

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE
6 JUNE 2017

Present: Councillor McElligott (Chair)
Councillors Eden, Gavin, Hoskin, Jones, Maskell, McKenna, O'Connell, Pearce, Robinson, Stanford-Beale, Vickers and J Williams.

Apologies: Councillor Khan.

The meeting commenced with a statement from Councillor Jones on the latest position with regard to Chiltern Edge School.

1. MINUTES AND MATTERS ARISING

The Minutes of the meeting held on 20 March 2017 were confirmed as a 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 - 5 April 2017

Resolved - That the Minutes be noted.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS

A question on the following matter was submitted, and answered by the Lead Councillor for Health:

Questioner	Subject
Councillor McKenna	Dying Matters Awareness Week 2017

(The full text of the question and reply was made available on the Reading Borough Council website).

4. CHILDREN'S SERVICES LEARNING AND IMPROVEMENT PLAN PROGRESS UPDATE

Further to Minute 45 of the meeting held on 13 December 2016, the Director of Children, Education and Early Help Services submitted a report providing the Committee with an update on the progress being made in implementing the Council's Improvement Plan, approved at Council on 18 October 2016.

The report explained that the Improvement Plan was structured around three key pillars of reform with 18 cascading outcomes, consisting of 60 actions. A baseline had been established in the initial stages of developing the Plan and was reviewed on a monthly basis by the Children's Directorate Management Team and the Corporate Management Team. Progress and any proposed changes to the RAG status was scrutinised and approved by the Independently Chaired Children's Services Improvement Board (CSIB).

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The report stated that progress continued to be made against the actions set out in the Plan, with the overall direction of travel presenting some improvement since September 2016 and in April 2017 12 actions had been completed. These remained within the Plan for six months and continued to be monitored by the CSIB to ensure that improvement was sustained. The original timescales for some actions had been exceeded, this was due to initial delay in securing some of the resources required to deliver the key activities and had been further impacted by a number of changes in personnel to deliver the required improvement activity.

A summary of progress report providing an overview of the key achievements that had been made by the Council, up until April 2017, in delivering the improvement required across the three key priority areas was attached to the report at Appendix 1.

The initial actions that had been set out in the October 2016 Learning and Improvement Plan were being reviewed in line with the progress that had been made to date and outcomes of the last three Ofsted Monitoring Visits and an updated Plan would be completed by the end of June 2017.

Resolved -

- (1) That the progress being made be scrutinised and the strategic approach being taken by the Director of Children, Education and Early Help Services endorsed;
- (2) That a progress update report be submitted to the meeting on 5 October 2017.

5. CHILDREN'S CENTRE OFFER CONSULTATION RESPONSE AND FINAL PROPOSAL

Further to Minute 47 of the meeting held on 13 December 2016, the Director of Children, Education and Early Help Services submitted a report providing the Committee with an outline of the consultation response from service users, partners, voluntary sector and the general public to the Children's Centre Offer proposal as set out in the report submitted to the Committee on 13 December 2016 and detailing the Children's Centre Offer going forward. A detailed outline of the consultation responses was attached to the report at Appendix A.

The report stated that the Directorate had organised a public consultation which had run from 4 January 2017 to 29 March 2017. The main issues that had been raised had related to:

- The number and location of proposed hubs;
- The loss of universal services/focus on targeted support;
- Realigning the Children's Centre Offer to focus on pre-birth to three years;
- The negative impact of the proposal.

The report detailed the responses to these issues and stated that officers had searched for alternative ways of saving money but no viable alternatives in the consultation process had been identified and therefore to save £400k from the

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Children's Centre offer continued to be the proposal. As a result there would be significant service and staffing implications, 33 family activity groups run by the Children's Centres would cease from September 2017 and there would be a reduction in Children's Centre posts of 33%.

The Council would prioritise the retained Children's Centre Offer resource on meeting the needs and specific outcomes for vulnerable young children pre-birth to under three years old and their families. The Children's Centre Service would be remodelled under the proposal as follows:

- Four fully integrated Children and Family Centre hubs would be established in the areas of highest need that would deliver the core Children's Centre Offer and provide space for additional family services;
- Satellite buildings would be situated at Caversham Children's Centre, Battle Library and Coley Children's Centre;
- The Offer would include a universal provision for supporting babies and new parents and a review of Health Clinics would be carried out with Health partners in order to continue to provide universal new parent provision;
- To meet the need for a robust digital plan to provide families with up to date and easy to navigate on-line signposting support. The Children's Centres would ensure that information was made available on the wide range of services on offer through the Family Information Service;
- The Offer would focus on three tiers of support tailored to the needs of families and a specialist service for children with additional needs.

