joint Financial task force.

He has also recently published an All Party Parliamentary Report looking at financial fraud within families and he continues to lead research into this area.

Keith has written over 35 textbooks in the fields of social work and leadership and is particularly known for his contributions in the areas of Mental Capacity and Leadership.

Since his retirement from a full time academic post, he has been the Independent Chair of the NHS Safeguarding Adults National Network, the Independent Chair of the Worcestershire Safeguarding Adults Board and the Chair of Love Southampton a body that represents 3 food banks and 4 debt advice centres in Southampton.

His recent appointment as Independent Chair of the West of Berkshire Safeguarding Adults Board is something that he is passionate about. *“It’s a simply wonderful opportunity to work with highly skilled professionals and community representatives in order to ensure that citizens in the West of Berkshire have every possible opportunity to live lives free from abuse and coercion.”*

Safeguarding Adults Policy and Procedures

Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter: <https://www.berkshiresafeguardingadults.co.uk/>

Number of safeguarding adult concerns 2021-22

We have spent a lot of time considering safeguarding adult concern numbers over the year.

The chart below demonstrates, in 2021-22 the total number of safeguarding concerns for individuals started in period - per 100,000 population, has increased by 36% in the West of Berkshire, when comparing with 2020-21. This increases further to 77% when compared with 2019-20 figures.

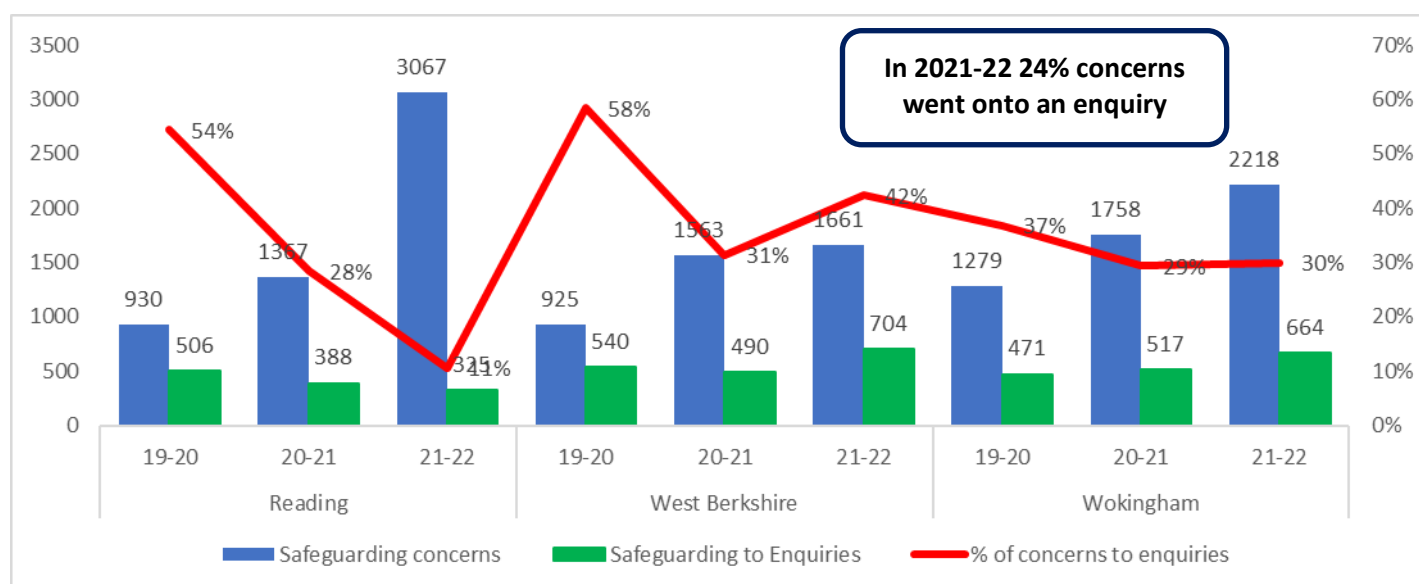
It is important to note that this indicator will only count an individual once during the reporting period and therefore does not account for any multiple safeguarding concerns raised for individuals over the year, therefore the number of safeguarding concerns received is much higher than this outturn.



A total of 6955 safeguarding concerns were logged by the local authorities in 2021-22, a 48% increase when compared with 2020-21 and a 122% increase when compared with 2019-20.

Reading Borough Council and Wokingham Borough Council log all safeguarding concerns that are received as safeguarding concerns. In response to capacity issues, West Berkshire Council made the decision in this reporting year to make changes to the process of screening and recording safeguarding concerns raised by emergency service partners where the concern was clearly not related to a safeguarding matter. Those concerns were triaged in the normal way, but where they were clearly unrelated to any safeguarding matter they were not logged as a formal safeguarding concern reported under the statutory framework; the concerns, were forwarded to appropriate teams and services for action as a social welfare concern. It is acknowledged that this change in process will skew comparisons to the 2020/21 data and increase the percentage rate of conversion for West Berkshire Council.

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



Whilst it is evident that there has been a significant increase in the number of safeguarding concerns raised that do not meet the criteria for a safeguarding enquiry it is important to note that the number of safeguarding enquiries across the partnership started in 2021-22 has increased by 21% when compared with 2020-21. Whilst West Berkshire Council and Wokingham Borough Council saw an increase (44% and 28%) Reading Borough Council have seen a 16% decrease.

In 2021-22 there were a total of 1693 safeguarding enquiries started
 335 by Reading Borough Council
 704 by West Berkshire Council
 664 by Wokingham Borough Council

The significant increase in out of scope safeguarding concerns has been identified as a risk on our Risk and Mitigation Log and there is an action on our Business Plan for 2022-23 to address this issue. Local authorities report that they are overwhelmed with screening the safeguarding concerns which is causing delays in responding to actual safeguarding concerns.

In December 2021 in response to the 21/22 Business Plan action: *'review safeguarding concern numbers with local authority comparator groups and report findings to SAB for consideration'* we considered a report looking at number of safeguarding concerns and the percentage that went onto enquiry over the last three years (18-19 ,19-20, 20-21), and compared outturns with the local authorities CIPFA² nearest neighbour comparator groups. It was identified that whilst there has been an increase in the number of safeguarding concerns there has been a decline in the percentage of safeguarding concerns that resulted in a safeguarding enquiry. This suggests that the increase in safeguarding concerns seen is mainly attributed to the changes in recording practices in each local authority and an increase in out of scope referrals.

² Chartered Institute of Public Finance and Accountancy

Data on safeguarding concerns is carefully considered by the [performance and quality subgroup](#) on a regular basis.

