**Present:** Councillor McElligott (Chair)

Councillors Eden, Ennis, Gavin, Hoskin, Jones, McKenna, Pearce,

Robinson, Stanford-Beale, Vickers and J Williams.

**Apologies:** Councillors D Edwards, Livingston, O'Connell.

### 1. MINUTES

The Minutes of the meeting held on 2 March 2016 was confirmed as correct record and signed by the Chair.

### 2. MINUTES OF OTHER BODIES

The Minutes of the following meeting were submitted:

• Children's Trust Partnership Board - 13 April 2016

Resolved - That the Minutes be noted.

#### 3. REPORT TO THE SCHOOLS ADJUDICATOR

The Director of Children, Education and Early Help Services submitted for information a copy of the Local Authority Report to the Schools' Adjudicator. The local authority had a duty to report to the Office for the Schools' Adjudicator by 30 June each year on the operational elements of the admission arrangements and schemes of co-ordination. The report had been submitted to the Schools' Adjudicator setting out the local authority's response to the standard questions by the required deadline.

Resolved - That the report be noted.

### 4. READING FIRST PARTNERSHIP

Further to Minute 33 of the meeting held on 5 November 2015, the Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the Reading First Partnership.

The report explained that Headteachers and governors from all education providers had initiated a meeting of a Strategic Group, supported by the Council, which had led to the formation of an Executive Board with representation from the Council, Headteachers, and Governors from academies and maintained schools and nurseries as well as the Institute of Education at Reading University. An inaugural Reading First Conference had been held in February 2016 and had been well attended.

The Executive Board had formed three task groups with a primary focus over the next academic year on recruitment and retention, leadership and management and vulnerable groups. From September 2016 these groups would meet three times per year to set the agenda around school to school support.

The report stated that schools had identified areas of good practice that they were willing to share across other schools and this was being incorporated into the area

for development within schools through the School Monitoring Group. Educational settings across the Borough would receive an agreement letter before the end of the current academic year outlining the benefits and costs of being a member of the Reading First Partnership and setting out what the Partnership would ensure such as all Reading schools and settings to be good or outstanding by 2018. The letter also outlined examples of support including innovative and unique opportunities that were not currently available to schools.

In order to ensure the successful outcomes and achievement of the aims of the Partnership each school would be required to sign up and commit to the Partnership through their governing bodies. This would involve a fee per pupil, in addition mechanisms had been set up to ensure effective working relationships.

The Committee discussed the report and Councillor Jones reported that a summit on 'Closing the Gaps in Education' would take place on 22 July 2016; the two local Members of Parliament, Ofsted and the Regional Schools Commissioner would be attending.

#### Resolved -

- (1) That the Council continue in its full support of the Reading First Partnership and be an active member of the aforesaid partnership;
- (2) That the outcomes and effectiveness of actions within the Reading First Partnership be held to account and work be carried out collaboratively through its officers.

### 5. ANNUAL SAFEGUARDING ACTIVITY REPORT 1 APRIL 2015 - 31 MARCH 2016

The Director of Children, Education and Early Help Services submitted a report, and gave a presentation, providing the Committee with an update of the key activity areas from 1 April 2015 to 31 March 2016 within Children's Social Care, including the data that had been gathered during Quarter 4 (January to March 2016). A copy of the Fostering Service Annual Report 2015/16 was attached to the report at Appendix 1.

The report stated that the service delivered a range of interventions to children, young people and their families requiring help, protection and in some cases local authority care. Based on the current provisional data the report also considered key performance for Children in Need and Looked after Children against the previous year's performance. All comparative data and trend data was provisional pending validation locally and nationally and 2015/16 data could not be analysed against national and statistical neighbour comparative data until later in 2016.

The report and presentation set out the Performance Headlines from March 2015 to April 2016 including the following:

- There had been a significant increase in demand across all areas of Children's Safeguarding Services;
- 55% of children on child protection plans had a need category of 'Neglect';

- There had continued to be a large turnover in staff but there had also been huge recruitment activity and a workforce training programme had been put in place;
- The establishment of the Multi Agency Safeguarding Hub had resulted in an increase of 85% of cases into Children's Social Care;
- There had been an increase of 41% in children in need cases:
- There had been a significant increase in the number of children who had been adopted;
- Robust case file auditing activity had been carried out.