Finally, the report set out the next steps to implement the changes.

Resolved -

- (1) That the proposed changes to the Children's Centre Service Offer, as outlined in Section 5 of the report, be agreed;
- (2) That four fully integrated Children and Family Centre hubs and satellite delivery points be established;
- (3) That the Health Visiting Service be fully integrated into the Children's Centre Offer to maintain universal contacts with young children;
- (4) That the partnership with RBH Maternity Community Services be strengthened to support vulnerable pregnant women and unborn children;
- (5) That a targeted support offer to young children and their families in the town be provided that would ensure key outcomes for young children and their families were met, as detailed in Section 5 of the report;

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- (6) That the partnerships with Reading's Voluntary Sector be built on to provide a wide range of universal activities and support for young children with undiagnosed/emerging needs;
- (7) That a progress report be submitted to the meeting in Summer 2018 on the establishment of an integrated Children's Centre and Health Visiting Offer.

6. SUFFICIENCY AND COMMISSIONING STRATEGY FOR LOOKED AFTER CHILDREN AND YOUNG PEOPLE IN READING, APRIL 2017 TO MARCH 2020

The Director of Children, Education and Early Help Services submitted a report asking the Committee to approve the Sufficiency and Commissioning Strategy for Looked after Children (LAC) and Young People in Reading 2017-20. A copy of the Strategy was appended to the report, a copy of the Access to Resources Team (ART) Project Plan was attached to the report at Appendix A and a copy of the LAC Sufficiency Needs Analysis October 2016 was attached at Appendix B.

The report explained that it was essential that all accommodation, support and services provided to LAC were effectively secured and monitored for quality, effectiveness, risk and value for money. In order for the Council to ensure that it had carried out these duties effectively a Sufficiency and Commissioning Strategy informed by an analysis of the needs of LAC with a clearly set out plan of achieving the outcomes required had to be in place. The Sufficiency and Commissioning Strategy was applicable to all external services secured for the benefit of the children and young people looked after by the Council and to all accommodation whether provided externally or by Council Foster Carers. In addition to setting out the mechanism by which the Council would effectively secure and monitor services for LAC the Strategy set out what the Council wanted to achieve, where it was and how it would build on strengths and close gaps.

The report stated that one of the most significant impacts on service delivery since the last Strategy had been the Improvement Plan that had been created as a result of the full Ofsted Inspection which had taken place in May 2016. The Strategy was aligned with priorities that had been set out in the Council's Improvement Plan which had been based on the recommendations by Ofsted.

Children's Commissioning/ART had made significant progress since the delivery of the Children and Young People's Interim Commissioning Strategy 2016-17 and was in line with the Improvement Plan. Some notable progress towards the strategic aims had been made as follows:

- Sufficiency - The Children's Commissioning Team had successfully advertised and set up an open Approved Provider List for care and accommodation for Reading's LAC population age 16 and over;
- Quality Monitoring - A process had been developed to capture relevant information and views as part of the 'big picture' rather than in isolation. This process involved collecting information from a range of sources such as school attendance, missing episodes, CSE risk and the provider's self-assessment of the placements stability and putting it into a risk matrix which

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then flagged up whether a placement or a provider was high, medium or low risk, based on decided thresholds;

- **Data and Analysis** - In order to better inform the commissioning and sufficiency work carried out by the ART a bespoke database had been created to capture all placements and to ensure that the correct best practice procedure was followed in order to make that placement;
- **Team Structure** - A significant change since the last Commissioning Strategy had been the introduction of the ART from April 2017. The team was currently an amalgamation of the Children's Commissioning Team, some Business Support and Fostering duty. The ART would operate both strategically and on individual basis.