Trends across the area in 2021/22

- 56% of enquires were in relation to women, this is consistent with previous years.
- 63% of enquiries relate to people over 65 years in age, this is consistent with 2020/21.
- 84% of enquires were for individuals whose ethnicity is White, this is an increase from 2020/21 where it was 80%. The ethnicity of the remaining 16% of individuals is as follows: Not Known 7%, Asian 3%, Black 2%, Mixed 2%.
- In February 2022 the [Performance and Quality Subgroup](#) spent some focused time considering our ethnicity data. The subgroup was of the view that based on the demographics of the West of Berkshire the safeguarding concerns by ethnicity were within an acceptable range and will review this information on an annual basis.
- As in previous years neglect and acts of omission was the most frequent abuse type, equating to 33% of enquiries. This was followed by physical, psychological or emotional abuse and financial abuse. Domestic abuse, self-neglect and discriminatory abuse types have all seen a 20% increase when comparing with 2020/21.
- For the majority of enquiries (40%), the individual primary support reason was physical support. This was following by no support reason (26%), there is no change from 2020/21.
- 63% of enquiries completed were where the alleged abuse took place in the persons own home, this is a slight drop from 20/21 where it was at 69%. There has been a 77% increase in enquiries completed where the location of abuse was in hospital, equating to a total of 94 enquiries. Care Homes also saw an increase of 36%, equating to a total of 403, in 20/21 this had dropped due to the restrictions set in care homes during the pandemic.

Risks and Mitigations

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

Risk	Consequence/Impact	Mitigation
The SAB does not know how individuals experience the safeguarding adults process. Adults with care and support needs and their carers have no involvement or engagement with the SAB.	Safeguarding adults procedures and practices are not informed by people's experiences. Lack of community understanding to inform the work of the SAB.	Voluntary Care and Healthwatch Subgroup , is in place where service user experience is considered in detail.
People who raise safeguarding concerns do not receive feedback	Impaired partnership working.	KPI in place to monitor percentage of referrers that receive feedback. Reading Borough Council are currently unable to supply this information. Assurance provided to the Performance and Quality Subgroup that plans are in place to address this.
There is inconsistent use of advocacy services to support adults through their safeguarding experience.	The voice of the service user is not heard. Service user's wishes and holistic wellbeing are not understood or prioritised	Advocacy performance is monitored on SAB dashboard. Advocacy services are members of the SAB.
Responsibilities under the Mental Capacity Act (MCA) 2005 are not fully understood or applied in practice as a safeguard for people who may lack capacity.	Significant harm to adults as risk.	Safeguarding Adult Reviews (SARs) and intelligence continue to evidence that the workforces responsibilities under the MCA is not fully understood. MCA continues to be embedded within SAB learning material.
There are capacity issues within the supervisory bodies to obtain timely DoLS ³ assessments and provide appropriate authorisation.	Risks that vulnerable people do not have the opportunity to live within the least restrictive regime possible for their condition.	Data is reported on SAB Dashboard. Performance around DoLS escalated to SAB in December 21. West Berkshire and Reading Borough Council confirmed backlog that will continue for some time due to capacity of DoLS assessors.

³ [Deprivation of Liberty Safeguards](#)

Risk	Consequence/Impact	Mitigation
Governance arrangements to support people who have Mental Health issues are not fully understood	Significant harm to adults as risk.	Governance report presented to SAB on a six monthly basis to offer assurance on the governance arrangements.
Safeguarding People at risk of multiple exclusion, due to not meet safeguarding or care management pathways.	This is not a new issue but has been exacerbated as a result of the pandemic, as people have been brought to the attention of services that wouldn't have previously been before.	<p>Launched Supporting Individuals to Manage Risk and Multi-Agency Risk Management Framework (MARM).</p> <p>In July 2020. Research paper presented to the SAB on the effectiveness of the MARM</p> <p>Task and Finish Group set up to review and relaunch the MARM, due to be completed in 22/23.</p>
Lack of access to closed environments during the pandemic.	The SAB are not assured that individuals within closed environments are safeguarded due to restrictions of the pandemic.	Assurance sought during the pandemic via assurance questions and priority on organisational safeguarding has been agreed.
Increase of inappropriate safeguarding concerns.	Capacity in the local authority safeguarding teams will be impacted on capacity will be limited to address appropriate safeguarding concerns.	Discussed in detail at SAB meetings, action set in 2022/23 SAB Business Plan .
The increase on carers stress because of the pandemic.	Increased risks to carers and the individuals they are care for.	<p>A paper was discussed at SAB where members were required to consider and implement appropriate changes within their organisations.</p> <p>Promoted the ADASS Advice note 'Carers and Safeguarding Adults' briefing.</p>
Staff wellbeing as a result of the pandemic	Reduction in staff being able to identify and respond to safeguarding concerns.	Partners approaches to staff wellbeing during the pandemic was referred to in SAB assurance questions.

Risk	Consequence/Impact	Mitigation
The impact the pandemic has had on domestic abuse	People are more at risk of domestic abuse because of the measures put in place as a result of the pandemic, the partnership will need to consider how its approach will need to be adapted.	Safeguarding figures suggested that there had not been a significant increase in Domestic Abuse during the pandemic. However, the partnership continues to promote Domestic Abuse and ways in which to identify and support.
The SAB is not complying with its Quality Assurance Framework.	That the SAB do not have assurance in regard to the quality of safeguarding in its area.	<p>In 2021/22 the SAB priorities focused on key learning topics from SARs and the quality assurance around those topics.</p> <p>In the 2022/23 Business Plan an action has been set for the performance and quality subgroup to review and relaunch the SAB Quality Assurance Framework.</p>

Achievements through working together

Our priorities for **21/22** and outcomes to those priorities were:

Priority 1: To consider SAB learning in regard to self-neglect; to understand what more we need to do to ensure that our ways of working with people who are self-neglecting are consistent and effective in mitigating and preventing risks.

- A self-neglect appreciative inquiry was completed, and the findings report presented to the SAB.
- Training offers from the partnership on self-neglect was researched and findings report presented to the SAB.
- Key Performance Indicators on self-neglect were created and added to the SAB performance dashboard.
- Agreed the need for guidance on self-neglect for the voluntary sector was required.
- Research paper presented to the SAB on the effectiveness of the partnerships [Supporting Individuals to Manage Risk and Multi-Agency Risk Management Framework \(MARM\)](#). Task and Finish Group set up to review and relaunch the MARM, due to be completed in 22/23.

Priority 2: To consider SAB learning in regard to pressure care management and understand what the partnership needs to do to ensure that our way of working with people at risk of pressure sores is consistently of best practice standard.

- A presentation on a positive outcome on working with a complex case involving pressure care management, was delivered to the SAB. This is in the process of being turned into a video and practice learning note for the SAB website so the learning can be shared further.
- Key Performance Indicators on pressure care management were considered by the performance and quality subgroup, where it was determined that it would not be possible to collect meaningful data on pressure care management as it is not identified as a type of abuse and could cross over several abuse types.
- Work on a report focusing on how partners raise awareness in regard to pressure care began and was completed and presented to the SAB in June 2022.
- Identified that the issues the partnership are facing in regard to pressure care fall within the SABs self-neglect priority and its learning around professionals' approach to the MCA.
- A full review of the Pressure Ulcer Safeguarding Pathway was completed and relaunched.
- Agreed that the SAB should support national pressure awareness campaigns.