### Resolved -

- (1) That the report be noted;
- (2) That the many dedicated social workers, managers and officers in Children's Social Care be thanked for their continued hard work.

### 6. CORPORATE PARENTING STRATEGY 2016-17

The Director of Children, Education and Early Help Services submitted a report presenting the refreshed Corporate Parenting Strategy. A version of the report specifically for young people was appended to the report as well as a copy of the draft Strategy which was attached to the report at Appendix A. The report was presented by the Interim Head of Transformation and Governance.

The report explained that the Parenting Panel had commissioned the refresh of the Strategy at its meeting on 28 January 2016 (Minute 4 refers) and draft versions had been submitted to subsequent meetings. Consultation had been carried out with children in care, care leavers and foster carers to establish what needed to be done differently in order to improve their experience of being in the care of the authority.

The Strategy comprised of three sections. The first section contained the national and local context and needs assessment; the second outlined the key priorities and strategic objectives and the third set out how the Council intended to deliver the plan. Central to the Strategy was the pledge to children and young people in care; the Care Leavers' Charter was also part of the Strategy. Officers had met with the Children in Care Council to talk to them about the development of the Strategy and to ask how they would judge the Council on the delivery of the objectives. A children and young person's version of the Strategy was to be produced to share with all children in care. Officers had also met with a group of foster carers and discussed the Strategy with them and talked about how they might help in the delivery of the Strategy. The Head of Transformation and Governance had also met with the Unit Manager at the Cressingham and Pinecroft Childrens Units and the comments from the young people there would also be fed into the Strategy.

The report explained that monitoring the delivery of the Strategy would be through an Operational Group of officers who would take responsibility for the delivery of each of the strategic objectives and who would report back to the Parenting Panel.

The Panel would align its work plan with the strategic objectives and would hold officers and partners to account for the delivery of the Strategy.

#### Resolved -

- (1) That the refreshed Corporate Parenting Strategy be agreed;
- (2) That the Strategy be refreshed annually;
- (3) That Katherine Peddie, Interim Head of Transformation and Governance, the Foster Carer Link and the children and young people who had helped with the Strategy be thanked.

## 7. CHILDREN AND YOUNG PEOPLE'S INTERIM COMMISSIONING STRATEGY 2016-17

The Director of Adult Care and Health Services submitted a report introducing the Children's and Young People's Interim Commissioning Strategy 2016-17. A copy of the Strategy and Action Plan was appended to the report.

The report explained that the one year interim Strategy was a high level document detailing the outcomes and Key Performance Indicators required to be delivered by Council services and those commissioned by the Council. The Strategy intended to describe the key commissioning priorities and principles and the outcomes to be delivered for children, young people and their families and carers during 2016-17. The Strategy was not a comprehensive document and a fully informed Strategy would be developed during 2016/17. The report set out the key purpose and aims of the Strategy and the commissioning priorities were intended to reflect the key areas of focus for the Children's Commissioning Team during the year. In addition, the commissioning principles outlined the Council's intended approach to children, young people and their families, internal clients, partners and the market.

Resolved - That the Children and Young People's Interim Commissioning Strategy 2016-17 be approved.

### 8. YOUTH OFFER CONSULTATION RESPONSE AND FINAL PROPOSAL

Further to Minute 55 of the meeting held on 2 March 2016, the Director of Children, Education and Early Help Services submitted a report that outlined the consultation responses from young people and the general public in regard to the Youth Offer proposal and the Youth Offer going forward. A summary of the consultation responses was attached to the report at Appendix A and an Equalities Impact Assessment was attached to the report at Appendix B.

The report explained that a public consultation on the range of proposals to alter the Youth offer to young people and families in the Borough had taken place from 16 March to 20 May 2016. The proposal to cease universal youth provision had not wholly been welcomed but the proposal to continue with the Lesbian, Gay Bisexual, Transgender and Questioning, Learning Difficulty and Disability and Young Carers groups had been broadly well received, although the proposal to stop support for under 13 year olds had been questioned. There had been a similar

positive response to the proposal to retain a focus on targeted and speciality youth support. However, there were concerns that the reduction in the universal provision might result in some young people not being identified early enough to access the support they would need.

