

To: Councillor McElligott (Chair);
Councillors Ballsdon, Eden, D Edwards,
Ennis, Gavin, Hoskin, Jones, O'Connell,
Orton, Pearce, Stanford-Beale, Vickers,
White and R Williams.

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19 June 2015

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NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE - 29 JUNE 2015

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on **Monday 29 June 2015 at 6.30pm** in the **Council Chamber**, Civic Offices, Reading.

AGENDA

	WARDS AFFECTED	PAGE NO
1. DECLARATIONS OF INTEREST Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.		
2. MINUTES OF THE MEETING OF THE ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE HELD ON 4 MARCH 2015		A1
3. MINUTES OF OTHER BODIES - Children's Trust Partnership Board - 1 April 2015		B1
4. PETITIONS Petitions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.		-
5. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS		-

Questions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been submitted in writing and received by the Head of Legal & Democratic Services no later than four clear working days before the meeting.

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| 6. | DECISION BOOK REFERENCES | | - |
| | To consider any requests received by the Monitoring Officer pursuant to Standing Order 42, for consideration of matters falling within the Committee's Powers & Duties which have been the subject of Decision Book reports. | | |
| 7. | RAISING EDUCATIONAL ACHIEVEMENT IN READING - CONSULTATION UPDATE | BOROUGHWIDE | To Follow |
| | A report providing the Committee with an update on the consultation process which is underway with schools and the public. | | |
| 8. | SAFEGUARDING ACTIVITY REPORT & IMPROVEMENT PRIORITIES - QUARTER 4 | BOROUGHWIDE | D1 |
| | A report providing the Committee with an update of the key activity areas for Quarter 4 (January 2015 to March 2015) within Children's Social Care and reflecting developments required, as identified by a number of reviews, which have been carried out recently and external audits to inform improvement priorities, future practice and service deliveries. | | |
| 9. | LOOKED AFTER CHILDREN'S SUFFICIENCY STRATEGY 2015-2017 | BOROUGHWIDE | E1 |
| | A report presenting the Looked After Children's Sufficiency Strategy 2015-2017 that sets outsets out how Reading Borough Council will fulfil its "sufficiency" responsibility to ensure as far as is reasonably practicable, that the placement and accommodation needs of Reading Looked After Children and Care Leavers are met locally. | | |
| 10. | CREATING A SINGLE PATHWAY TO EARLY HELP SERVICES | BOROUGHWIDE | F1 |
| | A report asking the Committee to endorse the development of the access point and referral process for Early Help Services by creating a single pathway for this support. | | |

11.	TROUBLED FAMILIES PROGRAMME	BOROUGHWIDE	G1
	A report providing the Committee with an overview of the expansion of the Government's national programme from 2015-2020 and the implications for the Reading Troubled Families Programme and recommendations for the way the Payment By Results financial contribution from the Department for Communities and Local Government is used to improve outcomes for families in Reading.		
12.	READING YOUTH JUSTICE PLAN 2015/16	BOROUGHWIDE	H1
	A report asking the Committee to agree the annual Youth Justice Plan.		
13.	READING CHILDREN'S TRUST CHILDREN AND YOUNG PEOPLE'S PLAN 2015-2018	BOROUGHWIDE	J1
	A report presenting for endorsement the latest Children and Young People's Plan (2015-18) which sets out the expectations the Trust has in priority areas identified as issues for children and families in Reading.		
14.	REVIEW OF THE INTEGRATION OF ADULT MENTAL HEALTH SERVICES IN READING	BOROUGHWIDE	K1
	A report setting out the results of a review of the secondment of local authority Adults Mental Health staff into the Berkshire Healthcare NHS Foundation Trust, based on the findings of a review into resulting outcomes for service users/carers and budget impacts.		
15.	INCREASE IN MENTALLY ILL ABSCONDERS - ESTABLISHMENT OF TASK AND FINISH GROUP	BOROUGHWIDE	L1
	A report recommending that the Committee, as the Council's health scrutiny body, set up a Task and Finish Group to investigate the recently reported issue of an increase in mentally ill absconders from psychiatric hospitals and in particular from Prospect Park Psychiatric Hospital in Reading.		
16.	CARE ACT IMPLEMENTATION - UPDATE	BOROUGHWIDE	M1
	An information report providing the Committee with a summary of the new duties set out in the Care Act 2014 and Reading's Adult Social Care Service response and performance against them in relation to those parts of the Act which came into effect from April 2015.		

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| 17. | PROGRESS REPORT ON THE BETTER CARE FUND | BOROUGHWIDE | N1 |
| | An information report to inform the Committee about the progress to date on the Better Care Fund. | | |
| 18. | DELAYED TRANSFER OF CARE | BOROUGHWIDE | O1 |
| | An information report to provide the Committee with an update of Reading's performance relating to Delayed Transfers of Care (DTC) from the acute hospital setting | | |

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Present: Councillor D Edwards (Chair)
Councillors Ballsdon, Eden, Ennis, Gavin, Jones, O'Connell, Orton,
Pearce, Singh, Stanford-Beale, Vickers and R Williams.

Apologies: Councillors McElligott and White.

23. MINUTES

The Minutes of the meeting held on 6 November 2014 were confirmed as a correct record and signed by the Chair.

24. MINUTES OF OTHER BODIES

The Minutes of the following meeting were submitted:

- Children's Trust Partnership Board, 21 January 2015.

Resolved - That the Minutes be noted.

25. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS

A question on the following matter was submitted, and, in the absence of Councillor White, a written answer was provided by the Chair:

Questioner	Subject
Councillor White	Support Living

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

26. WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2013-14

Michelle Tenreiro Perez, Service Manager Adult Social Care, submitted a report providing the Committee with a summary of the information contained within the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2013-14, a copy of which was attached to the report at Appendix 1.

The report explained that the SAPB Annual Report 2013-14 provided an overview of the Board's activity and progress during 2013/14 and its priorities for 2014/15. The data within the report had been sourced from the statutory Abuse of Vulnerable Adults (AVA) return for 2012-13.

The report summarised the key developments in 2013-14 that included participation in a pilot run by the Social Care Institute for Excellence on the Learning Together Model and the commissioning of a Learning Together Review into the death of "Mrs E". The report also summarised performance in 2013-14 and stated that across the three local authority areas the total number of referrals had continued to increase

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in 2012-13. The referrals for Reading had been high at 560 compared to 220 (comparator group average) and 260 (national average).

The report detailed the priorities for 2014-15 that included the development of expertise amongst a wider group of staff to become accredited Lead Reviewers for Social Care Institute of Excellence (SCIE) Safeguarding Adult Reviews. The Board had also recognised the need to manage the pressure on safeguarding teams from the increase in the number Deprivation of Liberty Safeguarding applications.

Resolved - That the contents of the West Berkshire Safeguarding Adults Partnership Board Annual Report 2014-13 be noted.

27. CARE ACT IMPLEMENTATION FROM APRIL 2015

Further to Minute 22 of the last meeting, Suzanne Westhead, Interim Director of Adult Care and Health Services, submitted a report summarising how Reading's Adult Social Care Services would change from April 2015 to meet the duties set out in the Care Act 2014 and apply the discretionary power conferred on the local authority by the Act. The following appendices were attached to the report:

Appendix 1	Consultation Report - February 2015
Appendix 2	Equality Impact Assessment
Appendix 3	Care and Support Charging and Financial Assessment Framework
Appendix 4	Direct Payment (Family Member Support) Policy 2015
Appendix 5	Prevention Framework 2015 - Presentation
Appendix 6	Adult Social Care Information and Advice Plan - Presentation

The report also set out how the Council would meet its requirement under the general responsibilities of the local authority to integrate health and social care using the Better Care Fund.

The report explained that where the local authority had discretionary powers under the Act, local policies had been prepared or refreshed to describe how these would be used. These local policies had been developed in the light of feedback that had been gathered through a public consultation on the local implementation of the Act and an Equality Impact Assessment of the proposed approaches. The report did not detail how the Council's Adult Social Care Services would change to meet requirements of the Act as further national consultation was expected on the detail of how these aspects would operate and local approaches would be developed on these issues subsequent to this. A significant element of the Care Act Programme Office work for the remainder of 2015 would be preparing for the 2016 changes.

Resolved -

- (1) That the following be noted;**
 - (a) the outcome of public engagement on local implementation of the Care Act;**

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- (b) the contents of the Equality Impact Assessment in relation to adopting the local policies proposed to govern the implementation of the Care Act by the Council;
 - (c) the development of a Market Position Statement for Adult Social Care, which would play a significant part in discharging the Council's new market shaping obligations under the Act;
- (2) That the following local policies and frameworks be adopted to govern the operation of the Council's Adult Social Care Service from April 2015 in compliance with new statutory requirements:
- (a) Care and Support Charging and Financial Assessment Framework (2015), incorporating:
 - (i) Deferred Payment Agreements Policy;
 - (ii) Interim Funding Policy;
 - (iii) Choice of Accommodation and Additional Payments Policy;
 - (iv) Charging and financial assessment policies for care and support (in care homes and non-residential care);
 - (v) Charging schedules relating to the above;
 - (b) Direct Payments (Family Member Support) Policy (2015);
 - (c) Prevention Framework (2015), incorporating:
 - (i) Provision of Free Preventative and Carer Support Policy;
 - (d) Adult Social Care Information and Advice Plan (2015);
- (3) That the Interim Director of Adult Care and Health Services, in consultation with the Lead Councillors for Adult Social Care and Health and the Head of Legal and Democratic Services, be granted delegated authority to enter into Section 75 (Health Act 2006) agreements that supported the delivery of Better Care Fund plans.

28. READING'S MARKET POSITION STATEMENT

Further to Minute 21 of the last meeting, Brigid Day, Head of Commissioning and Improvement, submitted a report presenting the final version of Reading's Market Position Statement, following consultation with providers across the statutory, private and voluntary sectors, services users and carers. The final version of the Market Position Statement was attached to the report at Appendix 1.

The report explained that a second Care and Support Conference had been held in January 2015 for representatives from providers across statutory, private and voluntary sectors to give feedback on the draft Market Position Statement. A Market Position Statement Reference Group with representatives from across the group had met in October and December 2015 and January 2016 to comment on the

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draft document and inform the final version. As a result a short executive summary of the Statement and a longer version with more background information that would be published on the Council's web site would be produced and the Council's typical costs for different types of services would be included in the Statement.

The report explained that Market shaping was an ongoing exercise and the Council's intentions would continue to develop over time and through further work with providers on implementing the plans set out in the Market Position Statement. It had been proposed to update the document regularly and a notification sent to providers when a revised version was published on the Council's web site. The quarterly meetings of the Reference Group and the regular provider forums and Care and Support conferences would all be used as opportunities to promote these updates and to involve providers in the ongoing work.

Resolved -

- (1) That the final version of Reading's Market Position Statement for publication from April 2015 be endorsed;**
- (2) That the ongoing work with local providers to develop Reading's care and support market in line with the Market Position Statement be supported.**

29. ETHICAL CARE CHARTER

Brigid Day, Head of Commissioning and Improvement, submitted a report providing the Committee with an update on the work that had been carried out to implement the provisions of UNISON's Ethical Care Charter which had been signed by the Council following a decision of Policy Committee on 17 March 2014 (Minute 101 refers).

The report explained that by signing the Ethical Care Charter the Council had committed to work to implement a variety of standards in home care services that were commissioned by the Council. Currently the Council spent approximately £6m per year on services that were delivered to over 600 older people in the Borough by externally contracted providers. The contracts for providing these home care services were being retendered for a period of four years to start from Spring 2015 and this had provided the Council with a valuable opportunity to work in partnership with care providers, care service users and their representatives to look at how these improvements could be implemented. The Charter had adopted a phased approach and Councils signing up to the Charter were not expected to implement all of the provisions immediately, but work over time to achieve the full requirements. There were three stages to the implantation that were set out in the report.

The report explained that the Council had carried out an extensive consultation exercise with existing and potential providers during summer 2014 to assess the capability of suppliers to meet the standards in the Charter. Providers had been supportive of the Charter and had provided valuable information about their day to day operations which had enabled the Council to structure new contracts in a way that met the Charter requirements and provided financial viability for the

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providers. Resulting from the exercise the new Home Care Framework would implement from the outset all of the requirements of stage one and most of stages two and three. The implementation of the new Framework had provided the impetus for suppliers to review their operating models and bring their practices into line with the Charter.

Discussions were underway with providers looking at the wider adoption of guaranteed hours contracts and the early stages of the work that had been carried out had identified that there were ways in which greater security of employment and earnings could be achieved without creating additional cost burdens for providers and commissioners. One of the most significant developments that would be implemented in the new framework was the payment of a living wage for care workers, this had been incorporated at the start of the contract. Following detailed discussion and analysis of the position in the Borough it had proved possible to establish, within the minimum specification of the services to be provided, that the living wage could be paid to all care staff from the outset of a new contract. The Council had also worked with providers to establish an adequate funding level that would enable providers to meet the living wage, pay travel time in full, meet travel expenses and ensure staff were paid to attend the required training courses.

Pat Kenny, UNISON Branch Secretary, attended the meeting and addressed the Committee about the implementation of the Ethical Care Charter in the Borough.

(Councillor Jones declared a pecuniary interest in the item, left the meeting and took no part in the debate or decision. Nature of interest: Councillor Jones was employed by a Trade Union).

Resolved - That the progress made in implementing the UNISON Ethical Care Charter be noted.

30. OLDER PEOPLE'S DAY SERVICES IN READING

Further to Minute 13 of the meeting held on 7 November 2013, Suzanne Westhead, Interim Director of Adult Care and Health Services, submitted a report providing the Committee with an update on the day services improvement programme. The draft consultation paper on Improving Day Services in Reading was attached to the report at Appendix 1.

The report explained that following Reading's Modernising Day Services Consultation a neighbourhood offer had grown steadily in order to provide support for residents in the community. A full-time Neighbourhood Coordinator had been appointed in November 2013 and had been joined by a full-time assistant in November 2014. There were two older people's social clubs in Caversham and information about opportunities for over 50s in Southcote had been collated into a neighbourhood resource pack. In addition a volunteer-led older people's social club had been launched in Southcote in February 2015 and had been closely followed by the launch of a fourth older people's social club in Whitley.

In keeping with the duties of the Care Act to promote the holistic well-being of individuals the over 50s clubs had been structured to provide varied opportunities

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with the aim of ensuring that all individuals were engaged rather than just attending and to create an inclusive and welcoming atmosphere. The growth of the team had helped to develop a more equitable offer throughout the Borough and the financial and administrative self-sufficiency of the social clubs had been developed to enable the resources of the team to be used most efficiently. The growth of the service had also required the recruitment of additional volunteers and officers had worked closely with Reading Voluntary Action. Recruitment had continued to be on-going to ensure there was always an available 'pool' of people to call upon.

The report stated that improvements had also been made to the current centre based offer for service users with high care needs whose care could not be met in a neighbourhood setting. The service was based at the Maples Centre and although it was adequate for the current offer but service users and carers had acknowledged that the building was not welcoming and too big for the number of people using the facility. Carers and staff had been taken on a site visit to Rivermead Leisure Centre that had been identified as a possible alternative site for day services in order to understand how a move to a different site could open up new possibilities for the day service and allow for improvements in the current offer.

As part of an ongoing commitment to provide a day service which was responsive to the needs of service users and integrated within the wider community it had been proposed to consult with older people, and their families, using the Maples Centre as well as potential future service users and community partners. The consultation would seek views specifically on the facilities that people would like to see in a centre based day service and how to continue the improvements underway especially for users with complex needs and how to ensure the service was equipped to meet their needs. The report summarised the approach to the consultation, stakeholders would be engaged and stated that the outcomes of the formal consultation would be used to develop proposals for further improvements to older people's day services in the Borough.

Michelle Brown, Neighbourhood Coordinator for Older Persons' Services, attended the meeting and addressed the Committee about the day services improvement programme and presented a short film on the over 50s club in Caversham which was held at the Milestones Centre. Malcolm and Jean Spargo also attended the meeting and told the Committee about their experience of the club and why it was important to them.

Resolved -

- (1) That Jean and Malcolm Spargo be thanked for attending the meeting;
- (2) That the update on the neighbourhood day services programme for older people be noted and the continuation of this approach be supported;
- (3) That the launch of a formal consultation on the centre based day services offer for older people in Reading be approved.

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31. SAFEGUARDING ACTIVITY REPORT - QUARTER 3 (SEPTEMBER - DECEMBER 2014)

Vicki Lawson, Interim Head of Children's Services, submitted a report providing the Committee with an update of the key activity areas for quarter three within Children's Social Care and on auditing activity.

The report stated that the headlines for Children in Need/Child Protection were as follows:

- The number of referrals to Children's Social Care had remained fairly stable with a rise from 359 in quarter two to 436 in quarter three;
- The percentage of referrals going into Assessments had shown a decrease from 59.3% in the last quarter to 56% in the current quarter;
- In December 2014 86.9% of Single Assessments had been completed within timescale;
- The number of Section 47 enquiries in the last quarter had risen to 133 compared to 119 in the previous quarter;
- In the year to date 85.9% of Initial Child Protection Conferences had been held within the 15 day target;
- Child Protection Plans lasting two years or more had continued to decrease;
- In December 2014 187 children and young people had Child Protection Plans;
- In December 2014 88% of Child Protection visits had been completed within timescale.

The headlines for Looked After Children (LAC) were as follows:

- In December 2014, 202 Reading children were LAC;
- Of the LAC, 102 were male and 100 female and 121 of these children were noted to have special educational needs;
- In December 2014, 35 were aged 4 or under with 117 aged between 5 and 15 and 46 aged 16 and over;
- 29% of LAC were placed more than 20 miles away from their home address; work continued to be required to find more local placements;
- 83.8% of children and young people were in stable placements;
- Currently 70 young people were entitled to services under the Children Leaving Care Act 2000 and 35.7% were not in suitable employment, education or training;
- 16 children had been adopted in the current reporting year.

The report stated that an audit plan remained in place and had been reviewed. Results from audits were discussed individually with teams, within team meetings and at quarterly assurance meetings. Individual, team and service learning needs were shared and action plans implemented at individual and team level. The quarterly quality assurance and performance meetings considered quantitative data that had been produced by the knowledge management service, qualitative information obtained from internal and external audit and 'softer' information from service user and social worker feedback as well as information from complaints and compliments. Audit moderation meetings with managers and assistant managers took place on a monthly basis giving managers the opportunity to discuss individual

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audit findings, to grade performance and to develop further understanding of shared standards and 'what good looked like'. The audit process and moderation which was in place for Children's Social Care had recently been extended to the Children's Action Teams and it was planned to continue so that Children's Services had one overarching methodology for auditing.

The report provided details of the findings from the internal and external (independent) audits that had taken place and the priorities for the coming months that included the development and embedding of the Multi Agency Safeguarding Hub (MASH), facilitating step up/step down work between Early Help Services and the MASH and completion of the LAC Strategy.

Resolved -

- (1) That the report be noted and the social workers and staff in Children's Social Care be thanked for their hard work and for continuing to safeguard children in this vulnerable group;
- (2) That the Annual Trends Report be submitted to the next meeting.

32. MULTI AGENCY SAFEGUARDING HUB - PROJECT UPDATE

Further to Minute 15 of the last meeting, Vicki Lawson, Interim Head of Children's Services, submitted a report providing the Committee with an update on the progress being made in developing the co-located the Multi Agency Safeguarding Hub (MASH).

The report stated that the project to set up a fully co-located MASH had commenced in August 2014 and the following implementation activity was required or had taken place:

- Physical co-location of the Reading key safeguarding partners;
- Dedicated accommodation to enable the co-location had been identified; this would be in the Civic Offices;
- Agreement of job descriptions;
- Agreeing the process or risk assessment and analysis to inform decision making for safeguarding purposes;
- Creation of a confidential environment for secure information sharing;
- Agreement of commissioning the necessary IT to support the above.

The project aimed to go live by June 2015 which was earlier than the January 2016 date that had originally been reported. The MASH processes and systems would be reviewed by September 2015. The project was governed by a MASH project board that included representatives from partner agencies involved, either physically or virtually, in MASH information sharing.

The report stated that the MASH had a number of benefits including helping to alleviate issues around information being held separately by professionals where concerns had tended to be viewed as separate events rather than an emerging picture, it helped achieve better assessment of risk and need and to gain a better understanding between professions, it also avoided duplication of process across

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agencies and ensured that risks and children's needs were assessed quickly and were referred to the most appropriate service.

Resolved - That the progress made in developing the MASH be noted and a further update on the progress of the MASH co-location project be submitted to a future meeting to provide assurance that the revised launch date of June 2015 is achieved.

33. TROUBLED FAMILIES PROGRAMME

Nigel Denning, Interim Service Manager, submitted a report providing the Committee with information on the Troubled Families Programme.

The report explained that Phase one of the Troubled Families Programme was coming to a conclusion with 80% of the families having successfully achieved improved outcomes with 100% expected to have achieved the outcomes by May 2015. The Council would now be invited to enter into Phase 2 of the extended National Troubled Families Programme starting from April 2015 for a five year period. The target number of families for Reading would be 1,220 over the five years. Phase 2 would require the development of a Troubled Families Outcome Plan which would provide the opportunity for localised outcomes to be determined that met local priorities.

The implementation plan for Phase 2 included developing the outcomes framework with the Council's partners, the voluntary and community sector and the national Troubled Families Programme Team prior to April 2015. To ensure that Phase 2 of the programme had a successful start a launch event had been scheduled for 15 May 2015 which would include an input from the National Troubled Families Programme Team.

Resolved -

- (1) That the invitation to join into Phase 2 of the Troubled Families Programme be accepted when it was received;**
- (2) That a comprehensive Troubled Families Report be submitted to the next meeting to include the analysis of Phase 1 and the detailed plan for Phase 2;**
- (3) That the launch of the Reading Programme on 15 May 2015 be noted.**

34. READING BOROUGH COUNCIL'S RESPONSE TO CHILD SEXUAL EXPLOITATION - UPDATE

Vicki Lawson, Interim Head of Children's Services, submitted a report providing the Committee with an update on the progress made by Children's Services and key partners in respect of Child Sexual Exploitation (CSE). A copy of the CSE Strategy 2014 - 2017 was attached to the report at Appendix 1.

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The report stated that the CSE Strategic Group, chaired by the Director of Children, Education and Early Help Services/Superintendent Thames Valley Police had developed an updated CSE Strategy which had been agreed by the Reading Safeguarding Board (RSCB) on 17 December 2014. The RSCB would be the body that would oversee the delivery of the multi-agency action plan. The Strategy set out the partnership intent to improve the delivery of services to prevent children becoming at risk of CSE, protect children who were at risk or were victims, pursue and disrupt the activity of individuals and/or groups of perpetrators and help victims and their families to recover from the abuse. The actions against the priorities would ensure that partners addressed all of the dimensions of CSE and deliver improved outcomes for children. The priorities and actions reflected the recommendations from the published enquiry into Rotherham, Ofsted thematic inspections and the voice of children.

The exact size and scale of CSE was difficult to quantify because not all young people disclosed information. Good partnership work across the Borough was helping to establish a more comprehensive picture and as this work progressed the resource implications would be reviewed to make sure that the ambitions to tackle CSE, as set out in the Strategy, could be achieved.

The report explained that a comprehensive Action Plan would be drawn up to ensure the Strategy was implemented and a coordinator would be appointed to oversee the strands of work. Discussions were ongoing to see if this could be joint funded through the RSCB.

The report explained that the Children Who Go Missing and CSE Panels were combined in July 2014 and was initially co-chaired by Thames Valley Police and the Council, but since December 2014 it had been chaired by a Detective Chief Inspector and the Council's Interim Head of Service. On 22 January 2015 a development day had been held with a range of key partners, including the third sector, to review and refresh the Terms of Reference of this meeting to ensure alignment to the strategic group.

The Council was in the process of commissioning an organisation to conduct interviews with young people who had gone missing and subsequently been found which was seen as good practice and would offer insight and intelligence as well as support to this group of vulnerable children and young people. A supplier day had been held in February 2015 and Thames Valley Police training on intelligence sharing took place in November 2014.

Resolved -

- (1) That the Child Sexual Exploitation Strategy be agreed;
- (2) That a report on progress and outcomes be submitted to the Committee annually.

35. FEMALE GENITAL MUTILATION

Vicki Lawson, Interim Head of Children's Services, submitted a report informing the Committee of what would be in place to prevent, combat and tackle Female Genital Mutilation (FGM) in the Borough following a review by the Berkshire Local Safeguarding Children's Board (LSCB).

The report explained that in February 2013 the Designated Nurse for Safeguarding for the four Clinical Commissioning Groups in Berkshire West brought to the attention of the LSCB an intercollegiate report that had been published by the Royal College of Midwives entitled Tackling FGM in the UK. Multi Agency Practice Guidelines that had been published in 2011 by the Government had identified Reading as an area of potential high prevalence of women and girls who might have suffered, or were at risk of suffering FGM because of the diverse population of the Borough. The Chair of the West Berkshire LSCB requested a task and finish group be formed to review the 2013 report with reference to the three areas across Berkshire West. The group was chaired by the Designated Nurse for Safeguarding and met on five occasions between May and October 2014.

The aim of the group had been to scope the local statutory responses to FGM and to develop recommendations for action based upon policy recommendations from the 2013 document to support a robust multi-agency and community approach to safeguarding children at risk of FGM across Berkshire West. The action plan that had been contained in the inter-collegiate document had been used as a starting point to review the local response to FGM.

The task and group had established that across Berkshire West there was some awareness of FGM amongst local agencies and that some agencies were developing good practice to recognise and respond to women who had suffered FGM. The Berkshire LSCBs Child Protection Procedures supported practitioners in referring girls at risk of FGM to Children's Social Care Services who then informed Thames Valley Police. However, there was much still to be done locally and the key policy recommendations that had been contained in the 2013 document had not been fully addressed locally.

A coordinated strategic direction was recommended to progress local developments that would ensure girls living in the Borough and Berkshire West who might be at risk of FGM were identified and protected. Existing models suggested that a coordinated approach would be required.

The report stated that a number of actions had already been taken including the amendment of Berkshire LSCBs Child Protection Procedures in June 2014, routine questioning about FGM being encompassed into pregnancy bookings at the Royal Berkshire Hospital (RBH) and a form had been adopted from the Bolton FGM Assessment Tool, developed at RBH and used to support referrals to Children's Social Care Services.

Issues that had been identified for further work included the establishment of a specific FGM clinic at RBH, increasing recognition and response to FGM throughout RBH other than just within maternity services, establishing routine enquiries about FGM in other healthcare settings and to establish a data set from a number of

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sources to provide data on actual incidences and allow for predicted incidence according to local demographics.

Finally, the report stated that the Reading Safeguarding Children's Board and The Berkshire West Safeguarding Adults Board would take responsibility for developing an action plan and overseeing its implementation and monitoring the outcomes in partnership with Public Health.

The Committee discussed the report and agreed that the Royal Berkshire Hospital Foundation Trust be asked to produce a report setting out what the Trust was doing to raise awareness of, and to prevent, FGM and detailing how it could set up a FGM clinic so that those people effected did not have to travel to London.

Resolved -

- (1) That the report be noted and the Committee receive regular update reports on progress made on tackling Female Genital Mutilation in Reading;
- (2) That the Royal Berkshire Hospital Foundation Trust be asked to produce a report setting out what services were in place to raise awareness of and prevent Female Genital Mutilation and detailing how it could become a hospital that included a specific Female Genital Mutilation clinic so that those people effected did not have to travel to London.

36. PROPOSED FOSTER CARER ALLOWANCES AND POST ORDER SUPPORT PAYMENTS SCHEDULE

Vicki Lawson, Interim Head of Children's Services, submitted a report requesting the Committee approve the new Foster Carer Allowances from 1 April 2015. Details of the new rates and financial impact data were attached to the report at Appendix 1.

The report explained that the Council had a range of foster carer types who provided placements for LAC this also included carers who provided short breaks, respite care and day care. The Council paid weekly allowances to the carers that were based on the age of the child and an hourly rate for short breaks, respite care and day care. The Children and Families Act 2014 had strengthened a young care leaver's right to stay on with their foster carer until they were 21, or 25 if in full time education. This was referred to as "Staying Put" and the Council required an agreed rate for financial support for staying put arrangements which were delivered by existing foster carers as supported lodgings. Expanding the Council's supported lodgings scheme with existing foster carers was part of the Sufficiency Strategy to deliver a range of placement provision for LAC and care leavers. The allowance rates for supported lodgings were also proposed to be aligned with the Fostering Network recommended fostering allowance rates which was a nationally recognised benchmarked cost.

The report explained that to reduce the impact on existing carers or children and young people in placement, it had been proposed that where an existing child was

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receiving more fostering allowance or day care rate than the proposed new rate, that those placements would have preserved rates of allowance until the existing placement had ended.

Resolved - That the proposed new Foster Carer Allowances be recommended to Policy Committee, as set out in Appendix 1, for approval.

37. HEALTH VISITOR SERVICE TRANSFER

Robert Poole, Corporate Finance Business Partner, Adult Care and Health Services, submitted a report that set out the proposed contracting arrangements for the Health Visiting and Family Nurse Partnership Service.

The report explained that the transfer of the commissioning responsibility to the Council for the public health of the 0-5 years Health Visiting and Family Nurse Partnership Service had been progressing steadily both nationally and locally. The national allocations of the resource had been confirmed and work was progressing to agree the service specification that would be provided from 1 April 2015. The first six months for 2015/16 would be commissioned by the NHS England Area Team and from 1 October 2015 the Council would become responsible for commissioning these services.

In order for the Council to deliver its responsibility from 1 October 2015 it had been working with the Public Health Shared Team and the NHS England Area Team to review the national specification and make adjustments for local variations. This work was progressing and to support it the Council was required to state its contracting intentions. The proposal for both the Health Visitor and Family Nurse Partnership Service were set out in the report.

Resolved -

- (1) That the contracting approach, set out in Section 4.1 and 4.2 of the report, for both the Health Visitor and Family Nurse Partnership Services be agreed;**
- (2) That the Director of Children, Education and Early Help Services, in consultation with the Lead Councillors for Children's Services and Families and Health, the Head of Legal and Democratic Services and the Head of Finance, be granted delegated authority to enter into the contracts for Health Visitor and Family Nurse Placements Services, referred to in sections 4.1 and 4.2 of the report.**

38. SCRUTINY REVIEW INTO UNDERPERFORMING GROUPS

Further to Minute 29 of the meeting held on 5 March 2014, Kevin McDaniel, Head of Education, submitted a report introducing the findings of scrutiny work that had been carried out by a task and finish group that had been set up to look at the reasons why some schools were more effective at narrowing the achievement gap for disadvantaged groups. A copy of the task and finish group's report was attached to the report at Appendix 1.

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The report explained that the task and finish group had focused their enquiry on schools whose data from 2012 and 2013 had suggested that underperforming groups were doing better than the national average. The group had identified three distinct areas where the successful schools had invested both time and resources including activities to improve self-esteem, multiple approaches to engage with the family and management focus on the progress of individual children.

The report explained that the scrutiny report included a number of illustrative case studies which demonstrated the use of many different specific actions to help individual young people succeed. The group had identified some common principles behind these actions and had summarised them as Children's Personal Development, Engaging with the Family or School Leadership and Management.

The group had suggested that the schools they had visited should be asked to share the good practice with other schools in order that they could learn from the best practice.

Finally, the report stated that while a large proportion of the work reviewed by the scrutiny group had been specific to the school there was a wide range of others, from family to partner agencies, who could make a real difference to the success of young people, especially those who were living with disadvantage and it was recommended that the scrutiny report should be circulated to the Children's Trust Partnership in order that all groups working together for the wellbeing of children appreciated the impact they could have on the level of attainment of children in the Borough.

The Committee discussed the report and the Councillors who had been members of the task and finish group who had visited schools reported on their experiences and findings and agreed that the report should be sent to the Chairs of Governing bodies of all schools in the Borough so that they were informed of the findings immediately. The Committee also requested that a report monitoring progress at schools be submitted to a future meeting.

Resolved -

- (1) That the recommendation that the Council's School Improvement Plan should encompass the sharing of good practice within Reading in addition to the national good practice be approved;**
- (2) That the Scrutiny Task and Finish Group Report on Narrowing the Attainment Gap be circulated to the Children's Trust Partnership Board in order that all partners could ensure that their actions supported the raising of attainment of young people in Reading;**
- (3) That the report by the Task and Finish Group be sent to the Chairs of Governing bodies of all schools in the Borough;**
- (4) That a report monitoring progress at schools be submitted to a future meeting.**

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39. READING STANDING ADVISORY COUNCIL FOR RELIGIOUS EDUCATION - ANNUAL REPORT

Kevin McDaniel, Head of Education, submitted a report introducing the Standing Advisory Council for Religious Education (SACRE) Annual Report 2014. A copy of the SACRE Annual Report was attached to the report at Appendix 1.

The Annual Report included a foreword by the Chair of the SACRE and information on the SACRE awareness campaign, teacher network meetings, the secondary RE conference, the second training day on location and the Pan-Berkshire Hub.

Resolved - That the work of the Reading SACRE and the contents of the Annual Report be noted.

40. EDUCATION PROGRESS - UPDATE

Helen McMullen, Interim Director of Children, Education and Early Help Services submitted a report providing the Committee with an outline of the steps that had been taken by the Council to improve the effectiveness of its School Improvement Services following a focused inspection by Ofsted and a peer review that had been requested by the Council and had taken place in January 2015. A copy of the Peer Review Findings was attached to the report at Appendix 1 and a School Visit Agenda Template was attached to the report at Appendix 2.

The report stated that Ofsted had sent a letter to the Council on 26 January 2015 following a focused inspection that had been completed on 23 October 2014. The letter was subsequently published on the Ofsted web site on 10 February 2015 with an accompanying press release and comments to the media. The letter stated that in the previous year progress had stalled in improving schools and some schools were declining. In Autumn 2014 the Director and Lead Councillor had agreed to seek a Peer Review to be carried out by a South-East region Director of Children's Services and a supporting team from other authorities, this was taken place in January 2015. The Director and Head of Service had met with the Council's School Improvement Teams to review the Ofsted letter and the Peer Review findings. These meetings had discussed options for the way forward which would be taken forward in the revised School Improvement Plan which was under development. The school categorisation approach had been widened to engage with all schools and this process had started with a model that had been based on attainment and improvement trajectory, this had been set out in a matrix and had been included in the report.

On 12 February 2015 the Director, Lead Councillor and Head of Service had met with Headteachers to outline the Ofsted and Peer Review feedback and had shared the attainment categorisation matrix. Headteachers had then taken part in a workshop to help describe what answers they would give to Ofsted questions when school improvement in the Borough was 'outstanding'. Eight Headteachers volunteered to take part in two task clusters, the first to develop an approach to joint practice development to be targeted on key issues and the other to look at recruitment and retention. The Director and Head of Service had set up 12 school visits to a range of schools and there would be a revised approach to routine school partnership visits with a clear agenda based on the local authority areas of priority

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and the specific issues faced by the school. The Director had also reviewed the proposal for a Black and Mixed heritage system review by an external organisation.

The report set out a number of actions that would be carried out including a visit by the Director, Head of Service, School Partnership Advisors and Lead Councillor to study the local authority with the highest Key Stage 2 ranking at the end of the 2013/14 academic year, an invitation from the Director to all Chairs of Governors to discuss ways in which the Council could work more effectively with governing bodies, the drafting of a revised School Improvement Strategy by the Joint Practice Task Cluster and strengthening links with the University.

The Committee discussed the report and asked that a copy of the revised School Improvement Strategy be submitted to the next meeting.

Resolved -

- (1) That the range of activities underway and planned to make rapid improvement to the School Improvement Service be noted;**
- (2) That the progress of School Improvement flowing through the quarterly performance management process be noted;**
- (3) That the development of a revised Strategy for raising attainment and building upon the improvement plans in place with all schools be noted;**
- (4) That a copy of the revised School Improvement Strategy be submitted to the next meeting.**

(The meeting commenced at 6.30 pm and closed at 9.10 pm).

CHILDREN'S TRUST PARTNERSHIP BOARD - 1 APRIL 2015



Present:

Councillor Jan Gavin (Chair)	Lead Councillor for Children's Services and Families, Reading Borough Council (RBC)
Cllr Jane Stanford-Beale	Reading Borough Council
Esther Blake	Partnership Manager, RBC
Ben Cross	Development Worker, RCVYS
Peter Dawson	Interim Public Health Programme Manager, RBC
Fran Gosling-Thomas	LSCB Chair
Sasha Green	Chair of Reading Youth Cabinet
Jill Lake	Executive Member, RCVYS
Kevin McDaniel	Head of Education Services, RBC
Helen McMullen	Interim Corporate Director of Children, Education & Early Help Services, RBC
Sally Murray	Head of Children's Commissioning Support, CSCSU
Dave Phillips	Head of Prevention and Protection, RBFPS
Robin Rickard	Reading Area Commander, Thames Valley Police
Adrian Rodriguez	Reading Member of Youth Parliament
David Seward	RCVYS
Sarah Tapliss	Strategy/ Service Development Officer, RBC

Also in attendance:

Sally Poole Committee Services, RBC

Apologies:

Cllr I Ballsdon Reading Borough Council

1. MINUTES AND MATTERS ARISING

The Minutes of the meeting held on 21 January 2015 were confirmed as a correct record.

2. YOUTH CABINET UPDATE

Adrian Rodriguez, the new Member of Youth Parliament for Reading, reported that Reading Youth Cabinet have chosen Mental Health and Improving PSHE (Personal, Social and Health Education) as their two campaigns for this year. This mirrors the UK Youth Parliament mental health campaign to promote improvements in the education of mental health with a focus on increasing the knowledge and understanding of mental health and ensuring more awareness of the services that were available for young people to access.

Sasha Green, the new Chair of the Youth Cabinet, added that their focus would be on stress, anxiety and depression. She stated that their last survey on mental health had indicated that more than 50% of young people could not identify symptoms of mental health and did not know where to access services and that 75% of those surveyed would have liked to receive more information. The Youth Cabinet were intending to conduct surveys in June 2015, December 2015 and June

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2016 in order to ascertain the current situation and then to measure the effectiveness of their campaign.

In the ensuing discussion, there were suggestions of sources of help and advice as well as examples of good practice from partner and other organisations. It was proposed that these be sent direct to Adrian and Sasha via email.

AGREED:

- (1) That the work of Adrian Rodriguez, Sasha Green and the Youth Cabinet be commended;
- (2) That Esther Blake circulate the email contact details for Adrian and Sasha;
- (3) That ideas, suggestions and the details of mental health projects be sent to Adrian and Sasha to help to support this campaign.

3. CHILDREN & YOUNG PEOPLE'S PLAN (CYPP) 2015-2018

Councillor Gavin explained that it had been agreed at the Board meeting of 21 January 2015 (Minute 3 refers) that a small working group be appointed to work on the key tasks and areas of concern under each priority of the CYPP and a copy of the completed Plan had been circulated with the agenda. She reminded partners that the CYPP needed to represent the shared vision of how to make progress on the priorities for children and young people in Reading and also the shared commitment of the members of the Children's Trust Board to deliver on these priorities and with a joint accountability so that partners could be held to account if necessary. This accountability meant that the priorities all needed to be measurable so that it was evident from the reported outcomes that these activities were making a difference and that progress was being made.

Partners were asked to populate the section on pages 6 and 7 of the CYPP with relevant links to policies, strategies or action plans from their own organisations and to add examples of current activity under each of the priorities on pages 8 to 11, so that the document reflected the partnership nature of the CYPP.

AGREED:

- (1) That the Working Group be thanked for their work thus far on the CYPP;
- (2) That Esther Blake make amendments to the CYPP, as discussed;
- (3) That partners add references and links to any relevant policies, strategies or action plans from their organisations and examples of relevant current activities, within two weeks, if possible.

CHILDREN'S TRUST PARTNERSHIP BOARD - 1 APRIL 2015

4. STRENGTHENING PARTNERSHIP WORKING

Helen McMullen, Interim Corporate Director of Children, Education and Early Help Services, RBC, explained that Children's Trust Boards could only be effective if partners were held accountable for their work in relation to priorities in the CYPP. Therefore the role of the Children's Trust Board was to receive and acknowledge reports of work carried out by partners and to provide professional challenge and support as well as recognition and praise. This was not just information sharing but the opportunity to provide a clear picture of how the partners were working together, to increase the knowledge of the work of other agencies within the same priorities and to be able to demonstrate outcomes and impact.

It was agreed that future meetings of the Children's Trust Board should focus on a specific priority from the CYPP. A lead agency would be nominated for each meeting and a key line of enquiry or questions would be identified to ensure a focus on specific outcomes that demonstrated what difference had been made against the priorities and in narrowing the gaps in Reading. The Youth Cabinet's contribution would be to prepare a response from young people as to the effectiveness of the services being offered within the priority identified for the meeting.

The themes for the next three meetings were agreed as follows:

Meeting date	Theme	Lead
8 July 2015	Mental health and wellbeing	Sally Murray (with Andy Fitton, RBC)
14 Oct 2015	Learning and Employment (including SEND and NEETs)	tbc
20 Jan 2016	Children Going Missing (including prevention, CSE and early help)	tbc

However, it was agreed that it was also important to ensure that there was no duplication of the work already being carried out by other partner organisations as it was not the intention to increase the workload by introducing unnecessary reporting. A report template would be circulated to ensure that the preparation of the report was not too onerous and that the meetings were focused on what each partner or agency had achieved and were not just reporting on strategies.

AGREED:

- (1) That Esther Blake circulate a report template;
- (2) That future meetings be themed to focus on progress made against the priorities in the CYPP.

CHILDREN'S TRUST PARTNERSHIP BOARD - 1 APRIL 2015

5. INFORMATION ITEMS

It was agreed that there was value in circulating information items to widen the understanding of all partners, but that there would not be time within future meetings for detailed discussion or presentations on these items.

AGREED: That information items be circulated as required.

6. OTHER BUSINESS

Sarah Tapliss, Strategy/Service Development Officer, informed the Board that the Domestic Abuse Strategy had been published for consultation.

7. ITEMS FOR FUTURE MEETINGS

The Board noted possible agenda items for future meetings as follows:

- Changes to the Probation Service
- Offender Strategy
- Review of local CAMHS services
- Reading Services Guide
- City Deal update

Dates of Future meetings (4 - 6pm)

- Wednesday 8 July 2015 - Conwy Room, Avenue Centre
- Wednesday 14 October 2015 - Avenue Room, Avenue Centre
- Wednesday 20 January 2016 - Avenue Room, Avenue Centre
- Wednesday 13 April 2016 - venue tbc
- Wednesday 13 July 2016 - venue tbc
- Wednesday 12 October 2016 - venue tbc

(The meeting started at 4.00pm and finished at 6.10pm).

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	8
TITLE:	SAFEGUARDING ACTIVITY REPORT & IMPROVEMENT PRIORITIES - QUARTER 4		
LEAD COUNCILLOR:	COUNCILLOR GAVIN	PORTFOLIO	CHILDREN'S SERVICES
SERVICE:	CHILDREN'S SERVICES	WARDS:	ALL
LEAD OFFICER:	HELEN MCMULLEN	TEL:	0118 9374479
JOB TITLE:	INTERIM DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES	E-MAIL:	Helen.mcmullen@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides an update of the key activity areas for Quarter 4 (January 2015 to March 2015) within Children's Social Care as reported through our internal performance reporting which is updated on a month by month basis. This is then reported in the National Returns all local authorities have to submit to the Department for Education (DfE) in July and August each year about the previous reporting year. Therefore all comparative and trend data is provisional pending validation locally and nationally.
- 1.2 Wherever possible a comparative figure either nationally, statistical neighbour, England average or previously recorded Reading only data has been included however as the report is based on provisional data it cannot be analysed against a consistent set of comparator data until later in the year.
- 1.3 This report also reflects developments required, as identified by a number of reviews, which have been carried out recently and external audits to inform improvement priorities, future practice and service delivery.

2. RECOMMENDED ACTION:

- 2.1 That the report is scrutinised and noted.
- 2.2 That the revised Improvement Plan attached to the report is approved.
- 2.3 That Members agree to establish an Improvement Board to oversee the developments of the service.

3. OVERVIEW

- 3.1 This report is a summary of Reading's performance since the last report for (Quarter 4 January 2015 to March 2015) and highlights areas for priority and scrutiny. Based on the current provisional data it also considers key performance for Children in Need and Looked after Children against previous year's performance. Benchmarking against other authorities including Statistical Neighbours for 2014/15 year end performance will be possible once this data is published later in the year.
- 3.2 The report also includes information about the findings of recent work undertaken to improve services and on auditing activity undertaken internally by staff and that carried out by an external consultant.

4. CHILDREN IN NEED/ CHILD PROTECTION

- 4.1 The analysis of the data in the Quality and Management of Information for Children Services report for March 2015 (purple book), Annex A from the Ofsted Inspection Framework and schedule of audits has provided evidence of strengths and weakness in several areas of practice.
- 4.2 Early Help is a developing service with a positive trajectory in relation to increased referrals from a range of services and a reduced level of repeat referrals. There were 294 Early Help Referrals in this final quarter compared to 257 in the previous quarter which is reflective of a steady increase throughout the year. Quarter 2 had 128 referrals. Regular team around the child meetings take place and performance information indicates that the service is making an impact for children and families. There is evidence of step up processes taking place and cases being escalated by Early Help managers who hold a good grip on cases. All referrals from the Early Help Service now come through MASH to ensure a greater consistency of thresholds. This shows the positive impact of the work in Early Help to simplify processes for referral and will be further built on by the work currently ongoing in respect of the Early Help Pathways.

Similarly Common Assessments Completed has also shown a rise to 108 this quarter (66 in Quarter 2)

4.3 The number of referrals to Children’s Social Care has remained similar to the previous quarter at 423 (438 in the previous quarter) with the majority of referrals (113) originating from the Police and schools being the second highest referrer at 95. Domestic abuse has remained the highest reason for referral.

NUMBER OF REFERRALS TO CSC	
YEAR	No of Referrals
2011-12	2089
2012-13	1681
2013-14	1732
2014 - 15	1598

4.4 The percentage of referrals converting in to Assessments has remained in the mid 50 % range during this quarter. This is an area which has recently been audited both as part of the Ofsted preparation to check if decision making is in line with thresholds and as preparation for the fully integrated MASH. The auditing has highlighted that some MASH recommendations for assessment have been overturned in Access and Assessment and a new process has been put in place to ensure this practice does not continue unless appropriate. Subsequently, it would be expected that this percentage will rise in the next reporting year. The Early Help coordinator has been successfully appointed and is now in post and will assist in improving ‘step up’ and ‘step down’ work. The current Improvement Plan has had additional actions added specific to Access and Assessment arising from the auditing activity.

% OF REFERRALS GOING ON ASSESSMENT	
YEAR	ASSESSMENT %
2011-12	94.3%
2012-13	96.0%
2013-14	83.0%
2014-15	59.26%

4.5 At Quarter 4, 72% of single assessments were completed within timescales which is below the South East benchmarking figure of 78.2% which was last available as at December 2014. The recent review has shown that practice of the Access and Assessment (A and A) team is not always consistent although there are examples of thorough decision making. In some cases which have been audited it was evident that insufficient information

gathering had taken place and greater analysis was required. This is being remedied with greater oversight by the service and team managers. Where cases were identified which have raised concerns these have now been re-opened and subject to direct senior management oversight to ensure the safety and well-being of children. Additional interim staff have been recruited to improve the completion of assessments. In addition, the Improvement Plan has a section which addresses the throughput and quality of assessments.

- 4.6 Children’s Services has a duty under Section 47 of the Children Act 1989 to conduct enquiries where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm. This enables it to decide whether it should take any action to safeguard and promote the welfare of the child. The decision to initiate S47 enquiries is made in conjunction with the Police in strategy discussions. In a recent review it has been identified that in 4 out of 5 cases looked at there was a delay in completing S47 enquiries and holding strategy meetings. However, the number of S47 enquiries in the last quarter rose slightly to 138 compared to the 133 in the previous quarter.

SECTION 47	
YEAR	Number of S47 initiated
2011-12	700
2012-13	618
2013-14	557
	577
2014-15	

- 4.7 A mixed picture has emerged over the quarter about Strategy meetings as they do not consistently involve all partner agencies. The quality and consistency of strategy discussions is an ongoing piece of work with Thames Valley Police and the other Berkshire local authorities. The need to routinely involve health in strategy discussions needs to be strengthened and a set of agreed minimum standards is currently in the process of being agreed to address this.
- 4.8 The number of S47 enquires recommending an Initial Child Protection Conferences (ICPC) increased in the last Quarter to 84 from 52 in the previous Quarter. Reading’s percentage at 67.3% (March 2015) is lower than the South East Benchmark figure of 72.7 % (available as at December 2014) but has been increasing and is reflected in the rising number of Children on a Child Protection Plan. In the year to date, 87.8% of Initial Child Protection Conferences were held within the 15 day national target compared to 77.46% of Statistical Neighbours in 2014.

S47 recommending Initial Conference	
YEAR	Number of ICPC
2011-12	222
2012-13	161
2013-14	226
2014-15	301

4.9 At the end of Quarter 4, 203 children and young people had Child Protection Plans. This is an increase of 16 children from 187 the last Quarter Of those children, 47.8% had plans due to neglect; 7.4% due to physical abuse; 14.8%% due to sexual abuse and 30%% due to emotional abuse. A multi-agency neglect audit has been completed and the findings will be considered by the Reading Safeguarding Children’s Board to inform a Neglect Strategy. The strategy will need to be adopted by Reading Borough Council and therefore will be presented to ACE in November 2015.

4.10 Child Protection Plans lasting two years or more continue to decrease and at the end of Quarter 4, 7 children had been on a plan over 2 years. There is an audit cycle embedded which includes auditing of Child Protection Plans that are of 18 months plus duration. The average time children and young people had Child Protection Plans in Q4 was under 9 months. Over this reporting year 55 (21.7%) children were subject to a plan for a second or subsequent time. This compares with 17.3% for statistical neighbours.

CHILD PROTECTION PLAN LASTING 2 YEARS OR MORE		
YEAR	Number	%
2011-12	16	8.20%
2012-13	18	8.90%
2013-14	17	8.50%
2014/15	12	6.2%

4.11 Child Protection Visiting: Pan Berkshire procedures set the visiting pattern at no more than 10 working days for children on Child Protection Plans to be seen by the social worker. In March 2015, 95% of Child Protection visits were completed within timescale - this shows a continued trend of improvement. However this is a local indicator and the nationally reported indicator counts the number of children who have had 100% of visits according to their plan. This data will be finalised for submission to DfE ready in July 2015. The provisional data for this national indicator is showing a much lower of visits completed but this is yet to be validated.

5. LOOKED AFTER CHILDREN

5.1 At Quarter 4, 2015 there were 207 children and young people Looked After which is an increase on the last quarter by 5. This number which represents

59.65 children per 10000 population bringing Reading below the statistical neighbour average of 65.5.

Year	Total children
2012	237
2013	227
2014	208
2015	207

- 5.2 Of our Looked after Children, 105 are male and 102 being female. 104 of these children are noted to have special educational needs. 148 are white and 59 are from ethnic groups. (71% white / 29% ethnic groups). This varies from school census data which shows a 50/50 split and raises questions about whether the BME population is under represented and why.
- 5.3 At Quarter 4, the profile of our Looked After Children demonstrated that 40 were aged 4 and under; with 121 aged between 5 and 15 and 42 aged 16 and over plus 4 unaccompanied asylum seeking children. This is consistent with our profile over the last reporting year.
- 5.4 In March 2015 there were 27% of children in Reading Borough Council placements, excluding Family & Friends. The use of Independent Fostering Agencies over the same period was 37%.
- 5.5 Looked after Children's Sufficiency Statement Strategy 2015-2017. Will be considered by ACE on 29th June 2015. The document demonstrates how we plan to "take steps that secure, as far as reasonably practicable, sufficient accommodation within the authority's area which meets the needs of children that the local authority is looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority's area ('the sufficiency duty'). The Strategy provides the analytical basis by which deficits in suitable accommodation for all children in care can be addressed. This includes Adoption and Fostering targets and associated marketing activity. This document is critical to inform commissioning intentions for future local accommodation provision to meet the needs of Looked after Children.
- 5.6 The lack of local placements in the Reading Borough Council area is demonstrated by the fact that 33% of our Looked after Children are placed more than 20 miles away from their home address. While this may be for a positive reason (such as children in adoptive placements or in specialist residential settings) this overall percentage figure must be reduced. It is important for children and young people to be local so that they can retain stability in education provision, receive local health services and remain in contact with their family and community when safe to do so.

Placement 3 -The percentage of looked after children at 31 March placed outside LA boundary and more than 20 miles from where they used to live			
Year	%	No. of children	Total children
2012	20.25%	48	237
2013	21.59%	49	227
2014	25.96%	54	208
2015	33%	61	207

5.7 74.7% of our children and young people are in stable placements (placements for 2 years plus or are placed for adoption). This compares favourably with the most recent South East Benchmark of 65% and Statistical Neighbour figure of 67.7% (as at Quarter 1). Locally this has risen from a figure of 65.8 % in April 2014. However, we also have a cohort of 18 children who have had 3 or more placements (8.7%). This compares favourably with the England average of 11% (as at 2013). However, Officers are mindful of children’s needs for stability and will continue to closely monitor this cohort via our commissioning service and through the work of our Reviewing Team.

Placement 1 -The percentage of children looked after with three or more placements during the year ending 31 March			
Year	%	No.of children	Total children
2012	5.91%	14	237
2013	4.85%	11	227
2014	8.65%	19	211
2015	8.7%	18	207

6.0 CHILDREN LEAVING CARE

6.1 At Quarter 4 there were 64 young people entitled to services under the Children Leaving Care Act 2000 aged 19-21. This is a stable figure. There are 39.1% who are not in suitable employment, education or training which is slightly higher than the latest Statistical Neighbour benchmark of 39.0%. Of the 64, 6 young people are in Higher Education and are supported via a bursary from the Local Authority. 51 out of 64 children (79.7%) were in suitable accommodation, this compares to the SN average of 80.74%. which is very close. The work of the leaving care team is being re-focused with more dedicated staff available to support this cohort of young people. Children’s Social Care Team, Commissioning Team and Housing Team are working together to provide suitable accommodation for these vulnerable young people. Actions arising from a review of the Leaving Care Team will feature in the Improvement Plan.

7.0 ADOPTION

7.1 Adoption Performance as evidenced by indicator A1 (the average time between a child entering care and moving in with its adoptive family) on the Adoption Scorecard, which is for children who have been adopted, indicates that the average time in 2014 was longer than in 2013. The recent Reading average over 3 years is 669 days against 628 which is the England average indicates poor performance. The Reading trajectory is not reflecting to a line in accordance with the England target. For A2 (the average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family) is 286 days as of March 2015. This is higher than the national target of 120 days. The breakdown of indicator A3 (children who waited less than 14 months-426 days between entering care and moving in with their adoptive family) contains some children with considerably longer timescales in excess of 500 days. Diagnostic work delivered by the children's charity CORAM, which is cost free to the authority, is to be carried out. This will profile the children placed for adoption compared with the children looked after, those currently needing adoptive families and those who the service has not been able to place. An analysis of the adopters' journey will also be completed, as will an analysis of the unit cost for placing children. This work will provide a strong foundation for the improved permanency outcomes for children and put in place a new approach to planning, family finding, timeliness and keeping the child's journey at the centre of this work. Actions arising from the diagnostic will be part of the Improvement Plan.

Adoption 1 -The percentage of children who ceased to be looked after who were adopted			
Year	%	No. adopted	Total ceased
2012	19.59%	19	97
2013	18.95%	18	95
2014	27.37%	26	95
2015	24%	19	79

Adoption 2 - The percentage of children who ceased to be looked after because of a special guardianship order			
Year	%	No. ceased to SGO	Total ceased
2012	13.40%	13	97
2013	16.84%	16	95
2014	17.89%	17	95
2014	20%	16	79

A1 - Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days)			
Year	Avg. days	No of days	No of children
2012	544.44	9880	18
2013	591.72	10651	18
2014	681.27	17713	26
2015	611	11,610	19

A2 - Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (days)			
Year	Avg. days	No of days	No of children
2012	222.06	3553	16
2013	242.31	3877	16
2014	325.96	8475	26
2015	286	5429	19

7.2 The data in the Adoption score card is affected by a legacy of delayed matching for some children and some placement orders. Work is now underway to revoke Placement Orders for children who have been professionally assessed as needing long term care but are unlikely to achieve adoption as a permanent outcome following a review of all children on a placement order.

7.3 There has been a significant increase in the number of Special Guardianship orders (SGO) which is positive as a permanent option for children. The cumulative total at the end of March 2015 is 16 which is a total of 20%

8.0 AUDIT AND QUALITY ASSURANCE ACTIVITY

8.1 Following on from previous reports presented to ACE, an audit plan remains in place and has been reviewed. Additional capacity has been added and has focused on cases which were identified through looking closely at our data (ranging from MASH to Access and Assessment contacts, missing children data, children recently admitted into care and children leaving care). Results from audits are discussed individually with teams, within team meetings and at quarterly quality assurance meetings. Individual, team and service learning needs are shared and action plans implemented at individual and team level.

8.2 The quarterly quality assurance and performance meetings consider quantitative data produced by the knowledge management service, qualitative information obtained from internal and external audit and

'softer' information from service user and social worker feedback as well as information from complaints and compliments

- 8.3 It is reported that Audit moderation meetings with managers and assistant managers occurs on a monthly basis giving managers the opportunity to discuss individual audit findings, to grade performance and to further develop an understanding of shared standards and 'what good looks like'. Audit moderation allows discussion of key standards and blocks to performance improvement. The meetings are valued by practitioners and improve competence at auditing and confidence in practice.
- 8.4 The audit process and moderation which is in place for Children's Social Care has been extended to the Children's Action Teams so Children's Services has one overarching methodology for auditing. Case mapping across teams is planned to further improve practice for the whole of the 'child's journey' across services. This work has been strengthened by bringing in a consultant to work alongside managers and to bring a national standards perspective to the findings.
- 8.5 In Quarter 4, there has been an increased focus on data quality, particularly the quality of recording on children's files in Social Work teams. This has been supported by use of the Annex A data required by Ofsted which maps a child's journey from Children in Need through Child Protection and Looked After Child status through to Adoption or Leaving Care as appropriate. Data is scrutinised and teams have been charged with correcting potential omissions and inaccuracies. This has resulted in a better understanding of both the flow of work through the system and the journey for individual children.
- 8.6 This work has identified a number of cohorts of children's case files which have been specifically audited above the usual auditing work. These children's files have been scrutinised by a number of consultants and actions have been shared with social workers and managers to ensure accurate recording is on file and that work undertaken is evidenced and management oversight is visible to determine further work required to ensure the best outcomes for children.
- 8.7 Thirty cases have been chosen from Children in Need, Looked After Children and Child Protection cases to be audited by managers across the service and the results are currently being collated and analysed.
- 8.8 The Directorate over the last two years has commissioned an external auditor to carry out an audit of 6 cases every quarter. Six cases are examined in depth by an external auditor each quarter. This is a qualitative audit of the case file, supplemented by discussion with the social worker and manager.
- 8.9 Six cases were audited throughout March 2015. The cases were provided by random selection. Two cases were Child Protection cases (CP), one from

West Area and one from the South Area. Two were Looked After Children (LAC) cases, one in the Children and Young Person's disability Team and one in the South Area Team. Two were Child In Need (CIN) cases one in the Access and Assessment Team and one in the West Area team. One LAC and one CP case were graded as 2 (good) and one LAC and one CP case were graded as a 3 (adequate) requires improvement. Both CIN cases were graded as 3 (adequate) requires improvement with one described as low end good as it had four areas graded as (adequate) requires improvement and two as inadequate with no areas graded as good. No cases were graded as inadequate (require improvement) or excellent (outstanding). However further auditing of cases has revealed that significant work and training now needs to be done to secure more accurate auditing in line with national bench marking The analysis, themes and recommendations are arising from the audit are now more robust.

- 8.10 The system of auditing which has been used to date does not easily provide information on trends, performance trajectories or is it able to cross relate to other performance measures. Further development of the quality assurance framework is also needed to improve the profile of audit activity and to improve practice to a level which is consistently 'good'. A system now needs to be embedded in the new operating service model which will firmly embed auditing and the outcomes into the supervision framework at all levels. This will appear in the improvement plan.
- 8.11 The new supervision form has been introduced and it is reported that it appears to have led to more detailed analytical discussions being evidenced in supervision.
- 8.12 Chronologies on files are more evident but these are not being consistently completed. The auditor noted the limitation of the frameworki chronologies as these chronologies do not give a sense of the history and issues affecting a family. A seminar has been arranged to reiterate the standards relating to chronologies which will be mandatory for social workers.
- 8.13 Recording has improved recently with the requirement to keep Frameworki and Annexe A up to date. Child Protection and Looked After Children visits are now being completed in accordance with requirements.
- 8.14 The Independent Reviewing Officers are now more robust in their scrutiny of cases however further work needs to be done to ensure that any cases of concern are escalated swiftly to managers.
- 8.15 It is reported that more workers are demonstrating knowledge of their child / young person and the life experiences that affect them. The new assessment format (Child and Family single assessment) is useful and whilst it covers the domains of the assessment framework it also highlights the "child's story and lived experience" which is useful. Issues that affect parenting including historical factors and parental issues remain a central part to the assessment. Using this assessment for the Child Protection conference appears to work well avoiding repetition of work. It also means

that the document that has to be prepared is the plan so this becomes a more central document.