Priority 3: To consider SAB learning in regard to organisational safeguarding and identify what the partnership need to do to transform our way of working with provider agencies to promote and ensure good quality, safe and consistent standards of care.

- As the SAB Business Plan was designed as a 3 year business plan from 21-24, no progress was made on priority 3, the priority has been reworked for the business plan for 22/23.

Priority 4: The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

- A SAB briefing was published on a 3-monthly basis, copies of the briefings can be found [here](#).
- A review of the SAB Dashboard was completed and continues to be considered in detail by the [Performance and Quality Subgroup](#) and presented to the SAB on a quarterly basis.

- Safeguarding concern numbers were reviewed with Local Authority comparator groups and the findings were presented to the SAB for consideration.
- [Annual report for 20/21](#) was published.
- Followed the SAR process as per statutory requirements including publication of practice notes and development and management of SAR Action Plans.
- Delivered bitesize learning sessions on [SARs](#) published by the SAB.
- Continued to develop the [SAB website](#).
- Created and published a [safeguarding escalation plan](#) for the partnership.
- Maintained [Pan Berkshire Safeguarding Adults Policies and Procedures](#) and hosted the meetings for 21/22.
- Ensured that the SAB costs remained within budget.

More information on how we have delivered these priorities can be found in the following:

- Additional achievements by partner agencies are presented in [Appendix C](#).
- The completed Business Plan 2021-22 is provided in [Appendix D](#).

Further information on the achievements of partners is presented in the annual reports by partner agencies in **Appendix F** at the end of this report.

Safeguarding Adults Reviews (SARs)

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

During the reporting year, the SAR Panel have worked on six SARs of which all were endorsed by the SAB and four were published alongside a practice learning note. Practice learning notes are two-page documents that summarises the case, the learning and summarises best practice in key learning areas. The practice learning notes have been well received across the partnership and are used to highlight SAR learning in team meeting and training sessions. It is now standard practice to hold virtual bitesize learning events to promote the learning from SARs, in this year 2 sessions have been held with 231 delegates. The feedback from these sessions was extremely positive.

The SAB plans to publish the other two SARs 2022/23. Valuable learning has emerged from all SARs and has fed into the SABs priorities and [Business Plan for 2022/23](#). The SAB continues to recognise the large workload for the SAR Panel and meetings continue to be held monthly.

The SAB continues to adapt its approach to SARs and a priority has been set for the SAB for 2022/23 to review its SAR process, in order to ensure that it is timely and good value for money.

The SAR Panel continually seek feedback its processes and offer opportunities for the workforce to observe SAR Panels to support their understanding of the process, feedback from observers has been positive.

SAR Process Feedback received: “I must admit I have been worrying about this as I have never been involved in one before but you have a really calming way and made it easier for me so thank you” this quote was used on a practice learning note to support professionals who may be involved in a SAR in the future.

The case summaries and the learning from the four SARs that have been published are as follows:

Margaret

Published April 2021

Practice learning note

Margaret a lady in her nineties, lives alone in sheltered accommodation which she moved into after a serious fall. There has been a steady decline in Margaret's physical and cognitive abilities over the last few years. Margaret has two sons who visit around twice a week and support with her shopping. Prior to the incident described in this learning summary, Margaret was in receipt of three calls a day from a care agency and visited a day centre once week. This was commissioned by the Local Authority.

Margaret's first language is not English but she can speak it fluently. Over time communication started to become increasingly difficult between Margaret and professionals, as Margaret will often revert back to speaking her first language. In accordance with her wishes Margaret has no formal diagnosis to her cognitive impairment. Prior to the incident Margaret was known to all services as being a heavy smoker.

Health and Social Care professionals were aware that Margaret was a heavy smoker, and of her physical and cognitive decline, but missed opportunities to identify and respond to the risks that this posed to Margaret and others living in the accommodation block.

A carer visiting Margaret on a morning call reported to their office that Margaret had sustained burns to her arms, chest, hand and face and there was evidence of a fire in the property. Learning has been identified in regard to the professional response to Margaret's injuries, which contributed to there being delays in Margaret getting the medical attention that she required.

Lessons

It is not clear how or when Margaret received her injuries, as Margaret has been unable to communicate this. It is thought that these burns were due to smoking. This SAR concluded that the key learning for the partnership is around identifying and responding to fire risks.

- Agencies held information in relation to Margaret's smoking. There is a need to ensure that all agencies are aware of the requirement to identify, and respond to potential fire risks, for individuals, and members of the public, and to escalate when appropriate.
- Improve working relationships between Housing Associations and Health and Social Care, in order to ensure that risks are identified and addressed appropriately.
- When multiple agencies are involved in supporting an adult at risk there should be a joined up and robust risk assessment to deliver a coherent multi-agency response.
- For all Health and Social Care agencies to access the training offered via the Royal Berkshire Fire and Rescue Service through its Adults at Risk Programme.
- An interpreter could have been considered to support Margaret with her communication difficulties.

Ken

Published July 2021

[Full report](#)

[Practice learning note](#)

Ken was a white British man in his late 70's, who lived with his wife Ava and they had two adult daughters. Ken had complex health needs and was terminally ill. Ken's wishes were to die at home or if this was not possible he asked to go to a hospice.

The majority of the last six months of Ken's life were spent in hospital, Ken sustained pressure damage, exacerbated by his refusal of appropriate equipment and care. Ken passed away in hospital.

A number of professionals across the partnership worked with Ken, however this work was conducted in a compartmentalised way. A multi-agency approach may have better supported Ken and his family in their decision making during this difficult time.

In response to Ken's death, the West of Berkshire Safeguarding Adults Partnership Board commissioned a thematic Safeguarding Adult Review (SAR) comparing and contrasting findings and recommendations with five other SARs published by the SAB, which also included learning around pressure care management.