In light of the extensive and well used range of local youth service provision the Council would provide a universal delivery of the following:

- PHSE sessions in all Secondary Schools attended by Reading children;
- The C Card scheme (a project to ensure young people could access condoms);
- Opportunities for young people to participate in the democratic process.

The report stated that the Council did not have a statutory duty to provide universal services directly but the view had been taken that given the reduction in resources available, targeted group and one to one support should be the priority for future spending in this area.

Based on a snap shot of youth service use in March 2016, within the next 12 to 18 months the Council would cease to provide 27 youth work sessions and street work which affected 368 young people per month. The Council would work with local voluntary and faith sector providers to explore options of continuing as much of this provision within Council buildings as possible. The Council would pursue the option discussing with voluntary sector partners the proposal of utilising current community buildings for them to deliver youth work sessions. The Council would continue to ensure that information was made available on the wide range of services on offer through the Family Information Service and youth website and would prioritise the retained youth offer resource on meeting the needs and specific outcomes for vulnerable young people.

Following the mixed consultation responses regarding the proposal to create a 'Bridge' venue in the town for vulnerable young people there were concerns about the effectiveness of this part of the offer. Therefore this proposal would be reviewed with corporate partners and colleagues from the voluntary sector and young people.

### Resolved -

- (1) That in order to achieve the savings target of reducing £750,000 on Youth Services, as set out within the overall Council budgetary position, the proposed changes be agreed;
- (2) That to ensure that vulnerable young people's key outcomes were met a targeted youth offer to young people in the town be continued;
- (3) That to continue providing a full range of universal activities work be carried out with the Reading Voluntary Sector partners and partners be invited to particular universal sessions that the Council would be providing, in Council buildings;

- (4) That respite care for both young carers and learning difficulty and disabled young people continue to be offered;
- (5) That the Lesbian, Gay, Bi-sexual, Transgender and Questioning weekly session be continued;
- (6) That the Looked After Children's offer be refocused to enable these young people to access local community youth services;
- (7) That the proposal to create a Bridge venue for vulnerable young people to access support with corporate partners, colleagues from the voluntary sector and young people be reviewed;
- (8) That the Youth Offending service offer be reviewed in line with the Council's statutory obligations as it was expected that both partner and Council funding would reduce in the coming years.

(In accordance with Standing Order 38, Councillor J Williams requested that his vote against the resolution be recorded)

# 9. READING YOUTH JUSTICE PLAN 2016/17 AND SHORT QUALITY SCREEN (SQS) INSPECTION OF READING'S YOUTH OFFENDING SERVICE (YOS)

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the Short Quality Screen (SQS) Inspection of the Reading Youth Offending Service (YOS) the result of which had been published by Her Majesty's Inspectorate of Probation (HMIP) during May 2016. A copy of the Reading Youth Justice Plan 2016/17 was appended to the report.

The report explained that the 2016/17 Plan described the YOS performance against national indicators and provided further analysis with regard to safeguarding, managing the risk of harm to others and other local performance indicators. Overall, the YOS had performed well against the national and local measures although there was more work to be done to ensure that young people who offended accessed suitable education, training and employment.

During April 2016 the HMIP had conducted a SQS inspection of the Reading YOS. The inspection report commented positively on a number of areas and had highlighted three areas for improvement which had been incorporated in the Youth Justice Plan and service plans. The Inspectors had agreed with the YOS self-assessment and were satisfied that sufficient plans were in place to address the three areas of improvement.

The HMIP SQS report provided evidence that there were no identified risks to effective service delivery within the YOS, did not request an action plan for the identified areas for improvement and were satisfied that current plans were sufficient.

#### Resolved -

(1) That the Youth Justice Plan be agreed;

(2) That the positive outcome of the Youth Offending Service inspection be noted and the welcome endorsement of the Reading Youth Justice multi-agency partnership's ability to deliver high quality and well-resourced youth justice services be acknowledged.

#### 10. FAMILY SUPPORT AND CHILDREN CENTRE REVIEW FINDINGS

Further to Minute 40 of the meeting held on 3 February 2016, the Director of Children, Education and Early Help Services submitted a report that outlined the findings from the Family Support and Children Centre Review and the next steps to review the offer to families.