- 8.16 Updating the plan for Review Child Protection Conference is also reducing repetition of work and focussing on the central part of the case. It means that the plan appears to be more of the focus of the work which is positive. The practice of updating the plan by the Social Worker between conferences is useful as outdated tasks no longer remain on the plans.

9. WORKFORCE DEVELOPMENT

- 9.1 The recruitment of social workers and managers at a number of levels remains a priority for Reading Borough Council. The development of a high profile and dynamic strategy to improve recruitment strategy is being taken forward by Corporate HR Services. The current plans are a review of the Reading Offer to ensure that the authority is competitive and regarded as an attractive, flexible and innovative employer and to consider mechanisms for 'growing our own' by considering the development of an Academy and promoting social work as a second career.

10. PRIORITIES GOING FORWARD

- 10.1 The recommended actions going forward are essential in order to gain an accurate picture of the current standards of practice, drive the changes required and improve outcomes for children and young people in Reading.
- 10.2 The necessary improvements which have been identified and are listed in the improvement plan Priorities are based on six key themes:-
- Leadership and Governance
 - Partnership Working
 - Quality and Consistency of Practice
 - Workforce Development
 - Performance Management and Quality Assurance
 - Improving Services for Children Looked After and Achieving Permanence.
- 10.3 A revised Improvement Plan has been developed and is attached at Annex 1. This however is a 'live' document and as priorities are identified this will be modified and prioritised. The new Interim Head of Service who took up his post on 4th June 2015 will work with the service managers to ensure that activities are built into service and individual workplans.
- 10.4 It is proposed to establish a small Improvement board to oversee the implementation and the outcomes and impact of the work identified in the plan. The board should be chaired by an independent chair who will report directly to the Leader of the Council and the Managing Director. The Lead Member for Children will be a member of the board, as will senior officers in partner agencies. The board will have a clear remit which will not duplicate

the work of the Local Safeguarding Children Board but it will scrutinise the development of the LSCB. The details of the Board are set out in Appendix 2.

10.5 The Improvement Plan among other things emphasises the following:-

- The completion of the MASH (Multi Agency Safeguarding Hub) with full integration alongside Thames Valley Police (TVP), Health and other partners. The project is well underway and is meeting all its timescales as per the separate report.
- Facilitating Step up/Step down work between Early Help Services and the MASH and moving forward on the Early Help Pathways work with other agencies.
- Implementation of Sufficiency Strategy and associated adoption and fostering targets and commissioning activity.
- Work in Access and Assessment to improve timeliness and consistency of decision making and assessments
- Further diagnostic work in the Adoption Service
- Agreement of Strategy discussion minimum standards.
- A clear audit and supervision framework
- A revision of the scheme of delegation in respect of decision making.

11.0 CONTRIBUTION TO STRATEGIC AIMS

11.1 The work of Children's Social Care is aligned with the strategic priorities of Reading Borough Council's Corporate Plan 2015 - 2018 and the Reading Health and Wellbeing Strategy and in particular:

'Safeguarding and protecting those that are the most vulnerable'.

12.0 COMMUNITY ENGAGEMENT AND INFORMATION

12.1 A wide range of partners and parents, carers, young people and families accessing Social Services were actively involved in the planning around their own case but are also engaged in the development of the work as a whole, and it is our ambition to further improve this through the work of the service user evaluation programme.

13.0 EQUALITY IMPACT ASSESSMENT

13.1 An Equality Impact Assessment is not required for this report.

14.0 LEGAL IMPLICATIONS

14.1 There are no legal implications to this report, although the Children's Social Care work enables the Council to meet the statutory duties set out in the Children Act 1989, the Children Act 2004 and the Childcare Act 2006.

15.0 FINANCIAL IMPLICATIONS

15.1 There are no new financial implications outlined in this report.

16.0 BACKGROUND PAPERS

16.1 None.

Appendix 1

Children's Services Improvement Plan

Full Detail

Document Version: 2.0

Last author: See initials within the file name

Date last updated: See date within file name

Section 1: Our Improvement Plan

Framework for Improvement



Section 2: Measuring Our Improvement

Performance Management

We will measure our improvement through existing Corporate, DfE LAIT and Purple Book indicators aligned to the 6 improvement areas below to show progress and improvements against the Directorate strategic objectives and Corporate priorities.

1. Leadership & Governance	2. Partnership Working	3. Quality of Practice
1.1 Accountability and oversight structures <i>CP4, CP6, CP7 - Captured in 2.2.</i>	2.1. Better information gathering/sharing (DV and MASH) R3a - % of referrals received in year that were repeat referrals for DV M1 - Contacts received by MASH	3.1 Voice of the child is heard A1 - % of children seen as part of Continuous assessment LAC18 - Quarterly Participation in LAC reviews
1.2 Improving timeliness A2 - Assessments completed within 45 Working Days <i>CP9 - Captured in 2.2</i> LAC3 - Looked after Children's Statutory visits on time LAC8 - All children of stat school age have PEPs completed on time LAC12 - Improve the completion of LAC Care Plans and Pathway Plans LAC16 - LAC review on time	2.2 Effective child protection processes R1 - Referrals received by A&A R2 - Referrals received by CSC in YTD per 10,000 pop U18 R3 - % of referrals received in year that were repeat referrals R4 % of referrals leading to assessment in month R5 - % of referrals leading to assessment YTD R6 - Referrals rate per 10K population CP1 - % of Section 47s which led to initial	3.2 Audit programme QI1 - Timeliness, progression and quality of Child Protection plans QI2 - Purposely and timely visits to children allocated to children's social care QI3 - The timeliness, quality and progression of LAC Care Plans QI4 - The timeliness and progression of children's permanency plans QI5 - Percentage of cases with up to date, good quality assessments completed QI6 - Percentage of cases where the child's
1.3 Increasing social worker capacity LAC2 - No of looked After Children allocated to a qualified SW		

SW1 - Number of allocated cases per CSW

1.4 Improving management and professional practice

Captured in 4.2.

CP conference in month
CP2 - % of Section 47s which led to initial CP conference in YTD
CP3 - No / Rate of CP Cases
CP4 - CP Cases allocated to Social Workers
CP5 - Children subject to a CP Plan for 2nd or subsequent time
CP6 - Children who ceased to be subject to a CP Plan for 2 years +
CP7 - Children who continue to be on CP Plans for 2 years plus
CP8 - Child protection visits on time per month
CP9 - All child protection visits on time DFE Indicator YTD
CP10 - CP Review conference held on time
A3 - Assessments completed rate per 10000 population Reading

2.3 Coherent early help offer
CAT1,2,3 - % Closed CAT cases referred back into CSC 3, 6, 9 months
CIN1 - Open CIN Cases (Rate)
CIN2 - Overall absence of CIN
CIN3 - Persistent absence of CIN
CIN4 - Exclusions of CIN-FTE
CIN5 - CIN KS2 % Reading level 4
CIN6 - CIN KS2 % Reading, Writing and Maths level 4+(No eligible to sit KS2 test in

lived experience is clearly recorded on child's social care file

QI7 - The timeliness and quality of children's social work supervision

X2 - The timeliness , quality and progress of CiN plans

3.3 Consistency of practice recording

PF1 - Numbers of Private Fostering children

3.4 Supervision and reflective practice

X1 - Regular individual supervision takes place once a month in accordance with the supervision policy

SW1 - Supervision takes place on open cases (under development)

brackets)
CIN7 - Children in Need KS2-4 - % Expected Progress in Maths
CIN8 - KS2 (4+ Reading, Writing and Maths- Level 4+ (No eligible to sit KS2 test in brackets)
TP1 - Teenage pregnancy
TF1 - No. Troubled Families engaged and achieved outcomes (Phase one)

2.4 Responding effectively to children missing from home and care/who are at risk of Child Sexual Exploitation
M1 - No of children missing more than 5 days in the month
M2 - Number of children who have gone missing 3+ times in 90 days
R7 - Child sexual exploitation cases reviewed at SERAC

4. Workforce Development

4.1 Establishing a stable workforce
SW2 - % Agency Children's SW rate of total staff requirement
SW3 - Turnover rate of SW
X3 - Sickness indicator to be developed

4.2 Effective learning and development

5. Performance Management

5.1 Regular, accurate performance information
Purple Book
Annex A data quality report (Nos 1-11)

5.2 User feedback mechanisms
Indicators to be developed with Sean

6. Services for LAC & Permanency

6.1 High quality services for LAC and Care Leavers
LAC1 - Rate of Looked After Children per 10K population
LAC4 - Absence of LAC Unauthorised
LAC5 - Absence of LAC persistent
LAC6 - LAC Exclusions Permanent

Indicators to include (endorsed by Corporate L&D Team):

X4 - % of SWs that have completed CDPs.

X5 - Average number of days training in social care practice/standards/professional training (new policies and legislation etc) received per social worker.

X6 - % of SWs that receive adequate supervision as captured through staff surveys.

X7 - No of morale/team building events held per Social Care team.

Capewell re Children in Care Council.

5.3 Audit supervision activity

Indicators to be provided by Anne-Marie Delaney.

LAC7 - LAC Exclusions Fixed Term

LAC9 - % of LAC that have had 3 or more placements YTD

LAC10 - % of LAC in care 2.5 yrs at month end aged under 16 that are in 'stable' placements

LAC13 - % of children who became LAC in last 12 months placed more than 20+ miles from home

LAC14 - No of LAC new starters

LAC15 - LAC leaving care in month

LAC17 - Annual Number of LAC aged 10+ convicted or subject to a final warning or a reprimand during the year

CL1 - % of care leavers who were NEET

CL2 - % of Care leavers who were in suitable accommodation

6.2 Improving fostering and adoption services

A1 - % of children seen as part of Continuous assessment

A2 - Assessments completed within 45 Working Days

FA1 - % of all foster placements that are provided in-house at month end inc Family and Friends

FA2 - Recruiting RBC Foster carers numbers and % Placed

FA3 - Reducing the dependency on IFA's

numbers and % placed

FA4 - Recruiting adopters

LAC11 - Number and timeliness of adoptions and

A1 average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days) and A2 average time between the local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family

6.3 Health of LAC

CL3 - % of LAC in care 1+ years that have up to date health/dental checks

6.4 Improving life story work

Qualitative measurement of performance through audits.

Section 3: Action Plan (Full detail - Outstanding Tasks/Actions)

Ref No	Task/Action	Role	End Date	Update on Progress with Actions	Tasks: Outcomes we will achieve Actions: Success Measures	Status
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1. Leadership & Governance

1.1 Accountability and oversight structures

Outcomes we will achieve: Strong clear effective strategic leadership and decision making to ensure immediate and sustained progress is made to improve the lives of children and young people in Reading.

81	Ensure effective governance and scrutiny of improvement that provides challenge, drives change and supports progress.	Director of Education, Children's and Early Help Services	15/06/2015		Senior leads and managers robustly tackle the key weaknesses and drive improvements in practice. The success measure is that a 'good' standard will be achieved in all service areas.	In Progress (on track)
81A	Establish an Improvement Board to drive service improvement and monitor progress.	Director of Education, Children's and Early Help Services	TBC		Board membership confirmed and meetings scheduled. Progress is made in all priority areas and is monitored by the Board.	In Progress (on track)
81B	Produce progress reports for each Improvement Board & Members every six weeks.	TBC	TBC		Progress reports available 1 week before meetings.	In Progress (on track)
81C	Produce quarterly reports to CMT.	TBC	TBC		Reports available.	In Progress (on track)
81D	Produce progress reports to Elected Member Children's Services and Children's Services Scrutiny, Council and Children's Services Cabinet Committee every six weeks.	TBC	TBC		Reports available and improvements evident	In Progress (on track)
81E	Independent reports provided for the DfE and the Improvement Board.	TBC	TBC		Production of a written progress report -for the DfE on the improvement progress as measured against the Ofsted Key Judgement Areas. The report will be tabled at	In Progress (on track)

					every two Improvement Boards thereafter The report will be based on independent testing and will provide a validation of improvements to date. Improvements made.	
81F	Secure ongoing mentoring to the Managing Director by an experienced Director of Children's Services from another local authority which is judged as being 'good'.	Managing Director/Director of Education, Children's and Early Help Services	30/06/2015		Sector 'know-how' and support provided to the leadership in Reading concerning activity to drive improvement.	Not Started
81G	Secure ongoing links and peer mentoring for Elected Members on the necessary political considerations for driving improvement in LA Children's Services.	Director of Education, Children's and Early Help Services	30/06/2015		Political leadership knows and understands the root causes of issues in Reading and has the support network and peer relationships that provide the insights necessary to underpin change and improvement.	Not Started
81H	Produce and disseminate monthly performance reports on key indicators to ensure progress is being made and to provide challenge on under performance.	Head of Children's Services	31/05/2015		Performance management and quality assurance is given the highest priority at all levels of management.	Not Started
81I	Arrange monthly visits by the DCS, Elected Members and senior officers to frontline teams and individual practitioners, users of the services including children, young people and families	Director of Education, Children's and Early Help Services	30/06/2015		This enables changes to be made on the basis of feedback, research and intelligence about the quality of services and the experiences of children, young people and families who use them.	Not Started
48	Create Improvement Plan scrutiny and reporting mechanisms	Head of Children's Services	31/05/2015		Governance and accountability for improvement in place.	In Progress (on track)
48D	Re launch improvement plan and management/monitoring process	Business Project Manager	31/05/2015		The re- launch will achieve an understanding of the focus on improvement, the actions which need to take place by all workers, managers and partners, the methods for improving practice and the scrutiny and challenge which will take place and that will be reported to the Board. Sustainable	In Progress (on track)

					improvement in Children's Social Care achieved.	
82	Ensure there is strong and clear leadership from all partners. The partnership is supported by rigorous governance and effective engagement with partners ensures that there is a sufficient range of good quality provision to meet all needs.	Director of Education, Children's and Early Help Services	TBC		Agree accountability and reporting between Health and Wellbeing Board, LSCB, Community Safety Partnership, Adults Safeguarding Board, Corporate Parenting Board and the Clinical Commissioning Groups to establish clear reporting and accountability. Priorities are clearly agreed and acted on.	Not Started
82E	Produce and disseminate a governance document to clarify arrangements and accountabilities.	Director of Education, Children's and Early Help Services	TBC		Governance document completed.	Not Started
83	Strengthen the LSCB to ensure that partners work together effectively and are held to account for their responsibilities.	Director of Education, Children's and Early Help Services	30/06/2015		All partners take a holistic approach to safeguarding families and do not act separately or duplicate efforts in their respective work across children's and adult service.	Not Started
83A	Ensure that there is both a challenge of practice between partners and a wide range of routine and thematic casework auditing activity at both multi-agency and at an individual partner agency level.	LSCB Chair	TBC		The auditing activity will be used to identify where improvements can be made in front-line performance and management oversight. This includes the effectiveness of early help and other services.	Not Started
83B	Assessment by LSCB partners to review whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people. As a result of the assessment that the LSCB effectively prioritises, based on local needs and that these are incorporated into a delivery plan to improve outcomes.	LSCB Chair	TBC		Produce a report on the fulfilment by LSCB of its statutory duties to the DfE and continue to provide an update of the delivery plan at every two Improvement Boards thereafter. Improvements made.	Not Started

83C	Review JSNA to ensure greater emphasis on children, young people and families and to be informed by the main priorities of Children's services in RBC.	LSCB Chair	LSCB Chair		The needs of children and families in Reading are known, understood and inform service planning and delivery by all partners together in Reading.	Not Started
87	Review of the Scheme of Delegation	Director of Education, Children's and Early Help Services and the Head of Children's Services	31/07/15		Comprehensive scheme of delegation which provides unequivocal clarity regarding management responsibility.	In Progress (on track)
52	Ensure that Elected Members are aware of and sighted on their responsibilities for the children the Council is responsible for. Members will know and understand what is happening in the service so that they are able to effectively discharge their duties as corporate parents.	Head of Children's Services	14/05/2015		Agree and implement a Members Training programme which is highly effective and provides evidence of members being inspirational, confident, ambitious and influential in changing the lives of children, young people and families throughout the services. The impact of the training will also be evident in the role played by elected members as ambitious corporate parents.	In Progress (on track)
1.2 Improving timeliness						
Outcomes we will achieve: Improved assurance of children's safety through timely assessments and interventions.						
See actions under 3.3 Consistency of practice and recording.						
1.3 Increasing social worker capacity						
Outcomes we will achieve: Ensure that social workers have a manageable workload which is delivered to a high standard.						
15	Implement the recommendations from the Workflow, Workforce & Workload project.	Head of Children's Services	30/06/2015		New service delivery offer agreed for social care. Improved ongoing management of workload throughout the system will provide additional resilience. This will assist in determining staffing levels.	In Progress (on track)
15D	Review outstanding recommendations from this work and define a work programme to take actions forward.	Head of Children's Services	30/06/2015		Clear action plan identified.	Not Started

1.4 Improving management and professional practice
Outcomes we will achieve: Managers oversight is improved to ensure that case management is of a high standard.
See actions under 4.2 Effective learning and development.

2. Partnership Working

2.1 Better information gathering/sharing (Referral, assessments, Strategy Discussion, S47 enquiries including DV and MASH)

Outcomes we will achieve: Through multi-agency panels, working arrangements and strategy meetings partners effectively gather and share information to help and protect children and young people. The impact of domestic violence is minimised for children, young people and their families.

69	Implement recommendations from MASH/A&A deep dive review.	Head of Children's Services	TBC		Strengthening of Information sharing between agencies is timely, specific and effective. Child protection enquiries are timely and thorough and children receive help that is proportionate to risk. Assessments (including CIN) result in a direct offer of help and plans are dynamic and change in the light of emerging issues and risks.	In Progress (on track)
69A	Feedback to managers in MASH and A&A on deep dive work led by SS	Service Manager - Access	22/05/2015	27.05.15 KJ: This has been completed.	Feedback sessions held on 20/05/2015.	In Progress (on track)
69B	Re-alignment of process and practice at all stages to take place. Further development of MASH/A&A policies and procedures aligned with Tri-X. This will be achieved through workshops, process mapping and standard setting using Reading QAF to look at obstacles to achieving 'good' across key practice areas.	Service Manager - Access /facilitators from SW teams	31/07/2015	27.05.15 KJ: Needs to be undertaken when all redesign work in MASH/A&A is completed, tested and signed off. SS 03.06. Key process points agreed and workshops in place to re-align practice at these points. Referrals and sec 47 process mapped out and now being used in teams. More to follow. New sec 47/threshold audits introduced to ensure compliance. QA workshop with TM and SM complete and additional oversight points agreed. Further sessions with ATM's planned 9.06.2015. sec 47 and voice of the child workshops booked to take place over the next 2 weeks- some delay due to SW availability. Further workshops on single assessments and step-up/down	There is complete understanding of the actions which must be undertaken, how these are recorded and the level of management oversight which is needed to quality assure social work. Evidence of improved service delivery via performance and audit activity.	Not Started

				planned for week 22/06/2015. Standard setting work also achieved during review meetings between SS, TM's and SM to discuss serious cases of concern on tracker.		
69D	Work to establish single front door with MASH Duty Manager as decision maker. Any disagreement of thresholds between MASH and A & A to be escalated to Service Manager.	A&A Team Manager, MASH Duty Manager and Service Manager	TBC	27.05.15 KJ: This has been completed	Improved application of thresholds, consistency, risk analysis and decision making. Evidence of improved service delivery via performance and audit activity.	Complete
69E	Carry out standard setting and application of Reading thresholds with new A&A Duty Manager (first day in post).	Service Manager-Access/Team Managers	30/06/2015	27.05.15 KJ: Work has started with existing ATMs. 03.06. SS: referrals and allocations workshop (inc thresholds) held on 26.05.2015 as ATM's are currently taking on this role. Referral/allocation process mapped (inc transfer between A & A and MASH) and to be agreed in follow-up session. Sec 47 threshold discussion and new best practice introduced and mapped. !:1 process/case sessions being held on duty desk by SS.	Improved use of legal orders, information gathering, risk analysis and decision making. Evidence of improved service delivery via performance and audit activity.	In Progress (on track)
69F	Session with legal for social workers and Managers on Sec 20 and Regulation 24 (Connected Persons fostering assessments).	Access and Assessment Team Manager/ Service Manager-Access/Legal	02/06/2015	03.06.2015. Complete. Session held with Team with Connected Person's ATM facilitating reg 24/ SGO aspect. Team provided with written guidance and legal are developing a flowchart. New reg 24 audit form developed by ATM which is waiting for approval. Use of sec 20 will be QA's through routine audits.	Improved information gathering, risk analysis and decision making. Evidence of improved service delivery via performance and audit activity.	In Progress (on track)
69G	Workshop on effective supervision/management oversight alongside current reflective supervision sessions.	Service Manager-Access	TBC	27.05.15 KJ: This is in the 15/16 training plan 03.06.2015 SS: KJ to speak with training to understand their offer and what they could provide.	Improved and effective management oversight driving good standards, information gathering, risk analysis and decision making.	In Progress (on track)
69H	Principal social worker to give additional attention and support to the service.	Service Manager - Improvement	TBC	03.06 SS: informed there is no PSW capacity to provide this.	Improved quality of practice and staff morale.	In Progress (on track)

69G	Performance session with Team Managers and Performance Team to agree A&A/MASH data set and use of the Workload Report. This will include a schedule of performance reporting for: <ul style="list-style-type: none"> • Regular reporting by ATM's and TM's directly to Service Manager (consider using performance templates). • Weekly Performance Meetings between TM and Service Manager. • Weekly Performance Meetings between HoS and Service Manager • Regular reports into the Improvement Board • Tracking documents and weekly reporting will be introduced. 	Service Manager-Access/Consultant/Team Managers	TBC	27.05.15 KJ: First meeting completed on 26.05.15. Further sessions are to be held dependent on capacity issues within the Performance Team. 03.06.2015 SS: first session complete and A & A data set agreed. HR to come back re: their input Managers to now use in weekly performance sessions. Follow-up sessions planned to check usefulness and MASH data set.	Compliance, a rigour in worker ownership about what actions require prioritisation. Improved and consistent management oversight of through put and quality of practice is ensured. A&A performance reporting is aligned with the Children's Services Performance Framework (creating a golden thread from corporate objectives to individual appraisals).	In Progress (on track)
9	Work to ensure domestic violence is identified as a child protection issue and is dealt with effectively by Children's Social Care and partner agencies.	Strategy/Service Development Manager	31/03/2016	01.06.2015 - Tasks are on track	The response to incidents of domestic violence is effective and safeguards children, young people and their families.	In Progress (on track)
9A	DV Strategy/Action Plan is subject to full partner consultation and is signed off by the RSCB, CSP and HNL.	Strategy/Service Development Manager	31/07/2015	01.06.2015 - Tasks are on track	Document is implemented and is effective as evidenced in performance data and audit activity.	In Progress (on track)
9F	Review of support services available for DV including 1:2:1 provision	Strategy/Service Development Manager	31/03/2016	01.06.2015 - Outcomes updated	The current provision available across all groups is being reviewed to see if it is meeting needs by the end of this financial year. This will feed in to a commissioning exercise regarding DA services due in 2016/17	Not Started
11	Implement a fully co-located MASH	Project Manager	06/07/2015	01.06.2015 - All tasks to co-locate the MASH are on track	Partner staff are co-located and using new business processes. Information is collected and analysed so that partners are able assess risk and needs more effectively for children.	In Progress (on track)
2.2 Effective child protection processes						
Outcomes we will achieve: Child protection conferences take place within statutory timescales and children and young people are effectively protected.						

18	Develop and implement a Neglect Strategy which is under the governance of the RSCB.	Service Manager - Safeguarding & Quality Assurance/ LSCB Business Manager & Children's Trust Partnership	31/03/2015	02.06.2015 EB confirmed there is no further update on this action	Undertake service remodelling/options work which addresses needs and that transcends traditional service boundaries. All partners contribute to the effective identification of neglect (as one of the RSCB's key priorities) and the mobilisation of Early Help services to mitigate the pervasive nature of neglect for children.	In Progress (on track)
20	Improve the attendance of Thames Valley Police at Child Protection Case Conferences.	Service Manager - Safeguarding & Quality Assurance	31/01/2015	TVP are currently recruiting x2 posts. 26.01.15 Child Protection Case Conference Investigator appointed. Another post is currently being recruited to. 14.05.15 AMD: Will ask EB to ask TVP for clarity on the position with this.	TVP will be able to bring all relevant information ,which will be shared within an inter-agency setting, and share in the planning of how best to safeguard and promote the welfare of children at a Child Protection Conference.	In Progress (Overdue)
29	Initiate Education task and finish group to consider issues in regard to LAC including bullying (prescribed by RSCB).	Head of Education	31/07/2015	05.05.15 EB: The April RSCB tasked KMc with the role of chairing the group that would need to involve Head Teachers. The first meeting is still to be arranged and EB/DB are available to support.	Task and finish group will be mobilised and in place. Looked after children are supported to help them make good progress in their learning and attainment wherever they live.	In Progress (on track)
29B	Developing the Designated Officer role across Reading schools to enable the LSCB to quality assure their safeguarding responsibilities.	Virtual Head - Children Missing Out on Education/Service Manager - Access	31/07/2015	06.05.15 KMc: Has asked GD to lead on this initially and to liaise with KJ on the approach/resource needed and to report this back to the LSCB. GD and KJ already run a Designated Officers Group who are responsible for the Safeguarding practice in schools. 12.05.15 GD: Is collecting this information from all the schools in and out of Borough (only these are missing now, about 10 schools) to say who the Designated Officer is for all Reading's LAC. Permission to be sought from these LAs (3) for GD to contact the schools and ask. This list of schools has gone to the LSCB. GD and KJ to meet	Extended remit for Designated Officers in schools operating effectively.	In Progress (on track)

				with KMc to discuss the makeup of the Designated Officers group and if any additional work needs to be done to re-galvanise.		
2.3 Coherent early help offer						
Outcomes we will achieve: Early Help is co-ordinated and targeted at children and families who are most at risk.						
65	Creation of a single pathway to Early Help Services.	Service Manager - Early Help	01/01/2016	03.06.2015 CP: Business case signed off by Lead Member and is on the agenda for ACE committee on 29.06.2015. Project plan has been drafted to start implementation, which will initially involve a series of workshops to agree implementation in detail. The project plan is being aligned with the delivery of the Troubled Families programme	A business case will be presented to the Lead Member and once agreed the implementation will commence. This will include a communications plan. The creation of the single pathway will make it clear to partners how and when to refer so that children receive a speedier and more effective response to their needs	In Progress (on track)
67	Work to remove gaps in service provision when awaiting early help worker allocation	Service Manager - Early Help	30/06/2015	03.06.2015 AF: This is being followed up and actions required are being reviewed.	Children, young people and families are offered help when needs and/or concerns are first identified and, as a consequence of the early help offered, children's circumstances improve and, in some cases, the need for targeted services is lessened or avoided.	Not Started

67A	Implementations of plans to ensure TAC's are routinely used as the preferred step-down approach within the service.	Service Manager - Early Help	30/06/2015		Cases are stepped down to Children's Action Teams with TAC's and lead professionals in place in a timely manner.	Not Started
66	Development and implementation of Troubled Families action plan	Service Manager - Intensive Support	01/01/2016	05.05.15 ND: Action plan provided that is being implemented. For more details refer to the operational file "Action Plan 06 05 15.docx". 03.06.2015 ND confirmed this status us current	Earlier identification of families with multiple risk factors and development of focussed preventative support models to prevent escalation of needs to crisis point.	In Progress (on track)
2.4 Responding effectively to children missing from home and care/who are at risk of Child Sexual Exploitation						
Outcomes we will achieve: There is an environment where children are aware of risks and are able to report concerns in relation to CSE/missing. Agencies respond proactively to incidents/issues raised.						
21	Development and implementation of Child Sexual Exploitation Strategy	Director of Education, Children's and Early Help Services	31/07/2015		Reduction in the risk that children and young people will be sexually exploited	In Progress (Overdue)
21C	Agree CSE strategy at CSP	Director of Education, Children's and Early Help Services	31/07/2015	05.05.15 ND: strategy going to the CSP in July. DO to review action plan and update this row.	Strategy agreed at CSP.	In Progress (on track)
21D	CSE co-ordinator role to be recruited and lead on this work	Service Manager - Intensive Support	30/04/2015	Joint funding proposal for this post has been sent to the LSCB partners. Proposed for RBC to host the post, job description being written and evaluated in anticipation of a funding solution being found 05.05.15 ND: No funding solution identified. On the agenda for CSE Strategy sub-group on 11.05.15 to resolve. 03.06.2015 ND: Advertising internally in RBC for a 1 year secondment by the end of June	Resources in place to undertake the work.	In Progress (Overdue)

21E	Design, development and implementation of an integrated data reporting mechanism to enable monitoring of process	Performance and Data Service Manager	30/06/2015	07.05.15 SK: Recently developed guidelines in April on missing children (flowchart of process and responsibility, return interview guidance and notification of missing CYP form) will require monitoring to ensure they are adhered to and embedded.	Reporting on CSE available within normal cycles and as part of the integrated data set.	In Progress (on track)
22	Commission voluntary sector to provide missing interviews	Head of Children's Services Children's Commissioning Officer/Senior Commissioner - Children & Young People's Services	31/10/2015	30.04.15 JHB: We are 70% of the way there with putting together the tender documentation including evaluation scoring criteria. The specification is with Legal, but we do not currently have a timescale as to when they can come back. 26.05.15 JHB: The commissioning activity around this is now likely to be abandoned. AF is managing the interim service/arrangements and whilst it has been proposed that these interim arrangement continue, AF needs to confirm this with HMC.	Children and young people have a quality assured service delivering interviews to some of the most vulnerable young people in Reading.	In Progress (on track)
22B	Monthly analysis of the issues raised by young people following the interviews	Service Manager - Access	30/06/2015	18.05.15 DO: Identified need during meeting with HMc on 18/5.	Feedback from young people captured and fed back into commissioning process.	Not Started
22C	Complete tender specification	Children's Commissioning Officer/Senior Commissioner - Children & Young People's Services	30/04/2015	The specification has been finalised and commissioning are in the process of completing the PQQ and ITT to place the advert for tender on 01st May which will be a 30 day process.	Specification ready to advertise.	In Progress (Overdue)

3. Quality of Practice

3.1 Voice of the child is heard

Outcomes we will achieve: The views of children and young people are taken into account at every stage.

4	Work to improve analysis within assessments and in the recording of children's views to ensure concerns are explicitly addressed.	Service Manager - Improvement	15/06/2015		Children are seen alone and the voice of the child is clearly and consistently reflected in assessments and recording.	In Progress (on track)
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					Decisions are made with full consideration of the child's voice throughout casework.	
4A	Undertake work with social workers and managers to ensure that children are seen alone.	Service Manager - Improvement	15/06/2015	October's internal audit of s47s, 72% of cases were rated as good or better. Our internal audit in January graded 73% of cases audited as good or better. Updated results collated quarterly - April 2015 07.05.15 SK: Identified through deep dive as a performance weakness area that needs to be addressed. 20.05.15 PL: PL to draft some actions that describe what needs to be done around this.	Audits of assessments clearly show views of children are reflected in decisions.	In Progress (on track)
57	Internal audit review of Family Group Conferences and value for money	Service Manager - Intensive Support	30/09/2015	05.05.15 ND Appointment of an independent reviewer is being explored. The review is likely to take 4 weeks once the appointment has been made. - action complete	To have an effective and efficient FGC offer based on models of good practice.	Complete
57A	Work to increase use of FGC at appropriate times when key decisions are being made and greater use of Family Strengths Model	Service Manager - Improvement/ Service Manager - Family Support	TBC		Children and families are supported in the community wherever possible. In situations where children's care cannot be met within their family, there is quick and prompt action to identify extended family members who need to be subject to a viability assessment and that these are carried out in a timely manner and are of good quality.	Not Started
3.2 Audit programme						
Outcomes we will achieve: Audit is used to improve practice.						
80	Introduction of additional quality assurance processes to strengthen those already in operation. This includes the continuous monitoring and scrutiny of the integrity of the quality assurance work	Head of Children's Services/Consultant	30/06/2015		QA processes are in place to ensure Reading is a learning organisation, good practice is followed consistently and children are kept safe.	In Progress (on track)

	by Senior Leaders and the commissioning of reputable and experienced external auditors as required. The reports need to identify key issues and provide explanations. The auditing standards within the audit forms will be checked and tracking will take place to ensure that there is evidence of the improvement taking place as a result of quality assurance activity.					
80A	The appointment of an experienced Quality Assurance Manager off-line from operational practice to ensure independence.	Head of Children's Services/Consultant	30/06/2015		Appointment in post.	In Progress (on track)
80B	Performance session with Managers to agree additional QA mechanisms that will focus on whether the checking process is followed and that the quality/outcomes have been achieved.	Team Managers/Service Manager - Access/Service Manager - Improvement/Consultant	30/06/2015	Action Plan received on 13.05.15 from SS. 27.05.15 KJ: Some work on this completed in meeting on 26 th with Performance Team. QA session specific to A & A and MASH thresholds complete 03.06.2015. New oversight and audit points introduced. ATM oversight points to be introduced 09.06.	Audit schedule agreed covering MASH thresholds, A&A referral and allocation, strategy discussions, Section 47 enquiries, single assessments leading to NFA and step down/up processes.	In Progress (on track)
80C	Current monthly peer audits to provide feedback on the quality of A&A work in relation to referral and the response, risk and decision making, multi-agency input, impact/outcomes, direct work/voice of the child, quality of supervision/management oversight.	Service Manager - Improvement	30/06/2015	Action Plan received on 13.05.15 from SS. QA manager and SS to progress.	Monthly audits undertaken.	In Progress (on track)
80D	Routine quality assurance processes carried out to provide feedback from the following groups and considered monthly by the A&A Service Manager: Referrer (MASH); Children and families; Multi-agency partners (LSCB multi-agency audits); Principal social worker to target staff to understand their views (PSW); Deep dive/thematic audits as deemed necessary by HoS/partnership	Service Manager - Improvement	30/06/2015	Action Plan received on 13.05.15 from SS. QA workshop on 03.06.2015 addresses some of these. Other areas need to be progressed alongside QA manager (deep dives, collation of monthly audits themes specific to A & A).	Routine QA is undertaken through all practice areas.	In Progress (on track)

80E	Service Managers collect monthly all the issues which have come out of auditing files and act upon those findings.	Service Managers	31/05/2015	27.05.15 KJ: This is a new requirement and requires discussion on 09.06.15	Where issues are uncovered there is a regular monthly report that Service Managers can act upon.	Not Started
80F	Head of Service to complete a quarterly report on the issues identified through audit and to provide a follow up which results in improved practice.	Head of Children's Services	31/05/2015		There is an improvement in practice.	Not Started
70	Development and implementation of a revised Quality Assurance Framework. The framework will be based on the document 'Improving local safeguarding outcomes - Developing a strategic quality assurance framework to safeguard children' published by the LSCB and the LGI and D. The timetable of activities will link to the strategic priorities for children's services as identified in the Improvement Plan and from Performance.	Service Manager - Improvement	30/06/2015		<p>Audits will be reviewed in supervision and will be undertaken by all managers. Development of an electronic system will be implemented which is easy to access and can formulate readily available information on completion and grading.</p> <p>In addition to the list of specific audits contained in section 59, 59B and 59C additional audits will be planed for CiN cases, LAC, Care Leavers, Adoption and Foster Care files.</p> <p>The Quality Assurance Framework provides an established, systematic system which is used to improve the quality of practice and decision making .It enables workers and managers to improve their practice and to respond quickly to any service deficiencies or new demands from an informed basis.</p>	Not Started

59	Develop and agree audit plan for child protection cases	Service Manager - Safeguarding & Quality Assurance/ Service Manager - Improvement	TBC	03.06.2015 AMD: Links to overall audit programme	QA process are in place to ensure that good practice social work is consistently undertaken and children are kept safe	In Progress (on track)
59B	Undertake audit of children taken off plans after 3 months	Service Manager - Safeguarding & Quality Assurance/ Service Manager - Improvement	11/03/2015	14.05.15 AMD: AMD to work with PL to get a target date and then consider if anyone else can be brought in to complete or not (re. capacity issues).	Audit undertaken and any practice issues identified in order to raise standards.	In Progress (Overdue)
59C	Undertake audit of children on repeat plans	Service Manager - Safeguarding & Quality Assurance/ Service Manager - Improvement	11/03/2015	14.05.15 AMD: AMD to work with PL to get a target date and then consider if anyone else can be brought in to complete or not (re. capacity issues).	Audit undertaken and any practice issues identified in order to raise standards.	In Progress (Overdue)
3.3 Consistency of practice and recording						
Outcomes we will achieve: Plans for children and young people are focused on their assessed needs with clear outcomes and timescales.						
1	Work to ensure children are being seen through visits, in accordance with their plans (in particular CP).	Service Manager - Family Support/ Performance and Data Service Manager/ Service Manager - Improvement	30/06/2015		Children at risk will be kept safe and those subject to CP work will receive visits from social workers in a timely and consistent manner. Children know that they are able to complain and feel that their views and wishes are responded to.	In Progress (Overdue)

1A	Complete backdating of CP visits on FrameworkI from April 1st and review of all CP cases for the last year to confirm the final indicator. Add CP Visits DfE Indicator to Purple Book.	Service Manager - Family Support/ Performance and Data Service Manager	30/06/2015	A new report is being developed for managers to warn them of data issues coming up daily before they become overdue- this will be scheduled in to their email boxes daily. We are auditing 14-15 CP visits to confirm if visited on time or not. 07.05.15 DH: Visits have been updated but performance is still looking poor. There is a capacity issue preventing this being completed given recent inspection preparation. 26.05.15 DH: Report went out to Managers last Friday and was received well, will happen 3 times a week. Will need at least 2 months to check what difference this has made.	All details of CP visits on the system and confirmation of the final indicator. Add CP Visits DfE Indicator to Purple Book	In Progress (on track)
1D	Training and awareness sessions/programme to take place for:- 1. Social workers to ensure that standards in terms of visiting are understood and applied consistently. 2. Managers to reinforce management standards and what is expected have oversight of all of practice within a team.	Service Manager - Improvement	15/06/2015		Improved management oversight of all visits to ensure that these visits are purposeful and that children and young people are seen on their own by their social worker.	Not Started
1F	Introduce management audit process to ensure standards are being applied and adhered.	Service Manager - Improvement	30/06/2015		Audit process live and operational.	Not Started
13	Work to ensure use of thresholds by all managers and between services by all partners.	Head of Children's Services	31/12/2015		All professionals understand thresholds to access services at all levels of need.	In Progress (on track)
13D	Publicise thresholds to practitioners as agreed through communications strategy for example drop-in sessions.	LSCB Business Manager & Children's Trust Partnership Manager	31/12/2015	We have disseminated this to all services and asked them to update their staff. Once the MASH/Pathways to Early Help Services Projects are implemented, there will be additional effort to publicise these thresholds and help all practitioners to start using them effectively. 02.06.2015 EB/CP confirmed no further updates on this action	Practitioners start using new thresholds.	Not Started

8	Implement revised protocol for management of CIN cases.	Service Manager - Early Help/Service Manager - Access	31/07/2015		Development of practical guidelines including transfer protocols step up/down procedures. This will provide clarity amongst staff and partners and ensure that children who are CIN will receive a good service in a timely manner (every CIN child will have an effective plan, regular contact and that supervision of the case will take place).	In Progress (on track)
8B	Review findings of social care deep dive in respect of the way CIN case are undertaken and managed. Specific thematic review to take place. Consideration to be given to the appointment of a reviewing officer specifically for CiN cases.	Service Manager - Early Help	TBC	03.06.2015 AF: End Dates are being reviewed	Regular reviews of CIN cases are undertaken and plans are SMART (Specific, Measurable, Achievable, Realistic and Time-bound). The outcome star (used for Early Help work) should be used for CIN work to get people focussed on outcomes and measurements.	Not Started
8D	introduce management audit process for cases and plans to check quality improvement.	Service Manager - Early Help	15/06/2015	03.06.2015 AF: End Dates are being reviewed	Measured by a reduction in the timescale for plans, the impact of the work being measured by the outcome star and a reduction in percentage of repeat plans.	Not Started
8E	Work to ensure there is a mechanism to capture feedback from families and children in all CIN cases.	Service Manager - Early Help	30/06/2015	07.05.15 SK: Identified through deep dive as a performance weakness area that needs to be addressed.	All CIN cases clearly record and reflect the views of families and children.	Not Started
8F	Write paper that outlines current position and issues and outlines options to resolve.	Service Manager - Early Help	30/06/2015	08.05.15 DO: C, D and E added after review of Task 8 with AF and therefore 8G may need to change. DO to discuss with AF.	Options for implementation written.	In Progress (on track)
8G	Solution agreed at DMT, CMT and RSCB.	Service Manager - Early Help	15/07/2015		Sign-off secured.	In Progress (on track)
8I	Draft implementation plan for agreed option.	Service Manager - Early Help	31/07/2015		Implementation plan written and ready to mobilise.	In Progress (on track)
23	Review Private Fostering Policy and action plan.	Service Manager - Placements	30/06/2015		Partner agencies addressing non-referral issues in RSCB.	In Progress (on track)

23B	Annual report taken to LSCB.	Service Manager - Placements	14/05/2015	30.04.15 JA: Private Fostering annual report has been prioritised over the policy.	Report agreed by all partners.	In Progress (on track)
23C	Review findings of social care deep dive in respect of this Ofsted Inspection/Good Practice Framework area.	Service Manager - Placements	TBC		Increase in the number of identified private fostering arrangements.	Not Started
3.4 Supervision and reflective practice						
Outcomes we will achieve: Good quality supervision supports staff to reflect and learn, enabling them to improve outcomes for children and young people.						
70	Ensure that managers are well supported and have the capacity and competence to deliver effective supervision and management oversight on all cases.	Head of Children's Services	30/07/2015		Supervision continues to be valued by staff and is used well and consistently to drive up standards, rather than being overly task-based and missing the reflection needed to unpick more complex cases.	Not Started
70A	Review and establish management capacity to provide effective supervision and oversight of safeguarding activity. The format for the cascade review of supervision by managers will provide a useful benchmark position.	Head of Children's Services	30/07/2015		Cascade review of supervision by managers to be undertaken and used to identify the areas for focussed intervention.	Not Started
70B	Re-enforce supervision standards in line with supervision policy.	Head of Children's Services	30/07/2015		New standards applied and implemented.	Not Started
70C	Further training in reflective supervision to be delivered.	Head of Children's Services	30/09/2015		Training delivered.	Not Started
70E	Develop audit tool and undertake supervision audits.	Service Manager - Improvement	30/07/2015		Consistent records of supervision are monitored through audits.	Not Started

4. Workforce Development						
4.1 Establishing a stable workforce						
Outcomes we will achieve: Create a stable workforce of directly employed staff to deliver a high quality of service to children and young people.						

68	Develop and implement Social Worker recruitment and retention programme.	Director of Education, Children's and Early Help Services/Head of Children's Services	TBC		RBC has a workforce which is sufficient, stable, suitably qualified and competent to deliver high-quality services to children and their families. Managers are experienced, effectively trained and supervised and the quality of their practice improves the lives of vulnerable children, young people and families. There is effective organisational support for the professional development of social workers with reference to the employer standards, and leaders provide the right environment for good social work to take place.	Not Started
68A	Business case developed and presented to DMT/CMT for investment.	Head of Children's Services	TBC		TBC.	Not Started
68B	Mobilise Corporate HR support/recruit specialist to design and build focussed recruitment campaign.	Head of Children's Services	TBC		Reading can compete on a regional basis to attract high quality candidates for social work and is regarded as a flexible and innovative employer and is able to offer them packages which help to retain SWs once they join the Council.	Not Started
68C	Task and finish group with AD Social Care and Service managers to identify current vacancy/agency position and skills profile.	Head of Children's Services	TBC		Needs based analysis undertaken that improves the way Reading is marketed and has mechanisms to 'grow our own'.	Not Started
68D	Run campaign and recruit new SWs.	Head of Children's Services	TBC		High profile for social work in Reading established and dynamic strategy in place to improve recruitment and retention.	Not Started
68E	Work to develop a social work academy with local University.	Head of Children's Services	TBC		The local authority knows itself well, is a learning organisation and can demonstrate evidence of practice that is informed, modified and sustainably improved by feedback, research and intelligence about the quality of services and the	Not Started

					experiences of children, young people and families who use them.	
4.2 Effective learning and development						
Outcomes we will achieve: Continually develop the workforce to deliver effectively for children and young people.						
75	Training and development programme for SWs and managers	Director of Education, Children's and Early Help Services/Head of Children's Services	TBC		Social workers and managers are fully supported and enabled to have the core skills required to carry out their roles and responsibilities.	Not Started
75A	Develop and roll-out training and modelling development that focus on key areas of practice set out in Section 3.	Head of Children's Services	TBC		Improvement in quality and consistency of practice specifically in regard to areas identified within social care deep dive work.	Not Started
75B	Establish and embed a pathway for social workers to access the assessed and supported year in employment (ASYE) building on social work academy/links established with local University(s).	Head of Children's Services	TBC		The Council provides an environment for new social workers to develop, flourish and thrive and continue their professional development as their careers develop with Reading.	
76	Develop and implement new approach to support managers and leadership development.	Director of Education, Children's and Early Help Services/Head of Children's Services	TBC		Management oversight of practice, including practice scrutiny by senior managers, is established, systematic and demonstrably used to improve the quality of decisions and the provision of help to children and young people.	Not Started
76A	Review models of sector-led improvement and roll-out management/leadership development programme at all levels to embed an open culture that learns from itself and embraces transformational change as a	Head of Children's Services	TBC		Application of existing tools and methods (e.g. Intervention or Prevention? The Leadership Response to Performance Risk - The Leadership Forum, ADSC Virtual Staff College 2013).	Not Started

	mechanism to improve.				More good practice is brought to Reading from other LAs that have experienced similar difficulties.	
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5. Performance Management						
5.1 Regular, accurate performance information						
Outcomes we will achieve: Information is used to drive improvement.						
31	Review and development of Performance Management arrangements including Purple Book indicators	Performance and Data Service Manager/ Head of Children's Services	31/07/2015		Managers are aware of their service performance and the actions they need to take in real-time and are able to respond to issues arising in a timely manner.	In Progress (on track)
31C	Undertake a strategic review of the 'Quality and Information for Children's Services' - monthly report (Purple Book) in relation to the content and application of the included data.	Performance and Data Service Manager/ Head of Children's Services	30/07/2015	07.05.15 DH: The volume of information and data reported on within the Purple Book has grown 3-fold in the last year and the current monthly reporting cycle is a challenge, especially given ad hoc reporting demands on top each cycle. 26.05.15 DH: This must tie in with appointment/establishment in role of new DCS/HoS.	Decisions made on use/extension of existing ICT system and/or new systems required.	Not Started
31D	Annex A to be used routinely as a working tool within Children's Services and data quality report to be developed to track completion and compliance.	Performance and Data Service Manager	12/06/2015		Automated process and additional fields added to provide additional detail e.g. Care Plan, PEPs and CIN Plans. Evidence of the day to day usage of automated reports by workers and managers. Demonstrable evidence of improved performance across all aspects of social care practice.	In Progress (on track)
31E	Restatement of the correct processes in relation to where information needs to be recorded and training and support to ensure this is embedded into practice and management oversight.	Performance and Data Service Manager	31/03/2016	26.05.15 DH: There is an issue around resourcing (current resource is 3dpw and full utilised). 03.06.2015 CP: End date reflects need for clarity on resourcing.	Ensuring of consistency in recording key events, episodes and case notes.	Not Started

31F	Increased use and application of the Workload Report which will be checked by all workers and managers on a daily basis and embedding of data within front screen on Mosaic in Framework I.	Service Manager - Improvement, Service Manager - Family Support, Service Manager - Access, Service Manager - Placements,	TBC		Information provided on current actions to be completed, and the dates by which these need to occur	Not Started
31G	Provision of additional support for workers and managers to embed new set of requirements, to ensure consistency of application and to support the introduction of Mosaic.	Head of Children's Services	TBC		Recruitment of an additional post (Assistant Performance Analyst) at RG4 level. Further development of the super user role (Framework I/Mosaic based in the four locations to support staff on a daily basis.	Not Started
31H	Development of SQL reports through a dedicated consultant for 3 months.	Performance and Data Service Manager	31/08/2015	26.05.15 DH: Annex A will be done by second week June. Corporate Indicators part needs more thought in order to specify job to be done by the consultant.	Assistance with automation of specific reports for the Corporate Indicators and Annex A.	In Progress (on track)
31I	Work to ensure Corporate Performance requirements provide a strong framework to embed changes	Head of Children's Services	TBC		Transformation of culture and improvement in ownership and accountability of performance in the service.	Not Started
31J	Explore potential solutions available that will empower managers to access performance information themselves (e.g. self-service)	Performance and Data Service Manager/ Head of Children's Services	31/07/2015	26.05.15 DH: This will need to include work with Managers to explain what is already possible through self-service in Fwki.	Options for 'what ICT is on the market' presented and discussed.	Not Started
56	Reduction of separate spreadsheets and work undertaken to integrate systems into the main frame systems. A final list of agreed spreadsheets will be drawn up and tabled at CSCMT for approval.	Service Manager - Improvement /Performance and Data Service	31/03/2015	07.05.15 DH is awaiting agreement from CSCMT on the set of spreadsheets to tackle- as this is an ever changing group. Work cannot start on this until year end is complete. List has been provided,	Review undertaken to prioritise the spreadsheets. List completed and ready for review.	In Progress (Overdue)

		Manager		but CSCMT yet to come back with approval.		
56B	Moving CATS Teams to Framework I/Mosaic.	Service Manager - Improvement /Performance and Data Service Manager/Service Manager - Early Help/Mosaic Implementation Programme Manager	31/12/2015	This is a major piece of work, and need to consider achievable timescales. A project plan needs to be drawn up and agreed. All managers need to sign up to confirm that there are no other spreadsheets. 07.05.15 DH: This fits into Tranche 3 of the Mosaic programme and is about the CATS teams and the way they deal with the CIN cases. 03.06.2015 AF: Confirmed this status is current	CATS Teams have case recording/MI system to use.	Not Started
56C	Write detailed work plan for implementation.	Service Manager - Improvement /Performance and Data Service Manager/Service Manager - Early Help/Mosaic Implementation Programme Manager	31/07/2015	Project plan has been drawn up. Sign off from CSCMT - awaited 07.05.15 DH: this goes to the MOSAIC Board and HOS in attendance.	Implementation plan written.	Not Started
86	Strategic review of ICT systems in use within Children's Services	Head of Commissioning and Improvement /Business Partnership Manager/Performance and Data Service Manager	30/06/2015		ICT systems baseline work completed and consideration given to which existing systems can be extended to other teams/services to meet their requirements, which systems can be decommissioned and whether there are any new solutions/systems that need to be introduced to fill a gap.	Not Started

5.2 User feedback mechanisms						
Outcomes we will achieve: Feedback on services is used to improve services.						
42	Programme of gathering information from children, young people and their families about the quality of services they have received. Programme to be formulated and endorsed by the Corporate Parenting Board and the Children in Care Council for looked after children and by the RSCB for other children receiving a service. For example, undertaking qualitative sampling of children on their views of the quality of visits.	Service Manager - Intensive Support/Service Manager - Family Support/Service Manager - Safeguarding & Quality Assurance	TBC		Information used to improve the quality of the services by making changes as a result of feedback. Audit trail of evidence of the voice of children and their lived experiences to be evident in the way in which services are delivered. Information on changes to be feedback to children, young people and their families.	Not Started
42A	Construct feedback mechanism for all stages of the child's journey	Service Manager - Intensive Support/Service Manager - Family Support/Service Manager - Safeguarding & Quality Assurance	TBC	01.06.2015 Tom Woolmer is investigating the implications of this action and discussing with Manager's in the service on how this could implemented	Feedback captured at all stages of the child and families journey through services.	Not Started
5.3 Audit supervision activity						
Outcomes we will achieve: Effective independent reviewing improves outcomes for children and young people who are on Child Protection Plan or are Looked After Children(LAC).						
85	Implementation of Safeguarding and Quality Assurance Service action plan	Service Manager - Safeguarding & Quality Assurance	31/05/2015		Effective independent reviewing improves outcomes for children and young people who are on Child Protection Plan or are Looked After Children(LAC)	In Progress (on track)

85A	Implementation of action plan	Service Manager - Safeguarding & Quality Assurance	31/05/2015	18.05.15 AMD: Action plan provided that is being implemented. For more details refer to the operational file "Team Action Plan 18.05.15.docx" provided by AMD.	Action plan implemented successfully focussing on child protection plans (SMART), practice standards for IROs and CP chairs, CP thresholds, CPC monitoring of CP plans, an effective allegation management system and review of records to ensure consistency, embedding of audit review system in service, bring care/pathway plans up to date, distribution of IRO reports, appropriate legal statuses for LAC children, IRO booklet shared with LAC, embedding of robust challenges into practice, effective use of team meetings, review of business support functions and individuals within team.	In Progress (on track)
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6. Services for LAC & Permanency						
6.1 High quality services for LAC and Care Leavers						
Outcomes we will achieve: Looked After Children and care leavers feel well supported and are able to access opportunities.						
27	Work to improve practice regarding the application of robust decision-making process for all children throughout their permanency journey including support to children on the edge of care and those entering care.	Head of Children's Services	TBC		Decisions to look after children and young people are timely and made only when it is in their best interests. These decisions are informed by thorough assessments of the child's circumstances and possible alternatives to care. Legal planning meetings and professional meetings are used effectively to ensure that decisions to start legal proceedings are carefully considered and prompt action taken to issue when needed.	Not Started
27A	Re launch of training in relation to PLO to reduce drift in usage	Head of Children's Services	TBC		Legal planning meetings result in a clear direction regarding issuing proceedings. In situations when proceedings do need to be issued, they are done so in a timely manner.	Not Started

28	Work to increase usage of tracking tools by managers which covers the child's journey from LPM onwards. Meetings held to review progress. Separate meeting needed in relation to adoption tracker.	Performance and Data Service Manager	TBC	03.06.2015 DH is currently considering an appropriate end date that could be assigned to this task	Reduction and removal of drift and delay in achieving permanency for children and young people.	Not Started
24	Review current contract with NYAS and re commission advocacy services	Head of Children's Services	31/07/2015	30.04.15 JHB: The current contract officially ran out in June 2014, but contract allows for a 24 months roll-over period. This action has been planned into the team's workload but will be done as other priorities allow. End date changed.	This will provide a decision book to extend the contract beyond the 3 year period that expired in June 2014.	In Progress (on track)
25	Work to increase the use of independent visiting services for LAC and CIN through the short term provision of spot purchasing arrangements.	Head of Children's Services/ Senior Commissioner - Children & Young People's Services	30/11/2015	30.04.15 JHB: The amount NYAS are looking to charge for the IV service which goes over the 10% threshold to add this element onto the contract. NYAS has agreed to complete spot purchase advocacy with children on CP plans which will work for RBC in the short term as we are not fully aware of the numbers. Ideally we would look to spot purchase an IV service to monitor the numbers and actual need for the service. This is still being explored.	Independent visit service commissioned and increase in the use of advocacy for LAC. Independent visits provided both to the 14 young people currently identified as requiring independent visitors (IVs) and to those children and young people who will require IVs as a result of the increased profile and use of the service.	In Progress (on track)
25A	6-month service review.	Senior Commissioner - Children & Young People's Services	30/11/2015	30.04.15 JHB: A review of the impact of the provider and usage will be undertaken in order to determine future procurement approach beyond the spot contract arrangement.	Impact of short term arrangements understood and future direction of travel clear.	Not Started
33	Work to improve the support for the education and attainment of Looked After Children by the Virtual School.	Head of Education	30/06/2015		Looked after children are supported to help them make good progress in their learning and attainment wherever they live and the gap is bridged in terms of their outcomes compared against their peers.	In Progress (Overdue)
33A	Review and make recommendations on future capacity in the LAC Education team.	Head of Education	31/03/2015	Unable to progress due to failure to secure resources. Head of Service to lead during March and April.	Recommendations taken to DMT for decision.	In Progress (Overdue)

33B	Work with Area Teams to improve the PEP quality and increase the completion rate.	Head of Children in Care/Education/ Service Manager - Family Support	30/06/2015	06.05.15 KMc: The PEP completion rate is 73.6%. Work is continuing to get this rate to 95% and end date extended accordingly.	PEP completion rate increases month on month and children and young people have high quality PEPs that enable/help them learn and achieve.	In Progress (on track)
33C	Identify performance measures to monitor improvement and maintain quality	Head of Children in Care/Education/ Service Manager - Family Support	30/06/2015		Reduction in exclusions for LAC.	Not Started
33D	Reviewing the effectiveness of the Education Plans for LAC (including the Virtual School).	Head of Children in Care/Education/ Head of Education	TBC	06.06.15 KMc: A debate needs to be held around how the Directorate uses the role of Virtual Head. In the short term this is about doing PEPs on time with sufficient quality to make a difference.	New model in place for Virtual School.	Not Started
34	Work to ensure children with SEN/LAC attend alternative education provision.	Virtual Head - Children Missing Out on Education	30/06/2015		Children and young people who do not attend school have access to 25 hours per week of good-quality registered alternative provision.	Not Started
34A	Work with schools to consider what can be done for children on school roll but not attending/on a reduced timetable. For those children who are not on a school roll the Council needs to review how it can fund and then implement/provide alternative provision and to develop an action plan to address the implementation	Virtual Head - Children Missing Out on Education	30/06/2015	12.05.15 GD: Identified as an area of weakness that needs work with schools (mainly secondary schools).	Children and young people have access to alternative provision which meets their needs.	Not Started

35	Development and implementation of new Pupil Premium policy for LAC	Head of Education	30/06/2015		The local authority maintains accurate and up-to-date information about how looked after children are progressing at school overall and those who that are not achieving well or making progress receive focussed help and support in school that continues to narrow the attainment gap with their peers.	In Progress (Overdue)
35A	Working group to review current needs and new models for usage.	Head of Education	30/06/2015	06.05.15 KMc: KMc will chair these sessions and the request for support to lead/co-ordinate this work will be requested through DMT.	Working group mobilised and models reviewed with recommendations on preferred model.	Not Started
35B	Agreement in draft	Head of Education	31/12/2014	Policy has been drafted - requires Members' sign off after review of Education team capacity.	New agreement based on preferred model drafted.	In Progress (Overdue)
35C	Policy agreed and in place	Head of Education	31/03/2015	Tied to item 33, will not be considered at March ACE meeting.	New model signed off and in place.	Paused
40	Review of all Placement Orders. Due to the considerable delay and lack of success in finding adoptive placements for some children with Placement Orders adoption is no longer a viable option and hence the decision is needed in some cases to revoke the Placement Order and propose a suitable alternative permanent option for the child to court.	Service Manager - Family Support	28/02/2015	Proceedings are being issued in batches. Two of the revocation of Placement Orders has been issued. The statements are on track to start coming in at end of November/ beginning of December. The designated family Judge is agreeable to dealing with them in blocks. AK has picked up this task. Actions are being tracked via the CLA legal meeting. This will be focused on at next tracking meeting as timescales may have slipped as a result of a number of urgent court applications having to be made. Anticipate that these will be completed End Feb. 12.05.15 AK: There is not enough capacity in legal department to prioritise this over other legal work.	No children remain subject to Placement Orders other than those for whom there is active and rigorous family finding activity.	In Progress (Overdue)

41	Strengthening the profile of the Corporate Parent Group by reviewing the profile and impact of the Corporate Parenting Group and identifying key projects which involve employment opportunities for opportunities for Care Leavers and suitable accommodation being available in the local area.	Director of Education, Children's and Early Help Services	TBC		The profile of Corporate Parenting is strengthened and enhanced and acts as a powerful advocate for LAC and Care Leavers. The local authority is an active, strong and committed corporate parent that knows the children and young people it looks after well.	Not Started
43	Revised LAC and Care Leavers and Permanency Strategy.	Service Manager - Placements	30/06/2015		All workers are clear about the process to follow, timely decision making and permanency planning for children.	In Progress (on track)
43E	Draft document and take to Foster Carers Working Group and incorporate feedback.	Service Manager - Placements	31/05/2015		Feedback from foster carer's views articulated in document.	Not Started
47	Review and drive improvement in services for Care Leavers (driven by recommendations from the Barnardo's review).	Service Manager - Family Support	30/04/2015		Care Leavers receive a high quality service from children's social care and partner agencies. The engagement with care leavers is good and the service knows where all the care leavers are and has appropriate levels of contact with each young person based on their personal needs and pathway planning.	In Progress (on track)
47B	Develop an action plan based on the findings of the review of Leaving Care Service and other findings such as the national New Belongings project.	Service Manager - Family Support	31/05/2015	18.05.15 DO: Identified need during meeting with HMc on 18/5. 21.05.15 DO: Report is being released and cleared for publication, emerging findings included as actions to address improvement.	Clear action plan developed with owners identified.	Not Started
47C	Implement recommendations from review and other sources that focuses on reducing inconsistent practice, improving recording and the quality of Pathway Plans, effective support plans, the health of young people, post 21 support, improved housing options (including 24/7 on site support to bespoke packages), continued improved	Service Manager - Family Support	TBC	21.05.15 DO: Report is being released and cleared for publication, emerging findings included as actions to address improvement.	Service improvement and better outcomes for Care Leavers.	Not Started