Findings

- **Clear accountability and coordination** Support of people with complex needs requires care management that demonstrates clear professional accountability and active coordination. Ken and his family would have benefited significantly from the appointment of a named professional to coordinate all input and proactively review their care arrangements. Perhaps most importantly the person might have built a relationship with them to understand why Ken was increasingly making what were deemed unwise decisions detrimental to his health. The appropriate professional could have been a social worker but other key professionals could have performed this role.
- **Risk assessment and management** A comprehensive risk assessment should have been undertaken that took full account of Ken's home situation, state of mind, prognosis and physical condition. Although there appears to have been no formal diagnosis, Ken's daughter described her father as "depressed", which would be understandable in his circumstances. An indication of this was his change from a very well-presented man who was house proud, to someone who cared little about his personal appearance. This warranted further investigation, particularly as it potentially contributed to his refusal of services and was therefore a factor in his physical decline.
- **Effective multi-disciplinary / agency teamwork** A recurrent theme in all cases was the lack of coordination and timely communication between different professionals. Multi-disciplinary /agency meetings were the exception rather than the rule. The experience of Ken was not unusual in comparison with the other five SARs. Where MDT meetings did occur, those attending did not have all the relevant information necessary to underpin safe decision-making.
- **Pressure ulcer prevention and care** All individuals developed pressure ulcers whilst receiving health and / or social care services. The prevention and treatment of pressure ulcers continues to challenge agencies across the partnership. Timely reporting and intervention are essential but, sadly, often lacking in the SARs reviewed.
- **Consistent application of the MCA** Ken was assessed to have capacity to make decisions regarding his care, however recording on information supplied to Ken in order to make decisions regarding his care was lacking. Therefore, it could not be evidenced whether or not Ken was making informed decisions.
- **Appropriate involvement of family members** Ken's views and choices determined the care that he received in the period under review. However, there were opportunities to consider his wife's needs and views that were missed. Closer attention to her perspective potentially would have helped her in the role of Ken's carer but also perhaps shed some light on the risky decisions that he was making. These would have benefitted from further exploration.
- **Quality Assurance** In Ken's case the delivery of home care did not match the expectations of his care plan, there needed to be more scrutiny of its delivery and effectiveness.

John

Published November 2021

Practice learning note

John had a formal diagnosis of dementia. He used to live with his wife before his condition deteriorated and his needs could no longer be met in the home environment. John had a son and a daughter Rose. Rose was John's Lasting Power of Attorney (LPA) for health & welfare. John was not estranged from his wife and son.

John was placed into residential care by the Local Authority (LA) in spring 2017. John did not have the capacity to make this decision. Rose was not in agreement with his placement and a court application was filed by the LA, in early 2018, for a decision to be made in John's best interests, as to where he should live. In late 2018, a best interest's decision was reached by the Court.

The outcome was that John moved into a LA bungalow with Rose as his main carer with a condition for the court order to be reviewed within 1 year. John received 2 care calls a day, funded via direct payments (DP). This was until the provider withdrew as they could not meet John's needs and because there was a breakdown in the relationship between the care agency and Rose. There were concerns raised by the care agency regarding Rose and John's son-in-law's use of restraint, which the LA did not respond to appropriately.

In summer 2019, after a fall at home, John was admitted to hospital. When John was fit for discharge the hospital and Rose did not agree on the discharge plan. It was recommended by professionals that John move into a nursing home, but Rose disagreed and believed that John could come home with a package of care. An application for NHS Continuing Healthcare funding was made. Attempts were made to complete the application but due to John's change in medical condition this could not be completed.

During this period of disagreement, John became unfit for discharge and Rose made attempts to discharge John, against medical advice. John passed away in hospital.

Findings from the SAR

- John's voice was not heard in care and support planning. By treating Rose as his representative in the care and support process and relying on her for assurance about the success of the care plan, a potential conflict of interest was introduced.
- Agencies, apart from when John was in hospital, dealt exclusively with Rose who was his LPA and main carer. An
- Across the health and social care system there is a strong emphasis on working closely with families, respecting autonomy, and self-determination, and minimising the interference and footprint of the state in a person's private and family life. This emphasis on family involvement, representation and advocacy should not be achieved at the expense of professional curiosity.
- That there was a lack of understanding/confidence of professionals understanding of the legal rights of an LPA and the routes to challenge the LPA's actions and decision making if there were concerns about them acting in John's best interest.
- John's support plan did not contain adequate detail on how the allocated personal budget (PB) would be used to meet John's needs.
- The LA failed to set up John's DP correctly and therefore funds were not paid in advance of care being delivered. This led to Rose thinking she was not able to commission care on John's behalf due to lack of funds.
- The lack of expenditure of John's PB was not identified by the LA as an indicator that John may not be getting the support required to manage his complex needs.
- The underlying reasons for the withdrawal of care from the care agency were not explored, which may have identified that the current support plan was not meeting John's needs and therefore there was a requirement to go back to the Court of Protection (CoP).
- There are gaps in the understanding of accountability for recognising and responding to unmet need when a DP is in place.
- Organisations involved in CoP hearings should ensure that formal mechanisms are in place to review the effectiveness of interventions for which they are responsible.
- Allegations around unlawful restraint were not adequately responded to.
- Lack of consideration for 'was not brought'.
- There was a delay in making a DoLS application.
- Communication by professionals with Rose, in regard to John's Health and Social Care Needs was not always clear.

[Practice learning note](#)

Steven was a 78-year-old male living with dementia. Steven resided in the community with his partner who was his main carer. Steven had a package of care consisting of two calls daily from spring 2017 until it was cancelled in March 2020 by Steven's partner due to the Covid-19 pandemic.

Steven was found passed away in a public area in early 2021, after being identified by his partner as missing in the early hours of the morning; the evening before his death, Steven left home in a confused state and was not dressed appropriately for the cold weather.

It appears that there was a known risk of Steven leaving the house in a confused and disorientated manner from 2017, but it is unclear whether this (and other) information was used across the system to enable effective risk management.

Learning

- **Risk Assessment, Risk Management and Information Sharing**

Professionals should be trained in risk management and there should be an appropriate risk assessment framework to include risk management. This includes seeking historical information from involved parties and being professionally curious. Information sharing between agencies regarding risk requires improvement to ensure that the right information is shared at the right time.

- **Reviews**

Annual reviews need to be dynamic and offer flexibility. If it is identified that a reassessment is needed, this should be completed dynamically and without further delay, regardless of the organisational structure, to ensure that a customer is not left with an unmet need.

- **Carers**

Carers need to be identified and offered a carers assessment in a timely manner to address any concerns, and also be offered regular reviews.

- **Technology Enabled Care / Assistive Technology**

Professionals would benefit from having an awareness of Technology Enabled Care (TEC), how it can support people like Steven and how to access it.

- **Mental Capacity**

Professionals would benefit from being alert to indicators that a mental capacity assessment may be required

How is learning from SARS embedded within in practice?

The SAB captures all recommendations from SARs on a Learning from SARS/Audit Implementation Plan where all recommendations from SARs and other SAB learning is added and tracked.

Each partner agency involved in the SAR is required to submit a Learning from SAR Quality Check to the Business Manager within of 3 months of the SAR endorsement to demonstrate how learning from the SAR has been embedded within their organisations.

The [Learning and Development Subgroup](#) are required to hold a bitesize learning event for all SARs endorsed by the SAB.

From the six SARs endorsed and previously endorsed SARs the SAB has agreed that its approach will be to focus at any one time on three key themes that have been identified from learning from Safeguarding Adult Reviews (SARs). The key themes from 2022 onwards have been agreed as:

- Self-Neglect
- Organisational Safeguarding
- Review of SAR process

The SAB are committed to ensuring that our priorities are current and have and will change priorities in order to support learning from its SARs.