The report explained that the review had consulted with families and staff across Early Help Services and Children's Centres Advisory Boards. It had also researched into other Family Support organisations across the Borough and what support they offered as well as exploring what type of Family Support statistical local authority neighbours had carried out.

There had been consensus amongst staff and families as to the outcomes families and their children needed help with as well as the key areas of risk for children and their families which could limit their success in achieving positive outcomes. A mapping exercise had been carried out and had appeared to demonstrate that there was a wealth of other Family Support type organisations operating in the Borough, but this support was mainly mother and toddler type groups or specialist groups for families with particular needs. There were far fewer organisations offering targeted 1:1 support for vulnerable families within the home or parenting programmes.

Research into what statistical neighbours offered in terms of Family Support was limited in terms of difficulties in accessing the information, although greater information had been gained about Children Centres.

#### Resolved -

- (1) That the findings of the Family Support and Children's Centre review be noted;
- (2) That a follow up report that outlined a proposal for future service delivery and offer be submitted to a future meeting, data from the Transformation process could be used with this review.

### 11. THIRD QUARTER REPORT CHILDREN'S SERVICES IMPROVEMENT BOARD

Further to Minute 20 of the meeting held on 5 November 2015, the Director of Children, Education and Early Help Services submitted a report by the Independent Chair of the Children's Services Improvement Board providing the Committee with a view of the progress made by the Board. The report was presented by Di Smith, Chair of the Children's Services Improvement Board. A copy of the objective of the Board was attached to the report at Appendix 1.

The report stated that the Board had recognised that the establishment of a permanent senior leadership team within Children's Services was key to ensuring the capacity to secure and embed further improvement. The Board had received regular updates on the implementation of the new service model and would continue to focus on the arrangements to manage risk during the period of transition.

Partners continued to be well represented and engaged in the work of the Board and one partner had provided interim cover for the chairing arrangements prior to the new Independent Chair taking up the role in April 2016.

The Board had acknowledged that embedding quality and consistency had become difficult during a period of significant churn in terms of staff turnover. It was anticipated that recent improvements in the stability of the workforce, successful recruitment of permanent social workers and the establishment of a permanent leadership team would create a better climate for embedding quality and consistency of practice. The Board had expressed concern about the frequency and quality of supervision and would maintain a focus on this area over the next quarter. The Board had also asked for monthly updates on recruitment activity as this work was essential to securing improvements in service quality.

The Board had welcomed the improvement in the completion of Personal Education Plans and the increased focus, supported by audit activity, on the quality of the plans. However, the Board had expressed concern about the high number of looked after children who had been placed outside of the Borough and the impact this might have on the quality of support they received.

The reported stated that in summary the Board continued to recognise the enormous amount of work that had been carried out to deliver the Improvement Plan over the previous nine months. Officers had provided clear and timely reports to the Board and these had identified areas of progress together with those requiring further improvement. As many of the tasks and activities in the Improvement Plan had been completed the Board was becoming more focused on evaluating impact particularly in relation to performance, the quality of evidence in quality assurance findings, staff recruitment and retention and consistency of practice.

The Committee discussed the report and agreed that any issues to be taken forward as a focus for the next quarter should be confirmed after the outcome of the recent Ofsted inspection of Children's Services was known.

#### Resolved -

- (1) That the report be noted;
- (2) That any issues to be taken forward as a focus for the next quarter be confirmed once the outcome of the recent Ofsted inspection of Children's Services was known;

(3) That the review of the role of the Children's Services Improvement Board be supported and a report outlining proposed governance arrangements be submitted to a future meeting.

#### 12. ADOPTION ANNUAL REPORT 2015-16

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the progress of the Adoption Service in the previous year. A copy of the Adoption Service Annual Report 2015-16 was appended to the report.

The report stated that the benchmarked performance set the Council's Adoption Service in the top quartile in relation to the percentage of children who had been adopted in the previous year. The timescales for children currently in the system had been improved so that the majority of children had been placed for adoption well under the 420 days requirement although children whose Adoption Orders were granted in 2015-16 had waited longer than the timescales required by the Department for Education.