	EET, continued use of Staying Put, proactive engagement with and listening to what care leavers say and using this information to improve services, performance management, risk management and improved supervision.					
47D	Set clear service standards and management oversight of practice must be improved to ensure that the standards of a 'good' service are met.	Service Manager - Family Support	TBC	21.05.15 DO: Report is being released and cleared for publication, emerging findings included as actions to address improvement.	Service standards are known and understood by all staff and applied consistently through management oversight.	Not Started
47E	Formulate a new plan to audit cases which is intensive and effective.	Service Manager - Family Support	TBC	21.05.15 DO: Report is being released and cleared for publication, emerging findings included as actions to address improvement.	Audit process in place to ensure improvements are sustained and become BAU.	Not Started
48E	Take new work plan for the Care Leavers Service to Children in Care Council for review/reappraisal to ensure there is a high level of engagement.	Service Manager - Family Support	TBC	21.05.15 DO: Report is being released and cleared for publication, emerging findings included as actions to address improvement.	Care Leavers endorse and feed into the service improvement plan.	Not Started
48F	Review of the capacity of the PAs within the team.	Service Manager - Family Support	TBC	21.05.15 DO: Report is being released and cleared for publication, emerging findings included as actions to address improvement.		Not Started
86	Purchasing increased 16+ semi-independent provision	Senior Commissioner - Children & Young People's Services	15/07/2015		Create capacity for a 6-bed unit so that we don't have place in B&B anymore and are thus Southwark judgement compliant	Not Started
86A	Complete the contract	Senior Commissioner - Children & Young People's Services	15/07/2015		Contract completed and ready.	Not Started
86B	Write the Decision Book	Senior Commissioner - Children & Young People's Services	30/06/2015		Decision Book written.	Not Started
88	Raise awareness and promote the pledge to Looked After Children	Participation and Accreditation	30/11/2015	01.06.2015 Work on this action will commence closer to the LAC celebration event which takes place	Improvement in feedback from survey undertaken at last year's LAC celebration event to	Not Started

		Co-ordinator		during October Half Term	demonstrate that the commitments in the pledge are being delivered.	
6.2 Improving fostering and adoption services						
Outcomes we will achieve: Where it is appropriate, children are fostered and adopted in an appropriate timescale to meet needs.						
38	Develop and agree new Sufficiency document	Service Manager - Placements	31/05/2015		Commissioning & Fostering/Adoption Sufficiency strategies are informed by the needs analysis that has been developed. This is used in produce the recruitment targets for local foster care and adoption placements. Reduction in out-of-borough placements and more children being placed in Reading.	In Progress (on track)
38C	Meeting to decide on targets and related strategies. Finalise Sufficiency Strategy document and release for consultation. Report to be approved through Elected Member sign off process at Committee. Implementation process commenced.	Service Manager - Placements	15/05/2015	30.04.15: JA in the process of setting up meeting. 08.05.15 SK: Target setting complete and meeting set up with DCS and HoS to approve the target. Final version to be complete in the next 2 weeks. 22.05.15 Final draft completed and is being checked. JA is writing the Committee report.	Meeting completed and targets/strategies agreed. Consultation finalised and approval process completed. Strategy implemented.	In Progress (on track)
38D	Identification of financial efficiencies in relation to cost savings from reduction in IFA placements.	Service Manager - Placements	31/05/2015	08.05.15 SK: There is the potential for reinvestment in Early Help from money saved	Clear and realistic savings targets identified and endorsed by DMT/CMT	Not Started
38F	Update the recruitment plan in light of social care deep dive findings and refresh.	Service Manager - Placements/ Project Manager	15/05/2015	22.05.15 Final draft completed and is being checked. JA is writing the Committee report.	Plan updated and ready for review.	In Progress (on track)
38H	Launch Reading Foster Carer Campaign (including revised website, profile of advertising, events and targeting leading to recruitment activity for in-house foster carers.)	Service Manager - Placements	30/06/2015		Increase in in-house foster carers, reduction of out-of-borough placements and more children are placed in Reading.	Not Started
38I	Impact analysis of recruitment activity undertaken.	Service Manager - Placements	30/09/2015		Adjustments to recruitment campaign made and target in-house/IFA ratio achieved.	Not Started

38J	Take document to Foster Carers Working Group and incorporate feedback.	Service Manager - Placements	22/05/2015		Feedback from foster carer's views articulated in document.	Not Started
38N	Re-commission IFA contract	Senior Commissioner - Children & Young People's Services/ Project Manager	28/02/2015	All 11 Southern Authorities have agreed to extend the current IFA Framework for the second plus 1 year, formal sign off of the documents will be required in due course 30.04.15 DO: Louise Palmer-May is writing the commissioning strategy (task) and this action comes under this as well.	TBC.	In Progress (on track)
44	Review of all allowances SGO/Adoption/Fostering/ Child /Arrangement Order /Staying Put/Post 18, Decision Book agreement and corresponding policies.	Service Manager - Placements	31/05/2015		Enabling effective recruitment of sufficient local carers.	In Progress (on track)
44E	Draft Staying Put /Supported Lodgings Policy and align with RBC Shared Lives Scheme.	Service Manager - Placements	30/04/2015	30.04.15 JA: Both policies are going to Foster Carers Working Group on 06.05.15.	Policy ready for review by impacted parties.	In Progress (on track)
44F	SGO Policy final draft sent out.	Service Manager - Placements	05/06/2015	30.04.15 JA: Draft has been sent to VL, JA and the Group and will be discussed at Foster Carers Working Group on 06.05.15	Draft policy document ready for discussion with impacted groups.	In Progress (on track)
44G	Take document to Foster Carers Working Group and incorporate feedback.	Service Manager - Placements	06/05/2015	30.04.15 JA: A new version will be available for sign-off by end of May	Feedback from foster carer's views articulated in document.	Not Started
44H	Incorporate feedback and amend Staying Put & SGO Policy draft for discussion with Young People.	Service Manager - Placements	22/05/2015	30.04.15 JA: Take these drafts to the Children in Care Council.	Feedback from children and young people articulated in document.	Not Started
44J	Corresponding policies agreed.	Service Manager - Placements	31/05/2015	30.04.15 JA: This happens once CSMT, DMT and LMB has taken place.	Document completed and ready for sign-off process.	Not Started
45	Review fee element of payments to Carers and develop a model for implementation. Following consultation with carers and agreement for the new scheme the scheme will be implemented.	Service Manager - Placements	31/10/2015	30.04.15 JA: This is planned to take place via working groups that will be complete by the end of May. Consultation with carers will take place after a 45 day consultation period.	Enabling effective recruitment of sufficient local carers.	In Progress (on track)

74	Undertake Coram diagnostic assessment and implement recommendations	Service Manager - Placements	TBC		From the diagnostic a strong foundation is established for improving the permanency outcomes for children. The service experiences critical challenge and is able to improve as a consequence of the diagnostic.	In Progress (on track)
74A	Complete diagnostic and management review of findings.	Head of Children's Services	TBC			In Progress (on track)
74B	Complete profile of children placed for adoption compared with profile of LAC/children currently needing adoptive families and those who the service has not been able to place.	Service Manager - Placements	TBC		Timescales and detecting the potential drift in children's journeys takes place using the 5 key stages of the adoption process by comparing the ten shortest and ten longest journeys.	In Progress (on track)
74C	Review of permanency planning for all children under 5 (whether or not there was a plan for adoption) who have remained in care for 2+ years.	Service Manager - Placements	TBC		Review completed and findings discussed by management. An action plan is developed for each of these children.	In Progress (on track)
74D	Analysis of the adopters journey	Service Manager - Placements	TBC		Analysis completed and service developments to improve the adopter's journey are put in place.	In Progress (on track)
74E	Ascertain the unit cost of placing children for adoption alongside a productivity figure for the service.	Service Manager - Placements	TBC		Financial analysis completed, efficiencies identified and actions taken to maximise these savings.	In Progress (on track)
74F	Identify and track the matching activity and placement success for some children waiting or coming through who are deemed hard to place.	Service Manager - Placements	TBC		Increase in successful placement of 'hard to place' children.	In Progress (on track)
6.3 Health of LAC						
Outcomes we will achieve: Looked After Children experience similar health outcomes to the wider community.						
77	Improving the health of Looked After Children by delivering a very high proportion of health assessments and to ensure the locally set target is met and that this performance is maintained.	Head of Children's Services	TBC	A specifically detailed action plan has now been developed.	Children and young people are in good health or are being helped to improve their health and their health needs are identified.	Not Started

71	Implement comprehensive CAMHS service delivery action plan.	Head of Children's Services/ Director of Joint Commissioning, Berkshire West CCGs	31/03/2017		Child and adolescent mental health provision, therapeutic help and services for learning or physically disabled children and young people are available when needed and for as long as they are required. There are services available to support the mental and emotional wellbeing of children and all partners work well to consistently deliver positive health outcomes for children in care.	In Progress (on track)
71A	Reduction in waiting times for help and increase resources to meet demand.	Head of Children's Services/ Director of Joint Commissioning, Berkshire West CCGs	31/12/2015	07.05.15 VL: CAMHS action plan included as part of overall improvement plan	Improved speed of service being accessible at critical times for children and young people.	In Progress (on track)
71B	Increase Tier 2 provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services.	Head of Children's Services/ Director of Joint Commissioning, Berkshire West CCGs	31/03/2016	07.05.15 VL: CAMHS action plan included as part of overall improvement plan	Assess to a range of early intervention services which are successful in reducing further involvement.	In Progress (on track)
71C	Free CAMHS staff to work more collaboratively with partner agencies.	Head of Children's Services/ Director of Joint Commissioning, Berkshire West CCGs	31/07/2015	07.05.15 VL: CAMHS action plan included as part of overall improvement plan	Improved successful partnership working.	In Progress (on track)

71D	Improve support in schools.	Head of Children's Services/ Director of Joint Commissioning , Berkshire West CCGs	31/03/2016	07.05.15 VL: CAMHS action plan included as part of overall improvement plan	Improved identification of those children and young people who need additional support in schools and ease of access to such services.	In Progress (on track)
71E	Provide more information about services and how to access them. Deliver improved communications and administration.	Head of Children's Services/ Director of Joint Commissioning , Berkshire West CCGs	31/07/2015	07.05.15 VL: CAMHS action plan included as part of overall improvement plan	Improved communication for children and young people so that they are able to find out about services and to gain help, support and advice.	In Progress (on track)
71G	Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of toys.	Head of Children's Services/ Director of Joint Commissioning , Berkshire West CCGs	31/03/2015	07.05.15 VL: CAMHS action plan included as part of overall improvement plan	Improved surroundings which are attractive and welcoming to children and young people so that they feel supported and helped.	In Progress (on track)
71H	Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).	Head of Children's Services/ Director of Joint Commissioning , Berkshire West CCGs	31/03/2016	07.05.15 VL: CAMHS action plan included as part of overall improvement plan	Improved longer term support post diagnosis.	In Progress (on track)
71I	Provide better access to services in a crisis and out of hours. Provide a local 24/7 inpatient service for those CYP with the most complex need.	Head of Children's Services/ Director of Joint Commissioning , Berkshire West CCGs	31/05/2015	07.05.15 VL: CAMHS action plan included as part of overall improvement plan	Improved speed of service being accessible at critical times for children and young people.	In Progress (on track)

32	Development of SDQ project to inform CAMHS commissioning.	Head of Children's Services/Head of Children's Commissioning	30/09/2015		The emotional well-being needs of children in care are identified early and appropriate support is identified and delivery	In Progress (on track)
32B	Research phase (includes survey, focus groups, file audits and semi structured interviews and questionnaires) completed.	Principal Educational Psychologist	30/05/2015	Survey of other LA's completed. Staff focus groups currently underway, 2 completed and 1 more to do. File audits started. Interviews and questionnaires to be started. All on track.	Research results available for analysis.	In Progress (on track)
32C	Written report with recommendation and plan to improve use of SDQs	Principal Educational Psychologist	30/09/2015		Report written.	In Progress (on track)
6.4 Improving life story work						
Outcomes we will achieve: Children and young people understand, in an age appropriate way the decisions about them and their lives.						
78	Ensure all children remaining in LA care or where adoption is the plan have life story work completed which is regularly updated.	Head of Children's Services	TBC		All children and particularly Care Leavers understand the journey they have been on through their life and are supported to capture and record key life events in their own words.	Not Started
78A	Develop a framework and policy statement that states the Reading intention for life story work for LAC. This will include a toolkit for life story work including memory boxes and a range of tools which can be used depending on the age of the child. Training will be provided to workers, managers, carers and schools.	Head of Children's Services	TBC		Clear statement of intent within the service and the meeting of the National Minimum standards.	Not Started
78C	Develop and roll-out an audit/monitoring process to ensure work is undertaken (e.g. at adoption panel or through LAC reviews).	Service Manager - Safeguarding and Quality Assurance	TBC	03.06.2015 AMD: Links to overall audit programme	QA and monitoring to ensure work is undertaken to the required standard.	Not Started

Section 4: Glossary of Terms

Initials	Full Name	Role
AB	Ashley Burton	National Management Trainee
AF	Andy Fitton	Service Manager - Early Help
AK	Averil Kathan/Alex Kaitell	Service Manager - Family Support
AMD	Ann-Marie Delaney	Service Manager - Safeguarding & Quality Assurance
AW	Avril Wilson	Former Director of Education, Social Care and Housing
BB	Ben Boatman	Children's Commissioning Officer
BD	Brigid Day	Head of Commissioning and Improvement
CH	Clare Houlton	Head of Children in Care/Education
CP	Clare Priest	Project Manager
DH	Dot Hayward	Performance and Data Service Manager
DHu	Deborah Hunter	Principal Educational Psychologist
DO	Dem Oral	Business Project Manager
EB	Esther Blake	LSCB Business Manager & Children's Trust Partnership Manager
FGT	Fran Gosling-Thomas	LSCB Chair
GA	Gabrielle Alford	Director of Joint Commissioning, Berkshire West CCGs
GD	Gabriela Dawkins	Access and Assessment Team Manager
GDu	Gill Dunlop	Virtual Head - Children Missing Out on Education
GH	Councillor Graeme Hoskin	Lead Councillor for Health
HM	Helen McMullen	Director of Education , Children's and Early Help Services
IW	Ian Wardle	Managing Director
JA	Jean Ash	Service Manager - Placements
JF	Jill Forrest	Project Manager
JG	Councillor Jan Gavin	Lead Councillor for Children's Services and families
JHB	Jonathan Hill-Brown	Senior Commissioner - Children & Young People's Services

KB	Katia Boev	Mosaic Implementation Programme Manager
KJ	Kate Jahangard	Service Manager - Access
KMc	Kevin McDaniel	Head of Education
ND	Nigel Denning	Service Manager - Intensive Support
PH	Paul Harrington	Chief Auditor
PL	Pat LeRoy	Service Manager - Improvement
RB	Rose Blackadder	Former Service Development Manager
SK	Suzanne King	Project Manager
SM	Sally Murray	Head of Children's Commissioning
SS	Sophie Skiba	Consultant
ST	Sarah Tapliss	Strategy/Service Development Manager
TS	Tracy Sloan	Business Partnership Manager
VLu	Vicki Lucas	Operations and Support Manager
VL	Vicki Lawson	Head of Children's Services

Abbreviation	Meaning
A&A	Advice and Assessment Team (Social Care 'front door')
CSP	Community Safety Partnership
MASH	Multi-agency Safeguarding Hub
CSP	Community Safety Partnership
TVP	Thames Valley Police

APPENDIX 2

DRAFT VERSION

READING CHILDREN'S SERVICES IMPROVEMENT BOARD

Terms of Reference

Purpose

- To support immediate and sustainable improvement of services for children in need of help and protection and/or looked after children in Reading.
- To monitor and report progress on the actions set out in the Reading Children's Services Improvement Plan. The Improvement Plan incorporates six improvement areas that have been identified locally to drive service improvement to protect and benefit the lives of children and young people
- To ensure that the Council and its partners serve the best interests of the child.

Detailed Objectives

1. To ensure that The systems and processes in place in Reading Borough Council keep children in the Borough safe and protect their interests
2. To oversee the implementation of the Children's Services Improvement Plan and ensure that identified improvement actions are implemented in the timely manner set out
3. To receive reports from DCEEH which show that actions are demonstrating improvement in the outcome data, are aligned to Corporate, DfE LAIT and Purple Book indicators and show progress and improvements with regards to Directorate strategic objectives and Corporate priorities.
4. To revise and amend actions where necessary to accelerate improvement
5. To monitor services risks and ensure they are being managed and reduced
6. To monitor the financial implications of the Improvement Plan and the relative spend from each agency contributing
7. To report to the Leader of the Council, Corporate Management Team and the Adult Social Care, Children's Services and Education (ACE) Committee Team three times a year.
8. To communicate effectively with all teams, partner organisations and other stakeholders and improve information sharing
9. To keep the Local Children's Safeguarding Board (LCSB) informed about progress made with regards to the improvement plan and further arrangements to protect Children in the Borough.
10. To strengthen and hold to account the impact of the LCSB to ensure that partners are held accountable for their responsibilities
11. To facilitate external oversight and transparency of the improvement process

Membership of the Board

Members:

Independent Chair

Managing Director

Lead Member for Children's Services and families

Director Children, Education and Early Help Services

Head of Children's Services

Reading Clinical commissioning Group Representative(tba)

Thames Valley Police representative(tba)

Ex Officio Members:

Children's Services Transformation Business Manager(TBC)
Programme Manager (Clare Priest)
Performance and Data Service Manager

Additional participants will be invited to Board meetings as appropriate.
Accountability and Governance

The Improvement Board will be accountable to Corporate Management Team and the Adult Social Care, Children's Services and Education Committee.

The independent Chair is the ultimate decision-maker on the Improvement Board. His final decisions will be informed by the Members of the Board.

Members of the Board are responsible for reporting progress and key issues through their own organisations' governance structures. Members of the Board that belong to the Senior Leadership of Reading Borough Council are expected to drive change and improve services through leading by example.

The Business Manager of the Children Services Improvement Plan attends Board meetings as an Ex Officio Member and reports to the Director of Children, Education and Early Help Services. The Independent Chair, the Managing Director and the Lead Member for Children's Services are responsible for reviewing and monitoring the Board's performance.

The Children's Improvement Board's responsibility for the Improvement Plan is time-limited. Initially the Board is set up for a period of twelve months with a progress review to be held after nine months. When the Improvement Board has made significant progress in improving the arrangements to protect children in the Borough its work must be embedded into Reading Borough Council's normal service governance and business as usual. The responsibility for the Children's Improvement Plan will then be transferred to the Corporate Management Team.

The LCSB will report into the Improvement Board during the lifetime of the board.

Frequency of meetings & reporting

The Improvement Board will meet monthly subject to review.

The Improvement Plan will be a standing item. Initially, the Independent Chair, the Managing Director and the Lead Member for Children's Services meet to review the Board's performance on the rising of each Board meeting.

The Independent Chair will attend the ACE Committee meeting to report on progress with the Children's Services Improvement Plan.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT, CHILDREN AND EDUCATION COMMITTEE	
DATE:	29 TH JUNE 2015	AGENDA ITEM:
TITLE:	LOOKED AFTER CHILDREN'S SUFFICIENCY STRATEGY 2015-2017	
LEAD COUNCILLOR:	COUNCILLOR JAN GAVIN	PORTFOLIO: CHILDREN'S SERVICES
SERVICE:	FAMILY PLACEMENTS	WARDS:
LEAD OFFICER:	JEAN ASH	TEL: 73601
JOB TITLE:	SERVICE MANAGER	E-MAIL:

1. PURPOSE OF THE REPORT

1.1 The Looked After Children's Sufficiency Strategy 2015-2017 sets outsets out how Reading Borough Council (RBC) will fulfil its "sufficiency" responsibility to ensure as far as is reasonably practicable, that the placement and accommodation needs of Reading Looked After Children and Care Leavers are met locally. This strategy therefore establishes ambitious and challenging targets to increase the recruitment of RBC foster carers and adopters who can offer a wide range of placement types. It also outlines the staffing resource required to meet these targets.

1.2 Such activity needs to be managed in parallel with the delivery of high quality supervision and support plus training and development for existing RBC carers in order to retain their services. This work is underpinned by a focus on achieving the best outcomes for our children. The matching process, access to a range of local placements plus support to the child and the carers all ensure the stability of the placement. Stability is further ensured by the opportunity to move in a timely fashion to permanent placements including via Special Guardianship and Adoption where it is not possible to return the child to their birth family/extended family.

2. RECOMMENDED ACTION

2.1 To agree the strategy and targets for recruiting carers for children living in the Borough.

2.2 To agree the commitment of resources to achieve the proposed Recruitment targets.
--

3. EXECUTIVE SUMMARY

3.1 Current Profile Of Looked After Children

3.1.1 The 0-19 population from the 2011 census showed high numbers of children in the 0-4 age range. These children are now in the 5 to 7 age range. New LAC starters in 2014 still reflect high numbers in the under 1 age group. The rest of the new LAC in 2014 are fairly evenly spread across the age range.

3.1.2 The group of children who came into care in 2014 (1 year) were diverse in terms of ethnicity (47% White UK; 21% Mixed White/African-Caribbean; 7% Polish; 7% Black British African-Caribbean plus 8 other categories represented. ages.

3.2 Projected Need

3.2.1 Analysis of placement trends has been used to identify likely future need. Between April 2013 and Dec 2014, 73 new foster placements were made. RBC carers met 48 of these. 25 were placed with Independent Fostering Agencies as there were insufficient local carers to meet this need.

3.2.2. Nationally Local Authorities have been reporting increases in Looked After Children numbers over the past 5 years. There has also been an increase in the numbers of both starters and exits, reflecting higher volumes of work being undertaken by Local Authorities in respect of both the number of children and young people requiring an alternative to living with their parents and the Local Authorities success in resolving issues for children so that they can either return home or have another permanent alternative to long term care. This pattern has been replicated in Reading. In the light of recent referral patterns to Reading's Multi-Agency Safeguarding Hub (MASH) it is anticipated that numbers of Looked After Children in Reading are more likely to continue to increase.

3.2.3 This high level of activity is effectively hidden within the collective picture of numbers of children Looked After at any one time. However it can be clearly seen by the high numbers of children who have become members of new families through Special Guardianship or Adoption Orders and who would have added to the Looked After Children numbers without these options.

3.3 Current Provision of Foster Carers and Adopters

3.3.1 As a result of the limited number of currently approved RBC foster carers, placement of children is over-dependant on IFA provision. The table below provides further detail.

Table 1

NON UASC Placements	2012-13		2013-14		Mar-15	
	No	%	No	%	No	%
LA Foster Care incl. OLA	74	33%	63	32%	54	27%
Family & Friends Foster Care	16	7%	12	6%	18	9%
IFA	97	44%	84	42%	76	37%
Placed for Adoption	11	5%	13	7%	18	9%
Placed with Parents	3	1%	5	3%	5	2%
Residential care homes	1	0%	9	5%	2	1%
Residential not subject to Children's Homes Regs					2	1%
Homes/Hostels Subject to Children's Homes Regs (K2)	6	3%	5	3%	11	5%
Young offender institution or prison					1	0%
NHS/Health Trust or other est. providing medical or nursing care					3	1%
Independent Living	4	2%	6	3%	9	4%
Family centre or Mother and Baby unit					3	
Residential School	3	1%	0	0%	1	0%
Other	6	3%	3	2%		0%

3.3.2 The recruitment targets within the Looked After Children's Sufficiency Strategy 2015-2017 are set at such a level as to enable more choice of carers when making a placement (better matching for each child) and should enable approximately 75% of our Looked After Children to be placed within Reading by September 2018. Clearly these two factors are important for improvement of placement stability and in retaining local connections for more of our Looked After Child. The tables below show the placements made more than 20 miles away and a distant placement (a placement outside Reading that is not in an adjoining authority).

Table 2

LAC Placement Distance- over 20 miles from home (excludes placed for adoption and UASC) - breakdown

		Jan-15	Feb-15	Mar-15
Age Band	Under 1	1	3	6
	age 1-4			2
	age 5-9	19	17	17
	age 10-15	22	24	24
	age 16+	13	12	12

3.3.3 Table 3 shows that 41% of the placements were outside Reading and not in adjoining authority

Table 3

	Jan-15	Feb-15
No. of placements outside LA and not in any adjoining LA	83	
Total LAC	201	
% placements outside LA and not in any adjoining LA	41%	

Appendix C provides information regarding placements within 20 miles.

3.3.4 There has been progress in terms of the placement trend for the last year which has been to place fewer children/young people in IFAs. Reading does have a good record in terms of the percentage of its Looked After Children who are in a range of family placements (rather than in residential units) and in achieving general placement stability.

3.3.5 In December 2014 51 children under 16 years of age were living with their permanent carers, including adoptive carers, applicants for Special Guardianship and matched long-term foster carers. A further 8 children had active adopter searches in progress and 2 had parallel searches for adopters or long term foster carers.

3.3.6 RBC remains a member of the Berkshire Adoption Advisory Service (BAAS) which delivers Berkshire-wide Adoption Panels, shared services such as the post adoption Letterbox system for birth parents as well as working as a consortium to match children and carers. In 2014 RBC also joined a second consortium, the Adoption South Central consortium - (ASC) which is comprised of 10 Local Authorities and 1 Voluntary Adoption Agency. This was undertaken in order to expand the pool of adopters available for Reading children and so improve waiting times. Work is ongoing with the consortia to improve performance, including an ASC working group which will work as of Autumn 2015 to develop joint, reciprocal recruitment practices.

3.4 Current placement arrangements

3.4.1 In line with most other Local Authorities one of the key challenges is finding foster placements for older age groups who often have more complex needs and behaviours. Reading belongs to a South Central IFA framework in order to ensure that when placement is not possible with RBC foster carers children are placed with good quality providers and that these represent good value for money. The Ofsted rating of all IFAs is monitored on an

ongoing basis between the Hants Contract Team and the RBC Commissioning Team.

3.4.2 When it has not been possible to make a placement using the framework referrals are also circulated to a list of 33 IFAs for spot purchasing. Very small numbers of children are placed on this basis (at the time of writing this report there are only currently 3 children placed using this methodology).

3.5 Support Available to RBC Carers

3.5.1 As identified above, retention of existing carers and supporting stability of placements are important aspects to the recruitment of new carers. The following are components of this work:

- Support available for Foster Carers and for approved carers who provide Supported Lodgings
- All carers have a supervising social worker from RBC to support and supervise them on a regular basis.
- KEEPSafe is an evidence based training and support service, which became available for short and long term RBC foster carers and supported lodgings carers, with a 12 - 17 year old in placement as of March 2015.
- A therapeutic service is delivered by a multi-disciplinary group of workers based within the RBC Fostering Service to support RBC Looked After Children/their RBC carers. From March 2015 they have also been working in conjunction with the Children and Adolescent Mental Health Service.

Adoption/ Special Guardianship:

- RBC provide, in accordance with legislation, a Post Order Support package specific to the child and their new family's circumstances.
- RBC are applying to the national Adoption Support Fund as required for therapeutic services being delivered as part of post adoption support

3.6 Staying Put Arrangements:

3.6.1 A total of 22 young people of 16 plus years are placed with foster carers where they are likely to stay until they are 18 and possibly Stay Put into early adulthood. Since May 2014 (Children and Families Act 2014) Local Authorities are required to make payments to ex foster carers in respect of

Staying Put Arrangements up to 21yrs and up to 25 yrs if the young people are in full time education.

- 3.6.2 Although previously some young people chose to Stay Put, this was generally until the completion of their academic year after 18. This new requirement up to 21, is essentially an area of new spend which will accumulate over the next 4 years as additional young people turn 18. If a significant number of young people choose to Stay Put then this will also have implications for foster carer supply both in house and in IFAs, increasing the need to recruit more foster carers. Although some of our young people will choose to move to independence earlier, there will also be additional young people becoming Looked After between 14 and 18 who have not been included in current Staying Put projections. A new Staying Put Policy and Procedure was approved by ACE in March 2015 to provide a smooth pathway to staying put for carers and young people.

3.7 Future Work

- 3.7.1 Analysis of the profile of Looked After Children and placement trends, results in the following being identified as significant areas for future work.

- A requirement to revisit the permanency plans for a group of 40 plus children/young people who were placed historically in IFA placements and have remained with these carers as foster placements. Subsequent to improving the offer of support available to carers applying for Special Guardianship and Adoption Orders as of April 2015, there is a targeted piece of work needed with these IFAs, their carers and the children/young people concerned. As outlined in the Financial Implications section below
- Extensive marketing activity and highly developed recruitment practice will be essential to compete to recruit carers. The targets are ambitious. Reading is a compact, urban area with the RBC Fostering and Adoption Services competing with 7 other Local Authorities nearby and a mixture of Independent Fostering Agencies and Voluntary Adoption Agencies.
- Retention of existing carers requires equal attention as outlined in the Financial Implications section below regarding resourcing this work.
- Achieving timely adoptive placements for a cohort of children which includes those who are aged from 0-8 years of age, sibling groups and the small number who have special needs has also been particularly difficult. The challenge for the Local Authority is to identify those children at significant risk of harm at an earlier stage so as to enable them to move to permanent placements in a timely fashion.

- Priority should also be given to developing a broader range of placement options for vulnerable 16+ year olds (including family based Supported Lodgings, supported living units). This will be covered in greater detail in a separate Commissioning Strategy, which is currently being written.

3.8 Key Challenges/risks

3.8.1 The unpredictability of future demand despite best efforts to base projections on past trends and wider demographics remains a challenge when recruiting sufficient placements. As does, recruiting sufficient numbers of RBC carers to match the needs of the children requiring placements in a competitive local environment.

3.8.2 The Children's Commissioning Team are currently preparing to retender for inclusion on the IFA Framework, and are planning to broaden the options for semi-independent accommodations for 16 + year olds. Achieving a good standard of provision and value for money will present significant challenges.

4. POLICY CONTEXT

This strategy will update and replace the "Looked After Children's Sufficiency Strategy 2014-2016".

5. THE PROPOSAL

5.1 Fostering Targets

Appendix B "Fostering Needs Analysis and Targets for Fostering Recruitment" attached to this report sets out year on year targets.

5.2. Adoption Targets

5.2.1 Work undertaken to develop the Sufficiency Strategy identified the need to set a target to recruit 22 new adopters in both 2015-2016 and in 2016-2017. This includes the recruitment of 7 new sets of adopters each year who can offer placements to:

- Sibling groups
- Children over 4 years of age
- Children with additional needs
- Children, initially on a fostering basis (during care proceedings). The foster carers will subsequently apply to adopt as this becomes achievable under the Fostering to Adopt model.

5.3 Marketing Programme

An extensive Marketing Programme is outlined in Appendix A. "Marketing Action Plan 2015/16"

5.4 Resources Requirements

The resources required for these proposals Include:-

- Recruitment to the 2.0 full time equivalent vacancies (funded by existing staffing budgets. Previously, these posts were identified as not requiring recruitment as part of potential savings).
- Recruitment to 2.0 full time equivalent posts to assist for up to 11 months in order to undertake additional permanency planning for the children in IFA placements (they will cease to be looked after children once adopted or the subject of Special Guardianship Orders).
- An additional independent assessor to undertake fostering assessments to be employed over the next 3.5 years on a fixed term basis with a six monthly review of demand.
- The joint funding for a post with the Reading Church Network in order to access local faith groups to recruit foster carers. A review of the first year's experience of this collaboration and negotiation regarding the potential costs and remit is currently underway. This review will determine if we are achieving value for money and if joint funded will continue with Home for Good. Last year this was funded by the Adoption Reform Grant (ARG). The parameters for spending against the new Adoption Support Fund which replaced the ARG as of April 2015 were amended by the government. Thus, this external source is no longer available.
- The new duty to offer 'Staying Put' Arrangements (see above) will also have a significant impact in terms of continuing payments

6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1 By making these improvements the Local Authority will be meeting the needs of its Looked After Children (promoting equality and social inclusion for them) and upholding its responsibility to deliver better value for money placements and specifically "Safeguarding and protecting those that are most vulnerable" as set out in the Corporate Plan 2015 -2018

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 Existing carers already contribute to recruitment, marketing and training events and we will continue their involvement in this Strategy is to be successful. Looked After Children also contribute to training material and the voice of the child is also critical to the success of this Strategy.

Feedback from both, existing carers and children will be incorporated into future service development.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 Recruitment, marketing and commissioning activity is informed by the respective profiles of the local child and Looked After Child populations. This strategy does not have a differential impact on a specific group.

9. LEGAL IMPLICATIONS

- 9.1 This report identifies the strategy to be adopted for Reading Borough Council to fulfil its "sufficiency" responsibility as outlined in Section 22G of the 1989 Children Act. This requires "local authorities to take steps that secure, so far as reasonably practicable, sufficient accommodation within the authority's area which meets the needs of children that the local authority are looking after, and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority's area".

10. FINANCIAL IMPLICATIONS

- 10.1 The average unit costs for an RBC foster placements is relatively high when compared with other Local Authorities in our statistical neighbour group however, the impact of high local costs of living and increased competition with other Local Authorities and voluntary/independent agencies in the area, local placements still represent good value for money as compared with IFAs.
- 10.2 Usage trends show the financial benefits gained by the reduction in new IFA placements made in the last year and corresponding increase in numbers of RBC foster placements. This positive trajectory does reflect the continued usage of IFAs for older children and sibling groups in pre-existing placements and underlines the importance of permanency planning for them as well as targeted local recruitment.
- 10.3 If the sufficiency targets are to be achieved the following resources will be required.
- recruitment to the 2.0 full time equivalent vacancies funding including in existing staffing budgets.
 - £51,333 maximum for 2.0 f.t.e posts to assist for up to 11 months to undertake the additional permanency planning for children.
 - £10,000 per annum investment for the next 3.5 years to fund an additional independent assessor
 - Current negotiations are underway to possibly extend work with the Reading Church Network which will have a financial implication if

progressed as this was previously funded by the Adoption Reform Grant which is no longer available.

- The new duty to offer “Staying Put” arrangements for fostered young people to have the opportunity to remain in their foster placements post 18 years of age will also have a significant financial impact in terms of the continuation of paid allowances to carers. The allowances paid by RBC were agreed at the Adult, Children and Education Committee in March 2015. They will be subject to ongoing review. The following table gives projected cost on the basis of all current 14-18 year olds in foster care choosing to Stay Put for their full 3 years to 21 years of age. Not all young people will choose to Stay Put, but some could stay after 21 yrs of age if still in full time education and this does not account for new admissions.

Projections of annual costs of Staying Put between now and April 2018

Staying Put Projections		IFA Placements	40% of IFA fostering before 18th birthday, is <u>only</u> for agencies which have formally agreed to work to the voluntary IFA South Central Framework Staying Put Protocol
	Total	£246.44 Staying Put allowance + £100 agency fee	Staying Put Cost 40% of the original rate
	2014/15	46,571	46,880
	2015/16	89,975	93,739
	2016/17	149,118	165,265
	2017/18	266,214	291,423
	4 Years Total	551,879	597,307
		RBC Placements	
		£246.44 Staying Put allowance	
	2014/15	7,851	
	2015/16	66,785	
	2016/17	125,649	
	2017/18	203,454	
	4 Years Total	403,739	

- Savings from an improved sufficiency of placements will result in improved permanency for children and young people and will also result in considerable savings to the public purse. The following table explains the invest to save proposal

	Sufficiency Target	Estimated Costs if placed with RBC Carers	Alternative Provision of Care	Resulting Savings/Cost Avoidance
Fostering	20	347,693	544,077	196,384
Adoption/SGO	22	309,109	592,873	283,765
Total Costs 15-16		656,802	1,136,950	480,148

11. BACKGROUND PAPERS

- 11.1 Demographic, Care Planning and Placement Profile and Sufficiency Needs Analysis Report - February 2015.
- 11.2 The full Looked After Children's Sufficiency Strategy 2015-2017 will be available on the RBC website.

Appendix A MARKETING ACTION PLAN 2015/16

THE BIG 4 CAMPAIGNS

FSP	FOSTERING SPRING	16 MAY - 21 JUNE 2015
FS	FOSTERING SUMMER	20 JULY - 9 AUGUST 2015
AA	ADOPTION AUTUMN	19 OCTOBER - 8 NOVEMBER 2015
FSB	FOSTERING & SHORT BREAKS	14 MARCH - 3 APRIL 2016

DATE	CAMPAIGN	ACTIVITY	CHANNEL/METHOD	TARGET AUDIENCE	BUDGET
APRIL					
MAY					
16/05/2015	FSP	START OF FOSTERING SPRING CAMPAIGN			
16/05/2015	FSP	READING CHILDREN'S FESTIVAL - MEADOW MADNESS	EVENT		
17/05/2015	FSP	THE ROYAL BERKSHIRE 10K	EVENT		
21/05/2015	FSP	INFORMATION EVENING	EVENT	PROSPECTIVE FOSTER CARERS	
25/05/2015	FSP	READING CARNIVAL	EVENT	FAMILIES,	

	FSP	FACEBOOK CAMPAIGN	SOCIAL MEDIA		
	FSP	HALF PAGE ADVERT	PRIMARY TIMES ADVERT	PARENTS, CARERS,	
	FSP	QUARTER PAGE ADVERT	READING CHRONICLE	TEACHERS	
	FSP	FULL PAGE ADVERT	FYNE TIMES MAGAZINE	LGBT	
JUNE					
	FSP	ON AIR RADIO CAMPAIGN	HEART RADIO BERKS/N HANTS	DRIVERS	
	FSP	ADVERTISING ON REAR OF 30 READING BUSES	JC DECAUX/READING BUSES	DRIVERS, SHOPPERS	
	FSP	FOSTER CARE FORTNIGHT	NATIONAL CAMPAIGN		
06/06/2015	FSP	RBH LEAGUE OF FRIENDS COMMUNITY FUN DAY	EVENT	FAMILIES	
13/06/2015	FSP	READING WATER FESTIVAL	EVENT	FAMILIES	
14/06/2015	FSP	EAST READING FESTIVAL	EVENT	FAMILIES	
18/06/2015	FSP	INFORMATION EVENING	EVENT	PROSPECTIVE FOSTER CARERS	
21/06/2015	FSP	FOSTERING SPRING CAMPAIGN ENDS			
JULY					
04/07/2015		OXFORD ROAD FUN DAY	EVENT	FAMILIES	
11/07/2015 - 12/07/2015		CAVERSHAM FESTIVAL	EVENT	FAMILIES	

16/07/2015		INFORMATION SESSION	EVENT	PROSPECTIVE CARERS	FOSTER	
20/07/2015	FS	START OF FOSTERING SUMMER CAMPAIGN				
26/07/2015	FS	READING FAMILY FUN DAY	EVENT	FAMILIES		
	FS	ON AIR RADIO CAMPAIGN	HEART RADIO BERKS/N HANTS	DRIVERS		
	FS	FACEBOOK CAMPAIGN	SOCIAL MEDIA	MALES, TEACHERS,		
	FS	ON AIR RADIO CAMPAIGN	JACK FM	DRIVERS, PREDOMINANTLY MALES		
	FS	QUARTER PAGE ADVERT	READING CHRONICLE			
AUGUST						
	FS	ADVERTISING WITH RFC				
09/08/2015	FS	END OF FOSTERING SUMMER CAMPAIGN				
20/08/2015		INFORMATION EVENING	EVENT	PROSPECTIVE CARERS	FOSTER	
SEPTEMBER						
05/09/2015		READING PRIDE	EVENT	LGBT		
17/09/2015		INFORMATION EVENING	EVENT	PROSPECTIVE CARERS	FOSTER	
OCTOBER						
15/10/2015		INFORMATION EVENING	EVENT	PROSPECTIVE CARERS	FOSTER	

19/10/2015	AA	START OF ADOPTION AUTUMN CAMPAIGN			
	AA	ON AIR RADIO CAMPAIGN	HEART RADIO		
	AA	FACEBOOK CAMPAIGN	OXFORD/N HANTS SOCIAL MEDIA		
	AA	QUARTER PAGE ADVERT	READING CHRONICLE		
NOVEMBER					
08/11/2015	AA	END OF ADOPTION AUTUMN CAMPAIGN			
19/11/2015		INFORMATION EVENING	EVENT	PROSPECTIVE ADOPTERS	
DECEMBER					
JANUARY					
21/01/2016		INFORMATION EVENING	EVENT	PROSPECTIVE CARERS	FOSTER
FEBRUARY					
18/02/2016		INFORMATION EVENING	EVENT	PROSPECTIVE CARERS	FOSTER
MARCH					
14/03/2016	FSB	START OF FOSTERING AND SHORT BREAKS CAMPAIGN			
17/03/2016	FSB	INFORMATION EVENING	EVENT	PROSPECTIVE CARERS	FOSTER
	FSB	QUARTER PAGE ADVERT	READING CHRONICLE		

APRIL					
03/04/2016	FSB	END OF FOSTERING AND SHORT BREAKS CAMPAIGN			
21/04/2016		INFORMATION EVENING	EVENT	PROSPECTIVE CARERS	FOSTER

Appendix B
Fostering Needs Analysis and Targets for Fostering Recruitment

2015 - 2016

<u>Recruitment Needs Per Annum</u>		<u>Loss Per Annum</u>		<u>Gain Per Annum</u>		<u>Net Gain Per Annum</u>	
<u>Placements</u>	<u>Households</u>	<u>Placements</u>	<u>Households</u>	<u>Placements</u>	<u>Households</u>	<u>Placements</u>	<u>Households</u>
16-18 (Current purchased IFA placements)	12	14	9				
5 (IFA-long term matches)	2-3	3-4 (staying put)	3				
4 (5% increase in LAC)	2						
26 (Matching capacity)	17						
51-53	33	18	12	69-71	45	51-53	33

A stretch target of 10 assessments per f.t.e worker p.a is established. They are currently performing at a rate of completing 8. There will be 2.95 workers when the 0.5 vacancy is appointed to.

There will be a transition phase 1.4.15-31.8.15 when 6 new assessments will be completed. An independent assessor on a fixed term contract will be used to supplement the team at a cost of £1800-2000 per assessment in this and subsequent stages.

Fostering Recruitment - Planning Targets
 (at end / August 2015, March 2016, March 2017, March 2018 & September 2018)

<u>2015</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>
	TRANSITION				
SW1 1 x FTE					April - August Total 2
SW2 1 x FTE					April - August Total 2
SW 3 1 -.45					April - August Total 0
SW 4 - a currently .5 vacant post. Recruitment to take place.					Recruitment to take place
Commissioned Form F's					April August Total 2

Fostering Recruitment - Planning Targets
 (at end / August 2015, March 2016, March 2017, March 2018 & September 2018)

<u>2015</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>2016</u> <u>Jan</u>	<u>Feb</u>	<u>March</u>	<u>April</u> <u>2015 -</u> <u>March</u> <u>2016</u> <u>Total</u>
SW1							6	8
SW2							6	8
SW3 and SW4							3	3
Commissioned Form F's							3	5
							Total	24

Fostering Recruitment - Planning Targets
 (at end /August 2015, March 2016, March 2017, March 2018 & September 2018)

<u>2016</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>2017</u> <u>Jan</u>	<u>Feb</u>	<u>March</u>	<u>Total</u>
SW1													10
SW2													10
SW3 and SW4													10
Commissi oned Form F's													5
												Total	35

Fostering Recruitment - Planning Targets
 (at end /August 2015, March 2016, March 2017, March 2018 & September 2018)

<u>2017</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>2018</u> <u>Jan</u>	<u>Feb</u>	<u>March</u>	<u>Total</u>
SW1													10
SW2													10
SW3 and SW4													10
Commissioned Form F's													5
												Total	35

Fostering Recruitment - Planning Targets
1st April 2018 to 30th September 2018

<u>2018</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>Sept</u>
SW1						5
SW2						5
SW3 and SW4						5
Commissioned Form F's						2
					Total	17

Fostering Targets Summary

	<u>Current May 2015</u>	<u>31st March 2016</u>	<u>31st March 2017</u>	<u>31st March 2018</u>	<u>30th September 2018</u>
RBC Foster Placements (excluding F&F)	54	54	72	107	142
Net gain RBC Foster Placements		18	35	35	17
Total RBC Foster Placements	54	72	107	142	159 Equals 75.7% (as a population of 210 LAC)
IFA Use	78				
Total Foster Placements	130				

ANNUAL NET GAIN OF FOSTER PLACEMENT

<u>1/04 2015 - 31/3/16</u>		<u>1/04/2016 - 31/03/17</u>		<u>1/04/2017 - 31/03/2018</u>		<u>1/04/2018 - 30/09/2018</u>	
<u>Gain</u>	<u>Loss</u>	<u>Gain</u>	<u>Loss</u>	<u>Gain</u>	<u>Loss</u>	<u>Gain</u>	<u>Loss</u>
24 households	12	35 households	12	35 households	12	17 households	6

	Actual net gain		Actual net gain		Actual net gain	Actual net gain
	12 households		23 households		23 households	11 households
	18 placements		35 placements		35 placements	17 placements

Therefore, after 3.5 years of consecutive increases in the number of foster placement there will be an annual net gain of at least 23 households, which equates to an approximate addition of 35 placements. This is based on a keeping the targets year on year without

any increase. The needs analysis and a loss figure also remain constant. Every 6 months all of these factors need to be reviewed and adjusted to reflect any new data and profile of the looked after population. The difference between the annual target and the adjusted net gain reflects a continued yet diminishing usage of IFA placements. The net gain will provide a sufficient range of placements for matching to take place.

It is also proposed that:

- the recruitment and support function for Supported Lodgings and the post undertaking this work currently transfer back to the Children's Social Work team who support Care Leavers when this is practicable
- decisions are taken to standardise practice in securing long term matches. This impacts on workload.
- Family Placement lead joint work with the Children's Social Work teams re permanency planning for children in IFAs. This will be provided by 1.0 f.t.e from the existing Adoption Team's establishment. A request is also made for additional resource for 2.0 f.t.e posts to assist for up to 11 months.
- 1.5 vacancies are filled in the Support + Development section of the fostering service which will be providing on-going supervision to an increased number of foster carers and taking back work from Recruitment and Assessment colleagues to enable the latter to re-focus on core recruitment and assessment business (in conjunction with the 0.5 Recruitment + Assessment vacancy identified above this results in 2.0 fostering service current vacancies being filled).

	2012-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	May-15	14/15 Target
No placed < 20 miles from home		150	139	137	135	132	132	126	130	126	122	126	130	127	123	124	134	
Number Looked After exc confidential addresses		209	200	195	194	185	185	179	183	178	174	180	183	182	179	185	195	
% placed < 20 miles from home- Corporate Indicator		71.8%	69.5%	70.3%	69.6%	71.4%	71.4%	70.4%	71.0%	70.8%	70.1%	70.0%	71.0%	69.8%	68.7%	67.0%	68.7%	91.0%
No. placed > 20 miles (placements breakdown)	Children's Homes																	
	LA fostering incl. OLA										3	6	5	5	5	7	7	
	Family & friends fostering										2	3	4	2	2	3		
	IFA														1	2		
	Residential care home										39	39	39	43	41	40	43	
	NHS/Health Trust or other est. providing medical or nursing care										3							
	Family Centre or mother and baby unit										1	1	1	2	2	2	2	
	Young offender institution or prison										2	3	1	1	2	3	3	
	Secure Unit										1	1			1	1	1	
	Residential accommodation not subject to Children's homes																1	
Residential School														1	1	2		
% placed > 20 miles from home										1	1	1	1	1	1	1	1	
										30%	30%	28%	30%	31%	33%	30%		

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	10
TITLE:	CREATING A SINGLE PATHWAY TO EARLY HELP SERVICES		
LEAD COUNCILLOR:	CLLR JAN GAVIN	PORTFOLIO:	CHILDREN & FAMILIES
SERVICE:	CHILDREN'S SERVICES	WARDS:	ALL
LEAD OFFICER:	HELEN MCMULLEN	TEL:	0118 937 4479
JOB TITLE:	INTERIM DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES	E-MAIL:	Helen.mcmullen@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The reshaping of the Directorate of Education, Adults and Children's services in 2013 moved statutory and non-statutory services for Children and Young People under one service area (Children's services). In 2015 the Directorate of Education, Adults and Children's services was split into two Directorates, there is now a Directorate of Children's Services, Education and Early Help, with a single Director responsible for these service areas.
- 1.2 The "front door" for statutory services is provided by the Multi Agency Safeguarding Hub (MASH) but there are a number of pathways to access services for Early Help.
- 1.4 A Business Case has been developed to streamline the access point and referral process for Early Help support by creating a single pathway. The aim is to improve the customer journey and ensure children and young people's needs are picked up appropriately.
- 1.5 A number of workshops with partner agencies and services at Reading Borough Council were held in February to review the proposal and this confirmed that the proposals met the requirements of our referrers.

2. RECOMMENDED ACTION

- 2.1 Endorse the development of the access point and referral process for Early Help services by creating a single pathway for this support.

3. POLICY CONTEXT

- 3.1. There are a number of drivers to streamlining access point and referral process to create a single pathway for requests for Early Help support:
 - 3.1.1. The most recent Ofsted inspection in 2013 recommended the introduction of more effective pathways into and out of Early Help services to ensure the children and families are supported in the right way, at the right time and at a level of support that is appropriate to their needs.
 - 3.1.2. Pathways into Early Help services need to target resources effectively in the context of improving outcomes for Troubled Families as part of the phase 2 programme.
 - 3.1.3. Very few contacts that went to MASH but did not reach the threshold to Children's Social Care were referred to the Children's Action Team, increasing this referral rate to Early Help will help reduce re-contact rates to MASH.
 - 3.1.4. Reading's Early Help Strategy 2013-2016 sets out one of its key priorities as Early Identification and Assessment of Need - improved coordination and consistency in the way needs are identified and referred for further support. It also identifies the need for effective Early Help for Children and Families by introducing a single point of contact for all agencies to refer families for further support.
 - 3.1.5. The Reading Children's Safeguarding Board have agreed to review thresholds to ensure that the right services are offered to children and families at the right stage.
 - 3.1.6. Feedback from our partners (following workshops in February 2015) revealed frustration with the current situation. There is confusion resulting from many routes into accessing services and the electronic referral system is seen as a barrier to accessing services. Partners would prefer one point of entry and a simpler process to access services.

4. PROPOSAL

- 4.1. Create a single Pathway for Early Help Service support - therefore ensuring there is a single referral and allocation of resources process. This will be achieved by:
 - 4.1.1. Developing a single pathway and triage system to access Early Help Services.
 - 4.1.2. Agreeing which services will be included in the single pathway and who needs to be involved in the triage process. It is expected that all RBC non children social care services will be included in this pathway and it is proposed to include voluntary sector and health partners as well.
 - 4.1.3. Developing one form to request Early Help support that can be completed using the Electronic (eCAF) system or by filling out a Word document and securely emailing to us.
 - 4.1.4. Testing the new pathway using common scenarios. We will explore how triage can be used to match services to the needs of the child, young person and/or family.

- 4.1.5. Developing training and guidance on what a good assessment will look like.
- 4.1.6. Linking in with the LSCB review of thresholds and the promotion of the thresholds and how this links to service delivery.
- 4.1.7. It will be important to link to LSCB training and induction processes to enable the workforce to understand how to access Early Help support using the threshold guidance and our pathways.

5. BENEFITS

- One front door for Early Help Services with a single point of entry.
- Reduced duplication and a simpler referral process.
- Increase partnership/multi agency working and access to a wider range of services.
- The journey for the family is less chaotic and there is less confusion for families and agencies.
- There is no wrong door to access services at Reading Borough Council.
- Processes are more outcome focussed and builds on the outcomes star work.
- Identifies Troubled Families more easily.
- Partners are more confident in the process.
- Referrers do not take short cuts to access services and referrers do not automatically go to MASH where it is clear a case does not meet the threshold for Children's Social Care.
- Informs commissioning priorities.
- There is a reduction in referrals that have escalated over time due to no early response.

6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1. This work has been identified as part of the priority in Reading Borough Council's Corporate Plan 2014-17: People are supported and protected when they need to be; People are healthy and can thrive in their community.

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1. A wide range of partners have been consulted on the proposal and are engaged in the implementation of the single pathway.
- 7.2. Ensuring that safeguarding activity is timely, proportionate and necessary means that our service users will access the right service at the right stage, based on need.
- 7.3. Early Help is included in service user engagement activities.

8. EQUALITY IMPACT ASSESSMENT

- 8.1. The project has undertaken an assessment on whether an Equality Impact Assessment is relevant.

- 8.2. It concluded that an Equality Impact Assessment was not relevant since the criteria used to assess thresholds for accessing services will not change (this is based on the thresholds agreed by the LSCB), and it will be based on more information from multiple agencies and services participating in the triage process. The processes that will be put in place for this project will not change which groups are assessed or access services.

9. LEGAL IMPLICATIONS

- 9.1. There are no legal implications inherent in the report although the implementation of the project will enable the service to better fulfil its statutory responsibilities under the Children Act 1989 and Children Act 2004.

10. FINANCIAL IMPLICATIONS

- 10.1. There are no capital or revenue implications for implementation as existing resources will be used in the new processes.

11. BACKGROUND PAPERS

- 11.1. None

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULTS, CHILDREN AND EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	11
TITLE:	TROUBLED FAMILIES PROGRAMME		
LEAD COUNCILLOR:	CLLR GAVIN	PORTFOLIO:	CHILDREN
SERVICE:	CHILDREN SERVICES	WARDS:	BOROUGH WIDE
LEAD OFFICER:	NIGEL DENNING	TEL:	72592
JOB TITLE:	INTERIM SERVICE MANAGER	E-MAIL:	Nigel.denning@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Phase 1 (P1) of the Troubled Families Programme in Reading has now concluded with 93% of the families successfully achieving improved outcomes, enabling the payment by results claim to be made. A summary of the data is attached in appendix 2.
- 1.2 Reading Borough Council has now entered into Phase 2 (P2) of the extended National Troubled Families Programme for a 5 year period. The target number of families for Reading will be 1220 over the 5 years, with an agreed target of 207 families in the 2015/16. P2 requires the development of a Troubled Families Outcomes Plan, based on localised outcomes that meet local priorities.
- 1.3 This report gives an overview of the expansion of the Government's national programme from 2015-2020 and the implications for the Reading Troubled Families Programme.
- 1.4 The Adults, Children and Education Committee will be asked to agree to an Outcomes Plan that will enable the local programme to begin its expansion by measuring an agreed set of outcomes for the first year of the programme. The Outcomes Plan will mark the transition from the current Troubled Families Programme (Phase 1) to the new expanded Programme (Phase 2).
- 1.5. This report also provides recommendations for the way the Payment By Results financial contribution from DCLG is used to improve outcomes for families in Reading.

2. RECOMMENDED ACTION

- 2.1 The Outcomes Plan is agreed by the Adults, Children and Education Committee
- 2.2. Agreement for the Payment by Results funding to be ring fenced and used for workforce development and the creation of a Troubled Families Innovation Fund.

3. POLICY CONTEXT

- 3.1 Our priorities for 2015-18 remains to narrow the gaps within Reading. We continue to focus our spending plans to help children, young people and adults earlier so they can seize the opportunities on offer within Reading. Our aspiration is to narrow the gaps in Reading to ensure that everyone can benefit from its success. The Troubled Families programme is a collaboration with partners working together to achieve this vision.

4. THE PROPOSAL

- 4.1 Reading's approach to the Troubled Families programme has concluded with 93% of the Phase 1 families achieving the outcomes by May 2015. Phase 2 provides Reading Borough Council with the opportunity to further transform the way we narrow the gap for our vulnerable troubled families and ensure that we create the best start for children.

- 4.2 In 2020 the Reading Troubled Families programme will have improved outcomes for a further 1220 families who are being left behind. In order to deliver this we intend to ensure the Troubled Families Programme provides a framework for delivery for Reading Borough Council and its partners, that raises our aspirations and in turn the aspirations of families. Each one of these families will have had a plan focussed on priorities to improve their lives and the right support to achieve lasting change.

- 4.3 In order to achieve this, it will require increased collaboration and a cohesive partnership between Reading Borough Council, its partners and the Voluntary and Community Sector. The next phase of the Reading Troubled Families programme will be a catalyst for change and will enable us to think and do differently. We will create an integrated delivery model that will maximise resources across the partnership that meets the needs of families in need of early help, in need of protection and build more capable communities whilst achieving savings to the public purse.

- 4.4 Our approach to the Troubled Families Programme is not about a single team, it's a whole service delivery model whereby we can measure outcomes for the families that we work with, which will narrow the gap and give children the best start in life.

- 4.5 The expanded Troubled Families programme will run from 2015-2020 and aims to work with an additional 400,000 families nationally. As part of this, Reading has been set a target of making significant and sustained progress with 1220 families by May 2020. This first year target has been set by the DCLG as 207 families.

- 4.6 The expanded national programme widens the eligibility to six criteria. A family must have two of the following six headline problems to be deemed eligible:

- Parents and children involved in crime or anti-social behaviour
- Children who have not been attending school regularly
- Children who need help, e.g. a child with an early help assessment and/or supported by social services
- Adults who are out of work or at risk of financial exclusion, and young people at risk of worklessness
- Families affected by domestic violence and abuse

- Parents and children with a range of health problems
- 4.7 Guidance issued by the DCLG stipulates that local authorities must produce a local Outcomes Plan for the expanded programme. This plan must show the following:
- Which families will be prioritised in the local programme
 - What a significantly improved outcome is for all of the six headline family problems covered by the Programme
 - What will be measured to establish that this outcome has been achieved
 - The timeframes against which the sustainability of these outcomes will be measured
- 4.8 The Reading Troubled Families Outcomes Plan for the expanded programme is attached as Annex 1 to this report.
- 4.9 The Outcomes Plan sets out that for a family to be eligible for the expanded programme they must meet at least two of the six Government criteria. The Outcomes Plan highlights the eligibility indicators which relate to each of the government criteria.
- 4.10 The outcomes measures on the Outcomes Plan indicate how sustained progress will be measured, at what point and from which data source.
- 4.11 The Reading outcomes have been selected following consultation with partner agencies, consideration of the local priorities, feedback from DCLG and learning from the early adopters of Phase 2. The Plan is a dynamic tool and can be refreshed during the life of the programme. The initial plan is based on priorities and indicators that we are confident can be measured in the early stages of the programme. We anticipate that as the programme develops that there will be emerging themes that could be developed locally and methods of measurement agreed. Areas for further consideration in the first year will be attainment for Pupil Premium Children and having more clearly defined Health Outcomes that match the local profile. It is intended that we develop and test these indicators alongside the initial Trouble Families Plan that is attached at Appendix 1.
- 4.12 The Outcomes Plan is designed to be a simple yet consistent way of tracking outcomes for families throughout their involvement with the programme. It aims to recognise the differing circumstances and needs of families whilst giving tangible outcomes against which progress can be measured and payment claimed. We intend for every identified Troubled Family to have their own outcomes plan that is reviewed and monitored by the identified lead worker for the family.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The vision and ambition for the Reading Borough Council 2015-18 Corporate Plan is to narrow the gaps in Reading to ensure that everyone can benefit from its success.

P2 families must have at least two of the following six problems:

1. Parents and Children involved in crime or anti-social behaviour
2. Children who have not been attending school regularly
3. Children who need help
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents and children with a range of health problems

All of these problems are indicators of families that are in need of support in order to directly achieve the following 2015-18 corporate priorities:

- Priority 1 - Safeguarding and protecting those that are most vulnerable
 Priority 2 - Providing the best life through education, early help and healthy living

5.2 The programme will also contribute towards the following priorities:

- Priority 4 - keeping the town clean, safe, green and active
 Priority 6 - Remaining financially sustainable to deliver these service priorities

The families meeting the TF criteria can on occasions exhibit behaviours that have a detrimental impact on the communities they live in, which can be reduced by effective whole family interventions.

There are potential savings to the public purse by improving outcomes earlier and reducing the need for higher cost late interventions.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 A Troubled Families Launch took place on the 15th May 2015 which was attended by more than 120 people from the public, community and voluntary sector. This provided a valuable opportunity to get feedback and obtain commitments from a wide variety of partners.
- 6.2 The Troubled Families Programme development is overseen by a multiagency management board, reporting into the community safety partnership
- 6.3 The delivery plan includes establishing 'service user' and 'community focus groups' as the programme develops, ensuring that the voice of the communities are listened to as the programme develops. This will include seeking views on how a Troubled Families Innovation Fund is targeted and used.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 The programme will be targeted at families who meet the identification criteria as described in the plan. Evidence from Phase One of the programme shows that the families are more likely to be:
 - Socially excluded families
 - Single parent families
 - Families experiencing poverty
 - Families experiencing a wide range a health issues
 - Families with adult and children learning needs
- 7.2 The programme will aim to close the gap for these families and provide them with the necessary support to achieve improved outcomes. Families will be identified as part

of the programme for the purpose of monitoring outcomes, although the interventions themselves will not label the family as 'troubled'.

8. LEGAL IMPLICATIONS

8.1 The need for sharing information across the partnership is an integral part of the programme. DCLG have developed national information sharing agreements for sharing data and provided guidance for implementation at a local level.

8.2 It is likely that further information sharing protocols will need to be developed as the programme progresses and different outcome measures are developed.

9. FINANCIAL IMPLICATIONS

9.1 P2 of the troubled families programme provides £2.9M over five years, with £976K of this based on a payment by results framework.