The report stated that the purpose of the ART and the Strategy was to ensure compliance with regulations, scrutinised by a single line of management and clear governance arrangements. However, the ART would also be in a unique position to be able to drive up the quality of work carried out by the Directorate such as auditing all referral forms that were sent via the team to the market looking for placements and services.

Resolved - That the Sufficiency and Commissioning Strategy for Looked After Children and Young People in Reading 2017 be approved.

7. SCRUTINY REVIEW UPDATE - CONTINUING HEALTHCARE FUNDING - UPDATE

Further to Minute 29 of the meeting held on 3 October 2016, the Head of Legal and Democratic Services submitted a report providing the Committee with an update on the progress of the scrutiny review of Continuing Health Care (CHC).

The report explained that the Task and Finish Group had held four question and answer sessions, the first with Lindy Jones, former Service Manager Care Governance, Contracts and Continuing Health Care, Wokingham Borough Council, two sessions with Cathy Winfield, Chief Officer, Gabrielle Alford Director of Joint Commissioning and Elizabeth Rushton Head of CHC, for North West Reading, South Reading, Newbury and District and Wokingham CCGs and finally a meeting with Paula Johnston, Locality Manager, Older and Physically Disabled People, Reading Borough Council.

Following a jointly commissioned external review an Action Plan had been jointly agreed between the CCG and Reading and Wokingham Local Authorities to address issues that had been raised by the local authorities about the CCG's implementation of the CHC National Framework. The majority of actions had been completed, relationships and communication had developed and successes so far were as follows:

- The implementation of a new Best Interests form to evidence the individual's consent to the process. This had not been evidenced consistently and checklists were being returned by the CCG. Where there were any minor technical issues with the recording of consent the CHC process would

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continue while this was rectified. The effectiveness of this was due to be reviewed in July 2017;

- Joint mechanisms were now in place between the CCG and the local authorities for aspects of the process such as deciding whether a checklist should be returned due to a lack of information, and whether a significant change in need had occurred triggering further assessment. Regular meetings were being held to identify shared learning and training needs;
- The CCG and local authorities had begun to work jointly on cases where process issues appeared to have influenced the outcome, on a planned and phased basis. 12 cases had initially been identified with more added recently. Meetings were scheduled to discuss and progress these, to share learning and to identify training needs;
- The CCG was now accepting referrals which had been completed by professionals who had not completed CHC training if they had been countersigned by a professional who had. These referrals had previously been rejected, but the completion of training was not a requirement of the CHC National Framework;
- A process was in place for resolving differences in professional opinion about the evidence in a CHC checklist, which it had not yet been necessary to implement;
- The CCG had already stopped closing down a referral after 28 days if insufficient evidence had been submitted, but a process was now in place for the CCG or the local authority to actively pursue this evidence;
- The CCG and local authorities had agreed that the intention of the CHC National Framework was that a meaningful and joint discussion should be held in relation to eligibility. The CCG included the views of all relevant parties giving them equal weight;
- The CCG and local authorities had reviewed the dispute process, adjusted the timescale and confirmed that it was consistent with other CCG dispute processes in the South.

Ongoing actions working towards completion included the following:

- An agreed process to ensure that the Multi-disciplinary team meeting robustly collected both verbal and written evidence when completing assessments. There had been disagreement between the CCG and local authorities about whether this had happened in all cases;
- The CCG and the local authorities would produce a leaflet for staff and guidance for members of the public to inform their participation in CHC assessment meetings;
- The CCG and the local authorities would review the documentation for individuals in relation to appeals to ensure that it was accessible, in plain English and included signposting to advocacy;
- E-learning and jointly delivered training for staff would be made available;
- Quarterly benchmarking data would be provided by the CCG to the local authorities;
- The CCG and the local authorities would jointly agree to draft a form of words for communication to staff regarding appropriate use of fast track process and relevance of CHC at end of life;

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- Joint transition (from child to adult) protocols would be agreed between the CCG and the local authorities.

Resolved -

- (1) That the progress of the Continuing Health Care Funding Scrutiny Review be noted;
- (2) That the progress of an Action Plan, jointly devised and implemented by the Clinical Commissioning Group and the Local Authorities be noted;
- (3) That the quarterly benchmarking data levels of Continuing Health Care funding be agreed and monitored to determine if levels of funding appeared equitable;
- (4) That the final report of the Task and Finish Group be submitted to the next meeting on 12 July 2017.

8. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT - 2015 - 16

The Director of Adult Care and Health Services submitted for information a copy of the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2015-16. The following appendices were attached to the report:

Appendix A	Membership of the Board
Appendix B	Achievements by Partner Agencies
Appendix C	Business Plan 2015-16
Appendix D	Business Plan 2016-17
Appendix E	Safeguarding Performance Annual Reports for: <ul style="list-style-type: none">• Berkshire Healthcare Foundation Trust• Reading Borough Council• Royal Berkshire Foundation Trust• West Berkshire Council• Wokingham Borough Council
Appendix F	Safeguarding Adults Training Activity - 1 April 2015 to 31 March 2016

The report included information on trends across the area, how a difference had been made by working together and key priorities for the coming year.

Resolved - That the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2015-16 be noted.

9. BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST (BOB) NHS SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - UPDATE

The Director of Adult Care and Health Services submitted a report providing the Committee with an update on the NHS Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan (BOB STP). A copy of a presentation

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highlighting the background, footprint, STP finances, priorities, programme management, progress to date and next steps.

The report explained that the BOB five year STP set out the challenges and opportunities that the NHS and care services across the area faced. It showed how the NHS would work together to improve health and wellbeing within the funds available. The plan was one of 44 STPs in the country. The BOB STP area included six NHS Trusts and 14 local authorities. Although the STP covered a large area the emphasis of the majority of proposals was on what could be achieved locally. However, the BOB STP was one of the largest 'non metropolitan' footprints in England.

The BOB STP approach was to develop STP plans in local systems where it made sense with key partners and to have a BOB side focus to include the following:

- Shift the focus of care from treatment to prevention;
- Access to the highest quality primary, community and urgent care;
- Collaboration of the three acute trusts to deliver quality and efficiency;
- Maximise value and patient outcomes from specialised commissioning;
- Mental Health development to improve the overall value of care provided;
- Establish a flexible and collaborative approach to workforce;
- Digital interoperability to improve information flow and efficiency.

Recent action and next steps included the following:

- In March 2017 NHS England and NHS Improvement had published a national Five Year Forward View delivery plan;
- The first quarter 2017 STP delivery plan was in development and incorporated the 2017/18 and 2018/19 CCGs and Trust two year operational plans;
- Formal consultations on significant variation in the range and location of services had commenced/continued;
- From April 2017 onward implementation of NHS Five Year Forward View had continued;
- In May 2017 expressions of interest by both Buckinghamshire and Berkshire West had been submitted to become first wave Accountable Care Systems.

The report explained that the STP had an Executive Board which included Chief Executive Health and care system leaders. This was a STP Operational Group which included lead Directors/Senior Responsible Officers who would oversee and align the delivery of the three health and care system plans and BOB wide programmes and align resources, reduce duplication and give clear programme leadership and programme management. There was also a Stakeholder Engagement Forum which included local authorities, Healthwatch, NHS, Oxford Academic Health Science Network and third sector partners. Individual organisations remained accountable but the approach supported planning and state of readiness to position the footprint for transformation resources. Currently the Council were not involved in these groups but were keen to be included to support the developments of the STP programme locally.

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The Committee discussed the report and acknowledged that the proposals would result in fundamental changes to the provision of healthcare so scrutiny was vital. They also expressed their concern over the lack of engagement with the Council, lack of communication and agreed that any decisions should be discussed in public. It was also agreed that a request be made that the BOB STP address the Committee's concerns about the lack of public involvement and lack of recognition of the important role local authorities needed to play in health integration and that a request be made that urgent discussions be arranged with partners in the CCGs to discuss Accountable Care Systems and to explore how the Council should be involved. It was agreed that a report should be submitted to a future meeting on Accountable Care Systems and the Council's involvement.

Resolved -

- (1) That the report be noted;**
- (2) That a request be made that the BOB STP address the Committee's strong concerns about the lack of public involvement and lack of recognition of the important role local authorities needed to play in health integration;**
- (3) That urgent discussions be arranged with partners in the CCGs to discuss Accountable Care Systems and to explore how the Council should be involved and a report submitted to a future meeting.**

(The meeting commenced at 6.30 pm and closed at 8.55 pm).