There is a dedicated page on the SAB's website for case reviews:

<http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/>

Key priorities for 2022/2022

The SAB acknowledges that there are reoccurring themes from local and national learning from SARs that must be addressed. As in 2021/22 we will continue to consider what the obstacles are in implementing recommendations and sustaining improvement and there will be a focus on good practice to promote learning, alongside an emphasis on good quality care principles and the role of effective support and supervision of the workforce to embed learning and inform future practice.

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

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

- **Priority 1:** To expand on learning in regard to self-neglect; to offer the partnership with resources to support them to achieve effective outcomes for individuals that self-neglect.
- **Priority 2:** To seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West of Berkshire residents is monitored effectively and there is a proportionate response to concerns.
- **Priority 3:** The SAB to review its Safeguarding Adult Review (SAR) process, in order to ensure that it is timely and good value for money.
- **Priority 4:** The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

The Business Plan for 2022-23 is attached as [Appendix E](#).

Appendices

[Appendix A](#) - SAB Member Organisations

[Appendix B](#) - SAB Structure

[Appendix C](#) - Achievements by partner agencies

[Appendix D](#) - Completed 2021-22 Business Plan

[Appendix E](#) – 2022- 23 Business Plan

Appendix F - Partners' Safeguarding Performance Annual Reports:

- [West Berkshire Council](#)
- [Wokingham Borough Council](#)
- [Royal Berkshire Foundation Trust](#)
- [Reading Borough Council](#)

TITLE	Pharmaceutical Needs Assessment – Wokingham Decision-Making Process
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on 9 th February 2023
WARD	None Specific
DIRECTOR/ KEY OFFICER	Matt Pope, Director of Adult Services Karen Buckley, Consultant in Public Health, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	<p>Pharmaceutical services play an important role in the health and wellbeing of communities and contribute to a number of priorities across the Berkshire West Health and Wellbeing Strategy and Wokingham's Strategy into Action.</p> <p>They are an accessible health care setting and support the provision of a wide range of services, including optimising use of medicines, stop smoking services, sexual health service, alcohol interventions and flu immunisation.</p>
Key outcomes achieved against the Strategy priority/priorities	<p>Pharmacy services contribute to:</p> <ul style="list-style-type: none"> Reducing the difference in health between different groups of people. Supports individuals at high risk of bad health outcomes to live healthy lives. Helps children and families in early years.

Reason for consideration by Wokingham Borough Wellbeing Board	<p>1.1 To provide the Board with an overview of the statutory responsibilities assigned in relation to the development of and ongoing update of pharmaceutical needs assessments (PNA).</p> <p>1.2 To obtain Boards decision on preferred local process for review of pharmacy change applications.</p> <p>1.3 To note and approve the Berkshire West Shared Public Health Team to publish supplementary statements (as required).</p>
What (if any) public engagement has been carried out?	Not applicable
State the financial implications of the decision	None

RECOMMENDATION
That the Wokingham Borough Wellbeing Board:

- To obtain Boards decision on local process for review of applications (see Decision Required section)
- Approve the Berkshire West Shared Public Health to publish any supplementary statements (as required) onto the Berkshire Observatory – Wokingham site alongside the PNA.

SUMMARY

The *Health and Social Care Act* (2012) gave the responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments (JSNAs) and Pharmaceutical Needs Assessments (PNAs). The NHS Act (2006), amended by the Health and Social Care Act (2012), sets out the requirement for health and wellbeing boards to develop and update PNAs Relevant legislation under the Act is section [128A Pharmaceutical needs assessment](#).

PNAs are used and referred to in applications by those wishing to open new pharmacies, dispensing appliance contractor premises. It is used by NHS England and NHS Improvement to determine applications and, NHS Resolutions refer to them on appeal.

Wokingham's most recent PNA was undertaken throughout 2021/22 and was approved at the Health and Wellbeing Board on the [1st September 2022](#) and published [here](#) on the 1st October 2022. The PNA will be reviewed by 2025.

There is [national guidance](#) which outlines HWB responsibilities and includes details on how to keep a PNA updated during its 'lifetime' and describes circumstances that may arise which could result in the Board either being required to produce a new pharmaceutical needs assessment sooner than the usual three yearly cycle, or when a supplementary statement may be published.

Analysis of Issues, including any financial implications

Health and Wellbeing Boards are required to establish and agree a local process for ongoing review and supplementary statements. This local process should support and link to the national guidance on decision-making (see Appendix 2 of national guidance) and relates to whether an application is/ is not relevant to the granting of market entry applications.

The Board is asked to note that notifications of change can be received at any time. The timeframe of any representation allowed is dependent on the type of application e.g. 45 days for consolidations of pharmacies, 3 weeks for pharmacy closures. A local process must take timelines into consideration in order to submit representation by deadlines (where applicable). Representation and subsequent actions required should be based on analysis of impact to current PNA provision.

Berkshire West Shared Public Health Team and Wokingham's Public Health Team have the necessary resource and expertise to undertake the analysis of the impact of applications and any changes to provision. Evidence and data would be used to

determine action i.e. no action, whether a new PNA is undertaken or if a supplementary statement is required to be published.

DECISIONS REQUIRED:

1. The Board must decide – on application, whether:
 - a) All Wellbeing Board members are notified via email for information or
 - b) OR if only Chair/Vice Chair and Public Health Team are notified.
2. Where no HWB is planned, the Board must decide – based on the data analysis in accordance with the PNA/national criteria, whether:
 - a) To hold an extraordinary HWB with a minimum quorum to make a decision
 - b) Delegate decision to Chair (or vice Chair in their absence) and Public Health Consultant (or senior Public Health officer in their absence)
 - c) Review circulated by email to all HWB members for a decision

Based on the data analysis in accordance with the PNA and national criteria the decision to be made is whether a review of the PNA is required or a supplementary statement.

The outcome is to be presented at next scheduled meeting for information at next public Wellbeing Board and Berkshire West Public Health Shared Team will publish supplementary statements (as required) or review PNA as required.

Partner Implications

Health and Wellbeing Boards (and Local Authorities) may face judicial review where there is failure to develop and publish a PNA that complies with minimum requirements for documents, due process in development and publication dates.

Reasons for considering the report in Part 2

N/A

List of Background Papers

[Pharmaceutical Needs Assessment 2022-25 Report.pdf \(modern.gov.co.uk\)](#)
[Wokingham PNA 2022-2025](#)
[Information pack for local authority health and wellbeing boards](#)

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Agenda Item 47.

TITLE	Pharmacy closure - FE713 - Lloyds Pharmacy, Winnersh RG41 5AR
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on 9 th February 2023
WARD	None Specific
DIRECTOR/ KEY OFFICER	Matt Pope, Director of Adult Services Karen Buckley, Consultant in Public Health, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	Pharmaceutical services play an important role in the health and wellbeing of communities and contribute to several priorities across the Berkshire West Health and Wellbeing Strategy and Wokingham's Strategy into Action.
Key outcomes achieved against the Strategy priority/priorities	Pharmacy services contribute to: <ul style="list-style-type: none">• Reducing the difference in health between different groups of people.• Supports individuals at high risk of bad health outcomes to live healthy lives.• Helps children and families in early years.