The funding from DCLG consists of the following:

- £1000 per family worked with. This equates to £1.2M over the five years with an agreed target of 207 (£207K) in the first year of the programme. This sum is paid in advance with subsequent years funding potentially withheld if targets are not met. This money has been used to fund practitioners within RBC who contribute towards the programme by working with families.
- The Reading programme will also receive £150K Transformation Grant for the purpose of providing the analytical capacity and programme management. This grant has been used to increase the capacity of the data analysts and recruit a Project Officer.
- The payment by results (PBR) element of the funding is an additional £800 per family. There is the potential for £976K to be claimed over the life of the programme; however it is unlikely that there will be any significant claims within the first year. This PBR is claimed on a 6 monthly basis for families who have achieved and sustained all six outcome measures. A failure to meet just one of the criteria for any member of the family prevents a claim from being made. For this reason this element of the funding is volatile and not guaranteed. It is therefore proposed that a proportion of PBR is used for multi-agency workforce development across the partnership, particularly in the first three years. It is also proposed that the remainder of the PBR is ring-fenced for a Troubled Families Innovation Fund. The innovation fund will provide a commissioning capability for investing in the local voluntary and community sector, increasing capacity and strengthening communities. The structure of the innovation fund will be developed by the multi-agency Troubled Families Management Board in the first year of the programme and will focus on meeting local needs, sustainability, evidence of service user involvement and value for money.

10 BACKGROUND PAPERS

10.1 Financial Framework for the Expanded Troubled Families Programme, DCLG, 2014

Reading Troubled Families Programme Outcome Plan

Helping to Narrow the Gaps in Reading

Reading is a thriving and diverse town with a significant economic presence. Reading's population and economy continues to grow and the needs of our residents and businesses are changing, which impacts on the services we provide.

Not everyone in Reading can access all the opportunities that are available though. Some people are being left behind and we want to stop this happening.

The Reading Troubled Families Programme will support Reading Borough Council and its partners to further transform the way we narrow the gap for our vulnerable troubled families, and ensure we create the best start for children.

In 2020, the Reading Troubled Families programme will have improved outcomes for a further 1220 families who are being left behind. In order to deliver this we intend to ensure the Troubled Families Programme provides a framework for delivery for Reading Borough Council and its partners, that raises our aspirations and in turn the aspirations of families.

Each one of these families will have had a plan which focussed on priorities as described in this outcomes plan, to improve their lives and receive the right support to achieve lasting change. In order to achieve this, it will require increased collaboration and a cohesive partnership between Reading Borough Council, its partners and the Voluntary and Community Sector.

The Reading Troubled Families programme will be a catalyst for change and will enable us to think and do differently. We will create an integrated delivery model that will maximise resources across the partnership that meets the needs of families in need of early help, in need of protection and build more capable communities whilst achieving savings to the public purse.

Our approach to the Troubled Families Programme is not about a single team, it's a whole service delivery model whereby we can measure outcomes for the families that we work with, which will narrow the gap and give children the best start in life.

It's about transforming services and transforming outcomes for families.

The Purpose of the Reading Troubled Families Outcomes Plan

The Reading Troubled Families Outcome Plan has been created to help identify, prioritise and address the needs of those families who have many multiple and complex needs.

The target number of families Reading will have supported by 2020 is 1220, with an initial target to successfully support at least 207 families in 2015/16.

The Reading Troubled Families Outcome Plan sets out that for a family to be eligible for the expanded programme they must meet at least two of the six Government criteria that are listed below.

Family Problem Headline Referral Criteria:

1. Families involved in Anti-Social Behaviour and Crime
2. Children Who Have Not Been Attending School Regularly
3. Children Who Need Help
4. Adults out of Work or at Risk of Financial Exclusion and Young People at High Risk of Worklessness;
5. Families Affected by Domestic Violence and Abuse
6. Parents and Children with a Range of Health Problems

The Outcomes Plan also includes information on what a significantly improved outcome is for all of the six headline family problems covered by the programme, what will be measured to establish that this outcome has been achieved and the timeframes against which the sustainability of these outcomes will be measured.

The plan is a dynamic tool and can be refreshed during the life of the programme. The initial plan is based on priorities and indicators where there is confidence that they can be measured in the early stages of the programme.

It is anticipated that as the programme develops there will be emerging themes that could be developed locally and methods of measurement agreed.

This first version of the Outcomes Plan is designed to be a simple yet consistent way of tracking outcomes for families throughout their involvement with the programme.

It aims to recognise the differing circumstances and needs of families, whilst giving tangible outcomes against which progress can be measured and payment claimed.

Upon acceptance on to the programme, each family that is worked with will have a specific family outcomes plan tailored to that family, that will outline the issues for each family, the support they will receive and the change that is required.

Therefore every family that is being worked with as part of the Reading Troubled Families Programme will know what is expected of them and what needs to change.

Supporting Strategic Priorities

Reading Borough Council's aspiration is to narrow the gaps in Reading to ensure that everyone can benefit from its success. The Reading Troubled Families programme provides a framework for collaboration with partners to work together to achieve this vision.

Every family that is identified and supported to deliver significantly improved outcomes through the Troubled Families Programme will directly support the delivery of the **Reading Borough Council 2015 - 2018 Corporate Plan** priorities:

- Priority 1 - Safeguarding and protecting those that are most vulnerable
- Priority 2 - Providing the best life through education, early help and healthy living
- Priority 4 - Keeping the town clean, safe, green and active
- Priority 6 - Remaining financially sustainable to deliver these service priorities

In addition to supporting the delivery of the Reading Borough Council Corporate Plan, the Reading Troubled Families Programme also supports the delivery of a number of partner agency strategic plans and priorities. The following provides a summary of the key multi-agency strategic boards and strategies that the Reading Troubled Families Programme also supports.

Reading Local Safeguarding Children Board priorities:

Priority 1 - Domestic Abuse

Priority 2- Strengthening the Child's Journey and Voice

Priority 3 - Child Sexual Exploitation and other Particularly Vulnerable Groups

Priority 4 - Neglect

Reading Children Trust and Child and Young People's Plan priorities:

Priority 1 - Keeping Children Safe

Priority 2 - Intervening Early

Priority 3 - Learning and Ambition

Reading Local Strategic Partnership - Reading 2020 priorities:

Priority 1 - Skills for All

Priority 2 - Breaking the Cycle of Poverty

Priority 3 - Capable Communities

Financial Framework

The Reading Troubled Families Programme has the potential to generate £2.9million income for Reading. This includes £976,000 which is the maximum that can be achieved by performance by results (PBR) during this period.

The £976,000 equates to £800 PBR for the target 1220 families where Reading can demonstrate that the families have either demonstrated significant and sustained progress against their outcome plan or continuous employment.

The funding available also includes a Transformation Grant of £150,000 per year and £1,000 per family that is worked with.

The Creation of the Reading Troubled Families Outcomes Plan

The development of the Reading Troubled families Outcomes Plan was completed in collaboration with a wide range of stakeholders and partners across Reading.

A number of consultation events were held with a cross-section of public and voluntary and community sector organisations that commission and/or deliver services for families across the six headline family outcome areas as listed above.

In addition to this, a number of meetings were held with Senior Officers from partner organisations to understand their strategic objectives to ensure that this outcomes plan will target the right families and deliver against relevant priorities. Over 100 different people were spoken to during this process.

The draft outcomes plan was also discussed and debated with the Troubled Families Management Board whose membership includes senior officers with specialisms from each of the headline family outcome areas.

Further to this, a Troubled Families stakeholder event was held in May 2015 where over 120 people attended from across Reading. Agencies represented included:

- Berkshire Healthcare NHS Foundation Trust
- Berkshire West Clinical Commissioning Group
- Department of Work and Pensions
- Employment Support Organisations
- Reading Borough Council
- Reading Public Health Team
- Registered Social Landlords
- Royal Berkshire Fire and Rescue
- Schools and Academies
- Thames Valley Community Rehabilitation Company
- Thames Valley Police
- Voluntary and Community Sector

Feedback from delegates was very positive and when asked what they thought some of the key opportunities were with regards to the Reading Troubled Families Programme the key themes that emerged were:

The Troubled Families Programme could -

- Be a framework to transform services;
- Provide clarity of how systems and processes work in Reading with a single referral pathway;
- Facilitate multi-agency working, training and sharing of resources;
- Support the development and understanding of the key Worker role - taking a persistent and resilient approach to working with families
- Support improved communication and information sharing across the partner organisations including the voluntary and community sector.

Delivering the Reading Troubled Families Programme and Outcomes Plan

The ethos of the Reading Troubled Families Programme is to create an integrated delivery model that will maximise resources across the partnership that meets the needs of families in need of early help, in need of protection and build more capable communities whilst achieving savings to the public purse.

Our focus is to help children, young people and adults earlier so they can seize the opportunities on offer within Reading. All families eligible for the Troubled Families Programme will be referred to the Early Help Hub.

The Early Help Hub will bring together representatives from all relevant agencies who can support families from across Reading. It will become the key mechanism to drive change, it will encourage people to think and act differently, to work together to deliver significant and sustained change for Reading's most vulnerable Troubled Families.

Our approach is not about a single team, it's a whole service delivery model whereby we can measure outcomes for the families that we work with, which will narrow the gap and give children the best start in life.

Reading Troubled Families Programme Outcome Plan

Helping to Narrow the Gaps in Reading

Family Problem: Anti-Social Behaviour and Crime

Referral Indicators:

- a) A child or adult who has committed an offence in the previous 6 months.
- b) An adult or child who has committed an Anti-Social Behaviour (ASB) incident in the last 6 months.
- c) Adults or children referred by a professional because their potential crime problem or offending behaviour is of equivalent concern to indicators above.

Outcome Measure	Source of Information
<p>1. Nobody in the family becomes a first time entrant in to the Criminal Justice System for a sustained period of six months.</p> <p>Linked to Indicators: a & c</p>	<p>Thames Valley Police (Adults)</p> <p>Youth Offending Service (Young People)</p>
<p>2. Overall level of proven offending across the family has reduced by at least 33% in the last six months, compared to the overall level of proven offending in the previous six months.</p> <p>Linked to Indicators: a & c</p>	<p>Thames Valley Police (Adults)</p> <p>Youth Offending Service (Young People)</p>
<p>3. 60% reduction in recorded incidents of ASB at the family household over a sustained six month period.</p> <p>Linked to Indicators: b & c</p>	<p>Reading Borough Council ASB Team and Housing Providers</p>

Family Problem: Children Who Have Not Been Attending School Regularly

Referral Indicators:

- a) A child who is persistently absent from school for an average across at least the last three consecutive terms (10% or more sessions missed).
- b) A child who has received at least three fixed term exclusions in the last three consecutive terms.
- c) A child who has been permanently excluded from school in last three consecutive terms.
- d) A child referred by an educational professional as having school attendance problems of equivalent concerns to the indicators above because he / she is not receiving a suitable full time education.

Outcome Measure	Source of Information
<p>Each child in the family has had less than 10% school absences in the last three consecutive terms.</p> <p>Linked to Indicators: a & d</p>	<p>School Census</p>
<p>Each child in the family has had fewer than three fixed term exclusions in the last three school terms.</p> <p>Linked to Indicators: b & d</p>	<p>Reading Borough Council</p>
<p>Each child in the family has not been permanently excluded from school in the last three schools terms.</p> <p>Linked to Indicators: c & d</p>	<p>Reading Borough Council</p>

Family Problem: Children Who Need Help

Referral Indicators

- a) Families in need of help and referred to the Early Help Hub
- b) A child in need under Section 17 of the Children Act 1989
- c) A child who has been subject to an enquiry under Section 47, The Children Act 1989 or subject to a child protection plan.
- d) Families where a child has been listed as missing.
- e) Families where a child has been identified as being at risk of sexual exploitation.

Outcome Measure	Source
<p>Early Help referred case is closed and there are no repeat referrals in the following six month period.</p> <p>Linked to Indicator: a</p>	<p>Early Help Hub</p>
<p>Improved Family Star by a total of 10 points at point of case closure.</p> <p>Linked to Indicator: a</p>	<p>Outcomes Star</p>
<p>No further requirement to have a Children in Need plan or Child Protection plan and the case is closed or stepped down to Early Help and no repeat referral for social care in a six month period.</p> <p>Linked to Indicators: b & c</p>	<p>Reading Borough Council - Frameworki</p>
<p>Young people reported as missing are identified and supported to stay safe and incidents of going missing is reduced by 50% as compared with previous six month period.</p> <p>Linked to Indicator: d</p>	<p>Thames Valley Police</p>
<p>A child referred as at risk of child sexual exploitation has reduced risk for six months.</p> <p>Linked to Indicator: e</p>	<p>Completion of Risk Assessment.</p>

Family Problem: Adults Out of Work or at Risk of Financial Exclusion, and Young People at High Risk of Worklessness

Referral Indicators:

- a) An adult in the family claiming an out-of-work benefit.
- b) A child who is about to leave school, has no / few qualifications and no planned education, training or employment.
- c) A young person who is not in education, employment or training (NEET).

Outcome Measure	Source of Information
13 weeks consecutive employment (or 26 out of last 30 weeks for JSA). Linked to Indicator: a	Department of Work and Pensions
Any person aged 16 - 18 who is not in education, employment or training is engaged in training, work or work related activity* for a sustained period of 13 weeks. * Apprenticeships, work experience, volunteering, permitted work, work choice, non-mandatory training courses. Linked to Indicator: b & c	Adviza

Family Problem: Families Affected by Domestic Violence and Abuse

Referral Indicators

- a) Domestic Violence / Abuse report with a child present in the last six months.
- b) Young person or adult known to local services has experienced, is currently experiencing or is at risk of experiencing Domestic Violence / Abuse.

Outcome Measure	Source of Information
DASH score (15 or above - high) has fallen to 14 or below at point of case closure. Linked to Indicator: a & b	Completion of DASH Risk Assessment
DASH score (below 15) reduced by 25% or below at point of case closure. Linked to Indicator: a & b	Completion of DASH Risk Assessment
No referrals to Multi Agency Safeguarding Hub for Domestic Violence / Abuse for six months. Linked to Indicator: a & b	Reading Borough Council - Frameworki

Family Problem: Parents and Children with a Range of Health Problems

Referral Indicators:

- a) Any member of the family with a drug or alcohol problem.
- b) Adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health problems that may include unhealthy behaviours, resulting in problems such as poor dental hygiene and obesity.

Outcome Measure	Source
<p>Family member reduces intake and harm in use of drugs or alcohol over six months and/or successful completion of treatment programme.</p> <p>Linked to Indicator: a</p>	<p>Adults: Drug Alcohol Action Team</p> <p>Young Person: Source Young Peoples Substance Misuse Team</p>
<p>Parent takes responsibility for managing their family's health demonstrated by using all or some of the following measures when applicable at point of case closure:</p> <ul style="list-style-type: none"> • A care plan or self-care strategy in place where there wasn't one before, at the end of intervention. • All children in the household have received age appropriate vaccinations, by the end of intervention. • Take up of dentist services (registration with a dentist, with a check-up for each child or adult in the) by end of intervention. <p>Linked to Indicator: b</p>	<p>Lead Professional</p>

Reading's Troubled Families Programme

Phase One Analysis

Executive Summary

This analysis provides a brief overview of Phase One of the Troubled Families (TF) programme at Reading Borough Council (RBC). With an ever expanding population, Reading is an increasingly diverse place, and home to some 159,200 people comprising around 63,000 households. Phase One of the TF programme aimed to target some of these families who were in need of support, and utilised three nationally defined criteria for identifying families as set out by DCLG, these being: children who are not attending school, youth crime and antisocial behaviour, and worklessness in the family.

With our shift into Phase Two, and the approximate quadrupling of the families for which we intend to deliver positive outcomes for, this document additionally acts as a platform from which we can improve the service delivery model of the programme, with the ultimate goal to help narrow the gaps in Reading, through a smooth transition into the expanded programme.

The data used in this analysis comprises both the total number of families worked with, and the total number of families supported to deliver positive outcomes during Phase One¹. Moreover, this document provides a comprehensive overview of the programme from the inception of the programme in April 2012, until the completion in May 2015. Additionally, for the benefit of evaluation, national statistics have been used in this analysis to enable comparisons to be drawn.

One of the key findings drawn from the analysis, shows that 62% of the families worked with were lone parent/guardian families. This is notably different to the picture painted at the national level, which shows that only 48% of Troubled Families are headed by a lone parent/guardian. With regards to the family composition, the average number of children was 2.4, in line with national TF trends which exhibit an average of 2.5 children. There are significant differences in the success rate with regards to the family composition, with the data suggesting that families with a higher number of children are increasingly unlikely to achieve a positive outcome.

Regarding qualifying criteria for the programme, 25% of families met all three conditions outlined above, with 59% having both a significant issue with education, and an adult on an out-of-work benefit. These two criteria appear to be the most prevalent, with families displaying one of these being 91% and 93% respectively.

With reference to geographical considerations, 29% of the families worked with were based in either the Whitley or Church areas of Reading. Results which are reinforced when looking at which schools the children exhibiting educational difficulties are enrolled. A further point of note is that the families involved in this programme are predominantly residing in social housing, which is again consistent with the national TF composition.

¹ 463 Families were worked with during Phase One, with 321 families supported to achieve positive outcomes.

Phase One had presented certain challenges, which have impacted on the scope of this evaluation and the depth of analysis possible. Many of these barriers relate to the data collection process, and have been addressed at either the national or local level with regards to improving procedures moving into Phase Two, with the introduction of a National Impact Study and a commitment to the completion of a cost saving analysis at the local level.

Demographics

This section outlines some of the key findings around the demographics of the families on the TF programme up to May 2015. Figure 1 provides a view of the parental composition of the families identified and worked with. It shows that the majority of families worked with were headed by a lone parent (62%). It's worth noting that the 'unknown' category in this instance is the result of some of the barriers discussed with regards to the data collection process, and which have subsequently been addressed moving into Phase Two.

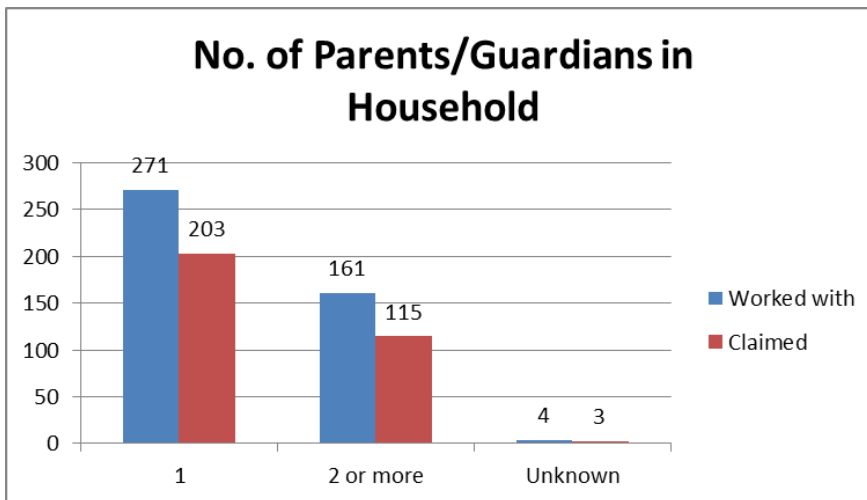


Figure 1: No of Parents/Guardians in Household

Figure 2 shows that 41% of families had 3 or more children which is the most common family size.

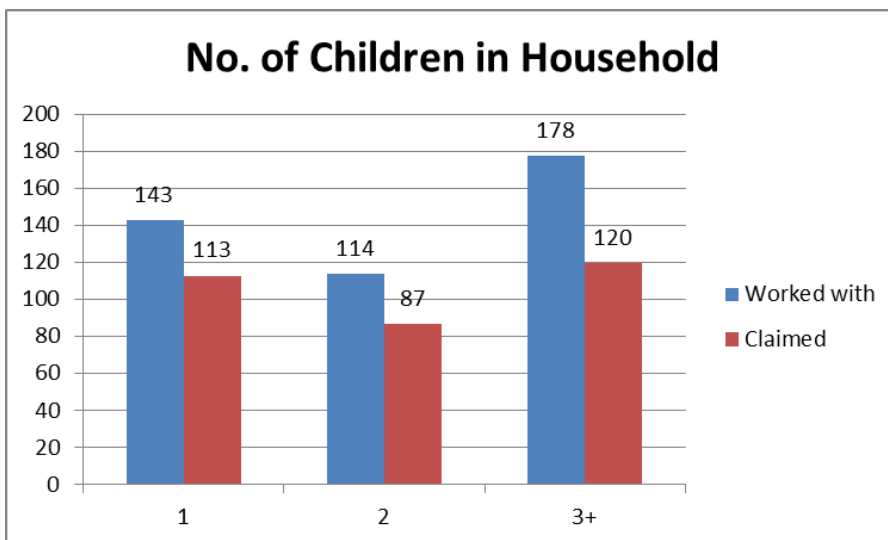


Figure 2: No of Children in Household

Additionally, of families worked with, 79% with 1 child have been claimed for, 76% with 2 children have been claimed for and 67% with 3 or more children have been claimed for. This alluding to the

notion that the more children there are in a family, the harder it becomes to achieve positive outcomes. This is also illustrated in Figure 3.

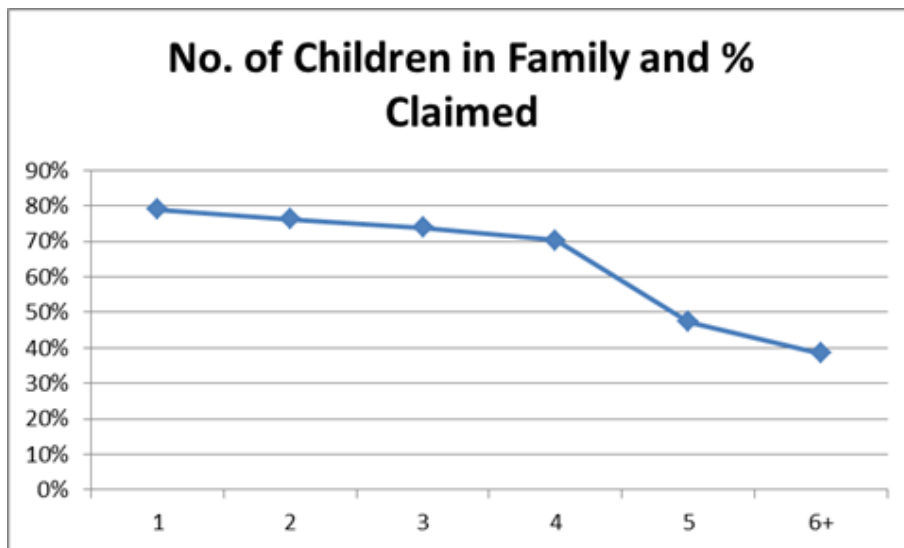


Figure 3: No. of Children in Family and % Claimed

Lastly in this section, the analysis shows that the majority of children in Phase One were of Primary School age (47%), falling in the 5-11 age bracket as can be seen in Figure 4. Further to this, 25% of families had a child under the age of 5 years old.

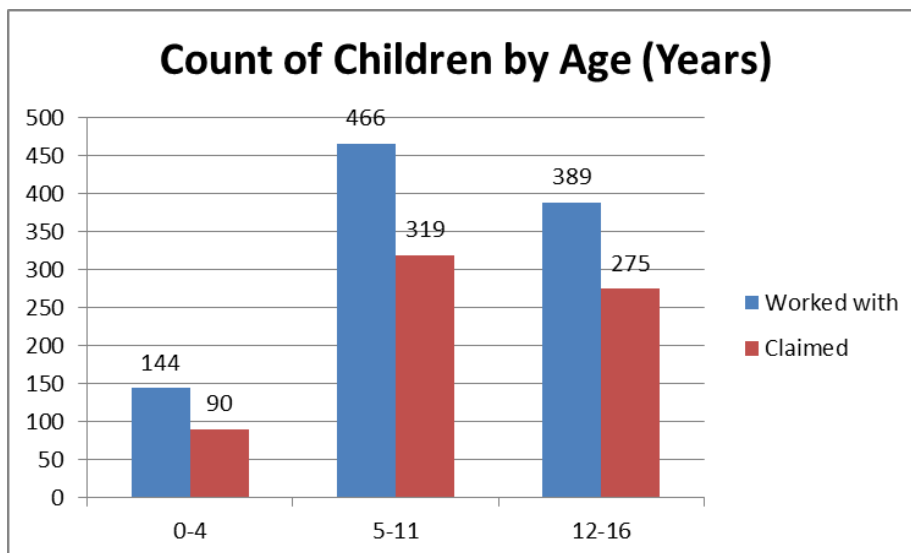
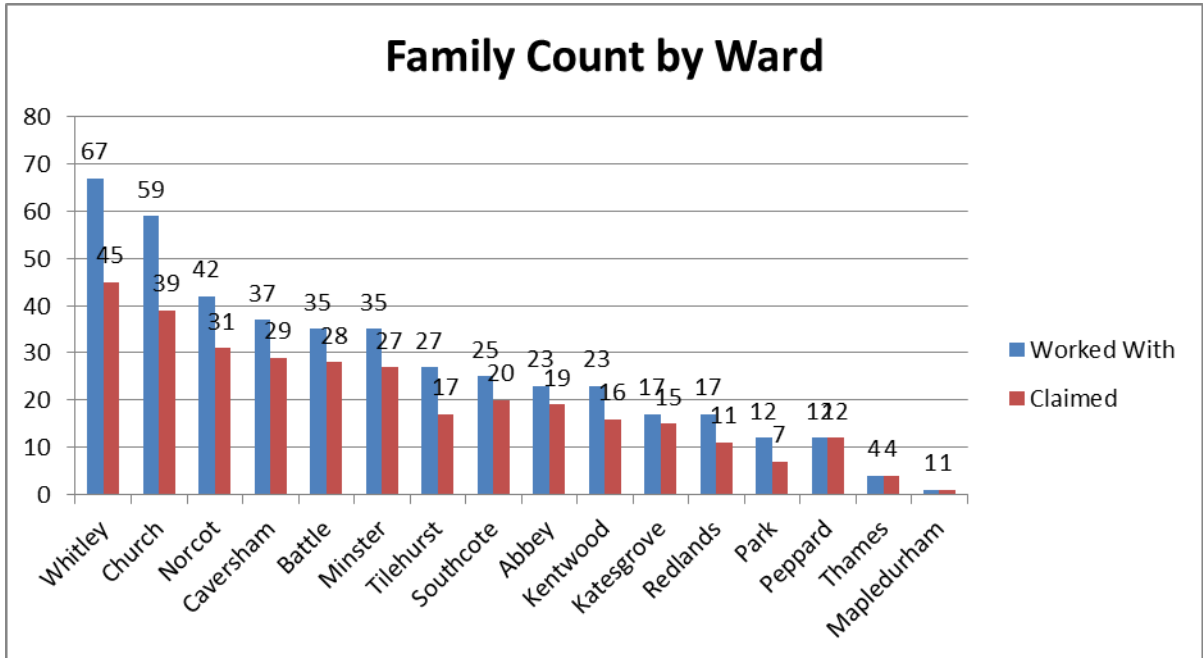


Figure 4: Count of Children by Age

Locations

Moving the analysis onto locations, of the families worked with, 126 (29%) reside in Whitley or Church (Figure 5).



Four of the top five wards (Whitley, Church, Caversham and Minster) are of the five wards in Reading containing LSOAs in the 10% most deprived affecting children (Figure 5, dated 2010).

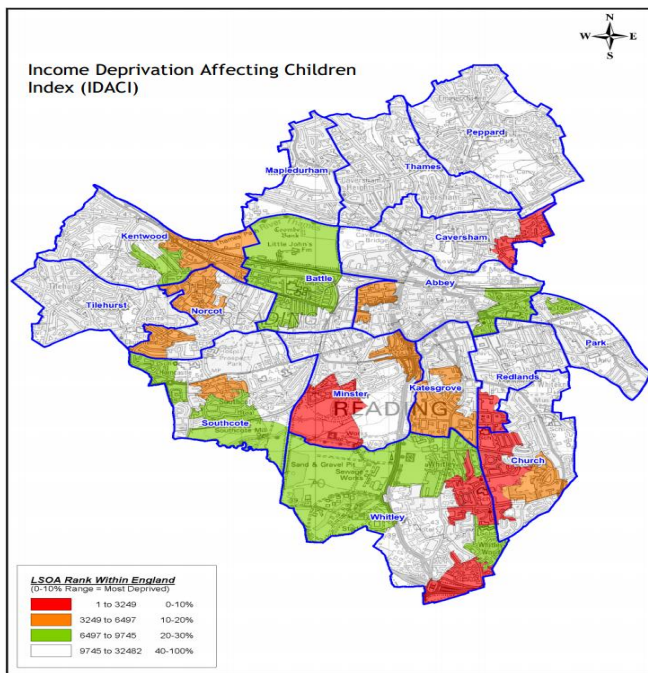


Figure 5: Income Deprivation Affecting Children Index

The location of these families, meant that the West and South CAT areas have significantly more of families that have been worked with (187 and 152 respectively) compared to the North and East CAT areas (54 and 43 respectively) as can be seen in Figure 6.

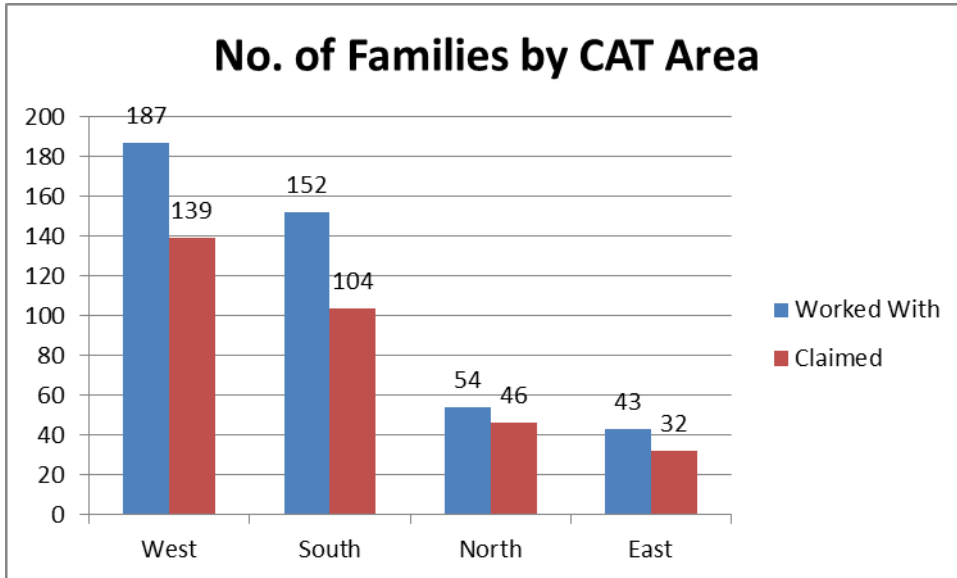


Figure 6: No. of Families by CAT Area

Housing

Regarding housing, 290 families (67%) were living in social housing, 124 (28%) in council housing (RBC), 166 (38%) in housing association (HA) properties, and the remainder of these families were living in Non-social housing (NSH) which includes private rentals (Figure 7).

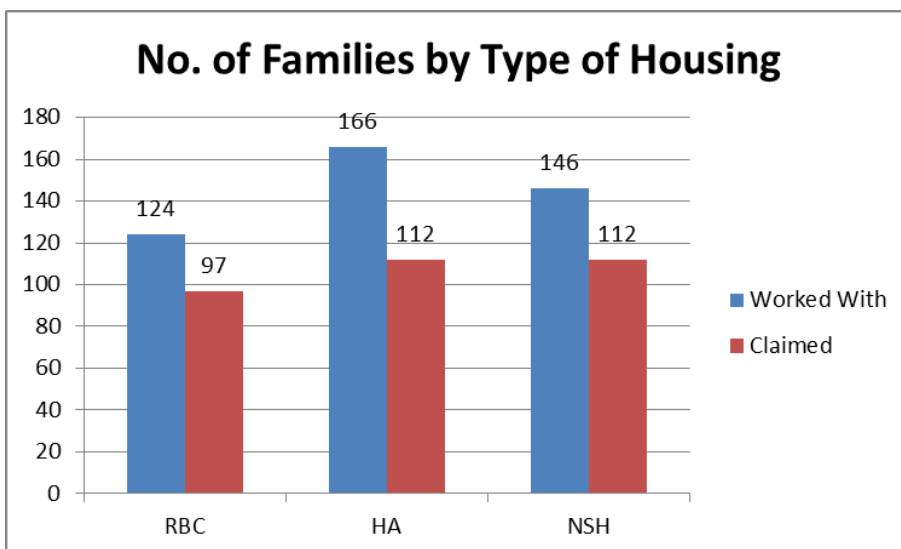


Figure 7: No. of Families and Type of Housing

A further breakdown of this can be seen when looking at the Ward in which these families reside and the type of housing they are associated with. This shows that Whitley, Church and Caversham account for 66% of RBC TFs living in housing association managed housing, with Whitley alone accounting for 25%, additionally, Norcot accounts for 20% of RBC TFs living in RBC housing (Figure 8).

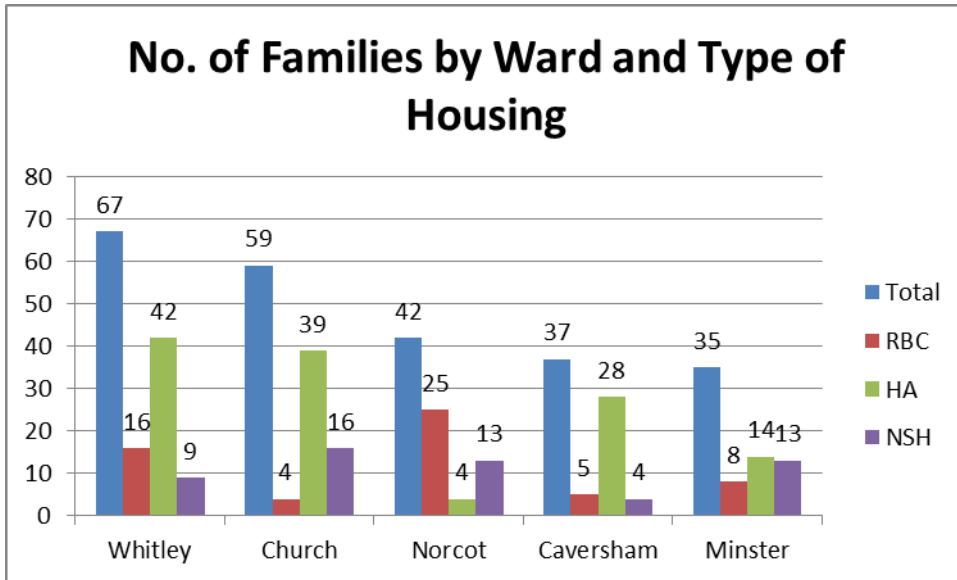


Figure 8: No. of Families by Ward and Type of Housing

Referral Criteria

Looking at the referral criteria for inclusion in Phase One, the data shows that 258 families (59%) worked with had a significant issue with education and had an adult on out of work benefit. Furthermore, 108 families (25%) met the identification criteria for all three categories (Figure 9).

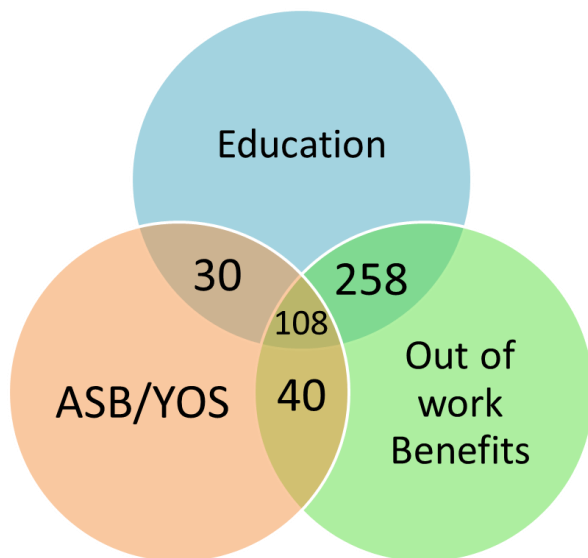


Figure 9: Breakdown of Referral Criteria for Phase One

Figure 9 also shows that 40 families (9%) families worked with had a issues Youth Offending and/or Anti-social behaviour, and had an adult on out-of-work benefits, and that 30 families (7%) worked with had a significant issue with Education and Youth Offending and/or Anti-social behaviour.

- **Out of Work Benefit**

Taking a more detailed look at the worklessness criteria, the analysis shows that 406 families (93%) had at least one adult on an out of work benefit (Figure 10).

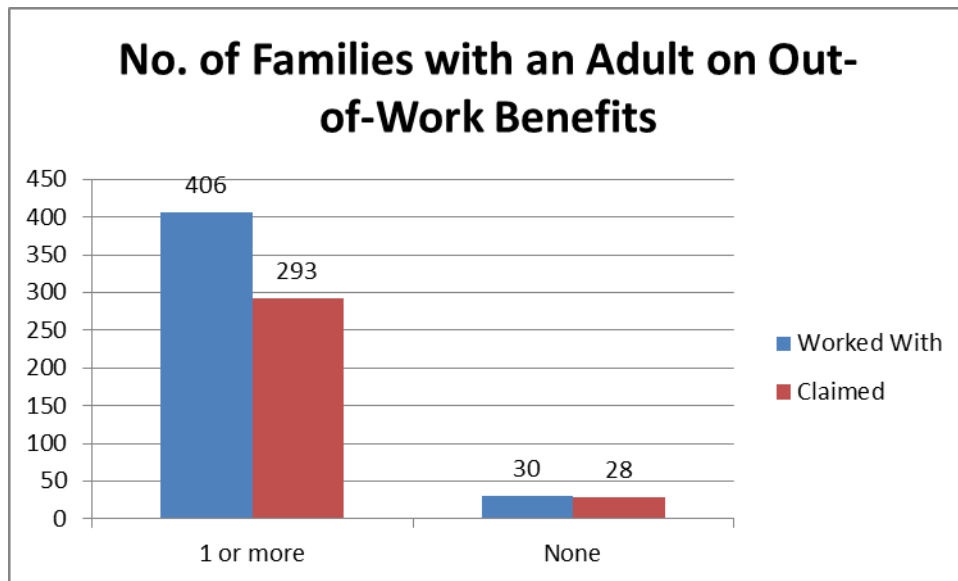


Figure 10: No. of Families with an Adult on an Out-of-Work Benefit

- **Anti-Social Behaviour**

Regarding Anti-social Behaviour factors, 178 families (41%) had at least one youth offence and/or at least ASB incident. Additionally, 146 families (33%) had at least one youth offence, and 54 families (12%) had at least one ASB incident.

It's worth noting that Housing Associations hold ASB information about families in their accommodation. A data sharing relationship has not been setup with housing associations to date. Furthermore, Reading's Troubled Families predominately live in housing association housing. As such the number of families with ASB issues identified may not be truly reflect the extent of ASB in RBC TFs.

- **EDUCATION**

Finally, this analysis will take a deeper look at the data pertaining to the educational measures. The analysis revealed that 396 families (91%) include a child with a significant

issue with education, and that 75 families (17%) include a child with a permanent exclusion. Further to this, 126 families (29%) include a child with 3 or more fixed term exclusions within a 3 term period, 113 families (26%) include a child attending a PRU and 312 families (72%) include a child with persistent unauthorised absence from school. A summary of these findings can be seen in Figure 11.

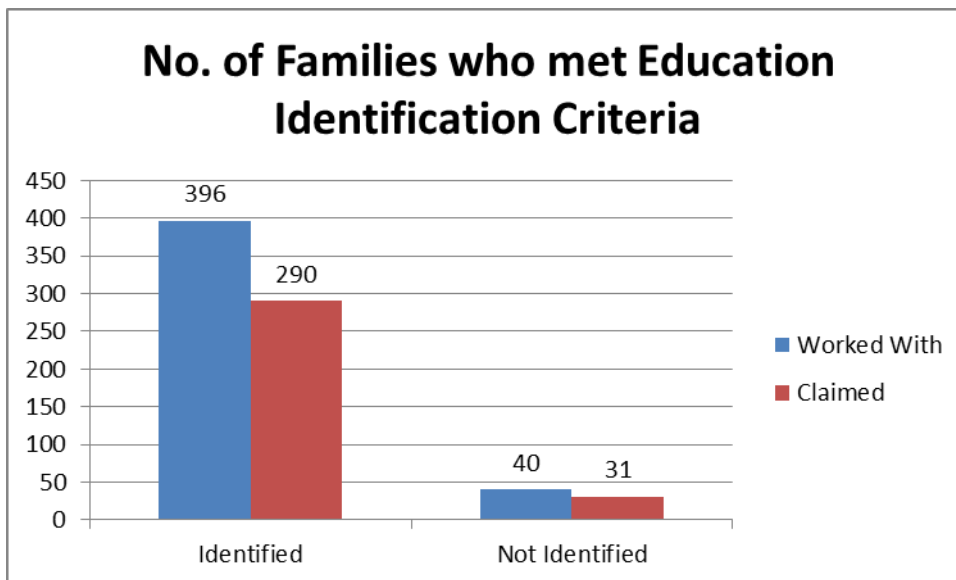


Figure 11: No. of Families who met Education Criteria

As alluded to earlier, the schools which these children are enrolled in can supply us with further evidence of where the families we need to identify are, a breakdown of this can be seen in Figure 12.

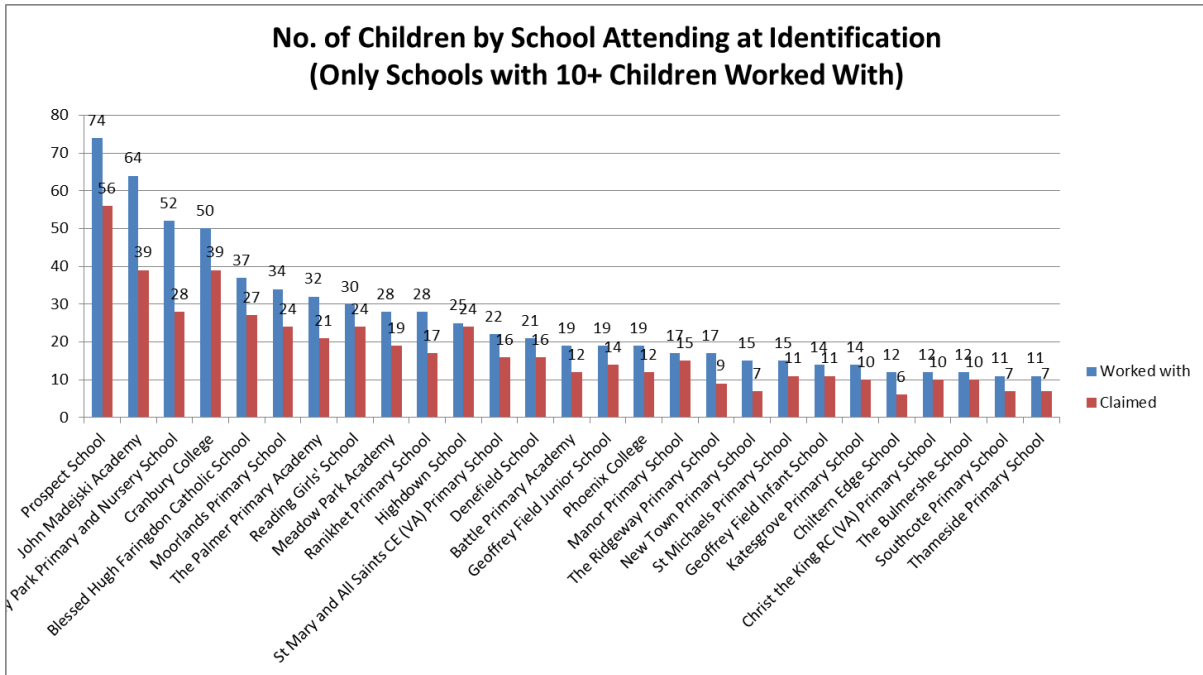


Figure 12: No. of Children by School Attending at Identification (Only schools with 10+ children worked with)

This tells us that, of the five schools with the most worked with children, two are located in Whitley (John Madejski Academy and Whitley Park Primary and Nursery School).

Staying with the children on the programme, we can also identify which children are of concern to other services. This includes 266 families (61%) which had a child in need, 76 families (17%) with a child on a child protection plan, and 34 families (8%) with a child who is being looked after by the local authority (Figure 13).

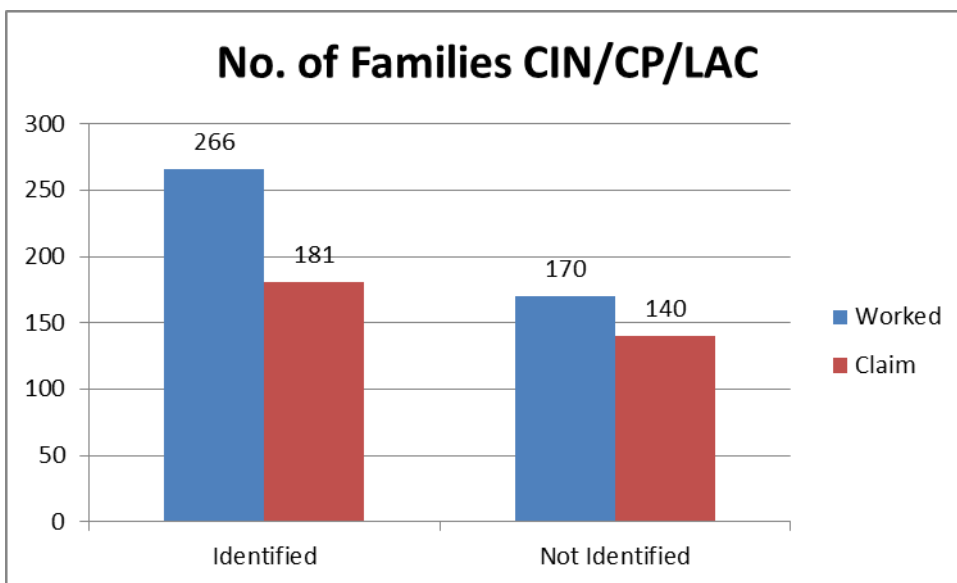


Figure 13: No. Of Families CIN/CP/LAC

In addition to this, it is possible to see which other services are involved with the families, with 323 families (74%) having a child engaged with the Children's Action Team, 266 families (61%) with a child engaged with Children's Social Care, and 213 families (49%) having a child with a CAF. In addition to this, 78 families (18%) had a child engaged with the Edge of Care service and 46 families (11%) had a child engaged with the Multisystemic Therapy service (Figure 14).

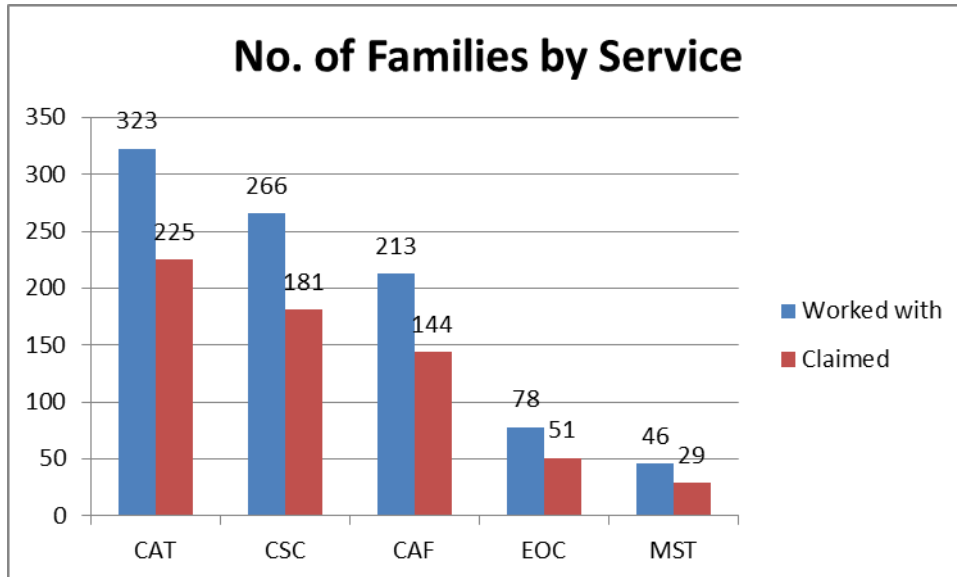


Figure 14: No. of Families by Service

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	ADULTS, CHILDREN AND EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	12
TITLE:	READING YOUTH JUSTICE PLAN 2015/16		
LEAD COUNCILLOR:	CLLR GAVIN	PORTFOLIO:	CHILDREN'S SERVICES AND FAMILIES
SERVICE:	YOUTH OFFENDING SERVICE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	NIGEL DENNING	TEL:	72592
JOB TITLE:	INTERIM SERVICE MANAGER	E-MAIL:	nigel.denning@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Crime and Disorder Act 1998 places a duty on the Local Authority to produce an annual Youth Justice Plan. The production of a plan is also a condition of the Youth Justice Board Effective Practice Grant. Once agreed the plan will be published on the Reading Borough Council website. The plan is attached to this report as Appendix 1.
- 1.2 The production of the plan is overseen by the multi-agency Youth Justice Management Board chaired by the Local Policing Area Commander. The structure of the attached plan complies with the expectations of the Youth Justice Board.
- 1.3 The plan reports the performance of the Youth Offending Service for 2014/15 against the national and local performance indicators. Overall the YOS has performed strongly against national and statistical family comparators in this period. Local analysis has identified areas for improvement that will enable this performance to continue.

2. RECOMMENDED ACTION

- 2.1 That the annual Youth Justice Plan be agreed.

3. POLICY CONTEXT

- 3.1 The Annual Youth Justice Plan is a statutory requirement of the Crime and Disorder Act 1998, requiring the local authority to publish a plan on an annual basis.
- 3.2 The plan contributes towards the following Reading Borough Council strategic priorities:

Priority 1 - Safeguarding and protecting those that are most vulnerable
Priority 2 - Providing the best life through education, early help and healthy living

4. THE PROPOSAL

4.1 The 2015/16 plan describes the Youth Offending Service performance against the national indicators:

- Reducing First Time Entrants (FTE's) into the criminal justice system
- Reducing reoffending
- Reducing the numbers of young people going to custody

The plan also provides further analysis with regard to safeguarding, managing the risk of harm to others and other local performance indicators.

4.2 Overall the YOS has performed strongly against the national and local measures. There is more work to be done however to ensure that young people who offend access suitable education training and employment.

4.3 Whilst the number of young **people** receiving youth justice disposals has continued to reduce, there is a higher concentration of young people with multiple and complex needs, many of whom are also vulnerable and in need of safeguarding services.

4.4 The annual report has identified the following areas are priorities for 2015/16

- Reduce offending of prolific and persistent young offenders
- ASSET Plus implementation
- Improving Education Training and Employment performance
- Developing phase 2 the Troubled Families programme
- Reducing the risk of Child Sexual Exploitation
- Improving partnership working regarding sexually harmful behaviour
- Ensuring that Safeguarding practice is effective
- Developing practices relating to reducing the prevalence of Relationship Violence
- Ensuring that transitions from Youth custody and to adult services are robust and effective

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The plan contributes towards the following Reading Borough Council strategic priorities:

Priority 1 - Safeguarding and protecting those that are most vulnerable

Priority 2 - Providing the best life through education, early help and healthy living

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Feedback from young people, parents, victims and partner agencies have been used to inform the plan and priorities.

6.2 The plan will be published on the Reading Borough Council website subsequent to the plan being signed off at the Adults, Children and Education Committee.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 The annual plan identifies key priorities for Youth Justice for 2015/16. Whilst the priorities cover the whole borough there will be specific individuals for whom the plan will have more relevance. The needs of young people who offend are explicitly addressed by the plan. Many of these young people experience social isolation, poor mental health, deprivation and learning and communication difficulties.
- 7.2 The YOS also has a key public protection role by ensuring that the level of offending is reduced and therefore there are less victims of crime. The engagement of victims in the restorative process not only reduces the likelihood of reoffending but also improves victim satisfaction.
- 7.3 Improving outcomes for young people who offend also requires the YOS to engage the whole family and improve outcomes for other household members. The Troubled Families Programme will require the YOT to identify and monitor outcomes for the whole family.

8. LEGAL IMPLICATIONS

- 8.1 The publication of the plan will fulfil the legal responsibilities of Reading Borough Council in accordance with the Crime and Disorder Act 1998.
- 8.2 The provision of a multi-agency Youth Offending Service by Reading Borough Council in partnership with the National Probation Service, Clinical Commissioning Group and Thames Valley Police ensures we are compliant with the Crime and Disorder ACT 1998.

9. FINANCIAL IMPLICATIONS

- 9.1 The plan sets out the financial contributions from the relevant statutory partners. The level of funding from partners is determined at a local level whilst the Youth Justice Board contribution is based on a national funding formula. The level of funding from partners has largely been maintained for 2015/16 whilst the Youth Justice Board contribution has been reduced by 7.6%. The reduction has been managed by making efficiencies through non staffing related budget lines.

10. BACKGROUND PAPERS

- 10.1 The following sources of information have been used to inform this report:

- Crime and Disorder ACT 1998
- Youth Justice Board Conditions of grant 2015/16
- Youth Justice Management Information System
- Troubled Families Phase 2 financial framework 2015



Reading Youth Justice Plan

2015/16



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1. Introduction

The Youth Offending Service (YOS) is a multi-agency partnership set up under the Crime and Disorder Act 1998, with the aim to prevent offending or re-offending by children and young people. Reading Borough Council is responsible for establishing a Youth Offending Service. Police, Probation and Health Services are statutorily required to jointly fund the multi-agency team in partnership with the Local Authority. The Partnership is overseen by a Youth Justice Management Board including statutory partners, Local Authority, Police, Probation and Health, with representation from the Courts.

Reading's YOS is a statutory multi-agency partnership and is part of the Children, Education and Early Help Services directorate. Active links are also maintained at a strategic level to the local criminal justice and community safety arrangements. The YOS is represented at a strategic level in a range of key partnerships, including the Local Safeguarding Children Board and the Community Safety Partnership.

The key priorities and performance indicators for the YOS include:

1. Reducing the number of young people entering the criminal justice system for the first time
2. Reducing reoffending
3. Reducing the use of custody

These priorities directly contribute towards the Reading Borough Council Priorities:

Priority 1 - Safeguarding and protecting those that are most vulnerable

Priority 2 - Providing the best life through education, early help and healthy living

The YOS contributes both to improving community safety and to safeguarding and promoting the welfare of children, and in particular protecting them from significant harm. 'Working Together to Safeguard Children 2015' highlights the need for Youth Offending Services to work jointly with other agencies and professionals to ensure that young people are protected from harm.

Many of the young people involved with the YOS are the most vulnerable children, and are at the greatest risk of social exclusion. The YOS is integral to the RBC Troubled Families programme, and improving outcomes for families across a range of measures. The Service manager for the YOS also leads the Troubled Families Programme in Reading. The YOT's multi agency approach to meeting the needs of young people ensures that it plays a significant role in meeting the safeguarding requirements of these young people.

Approximately 18.8% of the Local Authority's children are living in poverty, which amounts to 5510 (Aug 2012 HMRC).

The proportion of children entitled to free school meals in primary schools is 14.6 % (the national average is 17%), in secondary schools it is 13.8% (the national average is 16.5%)

Children and young people from minority ethnic groups account for 51% of all children in school, compared with 29% in the country as a whole.

The proportion of children and young people with English as an additional language in primary schools is 35% (the national average is 18.7%). In secondary schools is 24% with the national average is 14.3% (School census January 2015).

The population in Reading, estimated at 154,000, is on the whole young, diverse and dynamic; both in terms of mobility and cultural presentation. Our young people represent the largest group within the community with 35,300 people being under 20yrs old. There is also a large section of the population under 5 years old (11,300 children), and as over 2,700 babies are expected to be born each year - a higher than national average figure. Many families move to the area for work and as such the demand for housing options and school places have never been higher. (ONS Mid-Year Population Estimates 2013)

The challenging characteristics of this population were further understood through the development of our JSNA - the pressure points noted below.

We have -

- Overall poorer health than the national average.
- An increase in presenting mental health issues in the adult population.
- Housing demand is projected to increase by 31% over the next 10years.
- 20% of our children living in relative poverty.
- 18% children accessing free school meals which is higher than the national average
- 7% of young people are NEET, which is higher than the national average of 6% and much higher than the regional average of 5.5%
- 17% of Babies have younger mothers

Reading's population is the third most diverse in the South East of England. ONS data shows that Black and Minority Ethnic (BME) communities account for some 25% of the total population. The wide-ranging diversity in the local area is illustrated by the fact that over 60 languages, in addition to English are spoken by pupils in Reading schools. Reading has a high proportion of children and young people for whom English is an additional language, with the highest proportion living in the East area.

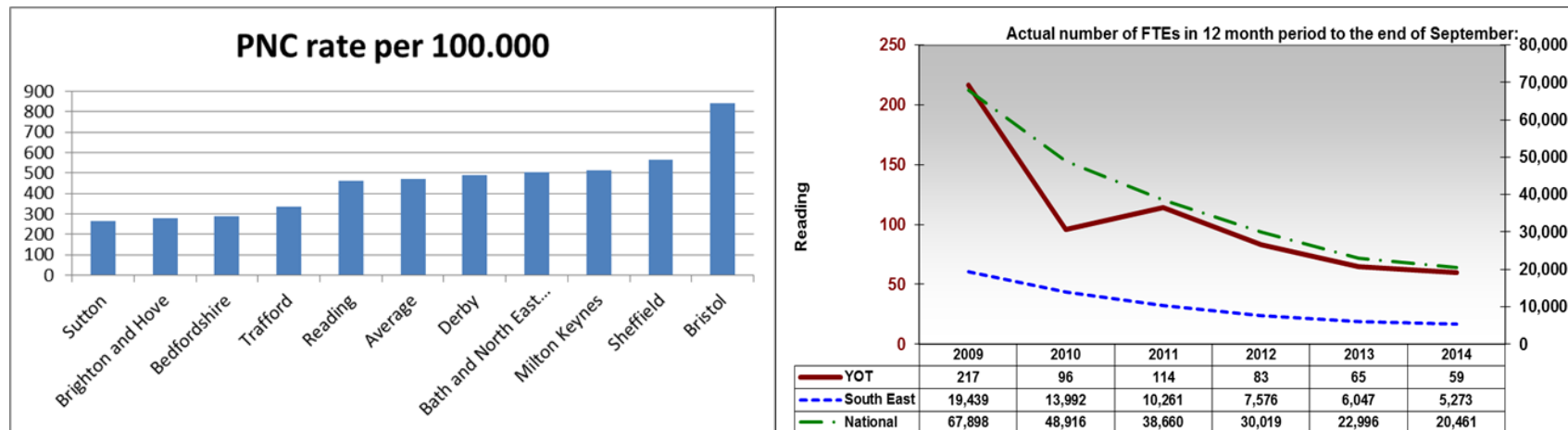
2. National Performance Indicators

Reading YOS has experienced a small reduction in the number of youth disposals in 2014/15, dropping to 125 from 135 in 2013/14. The drop however has not reduced the work that has been undertaken by the YOS, as the biggest drop has been in pre-court disposals, from 63 in 2013/14 to 34 in 2014/15, whilst the higher intensity and longer interventions have increased. The number of first tier disposals increased from 38 to 53, and community disposals from 27 to 33.

The YOS is measured and compared nationally against Youth Offending Teams using the following performance indicators:

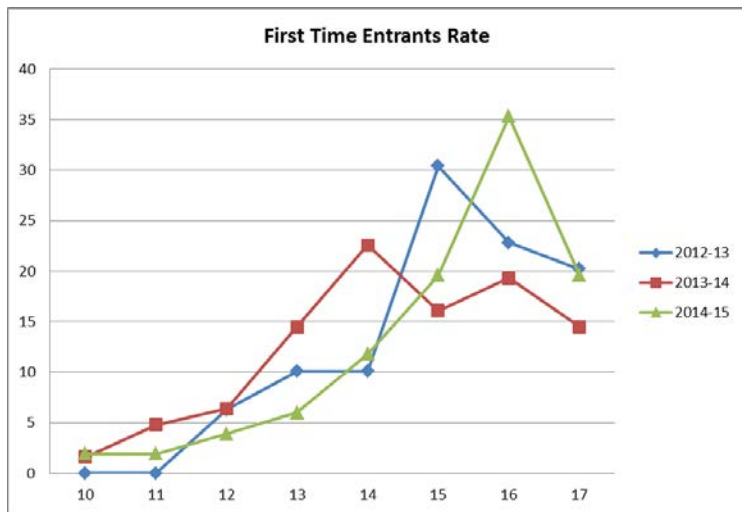
2.1 First Time Entrants to the Criminal Justice System

The First Time Entrant (FTE) data is calculated using Police National Computer (PNC) data. Strong partnership working with other services involved with young people and effective targeting will help to achieve a low rate of FTEs. The YOS are part of the wider Reading Borough Council Early Help strategy and partnership arrangements with Social Care, Education, Early Help and other services. Children and young people are identified through Triage, looking at behaviour and risks factors associated with the risk of offending such as poor school attendance and offending of parents and siblings. The YOS will maintain regular Triage meetings looking at cases of young people involved in offending behaviour. The involvement of the Prevention and Support Service, MST and parenting programmes also enables appropriate referrals to their services.