In relation to the average days between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family the average number of days reported in the Adoption Scorecard was 398 against a target of 121 (on a three year rolling average). Using the benchmarking standard this showed that those children who were placed in the previous 12 months had waited on average 117 days. This had included a complex case which, if it had not been included, would have seen the average number of days drop to 79.25 which was below the 121 day target. As the Adoption Scorecard was based on a three year rolling average performance would improve given the current statistics.

The report stated that 14 sets of adopters had been approved in the previous year and the service had received an average of seven new enquiries each month and had increased recruitment activity. The complexities of placing children was recognised and the Council had joined a second adoption consortium in order to maximise access to a larger group of adopters and was proactive in achieving permanence for children.

### Resolved -

- (1) That the progress made within the Adoption Service in the previous year be noted;
- (2) That officers be thanked for their hard work in supporting the service and for helping children find their forever homes.

#### 13. BERKSHIRE TRANSFORMING CARE PLAN

The Director of Adult Care and Health Services submitted a report on the Berkshire Transforming Care Plan that outlined the proposal to reduce the number of inpatient Assessment and Treatment beds for people with Learning Disabilities and/or ASD and/or Mental Health problems and use the resulting resource to provide an intensive intervention service to support this cohort to live safely in the community

and reduce admissions to Assessment and Treatment Units. A copy of the Berkshire Transforming Care Joint Health and Social Care Plan was attached to the report at Appendix 1.

The report stated that a central part of the action plan that had resulted from the national review post Winterbourne View was "to ensure that people with challenging behaviour only went to hospital if hospital care was genuinely the best option and only remained in hospital for as long as it remained the best option." By June 2014 it had been expected that all individuals should have been receiving personalised support and care in their community and that when hospital based care was necessary the aim should always be that of recovery, improvement and returning to the community as soon as possible. More recently CCGs had been urged to avoid reliance on inappropriate or over extended hospital placements. Reading had approximately 8 to 10 in-patients in this cohort at any one time and over the previous 18 months ten patients had been discharged from hospital, seven of which had a care package that had been funded by the Council averaging over £1000 per week each. These care packages were funded from the Adult Social Care Budget and were often shared with CCG Section 117 money if there were mental health needs and Continuing Health Care money if there were physical health needs.

The Transforming Care Plan had been jointly developed with the six local authorities and the seven CCGs and showed how services would be transformed for people of all ages with a learning disability and/or autism who displayed behaviour that challenged, including those with mental health conditions. The Plan had been aligned to the national plan Building the Right Support - to develop community services and to close 50% of the in-patient facilities by March 2019. The vision was to improve the pathway for people with learning disabilities and challenging behaviour by reducing reliance on in-patient beds and increasing access to intensive specialist community services. The Berkshire plan had been built on agreed values and principles and had identified specific actions to ensure that all services were planned through clinical engagements and accountability, commissioned and provided in line with the national plan and the regional 'Positive Living Model' for people whose behaviour might challenge.

Some in-patient beds would be retained to provide therapeutic in-patient support for planned emergency day and overnight services to individuals for whom it was clinically indicated. A specialist multi-disciplinary team would assess needs, design and implement therapeutic programmes of care that required the physical environment a building based care could offer and a therapeutic in-patient unit would also act as a resource hub for the intensive intervention service and sessional activity.

The report stated that the Plan aimed to close 50% of the in-patient beds by March 2019 and use the same staff to provide an intensive support service in the community to prevent further admissions and support on discharge. Therefore suitable affordable accommodation in the community had to be identified and either specialist care providers needed to be brought into the area or specialist training to be able to meet the needs of these people would need to be provided. The specialist providers could be third sector or commercial and it had been

proposed to publish a public request for Expressions of Interest which it was hoped would attract a good range of providers to work with to develop the specification. The specification would also be produced with people who had experience in the cohort and the need to negotiate reasonable funding splits with the CCGs and build in budget resource for Adult Social Care had been identified.

The Committee discussed the report and agreed there would be a need to ensure that the specialist social care and accommodation within the community was appropriate for the individual.

#### Resolved -

- (1) That Berkshire's vision to close down 50% of the in-patient service and develop an intensive intervention service in the community thus reducing the reliance on Assessment and Treatment units to support people with a learning disability and/or autism and mental health conditions be noted;
- (2) That work be carried out with the West of Berkshire and Wokingham Health and Wellbeing Boards to identify resources and budget to ensure the transformation took place by March 2019, including joint working to commission specialist social care and appropriate accommodation within the community as appropriate for the individual.