Reason for consideration by Wokingham Borough Wellbeing Board	1.1 To note receipt of the NHS notification of the termination of contract and subsequent close of FE713 - Lloyds Pharmacy, Winnersh RG41 5AR. 1.2 To note the summary of impact of the closure. 1.3 To approve the publication of the supplementary statement of change.
What (if any) public engagement has been carried out?	None
State the financial implications of the decision	None

RECOMMENDATION

That the Wokingham Borough Wellbeing Board:

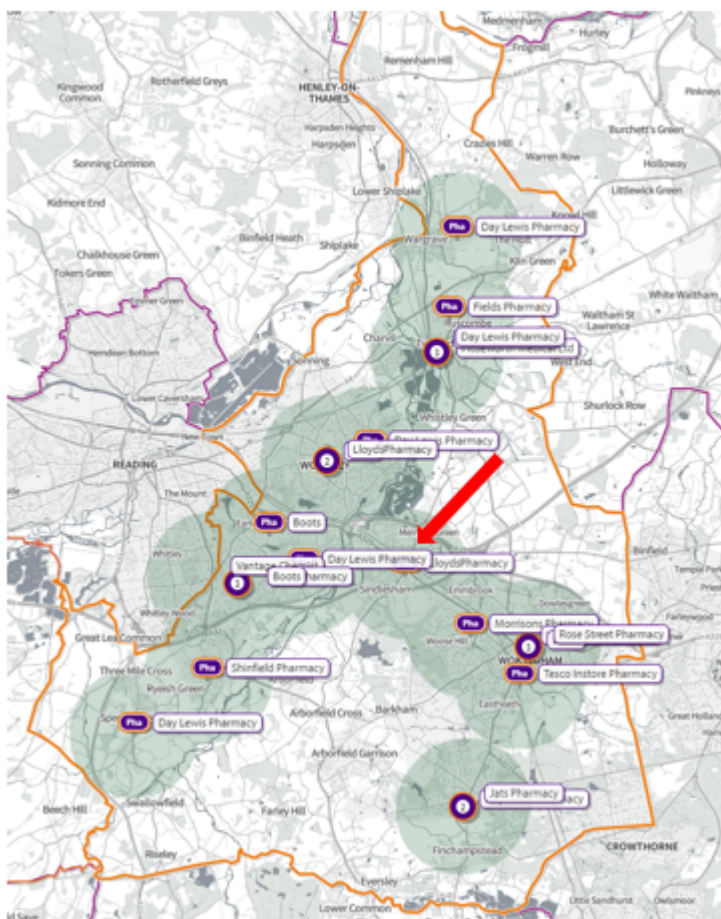
- 1) To note the summary of impact
- 2) To approve the recommendation to publish a supplementary statement of change.

SUMMARY

The *Health and Social Care Act* (2012) gave the responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments (JSNAs) and Pharmaceutical Needs Assessments (PNAs). The NHS Act (2006), amended by the Health and Social Care Act (2012), sets out the requirement for health and wellbeing boards to develop and update PNAs. Relevant legislation under the Act is section [128A Pharmaceutical needs assessment](#).

PNAs are used and referred to in applications by those wishing to open new pharmacies, dispensing appliance contractor premises. It is used by NHS England and NHS Improvement to determine applications and, NHS Resolutions refer to them on appeal.

NHS England South East formerly notified Wokingham Wellbeing Board democratic services contact on the 25th January that they had been informed by Lloyds Pharmacy that they are terminating their pharmaceutical contract address: Lloyds Pharmacy – in Sainsburys, King Street Lane, Winnersh, Berkshire RG41 5AR (ODS Code: FE713) effective on 14th February 2023.



Analysis of Issues, including any financial implications

Essential Services

Essential services offered by all pharmacy contractors include:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical governance
- Discharge Medicines Service
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

The closure of FE713 would see a reduction in the overall availability of essential provision however, the current PNA outlines there is additional capacity overall to provide more, and therefore it is likely that current service provision will provide coverage. It will, however, result in an increase in the average number of dispenses in some pharmacies. In 2020/21, Wokingham pharmacies dispensed an average of 7,605 items per month, slightly more than the national average of 6,675 per month. 77% of the prescriptions dispensed by FE713 are for patients registered to Woodley Practice and Brookside Practice and it estimated that the largest proportion of these come from their Branch Practices of Westfield Road Surgery (Woodley Practice) and Winnersh Surgery (Brookside).

Advanced pharmacy services

Advance services are NHS England commissioned services that community pharmacy and contractors and dispensing appliance contractors can provide subject to accreditation as necessary. As of January 2022 these included:

- New medicines service*
- Community pharmacy seasonal influenza vaccination*
- Community pharmacy consultation service*
- Hypertension case-finding service

*Delivered by FE713. The current PNA findings indicated that there was strong coverage and/or sufficient provision of these services in the Wokingham region and this included coverage in pharmacies just outside of the border. A closure of one pharmacy is therefore unlikely to significantly affect overall availability of this provision.

Access

In assessing the provision of services against the need of the population, access was determined the most important factor. Accessibility of services was determined by whether the Wokingham population resided within 1 miles of a pharmacy (for urban areas), or within 20 minutes' drive to a pharmacy (rural areas). FE713 is within an urban area. Its closure will result in 10,614 additional residents being excluded from the being within 1-mile radius of a pharmacy. Residents will remain within a 20-minute car drive to an alternative pharmacy. This area contains three neighbourhoods which are within the top 20% of the most deprived areas in Wokingham.

At the time of publication, there were 21 community pharmacies and 22 additional within 1 mile of the borough boundaries. This equated to 1.2 community pharmacies per 10,000 residents in Wokingham (paragraph 8.9), the national average is 2.2. The closure will decrease the ratio, although noting earlier comment about additional capacity being available within the system. Local analysis and discussion with the Local Pharmaceutical Committee confirms this remains the position.

FE713 opens 8am to 9pm Monday to Saturday and 10am to 4pm on weekends, a total of 72 hours per week. There are six pharmacies within a 2-mile radius of this site. When comparing hours of operation available to these six, there will be 30 minutes less each weekday morning and 2 hours less per mid-week evening. The 3 Wokingham pharmacies who open before 8am remain in operation. The closure of this site will reduce the number of pharmacies open after 6pm (12 to 11), the number of Saturday's opening (20 to 19) and the number of Sunday's openings (7 to 6). Boots Pharmacy (FLD94) which is within 2 miles provides full coverage of Sunday opening times.

GP dispensing practices

There are five dispensing practices in Wokingham – none of these are within a 1-mile radius of the site. Dispensing doctors provide services specifically to patients where there are no community pharmacies or access is restricted, mainly in rural areas. One of the requirements for the service is that patients live in a controlled locality. This site is not within a controlled locality.