The actual number of First Time Entrants (FTE) into the criminal justice system has continued to reduce since 2009, though the pace of decline has reduced and evened out over time. The rate of reduction reflects both the regional and national picture. Whilst the actual rate of FTEs per 100,000 of the population (411) is higher than the South East (367) and National (409) figures, it compares

favourably against the Social Care statistical neighbours, where the average is 450. Local First Time Entrants data indicates that the peak age for being a FTE has increased from 14 in 2012/13 to 16 in 2014/15. This trend suggests that the local partnership working is proving effective at preventing and holding young people outside of the criminal justice system for longer.



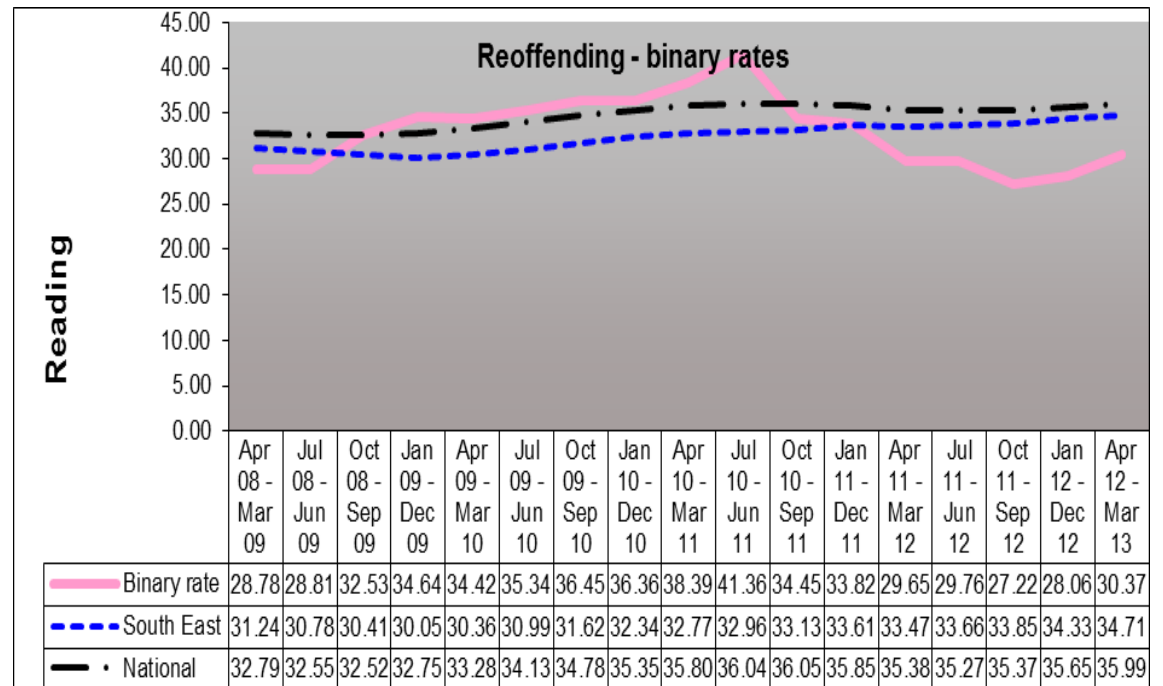
The YOS delivers Triple P Parenting Programmes for parents of teenagers for RBC, running approximately 6 programmes a year with 20% of the participants being fathers. The fact that the majority of participants are not parents of young people known to the YOS and is an important part of the youth crime prevention strategy.

2.2 Reoffending

Reoffending is calculated centrally using PNC data. The latest performance is based on the April 2012 to March 2013 cohort tracked for 12 months. Reoffending is measured by two methods, the numbers of young people reoffending (binary rate) and the average number of reoffences (frequency rate). Reoffending is one of the key measures for evaluating the effectiveness of the youth justice partnership arrangements at a local level.

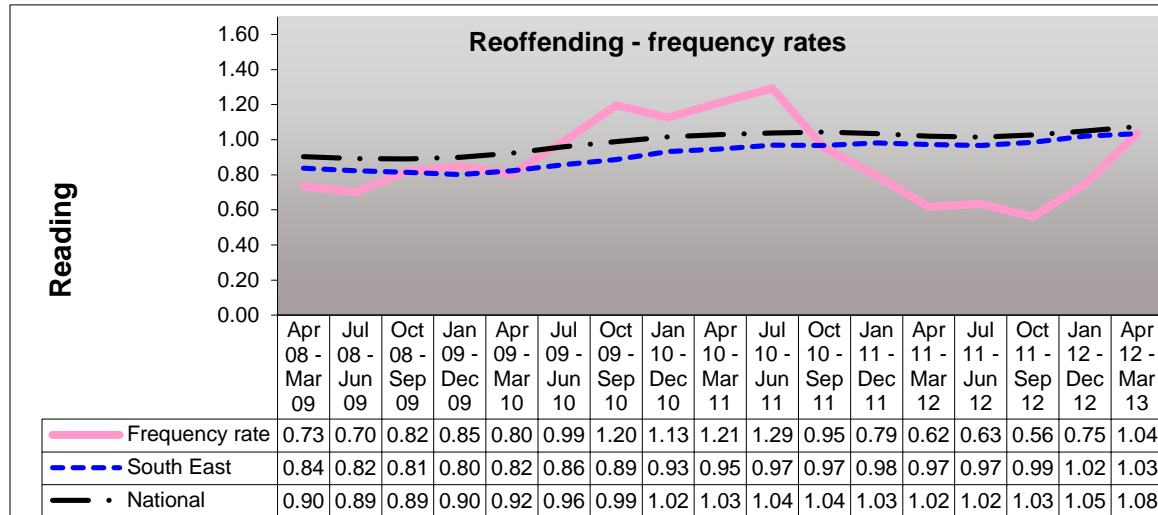
Binary rate

The binary rate measures the numbers of those who have offended and then reoffended. Performance is affected by a reducing cohort size and higher concentration of young people with community and second tier disposals. Whilst the actual number of reoffenders has reduced to 40, the percentage has increased to 34.8% compared to 29.65% at the same period last year which was based on 59 reoffenders. The most recent performance shows that whilst Reading's percentage performance has been increasing over the last year, it is still outperforming the national (36.5%), South East (35.4%) and statistical neighbours (36.5%). A focus around quality assessments (ASSET), intervention planning, and caseworker consistency will have contributed to the performance comparing strongly. The rollout of the new youth justice assessment tool (ASSET Plus) during 2015/16 and using the YJB reoffending toolkit will also ensure that there is a continued focus on reducing the level of reoffending.



Frequency rate

The frequency rate of reoffending measures the average number of reoffences and indicates that Reading's rate at the end 2014/15 was 1.03, and has remained below the South East (1.08) national (1.10) and statistical neighbours (1.17). The Reading rate is volatile and follows a similar pattern to that of other local Berkshire YOTs. Given the low numbers of service users, trend fluctuations are pronounced. However, the variable trend is more volatile than other local YOTs.



The continued reduction of First Time Entrants is expected to increase in both frequency and binary rates of reoffending across the country, and may explain the narrowing of the gap between national and local binary rate.

The advantage of small cohorts of young people is that they can be identified and their progress tracked using a live tracker. High risk of reoffending cases can be subject to more frequent intervention reviews and management oversight, and this is hoped to have an effect on flattening reoffending frequency.

This area of work is critical in going forward as we focus attentions on those at a greater risk of offending and reoffending. This requires focus in a number of areas affecting the likelihood of offending, such as Education Training and Employment.

2.3 Reducing the use of Custody

Custodial Sentences:

The YOS is compared against the use of custody as a rate per 1,000 of the 10-17 year old population; Reading's performance at the end 2014/15 was 0.39, which is just above the national of 0.37, but lower than the statistical neighbours of 0.40.

The custody rate in Reading is variable, and subject to fluctuations due to the very low numbers of custodial sentences that are imposed on Reading's young people. Reading's trend over time has not demonstrated the same rate of overall decline as has been evident nationally and regionally. However, in 2013-4 the rate was comprised of 6 custodial sentences imposed on 6 young people, and in 2014-5 it was comprised of 5 sentences involving only three young people. In all cases where the young person was active with the YOS, custodial sentences were for young people previously assessed as high risk of harm. Two offences occurred by young people not active with the YOS. In two cases a community sentence was proposed, and in two other cases, custodial sentences followed a number of breaches of community orders and there was no other viable option. Pre-Sentence Reports are gate kept and trends in sentencing patterns are tracked to address any emerging issues.

Use of Remand:

The remand budget was devolved to Local Authorities from the 2014-5 financial year and was based on data on the number of bed nights from the previous three years. Again as a smaller YOS, the allocation will fluctuate from year to year. In this last year we had 10 remand episodes. This was used in funding 5 placements in Secure Training Centres and 6 at Feltham YOI. As shown, the allocated budget was used on these placements (there was an additional cost amounting to 3 bed nights). The longest remand period was 43 days and the average 19 days. It is positive that over recent years the average remand period has decreased.

Of the 10 remand episodes, all were appropriately made due to offence seriousness. We were able to safely and swiftly end two of these, as appropriate community placements were found, and an eventual community sentence imposed. In three other cases, remands were ended after prosecution reduced charges, again resulting in community penalties. Four ended in an appropriate custodial sentence, and one remains on remand. We are confident that locally remands are maintained where necessary in terms of public protection and resulted in a custodial sentence.

3. Safeguarding

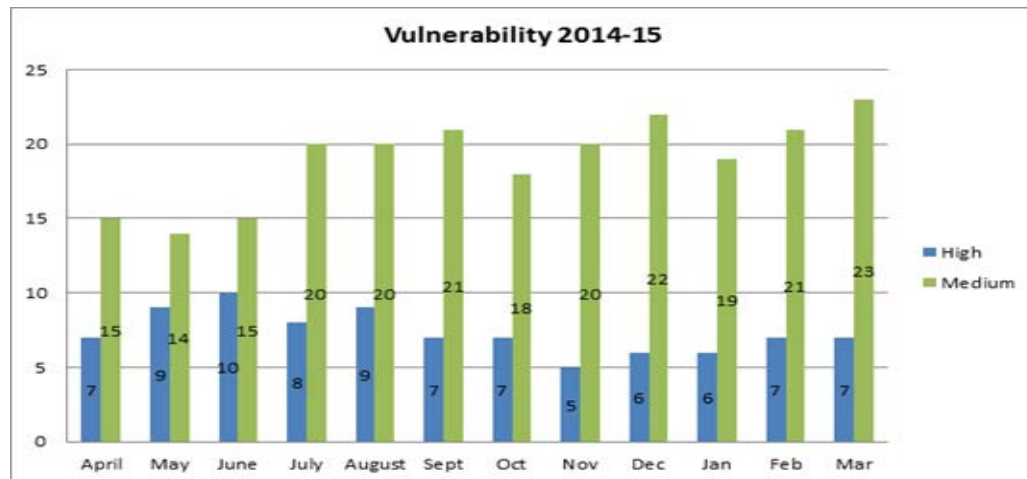
Across Youth Offending Services the welfare of young people remains a high priority, and while nationally we have seen a reduction in numbers of young offenders, there has been recognition of the complexity of the children and their families we are working with.

During Lord McNally's speech at the future of offender management conference in Salford, he stated "We can all take pride in the fact that the YJB, working together with its youth offending services, local agencies, police and probation, have achieved the success of seeing the lowest ever level of young people in custody - less than 1000 at the start of this year. But this brings its own challenges. These include a more complex, often more violent, cohort of offenders."

Within this section, safeguarding has been broken down into areas that are often jointly managed with Children's Social Care and other key agencies within the borough. The data has been collated by considering the Vulnerability Management Plans that the YOS create when emerging or current safeguarding concerns are identified.

3.1 Vulnerability Management Plans

Over the past year Reading has seen an increase in the number of Vulnerability Management Plans (VMPs) that have been completed and rated as 'medium'. The number of VMP's completed rated 'high' averages at 7 young people per month over the last year, revealing that overall the level of vulnerability faced by our young people is increasing.



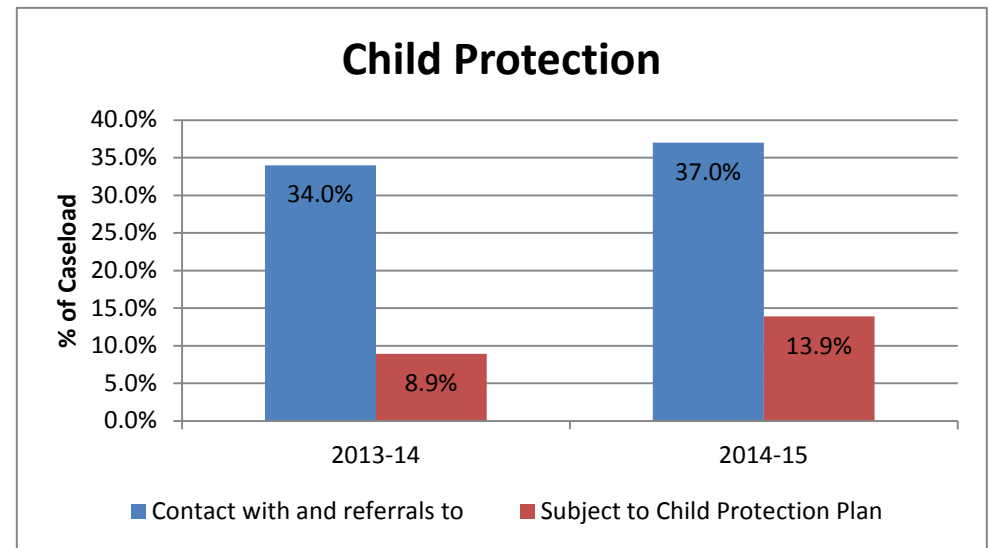
Reading YOS are aware of the vulnerability and complexity of the young people we are working with, and work closely with partner agencies to ensure that the safety of these young people is managed jointly and collaboratively. The YOS share completed VMPs with

Children's Social Care and attends safeguarding meetings to discuss and manage the risk. In cases when Children's Social Care is not involved, referrals are made to the Local Multi Agency Safeguarding Hub (MASH), and data regarding referrals and contact with these services is available below. When multi agency teams are not operating collaboratively already, a Case Planning Forum (CPF) would be organized to create a plan to manage the young person's vulnerability along with their family and any agencies that are currently involved.

3.2 Child Protection

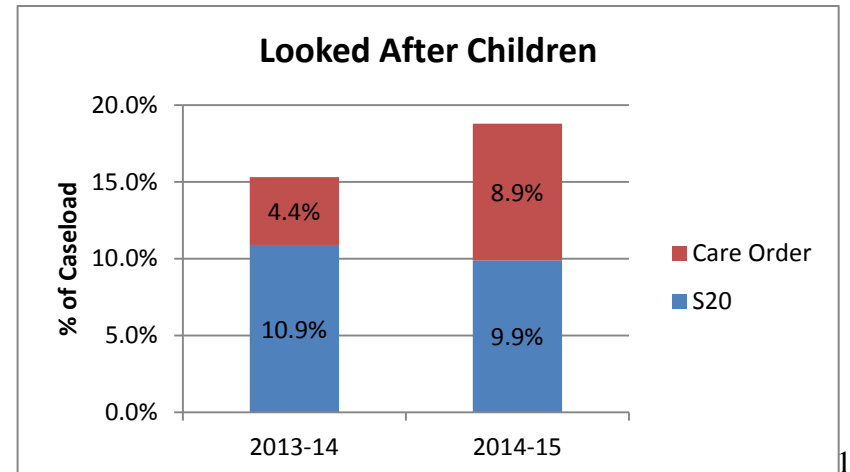
An important measure when considering safeguarding is the contact with and referrals to Social Care regarding young people at risk of harm. In 2013-14 there were 31 young people out of a caseload of 91, which is 34% that were referred to, or contact was made with Children's Social Care. There has been a slight increase over the past year to 38 out of a caseload of 101, which is 37% however this is a minimal increase and the number of young people has remained fairly consistent.

A further indicator of the level of safeguarding work completed within the Youth Offending Team is the number of young people subject to a Child Protection Plan. In 2013-14 8 young people out of a case load of 91 (8.9%) were assessed as at risk of significant harm and therefore made subject to a Child Protection Plan, and in 2014-15 this increased to 14 young people out of 101 (13.9%).



3.3 Looked After Children (LAC)

Work is currently being completed within the YOS to concentrate on the young people who are looked after by the Local Authority to gain a more comprehensive understanding around the link between being 'looked after' and offending. The number of young people with a LAC status in 2013-14 was 14 out of the caseload of 91 (15.3%), this was made up of 10.9% of the caseload (10 young people) being accommodated under Section 20 of the Children Act 1989, and 4.4% of the case load (4 young people) being subject to a Care Order.



Over the past year, we have seen an increase in the number of Looked After Children within our caseload of 101, with 19 of our young people (18.8%) provided with accommodation by the Local Authority. The proportion of children accommodated under Section 20 of the Children Act has reduced by 1%, however the number of young people remains the same at 10. This means that the increase is due to a higher number of our young people being subject to a care order, and this has more than doubled to 9 young people (8.9%).

The numbers of Looked After Children that offend are monitored as a percentage of those children who have been in care for 12 months and offended during the period. Reading has historically had poor performance in this indicator, with the 2014 figure being 12.2% compared to a national figure of 5.6%, and statistical comparators of 6.04%. The performance for 2015 in Reading has been improved and the percentage has now decreased to 6.7% which is close the statistical comparators.

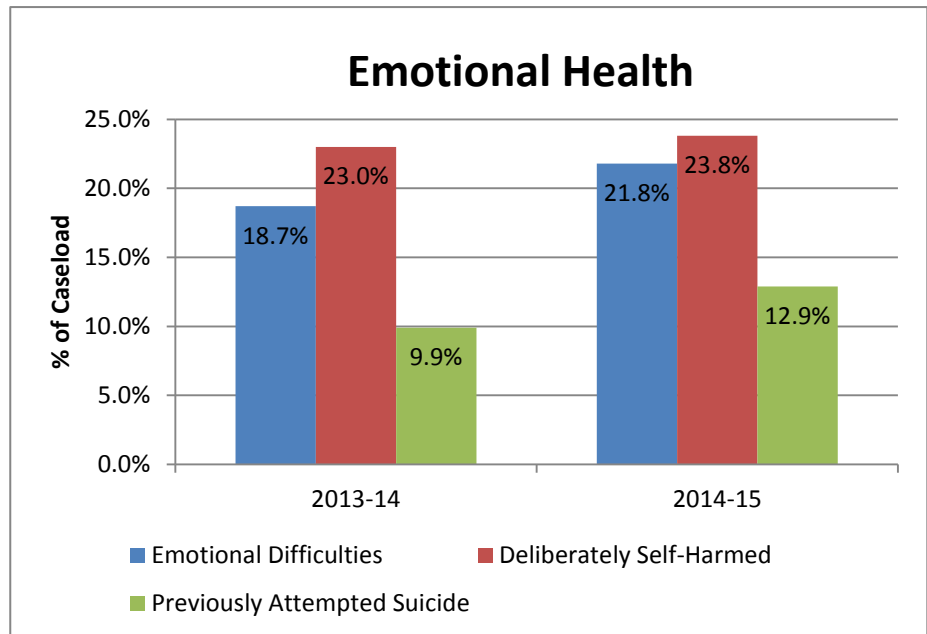
Children's Social Care is currently reviewing its sufficiency strategy for LAC placements; this will increase the number of placements for children closer to Reading and will improve the likelihood of the YOS being able to undertake preventative work with placement providers and more effective supervision of LAC children who offend.

3.4 Emotional Health

Over the past year we have seen an increase in the number of young people assessed with emotional difficulties, those that have self-harmed and young people who have previously attempted suicide. The data used to measure this has been taken from the 'Emotional Health' section of the Asset assessment.

When referring to a young person who is affected by emotional or psychological difficulties we consider: phobias, eating/sleep disorders, suicidal feelings not yet acted out, obsessive compulsive disorder and hypochondria.

Whilst the increase in this area is slight, all areas have seen a rise. The YOS has a Children and Adolescents Mental Health Service Link Worker based with the team two days per week. This data reinforces the need for and importance of this role.



3.5 Domestic Abuse

In terms of managing and identifying Domestic Abuse, we would refer to 'Witnessing Other Violence In Family Context' within the 'Family and Personal Relationships' section of the Asset assessment. In 2014-15, 34 (33.7%) had witnessed violence at home. Preventing domestic abuse continues to be a priority for the service and the YOS will continue to develop interventions for young people who exhibit signs of relationship violence.

3.6 Child Sexual Exploitation (CSE)

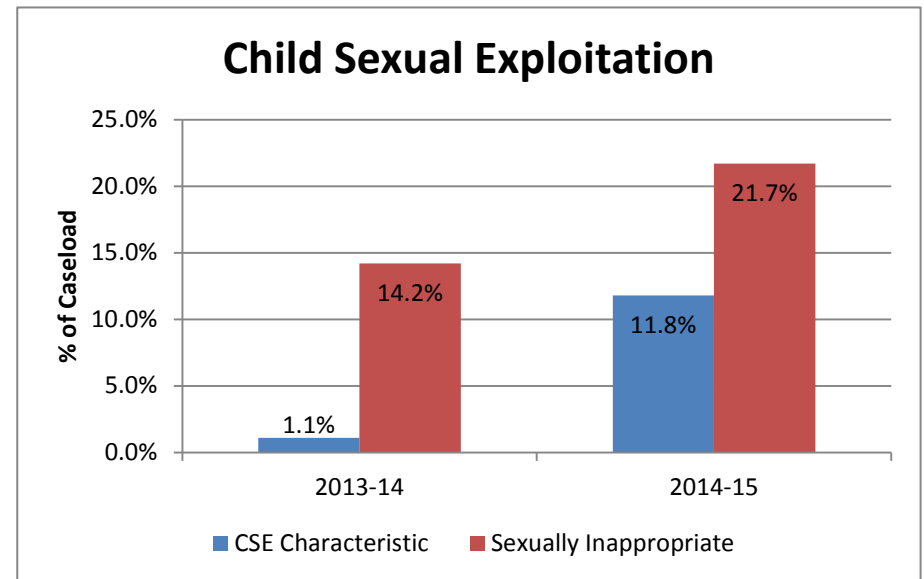
Recording of CSE as a 'characteristic' is a new function within Child View, therefore there is only recent data and it is likely that 2013/14 was under reported. Recent data shows that approximately 12% of the young people working with the YOS are also vulnerable to CSE.

Our statistics regarding sexually inappropriate behaviour are more reliable, and this shows that there has been an increase of 9 young people which is 7.5% of our caseload over the past year that have been assessed as displaying sexually inappropriate behaviour.

The YOS have practitioners specifically trained in using the AIM assessment model. Further development work regarding assessing and managing sexually harmful behaviour would be of benefit to Reading, expanding the level of expertise and technical knowledge into Children's Social Care and other partner agencies including schools.

YOS practitioners are also trained in the use of the CSE screening tool, have a dedicated CSE champion and are actively involved in the Sexual Exploitation Missing Risk Assessment Conference process.

The LSCB have published a CSE strategy in December 2014, an associated action plan which has been led by the Service Manager for the YOS. The strategy sets out the priorities for the next three years, covering Prevention, Protecting, Pursue/Disrupt and Recovery. The YOS will have a key role in ensuring the delivery of the strategy.



4. Risk of Harm

The YOT has a key public protection role by managing and reducing the risks that young people pose as a consequence of further offending and causing harm. All young people are assessed for the likelihood of causing serious harm using the risk of serious harm (ROSH) assessment tool.

There are a number of young people assessed at a level of risk that require a number of assessment processes and risk management meetings, as well as the increase in workload in managing the number of high risk young people. The average proportion of the caseload that present a high risk of reoffending or harm or of being harmed is 10% of the YOS cohort.

The majority of the 'high risk of serious harm' cases are also a high risk of offending. This points to the majority of our most potentially dangerous young people having a high likelihood of reoffending, and highlights the need for detailed and multi-agency risk management plans and processes. There is a need to work swiftly with those young people who may be either new to the youth justice system or who present an increase of offending seriousness risk.

A number of young people feature in all areas of risk, in terms of reoffending and serious harm but also in terms of their own safeguarding concerns. Of the group that are high risk of offending and serious harm, the majority have had significant contact with Social Care, and a disproportionate number have been accommodated out of their family home. As well as the risk of committing offences and of causing harm, there are concurrent concerns regarding the safeguarding of these young people. This reinforces the need for the sharing of full assessments of risk and vulnerability with partners and effective joint working. The YOS will combine their risk management meetings with the statutory meetings and processes in particular that Children Social Care adopts with young people open to them. This ensures there are discussions about the YOS involvement in the context of the overall work with the young person and a common plan developed. All YOS risk assessments and management plans are routinely shared with Children's Social Care.

The types of offences committed in the area have changed little over the last two years. Aggressive behaviour is a feature of a number of offences and also correlates with a large number of the young people's own experiences. The number of specific sexual offences is noticeable; the work involved is normally disproportionate to other interventions. We have also picked up some work with young people who have demonstrated sexual harmful behaviour concerns but have not been criminalised. This presents wider issues for Services for young people without the experience as the expertise in this area is located at the YOS.

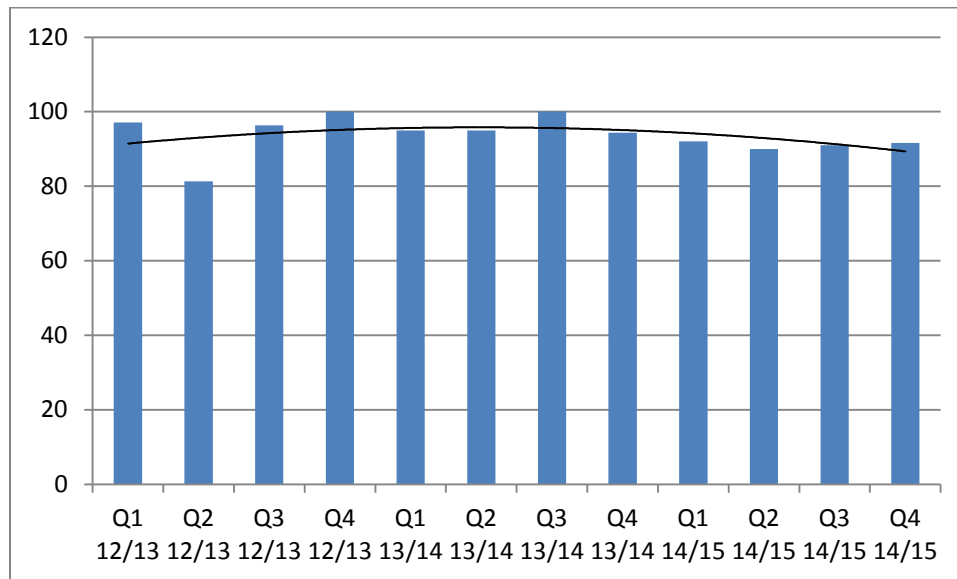
5. Local Performance Indicators

In addition to the national performance indicators the YOS also monitors a suite of indicators that have a direct influence over the likelihood of reoffending.

5.1 Accommodation:

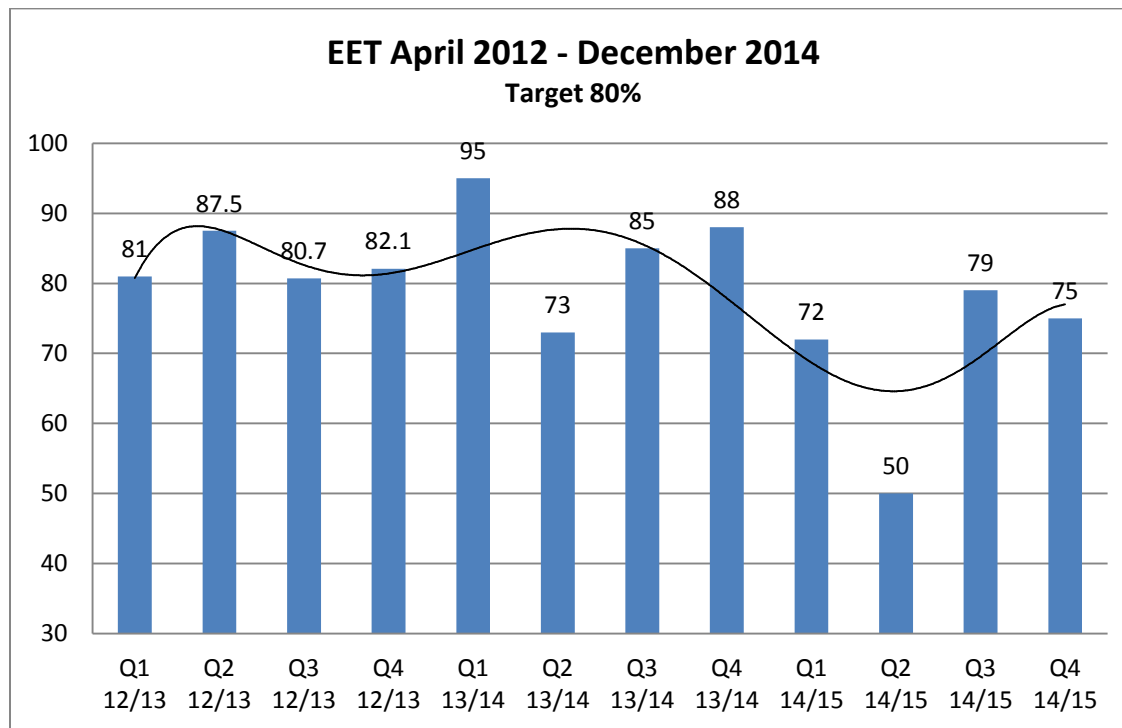
There is a strong evidential link between the likelihood of offending and being in unsuitable accommodation. The accommodation pattern over this period indicates that whilst the YOS are working with small numbers, some young people experience accommodation that is unsuitable. There are wider issues regarding the overall housing strategy and the provision of appropriate supported accommodation for young people in Reading, and the YOS will feed into this work as it has a direct impact on the level of risk to and from young people. Reading Borough Council is developing a strategy to improve the availability of suitable accommodation for young people, and now ensures that emergency B&B is only used in exceptional circumstances and for no more than two nights. This approach is anticipated to show an improved performance in this area, and contribute towards improved outcomes for young people.

Percentage of young people in suitable accommodation:



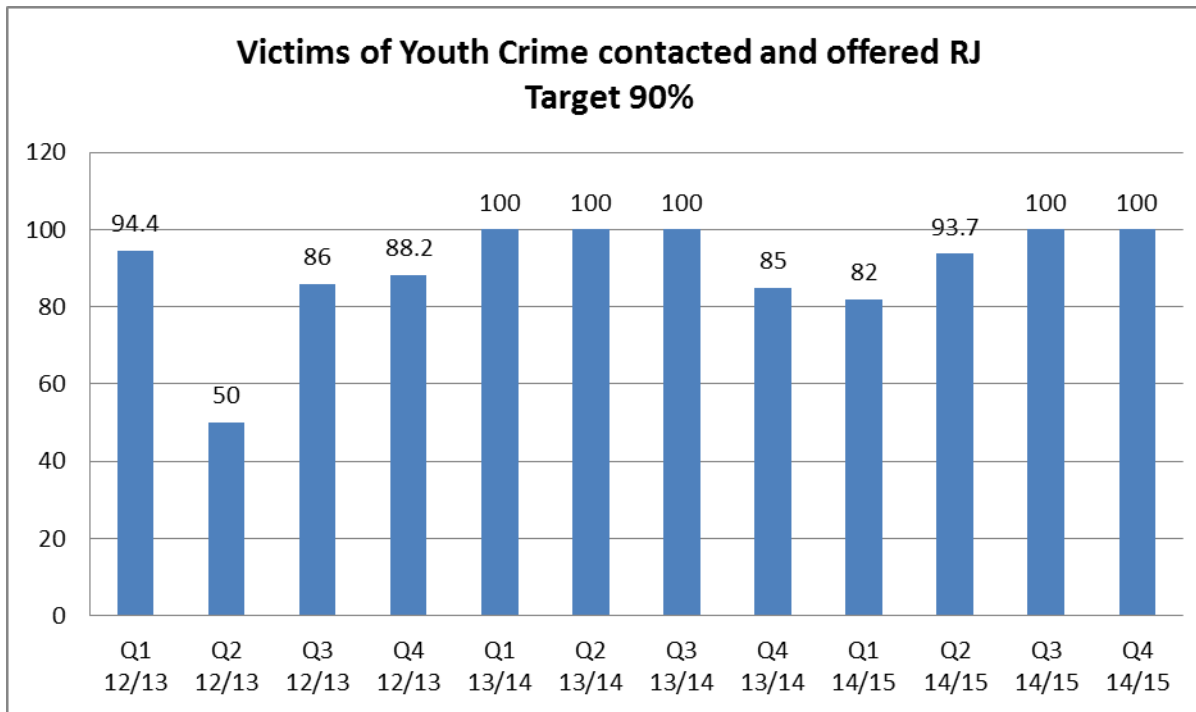
5.2 Education Training and Employment (ETE)

The YOS measures the percentage of young people in suitable ETE at the end of their involvement with the young person. The average over 2014/15 was 69% which is significantly lower than the target of 80%. Q2 2014/15 performance was poor at 50%, and this quarter is a key transition point for young people seeking employment and training after leaving school. ETE will be a priority area for improvement in 2015/16 and will require a renewed focus with partners to ensure that young people are accessing appropriate ETE. This work will also review the current performance measures to ensure that it reflects a consistent method of measurement compared to other YOTs, is and adopting an additional distance travelled measure. The YOS continues to benefit from a dedicated practitioner from Adviza and a specialist education worker in the YOT to target young people who are NEET and are at risk of becoming NEET. The YOS also effectively links in the with the 'Children Missing out on Education' panel locally. The YOS also runs a very successful Rapid English programme which was recognised by the Youth Justice Board in 2014 as evidence of effective practice. Reading Borough Council is also developing a Reading Employability Pathway Strategy which will improve the availability of apprenticeships, work experience and training for young people who offend.



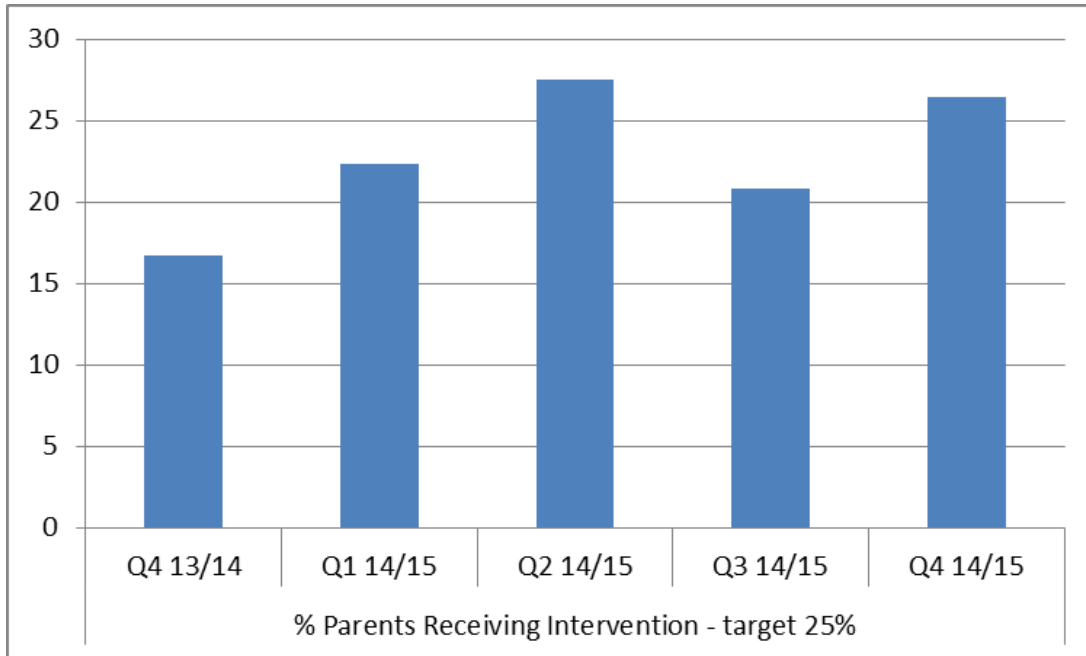
5.3 Restorative Justice

In the period of 2014/15, 94% of victims were contacted and offered an opportunity to be involved in restorative processes. 63% of those contacted subsequently took part in a restorative process. Over this time, we have included the contact with cases that are receiving out of court disposals as well as Statutory Orders. There has been an increase in staff training around Restorative Justice around this time and the staff that undertakes face-to-face contact has developed in expertise. As a result we have facilitated a number of victim-offender contacts successfully. Work has started on assessing in more detail the quality of this work and the reasons for the success. Victim satisfaction remains high, albeit with the low numbers of returns.



5.4 Parenting

During the period of 2014/15 the YOS was without a parenting worker for a significant period, however the post has now been successfully filled and the numbers of families receiving a parenting intervention is increasing. The target has been increased to 25%. As well as the involvement of the parenting worker, processes that involve parents in meetings and assessments are monitored at the YOS. We have introduced the parenting self-assessment forms as an early move toward Asset Plus materials, and are trialling a new pathway for ensuring that all parents that need support are offered appropriate intervention.



5.5 Troubled Families

The YOS directly contributes towards achieving improved outcomes for Troubled Families. Phase One of the Troubled Families Programme in Reading identified 151 families with 167 individuals where youth offending was an identifiable characteristic. Phase one the programme is coming to an end, and 106 families with 113 individuals has successfully reduced their offending enabling the results payments to be claimed by RBC.

The YOS is actively involved in further developing Phase 2 of the programme, and reviewing the identification and referral routes for troubled families, ensuring they receive the right support at the right time. Reading has a target of 1220 families over the next 5 years, and youth offending will remain as one of the identifiers and outcome measures.

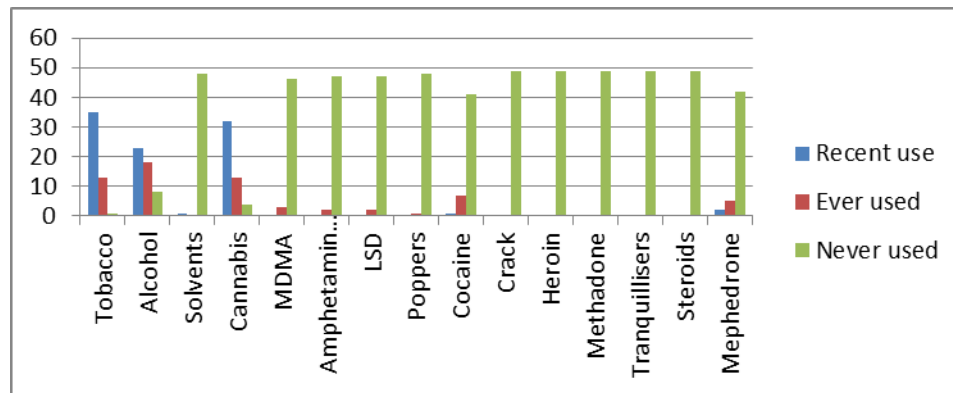
5.6 Substance Misuse

All young people known to the YOS will be screened for substance misuse by the use of Asset. Where a young person scores 2 or more for Substance Misuse in Asset s/he should be referred to Source.

To ensure that local performance measures related to Substance Misuse are met, Source will endeavour to assess all YOS referrals for specialist assessment within 5 working days, and provide relevant intervention and treatment services within 10 working days.

149 young people scored 2 or more on their Asset for substance misuse in from April 14/March 15.

The graph below shows the substances that the young people disclosed during their Asset assessment.



10 more young people scored 2 or more on their asset assessment in 2014/15 compared to 2013/14. As you can see from the tables above, Cannabis, Tobacco and Alcohol are the main drugs of choice for the young people that were assessed. This is consistent with other young people that are not known to YOS that access Source support, as well as nationally. Those disclosing MDMA use has dropped 50% from 6 in 2013/14 to 3 in 2014/15. This could be because of the emergence of M-CAT which has increased from 3 young people disclosing use in 2013/14 to 7 young people disclosing use in 2014/15. This correlation can also be seen in non YOS clients that access Source. Increases in M-CAT use have also been seen locally if not nationally. Bracknell and West Berks have noted increase use amongst young people. Cocaine use has stayed relatively similar in both time periods. Heroin and Crack use remain extremely low this is a trend that is replicated nationally.

In 2014/15 14 young people offended to obtain money for drugs and 8 young people were found guilty of drug offences.

Alcohol has increased slightly from 70 in 2013/14 to 75 in 2014/15. Analysis of Source/ YOS cases showed that binge drinking was extremely common. Binge drinking is consuming more than 8 units of alcohol in one sitting for a male. For a female, 6 units in one sitting would constitute binge drinking. Below is a breakdown of average units consumed/ drinking sessions from 13/14 YOS/ Source cases.


- Under 18 males: average use 10-15 units, 5-7 days per month
- Under 18 females: average use 12-17 units, 8 days per month

6. Feedback

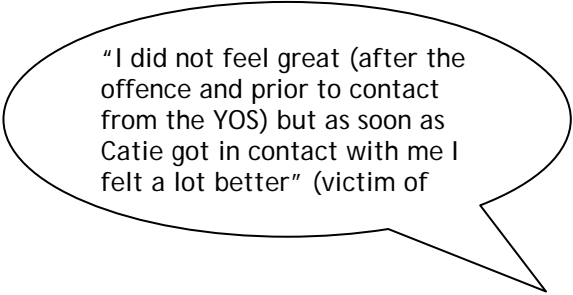
Feedback is gained from both Service Users and other agencies that we are involved in. We attempt to gain feedback from courts following our reports and this is consistently positive.

Our engagement with victims has been consistently commented on in their feedback to us when we have completed work with them

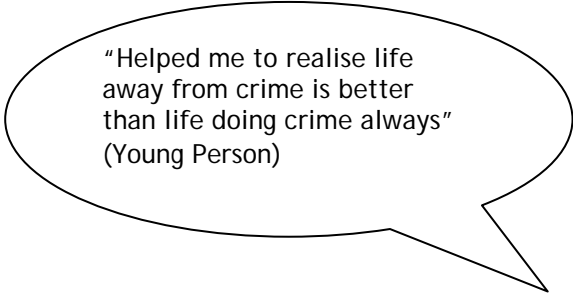
We complete feedback with young people and their parents following our intervention. The results indicate in all areas questioned young people and parents feel that that the YOS 'mostly' or 'always' assists in terms of ease of communication, planning and delivery of services.



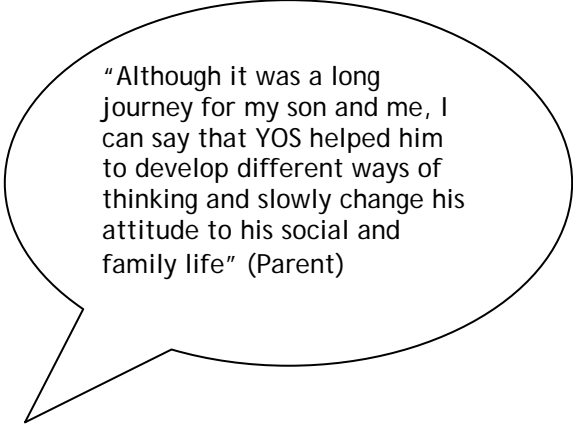
"Everyone I have met and worked with have been supportive and caring and actually listened" (young person)



"I did not feel great (after the offence and prior to contact from the YOS) but as soon as Catie got in contact with me I felt a lot better" (victim of



"Helped me to realise life away from crime is better than life doing crime always" (Young Person)



"Although it was a long journey for my son and me, I can say that YOS helped him to develop different ways of thinking and slowly change his attitude to his social and family life" (Parent)

7. Resources and Value for Money

The YOS budget is made up of cash contributions and payments in kind which refers to a seconded Police Officer. The statutory partner contributions for 2015/16 have largely remained the same however the Youth Justice Board contribution has reduced by 7.6% (£24,977) to £303,665.

2015/16 budget

	Cash contribution	Payments in kind	Total	% contribution
PCC	100,146	46,000	146,146	15.6%
Probation	22,317	0	22,317	2.4%
Health	33,500	0	33,500	3.5%
Local Authority	429,500	0	429,500	46%
YJB	303,665	0	303,665	32.5%
Total	866,749	46,000	912,749	100.0%

The YJB 7.6% reduction has been managed through efficiencies and reducing non staff related budget lines.

Discussion will take place during 2015/16 regarding the Health contribution and reviewing the current commissioning arrangements. The Youth Justice Board are also supporting the Thames Valley YOTs in negotiating with the National probation service about the future solution for fulfilling their statutory responsibilities, by providing a member of Probation staff into YOTs in the Thames Valley Region. Currently, arrangements are not consistent with the statutory duty or arrangements elsewhere in the country. The importance of effective transition between Probation and the YOS is important with the increasing ages and complexity of young people open to the YOS and likely to be transferred to adult probation services. Whilst arrangements for 2015/16 are likely to remain the same as they are now an alternative solution will be identified during 2015/16 and implemented in 2016/17.

8. Structure and Governance

The YOS is overseen by a Youth Justice Partnership Management Board (YJPMB) chaired the Local Police Area Commander and Head of Children's Services as vice chair. Membership of the YJPMB includes:

- Head of Children's Services
- Local Police Area Commander
- CAMHS Manager, Berkshire
- Deputy Chair of the Youth Bench
- Senior Legal Adviser to the Justices, West Berkshire
- Probation Area Director
- Strategic Lead for Troubled Families/Youth Services
- Education Representative
- Senior Adviza Manager
- Victim Support representative
- Housing Needs Manager

The YJPMB has been revitalised during 2014/15 following concerns about inconsistent attendance. The YOS held an open day inviting parent agencies and board members, acting as an induction for all board members. The level of attendance has subsequently improved and will continue to be monitored during 2015/6.

See Appendix 1 for YOS structure chart.

Quality Assurance and Audit.

Quality assurance is an integral part of everyday practice within Youth Offending Service. Measuring the impact of service delivery is central to achieving improved outcomes for children and young people. This requires a strong quality assurance system to be in place that evidences that services are being delivered effectively and to standards that enable children's welfare to be safeguarded and promoted. The YOS quality assurance framework includes

- Maintaining a risk register of young people who are vulnerable and/or present a risk of harm to others
- National Standard monitoring
- Quality assurance audits
- Service User feedback
- Auditing of closed cases
- Gatekeeping of Referral Order and Court reports

- Critical Incident reviews

In addition to the everyday quality assurance and audit activity, the YOS will also undertake additional audit activity in 2015/16 that focusses on the effectiveness of transition planning and outcomes for young people coming out of custody and for those young people who make the transition from the YOS to adult Probation Services.

9. Partnership Arrangements

YOS has on site facilities for drug/alcohol treatment (Source), including substitute prescribing, and has health provision where young people can access sexual health, contraception and relationships education. YOS is able to provide on-site testing for blood borne viruses and alternative therapies for sleep, anxiety, substance misuse withdrawal and smoking cessation.

A 0.4 FTE CAMHS link worker post ensures access to mental health services as appropriate, and the Source specialist nurse is able to undertake health assessments on all YOS service users. The YOS Teacher is an accredited AD/HD coach and links closely with the Social Communication Team within CAMHS.

YOS targets prevention resources for young people receiving a Youth Restorative Disposal or first Youth Caution through regular triage meetings, including YOS Police Officer, YOS Teacher/ AD/HD coach, Multi-Systemic Therapy Team and the Prevention and Support Service. YOS screens all young people receiving a Youth Restorative Disposal or first caution and prevention interventions are offered to those where issues are highlighted; 10-12 year olds, Looked After Children and young people being violent towards their parents/carers.

A protocol is in place between YOS and children's social care teams ensuring appropriate joint working, particularly in respect of potential Remands to Youth Detention and Looked After Children.

YOS works in partnership with Probation regarding those young people who will reach 18 and transfer before the end of their order. An enhanced transitions protocol for those critical few young people who are likely to be lost in transition was developed in Reading and has now been incorporated into the wider protocol between Thames Valley YOTs and Probation. Reading's work in this area featured as an example of good practice in the Youth Justice Board Transitions Framework.

YOS works provides regular, enhanced Triple P level 4 parenting programmes. These are well attended and have a low attrition rate. To date the programme has 160 graduates who are further supported through a graduate programme looking at specific issues for parents. Work is underway to establish common measures to evaluate the effectiveness of parenting programmes across Reading.

The YOS works in partnership with Adviza to support young people to access training and employment, Adviza provides a dedicated YOS resource to work with young people who offend.

YOS is working in partnership with the Reading Football Club Football Foundation Project to provide a health programme for young offenders covering all aspects of health, including healthy relationships.

10. Opportunities and Challenges for 2015/16

10.1 Reduce reoffending of prolific and persistent young offenders

Whilst reading YOS continues to perform well compared to the national and its statistical comparators, the direction of travel indicates that a small number of young people disproportionately commit a high number of offences. Further work in 2015/16 to understand the issues and review the approaches used will be required to ensure continued good performance. The use of a 'live tracking' tool will provide better performance data and act as an early warning regarding contemporaneous issues.

10.2 ASSET Plus implementation

The introduction of ASSET Plus in late 2015 will be the single biggest change to the YOT assessment processes since YOTS were created by creating an end to end (community and custody) dynamic framework. The change will see a greater emphasis on strengths and factors which support or hinder desistance from offending. The role out of ASSET plus will require effective project management, workforce development and changes to IT systems.

10.3 Education Training and Employment

Reading has thriving employment market for its population but young people who offend are being left behind. A task and finish group will be brought together in 2015/16 with partners to explore the issues and identify remedial action. The action will include revising the current performance measures and introducing a distance travelled measure.

10.4 Troubled Families

Phase 2 of the Troubled Families programme in Reading will improve outcomes for 1220 families over the next 5 years. Reducing offending will be a key priority in the programme and the YOS will develop its working practices and partnership arrangements to close the gap for the most vulnerable families in Reading. Reviewing the referral pathways for families will be a critical element of the new programme which the YOS will be contributing towards.

10.5 Child Sexual Exploitation

The YOS will continue to contribute towards the delivery of the Reading CSE strategy and ensure that young people are effectively identified, assessed and supported to reduce the risk of being exploited. Developing the performance framework and monitoring of outcomes will take place during 2015/16.

10.6 Sexually Harmful Behaviour

The YOS has an expertise in assessing and managing young people who exhibit sexually harmful behaviour and can lead the development of a partnership approach for children before they enter the criminal justice system. The expansion of the Aim assessment model in Reading will be explored during 2015/16.

10.7 Safeguarding

The number of vulnerable young people that the YOS work with is increasing, and with it the need to ensure that partnership arrangements are effective and that the workforce has the necessary skills, knowledge and working relationships to manage risk and improve outcomes. Children in Care are particularly vulnerable and a continued focus on prevention offending by looked after children will continue to be important in 2015/16.

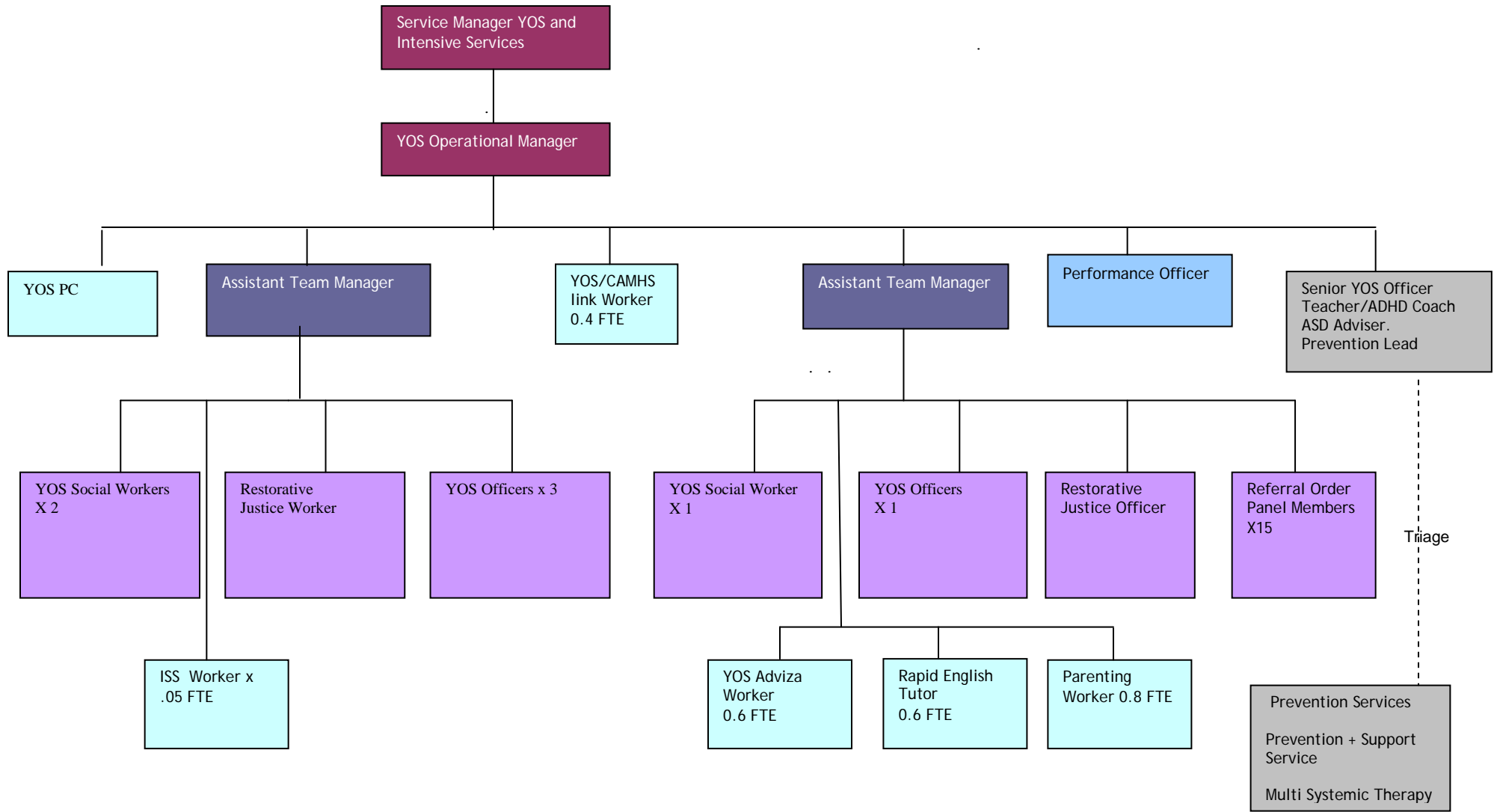
10.8 Relationship Violence

There is strong evidence that there are links between the experience of children and young people and the potential for them to go on and exhibit abusive behaviour on their own relationships. The YOS will continue to develop programmes and approaches for these young people in 2015/16.

10.9 Transitions

The transition from custody to the community and from young peoples to adult services is a vulnerable time for young people. The YOS will review existing practices and undertake an audit of transitions jointly with Probation during 2015/16.

Appendix 1 Youth Offending Service Structure Chart



Appendix 2 2015/16 Action Plan

Priority	Action	Success Criteria	Owner	Deadline
1. Reduce reoffending of prolific and persistent young offenders	<p>1.1 Further analysis of the reoffending cohort using the YJB reoffending toolkit</p> <p>1.2 Use the live reoffending tracker to monitor and report to the YJB</p>	<p>1. Reoffending performance continues to be in line with national and statistical comparators</p> <p>2. Quarterly reports produced for the management board using the live tracker tool</p>	YOS Information Officer	Quarterly
2. ASSET Plus (new assessment model) implemented	2.1 Implementation of the ASSET Plus project plan	1. ASSET plus in use by all YOT practitioners	YOS Operations Manager	November 2015
3. Improve Education Training and Employment (ETE) performance.	<p>3.1 Establish a ETE task and finish group</p> <p>3.2 Review the ETE performance framework and introduce a distance travelled measure</p> <p>3.3 Analysis of the quarterly cohorts to be provided to the Youth Justice Management Board</p>	<p>1. ETE performance improves and is comparable to national and statistical comparators as determined by the revised performance framework</p> <p>2. New performance framework in place</p>	<p>YOS Service Manager</p> <p>YOS Information Officer</p>	<p>October 2015</p> <p>June 2015</p>

			3. Quarterly performance monitored by the management board		July 2015
4. Ensure the YOS is delivering against Phase 2 of the Troubled Families Programme	4.1	Review referral pathways for Troubled Families in need of YOS intervention	1. Outcomes for Troubled Families engaged by the YOT improve	YOS Service Manager	Sept 2015
	4.2	Introduce the use of Troubled Families Outcome plans for identified families	2. Outcome plans in use for families and demonstrate sustained progress.	YOS Operations Manager	July 2015
5. Reduce the risk of Child Sexual Exploitation for young people engaged with the YOS	5.1	Monitor and report on the numbers of young people at risk of CSE to the Youth Justice Management Board	1. The level of risk for young people at risk or experiencing CSE is reduced	YOS Operations Manager	Quarterly
	5.2	Implement the use of the Reading CSE toolkit	2. The CSE toolkit is used and all young people are screened for the risk CSE	YOS CSE Champion	June 2015
			3. Performance monitored by the management board	YOS information officer	Quarterly
6. Develop a partnership response to Sexually Harmful Behaviour	6.1	In partnership with the CCG, CAMHS, Police and Children's Social Care review existing procedures and introduce a sexually harmful behaviour protocol.	1. Sexually Harmful Behaviour protocol established	YOS Service Manager	October 2015

<p>7. Develop working practices with Children's Social Care to ensure that young people are safeguarded</p>	<p>7.1 YOS Operational Manager and Team Managers to attend Children's Social Care Team Managers meetings on a quarterly basis</p> <p>7.2 YOS Team Managers and senior practitioner to undertake a minimum of 3 days each over the year experiencing different aspects of Children's Social Care.</p>	<p>1. YOS and Social Care Managers meet every quarter</p> <p>2. Young people open to the YOS and Social Care have good quality plans that reduce risk evidenced through the use of audit</p>	<p>YOS Operational Manager and Team Managers</p>	<p>July 2015</p> <p>March 2016</p>
<p>8 Develop interventions for young people to reduce Relationship Violence</p>	<p>8.1 Review existing resources for working with young people who have experienced domestic abuse and/or exhibiting abuse within their own relationships</p>	<p>1. Appropriate materials and interventions are available for young people</p>	<p>YOS Operations Manager/Senior Practitioner</p>	<p>October 2015</p>
<p>9 There are effective transitions in place between custody and the community and between the YOS and Probation</p>	<p>9.1 Review the YOS/Probation transition protocol</p> <p>9.2 Undertake a quality assurance audit of all cases released from custody in the 2014/15 and 2015/16</p>	<p>1. Effective transition arrangements are in place between the YOS and Probation</p> <p>2. Young people leaving custody have effective transition plans in place that reduce the likelihood of reoffending. Measured through audit</p>	<p>YOS Operations Manager</p>	<p>June 2015</p> <p>July 2015 & March 2016</p>

Appendix 3 Management Board Sign Off

Statutory Partners, Signatories to 2015/16 Youth Justice Plan		
Name & Title	Signature	Date
Chair of Youth Justice Partnership Management Board. Thames Valley Police		
Reading Borough Council		
National Probation Service		
Clinical Commissioning Group		
Service Manager Intensive Support and YOS		

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	JUNE 2015	AGENDA ITEM:	13
TITLE:	READING CHILDREN'S TRUST CHILDREN AND YOUNG PEOPLE'S PLAN 2015-2018		
LEAD COUNCILLOR:	CLLR JAN GAVIN	PORTFOLIO:	CHILDREN'S SERVICES AND FAMILIES
SERVICE:	CHILDREN'S SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICER:	ESTHER BLAKE	TEL:	X73269
JOB TITLE:	BUSINESS MANAGER FOR READING LSCB AND CHILDREN'S TRUST PARTNERSHIP	E-MAIL:	Esther.blake@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of the Children's Trust is to hold all Partners to account for their contribution to improving the life of children who live in Reading. It provides a strategic framework within which partners can commission services together, consult with each other and agree a common strategy on how they will co-operate to improve children's wellbeing and to help embed partnership working in the partners' routine delivery of their own functions.
- 1.2 The latest Children and Young People's Plan (2015-18), which sets out the expectations the Trust has in priority areas identified as issues for children and families in Reading, is presented to the Committee for endorsement.

2. RECOMMENDED ACTION

- 2.1 That the Adult Social Care, Children's Services and Education Committee endorses the Children & Young People's Plan 2015-2018.

3. POLICY CONTEXT

- 3.1 In November 2010, the statutory Children's Trust (CT) guidance was withdrawn, along with the requirement on the Trust to produce a Children and Young People's Plan (CYPP). However, the duty to co-operate (Children's Act 2004) still applies to local authorities and their health, education and youth justice partners.
- 3.2 Following this announcement, all current CT partners were consulted regarding the value they place on Reading's CT and CYPP, and their views on whether they would chose to continue, review or disband the Trust and Plan in light of deregulation.

- 3.3 All partners recognised the additional value of having a Children's Trust and CYPP and committed to supporting both which led to the revised CYPP for 2011-2014, and now our latest version for 2015-2018.
- 3.4 The CYPP is monitored and delivered through the Children's Trust and is firmly positioned within the overall vision for the Reading contained in the Corporate Plan.
- 3.5 The CYPP covers services for all those in Reading aged 0 to 19, young people aged 20 and over leaving care and young people up to the age of 25 with learning difficulties. It is not a detailed operational plan therefore the CYPP will need to be underpinned by local authority and partner plans operating at different levels to accomplish specific goals and to manage delivery on a day to day basis.