### 14. MARKET POSITION STATEMENT 2016-19

The Director of Adult Care and Health Services submitted a report that introduced the Market Position Statement 2016-19, a document for existing or potential care providers in the Borough to help them understand the Council's demographics, current position and future intentions. A copy of the Market Position Statement was appended to the report.

The report explained that the Statement had been developed by the Commissioning Manager in collaboration with the Director of Adult Care and Health Services and the Head of Service for Commissioning and Performance. The key purpose and aims of the document were as follows:

- To meet a number of requirements in the Care Act relating to managing and influencing the market;
- To ensure the market was informed of the Council's purchasing direction;
- To encourage and inspire care organisations to develop in line with service users' needs and what service users had said they wanted;
- To highlight the growth and reduction of needs, influencing care provider's business plans to grow and/or reduce in response.

The document reflected key demographic intelligence and the financial context for the Council, as well as highlighting business opportunities for each sector. The document was clear about the financial challenges faced by the Council and promoted wellbeing, prevention, early intervention and reablement as key drivers for services.

#### Resolved -

- (1) That the Market Position Statement 2016-19 be approved;
- (2) That officers be thanked for their work on the Market Position Statement.

## 15. BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE SUSTAINABLE TRANSFORMATION PLAN

Wendy Fabbro, Director of Adult Care and Health Services, reported that the submission date for the latest draft of the Sustainable Transformation Plan (STP) covering West of Berkshire, Oxfordshire and Buckinghamshire (BOB) had been 30 June 2016. The aim of the Plan was to identify those areas of service that could be better delivered at scale across the BOB footprint. NHS England and Simon Stephens, Chief Executive, NHS England, were keen to stress that the current draft was to be considered a work in progress until it had been through an approval process by NHS England, Simon Stephens himself and Ministers. This would mean that a draft of the Plan would not be published until early autumn 2016.

The STP would be screened on 16 July 2016, at which time it was hoped that there would be more feedback on how it was being considered. Currently the Council had been told that BOB was in a relatively strong position with one of the lower levels of budget deficit compared to the other 44 STPs in the country.

The proposed governance would intend to work with the local health and care systems, for Reading this would be the Berkshire West locality.

The proposal for the STP was to pinpoint those services that were best done at scale. The challenge would then be to work out how this would interact and impact on services that were best delivered in communities. Therefore although it was possible to see economies of scale resulting from, for example, the NHS 111 phone system, staff training or information on prevention and healthier lifestyles across the wider area/footprint, it was less obvious how this would work for the arrangement of primary care or how people accessed their GPs for connection to local services. Currently the focus of the BOB STP was the following five areas:

- How the workforce development could support specialism;
- Prevention, with a focus on tackling childhood obesity and adult healthy lifestyles;
- Urgent care, with particular reference to procuring and securing the NHS 111 service for the BOB area/footprint;
- Specialist Services, including some cancer services and maternity services;
- Mental Health.

Another area of interest was the difficulty in 'drawing a line' around any area/footprint for health planning in terms of the STP which had seen a line drawn between east and west Berkshire, with east Berkshire working with the Frimley footprint. Therefore potentially a decision made in east Berkshire could be made that had a significant impact on the west of the county. There were also some

implications particularly in the prevention work stream that would apply directly to the Council and Primary Care who would have direct contact with citizens/patients.

The Plan also made mention of wider determinants of health that covered housing, air quality and environment health and again how this would be funded, resourced and implemented was yet to be confirmed.

Councillor Eden, Lead Councillor for Adult Social Care, made a recommendation based on the verbal report by the Director of Adult Care and Health Services which was agreed by the Committee.

#### Resolved -

- (1) That the following four criteria against which Sustainable Transformation Plans should be judged be noted:
  - (a) Are they transparent;
  - (b) Are they democratically accountable;
  - (c) Are they person centred;
  - (d) Do they reflect local priorities;
- (2) That the failure of the West of Berkshire, Oxfordshire and Buckinghamshire Sustainable Transformation Plan in all four of the criteria in (1) above be agreed and the concerns of the Committee be noted;
- (3) That Lead Councillors and officers be authorised to continue to lobby on behalf of the Committee in relation to the Sustainable Transformation Plan:
- (4) That officers invite the two local Members of Parliament to a briefing, once a draft of the Sustainable Transformation Plan had been confirmed, to make them aware of, and share, the issues that would impact on the Borough.