Area Demographics

The location of this provision covers the Winnersh area and data shows a slightly higher percentage of residents from ethnically diverse communities live here in comparison to total population in Wokingham (19.6% compared to 15.4%); No significant variations in age demographic compared to Wokingham.

Recommendation

A supplementary statement (draft attached as Appendix A) is published outlining the changes to local provision. Noting the impact that the closure of this pharmacy has on access to services for residents (travel/transport) and, taking into consideration the availability of capacity within the local pharmacy system to provide additional essential and advanced service provision. It is recommended that undertaking a new PNA would be a disproportionate response. It is therefore recommended that a supplementary statement (draft attached as Appendix A) is published outlining the changes to local provision.

<h4>Partner Implications</h4> <p>Reduction in dispensing location in Wokingham.</p> <p>Increase demand in services for remaining community pharmacy providers.</p> <p>Health and Wellbeing Boards (and Local Authorities) may face judicial review where there is failure to develop and publish a PNA that complies with minimum requirements for documents, due process in development and publication dates.</p>
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<h4>Reasons for considering the report in Part 2</h4> <p>N/A</p>

List of Background Papers
Wokingham PNA 2022-2025
Information pack for local authority health and wellbeing boards

Contact: Karen Buckley	Service Public Health
Telephone No:	Email Karen.Buckley@wokingham.gov.uk

APPENDIX A – SUPPLEMENTARY STATEMENT (DRAFT)

Health and wellbeing board logo and address

Supplementary statement to the Wokingham pharmaceutical needs assessment

Date pharmaceutical needs assessment published 1st October 2022

Date supplementary statement issued X February 2023

The following pharmacy has closed: FE713 - Lloyds Pharmacy, Winnersh RG41 5AR.

The pharmacy provided the following pharmaceutical services:

General and non-NHS services:

- New medicine service
- Seasonal flu vaccination service (at risk and not at risk groups)
- Prescription collection from local General Practices
- Appointment booking for consultations not required
- Private Consultation room
- Type 2 diabetes screening
- Vaccination service (non-NHS)

NHS services:

- Medication review service
- Emergency contraception (NHS)
- Vaccination service (NHS)

These services were provided at the following times:

Monday to Saturday: 8am to 9pm

Sunday: 10am to 4pm

The pharmacy closed on 14th February 2023

Supplementary statement issued by Karen Buckley

Post: Consultant in Public Health

Date: XX February 2023

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healthwatch

Wokingham Borough

Hosted by

the
advocacy
people

A statutory service

- Under the Health and Social Care Act 2012 Healthwatch must be commissioned in each area
- 44 • We have statutory obligations under the Local Government and Public Involvement in Health Act 2007
- Regulatory requirements include:
 - Political independence and independent of decision-making
 - Involvement of lay persons and volunteers
 - Enter and view (more on this later)
 - Transparency of conduct and integrity

Who are we? Our statutory obligations

1. We encourage people to have their say about the way services are planned and provided
2. We are independent and gather feedback from people who use local health and care services
3. We pass the feedback to local service planners and providers to influence decisions on how to improve services
4. We comment on the quality and availability of services based on people's experiences and make recommendations for service improvement

Who are we? Our statutory obligations

5. We provide **information** about available local health and care services to help people make informed choices
6. We review how service planners involve patients and the public in their decision making and **hold service planners to account**
7. With the other **150 local Healthwatch** we provide feedback to help Healthwatch England to get a nationwide picture and support them with their national campaigns
8. We ask **Healthwatch England** to talk to the Government to get big changes made



Your

Voice

Counts

We want to hear from people

48 ALL experiences of local health & social care services
– complaints, concerns and compliments (the good
and the bad) – are welcome.

We need YOUR help for the people of Wokingham
Borough to be heard!

We want to hear about

- Ambulance
- Care homes
- 49 • Dentists
- GPs
- Hospitals (inpatient and outpatient)
- Opticians
- Maternity
- Mental Health
- NHS 111/out of hours



Enter and View

- As a Local Healthwatch we have the *statutory power* to *Enter and View* any health or social care providers who receive funding from the public purse
- Only **Authorised Representatives** who receive specialist training can undertake Enter and View visits
- There is **legislation** surrounding the Enter and View process

Healthwatch and CQC

- Healthwatch is part of the Care Quality Commission (CQC) and works closely with the local team
- Enter and View is not an official inspection. However, we have a duty to inform CQC of any concerns raised
- Enter and View visits focus on speaking to service users (and their families/carers) to ensure their voices are heard

Our current workplan

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1. Recruiting volunteers
2. Developing relationships with key stakeholders – NHS, local authority and voluntary sector organisations
3. Raising public awareness of Healthwatch through a Roadshow
4. Enter & View
5. Localising and promoting maternal mental health survey run by Healthwatch England
6. Working with Building Berkshire Together to engage the public in their consultation on the hospital development
7. Working with the West of Berkshire Safeguarding Adults Board to deliver a session on self neglect for the voluntary sector
8. Specialist health support for people with learning disabilities

Our 'watchlist' for future work

1. Access to GP-led services
2. Access to NHS dentistry
- 53 3. Quality and inequality in maternity services
4. Asylum seekers living in Home Office Contracted Accommodation
5. Cost of living crisis
6. Continuing Health Care funding
7. Support for carers
8. Mental health support for children and young people

Thank you for listening



Website: www.healthwatchwokingham.co.uk

Phone: 0118 418 1418

Email: enquiries@healthwatchwokingham.co.uk



@HW_Wokingham



@HealthwatchWokingham

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Our Workplan

1 April 2022 to 31 March 2023

About us

Healthwatch Wokingham Borough is your local independent service for everyone who uses publicly funded health and care services. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

How we work

If you use GPs, hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We can also help you find reliable and trustworthy information and advice through our signposting service.

Healthwatch Wokingham Borough is part of a network of over 150 local Healthwatch across England. Last year, the network helped nearly 1 million people have their say and get the support that they needed. We are here to listen to issues that really matter to people in Wokingham Borough about their experiences of health and care. We are independent and impartial, anything you share with us will remain entirely confidential.

It's really important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'.

We pass your feedback to the providers and have the power to make sure NHS leaders and other decision makers listen and use it to improve standards of care – your feedback is helping to improve people's lives.

Where possible, we will let you know when changes are planned to services in our community and help you have a say. We encourage

those in charge of local care to involve you when changes are being planned to services.

So, if you need advice, or you're ready to tell your story, we're here to listen.

Our approach

People's views come first – especially those who find it hardest to be heard.

We champion what matters to you and work with others to find ideas that work.

We are independent and committed to making the biggest difference to you.

Introduction

Since 1 April 2022, there has been a new team at Healthwatch Wokingham Borough. The team is led by Alice Kunjappy-Clifton, Lead Officer.