4. THE PROPOSAL

- 4.1 Children's Trust Board members took part in a couple of dedicated sessions in 2014 reviewing data from the Joint Strategic Needs Assessment, data from the last CYPP and the priorities from key strategies and plans from partner organisations.
- 4.2 The results of these sessions were produced a range of areas of concern which were collated and grouped into the following three overarching priorities :

Priority 1 - Having the best start in life and throughout

- Ensure that children and young people are empowered and informed to make positive life choices
- Enable children and young people to build emotional wellbeing and improve health
- Work to ensure that those using our services have as positive an experience as possible and are able to influence future service delivery
- All young people have access to an equitable universal offer across the area.

Priority 2 - Learning and employment

- All children and young people have a fair and equal chance to achieve, and have access to information to make informed decisions about their future, regardless of heritage, income or disability

Priority 3 - Keeping children safe

- Protect and safeguard ALL children and young people and in particular those that need our care. This includes protection from others (in particular, domestic abuse, sexual exploitation, on-line abuse and cultural abuse) and protection from harm they may cause themselves (in particular, self harming)

- 4.3 These priorities form the basis of the new CYPP. The CYPP starts by detailing the local context, linking clearly to the Reading Borough Council Corporate Plan, the contribution made by the Youth Cabinet, plus the vision and values of the Children's Trust.
- 4.4 Each priority is described in more detail, detailing for each, 'What do we know?', 'Examples of current activity across the partnership', 'Some of the things that are happening in the first year', and 'How will we know we are making a difference?' With this plan we have continued to improve performance management by focusing on a smaller number of priority measures.

4.5 It is important to recognise that this plan cannot be read or delivered in isolation: it is intrinsically linked to other key strategies and plans either written, or in development. These have been listed in the CYPP, against each priority, on pages 6 and 7.

4.6 The CT Board signed off this CYPP on 1st April 2015 and partners will be taking it through their respective organisation boards for endorsement.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 This report contributes to the Council strategic aim of Narrowing the Gap and two of its service priorities:

- Safeguarding and protecting those that are most vulnerable and;
- Providing the best life through education, early help and healthy living.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 This report has been written with contributions from all Children's Trust partners and circulated to the Board. It will be disseminated to all partners, the Health and Wellbeing Board and Reading Local Safeguarding Children Board.

7. EQUALITY IMPACT ASSESSMENT

7.1 The CYPP has been written to ensure a positive differential impact on racial groups, gender, people with disabilities, people of a particular sexual orientation, people due to their age and people due to their religious belief. The priorities and policies within the CYPP aim to redress current inequalities and further information can be found in section 2 of the CYPP where the key needs, achievements so far and future aims for these priorities are presented.

8. LEGAL IMPLICATIONS

8.1 The Children Act 2004 and Children and Young People's Plan Guidance (2009) had placed a requirement that a Children and Young People's Plan should be written by the local authority, in conjunction with the Children's Trust.

8.2 In July 2010, the Government announced the repeal of the Children's Trust statutory guidance. The Department for Education had indicated that this did not mean that Trusts were being abolished and the duty on partners to cooperate would continue to apply. However, it would no longer be a statutory responsibility to produce a Children and Young People's Plan (CYPP).

9. FINANCIAL IMPLICATIONS

9.1 The delivery of the activities covered by the plan is funded by budgets controlled and planned by the respective partners. There is no additional cost of delivery though accepting this plan.

9.2 The monitoring of the plan will be carried out through the regular CT meetings which are serviced by the existing business manager and administrator. There is no increase in those costs as a result of accepting this plan.

10. BACKGROUND PAPERS

10.1 Children Act 2004

10.2 Reading Children and Young People's Plan 2011-2014



Children and Young People's Plan 2015-2018

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Foreword

We are pleased to introduce our latest Children and Young People’s Plan which sets out how we will deliver on priority areas identified as issues for children and families in Reading.

The purpose of the Children’s Trust is to consult with and bring all partners with a role in improving outcomes for children together to agree a common strategy on how they will co-operate to improve children’s wellbeing and to help embed partnership working in the partners’ routine delivery of their own functions. It also provides a strategic framework within which partners can commission services together. Delivering the strategy, the Children & Young People’s Plan (CYPP), is the responsibility of the partners, both individually and together.

In 2010, the Government withdrew the statutory Children’s Trust guidance, along with the requirement on the Trust to produce a CYPP. All current Children’s Trust partners in Reading were consulted regarding the value they place on Reading’s Trust and CYPP, and all recognised their additional value and committed to supporting both.

Although the Children’s Trust has identified priority areas of focus (see page 6) it also closely aligns to the key theme of the Council Corporate Plan - Narrowing the Gap - and two of its service priorities - safeguarding and early help.

This plan has been agreed by all partners representing Reading’s Children’s Trust Board, and represents a shared commitment to helping all children and young people to achieve their full potential. By working in partnership, we are better able to provide the support and services required to enable all Reading’s children to achieve our vision.

Councillor Jan Gavin
Chair, Reading Children’s Trust

Local context - Narrowing the Gap

Reading is a vibrant multi-cultural town: the second most ethnically diverse in the South East outside London. Reading has a history of good community relations and is a place where diversity and cohesion are celebrated and embraced. However, the pace of change has been rapid and Reading's outstanding economic success has bypassed some of its residents. Reading's most deprived areas sit next to communities which prosper. Reading's economy is well placed for the future but we need to continue to recognise the inequalities that some people in our town face to ensure that Reading's recovery from recession means better prospects for all its residents.

Our population has grown by 9% over the last 10 years and Reading is an increasingly diverse place. 49.4% of the school population belongs to an ethnic group other than White British compared to 25% in England overall. An increasing proportion is bilingual with 30% of pupils speaking English as an additional language, with 150 first languages in the area. 18.8% of children in Reading live in poverty and 30% of Reading pupils are eligible for pupil premium, the Government grant to school to counter disadvantage.

Educational attainment levels for children who live in poverty and children from some ethnic minorities are lower than the average for Reading. Closing the gap in attainment for vulnerable and disadvantaged children is vital to ensure equality of life chances later on. We want to ensure that all children and young people access educational provision, and that there is regular school attendance of all pupils, in order that all young people access the very best education opportunities available to them.

We have higher than the regional average for young people not in education, employment or training. Particular 'at risk' groups include young offenders, teenage parents, and young people with learning difficulties and disabilities. Through our City Deal programme called 'Elevate' we will provide more job and training opportunities for 16-24 year olds and a joined-up offer of support across agencies.

Vision

Our challenge as a partnership is to enable all children and young people to achieve their potential and where nobody gets left behind.

Our aim is to create a positive and ambitious environment for Reading children and young people so that they:

- are happy, healthy, safe and coping with change and challenge
- are enthusiastic and skilled learners
- value themselves and others

Working together

We all have a responsibility to work together to ensure the children and young people of Reading can achieve and flourish to the best of their abilities. Importantly, this responsibility starts with families and communities, and we will do our best to support them when needed; only stepping in with specific services when required.

The Children's Trust works closely with the Local Safeguarding Children Board and the Reading Health and Wellbeing Board. In 2014 a protocol between the three Boards was established to ensure a shared commitment to a strategic approach to understanding needs, develop a joined up approach to understanding the effectiveness of services and identifying priorities for change, and provide constructive challenge to one another and partners. A copy of this protocol can be found on our website: www.reading2020.org.uk/childrens-trust/

Values for the Children's Trust

- Respecting the autonomy of individual partners
- Promoting excellence in individual agencies and across the partnership
- Taking a shared responsibility
- Valuing and sharing innovation
- Dealing with difficulties through dialogue and mutual respect
- Seeking to develop the workforce in all agencies and organisations
- Promoting equality, celebrating diversity and maximising life chances for disadvantaged individuals, groups and communities
- Collaborating to address the needs and interests of all children and young people

This means:

- We will share data and performance information
- We will work together to ensure that there is a systematic approach to reducing inequalities for disadvantaged individuals, groups and communities
- We will seek to develop the workforce together
- We will foster partnerships and critical friendships which promote support and challenge across the Children's Trust
- We will work holistically with the whole family to meet their needs in partnership with each other

Each member must have sufficient delegated authority from their host organisation to enable them to support the functioning of the Trust in a meaningful way. Each member is expected, and should feel able, to take part in discussions at Trust Board meetings.

Reading Children's Trust Board Membership

Representatives from the following organisations currently make up our Board:

Reading Borough Council	Reading Youth Cabinet
Thames Valley Probation Service	Thames Valley Police
Berkshire Healthcare Foundation Trust	Reading College
South Reading Clinical Commissioning Group	Adviza
North & West Reading Clinical Commissioning Group	Schools and Governors
Reading Children's & Voluntary Youth Services	
Royal Berkshire Fire & Rescue Service	

Reading Youth Cabinet

Reading Youth Cabinet are a group of elected representatives for the young people of Reading, who campaign on issues that have been highlighted both locally and nationally. We also make a difference by voicing the opinions of young people to the decision makers. This includes membership of the Children's Trust where we are active participants at meetings.

The Overall aims of the Reading Youth Cabinet 2015

This year the cabinet not only has aims within their campaigns but also have aims as a whole cabinet. They are:

- To support the work of the Local Safeguarding Children Board (LSCB) and the Children's Trust Board.
- To present and seek support for their campaigns at Full Council
- To develop closer links with UKYP (UK Youth Parliament) and support their national campaigns

The campaigns for Reading Youth Cabinet 2015

After a vote, the two campaigns that gained the most support were:

Mental Health - this campaign is a continuation of campaigns from 2012, 2013 and 2014 and one which mirrors one of the UKYP's main campaigns. This year the Youth Cabinet hope to progress the work and ensure that the "Treaty of Mental Health" is developed and expanded.

Furthering the push for more mental health education in schools, the Youth Cabinet is this year hoping to:

- Work with schools to develop a guide for 'best practice' in mental health support and education
- Create a network of 'mental health champions', representing schools across Reading, who meet to continuously review, develop and implement the 'best practice'
- Present the campaign to full council by the end of the year to gain support
- To produce a survey, to be carried out at two points in the year, that will gauge the views and feelings of young people and teachers on mental health support and education in schools.

Improving PSHE (Personal, Social and Health Education) - this was the overarching theme for last year's campaigns which included mental health, child abuse and Your future Your way. This year the Youth Cabinet has decided to have improving PSHE as a specific campaign based on what is seen as a growing need to re-evaluate the delivery of PSHE in schools.

Making PSHE more prominent and including young people in its planning and delivery.

This campaign centers on the view that PSHE and its content, style and nature of delivery, doesn't meet the evolving needs of young people. The Youth Cabinet is proposing to:

- Produce and distribute a survey that seeks to investigate the current perceptions of PSHE in schools.
- Encourage schools to more consistently include young people in the planning and delivery of PSHE, including young people trained to deliver PSHE in their schools and PSHE content to be decided on by young people and differentiated by year group.
- Develop the range of topics that PSHE covers and to create and collect a set of resources that schools can use in their delivery.

Children's Trust Priorities

A crucial challenge is to ensure Reading children and young people grow up in a positive and ambitious environment, and in particular to ensure all children and young people are safe, that we intervene early to support their families and that we help children, young people and adult learners learn in a way that secures their future economic success. These are the three key strands in this plan and form our priorities.

However, the CYPP cannot be read in isolation as it is intrinsically linked to other key strategies and plans either written, or in development. These are listed below.

Priority 1 - Having the best start in life and throughout

- Ensure that children and young people are empowered and informed to make positive life choices
- Enable children and young people to build emotional wellbeing and improve health
- Work to ensure that those using our services have as positive an experience as possible and are able to influence future service delivery
- All young people have access to an equitable universal offer across the area.

Focusing on prevention is key to improving outcomes in later life (and is more cost effective). The partners that make up the Children's Trust commission and provide a range of universal services, which play a vital role in identifying and addressing children and young people's additional needs at an early stage, intervening early and providing targeted support when extra help is needed. In particular community, voluntary and universal services, like mainstream schools have a vital role in early intervention and meeting a range of needs at the earliest point possible.

Links to:

- RBC Corporate Plan
- Early Help Strategy
- Health and Wellbeing Strategy
- Tackling Poverty Strategy
- Healthy Weight Strategy
- Berkshire Health Strategy for Looked After Children and Young People 2012 - 2015
- Maternity action plan
- CAMHs position paper- Berkshire West CCGs 2014

Priority 2 - Learning and employment

- All children and young people have a fair and equal chance to achieve, and have access to information to make informed decisions about their future, regardless of heritage, income or disability

We want all children to enjoy their education and achieve the best results they can. It is then vital that they have a range of access routes to employment.

Links to:

- RBC Corporate Plan
- Raising Achievement Strategy

Priority 3 - Keeping children safe

- Protect and safeguard ALL children and young people and in particular those that need our care. This includes protection from others (in particular, domestic abuse, sexual exploitation, on-line abuse and cultural abuse) and protection from harm they may cause themselves (in particular, self harming)

We will work with Reading Safeguarding Children Board (RSCB) to ensure that all agencies work together to protect and safeguard children. Both boards will continue to ensure that safeguarding is everybody's business, with a particular focus on key vulnerable groups and risk issues for Reading, such as domestic violence, neglect and child sexual exploitation.

Links to:

- RBC Corporate Plan
- LSCB Business Plan
- LSCB Child Sexual Exploitation Strategy
- Domestic Abuse Strategy
- RBC Neglect Strategy

How the priorities will be delivered

The following pages detail our current position in relation to each priority, what will happen over the next year and how we will know we are making a difference.

Having the best start in life and throughout

What do we know?

- 2300 children in Reading live in poverty. This has a significant impact on all aspects of their lives from birth onwards and the risks of poverty are highest for certain ethnic groups
- Although improving, there is a high number of children in Reading not attending 2 year old Health Reviews. Resulting in more than half of Reading's children not having health and development issues beginning to be addressed at an early stage, especially around healthy eating and speech and language issues
- Good progress has been made against the early years foundation stage profile, with 64% of children reaching a good level of development by the end of the reception year. However certain groups of children are still underperforming and this remains a focus
- 68% of children eligible do access the two year old entitlement which has significantly improved through 2014
- There is an increased demand on local mental health services and the complexity of cases is increasing
- One in three children in Reading are obese or overweight by the time they leave Primary School
- The national programme to increase numbers of Health Visitors has led to an increase locally which allows us to have greater integration of services at local level.
- There is a drop off in children receiving their second dose of the MMR vaccine leaving them vulnerable to contracting these dangerous diseases.
- Although 78.5% mothers start to breastfeed after birth, this drops to only 55% eight weeks later
- Although services do regularly ask children and young people about their experience of a service, and this has been used to shape service development and improvement, we need to ensure this is routine

Examples of current activity from across the partnership:

Training opportunities are offered to schools, voluntary sector and public sector staff to improve their understanding of children's emotional and mental health

We provide essential counselling opportunities for young people in Reading which helps to improve young people's emotional health and wellbeing and reduce unnecessary referrals into Tier 3 CAMHS

A mental Health guide for young people has been developed with the Youth Cabinet and distributed to all Reading Secondary Schools, and those with large a proportion of Reading pupils

Our voluntary sector and Local Authority run Nurseries and Pre-Schools provide essential child-care and early education for children under the age of 4 in Reading, and make a vital contribution to improving a child's early life chances. In turn, this provides parents with the opportunity to return to work. Many of these settings also provide valuable apprenticeship, training and work experience opportunities for young people wanting to pursue a career in child care

A wide range of support is available to support to families who have children with Special Educational Needs and Disabilities

An investment programme is in place to ensure free 2 year old places for those that want it

In our children's centres we help families with young children attend midwifery appointments, health visiting checks and speech and language drop-in sessions. Education and smoking awareness sessions are also available

We run a range of parenting programmes in the community which help parents to be more confident and effective on their caring role

Voluntary sector Parent and Toddler Groups help to promote attendance at 2 year Health Reviews in Reading and Breastfeeding Network and the National Childbirth Trust (NCT) provide breastfeeding support for parents, through trained volunteers and peer supporters

Families are supported via voluntary sector organisations providing home-visiting support and advice services, including information on housing and benefits

Let's Get Going - Healthy Eating and Physical Activity course provided for school children who are overweight / obese

Our youth work in communities and schools offers positive activities, access to advice and guidance and learning opportunities

Juice points - Condom distribution and relationship advice for young people is offered through the Juice Points and C-Card scheme

Some of the things that will happen in the first year	Who
Increase attendance at 2 year Health Reviews in Reading to ensure that more families can access the support they need	BHFT
Increase the number of parents and children from vulnerable/target groups using children's centre services	Children's Services (RBC)
Increased investment in emotional and mental health services to provide enhanced specialist CAMHS services and reduce the number of children who needs escalate to crisis point	CCGs
Reduced waiting times for mental health services, with a greater focus on self-care, prevention, early identification and training of children's workforce	CCGs/BHFT/ RBC/Schools/ RCVYS
Perinatal mental health project will improve access to appropriate health services in the community and improve awareness in the workforce to ensure early identification of concerns and respond accordingly	Children's Services/ Public Health

The Health Visiting service will become the responsibility of the Local Authority and the forthcoming year will focus on ensuring the service continues its momentum of improving health outcomes for those most in need	Public Health
Develop a local media campaign that promotes the importance and benefits of 0-5's being up to date with all their primary vaccinations	Public Health
Work with key stakeholders (including BHFT, RBH Midwifery and Children's Centres) to increase opportunities for breastfeeding aligned with existing commissioned services (Breastfeeding Network and UNICEFs Baby Friendly initiative)	Public Health/ CCGs
Use the national child measurement programme to target support and interventions in schools and ensure that staff can refer children into appropriate services	Public Health
Development of the FireFit programme which employs the positive, physically-active brand of the Fire Service to engage with overweight young people and their families, as a means of supporting them to make sustainable lifestyle changes, that will improve their health and fitness into the long-term.	RBFRS
Implementation of an online tool from CAMHS to encourage young people to co-write, develop and evaluate their own care plans	BHFT
Increase development, awareness and use of applications designed for young people to be able to feedback on services, such as the MOMO and self harm apps	Children's Services/BHFT/ Public Health
An increase in the number of Tier 4 CAMHS in-patient beds available in Berkshire	BHFT/NHS England

How will we know we are making a difference?

- Reduce the number of children in low income families
- Improved vaccination figures
- Improvement in the CAT outcome star progress to work indicator
- Children will be ready, prepared and fit for school
- Increased attendance at 2 year Health Reviews
- Number of professionals trained in mental health awareness
- Reduction in the number of re-referrals to Children's Action Teams
- Percentage of parent evaluations showing a positive change recorded between pre and post scoring as against the total number of parents completing the programme
- Improved breastfeeding figures
- Reduction in levels of obesity - Reception and Year 6
- Reduction in BHFT CAMHS waiting times

Learning and employment

What do we know?

- The general educational quality in Reading is considered below the England average. At Key Stages 1 and 2 results have fallen, and this is a particular issue for certain groups of children - those on pupil premium, particular ethnic groups, looked after children (LAC) and those with special educational needs (SEN).
- Reading has a higher proportion of pupils eligible for pupil premium than the South East and other Berkshire authorities, and this group tends to do less well
- On average, attainment by young people from Black and Mixed race heritage at Key Stage 2 is lower than their peers and this gap continues to GCSE level
- Reading has a significant number of young people who are NEET (Not in Employment, Education or Training). Additionally too many children with statements of SEN/EHCP are being temporarily or permanently excluded from mainstream and special schools compared with our statistical neighbours
- More schools in Reading need to be rated as 'good' or better by Ofsted to ensure a consistently good level of education wherever you live
- Over the past couple of academic years, exclusions have reduced for both Primary and Secondary age groups, however, the exclusion of vulnerable groups (SEN; LAC; and some BME groups) remains a concern
- Similarly, attendance rates at Primary and Secondary levels have shown some improvement, including those who are persistently absent, but specific focus remains on vulnerable groups where additional support is required
- Not enough young people are taking up apprenticeship opportunities, partly due to lack of demand and partly due to lack of availability.
- A local offer has been established in Reading to help families obtain information regarding services that are available to them to support them with regard to SEN

Examples of current activity from across the partnership:

Mentoring support and work experience placements are available for young people to assist them to access education, employment or training opportunities, through the Elevate Reading Programme

Volunteering opportunities for young people are available

Voluntary organisations provide specialist support to assist young people with Special Educational Needs to access education, employment or training opportunities

The Elevate community and learning hub is open at Central Library providing improved information, advice and guidance for job and training opportunities for 16-24 year olds

Reading Primary and Secondary Schools have collaborated to improve Science, Technology, Engineering and Maths (STEM) teaching, which included a month long project with the Bloodhound Project Team (World Land Speed Record attempt)

A system wide review is underway involving pupils, schools, Local Authority and the community, to raise the attainment and inclusion of children with black heritage

A School Partnership Advisor has been appointed with specific responsibility for leading the work to increase the effectiveness of the pupil premium in all schools

We have ensured every child has a school place for September 2015 and beyond. We are building 2520 additional primary school places through a £61million capital programme and with 3 leading groups we will deliver 1 primary and 2 secondary free schools

Trained volunteers provide reading support for primary-aged children in schools

Safety education lessons are offered to every state and independent school - key messages target fire safety, driver and passenger safety (road traffic collision reduction) and hoax calls. Youth groups (including Brownies and Scouts) receive information on fire safety contained in their organisations programme and may visit a Station to find out about the firefighter role

Some of the things that will happen in the first year	Who
Deliver the City Deal Elevate to provide more coordinated easy to access information, advice and guidance (IAG); jobs; apprenticeships; work experience; mentoring and training opportunities for 16-24 year olds. Including a new employer engagement service to broker opportunities and support employers, including education for employers on opportunities for taking on young people in the work place	Elevate Group Reading
Elevate Programme for 16-24 year olds will include specific activity to support lone parents, those with learning difficulties, targeted outreach in wards of high unemployment and with a focus on those most disadvantaged. Plus increased outreach activity to engage young people who are 'not known' and not participating, working with and through the voluntary sector and New Directions with links and services out in the community.	Elevate Group Reading
Provide improved customer journey for young people from NEET to EET, including web site, self-help toolkit, IAG and joined up range of provider services under the Elevate brand with a no wrong door approach and seamless referral mechanism	Elevate Group Reading
A new Raising Attainment Strategy 2015/18 will be consulted on and launched in June 2015	RBC
Support schools to further improve their standards when they need help	RBC
We will prosecute families who do not ensure their children are attending school, including those taking holidays in term time	RBC
Support for schools for initiatives to celebrate and promote good and improving attendance	RBC

Development of two programmes to support young people at school. FireBreak involves firefighters working with cohorts of young people who may be getting in trouble at school and/or with the police, or providing an experience for young people not in education, employment or training. FireEd recruits a firefighter into the role of School Fire Liaison Officer (SFLO) by staff and children at the school in which they will work. The SFLO's remit is broad, and can involve: working to raise aspiration and attainment; working with pupils students who are not well engaged with education; reducing risk in the lives of the student population; and improving the health and fitness of all those in the school community.	RBFRS
Effectively use data to focus on vulnerable pupils to allow us to offer appropriate support, signposting or challenge to families and schools leading to improved attendance and behaviour	RBC
Reduce the number of children with complex needs placed in residential provision out of county by working in partnership with neighbouring authorities to provide local solutions	RBC/BHFT
Schools and the Local Authority are developing a new procedure for allocating additional funding to mainstream schools to support those pupil who are considered to have exceptional needs, based on a school cluster moderating process and is designed to make the allocation of additional resources both fairer and speedier	RBC/Schools
As part of the educational reforms the Local Authority has met the requirements for developing an Education Health and Care Plan (EHCP) and is required to embed this over three years. This process will enable families to become the authors of their child's EHCP. This allows the young person to identify their aspirations, the outcomes to meet the aspirations and the provision needed to meet the outcomes	RBC
We will develop a system for tracking the progress of young people with special educational needs, up to the age of 25	RBC

How will we know we are making a difference?

- Improved Key Stage 2 results generally and for particular groups
- Improved GSCE results for particular groups
- There are enough school places for all children and young people in Reading
- Increase the number of schools rated as 'good' or better by Ofsted
- Greater number of work experience placements, apprenticeships and sustained employment for 16-24 year olds
- Increase in the percentage of young people 16-19 (up to 25 for young people with learning difficulties/disabilities) who are known to be in Education, Employment or Training
- Reduction in young people claiming Job Seekers Allowance
- Reduction in exclusion rates

Keeping children safe

What do we know?

- There continues to be an increase in referrals to Children's Social Care
- The numbers of children subject to protection plans, care proceedings and looked after children are still too high
- We have delivered phase one of the Troubled Families programme and have a target in phase two to improve outcomes for 1220 families that are being left behind from 2015 - 2020
- We need to improve the number of medicals for looked after children completed on time
- Child Sexual Exploitation (CSE) is a known risk for the children and young people of Reading
- We have a good rate of CAFs (Common Assessment Framework) per 10,000 children, in comparison to other South East Local Authorities, with 83 CAFs per 10,000 children
- We have a high rate of domestic abuse that we know impacts negatively on children's emotional health and wellbeing
- The Signs of Safety model has been successfully introduced across Children's Services and with partner agencies, including in the areas of child protection and looked after children

Examples of current activity from across the partnership:

Every contact to our Multi-Agency Safeguarding Hub is screened for child protection concerns with partners to improve our decision making and outcomes for children's safety

Support for survivors of abuse (domestic, emotional or sexual), and their families, is provided by a range of voluntary sector organisations. This includes one-to-one or group support, refuge, preventative work and raising awareness

Reading Safeguarding Children Board alongside RCVYS deliver safeguarding training at various levels and over a range of subjects for the entire children's workforce

We provide age-appropriate drug and alcohol education for children and young people in schools and other group environments, helping young people make informed lifestyle choices

We use the Outcomes Star with families to help identify key areas of change that they want to work on to improve the lives of their children

We identify and discuss in multi-agency meetings high risk children, young people and families where domestic abuse and CSE are concerned

Every child with a Children's Action Team keyworker will have a completed CAF to provide a multi-agency assessment of the child and their family to support a plan of interventions

Voluntary sector organisations directly support and provide first aid to young people and adults in Reading's night-time economy

Some of the things that will happen in the first year	Who
Renew and improve use of the Strengths and Difficulties Questionnaire (emotional health and wellbeing tool) to ensure is it fit for purpose and how to make the best use of it. Its primary focus is looked after children but it could be useful for any vulnerable children (8 years+)	Public Health/ Children's Services
Implement phase 2 of the Troubled Families programme with priorities to meet locally agreed needs	Children's Services
Implementation of the CSE action plan	CSE Group
Produce a CSE and Missing Toolkit for use by all agencies that includes an agreed screening tool and referral processes	Children's Services
Introduce a Peer mentoring scheme to schools to involve learners in raising awareness of CSE and supporting pupils in efforts to keep safe	Children's Services
Develop support programmes for parents, carers, families and victims of CSE	CSE Champions Group
Implement a clause in the quality schedule in the contract with BHFT to ensure the rates of medicals for looked after children completed on time improve	CCG/BHFT
Undertake a wider review and reshape of early help for children and families, with a view to developing a single access point for services	Children's Services
Implementing, in partnership with the Police, a new multi-agency safeguarding hub (MASH), to allow a wider range of information about a family to inform our response to referrals, minimising harm to vulnerable children and young people.	MASH Steering Group
Implement the Reading's Domestic Abuse Strategy to increase prevention and identification of Domestic Abuse, and improve the support for victims to become survivors.	Domestic Abuse Strategy Group

How will we know we are making a difference?

- Reduction in the number of re-referrals to Children's Social Care
- Reduction in levels of teenage pregnancy
- Reduction in the number of children on a CP Plan for a second or subsequent time
- Reduce the number of First Time Entrants into the Criminal justice system per 100,000
- Increase in the number of LAC Medicals completed on time
- Reduced number of repeat contacts with to Children's Social Care with DA as the reason
- Number of Single Assessments completed on time
- Less than 10% of closed CAT cases that are referred back to Children's Social Care
- Referrals to Children's Social Care for CSE

Glossary

Abbreviation	Explanation
ACY	Academic Year
ASD	Autistic Spectrum Disorders
BESD	Behaviour, Emotional and Social Difficulties
BME	Black and Minority Ethnic
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Service
CAT	Children's Action Team
CIC	Children In Care
CIN	Children In Need
CPP	Child Protection Plans
CYP	Children and Young People
CYPP	Children and Young People's Plan
DAAT	Drug and Alcohol Team
DA	Domestic Abuse
EET	Education, Employment and Training
EWO	Education Welfare Officer
EYFS	Early Years Foundation Stage
IAG	Information Advice and Guidance
JCP	Job Centre Plus
JSNA	Joint Strategic Needs Assessment
KS	Key Stage
LA	Local Authority
LAC	Looked After Children
LDD	Learning Difficulties and/or Disabilities
LSCB	Local Safeguarding Children's Board
LSP	Local Strategic Partnership
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conferencing
MASH	Multi Agency Safeguarding Hub
MYPs	Members of the Youth Parliament
NEET	Not in Education, Employment or Training
NHS	National Health Service
OFSTED	Office For Standards in Education
PEP	Personal Education Plan
PSHE	Personal, Social and Health Education
RBC	Reading Borough Council
RBH	Royal Berkshire Hospital
RCVYS	Reading Children's & Voluntary Youth Services
SATs	Standard Assessment Tests
SDQ	Strengths and Difficulties Questionnaires
SEN	Special Education Needs
STEM	Science, Maths, Engineering & Technology
TAC	Team around the Child
TP	Teenage Pregnancy
UKYP	UK Youth Parliament
VCS	Voluntary and Community Sector
YOS	Youth Offending Service
YP	Young People

Further Information

For further information regarding the Children's Trust and the Children & Young People's Plan please visit the website www.reading2020.org.uk/childrens-trust/.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	14
TITLE:	REVIEW OF THE INTEGRATION OF ADULT MENTAL HEALTH SERVICES WITHIN READING		
LEAD COUNCILLOR:	COUNCILLOR EDEN / COUNCILLOR HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE / HEALTH
SERVICE:	ADULT CARE & HEALTH SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICER:	WENDY FABBRO	TEL:	0118 937 2094 (EXT 72094)
JOB TITLE:	DIRECTOR OF ADULT CARE AND HEALTH SERVICES	E-MAIL:	wendy.fabbro@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets out the results of a review of the secondment of local authority Adults Mental Health staff into the Berkshire Healthcare NHS Foundation Trust, based on the findings of a review into resulting outcomes for service users/carers and budget impacts. The review remit did not cover Child and Adolescent Mental Health Services.
- 1.2 On 18 February 2013 Cabinet approved a proposal to promote Mental Health and Social Care integration which was based on 'structural integration'. This report also recommended that work commenced on a joint Adults Mental Health commissioning strategy. During the last two years the circumstances within which the service operates have changed, with new responsibilities being introduced under the Care Act, redefined responsibilities for 'Deprivation of Liberty' legislation, significant ongoing financial challenges and new expectations of integrated service delivery being articulated through the Better Care Fund agenda. It is now opportune to develop the joint Adults Mental Health Strategy which will align with other parts of the local authority and NHS services. The need to work together on living well, healthy communities and preventative services has emerged more clearly recently.
- 1.3 Local partners are committed to delivering integrated Mental Health services, but within a changed environment, now wish to progress a functional integration with an emphasis on agreeing shared outcomes and commencing joint commissioning arrangements. It is therefore recommended joint commissioning approaches are developed to determine what the community needs and subsequently determine a structure to meet this. Current secondment arrangements should cease whilst this work takes place in order to provide clarity during the process.

2. RECOMMENDED ACTION

2.1 That ACE Committee note:

- (a) The governance arrangements proposed for a multi-stakeholder Adults Mental Health Strategy Group to include people who use services and their carers;
- (b) The (co-production) development of an Adults Mental Health joint commissioning strategy to establish the priorities for improving Mental Health services across Health, Social Care and wider support provision in Reading;
- (c) Clearly set out the Social Care vision, standards for which people who use services can hold the service providers accountable; and
- (d) The development of a Section 75 (NHS Act 2006) agreement between RBC and BHFT to consider pooled resources for the future delivery of Adults Mental Health Services.

2.2 That ACE Committee agree to end the current secondment arrangements of the RBC Mental Health staff to Berkshire Healthcare Foundation Trust pending the outcome of the joint strategic commissioning work;

3. POLICY AND NATIONAL CONTEXT

- 3.1 The integration of Health and Social Care for users of Mental Health services is high on the national policy agenda and has been encouraged through vehicles such as pooled budgets, jointly appointed workers and co-located teams. A new national taskforce is in place to develop a “whole life” strategy for Mental Health due for publication towards the end of 2015.
- 3.2 In ‘Integrated Care and Support: Our Shared Commitment’ (May 2013), the National Collaborative for Integrated Care and Support give a definition of “good” integrated care and support, co-developed by National Voices, and aligned with Making it Real. The definition prioritises putting the individual at the centre of the arrangement of services.

National Voices definition of what “good” looks like -
“I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me.”

- 3.3 Positive examples of integration exist, most notably in Torbay, where improved outcomes are evidenced from integrated mainstream NHS and Social Care services and in Oxfordshire, where an innovative cross-economy partnership shares responsibility for Mental Health services, delivery is more seamless, and user outcomes are the focus.
- 3.4 The projects within Better Care Fund plans demonstrate the importance of cross organisational ‘sign-up’ to clearly defined responsibilities and outcomes in order to make integration programmes successful. Without this, partnerships can unravel quite quickly. Strong partnerships are essential to the achievement of a way of working in Mental Health that stresses the centrality of the service user, making it simpler for the user to navigate the complexities of the system/s that they are in. Emphasis is moving towards “co-production” approaches where all community stakeholders are involved in service and community development.

- 3.5 Properly integrated services join up the pathways for support and should bring together much more than just the Health and Social Care secondary services. Successful projects demonstrate that integration should consider the role that service users and carers can play in determining outcomes for all areas (acute, primary and secondary care as well as wider community and voluntary sector support), and how joint commissioning arrangements across the local authority and CCGs can bring a focus on mutually beneficial rather than conflicting outcomes.

4. THE READING CONTEXT

Background

- 4.1 In Reading, BHFT and RBC have had arrangements in place to promote integrated Mental Health support for some time, particularly joint appointments and co-located teams within Mental Health and Community Services. In other areas, local authorities have opted to transfer Social Care staff into the employment of the NHS, and many Mental Health NHS Trusts and Foundation Trusts now have significant Social Care delivery responsibilities.
- 4.2 A report was presented to Cabinet in February 2013 proposing that RBC, in partnership with the two Reading CCGs:
- undertake a joint commissioning exercise to address quality concerns with Mental Health services;
 - establish a contractual arrangement against which to monitor local delivery through the Health and Wellbeing Board; and
 - merge its own Mental Health service into that operated by Berkshire Healthcare NHS Foundation Trust (BHFT) delivering a 'seamless service' with revenue savings to both organisations.
- 4.3 This demonstrates the local appetite to ensure good outcomes for the users of mental health services users. Following the Cabinet approval, 40 Council staff working within RBC Adult Mental Health Services were seconded to BHFT with the aim of improving outcomes for service users and carers and delivering savings/efficiencies. Three staff who supported older people with mental ill health (mainly Dementia type conditions) were also seconded to BHFT. No Section 75 agreement or Memorandum of Understanding was thought to be necessary at the beginning of the secondment arrangement within Reading.
- 4.4 By the end of September 2015, the secondment will have been in place for two years. At the outset, legal advice was that this secondment should not continue beyond two years given the implications of a lengthier secondment acquiring the status of 'custom and practice' (see Legal Implications below).

Local review

- 4.5 A review of the current Mental Health social care staff and service arrangement in Reading has been underway since September 2014, reporting into the Reading Integration Board. This review has been conducted in the context of developments in Mental Health provision since the initial decision to second RBC staff to the Trust, including the new Mental Health Code of Practice crisis concordat/suicide prevention obligations and the increased emphasis on prevention and the development of community resilience articulated in the Care Act.

- 4.6 The review was established to consider:
- Have there been benefits to service users and their carers?
 - Has the arrangement delivered cost or efficiency benefits?
 - Could integration be improved?
 - Should the arrangement be continued, and if so through what mechanism (e.g. extension of secondment, TUPE, full integration)?
- 4.7 The local review has captured the views of service users and carers, stakeholders from across the Council, CCGs, and BHFT - including Social Care staff and other stakeholders - Healthwatch, Reading Voluntary Action and other Mental Health service providers within the Borough. A "Have Your Say" Mental Health service user and carer conference was held in Reading in December 2014. Further meetings with service user and carer groups have been held including at a conference arranged by BHFT to develop the support and understanding of faith and BME groups. (The recommendations from the Have Your Say conference can be seen in Appendix One). The recommendations include an initial list of priorities for service users and a **Mental Health Charter** for working in partnership. This has been a positive step forward in focusing our efforts on what "good looks like" from the service users / patients perspective.
- 4.8 One to one interviews were held with all Council seconded staff who wished to express a view and with other staff at larger meetings. Discussions were also held with the Union representatives from Unison and Unite. An online staff survey of Trust and social care staff was conducted. The results are in Appendix Two.

5. REVIEW FINDINGS

Performance

- 5.1 Personalised support options (the availability of support tailored to meet needs through the use of Personal Budgets, including Direct Payments) and a focus on the recovery model have been at the fore of recent developments in Social Care. However, the review has identified that the numbers of ongoing Direct Payments for Mental Health service users have decreased over the period of the secondment arrangement in Reading. Over the last four years the trend for more expensive residential and nursing places for all 18+ adult Mental Health service users has been increasing. This scrutiny of Mental Health services as a result of the secondment and its subsequent review has enabled Health and Social Care to start to understand the key areas of development going forward. Appendix Three details the decline in Direct Payments and other areas of Mental Health Social Care performance over the last four years.
- 5.2 Personalisation via Direct Payments can be a cost effective way to meet and improve outcomes for people with very complex and specific needs. A commitment to deliver more personalised care and to encourage Social Enterprises and more creative support opportunities should be part of a way forward which would include targets and performance expectations surrounding these areas. Service users and carers have not reported that they have noted any difference in the service since the secondment of staff as this in itself did not change any practices.
- 5.3 A new management structure is in place in BHFT services, with the joint appointment of a joint service manager and a locality manager who are changing the way that services are provided with a focus on service user and carer outcomes and the recovery model. This is making a positive impact on service provision especially with regard to joining up pathways and working with the voluntary sector. Strategically

BHFT has been developing partnerships and posts that promote prevention and recovery which is what service users say that they would like to see - communities where stigma is decreased and support can be found outside of a purely medical model. The managers are to be commended in that their efforts have been more instrumental in bringing about change than a structural model has to date.

Commissioning budgets

Although pooling budgets across Health and Social Care may offer some opportunities for efficiency gains, including economies of scale, targets and outcomes have not yet been mapped. Currently the price of RBC commissioned placements is comparatively high, and the level of Direct Payment take up is very low indeed. The risk of transferring the function to BHFT is that the benefits of the current frameworks and negotiated or tendered contracts might not be realised. It is likely that new contracts would have to be negotiated and these may be on less favourable terms. With the drive for more efficiencies within the Social Care budgets it would make sense to ensure that these are economically viable before considering any transfer. Further work is being undertaken to understand and address this.

Care Act Implications

- 5.4 From April 2015, eligibility for Social Care services is based on national criteria set out in the Care Act. However local authorities have a duty to offer Social Care assessments on the appearance of need and an extended duty to offer carer assessments, including to carers supporting someone who may not be eligible for Social Care services themselves. Whether or not someone who has a Social Care assessment is found to be eligible for Social Care services, they are entitled to receive information and advice to prevent any care or support needs from increasing. In practice, this means an obligation to signpost/direct a wide range of people to other sources of support. Work is required to identify the way forward to ensure that the requirements within the Care Act and the eligibility for mental health services within NHS eligibility works together. The Local Authority emphasis on prevention and early intervention can only support and strengthen the way we deliver positive outcomes for individuals. With the new Care Act duties coming into effect so recently, the impact in terms of increased workload can still only be estimated. A risk to the Council or to the Trust is that either may incur a significant amount of additional work and responsibility for carer assessment and provision or for promoting wellbeing under the remit of the Care Act. This pressure was not envisaged at the time of the original secondment and therefore not planned for and must be addressed in determining future arrangements.

Another area of development required is to ensure that the Approved Mental Health Practitioner (AMHPs) service for Reading is reviewed, to ensure that we can continue to meet our statutory obligations and have a sustainable service. It is recommended that a review of the current AMHPs' rota is undertaken.

A Mental Health Strategy

- 5.5 In order to develop a shared understanding of priorities, responsibilities and accountabilities, a strategic stakeholder group was formed. This was in response to recommendations made by the Berkshire West Partnership Board and arising from the "Have your Say" Mental Health user and carer conference. The proposal is that this group should oversee the development of a vision and joint commissioning strategy for Mental Health in Reading, dovetailing with other relevant commissioning strategies developed locally or Berkshire wide. It is currently proposed that the Mental Health Strategy Board will report into the Reading Integration Board and the Berkshire Health Foundation Trust Executive Board. However there may be

opportunities to use the momentum of this group to contribute to a West Berkshire strategy which is currently being discussed. It could also establish task and finish groups to work on priorities identified by stakeholders. The proposed terms of reference of the group are at Appendix Four.

- 5.6 The review has put a focus on mental health within Reading and has highlighted that there is a need to work more closely with service users, carers and the voluntary sector to determine a strategy and clear pathways for the future. The way to do this will be working in a collaborative, partnership approach valuing the opinions of all contributors to determine a vision and organisation of funding for Mental Health services for the future. This will be based on the principles of the Charter and the Mental Health strategy priorities.

Social Care Staff

- 5.7 Reading Mental Health Social Workers have expressed concerns that their role could be compromised under the current arrangements. Social work training follows a social model of disability, which considers the social and environmental barriers that prevent a person achieving their full potential, maximising their independence, coping skills and recovery. This approach is often cited in opposition to the medical model of Mental Health. More specifically, Social Care staff are concerned that the value they add could be overlooked if there is a necessity to deliver NHS targets under the 'payment by results' (PBR) mechanism. Health staff may also express similar worries in being diverted from their focus. Social work staff within a Trust may be 'diverted' to meet NHS targets. (Conversely within a council employed arrangement the social workers could potentially be diverted from Mental Health work to meet additional assessment demand from the Care Act - as described above).
- 5.8 It must be noted that BHFT has and continues to offer great opportunities for Social Care staff in terms of continual professional development and specialised mental health training.

6. OPTIONS PROPOSED

- 6.1 Offering integrated Health and Social Care - and wider - support for Mental Health service users remains a national and a local priority. There has been a focus recently within the Reading context on achieving closer structural integration. Going forward, however, there needs to be greater emphasis on improving outcomes and a clear focus on benefits realisation. With the right partnerships, rather than structural changes in place, Mental Health integration in Reading still has the potential to deliver:
- Service improvement
 - IT efficiencies (clinical and non-clinical)
 - Back office efficiencies
 - Improved value for money on commissioned activity
- 6.2 Neither legal advice nor staff feedback favour protracted secondment arrangements for RBC staff. These arrangements in themselves do not appear to have delivered service improvement or efficiency gains to date, and may indeed have served to blur lines of responsibility. There is no evidence as yet that progressing to a formal TUPE transfer of staff from the local authority into BHFT alone would confer benefits at this stage. Furthermore research such as that by the Audit Commission and the Kings Fund on Service Transformation: Lessons from Mental Health, has shown that this can be a costly distraction in terms of time and money spent establishing the pensions and

HR systems attached. The recommendation is therefore that the secondment arrangement be suspended pending the development of a joint commissioning strategy which articulates an outcomes focused way forward informed by the views of all stakeholders.

- 6.3 A robust partnership arrangement such as the agreement within Oxfordshire might provide a much more integrated solution in joining up pathways and access to holistic support. BHFT CMHT has made much headway in its partnerships with community groups and resources such as education and employment providers in order to address aspirations of employment, physical activity and education for service users.
- 6.4 Pooling resources for mental health services in Reading under a Section 75 agreement could be a mechanism to establish a whole system which reflects shared accountabilities, standards, duties governance and priorities; and which is responsive to and developed in the light of patient and carer experiences. Key financial and performance measures must be included in a Section 75 agreement. A joint information system is not available at present but agreement on streamlining performance indicators and how these are collected is being developed and could be included in the Section 75 agreement. The Council, CCGs and BHFT have further work to do in determining how these will be measured and ensuring that the NHS targets do not mean that Social Care targets are compromised - for example a Social Care worker focusing on delivering smoking cessation sessions would have less time to spend on developing a Social Care support plan with someone to include Direct Payment options.
- 6.5 A Section 75 agreement would also provide an opportunity to clarify expectations and responsibilities so as to recognise the distinct values that all disciplines bring.
- 6.6 With this in mind it is proposed that the current secondment arrangement ceases to enable work to be undertaken to ensure the "right" service offer is established. At which point, it may be logical for Reading Borough Council and BHFT to enter into a robust integrated relationship through a secondment arrangement, subject to Reading Borough Council committee processes and BHFT Executive Board,

7. CONTRIBUTION TO STRATEGIC AIMS

- 7.1 The proposals outlined in this report are consistent with the Council's 3-5 Year Plan for Adult Social Care approved by Policy Committee in September 2014. The proposals will also contribute to meeting the following priorities set out in the Council's Corporate Plan 2015-18:
 - Ensuring that all vulnerable residents are protected and cared for;
 - Enabling people to live independently and also providing support when needed to families;
 - Ensuring care and support provision is effective and of good quality;
 - Building capable communities for local people to become more involved and help themselves;
 - Changing the Council's service offer to ensure core services are delivered within a reduced budget so that the Council is financially sustainable and can continue to deliver services across the town; and
 - Co-locating services with partners to have better joined up services and community hubs so that residents have better access to services.

8. COMMUNITY INVOLVEMENT

- 8.1 The phased approach to Mental Health integration in Reading has meant that so far the focus has been on structural change. The well-established service continued on a business as usual basis in terms of front line delivery, and service users experienced no change to service provision. When interviewed for the recent review, service users and carers did not report any knowledge of the secondment arrangements.
- 8.2 Whilst it is reassuring that service users and carers report no negative impacts, the perception that 'nothing has changed' may in itself illustrate a failing of the current arrangement. As personalisation has become better embedded in Social Care services for other client groups Mental Health service users are increasingly falling behind and failing to enjoy the benefits of personalisation. This does not fit with the "parity of esteem" aims for Mental Health both locally and nationally.
- 8.3 Furthermore, discussions with BHFT and RBC managers for Older Peoples Services have indicated that Mental Health pathways and support for older people should be included within plans for a whole system Mental Health model and within mainstream Adult Social Care plans as these are not perceived as equal.
- 8.4 The development of a strategy with strong user and carer representation will provide a means to keep the service user and carer perspective at the heart of future development of mental health services in Reading. The focus on developing a joint commissioning strategy will drive ongoing and wider user involvement in planning, developing, review and analysing provision. The majority of service users have indicated they would prefer to receive support outside of secondary/acute settings, and a priority for the Mental Health Strategy will be promoting resilient communities that are Mental Health friendly and where people with mental illness can access the right support at the right time. Public Health is also involved with the strategy group which will link to the wider Partnership Board.

9. LEGAL IMPLICATIONS

- 9.1 Staff secondments are designed to be temporary arrangements or to offer developmental opportunities. There is no fixed limit on how long a secondment may last and many local authorities use extended secondment staff agreements. However, protracted secondments are not considered good practice and can give rise to legal challenges when an employee claims that the secondment arrangements have become permanent by reason of 'custom and practice'. The legal advice for RBC has been that continuing secondments beyond the 2 year point is not recommended, especially as many staff have indicated that a protracted arrangement is not what they would favour.
- 9.2 The Care Act received Royal Assent in 2014. It brings in new statutory duties and these need to be reflected in future plans for Mental Health integration, particularly the new wellbeing duty and extended responsibilities towards carers. The previous legal framework governing Adult Social Care is repealed by the Care Act.
- 9.3 Section 75 of the NHS Act 2006 provides for NHS bodies and local authorities to enter into arrangements for pooling resources when either the local authority is to exercise an NHS function or the NHS body is to exercise a health-related function of the local authority.
- 9.4 The Local Authority has a statutory duty to provide a sufficient number of Approved Mental Health Professionals (AMHPs) in order to carry out Mental Health Act assessments and this responsibility cannot be delegated. However there may be an

opportunity to work more efficiently with partner local authorities in supporting parts of the AMHP service.

10. EQUALITY IMPACT

- 10.1 An equality impact assessment was not relevant to the decision to approve the first phase of the mental health integration project. Similarly, terminating the secondment arrangements would not impact on service delivery or on staff terms and conditions. As the proposed joint commissioning strategy for mental health services is developed this is likely to identify potential service changes, at which point equality impacts will be identified in order to inform decision making in accordance with the Public Sector Equality Duty as set out in the Equality Act 2010.

11. FINANCIAL IMPLICATIONS

11.1 Revenue Implications

The net budget for the Mental Health Service provided by the Council is approximately £5m. This forms 9% of the overall Adult Social Care budget.

The original report envisaged that "Savings of approximately 4% of the budget (£200,000 per year) could be achieved by integration, but this may have to be equally shared between the NHS and the Council to ensure the NHS Trusts financial requirements are also delivered".

The current Transformation Programme led by RBC is set to deliver savings through the introduction of the Supported Living Accreditation Select List and review of current care packages. Additional savings are also possible with a review of the skill mix of teams and of pathways, with an increased focus on prevention and stronger links with CCGs and Public Health to ensure that service users, carers and other stakeholders receive training and support to develop community capacity and resilience. This is not dependent on a structural transfer and forms part of the efficiency savings programme for the service.

11.2 Capital implications and value for money

There are no specific capital implications arising from the Mental Health integration plans, although estates and value for money plus potential joint funding arrangements will be reviewed within the development of the joint commissioning strategy and in delivering the Mental Health efficiency programme.

11.3 Risks

The 2013 Cabinet report set out the case for the integration of the Council's Mental Health Service with local NHS provision. However, this case was made in a different economic and legislative climate. The resource implications of meeting Care Act duties presents a level of risk that means it would take a leap of faith on the part of the Trust and the Council to agree to any transfer of commissioning budgets at this time.

Similarly, without a clear commissioning strategy in place any transfer of staff and functions would also be a risk both to BHFT and to the Council, either of which may subsequently conclude resources have been tied into one structure/service prematurely.

The development of the Adults Mental Health Strategy will provide a more measured approach to developing services, community options and integrated care which will consider risk as part of the strategy. As such the strategy development provides a real opportunity to work in an integrated way across a much wider group than purely BHFT and RBC in order to bring parity of opportunity to people with mental illness.

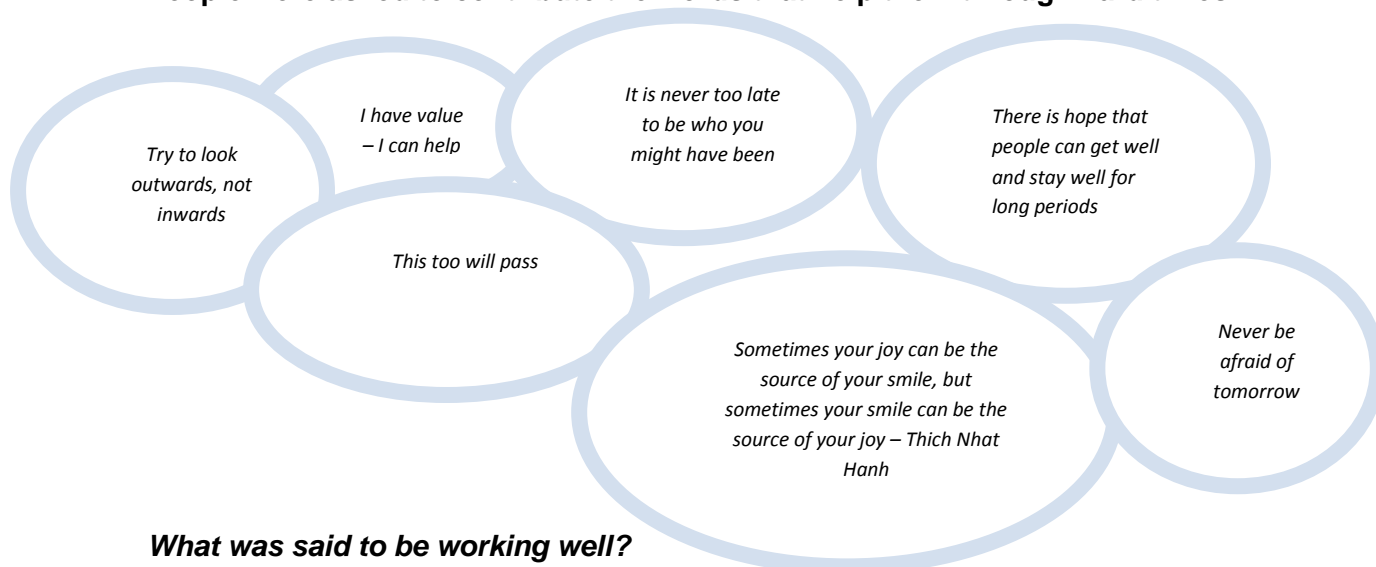
11. BACKGROUND PAPERS

Appendix One: "Have Your Say" conference
Appendix Two: Staff survey
Appendix Three: Performance 2010-2014
Appendix Four: Terms of Reference - Mental Health Strategy Group

Have Your Say – Adult mental health services within Reading – conference held 2nd December at Reading Town Hall.

Just over 60 people attended a conference to contribute their views to a partnership charter for working together and to outline their priorities for the future for the Reading area, nearly half of these were service users or carers.

People were asked to contribute the words that help them through hard times:



What was said to be working well?

Compass * wellbeing group * talking therapies * Common point of Entry (CPE) * older adults service* Post Traumatic Stress Disorder service * Sport in Mind * Learning Disability co-ordination from Berkshire Healthcare Foundation Trust (BHFT) *(some) GP services* peer support * Reading Your Way *Berkshire autism services *some very caring people and good care co-ordinators * some good communications within Prospect Park (but sometimes not outside of this with other agencies) * good medication in some cases

What could be better?

Some GP services having more training and time so they don't overprescribe medication instead of a range of support * less stigma and lack of understanding which should be addressed by information and training* some are seen as a diagnosis not as an individual with unique needs *information about where to go for support * liaison between Reading Borough Council (RBC) and BHFT * crisis team support sometimes minimise problems, are hard to contact (it was suggested that mystery shoppers review the service) * waiting lists for psychology are too long * rape support services for women should not be run by men * support where there is more than one diagnosis alongside of mental illness – e.g. learning disability, drug or alcohol problem, autism or head injury - A need for some specialist training and services around these areas * Joined up patient notes across East and West Berkshire but with a caution about ensuring that confidentiality is maintained *Training for employers, job centre, schools, the police, front door staff, the wider voluntary sector and the community about mental health* information needed about - mobile apps and technology. medication, earlier intervention and prevention * more involvement from service users and carers in deciding what is needed.

A charter for working in partnership towards positive mental health within Reading:

We will:

- * Listen to people and value their views
- * Make sure that everyone has good information about sources of support in a format that is easy to understand
- * Ensure that it is clear to understand how to access and use the sources of support available
- * Involve and provide for our diverse communities
- * Ensure that there is support for people *before* as well as during a crisis
- * Concentrate on the individual and their family/wider supporters needs
- * Look at the person and not the diagnosis, focus on recovery and strengths
- * Consider the impact of confidentiality when sharing information
- * Work together as services, service users and carers, voluntary, independent and faith sectors, employers and the community
- * Work together to actively challenge and break down the stigma of mental ill health
- * Value the importance of early intervention and promote good mental and physical health and wellbeing within the wider community

Themed discussions:

Recovery star and Wellness, Recovery, Action Plans (WRAP) – working well, received positively, request for more peer support around plans with people with lived experience supporting this. There should be choice about what works for people and also an acknowledgement that not everyone can or wants to recover.

Involving service users, patients, carers – more networking forums/groups, more input is needed into the way services work, including evaluation of services, ensure that there are beds when needed, people should have a named contact when using services. More to be done around employment and reducing stigma with employers.

What do you want from your G.P/primary care? – more options for progressive treatment, better communications about medication between GP and CMHT, Not just medication but looking at the bigger picture, more empathy and understanding needed generally, more training in mental health, learning disability, autism, appropriate referrals to CMHT.

Public Health, prevention and keeping well – Reduce stigma to make it easier for people to seek help, help reduce hate crime by educating the community, develop joined up holistic alternatives to medication and services, education in schools (Young ambassador project), promote GPs as a first contact, build communities including the use of Time banks, help join up the community, reach those who are hard to reach – e.g. BME communities, men (men in sheds project), reduce the reliance on the medical model, arrange more promotional events and training.

BHFT and RBC – Raise the profile of mental health, revamp the partnership board to feed into the Health and Wellbeing Board, Determine which stakeholder groups are working and learn from these, more focus on hard to reach groups and social prescriptions (social activity, sport, leisure), link GP services and mental health services together, bridge the gap between dual diagnosis, substance misuse, autism and other specialist services.

IRIS – Drug and alcohol services – More joined up working with mental health services including older people services, break down barriers within services, more work with health, housing, carers, social care and service users

Priorities for integrated working within Reading adult mental health services:

- ***Develop more ways to involve people who use services and their carers/supporters.***
- *Identification of pathways into and out of services – **from** how to access information about prevention types of support, self- help and voluntary services **to** how to gain help in an emergency and discharge follow up.*
- *A resource directory of support and advice and information*
- *Develop better information sharing and communications but be mindful of confidentiality*
- *Improve joined up working between GPs, voluntary, independent and faith sectors and drug and alcohol, autism, learning disability and mental health support and services*
- *Develop training for the community, front door staff and the statutory and voluntary sector about common mental health conditions and how to support each other*
- *Plans to be put in place to actively challenge stigma and campaign for mental health issues (Time to Change organisation may assist)*
- *Develop a holistic assessment model that focuses on prevention, recovery and the individual strengths and not solely on diagnosis or medication*
- *Review and improve crisis support services involving people who use or have used them*
- *Make sure that people who use services can have a named co-ordinator and face to face contact where possible*
- *Develop social prescribing and access to mainstream/community activities not just specialist mental health ones*
- *Improve waiting times for assessment and treatment*

These priorities will form an action plan that will be developed further with other groups over the next few months. **A big thank you to all who contributed in this start to working together from:**

Anna Grainger - RBC, Andy Kimber - RBC, Dr Gwen Bonner -BHFT, Jo Ambler – Berkshire Carers Support Group, Merlyn Barrett – Healthwatch Reading, Dr Rosemary Croft and Sarita Rakhra – CCG.

recovery and personalisation was stressed. Reviewing the skill mix seemed to be viewed favourably including better use of all disciplines including non professionally qualified roles such as community support workers.

Someone commented that there was a need to embrace 21st century mental health care. Others thought that there some issues about their workload being stressful due to shortages of staff and managers not always being available for decision making. There was a comment that the new management changes were positive.

The “friends and family test” was also used with 9 people likely or extremely likely to recommend the service to family or friends, and 9 people likely to recommend Reading mental health services as a place to work. In both cases three people were unlikely to with varying reasons such as their family did not live in the area or that people were not given enough time at appointments.

Summary:

The survey was by no means conclusive but the responses gave a balance between health and social care views of those people who did reply. Prior to the survey the project manager had met with a number of social care staff on a one to one basis so it may be that they had felt that they had already had their say and did not need to complete a survey – or that it might not make any difference.

Whatever the rationale, the survey provides a snapshot in time and a view that there are people who are open to some changes within both their teams and the wider service. This will be followed up in the review of the skill mix within the teams and the wider integration work.

Of the 17 people who responded 6 agreed that it was necessary for social work to be employed by the trust to improve outcomes for service users (4 of these were NHS staff), 6 did not know and 5 **disagreed**. This reflects the general view from interviews with RBC staff in that most were unsure of whether it would be of benefit for them to transfer into the Trust with some actively against this option. The survey and interviews form one part of the staff engagement concerning the evaluation of the employment options for the Reading integration project.

Anna Grainger Project Manager Reading Mental Health Integration, May 2015

Analysis:

The highlighted areas within the spreadsheet show those aged 18-64 and 65 plus with a Mental Health Primary Support Reason.

Over the period of 2013/14 there were only 14 ongoing direct payments in place - the remainder were one off payments. Direct payments for carers were also few. Data captured for the amount of advice and support (signposting) of carers was poor - this is now a Care Act requirement and measurement will need to be addressed

The number of clients with Mental Health Primary Support Reason receiving services has increased in line with other service areas.

The number of carers receiving services increased during 2013/14 largely due to the work of a social worker focussing in the Community Mental Health Team on carers.