### 16. QUALITY ACCOUNTS: REVISED SCRUTINY ARRANGEMENTS

The Director of Adult Care and Health Services submitted a report that set out plans for future scrutiny of Quality Accounts presented by healthcare providers, giving the Health and Wellbeing Board a clear overview and scrutiny lead in this area.

The report explained that a Quality Account was a report about the quality of services delivered by an NHS healthcare provider. The reports were published annually by each provider and were available to the public. The quality of the service was measured in the Quality Account by looking at patient safety, the effectiveness of treatments that patients had received and patient feedback about the care that had been provided.

A recent peer review of the Health and Wellbeing Board had observed that the Board's role to date had been primarily to receive information about decisions

made elsewhere in the Council and CCGs. Therefore giving the Board a clear lead in receiving and responding to Quality Accounts would help to consolidate its leadership role in relation to local healthcare.

The report explained that there was no regulatory requirement for foundation trusts or NHS trusts to share their Quality Account with Health and Wellbeing Boards unless the Health and Wellbeing Board was fulfilling a scrutiny function. Therefore it was proposed that the Committee delegated its health scrutiny function in relation to Quality Accounts to the Health and Wellbeing Board. This would facilitate appropriate representation within the responses prepared to Quality Accounts. The local authority would continue to play a key role, but working alongside CCG and Healthwatch representatives. This would give the Health and Wellbeing Board a mandate to take a clearer role in relation to health improvement locally. In future all Quality Accounts received for local NHS healthcare providers would be received and responded to by the Health and Wellbeing Board. The Board would appoint members to a Quality Account Task and Finish Group and this group would prepare and submit Quality Account responses on behalf of the Board. The task and finish group would include appropriate representatives of the local authority, the CCGs and Healthwatch but would not need them to be members of the Health and Wellbeing Board.

The Committee discussed the report and agreed that they should continue to receive reports to scrutinise if required.

#### Resolved -

- (1) That the Health and Wellbeing Board be authorised to receive and respond to future Quality Accounts received from local NHS Healthcare providers;
- (2) That reports continue to be submitted to this Committee to scrutinise if required.

#### 17. BETTER CARE FUND SECTION 75

The Director of Adult Care and Health Services submitted a report on the Better Care Fund Section 75. A copy of a report that had been submitted to the Health and Wellbeing Board on 14 June 2016 was attached to the report at Appendix 1 and a copy of the Better Care Fund Plan 2016/17 was attached to the report at Appendix 2.

The report explained that a new 2016-17 Better Care Fund Section 75 had been developed and agreed with the CCGs that set out arrangements between the partners for the delivery of the 2016-17 Better Care Fund. Although the Better Care Fund marked a fundamental change in the nature of the relationship between social care and health, the Section 75 agreement was no more than an enabling tool. Its importance was in specifying how the partners would work together and the contractual framework through which agreed schemes would be carried out. It would give formal authority to the outline arrangements that had been agreed at the Reading Integration Board and had been approved by the Health and Wellbeing Board.

The report proposed that the Director of Adult Social Care and Health Services was granted delegated authority to agree joint commissioning arrangements under the 2016/17 Better Care Fund Section 75 agreement with the two Reading CCGs and in consultation with the Chairs of the Committee and the Health and Wellbeing Board. There were no alternative options as there was an expectation from NHS England that the operation of the Better Care Fund was supported by a Section 75 agreement.

#### Resolved -

- (1) That the Director of Adult Care and Health Services be granted delegated authority, in consultation with the Chair of the Adult Social Care, Children's Services and Education Committee and the Chair of the Health and Wellbeing Board, to agree joint commissioning arrangements under the new 2016/17 Better Care Fund Section 75 Agreement with the two Reading Clinical Commissioning Groups;
- (2) That officers be thanked for their hard work.

(The meeting commenced at 6.30 pm and closed at 8.45 pm).