These changes came about as a result of the contract being awarded to The Advocacy People who now host Healthwatch Wokingham Borough.

The Advocacy People have hosted Healthwatch West Berkshire since 2015 and Healthwatch Reading from 1 June 2022. This means that we can work efficiently and effectively across the three areas known as 'Berkshire West' to bring the public and patient voice to decision makers locally and more widely across the 'patch'.

The Advocacy People also host Healthwatch in Portsmouth and Southend, creating opportunities for sharing and learning across all 5 Healthwatch.

Our work in the first few months has been focused on: getting a team of staff and volunteers in place; making Healthwatch Wokingham Borough visible to local residents; and further developing our understanding of the health and social care issues local people are facing.

Of course, whilst most of our work is about hearing feedback on other services, we also want to know what we can do differently so that we too can continually improve what we do.

We have a new Advisory Board of volunteers are responsible for ensuring that Healthwatch Wokingham Borough sets appropriate priorities, adheres to its principles and purpose and operates in an ethical way in the services of the local community.

Our objectives

Objective 1: Obtain the views of local people about their experiences of local health and social care services

We will:

- Raise awareness of Healthwatch Wokingham Borough across all communities, through a range of activities including:
 - Attending local events and meetings
 - Distributing leaflets and information in places local people visit
 - Increasing our presence on social media
 - Developing our working relationships with voluntary sector organisations
- Ensure there are a range of ways people can contact Healthwatch Wokingham Borough: phone; email; in person; via social media; website form.
- Identify local barriers that result in certain groups going unheard and how we can help overcome them
- Ensure our staff are trained to use the appropriate engagement techniques to meet the needs of individuals and engage outside support as appropriate, eg translation/interpretation
- Undertake more detailed public engagement on emerging topics and themes

We will check how successful we are by monitoring:

- how people are contacting us and where from to ensure we are hearing from a cross-section of local residents
- numbers of people contacting Healthwatch Wokingham Borough
- changes made as a result of sharing information with services.

Objective 2: Make the views of local people known to those who make decisions about health and social care services and recommend how those services could or should be improved

We will:

- Share feedback, good and bad, with the relevant services and ask for a response.
- Work with local policymakers, commissioners, and health and care professionals to access and act on the evidence that we provide.
- Feed the public voice into health and social care decision making and scrutiny forums locally, across Berkshire West and the wider Buckingham, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

We will check how successful we are by monitoring how our feedback is used and what changes have been made as a result of sharing information with, or asking questions of, services – ‘You said, they did’.

Objective 3: Promote and support the involvement of local people when decisions are being made about local health and social care services

We will:

- Work with the other 4 Healthwatch in the BOB ICS area to ensure public and patient voice is represented at system level and there are clear routes for feedback.
- Share local consultation activity and encourage participation.
- Check organisations are seeking public views when changes are being proposed and, if they are not, ask them to do so.

We will check how successful we are by:

- Recording when we ask questions of services and what changed as a result – ‘You said, they did’.
- Checking meeting minutes reflect questions we have asked and following

up thereafter.

- Sharing what changes we have made as a result of asking questions – ‘You said, they did’.

Objective 4: Provide information and advice to local people about accessing health and social care services and the options available to them

We will:

- Keep up to date with and share information about local and national health and social care services and developments, online via social media and our website.
- Share information published by other credible sources to help ensure public health messages are reaching a wide audience.
- Respond to enquiries from members of the public via phone, email, website form and in person.

We will check how successful we are by:

- Recording queries and responses so we can audit the quality and take action if required, eg staff training
- Asking people who contact us to complete a short survey to tell us how we did
- Sharing “You said, we did” information in response to feedback about our service delivery

Objective 5: Make the views and experiences of local people known to Healthwatch England so that they are fed into the national picture

We will:

- share with Healthwatch England our
 - anonymised quantitative data (the numbers) on themes and trends on a quarterly basis
 - reports and Annual Report
- support Healthwatch England activity such as national surveys
- respond to requests for qualitative data – local stories behind the numbers.

We will check how successful we are by:

- Recording queries and responses so we can audit the quality and take action if required, eg staff training
- Work with Healthwatch England to ensure our information is shared in a timely way in an agreed anonymised format
- Meeting the deadline for completion and submission of the Annual Report.

Our priorities to 31 March 2023

- **Recruitment of volunteers** to support delivery of the service and ensure the work of Healthwatch Wokingham Borough is effective and focused on the right priorities.
- **Enter & View** is one of the statutory powers of Healthwatch. A number of concerns have been raised about a provider in Wokingham Borough. Our team of staff and volunteers will be speaking to the staff and the people who use the service to find out what's working well and what needs to improve.
- Healthwatch England are conducting a national survey on **maternal**

mental health. We have supported the survey locally and will be publishing local findings alongside the Healthwatch England report.

- **Building Berkshire Together** are undertaking an extensive public consultation on the future of the Royal Berkshire Hospital. Healthwatch Wokingham Borough will help with the consultation to ensure local people have a real say on the future of one of their local hospitals.
- **Jointly plan and present** a session on self-neglect to the local voluntary sector with the West of Berkshire Safeguarding Adults Board VCS sub-group.
- **Specialist health support for people with learning disabilities.** We have been talking to local voluntary sector organisations and the NHS about access to support from professionals with a special interest and training in supporting people with learning disabilities.
- **Review** the reports undertaken by the previous Healthwatch Wokingham Borough provider and plan follow-up as appropriate.

Local 'watchlist'

We have identified the following as key areas of priority for the coming twelve to fifteen months. We will monitor feedback received and escalate issues as appropriate.

One of these areas, or indeed new themes, may emerge over the coming months as a topic/topics for more in depth exploration. Many of the highlighted issues are present nationally, as well as locally. We are very aware of the breadth and depth of concerns about health and care services and therefore will react accordingly within our capacity to do so.

- **GP access** – a national and local issue, we are keeping abreast of what's happening locally and sharing information about 'what service when' and self-care as appropriate.
- **NHS dentistry** – a national and local issue, we are keeping abreast of developments and availability of NHS emergency and routine appointments.

- **Maternity** – a national and local issue regarding quality and equality of maternity care.
- **Asylum seekers** – physical and mental health and wellbeing for asylum seekers living in local Home Office Contracted Accommodation.
- **Cost of living crisis** – impact on local people and subsequent impact on local health and social care services.
- **Continuing Health Care (CHC) funding** – together with the other 4 Healthwatch in the BOB ICS area, Healthwatch Wokingham Borough are bringing the public voice to the All Age CHC Transformation Programme. The programme aims to ensure equality of access and experiences for people across the system.
- **Support for carers** to have time out to pursue interests outside caring, through provision of respite and other support services.
- **Mental health support for children and young people.**

WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2022

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.

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

WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2022/23

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
13 April 2023	Dentistry	Update	Update	BOB ICB	
	Updates from the ICP Unified Executive	Update	Update	Director Adult Services	
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

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To be scheduled –

- GP performance