All clients with DPs 1 April to 9 October 2014

Direct Payment - Employers Liability Insurance	5
Direct Payment - One off	63
Direct Payment - Weekly ongoing	172
Direct Payment to rep - One off	1
Direct Payment to rep - Weekly ongoing	2
Grand Total	243

MH clients with DPs 1 April to 9 October 2014

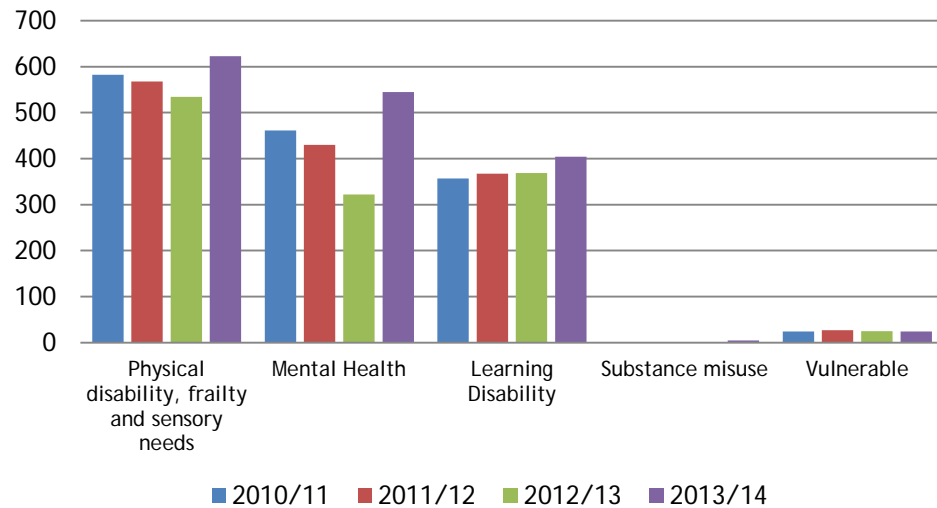
Direct Payment - Employers Liability Insurance	1
Direct Payment - One off	22
Direct Payment - Weekly ongoing	14
Grand Total	37
Percentage of all clients with DPs	15.23%

Mental health 2013/14 NASCIS RETURN	England Average	Reading
Proportion of gross expenditure on Nursing/Residential care Homes 18-65	22%	23%
Proportion of gross expenditure on day and domiciliary care for MH	40%	46%
Proportion of spend on Assessment and care management (social work)	28%	30.30%
Proportion of gross expenditure on direct payments	8%	4.40%

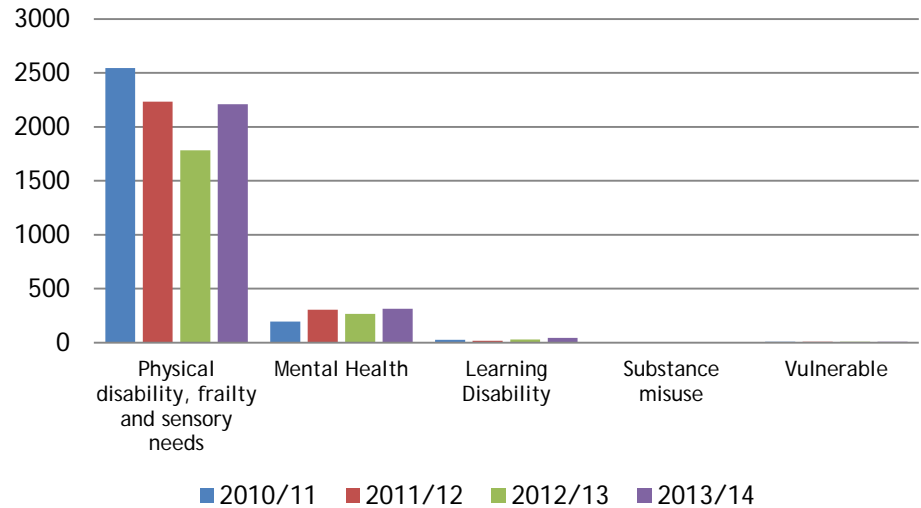
RAP P1 tables - Clients receiving services during the year

		2010/11	2011/12	2012/13	2013/14
Total number of clients		4202	3956	3338	4178
P1 page 1	18-64	1427	1392	1250	1601
18 to 64 age group by client category	Physical disability, frailty and sensory needs	582	568	534	623
	Mental Health	461	430	322	545
	Learning Disability	357	367	369	404
	Substance misuse				5
	Vulnerable	24	27	25	24
P1 page 2	65+	2775	2564	2088	2577
65+ age group by client category	Physical disability, frailty and sensory needs	2546	2233	1784	2210
	Mental Health	196	304	266	313
	Learning Disability	26	18	29	45
	Substance misuse				2
	Vulnerable	7	9	9	7

Clients receiving services during year age 18 to 64



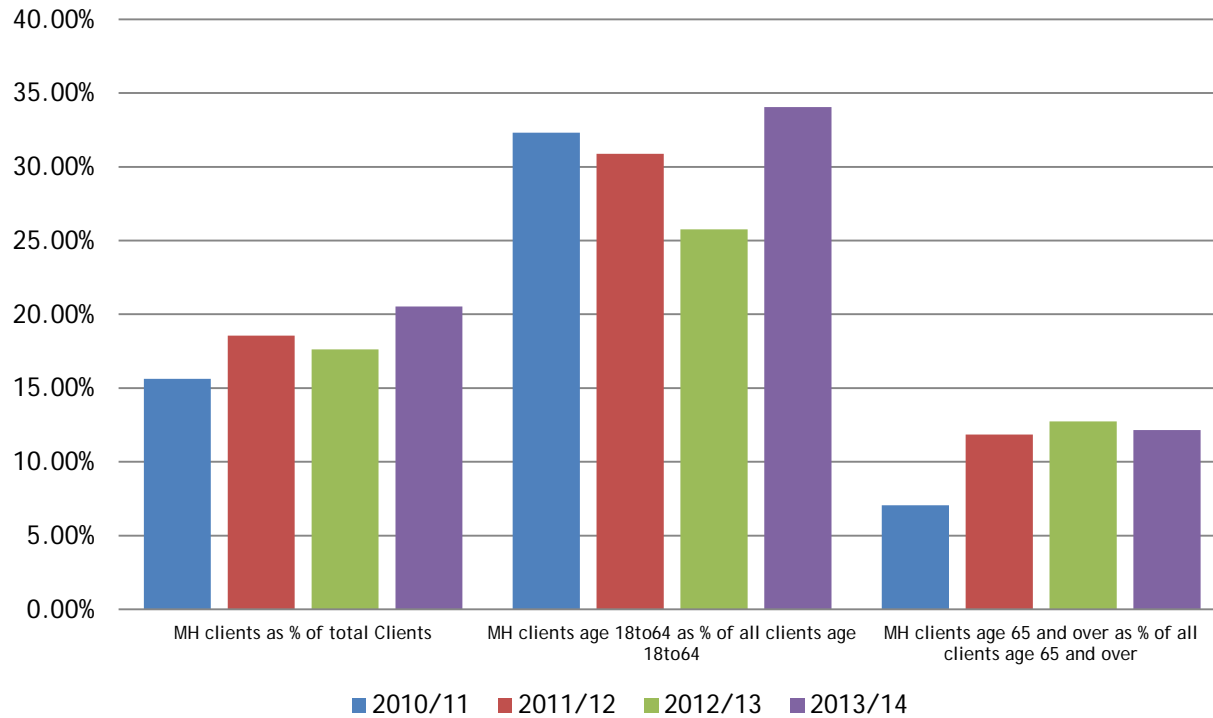
Clients receiving services during year age 65 and over



MH clients compared to all

	2010/11	2011/12	2012/13	2013/14
MH clients as % of total Clients	15.64%	18.55%	17.62%	20.54%
MH clients age 18to64 as % of all clients age 18to64	32.31%	30.89%	25.76%	34.04%
MH clients age 65 and over as % of all clients age 65 and over	7.06%	11.86%	12.74%	12.15%

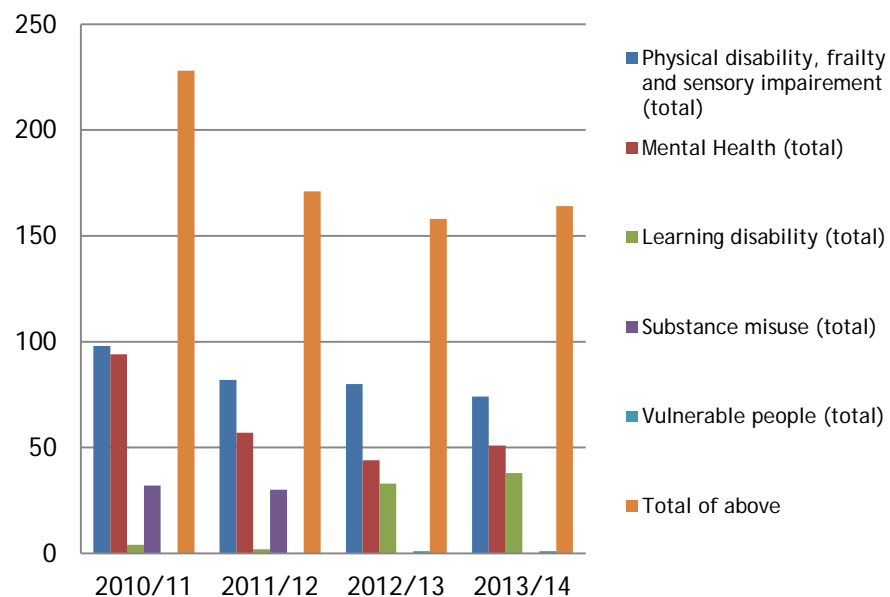
MH Clients compared to all (%)



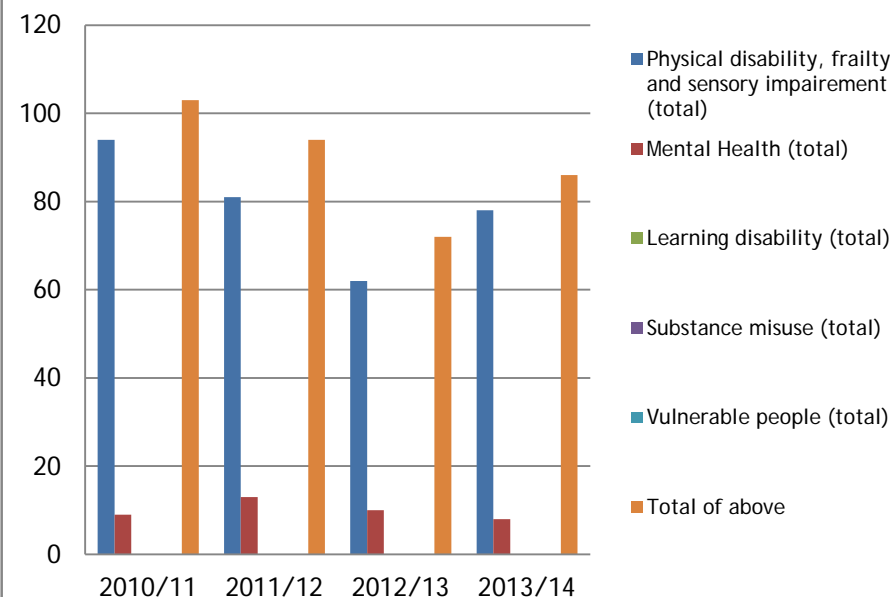
Number of clients with DPs during the year age 18 to 64	2010/11	2011/12	2012/13	2013/14
Physical disability, frailty and sensory impairment (total)	98	82	80	74
Of which: Physical disability, frailty and/or temporary illness	92	80	78	73
Hearing impairment	3	0	0	
Visual impairment	3	1	1	
Dual sensory loss	0	1	1	1
Mental Health (total)	94	57	44	51
Of which: Dementia	0	0	0	
Learning disability (total)	4	2	33	38
Substance misuse (total)	32	30	0	
Vulnerable people (total)	0	0	1	1
Total of above	228	171	158	164

Number of clients with DPs during the year age 65 and over	2010/11	2011/12	2012/13	2013/14
Physical disability, frailty and sensory impairment (total)	94	81	62	78
Of which: Physical disability, frailty and/or temporary illness	93	81	62	78
Hearing impairment	0	0	0	
Visual impairment	1	0	0	
Dual sensory loss	0	0	0	
Mental Health (total)	9	13	10	8
Of which: Dementia	6	11	6	3
Learning disability (total)	0	0	0	
Substance misuse (total)	0	0	0	
Vulnerable people (total)	0	0	0	
Total of above	103	94	72	86

Number of clients with DPs during the year age 18to64

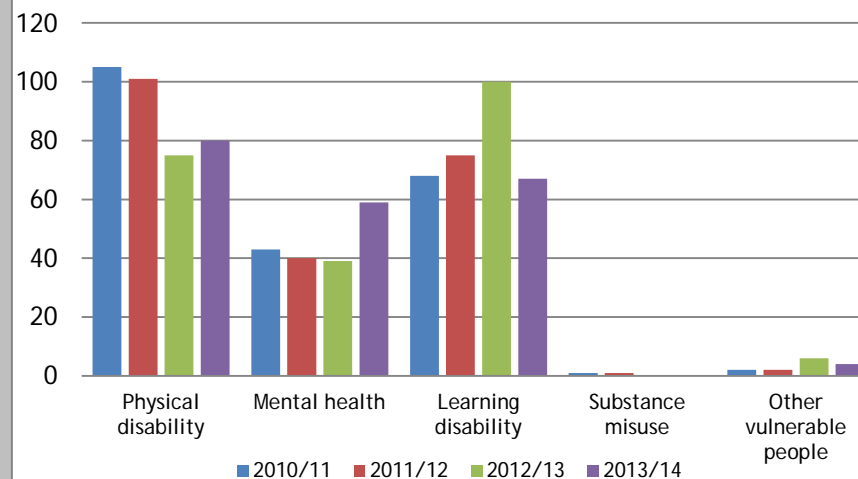


Number of clients with DPs during the year age 65 and over

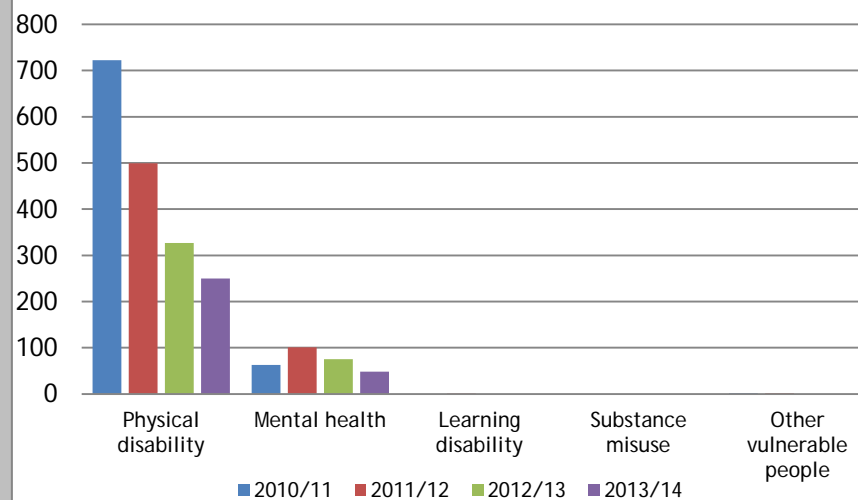


Services including respite for the carer and /or other carers' specific services				
Primary client type and age group of person cared for by the carer:	2010/11	2011/12	2012/13	2013/14
Aged 18 - 64				
Physical disability	105	101	75	80
Mental health	43	40	39	59
Learning disability	68	75	100	67
Substance misuse	1	1	0	0
Other vulnerable people	2	2	6	4
Total 18 - 64	219	219	220	210
Aged 65 and over				
Physical disability	722	499	327	250
Mental health	63	101	75	48
Learning disability	0	1	0	0
Substance misuse	0	0	0	0
Other vulnerable people	2	2	0	0
Total 65 and over	787	603	402	298
Total 18 and over	1006	822	622	508

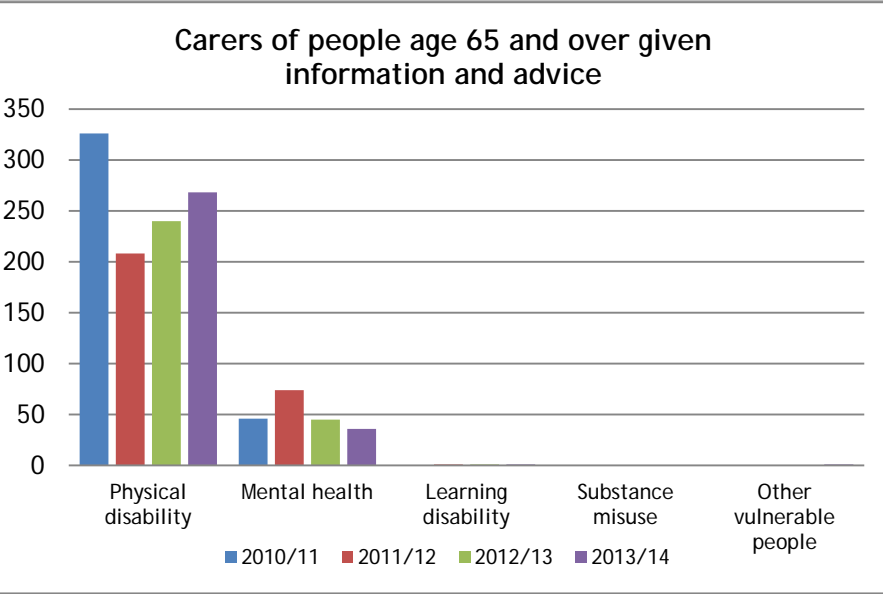
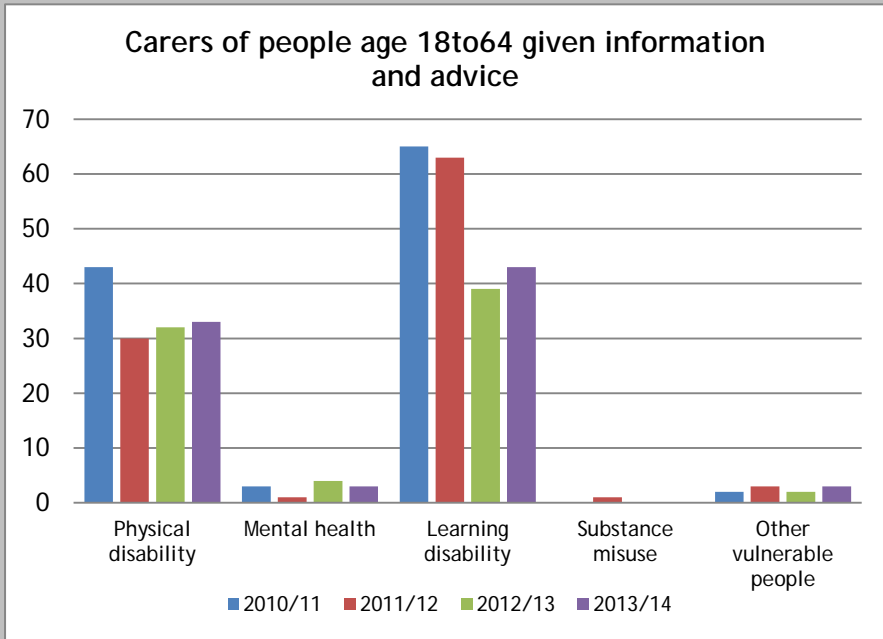
Carers of people age 18to64 with services



Carers of people age 65 and over with services



Information and advice only for Carers				
Primary client type and age group of person cared for by the carer:	2010/11	2011/12	2012/13	2013/14
Aged 18 - 64				
Physical disability	43	30	32	33
Mental health	3	1	4	3
Learning disability	65	63	39	43
Substance misuse	0	1	0	0
Other vulnerable people	2	3	2	3
Total 18 - 64	113	98	77	82
Aged 65 and over				
Physical disability	326	208	240	268
Mental health	46	74	45	36
Learning disability	0	1	1	1
Substance misuse	0	0	0	0
Other vulnerable people	0	0	0	1
Total 65 and over	372	283	286	306
Total 18 and over	485	381	363	388



Terms of Reference

Reading Mental Health Strategy Group

Document Revision History

Revision date	Author(s)	Change summary	Version
26/02/15	Anna Grainger	Initial document	26/2/2015

Approvals

Revision date	Author(s)	Change summary	Version

Purpose

This document details the Terms of Reference (ToR) for the Reading Mental Health Strategy Group.

1. Role and Reporting

The role of the Reading Mental Health Strategy Group is to:

- Oversee the development of adult mental health support within Reading and ensure that issues, risks and interdependencies are reported appropriately to the Reading Integration Board.
- provide a central point for the voices of service users and carers to be heard and acted upon, particularly informing recommendations for implementation
- promote initiatives to support mental wellbeing and resilience across a broad stakeholder group, including commissioners and providers across the statutory, independent, voluntary and community sectors
- share and co-ordinate information which will help inform the commissioning and delivery of services to meet needs effectively, safely and within budget.
- horizon scan, share best practice and information in order to be prepared for the future.
- Develop and agree a strategy and action plan to achieve the strategic aims of mental health services within Reading, Monitor the delivery of the shared action plan, including establishing short, time limited task and finish groups to achieve this as necessary.
- strive to ensure that the profile of mental health issues is raised and that outcomes for people who use mental health services and their carers are improved.

2. Responsibilities

- Oversee the Reading Mental Health Strategy Group action plan.
- All members to have a responsibility to gather relevant information to feed into the group and to feed relevant information out from the group as determined by the group.

- The group will not be delivering plans specifically for CAMHS (child and adolescent mental health services) nor people with dementia which are covered elsewhere, although consideration will be taken to ensure that any plans should not adversely affect these areas.

3. Membership of the Group

3.1. Core Membership

Service user and carer reps to be requested via expression of interest
Head of Adult Social Care - Reading Borough Council
 Commissioning *Berkshire West Clinical Commissioning Groups*
Representative – South Reading CCG
Representative – North and West Reading CCG
 Head of Mental Health Reading locality – Berkshire Healthcare Foundation Trust
 Adult Mental Health Service Manager– Berkshire Healthcare Foundation Trust
 Reading Integration Programme Manager
 Lead for Mental Health Commissioning - Reading Borough Council
 Public Health – Reading Borough Council
 Healthwatch Reading
 RBC – Preventative Services Development Manager
 Project Manager for Mental Health - Reading Borough Council
 Healthwatch Reading
 BHFT – PALS representative

3.2. Additional Attendees

The following additional attendees will be invited as required:

- Specialist reps and leads from task and finish groups, guest speakers.

3.3. URGENT MATTERS BETWEEN MEETINGS

In the event of an urgent matter arising between meetings that cannot wait for resolution until the next scheduled meeting, a virtual meeting will be convened, this will determine recommendations for consideration. Such meetings should consist of at least one person from each of the following – service user rep, carer rep, BHFT rep, RBC, voluntary and CCG rep in order to be quorate.

4. Decision-Making

Decisions with a material impact on key organisations will require sign off from a minimum of the Reading Integration Board. The Integration Board will determine what to feed through to the Health and Wellbeing Board and what to feed to the Strategy group.

5. Frequency of Meetings

The strategic group will meet on a quarterly basis.

6. Confidentiality

All members of the group have a duty of confidentiality regarding all information disclosed by Partners. There will be occasions when selected information must not be disclosed outside the Reading Mental Health Strategic Group. The person disclosing such information to the Group is responsible for identifying it as confidential at the time it is given, and for ensuring that its confidential status is identified in all relevant written material. Any challenge to the confidentiality of information given to the Reading Mental Health Strategy Group will be referred to the Chair, whose decision on the matter will be final.

7. Conflicts of Interest

A conflict of interest is where an individual has a direct or indirect pecuniary or non-pecuniary interest in a matter that is being discussed. These can be defined as follows:

- A **direct pecuniary interest** is when an individual may financially benefit from a decision (for example moving services to them from an alternative provider)
- An **indirect pecuniary interest** is when an individual may financially benefit from a decision though normally via a third party (for example where an individual is a Commissioner, member or shareholder in an organisation that will benefit financially from the consequences of a reconfiguration decision)
- A **direct non-pecuniary interest** is where an individual holds a non-remunerative or not-for profit interest in an organisation (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract)
- An **indirect non-pecuniary interest** is when individual may enjoy a qualitative benefit from the consequence of a decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house)
- In addition, where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this will constitute a conflict of interest.

The Group members must follow the Conflicts of Interest Policy if they are bound by one by their appointing organisation.

7.1. Main Control Documents

- 1) Quarterly highlight / status reports
- 2) Project Initiation Documents (PID's), Business Cases for submission to the Integration Board
- 3) Delivery milestone plans for submission to the Integration Board
- 4) Where required an Issues / Risk and Dependencies log

These documents will also be used to update the Integration Board.

8. REVIEW OF TERMS OF REFERENCE

Given the evolving nature of integration these Terms of Reference will be reviewed as required.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, & EARLY HELP SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	15
TITLE:	ABSCONDING FROM PSYCHIATRIC HOSPITALS		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	COUNCILLOR HOSKIN LEGAL & DEMOCRATIC SERVICES	WARDS:	HEALTH BOROUGHWIDE
LEAD OFFICER:	SIMON HILL RICHARD WOODFORD	TEL:	0118 937 2332 / 937 2303
JOB TITLE:	PRINCIPAL COMMITTEE ADMINISTRATORS (SCRUTINY)	E-MAIL:	Richard.woodford@reading.gov.uk Simon.hill@reading.gov.uk

1. EXECUTIVE SUMMARY

- 1.1 This report recommends that the Committee, as the Council's health scrutiny body, set up a Task and Finish Group to investigate the recently reported issue of an increase in mentally ill absconders from psychiatric hospitals and in particular from Prospect Park Psychiatric Hospital in Reading.

2. RECOMMENDED ACTION

- 2.1 That a task and finish group be set up to investigate the issues behind the increase in the number of mentally ill patients absconding from psychiatric hospitals and in particular from Prospect Park Psychiatric Hospital in Reading;
- 2.2 That the Committee appoint a Chair and agree the membership of the task and finish group.

3. POLICY CONTEXT

- 3.1 Recent articles in the press, notably in The Times on 15 May 2015 and The Reading Chronicle on 28 May 2015, have highlighted the increase in the number of mentally ill patients absconding from care. It has been reported

that more than 15,300 mentally ill patients have walked out of hospitals in the previous four years and that the Berkshire Healthcare NHS Foundation Trust has seen an increase of 572% in absconding, from 18 to 121, between 2011 and 2014. In fact a mental health patient absconds or leaves a Berkshire psychiatric ward without permission on average of once every 36 hours according to Foundation Trust data.

- 3.2 In addition to what has been reported in the press the Council has received correspondence from a resident of the Borough who has a keen and personal interest in the issue, which has been circulated to the Chair of the Committee and the Lead Councillors for Adult Social Care and Health. Concern has also been raised by local Ward Councillors.

4. THE PROPOSAL

- 4.1 The Committee is asked to appoint a Chair and agree the membership of the task and finish group to carry out a scrutiny review of this issue. The task and finish group will then meet to discuss and agree the timescale and format of the review as part of a more detailed scoping and planning process, with the aim of submitting a report on their findings to the meeting of the Adult Social Care, Children's Services and Education Committee on 5 November 2015.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 Corporate Plan priority: safeguarding and protecting those that are most vulnerable.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 The findings of the review will be shared with health colleagues and will be available to all interested parties and the wider community.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 An Equality Impact Assessment is not relevant to this report.

8. LEGAL IMPLICATIONS

- 8.1 The Committee's terms of reference state that the Committee will undertake the health scrutiny functions of the local authority under Section 244 of the National Health Services Act 2006 as amended by Sections 190 and 191 of the Health & Social Care Act 2012.

9. FINANCIAL IMPLICATIONS

- 9.1 None arising from this report.

10. BACKGROUND PAPERS

10.1 Articles in The Times on 15 May 2015 and the Reading Chronicle on 28 May 2015.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	16
TITLE:	CARE ACT IMPLEMENTATION UPDATE		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	WENDY FABBRO	TEL:	0118 937 2094
JOB TITLE:	DIRECTOR OF ADULT CARE & HEALTH SERVICES	E-MAIL:	Wendy.Fabbro@reading.gov.uk

1. PURPOSE AND SUMMARY OF REPORT

- 1.1 This report summarises the new duties set out in the Care Act 2014 ("the Act"); and Reading's Adult Social Care Service response and performance against them in relation to those parts of the Act which came into effect from April 2015.
- 1.2 Where the local authority was given discretionary powers under the Act, local policies were prepared or refreshed to describe how these will be used. These local policies were developed in the light of feedback gathered through a public consultation on the local implementation of the Act, and an Equality Impact Assessment of the proposed approaches. Where these policies have been utilised since April 2015, feedback is provided in this report.
- 1.3 This report also summarises the proposed¹ Funding Reform changes to be implemented in April 2016 as part of the Act and the Council's planning so far in relation to these, i.e. provisions in relation to a cap on care costs and the offer of care accounts to people who fund their own care. A significant element of the Care Act Programme Office work for the remainder of 2015 will be preparing for the 2016 changes.

¹ Note these are based on Draft regulations. Final regulations are scheduled in the Autumn.

2. RECOMMENDED ACTION

2.1 That the Adult Social Care Children's Services and Education Committee notes:

- a) the performance of the Council thus far in relation to the changes implemented in April 2015 as a result of the Care Act;
- b) the proposed changes as a result of the funding reforms which the Care Act will introduce from April 2016; and
- c) the ongoing risks to the budget and resources required to deliver on these increased duties.

3. BACKGROUND

3.1 The Care Act updates over 60 years of law on Adult Social Care in England. The changes affect how councils support people with care and support needs - whether they get support from the Council or not - and carers. Most of the changes came into effect in April 2015. There were some changes to funding for care in 2015, but the rest of the funding reforms (such as the introduction of a cap on the amount that someone pays for their care costs) start from April 2016.

3.2 Part 1 of the Act focuses on Adult Social Care reform. The main provisions are as follows.

- Local authorities now have a broader care and support role towards their local communities, with an emphasis on preventing care and support needs from increasing.
- Councils have new duties to consider physical, mental and emotional wellbeing and to provide information to those needing care.
- Eligibility for Adult Social Care is determined on the basis of national criteria in place of locally determined thresholds.
- Unpaid/informal carers now have 'parity of esteem' with those they care for, meaning that more carers are entitled to an assessment of their own needs and local authorities are under a new duty (in place of a discretion previously) to meet carers' own eligible needs for support.
- The Care Act gives councils new obligations to shape the local care market so as to promote quality and choice.
- There will be a new limit on the total amount which people will be liable to pay towards their care costs (a care cap). Younger people who already have care needs before they turn 25 will receive free adult care and support.

3.3 The second part of the Act relates to care standards, providing the Government's legislative response to the Francis Inquiry into the failings at Mid-Staffordshire hospital. The third part of the Act establishes two new non-departmental bodies - Health Education England to oversee education and training for health care professionals, and the Health Research Authority to

'protect and promote the interests of people in health and social care research'. The fourth part of the Act contains technical matters.

4. PREVENTION AND INFORMATION AND ADVICE

- 4.1 The Care Act gives councils new responsibilities to make sure that people can access services that prevent their care or support needs from becoming more serious, and get the information they need to make good decisions about care and support.
- 4.2 The Council supports people to stay well and independent through its own services, such as the Reading Services Guide (RSG) which is an online tool that helps people to find out about care and support or other local provision. Although it is an online tool the information is available in other formats and is often used as a basis for sending tailored information by post or at a person's own request as a text message. The number of unique visits to the RSG has grown steadily over the last year. In April and May 2015 the number of visits to the RSG was 29,461 compared with 8,274 from the same period last year.
- 4.3 The Adult Social Care Information and Advice Plan 2015 sets out the Council's focus on information and advice both in preventing care or support needs from worsening and also in making choice and control over services a reality for those with support needs. This Plan continues to be developed with service users and partners, and will include a refresh of the relevant pages of the Reading Services Guide, the 'care and support' pages of the Council's website and the Council's printed leaflets this summer. The emphasis will be on targeting information more effectively, and supporting people to make the most of Personal Budgets, such as using Personal Assistants to open up their access to a wider range of services. Support to employ a Personal Assistant is available from the Council and from a local user-led organisation, ENRYCH, and increasing awareness of this support will be a focus this year.
- 4.4 There is more development work to be done to make best use of systems to understand the effectiveness of our preventative offer. We are developing a performance framework for the Act and information from the corporate system will feed into this to help us understand what is happening at the front door in terms of prevention.
- 4.5 Under the Act, councils have a new responsibility to facilitate people's access to independent financial advice when they could benefit from this in planning to meet care costs. The new duty includes supporting people to access both unregulated and regulated financial advice.
- 4.6 The Council has entered into a partnership arrangement with My Care My Home to provide this support - to people signposted to My Care My Home from the Council and to Reading residents who approach My Care My Home direct. Across April and May 2015, 12 Reading residents accessed this service, 4 of

whom went on to receive regulated financial advice. Councils of similar demographics would expect to see a steady increase after the first quarter aiming for approximately 10 referrals per month. This will be closely monitored but there is more work to be done to give us the assurance that the practice is embedded.

4.7 The Reading Borough Council Prevention Framework 2015 refreshes the previous Prevention Framework, published in 2011. This sets out the Council’s response to a new legislative framework, in which supporting a preventative approach to care and support becomes a clearer duty of the local authority in place of recommended good practice. The new Framework also highlights the importance of a neighbourhood focus in developing preventative services - to build on people’s strongest community connections, and to offer early help from familiar locations.

4.8 The Prevention Framework 2015 was developed through the Council’s Care Act implementation consultation including a series of workshops with local voluntary and community sector organisations. The Framework is underpinning the Council’s approach to re-commissioning support for wellbeing from voluntary sector providers from April 2016. This will include:

- re-commissioning a Carers Information Advice & Support service across Berkshire West (jointly with neighbouring local authorities and the Berkshire West Clinical Commissioning Groups);
- commissioning support for people with mental health needs through a ‘recovery college’ approach (jointly with the Reading Clinical Commissioning Groups and the local further education college); and
- inviting bids for grant funding to support wellbeing through a new framework designed to encourage collaboration and the development of new approaches

4.9 The ‘Promoting and Supporting Wellbeing’ Bidding Framework invites proposals for use of Adult Social Care and Public Health grants under the following themes.

Theme	Service type
Help to navigate care and support services	Targeted information and advice for people with current or emerging care and support needs
Self advocacy and peer support	Self advocacy services for adults with a learning disability
	Services to facilitate peer support and training for families affected by long term health conditions
Supporting carers to take breaks and enjoy a life outside caring	Replacement care (respite) services delivered at home or in the community, which provide opportunities for unpaid carers to

	take time away from caring or enjoy social contact
Reducing the impact of illness	Supporting people to re-settle at home following a period of hospitalisation
Connecting people and communities to reduce loneliness	Opportunities for vulnerable adults to enjoy social contact

- 4.10 There is more work to be done to give us the assurance that the wellbeing principles in the Act are being fully addressed. One way to do this would be by creating a wellbeing strategy or similar in conjunction with key partners including public health. Work will progress on this in the Summer.
- 4.11 The Care Act gives councils the power to charge for preventative services (beyond a prescribed list of services which must always be provided free of charge - including social care assessments and up to 6 weeks of re-ablement support for those identified as likely to benefit). However, the Council's Plan for Adult Social Care², commits the Council to managing demand through services that promote wellbeing and slow or prevent the demand for statutory services. Applying a charge for preventative services could deter take-up, in which case it could easily transpire to be a false economy. Accordingly, the Council's Prevention Framework (2015) includes provisions that:
- o Adult Social Care's preventative services are provided free of charge to those identified as likely to benefit; and
 - o Adult Social Care's directly provided carer services are provided free of charge to eligible carers.

ADULT SOCIAL CARE ASSESSMENTS AND ELIGIBILITY - FOR PEOPLE WITH SUPPORT NEEDS AND CARERS

- 5.1 From April 2015, eligibility for Adult Social Care has been determined against a national standard. The new national eligibility threshold had been described as "broadly similar" to the "substantial" threshold which was applied in Reading pre April 2015. However, a desktop review of cases indicated that more people would be eligible for Adult Social Care than were previously once new threshold was applied. This exercise also showed that people with lower levels of need could have those needs met through professional support or signposting to other sources of information and advice, though.
- 5.2 From April 2015 new assessment tools have been used to determine & record eligibility and the impact on a person's wellbeing based on the new national criteria. People making contact with Adult Social Care for the first time are offered a self assessment option or the opportunity to be put through to an advisor to discuss their situation straight away. If people are shown to be ineligible for Adult Social Care support at this stage they are provided with information and advice about services available in the community that could support them, including information on accessing the Reading Services Guide

² Approved by Policy Committee in September 2014

so they are equipped to make their own future enquiries. Equally, if someone is eligible for support, preventative services are still considered as part of the whole package of care.

- 5.3 The numbers of completed assessments since 1st April 2015, and of those the number of eligible services users, is presented below. This incorporates last year's activity as a comparison. It is very early in the financial year to be identifying any trends/impacts and the numbers of assessments has decreased in the first two months compared with last year. However the spike in numbers of those eligible for services in May 2015 (85%) compared to previous months could be an indication of the impact of the new eligibility criteria. This could also indicate that further training is required in our teams to embed the elements of the Act. Ongoing monitoring of this this will enable us to understand further.

Eligibility		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Number of clients with completed assessments	2014/15	163	171	164	153	182	176	170	106	122	152	130	151	1840
	2015/16	117	144											261
Number of people assessed as eligible for services	2014/15	110	118	105	115	124	128	109	73	75	106	91	124	1278
	2015/16	73	123											196
Percentage of people assessed who are eligible for services	2014/15	67%	69%	64%	75%	68%	73%	64%	69%	61%	70%	70%	82%	
	2015/16	62%	85%											

- 5.4 As it so important that people can be engaged fully in their social care assessment - and later their support planning and then review - the Care Act introduced new rights to independent advocacy in certain circumstances. The local authority must arrange to provide this independent advocacy where someone would experience 'substantial difficulty' in being involved in an assessment, review or support planning and there is no one appropriate who is available to support them. 'Substantial difficulty' can relate to understanding relevant information, retaining information, using or weighing the information, or communicating views and wishes. Since 1st April 2015, 7 people have accessed this service, 5 of whom have been younger adults with a learning disability and 2 of whom were older people. Modelling based on the Government's Care Bill Impact Assessment indicates Reading could need to commission 4,346 hours of independent advocacy to support assessments and reviews (including support planning) this year at an annual cost of £130,369. Although demand to date seems to fall below this, it is common that a new service takes time to embed before all of those eligible take up the service. However we need to closely monitor this to ensure the low numbers do not indicate that this has not been embedded into care management practice.

- 5.5 Under the Care Act, any adult carer of another adult is be entitled to a carer's assessment on the appearance of need (and young carers, and carers of children with additional needs, acquire parallel rights but these are predominantly set out under the Children and Families Act 2014 rather than the Care Act). The Council anticipates a significant increase in the volume of carers' assessments following the national rule changes as awareness of the new rights should bring more carers into contact with the local authority. In

addition, the Care Act requires local authorities to be more proactive in identifying carers and offering carers' assessments. This is being taken forward operationally and through wider public and partnership work, including publicity and events to mark Carers Week from 8th to 14th June. Again, though, it often takes time for awareness of new rights to embed and the relatively low numbers of carer assessments in 2015 to date is not necessarily indicative of future trends.

5.6 The Act set out national eligibility standards for carers for the first time and gives carers the right to services in their own right if they meet the national criteria. Prior to April 2015, Reading already offered direct support to carers in the form of a Direct Payment scheme based on 'banding' the impact of caring. Consultation feedback confirmed that this approach is popular with carers, and it has therefore been retained as one of the ways in which eligible carers can have their support needs met now. The Council continues to offer a range of services to promote carer wellbeing, keeping processes proportionate from very light touch through to more detailed support planning for carers with more complex needs. It is anticipated that meeting the new duties will increase the number of carers in touch with the local authority in due course and additional resource has therefore been secured to meet this demand.

5.7 The numbers of completed carers assessments, and of those the number of eligible carers, is presented below. This incorporates last year's activity as a comparison. We did note a reduction in the number of carers assessments processed in April this year compared to last. Officers noted a spike in applications in March prior to the end of the financial year and consider this to be a factor in the lower numbers in April. Although it is very early to identify any trends to date we have not seen a significant increase in the volume of carers assessments which was expected. However, because of the potential financial impact this is being closely monitored.

Carers														
Number of carers assessed	2014/15	59	50	39	60	39	44	43	26	33	27	30	59	509
	2015/16	31	56											87
Number of carers eligible for services	2014/15	51	42	34	51	33	40	39	21	28	22	29	49	439
	2015/16	25	51											76
Percentage of carers eligible for services	2014/15	86.44%	84.00%	87.18%	85.00%	84.62%	90.91%	90.70%	80.77%	84.85%	81.48%	96.67%	83.05%	86.25%
	2015/16	80.65%	91.07%											

5.8 To provide assurance regular case audits will be undertaken to ensure all new duties in the Act are embedded into practice. Initially these will be bi monthly but may move to quarterly subject to the outcome of the audits. This will enable officers to understand any gaps and offer tailored support across the service areas. The first audit commenced at the beginning of June and will be presented to managers in early July.

5.9 Resources have been re-aligned across the Adult Social Care System to manage the anticipated additional demands of the Care Act as a result of the change in eligibility criteria for adults and their carers, the additional information and advice requirements and the administration of services resulting from the new

rights for Carers. These resources are being moved across the system to manage the additional demands and temporary posts being kept under review.

6. MARKET SHAPING & DUTY OF CANDOUR

- 6.1 The Care Act gives councils new obligations to shape the local care market so as to promote quality and choice. Reading's first Market Position Statement (MPS) for Adult Social Care has been developed with providers and users of services as a key part of meeting the Council's new market shaping obligations. The MPS has now been published and sets out what services the Council will be seeking to develop over the next few years and how, based on how local demand and preferences are changing. This is very much a live document and will be updated alongside providers based on trends in the market. The MPS is being used with providers to continue to shape a sustainable local care and support market place.
- 6.2 The Care Act requires councils to create a provider failure strategy to address the issues that arise when a key provider in their area is failing due to financial or quality issues. The strategy locally is still in development and needs to include business continuity plans for key providers. This duty could also be met as a Berkshire West initiative and these discussions are taking place.
- 6.3 Regulations made in October 2014 placed NHS bodies under a Duty of Candour to patients. This duty has now been extended to all providers registered with the Care Quality Commission (e.g. residential homes and home care providers), including those in adult social care. The duty of candour is to "act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity." If a "notifiable safety incident" occurs, relevant persons must be given full detail (in person, and followed up in writing), an apology and support.
- 6.4 In the adult social care context, a 'notifiable safety incident' is a serious incident resulting in death, impairment, prolonged pain or prolonged psychological harm. The duty does not specifically extend to notifying service users who have not been directly affected, but CQC Guidance requires providers to "promote a culture that encourages candour, openness and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning." Providers are required to have systems in place for handling notifiable safety incidents.
- 6.5 As the council is a provider the duty equally applies and work is underway with managers to ensure this duty is embedded into local policies and practice. This is still at an early stage and will need to be monitored by Service Managers. With regard to external providers we have been raising awareness of this Duty at contract & quality monitoring meetings and quarterly Care & Support conferences. Reading has a clear commitment to the Duty of Candour and will support providers to meet their duty and actively test it is being adhered to in monitoring meetings. By the end of this quarter Reading will have written to

all providers about the requirements and our expectations in relation to them as well as updating our Quality Monitoring Policy to reflect the duty. Furthermore the September Care & Support Conference will have a dedicated focus on the Duty of Candour with a session led by the Care Quality Commission.

7. CHARGING FRAMEWORK FOR SOCIAL CARE

General

7.1 The Care Act repealed the previous legislation which gave local authorities the power to charge for services, but allowed the Council to continue to operate a charging system based on the Act alongside the Care and Support (Charging and Assessment of Resources) Regulations 2014. As noted in the paper presented to the Committee in March 2015 a Reading Borough Council Care and Support Charging and Financial Assessment Framework (2015) ("the local Charging Framework") has been developed accordingly, drawing on stakeholder engagement and feedback, and incorporating:

- Deferred Payment Agreements Policy
- Interim Funding Policy
- Choice of Accommodation and Additional Payments Policy
- Charging and financial assessment policies for care and support (in care homes and non-residential care)
- Charging schedules relating to the above

7.2 The local Charging Framework replaced previous local policies. The new framework has been embedded into practice and is actively used to administer charging processes.

Choice of accommodation

7.3 The Care Act requires councils to set out people's rights to choose more expensive accommodation than may be necessary to meet their assessed needs. These rights generally apply if there is someone else - other than the person needing the accommodation - who is willing to pay the difference between the assessed necessary cost and the actual care home fee. This difference is known as a 'third party top up'.

7.4 The Council already allowed third party top up arrangements for people choosing a more expensive care home prior to April 2015 provided the third party had been assessed as able to meet the ongoing costs. The Care Act requires councils to extend their local choice of accommodation policies to other sorts of supported accommodation, such as Extra Care Housing or Shared Lives schemes. The Council's Choice of Accommodation Policy has been updated to reflect this.

7.5 The Council continues to manage the administration of the third party top ups and details are recorded on our systems. This enables us to gain knowledge of provider rates and proactively manage situations where the third party top up can no longer be paid. There is more work to be done to give us the assurance

that the system is robust and people fully understand their options with regard to third party top ups.

Deferred payments

- 7.6 There are situations where someone needs to sell their home to pay for their residential care costs. (This usually doesn't affect family homes which are still occupied after one person moves into residential care by a spouse or a relative who is aged over 60 or is disabled.) This means some people are able to put off the sale of their home in their lifetime by having an agreement that the Council pays towards their care home fees then reclaims the amount spent after the service user dies and their former home is sold then.
- 7.7 Under the Care Act, councils must offer a Deferred Payment Scheme and to a broader range of people than would have been eligible under the previous local scheme. Because of the additional costs which councils will incur in operating the new Deferred Payment scheme, local authorities have the power under the Act to make a charge which covers these costs. The fees charged from April 2015 are £783³ per agreement for set up costs with ongoing fees of £100 per year. These rates will be reviewed annually.
- 7.8 The Council didn't anticipate a large increase in the number of Deferred Payment applications from April 2015 because Reading already provided this service ahead of the Care Act mandate and had very few clients utilising deferred payments. Since April 2015 a deferred payment agreement has been agreed for one person. There is some more work to be done to test the extent that people are aware of deferred payments and whether it is an option for them.

People who fund the full cost of their care and support

- 7.9 People who have income or savings above the financial eligibility thresholds are responsible for meeting the full costs of their social care, apart from the free services that Local Authorities must provide e.g. assessment etc. People who self-fund their care can still approach the Council for information and advice about services, however, and there is no charge for this.
- 7.10 Under the Act, if someone has assessed needs which can best be met in their own home (rather than in residential care) then even though they may not be eligible for public funding towards those care costs, they can still ask their local authority to arrange their care. The Council has the power to charge for these services.
- 7.11 From April 2015 a charge has been implemented; a set up fee of £182 and ongoing fees £65 per year. No self funders have made use of this service so far. However, it is too early to say whether this service will be utilised more fully going forward and therefore what the resource implications will be. This

³ This includes all legal costs, land registry fee plus other Council administration costs

will be monitored closely and some work is scheduled to help us to understand why self funders haven't accessed the service to date.

8. CARE ACT CHANGES FROM APRIL 2016

General

8.1 In the current system if someone's capital assets (such as savings and investments) are more than £23,250, they will pay the full cost of their ongoing care and support. There is no limit on how much someone may spend over their lifetime - but this could be a large amount of money for some people. From April 2016 in line with the Funding Reform changes in the Care Act this will change⁴. The Care Act introduces the cap on care costs which is a limit to how much people have to pay towards their care and support needs over their lifetime. The Government will set the cap at £72,000 for older people and is considering options for a different approach for working-age adults with care and support needs. In addition there are proposed changes to financial support as the Act increases the amount of capital assets a person can have (such as savings and investments) and still receive financial help with care and support costs so more people will be eligible for financial help.

8.2 A full analysis of the funding reform requirements set out in the draft regulations is included as Appendix 1. This highlights the complexity of messages and administrative and financial burdens being proposed for implementation in April 2016.

Planning for April 2016

8.3 Officers have commenced work to scope the Council's options for implementing the funding reform changes taking into consideration the resource implications. Locally we are seeking to maximise the use of technology to administer these changes including the use of a citizen portal to allow our customers to engage with Adult Social Care through this channel. Work is progressing with our existing IT supplier to ensure developments are undertaken to provide a solution that is fit for purpose.

8.4 Finance Officers are fully engaged in this process and have been undertaking modelling work using national tools provided in 2014 to help us understand the impact locally. It had been proposed that further national models would be prepared and disseminated to local councils to aid more detailed modelling for 2015 and beyond. These have not materialised and therefore officers are required to develop local models which may prove to be less reliable.

8.5 Based on the initial modelling we are expecting a little over 500 self funders to present themselves in 2015-16. These self funders will all need to be assessed to understand their eligibility, allocated an Independent Personal Budget and have Care Accounts set up. This represents a significant increase in activity given that the Adult Social Care service fully assessed 1,840 people

⁴ The details provided are based on DRAFT regulations. Final regulations are due to be published in the Autumn

within our existing resources in 2014-15. The increase represents an additional 30% increase in assessments.

- 8.6 Preparation work will continue based on the published deadlines however the Council in line with a number of organisations responded to the recent consultation on the draft regulations that the timescales for implementation were extremely tight and the potential risks were huge.

9. CONTRIBUTION TO STRATEGIC AIMS

- 9.1 The proposals outlined in this report are consistent with the Council's 3-5 Year Plan for Adult Social Care approved by Policy Committee in September 2014. Adopting the policies which are proposed to govern Care Act implementation in Reading will also contribute to meeting the following priorities set out in the Council's Corporate Plan 2015-18:

- Ensuring that all vulnerable residents are protected and cared for;
- Enabling people to live independently, and also providing support when needed to families;
- Ensuring care and support provision is effective and of good quality;
- Building capable communities for local people to become more involved and help themselves
- Changing the Council's service offer to ensure core services are delivered within a reduced budget so that the council is financially sustainable and can continue to deliver services across the town; and
- Co-locating services with partners to have better joined up services and community hubs so that residents have better access to services.

10. COMMUNITY INVOLVEMENT

- 10.1 A public engagement exercise was started in 2014-15 to raise awareness of the changes introduced by the Care Act, to address queries and concerns about how the changes would be applied for April 2015, and to seek community feedback to inform how Reading Borough Council should apply the various discretionary powers conferred on local authorities by the Act.
- 10.2 It is likely that the further public engagement will be required whilst considering the introduction of the funding reform changes for April 2016. This will need to be scheduled later in the year, closer to the date when the final regulations will be published.

11. LEGAL IMPLICATIONS

- 11.1 The Care Act received Royal Assent in 2014. It brings in new statutory duties for local authorities with social care responsibilities, and also confers a series of powers on local authorities in relation to the provision of Adult Social Care.

The previous legal framework governing Adult Social Care is repealed by the Care Act.

- 11.2 The provisions of the Care Act which come into effect from April 2015 are regulated by Statutory Guidance published in October 2014. The local policies and frameworks prepared for Reading are aligned with that guidance. Further Statutory Guidance has been published in draft for provisions which take effect from April 2016, the Council will develop further local policies as necessary to meet these additional requirements.

12. EQUALITY IMPACTS

- 12.1 Members are under a legal duty to comply with the public sector equality duties set out in the Equality Act 2010. In order to comply with these duties, Members must seek to prevent discrimination, and protect and promote the interests of 'protected' groups.
- 12.2 An equality analysis was prepared for the April 2015 changes and a further analysis will be prepared and presented in relation to the April 2016 changes, so that Members can give conscious and open minded consideration to the impact of the equality duty before taking further decisions.

13. FINANCIAL IMPLICATIONS

- 13.1 This report describes how the Care Act has required the Council to make substantial changes for the 2015/16 financial year and the implications post April 2016. From the 1st April 2015 this specifically related to the delivery of Carers Assessments and support; changing to a national eligibility framework, and changes to the charging framework. These matters have been implemented and the impacts of these are reviewed in the later section of the finance section. The next major change is the early assessment of those who self-fund their care and support needs, in advance of the 1st April 2016 changes. The implications for this are addressed specifically in Section 13.5 - risks

13.2 Revenue implications

- 13.2.1 The Council had reviewed the potential impact of all these changes and whilst modelling has been undertaken it is difficult to know the true impact of the changes. The Government accepted that Care Act implementation is a 'new burden' for local authorities, it has provided two sources of funding (both of which are non-recurrent, i.e. for 2015-16 only):
- Care Act Implementation Grants (from DCLG). This is set out in the table below:

Early assessments revenue grant 2015-16	Deferred payment agreement revenue grant 2015-16	Carers and Care Act Implementation revenue grant 2015-16	Total
£325,912	£193,700	£131,697	£651,309

- Funding as part of the Better Care Fund. This will provide a further £361,000.

13.2.2 Of the funding identified above:

- Early assessments revenue grant 2015-16 - Modelling is currently being developed to determine the impact of the early assessments and whether this will be sufficient to cover these costs. The assessment of the financial impact of the next changes will be reported at a future meeting. If we were to use a simple calculation that suggests an average assessment costs in the region of £500 and multiply that against the increased number of self funder assessments we are looking at a financial burden of £250,000.
- Carers and Care Act Implementation revenue grant 2015-16, the deferred payment agreement revenue grant 2015-16 and the Better Care Funding - are being used in 2015/16 on the implementation of the Act including new deferred payments and the funding of carer support packages. At this stage (based on current activity forecasts) it is assumed that there is sufficient funding to cover current and expected costs, however this is at an early point in the year and activity could potentially increase based on previous assumed activity levels.

13.3 Capital Implications

The Care Act itself does not come with capital funding. However, in order to deal with the substantial changes the Act requires, the Council is in the process of upgrading its main Electronic Social Care record system (this includes adding a citizen portal). There is an approved capital scheme for this and this is being funded from the Social Care Capital grant.

13.4 Value for Money

The Council is currently reviewing its business processes in line with the implementation of an upgraded social care system (MOSAIC) and is focussing on the Care Act changes and as part of this value for money will be considered.

13.5 Risk

The Care Act is a significant change to the way that the Council is required to meet its statutory obligations for individuals requiring support from Adult services. The key risks that are highlighted from this report are:

- Modelling was undertaken (using national modelling assumptions) and this suggested an increased demand especially for cares services and this was higher than the number of residents who currently seek support from the Council. The Council has received the grants as identified in section 13.1 that will be used to support the changes, but this funding may not be sufficient (and is currently non-recurrent). The Council has set up monitoring arrangements but it is currently too early in the financial year to determine any financial variances. Any significant variances will be reported back to Councillors through the normal budget monitoring process.
- The more significant risk is the Council's ability to be ready to implement the changes from the 1st April 2016. The Council is currently trying to establish methods to financially model the impact of these changes. As stated previously the Council and many other organisations have stressed in the consultation response to the Government (on the next stage of the implementation of the Care Act) that the current timescales were unworkable and there are substantial risks to having all the processes working from the 1st April 2016. Whilst the council is working and planning to implement the changes for 2016/17, we currently are unable to state with any degree of assurance around the costs of this change or how this would be funded. The Council is currently awaiting the statutory guidance and indications around funding which is not due until later this year.

SUPPORTING PAPERS

Appendix 1: Analysis of the Funding Reform requirements from Draft Regulations

Full analysis of the Funding Reform requirements as set out in the draft regulations

The Care Cap & Care Accounts

- 1.1 The cap on care costs will set a financial limit on how much a person pays towards their eligible care and support needs over their lifetime.
- The Government will set the cap at £72,000 for older people
 - The Government is considering options for a different approach for working-age adults with care and support needs
- 1.2 Not all costs count towards the cap; it will only be the amount of money needed to meet someone's eligible care and support needs, as worked out in their assessment.
- If the Council makes care and support arrangements for someone, this amount of money will be shown in their Personal Budget
 - If someone makes their own private care and support arrangements, this amount of money will be shown in their Independent Personal Budget

The costs that won't count towards someone's cap are:

- If someone chooses to receive additional or more expensive care and support than their Personal Budget or Independent Personal Budget says that they need e.g. someone who chooses a care home that costs £100 per week more than the amount of their Personal Budget will pay the additional amount as a top-up fee.
 - This £100 per week difference wouldn't count towards their cap, as this is extra to the amount that the Council has assessed that the person requires to meet their eligible care and support needs.
 - If someone lives in a care home, a national rate of 'daily living costs' (proposed to be £230 per week) won't count towards the cap.
 - Costs will only be counted from the date that the government introduces the Care Cap (proposed to be 1st April 2016) or, after this, the date that someone contacts us to set up their Care Account.
 - Payments from the health services towards care and support (such as NHS Free Nursing Care and NHS Continuing Healthcare) don't count towards the cap.
- 1.3 If someone's care and support assessment has identified ongoing eligible care and support needs, we will set up a Care Account to track their individual progress towards the cap on care costs. Councils have to send a Care Account statement every year so that people can see their progress towards the cap. If we estimate that someone will reach the cap in the following 18 months, we will tell them this estimated date on their Care Account statement.
- 1.4 When someone reaches the cap and they live at home:
- they will receive free care and support to meet their *eligible* care and support needs at home from that point.

- they will still pay for any additional care and support (over and above what their Personal Budget shows is necessary to meet their eligible needs) that they choose to receive.
- if they move into a care home at a later date, they would need to pay towards the daily living costs.

If someone lives in a care home when they reach the cap:

- they will receive free care and support to meet their *eligible* care and support needs - but they will continue to pay an amount towards their daily living costs (proposed to be £230 per week). Depending on their financial assessment, they might pay a lower amount.
- they will still pay for the additional cost if they have chosen more expensive accommodation, through a top-up payment.

1.5 The government is considering some different options for working age adults about the cap on care costs. For example:

- whether to set the cap at lower levels depending on the age at which someone first has eligible care and support needs. One option proposed is to set the cap at zero for people who have an eligible care and support need identified before the age of 25.
- whether to increase the allowances used in social care financial assessments for working age adults to match to the allowances for older people. This would mean that working age adults' financial contributions would be lower than they are under the current system. The Government is considering whether an increase in the allowances would need to be phased in, starting in April 2016.

1.6 If the Council already arranges care and support for a person we will set up a Care Account from 1st April 2016 and send annual statements to each person. If a person arranges and pays for their own care and support privately they will need to ask the Council for a care and support assessment BEFORE 1st April 2016 for us to start tracking the costs from that date. The guidance suggests that Councils should proactively target those that pay for their care privately from October 2015 to enable 50% of these people to have their care account set up in time for the 1st April 2016.

Changes to financial support and capital limits

1.7 Capital¹ Limits for care and support set out how much someone may have to pay from their assets towards their care and support:

- The Upper Capital Limit is the maximum level of capital assets that a person could have AND still receive some financial support from the Council towards their eligible care and support costs. However the financial support will also depend on how much income they receive such as from benefits and pensions (but not earned income, as this isn't counted in a financial assessment).
- The Lower Capital Limit is how much of a person's capital assets are disregarded in a financial assessment. Someone could have up to this level without needing to pay from their capital towards their eligible care and support costs (but they may still need to contribute from their income, depending on their financial assessment).

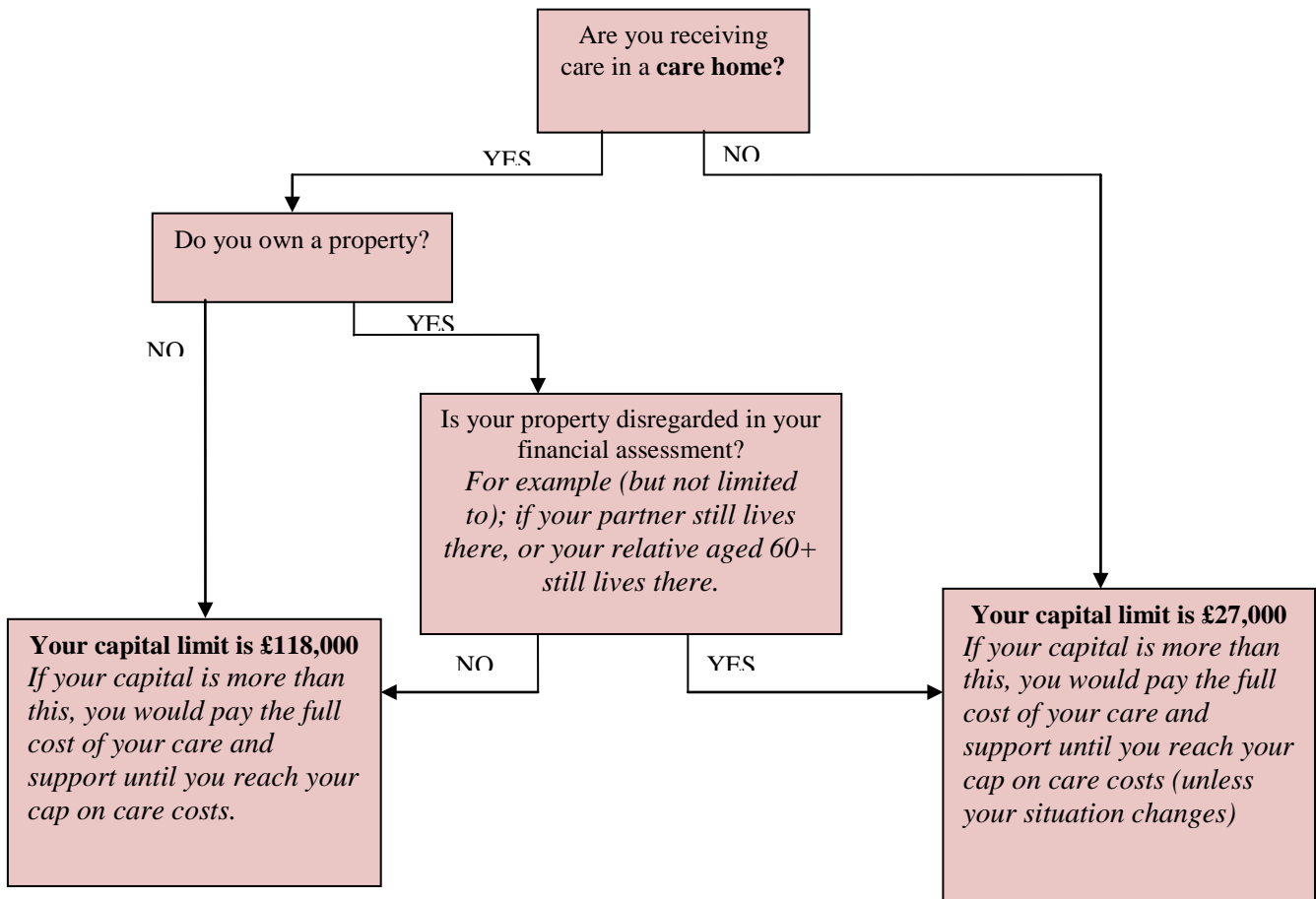
The Government is proposing to increase the capital limits so that more people with eligible care and support needs will receive financial support from councils towards their care costs. This will have a resource implication.

1.8 It is proposed that from 1st April 2016 the capital limits are increased:

- The Lower Capital Limit from £14,250 to £17,000.
- The Upper Capital Limit from £23,250 to £27,000 if someone's eligible care and support needs can be met in a setting that is not a care home (e.g. at home, in supported accommodation, or in a Shared Lives scheme).
- The Upper Capital Limit from £23,250 to £118,000 if someone's care and support needs can only be met in a registered care home - unless they own their own property which the Council has disregarded in a financial assessment, in which case the Upper Capital Limit will remain at £27,000 while their property capital is disregarded.

The flowchart below taken from the draft regulations shows the government's proposed changes:

¹ 'Capital' is a word to describe someone's financial assets – including cash, money held in bank and building society accounts, investments, stocks, shares, property, bonds, and national savings certificates.



READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	17
TITLE:	PROGRESS REPORT ON THE BETTER CARE FUND		
LEAD COUNCILLOR:	COUNCILLOR EDEN / COUNCILLOR HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE / HEALTH
SERVICE:	ADULT CARE & HEALTH SERVICES	WARDS:	BOROUGHWIDE
LEAD OFFICER:	WENDY FABBRO	TEL:	0118 937 2094 (EXT 72094)
JOB TITLE:	DIRECTOR OF ADULT CARE AND HEALTH SERVICES	E-MAIL:	wendy.fabbro@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to inform the Adult Social Care, Children's Services and Education Committee about the progress to date on the Better Care Fund. The Better Care Fund is a national initiative which incentivises the NHS and Social Care to find innovative ways of working in an integrated way. The objective is to improve the experience for people using services and making efficiencies for the health and social care economies.

1.2 Appendices supporting the report at attached and are:

- A table with details of the workstreams within the Better Care Fund
- A Governance chart for the Better Care Integration Programme
- Draft equality impact assessment

2. RECOMMENDED ACTION

2.1 This report is for information.

3. POLICY CONTEXT

3.1.1 The Corporate Strategy for Reading Borough Council 2015 - 2018 identifies key priorities for the Council which emphasises narrowing the gaps within Reading. This will include safeguarding and protecting those who are most vulnerable. To do this, there needs to be a joined up approach to working with vulnerable people by all partners providing services for this group of people.

- 3.2 The national context of integrated ways of working is the core of the Better care Fund (2014). the expectation is that Health and Social Care will break down the silo ways of working that have developed historically. To continue working in this way is no longer acceptable. We are facing demographic changes nationally that mean we will be supporting more Older People in frailer health with reduction in resources. If we continue to offer services as we have done in the last 20 years, the Health and Social Care economies will be at breaking point. Integration of services, sharing information and blurring of boundaries will mitigate the risk of this happening.

4. THE BETTER CARE FUND

- 4.1 **Overview:** this national initiative is a means of incentivising the NHS and Social Care to find ways of integrated working through pooled funds. There is no new money for this. The £5.3bn within the Better Care Fund is formed of money diverted from the NHS and local authorities on the basis that savings in the Health and Social Care economies can be made by transformational ways of working.
- 4.2 **Local context:** In 2014, Reading and 9 partner organisations (known as The Berkshire West 10 comprising Reading Borough Council, Wokingham Borough Council, West Berkshire Borough Council, South Reading Clinical Commissioning Group (CCG), North and West Reading CCG, Wokingham CCG, Newbury and District CCG, Berkshire Healthcare Foundation Trust, the Royal Berkshire Foundation Trust and South Central Ambulance Service) submitted their successful outline transformation plans for funding from the Better Care Fund in order to develop transformational integrated ways of working. This ambitious programme was divided into the workstreams set out in the table below. There are similar themes in other regions and Local authorities, although the priority need in Reading was seen to be to address the integration between primary care and acute care with particular emphasis on avoiding admissions to hospital and escalating speedy discharge from hospital.
- 4.3 **Funding:** Funding of £8.938m was allocated to the programme which is held by South Reading CCG on behalf of the federation of CCGs. Funding is allocated for the financial year 2015/2016.

There is a Section 75 agreement in place enabling funding from different sources to be pooled. The pooled funding is held on behalf of the BW10 by the federation of CCGs. South Reading CCG acts on behalf of the federation. Invoicing is in the middle of each quarter with payment on the 10th of the following month. This is currently being worked up and so not finalised and not yet in place.

- 4.4 **Governance:** there are robust officer level governance arrangements in place. All workstreams report to the BW10 Delivery Group. This, in turn reports to the Reading Integration Board which in turn reports to the BW10 Partnership Board. The Health and Well Being Boards of all three Local Authorities have strategic oversight and hold to account the overarching programme partnership board.

Additionally there is a Chief Officer level meeting on a monthly basis to drive strategic direction of the programme. This influences the West Berkshire Partnership Boards.

4.5 Outcomes:

- A coordinated approach amongst partners
- Better use of resources
- Services organised around people using them

- Services 7 days a week
- Bringing skills together around people using services
- Reduction in the need to go to hospital
- Better outcomes for people using services

4.6 **Metrics:** whilst the BCF programme stated that there will be a reduction in non-elective hospital admission, delayed transfers of care and admission into long term care as result of the workstreams, it only contained one metric which is that non elective admissions to hospital would be reduced by 2.8% for 2015/16.

4.7 **Challenges:** working with 10 partner organisations is no mean feat. The challenges of this are numerous but include the financial pressures of each organisation, accountability to members for the three Councils, different agendas and priorities for each partner and forward plans for partners including structural and service redesign.

4.8 **Next steps:**

- Review progress to date for the whole programme
- Review governance arrangements for whole programme and for individual workstreams
- Review programme against corporate and departmental business case for RBC
- Agree priorities of the programme once reviews have taken place
- Undertake stakeholder evaluation event over the summer to determine what is working well, what lessons can be learnt and what integration opportunities there are going forward.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The proposals outlined in this report are consistent with the Council's 3-5 Year Plan for Adult Social Care approved by Policy Committee in September 2014. The proposals will also contribute to meeting the following priorities set out in the Council's Corporate Plan 2015-18:

- Ensuring that all vulnerable residents are protected and cared for;
- Providing the best life through education, early help and healthy living
- Providing homes for those most in need
- Keeping the town clean, safe, green and active
- Providing infrastructure to support the economy and
- Remaining financially sustainable to deliver these service priorities

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 The Berkshire West 10 comprises all major stakeholders across the health and social care economies. The voluntary sector is closely involved in many of the workstreams - indeed they are leading the way in the neighbourhood schemes in Reading (see table below).

6.2 Involvement of the Patient Participation Group is a valued and vital part of the work of the programme. This meets quarterly. Reports are submitted in advance to the group and scrutinised at the meetings.

7. EQUALITY IMPACT ASSESSMENT

7.1 An equality impact assessment has been commenced for the programme and is attached as Appendix 3.

8. BACKGROUND PAPERS

8.1 Better Care Fund Department of Communities and Local Government 2013

Appendices:

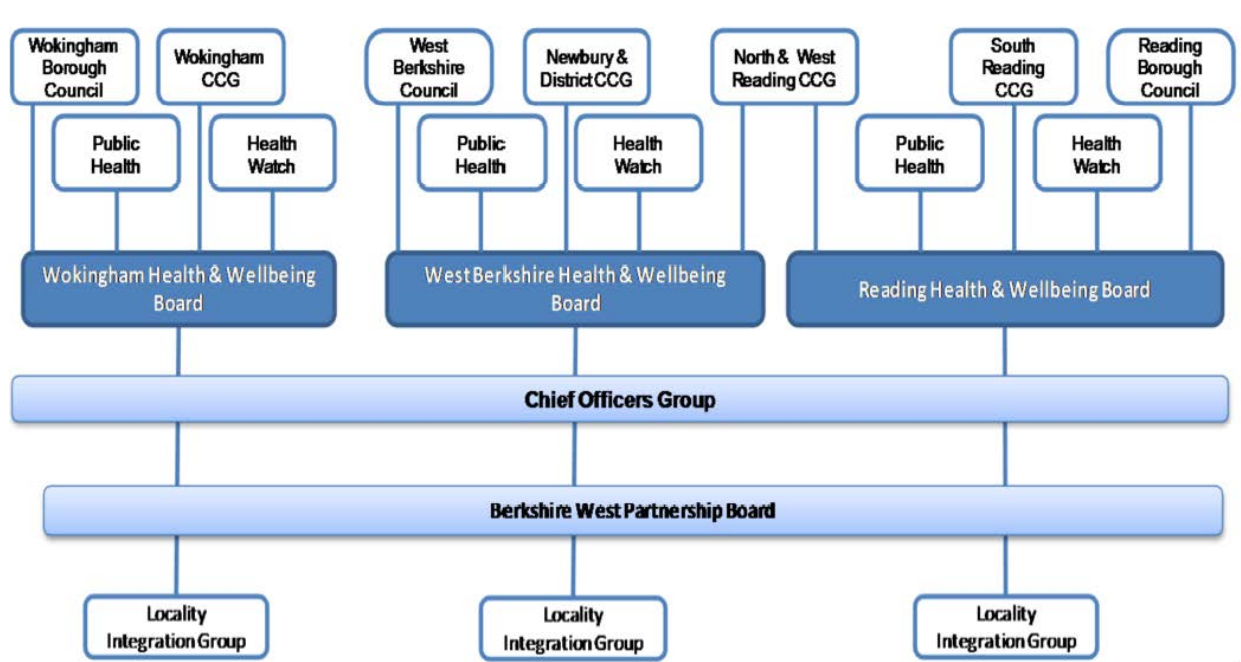
Appendix 1: table with detail of workstreams of the Better Care Fund

Workstream	Descriptor	Key milestones	Date	Status	Comment on progress	Expected Outcome	Risks	RAG status
Frail Elderly Pathway	Mapping the journey for Older People when they use services. Goes beyond the parameters of the BCF to deliver wider scale integration	PID by SRO Procurement of provider Business Case		Partially complete	Comprehensive mapping undertaken. Ongoing analysis required	Making improvements to ensure a positive experience.	Continued fragmentation of services due to unwillingness of BW10 to integrate	AMBER
Hospital at home	Facilitating early discharge home from hospital and admission avoidance based on care that would have traditionally been delivered in hospital and in the person's home with full clinical input	Launch Evaluation	01/15 03/15	Incomplete Now due in summer 15 Yet to be done	Lack of staff in employment market resulting in delay for project launch/function Lack of clarity regarding the difference between Intermediate Care and Hospital at home resulting in confusion for Users and professionals	People will be discharged home from hospital in a timely and appropriate way and hospital avoidance	Confusion about the remit of service due to similarity with Intermediate care	AMBER
Care Home Support	Reduction of numbers of people admitted to hospital from care homes	Training and GP Support Evaluation	02/15 01/15	Complete	Training and GP not reducing numbers of non-elective admissions. The original remit of this project has been achieved. Further opportunities including how we can raise quality are being scoped.	People living in care homes will be cared there longer as staff will have the appropriate skills to do so	People will continue to be conveyed to hospital as registered managers will not want to compromise their registration. Extra training will not enable staff to feel they can meet all care needs of residents	GREEN
Connecting Care	Delivering IT information sharing between health and social care providers	Data protocol sign off Information with Acutes Information with Social Care Procurement of portal	08/14 10/14 04/15 08/15	Yet to be done Complete RBFT/OOH Yet to be done Yet to be done	System in place for information sharing between Royal Berkshire Foundation Trust and Out of Hours GPs. Ongoing scoping for procurement of portal to enable all partners to access each other's information systems	Instant access to information relating to people requiring services. Elimination of the need to tell 'your story' more than once resulting in reduction of stress for people using services.	Internal information governance review for BW10 may delay project Budget pressures for partners may delay remedial work necessary to satisfy governance standards for all BW10	RED

Health and Social Care Hub	Exploring different models of single point of access so that people using services 'tell their story once' and receive timely and appropriate services	Sign off Recruitment of staff Official Launch	09/14 08/14 01/15	Yet to be done Yet to be done Yet to be done	Agreement by BW10 on concept of hub but little consensus on what it would do for all partners	Improved communication and information sharing for BW10	No consensus amongst partners about agreed model Model needs to satisfy RBC focus on neighbourhood community capacity and 7 day accessibility	RED
Neighbourhood Clusters	Development of neighbourhood clusters focusing on a group of GP practices, supported by complementary clustering of social care teams, and services commissioned from the third sector.	Sign off initiative yet to be decided in bid document		No set targets. 2 vol sector pilots in place. Health model needs review	Two pilot projects in place	People will manage their conditions through a person centred and local plan which will prevent them from unnecessary deterioration	Funding has been identified in CCGs but further work is needed to scope how this will be used. Surgeries unable to work in cluster model	AMBER
GP 7 day working	Access to GP across 7 days	1st pilot approved Pilot commences	08/14 09/14	Pilot to start summer 15	Specification completed for extended hours pilot in N & W CCG	People will be able to access their GP when they want to	Some GP surgeries unwilling to participate Lack of agreement on method of funding for payment for GPs Lack of clarity about what patients want re GP access	AMBER
7 day access	National condition with local response primarily let by Reablement	Launch	01/04	Complete	7 day access in place	People able to access services when they need to	Lack of commitment to 7 day working from the workforce	GREEN
Discharge to Assess	Facilitation of timely and appropriate hospital discharge. Decision regarding admission to long term care not made in hospital. Wherever possible everybody has an opportunity for Reablement	Launch	04/15	Complete	Scheme launched on 1/04/15 with 12 beds	Everybody is given a chance for Reablement. No one is admitted to a residential or nursing home straight from hospital unless there are exceptional circumstances	Lack of staff in employment market resulting in delay for full project launch/function	GREEN

Market Management	Management of information regarding providers of residential and nursing care with consideration for development of information regarding provision of domiciliary care	Scoping Pilot	04/15 06/15	Complete	Pilot underway	Reduction of numbers delayed leaving hospital when they are medically fit Better information for BW10 resulting in standardised pricing system for partners and therefore reducing the cost of care	Not all BW10 able to procure system due to internal financial constraints.	GREEN
Whole system organisational development	Overview at CEO and Director level of all BW10 partners	Event	05/15	Complete	4 work programmes agreed; governance, staying well, implementation of 5 year forward view, finance	Strategic plan in place for whole systems integration	BW10 CEOs and Directors have conflicting priorities and internal pressures	GREEN
Integrated Carers Commissioning	Commissioning for Carers across the three unitary authorities	Work plan agreed Implementation of plan			Berkshire West Carers Forum in place Tendering under way for Berkshire West information and support service for Carers	Better information, advice and support for Carers	Not all Carers know their rights under The Care Act Poor take up of Carer's assessments	AMBER
Integrated workforce development	Development of generic support carer role across health and social care	Work plan agreed	03/15	Incomplete	Skills for Care contract in place for development of JD and specification for the generic support worker role	Vacant posts will be more easily filled. Improved career opportunities	Specification for generic support worker role not in place	AMBER

Appendix 2: Governance for the Programme





Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Reading Neighbourhood Cluster Scheme

Directorate: HCC - Housing and Community Care

Service: Better Care Fund

Name and job title of person doing the assessment

Name: Sally Palmer

Job Title: Neighbourhood Cluster project manager

Date of assessment: 30/03/15

Scope your proposal

What is the aim of your policy or new service?

Improved communication between vulnerable adults in Reading and their families, carers, health and social care officers and the extended community such as pharmacies and the voluntary sector.

Who will benefit from this proposal and how?

Vulnerable adults and those involved in supporting them

What outcomes will the change to achieve and for whom?

For the vulnerable adult: better information and timely support to help them live independently in the community. Only needing to 'tell their story once'. Support 7 days a week

For Secondary Care: prevention of non elective hospital admission and early facilitated hospital discharge

For primary and social care: shared information, reduction in bureaucracy, efficiencies in service delivery, reduction in need for delivery of high cost services, reduction in numbers of people admitted to residential or nursing care, improved and effective communication between professionals

For the extended community: effective use of services, better information driving service delivery

Who are the main stakeholders and what do they want?

Vulnerable people: to remain living independently in the community as long as possible

Secondary care: free up use of hospital beds, reduction in unnecessary hospital admissions, reduction in attendance in A & E

Primary and Social Care: More effective and efficient use of resources, more proactive and timely services, reduction in high cost individual packages of care for vulnerable people

Extended community: appropriate and targeted use of resources, improved medicines management

Assess whether an EIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc)

Yes No

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, feedback.

Yes No

If the answer is **Yes** to any of the above you need to do an Equality Impact Assessment.
If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

Signed (completing officer)

Date

Signed (Lead Officer)

Date

Assess the Impact of the Proposal

Your assessment must include:

- **Consultation**
- **Collection and Assessment of Data**
- **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation proforma do it now. The checklist helps you make sure you follow good consultation practice. ([hyperlink to Consultation proforma](#))

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
Voluntary sector, Health CCG Acute trust Local authority GP surgeries Community hospitals Hospice and day hospital Macmillan nursing? Faith groups local businesses leisure services transport services housing Will you be consulting the vulnerable people and their families and how will this be done.	1:1 Group meetings presentations IT links apps media engagement leaflets info in public libraries Attending meetings in other organisations key meetings in CCGs, BHFT etc health watch meetings patient groups	TBC

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group.

Describe how this proposal could impact on Racial groups

this may impact on people from different ethnic groups as it is not clear yet what the neighbourhood resources are in terms of community and the people living in it

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)

there should be no impact in regard to gender

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Disability

there should be no impact in regard to disability

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Sexual orientation (cover civil partnership)

there should be no impact in regard to sexual orientation

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Age

A potential negative impact as the project will initially start with neighbourhood cluster development in regard to adults. Not sure I understand what this means

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Religious belief?

Not sure as we are as yet not clear about the resources available in terms of religious belief

Is there a negative impact? Yes No Not sure

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies

- | | | |
|--|--|-------------------------------------|
| 1. No negative impact identified | Go to sign off | <input type="checkbox"/> |
| 2. Negative impact identified but there is a justifiable reason | You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.
Reason
You have checked this option but don't you mean the one below because you have identified that there could be a negative impact for race and religion so you will need to get more information. | <input checked="" type="checkbox"/> |
| 3. Negative impact identified or uncertain | What action will you take to eliminate or reduce the impact? Set out your actions and timescale? | <input type="checkbox"/> |

--

How will you monitor for adverse impact in the future?
The project has not yet been started and will be subject to continuous review. The equality impact will be continually assessed as the project develops. A priority for success implementation will be ensuring access for all people regardless of any equality issues.

Signed (completing officer)	Date
Signed (Lead Officer)	Date

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	18
TITLE:	DELAYED TRANSFERS OF CARE PERFORMANCE UPDATE		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ADULT SOCIAL CARE	WARDS:	ALL
LEAD OFFICER:	WENDY FABBRO	TEL:	0118 937 2094
JOB TITLE:	DIRECTOR OF ADULT CARE AND HEALTH SERVICES	E-MAIL:	Wendy.fabbro@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To provide the ACE Committee with an update of Reading's performance relating to Delayed Transfers of Care (DTC) from the acute hospital setting.

2. RECOMMENDED ACTION

- 2.1 For the ACE Committee to note current performance relating to DTC's and the action plan in place to improve performance.

3. POLICY CONTEXT

- 3.1 The DTC performance indicator is a national indicator reporting the number of people who are subject to delays in their discharge from an acute hospital setting. This may be attributable to delays in arranging ongoing social care support, health support, or due to the individual or their carer delaying the discharge process.

4. CURRENT POSITION:

- 4.1 The attached performance report illustrates the DTC performance in Reading, and how this compares with both our comparator group and national performance.
- 4.2 It is of note that our performance has reduced, creating an increase in the number of delays. An increase of people being admitted to hospital has had a material impact on our performance. For North West Reading Clinical Commissioning Group there has been a 7% increase of admissions into hospital, and for South Reading Clinical Commissioning Group there has been an increase of 11%.

4.3 The performance data identifies the main reason for the increase in delays. Those attributable to Adult Social Care have been due to the timely availability of residential and nursing home placements. Those attributable to health are due to non-acute NHS Care (including intermediate care and rehabilitation).

4.4 **Options Proposed**

An action plan has been developed to improve performance locally and is being monitored via the Adult Social Care Performance Board and the system wide Urgent Care Network.

5. **CONTRIBUTION TO STRATEGIC AIMS**

5.1 Delays discharges of care is a key performance indicator within the Reading Borough Council Corporate Plan.

6. **COMMUNITY ENGAGEMENT AND INFORMATION**

6.1 A number of engagement events have been undertaken through the Better Care Fund and integration agenda which have impacted upon services being provided via the Better Care Fund

7. **EQUALITY IMPACT ASSESSMENT**

7.1 EIA's are in place for all integration schemes. All of which impact on our ability to deliver improved performance.

8. **BACKGROUND PAPERS**

8.1 DTOC performance report

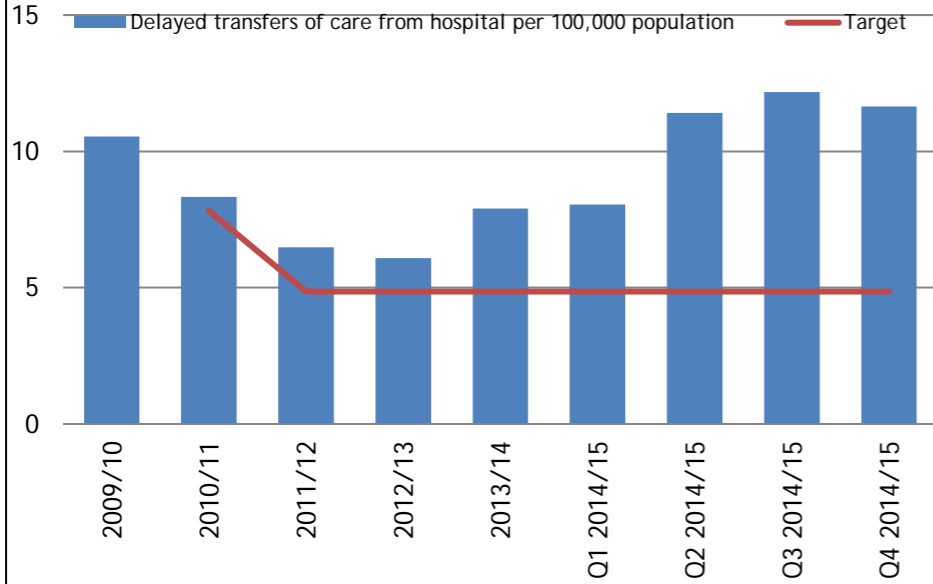
8.2 DTOC performance action plan

Delayed transfers Performance

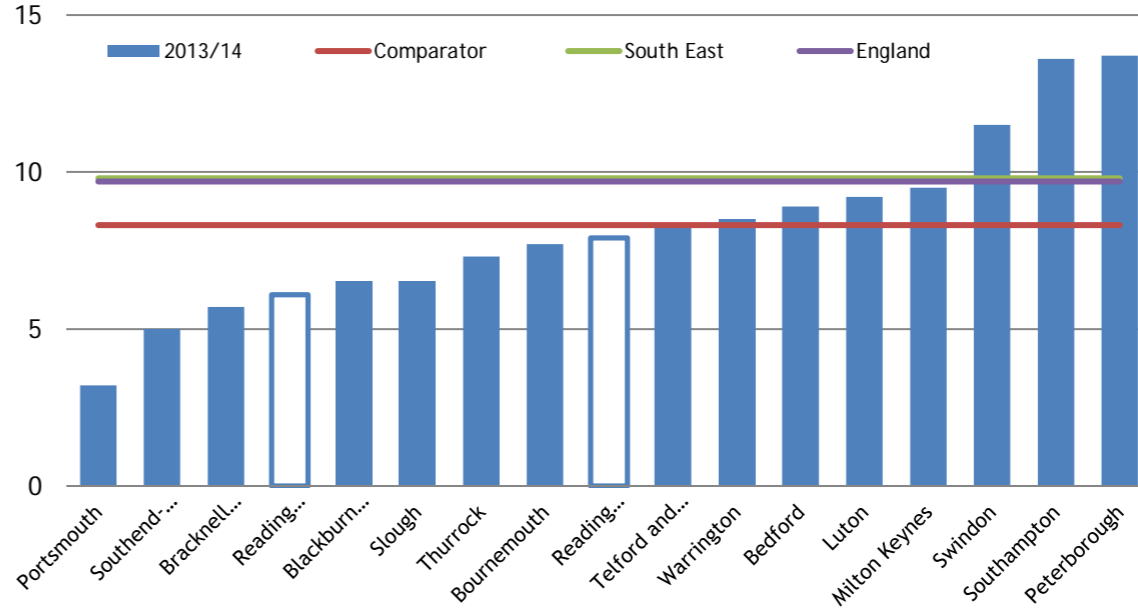
Responsibility:

Melanie O'Rourke

1. Delayed transfers of care from hospital per 100,000 population



2. Delayed transfers of care from hospital attributable to adult social care per 100,000 population
Comparison with other Authorities (source NASCIS)



	2009/10	2010/11	2011/12	2012/13	2013/14	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Key Points
Average number of delays	12.25	10.12	8.00	7.42	10.00	10.00	14.17	15.11	14.45	Graph 2 shows the NASCIS - end of year 2013/14 outturn for our comparator authorities.
Population (from ONS mid year 2013)	116181	121500	123365	121900	122895	124171	124171	124171	124171	
Delayed transfers of care from hospital per 100,000 population	10.54	8.33	6.48	6.09	7.90	8.05	11.41	12.17	11.64	
England average		9.60		9.50	9.70					
Target		7.83	4.86	4.86	4.86	4.86	4.86	4.86	4.86	

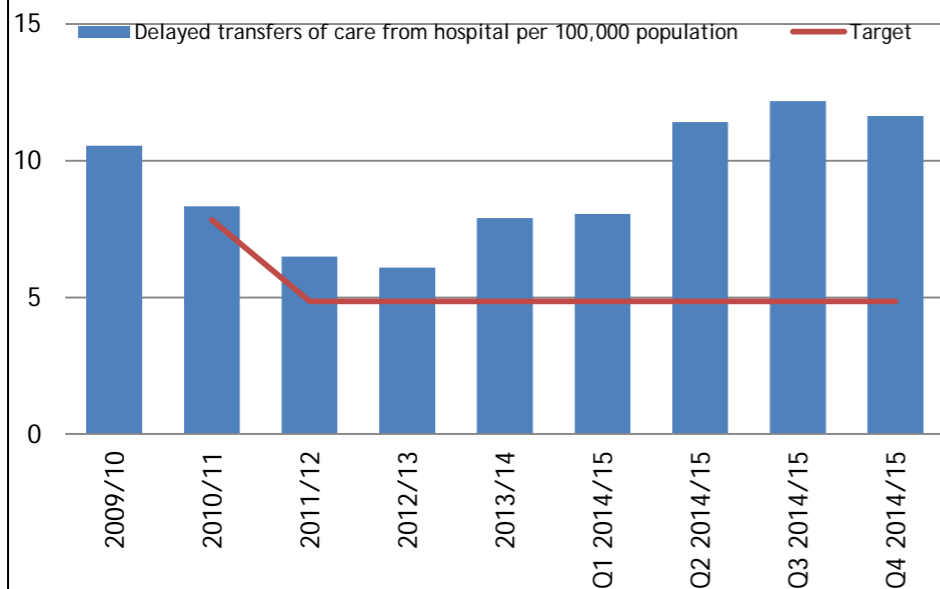
Data source

Delayed transfers Performance

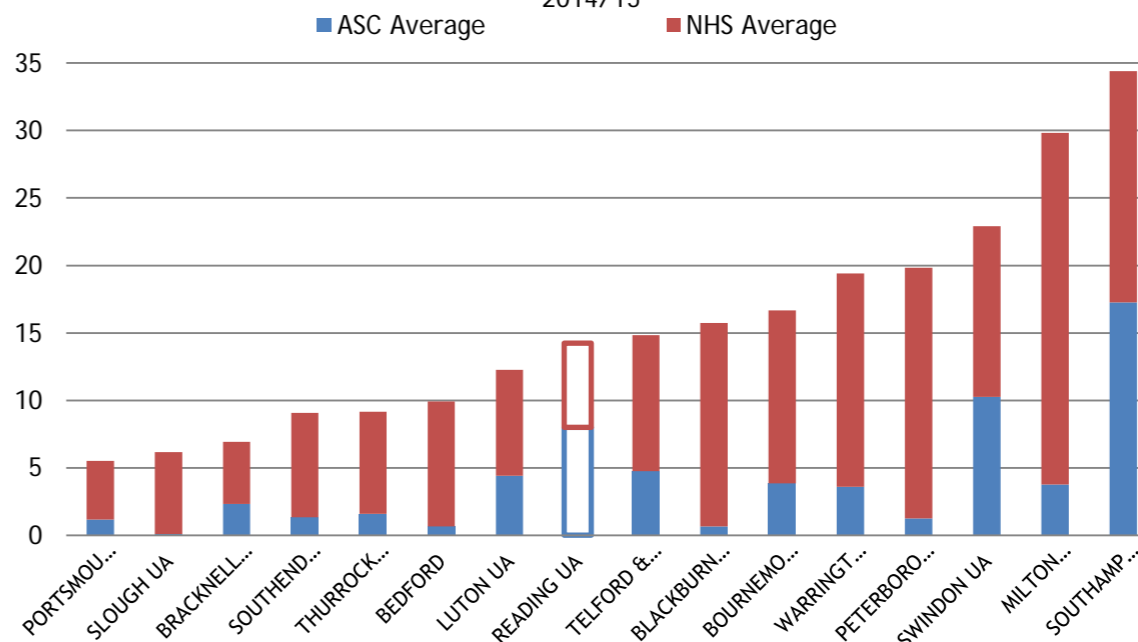
Responsibility:

Melanie O'Rourke

1. Delayed transfers of care from hospital per 100,000 population



2. Average number of delayed transfers of care from hospital Comparison with other Authorities (source HES) 2014/15



	2009/10	2010/11	2011/12	2012/13	2013/14	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Key Points
Average number of delays	12.25	10.12	8.00	7.42	10.00	10.00	14.17	15.11	14.45	Graph 2 shows the NASCIS - end of year 2013/14 outturn for our comparator authorities.
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Target		7.83	4.86	4.86	4.86	4.86	4.86	4.86	4.86	

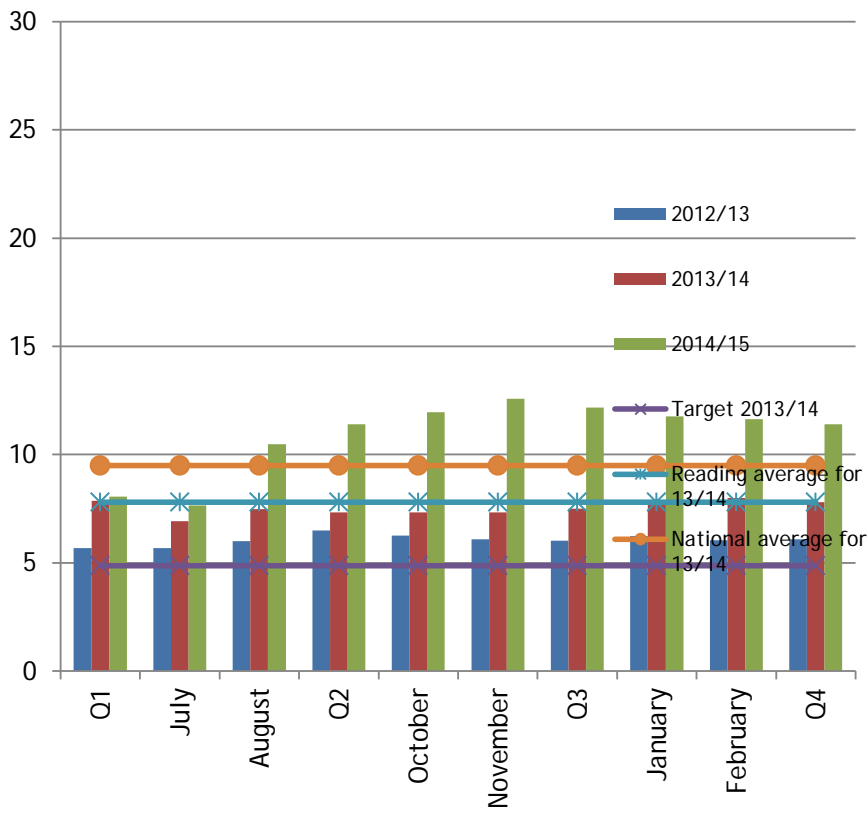
Data source

Delayed Transfers Analysis as at March 2015

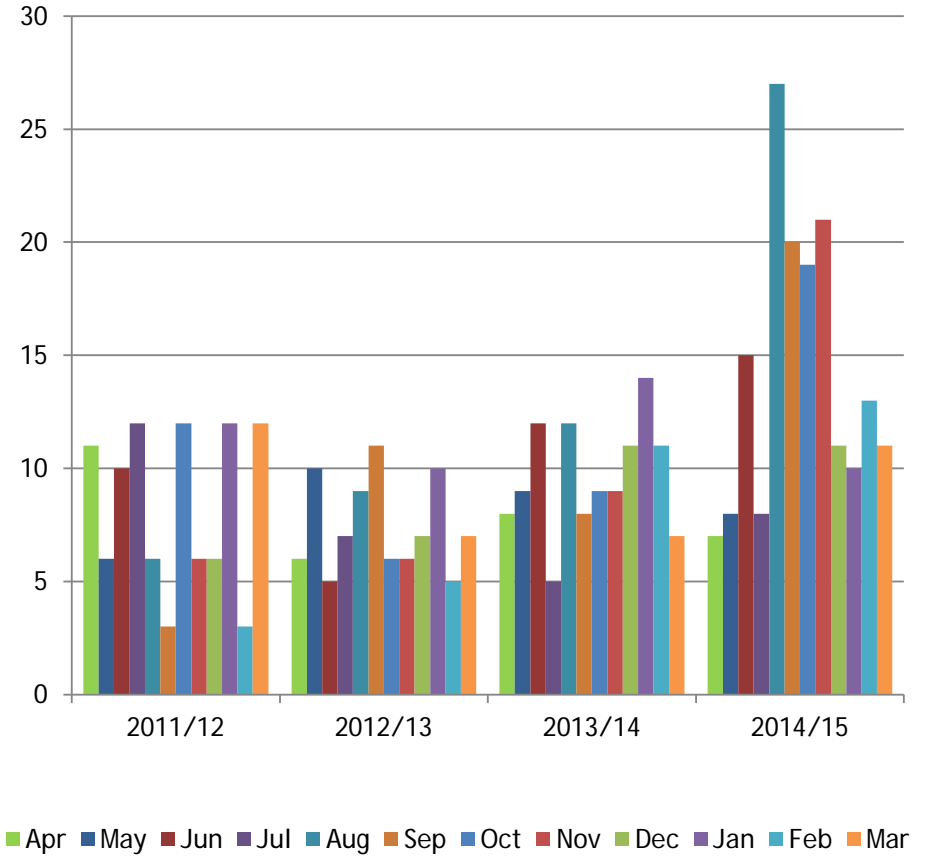
Delayed transfers of care for all adults from both acute and non-acute hospitals

Outturn as at	Mar-15	Target
Average number of delays up to March 2015	14.45	6.00
Average number of delays per week per 100,000 population age 18+	11.64	4.83

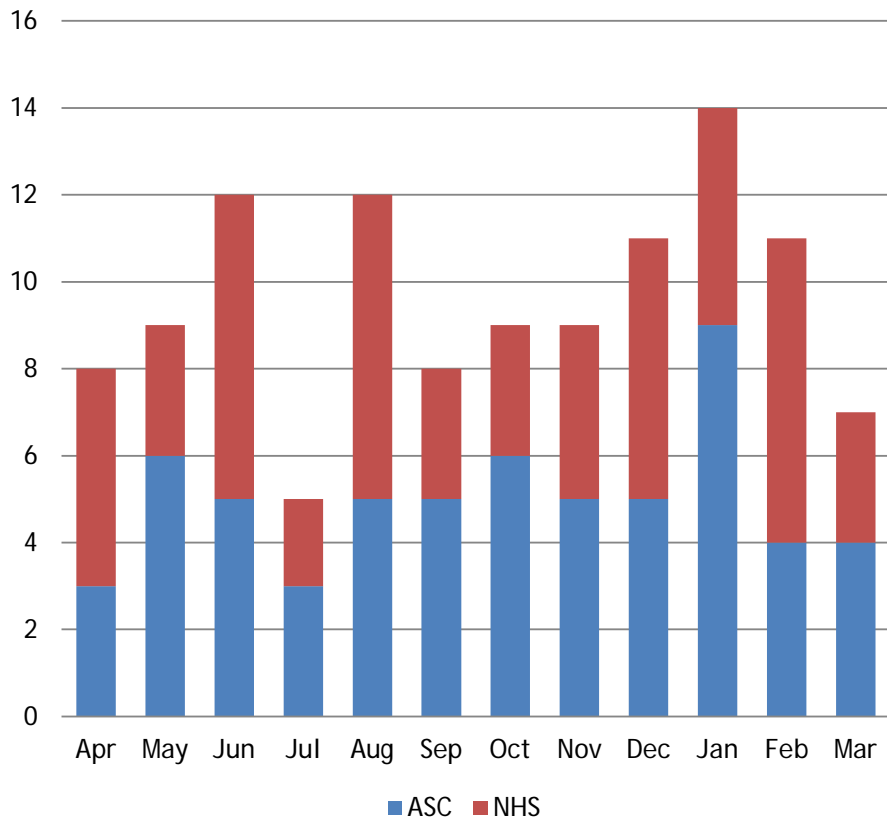
Delayed transfers per 100,000 population age 18+



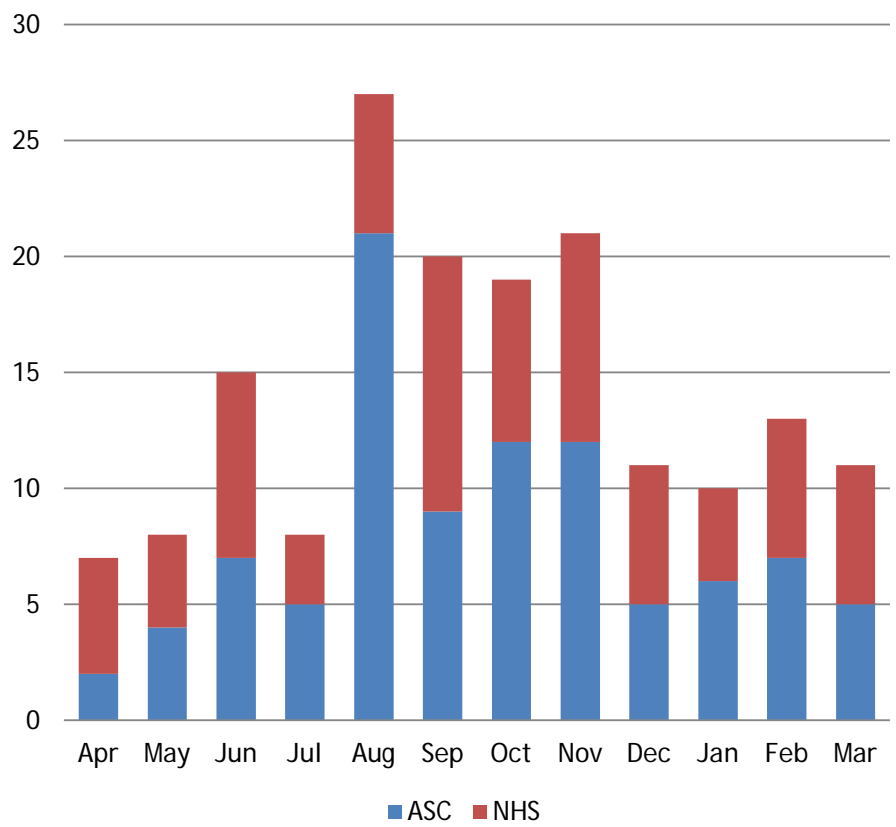
Number of Delayed transfers per snapshot 2012/13, 2013/14, 2014/15



Reading trend - all delays (number) 2013/14



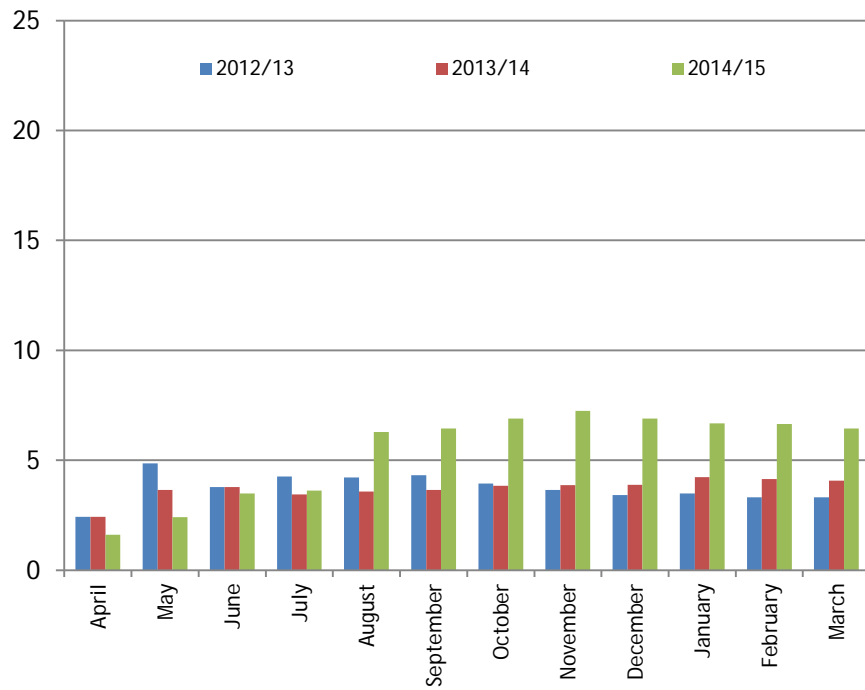
Reading trend - all delays (number) 2014/15



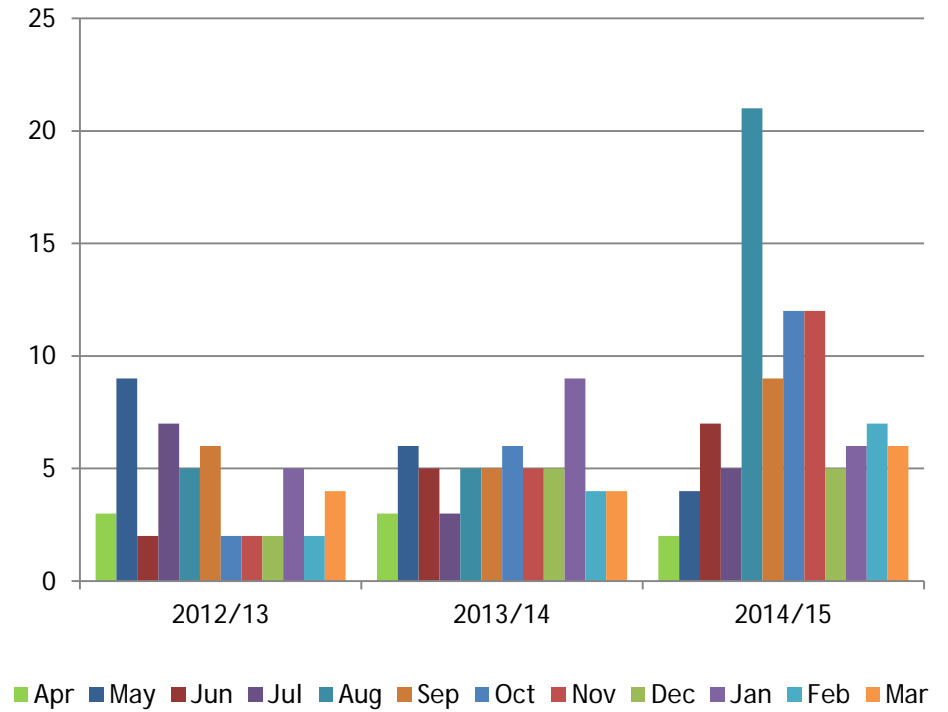
Delayed Transfers Analysis as at March 2015
Delayed Transfers of care for adults attributable to ASC

Outturn as at	Mar-15
Average number of delays up to March 2015	8.00
Average number of delays per week per 100,000 population age 18+	6.44

ASC Delayed transfers per 100,000 population age 18+



**Number of Delayed transfers per snapshot
2012/13, 2013/14, 2014/15**

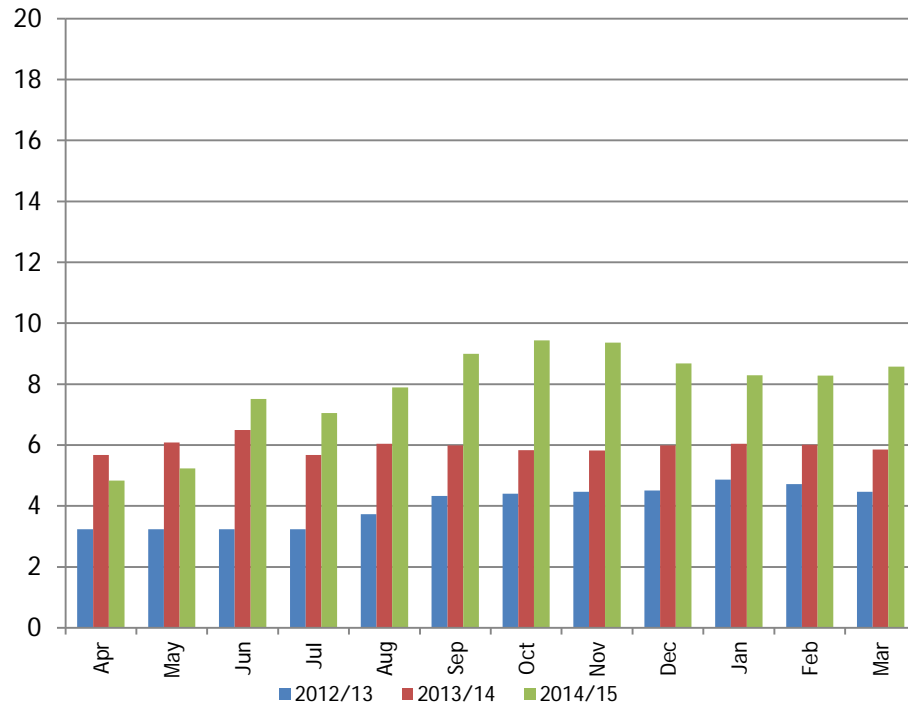


Delayed Transfers Analysis as at March 2015

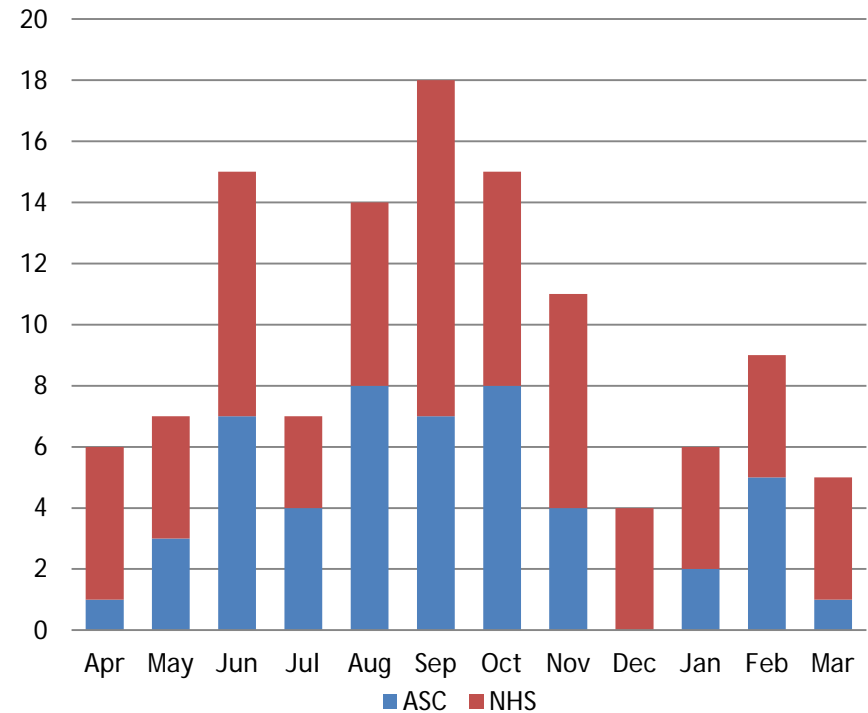
Delayed Transfers of care for adults who are RBC residents from Royal Berkshire Hospital

Outturn as at	Mar-15
Average number of delays up to March 2015	10.64
Average number of delays per week per 100,000 population age 18+	8.57

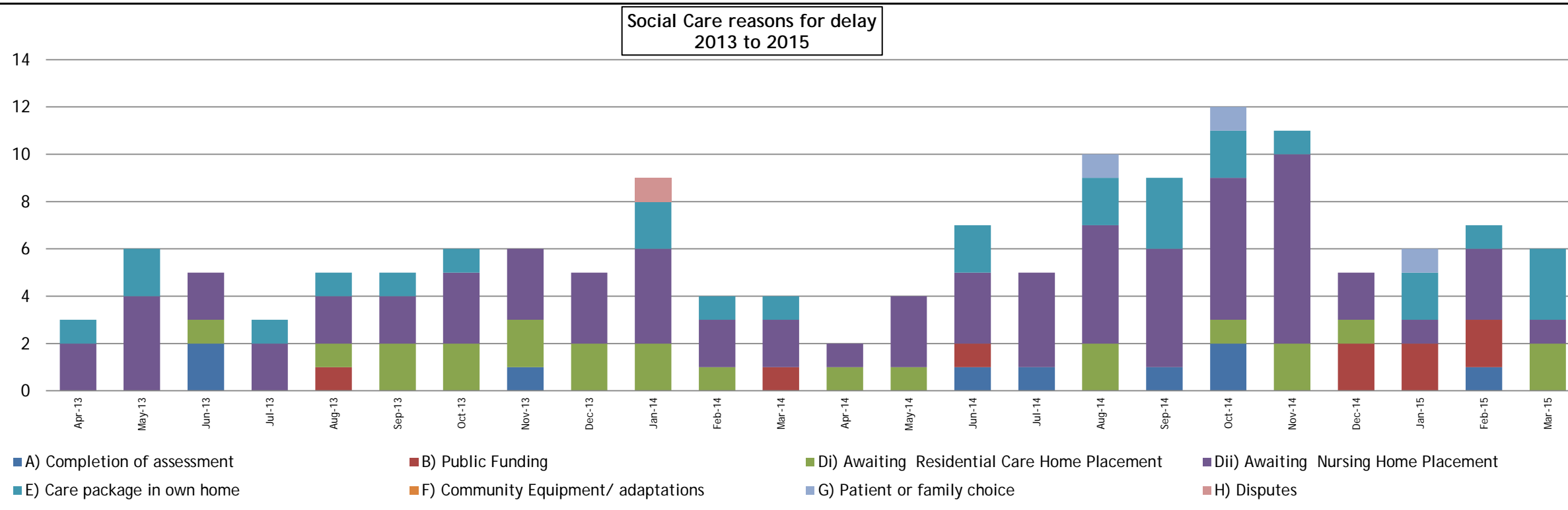
RBH Delayed transfers per 100,000 population age 18+



RBH - all delays (number) 2014/15

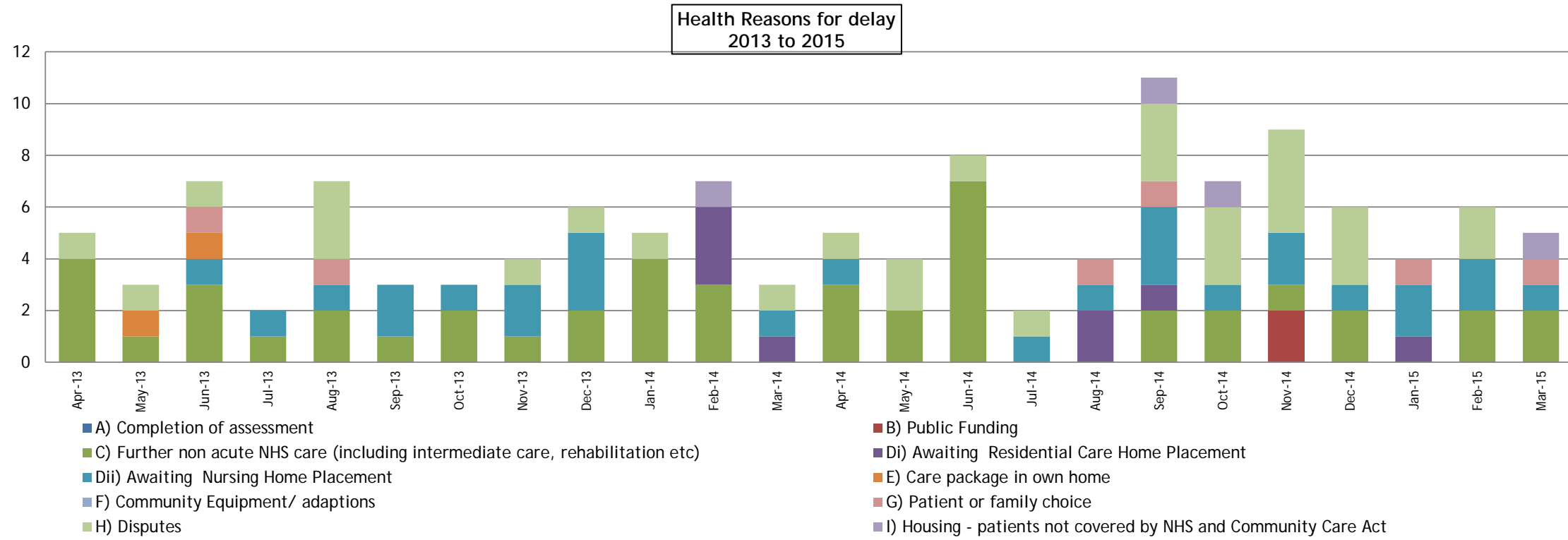


Reasons for delays - Acute and Non-Acute - 2013/14, 2014/15



Social Care delays - Reason for delay	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
A) Completion of assessment			2					1							1	1		1	2				1	
B) Public Funding					1							1			1						2	2	2	
C) Further non acute NHS care (including intermediate care,																								
Di) Awaiting Residential Care Home Placement			1		1	2	2	2	2	2	1		1	1			2		1	2	1			2
Dii) Awaiting Nursing Home Placement	2	4	2	2	2	2	3	3	3	4	2	2	1	3	3	4	5	5	6	8	2	1	3	1
E) Care package in own home	1	2		1	1	1	1			2	1	1			2		2	3	2	1		2	1	3
F) Community Equipment/ adaptations																								
G) Patient or family choice																	1		1			1		
H) Disputes										1														
I) Housing - patients not covered by NHS and Community Care Act																								
Grand Total	3	6	5	3	5	5	6	6	5	9	4	4	2	4	7	5	10	9	12	11	5	6	7	6

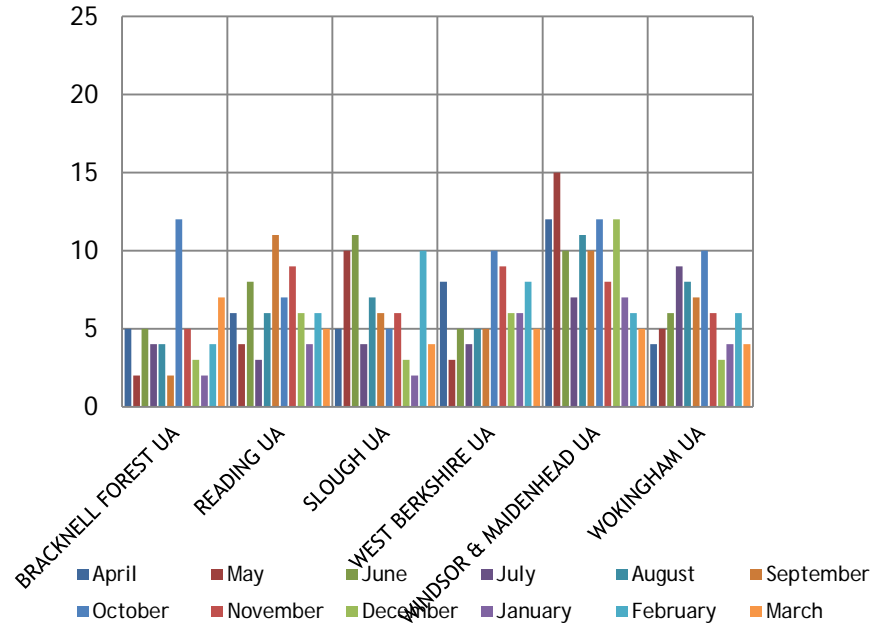
Reasons for delays - Acute and Non-Acute - 2013/14, 2014/15



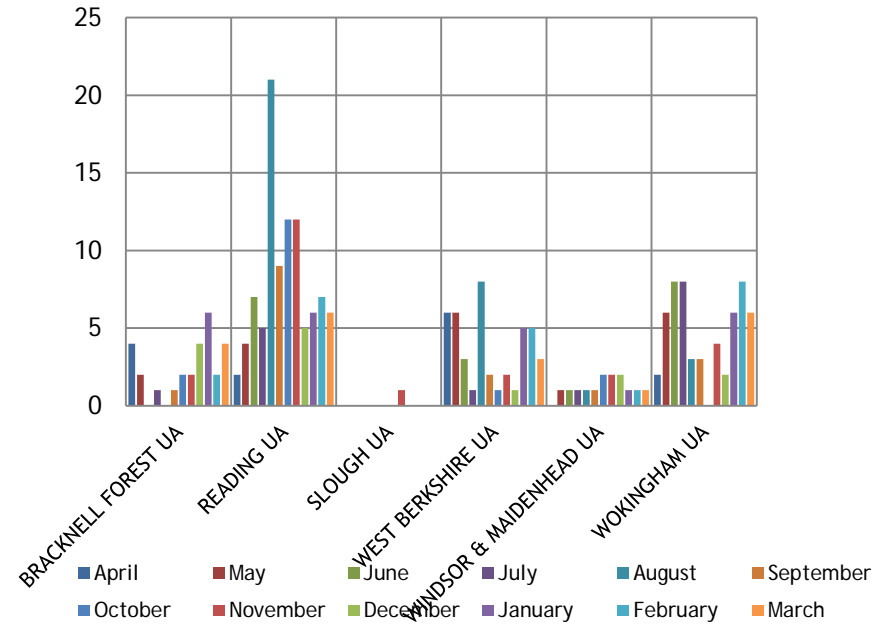
Health delays - Reason for delay	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
A) Completion of assessment																								
B) Public Funding																				2				
C) Further non acute NHS care (including intermediate care, rehabilitation etc)	4	1	3	1	2	1	2	1	2	4	3		3	2	7			2	2	1	2		2	2
Di) Awaiting Residential Care Home Placement											3	1					2	1				1		
Dii) Awaiting Nursing Home Placement			1	1	1	2	1	2	3			1	1			1	1	3	1	2	1	2	2	1
E) Care package in own		1	1																					
F) Community Equipment/ adaptations																								
G) Patient or family choice			1		1												1	1				1		1
H) Disputes	1	1	1		3			1	1	1		1	1	2	1	1		3	3	4	3		2	
I) Housing - patients not covered by NHS and Community Care Act											1							1	1					1
Grand Total	5	3	7	2	7	3	3	4	6	5	7	3	5	4	8	2	4	11	7	9	6	4	6	5

Delayed Transfers Analysis - Berkshire Authorities - 2014/15

Number of NHS delays 2014/15 Berkshire authorities



Number of ASC delays 2014/15 Berkshire authorities



All delays (number) 2014/15 Berkshire authorities

